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THE  
HOMŒOPATHIC RECORDER

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No. 1.

SIMILIA SIMILIBUS CURANTUR.

An Essay

By

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Greifswald, Germany.

Second Edition.

Translated

By

Dr. Lillian D. Powers

and

Dr. W. J. Sweasey Powers.

Before me lies an edition of Hippocrates: "Magni Hippokratidis Coi opera omnia," which was revised by Johannes Antonides van der Linden in the Greek and Latin languages, and issued by the publishing house of Gaasbeck Brothers in Liège, in 1665.

A book, entitled "Peri Topôn Tôn Kat Anthropôn," and ascribed to a later follower of the Hippocratic school, is mentioned as one of the reference works. In this book, in chapter 51, is found the following passage "The symptoms of the sick are relieved by a method of treatment acting in opposition to the ailment. This is true for any disease. . . . Another method (of therapy) is this: The illness results from influences which act similarly to the remedies, and the diseased state is relieved by remedies that have the power to produce symptoms similar to those relieved."\*

\*"Hygiaiontai te hai odynei tosin hypenantioisin. Touto de idion hekastô nosemati estin . . . . Allos hode tropos. Dia ta homoiâ nosos gignetai kai dia ta homoiâ prosperomena ek nosouton hygiaiontai."



In order to illustrate the meaning of the first of these two laws of cure, the author goes on to say: "For, if one who is naturally of a warm constitution is made ill by the exposure to cold, the resulting condition would be cured by warmth. Any further treatment would be carried on according to this fundamental law."

The second law is illustrated by the statement that a stricture can be caused by a certain substance and reduced by the same substance, just as a cough can be induced and cured by the same remedy.

Incidentally, it is worth noting that Haeser, on page 160, in the first volume of his "Lehrbuch der Geschichte der Medizin" does not correctly render the latter passage. He says: "The relief of fever by warm drinks and baths; and the relief of vomiting by drugs that will cause vomiting are cited as examples." In the original text, however, these examples occur much later and follow passages in which matters of quite different import are discussed. In the Greek text, on the other hand, the passage quoted above in regard to stricture and to cough follows immediately after the Law of Cure itself.

In connection with the two Hippocratic laws, we also read that in certain cases, a feverish condition can be cured by the same influence that causes it; in other cases, by an influence that acts in a contrary manner.

Finally, in chapter 52, the statement is made that, if the foregoing laws were recognized, the science of therapy would be once and for all placed on a firm foundation. That is to say according to the character of the case, one would need to proceed in the one instance according to the fundamental law of "opposites"; in the other according to the theory of "similars." However, as expressed in the beginning of chapter 54 of the Latin translation, "*Medicina brevem occasionem habet*" (The opportunity, the possibility, to form a correct plan of treatment is short). Therefore, even the most experienced and the wisest physician must trust that fortune will favor and inspire him so that he may not err in his treatment.

According to the history of medicine, the school of Hippocrates flourished from about the time of the Peloponnesian War well into the fourth century before Christ.

In reviewing and analysing the condition of the times during which Hippocrates and his followers practised their methods of healing, we are compelled to the conclusion, indeed we are absolutely certain, that the school of Hippocrates depended solely upon experience, and it was experience only that formed the foundation of their scientific thought and the deductions and conclusions which resulted therefrom. However, this Hippocratic science of experience by no means remained on a purely primitive, low, and undeveloped plane. Owing to the fact that the followers of Hippocrates, when making a thorough analysis of their cases, were careful to take into consideration all of the facts that had any immediate or distant relationship to them, their school gradually advanced to a noteworthy position. This fact is shown very plainly by a careful study of the Hippocratic writings and teachings. The science of experience (*Erfahrungswissenschaft*) as practiced by the Hippocratic school was something quite different from the so-called "raw Empiricism." It possessed in the most complete sense the qualifications which Paracelsus in his book "*Ueber die podagriscchen Krankheiten*" (Concerning Gouty Diseases) demands with regard to experience in medicine: "For the mother of experience is that which shows experience the way—usage, system, means, and method—without which the physician is nothing."

We may assume with certainty that both of the laws mentioned at the beginning of this treatise were developed as the result of the systematic analysis of a vast number of experiences at the bedside of the sick, and of the proper valuation of the conclusions drawn therefrom.

What then, in the course of time, has developed from these two laws, especially the second one?

The first law, in which is enunciated the principle of "opposites," as between sickness and the means of its cure, must have seemed, with regard to its meaning, a matter of course. Sickness and health, without doubt, stand in the same relation to one another as bad to good, night to day, cold to warm. Just as one had experienced the fact that, ethically, evil could be conquered by virtue; just as every moment it was demonstrated that darkness could be overcome by light and cold by warmth, so it was seen that by the use of a certain remedy a particular illness dis-

appeared. Therefore the same relationship of "opposites" must have been the determining factor here as under the conditions previously mentioned. And so came into being the first of the two Hippocratic laws: "Contraria contrariis curantur"!

However, if one analyses this law according to its words, one is impressed with the fact that no mention is made of the illness *per se*, but only of the symptoms which it calls forth. Not the illness in its true sense but only the troublesome disturbances that accompany it, the "odynai," come under consideration so far as therapy is concerned!

In the second law, on the contrary, one reads: Illness arises through an influence similar to that which the medicine exerts! It is plain to see we are dealing with a thought quite different, something apart. In the first law, illness, as such, is given no further attention. In the second law, on the other hand, we encounter the idea of a very particular and intimate relationship between the illness and the remedy. The relationship existing between the cause which induces the appearance of an illness and the remedy which does away with this condition is one of similarity! That that similarity is considered to be far reaching, is shown by the two illustrations—the stricture and the cough. Indeed, out of this thought is developed the therapeutical law: "Similia similibus curantur"!

What may have been the nature of the experiences that could have called forth such a doctrine? It surely is not reasonable to assume that this doctrine was merely the result of fancy—the product of an idle hour during which the thoughts are allowed to take their way, untroubled as to whether the pictures and impressions which they call forth are based upon facts or, like a *fata morgana*, dangle before the dreamer's eyes all sorts of beautiful schemes with enticing possibilities and probabilities which, when the attempt is made to grasp them, vanish into nothingness. And even if this had been so, it must not be forgotten that there is always something actual as a basis of even the ephemeral picture of fancy and it is this actuality that supplies the first impulse towards their further development in the course of which, it is true, they often go far afield.

As one follows the history of medicine, one realizes that at a later period the conditions were not so favorable for the further

development of the Hippocratic school. It made extraordinary demands upon its supporters and followers. We have already seen that not only was it of the utmost importance to the practitioners of the Hippocratic school that they should gather and absorb as much detailed knowledge and experience as possible, but this enormous treasure, once that it was gathered, had to be thoroughly analysed and digested in order to make future experiences comprehensible according to the law of cause and effect. The Hippocratic disciple was to furnish the necessary material leading up to and establishing that which today is called prophylaxis. However, the most important object for which he must strive was to provide the medical practitioner with the greatest variety of therapeutic possibilities and, in addition, put him in a position where he could not only make a diagnosis but also indicate what the possible prognosis might be. So were taken the first steps on that long and difficult path at whose far distant end beckoned the glorious goal—the development of medical practice into a true science.

In the course of time the number of adherents to the Hippocratic teachings gradually diminished. Knowledge increased, it is true, as a result of many discoveries and inventions, especially along the line of natural science in the broad sense of the term. The School of Alexandria accomplished much in this regard. Medical science, however, did not benefit especially by this advance; at least, not the medical science that Hippocrates and his followers had endeavored to establish. Speculation and the ever-growing tendency to systematise that which they knew and that which they thought they knew enveloped and absorbed the Hippocratic philosophy more and more. New tendencies and new schools appeared and contended among themselves in most outspoken opposition. Haeser portrays the condition of the medical science of these times in the following highly descriptive words: "Medical science never offered such a varied appearance as it did in the middle of the second century (A. D.). After Hippocrates a large number of schools came into existence—the dogmatists, the empiricists, the followers of Herophilus, of Erasistratus, the theorists, and pneumaticians—they all engaged in bitter strife among themselves." System, the real soul of all these different movements, experienced at last its greatest triumph in the doc-

trines put forth by Galenus. Eventually these became established as definite dogma.

Galen, a medical practitioner who for his time—the middle and latter part of the second century (A. D.)—was a physician of most phenomenal general knowledge, was able to formulate all the knowledge that medical science had up to his time accumulated unto itself and the knowledge that it thought it had accumulated into a system, traces of which are still recognised by us today. Taking especially therapy into consideration, one might characterise the Galen doctrine as follows:

Agreeing with the conception concerning the four elements—fire, water, air, and earth—namely that they, being a component part of everything in creation, ultimately constituted all animate and inanimate matter, Galen developed his teachings from the four so-called cardinal qualities of things—hot, cold, dry, and wet. Everything organic and inorganic possessed these qualities, although in variable amounts and in varying proportions. To these four cardinal attributes were joined, in the animal and human organism, the cardinal fluids, which also appear in a group of four: blood, mucus, yellow and black bile, whose actual predominance in a particular case would, among other things be considered as indicative of the temperament of the individual.

Any new idea could be very comfortably incorporated in this doctrine of the four fundamental qualities and the four cardinal fluids. It was just as simple as it was natural. A glimpse into the medical literature extending over many centuries after the time of Galen, shows how it was possible to deal with medical problems on the basis of this doctrine. The statement, not in any way substantiated, constantly recurs that this or that remedy is, for example, dry in the first degree and cold in the third degree, and must, therefore, be administered in those ailments which, according to their characteristics, demand a dry treatment combined with cold. Such a division of the four basic characteristics of things into as many degrees was a fundamental part of the teachings of Galen. There could scarcely exist a doubt in the mind of the practitioner, who had diligently absorbed these principles

and was sufficiently equipped with the necessary knowledge of their essential points, as to the therapy to be followed in every case.

Of the two Hippocratic laws whose fate we wish to follow from the time of their enunciation, only the first is encountered during the whole period after Hippocrates until the rise of Galen. "Contraria contrariis curantur" alone was the guiding law during the forementioned period. At least, I have not been able to find any mention of the fact that the second law: "Similia similibus curantur" had been noticed in any way. If it had been transferred from the realm of theory to the practical world, some one of the later authors would surely have expressed himself concerning it in some way—either in approval or in depreciation. I feel that the same applies to the time after Galen, who had established his system so thoroughly that no other gods could exist beside him—an impressive proof of the tremendous importance that a carefully constructed system can have for the further development of any science.

To all appearances, either Galen had absolutely no knowledge of the second Hippocratic law, which was perhaps possible but hardly probable, considering his remarkably broad knowledge or, as is more likely, he passed it by in silence as something immaterial or, possibly as something incomprehensible. One might infer the latter from the passage in the eighth book of Galen's work: "De Hippocratis et Platonis placitis" (Concerning the Teachings of Hippocrates and Plato). I am quoting from the edition of Galen's book of 1544 which was edited by the German physician Johannes Winter of Andernach and published in Venice. Immediately following a passage in which Hippocrates had expressed himself as to the influence which the seasons and the climatic conditions prevailing during the same have upon the physical state, the text continues on page 1182: "Haec itaque, cum docuisset, et praeterea quia contraria contrariorum sunt remedia, artis methodi elementa tradidit." In our language: "Through the enunciation of this doctrine and because of the fact that remedies do work according to the law of opposites, he (Hippocrates) has communicated to us the fundamentals of medical treatment." The grammatical construction of the original which emphatically states: "Quia contraria contrariorum sunt remedia," should be noted. In-

asmuch as in this passage the indicative form of the verb has been chosen, it is apparent that Galen is enunciating his own opinion—completely in accord to be sure, with the first of the two Hippocratic laws but nevertheless as his (Galen's) own idea. At any rate, the doctrine of "Contraria contrariis" was once and for all established in the minds of those who read this book of Galen's. Of the second law: "Similia similibus curantur," there was no mention made.

A realization of the importance for medical therapy of the Action of Similars long ago flashed into the mind of a certain physician as a product of his experience. It won, through the spoken and written word, a period of recognition, and then slumbered for almost 1900 years. A Greek had been the father of the idea, it remained for a German to awaken it to new life. This was reserved for the intellectual effort of a man who felt that the work of a whole lifetime was not too much to give to the development of his science, medicine, and to whom experience meant far more than all theoretical and speculative knowledge:

#### Paracelsus von Hohenheim.

The further development which the Galen system was to experience at the hands of the Arabs, resulted in only a limited advancement of medical science, although the materia medica was extensively added to by the industrious labors of the Arabic practitioners. However, there developed also, at the same time, a tremendous tendency to alchemistic and astrological speculation, which did its share towards allowing theoretical speculation unrestrainedly to run rampant.

How did Paracelsus regard this theoretical speculation in relation to the practice of medicine? We can form an opinion in regard to this from a passage out of the fourth chapter of his "Labyrinthus medicorum errantium," which was one of the Paracelsus books published by Johannes Huser in Strasburg in 1603. The quotation is as follows: "For practical experience in medical science shall not flow from speculative theory but theory from practical experience," and again: "Experience is the mother of theoretical knowledge!" What the nature of this experience should be like, we have already learned from Paracelsus in his own words.

A further conclusion which we encounter in the second treatise "Fragmenta medica" was evolved from his practical experience: "Never was a hot disease cured by cold nor a cold one cured by heat. But it has indeed happened that like was cured by like."

Paracelsus went into this question much more explicitly and more thoroughly in the first portion of his book, "Paragranum," in the chapter on "Philosophy" with the subtitle: "On the Importance of the Natural Sciences for Medicine and the Possibility of their Contributing to the Knowledge of the Medical Practitioner." In this chapter we find the following passage: "Contraria contrariis curantur—that is to say: Heat disperses cold; that is wrong and, in the practice of medicine, never was true. But as follows: Arkanum and disease they are contraria. Arkanum is health and disease is in opposition to health. These two expel each other, one is driven out by the other. These are the opposites that drive each other out."

We meet in this excerpt the expression "Arkanum." May I not go into an explanation of this somewhat in detail, so that the reader will have a better understanding of what is really meant by the expression?

Paracelsus defines his idea of the expression Arkanum most concisely in the treatise on the curative powers of the Swiss mineral springs at Pfaefers: "Arkanum is an important element which is understood through experience." In other words—the knowledge of Arkanum belongs to the fundamentals of medicine. On account of its peculiar nature it can never be recognized by speculative theory alone, but requires experience in order to become a reality—a useful instrument in the hands of the practitioner.

The meaning of Arkanum is further elucidated by an illustration found in his "Fragmenta medica": "So Euch einfaellt Esthiomenum (Herpes esthiomenos, Lupus), Cancer, so wisset, dass am selbigen Orte liegt Arsenikus, der macht das. Nun heisst der Morbus arsenicalis, denn er ist so. Warum geschieht diese philosophische Austeilung in der Arznei, die einen jeden Arzt unterrichten kann? Darum geschieht sie, weil, wenn dieser Name da ist, so ist auch die Eigenschaft des Namens da. Kennst Du nun den Arsenik seiner Natur nach, so weisst Du auch im Leibe den Arsenik zu kennen—Wenn Du das nun hast, so zeigt es Dir auch die Kur an, denn Arsenikus heilt Arsenikum, Anthrax Anthracem,

. . . wie oft Gift heilt Gift." According to modern thought and a free translation, the former passage might be rendered as follows: "There exist certain forms of illness whose superficial picture corresponds to the symptom complex which arsenic has been known to produce in people who originally were in good health. If this is recognized by the physician, the manner of his therapy is very plain. A thorough analysis of this condition, based upon natural laws, (the "philosophische Austeilung") leads the physician to administer arsenic in such cases."

Paracelsus made many journeys far and wide through the German provinces and neighboring lands, in the course of which he had an excellent opportunity to gather observations concerning the action of arsenic and other powerful substances and thereby to broaden his knowledge of this subject. His pronounced interest in chemistry induced him to take advantage of every opportunity to investigate all the mines and refineries that it was possible for him to reach, in order to inform himself by actual association with the workers as to the effect of continuous employment in the atmosphere of the refineries. In the book, entitled "Bergkrankheiten" (Miners' Diseases), the effects of chronic arsenical and mercurial poisoning are quite comprehensively described in accordance with the views of that time.

The continual pondering on the knowledge that he had thus accumulated, and also the experience which he had gained by administering arsenic and its preparations in the treatment of disease, led Paracelsus further to the following line of thought: There exists a peculiar power or influence that can cause in the human organism an illness with every appearance of arsenical poisoning; Indeed, it could easily be taken for such if one did not know that it was quite impossible for arsenic to have had any influence in producing it. Therefore, considered from the pathological standpoint, there must exist diseases of the arsenic type, that is to say: quite definite pathological states for which arsenic is the indicated remedy, a conclusion that Rademacher made his own long after the time of Paracelsus. And so, is explained the expression quoted above: "So wisset, dass am selbigen Orte (wo die Krankheit sich äussert) liegt Arsenikus." (Know then that at the same place [where the illness exists] lies arsenicus).

As a child of his time, dependent upon prevailing opinions concerning the character of things and the origin of occurrences in nature, Paracelsus was obliged to take into consideration the influence of the heavenly bodies upon terrestrial happenings. And so we find in the first treatise of his "Paramirum" the following: "Die Exaltation der arsenischen Sterne, so sie das Centrum und Angesicht der Erde beruehren, so merkt: So sie also das Wasser beruehren, so vergiften sie durch ihren Arsenik das ganze Wasser." ("Notice the activity of the arsenical stars! As they influence the center and surface of the earth, so do they also influence the water—they poison all the water by means of their arsenic"). And another passage in a chapter where the "Entia astra" was being considered: "Etliche (Gestirne) sind der Natur, dass sie Hydropisin (Wassersucht) machen und Tumoren als Opperta (Auripigmentum, das natuerlich vorkommende Schwefelaeesen)". That is to say: "There are stars in which reside a power similar to that of arsenic which, under certain conditions, can express itself as a disease-causing factor. By means of this power, the human organism can be attacked by diseases which are to be directly compared to certain states produced by arsenic."

The subject of the Arkanums is very often mentioned and discussed in the writings of Paracelsus, though not always so thoroughly as above. Sometimes the word Arkanum is used in relation to a specific remedy for a particular disease without any reference being made to the law of "similia." For instance in the sixth chapter of the first treatise of the "Bergkrankheiten" is the following passage: "Now Aqua panis porcini (Cyclamen europaeum) is a particular Arkanum that deals with any kind of asthma that is not too foul in character."

Paracelsus finally includes in the expression Arkanum that which is known as the *Vis medicatrix naturae*—the capacity of our organs and tissues to cope with disease, either quite alone through their own power, or with the assistance of suitable therapeutical measures. This capacity comes to expression and is to be considered as the ultimate effective principle where cases of illness have apparently been cured according to the therapeutic law of "opposites." In regard to this, Paracelsus writes in the second part of the "Paragranum" in the first treatise of "de Philosophia": "If a sickness should exist and be hot and be cured with cold, one

should not ascribe the power of healing to the cold, but to Arkanum. Arkanum acts, not the cold."†)

Arkanum, then, is everything that can eradicate the illness itself, not only alleviate the symptoms.

Throughout, Paracelsus represents the standpoint that there exists between the disease and the remedy an intimate relationship which it should be the aim of every conscientious healer to recognize and to use in the form of Arkanum. A great help in this effort is the fact that the Arkanums can at times call forth the same, or at least apparently the same, changes in the general condition as well as of a local character as those against which they are used.

My readers are requested to compare the foregoing views of Paracelsus with the second of the Hippocratic laws: "Disease arises through influences which act similarly to the remedies, and the pathological condition is removed through remedies which have the power to call forth a similar group of Symptoms."

The Galen school encountered many difficulties during the sixteenth century. Its principles were assailed from two sides. The anatomist, Vesal, and his colleagues violently attacked the anatomical foundation on which Galen had based his teachings. They stated facts which were immediately perceptible and whose accuracy could not be doubted. As a result, the attack which the orthodox school of medicine made at this time upon Vesal and his new teaching was without avail. It hurt Vesal and his followers very little when Vesal's former teacher, Jacobus Sylvius, who was a member of the Academy of Paris, attempted to damn him and his teachings by applying to him the cheap pun "Vesanus."

The situation was quite different for Paracelsus. His doctrine which like the teaching of Vesal, was based upon experience and, being achieved by tremendous mental exertion, required upon the part of his medical contemporaries considerable general, accurate knowledge and ability in the field of the Natural Sciences. Indeed, the Paracelsus doctrines were of practical value only to those few who were willing to give them their careful thought and consideration. A strenuous task indeed! It certainly was sim-

†"Ob eine Krankheit da waere und waer heiss und wolte mit Kaelte gesund werden, so soll man dieser Kaelte nicht die Kraft zulegen, sondern dem Arkanu. Dies handelt, nicht die Kaelte."

pler to cling to the old customs. Paracelsus could not merely give an ocular demonstration and say to his colleagues as could Vesal: So it is and not otherwise! Therefore it was an easy matter for his contemporaries to attack him with a flood of words. They began with a denial of his scientific quality and ended by declaring him to be the great quack and arch swindler which he, right up to the present time, has continued to be in the eyes of the heedless imitators of these persecutors.

It is true that Paracelsus put himself at a disadvantage with his contemporaries by very openly criticizing the manner and means according to which the practice of medicine was at that time conducted, and by telling those who were carrying on this practice, in unequivocal language and without hesitation, what he thought of them. Naturally, he thus deeply offended a large number of the important lights of science. It was unavoidable that this course should have brought dire consequences upon Paracelsus himself and upon the movement which he represented in medical science—and it did so to the fullest extent.

It seems like the hand of fate! That *the* science which, based in its very essence, as it is, upon the laws of nature and dependent directly upon them, had set for itself the highest goal that could possibly be aspired to, *i. e.*, practical altruism in the way of healing and helping all the physical and psychical ailments that befall one's fellow man—that just this science should have, ever since the beginning of its development, stood, as no other science has, under the baneful influence of dogmatism. This state of affairs is a natural consequence of the times in which actual knowledge was so slightly developed, and it is also a result of the extremely close relationship in which medicine stood in relation to the development of the natural sciences. For the ethical in medicine is only capable of maintaining its existence and becoming useful when that knowledge, which has been acquired through research work in the natural sciences, is applied to the recognition and treatment of disease. A physician who carries on his practice merely on the basis of experience acquired from his practice, without a knowledge of the laws of nature, or in ignorance of anatomy and physiology, would indeed always remain on the lowest level—even if he were guided by the highest ethical motives and the purest altruism. But when science upon which the physi-

cian must rely and, when all is said, without which his lifework must remain useless—when science itself becomes fixed in sterile dogma, it divests itself of any further capacity of rendering service. It is true that all kinds of new systems are built upon the basis of dogma, as is shown very plainly throughout the history of practical medicine; but dogma fastens itself onto these systems and they cannot become free of it.

A remarkably interesting phenomenon, peculiar to medical science, is the fact that a really new idea, based though it may be on established facts, encounters almost endless difficulties in its development. In the entire period following the epoch of Hippocrates, as we have seen, it did not occur to any one that the second Hippocratic law, the one expressing the principle of "similia," should be verified as to its correctness and as to its ability to exist. And when finally, after a very long time, Paracelsus brought the identical idea to life again and, by the presentation of overpowering material in the way of knowledge and experience, established its reason for being, the result was as we have already seen. And thus for centuries!

Gradually, in the course of time, research became established in the field of natural sciences as a fundamental law so that every new discovery, no matter how startling it appeared or how strikingly it departed from the recognized laws, was investigated as to its correctness. If it, by this means, was shown, that the idea was correctly conceived and was an actual and well proven fact, then only was it accepted and employed for the further development of science. In such a procedure it must be a matter of complete indifference whether, because of a new discovery, views and theories considered up to then to have been based on well proven premises, should be condemned to oblivion. The discovery of Copernicus, for example, made a clean sweep of the conception concerning the relation of our planets to the sun, which had been handed down from generation to generation and was apparently established with absolute certainty; in like manner have the great discoveries of our time changed the modern conception of the atom and all the conclusions that have been based thereon. With medical science, it has always been different; for when a new idea was born within its own particular field, it has always refused to accept it unless it was a thought so obvious that it could not be

gainsaid. Medicine continues to offer opposition despite the phenomenal development of possibilities for investigating the new thoughts with methods whose existence could not even have been thought of at the time when the idea was born.

It was almost three centuries after Paracelsus before the doctrine was again to be enunciated that a peculiar law exists between, on the one hand, the cause and the cure of disease, on the other hand, and the action of such remedies as are capable of producing phenomena common to both.

Now, we have finally reached the merging of the eighteenth into the nineteenth century. Enormous progress had been made in the field of the exact sciences since the days of Paracelsus. Chemistry had developed more and more away from the old alchemistic teachings. Lavoisier had taken up his fight against Phlogiston and gained a brilliant victory. The fire-engine which was in the future to become the world-conquering steam-engine had begun to grow commonplace. Already man was earnestly thinking of making himself master of the aerial regions. Indeed, in the year 1783, the Mongolfier Brothers had put forth direct evidence of the possibility thereof. In all directions research was being made and results were being attained. These were the birth pains that were to produce the science of the coming century; a century which, in the extension and deepening of the old knowledge and in the establishing of a new science, stands out distinctly in the history of mankind.

In the meantime there was the usual conflict between the different systems in the medical science. Stoll and his followers emphasized the importance of the influence of fevers due to weather changes and to epidemics. They taught that the most important point in therapy was to keep the gastro-intestinal tract open and active. They insisted that their patients should undergo frequent vomiting and purging so that the evil "Bilis latens," "hidden bile," would be cleared out. Venesection was practiced to such an extreme degree as would appear appalling to us today. The practice degenerated, if I may use an expression employed by Haeser, in many cases directly into "Vampirismus." One can easily imagine the results of such a practice.

Then came Kaempf into the field of contention with his intestinal enemata. He ordered that his patients should receive these



enemata twice a day for a week or a month at a time in order to free them of the evil "Infarktus." Kaempf explained his ideas as to the above methods in a book published in Leipzig in the year 1786, entitled "An essay on the latest Methods of Certainly and Completely Curing the most stubborn Diseases Located in the Abdomen, especially the Hypochondria." He says: "I explain constipation of the intestines or 'Infarktus' by the fact that there is an unnatural condition of the blood-vessels especially of the portal veins and possibly the vena cava, when they are here and there filled, stuffed full, and distended with a mass of blood that is thick, sticky, bile-like, polyp-like, hardened, obstructing the current, finally stopping it, stagnating, becoming foul and disintegrated in various ways, robbed of its fluid; or when the thickened serum in these vessels, in the glands, in the cellular tissue, and in the digestive tract together with the just mentioned dregs of the disintegrated blood accumulates, moulders, dries, and takes on many forms of corruption."

At the same time, Brown, a Scotchman, published his doctrine of sthenia and asthenia. All diseases, assumedly based on asthenic conditions, were to be treated with stimulating measures, be it strengthening diet or some drug with a stimulating effect. The reversed method of treatment was advocated when the trouble was based on a sthenic condition. And really, taken superficially, it was not such a bad method. It had the tendency to simplify and facilitate the practice of medicine. Kurt Sprengel in the fifth volume, page 460, of his "Pragmatic History of Medicine" published in 1828, expressed in Brown's own words how simple and easy the latter himself considered his system to be: "The practice of medicine has been reduced to such simplicity that the doctor, when he goes to a sickbed, has only three things to establish. First, whether the sickness is general or local; second, if general, whether sthenic or asthenic; third, of what degree it is. Has he reached a conclusion on these three points, there is nothing left for him to do but to establish his line of treatment or the plan of cure, and to carry it through with the appropriate remedies."

(To be continued)

## THE REPETITION OF THE DOSE.\*

Charles A. Dixon, M. D., Akron, Ohio.

In reviewing my failures and successes, in thirty years of practice, there have been two large outstanding principles of homœopathic philosophy involved so often, that I am persuaded to put on record here the things that seem to me are essential, in carrying to a successful finish any of the chronic diseases which come to us for treatment.

I believe it is a very useful habit, and one which I have carefully followed for several years, to pass in review the whole case when it is finished (whether cured or passed on to the undertaker), to visualize just where and why I did the right thing, if successful; and the wrong thing, if I failed.

I feel sure that I have learned more from my failures than from my successes and I attribute that fact to this habit of "taking stock," as it were, before passing my records back to the permanent files. In passing, let me say a word right here about records, so many doctors do not keep a permanent record.

Many doctors, because of the irksome routine, just naturally flunk the whole proposition and do without records. Some claim that their memory never fails them, that they can always remember their treatment and the correct sequence of the various remedies, time of giving, potency, etc.

I am going to be very charitable and believe them when they say that, but I would also remind them that they still owe it to their patient, to leave a record of their treatment when they pass on to their reward, and they would check up as to the why when the patient dies.

Of course, the one *big* reason for our failure is in not selecting the proper remedy, but next in importance I believe to be due to repeating the dose too soon. This is really the subject of my paper today: *The Repetition of the Dose*.

Hahnemann says somewhere in his writings, "If physicians do not carefully practice what I teach, let them not boast of being followers, and above all, let them not expect to be successful in their treatment."

\*Read before the Annual Meeting of the International Hahnemannian Association, New York, June, 1925.



The fundamental rule in treating chronic disease is this: To let the carefully selected homœopathic antipsoric act as long as it is capable of exercising influence, and there is a visible improvement going on in the system.

This rule is opposed to the hasty prescription of a new, or the immediate repetition of the same remedy.

About as good an illustration of that piece of logic as I ever heard, I read in an article by one of Hahnemann's pupils in an old German book. He said, "When we plant an apple seed we wait for it to sprout and grow, we don't go around the next day and stick another seed in on top of the one we planted yesterday."

That bit of philosophy has helped me keep from meddling many, many times since I read it, and having proved its worth I now pass it on to you.

I have spoiled well-selected remedies many times in both these ways, either too early a repetition or hastily changing to a new remedy. Another pitfall that has caught me many times is breaking in on an aggravation of symptoms caused by the first remedy.

The best way to avoid this mistake is in taking exhaustive notes in your case-taking and in reviewing them carefully before prescribing a second time.

If this is done, few mistakes will be made by him who knows the way the antipsoric remedy acts in a curative way, or in other words—how a homœopathic cure should come, *viz.*, from within, outward and from above downward.

I never saw a more startling demonstration of this in my life than within the past month, in the case of a young lady I was treating. It demonstrates this bit of philosophy so clearly that I beg to present it to you from my records.

On February 14, Miss S., a stenographer, nineteen years old, came to me with tonsillitis. She was here from Indiana visiting her uncle and aunt. She gave me the history of repeated attacks of tonsillitis, the last one during the holidays, less than two months previous. I took considerable pains in eliciting the symptoms of her previous attacks and got that priceless symptom of its alternating sides, for which we always think of Lac. can.

This remedy I gave her in the 10m one dose. She reported on the twenty-third, very much improved and received no more medicine. April 4 her aunt reported at the office that my patient was confined to the house with rheumatism of the shoulders and el-

bows. I sent her another powder of Lac. can. 10m. Three days later (April 7), I was called to the house and found the young lady bedfast. The rheumatism was now in her hands and knees. She undoubtedly was suffering, and the family were insistent that I relieve her pain. She had not slept since the powder was taken on the fourth.

The patient was very impatient with her doctor when I told her that her attack of rheumatism was undoubtedly due to the remedy, even when I assured her of a speedy clearing up of her rheumatism, and that her health and happiness undoubtedly were assured if the remedy was allowed to act without interruption.

I was patient with her and sat by her bedside and explained to her and her relatives the philosophy of the antipsoric remedies and the way they act in producing a cure, but I found it necessary to threaten them with leaving the case and haunting them with reproaches of "I told you so," if they called in an Old School man and his hypodermic.

Finally, I won them to my side and left the girl to fight it through, without even a physic, although the bowels had not moved for four days.

I visited her on the eighth and found she had had a good bowel movement and was then sleeping. I did not disturb her or give her any medicine. Visited her again on the eleventh and found her free from pain and sitting up in bed. Her appetite had returned and she greeted me with a smile. Her trouble is *over* and I did not fail to impress this fact upon her and her family.

I told them that they had watched a *miracle*.

That is not bombast. That is the truth, as every man who follows Hahnemann's teachings can testify. I believe if we would only take the time to talk these things over with our patients, we can educate them away from the damnable propaganda of a commercialized medicine.

Now to get back to the text!

I wish it were possible to say just how long a remedy may act in every instance, but that, I believe, is an impossibility, due entirely to the fact that we treat an individual instead of a disease.

In closing, I will quote you from the introduction Hahnemann wrote for "Boenninghausen's Repertory of the Antipsorics," way back in 1833. They are just as pertinent today as they were when written.

Therefore, as no more helpful proceeding than the one formerly advised by me could be ascertained; the human rule of safety, "*si non juvat modo ne noceat*," directed that the homœopathic physician, who held the welfare of mankind as his highest aim, should generally let the carefully selected remedy for the disease act upon the patient in a single dose at a time, and that, the smallest, allowing it to exhaust its action.

Smallest, I say, inasmuch as it is and ever will be, that no experience in the world can tenably disprove the homœopathic law of cure which does and will hold that the best dose of the correctly chosen remedy for acute, as well as chronic diseases, is always the smallest one, in one of the high potencies, a *truth* the priceless property of pure homœopathy and which separates it from allopathy, and not much less that new electric sect jumbled together of homœopathic and allopathic experiences, as long as they gnaw like a cancer at the life of the invalid, seeking to despoil it by ever increasing doses of medicine, and will keep these debased arts at a distance from pure homœopathy as by an immeasurable chasm.

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### SYPHILIS.

J. Henry Allen, M. D.

Author of *Diseases of the Skin, Psora, Pseudo-psora and Sycosis.*

(Concluded)

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#### Distribution of Syphilis.

We can truly say that, if any disease more than another, follows the lines of trade and commerce, it is syphilis, and as the nineteenth century found man reaching out with his trade to every corner of the inhabited earth, so syphilis is wont to appear and spread with its usual severity. It follows ship lines and railroads, strengthening itself at great centers of trade, seaports, army and navy cantonments and in all kinds of camps where many human beings are collected together, especially in times of war. Climatic conditions seem to influence it very little, for we find it, not alone in temperate zones, but in the torrid and the remotest inhabited points of the cold zones, such as Greenland, Iceland, Nor-

way, Sweden and Northern Russia. It is not a malady of filth or of the poor. It is a disease that spreads when men are closely aggregated temporarily. Thus it is met with most frequently in large capitals and in densely populated cities; where trade meets and where exchange of commodities takes place. It is a disease of the second and third decades of life in both sexes, at a time of life when the activities of life are at their highest point in respect to travel and trade and intercourse with the world.

Syphilis prevails extensively in Russia and in its great cities, in Norway, Sweden, Germany and Poland. Intemperate habits are, no doubt, the most promising factors in increasing the disease in all countries, as my experience in practice for many years has demonstrated. Men from thirty to fifty usually contract it while in a state of intoxication. This is true, to a greater or less extent, in such cities as London, Liverpool, Manchester, New York and Chicago. Usually from five to eight per cent. of all venereal diseases are syphilitic. In the densest populated cities of Europe, about five in one thousand are affected with the disease. One prominent authority estimates that in Paris alone they have constantly from two to four thousand newly infected cases. What has been said of its prevalence in Europe may safely be said of the Far East—Japan, China, Asiatic Russia, Syria, Asia Minor and Afghanistan. In Egypt, the cities of Cairo and Alexandria, so largely visited by foreigners, the disease is met with frequently, even among the natives. In tropical islands and in tropical zones of the Orient, it is not infrequently blended with leprosy, inducing its worst forms, often developing, with the aid of the hot, sultry climate and unsanitary conditions, the gravest forms of the disease.

The Western Hemisphere is by no means free from syphilis. It is frequently met with in Montreal, Ottawa, Quebec, Chicago, San Francisco, New Orleans, Philadelphia, New York, Baltimore, Buffalo and Boston, and not infrequently in smaller towns and cities. I am safe in saying that it is quite common among the American negroes, combining with scrofula and the white plague, tuberculosis, and inducing, often, the most destructive processes that can come to humanity. We also find it to be prevalent in cooks, waiters and domestic servants, as porters in hotels. Among the immigrants that come to this country in large numbers affected

by this disease are the Spanish, from South America, French Canadians, Mexicans, Scandinavians, the lower classes of Jews and those of German birth.

#### Evolution and Course of the Disease.

Syphilis is conveyed from one individual to another ("contact syphilis") and by inheritance. The acquired form may be conveyed either by a physiological or pathological fluid or living or dead protoplasm. The morbid matter may come directly from one individual to another or by indirect methods. For a long time the nature of this virus was unknown, but today our modern pathologists have determined that its infective essence is a micro-organism. All infected persons become virus carriers. The power of the infection wanes, however, in its virulence with the progress of the disease, that is, in the infective forms, which is not true of the transmitted forms. Infected individuals cured of the disease are said to be immune from a second infection; no animal can be infected, unless it be those of the monkey tribe. This is not true of the gonorrhoeal or tubercular virus, which attacks most animals. Syphilis is, on the whole, a human malady, this being the case by virtue of the *sui* process of the disease. The mucus, or secretion from the mucous patch, or the primary lesion, chancre, is said to be the most virulent form of the virus. The virus usually enters the circulation by an abrasion of the skin or mucous membrane, and at this point of entry, the first pathological process begins.

At that moment, the period of the evolution of primary lesion begins and the systemic intoxication is but a matter of a couple of weeks ("fifteen to forty days"). The general average is three weeks or thereabouts. There is but one form of syphilis and it is undefined in its degree of malignancy by the constitutional bases from which the seed comes, and the ground in which it is planted; the habits of the infected one, whether they be temperate or not; if they are addicted to tobacco, alcohol, beers, wines, coffee or the eating of much animal food depends much on its malignant action on that organism. Again, if there is already a scrofulous or tubercular soil, the chances are that every movement of the syphilitic invasion will be of a similar malignant form.

A little farther on in the disease, the glands of elimination, the blood and lymph vessels, become overtaxed with work and soon

manifest profoundly the deeper invasion of the whole organism. It may be well to mention here that the mildest forms of chancre may be followed by the gravest forms of the disease. Of course, this is not true if followed up with the homœopathic remedy in the potentized form. Usually it seldom progresses beyond the papular form of a skin eruption, but in writing about syphilis or any other disease, we must leave all that out until it comes to the treatment or we do not get a clear conception of violent inroads of the disease.

The next step in the disease is the involvement of the lymph vessels and glands, usually the glands nearest the chancre are involved. They increase from a soft fullness to a marble hardness and they may be single or multiple. We see this taking place from the sixth to the tenth day after the appearance of the primary sore, the chancre. This is the beginning of the manifest systemic involvement. All the time this process had been going on from the moment of infection, but the human eye could not detect it. This is why the books insist the disease is first local. All this is erroneous teaching. It is never local except to the mind so material that it cannot follow the dynamic action and movement of disease.

The whole effect of the system whether it be the circulatory, the blood, the lymph or the glandular elimination process shows the deep resentment of the presence of the morbid elements in the circulation. Its every effort is now to combat and, if possible, drive out its enemy. This is why we see all these excesses, these hurrys to and fro in the circulation, the violent explosive eruptions upon the skin, the hyperplasia, the hypertrophied glands, which are overworked at times to the point of dissolution. No wonder we have violent stasis of the disease, epilepsy, insanity and all the multiple forms of paralysis when we see men, who claim to be healers of the sick, creating all these processes by local application or injections of death-dealing drugs.

#### Primary Syphilis.

The primary stage of syphilis is generally known as that stage or phase of the disease which precedes all signs of infection and is attended only by local changes in the point of infection or inoculation. This local change is characterized and known by the name

of chancre. It assumes different forms, but a typical one assumes the form of an ulcer usually round and with clean cut edges. As soon as this lesion is fully recognized, the specific character of the disease is at once recognized. It becomes the flag of distress, the S. O. S. of great danger to the organism. It establishes, as with an oath, the fate of the human being so infected. Soon after the appearance of the chancre, the whole organism is involved by a slow systemic infection. This infection, or involvement, has been divided into three well-defined stages, and known in all languages and in all literature on the disease as the primary, secondary and tertiary stages. Each stage has its time periods and its own peculiar phenomena. Not infrequently we find preceding the primary lesion, general malaise and a cachexia peculiar to this disease. Sometimes a general dyscrasia develops, showing clearly the deep systemic derangement that precedes the secondary stage of the disease.

The duration of primary syphilis varies in each individual from forty to one hundred days, and even longer. From nine to eleven weeks is a safe estimate, perhaps. This time is divided into two periods, the time elapsing between the moment of infection and the appearance of the chancre, which is from seventeen to thirty days, the second, pause or rest period, coming between the disappearance of the chancre and the secondary stage, known as the eruption stage, when the glands, skin and mucous membranes show forth the full power of the disease in its secondary expression. Both of these rest periods may be said to be germinal periods, or periods of incubation, preceding which the disease involves the whole organism, even every cell and every fibre of the human sufferer.

The second incubative period also varies with the individual. It advances more rapidly in patients subjected to bad hygiene, vitiated air, mercurial treatment, slower, of course, if applied locally. The secondary eruptions are suppressed by these bad methods of practice and the tertiary stage is hurried on until we have a mixed eruption of secondary and tertiary lesions. Cold is said to retard the appearance of the secondary eruptions, and heat hastens it. The chancre has appeared as early as from ten to fourteen days, but usually it is from three to four weeks before it makes its appearance. We do not look for the secondary manifestation earlier than the fortieth day from the appearance of the chancre.

### The Initial Lesion.

The initial lesion, or primary sclerosis (chancre) is the special symptom for study in the primary disease. It begins at the point of inoculation or entrance of the virus. The first thing observed, if seen early enough, is a papule, slightly elevated, flat on the top, which imparts to the touch slight resistance, due to infiltration.

There are many forms of chancre mentioned in the different works on syphilis, but we will mention but three special forms: The Superficial Erosion, the Indurated Papule and the true Ulcus Durum or the true Hunterian Ulcer. The papule soon changes, and if you watch these changes you will notice, as the next step, a slight abrasion followed by a scanty, sticky secretion. This is the beginning of the true ulcer formation. Thus far the lesion seems trivial and inoffensive and not infrequently the specific notice of it is overlooked. Even to the trained eye it is still insufficient to make a diagnosis until further development reveals the true nature of the disease. Gradually, however, the infiltration increases and becomes distinctly indurated, either a papule or a patch. This induration is seldom absent and figures largely in making a diagnosis of the diseased spot. In degree it varies greatly; sometimes it is of a medium hardness to the touch and again assuming a cartilaginous density. It may be superficial or deeply set in the skin, firm and rounded like an elevated flat papule. When the infiltration is slight, we may be aided in our diagnosis by rolling the lesion under the tip of the finger, when we may discern the well-defined, sharp margin of the ulcer. The ordinary inflammatory eruption has a doughy feeling, with no well-defined hardness, as we find so clearly marked in the soft chancre. The true chancre develops slowly, is in no hurry to disappear and when it does disappear, leaves a slight pigmentation which, farther along in the disease becomes definitely diagnostic as a single symptom. We notice, further, that this pigmentation begins to disappear gradually from the center. Occasionally we see, in the end, a whitish patch resembling scar tissue.

The true chancre is, as a rule, single, while the non-infecting chancre is multiple, or soon becomes so, the discharge scant, thin and it not inoculable, while in the non-syphilitic chancre the discharge is copious and of a pus-like character.

It might be well to add, in a more descriptive way, something of the three special lesions of chancre already mentioned.

1st. *The dry scaling papule.* In some cases it runs its whole course as a dry scaly papule, increasing in density at the base. There is always a slight desquamation of the cuticle, the surface remaining dry, the epithelium being intact, the erosion firm and smooth.

2d. *The superficial erosion.* This represents the chancre commonly met with, the uncomplicated, simple chancre. It appears as a small, round or oval spot, the surface slightly moist, smooth and usually of a raw hamlike appearance. The whole lesion, or more commonly the center, is covered with a gray film, the surface of the lesion being flat or dome shaped. Occasionally it is transformed into a mucous patch and is constantly moist and raw looking.

3d. *The ulcerating chancre.* This form is known as the Hunterian chancre. It, when first seen, may assume the form of a true ulcer, the form being round or oval, the edges clear cut, as having been performed with a sharp chisel, funnel shaped, the edges being clear and decisive. There is no other ulcer like it. The chancreoid ulcer comes very close to it in appearance, but the edges are less clear and defined, while the prevalent secretion and other marked features help us to differentiate its true nature and character. Only occasionally, from inflammatory irritation, does it assume a character anything like a chancreoid or other ulcer.

*The mixed chancre.* This form can only be accidental and is always a secondary infection.

Location of infection, as given by Dr. Morrow, is of vital interest when we come to study the methods and forms of infection and its venereal character.

TABLE I.

Genitals and pre-genitals	6771
Chancre of the lip	184
Breast	41
Fingers and hands	33
Tongue	17
Nose	8
Cheek	6
Buccal cavity	4
Unclassed	21

*Locality of the chancre.* All of the tissues are not equally susceptible to the syphilitic infection; for instance, the power of absorption over a muscle is not so great as that of cellular tissue where the absorbative vessels are plentiful or where it is in direct communication with the absorbents. Of course, in intra-uterine infection, the infection becomes general and no longer local, as in acquired syphilis. The majority of cases where the origin of syphilis is upon the male organs, are found in the *sulcus coronae glandis* where abrasions are more liable to occur. However, the virus is readily absorbed from any mucous surface. The inner surface of the prepuce, the frænum and the outer surface of the fore skin are most frequently found to be the seat of the disease. The lesion will be found either as an erosion or the true Hunterian chancre. The presence of abundance of secretion in those parts increases the tendency to an ulcer. According to Bassereau, of three hundred and sixty syphilitic chancres, fourteen were in the urethra, but all were near the meatus. In the female genitals, the lesion is usually found on the *labia majora*, the *labia minora*, the *fourchette*, the *clitoris*, or in the region of the *meatus urinarius* and, lastly, in the *commissure* of the *vulva* and *vagina*. If the lesion is found upon the uterus, it is generally found upon the anterior lip and is smooth and flat and of a grayish color, covered by a false membrane and encircled by a dark red border.

Extra genital chancre is more common in women than in men. One author averages them in men to be one to one hundred nineteen, while in women it is one to ten or twelve. The chancre is seldom found upon the rectum.

When the mammary gland becomes the seat of infection, it is not uncommon to find multiple lesions. They are usually found at the base of the nipple and occasionally upon the nipple. The lesions may be in the form of an erosion, a fissure or true ulcer. The lesions are well defined and the adjoining glands are swollen and enlarged, the disease often extending to the axillary glands.

Syphilitic infection of the mouth is very common, due, no doubt, to kissing, but there are other methods, as in the use of tooth brushes, spoons, and other table utensils. It is most frequently found upon the lips, then on the tongue. Induration is usually marked, and it appears as a fissure or an ulcer. When the lesion is upon the tongue, it is generally flat, smooth and quite red; all

the lesions of the mouth are well defined, generally very red in color and the adjoining glands involved. If the lesion is found upon the tonsil, it may be mistaken for some form of tonsillitis, but to an experienced eye its specific nature is readily recognized. The ulceration and induration may be slight but is usually well marked, not infrequently taking on the appearance of malignancy and assuming the diphtheritic type, but the absence of great soreness, tenderness and pain usually helps in distinguishing the difference at once; besides the marked constitutional disturbance, the prostration and the odor help us to quickly decide in making a diagnosis.

Syphilis of the extremities is rare and is generally found upon the fingers, about the nails.

A work like this would not be complete if we did not insert a table showing the differences between the simple chancre or chancroid ulcer and the primary lesion of syphilis, or hard chancre, the contrast from the beginning being distinctly marked and unmistakable.

## I.

*Primary Syphilis.*

Often not venereal.  
Produced by mediate or immediate contagion from the secretion of a syphilitic lesion.

*Simple Chancroid.*

Generally venereal.  
Produced by immediate contagion from the secretion of another chancrous lesion.

II. *Incubation.*

Usually from 17 to 30 days.      Reaction within 24 hours.

III. *First Appearance.*

A papule or slightly eroded spots.      A pustule or ulcer.

IV. *Number of Lesions.*

One usually.      Generally multiple.

V. *Seat.*

Not uncommonly extra genital.      Almost without fail upon the genitals

VI. *Induration.*

Ulcer or lesion, firm, elastic and with sharply defined edges.      Compressible, soft, non-elastic, ill-defined, soft to touch.

VII. *Surface.*

Sometimes dry and scaly, red or grayish, slightly moist at times.      Always moist, with pus-like secretion, generally copious discharge.

VIII. *Form.*

Generally round, with well-defined margins.      First round, soon becoming angular in outline, with irregular borders.

IX. *Ulceration.*

Ulceration often absent, edges smooth, sloping ulcer, usually shallow.      Ulcer deep, with perpendicular jagged edges.

X. *Secretion.*

Secretion scanty, of a serous nature.      Secretion copious and purulent.

XI. *Sensation.*

Slightly sensitive.      Sensitive.

XII. *Inoculability.*

Not inoculable upon a syphilitic person.      Always inoculable upon others, even upon the infected one.

XIII. *Adenopathy.*

Polyadenitis; indolent; scarcely suppurates.      Monadenitis; acute; suppurating and virulent.

*Mixed chancre.* In mixed infection, it is difficult for even the experienced physician to make an early diagnosis. It therefore becomes extremely necessary to acquaint ourselves well with this

initial lesion of which so much has been said. In the majority of cases of mixed infection, the inflammatory effects due to the mixed infection obliterates the fine distinguishing points of the initial or primary sore. Usually this mixed infection involves the chancroid as well as the true syphilitic virus. We then have both the sycotic as well as the syphilitic elements to deal with, as chancroid is but an ulcerative form of sycosis, while the true gonorrhœa is the catarrhal form. Time, however, the revealer of all things, will soon show clearly, as the disease advances, its true nature, whether syphilis is present or not. In the meantime, care should be taken not only to guard yourself in a diagnosis as well as to protect others from infection. A carcinomatous papule may be mistaken for the initial lesion of syphilis in the mouth or on the genitals, but this is so rare that it is of slight consideration. The rapid evolution of syphilis, of course, distinguishes at once the nature of syphilis. A tubercular ulcer in the mouth or tip of the tongue cannot be taken for syphilis, even by those unfamiliar with the syphilitic lesion, if they put to the test the soft character of the tubercular lesion. Secondary eruptions, I can readily see, might confuse the unexperienced, but never in the first stage of syphilis.

*The pathological anatomy of syphilis.* The microscope reveals, in all stages, a dense cellular tissue and an infiltration of masses of large round cells. They seem to be a constant element in this disease. They pile up at the edges of all lesions and are also seen, to a marked degree, in the chancre and throughout all syphilitic processes.

The papillæ at the periphery of all eroded surfaces are found to be enlarged and infiltrated; the connective meshes are loose and œdematous. The hardness of the peripheral edges and borders of all syphilitic lesions must therefore be due to this massing together of these round syphilitic cells that crowd themselves together at the periphery of all lesions. This is, perhaps, the cause of the unstableness of all syphilitic lesions. One quite prominent physiologist explains this instability in the following manner: "The vital processes of the life forces are so profoundly disturbed, especially in the blood's vitalizing centers, that these cells are not perfectly vitalized, therefore making non-constructive, and therefore the tissues likewise are unstable. How often we notice the poor attempt nature or the life forces make in their feeble efforts to heal

an old syphilitic ulcer or other lesion. We notice the false granulation, the exaggerated piling up of unhealthy granulation in many attempts to bridge over some breach in the tissues made by gummæ or other destructive processes. This granulation or cell efforts fails because of the lack of true cell vitality."

All cell effort at healing in this disease is neoplastic. It has no durability, no constructive character; it is all histologically the counter-part of disease. Hahnemann's definition of disease becomes paramount as we study the action of syphilis upon the life forces. "Disease," he says, "is the disturbance of the life force." These three vital and far-reaching words, *disease, disturbance, life force*, cover all physiology, all anatomical and histological discovery. No man yet has viewed so deeply into the mystery of life, disease and death. The life process he fully comprehends, and his disease and death process is in harmony with the principles as laid down by God himself. His principles are in harmony with all the universal laws and also in perfect harmony with true healing. How clearly we see this imperfect process of vitalization of white cells in a gummy tumor and gummy formation which represent the true counter-part of the formation and product of disease. Robin, Marchal, von Bärenspinnd, Wien, Virchow, recognized all these things, but could not explain them because of their chemical conception of disease, while Hahnemann's masterly eye makes all these things clear and simple, although he lived in a day when he had no competitors nor great thinkers in this field of science. Of these greater men of the school of materialists of modern medicine, we feel we must place Virchow at the head, yet he testifies to the fact that the morphology of syphilitic lesion and growth held no vital significance.

Some authors attribute the scirrhous condition of the true chancre to the fibrous exudate and others to an hypertrophy of the epidermis. In the chancre, the epidermis is not destroyed, while in the chancroid ulcer it is destroyed.



## DEPARTMENT OF HOMŒOPATHIC PHILOSOPHY.

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

## RE-STATING THE ORGANON.

Once in a blue moon, to a physician who really believes in homœopathy and has the courage and ability to practice it, there comes a new idea about how to spread the doctrine, or how to teach it to others who pretend to believe in it but do not practice it.

From such men we have the right to expect new ideas suggested by experience, although too often we are disappointed. It is unfortunate, but perhaps natural, that most of them are content to be simply practitioners, immersed in the routine of their daily work and giving little or no thought to the vital necessity of perpetuating the system and raising up successors to take their place when they are gone. The very intensity of their interest in the practical side of the work and its unceasing demands upon their time and strength, tends to destroy their interest in the theoretical side and obscure their vision of the educational needs.

Never were those needs more pressing than they are today. Never was the school in a more critical situation. Education and propaganda have so long been in the hands or under the control of pretenders, with their false theories and perverted practice, that institutional teaching of homœopathy has become almost extinct.

The colleges and hospitals have been destroyed from within. They were fed on denatured and adulterated food. They died of chronic intestinal toxemia and malnutrition, or of septicemia, and their death was only hastened by the inoculation or injection of modern "scientific" serums, toxins and antitoxins administered by would-be specialists.

*Requiescat in pace.*

With one or two exceptions, true homœopathic teaching today, as in the early days, is almost solely in the hands of isolated indi-

viduals, of whom there are all too few. It is time to wake up to this fact, adopt the policy of post-graduate education and begin to build new institutions on that basis.

The most pressing and vital need in homœopathy today is competent teachers. The burning questions are, how and where shall they be found? And having found suitable material for teachers, how and where shall they be trained?

Naturally, the first place to look for them would be in the ranks of those already practicing homœopathy. Undoubtedly, among the large number of its nominal or actual practitioners there are some who possess the natural qualifications of good teachers, irrespective of their present theoretical and technical attainments. All they lack is education.

Natural ability is the first requisite, for a good teacher is born, not made. A good teacher is a good learner. He is avid of knowledge and burning with a desire to pass it on to others. A good teacher will teach all he knows and the best he knows. If he knows only the rudiments of a subject he will teach them. If he has himself been wrongly taught he will still teach and do the best he can. But he is always ready to learn better that he may teach better. His mind is open to new ideas because his heart always prompts him to get and give the best.

Given a large body of men, some of whom are potential teachers, how are these to be found? Wanted, men who can teach and practice real homœopathy, how are they to be found and trained?

Dr. C. A. Baldwin of Peru, Indiana, thinks he has found a way to accomplish the beginnings of this highly necessary pursuit. He has discovered what some of us have known a long time, that the great majority of professing homœopaths have never even read the *Organon*, much less studied it. The little knowledge they have of it has been acquired at second, third, or fourth hand. Their homœopathy has not only been highly diluted, but frequently grossly adulterated. Hence, their inefficient and futile attempts to practice it successfully. Hence, also, their loss of interest in it and their facile resort to unhomœopathic measures. Hence, ultimately, the degeneration and disintegration of the school and the demise of its colleges.



Therefore, "Back to the Organon," shouts Dr. Baldwin—or words to that effect. (He is welcome to the slogan, formulated just now on the spur of the moment.)

Dr. Baldwin is some shouter. One might suspect he was of good old Methodist extraction. At any rate he is a man of energy, initiative and enthusiasm. When he gets an idea he starts right in to work it out.

On discovering that most of the homœopaths had not read the *Organon*, Dr. Baldwin surmised that at least one of the reasons was that it is hard to understand. To the average modern doctor it seems dull, dry and forbidding, principally because it is diffuse, involved in its phraseology (being originally characteristically German) and archaic in many of its explanations and illustrations.

To the doctor who takes his daily mental pabulum at the breakfast table from a newspaper propped up against the sugar bowl, and punishes himself for his professional sins by laboring through the *J. A. M. A.* while his chauffeur is watching the cops and piloting his limousine through the traffic jams, such reading as the *Organon* is not attractive.

Now, if it were re-written in modern "journalese," or even if it were merely condensed into vest pocket size, it might stand some chance of perusal by the average homœopathic doctor, or perhaps by an occasional orthodox doctor. So thought Dr. Baldwin, and it was a good thought.

Others have had a similar thought. Professor Samuel Lilienthal, away back in 1883 wrote a brief restatement of the main paragraphs of the *Organon* and had it printed in pamphlet form for the use of the students of the New York College. Later this was expanded in a series of articles which were contributed to the *California Homœopath*, of San Francisco, then edited by Dr. William Boericke, who republished it in 1896 as an appendix to his valuable book, *A Compend of the Principles of Homœopathy*. Both, of course, are long out of print and probably unknown to the present generation.

To Dr. Baldwin must be given the credit not only for a new and original restatement of practically every paragraph of the *Organon*, but for the happy thought of printing it in diminutive form and

doing some justifiable "shouting" about it, as he did at the recent meeting of the Southern Homœopathic Medical Association at Cleveland.

There is a subtle charm about little books—books that one can slip into the pocket to read at odd moments—small books on great subjects, tersely phrased and pointedly addressed. They charm the book-lover and the extensive reader as well as the average man who reads little.

Dr. Baldwin probably had this in mind when he conceived his idea. He knows also that the *Organon* is the perennial fountain-head of homœopathy; that age cannot wither nor custom stale its infinite variety. It is as true, as valid and as indispensable to the student of homœopathy today as it was the day it was published.

To one who is already familiar with the *Organon* and imbued with its principles and philosophy, Dr. Baldwin's big little book is welcome. For such a one is always ready to yield to the impulse of the moment and refresh his memory by reviewing its pregnant paragraphs. Like Joshua of old, he is mindful of the Divine injunction:

"This book of the law shall not depart out of thy mouth; but thou shalt meditate therein day and night, in order that thou mayest observe to do according to all that is written therein; for then shalt thou make thy way prosperous, and then shalt thou have good success."

This condensed "Book of The Law" is exactly three and a half inches wide, five and three-quarters inches long and slightly less than one-eighth of an inch in thickness. Printed in clear, bourgeois type (9 point) the 292 paragraphs of the *Organon* (without the Introduction) are compressed into fifty-two pages with decent margins and ample spacing between paragraphs. It is bound in tough paper covers. It is easy to read and easy to slip into a vest pocket—or any other pocket—where it takes up hardly more room than a package of cigarette papers and is indefinitely more salutary and satisfying to a receptive brain than those seductive bits of blank tissue paper.

Taken as one would take a cigarette paper and roll a bit of fragrant tobacco when the nerves crave a moment's solace, these little pages will burn their way into the mind and distil a tiny drop

or two of essence the effects of which, unlike the deadly nicotine, will stimulate the brain, give rise to useful ideas, and leave a clean taste in the mouth.

At the modest price of fifteen cents, with liberal reductions for quantity orders, Dr. Baldwin hopes to put one or more copies into the pocket of every homœopathic physician in the United States for personal use and distribution. Of those who read it, all will be benefited, and some will be moved to respond to the timely suggestions contained in his terse and admirably written Foreword. This consists of a biographical sketch of Hahnemann, a convincing outline of the general argument for homœopathy as an effective system of cure by medication, and an appeal for recruits to supply the needs of the many communities which are calling in vain for homœopathic physicians.

Dr. Baldwin has used good judgment in selecting the points in each paragraph which are essential to an understanding of its meaning, leaving out much explanatory matter. He is a facile condenser. He has the happy faculty of saying much in a few simple words. In many cases he presents the original paragraph with little or no change. Frequently he condenses or paraphrases the original, sometimes with striking results.

A paragraph of eight or ten lines will be condensed into one or two lines, as in 172:

"A similar difficulty in the way of cure occurs from the symptoms of the disease being too few—a circumstance that deserves our careful attention, for by its removal almost all the difficulties that can lie in the way of this most perfect of all possible modes of treatment (except that its apparatus of known homœopathic medicines is still incomplete) are removed."

Dr. Baldwin puts it very simply, thus:

"172. *Some cases present serious difficulties on account of scarcity of symptoms.*"

Or take paragraph 175:

"In one-sided diseases of the first kind it is often to be attributed to the medical observer's want of discernment that he does not fully discover the symptoms actually present which would enable him to complete the sketch of the portrait of the disease."

Decidedly pointed and slightly pungent is Dr. Baldwin's version:

"175. *Want of symptoms may be want of attention on the part of the physician.*"

This kind of work, of which the little book is full, is of the kind that "gets across." It hits hard and in the right spot. Dr. Baldwin deserves commendation and congratulation for what he has done. He should be deluged with orders.

The author, in a letter to the Editor of THE HOMŒOPATHIC RECORDER, apologizes for certain slips in proofreading, punctuation and editing, promises amendment in a future edition if it be called for, and requests suggestions for improvements or expansions from readers.

These need not concern us. They do not detract from the value of the work done, any more than do the occasional lapses from strict grammatical form. They are a bit amusing and permit the appreciative reader to glimpse the breezy, pushing personality of a man who is not finicky about style so long as he makes his meaning clear; who is too busy to take time for polishing, even if he knows how, and whose main object is to "get there."

To one who has had experience it is perfectly evident that it has taken much time and hard work to accomplish what the author had in mind. It is not surprising that under the pressure of his other work and the existing crisis in the homœopathic school, he permitted his little book to go to press without adding, or having some one add for him the finishing touches.

Few physicians are practiced writers and still fewer have an attractive or interesting literary style when they do write. Most of their productions appearing in the medical press are about as dry and empty as last year's bird's nests, and as much alike. Like the cuckoo, they deposit their eggs in the ready-made nests of other birds.

When a physician breaks with deadly-dry conventionalism and writes like a human being, as Dr. Baldwin has tried to do, he deserves a reading, at least. THE HOMŒOPATHIC RECORDER hopes he will get it.

## YEAST.

From a Pennsylvania homœopathician comes a letter addressed to the Editor of THE HOMŒOPATHIC RECORDER, which Dr. Rabe has forwarded to the editor of this Department. It is a neat little cake of compressed yeast to mix with his literary dough so that it may not sour on him and become soggy bread. All of us who are trying to make and distribute good homœopathic bread nowadays need some of this kind of yeast once in a while. A little appreciation, *duly expressed* helps to raise our spirits and improve the quality of our loaves.

Referring to the Boston Centennial Address published in the last issue the Pennsylvania doctor writes:

"I would like to see some pamphlets of Dr. Close's article in the November RECORDER printed. I could use a few. *It is the best statement of the case I have ever seen.* Should there be reprints of the article I would like some . . . Homœopathy is sleeping. It can no more die than any truth. One of these days the old school will 'discover' it, too. Just now you can't get 'em interested. I've tried here, but as Boss Platt once said, 'Oh, hell, what's the use.'"

The doctor is evidently doing a little bread-making himself. He encloses a letter received from a wide-awake automobile salesman who is a patient of his, but requests that names be suppressed. Writing from a large Western city his patient says:

"The sugar pills you prescribed for me last Sept. have entirely eliminated the drainage trouble I had in my ear. You will recall that I informed you also of the drainage trouble I have been experiencing with my left frontal sinus and left antrum during the past few years, and that the so-called 'head specialists' have not helped my condition.

"I am requesting my father to drop in to see you and if you will, kindly give him two more bottles of the same remedy you gave me last Sept. Of if you have any remedy that you think will act more directly on my sinus and antrum I will appreciate getting anything you prescribe.

"I have been to one of the supposedly leading homœopaths here, but his dope has not helped my condition to any appreciable degree. As he is also the head surgeon in one of the dept's

at a good local hospital, I do not think he is very homœopathically inclined. I cannot find any homœopathic doctors here that I feel I can trust. It is regrettable that at least some of our young doctors are not taught homœopathy seriously. They still teach it in this part of the country but only as a side issue—to be used, I presume, when the 'Surgical Fee' is lowered by public opinion. I have been selling the idea of homœopathy lately to my friends, and I have many of them here. I believe the best way to gain your point is to get public opinion on your side. Fortunately, people have in the past few years made tremendous strides in cultivating the idea of thinking for themselves."

This ardent and convinced homœopathic layman is up against the same problem that confronts laymen all over the country. He knows by observation and experience what good homœopathic practice is and, in a general way, how it is done. When he goes to a nominally homœopathic physician in a city which he is visiting, he is able to judge whether or not that physician is complying with the rules for making a good prescription. He judges by the way the examination is conducted, the medicine is selected and dispensed, the comments made and the kind of advice he receives. He cannot be fooled by a three-minute interview, a bluff and a bottle of combination tables. If he seeks further and fails to find a competent prescriber he is stumped. He can talk about homœopathy and "sell" the idea to his friends, but having done so there is no physician at hand to back him up and demonstrate the system. His work goes for naught so far as that city is concerned.

So it is wherever he goes, with an occasional exception. It would be remarkable if he did not soon lose his interest and repeat Boss Platt's famous ejaculation. A homœopathic physician, wishing to refer a patient to a competent prescriber, is often in the same predicament.

What are we going to do about it?

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## EDITORIAL NOTES AND COMMENTS.

**Similia Similibus Curantur.**—We have much pleasure in presenting in this issue, an article with the above title, by Prof. Hugo Schulz, of the University of Greifswald, Germany. It is this article which perhaps, more than any other, first aroused the present interest in homœopathy throughout Germany and which has caused men of eminence, such as August Bier, to investigate the claims of Samuel Hahnemann. We are indebted to Dr. W. J. Sweasey Powers and his wife, Dr. Lillian D. Powers, for the English translation.

**Nasal Sinusitis.**—Irrigation of the sinuses is never without danger, especially in acute processes. In case of fever, or when a fibrous exudate has formed, irrigation should not be performed. Riedel believes that operative treatment of the antrum frequently entails inflammation in the ethmoidal and frontal sinuses. The latter and the sphenoidal sinus should be operated on only when persistent headaches cannot be cured by an antrum operation and conservative treatment.—*J. A. M. A.*

Frank and honest confession; too bad that the advice implied, is not more often followed! Too much *monkeying* with the nasal accessory sinuses is productive of serious mischief, especially in the hands of the inexpert; and Heaven knows, there are plenty of these.

Carefully chosen homœopathic remedies are quite capable of doing much good, in the various forms of sinusitis. *Arsenicum iod.*, *Iodin*, *Kali iod.*, *Pulsatilla* and *Silicea* can do wonders here.

In *Arsenicum iodide* we have a pain in the forehead directly above the nose; the frontal sinuses are involved; the patient feels weak, dragged out; the nasal discharge is hot and watery, burning,

and much of it passes down by way of the posterior nares. The head in general feels heavy and dull. The patient himself feels better in the warm room.

The *Iodin* patient is likely to be thin and lean, dark and hungry-looking, an appetite which demands attention and compels respect; he always feels better when his paunch is full and like Oliver Twist, is apt to cry for more. Pressive pains in the forehead are complained of, or a small, painful area above the nose. Fluent coryza and a great deal of sneezing, discharge is hot and excoriating and fever may be in evidence. The cold open air relieves.

*Kali iod.* is usually without fever; in fact, the temperature is often subnormal; stretching and aching of the limbs is complained of; sneezing is both violent and paroxysmal and accompanied by a filling up of the eyes with tears. The nasal discharge is at first watery, hot and burning, corrosively so. Sneezing is frequently painfully ineffectual. The eyes and nostrils are red and the upper lip is sore. Heat, locally applied over the nose and forehead, is very agreeable, but in general, the *potassium iodide* patient feels better in the cold open air. Great weakness is present. In general also, there is an aggravation at night, as with other anti-syphilitics. Later on the nasal discharge becomes thick and yellow.

*Pulsatilla* is especially familiar to us all, with its afternoon and twilight aggravation, its docile placidity, its bland, thick and yellowish-green discharges and its amelioration in the cold open air. The head feels better in the cool open air which indeed is more agreeable to the sufferer, whose frontal and facial pains may be due to an inflammation of the frontal sinus itself, or even of the antrum of Highmore. Fever may be present and is apt to be high, with absence of thirst. Smell and taste are temporarily abolished, or at least greatly diminished. *Pulsatilla* is more likely to be needed during the later stages of sinus inflammations.

In *Silicea* we find a remedy of much value when the frontal sinuses are affected, with severe pressure in the forehead, as though from a heavy weight above the eyes. Cold air, especially a draft of cold air, aggravates the pains, the head is extremely sensitive to drafts and feels better when wrapped up warmly. Chronic sinus inflammations are likely to be helped by this great remedy. The nose is obstructed and sore and bloody mucus as well as acrid watery mucus is blown from it.

Other remedies may, of course, be required; they often are and symptoms must decide, but the five remedies mentioned are important and often most useful; we ought always to bear them in mind, especially when tempted to resort to local measures of doubtful value.

**Should Schick Test Be Abandoned?**—Observations are recorded by Kellogg showing that the Schick test is subject to errors in its application, which more than offset the value of the information derived from its use. A high percentage of false negative Schick tests has been found in persons following immunization, the information as to their true status having been determined by laboratory test using the Kellogg method. The Schick test is of academic interest only and should be abandoned completely for the following reasons: It is subject to a sufficient percentage of false negative readings to result in the failure of protection of children who otherwise would have been protected. Knowledge of the immune status of children is not required, as most of those in the age group most concerned are susceptible, while immunization of the balance is open to no objection. General immunization of children without further attention to whether or not immunity has been attained will result in complete public health control of diphtheria. For determining the immune status of individuals and small groups, where this information is specially desired, the laboratory test devised by the author is convenient and accurate.

The above is abstracted by *J. A. M. A.* from the *American Journal of Public Health*, Albany, N. Y., October, 1925. The question presented and the conclusions drawn are quite remarkable, if not bewildering. The infallibility of the Schick test has been rammed down our throats so persistently, that we gasp in astonishment at Kellogg's revelations and we are sorely tempted to cry out in the language of the street: "Where are we at and where do we go from here?"

**Rheumatism and the Tonsils.**—Gording reports clinical and experimental research on 260 cases of joint and muscular rheumatism, all but 25 per cent. in women. A history of tonsillitis was known in only thirty of the 108 cases of primary chronic polyarthritis, and in thirty-four of the 107 muscular and nervous rheumatism cases. The average age at the onset in the tonsillitis

cases in both groups was twenty-seven, and in the nontonsil cases forty-three and forty-four. In the thirty-four cases treated with tonsillectomy, improvement followed in twenty-two but not in the others.—*J. A. M. A.*

Sehr interessant, nicht wahr? Evidently tonsillectomy is not always successful; still, the modern slogan is "teeth and tonsils"; four out of five get pyorrhœa, unless forsooth, all use some celebrated dentifrice; the immaculately dressed dental surgeon, with his charming, white-clad office nurse as partner, looks down upon the passing throng beneath his office window and with a saintly expression of true benevolence, utters his prophetic words: Four out of five, four out of five! The psychology is compelling and off we rush to the nearest Liggett's and purchase a tube of prophylactic toothpaste.

**Effect of Ovarian Therapy on Menstrual Cycle.**—The clinical features and course in a group of 132 women who complained among other symptoms of hot and cold "flashes" and who received as therapy desiccated whole ovary are reported by Sharlit, Corscaden and Lyle. They have been most favorably impressed with the value of this therapy.—*J. A. M. A.*

Our homœopathic *Ovarian* in 3x or 6x, is at times of value in the condition cited in this abstract. But other remedies, such as *Lachesis*, *Sepia* and *Sulphur*, must be thought of as well. Their indications are well known to all and need not be repeated.

**Pernicious Anemia.**—In a series of forty-two cases of Addisonian anemias under Hunter's observation, only two have apparently been cured by transfusion, drugs and dietetic measures. Of the forty-two cases, thirty-four were Type II blood, three were Type IV, and one case was Type III, according to the Moss method of blood grouping. Whether or not there is any significance to the large number of Type II cases, has not been determined. Two of the patients died after transfusion, with hemoglobinemia and hemoglobinuria, indicating hemolysis, one having been transfused thirty-six times, the other twenty-eight times. Both were given homologous blood after direct matching in a last desperate attempt to bring them out of a severe relapse. On the other hand, one patient has had thirty-two transfusions, many times by the same donors without any hemolysis or untoward reactions. All the pa-

tients have either shown a frank pyorrhea alveolaris or increased amount of oral bacterial flora, particularly the spirillary forms.—*J. A. M. A.*

Well, here *pyorrhœa* did play a deadly villainous part. No doubt these forty-two patients had not read the street car "ads" and so, had failed to prevent disaster by using the "four out of five" treatment. Moral: Always read the street car "ads," even if you are carried away beyond your destination!

**Does Bedbug Transmit Kala-Azar?**—A total of 138 *Cimex hemiptera*, all caught in the bedding of cases of kala-azar, were examined by Shortt and Swaminath by culture of the entire gut in NNN medium. The cultures were uniformly negative.—*J. A. M. A.*

Frankly, we do not know and we probably care less, for there are many more important things to worry about. Yet, bedbugs (*cimex lectularius*), can certainly make life very uncomfortable. It seems to us as though Europe, more particularly Germany, had a monopoly of them; at least every time we have travelled abroad, we have managed to pick up a few samples. Oh, how they did itch! In desperation, one rainy night in September, arriving at a comfortable hotel in Schwerin, on our way to Copenhagen through Germany, we plunged into a tub of delightfully clear hot water and in short order, three specimens of the bedbug family were *spurlos versenkt*. We have always believed that we had annexed the devilish little beasts in Hamburg, for anything may happen in Hamburg, with its great cosmopolitan population, its beautiful *Alster-Bassin* and its wonderful residential suburbs of *Harvestehude*, *Uhlenhorst*, etc., not to mention the marvellous North German cooking and the Rhenish wines. In our childhood days, a famous topical song ran something like this:

"The June bug he has wings of gold,  
The fire-fly has 'em of flame;  
The bedbug has no wings at all,  
But he gets there just the same!"

Truly, he is a veritable *go-getter*, with a post-graduate degree in salesmanship, for does he not sell himself to you, whether you want him or not? Ah, this indeed is art!

*Kala-Azar*, by the way, sounds like the name of some Rudolph Valentino sheik, but really is an extremely fatal epidemic fever of Assam. So don't you go there unless you must and if you do, be extra cautious, remembering the little go-getting jingle we have just recited.

Homœopathically considered, *Cimex* is said to be of use in certain cases of intermittent fever, when there is a sensation as though the tendons of the joints were contracted or too short. *Ausprobiren* and find out!

**Leukemia and Pernicious Anemia Consecutive to Occupational Injury from Radioactive Substances.**—Emile-Weil reports a fatal case of myelogenous leukemia in a mechanic occupied for several years in the preparation of radioactive substances of the thorium family. Another mechanic, working on the same substances for several years, in the same factory, died from pernicious anemia. Both were robust and of healthy families. On microscopic examination, the lesions of the spleen, liver and bone marrow appeared to be identical with those in ordinary leukemia. It is assumed that irradiations as well as infections may induce changes in the cells in the hematopoietic organs. The author comments on the fact that the same radioactive substance seemed to be responsible for the two quite different blood diseases, probably on account of differing predisposition. He cites another case of fatal leukemia in a woman given a single intensive seven hour application of radiotherapy seven years before.—*J. A. M. A.*

In the December issue we called attention to the disastrous possibilities of radioactive substances. This poor victim, whose case we cited, is still suffering, after eight weeks of torture, from the pain and spasms of the pharyngeal muscles, due to the prolonged effects of the Radium *seeds* which had been implanted in her tonsils. The latter have now been enucleated entirely, but the surrounding tissues still show an ugly picture of necrosis and sloughing.

The X-ray, radium, etc., with their wonderful powers for good, are at the same time capable of spreading destruction and death. Medical science should most assuredly proceed cautiously in their employment.

**Impacted Wisdom Teeth.**—Determann reports a case of severe general nervous disturbances which was apparently caused by a wisdom tooth which was impacted and which exerted continuous pressure upon the inferior alveolar nerve. The extraction of the tooth brought about complete cure.—*J. A. M. A.*

Yes, *tolle causam* always! Don't waste time with a remedy, if you can find a definite, mechanical cause; remove the latter or have it removed and for remaining symptoms, prescribe a remedy. Hahnemann taught this of old and he knew whereof he spoke.

**Treatment of Tonsillitis.**—Wishart treats each attack of tonsillitis as if it were premonitory to an attack of rheumatic fever. With the aid of an atomizer or throat brush he applies to the tonsils, during gentle expirations, a paint consisting of one part of tincture of iodine to seven parts of anesthetic ether, until the tonsils become iodine colored and dry. It may be found necessary to repeat the application every third day.—*J. A. M. A.*

Those who still believe in the efficacy of straight homœopathic prescribing more and more are meeting the pressure of opinion, which stands behind such modern methods as employed by Wishart. Old-fashioned homœopathy is losing its grip, except among the small number of the *intelligentsia* who are powerless to stem the tide. This modern age of ours is a swift one indeed, especially in our large cities, particularly New York. Quick results are wanted, nobody wants to wait; everyone wishes something tangible to be done and painting the tonsils is assuredly something tangible! Those who do not employ such theatrical methods are in danger of finding themselves playing to empty houses; the furniture in the waiting room accumulates dust and rapidly becomes an index of the old fogey doctor's dwindling practice. It's all very sad, but very true and as a notorious Tammany chief once said, "What are you going to do about it?" Shall we bow to the seemingly inevitable and let principle go hang, or is virtue, resplendent and lonely, to be its own reward?

**Case of Anaphylaxis to White Wine.**—De Lavergne and P. Florentin observed a case of this kind in a patient with recurring urticaria. An excessive amount of some protein substance added to the grape juice in making the white wine may have produced in it an antigen property, thus responsible for the anaphy-

lactic condition. This was confirmed by the skin reactions in the patient, as well as by experiments on guinea-pigs.—*J. A. M. A.*

Let us see! Anaphylaxis is "the state of unusual or exaggerated susceptibility to a foreign protein, which sometimes follows a primary injection of such protein." Well, protein or no protein, individual reactions to white or other wines are extremely variable and at times ludicrous. In one of our unpadlocked Italian restaurants, which thus far has happily escaped the eagle eye of Emory Buckner, assistant United States District Attorney, we recently observed a typical Yankee of the obnoxiously vociferous type, in a state of flaming inebriation, call for and consume three large plates of ice cream in rapid succession, perhaps the truly wonderful *Chianti* for which this Greenwich village resort is famous, may have warmed the cockles of his heart not wisely, but too well; no doubt his urticarial manifestations were altogether internal and hidden by his well-padded rotund anatomy. Of course, down in the "village" the simple-minded yokels don't call it "anaphylaxis," and euphonious though this highly cultured and scientific term may be, the denizens of the *Quartier Latin* of New York use a much simpler and shorter word, which everyone understands. Yes, the good old Italian *red ink* can produce a wide variety of bizarre, anaphylactic effects; there is some atmosphere still, in little old New York. May it never vanish entirely!

**Value of Iron in Anemia.**—Williamson and Ets have found that inorganic iron, whether given by mouth, subcutaneously or intravenously, is absorbed and may be found especially in the liver and spleen, but is not converted into hemoglobin. Animals made anemic by one or several large bleedings do not recover any more rapidly when inorganic iron is given in any of these ways. The efficiency of food iron is very pronounced, and animals on a diet containing food iron only recover very rapidly from hemorrhages that remove an amount of iron greater than exists in the entire body outside the blood. In the light of the foregoing experiments, the administration of inorganic iron has no therapeutic value in anemia.—*J. A. M. A.*

This is no particular news to homœopaths, who are well aware that iron is rather seldom of use in anemia. More often *Natrum mur.* and *Pulsatilla* will demand recognition. When iron is indicated, the patient will present a pseudo-plethoric appearance, the



face pales, but just as easily flushes from any exertion or slight emotion. Fatigue and sensitiveness to cold are complained of; throbbing headaches occur; gastric distress, with vomiting of food, especially at night, is common and diarrhoea with undigested food in the stools, often takes place. Pale lips are a striking feature. The menses are too copious, appear too frequently and last too long, the menstrual blood is pale and watery. Amenorrhoea, on the other hand, may be present. Loss of appetite alternates with an unusual hunger. Diarrhoea takes place immediately, while eating or drinking. The *Ferrum* patient's symptoms are ameliorated by walking about slowly, in spite of her marked sensation of weakness.

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#### OBITUARY.

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As we go to press, we have been unable to obtain thus far, further information concerning the late Dr. Edward Rushmore, of Plainfield, N. J. He will always be remembered as a sincere, earnest worker in the cause of homœopathy, as an ardent, devoted follower of Hahnemann and as a man and physician of depth of soul and gentleness of spirit. He leaves many friends and patients who will greatly miss his kindly ministrations. Dr. Rushmore was a member of *The American Institute of Homœopathy*, of the *New Jersey State Homœopathic Medical Society* and of *The International Hahnemannian Association*, of which organization he was one of the original founders as well as its necrologist for many years.

RUSHMORE.—At Plainfield, N. J., on Tuesday, November 24, 1925, Dr. Edward Rushmore, in the 81st year of his age. Services at his late residence, 429 Park Ave., Plainfield, N. J., on Wednesday, November 25, at 4 P. M. Interment will be at Westbury, L. I., Friday, November 27, after arrival of train from New York due in Westbury 11:57 A. M.

## THE HOMŒOPATHIC RECORDER

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### SIMILIA SIMILIBUS CURANTUR.

An Essay

By

Professor Hugo Schulz

Greifswald, Germany.

Second Edition.

Translated

By

Dr. Lillian D. Powers

and

Dr. W. J. Sweasey Powers.

(Concluded from January issue.)

May I not assume that my readers, too, have gained the impression that in this quotation almost the same thoughts are expressed—"only with slightly different words"—as were previously taught in the days of long ago by Galen?

Over all these different opinions and views which, when all was said still dealt with reality and resulted from conclusions reached by the consideration of facts and experiences, but was guided throughout solely and alone by the law of "contraria"—over all these swayed, to cap the climax, the science of natural philosophy. For natural philosophy instead of being guided by conclusions based upon facts erroneous as they might be, considered the "WORD" as conclusive. What resulted from this, I wish to show by a few short quotations. I take them from the "Fundamentals of the Science of Natural Philosophy" by Heinrich Steffens. Steffens was a follower of Schelling, the champion of natural



philosophy. He was considered an able man in the scientific world and indeed was highly esteemed by Schelling himself. I infer this from a passage in Schelling's polemic against the "Jenaische Allegemeine Literaturzeitung" ("Jena Magazine for General Literature") in the year 1800. Steffens published his "Principles" in 1806, "for the purpose of his lectures." In this, one finds the following, page 192: "The relative projection of space into time corresponds to hearing; the projection of time into space corresponds to sight. Through the essential principle of hearing and seeing, however, is the antithesis between both removed."

Page 200: "Poison is the phenomenon of the universal counterpoint of an individual function or of the individual counterpoint of a universal function, or, finally, the phenomenon of an external difference as counterpoint of an internal indifference."

Page 203: "Health is the transparency of the body for the soul, the complete identity of the soul and the body."

But diseases are, as one can read on page 198: "Only to be understood from the total tension of the organisation." They "arise either because the relative—external (vegetative) tension becomes an internal (animal) tension or because the vegetative stirs in the animal." And to conclude: "Disease is the effort of a single function to absorb the total form of the organisation in its potency."

I think these few illustrations will suffice. One can imagine the plight of the unhappy students of science who were obliged not only to listen to but also to memorize this sort of nonsense delivered to them *ex cathedra*. It was impossible to understand such absurdities.

When one considers that at that time, the entire field of medicine and therefore its practitioners also, stood under the inhibitive influence of all the movements of which I have just tried to give a short description, it gives one a feeling of great relief to realize that, despite these influences, men appeared who would not allow themselves to be dazzled by systems and words, but who held to and championed from first to last that which they looked upon as true and actually existing, developing their field of research without being restrained by the cult of system. I will mention only two names: Karl Gren and William Hufeland!

Who still speaks of them today? Especially Karl Gren is probably now completely forgotten. In 1894, I published a sketch of

his life in Number 47 of the *Berlin Clinical Weekly* and endeavored to give an account of the views on the nature of medical science which our colleague from Halle, who died at an early age in 1789, advocated during the short period of activity allotted to him.

Gren's "System of Pharmacology or the Doctrine of Remedies, Studied Critically from their Natural, Historical, Pharmaceutical, and Therapeutical Side" appeared in 1791. As the title plainly shows, this publication of Gren's was based on an essentially different conception from that of natural philosophy. In order to give a better idea of the nature of its contents, I will quote Gren's own words as to his ideas concerning experience in medicine: "Experience alone can determine the absolute and the relative effect of remedies on the human body. If, however, the application of experience in determining the healing power of a substance is not to be misleading; if we would, by this means, be absolutely convinced that the results observed really are derived from and by the use of a certain drug, one test is not sufficient but it is necessary that the drug should have the same effect in many instances and under varying circumstances; furthermore, that the results observed should not be capable of receiving any other explanation, and that all other circumstances that could cause similar results should be excluded. The real, but also the most difficult knack of observation lies in the ability of the physician to differentiate the actual effects of the drug from incidental, co-operating causes. The history of medical remedies is full of examples showing that results which had really taken their origin in some other way were attributed to a certain drug. A large number of remedies whose supposed healing powers are merely imaginary have been incorporated into the materia medica through the lack of good judgment. Of the greatest importance and of absolute necessity for the determination of the effect of a drug, is *an exact diagnosis of the illness itself*. Furthermore, the remedy whose effect is to be accurately determined by experience must be administered alone without association with anything that would tend to change its nature, if the observation of its effect is not to be deceptive. The observer must be governed by honesty and truthfulness; preconceived ideas and judgments should not blind him. A sufficient degree of scepticism must guard him from too great

self confidence as well as from the influence of outside authorities. The love of invention makes the greatest sophist!"

And further: "To assume causes for happenings in nature concerning which our senses tell us nothing and to ascribe effects to them which, in fact, do not exist within the circle of our experience, is called—not explaining, but inventing."

These are golden words which will retain their value for all time!

William Hufeland, the Berlin clinician, declared himself against all systematization and phraseology on the order of natural philosophy in a very determined manner by establishing his "Journal der praktischen Arzneikunde und Wundarzneikunst" ("Journal of Practical Medicine and Surgery"). He expresses the purpose of his journal in the preface to the second volume, 1796, as follows: "It shall constitute an archive of facts, of experience concerning diseases and the effects of drugs; and, as far as possible, be free from hypotheses, systems, and cures *a priori*. This seems to me to be the best way to spread and to maintain true practical medicine; to direct the mind of physicians always toward nature and experience and to keep it fastened upon them as the only sources of practical medicine; to guard the medical world from intellectual despotism and forced forms of thought and, by means of a many-sided portrayal of natural phenomena, through the diversity of points of view, through the multiplicity of methods of healing, to maintain that freedom of intellect and opinion which from time immemorial, especially for our science, has been the greatest palladium for truth and perfection. The history of medicine in its every period acclaims undeniably the fact: "The more one clung to nature and to pure experience just so much more was accomplished in medicine; the more despotically however, names, opinions, and sects ruled, just so much more faulty, limited, and unnatural was always the state of medicine."

In the same volume of Hufeland's journal, beginning on page 391, is an essay written by Samuel Hahnemann. It is entitled: "An Experiment Concerning a New Principle for Determining the Healing-powers of Remedies, Together with some Views on those Previously Known."

This essay of Hahnemann's which gave an impulse toward the establishing and further development of a method of therapeutics

quite unknown up to that time, will be studied in the following pages.

After a detailed review and estimation of the importance of chemistry for the development of useful remedies, Hahnemann develops the methods of research in regard to the effects of drugs as they were conducted in his time. He discusses the more general method in which experiments are made on animals for the purpose of acquiring accurate knowledge concerning the effects of remedies; as well as the particular one in which drugs are brought in contact with certain component parts of the animal body, such for instance as the blood. In this dissertation, he expresses the conclusion that the results of all such research methods are bound to be unreliable, for the simple reason that the animal organism varies so decidedly from the human. He also calls attention to the fact that it is impossible in the case of some drugs especially those of vegetable origin to draw any definite conclusions, let us say, because of their close botanical relationship as to their homogeneous effect or even their similarity. So he finally concludes that in order to win a correct knowledge of the effects of drugs on the human organism, it is absolutely necessary to experiment with the drug on human beings themselves. Among the observations made under these circumstances should be included such as one gains from the effects of drugs unintentionally administered, as for instance, in cases of poisoning, also observations obtained at the bedside. Thirdly, there should be added the drug-provings made on healthy human beings. As the most essential result of his deliberations and experiences, Hahnemann reaches the conclusion expressed as follows on page 433: "Every effective remedy creates in the human body a sort of illness peculiar to itself; and this illness is just so much more peculiar, definite, and severe as the drug is effective." As an annotation to this, he writes: "The most effective drugs, drugs inducing specific diseases and consequently most active therapeutically are called poisons by the laity." And then further: "One should imitate nature in that she sometimes cures a chronic disease by means of another which is super-imposed upon the first, and should apply to the disease which is to be cured (especially a chronic one) the remedy which is able to produce, artificially, a disease resembling as much as possible the one to be healed and the latter will then be cured: *Similia similibus curantur* (Like is cured by like)."

A few pages before this passage, Hahnemann states his position as to the first of the two Hippocratic doctrines, *i. e.*, "*Contraria contrariis curantur*" (Opposites are cured by opposites). He characterizes this doctrine as only conditionally valid. In regard to this he says on page 423: "In acute ailments which nature herself will generally cure if we will prevent, even for a few days, all interference with recovery, but to which, if we cannot do that, she succumbs—in acute ailments, I say, the prescribing of drugs (according to the law of *contraria*) is correct, effective, and sufficient so long as we are not all-knowing and do not recognize the fundamental cause of every sickness nor possess the means with which to give relief; or so long as we have no effective specific."

And further: "But if the cause of the sickness and the means of relief are plain to see and we, unmindful of this, nevertheless combat the symptoms merely with remedies of this nature, or administer them for the purpose of opposing chronic ailments, this therapeutic procedure—to fight complaints by means of drugs which physiologically produce a contrary effect—is then termed palliative and should be rejected. In chronic cases, the palliative ameliorates only at first and in consequence stronger doses become necessary, but these do not remove the real cause and so the longer they are used the more injurious they are."

As a proof of this point of view, Hahnemann then brings forth, among other things, the treatment of chronic obstipation with cathartics; and chronic pains with the continued use of medicines derived from "the juice of the poppy" (opiates)—"And even though the greater number of my medical contemporaries were still to cling to this method, I do not hesitate to term it palliative, injurious, and pernicious. I beg my fellow practitioners to forsake this method—*Contraria contrariis curantur*—in chronic cases and in those acute cases that are just about to degenerate into a chronic form. It is an incorrect way, a temporary woodman's road, leading through a dark forest and ending at the edge of a precipice. The proud empiricist considers this method as the well marked road to victory and is very pleased with himself that he is able with this miserable power to give relief for a few hours, unconcerned as to the fact that the malady takes firmer root under this coat of whitewash."

I wish to repeat here yet another sentence from page 437, in the chapter on "Palliative Medicine": "Perhaps the palliative medicines are so injurious in chronic diseases and make them so much more persistent, for the reason that, after the first effect which tends to relieve the symptoms of the disease, they cause an after effect that resembles the original illness."

In the second portion of his essay, Hahnemann produces a large number of proofs for his views in regard to the effectiveness of a therapy according to the principle of "*Similia similibus*." From the long series of these, only two will be presented here. On page 465, we read: "I have in my supplement to 'Cullen's *Materia Medica*' already drawn attention to the fact that Peruvian bark, given in large doses to sensitive people in normal health, will produce an attack of true fever which is very similar to an attack of intermittent fever and therefore, in all probability, overpowers the latter and so cures. Now, after a much greater experience, I wish to add: not only is this probable, but it is quite positive."

On page 521, there is a passage concerning arsenic: "The true nature of arsenic has not yet been accurately studied. I, myself, have experienced the fact that it has a great tendency to produce spasm of the blood-vessels and a tremor of the nerves. Such attacks are called ague-fits. If one uses it in somewhat stronger doses—one-sixth to one-fifth of a grain for an adult—this tremor becomes very positive. This tendency makes it a very powerful remedy against intermittent fever because of the similarity between the symptoms produced by the arsenic and those present in this type of fever. Indeed, all the more so from the fact that it possesses the power, as I have brought forth, of producing a daily recurrence of the attack (decreasing in intensity, however), even if one discontinues the use of it. In typical ailments of every kind—in periodically recurring headaches, etc.—this peculiarity of arsenic for type-production when given in small doses, one-tenth up to never more than one-sixth of a grain in solution, becomes important and may, as I foresee, become quite invaluable to our successors who will, perhaps, be still more courageous, more observant, and also more cautious than ourselves."

This idea of using arsenic in small doses—one grain equals about five centigrams—must, at that time, have been considered a very audacious and hazardous therapeutical enterprise. Hufeland, at least, cannot resist remarking in a footnote to this passage: "I

must here, with due respect to the author, confess that I am as yet not able to agree to the internal use of arsenic, especially in intermittent fever." That, too, has changed in the course of time!

As one or the other of my readers may not be familiar with the character of Hahnemann's scientific training before he decided to enunciate his views, perhaps it might be well to give a short description of it here. As a medical practitioner, and also as a chemist, Hahnemann was held in high esteem by the contemporaries. His publications on "Arsenical Poisoning, Its Antidotes and Legal Determination," "Concerning Signs of Purity and Adulteration of Drugs," his "Wine Test" under which name was known the method originally devised by Hahnemann to demonstrate, qualitatively, the presence of lead in wine, along with co-existing iron, the former being derived from sugar of lead, a substance formerly often used as an adulterant, created the same well deserved interest among experts of that time as did his communications in Crell's "Chemical Annals," and his methods of preparing the so-called *Mercurius solubilis*. Mention might also be made here of his "Guide to a Thorough Healing of Old Wounds and Indolent Ulcers"; his "Instructions for Surgeons concerning Venereal Diseases"; and his method of treating carious bone conditions by scraping out the diseased portions and treating the wound with a sublimate solution.

Then in the year 1810, Hahnemann published his "Organon" in which he very clearly made known his views concerning the action of drugs, especially his attitude on the second Hippocratic doctrine, relating to the principle of the action of similars. In paragraph 29, he says: "Whereas every ailment which does not come within the scope of surgery is due to a peculiar pathological disturbance of the functional activity of our vital force; therefore in the case of a homœopathic cure where the restoration of the equilibrium of the vital force which has been disturbed by disease has been brought about by means of a drug-potency accurately chosen according to similarity of symptoms, an artificial ailment similar to and stronger than the natural one is induced which is, as it were, substituted for the weaker, similar, and spontaneous pathological state; so that the vital force is now contending against the drug disease alone and is impelled to an increased effort because of the greater intensity of the drug action; however as this intensity of the drug-potency is of short duration, the renewed

vital energy becomes supreme and, just as in the first phase, it became free of the spontaneous pathological condition, so it has, in this latter phase, been liberated from the artificial or drug affection and is now capable of again carrying on the life of the organism in health."

The foregoing sentence which is rather drawn out, requires a careful analysis in order to be properly understood: Disease is, according to the opinion of the present day, the expression of a disturbance of the physiological equilibrium of the organs. By the administration of a drug-potency, according to the doctrine of *similia similibus curantur*, a disturbance of the equilibrium as nearly as possible identical with, but stronger than the pathological state is produced. The expression, drug-potency, chosen by Hahnemann may, for the present, remain undiscussed. We will have opportunity to refer to it at another time. The efforts, normally present, towards warding off disease, such as for instance, the formation of antibodies, the more active participation of the internal secretions, and similar activities are temporarily stimulated by the drug. By this means, the original natural disease is conquered and the physiological balance again restored. The stimulation due to the drug and the disturbance associated therewith are active for so short a period that no further disadvantage arises from them and the consequence especially peculiar to them are quickly removed.

The historical portion of our subject has been completed. Now, we are to concern ourselves with the task of investigating as to whether the principle, "*Similia similibus curantur*," in its full import is justifiable or not. We must ask ourselves: Is it conceivable that a drug can produce in a healthy being a symptom complex which resembles one appearing in an illness of the same organ or even of the entire organism—an illness due to entirely different circumstances? And further: If that is really so, how is it conceivable that a drug can cure a disease whose symptom complex so closely resembles the effect of the drug itself?

If we proceed from the assumption that every living cell, every living tissue and organ, every living organism only exists because of the fact that in them all without exception a constant process of creation and destruction is taking place, the intensity of which is to be measured according to the rate of metabolism—if one will

go further and compare this state with the uniform swinging of a pendulum, or the even turn of the analytical scales, one can speak with reason of a "physiological latitude" within which the life process of the individual cells, organs, and organisms play its part.

A foreign factor that in some way influences the even swinging of the pendulum, the uniform turn of the scales, must logically produce changes in the normal course of both of the mechanical appliances. In like manner does each extraneous disturbing influence act on the life process of any organ. It is forced out of the normal physiological latitude of its life activity.

The foreign factor has in such a case acted as a "stimulus." The deviation from the normal physiological latitude corresponds to the reaction of the affected organ to this stimulus.

We draw from the changes in the behavior of the organ and the organism—changes due to the effect of the stimulus, the double conclusion: First and above all, that a reaction occurred—that the factor serving as a stimulus had the power within itself to start a reaction—and Second, that the organ or the organism under discussion was in a condition to react.

Granted that the conditions necessary for the development of a reaction due to stimulation are present, how should this reaction express itself? To begin with, let us choose a very simple and easily comprehensible example. Suppose we take a freshly prepared nerve-muscle preparation of a frog, similar to that used by the physiologist for detection and demonstration of certain reactions which the muscle shows when the nerve which innervates it, is stimulated.

Experience has taught that it is a matter of indifference with what one stimulates the nerve in order to always obtain the same result, *i. e.*, a muscle contraction.

One can pinch the bare nerve with pincers or apply to it a drop of acid or alkali solution, one can irritate it with the electric current or subject it to the influence of heat or cold, the result always remains the same: the muscle contracts, assuming, of course, that neither is the nerve too severely mutilated nor has the nerve-muscle specimen lost its viability.

The explanation of the fact that the muscle always reacts in the same way when its nerve is stimulated, is simple and the reaction is a matter of course. In what other way should a muscle por-

tray its capacity for reacting to a stimulus communicated to it through the nerve than by contracting or, in case the stimulation increases beyond a certain limit, by means of tetanic contractions? Contracting and relaxing are the two possible ways by which the muscle, due to its peculiar construction, can display its function. It possesses no other possibilities. I wish again to emphasize the fact that it does not matter in what way or through what influence the muscle is induced to respond. THE QUALITY OF THE STIMULATING AGENT DOES NOT COME INTO QUESTION; assuming that it is at all capable of stimulating and that the muscle is in condition to react to stimulation.

As another example, instead of the nerve-muscle preparation, which is in plain sight, let us take a gland still connected with the remainder of the organism. Its physiological function is to secrete. This activity can, according to the special stimulating influence that it may be subjected to, take place more slowly or more quickly in the same space of time. The secretion itself can change with regard to its chemical composition and thereby alter its physical reaction up to a certain limit. In the same way, combinations of these different variations from the normal are possible.

If a gland be exposed to such influences as may have a stimulating effect upon it, then one plainly recognizes the effect of the stimulation in the changes produced in its secretory behavior. However, in the case of a gland, the relation is much more complicated than in that of the muscle-nerve preparation. In the latter, the muscle can be made to contract just as well by direct stimulation applied to the muscle as by stimulating it indirectly through the nerve. In the foregoing paragraph, we spoke, for the sake of simplicity, only of the indirect way of stimulation through the innervating nerve. With a gland however, the conditions are such that we can cause disturbances in the normal secretion—in the physiological latitude of the gland function—not only through the stimulation of the secretory nerve fibres alone but also by changing the blood supply of the organ, and finally also by factors of which we may assume that they act solely upon the secreting elements—the gland cells themselves.

In an organ the construction of which is so complicated as that of a gland, in which secreting cells, nerves, blood and lymph vessels, connective tissue, and occasionally also unstriated muscle are combined in a whole, each element of which can by itself or also

in manifold combination with the other glandular elements come under the stimulating influence, it is not always possible to say with certainty which was the first of these to react when the gland was subjected to the stimulus. But: assuming that there is any possibility whatever of reaction between the gland as a whole and the stimulating agent; the character of the reaction is always the same! As we do not know beforehand which element of the gland will react, it is reasonable to expect because of the complicated structure of the organ that there should result a variation in the details of the reaction according to the nature of the case. The secretion may flow more profusely or more scantily, it may be more dilute or less dilute, its chemical composition and therewith also its specific effectiveness may be changed. The principal fact which concerns us, remains unaffected by these details. When a gland is effectively stimulated, we observe changes in its secreting function.

The explanation of why this is as it is and not otherwise, is the same as in the case of the nerve-muscle preparation: the gland is just as restricted in its power to respond to an effective stimulation as is the muscle; for both are governed solely by their anatomical and histological structure and their physiological function. This holds good for all organs, whatever they may be called and however they may be constituted; consequently, for the organism as a whole.

Among the stimuli which are of interest to us and with which we are enabled to direct the activity of a particular organ or the reaction of the organism as a whole along a given course, belong the different means which we employ in our therapeutical procedure. Drugs, as such, compose by far the greatest portion of these. They do, however, compose, as just mentioned, a part only. All other measures, the use of hydro and electrotherapy, radiation with roentgen rays or quartz lamps, application of heat and cold, not to forget such factors as associate themselves with nutrition in a favorable and an unfavorable sense: all of these are to be given equal value in the solving of the problem.

We have seen: the quality of the stimulus is of no particular importance, granted that in a given case, it is able to bring about a reaction at all. It is quite a different matter, however, as regards quantity—the intensity of the stimulation. This plays a very great and important part. Its undervaluation and the lack

of attention given to it, leads undoubtedly to therapeutic errors and failures. Rudolph Arndt was the first to show the far-reaching importance of the intensity of the stimulation for every physiological process. His "Biological Law" expresses this importance as follows: weak stimuli increase the effective activity of an organ, strong stimuli check it, and the very strong destroy this activity. Naturally between these there are varying degrees of activity, corresponding to gradations in the intensity of the stimuli. I have repeatedly referred to the fundamental importance of Arndt's law, especially as to its value in therapy, in my earlier publications, the first time being in the year 1887 in my treatise: "The Action of Drugs," in the 108th volume of Virchow's Archive.

Every influence which diverts an organ or an organism from its physiological latitude in a positive or a negative sense, produces a condition digressing from the normal—a pathological state—a disease. How far this state will proceed toward development and thereby call attention to itself, depends upon the physiological importance of the organ and the extent to which its normal balance is disturbed.

Now, as influences of any sort which may be considered pathological in the usual sense of the term, affect the organs quite as successfully and act upon them quite the same as do other stimuli, the following conclusion is justifiable: Should two quite heterogeneous influences such as, let us say, a medicinal stimulus and a disease-causing factor, either an infection or a cold, afflict the same organ each at a different time, with an equal degree of intensity, and involving the same elements of the organ, then the result of the stimulation must be the same. It cannot be otherwise!

The justification for this assertion is found in the well-established facts which modern medical science offers for our consideration. Thus we find ourselves in a much more favorable position than that of our ancestors. Owing to the state of science in earlier times, our forbears were obliged to be content with speculative reasoning in place of positive conclusions supported by knowledge. Thus may be explained the awkward and cramped line of reasoning followed by the scientific leaders in their efforts—which seem so fantastic to us today—to gain an insight into the development of pathological processes and changes in the human body and the relation they bore to the action of drugs.



The fact has been established that a condition due to drug stimulation and a condition due to illness can manifest themselves in the same way. We can indeed say: must manifest themselves! When we know that a certain organ is able to respond to the influence of a certain drug, then we may, with the help of our knowledge of the normal and of the pathological behavior of the organ, construct beforehand in a general way an outline of the result to be expected. This is a factor which is not to be undervalued in its relation to the use of medicaments in general—medicaments taken in the broadest sense. Inasmuch as pathology teaches us how every disease of an organ begins and how it develops, we can, assuming that we have this knowledge, be confident from the first as to what we may expect when we treat an organ with too large doses of drugs or continue the drug treatment too long. The unskillful or ill-considered treating with drugs must lead to organic ailments which in a given case can appear exactly like the illness for which the drug is used. Experience has taught this fact in the past and teaches it just as emphatically today and it really is self-evident. For example: Let us consider the treatment of a chronic catarrh by means of a so-called astringent. In a case of chronic catarrh, we have to deal with a disturbance in the circulation of the mucous membrane. The disturbance—the immediate cause of the ailment—lies in an abnormal action of the vessels, especially in regard to their tone. Our problem is to change this condition back to the normal with the help of an astringent whose effect on the vessel wall we know. The astringent acts upon the smooth musculature of the vessel wall, causing contractions in it which by carefully regulated treatment can gradually, by means of exercise as it were, bring about a condition where the vessel walls, formerly relaxed, are restored to their normal degree of tension. In connection with this change, we notice at first a decrease in the volume of the diseased mucous membrane and eventually the cure of the catarrh and all of the accompanying symptoms.

Now, what must necessarily and as a matter of course follow if one continues, blindly and without discrimination, in the use of the astringent? In place of an improvement, a fixation of the whole diseased state is the best that can be expected. One gains the impression as though the astringent had completely refused to perform its duty. But, if one continually stimulates a muscle,

especially as in this case, an unstriated muscle of the vessel wall—for only through the stimulating influence of the astringent on the musculature can we expect a change in its tone—then the final result of such unsuitable treatment must be the exhaustion of the muscle fibres. This is recognized through the decrease in tone. However, this is the condition that we had when we first began our therapy and now there is every indication that the pathological state against which we struggled has become stabilized. In addition to the above it is important that we take into consideration the following: Suppose we should treat a perfectly healthy mucous membrane for a certain length of time with any astringent, the natural result must necessarily be the development of a catarrhal state which may vary in its intensity and symptoms according to the nature of the case, but which will certainly exist. If, in the course of time and with sufficient persistence, we succeed in bringing this about in a tissue which to begin with was perfectly healthy, we need not be surprised if we succeed in doing the same with a diseased tissue. When all is said, it is plain that in both of these cases we are dealing with a drug disease. In treating a case of illness, the failure to consider this fact naturally leads one quite readily to make a change in the method of applying the astringent but the effect will, to say the least, be just as doubtful. Finally, a so-called nature healer happens in on the case. He allows the long-tortured organ to rest and orders the drinking of some sort of tea or suggests any other procedure to which he may be inclined in his therapeutical efforts. And lo! The catarrhal condition is cured, so far as it is possible, just because the vessels were at last allowed to be at rest. Of course, medical science has again accomplished nothing and “nature-healing” reaps great glory! A proper consideration of the conditions and the effect of drugs, as such, would easily have prevented this triumph.

The Hippocratic words: “*Dia ta homoia nosos gignetai*” (Disease arises by means of similarly acting phenomena) have, I should say, been thoroughly studied in the foregoing paragraphs and their logic established. Apart from their general significance for all forms of therapy, medicinal and otherwise, excepting of course purely operative cases, they explain, incidentally, the appearance of new ailments frequently observed in patients while they are under the influence of drugs administered to them for quite another purpose. Thus Nussbaum, a former surgeon of

Munich—to give just one illustration—called attention to the fact that the internal administration of ichthyol containing sulphur, to people suffering from eczema, caused the eczema to disappear, whereas in such individuals as never had had eczema, the administration of the ichthyol caused that malady to develop. Up to now, one has explained this phenomenon with the word “Idiosyncrasy,” being no doubt unconsciously influenced by the Galenic philosophy. Today we know that continued overdosing of the system and in consequence, also the skin, with sulphur can and must lead to eczema; because with regard to the appearance of the eczema we have to do solely with the reaction of the skin to the sulphur stimulation.

In case of a more acute form of idiosyncrasy it is the same. The medicine taken by a patient is carried by the body fluids into all its parts. If it encounters any portion of the body whose resistance to the medicinal stimulus is especially low, then a reaction must of necessity take place. One is accustomed in such cases to speak of “secondary action” of the medicine. Strictly speaking, however, it is not a question of this, but rather of an unusually sensitive reaction of an organ to the drug stimulation. The drug always remains the same. However, the reactive capacity of the organs varies to a great degree.

But how—and with this question we reach the most difficult point in our discussion—are we to explain the fact that one and the same drug can induce an illness and then in the event of its being employed to combat this illness, or one presenting a very similar symptom complex, can also cure it?

In order to answer this question, we must first establish the fact that the process of cure can originate only in the affected organs and must be carried through by them. In *them*, reposes the actual power for healing. Paracelsus had already quite correctly recognized and interpreted this fact when he said, concerning the process which comes into consideration when a “hot” ailment is alleviated by treatment with cold: “In such a case one should not ascribe the power (of healing) to the cold but to Arcanum. This acts and not the cold.” With our drugs and all our other therapeutical measures, we can never do more than assist the organs to regain their physiological equilibrium. Our therapy can reach no further. No drug exists that can, through its action,

in any way directly influence the disease-producing factor. And even in regard to the treatment of infectious diseases, a matter which is today of such great interest, the idea of a *Therapia sterilisans magna* will always remain only an idea. I have always maintained this point of view; the last time in my treatise: “The Treatment of Diphtheria with Cyanide of Mercury” in the year 1914.

The conception of a direct influence on a disease-causing agent through any therapeutical, that is to say any medicinal measures, be they constituted as they may and act as they will, is based on the first of the two Hippocratic doctrines and the principle of the contrary action of drugs. The fact is however, that in all the cases where we have produced a cure, similarity of action was the guiding principle. Naturally, in making this statement, I exclude all of the cases in which an emergency treatment, according to the law “*Contraria contrariis curantur*” afforded the organism, through the alleviation of certain symptoms, time and opportunity to rest; thus giving it the possibility of returning to health. However, in all other cases where it is a question of a complete cure of a diseased state which could not have been brought about through the power of the organ alone without our help, the principle of “*Similia similibus curantur*” is emphatically established. In every case we have to deal with a direct influence on the diseased organs by means of such drugs as have the power to act upon them, I might say, in a specific manner.

In regard to the nature of the curative process due to the influence of the drug in these cases, we are at present only able to make conjectures. I have already in a previous paragraph referred to the possibility that, in the case mentioned, the natural effort of the organs to produce substances which have the power to neutralize the disease toxin present in the body, is accelerated through the stimulation due to the drug. We must also think of the fact that every stimulation of an organic structure results in a change in its blood supply: *Ubi stimulus, ibi affluxus*. It is clear how important this would be for the general nutrition and thereby also for the possibility of restoring the diseased organ or tissue to a normal state of existence. The future will no doubt give further opportunity for explanation of this phenomenon. We must, however, guard against accepting and using as sufficiently explanatory, those assertions which, to begin with, either spring from erroneous



and untenable hypotheses or introduce crass chemical or physical meanings into the subtle processes of living organs. And especially must we beware when they are brought forth in the form of enticing catch-phrases, regardless as to where they come from.

Indeed it is "a goal most earnestly to be desired" to know what actually does take place in the interaction between drug and organ. However, we are still far from having this knowledge. Therefore, it is better to be satisfied for the present with established fact and with that which we really know than to concern ourselves with ingenious hypotheses whose viability is of necessity limited and whose real value often very doubtful.

If one would test the second Hippocratic doctrine in practice, one must always keep two points in mind: First of all, the choice of the drug itself for a particular case. We must be absolutely certain that there exists the most intimate relationship between the chosen drug and the diseased organ. This relationship must exist if we are to be sure of having found the special drug capable of bringing about a condition in the normal organ resembling most closely the particular pathological state now present in that one particular organ, in order that it (the organ) may exert with sufficient energy the power peculiar to itself. I have shown the way to do this in previous theses. I have repeatedly insisted upon the fact that it is absolutely necessary for us to have the opportunity of observing the effects of drugs upon healthy human beings if we really wish to reach a thorough understanding of this problem. In making this assertion, I am fully conscious of the fact that at present I am not in accord with the majority of those of my colleagues who come into consideration as experts entitled to give an opinion. Time and results must decide.

The other point that we must not disregard if we would thoroughly probe into the practical application of the second doctrine of Hippocrates, is the consideration of the drug-stimulus from the point of view of its intensity and application in individual cases. Right here the fundamental biological law, enunciated by Arndt, is of great importance to us.

For the practical therapeutical application of the second Hippocratic doctrine, quite a different factor comes into consideration than is the case if we wish to administer our therapy according to the law of opposites. It is quite another matter as to whether the therapeutic purpose is directed towards alleviating

existing symptoms due to the disease or if its purpose is to eradicate the fundamental cause of these symptoms. Again and again the physician encounters such cases, in which at first and, at times, later on in their further development, he can do nothing else than make use of the law, "*Contraria contrariis curantur.*" The pain for instance, which is the result of an inoperable carcinoma, makes it necessary to use such measures, which however can accomplish nothing more than to relieve this pain for a limited period. It would be quite wrong for the physician to waste his time with attempting to eradicate the carcinoma with therapeutical measures that, as yet, offer no definite hope of success, without giving the patient relief for a short time, at least, by means of a narcotic. And likewise it would be wrong in the case of an incurable heart affection with its inevitable accompanying disturbances, to direct his therapy other than towards their alleviation. To do otherwise would be cruel.

However, if we proposed to deal with the fundamental ailment, and if the circumstances of the case are such that the prospect of success, considering the condition of the affected organs, does not appear absolutely hopeless, we must not forget that it is now of the utmost importance to take into consideration the amount of recuperative power still left in the organs. It is in them that the process of cure will originate. The vitality still remaining in them must be taken into consideration. We must graduate the medical stimulation accordingly. We must guard against a too strong a drug stimulation, for the reason already explained in a previous paragraph. And as it is no doubt justifiable to assume that the longer the disease process has existed just so much more must the power of the affected organ to resist a drug stimulus have decreased, we must select for chronic affections a correspondingly lower degree of drug stimulation. The results in Balneology confirm this observation. Mineral waters when administered internally, are given in doses which are generally considered very small. Moreover, we must carefully graduate the dosage in acute cases, as well, especially if we use the drastic drugs, that is to say, those that are usually designated as poisons.

This brings us to the question of "small doses." For many physicians this question is most closely interwoven with homœopathy. The idea: "Much helps much" which is justifiable for medicinal therapy as practiced according to the principle of oppo-

sites, plays, in this instance, a leading part without one's being aware of it. To be sure, according to this idea nothing is to be expected from very small doses. For instance, what would be the result if I should administer a milligram of morphine to a patient in order to temporarily relieve him of unbearable pain? Or if one tried the absurd experiment of relieving obstipation with a centigram of castor oil? However, the proving of the second Hippocratic doctrine, "*Similia similibus curantur*," involves something entirely different.

Hahnemann experienced the fact that relatively small doses of medicine achieved better results than large ones, especially in chronic affections. The medicine itself seemed indeed to be the more effective the greater the dilution. This was the reason for the none too fortunate choice of the expression: "drug potency," according to which the action of the remedy, not the reactive power of the organ treated by the drug, was apparently the determining factor. Now, this point of view might lead to the assumption that the power of the drug must become increasingly greater with a progressive decrease of its quantitative aspect. In fact this interpretation has indeed led to the so-called "infinitesimal" doses—to the use of doses whose smallness is just as difficult to conceive as is the success which is claimed for them. That the quantity of the drug in an individual case may really be very low, in fact must be, is admitted without hesitation and, after careful consideration of the action of a diseased organ, is indeed easily understood. But there are limits!

Considered from our present-day point of view, the same very important principle permeates the second doctrine of Hippocrates, the ideas of Paracelsus, and the method of medicinal therapy enunciated by Hahnemann and developed by his followers, *i. e.*, ORGAN-THERAPY! The resources and the possibilities which are contained in the organs themselves must be directly called upon. They are really present; and as I have already said: The cure must proceed from the organs themselves. This always is and always will be the secret for restoring the disturbed organs to their physiological equilibrium. Indeed, nothing more is required and we cannot accomplish anything more with our drugs. But that much can be accomplished.

It may not be easy to bring one's self to a sympathetic understanding of the trend of thought contained in the doctrine, "*Similia*

*similibus curantur*." It means—re-education. In the end, however, it is simply a question of trying it out. Also a question of a little courage. I must confess that in the case of my own child, severely ill with Cholera infantum, in fact pronounced beyond medical help by my colleagues in spite of their most earnest efforts, it was not easy for me to administer arsenic and, what is more, to administer it in a dose so small that, according to my views at that time, it could not possibly have any effect. But inside of twenty-four hours the diarrhoea had ceased.

I must refer yet to another point. If one uses drugs with the idea of getting results through organ-therapy, then one must have an accurate knowledge concerning the potential power of the drugs so used. Merely the recommendation by any chemical manufacturer is as insufficient for this purpose as is the result of experiments on animals or upon their isolated organs. For the present I shall not meet with much appreciation of this point of view. But: *Tempore auricolae patiens fit taures aratri!*\*

I am quite aware that the views I have expressed in previous publications and in part brought forth in this treatise, carry the stigma that I might be a secret follower of the Hahnemann school. However, in my opinion there can be no schools for one whose duty it is to develop his science according to all his capabilities and to guard himself against narrow-mindedness. Simply and completely to ignore a therapeutical movement because it follows a different path than the one that has been trodden for two thousand years, is a procedure which, when closely examined, can scarcely be made to harmonize with the solemn words: *Salus aegroti summa lex!*†

I will leave it to my readers to judge whether, according to my presentation, the second doctrine of Hippocrates, "*Similia similibus curantur*," is reasonable or not. Should the judgment prove negative, I will have to be satisfied. Should the result be to the contrary, then it is my hope that this doctrine will not only remain alive but will attain to a really active proof of its power to live.

\*"In time, the steer becomes accustomed to the ploughman's yoke."

† The welfare of the sick is the highest law.

**TEUCRIUM SCORODONIUM.**

Gisevius, 1925.

*Deutsche Zeitschrift für Homöopathie.*(Arranged and translated by C. M. Boger, M. D.,  
Parkersburg, W. Va.)

**MIND AND MOOD:**—Insufferable depression, with easy fatigue, chilliness and indisposition to work.  
Sad and hopeless, without cause; in afternoon.  
Melancholy.  
Inclined to pessimistic fault-finding.  
Easily irritated.  
Craves sympathy.  
Premonition of impending illness.  
Feels bad.  
Dulled. Beclouded.  
A sense of well-being that comes and goes; of satisfaction.  
Feels much fresher, stronger and desires to work more in evening, than in the morning.  
Full of projects.  
Euphoria.

**HEAD:**—Dull ache, with restlessness.  
Congestion to, in evening; with roaring in ears.  
*Forehead.*—Pain, aching; violent over eyes; dull; pressive; in afternoon; > heat.

**EYES:**—Burning. Pressure as of an unfolding barley grain in right canthus, in afternoon.

**EARS:**—Pains, aching; tearing, and in nape; sticking, left, then right; burning, pulsating of external, with icy cold feet.

**NOSE:**—Pressure over root, and left eye.  
Slight redness of left dorsum.  
Rawness within.  
Stopped on awaking.  
Discharges mucus; profuse; thin; watery; bland; white; yellow; thick.

*Sneezing;* frequent; violent attacks; distressing; persistent; in A. M. with slight chilliness; dry; with obstructed nose; with naso-pharyngeal catarrh; with fluent coryza; < on turning cold; in morning.  
*Coryza;* fluent, severe or profuse, in morning. Violent, watery, with sneezing and burning in eyes. After riding in open air; > in fresh air.

**FACE:**—*Jaws,* pains in; tearing in both right; at 4 P. M.; in lower on awaking. Drawing in both lower, and into ears.

**MOUTH:**—Marked salivation.  
Mucus, full of easily expectorated m.; coming from upper air passages, in A. M.; spits white m.; hawks down m.  
Scratchy, on hawking.

**TONGUE:**—Sharp stitches in tip, in morning.

**TEETH:**—Ache (r); as if at angle of lower jaw; wandering.

**TONSILS:**—Violent sticking as of a needle or fish bone in right, necessitating hawking; toward noon; > ice cold drinks.

**PHARYNX:**—Scratchy sticking, with dry hawking, coughing.  
Naso-pharynx sore.

**THROAT:**—Dryness.  
Tickling in, with hawking.  
Pain deep in left muscles on awaking in A. M.; < turning head, going about or undressing.

**APPETITE:**—Lost.

**THIRST:**—On awaking at night.

**ERUCTATIONS:**—Displaced; occasional; as if they should relieve.

**NAUSEA.**

**STOMACH:**—Pains; slight; with fullness.  
Pressure.

**ABDOMEN:**—Pains; violent, awaking him at night; violent in and in lumbar region; in r. lower; with vertigo (menstruating).

Fullness, as from gathering flatulence.  
Flatulence.

ANUS:—Furuncle, alongside of and on buttock.

STOOL:—Sudden urging, then a gushing s.  
Diarrhœic. Soft.  
Profuse, thin, slimy s., in A. M., after rising.

KIDNEYS:—Stitches and pressure in region of right.

URETHRA: Discharge, thin, light yellow, like second stage of gonorrhœa, on urinating, in morning; profuse thick and yellow, on awaking in A. M.

COUGH:—Scratchy; rough; dry; slight hacking.  
*Expectoration.*—Scanty mucus in A. M.

CHEST:—Intolerably dull, constrictive pressure about thorax, with recurring hawking cough, from larynx, and stitches in right tonsil.  
Fine rattle in, with slight cough.

NECK:—Pains in glands.  
Sensitive r. cervical and submaxillary glands.

SCAPULAE:—Repeated fleeting stitches between, at night.

ARM:—Transcient shooting along r. ulnar nerve, in afternoon, then along left.

*Wrist.*—Rheumatic pains in both. Sticking in left.

*Thumb.*—Pains in ball of l., < grasping; at 3 P. M.; > cool bathing.

KNEE:—Pain in; sudden, in r.; in inner and outer r., while walking.

FEET:—Icy cold.

GENERAL:—Rheumatic pains off and on.  
Very restless at night.  
Great exhaustion; at 2 P. M.  
Weakness, relaxation and aversion to exertion, in afternoon.

SKIN:—Continuously moist.

SLEEP:—Sleepless and restless at night.  
Awakes at night with palpitation.  
As heavy as lead, but awakes at 3 A. M. in a profuse warm sweat. Deep (5-8 A. M.) and bathed in sweat. Restless.  
Poor. Awakes too early, in A. M. Sleepless, with a strong sense of heat.  
*Dreams.*—Of snakes; lively; exciting; preventing sound sleep.

TEMPERATURE:—Subnormal morning, slightly above in evening.

CHILL:—Chilliness; disagreeable; severe, in evening. Icy cold feet.

HEAT:—Continuous sense of warmth. Strong, in evening; in forepart of night. Disagreeable sense of, on slight exertion.

SWEAT:—General; slight; on awaking; warm; prolonged; early morning (5 A. M.); nightly.  
After a light morning s., awakes in low spirits, lasting all morning; without cause.  
On hands; in axillæ.

### AN APPRECIATION.

Dayton T. Pulford, M. D., Toledo, Ohio.

The study of history reveals that all events, as well as repeating, run in cycles. This is as true of human activity as it is of the phenomena of Nature. Our first hint of *Similia* came from Hippocrates. From time to time men caught a fleeting glimpse of the light, but allowed it to pass by unheeded. It remained for Hahnemann to act seriously upon it and investigate it. This he did and we all know the result. He perfected it and brought it to a state of practicability but it remained for some one who understood it, to put it in shape for the uninitiated to grasp and assimilate.

Hahnemann, like other great and original men, was not the best of teachers. His ease of perception and his wide education made him thoughtless of those unable to maintain his pace. Again, the language and ideas of his day are not easily understood by many of us today. A great teacher is one who understands his subject and yet has not forgotten that there are some who need to be brought, step by step, to his level. That Hahnemann was not the most lucid teacher is evidenced by the numerous works which endeavor to make plain his teachings. Most of us will agree that the *Organon* is not an easily understood work and that rare teaching ability is required, to convey its meaning to the mind of the novice.

Boenninghausen was the first to realize this and he devoted the greater share of his time to helping the struggling beginners to a better understanding of homœopathy. He was perhaps the greatest teacher because he blazed the trail and pointed out the way. He was the first to bring homœopathy into a logical and systematic form. His labors pointed out a way for future development. The result of his work is best shown in concise form in his *Therapeutic Pocketbook*—the foundation of all successful repertories.

Following Boenninghausen were many teachers, men of great ability and keen perception, who through their keen observation taught us many isolated truths, but who failed to show us the real secret of their successes and who failed to correlate these facts in a way more readily available to comprehension. There have been various attempts to explain homœopathy and to classify and systematize its teachings, but most of them were as vague as the original teachings.

Things remained in a quiescent state until Kent came upon the scene and with his remarkable ability as a teacher, unravelled many of the perplexing knots and produced a more shapely and logical philosophy. He sifted out and correlated these separate facts, explained the *Organon* and showed the relation of the observed facts to the whole of homœopathy. But even so, his works appeal more to the advanced man than to the beginner. They still have a certain vagueness to those of us but recently graduated. They do not span the chasm between what we must be taught in college in order to get a diploma and the knowledge requisite to good homœopathic practice. Like all teachers, the

press of time caused him to quickly pass over points essential to clarity. After him things again appeared to die down.

Many men, I believe, have refused to go far into homœopathy because the works of the earlier writers did not put the subject into more tangible and logical form. This barrier prevented them from investigating the facts, regardless of their explanation. Homœopaths claimed homœopathy to be scientific and logical, but failed to show step by step how it is so. There seemed to be too many discrepancies. No attempt had been made to connect homœopathy with general medicine. Most of us began mourning the loss of our former giants, instead of studying their methods and finding thereby the secret of their success. Thus the cause of the apparent decline.

It is usually true that even in an apparent suspension of activity, there is some one at work, unfelt by the mass, who saves the work of the past from being lost and who improves on it. Such a period may be compared to gestation and we may look for the birth of something new. Such an unfelt worker is Stuart Close. He said nothing until his work was completed and then he gave us food for thought. When it was time for something of value to be brought forth, he brought it. His great contribution to homœopathic knowledge is the showing of the relation of *Inductive Logic* to all parts of homœopathy. This, I believe, to be the most distinct advance in the understanding of homœopathy, both philosophical and practical, of recent times, if not of all time. Like Hahnemann, he may be credited with its discovery, for, although it was used in an obscure way for a long period, Close was the first to point it out and develop it.

No person should engage in any scientific pursuit who has not first become acquainted with inductive logic. Without it he is not in a position to understand and appreciate scientific methods. He merely becomes a phonograph record of scientific facts, repeating them as often as desired, but not having any real conception of their value. Such is the man who practices homœopathy by merely memorizing a few symptoms of a drug, without trying to grasp the whole. His work is mediocre and becomes a bore and a drag. Logic, both formal and inductive, should be a prerequisite in every branch of learning. It teaches us to think, discriminate, understand and appreciate. Others, as Close says, have used logic in their work, but to him goes the credit of pointing it out and show-

ing its relation to all of homœopathy. To those who have not read his last book "Philosophy of Homœopathy," I recommend it to their most serious consideration. To the advanced homœopath it opens new fields, to the beginner it lights the way. The chapter "The Logic of Homœopathy" is worth the price of the book and more.

If all education were carried out in such a logical manner our students would have a much firmer foundation, more inquiring minds and an ability to think. Homœopathy would have more adherents, both professional and lay. Modern education is in truth a good asset for a bird store—it breeds parrots. Real education teaches men to think and discriminate between what is and what is not so.

I would like to suggest that Dr. Close, either through his department in the *RECORDE* or in book form, elaborate more fully this logical side of homœopathy, to which his able introduction has proved to be such an appetizer.

### A BRILLIANT RESULT.

Royal E. S. Hayes, M. D.

We will not begin with any philosophic gyrations or tack on either moral, exhortation or whoop. The case is standing on its own legs today and good hard sinewy legs they are, indeed.

It was in April, 1923, that I was called to a certain old farmhouse some miles out in the country. I wondered how my reputation had ever staggered out so far. I thought it could not have been by the impetus of "personality," for that had always been of such a tenuous constitution that I usually left it hung up in some safe place whenever I went out anywhere. If it is not substantial enough to be a real support, you know, it is better to strengthen one's reputation with other facilities. So I concluded that I must have cured somebody sometime and that this patient must have heard of it.

Thinking over these things, I arrived and entered the wood room at the back of the house. As I did so one of the most dreadful odors that I have ever smelled rose up and made a terrific swipe at me. I grappled with it instantly, however, and with manful efforts succeeded in forcing my way into the kitchen. There I beheld as

well as smelled one of the most abject objects it was ever my chance to see. A spinster of sixty-five, of desert-island aspect, unwashed, uncombed and unkempt, sat in a chair in which I found she had been staying several weeks, being unable to lie down. The aspect of a naturally strong, capable N. E. individual gone to seed served as a fitting center of a picture of indescribably disordered surroundings.

She said her gait had been getting troublesome and back and lower extremities weakening for a year or more. At this time her sole mode of locomotion was hitching about while sitting in the chair. The knee reflexes were gone. The legs were greatly swollen, the lower two-thirds and proximal half of the feet a mass of deep ulceration, the skin being entirely gone. Bandages consisting of old cloths had not been removed for several days. She had had no medical attention or other care having remained day and night in the same chair several weeks, unable to lie down because of soreness. The discharge from the ulcers was so copious that it ran in drizzling streams when the bandages were removed. There was no history of previous disease except jaundice and billious headaches when young. Recently, however, a sister came to me from a distant state presenting a well-developed degeneration of the spinal cord.

The essential symptoms and prescribing with dates are as follows:

Spinal paralysis with trophic ulceration of legs and feet with extensive gangrene threatening.

Intense burning spells in legs at night. Dreadful odor.

Had had copious urine all winter which became scanty and highly-colored as the gangrenous process advanced; at present 1030, no albumin or sugar.

Intense thirst.

Craving sweets.

Emaciation: Skin like parchment.

Numbness and weakness of hands.

Pains worse at night, dampness or cold weather, east wind, from any variation from medium temperature.

*Ars.* 40m one dose was given with some rest and relief of pain.

April 20. Eight days later.

Spells of irresistible lassitude.

Increased sensitiveness to cold.

Intense thirst instead of appetite in the morning, faint stomach during the forenoon.

Legs smarting and itching aggravated by both heat and cold, in the evening and by bathing; feeling very tight and stiff.

Craving sour.

*Sul.* 1m one dose.

Two days later the oozing increased and the fluid became green, as green as copper sulphate. Improved ten days, the escaping serum gradually fading to a straw color.

*Sul.* 10m one dose.

Two days later the legs were seen to be distinctly smaller and the green discharges had reappeared. The improvement ceased after six days and another remedy was sought.

The pains were worse now from 3 to 8 P. M., smarting and aching, the discharges irritating and edges of ulcerated areas red and inflamed.

*Merc. v.*, 1m one dose. Improved five days and urine increased. Then pain, swelling and inflammation increased, extending rapidly upward.

Stiffness all over at night.

Sensitive in general to both heat and cold.

*Merc. v.*, 1m two doses. Two hours apart.

Improved a few days and urine increased, but soon the patient became decidedly worse both generally and locally.

*Merc.* 10m was given without relief.

May 29. The legs had now become intensely sore and swollen though small areas had become covered with skin. They now became very sensitive to cold and drafts imperceptible to others and to slightest touch.

Yellow crusts had formed.

Smarting intense from evening to midnight.

Teeth decaying rapidly.

Twitching of legs.

Aggravation from thunder showers.

Contraction of flexors of lower extremities.

Feeling weak and all to pieces as if could not keep up, worse in the evening.

*Silic.* 1m one dose was given May 29.

By July 29 there was great improvement, patient could lie down, the legs were healing and puffiness disappearing.

By September 10 she could walk and the ulcers were entirely healed.

October 11. Walked about the house freely, slight swelling remaining. But back and lower extremities bent with contractions.

January 24, seven months from last prescription.

*Rhus. tox.* was given for stiffness and contractions with benefit. She could not yet stand erect.

February 11. Knees and back very stiff in the evening. Ulcer appearing on one leg.

*Sil.* 1m one dose.

Complete healing and capacity returned.

Ten months later *Sil.* 1m 3d doses four hours apart.

Two months after that *Psor.* 15c one dose gave further constitutional uplift.

From a chair-ridden paralytic with practically gangrenous legs to an able-bodied woman in six months is doing fairly well. The lengthening intervals of reaction from a strong vitality latent in this patient. Dr. Waffensmith saw her after she was well on her feet and he said, "That is what I call a brilliant result."

To ward off possible censure by any who may be shocked at no mention of local antiseptics or chemical lavatures, I will state that the patient was directed to put one powder of B. & T.'s strong saccharum lactis in a tub of water of comfortable temperature and bathe the legs fifteen minutes strictly once a day only. Probably it was that that cured after all!

#### HEREBY HANGS A TALE.

J. E. Wright, M. D., Westfield, N. J.

I was called in consultation by Dr. Connett, of Morristown, N. J., in an obstinate and intractable case of hives. The patient is a morphine addict. Connett, a most excellent and accurate prescriber, had failed, with a number of prominent remedies for Urticaria.

I suggested *Ledum palustre*. But did not express much hope of success, inasmuch as the patient could not, or would not, go without her night-cap, of a hypodermic of morphine.

I said, "I believe you are wasting your energy in ransacking the *Materia Medica*, and bringing *Homœopathy* into disrepute by



a misapplication of Similia." And so, with those sage remarks, I collected my consultation fee and departed.

Connett tried by Ledum, with no results. But Connett is a dog on the root, and a few weeks later, when I met him, and enquired after the patient, he told me that the patient was entirely cured of the hives. Now, Connett said, "I was nonplussed, but I noticed, or thought I did, that there was an aggravation around four o'clock P. M., and so I gave her Lyc., and the hives folded their tents like the Arabs and silently stole away."

I took care of another patient for Connett. A dope fiend. She was full of twitchings of muscles and other symptoms, which I attributed to her morphine addiction. So I left her some Nux Vom. Connett rid her of those troublesome twitchings with Cimicifuga, and she kept right on with her dope.

And so, I say, hereby hangs a tail. I was the consultant, my mind was concentrated on diagnosis. My conservatism, from a prognostic standpoint, lead me away from the peculiar characteristic symptoms. Connett prescribed on the keynotes, and put my erudition to shame.

## DEPARTMENT OF HOMŒOPATHIC PHILOSOPHY.

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Brooklyn, N. Y.

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

#### "THE MEDICAL FOLLIES."

By Morris Fishbein, M. D.

(New York, Boni & Liveright, 1925.)

(Reviewed by Stuart Close, M. D.)

Under the above title the editor of the *Journal of the American Medical Association* has published a volume of critical essays which have attracted much attention for their plain speaking. They are trenchantly written, cutting in their sarcasm and scathing in their ridicule. Superficially they are consistent with the facts of history, and have a seductive appearance of fairness. But in one chapter, at least, with which this review is concerned, there is exhibited a lack of knowledge, a distortion of facts, a mental bias, a spirit of negation, an absence of philosophic insight, and a covert hostility which entirely destroys any value which it might otherwise have.

Hahnemann's place in history as one of the world's greatest physicians and reformers is secure. Homœopathy has suffered grievously from misrepresentation and ridicule of outsiders, and the ignorance, incompetence and perversity of many of its own nominal adherents. But when it is classed with such passing delusion as "Perkinsism" and "Abramsism" and treated as quackery, so rank an injustice is done to the great school of philosophical thought which it represents, and a scientific system of pharmacotherapeutics which has successfully stood the test of experience for more than a century, it is time to protest and expose such arrogance, ignorance and bigotry as is displayed in the chapter under review.

#### Hahnemann's Organon.

Hahnemann's Organon, the fountain head of homœopathy, was published one hundred and fifteen years ago. It was clothed in

the language and forms of thought of the period, now difficult to understand; but it dealt with subjects which are of perennial interest and importance. Since that time many changes have occurred in all departments of thought and activity. There has been progress in every branch of science and philosophy. But the fundamental principles common to all sciences have not changed even if they are now expressed differently. Great truths never die, and homœopathy is a true science and a true philosophy.

Hahnemann's *Organon* still lives. It is still on sale in the book shops. It has never been "out of print." Only a few years ago it was included in "Everyman's Library," and had a large sale. It is still read and still readable by intelligent men. When read today, however, for instruction or criticism, it must be in the light of the developments of thought which have occurred since it was written if it is to be understood. Its statements must be interpreted and its principles elucidated from the standpoint of modern philosophy and science. Fundamental principles are not always expressed or clearly stated in such works. They are often implied in the context. When the need for formal or explicit statement arises they must be deduced and brought to light by those who are competent to "read between the lines" and bring out the hidden meaning. No other treatment of such works is fair or honest. When that is done and the underlying principles of Hahnemann's *Organon* are identified and phrased in the language of today, it will be seen to be in almost perfect accord with modern science.

Hahnemann was a century ahead of his time in many things. He anticipated many of the later discoveries and developments of modern science and exercised a profound influence in bringing them about.

In his researches in cholera, for example, Hahnemann foreshadowed the bacteriological discoveries of Koch and Pasteur by three-quarters of a century. He did what Koch and Pasteur were unable to do. *He cured cholera.* If his suggestions for sanitary control had been adopted at the time, as they were eventually, cholera would have been stamped out much sooner.

Hahnemann's incidental researches and conclusions in physics and chemistry bearing upon the constitution of matter, the correlation of forces and conservation of energy, as implied or set forth

in his theory of potentiation and demonstrated by the use of infinitesimal doses in the treatment of disease, have been verified by the results of modern scientific research in many fields.

Science is no longer afraid of the infinitesimal. Chemistry with its theories of ionization and infinite solutions, physics with its reduction of the atom, to mention only two fields, have merely worked out in detail and verified ideas and principles which were stated or implied in Hahnemann's work more than a century ago.

Even "orthodox medicine," most erratic, most backward, most bigoted and most perverse of all pseudo sciences, with its vaccines, serums and antitoxins, is stumbling along the therapeutic trail blazed a century ago by the man who is maligned, misrepresented, ridiculed, patronized and "damned with faint praise" by the editor of the *Journal of the American Medical Association* in his flip-pant production, "The Medical Follies"—a terrier snapping at the heels of a thoroughbred.

#### Dr. Fishbein on Homœopathy.

Dr. Fishbein briefly outlines the medical theories of the eighteenth century preliminary to introducing Hahnemann, of whom he gives a few brief, fragmentary and misleading biographical notes. The article purports to trace the genesis of homœopathy, critically estimate the work of its founder and chronicle its "rise and fall."

Homœopathy, according to Dr. Fishbein, is dead, and it is his happy privilege to write its obituary. This task he performs with gusto and despatch.

Hahnemann, Dr. Fishbein says, did not originate the system of which he was the founder. He appropriated it from Stahl, Paracelsus and Hoffman, and from other predecessors who prepared the stage upon which "there stepped a remarkable figure, Samuel Christian Friedrich Hahnemann."

From Cullen, we are told, came his first inspiration with the idea of similars. "Hahnemann read in a book by Cullen that Peruvian bark, the source of quinine, would cure malaria. This was true; Quinine does cure malaria. But what did Hahnemann do with the observation? Unfortunately he did not know that malaria is caused by a plasmodium which gets into the blood through the agency of a mosquito."

"Unfortunately," Dr. Fishbein does not know that quinine does not cure malaria. Quinine will kill the plasmodium of malaria in

a test tube, and it will kill some of the plasmodia in the living subject by nearly killing the patient, who is *never cured* of his malaria by quinine unless it happens to be homœopathic to his individual symptoms and is administered in sub-physiological doses. Otherwise the malaria is suppressed and the patient becomes the victim of the quinine cachexia.

"So Hahnemann evolved the theory that perhaps quinine cured malaria because it produced symptoms like those of malaria if given to a healthy man. He tried it on himself and it did." (Sic.)

Hahnemann did not have or use quinine. He used small doses of the tincture of Peruvian bark, and cured such cases as required it under the principle of *similia*. Of what value, then, is the plasmodium theory?

"His remarkable hypothesis became the basis of the system called homœopathy, expressed in the phrase *similia similibus curantur*, like cures like."

Dr. Fishbein then says: "This idea was not original; it was essentially a revival of the old Paracelsian doctrine of signatures—like cures like—except that Paracelsus directed his attack against the cause of the disease rather than at the symptoms." (Exit Hahnemann as an originator.)

Notwithstanding the fact that Hahnemann was one of the most learned men in Europe, master of eleven languages, widely read in the entire literature of medicine, a chemist and physicist of high attainments, a student in the universities of Leipzig and Vienna and a graduate in medicine of Erlangen, a highly respected practitioner of medicine and author of many important original articles on medical and chemical topics, as well as the translator and annotator of a long list of medical books, all before he wrote and published the "Organon," Dr. Fishbein has the effrontery to say:

"Hahnemann seems to have known practically nothing of, or to have been unwilling to recognize the existence of those definite changes in the human body that are associated with disease and that are now included under the science of pathology."

On the contrary, Hahnemann's works are "all compact" with references to and descriptions of those "definite changes in the human body that are associated with disease" (a phrase strikingly Hahnemannian in itself) which, together with the "definite changes" *associated with drugs*, as brought out in his numerous

"provings" upon healthy subjects, are the very materials of which the edifice of homœopathy is constructed.

In like manner, Hahnemann's magnificent original generalization from data gathered by many years of research, of the protean, well-nigh universal scourge of humanity now known as tuberculosis—"The Great White Plague"—but named by him *Psora*, is contemptuously dismissed by Dr. Fishbein in the following paragraph:

"Hahnemann's theory of 'psora,' or itch, was essentially so preposterous that it began to be deserted even by confirmed homœopaths almost immediately. The psora was a miasm or evil spirit which pervaded the body and which ultimately manifested itself on the surface in the form of an eruption, or as a nodular growth, or as some other form of skin disturbance."

Dr. Fishbein should have read Hahnemann's elaborate, systematic and marvelously clear description of *Psora* in the light of modern pathology before he thus delivered himself. As it stands, he is not one step in advance of Hahnemann's ignorant and prejudiced contemporaries, who rejected and ridiculed Hahnemann's great contribution to medical science precisely as Dr. Fishbein does, and in almost identical terms.

In spite of the fact that the greatest triumphs and prestige of homœopathy (contributing largely to its phenomenal spread) were gained in the treatment and cure, with unprecedented success, of such malignant diseases as cholera, smallpox, yellow fever, typhus, typhoid, diphtheria, pneumonia and epidemic influenza, Dr. Fishbein characterizes homœopathic pharmacology as "inadequate," "futile" and "unavailing in the face of serious illnesses." Carefully compiled statistics, official and accessible to all (see Bradford, "The Logic of Figures") show a mortality in cholera throughout the world under homœopathic treatment as low as 3 per cent. and upward to about 25 per cent. as against a mortality under "regular" treatment ranging from about 30 per cent. to 84 per cent. Broadly speaking, the mortality of cholera under homœopathic treatment was only about one-third that of "regular" treatment.

Space forbids further quotation of statistics here, but the statement can be substantiated that about the same ratio of difference in favor of homœopathy exists in the other diseases mentioned above, as well as in minor diseases.

### The Scientific Basis of Homœopathy.

Hahnemann was one of the first, if not the first, among physicians to apprehend the modern conception of the universality of law. He was the first to introduce into medicine the idea of a definite, general principle governing the relation between drugs and disease, and the first to formulate a practical system for the application of that principle which others had dimly seen before him but failed to make practical. He was the first to put pharmacology and pathology upon a broad, scientific basis, where they could be correlated with other sciences and be explained and illustrated by references to and comparison with their basic principles.

This was made possible for Hahnemann by his discovery that the principle of reciprocal action, formulated by Sir Isaac Newton in his third law of motion, "To every action there is an equal and opposite reaction," is as true and applicable in the animate as in the inanimate world; is as true of the action of drugs in the living organism as it is in any other department of nature.

This is the scientific foundation upon which Hahnemann proceeded to build the only system of pharmacotherapeutics governed by a definite general principle. The formula "Like cures like" is merely a paraphrase of the Newtonian formula, adding but one word, "To every *drug* action there is an equal and opposite reaction."

The Latin form, *Similia Similibus Curantur*, from which the expression, "the law of similars," is taken, expresses exactly the same idea. Action and reaction, regarded as forms of motion or processes, are exactly similar, differing only in direction. Theoretically they reciprocally balance or neutralize each other and result in equilibrium, balance, or, in the living organism, health.

Since every disease or pathological disturbance, according to biochemical science, is an intoxication or poisoning, resulting from the introduction or internal formation of toxins or other deleterious substances; since drugs are also poisons, giving rise to actions and reactions in the living organism precisely as the so-called causes of disease do and similar as to symptoms; since similar forces moving in opposite directions (action and reaction are equal and opposite) mutually neutralize and annul each other; and since the similarity or equivalence between drugs and diseases may be learned by comparing their symptoms; it follows that in the law of reciprocal action, as applied in the homœopathic system, we

have a true and (humanly speaking) infallible guide for the rational treatment and cure of disease.

From Newton's wonderful generalization almost innumerable inferences, deductions and conclusions flow. All sciences are based upon it. The law of Reciprocal Action—balance, rhythm, vibration, compensation, polarity, equivalence—is the one absolutely universal law known to man.

It is easy, when the subject is opened up, to see how this law is applicable in medicine. It is easy to trace it in the work of Hahnemann and his competent followers. It is visible and easy to observe in the action of every dose of medicine given. It matters not how many other explanations of the action of a drug may be given, it can always be explained fundamentally by reference to the Law of Reciprocal Action and its corollaries.

Inspired by his conception of the law of similars as the basic principle of cure by medication, Hahnemann proceeded to demonstrate it. Starting with the remarkable and epoch-making experiment with Peruvian bark so flippantly described by Dr. Fishbein, he continued his experimental search for many years, building up, literally creating a *materia medica* which should contain the symptoms produced by the action of drugs upon healthy human beings; since without such a record of the pure effects of drugs upon the healthy it would be impossible to compare them with the symptoms of the diseased for the purpose of finding the similar curative medicine.

Nothing of the kind had ever been done before, although one or two others had suggested it. Hahnemann's labors were Herculean, unprecedented. Although many have followed his example, no man has ever equalled him in the extent, number and value of his "provings." He was the pioneer, originator and founder of the truest and most scientific system of pharmacotherapeutics ever known to man.

### Modern Conceptions of Disease.

Modern science (using the phrase in the all-inclusive sense, not the petty, pseudo-science of "modern medicine") requires that we shall define all disease and every disease, irrespective of its existing cause, as primarily and essentially a state of physiological imbalance, a dysfunctioning; a loss or perversion of the normal, harmonious action of the living organism; a morbid process; a problem

in vital dynamics; hence, a disturbance or perversion of the motive power or dynamic principle of the organism which we call Life—the vital principle. And this is a fundamental principle of homœopathy.

The exciting cause of disease may be a drug, a toxin, a pathogenic micro-organism, a parasite, a physical or psychical traumatism, or any other disturbing agent introduced from without or arising from within the organism. But the morbid process (for disease, strictly speaking, is nothing else) which may or may not ultimate in tangible, structural or tissue changes, is always the result of dynamical or functional changes. This is what Hahnemann, far ahead of his contemporaries and still far ahead of all but a very few of the most advanced physicians of today, always insisted upon as the sum and substance of his pathology. In this he was in perfect harmony with modern dynamical science.

The medical profession, quick to seize upon and utilize many of the results of physics and chemistry, has been singularly dull and tragically slow to grasp the higher fundamental laws and generalizations which are common to all true sciences. With only partial or fragmentary scientific knowledge they have fallen into many errors. Appropriating many of the discoveries of the chemist, the physicist, the biologist or the engineer, often without acknowledgment, sometimes arrogating to themselves the credit of discovery, they use them empirically, without knowledge or comprehension of their relations or of the general laws and principles involved, and very often with serious consequences to the patient. Medical men are singularly prone to jump at conclusions. They rush madly off after every new therapeutic agent, device or expedient, and proceed to "try it out" on their patients on the mere *ipse dixit* of somebody whose qualifications are probably no greater than their own. Presently the new toy is cast aside and something else substituted. And this they call being "modern" and "up-to-date"!

Even when new measures or means are the product of elaborate and painstaking research, as in the modern laboratory, too often the underlying principles are wrong, the interpretation of the findings erroneous, the object (from the highest standpoint) undesirable, the result pernicious, and the means dangerous. What a series of disasters and tragedies have followed and accompanied the introduction of inoculations and injection of salvarsan, diph-

theria antitoxin, 606, anti-rabic and tetanus sera, and many other modern "remedies," to say nothing of the ghastly aftermath of the older "vaccination" and the ruin wrought by the host of deadly drugs with which physicians have experimented! No wonder that many modern physicians have abandoned drugs altogether. Even insulin, the latest generally accepted product of the biological laboratory already has its list of fatalities and disasters, and the profession is being warned of its dangers and instructed how to avert them or overcome them. Its virtues are lauded to the skies, yet by its use no cure is accomplished, but only palliation of the symptoms of the disease for which it is administered. So it is with nearly all the drugs employed by "scientific medicine." Not cure, but mere palliation alone is within their scope. They do not conform to the requirements of nature's law of cure. When those requirements are met, *cure follows*. They are met only by homœopathy.

#### Working Principles of Homœopathy.

1. Systematic, individualizing, analytical investigation of each and every case by observation, interrogation, physical, psychical and laboratory methods, and making a complete record of the findings.
2. The totality of the symptoms of the patient—the case as a whole—as the basis of prescription and treatment.
3. The use of single, pure medicines, the symptoms and sphere of action of which have been predetermined by accurate, controlled experiments upon healthy persons, verified by clinical use.
4. Application of the principle of symptom-similarity in the choice of the remedy.
5. The minimum dose of the indicated medicine capable of producing a dynamical or functional reaction in the living organism.

*Similia Similibus Curantur; Simplex, Simile, Minimum.*

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## EDITORIAL NOTES AND COMMENTS.

**Homœopathy in Germany.**—We have just received information that the universities of Frankfurt and Berlin are to establish chairs in homœopathy; the Prussian Parliament has recently passed a bill to this effect.

This is astounding news and betokens an entirely new era for homœopathy in a country, which heretofore has looked upon the homœopathic method of treatment as pure *Kurfuscherei*. Unquestionably the research work of Hugo Schulz and of August Bier and the courageous, persistent efforts of the little band of ardent homœopaths in Germany, have had much to do with this remarkable change of attitude of those in authority. We Americans may, perhaps, pride ourselves upon our "go-getting" abilities, but with our national vice of superficiality, we have very much to learn from our thorough, painstaking, persistent German friends who go to the bottom of things, no matter what the effort may cost. All hail, then, to the dawn of the golden age of homœopathy in the land of its birth and early travail!

**Useful Remedies in Scarlet Fever.**—*Belladonna*, of course, comes to mind at once, as the typical remedy in the smooth, scarlet-red eruption of this disease. The patient is likely to be of the plethoric, robust type, in whom symptoms come on suddenly and with turbulent violence; delirium may be a factor and is characterized by much activity, during which the patient attempts to get out of bed, to escape, or makes noisy demonstrations. The face is decidedly flushed, the eyes brilliant, with dilated pupils, the throat is sore, more often on the right side, with a sensation of a lump in the throat, over which the sufferer must frequently swallow. Dryness of the throat and thirst are characteristic, as is the

well-known strawberry tongue, red papillae projecting above a thickly-coated, yellowish or yellowish-white coating. The pulse is full and round, often bounding and in the neck a pulsating of the vessels may be seen. Headache is of the congestive type, throbbing, worse from motion. A symptom of importance is sleepiness, with inability to sleep.

*Ailanthus glandulosa*, known as the *Tree of Heaven* plays a valuable part in the therapy of scarlet-fever, when this is of the *adynamic* type. The patient is greatly prostrated, dull, stupid and delirious; the rash is mottled, purplish in appearance and is slow in coming out. The cellular tissues of the neck and under the jaw are sensitive and swollen; the parotids are likewise enlarged; the head feels full and is burning hot; pulse is small and rapid; delirium is of the muttering type or the patient may even be unconscious. The tonsils are much inflamed and swollen, with a purple appearance of the throat. From the nostrils there is a thin, bloody and ichorous discharge. The tongue is dry and cracked, and sordes appear upon the teeth. Altogether the picture of *Ailanthus* is that of malignancy, hence the remedy should be thought of in desperate cases of scarlet-fever, particularly when the throat presents the appearance of diphtheria. Certain it is, that the remedy cannot be mistaken for *Belladonna*.

*Arum triphyllum*, Jack in the Pulpit, may at times be needed. Restlessness and irritability are marked, excoriating discharges from the nose are very characteristic, the lips and nostrils are sore, even ulcerated and in spite of the pain, the child picks the ulcerated spots until they bleed; the mouth and throat are raw and sore, the mucous membrane bleeds, the larynx may be inflamed and if so, aphonia with uncontrollable voice will be present. Desquamation of the skin is in large flakes and may recur several times. The urine is scanty or suppressed and the child is dull and apathetic. The constant picking at the nose and lips is perhaps the most striking symptom and must not be confounded with a somewhat similar symptom, probably of different origin, found in Cina.

*Ammonium carb.* should be thought of when the eruption "strikes in" and cerebral paralysis threatens. Cramps and epistaxis will be present, heart weakness is pronounced, with feeble rapid pulse; the breathing may be stertorous, the skin is cyanotic and the rash miliary in character. Stoppage of the nose is pro-



nounced and distressing. The picture of Ammonium carb. is that of a decidedly desperate case.

*Hydrocyanic acid* is another remedy likely to be called for in desperate cases. Stauffer, in his wonderfully complete "Homöo-therapie" speaks of it as serviceable when a blue exanthematous eruption and cramps are present. The *Guiding Symptoms* of Hering mention "scarlatina, when the eruption in its early appearance is dark colored and soon becomes livid, only slowly regaining its color when this is expelled by pressure of finger; rapid, feeble pulse; coma and great prostration." Convulsions and the symptom, *fluids enter stomach with a gurgling noise*, are characteristic.

*Opium* may be valuable when coma, stertorous breathing, hot sweat, dusky countenance, contracted pupils and uræmia are present. An absence of pain and of subjective symptoms generally, should lead us to think of *Opium*; the latter is, so to speak, a "do nothing" remedy. Lack of reaction is the characteristic. Tympanitic distension of the abdomen is frequently marked, together with a total lack of peristaltic action of the bowels and absolute constipation. The patient demands nothing and makes no complaints, his attitude being apathetic and soporose in the extreme. *Opium* has an aggravation during and after sleep, likewise from warmth; in these respects resembling *Lachesis*. Drowsiness with inability to sleep, is another characteristic, similar to *Belladonna* which remedy is, of course, diametrically opposite, as well as a physiologic antidote. *Carphologia* is found in *Opium* as well as in *Hyoscyamus* and some other remedies.

*Pyrogen* is to be considered, along with *Arsenicum*, *Baptisia*, *Echinacea*, *Crotalus horr.* and *Chininum ars.* in septic cases. Restlessness, aching bruised pains, offensiveness are marked, but the chief characteristic is the marked disproportion between the temperature and pulse; the former is usually low while the latter is likely to be extremely high. Putrid taste in the mouth may be spoken of. *The bed feels hard*; this is reminiscent of *Arnica* and *Baptisia*. In heart complications, with threatened myocardial degeneration, *Kalmia* and *Digitalis* are to be primarily thought of. Both have impending heart block, as evidenced by a slow, weak pulse which goes down to sixty, fifty, or even as low as forty. In *Kalmia* we find sticking, shooting, or darting pains in the cardiac area, extending downwards, together with numbness of affected parts; pains extend to the left shoulder and down the left

arm. Occasionally a rapid, weak pulse will be found, and should not contraindicate *Kalmia* if other indications be present. Pains are often rheumatic in nature, shift about from one part to another and eventually affect the heart.

In *Digitalis*, faintness < from attempting to sit up, goneness at the stomach, with nausea aggravated by the odor of food or of cooking, will be present. A cyanotic hue to the skin and finger nails will be in evidence. The pulse is irregular and intermittent; when weak, rapid and irregular (fibrillation) physiologic doses of *Digitalis* tincture will be required; potencies will be of no service here. In *Digitalis* cases, there may be encountered at times, the symptom, *sensation as though the heart would stop beating if he moved*. Incidentally, this symptom is the direct opposite of that found under *Gelsemium*. *Digitalis* is often of service in post-scarlatinal dropsy. Here, of course, *Apis mellifica*, *Hepar sulphur* and *Kali chloricum* should also be thought of.

These few remedies, portrayed so briefly, are apt to be of great value at times; the ordinary simple case will, with the exception of *Belladonna*, not require them; they should, nevertheless, be kept in the storehouse of one's memory and their more exact indications can always be found by consulting the *Materia Medica* itself. Study, constant study, is necessary to the success of the homœopathic prescriber; he cannot know too much of *materia medica* and although it is not necessary or even desirable that he burden his mind with countless symptoms, it is of great advantage for him to retain a general outline of the broader characteristics of many remedies. To do so, means the avoidance of pitfalls and of senseless routinism in prescribing.

**Effect of Sodium Arsenite on Blood Sugar.**—"Van Dyke shows that sodium arsenite, intravenously administered in doses considerably below the lethal, causes a distinct but variable hyperglycemia in the rabbit. Accompanying this hyperglycemia there is a reduction in the blood alkali reserve; there is no significant alteration in blood concentration as indicated by determinations of corpuscle volume or percentage of hemoglobin. The hyperglycemia still appears after bilateral splanchnotomy or right splanchnotomy and left suprarenalectomy. Sodium arsenite, therefore, acts peripherally in all probability by increasing hepatic glycogenolysis. The hyperglycemia may be checked or prevented by insulin.



Intravenous injections of sodium arsenite in the dog cause a reduction in the whole blood alkali reserve often with a slight hyperglycemia."—*J. A. M. A.*

This fact is of interest and may be of value to us homœopaths in the future, when drug proving advances along modern lines of scientific thought. It will always be true that patients, and not diseases or diagnostic entities, are to be prescribed for. Subjective symptomatology will always be our most important guide in the search for the similimum; nevertheless, drug proving upon humans, which takes into consideration such modern methods as blood chemistry, for example, will greatly facilitate our therapeutic efforts, if we wisely supplement the subjective with the objective. Furthermore, "objective" proving will explain many peculiar subjective phenomena which we cannot at present explain and which we take on faith, as it were. To know the pathology or perverted physiology behind a given symptom, would strengthen our reliance upon the dependability of that symptom. Why, for example, does cold ameliorate the symptoms in one case and aggravate those of another? What happens when a skin eruption is produced or removed by a remedy; why does a wart appear and what makes it disappear under the action of Causticum, Nitric acid, Thuja or some other remedy? To say that such appearance or disappearance is due to the inscrutable activity of the vital force is no doubt true, but is at the same time unsatisfactory, because it does not explain the physiologic or pathologic process. What actually happens and why does it happen? What morphologic cellular change takes place and why does such change occur? What activates it, both in disease and in drugs?

Undoubtedly there are many partially expressed cases in which objective symptoms are more pronounced than subjective ones, or where pathologic change is altogether predominant. Can anything be done for such cases, from the purely homœopathic standpoint, or are they all *incurable* from this same standpoint? How far must pathology prevail to render a case homœopathically incurable? There are many of us who are groping in the darkness of therapeutic ignorance, who would like to know the reasons, the whys and wherefores. Drug proving, earnestly engaged in with these questions in mind and supplemented by a study of industrial poisonings, as well as judicious animal experimentation, will

go a very long way to clear up existing doubts and to increase our power for good. Furthermore, in an age in which cold reasoning from hard facts, is the rule, it will do more than anything else to attract the best minds to the study of homœopathy. We must combine the philosophy of homœopathy with modern concepts and thought, we must explain it in modern scientific terminology; we cannot forever drift along, upon the consecrated raft of blind devotion to a glorious, yet uncompleted past.

**Senega.—Seneca Snake-root.**—We probably do not use this medicine as often as we should and by our neglect, miss its great advantage in a number of important diseases. Senega comes down to us from the Indians of New York State, who used it as an antidote to the bite of the rattlesnake (*Crotalus horridus*). But the provings and clinical experience have shown a very much wider field of usefulness. Pierce, in his "Plain Talks on Materia Medica with Comparisons," gives a good practical account of it; Nash, in his "Leaders," says comparatively little, but what he says is of much aid and value. Allen's "Encyclopedia of Pure Materia Medica" gives some ten or more pages to the proving of Senega and among the numerous symptoms recorded are many of great importance. For example, among the eye symptoms we find, "*Weakness of sight and flickering before the eyes when reading, obliging me to wipe them often, but which were aggravated thereby.*" Also, "*When walking toward the setting sun he seemed to see another smaller sun hover below the other, assuming a somewhat oval shape, when looking down, DISAPPEARING ON BENDING THE HEAD BACKWARDS AND ON CLOSING THE EYES.*" "*Flickering and running together of letters when reading.*" These symptoms are supposedly suggestive of *hyperphoria*, a condition in which Senega has been of signal benefit.

"*Paralytic feeling in the left half of the face*" is suggestive and may be helpful in facial nerve conditions. Ptosis of the upper eyelid is found under the remedy, with paralysis of the left oculomotor nerve and of the recti muscles. In short, the symptoms of Senega as related to the eyes will repay careful study.

Throat, stomach and urinary symptoms are numerous, "*diminished secretion of urine*" is noted in the proving.

The respiratory organs present many symptoms of importance and it is here that Senega has a wide range of usefulness. Thus

we read "an irritation in the larynx inducing a short hacking cough"; "orgasm of blood and oppression of the chest, with flushes of heat in the face, and a frequent pulse, in the afternoon." "Aching pain in the chest"; burning pains, compressive pains, stitches, etc., are all spoken of by the provers. "Cough with expectoration of tenacious mucus," also "expectoration of white mucus, which is easily loosened by a little hawking," are further symptoms, likewise "burning sensation under the sternum extending as far as the back."

Clinically we have found this remedy of much use in bronchial affections of older people, with a loose rattling cough, as though much mucus filled the chest, but which it is difficult to raise. By way of comparison we think of *Antimonium tartaricum*, *Ammoniacum gummi*, *Ipecac* and *Kali carb.*, but these remedies are easily differentiated by their concomitant symptoms.

In Senega we find that the cough is worse in the open air; during sneezing there is a sore pain in the chest and the chest is sore to touch. During cough there are stitches in the left half of the chest. The remedy has *great debility*, restless sleep and relief of many symptoms by perspiration, which is often profuse. Profuse diaphoresis is in fact a symptom produced by Senega, but one which is, unfortunately, missing in Kent's Repertory.

We recently had occasion to prescribe *Senega 200*, in a case of subacute bronchitis, in a man of fifty-six years, who complained of a constrictive sensation in the chest about the cardiac region, pains in the right side of the chest, worse when lying on that side, loose cough and great debility. His breathing was labored and of the asthmatic type, on exertion. The remedy brought very prompt relief. The proving, however, speaks of pains in the left side of the chest, more particularly. Unquestionably the remedy needs verification of its symptoms through wider clinical experience, as well as through reprovings. Farrington states that Senega acts best in fat persons of lax fibre. Our own experience bears out the correctness of his observation.

Jahr's "Symptomen-Codex" gives an excellent account of the remedy and among the chest symptoms, we find, "When sneezing, he experiences an extremely violent sore pain in the chest as if it would fly to pieces, although the sneezing does him good and relieves the chest." Jahr speaks of an increased secretion of mucus in the lungs after inflammatory or catarrhal affections.

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### CONCERNING SLEEP AND ITS DISORDERS

IN

THE HEALTHY AND THE SICK

AND

IN THOSE POISONED WITH DRUGS.

By Dr. Heinrich Meng,  
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Translated by  
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"There are two ways of testing and revealing the truth. One is to soar from the idea and the detail immediately to the general laws and to compose and expound from these all-important postulations, as from the invincible truth, the intermediate laws. This is the usual way at the present time.

"The other is to draw from the constructive and the particular ideas, to proceed gradually and steadily upwards and only at the very end, to reach the ultimate generalisation. This is the true but unused way."

—From THE NEW ORGANON, by Bacon.

The tendency to fatigue and the power of the individual to respond to the average demands of life are generally considered to be the measure of the constitution and its susceptibility to disease; according to the same line of reasoning, the subjective sensation, "fatigue," which, in many cases, is the expression of objective weariness and favors sleep, but which is, when excessive, detrimental to sleep, is also a measure of the constitutional peculiarity of an individual. Therefore, knowledge concerning the importance of sleep to the healthy and to the sick and to those made ill by drugs, can be a source of valuable biological information.

Sleep does not depend so much upon fatigue as upon subjective weariness. Neither physical nor psychical exhaustion and fatigue

lead to a quantitatively definite measure of sleep. For a long time, sleep has been explained as the result of a chemico-organic change in the organism. This point of view is contradicted by the fact that many individuals fall asleep quite independently of fatigue or, by means of a definite determination to awake, can interrupt sleep; that often a short sleep is more refreshing than a long one; that fatigue often directly prevents one from going to sleep; that individuals, under the same degree of physical and mental strain, need a different amount of sleep for their restoration, some five or six hours, others eight hours, etc. Moreover research in regard to so-called "sleep" induced by suggestion or hypnosis does not bear out the chemico-organic theory. By the suggestion of wakefulness or by hypnosis, a sensation of weariness can be induced which will cause sleep quite regardless of the actual sensation of fatigue; further, under hypnosis the dose of a sleep-producing medicine can be greatly reduced, and under certain conditions, the "Hypnotic Force of Suggestion" is used instead of narcotic drugs, with complete success in cases of surgical operations. The dependence of the organism on sleep, however, must not be overlooked, for we certainly know that man and also many animals, die if subjected to a continued period of sleeplessness—a healthy man in eight days—in other words, sooner than if deprived of nourishment. We do not know the cause of this. It is a remarkable fact that the sick can often exist without sleep for a much longer period without being seriously affected, especially is this so with hysterical patients. An interesting observation has been made in a case of a patient, addicted to the morphine habit, where the drug was entirely withheld and the patient was sleepless for twenty-three days and nights without causing death.

Observations, made upon animals and recently published by Zell, indicate that sleep is to a great extent independent of fatigue. Zell's observations show, that in all probability, there are certain animals, for instance the whale, which very seldom or never sleep although they often expend themselves in severe bodily effort. The chemico-organic process which induces fatigue in man, predisposes to sleep, but sleep, itself probably an instinctive process, is directly dependent upon psychical processes. As every normal function depends upon a certain integrity of an organ or a system of organs, so does the possibility to exert the sleep-instinct or the conscious will to sleep, depend upon the condition of the

organs. If to the psychical battle for sleep is added an organic difficulty, then will the disturbance of sleep be especially intensified. Here is shown how far physical and psychical changes, induced by disease or by drug experiment, can bring about sleep or cause it to remain absent. They are able to influence the conditions necessary to sleep. According to the degree of pain, fever, dyspnoea, intestinal disturbance, spasm, etc., that they cause, will the defect in the integrity of the organism be an unfavorable condition for sleep and it will depend upon the strength of the sleep-instinct and the conscious will to sleep, as to whether this condition will be easily conquered or whether it can be conquered at all. On the other hand, a psychical state which is unfavorable to sleep will be intensified by any disturbing symptoms, no matter how slight they may be. Furthermore, natural disease as well as that artificially produced, *i. e.*, by drugs, will, according to its particular type, bring about in the psychical sphere an actual change in the will to sleep or the sleep-instinct, as, for instance, certain forms of affections due to the disturbance of the thyroid gland or to poisoning by alcohol or opium.

In order to gain more insight, let us collect the facts concerning the physiology and psychology of sleep.

Motor impulses are dulled or abolished in sleep, the reflexes are difficult to obtain, above all, the functions of the vegetative nervous system are restricted with the exception (according to Pawlow and Hoerber) of the activity of the glands influencing digestion. As pigeons and dogs, from which the cerebrum had been removed, have been known to sleep, it cannot be assumed that the occurrence of sleep is dependent solely upon the cerebrum. This is another fact, indicating the correctness of the assumption that an instinctive function plays a particular important role in regard to sleep.

Psychical: When an individual through habit, fatigue, or the will to sleep, etc., is ready to go to sleep, a change is noticed in his alertness. The ego divides into a sleep-ego and an ego that watches over sleep in order to protect it from disturbances as far as possible and, thus, normal unconsciousness occurs, during which, however that portion of the ego which watches over sleep takes notice of whatever is necessary to the continuation of sleep or, if it seems more desirable, to its interruption. (The mother who, although asleep, is aware of every breath drawn by her sick

child. The miller who awakens when the sound, to which he is accustomed, ceases. This "sleep-watcher," as Landauer calls this portion of the ego, regulates, instinctively and suitably, the demands made by a sleeper's impulses and the utilization of the stimuli from his environment. The change in attention is, in other words, an alteration in the emotional behavior. This is portrayed for the most part, in dreams whose relation to the conscious and to the subconscious in the healthy and in the sick and in those poisoned by drugs, and will be given consideration in a later article. Sleep is, therefore, a condition in which almost all of the psychical stimuli of the environment have been withdrawn. Therefore recuperation through sleep cannot, according to the foregoing, be a purely chemico-physical reaction, but must be in extremely close relation to a psychical recuperation. To produce sleep normally, as well as by means of extraordinary psychical influences (hypnosis suggestion, etc.), or with drugs one must pay attention to the changes in the manner of reaction to stimuli—to the so-called mood-changes—as they are observed in all living organisms and also in the vegetable kingdom.

Herwig in his discussion of color psychology, refers to the "reverse" of certain psycho-physical processes and points out the appearance of a negative instead of a positive mimicry with advancing age. According to him, one differentiates in biology between the "aitigenen," a change in mood as the result of external influences and the "autonomen," a change in mood through adjustment from within itself. To the latter, he reckons also the reversion of the habit of mind occasionally to be noticed in old age. He draws attention to the fact that this last condition should indeed be associated with a large circle of biological facts and produces as an illustration analogous to the reversion of mimicry, the following observation: The hypokotyl member (the trunk portion or the internode of the germ of a plant which carries the seminal leaves and the small roots) of the germ-plant of the gourd is, in the beginning, positive geotropic; later, negative geotropic. In cases of especially strong reversion of habit of mind as in many cases of cyclothemia, sleep is deep and prolonged during the period of melancholia as if the loss of sleep during the maniacal period was being compensated for.

With regard to the sleep of the sick, the physiological processes depend upon the type of the patients and of their disease and upon

the physical processes as well as upon the psychical reaction. Psychological observations teach us that the conscious wish to sleep and the instinctive or subconscious wish to remain awake, especially in cases of nervous insomnia, are very often antagonistic to one another. As one speaks of the will to be sick, so can one speak of the will to sleep (Steckel) and the will to insomnia. Many patients suffering from insomnia recall instances when they were at times sleepless through conscious will in order to experience certain phantasies and memory pictures, others because they were afraid of their dreams. So many sick people do not fall asleep for the reason that they are subconsciously distressed by elementary urges and instincts that become active during their sleep, in other words, because the censorship which exists during the day enters into conflict with the wishes of the night. Therefore we may say that sleep comes when the instinctive conquers the conscious. In many cases of illness, on account of physical debilitation and psychical fission, the subconscious is so powerful with its primeval wishes that the establishing of its mastery, as we have remarked in the case of sleeping, causes a conflict. The patient will consciously, perhaps, have the desire to fall asleep, but it is impossible for him to do so. On the other hand, another is overpowered with sleep as an expression of strong suppression of conscious desires, a refusal to recognize the conflict in which his psyche is involved, an example of contrary reaction. We are of the opinion that insomnia develops when in reality unrealizable, forbidden wishes are feared by one's conscience even during sleep; somnolence, when wishes are feared which though truly realizable are at the same time objectionable and forbidden. Conscious conflict makes rather for insomnia when it is painful to dwell upon, for somnolence, perhaps, when the conflict is associated with a pleasurable sensation. This can go so far that hysterical persons may, for years, suffer from insomnia or somnolence which will have quite the appearance of insomnia with an organic basis. We know that in the city of Oknoe in Sweden, a young woman continued in an hysterical somnolent condition for thirty-two years (this case was described in the *Nouvelle Iconographie de la Salpêtrière*, 1912)\* and we conclude that this peculiar rejection

\*For the particulars of this case, see "Der Wille zum Schlaf," Steckel. Verlag Paul Knepler, Vienna, Austria.

of reality was the result of subconscious, suppressed psychical processes of the young woman. It seems natural to associate the physical effect of the hysterical disturbances with the phylogenetic portion of the brain, lying deep in the cerebrum, especially with the thalamus opticus whose importance with regard to sleep has been definitely established, especially through the observations made in cases of encephalitis epidemica. In this affliction, there is also sleeplessness and somnolence, likewise sleepiness during the day and wakefulness during the night, as is sometimes the case with beginning dementia paralytica. I refrain purposely, at this point, from speaking of a "sleep-center." We know indeed that sleep automatism, similarly to the automatism of the vegetative centers, originates in the subcortex; but it is improbable that there exists a "sleep-center" in the sense of a group of brain cells, it seems more reasonable to speak rather of definite "associations" that lead to sleep.

In experiments with drugs in which an artificial illness is created, sleep disturbances are brought about in a similar way as those seen in natural illness. Certain drugs disturb the integrity of the organs, so that sleep is organically prevented. In the experiment with the poison from the Lachesis serpent, the following symptom appears: "sleepy throughout the day as well as at night; he sleeps well when the cough does not annoy him." To be sure Lachesis has, along with the above, still other symptoms which speak for the fact that under its effect there is also an influence exerted upon the subconscious, as expressed in the symptom that has often been found in experiments and confirmed at the bedside: "The state of mind is always worse after sleeping."

In the first number of the commemorative addresses of the North American Academy for Homœopathic Therapy, entitled: "Effects of Snake Poison," Constantine Hering has gathered together numerous symptoms found during drug experiments. He relates, among many others, the following symptoms observed in healthy persons who submitted themselves to the drug tests: "It is extremely difficult for him to pay attention to others even though his sense of hearing be not diminished—the words that have just been spoken to him are as though wiped away . . . He writes a letter containing many orthographical mistakes without his noticing them himself. This happened in one who usually, even when in the greatest hurry, would not make such mistakes. . . . Dull

in the head, so that he could not remember what had happened just a short time before."

Lachesis belongs also to that group of drugs among whose actions are to be enumerated definite disturbances in the emotions. The following well-known drugs are to be included in this list: Alcohol, cocaine, opium, morphium, carbon monoxide, bisulphide of carbon, ergotin, lead, mercury, mescaline. We know from the materia medica at which numerous reliable research workers have labored since Hahnemann as, for instance, the Viennese under Watzke and Fleischmann and the Americans under the great drug prover, Hering, that mental symptoms were observed to quite a remarkable extent under the action of various drugs, among which can be counted numerous sleep and dream symptoms. It is not necessary that I should present to you here the clinical picture of the different exogenous intoxication psychoses, nor the fine details making up the picture of the emotional disturbances produced by gold and lead. All these changes are comparable to the "eruption waves" (Einbruchswellen) of Schilder which project the processes of metabolism and of the internal secretions into the psychical. The toxic eruption of the physical into the personality and, on the other hand, of the psychical into the physical, shows that at bottom the physical and psychical are both functions of a common vital quality. Not a few drugs strengthen or eliminate inhibitions, there are also those which with the sleep-wish, stand in relation to the "sleep-associations." Others affect the regions of the senses whose somatic and psychical stimulation produces hallucinations, delirium, disorientation, vertigo, etc. Still others, as for instance, alcohol, cause, by acting upon the cortex a release of the inhibitions and a breaking through of the dormant passionate impulses.

If Bonhoeffer's assumption is correct, that alcoholic hallucinations occur especially in people with a marked inherited acoustical *anlage*, similarly as the psychical disturbances in a case of Basedow occur almost exclusively in those of a psychopathic disposition, then we can understand certain observations made in drug experiments; for in these experiments it is shown that certain substances develop remarkable and characteristic symptoms in particular constitutions or races, for instance: Phosphorus in an asthenic constitution or sulphur in the black races. The activation of the mechanics of delirium or of hallucinations depends therefore upon the specificity of the poison and upon the suscep-

tibility of the individual, and most of all, upon the state in which the individual is in, when the toxic eruption takes place. We understand, therefore, why all trustworthy researchers in drug-proving lay so much stress upon the value of knowing, as accurately as possible, the previous personal and family history of the individuals who act as provers and why it is always insisted upon that the same drug should be proven upon different constitutions, various ages, etc. The symptom-complex of paralysis, tuberculosis, tabes, etc., is dependent for part of the symptoms, even in their anatomical aspect, upon the previous physical wear and tear and upon the psychical experiences of the patient, while another portion of the symptoms is dependent upon the specific action of the disease toxin; similarly in drug experiments, do the personality, the drug, and the constitution shape the symptom-complex. We know much more concerning the foregoing than we do of the bio-chemical processes in the brain or spinal cord of a sleeping man, for of these we know practically nothing. When we speak of sleep and drug experiment, two further observations are of interest. Oppenheim observed that sleep itself can cause pains which the afflicted one never had when awake, or which he felt again later (*Hypnalgien*); further, the recognition of symptoms which occur in cases of long-continued insomnia: Increase in the acuteness of vision, disturbance of the alertness and the attention, and hallucinations, especially those of vision.

In drug experiments, sleep disturbances are therefore, an expression of self-defense on the part of the individual against eruptions of a toxic nature which, through their dynamic action on the subconscious as through the derangement of the integrity of the organs, call forth characteristic symptoms in different constitutions. As in the list of physical symptoms, we recognize the point of least resistance of the organism, a certain oversensitiveness of the organs or organ systems, an inherited or acquired lack of resistance of the organs in their ontogenetic or phylogenetic development, so also does it seem that a number of earlier experiences in the subjective existence of the prover are again lived through. In the action of *Baryta*, for instance, a trait that reminds one of a neurotic symptom-complex is met with repeatedly. As the neurotic decides, when he cannot avoid a conflict, to pursue the way of regression and finds his relief by withdrawing into one of the stages of his development that has already been established, so it

appears that under the influence of *Baryta*, the toxic eruption has its greatest effect on the personality in a regressive sense. In *Baryta* provers, one notices among many other symptoms the following: "Great mental and bodily weakness, childish deportment, shy before others, she imagines that strangers are laughing at her or are criticising her, therefore she is so timorous that she does not want to look up."

Remedies for inducing sleep, outside of the hypnotics and the narcotics which induce a narcosis or a sleep that is not normal (at the most, they only prepare the way for a true sleep), are all those drugs and measures which influence the organism in the sense of organ integrity or in the sense of carrying through the will to sleep. Therefore, hypnotics and narcotics should only be thought of when a patient is so disturbed mentally that he becomes dangerous to himself or to the environment and must, for this reason, be quieted for the time being; or when all other measures have proven useless and the life and health of the patient are more endangered through the lack of sleep than through the hypnotic remedy. The danger of not using soporifics conscientiously lies, on the one hand, in the psychical injury to the patient who through the artificial dulling will, fundamentally, becomes still more restless, and, on the other hand in the physical injury. Substances foreign to the system cause, as a reaction the formation of antagonistic substances. Weigert was able to demonstrate quite generally that the reaction was always longer and more severe than the stimulation. "Antagonistic substances" in a chemical sense are also often antagonistic in a functional sense as well. Experience shows, moreover, that after the torporific effect, an intensified reaction of excitement sets in.

With regard to somnolence or insomnia, one must decide in individual cases whether the shortest way to relief is through the use of drugs or by means of psychical treatment. It is indeed striking how a patient will exclaim in regard to a drug or some other measure that has been peculiarly suited to his case: "That must have been a strong sleep remedy! I have not slept so well for a long time." It was in this connection that Samuel Hahnemann, with his inspired appreciation of the psycho-physical working of the organism, showed the selective action of drugs by giving special emphasis to the mental state of his prover or patient as the guiding symptom for the selection of the remedy, and, more



than a hundred years ago, pointed out the fact that, under certain premises, every drug—regardless of any suggestive effect in its administration—can serve as a sleep-producing remedy; this effect, in certain cases, can be interpreted as a dynamic action on the subconscious processes. In most cases of disordered sleep, caused by a disturbed psyche, either the drug is insufficient, or the improved sleep conditions which it inaugurated are constantly being annulled through the urge exercised by repressed psychical activities upon the physical system. This indicates that we must bring order into the psychical life of the patient. According to an old adage: "A clear conscience makes a good night's rest." This homely wisdom coincides with the interpretation of the modern psychology of sleep as being a thymogenic process, the mechanics of which were revealed especially through the research of Liébault, Bernheim, Krafft-Ebing, Vogt and Forel, that psychology which was so brilliantly broadened and developed by Sigmund Freud, the creator of psychoanalysis as a method of research and healing.

Following are some illustrations and short characterizations of certain practical points of view.\*

Mrs. A., forty-five years of age, comes for treatment on account of insomnia, periods of which have been recurring for the last ten years. She was treated during this time by skin specialists and by internists with salves, Roentgen rays, and medicine by mouth, but her condition was only temporarily palliated. She has suffered from severe Pruritis vaginæ with occasional attacks of eczema around the genitalia. Physical examination gave no clue as to the cause of her condition. For many weeks she had little sleep on account of the pruritis. The fact that she was often in a state of anxiety and suffered from other neurotic symptoms indicated the necessity for psychoanalysis, which was successful. After one year, sleep is normal and neither the eczema nor the pruritis has returned.

Mr. B., thirty-five years of age, Basedow with insomnia as the most prominent symptom. *Tuberculinum* 200th, *Iodine* 6th, and *Spongia* 3d, administered in sequence in the course of a few weeks, caused the Basedow symptoms to disappear and the sleep to become normal.

\*In the following case histories all of the details and explanations have been omitted in so far as they deal with the psychological aspect or a differential diagnostic analysis.

Mrs. C., forty-four years of age, has suffered for years from insomnia which constant use of sleeping potions only alleviated. She is now under psychoanalytic treatment on account of dyspareunia. During the early weeks of this treatment, the insomnia (inability to get to sleep) was relieved. There existed numerous conflicts in the psychical life of the patient, consisting especially of homosexual tendencies which, consciously, she had conquered, but with which her subconscious occupied itself almost every night, causing her insomnia.

Miss D., thirty-two years of age, has been under drug treatment for months on account of chronic tonsilitis and the fact that it takes several hours for her to get to sleep. For the last eight years, she has been taking the usual sleeping potions without effect. Constitutional drugs which I prescribed for her, did not help. Casually, during a consultation, the patient remarked that for the last few years she could not go to a concert and could not bear to make music herself, as she was intensely affected thereby (excited and then tired, or unable to get to sleep). Thereupon instead of the *Sepia* which had been prescribed, *Natrum carbonicum* 30th was given, one powder every second evening. This drug has, in the proving on healthy persons, the symptom: *Aggravation through music*. The result was remarkable. The patient has been able to sleep well at night for the last three years.

Mr. E., forty years of age, awakens every morning at about four o'clock with cramplike pains in the stomach and afterwards cannot get to sleep. He was treated for a long time for various gastric secretory disturbances. An organic involvement could not be established. A neurotic condition was most probable. No drug treatment. He had, as a short but successful psychical treatment brought to light, at the time of puberty experienced severe conflicts from which he was still suffering without being conscious of them. The hour from four to five in the morning was at that time very distressing to him. Recently, owing to conscious conflicts, old experiences were again lived through and expressed themselves in this peculiar early morning disturbance.

Those who have an interest in the psychoanalytical side of this subject should read: "Vorlesung zur Einführung in die Psychoanalyse," S. Freud; Int. Psychoanalyt. Verlag, Vienna, Austria. For the relationship between toxins and the neurotic mechanism: "Medizinische Psychologie," Paul Schilder, Verlag Julius



Springer, Berlin, Germany. Concerning the valuation of the subjective symptom in drug proving and at the sick bed, see Paul Dahlke, in the "Berlin Homöopathische Zeitschrift," after 1900. For the natural-scientific relationship between Hahnemann's drug therapy, modern medicine, and psychoanalysis, see Otto Leeser in the "Grundlagen der Heilkunde," Lehrbuch der Homöopathie (Konkordia, A. G., Bähl-Baden) see also the chapter on "Moderne, dynamische Psychologie" in "Einführung in das Studium der Homöopathie," Vannier-Meng (Hahnemannia-Verlag, Stuttgart, Germany) and "Grundlagen der seelischen Behandlung," Paul Federn and Heinrich Meng, in the first volume of "Das ärztliche Volksbuch," Meng-Fiessler (Wagnersche Verlaganstalt, Stuttgart, Germany, Anton Bippel). As a model for proving drugs on healthy people see "Oesterreichische Zeitschrift für Homöopathie" published by Fleischmann, Hampe, Watzke, Wurmb (Verlag Braumüller und Seidel, Vienna 1844 and following years).

#### A SEPIA CASE.

F. R. Norton, M. D., Albion, N. Y.

My housekeeper, a robust brunette, temperament extremely neurotic, weight at the beginning of this attack, July 15, 1924, 215 pounds; her usual weight had been 145 pounds; age forty-six. Patient had been for a long time subject to frequent attacks of acidity. The secretion vomited was intensely sour, also bitter of a greenish tinge. These attacks were often accompanied by a right-sided facial neuralgia—sometimes a left brachial neuritis.

These attacks usually subsided under the usual remedies in a reasonable length of time, but this attack proved an exception. The vomiting kept up persistently.

The urine now assumed a dark yellow color and was extremely offensive. Urinary analysis showed a specific gravity of 1012, hyper acid. Microscopical examination showed granular and hyaline casts, renal epithelium and blood discs. The amount of bile now constantly increasing until the color was becoming a dark greenish black.

The whole surface of the body now assumed a dark yellow, the characteristic jaundice color. The vomiting was almost continu-

ous, with large quantities of bile passing the bowels, which were obstinately constipated. The movements were a light clay color. The tongue was a dark coppery red—moist with no thirst. The pulse dropped down to forty per minute. Temperature subnormal, complained constantly of a strong saltish taste in the mouth, like a very strong brine. There was now a profuse cold perspiration, extending from just below the waist line down both legs to the toes. Now a general anasarca showed up, involving the whole body. The abdomen greatly distended, with marked dullness on percussion, both legs swollen almost to the bursting point. The question of tapping seemed almost imperative. The symptoms which were from the beginning bad, were now growing worse.

The patient was now flighty, soon becoming drowsy until it became a stupor. The urine which had been gradually decreasing for some time, now entirely stopped—anuria—nourishment from the beginning had been almost impossible. I had the bowels flushed out every three hours, with a hot normal salt solution; also washed out the stomach frequently and thoroughly with hot water, until it returned perfectly clear. I also had the surface of the body sponged once or twice daily with a warm solution of epsom salts, one ounce dissolved in one pint of warm water. The case was now becoming a very serious one. The remedies at the onset were selected as indicated from the following: Nat. Phos., Ars., Ip., Robinia-Iris, Nux V. As the jaundice followed Nat. Sul., Pod., Merc., Dulc., Chionan, Dig., apocy, Cann., and Apium. vir. In desperation I now went to Dr. R. M. Fields' repertory index, which I had only recently procured. This was my first attempt at using it. In desperation I went over the case carefully again, selecting six cards from the cabinet and placing them together only one hole extended through the six cards—giving No. 300, which was Sepia; to me this was the "last shot in the locker." My patient's life was narrowing down frightfully fast. I found I had Sepia 3x and 12x, I gave four tablets of the 12x dry on the tongue, once an hour and before the third dose, a great change for the better began to appear. The vomiting and salty taste in the mouth, which had been so troublesome, began to diminish. The kidneys after a suppression of nearly twenty-four hours, again began to act, the urine commenced to clear up, the bile diminished quite rapidly, but leaving the urine quite bloody. This condition lasted for a number of days, and the urine was still very

offensive. I now began to feed this famished patient; for the drain on her system had been a very severe one. I began giving her Fairchild's pancreatized milk, alternating this every two hours with thirty drops of Bovinine in a little water, but we were not quite out of the woods yet, for a large abscess formed in the left labium majora. This was quite painful, and I incised and drained this, giving Hepar and Echinacea. From now on, her recovery was prompt and uneventful. Dr. Richard M. Field has certainly given our school a magnificent work, as I believe that without its aid I would certainly have lost my case. The patient during this attack lost sixty-five pounds.

### AN ADDRESS DELIVERED

By Dr. R. G. Reed, Cincinnati, Ohio,

Before the Cincinnati Lyceum, Cincinnati, Ohio, December 5, 1925.

*Mr. President and Members of the Lyceum:*

I opened my office for the practice of medicine April 22, 1889. I well remember my first prescription in my new office. It was *Lycopodium*, given in the *sixth centesimal* because I had been told that Lyc. always worked better in the higher potencies. It was given on No. 30 pellets, a 2-dram vial. As the days went by, I became quite anxious as to the result of my prescription, but was surprised to learn that it had done all that could be desired.

A number of similar favorable results led me to think I was a pretty good prescriber; but my self-conceit would occasionally receive a knockout blow, when I encountered an apparently simple case—the remedy undeniably indicated—and only failure, for example, a case complaining of constipation—a perfect picture of *Nux Vomica* 3x, then 2x, given for three months with no results; then going to an allopath for three months; then no treatment for three months; returning still a picture of *Nux*. *Nux* 3x was given without success. Then I remembered that I had read: "When the indicated remedy does not bring results *go higher*. So I went *very high* and gave *Nux* in the sixth cent., and in a week the patient came back saying that the *first dose* had helped her and she was almost well.

If "Similia Similibus Curantur" were all that there is to

homocopathy, why did the remedy in the 2x and 3x do no good while in sixth it cured?

Or why would a tuberculous lesion recover beautifully in one case and in another be followed by death, as if the indicated remedy had hastened the end?

Or, when a patient had improved to a marked degree after the first dose of the remedy, and when in my enthusiasm, I repeated the dose, why did the case relapse to a condition as bad as in the beginning and become incurable?

How is the physician to know when to repeat the remedy? And how know when to change the remedy?

How is the physician to know whether a case is curable or incurable? If incurable, how can the condition be palliated and soothed, so as to prolong the life, or at least produce a good degree of comfort during the remaining days?

What is the reason that after a dose of a well-selected remedy, one patient makes a rapid and permanent recovery, while another, under the same conditions, has a decided reaction?

Or, why should a patient, after taking the proper remedy, improve very rapidly for a day or two, and then without apparent cause, relapse into the former condition and go down to death?

What is the difference between an aggravation and a reaction from a remedy? Should the latter be antidoted? When and why?

What importance is to be attached to inherited tendencies?

What importance is to be attached, in *later life*, to a history of continued or recurrent disorders in childhood and youth—such as diarrhoea in infancy?

What is a suppression?

What is a palliation?

What is a cure?

What are the different kinds of symptoms and their relative values?

What do you mean when you say that the symptoms are going in the wrong direction?

To learn how to handle with confidence and certainty, these and a thousand other problems with which the physician comes face to face, was the incentive which led me to take this intensive course of study, and I was not disappointed. We received all that had been promised and more. I can never be grateful enough to Dr. Dienst and Dr. Gladwin for their instruction, and for the gener-

ous personal interest in the students, of all those connected with the American Foundation for Homœopathy, Inc., and I heartily endorse the statement that it is well worth the time, money and effort of any physician, to take the course.

### A FEW TALKS ON HOMŒOPATHY.

K. Chatterji, M. D., Chinsurah, Bengal, India.

Murderers of homœopathy are abroad. They prescribe high potencies in numerous doses in a single day, irrespective of short-acting or deep and long-acting drugs, with a free hand. They deviate from the laws and principles constantly. This may be judged from the practice of homœopathy by three kinds of practitioners—the allopathic converts, the graduated homœopaths, and laymen practitioners.

Of these, the second group of practitioners sticks to the theories and principles dogmatically, while the first group (with the exception of a few) cannot give up altogether the idea of allopathizing this science—for it is more difficult to forget a thing than to learn—and walks away from the path marked out by the "Master," and most of the third group cannot but do so, as there is something in this science beyond the scope of general merit.

To have a glance at what may be the prime cause of this deviation and practice we see that it is due to a lack of regard for the *Organon*, the key to homœopathy, which reveals or exposes to a practitioner of this science the laws of administration and repetition of doses and cases to meet with different potencies and various other requisites necessary for a practitioner in the course of his practice.

The only remedy to cure these abuses and deviations is to keep close to the *Organon*, the lever of the lock of the art of healing. The *Organon* is such a book that it is not to be memorized, or to be revealed with its meanings by a single study. But it is to be read over and over, again and again, to obtain a digest of it and to reach the zenith of its meaning at last.

Note: I may be short-witted or short-merited; I cannot proclaim myself a great homœopath or a staunch devotee of the healing art. But these facts, coming to my knowledge, disturb me every now and then and I cannot refrain from voicing my thoughts regarding them.

### WHAT EVERY HOMŒOPATH NEEDS.

Alfred Pulford, M. D., Toledo, Ohio.

Homœopathy is no system for any man to espouse who has not the ability to do his own thinking. What every homœopath needs is the ability to think for himself; to observe; to take the case; to find the similimum; to know how to prescribe; to know when to repeat; to know just what constitutes a cure, a palliation or a suppression; and a *uniform* set of tools with which to accomplish the end in view.

We used to bemoan the fact that we did not even possess a high school diploma; that we had but a two year of six months each medical education and that we started out under the most severe handicap that could befall any man, but our later years have revealed the wisdom of all this. It taught us to do our own thinking. Our mental jug was not filled up with useless knowledge or as Elbert Hubbard would have said, "Things that are not so." This ability to think has enabled us to grasp and get out of homœopathy the results that seem to have been denied those whose education appears to have been on a higher plane, which as the late Dr. Hale would say, "sheds no lustre on the higher education."

Every homœopath needs to be the most acute of observers. This is one of his most essentials, for it aids him to gain for his case taking and prescription many things that would otherwise be missed and thereby spoil his prescription, thus bringing about his failure and thereby causing both himself and his patient to question the efficacy of homœopathy.

Every homœopath needs to know "how to take the case" for this is the most important part of all his work. The case properly taken is two-thirds cured. Dr. Kent taught this and his method is taught by *The Foundation for Homœopathy* and it is the mandatory duty of every man or woman who professes homœopathy to go to that Foundation and learn how, if he or she does not know.

Every homœopath needs to know how to find the remedy and to this end he needs the proper tools, of which we will speak later.

Every homœopath needs to know how to prescribe and to this end he must have a knowledge of the *Organon*, the Philosophy of Homœopathy and a working knowledge of the *Materia Medica*

and how to use the Repertory, and the proper potency to produce a cure.

Every homœopath needs to know just what constitutes a cure; just what the term cure means from a strictly homœopathic standpoint; the difference between a cure, a relief or a palliation.

Every homœopath needs a *uniform* set of tools with which to accomplish the end in view and here is what we are about to suggest:

The one reason, we believe, that there is so much diversion and dissension in the homœopathic ranks is that we have so many *materia medicas* abridged, individual and unreliable so that Dr. Jones, with a reliable *materia medica* gets results, which Dr. Smith, with an abridged or unreliable *materia medica* fails to get, hence Dr. Jones is an enthusiastic homœopath while Dr. Smith resorts to pan-therapy and says homœopathy is all right for some things, but it covers but a limited territory. If Dr. Smith's argument is true, how does he account for our success with it without the resort to other means?

Now, if we are to have harmony in the homœopathic ranks by getting uniform results, we must have uniform tools. These tools must emanate from the *same* factory. The opinions entering into the formation of these tools must not be merely individual opinions but tested truths verified and verifiable. To this end we would make the following suggestions:

That the *Foundation for Homœopathy* at Washington be made the "tool factory" from which all tools used by homœopaths should come.

That this "factory" should take from all the *materia medicas* all that is good and embody it into one standard, reliable *materia medica* in loose-leaf form with a revised yearly appendix.

That it should take all the repertories and combine all the good qualities of each into one standard repertory; retaining, amplifying and perfecting Field's mechanical repertory.

That Dr. Stuart Close should, as a member of the Foundation, take his own most admirable *Philosophy* and Kent's and weave them into one.

That all monographs on the various diseases submit their therapeutic hints to the Foundation to be assured that such therapeutic hints are *reliable*. Only in this way can we be assured of success and uniform results.

That a firm like Boericke & Tafel, which has had unusual experience in the publication of strictly homœopathic works, should do the publishing. That these works should be sold to the physician by the Foundation at cost.

That every homœopathic physician should become a subscriber to and a supporter of the Foundation.

And, lastly, every homœopath needs reliable remedies. No one can get results out of cheap goods.

### CLINICAL CASES.

Dr. S. K. Basu, Mymensingh, India.

CASE I. Tara Kanto Kea, *at.* 30 years. Had an attack of retention of urine and stools. Gonorrhœa three years back. The old school experts used enema and rubber catheter No. 10 for one day. No stricture was found anywhere along the urethra. Examination per rectum revealed some retained scybala. So far they were successful. But on the next day the same thing happened. Again rubber catheter was tried but it failed. Then they gained renewed energy and passed silver catheter under chloroform, after which blood came out after every urging to urinate. This urging came very frequently. I was called in the evening. I tried *Cantharis* 30. Next morning he told me he has the sensation that the urine came and then went back. So *Prunus spinosa* 3 was tried. After second dose he felt intense pain, was crying and became extremely restless. I placed him then in a tub of hot water. In a few minutes I found the whole water turned red. I at once ran to my dispensary and gave him a dose of *Conium* 200. After five minutes he went to sleep and after an hour he passed a great quantity of pus, blood and urine. Since then he passed stools and urine normally.

CASE II. Nagendra Bha Hocharjee's son, *at.* eight years. Had the formation of hard tumor on the malar bone in the right side about the size of a pea. The allopaths wanted to remove it by operation, at which the father was frightened and placed the boy under my treatment.

I first began with *Thuja* 1000, one dose; after three weeks, I put him under *Hecla lava* 6 X Trit.; 3 grs. a dose; twice daily for a month. After this course the tumor was much reduced but

beyond a certain point it did not go. So I changed the medicine to *Calcaria carb.* 30 twice daily. After a fortnight the hard mass was no longer felt.

Nagen Babu wrote me a letter saying: "I find no words to express my gratitude to you for the miraculous treatment you made to my son."

CASE III. Sudhanya Shaha, *æt.* sixty-five years. Has diabetes mellitus for five years. Was in the habit of using opium in the morning for twenty years. Had suddenly profuse bleeding from spongy gums. The blood was bright red, clotted and sometimes dark. The blood was permanently stopped by *Opium* 30, after failure of *Hamamelis*, *Millefolium*, *Mercurius*, *Trillium pendulum*, *Cinnamon*, *Acid. nitric.*, *Phosphorus*, *Ferrum phos.*, *Alumina*, *Ferrum*, *Mur.* The italicized medicines temporarily stopped.

### THE CLINICAL APPROACH.\*

Guy Beckley Stearns, M. D.

If a patient be represented as occupying the center of a circle and the radii converging from all parts of the circumference represent the various approaches to a study of his case, such a circle forms a round table around which can sit in harmony healers of all schools and opinions.

There are two general directions of approach; one is from the diagnostic and the other from the therapeutic side. All useful therapeutic efforts embrace the homœopathic principles because they are directed toward the stimulation of curative reactions along the lines upon which the organism is automatically working. For the purposes of this paper we can speak of the approach from the diagnostic side as the clinical approach, and the approach from the therapeutic side as the homœopathic approach. Understanding "homœopathic" to mean not a sectarian method, but, as was originally intended, a basic therapeutic principle.

To one who understands the homœopathic principle and how to prescribe remedies in accord with it, it is amazing that there can be a group of physicians who know nothing about it and, what is worse, do not care to know about it. Yet it is a fact that the

\*Read before the Annual Meeting of the International Hahnemannian Association, New York, June, 1925.

physicians who approach only from the clinical angle are oblivious to the fact that there can be a science of therapeutics more difficult and comprehensive than the clinical science with which they are familiar. The most desirable thing that can happen in medicine is that these two types of physicians get together, for they are both in possession of invaluable knowledge. People who think the same language are not apt to have any great differences of opinion. The problem is to get them to think in the same language. There are two major inhibitions that prevent mutual understanding: one is the exaggerated ego; and the other is the inferiority complex. If a few of the leaders in medicine on both sides who are free from these two inhibitions could gather around this round table and change places occasionally, it would not be a great while before the differences between them would be cleared away.

The clinician's approach is based on the concept that a patient's illness must be understood from the angle of cause with all contributing factors, the organs and tissues affected and the nature of the effect, including all pathological changes; that is, there must be a thoroughly established diagnosis. His therapeutic efforts are largely based on this diagnosis and are directed along the lines that lead to it. These include the removal of the cause, a rational hygiene, and the discovery and use of some specific related to the causative agent. To this is added various palliative measures, such as stimulants, tonics, anodynes, etc. Since there are but few so-called specifics, none of which are perfect, and since no physician believes that palliatives are curative, the clinical approach leads to drug nihilism. The homœopathician's approach is based on the concept that a patient's illness must be understood from the angle of what his organism is trying to do to combat the illness. This leads to the observation of the individual peculiarities in contradistinction to the diagnostic symptoms and is unique, inasmuch as it does not necessarily comprehend the factor, which is the clinician's sole basis of treatment, namely, diagnosis. Not that diagnosis is not essential, but it is secondary, for remedy indications are found, not in the diagnosis but in the totality of the symptoms. The clinician's effort is based on the mechanism of disease; the homœopathist's, on the natural reaction of the organism. The homœopathic concept leads to the understanding of drugs and, because of uniform curative results, to

confidence in their use. The clinician embodies the science of medicine. The homœopathician embodies the science of therapeutics.

Although, because homœopathic prescriptions are made mostly on other evidence than the diagnostic, many of the best homœopathic prescribers gradually neglect the diagnostic side of medicine, yet the comprehending of all that pertains to diagnosis is part of the homœopathic concept. Thus, in the matter of diagnosis the two sides have a common approach. After the diagnosis is made, the clinician clings to his diagnostic evidence for his therapeutic guide, while the homœopathician seeks the therapeutic approach from another part of the circle. The homœopathician, therefore, understands the clinician's approach much better than the clinician understands the homœopathician's approach. Each side can learn from the other. But as one side has a language unfamiliar to the other, they must, in order to get together, use whatever common approach they have.

At a recent symposium, composed of both homœopathists and old school physicians, a patient was presented of a highly-strung, nervous type, having, amongst other conditions, acnea rosacea. She suffered from backache, always felt the approach of a storm, craved salt, was debilitated and had a headache if she missed a meal. One of the old school physicians suggested phosphorus from the clinical aspect alone. One of the homœopathists, who was demonstrating homœopathic prescribing by symptomatic analysis, arrived at the same remedy. A single dose of the zooth caused marked and continued improvement. It was illuminating to both parties to find that they could exchange approaches and arrive at the same prescription. Of course, the two groups of physicians had entirely different ideas as to the action of the remedy, as well as of the dosage. The discussion of these two points was of mutual interest and benefit. It is a problem how to utilize this common approach for the benefit of the medical profession in general. One method is by the study of acute diseases. It has been said that any remedy may be indicated in any case. This is true, of course, for chronic diseases and it may be true, although not probably so, for acute conditions. For example, most cases of pneumonia require remedies from a comparatively circumscribed group. This group is composed largely of remedies which cause the pathology of pneumonia. By knowing the natural his-

tory and pathology of the acute diseases and by knowing a few drugs that cause a similar onset and a similar method of development of symptoms, together, if possible, with the pathology, one has a good working foundation for quick prescribing in acute and emergent cases. Thus far the clinical approach serves for the homœopathic prescription. While on this common ground, the two sides think in the same language.

This clinical understanding also leads to prophylactic prescribing. There is no doubt about antibody formation induced by drugs.

The drug that most closely simulates the disease in all its clinical aspects is more likely to be a prophylactic than one less similar.

Of course during an epidemic the "*genus epidemicus*" is the best prophylactic.

Frequently a case can be cut short by a remedy before the symptoms have revealed the characteristics, if the remedy covers well the developing pathology.

Both the homœopathician and the clinician recognize the need of increasing the patient's reaction against the disease. The difference between them is in the principle that shall be utilized for stimulating physiological activity. The clinician's concept being mechanistic, leads to a direct method of stimulation; that is, to direct action. This concept, through the natural course of medical progress, is gradually changing toward the indirect method of homœopathy. The important problem in medicine is the improvement of therapeutic methods, and this will take place through the dissemination of the homœopathic application of remedies. This must come from those who understand the method and who are purists in its use. In my own twenty-five years of experience I have never known any but a purist to make a convert. The first step is to demonstrate the cure of a supposedly incurable case where the diagnosis has been properly authenticated. Anyone's attention is arrested by an unexpected or unexplained fact. Once interest is aroused, the next question is, "How is the cure brought about?" If the homœopathist thoroughly understands his own approach as well as the approach of the clinician, opportunities constantly occur for disseminating the homœopathic method of prescribing.

## CLINICAL CASES.\*

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

For many years Mrs. H. was a great sufferer from neuralgic pains, especially about the head, < BEFORE A STORM, particularly BEFORE A WINDSTORM, or a SUDDEN COLD CHANGE IN THE WEATHER, in fact her sensitiveness to cold was so intense that she dreaded to have anyone walk past her because of the slight draft produced, and she was accustomed to wear a silk scarf over her head for protection. The pains during the acute attacks were of a screwing character, "screwing up tight," then a sudden letting go. Sensation of a cake of ice on the vertex was a very constant symptom. There was also very marked < BEFORE A THUNDER STORM, she became aware of the approach of a storm long before the clouds had gathered. Her sleep was disturbed by enormous accumulations of gas, so that it was impossible for her to lie down for hours on going to bed on account of the oppression, eructations were loud and afforded only temporary relief. A number of remedies were of great benefit, *Psorinum*, *Medorrhinum*, *Hepar*, *Rhododendron*, *Phosphorus* seemed almost to bring about a cure, and then after months of freedom from discomfort, the same old symptoms presented. *Asaf.* acted like magic in the sleeplessness attended with distension and loud eructations, but had to be frequently repeated as the result was only temporary. But the time came when the old remedies did not have the usual effect, and from others, carefully selected, I could not get satisfactory results. The neuralgic pains were persistent and wearing, Mrs. H. was losing her vigor and reaction, "she was not coming up." In addition her heart was misbehaving, there were terrifying constrictive chest pains, palpitation, consciousness of a heart, and pain and numbness down the left arm. *Cactus* relieved but did not cure, and as her mother had died of angina pectoris, I was becoming very anxious. Her teeth had been X-rayed six years before, at which time her dentist had reported "no trouble." As she had twenty-three pivot teeth, I was suspicious of focal infection so at this time another X-ray was taken which showed all the roots

\*Read before the annual convention of the International Hahnemannian Association, New York City, June, 1925.

affected. This picture was now compared with the previous one which showed an identical involvement, but her dentist did not believe in focal infection, hence the report of "no trouble" six years before. The process of extraction was a serious one, at first it was only two or three at a sitting. A bad antrum abscess was discovered, after that was drained the pains in her head cleared. This abscess was not suspected, as it was absolutely free of local symptoms. An acute arthritis developed in her right hand as a result of a strain. An X-ray showed marked involvement of the terminal phalanges and diminution of bone cells. *Calc-carb.*, which was the apparent similitum, did not relieve until all the teeth were extracted. The improvement was now spectacular. The neuralgias and heart symptoms have not recurred, she sleeps well and is free from digestive disturbances, and her general health is better than it has been in years.

Mrs. B. had recurrent vertigo when first lying down, when turning head quickly, when rising from lying. Various remedies had relieved but only temporarily. This continued over a period of years until a lower molar tooth stirred up local trouble and was extracted. There has been no vertigo since—a period of four years.

Mrs. Y. was subject to recurrent iritis, her vision having been despaired of by a noted specialist, was brought practically up to normal by *Psorinum*. During acute attacks, which occurred under stress of pregnancy, from fatigue or from cold. *Rhus tox*, *Hepar* and *Psor.* were of benefit. An upper bicuspid tooth which showed slight involvement in the X-ray picture, was extracted. There has been no iritis since—a period of three years.

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APIS MELLIFICA CURED A CASE OF VIRULENT  
DYSENTERY.

Kunja Behari Mukerjee, Howrah, Calcutta, India.

A man X, aged 65 (sixty-five) years had complaints for a long time of indefinite digestive troubles. This patient was not always constipated but suffered much from diarrhoea and sometimes with mild type of dysentery; unfortunately he was attacked with a severe type of dysentery at last.



*Symptoms:* Thin, brownish, bloody mucus (frequent and little). *Before stool:* Cutting pain about the umbilicus, backache, constant urging but often ineffectual. *During stool:* Violent tenesmus. *After stool:* Cessation of the pains and tenesmus but sensation as if more stool would pass. *Nux vom./200* one dose before bedtime and S. L. Pil., B. I. D. for three days but not much improvement.

Besides, the patient complained much of colic, before and during passing stool, griping and pinching about the umbilicus and indescribable sick feeling in the stomach, bloody fermented frothy stool, green, jelly-like mucus. *Ipec. 6, 30* two doses each for two days. No changes occurred with these remedies and the disease manifested itself with the symptoms of a very bad type.

Cutting, excruciating, doubling-up pains, worse at night, scanty and frequent bloody stool. *Before stool:* Violent and frequent urging; *During stool:* Violent tenesmus and nausea; *After stool:* Violent tenesmus and continued urging, never-get-done feeling, prolapsus Recti, urine scanty and turbid. So, seeing the symptoms *Merc. Sol.* was given of the 30th potency, twice daily for two days, but without any benefit. *Merc. Cor./3X* was also tried as mucus with profuse blood also dribbling, and cutting pain while urinating, but there was no effect.

Patient became prostrated and also restless which made his family very anxious and they changed their minds to try allopathic treatment—so they did—and six Emetin injections were given within a week, but instead of any improvement, the disease was aggravated in an extreme degree and the sufferings were so violent that at last the patient himself became depressed and hopeless about his life and made up his mind to be treated homœopathically again by some eminent practitioner, who, after thoroughly examining him and seeing the condition and character of the stool (bloody, reddish mucus stool like scrapings of the intestines) gave him a few doses of *Cantharis/30* but without any marked improvement.

The patient now became gradually very weak, aphthae developed in the mouth, bloody skinny stools coming out all at once with prolonged effort and relief after stool, he gave a few doses of *Gambogia/30* but without effect. On the other hand hiccough commenced violently and everyone thought that he would die very soon. However, *Hyos/30*, and *Carb. Veg. 30, 200* were given

but to no effect. At last *Acid. Sulph.* was prescribed by some other physician which was given of the 30th potency. After two doses the hiccough stopped altogether and the patient was a little bit better.

He was then sent for a change to some village but, unfortunately, was attacked with fever and dysenteric stools. He was again treated allopathically and gradually fell into a hopeless condition and the fear of death occupied his mind. For want of a good homœopathic physician, he was brought back to Sibpur (Calcutta) and called me. I examined him thoroughly and prescribed *Sulph./1000* one dose and S. L. Pil., B. I. D. for a fortnight, after which he was without fever, stool was of a light green color tinged with blood with a very offensive smell, night aggravation, thirstless condition, tongue coated white, hankering for fresh air. I now gave him *Puls./3X* T. I. D. for two days, but there was no good result, so I gave *Puls./1000* one dose and S. L. Pil., T. I. D. for a few days, which stopped his night aggravation; the color of the stool changed to yellow, frothy (first watery and mucus), then bilious bloody, worse after eating and drinking; squeezing and cutting pain in the abdomen, better lying on the abdomen and by hard pressure. So I was bound to prescribe *Coloc./30* B. I. D. for two days with no such satisfactory result as indicated by the characteristic and prominent symptoms. However, I gave S. L. Pil., Q. 24 hours for three or four days, after which I saw his stools were bloodless but greenish again, with slimy mucus containing flakes of pus offensive and watery, with glossy tongue, thirstless, ankles of both legs and palms of both hands and forearms swollen. I gave him *Apis/2X* twice daily—morning and evening—for two days and to my astonishment his stool was thoroughly changed to a yellow, semi-liquid and bloodless condition and he was in a very comfortable state, had a good sleep, appetite returned. S. L. Pil., T. I. D. continued for a few days; he now passed a healthy stool and was completely cured.

I gave him a dose of *China/200* for his prolonged weakness and anaemia and he was perfectly cured of his chronic dysentery.

**DEPARTMENT OF HOMŒOPATHIC PHILOSOPHY.**

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

**EPIDEMICS, ENVIRONMENT AND MALIGNANCY.**

Recently I had two interesting and rather unusual experiences, which I may be permitted to relate as the basis of a few concurrent remarks upon "modern scientific medicine" and its tendencies. They occurred in the line of my regular work, but in a department of practice which I do not invade as often as I did before the automobile became the almost universal means of locomotion; namely, in veterinary medicine.

Now, I am not and have never pretended to be a veterinarian. But I love animals and birds and always have them around me as pets. I take great joy in them. Since boyhood and up to 1912 I always owned, rode or drove horses. To this day, if walking, I seldom can pass a horse standing at the curb without going over and having a little confab with him. It warms my heart to see his almost invariable response to my cheery "Hello Boy"; to rub his nose and tickle his chin and then have him nuzzle me and pretend to bite my hand—but only with his lips; to *talk* to him, for he vibrates to the tones of the human voice. I have rarely failed to win these little signs of friendliness and appreciation of a caress from even those horses who, at first, lay back their ears and look forbidding. They always sense my love for them and respond in kind, after the first few moments of surprise, irritability or doubt, engendered by neglect, or the rough treatment they generally receive from their cold-blooded owners.

Always, when my own animals—horses, dogs, cats, canary birds, "love-birds," and even, once, a white rat (whom the children judiciously named "Mr. Davie" so the cat would not know whom they were speaking to)—have been sick, I have treated them with homœopathic medicines. Not infrequently I have prescribed for the pets of my friends or patients when they were sick. Some

of the most remarkable cures I have ever made have been for these "little brothers of the rich." (Anybody is "rich" who has the qualities that make animals love him.) I could tell some good stories about the treatment and cure by homœopathic medication of animals; but this will suffice to introduce the first of my recent experiences.

During the past month (January) an epidemic of "distemper" and meningitis in animals broke out suddenly in various parts of the country, including New York City. The malady spread rapidly through the stables or kennels, until all or the greater part of the animals were affected. Few escaped some degree of the affection, even under the strictest régime of prophylaxis. All were seriously ill and many fine animals died, even in the most modern establishments with every resource and appliance of modern science at hand and applied by experts. All the resources of the Government departments and laboratories, as well as the research departments and specialists of the great Universities such as Harvard and Cornell, which deal with such conditions, have been called upon for aid.

All the serums and vaccines developed by these agencies have been used, and all to little or no avail. The epidemic sweeps on, taking its deadly toll, until it comes to an end spontaneously. There are those, candid and open-minded observers, who not only admit that the serums are a failure, but declare that in some instances they actually hastened the death or killed the animals to whom they were administered. Two owners who talked with me told of seeing some of their animals (foxes, in these instances) die within an hour or two after inoculation—animals which did not even appear to be sick but received the inoculation for immunization purposes.

The epidemic broke out in Brooklyn in the largest and finest riding and driving club in the city (of which I am a member). In spite of rigid quarantine and the use of serums, it spread rapidly. At least three (full knowledge is suppressed) prize winners, very famous and valuable animals, are known to have died. Others were seriously ill for many days or weeks before they recovered.

Among the horses in the club was one owned and ridden by my daughter. He was one of the last to succumb to the infection. We had thought he would escape. But the superintendent called me up one morning and informed me that the expected (by him)

had occurred. After having been ridden in the ring for about twenty minutes in the early morning and taken back to his stall, he refused food and drink, and laid down. His temperature was stated to be 104, and I was advised to act quickly and decide what was to be done. The superintendent was considerably disturbed because, by my advice, my daughter had refused to have immunizing injections done, thus subjecting herself (and me) to criticism by the veterinaries, members and officials of the club.

I went myself at once to take the case in hand and demonstrate the reliability and superiority of homœopathic treatment. I examined the horse at 10 A. M. As he was led from his stall I noticed that he was weak, jerky and unsteady in his movements. His eyes were staring, with widely dilated pupils; conjunctivæ and nasal mucous membranes were deeply reddened; a scanty, thin discharge bathed his nostrils; his breath was hot; he frequently shook or tossed his head as if in pain; and was easily startled by any movement near his head.

These symptoms, denoting cerebral congestion and beginning meningitis clearly called for Belladonna. I therefore prepared and administered by the mouth one dose of Bell. 30/ about 10 A. M., left one powder of the same to be given at 4 P. M., if the temperature had not fallen, and ordered him back to his stall.

The superintendent kept a straight face, but several grooms standing around looked at each other significantly, some with incredulous smiles, for the horse and his owner had been the subject of general discussion.

At 4 P. M., six hours after the dose was given, the superintendent called me up and excitedly told me that he had just taken the horse's temperature and *found it normal!*

"It is the most amazing thing I have ever seen—a temperature drop and result like that," he said. "If I hadn't taken the temperature myself, I wouldn't have believed it."

Veterinarians here have been heard to say that if they got the temperature in these cases down to normal in *two weeks* they considered that they were doing well. And as to immunizing injections, it is commonly said that it takes from two to three months for horses to recover from their effects.

What a beautiful system it is that practically disables a horse for three months for the sake of "immunizing" him against a disease which he may not get! And who knows just what is happen-

ing in that horse's system while it is going on, or how much his vitality is impaired, his organs damaged, and his life shortened?

The cure of my daughter's horse was complete. The next day he was perfectly well and strong, and has remained so.

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The second experience during the same period was a new one for me. The proprietor of several Black Fox Farms in the northern part of the State, for whom personally I had prescribed about a year ago, and who had been impressed by my method of analyzing and studying a difficult case (as well as by the results) called me up from his New York office one day and asked me, first, if I was interested in animals; and then, whether he might come to my office and talk over with me an epidemic which had broken out suddenly at two of his ranches and carried off several of his finest animals.

The epidemic was in full swing, he said, and nothing they had been able to do had been of the least benefit. The foxes were dying rapidly and he was in despair. I assured him that I was very much interested and should be glad to talk with him. He came at once, bringing with him memoranda of observations he and his helpers and veterinarians had made, and reports and letters from the heads of several laboratories to which bodies of dead animals had been sent for examination, diagnosis and suggestions as to treatment.

I spent two hours going over his data, questioning him on points that were not clear, making notes of laboratory findings, and writing out all available symptoms. Then I dismissed him with the promise that I would spend the evening in collating the facts and deciding upon the treatment, and telephone him the next morning.

It was one of the hardest evening's work I have done for a long time. The greatest difficulty was in the paucity and indefiniteness of symptoms upon which to base a prescription.

This arose, first, from the peculiar character of the animals themselves. The fox is a highly nervous, sensitive, timid animal. He is intelligent, resourceful, sly, furtive and secretive. He has great endurance and will keep on his feet when in danger until he drops from complete exhaustion. He is always alert, watchful, always fearful of danger. Consequently, when he is sick, sensing a peculiar danger, he will try to hide every evidence of it and

keep going. He is, therefore, very difficult to observe. Apparently well, he will sometimes suddenly curl up and die; but he will really have been ill for several days, hiding it from ordinary observation.

Secondly, the men who are engaged in the business of raising black foxes for their valuable pelts are not trained in the observation of symptoms. They are ultra modern in their training and methods of dealing with their animals, and modern veterinary science has little use for the symptoms of animals. Consequently little attention is paid to them. The business is new and has been "scientifically" developed. Nevertheless, it is full of difficulties, which breeders strive to overcome by closely following the instructions of "experts," governmental and institutional. This works out fairly well so far as the general breeding, care and management of the animals are concerned. But when it comes to observing and treating their diseases it is quite a different matter. "Like master, like man." Modern veterinarians, like their brethren in human medicine, are obsessed by the spirit of bacteriology. They have eyes and ears for little or nothing but the micro-organism which is assumed to be the cause of the disease under consideration. Symptoms, representing the functional changes in the perverted vital process which we call disease, have little or no meaning or importance for them, except as general warning signals that something is wrong. Thereupon, they head for the laboratory, post-haste.

Treatment is not based upon symptoms, nor even upon ordinary pathological diagnosis, but upon laboratory findings in research directed principally toward the discovery and isolation of the presumably specific micro-organism. Even though the ultimate diagnosis is based upon the gross pathological lesions incidentally found by autopsy, these play little or no part in determining the treatment of the living animals, as they once did. All the emphasis is laid upon bacteriology, and treatment consists mainly in the use of the various serums, vaccines and bactevis which have been elaborated.

As a matter of fact, (and this is a singular and suggestive fact) the foxes in this epidemic were found to have been affected by several different diseases. The reports show that besides the ordinary catarrhal "distemper," foxes which died presented variously the lesions of pneumonia, peritonitis, laryngitis, enteritis and gastritis (with ulceration), hepatitis, meningitis, and an indetermi-

nate disorder, characterized by the presence of colon bacilli, called by some "typhoid." The spleen was congested or inflamed in many cases. In some cases the liver was found to be so friable that it would fall apart when the attempt was made to lift it.

The coexistence of so many grave pathological lesions, all occurring at the same time, springing suddenly into existence as an epidemic of such seeming malignancy suggests, of course, the existence of a common cause, which *might* (also of course), be a germ. The idea is intriguing, but elusive. No new or unknown micro-organism or toxin has been found, or identified as present in all cases. Several investigators thought they had found such, but failed to prove it. Each of the serums derived from known specific organisms has seemed to benefit some individuals, but not all; and several of the more candid of the specialists have admitted that they were stumped.

And still the search goes on; for undoubtedly there is a common cause; or should we say, a *common factor or element*. Here, possibly, is a new idea. Let me try to work it out, but only suggestively. The subject is too large and too complicated for anything more than that here.

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May not all these suddenly appearing epidemics be brought about by the operation of certain unusual environmental agencies or conditions, which, by lowering or destroying natural immunity or general resistance, render the subjects vulnerable to any or every specific organism which comes along? (Several foxes presented the lesions of two or more pathological entities.) In the crisis one yields to the pneumococcus, another to the colon bacillus, and so on. But all succumb in a mysterious way, and many die from what is regarded as the virulence or "malignancy" of the infecting organism, whatever it may be.

Does anyone know what virulence or malignancy really is?

May not that which has been regarded as a positive entity be merely at least, in part, a negative condition or state?

May not that in a disease or epidemic which seems so malignant be merely *the absence or loss of the power of the victims to react or resist*—the pre-existence of a *strong tendency to dissolution* in an organism which has become weakened and impaired by abuse of one kind or another, knowingly or unknowingly?

If this be true, it is time we should know it and institute research along entirely different lines. It is time to again call attention to and emphasize a phase of the subject that has been persistently ignored by the bacteriologists, with tragical consequences to the people.

Certainly, bacteriological research in the field of therapeutics, as now conducted, is getting us nowhere but deeper and deeper into mystery, confusion and trouble. If it were demonstrated that the micro-organisms which are regarded as the sole or efficient causes of disease are merely accidental, incidental or conditional factors in its production, more attention would be paid to the preceding constitutional and systemic states of the victims and their causes, and a broader view taken of the whole subject. Emphasis would be transferred from the "*germ*" to the *patient* and his environment, which would be wholly in accord with the scientific principle of "conditional action."

The dean of Cornell University Medical College has recently said that "any case of disease which recovers under serum treatment would have got well anyhow." The leading pathologist of the United States, Professor James Ewing, has repeatedly called it in question and criticized it. Professor Ewing says:

"There are limitations to the significance of the purely bacteriological knowledge of disease. The old morphologists believed that bacteriology could never give a complete explanation of disease, a view which receives increasing support in modern times. Modern bacteriology is getting away from the study of bacteria themselves, and turning more and more to the questions of predisposing and contributing causes of disease. In other words, it is reverting to the field of general pathology . . . ."

"The acute interest in immunology is not quite so intense as it was five years ago. When bacteriology takes refuge in almost invisible filterable viruses, it comes to a dead standstill, as in influenza and poliomyelitis. . . ."

"Much more can be accomplished by careful study of the clinical conditions under which disease develops."

Reviewing the symptoms of the cases which I have studied, and taking into consideration the character of the lesions discovered by the pathologists, one word seems to me to characterize all the phenomena presented—*septic*, or *septicemic*.

But what is sepsis but a depraved, devitalized, negative, non-resistant state of the organism, plus the presence of an infecting agent?

The "violence" of the inflammation of the various organs affected in different individuals; the "fulminating" character of the invasion, obscuring most of the early usual signs; the rapid invasion, in some cases, of a series of organs in the same animal; the destructiveness of the process and the rapid disintegration of tissues may all—*do all*—represent, not the inherent lethal character of a micro-organism so much as the inability of the individual, by reason of prior debilitation, to resist its invasion or the invasion of any pathogenic agent.

Such a state might have a gradual development from prolonged depressing influences, or it might arise from some sudden shock, as from fright, or fear, or great excitement. (Both the epidemics of which I am speaking followed by three weeks the annual public exhibitions, with all their attendant excitement and strain of training, preparation, travel, noise, bright lights, crowds, etc., profoundly disturbing and depressing to animals.)

Something akin to these conditions precedes the development of all human epidemics—cholera, influenza, typhus, typhoid, small-pox, bubonic plague, malaria, yellow fever, diphtheria, these diseases have certain general characteristics in common. A powerful psychological factor is always present in excitement and *fear*. All are adynamic; all tend to become malignant; all are destructive or disorganizing; all are infectious; all involve, to a greater or lesser degree, every vital organ and tissue of the body through the blood stream; *all are essentially septic*.

Epidemics, like sporadic diseases, do not attack all individuals, nor affect all individuals alike. They attack only those who are morbidly susceptible to infection by reason of some peculiarity or defect of function, structure or environment, natural or acquired, which lowers their resistance and increases the tendency to organic dissolution. Measurable morphological differences of organic development in individuals play an important part in epidemics as well as in sporadic cases.

During the past century, but more especially during the last half century, science has succeeded in limiting, suppressing or

greatly modifying most of the acute infectious diseases, some of which tend to become epidemic. This has been done in part by applying certain theories, based upon the knowledge gained by the study of bacteriology, and in part—really the larger part—by a better knowledge of the principles of rational sanitation which is an engineering problem, not necessarily dependent solely upon bacteriology.

In its legitimate field of environmental prevention, or prophylaxis by mechanical and chemical means, sanitary science is deeply indebted to bacteriology for its knowledge of where to seek and how to destroy many hidden enemies. But after sanitary science wedded itself to bacterial therapeutics, with its blood-polluting vaccine virus, animal serums, antitoxins and vaccines, she began to bring forth a mongrel brood of hideous mien for those who have eyes to see through the masks they wear.

The acute, infectious and epidemic diseases are vaingloriously said to have been "conquered." But do we not still have so-called "epidemics" and innumerable individual cases of acute disease? Did we not have the terrible pandemic of influenza which raged a few years ago, causing in one year approximately as many deaths as occurred during the same period of the World War? Before that visitation even the most enthusiastic believers in "modern medicine" confessed themselves helpless and ashamed? And have we not had annual recurrences of influenza somewhat milder in form, ever since?

Granting that acute diseases may be somewhat less prevalent, have we not in their place an alarming increase in the great *chronic diseases*—cancer, tuberculosis, (this latter now being suppressed, modified and gradually changed into other forms of chronic disease) and other chronic degenerative diseases?

Are not many strange, anomalous, baffling, mysterious phases and forms of well-known diseases constantly appearing?

Careful observers have noticed and commented upon these facts without being able satisfactorily to explain and account for them.

May it not be that, in the long run, "the treatment is worse than the disease"?

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Acute diseases in primitive human beings and animals living in a state of nature are comparatively simple, definite, clear-cut and typical. True chronic diseases, as we know them, do not exist

among them. But with the advance of civilization and the development *pari passu* of drug and bacteriological immunization and treatment diseases become more and more complex, indefinite and atypical. Not only do the acute diseases tend more and more to become chronic, but more or less definite new forms of chronic disease appear. Cancer, for example, is almost unknown among primitive peoples. Wild animals have almost no diseases, acute or chronic. It is only in domestication or captivity that animals become victims of disease, and then not because of any inherent organic defect, but because they are *poisoned*—by unnatural food and drink and the body-poisons produced thereby; by poisons introduced under the guise of medicines (drugs); by serums, so-called "antitoxins" and vaccines; by psychological pathogenic agencies.

It is the same with man. Artificial conditions of living, and medical treatment *unguided by the Law of Cure* are largely responsible not only for epidemics and "malignancy," but for the great majority of all the diseases which afflict alike us human beings and our animal friends.

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## EDITORIAL NOTES AND COMMENTS.

**Natrum Muriaticum and Nightmares.**—Miss S., age eighteen years, presented the following symptoms: History of enteritis during first year of infancy; later had all the eruptive diseases except scarlet-fever. At twelve years both tonsils were removed. First menses at fourteen years with uneventful establishment. Menses every twenty-eight days, copious for four days, last six days in all. Sadness before the menses and spells of weeping; feels better after onset of flow. Appetite is fickle, is very fond of pickles, but has no other marked cravings. Bowels constipated unless some mineral oil preparation is taken. Late in falling asleep, legs jerk; talks and cries during sleep and wakes terrified; frequent nightmares. Skin cold and clammy; sensitive to cold in general; no abnormal sweats; as an infant perspired freely on the head.

Sept. 8, 1925. *Natrum mur.* 30; q. 24 hours, 10 doses.

Oct. 13—A cough demanded *Sanguinaria* 30.

Oct. 20—No mental depression before the last menstrual period, but nightmares have been more frequent of late.

*Natrum mur.* 1000; q. 24 hrs., 10 doses.

Nov. 5—General state is >; appetite >. Nightmares still occur, though less frequently. S. l. q. 24 hrs.

Nov. 18—*Natrum mur.* 10 m. sk.; s. l. q. 24 hrs.

Dec. 7—Has had but two nightmares. *Natrum mur.* 50 m. sk., s. l. q. 24 hrs.

Jan. 15, 1926—General health good; appetite >. Nightmares less severe. Mental depression >. *Natrum mur.* cm. sk.; s. l. q. 24 hrs.

Feb. 10—Has had but one nightmare; general health is decidedly >. Appetite good and she is gaining in weight. Mental state normal. S. l. q. 24 hrs.

In Jahr's *Symptomen Codex* we find under *Natrum mur.* sleep symptoms "Frightful dreams of murder, fire." "He rises at night from anxious dreams, and walks about the room." "Talking while asleep and restless night." "Moaning while asleep." The *Chronic Diseases* of Hahnemann, present the same symptoms, so also does Allen's *Encyclopaedia of Pure Materia Medica*.

As a possible causative factor in the case presented, is the fact, that the girl's mother divorced her first husband, the father of the girl and then married a second time. The circumstance appeared to affect the child deeply and aroused in her an attitude of partially suppressed resentment toward her mother. Psychic shock may often require *Ignatia* in the beginning, followed by *Natrum mur.* later on.

**Stramonium in Chorea.**—J. B., age 9 years, presented the following:

Strong and healthy as a baby; about sixteen months ago his tonsils were removed on account of enlargement; previous to their removal he had suffered from occasional sore throat attacks, but with the exception of measles and an attack of influenza his past history is negative. About six months ago choreic jerking began, but diminished somewhat during the summer, only to increase again in the fall. His parents were obliged to take him out of school. His appetite is good, he sleeps well and his bowel action is normal; of late his speech has been difficult and he has sudden irregular jerking motions of the limbs; the right arm frequently seems to hang perfectly flaccid. The head jerks at times, but the facial muscles are not involved. Examination discloses a mitral regurgitant murmur. After the examination his mother stated, that shortly after the tonsillectomy he fell from a second-story window, but picked himself up apparently unharmed and none the worse for his adventure. Is hurried in his movements, wants to do things quickly.

October 27, 1925—*Stramonium* 1000; s. l. q. 24 hrs.

Nov. 5—Slight >. *Stramonium* 48 m. F.; s. l. q. 24 hrs.

Nov. 24—General >; is inclined to be hurried in his movements and wants to do things in a hurry.



Dec. 16—Rarely has any choreic twitchings. Speech is no longer difficult. *Stramonium* cm. F., s. l. q. 24 hrs.

Feb. 9, 1926. No signs of chorea and general condition is normal. *Stramonium* cm. F.; s. l. q. 24 hrs.

The mitral murmur was no doubt the result of an undetected endocarditis, itself the result of tonsil infection, let loose, possibly after the extirpation of the tonsils. This we have no means of knowing, as we did not see the patient until sixteen months after the operation. The irregular, convulsive motions and the symptom of *hurry*, led to the selection of *Stramonium*.

**Pain in the Head from Drafts of Cold Air.**—Under this rubric, we find in Kent's Repertory the following remedies, omitting those of the lowest rank: *Acon.*, *Bell.*, *Calc. c.*, *China*, *Hepar*, *Merc. sol.*, *Nux vom.*, *Sanicula aqua.*, *Selen.*, *SILICEA*, and *Sulphur*.

Of these we find that *Acon.*, *Calc. c.*, *China*, *NUX VOM.*, *Silicea* and *Sulphur* affect the occiput more particularly.

Under aggravation from drafts of air, in general, without special reference to the head, the prominent remedies are: *BELL.*, *CALC. C.*, *CALC. PHOS.*, *Caps.*, *Caust.*, *Cham.*, *China*, *Cistus*, *Hepar*, *Ignatia*, *Kali c.*, *Lach.*, *Lyc.*, *Merc. sol.*, *Nit. ac.*, *Nux mos.*, *Nux vom.*, *Phos.*, *RHUS TOX.*, *Selen.*, *SILICEA*, *SULPHUR* and *Zinc*.

Many people are extremely sensitive to drafts of cold air upon the back of the head and neck. In one such case, automobiling invariably caused severe neuralgic pains in the occiput, extending over the vertex. *Silicea* greatly relieved these attacks for a long time, but finally failed to help; we then found the following symptom complex: Pain in occiput and nape of neck, excited by a draft of cold air and worse from any alcoholic liquor, or after coition. *Sneezing will invariably relieve the pain.* This curious modality is possessed by three remedies only, viz.: *Calc. c.*, *Lil. tig.* and *Muriatic acid*. Of the three, *Calcarea* was obviously the remedy and has relieved this patient greatly. Incidentally, *Calcarea* follows *Silicea* well.

**Can It Be Done?**—A middle-aged man of robust health, but sedentary occupation, had been in the habit of taking small doses of bicarbonate of soda for his stomach's sake. On a recent occasion he inadvertently took washing soda by mistake; this was followed by some epigastric burning and distress and later by hic-

cough, which persisted in spite of cathartics and other measures resorted to by his O. S. adviser. After two days of this persistent singultus, he was unceremoniously dragged in to see us by *materfamilias*, who had some years previously benefited greatly by homœopathy. This is what presented: Almost constant hiccough, for two days past. Abuse of cathartics, including castor oil. Frequent inclination for stool, irritable state of the rectum (not surprising). Hiccough wakes him at 3 A. M., or at least, is worse at this hour.

We gave him a few powders of *Nux vomica* 30th, with instructions to take one every two hours. After the second powder the hiccough stopped and did not return. *Die milde Macht ist gross!* as Hahnemann said.

**Homœopathic Remedies in Auditory Vertigo or Ménière's Disease.**—This condition is supposedly due to a disturbance in the semi-circular canals of the ears, though other causes are given. Tinnitus, partial deafness and sudden vertigo are the characteristic, diagnostic symptoms. The victim is apt to grasp some nearby object for support and may fall to the floor. Strümpell in his *Text Book of Medicine* gives a brief, interesting account of the condition and under TREATMENT states:

"Treatment may be divided into (1) special otological treatment of the underlying aural disease; (2) general treatment, viz., rest, high altitude, baths, electro-therapeutics, etc. If there is a suspicion of syphilis, iodids and mercury should be administered; (3) symptomatic treatment—bromids, *nux vomica*, antipyrin, etc. Charcot claimed that the continuous use of quinin produced an improvement, at least in many cases, and that occasionally a complete cure resulted. We prescribe 5 to 10 grains of quinin, divided in two or three doses, and give this remedy for several weeks at least. Personally, I must indeed confess that my results with quinin have not been very satisfactory in those appropriate cases in which it was tried. Occasionally continued galvanic treatment (anode to the ear, cathode to the nape of the neck) appeared to us to be of decided benefit. In grave cases lumbar puncture is said sometimes to produce good results."

Has homœopathy anything to offer in this disease? Stauffer mentions *Chininum sulph.*; *Salicylic acid*; *Tabacum*; *Benzoic acid*; *Causticum*; *Aurum muriaticum natronatum*; *Cocculus*; *Silicea*;

*Arnica; Theridion; Petroleum; Bryonia; Spigelia; Duboisin; Nitric acid; Baryta carbonica; Graphites; Carbon sulph. and Sulphur.* He also mentions several of the anti-syphilitic remedies as well. Surely a goodly and possibly useful number of weapons. However, we must be careful of making promises in this disease, as it is frequently beyond our powers.

Farrington, in his *Clinical Materia Medica*, mentions that he once cured a case with *Causticum*, for which remedy he gives these indications: Buzzing and roaring in the ears, sounds reëcho unpleasantly in the ears. To which may be added, reverberations of the patient's own voice. General symptoms of *Causticum* would confirm the choice.

Under *Salicylic acid* we find: Diminished hearing; roaring in the ears; *roaring in the ears with difficult hearing.* Vertigo.

*Chininum sulphuricum* gives us: Vertigo; WHIRLING IN THE HEAD LIKE A MILLWHEEL. Deafness of both ears on account of loud ringing in them; hearing lost; RINGING IN THE EARS ESPECIALLY IN THE LEFT; *seldom in the right.* Constant ringing in the ears. Roaring in the ears.

*Cinchona officinalis* itself, has practically the same symptoms, possibly not quite so pronounced.

Vertigo is of course, a prominent symptom of *Tabacum*, which likewise causes roaring in the ears and dulness of hearing, as well as hyperaesthesia to noises. Nausea and sinking at the stomach, would be corroborative symptoms and the presence of cold perspiration would be conclusive.

*Carboneum sulphuratum*, carbon disulphide, bisulphide of carbon, also known as Alcohol Sulphuris Lampadii, presents these suggestive symptoms: *Confusion of the head; vertigo; deafness; ringing before the ears.* Buzzing and singing. Symptoms are ameliorated in the open air and by cold.

*Duboisin* gives us vertigo and ringing in the ears. Certain ocular symptoms, such as "a red spot floating in the field of vision," dilated pupils and hallucinations of vision, would call special attention to it.

*Chenopodium anthelminticum*, wormseed, is frequently used as a vermifuge in China and has often produced violent, as well as serious, toxic symptoms. Thus symptoms of apoplexy, with aphasia and right hemiplegia, have been caused by this drug. Vertigo with vanishing of sight is prominent. Roaring in the ears as of can-

nons; deafness. Progressive deafness to human voice, extreme sensitiveness to other sounds. These symptoms are given by Clarke, in his *Dictionary of Materia Medica*.

*Cocculus indicus* would of course, be considered when, together with its peculiar vertigo, its buzzing in the ears and hardness of hearing, we find nausea aggravated whenever the patient rides, either on a boat or in a train, motor car, etc.

It will be seen therefore, that homœopathy does offer a number of possibilities; careful study of each case and of the materia medica will be required, if any good is to be accomplished. Individualization is necessary and the repertory may be needed to properly work out the similimum.

**A Natrum mur. Case.**—Miss W., age eighteen years. Was operated upon two years ago for appendicitis, which was complicated by pneumonia. In April of this year broke down nervously from overwork. Lack of appetite, lack of energy and pains in calves came on, followed by a coryza and general rheumatic pains, which kept her in bed three weeks. About May 15, she had a relapse of a week's duration, became melancholy and was sent to a sanitarium, where she remained three months. *Acute manic depressive insanity* was diagnosed. Has not now menstruated for almost two months, whereas previously she had been very regular.

Appetite poor, but is always thirsty. Fond of sweets and of salt. No indigestion; bowels inclined to constipation unless she eats fruit. Tires easily from slight exertion. Sleepy during day and sleeps well at night, except when bothered with her heart. When ascending stairs or when lying down, "oozing" sensation about heart, as though the latter were in water, or water were being squeezed from it. Also dull pain in heart, caused by any excitement. Sharp pain in forehead, from any excitement. Sweating of legs when the latter pain, which they do if she walks much. Cross and irritable. Before a rain and during, bones ache and general rheumatic pains are present.

Aug. 7, 1925—Heart sounds vigorous and regular; has a faint mitral blowing murmur. *Natr. mur.* 200, q. 24 hrs. 10 days.

Aug. 21—Has been feeling much >. Menses came on yesterday. Appetite is >. Oozing sensation about the heart has been >. No new symptoms. S. l. q. 24 hrs.

Sept. 4—On stooping over, has a headache over the left eye. Bowels costive of late, but general state is good. *Ign.* 45 m. F.

Sept. 21—The oozing sensation about the heart is much > and the headaches over the left eye are less frequent. The general state is excellent. *Nat. mur.* cm. F.

Oct. 10—The general condition is good. Menses appeared on Sept 22—three days late. Frontal headache of late, after reading; to have eyes examined. S. l. q. 24 hrs.

Oct. 30—Menses on Oct. 22—normal. No further headaches. General state is good. Looks well and is gaining in flesh. Sleep is good. No med.

Jan. 20, 1926—Continues in normal good health and has again taken up the study of nursing, which was interrupted by her breakdown. No med.

**Prince May Attend Opening of House.**—"London, Jan. 29.—The London press is mild in its criticism of the riding of the Prince of Wales today, following his latest accident yesterday in which he broke his collar bone. Most of the papers are silent and some defend his riding, saying that all keen huntsmen have similar accidents, only the world never hears of them.

"The Prince, it is said today, proposes to attend the state opening of Parliament Tuesday if his physicians will let him. He returned from his recent long tour physically run down and nervous but has since been living under the strict regimen imposed by Dr. John Weir, a Scotch homœopathist, and this has restored his health. He now smokes no cigars at all and only four cigarettes, from which the nicotine has been extracted, each day. He takes no alcohol until evening, and for lunch is permitted no more than two thin slices of cold beef."

We take the above clipping from *The Daily Mail and Empire* of Toronto, Canada, for January 30th and are glad to note that the genial and justly popular Prince is under the care and treatment of John Weir; the latter is a Hahnemannian physician of ability, well trained in the methods and teachings of the late J. T. Kent and has for some years been physician to the Duke of York, brother of the Prince. We hope that the recognition of homœopathy by royalty, may serve to advance the best interests of the former, as well as conserve the health of the latter. To judge from our American comic sheets, the numerous sudden departures

of the Prince from his equine friends, have resulted in a state of osseous disassociation requiring frequent administration of judicious doses of *Symphytum officinale*. No doubt the armamentarium of Dr. Weir is well stocked with this old herbal "comfrey," as well as with Arnica and similar vulneraries. Of course *Nux vomica*, though not a vulnerary, is among those also present.

It seems to be a weakness of human nature for those who have never ridden, to indulge in hilarity over the falls of those who do, little dreaming that every sport has its dangers and takes its toll. The real sportsman guards himself as best he can, but takes his mishaps as unfortunate possibilities, "all in a day's work."

**Histologic Change in Thyroid Induced by Iodin.**—The changes produced by iodine in cases of exophthalmic goiter, according to Rienhoff, are as follows: (a) increase in size of the thyroid as a whole; (b) decrease in vascularity and probably in the lymph flow through the gland; (c) a large increase in amount of fibrous connective tissue; (d) striking increase in amount of colloid deposited and contained within the thyroid; (e) a change in the acini from lace-like papillomatous ingrowths to round, even-walled smooth, acini, regular in size and form; (f) a transition of epithelium from high columnar to flat cuboidal and occasionally low columnar; (g) a change in the nuclei of epithelial cells from large clear nuclei to the small irregular pycnotic type; (h) the presence of many mitotic figures before the use of iodine and their absence after iodine has been given. In comparing the histologic structure of the thyroid in thirty cases of exophthalmic goiter, in fifteen of which iodine had been given and in fifteen of which no medication whatever had been used, it was observed by Rienhoff that the histologic picture following the administration of iodine was constant, and, compared with the microscopic structure of the glands of the patients not receiving iodine, corresponded exactly, as had the microscopic changes in three cases in which an examination of the gland was made in each patient before and after the administration of iodine. The colloid state is proved clinically and histologically to be less active than the hypertrophic and hyperplastic state. An artificial remission is produced by iodine. A remission in a case of exophthalmic goiter is associated with a change in the histologic picture from a hyperplastic to a colloid state, even though there is a definite evidence of hyperplasia yet remaining. It is a question of a relative hyperplasia.

The above abstract by *J. A. M. A.* from the *Johns Hopkins Hospital Bulletin* contains much of value and interest to homœopathic physicians, whose knowledge of *Iodin* is largely concerned with its symptomatology as produced by the provings. The histologic changes reported by Rienhoff throw considerable light upon the pathogenesis of *Iodin*, as homœopaths know it.

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### BOOK REVIEWS.

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THE HOMŒOPATHIC PRACTITIONER OR FAMILY GUIDE. By Principal Dr. R. L. Sur, author of *General Treatment, Fever Treatment, Manual of Homœopathic Pharmacopœia, Cholera Treatment, Dysentery Treatment, Medical Dictionary (Latin Bengali and English)*, etc. Tenth edition; published by Dr. A. M. Sur, 89 Shyambazar Str., Calcutta, India, 1924; price, 8 annas.

This interesting little brochure of eighty odd pages is evidently intended for the laity of India and reflects the wide spread of homœopathy in that far away country; the book is well printed and indexed and the indications for the various remedies in the numerous diseases mentioned, are well put and easily comprehended. Our Indian friends show a most remarkable grasp of the truths of homœopathy, as well as much skill in the employment of homœopathic medicines. The book undoubtedly fills a great demand in the country of its origin.

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TASCHENBUCH DER HOMŒOPATHISCHEN THERAPIE; vade mecum für Aerzte von Dr. med. H. Balzli. Stuttgart, 1925. Verlag der "Hahnemannia."

This little pocket-book of practical homœopathic therapy, furnishes further evidence of the feverish activity of our homœopathic colleagues in the land of Hahnemann's birth. The impulse given to the cause of homœopathy in Germany, by the recent pronouncements especially, of Bier and by those of Hugo Schulz, has been tremendous and we believe, scarcely conceived by American homœopaths; to the latter, it will no doubt be welcome news

to learn, that the University of Berlin has established a chair of homœopathy. Imagine Harvard University, in our country, doing such a thing!

Balzli's book contains about 700 pages, divided into some twenty-seven or twenty-eight chapters; the use of homœopathic remedies occupies one short chapter; diet another. Fever is briefly commented upon in still another. The various diseases are arranged and spoken of according to systems and constitutional diseases are written upon at length. The indications for the many homœopathic medicines mentioned are succinctly given and the potencies recommended for use, are noted. There is also a chapter devoted to hydrotherapy, as well as one to light therapy. Formic acid therapy is briefly spoken of in its relation to gout, rheumatism, tuberculosis and cancer and prophylaxis, as produced by homœopathic remedies in relation to various diseases, is cited. The book is printed upon thin, Bible paper and is excellently indexed. Some homœopathic remedies mentioned, we rarely hear of in the United States, proof that our German friends are showing their usual and inexhaustible capacity for thoroughness.

Some clinical conditions are mentioned, and are followed by a long list of homœopathic medicines and the potencies recommended. We feel that this is a fault and that it would be better to mention fewer remedies, but with their indications, as is mostly done throughout the book. However, future revisions and editions can correct this.

The book reminds one of Clarke's "Prescriber," but does not impress one with the long, practical experience of the latter. Balzli is a most energetic student, worker and compiler and undoubtedly his book will fill a niche, not occupied by larger works, such as Stauffer's "Homöotherapie." In our school of medicine we cannot have too many books of reference, either of those dealing with materia medica or with therapeutics; all are welcome and all are of great practical value at times.

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### OBITUARY.

Dr. Melville Logan Casselberry, probably the last of the class of 1853, Hahnemann Medical College, Philadelphia, died in that city on January 3, 1926, at the ripe age of ninety-six. For over

sixty years he had practiced medicine in Morgantown, West Virginia, where he was universally popular and respected as physician and man. Among his classmates at old Hahnemann, were such men, long since departed, as Stacy Jones, William Tod Helmuth, I. T. Talbot, R. R. Gregg, T. L. Brown, all men of note in the homœopathic profession. Dr. Casselberry leaves a widow and son, Byron Casselberry of Philadelphia. He was a Mason and funeral services were conducted by his Masonic lodge, over three hundred Masons attending the services. Interment was in the family plot at East Oak Grove Cemetery.

## THE HOMŒOPATHIC RECORDER

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### HOMŒOPATHY, PROGRESSIVE AND AGGRESSIVE.

Clarence Bartlett, M. D., Philadelphia.

(Read Before the Homœopathic Medical Society of the State of New Jersey, May 14, 1925.)

You will pardon me, I trust, if my remarks are prefaced by a few platitudes. You have all heard them, but ever do they bear being kept in mind.

It is the duty of the physician to cure the sick and to relieve human suffering. This is called the art of healing.

The physician must have a knowledge of what is curable in disease in general, and of that which is curable in his patient in particular.

Both of these sayings constituted a part of Hahnemann's teachings.

To the above I may add from Broussais: The medical man who does not take into consideration the human element in his clinical work, who confines his activities to the purely scientific aspects of an illness, who does not study the patient *per se* is a mere naturalist; he certainly is not a physician.

Homœopathy is the school of therapeutic optimism as opposed to the therapeutic pessimism of medical orthodoxy. It is a school of constructive aims.

My remarks this afternoon will take historical data as their foundation. An effort will be made to place Hahnemann where he belongs, *i. e.*, in a group of medical reformers, to whom humanity of today and tomorrow owes much. Indeed I am not sure that his activities and originalities of therapeutic thought may not have played the most important part in bringing about the renaissance of medicine in the latter part of the eighteenth and the early part of the nineteenth centuries. Or to put it differently, Hahnemann's activities did much to kill empiricism and to introduce logical methods in the investigation of disease.

Hahnemann was a big man before he announced his therapeutic law. He had previously established a reputation as a chemist. His method for the detection of arsenic and his wine test stand today almost unmodified. Of him the great Berzelius said: "He would have been a great chemist had he not turned out to be a great quack."

In 1792, Hahnemann published his celebrated essay advocating the benevolent treatment of the insane, thus antedating Pinel's unchaining of the lunatics in the Bicetre by six months.

Although numerous names may be placed on the roll of honor of the medicine of the period, this essay will speak only of Auenbrugger, Hahnemann, Jenner and Laennec. Reference will also be made to the experiences of Harvey, and later of Semmelweiss. Auenbrugger published his discovery of percussion as a means of diagnosing disease within the thorax in 1761 in an essay entitled: "Inventum novum ex percussione thoracis humani ut signo, abstrusos interni pectoris morbos detegendi." This essay received but little serious consideration. The authoritative works of the day, as those of VanSwieten and De Haen ignored it entirely, and yet as one of the commentators of medicine of the period remarks: "Their writings are merely of historical interest today, while Auenbrugger's volume of ninety-five pages is a classic. What can be the explanation for the omission of so great a discovery from even a passing notice by these great arbiters of medical thought in Germany?" Auenbrugger's discovery was not considered seriously until 1808 when Corvisart translated the "inventum novum" and "yielded unstinted praise to its discoverer." And this after a lapse of forty-six years. Auenbrugger died in 1809 at the age of eighty-nine years. Incidentally it may here be interpolated that he was an accomplished musician and wrote an opera entitled the "Chimney Sweep" which found favor at Court. It is interesting to note that Corvisart's chief fame rests upon his revival of Auenbrugger's original work.

In 1796 Hahnemann published his first homœopathic essay entitled: "On a New Principle for the Selection of a Remedy in the Treatment of the Sick." In the beginning Hahnemann held that the homœopathic law was of universal application. To him it was supreme and infallible. Herein he was not different from other originators either in medicine or in other sciences. Jenner contended that vaccination performed but the once, protected against

smallpox for all times and we who come after him and who believe in vaccination, do not detract one iota from his fame because of this error. To come down to recent time less than two decades ago in fact, Ehrlich when introducing the arsenicals as the remedy for syphilis contended that but one administration of salvarsan was necessary to bring about a complete cure, so complete in fact that the patient was cured for all time, and exposure anew to syphilitic infection would bring about a second attack of the disease. But such is the way of discoverers, and it is right that it should be so. Confidence in the value of their work gives them an enthusiasm that spurs them on to still greater efforts. It was ever thus, and probably it ever will be.

All of these three great men subsequently modified their teachings as experience and facts taught them to do. Hahnemann had no hesitation in specifying types of illness to which the law of similars was not applicable. While deprecating palliation, he admitted its occasional necessity. His contention that palliative treatment masked symptoms—which after all are the sole clinical evidence we have of disturbed function—depriving us of an invaluable guide to treatment, is universally conceded in all modern up-to-date medical practice.

Hahnemann repudiated the pathology of his day as useless because it was inaccurate and therefore misleading. At the same time he announced himself as ready to accept pathology as a basis for diagnosis and treatment when pathology should attain the status of an exact science. In this attitude against the pathological teaching of the late eighteenth and the early nineteenth centuries, he has received the hearty support of *all* physicians of today. The primitive state of that alleged science in Hahnemann's time is appalling to us of the twentieth century. Should any of you care to read for yourselves permit me to refer you to the histories of Radcliffe, Mead and Pitcairn in McMichael's fascinating brochure "The Gold-headed Cane" and "Nosography in Internal Medicine" by Karl Faber.

As students of homœopathy, it is not necessary for me to take your time with a recounting of the opposition and ostracism Hahnemann encountered. So I proceed to Jenner.

It was on the fourteenth of May, 1796, the same year that Hahnemann published his memorable essay, that Jenner performed his first vaccination. His experiments were carried on with every



attention to scientific accuracy, and his conclusions incontestible. As his biographer remarked, he converted "a local country tradition into a viable prophylactic principle" how viable did not become fully appreciated until the present century. But Jenner as did others, encountered prejudice. In 1798 the president of the Royal Society (London) advised him that he (Jenner) "should be cautious and prudent, that he had already gained some credit by his communications to the Royal Society and ought not to risk his reputation by presenting to the learned body anything which appeared to be so at variance with established knowledge and withal so incredible." Later he was told that if he persisted in bringing forward his views concerning smallpox he would be asked to resign. Numerous additional statements may be presented illustrative of the persecution to which Jenner was subjected but time forbids. They are matters of history; and Jenner, like Hahnemann lives. Their adversaries are dead in name and fact. Hahnemann became an ardent advocate of vaccination, and considered the new principles a confirmation of his own teachings. This is an important fact that anti-vaccinationists of the homœopathic school should remember.

The principal stand against homœopathy today is not its value; it is not that it has not contributed much to health and longevity of humanity, but rather that it is sectarian; that it fosters a schism in the medical profession. Now that is absurd. Sectarianism is not a crime unless it is accompanied by bigotry and intolerance. An Episcopalian can be a Christian; a Republican or Democrat, a loyal American; and a homœopath a physician in the broadest sense of the term. If I am forced still further to give example of sectarians, I might call Americanism sectarianism, and you smile. But recall that the Bolsheviks and extreme internationalists so regard it. Sectarianism has been of inestimable worth in the world. It has fostered principles, often false, but nevertheless they have been principles sincerely held by their devotees. The spirit of sectarianism held by all of us fosters improvements not only constructively but also by competition. I am rather inclined to think that the definition of sectarianism is much like that of orthodoxy. If you agree with me you are non-sectarian, liberal and orthodox. If your ideas are in disagreement with mine, you are sectarian, bigoted, and heterodox.

One of the unfortunate positions in which homœopathy has been placed is the tacit consent of the school to permit its competitors to state its platform. Was ever such a peculiar state of affairs noted elsewhere? Some of our members accept the platform forced upon us with all its silliness, while others not sufficiently militant for defence or aggression blush. Let us maintain as part of our aggression that homœopathy is scientific, that its important principles are recognized as correct by the scientific medicine of the day.

No one will accuse Dr. Morris Fishbein of being friendly to homœopathy, and yet in his recently published work dealing with medical cults, he remarks that we must not hold against Hahnemann the vagaries and exaggerations into which some of his disciples drifted. Also it is probably true that any criticism which might be brought against Hahnemann in the light of later and better knowledge, apply equally well against a large part of the other medicine of his time. Dr. Fishbein's criticism of the times is well taken. The speaker has shown that Jenner whose sole crime was the discovery of a benefaction of the human race was subjected to persecution hardly less than that meted out to Hahnemann, and that Auenbrugger was completely ignored for sixty years. We must be aggressive in repudiating all who attempt to foist inanities on our school. Of such individuals it might almost be said that they believe that if a thing belongs to scientific modern medicine, it cannot be homœopathic. Fortunately these men are very few in number, but as they are militant and aggressive, we hear of them too often. Let the School be progressive and aggressive.

In assuming that homœopathy is progressive and scientific, let us place it along with other sciences few if any of which have seen their maximum of efficiency and achievement. General principles are the important factors, and details come later.

The smallest dose that will cure! Who denies it?

Increased activity of drugs through fine subdivision! We all admit it.

The influence of the infinitesimal! A subject concerning which we are to learn much.

Admitting the increased activity of drugs because of extreme subdivision let us ask ourselves have we the best method known to science to produce such subdivision? Hahnemann's method of



dilution and trituration was certainly the most efficient of his time; and remember that Hahnemann advocated trituration and dilution that represented detailed work. His method of potentization was not based upon "bottle washing." For a number of years now medicine has been interested in the colloids, which class of substances represent the finest practical subdivisions of matter known to physicists. As in line with increased activity with increased and finer subdivision, are they not worthy of serious recognition by us? Undoubtedly like everything, the colloids cannot be made to represent the finest subdivision of all matter; but they do represent fine subdivision of some matter; and the best possible fine subdivision of other matter. Hence they are good for us and if we are on an aggressive or constructive platform of our own building, we must accept them for study.

Next let us consider the question of the infinitesimal: have any of you ever thought of the advancements in modern science that have made Munchausen a god of truth and Jules Verne a prophet? Science has liberated forces unknown. It will liberate others. Munchausen and Verne are in danger of deification. Is there a greater romance than the development of the radio? One may now rest in his library and listen to a broadcasting from Alaska with a ten-watt station. With suitable apparatus he may receive waves from London or San Francisco. A turn of the lever but one millimeter will make the difference between reception from New York or Philadelphia. Gentlemen, I am even prepared to admit that some inventive genius may arise to develop or create or discover a ray that carried in an aeroplane over the caravansaries of a metropolis will convert the grape juice or malt extracts on the tables of the diners into delicious wine and beer.

There is a plant called the *Buddleia variabilis magnifica*. Its common name is the butterfly bush or summer lilac. As I see this plant in my garden and compare it with the common lilac (*Syringa vulgaris*) there is nothing in their characteristics appealing to me to show a most remarkable feature of the *Buddleia*. The *Syringa* is the one possessed of the greatest fragrance by far. With its first blooms to late autumn it is the haven of innumerable butterflies. And yet! Were you to place a *Buddleia* far from the garden and the field in the midst of a great city, conditions for growth of the plant only being demanded for the experiment, you may rest assured that butterflies will find it and swarm about it.

When a member of the Mayo clinic, the apotheosis of scientific medicine, the Mecca of surgeons, announces boldly that a dilution of iodine amounting to one part in 80,000,000 (our 8x potency) is sufficient as a preventive of goiter. Shall we ask "Why did not a homœopath discover that fact?" None of us was sufficiently progressive or aggressive, is the answer. We had the fundamental knowledge; we used iodine in goiter successfully; but we did not have the initiative to bring modern methods to our aid. Still we have the satisfaction of permitting intensive investigation, confirm clinical findings or impressions, which goes to show that clinical impressions are not such bad things after all. The proof of all things medical is efficiency in the clinic.

Now we come to our *Materia Medica* wherein our progressiveness and aggressiveness are lacking. Improvement does not consist in efforts designed to prove its worthlessness, but rather to determine just what there is within that is good; that which is worthless; and that which requires to be modernized. As it stands, there is a vast amount of material testimony the value of which may be had from many practitioners.

Let us start criticism. Let us say that it consists of a mass of symptoms virtually all subjective not confirmed by objective manifestations. Now for the mass of subjective symptoms, and let us call them irrelevant and incapable of explanation. Permit me now to quote you not from the *Materia Medica*, but from the *American Journal of the Medical Sciences* the following:

1. Slight queer feeling but food went down all right.
2. A feeling of nervousness on starting to swallow; after starting food went down without any trouble.
3. A feeling of nervousness in the neck.
4. Vague sensation about the neck, as of something wrong.
5. A feeling of cramp around the neck.
6. A feeling as if my swallow was not working right, but nothing seemed to stick there until lately.
7. Food sticking in the throat while eating in a hurry; but it went down of itself all right, and I had no trouble for months afterwards, though I did not hurry any more.
8. A feeling as of a lump arising in my throat.

This latter symptom our author remarks occurred in many cases. In some patients it had no relation to eating; in other patients it

occurred at sight of food or thoughts of eating; in other words at the beginning of a meal but disappearing after a few mouthfuls had been swallowed.

Our author is the Nestor of bronchoscopy, Chevalier Jackson, and he was telling his readers the first clinical manifestations, the early subjective symptoms of carcinoma of the esophagus. Incidentally he tells us that many of the poor victims were cast aside by their physicians as uninteresting neurotics, and in consequence were sagely advised "to forget it." It was not until obtrusive objective features appeared that a serious examination was made, but by that time, anatomical changes had advanced to the stage of incurability and the secondary invaders were swarming everywhere.

The late Sir James Mackenzie has for a number of years past been preaching the value of the subjective symptom in the clinic. He tells us that they constitute the first evidence of disturbance of function, and what is needed is a study of their relationships that we may interpret them accurately. Furthermore he contends that to wait until objective manifestations appear is to wait until anatomical changes have advanced to the stage of the incurable. To study the value of symptoms, Sir James and a few of his colleagues organized St. Andrew's Institute for Clinical Research. Two small volumes emanating therefrom have been published. The beginning is small, but the product should be great.

The trend of the times is all in favor of Hahnemann's original proposition, namely that drugs can be used on the sick only when we know their action on the healthy human being, and that the nicest distinctions in clinical symptomatology relate to subjective symptoms; that objective findings are anatomical as opposed to physiologic, and in the main are terminal and of themselves give no clue whatever as to what had gone before.

The study of symptomatology in its broadest sense is the study of the patient himself as the problem the solution of which is the duty of the physician. "It is the duty of the physician to cure the sick; this is the art of healing." Early diagnosis is demanded. Sufferings must be interpreted. And now comes the relative value of symptoms in the study of the sick. All of us have admitted that a clinical picture is made up of symptoms arranged in clinical perspective. The artist with true sense of proportion arranges them for distance, center and foreground. The physician must treat; he must diagnose. With true artistic sense, he recognizes

the value of symptoms for diagnosis and of others for treatment only; for be it generally admitted that the symptoms which are valuable for diagnosis are by no means always the ones of most value to us in guiding our treatment.

As a corollary may I remind you of a well-known fact which you have no hesitancy in admitting: Many good diagnosticians are poor therapists and vice versa.

Returning to the immense mass of material in our materia medica what can be done with it? Progressiveness and advancement demands that it shall be properly placed. The clinic of a hundred years has done much to solve the problem. Permit me to use your honored president as an example. He is well and widely known as a firm believer and practitioner of homœopathy. He is a most fascinating teacher and expounder of the sciences in which he so firmly believes. It has been my good fortune to hear him speak on many occasions. He deals with general principles, and he speaks of special application of remedies, and with it all, I note with approval that he uses but few remedies, and makes practical use of comparatively few symptoms of those remedies. His clinical experience has enabled him to draw unto himself and for the use of his patients a certain reliable symptomatology. And what the finished artist is doing is but the practice of the rank and file. Thus there has come to us a practical line of symptoms in which we all have more or less faith—and from the clinic. Unfortunately the demands of modern medicine seem to be oblivious of the fact that most of the great discoveries in our art had been presaged by the clinic before confirmation by the laboratory.

Now this brings up the important question "can the laboratory aid therapeutic advancement and purify the materia medica?" Yes, it can do so, but mainly by observation of drug effects on human beings. Studies on animals are all right within their sphere, but must be properly evaluated for the lower animals are not possessed of the same physiology as human beings. The value of animal experimentation lies in the elimination of psychic influences and our ability to push drug effects to an extreme not permissible on man. Its limitations are made very impressive when we recall that some animals cannot vomit; some cannot sweat; and some exhibit peculiarities of function, thus the cat sweats only on the parts of its feet not covered by hair. And probably each and every species has its peculiarities which demand a complete study

before we can transfer observations made on them to their proper place in the clinic.

Animal experimentation is all right in its way, but as conducted, indeed I might almost say as it possibly can be conducted, it can afford us information as to terminal phenomena or anatomical changes only.

There are great opportunities for modernization. We admit without hesitation that we have a cumbersome materia medica; but we also know that the real clinician is able to use it successfully. It is to be modernized first by literary research and analysis. The value is there, but we must subject the mass to modern methods to develop that which is of value. With that work completed, we are ready to begin with the laboratory, and by laboratory we mean the work shop, including the hospital bed and college laboratories as well. For the practical physician, these are inseparable.

Above all let us avoid polemics. True science does not recognize abuse as opposed to logic. Abuse may be aggressive, but it is not a good thing with which to make converts. If we cannot prosper by plain statement of facts and logic, then we are not fit to exist. The old adage says: "If you have no case, abuse the plaintiff's attorney." Departure from fundamental principles displays weakness. Homœopathy needs no such defence. As evidence of this we note the active interest taken in it by many clinicians and scientists of modern times. What is more, this interest seems to be of a fair character. One of our most loyal homœopaths has been so impressed with the value of their work and the sincerity as to motive, that he has become a tentative advocate of letting them do the work which we should do for ourselves, mainly, however, because of their greater facilities. And yet he is a strong organization man.

Gentlemen, in closing, permit me to say that there is every reason for maintaining an allegiance to our school of medicine, and doing our individual work to keep it up with the times. Hahnemann was progressive and aggressive, and why not we?

Nor can I see how it can be utilized in any way excepting to confirm or interpret the findings in the observations on human beings. Even with this restriction, it is invaluable, but the results must be interpreted with judgment, and must not be accepted as the entire knowledge of drug action. Homœopathy must be aggressive in assuming a proper attitude towards laboratory investigation.

Our aggressiveness must be directed to the protection of our institutions, which at one time represented the investment of probably \$75,000,000 over the entire country, but through lapses has dwindled to some extent. This money was contributed by the charitable for a definite object. The wishes of the contributors must be respected as far as our initiative, ability, and industry will permit.

All evidence demonstrates that Hahnemann was a great medical reformer, and as such to be respected. To drop his name from an institution is catering to prejudice which is worse than that which in bygone years led to the persecution of Hahnemann, Hunter, Harvey, Semmelweis and Jenner, and the ignoring of Auenbrugger and many others. I say worse, because we are living in an enlightened age which is teaching us liberality and tolerance, and which is fraught with many new things which confirm and enlarge the teachings of bygone eras. Please remember that there is much truth in many "discards." The "junk heaps" of the scientific world are worth the labor of the scientific scavenger. Many of them contain material waiting only to be rediscovered. Let us be liberal.

#### THOUGHTS ON PRESCRIBING.\*

C. M. Boger, M. D., Parkersburg, W. Va.

Great as is the value of prevention, few will contend that the race is greatly advanced by perpetuating the unfit. Nature never either forgives or forgets, and demands that her plans be not interfered with. If she be thwarted in one direction, she exacts full compensation in another. Sanitation seems to have almost wiped out certain zymotic diseases and reduced infant mortality to a minimum, yet others less easily prevented have shown an almost identical decrease, while the more deeply rooted constitutional affections are advancing by leaps and bounds. Typhoid epidemics have about vanished, but cancer is getting quite out of hand. Let us not deceive ourselves, nature is in deadly earnest and gives no quarter. It can hardly be a source of satisfaction to find ourselves helping in the exchange of relatively manageable diseases

\*Read before the Southern Homœopathic Medical Association, Cleveland, Ohio, November 18, 1925.

for a scourge. If left to itself nature's house cleaning is most relentless, but when guided in her readjustments by the gentle hand of similia it can be made one of the very greatest blessings.

The terms sickness and illness tacitly admit the existence of an adaptive and reacting life power, our vitality. It is this governing force which we attempt to regulate when we treat disease, by first removing all mechanical hindrances, then appealing to the available inherent reactive power present. If it be carefully estimated, it need not often be said that our prescription was a success, but the patient nevertheless died. To accomplish this we administer the most similar remedy so that a new adjustment of the expenditure of vital energy may take place, and life again move forward more harmoniously. To do this well requires great delicacy of appreciation in seeing the finer nuances of disease, failing which the physician must always remain a poor doctor and a still poorer homœopath. Our vitality is our higher life unit. Coming into the world in a state of great activity, it increasingly activates the matter which it contacts up to a certain point, then gradually declines, finally ceasing as old age comes on. A disturbance of this process is oftenest called disease. The normal rhythm of life has been interrupted and certain signs in a tongue, which is not the spoken word, appear. This oldest of languages is a universal sign language speaking objectively to those able to read. The way the patient acts and looks is then of vastly more importance than what he says. Diseases of infants illustrate this very well, indeed.

The oncoming of a change of function may prompt us to call the doctor who removes such mechanical obstacles as he can and then tries to excite a restorative reaction. The idea of bringing about a general response that will sweep all before it does not usually occur to him, although the picture actually shows but one generalized reaction taking place; inferentially but one remedy can actually be indicated. The apparition of cancer completely illustrates this, for all medical history recites scattered cures, generally each one made by a different remedy. Nothing can be clearer than that every sick person responds in the fullest measure to but one certain drug, which must be found and properly given to insure decisive results.

The selection of the most appropriate remedy depends upon our ability to pick out the distinctive features from the whole life history of the invalid. These placed together like beads on a string

make up the red strand of his individuality and point unerringly toward the indicated constitutional remedy. In one case they stress periodicity, in another right-sided effects, some particular system of organs or kind of sensations or process and so on. This is the basic element and is fundamental, therefore must be reckoned with first of all, when we start out in our investigation. Once found it serves as a sure guide in tracing out disease and its ramifications.

Speaking of the value of symptoms Hering said "Characteristics are everything," a statement not quite as plain as it looks. If we take it to refer to remedy keynotes its field of usefulness is sharply circumscribed, but if it means that every one has a personal way of showing forth distress and that we must see this very clearly before attempting to find its counterpart within some pathogenesis or other, then it is quite another matter, and not susceptible of such offhand disposal. In the understanding of any symptom picture the mental attitude counts for most, so much so, that an identical array of symptoms with opposite mental states calls for a quite different remedy. A recently superimposed array of symptoms may almost completely hide the underlying constitutional ones and unless removed first make a final cure very unlikely. Here the mistake of prescribing in the reverse order is very hard to correct. However if the proper order is followed the second prescription will be of epochal importance to the patient.

The reactions which follow giving the indicated remedy must be clearly understood if we wish to finally cure. A mild aggravation followed by gradual improvement is most encouraging. Varying from this we have every grade of aggravation up to the most violent with the corresponding danger and uncertainty of result. The manner in which repeated wavelike reactions come on and subside again governs the repetition of the dose, which may vary from a few minutes to many months, according to requirements. The greatest and commonest mistake in practice is the too frequent giving of the remedy, for the vital force once thrown into disorder requires the most acute discernment, careful handling and endless patience to bring into harmony again. Those who practice in such a manner are not practicing homœopathy but rather practicing at homœopathy, which always ends in confusion. It strongly reminds one of a blacksmith trying to repair watches.

With all this, the fault is not entirely with those who often vainly, endeavor to do correct homœopathic work. Many are entirely mistaken in their calling, being inherently incapable of inductive and deductive reasoning. Again, in spite of herculean efforts, our indices and repertories cannot be worked with any great degree of facility, which is after all the first mark of efficiency. The most useful things in the world are those easiest of operation; simplicity is the key to usefulness, and until our difficulties in this direction are fully solved, we cannot advance as we should.

In a great variety of conditions it is not feasible to review deeper constitutional states. It may not be the most ideal, yet is certainly the only practical thing to do. I am here tempted to point out a few prescriptions of this nature, that have been evolved by modern homœopathy. When stools of too large a diameter appear, in the constipation of infants, a dose of *Sanicula* 50m. cures; such stools are also exceedingly heavy, as if containing lead, at times. *Medorrhinum* 50m. will stop pernicious vomiting of pregnancy oftener than all of our other remedies combined. *Impetigo contagiosa* is a pretty tedious thing to cure unless you give *Arum triphyllum* 200 daily for about three doses then less frequently. Ten days suffice to complete the cure.

Before the means of controlling pregnancy became well known the treatment of miscarriage was a rather every day affair. Strong drug treatment had made a failure and while homœopathy did some better the difference was not great enough to be startling, and the use of the curette became general, but unless done by an expert results were not ideal. For years I have not found it necessary to make over one or at the most two brief calls on these cases. A few doses of *Viburnum opulus* 12 stops the hemorrhage, eases the pains and causes expulsion of the secundines, leaving no after effects worth mentioning.

In capillary bronchitis a single dose of *Antimonium tart.* Cm., with plenty of fresh air, is about all that is necessary. The earlier it is given, the better. To await the appearance of drowsiness or stupor with respiratory rattling seems almost criminal. Gall stone colic is frequently relieved by *Belladonna*, *Bryonia*, *Colocynth*, *Dioscorea* or *Leptandra*, as indicated. If the stone is then passed, all is well, but often the pain has only been lulled and in a day or two inflammatory or septic symptoms arise, knowing this, when-

ever a case does not promptly clear up after the first prescription I follow it with a single dose of *Sepia* 1m. which has yielded a number of beautiful cures, the symptoms reversing themselves in the regular curative manner. A number of years ago I pointed out to the members of the International Hahnemannian Association the fact that *Lachesis* would cure nearly all cases of laryngeal diphtheria. Up to this time no case has been lost under this treatment and there have been over twenty-five consecutive successes. Only a few other remedies have occasionally been needed as intercurrents. For the best success I change the potency once or twice a day; using the same one only as long as the exudate is loose, and changing as soon as it tightens up.

Lack of control over the formation and violently painful passage of urinary calculi remains one of the weak spots of medical practice. For me the very favorable action of *Polygonum sagittatum* in checking then actually stopping the pains caused by the passage of these bodies has been very gratifying. Even the constant distress due to the presence of stone in the kidney or bladder has been entirely relieved. As yet I have no evidence from X-ray examinations to prove that it will so alter the urine as to slowly dissolve out these bodies but from other evidence I am led to believe that it does do so. Its action is certainly much deeper than that of a mere diuretic. In a case of cancer of the bladder it removed the necessity for catheterization and relieved the pain of urination. Another patient slated for lithotomy was so much relieved that he has declined the operation until further trouble appears. One case of large stone in the right kidney has reached the same conclusion. Another who had had the right kidney removed because of stone and suppurative nephritis was found to have several smaller stones in the left kidney also; this remedy has removed every symptom of distress as well as a number of other symptoms such as bloating, facial oedema; his general health has greatly improved and he has refused to consider another operation. A young woman had repeated toxic crises due to suppurative nephritis; a number of specialists failed completely to accomplish anything but a course of *Polygonum sagittatum* cured completely, since which she has successfully gone through childbirth. In chronic cystitis of the aged it is certainly a great remedy. My custom has been to give two drops of the mother tincture in water every night and morning.

## MATERIA MEDICA TEACHING.\*

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

What is Materia Medica Teaching? Why teach the Materia Medica? Is it not enough to know the structure of the body, and the functions of its several organs, to be efficient in correcting abnormal changes? This is true as long as the changes are caused from external influences or accidents. As physicians, however, we are not concerned so much with normal functioning of the organism—for this is all that is required in health—as with a disturbed functioning.

The human organism is actuated by a *force* and when this force is unimpaired, the functioning proceeds normally; but when impaired by any cause, the organism is put into disorder. It is this disorder, of whatever nature, that the physician is supposed to correct. As disorder arises from within the organism, as it manifests itself first in impairment of life force or forces, which cannot be reached, successfully, by mechanical or external measures, and since, from the beginning of time the human family has been afflicted with a disturbed functioning of soul and body—the primary cause of death—men have sought for ages to find a substance or substances to correct the impaired force and set in order that which has been or is in disorder. Centuries came and went, during which time men floundered in mazes of uncertainty and gross materialism, with no true success to find curative remedies, until during the past century it was discovered that the true cause of many ills was an unseen, intangible, disturbed force, and to conquer which intense thought was given to a study of the Materia Medica, not so much from a gross materialistic standpoint, as to the thought that in each material substance used as medicine, there was a force, which, if properly liberated, and administered in the form commensurate with the degree of vital disturbance, would not only hold in abeyance the ravages of a disturbed vitality, but would set in order the disorder and restore normal function. To reach this point, so called provings were made on the healthy to see in how far a drug substance, when administered to the healthy, would produce sensations similar to a so-called nat-

\*Read before the annual convention of the International Hahnemannian Association, New York City, June, 1925.

ural disorder. This was done with almost miraculous success, and for the first time in history, men began, with these minute substances to restore harmony, where there had been so much disorder. As time passed they also learned that certain elements in nature, had certain affinities for certain people, and men began to compare the sensations produced by those liberated forces to symptoms caused by natural disorder. It was discovered that acute, as well as chronic disorders, differed in their manifestation in different individuals. Thus Jones and Brown each have typhoid fever, but the sensations caused by this fever were not alike in certain particulars in these two men, though the common symptoms which gave name to the fever were similar.

In proving drug substances on the healthy it was most carefully observed that remedies had peculiar affinities for certain individuals or rather, that a certain type of individual was more sensitive to the influence of certain substances than others, and that these substances would cause a certain uniformity of sensations, one type of individual being more definitely afflicted than others. For instance, in the proving of Pulsatilla, it was observed that the blonde, rather well nourished, but very sensitive individuals, those given to easy tears, easily offended, but easily and quickly pacified, were more deeply affected by the remedy, than the brunette or those given to anger and hatred, and slow to forgive and forget.

With this fact before them, the provers observed that this type—not necessarily blonde, but of mild disposition—was subject to peculiar sensations when ill, common to this type and not common to others, such as "As if beside himself. As if in a hot atmosphere. As if death were near. As if looking through a sieve. Limbs as if bruised; as if asleep. As if one had turned in a circle a long time; as if he would fall; as if he were dancing. As if brain would burst and eyes fall out of head. As if skull of forehead too thin. As if skull were lifted up. As if one had eaten too much. As if a nail were driven into occiput. As if joints would be easily dislocated. And many other sensations."

The one peculiar feature is this—practically all pains increase slowly to a certain degree of severity and then cease suddenly as with a snap.

Now, does this picture of a blonde fit all blonde individuals? No. Will not a brunette or one of a mixed type have some of the sensations found in a blonde? Yes. Such symptoms are us-



ually secondary to other major colorings of the picture and do not exert a controlling influence. It is when the type is blonde, of a gentle disposition, and where one or more of these strange sensations appear that we have a more exact picture of Puls. Do particulars always correspond to the generals, in complexion, size, and disposition? Not always, for a severe uterine cramp in a brunette may be cured with pulsatilla, provided the symptoms agree—*viz.*, mild disposition, scanty menses, pale menses, and a general aggravation from heat. This applies to all conditions of mankind, and to all remedies, that there must be an agreement in the sum total of the aches and pains, and the sum total in the provings of remedies. They must *agree* to be curative, for to picture a remedy as good for this or that symptom, regardless of their complexities, is but a shallow way of palliating instead of curing sick people.

In teaching the *Materia Medica* then, thought must be given to each and every remedy in its total pathogenesis, before one can comprehend its curative powers in particulars. In other words, the totality of symptoms must be the guide in selecting curative remedies.

## VACCINATION—AN EPIDEMIC—A STUDY.

A. Pulford, M. D., Toledo, Ohio.

The greatest curse affecting humanity today is that trinity composed of ignorance (the mother) and fear and superstition (the children). That trinity is the modern doctor's chief stock in trade and the foundation on which vaccination so firmly stands. We act as though man had no natural immunity and therefore must depend on artificial means. Can you conceive of anything more ridiculous than that?

Creighton shows in the ninth English edition of the "Encyclopædia Britannica" that at Leignitz, in 1870, 224 vaccinated persons came down before the first unvaccinated. Can you find a parallel in the last twenty years since sanitation has become more widely practiced, where 224 unvaccinated people came down before the first vaccinated person? If vaccination protects, why can't you?

Surgeon General Cumming (who just knows that pollen causes hay-fever), reports (according to "Squibb's Memoranda") the following: "A careful study was made of an outbreak of *malignant smallpox*, beginning in Duluth in January, 1924. The first case was that of a male nurse who had never been successfully vaccinated, and who died within a few days. A total of 182 cases developed. Of these 139, or 76 per cent., had never been successfully vaccinated. Of the remaining forty-three individuals who had had smallpox, thirty-nine had not been successfully vaccinated within seven years."

In this Duluth epidemic you have *not* a single individual who had *never* been vaccinated. Can you produce a single parallel to that where the firebrand and every individual composing the epidemic had *never* been vaccinated and which epidemic occurred during the last twenty years? If vaccination protects, why can't you?

That Duluth epidemic was vaccination's very own and refutes vaccination as a protection from every angle. What made that epidemic "malignant"? What difference did it make if the 76 per cent. were "unsuccessfully vaccinated"? Did the other 24 per cent. who *were* fully protected *share any better fate*? Vogt found that out of 400,000 cases of smallpox but 1.6 per cent. repeated, while in Duluth in that epidemic all forty-three of those who had had smallpox repeated, even though four of them had been successfully vaccinated. Why? Simply because the vaccine virus had rekindled the latent predisposition. Here we have four men fully protected by vaccination and by having had the disease, coming down with smallpox as nonchalantly as their "unsuccessfully vaccinated" brothers. The firebrand in that epidemic was a man whose natural body defenses had broken down by vaccination and who in the natural order of things came down with the disease.

### Why Vaccine Virus Cannot Protect.

That vaccine virus is impossible is not hard to see, but that "there are none so blind as those who will not see" is a sad truth. The present-day vaccine virus, we are informed, "is a mixture of the malander's virus, Grey's virus and Bordoux virus (all akin to syphilis) and the virus of a Russian vaccine producer in 1838.



who claimed to have passed smallpox through a cow. The Germans mixed all of them and that is our present source." A fine mixture, don't you think, to pollute a healthy blood stream with?

There are two immutable laws governing all therapeutic agents—the law of similars and the law governing the relation of action to reaction. The law governing action and reaction is that the re- or curative action of the drug is capable of eliminating or preventing only such pathogenetic results as the action of the same drug is capable of producing on the healthy human being. Therefore, if the agent does not produce a pathogenesis similar to smallpox in its action on the healthy human being its reaction is incapable of either preventing or curing smallpox. The very fact that Malandrinum or Vaccinum may have been prescribed or vaccination performed as a preventive and the patient having escaped the disease thereafter is not positive proof that they were the cause of this escape. The deduction is merely an assumption as they are entirely dissimilar, besides, how did you know they were not already immune? Vaccine virus conforms to neither of these two laws. Creighton says the results of vaccine virus are similar to syphilis, Osler, to cowpox, both of which are dissimilar to smallpox, therefore vaccine virus is not similar as a nosode, is not similar in its action to smallpox virus and therefore its re- or curative action cannot prevent a dissimilar disease. The only thing that vaccine virus can do is to suppress the trouble physiologically which it too often does only to crop out later in a more virulently destructive form.

Again even though the vaccine virus were the similar and logical agent, its mode of application is in direct violation of natural law. Only men who have a wrong idea of human physiology can condone its method of application. The body, like the builders of King Solomon's temple, has no means of shaping the crude material put directly into it. The Creator sealed the body against outside intrusion and gave the digestive apparatus to perform the task of preparing everything that enters therein, knowing full well the injury that would accrue from foreign matter, let alone septic matter. The digestive apparatus has the power to reject this, but not so after it has once circumvented this apparatus. Again, this agent in its crude state could only be pathogenetic and

not eliminative. So that from every angle vaccine virus is ruled out as valueless in the protection against smallpox.

#### Variolinum, the Real Logical Protection.

While we have always doubted that there would ever be a universal protection from any disease, Variolinum complying with the laws of similars and action and reaction is the only logical agent for the protection against smallpox. Given in the 30x or cc potencies it is taken away from its pathogenetic state and goes right down to the predisposition, which it will either allay or remove entirely. It is logical, sanitary, prompt in its action and, above all, *effective*. It does away with the unsightly syphilitic scar that mars the beauty of any arm. It is devoid of all evil after effects. In those not predisposed to smallpox it seems to have little or no action, its action increasing in those whose predisposition is more active. Where the predisposition is extremely active vaccination will not take and inserting vaccine virus in such cases is like pouring oil on a raging fire.

Homœopathy is to prevention what it is to cure—the *only effective method*. We challenge any doctor to produce its equal. Its opponents and others have accused its supporters of making it a fetish. A fetish is something made by art, artificial, factitious. Homœopathy is a stern reality built on the firm rock of natural law and as firm as the rock it stands on. Homœopathy is indeed exoteric. If it has become esoteric it is because its enemies have made it so. The term fetish is applicable not to homœopathy but to allopathy which the modern homœopath bows down to in worship to the extent of annihilating homœopathy for its (allopathy's) favor. When looking for a curative or a preventive agent, to look upon homœopathy as either a fetish or as esoteric and go outside the object sought is a true admission of one's lack of knowledge of homœopathy. Homœopathy is the truth of God or it could not survive the follies employed by modern homœopaths to defend it.

In conclusion—as we have so often stated before—it is **one thing to be vaccinated, but quite another thing to be protected against smallpox.**

Dr. Lakshuri Narain,  
Lohamandi, Bagh Anta,  
Agra (India).  
Dated the 4th February, 1926.

Editor of THE HOMŒOPATHIC RECORDER,  
New York.

Dear Editor:

Perhaps you have not noticed that the articles by Dr. Eli G. Jones do not appear as frequently in THE HOMŒOPATHIC RECORDER as they used to. A comparison will show this. In the year 1925 only two articles appeared in the RECORDER, as against eleven in the same journal in the year 1921. For the sake of suffering humanity, would you very kindly prevail upon the Doctor to write more frequently? His teachings are definite and have made us better physicians. I have met many brother homœopaths in India and those who have studied his book "Definite Medication," or have read his articles in the RECORDER, have been benefited immensely. Some of the RECORDER readers have frequently told me that they wait for the Journal with great eagerness, but when they do not find an article from that master of the Materia Medica, they feel intensely disappointed.

An article to Dr. Jones does not, I am sure, cost much pains, as he is full of definite therapeutic facts; but it does impart much needed knowledge to his many readers.

I hope that you will be good enough to consider this letter and influence the good doctor to listen to our prayer.

Yours faithfully,

LAKSHURI NARAIN,  
N. B. H.

EDITOR'S NOTE.—Dr. Jones assures us, that he will endeavor to find time in which to contribute an article for the RECORDER, now and then.

DEPARTMENT OF HOMŒOPATHIC PHILOSOPHY.  
Stuart Close, M. D., Editor, 248 Hancock Street,  
Brooklyn, N. Y.

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

HOMŒOPATHIC PHILOSOPHY AND MODERN  
MEDICINE.<sup>1</sup>

The term, Homœopathic Philosophy, is a comparatively new one in our school, and quite unknown in general medicine. The thing signified, in its elements, is as old as homœopathy itself, and I may add, as old as philosophy itself but the name has been used in this connection only since 1891. In that year it was adopted as the title of the leading bureau of the International Hahnemannian Association. This was (and is) a body of therapeutic specialists who stood for the development and maintenance of the distinctive principles and methods of homœopathy as it was given to the world by Hahnemann. Their purpose was to redeem homœopathy from the many corruptions and perversions which had crept into its practice, which, I am sorry to say, still exist.

It has been the subject of criticism by some, from the conventional standpoint of the scientist, that homœopathy, as a scientific system of therapeutic medication, should not only itself bear a distinctive name, but be so closely bound up with the personality of an individual, even though he were its founder. The average scientific man rather plumes himself upon the "impersonal character of science," sometimes forgetting that, as Kipling says, "Things never yet created things."

Back of the Thing there stands always—the Man. Back of the Great Pyramid stands the Pharaoh who conceived it, and with him the architect who planned it and the toiling thousands of artisans who quarried and raised, tier on tier, the masonry which composes the greatest monument of antiquity. Back of St. Paul's, in London, stands Sir Christopher Wren and back of Christianity, which

<sup>1</sup>Delivered Tuesday evening, March 16, 1926, in Philadelphia, by invitation of and before the entire student body of Hahnemannian Medical College, organized as the Hahnemannian Institute.

St. Paul did so much to formulate and organize, stands that supreme personality of all the ages, The Man of Galilee, whose name it took.

We need have no compunctions, therefore, about recognizing the inseparable connection of the man, Hahnemann, with homœopathy. True scientists always delight to honor the names of men of genius and inspiration, upon whose unselfish labors every science is based. I am proud, as I trust you are, to stand tonight within the walls of an institution of learning which, for so long a period, has borne the name of the illustrious founder of homœopathy.

Homœopathic Philosophy, of course, like any other branch of philosophy, deals with the general principles, laws and theories that furnish the rational explanation of things that come within its scope. It is sometimes called the Science of Homœopathics. It has its source and was first set forth in *The Organon of Medicine*, by Samuel Hahnemann, the originator and founder of the homœopathic system of therapeutics.

Although it was first published in 1810, the *Organon* remains to this day the fundamental textbook and highest authority of homœopathy. It is the "Bible of homœopathy," but like the Bible of theology it must be restudied and reinterpreted by each generation, in the light of advancing knowledge and experience. Some things in it which were clear to the men of 1810 are obscure to the men of 1926, unless they are scholars who are familiar with the history and progress of philosophy and science in all their epochs and phases. To others, the abstruse nature of some of its subjects, its involved sentences (characteristically German in their construction), its erudite citations and allusions, its unfamiliar nomenclature, its archaic illustrations and, on provocation, its dogmatic or controversial tone, constitute a barrier difficult for some to surmount.

Having said the worst that can be said about the *Organon* let me add that, largely by virtue of these very peculiarities, as well as the vast importance to humanity of the general subject with which it deals, it becomes a "human document" of surpassing interest and charm. For the greater part it may be read understandingly by any person of average intelligence, even a layman. The more obscure parts are for the scholar, the expert and the critic.

The manifest earnestness and sincerity of its author, the profundity and vast extent of his learning, his deep convictions, his courage in attacking long-established errors, his sympathy with the sufferings of humanity, his respect for natural law and his logical application of its principles, with his profound reverence for the Supreme Being and Law Giver, all taken together, constitute an appeal of great power to every serious mind.

For your encouragement let me tell you that when my old family physician (who thought he detected in me at eighteen years of age the signs of a budding medico) put into my hands his copy of the *Organon* and advised me to read it, I did so with the keenest zest. Reading it as I would any other book I found it intensely interesting, although (and perhaps because) my previous knowledge of medicine had been derived principally from "Ayer's Almanac" and "Dr. Chase's Family Receipt Book," when I was a boy on the old farm in Wisconsin.

Although I had previously given only casual thought to the idea of entering the medical profession, this reading of the *Organon* decided me. Its logic convinced me. Its possibilities captivated me. Shortly afterward I began to study medicine seriously under the preceptorship of my good old "discoverer." You may be sure that he did not fail to drill me thoroughly in the teachings of the *Organon*. The identical old book, bearing his autograph on the fly leaf, has been one of the choicest treasures of my medical library for almost fifty years.

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The day of secrecy in medicine is past.

Time was when the typical physician wrapped himself in a mantle of mystery, exclusiveness and silence, looked pompous and emulated the owl. In speech he was oracular, in manner, dictatorial. He rarely condescended to explain his actions to his patients. But times have changed. Physicians have become almost human—some of them. They now take their patients into their confidence. They talk, they explain, they instruct, they "think out loud." They give reasons for what they say and do. They seek the intelligent co-operation of their patients and impress upon them the necessity of working together. In other words, they have developed a new philosophy and adopted a new policy. It is recognized now that the physician has something to teach and explain, and the patient something to learn and do in order to get well and

keep well. It is the physician's business to learn the causes and conditions of the patient's illness, and to teach and guide him in health, as well as treat him for his diseases. His mistakes and misconceptions must be pointed out. His wrong habits and methods of living must be corrected. The patient must be roused to a sense of his own responsibility for his condition. His case is a problem—an individual problem—to be studied and solved intelligently and rationally. It must be made clear that, for him, it is the most interesting problem in the world, and that the physician's business is to help him solve it. The patient must do his part. The physician cannot do it all, and should not if he could. There must be co-operation between the physician and his patient, between the profession and the public, and this applies to the treatment as well as the prevention of disease.

Now, several things are involved in this new attitude of the physician toward the public, some of which apply to the patient and some to the physician himself. The first and most important thing is that the physician shall have full knowledge of what is *true and reliable* in medicine, and especially in therapeutics, in order that he may have something worthy of explanation. In one word, he should have a *true philosophy*. For there are philosophies that are *not true*—"Science falsely so-called," as St. Paul expressed it. Medicine is full of it.

The general aim or purpose of the physician, of course, is to create and develop an intelligent and loyal following in the field which he has chosen for his life work. The field of Health, in which he is the natural leader, is not only a large, but a very important one; for success in any department of the world's activities depends very largely—one might say primarily—upon good health. He should, know, therefore, *the true basis of health*, and how to restore it when lost. In other words, he should be a master of the science and art of therapeutics. It follows, without argument, that he should be a *homœopathician*, since in homœopathy we have a consistent body of truth.

"*Mens sana in corpore sano*," a sound mind in a sound body, is generally recognized as the prime requisite for success in any vocation. But to attain that ideal condition, or even a fair approximation to it is sometimes, for the average man, lay or professional, a very difficult task; for, unfortunately, we all come into this world hampered more or less by inherited organic weaknesses, defects

and disproportions. From these arise certain tendencies and predispositions to disease and disability. These must all be found, recognized, combated and overcome, as far as possible, if we are to make the best use of our powers and play our legitimate part in life. To do this most successfully we must now have recourse to the new science of Human Morphology as developed by the late Professor DiGiovanni of the University of Padua, Italy, which is soon to be introduced into the United States.

To heredity must be added the influence of unfavorable environment upon our lives. For a long period during the development of modern biological science under the theory of evolution, undue emphasis was placed upon environment as the predominating influence in the development of the individual and the race. Even before the theory of evolution became so popular, back in the seventeenth and eighteenth centuries, many philosophers taught that man was the product of environment and education, and that all men were born equal. If they later became unequal they were taught that it was because of unfavorable environment and unequal opportunities.

"The Declaration of Independence," says Professor Edwin Grant Conklin, biologist of Princeton University, "merely reflected the spirit of the age in which it was written, when it held 'this truth to be self evident, that all men are created equal.' The equality of man has always been one of the foundation stones of democracy. Upon this were founded systems of theology, education and government which hold the field today."

We may add that medicine is still largely dominated by that idea, as I shall presently show.

"It is still popularly supposed," says Professor Conklin, "that complexion is dependent upon intensity of light, and stature upon the quantity and quality of food; that sex is determined by food or temperature, mentality by education, and that in general individual peculiarities are due to environmental differences."

Yet none of these suppositions is true, except in a minor, almost negligible degree. Nor is it true that the diseases of men are solely the product of environment, or that they can be thrown into diagnostic and pathological groups and treated successfully as entities, as if all individuals were equal.

"No one now seriously thinks that life can be experimentally produced from non-living matter," continues Professor Conklin,

"nor that we can make species by the process of experimental evolution. Inherited variations do appear, incipient species arise, but there is very little evidence to show that they appear in response to environmental changes, and at present we have no means of controlling such variations. Belief in the omnipotence of environment for the evolution of the species has steadily waned in recent years, while a belief in the intrinsic (or hereditary) causes of evolution, such as the mutation theory and orthogenesis has increased. The old view that men are chiefly the product of environment and training is completely reversed by recent studies of heredity. The modifications which may be produced by environment and education are small and temporary as compared with those which are determined by heredity."

Nevertheless we must recognize that if environment plays only a small part in the evolution of the species, it plays a large part in the *modification* of the developing and even the developed individual. The organic constitution which man inherits from his ancestors is profoundly modified by the influences and agencies which are part and parcel of his environment. Its character and development are modified for better or worse by his education, his habits, his modes of life and thought, his occupation, his diet, by drugs, by medical treatment, good or bad, and by many other things. By these agencies, consciously or unconsciously to himself, he is moulded and impressed, according to their nature, into the image and likeness of the spirit of the age and community in which he lives. The form of his body and character of its functions, the relative degree of development of his vital organs and the character of their functional relation to each other, singly or as systems—in one word, his morphology—are all subject to the modifications of his environment, external and internal, for good or evil. Even his mentality and psychical entity, through education and suggestion, take on largely the characteristics of those with whom he is most intimately associated. His life is a continuous process of reaction and adjustment to the forces around and within him, a constant struggle between the forces of heredity and environment.

With so many adverse influences; with so much ignorance and disregard of the laws of life and health; with so much that is vicious and vile; with so much sin and crime and immorality, so much selfishness, callousness and greed, so much atheism and in-

fidelity all around him, it is no wonder that man's normal development is hampered and that he so often becomes a victim of degeneration and disease.

But there is another side to the shield. For every one of these adverse influences there is an opposing force which works for good. The struggle between good and evil, between light and darkness, between ignorance and intelligence, in man and in nature, is eternal. Its story is the history of the universe, of evolution and involution in all their endless cycles of beginnings and endings.

Into the dark regions of this great field, to which I have referred, come the forces of religion and science, of philanthropy and social service, of education and reform, with all their many agencies and organizations for enlightenment, uplift and progress. Into this field comes *homœopathy* with a sane, pure, rational philosophy, with a definite, scientific, therapeutic method and a highly developed practical technique, all systematized and based upon a universal principle or law of nature. Its materia medica comprises, or may be made to comprise, every substance in the three realms of nature, mineral, vegetable and animal, known to have a medicinal action upon the living organism. By its pharmaceutical processes it is able to prepare all these substances, from the venom of the deadliest serpent to the delicate juices of the fairest flower, in such a way that they become true curative agents when called for, perfectly assimilable and absolutely harmless. In its posology and mode of administration of medicines it utilizes only the natural channels and does not enter forcibly nor violate the integrity of any organ or tissue of the body. Infants, adults and animals alike welcome its administration and respond to its healing touch with alacrity.

Now, much that is true of the general science of biology, and especially of the changing emphasis between heredity and environment is equally true of medicine, which is one of the biological sciences. Orthodox medicine, to a large extent, still regards all men as having been "born equal" and treats them accordingly, although it is changing—slowly. Homœopathy, on the contrary, has never regarded or treated men as being "equal." In philosophy and practice it is strictly an individualizing science, giving to each man his just due. For diagnostic and therapeutic purposes orthodox medicine still throws patients into classes, or groups, as if

they represented pathological entities, and treats all the individuals composing the group alike. Homœopathy teaches that the totality of the symptoms which perceptibly represent the disease process in the individual patient is the only rational basis of treatment.

Symptoms of disease vary as much in individuals as the individuals themselves do in their personalities. As a matter of fact the same disease in different patients may present many different clinical appearances. The same cause, be it a germ, a poison, or a traumatism, gives rise to different effects in different individuals, and the same remedy acts differently in different cases. Experiment and observation show that individuals react according to the peculiarities of their constitution, according to the laws of their own being, each one for himself in his own way. This is not saying that individuals do not resemble each other morphologically in certain broad characteristics common to the species; nor that their various types and forms of disease have not symptoms common to all cases of similar general character; but merely that they all have differences.

Homœopathic philosophy teaches that in all our dealings with the sick, medically, we can expect to succeed in curing them only in proportion as we recognize and adapt our measures to these individual differences—a mode of practice which is in perfect harmony with the biological principle which says that “variety is the law of being.” Hence, the commonly quoted but inadequately interpreted axiom which says that “not diseases, but individual patients must be treated”—an axiom which, unfortunately, is “more honored in the breach than in the observance.” Hence, also, the necessity for a *general principle* of therapeutic action, capable of being adapted to the needs of every individual in a rational and scientific manner, which is supplied only by homœopathy. Without this we are lost in the fog of conflicting opinions.

Bacteriology, with its many ramifications, is a very important subject. It sustains an important relation to homœopathy, but one that requires careful definition. You may not know that Hahnemann may justly be regarded as the father of medical bacteriology. He was the first to advance the theory that cholera, one of the great, typical germ diseases, is due to the presence of innumerable minute living organisms, by which it is propagated and conveyed. This theory he vigorously defended while he urged the adoption of the sanitary measures which it involved.

Later, in his great work on Chronic Diseases, he expanded the theory to include all epidemic, infectious and contagious diseases, acute as well as chronic. He recognized the parasitic or bacterial origin of leprosy and gonorrhœa, and most remarkable of all, he identified tuberculosis, in all its manifold forms and extensions, as of bacillary origin, and all this more than a half a century before the reputed discoveries of Koch, Pasteur and Noeggerath.

Of course Hahnemann's teachings were not set forth in the language and nomenclature of modern bacteriology, for that science had not yet been born but the basic ideas were all there, stated or implied. His “Psora Theory,” for example, covers the entire field of what we now call tuberculosis, and a good deal besides, and in the spirit, if not the terminology of modern science.

I cannot enlarge upon this interesting topic. I simply call attention to it.

I must also give you a word of warning in this connection from the standpoint of homœopathic therapeutics.

The great majority of medical men today are so completely obsessed by the spirit of bacteriology that they have lost sight of the individual altogether. They are attempting to force the therapeutic application of certain unproved bacteriological theories by methods which are neither legitimate nor scientific. Bacteriology can never give a complete explanation of disease, nor can it be made the basis of a complete or efficient system of therapeutics, because so many other factors besides micro-organisms enter into the production of disease. Bacteria are a factor in disease, and an important one, but their action is always conditioned upon the existence of many other factors, all of which must be taken into consideration in treatment. Not to recognize these facts is to open the way to grave abuses and misapplications of that which is true in bacteriology.

The current mode of preparing the various serums, vaccines and antitoxins, for example, and the administering of them through the hypodermic needle, in the prevention and treatment of disease, is productive of incalculable injury; while the effect upon the profession, from the scientific standpoint, is deplorable, leading, as it does, to narrowness of mind, arrogance, bigotry and intolerance. In so far as they are really prophylactic or curative, these substances may all be prepared and used efficaciously by the same simple and harmless methods used for other homœopathic medicines.



It seems that clinical observation is becoming a lost art. Under the sway of bacteriology modern physicians and surgeons are no longer interested in the clinical history and symptomatology of many of the cases with which they deal. Consequently, orthodox medicine today frequently finds itself therapeutically in a "blind alley"—a narrow passage with no outlet—from which it tries in vain to escape by digging its way through the thick walls with scalpels and hypodermic needles.

Symptoms, which represent the functional changes in the perverted vital processes which we call disease, have little or no meaning for the bacteriologist, except as vague warning signals that something is wrong. When they are brought to his attention, instead of studying the patient, his clinical history, heredity and environment, he merely collects a "specimen" or takes a "culture" and hastens to the laboratory, there to try to identify the micro-organism supposed to be the specific cause of the disease. Having found it, as he supposes, he prepares to administer a serum or a vaccine, vainly imagining that he can effect a cure that way. The patient may, and often does, recover but the dean of Cornell University Medical College is reported to have recently said substantially, in a public address, that "any case of disease which recovered under serum or vaccine treatment would have got well anyhow." So I am not alone in my strictures upon that kind of treatment. I could cite many others to the same effect if time permitted. But I will only quote briefly from a recent lecture by Professor James Ewing of Cornell, generally recognized as one of the greatest pathologists of the world.

Professor Ewing says:

"There are limitations to the significance of the purely bacteriological knowledge of disease. The old morphologists believed that bacteriology could never give a complete explanation of disease—a view which receives increasing support in modern times. Modern bacteriology is getting away from the study of bacteria themselves and turning more and more to the questions of *predisposing and contributing causes of disease*. In other words, it is reverting to the field of general pathology."

And again;

"The acute interest in immunology is not quite so intense as it was five years ago. *When bacteriology takes refuge in almost invisible filterable viruses, it comes to a dead standstill, as in influenza and poliomyelitis.*"

And still again:

"Much more can be accomplished by *study of the clinical conditions under which disease develops!*"

Thus Professor Ewing, on this important subject, aligns himself substantially with those followers of Hahnemann who have never departed from his strict, inductive, individualizing method in therapeutics, based upon pure clinical observation and experience, and guided by the natural law of cure.

And now, in the time that remains to me, let me try to give a brief and somewhat cursory review of homœopathic philosophy as it has been gradually developed since the time of Hahnemann.

Primarily the philosophy of homœopathy, as originated by Hahnemann and developed by later thinkers, is based upon the recognition of *Life* as the fundamental energy, power, principle and substance of the universe, individualized in every living being. It is distinctively a vitalistic philosophy. It recognizes life in the abstract as *energy*, and in all its manifestations in the concrete as a *force*. It holds that, in the last analysis, *all energy is living energy*.

It recognizes life in organism as the primary and direct cause of all organic functioning. Life is the motive power here in the same sense that electricity is a motive power in mechanics. Functioning normally the organism is in a state of order, or health. Functioning abnormally as a result of some influence inimical to life the organism is in a state of disorder, or disease. Health and disease are not things, or entities, but conditions or states of the organism in which life resides. Disease is merely a morbid or disorderly vital process, not a thing in itself, as orthodox medicine implies and as we are apt to think.

Homœopathic philosophy teaches that the things that cause or cure disease do not directly and solely by virtue of their own inherent powers or properties, but in conjunction with, and by reason of, the existence of life-in-organism which alone has the power to react. Medicines act only because the living organism has the power to react to their impression. A medicine makes no impression on a dead body because there is no living principle in it to react. As Grauvogl put it: "Substances taken into the organism from without, remain *passive within* the organism, while the organism toward them is *active*."



Observe, I am referring to organic *vital*, not inorganic *chemical* reactions. Inorganic chemical reactions in the external world are of an entirely different order. Life has a chemistry of its own, which man can only feebly initiate. Certain chemical actions and reactions are constantly going on in the living body, but they are conditioned and modified by the existence of the individualized life principle. These latter we recognize as physiological or pathogenic chemico-vital operations which take place only in the living body. They cannot be reproduced in their entirety in the laboratory. There is always something lacking—something which eludes the chemist—and that something is Life, which cannot be created by man.

In precisely the same way as in regard to Life, the homœopathic philosophy is based upon the recognition of *Mind*, in its subconscious and conscious aspects, as the intelligent power and principle of the universe, individualizing itself in every material concrete form.

(To be Continued.)

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### EDITORIAL NOTES AND COMMENTS.

**The Use of Homœopathic Remedies in Cardiac Pain.**—Pain which is apparently cardiac in origin and nature, may not in reality be due to cardiac conditions alone or even in part, since cardiac pain may be simulated by other clinical states; it is not, however, within the scope of this dissertation, to trespass upon the field of the diagnostician or cardiologist; rather will it be the endeavor to present in a purely practical manner the homœopathic therapy of cardiac pain; the latter will therefore, be considered in a broad rather than in a narrow technical sense.

If we consult an index of homœopathic provings, in other words, if we turn to a reliable repertory of the materia medica, we find some seventy-six remedies which are alleged to have produced cardiac pain; of these nine have the symptom "pain in the heart," in the highest degree; they are as follows: ACON., APIS, CACTUS, CEREUS BON., KALMIA, LITHIUM, PULS., RHUS TOX. & SPIG. Thirty-four have the symptom in a lesser degree and need not be here enumerated; the rest, thirty-three in number, are credited with the symptom, but in the lowest degree.

Even if we eliminate these thirty-three remedies from consideration altogether, we still have forty-three remedies likely to be of service in the relief of cardiac pain. The busy physician, in the active, daily routine of his work, is unlikely and perhaps can hardly be expected, to keep the indications for these forty-three remedies in mind. Neither can he draw fine differentiations by consulting his repertory, for as a rule, there is neither time nor opportunity for him to do so. He may, therefore, be perhaps excused, if he resorts to measures unhomœopathic in character. This is in fact, just what many homœopathic physicians do and the non-homœo-

pathic remedies employed, vary from those frankly physiologic in character, to the ever-alluring combination tablet of our own homœopathic pharmacies. We do not here presume to criticize this departure from the strict Hahnemannian path, neither do we question the justification for the use of physiologic remedies so-called, upon occasion. We realize that there are occasions when the law of similars does not apply, such for example, when a lack of reaction, on the part of the patient, is present and physiologic stimulation must be resorted to. Under such circumstances cardiac pain may and is indeed, likely to be a factor.

Nevertheless, there is an important sphere of action for the purely homœopathic remedy, if we will only seek a closer acquaintance with the latter and study more intimately, its characteristics. Hence let us glance at the indications for the nine remedies already mentioned as prominent, in the therapy of cardiac pain.

Aconite presents the symptom, "Intense pains (cardiac) in all directions, especially down the left arm, with numbness and tingling; anxiety, fear of death, coldness, cold sweat, feeble pulse." This complex is of course suggestive of angina pectoris. Stitches in the heart region are likewise found, but it is the typical Aconite restlessness and fear which call our attention to the remedy. The pains of endo or of pericarditis come within its range.

Under Apis mellifica we find, "Much pain about region of heart, with sense of fluctuation when turning on her side." The symptom is credited to the clinical condition of hydrothorax. We also find "sudden attack of *acute pain just below the heart, soon extending diagonally towards the right chest*"; likewise "several stitch-like pains just below the heart." Concomitant symptoms such as, "great anguish, restlessness; feels as if each breath would be the last" are characteristic and likely to be present. But no homœopath would think of Apis in its relation to cardiac pain unless he had a typical Apis case in general, which means, one of nephritis, hydrothorax or of erysipelas, rheumatism or pleurisy. The general indications for Apis must be present.

Cactus was long ago thrown out of the official list of accepted remedies, by our friends of the orthodox persuasion. We more simple-minded homœopaths persist in looking favorably upon it. Bastedo, Cushny and Wilcox, do not mention the drug at all. Certain proprietary pharmaceutical firms exploit it as of great value. Homœopathically, in the light of its provings, we find,

"SENSATION OF CONSTRICTION IN THE HEART, AS IF AN IRON BAND PREVENTED ITS NORMAL MOVEMENT." This symptom has been variously expressed and interpreted; clinically, it is unquestionably dependable and has many times been verified. Presumably the remedy is palliative in angina and in cardio-vascular conditions in general. Severe palpitation of the heart is frequently present, occurs both day and night and is aggravated by lying on the left side. Acute stitching pains in the heart area also occur, causing the patient to cry out and obstructing respiration. Violent irregular beating of the heart is noted, also sensations of pressure and heaviness in the cardiac region. Stauffer, in his most excellent "Homoöpathische Arzneimittellehre," speaks of its use in valvular disease of the heart, endocarditis, pericarditis, disturbances of compensation, such as dilatation and hypertrophy. Angina pectoris with dyspnœa. Basedow's Disease. Certain it is, that cactus does play an important part in homœopathic therapy and we would be badly off without it.

Of *Cereus bonplandii* we know comparatively little; it is a member of the Cactus family and might, therefore, be expected to produce similar symptoms. Allen's Encyclopædia, volume III, gives a proving of it by Dr. John H. Fitch of New Scotland, N. Y., who in 1892 presented a proving to the International Hahnemannian Association. The I. H. A. transactions for 1892 contain the pathogenesis of this drug. In Allen's presentation of the proving we find, characteristically marked, "PAIN AT HEART." Convulsive, agonizing cardiac pains are spoken of, also a sensation as though a great stone lay upon the heart. Symptoms are worse at night and from the pressure of the clothing. Clarke, in his "Dictionary of Materia Medica," gives the modality, "Heart symptoms worse lying on left side." This we have more than once verified clinically and know that it is dependable.

*Kalmia latifolia*, finds of course, no place in Old School Medicine, but homœopathic physicians appreciate its usefulness and think of it more particularly when rheumatism, by metastasis, affects the heart. Wandering pains are spoken of, in the cardiac area, extending down the left arm; also shooting pains, extending through the body to the scapula, by the "Guiding Symptoms" of Hering; the proving as presented by Allen, says nothing at all about cardiac pain, but does note as characteristic, "PALPITATION OF THE HEART," fluttering of the heart and slow pulse, even as

slow as forty beats per minute. Stauffer speaks of severe sharp cardiac pains, and notes the value of *Kalmia* in hypertrophy of the heart with disturbed compensation. He likewise mentions a rapid, weak and intermittent pulse, a symptom which should not be forgotten, in view of the fact that we look upon this remedy as having characteristically a slow pulse.

Lithium carbonate usually the carbonate, has produced in its proving a pain in the heart, even a violent pain in the heart and sometimes a sudden jerk or shock in the heart. The remedy is to be thought of in metastasis of gout to the heart, especially when there have been tophi and gouty pains in the small joints of the hands and feet. Farrington speaks of rheumatic soreness and valvular deposits of the heart. Certain it is, that this remedy is deserving of study and development.

*Pulsatilla*, that fickle, gentle, yielding little wind-flower, would scarcely be credited with the capability of producing cardiac pain; yet the proving says otherwise, for we read "*Catching pain in the region of the heart, subdued for the time by pressure of the hand.*" "*Dull stitches and constant pressure in the præcordial region, with anxiety that impedes respiration; relieved by walking.*" *Palpitation, anxiety*, etc. Kent gives, palpitation of the heart, worse when lying on the left side; this is of course, similar to *Natrum mur.*, *Phosphorus*, *Cactus* and some other remedies. It takes a *Pulsatilla* patient to make us think of this remedy in cardiac conditions; we do know that it affects the right side of the heart and the venous system in general and that it is unlikely to be of much curative value in actual organic cardiac lesions. *Anæmia* is more apt to be its sphere.

We all believe and think we know, that *Rhus tox.* is useful in cardiac pain, more particularly in cardiac disease the result of rheumatic fever; yet the original provings give very little symptomatology with emphasis upon cardiac pain. "*Palpitation so violent while sitting still, that the body moved with every pulse*" is found in Allen, and "some violent, pulsating stitches above the præcordial region," are spoken of. The latter symptom was noted by Hahnemann himself, in his "*Materia Medica Pura*" and is numbered symptom 540. The "*Guiding Symptoms*" speaks of "Stitches in the heart with painful lameness and numbness of the left arm," likewise "ORGANIC DISEASES OF HEART, WITH STICKING PAIN AND SORENESS; NUMBNESS AND LAMENESS OF LEFT ARM," "MYALGIA

CORDIS." These of course, are statements resting largely upon clinical observation and we must be careful not to place too great an emphasis upon them. As with *Pulsatilla*, if we have a real *Rhus tox.* patient, the remedy will do much good in cardiac disease with pain; but not otherwise. We cannot prescribe for the pain alone, *per se*. Hypertrophy of the heart, the result of prolonged exertion, undoubtedly belongs to *Rhus tox.* and under the circumstances we would expect pain, extending down the left arm, but the condition is one, for reasons obvious, not to be found in a proving.

*Spigelia* is a wonderfully effective remedy in neuralgic and in cardiac disease; so far as the latter is concerned, we think of *Spigelia* in endocarditis, the result of rheumatism and clinically, we can all testify to its value yet the early provings say very little about cardiac pain, but do emphasize very decidedly, oppression, anxiety and palpitation of the heart. The "*Materia Medica Pura*" mentions many symptoms of stitches in the chest, not necessarily in the cardiac area or always in the left side; yet one striking symptom is recorded, "WHERE THE HEART'S BEAT IS FELT, ONLY SOMEWHAT MORE EXTERNALLY, OBTUSE STITCHES RECURRING SYNCHRONOUSLY WITH THE PULSE." This to be sure, may be indicative of an intercostal neuralgia or perhaps, of an endo or a pericarditis. Clinically, we know that this is true. Experience at the bedside, with *Spigelia*, has shown that its cardiac pain is aggravated by lying upon the left side and compels the patient to lie upon the right side and in at least, the semi-recumbent position. These modalities have been frequently verified. In endocarditis, especially when acute, *Spigelia* is a most valuable and reliable remedy.

Of remedies pre-eminently cardiac in character, we have said nothing. *Strophanthus*, so far as homœopathic provings are concerned, shows little of actual pain symptoms. Among two or three others, Matthes and Gisevius proved the drug in the tincture, Gisevius taking as high as eighty drops. Matthes' proving produced, "Distinct stitching and restlessness towards apex of heart, increased impulse with peculiar pulsation and twitching throughout body." Gisevius noted, "Intense palpitation from comparatively slight exertion." Stauffer in his "*Homoöpathische Arzneimittellehre*" sums up the uses of *Strophanthus* very well and states: Dosage, tincture to third potency.

*Strengthens cardiac contractions*

Acts as a diuretic

No cumulative action

*Cardiac lesions, more of a chronic nature*

*Valvular lesions with arrhythmia*

*Heart insufficiency and weakness*

Cardiac asthma

*Dropsies*

*Nervous heart complaints* particularly before examinations or public appearances.

*Kidney diseases, chronic, with cardiac insufficiency and dropsy.* From all of this it will be seen, that our homœopathic use of Strophanthus is based upon its physiologic action as originally learned from old school sources. The homœopathic profession has contributed very little to this knowledge.

Digitalis has of course, received homœopathic provings and was proved by Hahnemann, assisted by Franz, Gross, Rückert, Stapf and others. In the Hahnemannian proving, contained in the *Materia Medica Pura*, very few heart symptoms are recorded and almost none concerning cardiac pains; but in the *Chronic Diseases* we find evidence of cardiac distress and pain, mentioned under the symptoms of the chest and in the introduction to the remedy, in which its clinical uses are recited we find "Angina pectoris—palpitation of the heart—carditis—chronic endocarditis. *Chronic and organic affections of the (principally left) heart and the large vessels*, especially hypertrophy with or without enlargement of the left ventricle—affection of the valves. Aneurism of the aorta." These of course, are simply clinical statements, based upon experience, but in no sense pathogenetic.

Allen, in the *Encyclopædia*, devotes several pages to heart and related symptoms, especially those concerning the effect of Digitalis upon the pulse; he speaks of pain in the heart, though pain symptoms are not at all prominent. On the other hand, the characteristic symptom, "A SUDDEN SENSATION AS THOUGH THE HEART STOOD STILL, WITH GREAT ANXIETY," is very strongly emphasized, also "*Dull uneasiness in various parts of the region of the heart, with a sensation of weakness of the forearm, etc.*"

Convallaria majalis, lily of the valley and Adonis vernalis, a popular heart remedy in Russia, in their meager pathogeneses show no cardiac pain symptoms. Undoubtedly, however, both these medicines have been beneficial in some cardiac diseases; but it is

a debatable question whether any good effects produced by them have been due to their purely homœopathic or to their physiologic action, more especially since these medicines are commonly used in appreciable doses of the tincture, frequently repeated. Thus Royal, in his "*Homœopathic Theory and Practice of Medicine*," speaking of the dosage of Convallaria, states, "Give the second or third (potency) *except* for the purpose of *energizing the heart* (*italics ours*), for which purpose give ten drops of the tincture." Of Adonis he says, "Use in five-drop doses of the tincture."

From all of which it will be seen, that although many homœopathic remedies are credited with symptoms of cardiac pain, very few are really prominent in the production of such pain and these few are not characteristically or exclusively, heart remedies. Nevertheless, so far as heart pain is concerned, we feel that the homœopathic materia medica is rich in possible heart remedies and that, provided we will study these remedies, homœopathic prescribers have a real advantage in the possession of so many likely medicines, which can best be applied with the symptom totality of the patient in mind. Even sodium chloride, when indicated by its symptom totality and prescribed for the patient, rather than for the patient's disease, becomes a cardiac remedy of no mean importance and value.

**Insulin Disappointments and Hopes.**—Under this caption the London *Lancet* says in part:

"Those who hoped that the administration of insulin to a diabetic might lead to the cure of the underlying disease are apparently to be disappointed. As a result of observations lasting from 11 to 18 months on five selected cases of diabetes mellitus, no evidence has been obtained by Dr. G. A. Harrison of even a partial remission of the disease. The daily intake of carbohydrate, protein, fat, and calories remained fixed throughout. The dose of insulin was adjusted to the fixed diet according to the results of estimation of the blood-sugar content. All five patients needed as much or slightly more insulin at the end of the period of observation."

We quote this merely to emphasize the fact, that however valuable insulin may be, it is nevertheless not a *cure*, but is to be looked upon in the light of *substitutive* medicine. The diabetic patient will still need to be put upon a suitable diet and so far as we

homœopaths are concerned, will need to be prescribed for as an individual. There are no remedies for diabetes, but there are many remedies for patients who have diabetes; quite another matter. Cure remains, as it always has, an elusive thing and difficult to achieve.

**Iodin and Goitre.**—In the London *Lancet* for February 6th, the leading article by Sir James Berry, B. S., London; F. R. C. S., Eng., is entitled, "Some Clinical Aspects of Simple Goitre, with Remarks on its Causation." In speaking of the varieties of goitre Sir James says:

"If we leave aside malignant disease, acute inflammation, and certain of the rare forms of thyroid enlargement, we are left with two main varieties of goitre. The first is characterized by excess of the cellular elements of the gland and by diminution or absence of colloid. This is exophthalmic goitre in its various forms. It appears to be essentially a hypertrophy of the gland, although this is probably not the whole explanation of the condition.

"The second variety is that of simple or endemic goitre, and the first point that I want to emphasize is, that *simple endemic goitre is not a hypertrophy of the gland. It is essentially a degeneration.* The enlargement of the gland in the earliest stages in which I have been able to observe it, consists primarily in a distension of the organ with colloid, with *atrophy* of the epithelial elements. In this respect it differs entirely from the goitre of Grave's disease, in which, as mentioned above, the enlargement is due to an increase in the cellular elements of the gland. This misuse of the term hypertrophy as applied to simple goitre, is very widely spread in literature at the present day."

Further on, in combatting the prevalent idea that a lack of iodine is the cause of goitre, the author states:

"The most convincing single proof of the baselessness of the 'lack of iodine' theory is afforded by what occurred in connexion with goitre at Sanawar in North India, investigated by Colonel McCarrison and fully reported by him in the *British Medical Journal* of June 7th, 1924. At a large school in an institution at that place, where a high incidence of goitre had been present for many years, he found in 1913 that over 80 per cent. of the children were affected. By his advice a new and pure water-supply was introduced in 1918. In 1922 'goitre was reported to have disappeared from the school.' In the autumn of 1923, when he revisited the school, the incidence of goitre was

only '2.2 per cent., or no greater than the incidence of thyroid enlargement among school children residing in a non-goitrous district such as Delhi.' He was assured by the principal that no changes had been made in the food. Samples of the new water-supply were analysed by the chemical examiner of the Punjab Government, who reported that it contained no iodine. Not satisfied with this, Colonel McCarrison 'caused 25 gallons of water to be evaporated to dryness after the addition to it of sodium carbonate. The residue thus obtained was sent to the chemical examiner for estimation of its iodine content. He reported that it contained no iodine.' It was clear, therefore, 'that the disappearance of goitre was not due to an increased intake of iodine either by way of the new water-supply or of food.' Surely this well-attested instance of endemic goitre, ended by the introduction of a water-supply devoid of iodine, should alone be enough to demolish the 'lack of iodine' theory altogether."

And expresses his belief, based upon long observation, study and experience in many continental countries, as well as in England and Scotland, that the true cause of simple goitre is to be found in the presence of calcium in potable waters. In this connection he states:

"To my mind there is abundant evidence that the cause of endemic goitre is to be found in drinking water, and though I fully admit that the actual nature of the poison is not definitely proved, I am inclined to think that in the minute particles of inorganic mineral matter (probably calcareous), suspended in the water, we find, even if not the actual poison, at any rate an essential accompanying factor. When visiting various goitrous districts I have been struck by the frequency with which the disease occurs among people who habitually drink turbid waters, and time after time I have been told the same story—that in certain districts goitre has disappeared or has greatly diminished since the introduction of a new and better water-supply. Undoubtedly much more attention is directed nowadays to the importance of the water-supply in connexion with endemic goitre, but whether the action taken in consequence is always wise is questionable. For instance, the adoption of the 'lack of iodine' theory by medical officers of health has led to the practice of adding iodine to public water-supplies both in America and Switzerland and also in this country. Whether this is a good

method of administering iodine for the prevention or cure of goitre has led to much controversy both here and abroad. Some advocate the alternative method of giving it in sweets or chocolate to school-children, or adding it to salt. This practice of the indiscriminate administration of iodine, though it may be suitable to places with high endemicity like many parts of Switzerland, is hardly necessary in England.

"I may refer to an excellent paper on the subject by Dr. James Wheatley, M. O. H. for Shropshire, who gives the preference to the iodisation of salt, and to another by Sir Alexander Houston, Director of Water Examinations, Metropolitan Water Board. It is to be regretted that both these writers appear to accept fully the lack of iodine theory. There is at least some evidence that iodine poisoning may occur from the indiscriminate administration of iodine."

His observation that iodine poisoning may occur from the indiscriminate administration of iodine is of course, highly significant and will find a responsive echo in the minds of homœopathic physicians, who, as a result of their knowledge of the pathogenesis of iodine, know when and when not to give it.

Finally, his conclusions will be of interest to physicians:

"1. Simple endemic goitre is not a hypertrophy but essentially a degeneration of the thyroid gland. The gland is not over-active, but under-active.

"2. Whatever may be the connexion between iodine and the thyroid gland, there is no reason for believing that a lack of iodine has anything to do with the causation of endemic goitre, as found in the human subject.

"3. It is quite certain that, at least in the vast majority of cases, the disease is produced through the agency of drinking water.

"4. There is much evidence that practically all waters which produce goitre contain frequently, although not necessarily at all times and seasons, mineral matter in suspension, usually in an extremely fine state of subdivision.

"5. There is also a good deal of evidence that this mineral matter is generally of a calcareous nature.

"6. Organic matter in suspension, although capable apparently of causing a hyperplasia of the gland, at least in animals, has not been proved to be the cause of endemic goitre as seen in man."

### BOOK REVIEWS.

Klinische Homœopathische Arzneimittellehre von Dr. Karl Stauffer, prakt. Arzt; zweite vermehrte und verbesserte Auflage—1926. Published by Johannes Sonntag, Verlagsbuchhandlung, Regensburg, Sternbergstrasse 10, Germany. Price, half leather, 35 marks; linen, 28 marks. (Approximately \$7 and \$9.)

This work of 1034 pages, now called by its author "Clinical Homœopathic Materia Medica," is the greatly enlarged and much improved second edition of the author's "Homœopathische Arzneimittellehre" published in 1922.

The remedies are arranged in the same alphabetical order as in the first edition; each remedy is prefaced by a brief notice of its pharmaceutical preparation, which is of course, in accord with the German Homœopathic Pharmacopœia of Willmar Schwabe of Leipzig. Then follow in the order of their importance, the regions or organs chiefly affected, leading symptoms and clinical notes. The latter reflect the long and extensive experience of the author, as well as that of others, upon whom he has drawn for information. Dosage, frequency of repetition, potencies and preparations used or recommended and finally, a list of analogous remedies for comparison, complete the analysis of each drug.

The book is excellently printed and bound; the various headings and rubrics are well spaced and typed, so that quick reference is greatly facilitated. Here then, is a work which will be of great help to every practitioner of the homœopathic art; every homœopath will be interested in it and will wish to add it to his other treasures in the library.

Stauffer's clinical notes contain many valuable observations, based as they are, upon practical experience. When he has had no experience with a remedy, he does not hesitate to say so. Hence one feels a sense of security in what he does say. For example under PRUNUS SPINOSA, *Klinisches*, he states: "As with Phosphorus, Prunus acts more upon the inner eye, chiefly upon blood stasis; I believe that I have brought about amelioration in disturbances of the eyes due to fatigue caused by prolonged reading

under artificial light. The action of Prunus is good in cases of constipation associated with hæmorrhoidal complaints. Other experiences I have none."

Der Kampf um die Homoöpathie—pro et contra, published by Dr. med. Reinhard Planer, practicing physician. Hügel Verlag, Leipzig—Gohlis Wilhelmstrasse 54, 362 pages. Price marks 10 (\$2.50.)

The publication of this book was instigated by the intense interest in and discussion of the claims of homœopathy in Germany during the past year. Dr. Planer, its author or rather compiler, has brought skilfully together the many essays, both for and against, on homœopathy and its principles. Some thirty-three articles are presented to the reader, many by physicians of the orthodox school (Schuhlmedizin) others by well-known German homœopaths, in reply. All are of interest and value. Among the list of names of the essayists, we find those of Prof. August Bier, Hugo Schulz and Georg Klemperer. The last named, now a Geheimrat Professor at Berlin University, was a Privatdozent during our student days in Berlin. We well remember his quick, snappy manner and his great ability as a teacher of physical diagnosis. That was thirty years ago, time does assuredly fly!

Among well-known homœopaths whose articles form an important part of the compilation, we note Otto Leeser of Frankfurt A/M; Sanitäts Rat Dr. Gisevius of Berlin, San. Rat Dr. Hugo Dammholz, also of Berlin, Dr. Stiegele of Stuttgart, where he is resident physician of the Homœopathic Hospital; Dr. Hans Wappler, etc.

To the seeker of knowledge concerning homœopathy and the controversy which it has aroused in scientific circles, this book is to be highly commended. Its compiler has presented the subject matter in an impartial and judicial manner and has himself refrained from comment, in order to avoid the possibility of influencing the reader. Medical libraries in this country should possess this work as a contribution to the efforts everywhere put forth, to advance truth in medicine.

### OBITUARY.

John B. Campbell, M. D., of 435 Putnam Avenue, Brooklyn, N. Y., died suddenly of cerebral hemorrhage, at his residence, on March 2, 1926, in the sixtieth year of his age. Dr. Campbell was born in Brooklyn, and resided there during his entire life. He was a son of the late Alice Boole Campbell, M. D., an able and well-known homœopathic physician who was one of the first women to enter the medical profession. He was a graduate of the New York Homœopathic Medical College in the class of 1888, and was associated with his mother in practice until her death. He was a member of the American Institute of Homœopathy, and of the International Hahnemannian Association.

He is survived by his wife, by a son, Carlton Campbell, M. D., now serving his internship in the Long Island College Hospital; and by a highly talented daughter, Alice B. Campbell, now in a western college preparing to enter a medical college after her graduation if circumstances permit.

Dr. Campbell was a man of original ideas and a deep reflective thinker. He was inclined to be radical in his views. He had a gift for striking, sententious phrases. Occasionally, but too infrequently, he contributed a paper to associations of which he was a member, or to the journals. These were always received with interest. He loyally upheld the principles of homœopathy and was a peculiarly gifted prescriber, often basing his prescriptions upon an unusual and original interpretation of symptoms.

He had artistic ability, which found expression, in his earlier years, in designing and executing domestic and ecclesiastical interior decorations, and in painting and drawing from nature.

Dr. Campbell was fond of music. He possessed a fine rich baritone voice and sang occasionally for friends, accompanying himself on the piano. At one time he was a member of the Tonkünstler, a German musical society of Brooklyn, and took part in its proceedings.

Somewhat reticent by nature, he was a good companion with those who were congenial to him. In his domestic life he was an ideal husband and father. He fairly idolized his children and devoted himself largely to them.

In his later years he was deeply and actively religious, and allied himself with the Plymouth Brethren, whose tenets he ardently



adopted and proclaimed on every possible occasion. He was wont to say during these years, that he continued to practice medicine only because of the opportunities it gave him to bring souls to God.

He will be missed by a large circle of patients and by many friends who, like the writer, enjoyed many pleasant and profitable hours with him.

STUART CLOSE.

STATEMENT OF THE OWNERSHIP, MANAGEMENT, ETC., OF "THE HOMŒOPATHIC RECORDER," PUBLISHED MONTHLY AT PHILADELPHIA.

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Sworn to and subscribed before me this  
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My commission expires February 10, 1928.

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REMEDY STUDY.\*

With Kali Carbonicum as the Remedy for Investigation.

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

Many students of materia medica begin with the chemical formula of the drug under consideration, giving its relationships in the drug world and sketching the pathological states likely to need such a medicine.

For instance: Hughes says of Kali Carb. in his pharmacodynamics:

"The carbonate of potash is not credited with any specific action of its own in old-school therapeutics; but is classed with the acetate citrate, and other vegetable salts of the alkali. The only exception is whooping-cough, where it has some reputation.

"Dr. Drury recommends it also in cough from relaxed uvula. It is in affections of the respiratory organs that it has found its chief use.

"It seems agreed that the chief indication for it is profuse, purulent expectoration, but also—which is peculiar to it—much pain in the walls of the chest.

"Another specific action of Kali Carb. is that which it exerts upon the ovario-uterine system.

"Besides these more defined uses of Kali Carb. it is a medicine which not infrequently comes into play in the treatment of complex cases of chronic disease. When the symptoms present are, on consulting our repertories, found in its pathogenesis, we may generally use it—preferably in the higher dilutions—with good hope of benefit."

\*Read before the Annual Meeting of the International Hahnemannian Association, New York, June, 1925.

Kali Carb. is one of the big polycrest remedies; yet there are just two pages devoted to it in this book.

Could any student learn to know this remedy from such a description of it? Is there anything distinctive one can remember? What sort of patient needs this drug? He could not tell.

Others pay not so much attention to the chemical side but go on to a brief survey of the parts of the body affected, giving a regional outline of diseases or disorders calling for the drug, with a few symptoms under each heading. It is all true so far as it goes, but it does not go far enough. There is nothing really distinctive here either, so the student must memorize these symptoms. After doing this for many remedies the memory begins to play tricks and the result is something near helplessness at the bedside in time of need.

A smaller group follows the keynote method in studying materia medica. These hunt for the famous "three legs to stand on" and drill on a few characteristics of each remedy, expressed oftentimes in terms of small details.

There is no broad vision here and the student is disappointed in practice because the keynotes do not bring success.

These groups of students seek to condense the materia medica. Many small volumes are the result. The use of these exclusively cannot lead to adequate knowledge of any drug, much less a knowledge of how to study the materia medica.

The homœopathic materia medica is too vast a thing to memorize. All any student can do in class is to learn how to study it; then he goes on studying it all his life.

The best preparation for remedy study is the observation of people; appearance, modes of thought, actions, reaction to environment, circumstances, etc. The homœopath should have had some training in psychology as well as the medical sciences.

The provings must not be condensed but the student must be shown how to use them, how to study. He is given the idea of searching for evidence of the personality of the drug, of how it behaves under all sorts of circumstances, how various things react upon it, what one may expect from it.

Then the drug provings are used as the field for observation from which to gather and formulate the characteristics of the drug which will be invaluable in actual practice and will differentiate the drug under consideration from all other drugs.

The symptom lists seem interminable. At first there seems to be no character or order to them, but soon the real personality of the drug begins to appear and generalizations can be made.

Taking Kali Carb., then, let us turn to the symptom lists, based upon the proving, as given in Hering's Guiding Symptoms and Allen's Encyclopædia of the Materia Medica, and, after reading them, begin carefully to generalize about the patient who would need this remedy.

Perhaps the first thing that appeals to the reader as running all through the proving is the character of the pains—sticking, stitching, burning pains.

"Stitches in forehead and temples."

"Stitches into eyes and root of nose."

"Stitches extend from nape of neck into the occiput."

"Sticking in the teeth."

"Twitching in left cheek with fine, burning stitches."

"A stitch in the upper lip."

"Sticking and biting in posterior portion of palate."

"Sticking pain in pharynx as if there were a fishbone in it."

"Sensation as if a stick extended from throat to left side abdomen, as if stick had a ball on each end."

"Sticking in the stomach."

"Sticking-tearing in right hypochondrium."

"Stitch pain in right side chest through to shoulder."

"Cutting, shooting, darting, stitching all over abdomen."

"Stitches in groins on moving or stretching out."

"Needle-like stitches in hæmorrhoids."

"Proctitis with violent stitching pain."

"Stitches in region of the kidneys."

"Sticking-itching in the glans penis."

"Stitches transversely through the pudenda."

"Uterine tumor; stitching pains."

"Labor pains stitching, shooting."

"Tearing-stitches in mammæ on flow of milk."

"Hoarseness as if something were sticking in the throat."

"Pleurisy; stitches in left chest."

"Systolic murmur; stitch pains."

"Stitching-tearing extending into finger joints."

"Stitches fine but very acute in left hip joint while standing."

"Stitches in corns."

This comes near being predicated of the patient as a whole and therefore general, doesn't it?

- "Burning and biting in the eyes."
- "Burning on tip of tongue as if it were raw or covered with blisters."
- "Painful blisters in all parts of the mouth, with burning pain."
- "Ulcerated nostrils with burning pain."
- "Burning in hæmorrhoids."
- "Feeling as if red hot poker were being thrust up rectum."
- "Burning in urethra during and after micturition."
- "Burning in hips before menses."
- "Burning stitches in both costal regions."
- "Burning pressure in back."
- "Burning at insertion of nail of middle finger."
- "Stitching-burning in ball of great toe."
- "Burning in skin."

Another generally characteristic kind of pain; and here is another one:

- "Throbbing and beating in the forehead."
- "Congestion to the head, with throbbing and humming."
- "Throbbing in head and whole body."
- "Beating vibration in right temple."
- "Throbbing behind ears."
- "Toothache only when eating; throbbing."
- "Throbbing in the pit of the stomach like a violent palpitation of the heart."
- "Throbbing in the præcordial region."
- "Pulsations in the abdomen."
- "Feels pulsation of all arteries even down to tips of toes."
- "Pulsation pains in upper arms at intervals."

Tendency to dropsy is another phase running all through this remedy:

- "Swelling between the eyebrows and lids like a sac."
- "Ascites."
- "Body, legs and scrotum dropsically swollen."
- "Painful bloatedness in groins."
- "Tension, heaviness—abdomen."

- "Oedema left foot extending upward over whole body."
- "Great swelling of feet extending to the malleoli."

Now, what would the following denote?

- "Coryza thick, yellowish, purulent, yellow, green or bloody."
- "Sore, crusty, nostrils, scurfy."
- "Much mucus in the back of the throat."
- "Tenacious mucus in fauces and posterior pharynx, difficult to hawk up."
- "Expectoration of small round lumps from throat."
- "Must expectorate much mucus frequently for half an hour."

Some will say that this merely shows that the remedy under discussion belongs to the potash group. It does show this, but discharges are important in indicating the kind of patient who needs the remedy and the kind of discharges listed here points to a patient with deep chronic tendencies toward organic disease.

The next thing which commands the attention of the reader of symptoms is the time aggravation. This too is important and characteristic of the remedy and of the patient who needs it.

- "Begins to cough as early as 3 A. M."
- "Dry, hard cough, especially worse 3 A. M."
- "Sharp, stitching pains awaken him 3 A. M."
- "She awoke every night for three nights consecutively at about three o'clock with the sense of water running from the mouth."
- "Awakening between 2 and 4 A. M. with nearly all ailments."
- "At 3 or 4 A. M. diarrhœa worse."
- "2 or 3 A. M. wakened by tensive pain at pit of stomach."
- "At 3 A. M. terrible attacks of asthma."
- "5 A. M. suffocating and choking cough."

So far we have found characteristics of the *drug* which are strong and peculiar and interesting, but these things are not characteristic of the *patient* or descriptive of the *person* who needs Kali Carb. So we look further. Ah! here they are:

- "Oversensitive to all sorts of things: drafts, weather changes, any illnesses, least touch, etc., etc."
- "Every noise is unpleasant."
- "Intolerance of the human voice."

- "Starts when touched."
- "Frightened and cries out whenever he is touched lightly on his feet."
- "Patient shrieks when even slightly touched on three painful vertebrae."
- "Great sensitiveness of the epigastric region externally."
- "Pit of stomach tense, swollen, sensitive to touch."
- "Painfulness of umbilical region to touch."
- "Great soreness about the genitals before, during and after menses."
- "Sore pain in vagina during coition."
- "Uterus tender."
- "Sore pain in upper part of chest on breathing, touching or lifting anything heavy."
- "Tips of toes very painful on walking."
- "Corns painfully sensitive."
- "Touch startles; causes pain which makes the patient shriek."
- "Can hardly bear pressure of clothing."

This shows the kind of patient, physically speaking, with whom we are dealing, and here is further testimony:

- "Weakness of vision."
- "Paleness of face and weakness."
- "After the spasmodic attack, eructations followed by extreme prostration; weakness; she could speak only very softly."
- "Nausea as if to faintness."
- "Wants to eat frequently on account of gone feeling in stomach."
- "When hungry, feels nauseated, anxious, nervous, tingling; cough and palpitation, better after breakfast."
- "Nausea and loathing from emotions, with anxiety and faintness."
- "Sick during a walk; feels as if she must lie down and die; pregnancy."
- "After attack: stupefaction, loss of consciousness, sopor; sometimes with delirium and followed by exhaustion."
- "In morning exhausted."
- "Great loss of vitality."
- "Feeling as if rectum were too weak to evacuate stool."
- "Vomiting with a swoon-like failing of strength."

- "Weakness of chest; weakness and weariness from rapid walking."
- "Heaviness in limbs; scarcely able to lift feet."
- "Trembling of hands and legs and easily fatigued from walking."
- "Weakness and loss of power in both arms."
- "Weakness of wrists as if sprained."
- "Tremulous fatigue."
- "Attack of faintness as soon as she moves but little."

A worn out, broken down constitution, ready to take on serious illness.

Now to come to the mental and spiritual side of this remedy, the real ego of it:

- "Dull, confused, stupid."
- "Excessive hurry in thought and action."
- "Irresolute mood."
- "Sensation as if thoughts vanished for a moment."
- "She could at any time burst into tears."
- "Obliged to weep much."
- "Despondency."
- "No joy in anything."
- "Irritable mood; peevish, morose."
- "Easily becomes very violent."
- "Every trifle vexes; impatient with her children."
- "Full of fears."
- "Dread of being alone."
- "Fears that she cannot recover."
- "Anxious about her disease."
- "Very easily frightened."
- "Sad presentiments of the future."
- "Anxiety every day."
- "Obstinate; frequently does not know himself what he wishes."
- "Longs for things with impetuosity; is contented with nothing."
- "Gets into a rage if everything does not go according to her wishes."
- "Constantly in antagonism with herself."
- "Alternating mood: at one time quiet, at another excited and angry at trifles."

Here is the person himself, his loves and passions, his moods and his turmoil states.

And what a patient it is! Full of conflict mentally and emotionally and physically; never quiet and contented; wearing himself out with irritability; full of anxiety and fears; obstinate and yet sensitive; oversensitive to pain and touch and noise and nearly everything; weak, prostrated, ready to take on organic disease; broken down in vitality; full of tremors and pulsations, of burnings and stitching pains.

No wonder Kali Carb. fits into many situations and no wonder it is not used as often as it should be. We have Kali Carb. patients all around us; we meet them in daily life.

If we can keep in mind the genius of this wonderful remedy we may turn back to health many a poor broken, irritable human being.

### THE THREE SIMILITUDES.\*

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

#### Introductory.

If this paper were a sermon and not a discourse upon the most fundamental subject in therapeutics—the basis of homœopathy—my text would in all probability be found in that most fascinating book of the Apocrypha, Esdras IV:

“And the angel, whose name was Uriel, answered me, and said, I am sent to show thee three ways, and to set forth three similitudes before thee.”

Fortunately, I feel sure you will agree that this is not a sermon; quite on the contrary, it is a very prosaic dissertation. There are seemingly but few prophets and fewer mystics among us at the present day; surely less than in the days of ancient Israel or even in the days of Esdras and the Maccabees.

There have been in medicine during the past, some of these prophets, Hippocrates, Paracelsus, Stahl and Hahnemann have perhaps most signally influenced the trend of homœopathic reasoning.

\*Read before the Annual Meeting of the International Hahnemannian Association, New York, June, 1925.

In the post-Hahnemannian era, such names as Boenninghausen, Jahr, Hering, Lippe, Guernsey, Dunham, Wells, the Allens and Kent have been conspicuous. Aside from these brilliant luminaries, these giant stars that blossom but seldom in a generation—there are countless lesser lights, whose single rays focussing their light from a single sun have illumined the dim atmosphere of medical science since its beginnings.

#### Philosophic Background.

In his instructive and intriguing introduction to a modern treatise on philosophy, Ouspensky's “*Tertium Organum*”—Claude Bragdon, himself an author of great charm, thus writes:

“In naming his book *Tertium Organum* Ouspensky reveals at a stroke that astounding audacity (we must remember Hahnemann's motto *audere sapere*—dare to be wise) which characterizes his thought throughout—an audacity which we are accustomed to associate with the Russian mind in all its phases. Such a title says in effect: ‘Here is a book which will reorganize all knowledge.’ The *Organon* of Aristotle formulated the laws under which the subject thinks; the *Novum Organum* of Bacon, the laws under which the object may be known. Behold I give you a *third organ* which shall guide and govern human thought henceforth.”

I make this reference to the work of Ouspensky in view of the fact that one of the most brilliant achievements in the development of homœopathy, the use of high potencies, originated in the mind of the celebrated Russian, Korsakoff.

In order to indicate a certain parallelism in the evolution of these three organs, and that existing—and several times previously pointed out—between the organons of Aristotle and Bacon and that of Hahnemann, let us briefly examine the main tenets of these philosophers; and then place in juxtaposition the principles enunciated by Hahnemann in his *Organon of Medicine*.

Dante said of Aristotle that he was “the master of those who know.” Hegel spoke of him as one of the richest and most comprehensive geniuses that ever appeared, and Goethe remarked: “It is beyond all conception what that man saw.”

The surviving writings of this great master are said to contain more than a million words (no one has ever estimated the works of Hahnemann).

H. G. Wells traces the rise and influence of the great philosophers following Pindar and Aspasia. Chief among them was Plato, pupil of Socrates. To Plato in his old age came "A certain good-looking youngster from Stagira in Macedonia—Aristotle, Son of the Macedonian King's physician." (384 B. C.-322 B. C.)

After the death of Plato, Aristotle established a school at the Lyceum in Athens, where, among other things, he set himself to the task of gathering well-ordered data on knowledge. "He was," therefore, says Wells, "the first natural historian."

Less theoretical and idealistic than had been Plato and Socrates, he anticipated Bacon and the modernists in his realization of the importance of ordered knowledge. Quotes Wells: "The Athenian writers were, indeed, the first of modern men. . . . Their writings are our dawn."

Among Aristotle's best known works may be mentioned his *Organon* or logic which is said to have been known to the western world since 1130; his *Ethics* and *Politics*; his *Physics* and *Metaphysics*; his *Politics*, the *Art of Rhetoric*, and the *Art of Poetry*, etc. Besides these he was renowned as a geologist and as a writer on natural history. He is said to have been the "Father of Logic." His use of the syllogism is basic; it is illustrated as follows:

"All men are mortal;  
Socrates is a man;  
Therefore Socrates is mortal."

If Aristotle was the Father of Logic, Francis (Lord) Bacon has been called the "Father of Experimental Philosophy." His philosophy, the *Baconian* method or *Logic*, is, broadly speaking (1561-1626), the *inductive philosophy, induction, or the inductive method*.

"The essential feature of which is the collection of particular instances of the phenomena under investigation and the progressive exclusion of non-essentials, the result being the apprehension of its generalized character."—Webster.

Aristotle, Bacon and Ouspensky—what has the author of the *Tertium Organum* of interest to us?

"Since the remotest antiquity," the author writes (*Novum Organum*), "the question of our relation to the true causes of our sensations constituted the main subject of philosophical research. . . . And that the cause of all observed phenomena

lies in the movement of atoms and the oscillations of the ether. It is believed that if we cannot observe these motions and oscillations it is only because we have not sufficiently powerful instruments, and when such instruments are at our disposal we shall be able to see the movements of atoms as well as we see through powerful telescopes stars the very existence of which were never guessed."

Here, in the utterances of a modern philosophic mind is the basis for an argument in favor of one of the chief claims of homoeopathy, namely, the potentiated drug, for is it not a fact that there are all about us varied forms of microscopic motion and life so infinitesimal as to escape detection even by the ultra-microscope.

An *Organon* (from the Latin, organum) is literally an instrument, hence by implication it becomes a means or method by which philosophical or scientific investigations may be carried out. The term in this sense, then, is an adaptation of the Aristotelian writers and from Lord Bacon, who called his philosophical treatise—the *Novum Organon*.

### The Three Similitudes.

Let us examine the three similitudes given to the medical world by Samuel Hahnemann. We may consider them in their order of development: *Simile* (the *Law*); *Simplex* (the *Logic*); *Minimum* (the *method*).

There are three ways, wrote Hahnemann, by which drugs may be applied. I, that which he called *Allopathic*, which endeavors to remove disease by the infliction of other or different conditions, chiefly through its action upon healthy parts; *e. g.*, through the use of purgatives, diuretics, sudorifics, deobstruents, etc. II, The palliative or anti-pathic, where the disorder is sought to be removed by direct antagonism; *e. g.*, by the use of soporifics, sedatives, opiates, etc., and finally—III, the homoeopathic, *e. g.*, in accordance with the therapeutic law of similarity, whereby the disease is cured by the interposition of a drug substance (remedy) which is related to the symptoms of the disease, only in the sense of its power of inducing similar but not necessarily the same (actual) conditions in the healthy. "This," states Hahnemann, "is of all the only direct one leading to gentle, certain and permanent cure, without ill effects or disability."

Here we have another series of similitudes, upon the last of these precepts he based his therapeutic system—a system of cure, which, if wisely and logically followed, will emancipate humanity eventually from the ills of inheritance and acquirement.

As homœopathy means the application of the three fundamental principles previously enumerated, we need only consider such subject-matter as pertains to these three fundamental relationships.

The similitudes that run through Hahnemann's writings are unique. There are the similitudes that he shows us with regard to his maxims of experience relative to, first, the meeting of dissimilar diseases in the organism wherein the weaker is suspended by the stronger; the meeting of similar irritations, when the one is entirely extinguished or cured by the other analogous power; and finally the third maxim relating to the actions of medicines as to their similitude or dissimilitude.

Again, there is the basic similitude of cure enunciated by Hippocrates: that diseases are cured by contraries, by similars; and sometimes, by remedies which are neither similar nor dissimilar. This, of course, is the basis of all schools of therapeutics, allopathy, homœopathy and possibly eclecticism or empiricism in its broadest sense.

Then there are the similitudes or primary, secondary and alternating actions of medicines, explained by Hahnemann, Boenninghausen and Hering.

What were the chief similitudes shown to the world by Hahnemann—most illustrious light-bringer known in the history of medical science? The familiar triad—“*simile, simplex, minimum.*”

A similitude is literally a likeness or similarity. There is an unmistakable relationship between these three-fold principles of homœopathy. We shall therefore consider them as Hahnemann's three similitudes. Let us first consider certain aspects of the first similitude.

#### The Law of Similars.

In its widest usage the Latin phrase, “*Similia similibus curantur*”—like cures like—is the recognized principle of homœopathy.

The more ancient doctrine of signatures likewise recognized a similar principle; *similia similibus percipiuntur*, similars are perceived by similars; *i. e.*, the assumption that there is a relationship between perception and the various effluvia, etc.

Reference has often been made to this old idea by writers on homœopathy.

Dudgeon speaks of it in his Lectures on the Theory and Practice of Homœopathy. Burnett traced the thread of it through the Organotherapy of Rademacher, and Dr. John H. Clarke has thus spoken of it in a recent address before the post-graduate session at the London Homœopathic Hospital:

“It will be remembered that many of the remedies in the Homœopathic Materia Medica have some distinguishing external mark about them suggesting their therapeutic uses. I may mention the fruit of the Horse Chestnut and the root of the Lesser Celandine, *Ranunculus Ficaria*, and their uses in cases of hemorrhoids, as example. But there is more in the doctrine of Signatures than this. It is the *invisible* ‘Signature’ which is of chief moment.

“This signatum (or signature) is a certain organic or vital activity, giving to each natural object (in contra-distinction to artificially-made objects) a certain similarity with a certain condition produced by disease, and through which health may be restored in specific diseases of the diseased part.”

Paracelsus also wrote: “*Sic similia ad similia addiderunt et similia similibus curantur.*” Here is the very evident trace of Hahnemann's Law of Similars. Hippocrates, as we have previously mentioned did, however, first mention its probability.

There is, it must be recalled, a law of attraction in nature, that may be expressed thus: Likes attract likes, unlikes repel unlikes.

There is also the Latin phrase *similis simili gaudet*, like takes pleasure in like.

There is, however, a so-called ratio of similitude found in Euclidean space; namely, “the ratio of corresponding areas is its *square*; the ratio of corresponding volumes is its *cube*.”

Then there is a principle in psychology known as the *Law of Similars*, that is, the association of ideas based upon similarity of percepts.

Hahnemann's first intimation that the observations he had made upon cinchona must have a basis in law and in fact thereby demonstrable dawned upon him as he thus expressed himself in his famous essay, “For the Great Necessity of a Regeneration in Medicine.”

“In an eight years' practice pursued with conscientious attention I had learned the delusive nature of the ordinary methods



of treatment. . . . 'Thou must,' thought I, 'observe how medicines act on the human body, when it is in the tranquil state of health.' . . . That morbid state which a certain medicinal agent is capable of curing, must correspond to the symptoms this medicinal substance is capable of producing in the healthy human body!

"This law, dictated to me by nature herself, I have now followed for many years, without ever having had occasion to have recourse to any of the ordinary methods of medical practice. . . . And with what result? As might have been expected, the *satisfaction I have derived from this mode of treatment I would not exchange for any of the most coveted of earthly goods.*

"But this discovery of mine is so important that if it were known and acted upon, experience would teach every one that it is only by the curative employment of medicines, (*similia similibus*) that a permanent cure—this is especially observable in the case of chronic diseases—can be obtained by the smallest doses in a short time. . . ."

In these paragraphs we have the first foreshadows of the three similitudes as they are later perfected in the paragraphs of the *Organon*.

Inextricably associated with this similitude of *Law* is the means by which the observations of "How medicines act on the human body"—or *proving*, as it was later called by Hahnemann. We have as a guide to this the sections in the *Organon*, and the exemplary provings of Hahnemann and his friends and disciples throughout the constructive period of the *Materia Medica Pura*, the reconstructive period of the *Chronic Diseases*; and the later observations of the post-Hahnemannian provers.

To focus our attention upon this important and at the present much neglected procedure in the upbuilding of a scientific *therapeia* I wish to call attention to the admirable outline for International Homœopathic Drug Proving, that has recently been formulated by Dr. Pierre Schmidt, of Geneva, Switzerland, a member of this association. Nothing approaching it, it seems to me, has appeared in homœopathy for many years, and with the co-operation of the profession in various parts of the world, this outline should yield a bountiful harvest. The work now under the direction of Dr. Schmidt was undertaken at the last session of the International Council at Barcelona in 1924; and undoubtedly during his stay in America this year, Dr. Schmidt will make the details of the work more explicit.

In this modern age of objectified science, it is indeed interesting to witness a return to that more subjective, but inductive science of drug proving so much neglected in our time of laboratory domination.

The work of the International Drug Proving, however, needs arduous support by all qualified by experience and interest to assist. (*Vide*, British Hom. Journal, Vol. XV, No. 2, pp. 256-260.)

It is interesting to note how readily old-school authorities testify even though unwittingly to the existence of this law of similitude. For example, pathologists have observed that even the *Law of Similars* must be observed in the selection of donors' blood for transfusions, in order to insure the safety and benefit of the patient.

In his scholarly address before the American Medical Association in May, 1924, "The Romance of Medicine," the president, Dr. W. D. Haggard, of Nashville, Tenn., calls attention to the fact that there is a certain specificity between certain micro-organisms and the structures which they attack.

Dr. Haggard thus draws the very striking analogy between the eternal search of man for his essential selfhood.

"Kipling," he states, "tells of a legend in which the Gods stole the godhood from man, who was at that time a sort of deity. They agreed to hide it. The wisest of the gods, Brahm, hid this tiny, unstable light of the stolen godhood where man would never dream of looking for it—inside man himself. That has ever since been Brahm's secret and will always be until man himself discovers it. Can the physician not help him to find his lost godhood?"

It is likewise a fact that it is only the susceptibility in certain animals that makes their bodies available for scientific investigation with the flora of human diseases; and it has long been known that it is only certain forms of culture media that can be utilized in the growth of specific bacteria.

"Shall it be said," wrote Hahnemann, "that the infinite wisdom of eternal Spirit that animates the universe could not produce remedies to allay the sufferings of the diseases it allows to arise? . . . Shall He, the Father of all, behold with indifference the martyrdom of his best-loved creatures by diseases, and yet have rendered it impossible to the genius of man, to which all else is possible, to find any method, an *easy, sure, trustworthy* method whereby they may interrogate. . . . Medicines as to what they are *really, surely* and *positively* for?"

May it not be that Hahnemann has given to us the one means by which the physician can aid his fellow man in the recovery of "His lost godhood"?—and that is by the therapeutic law of similars.

Perhaps it was even that "great fundamental principle," enunciated by the late Sir James MacKenzie, in his last letter (to a young correspondent explaining his reasons for leaving London and going to St. Andrews)\* "which if discovered, would do for medicine what the Atomic theory has done for chemistry."

Was not such a principle discovered, or reapplied rather, by Hahnemann in his promulgation of homœopathy?

If the shade of the illustrious Sir James should return to earth a few decades hence, may we not hope that it would find such a principle accomplishing for medicine this very task? That the law of similars is such a principle there can be little doubt; it only remains for the followers of Hahnemann to do for the School of Sir James MacKenzie what he so felt was so deeply the need. *Simplex*, the second similitude: *The Single Remedy*.

There is not much encouragement in orthodox medicine for the future of research along lines suggested by Hahnemann in his essay on a New Principle for ascertaining the curative power of drugs, until they at least will investigate in the line of their own Haller, whom even Hahnemann concedes was the first to suggest that the proper reagent for studying the pure effects of drugs is the human body.

The search for specifics has at all events long engaged their attention. They have, they believe, been to some extent rewarded, as for example, in the use of mercury in syphilis, quinine in malaria, ipecac in amebiasis, iron in anemia, etc.; yet the search for such agents as Salvarsan (606) as the "great sterilizer" leaves a good deal to be desired in specifics, to say the least.

The recognition of the causative factor in syphilis has, as also is the case in the orthodox treatment of diphtheria, done away at a single stroke with the bulk of local treatment once considered the *sine qua non* in its successful treatment.

Some writers on dermatology in its relation to syphilis even go so far as to suggest that there is an internal aspect as well as an external manifestation of syphilis, scabies and all dermatoses. (*Journal of the American Medical Association*, Vol. 84, p. 1616.)

\**The Homœopathic World*, March, 1925.

Hence the abandonment to a large extent, through the use of specifics of the nauseous and degrading polypharmacy once so universally practiced.

This in reference to physiological therapeutics only; it can and does not have the slightest relation to the use of the single remedy in homœopathy based upon its proving on the healthy.

Wright, in his experimental work in vaccine-therapy, made possible the investigation of reactions according to negative and positive phases of immunity, which are not greatly in disagreement with the observations so long common in homœopathic practice following the use of the single remedy in the minimum and often the single dose.

Hence the philosophy of dosage and repetition employed in homœopathy becomes more intelligible to the layman, who has perhaps been well schooled in so-called progressive and preventive practice, and has unfortunately but recently heard of homœopathy.

Similarly the advent of vaccine-therapy with its employment of the single agent has, we feel, routed the too widely prevalent habit of polypharmacy in homœopathy—the combination tablet: In other words, it has been of negative service at any rate in abolishing some of the prejudice regarding such terms as *potency*, *single remedy* and *minimum* or *optimum* dose.

Hahnemann's own clear-cut rule for the use of the single remedy is to be found in Sections 272, 274 of the *Organon*, as follows:

"In no case under treatment is it necessary and therefore not permissible to administer to a patient more than one single, simple medicinal substance at one time.

" . . . he will never think of giving as a remedy any but a single, simple substance . . . because even though the simple medicines were thoroughly proved with respect to their peculiar effects on the unimpaired healthy state of man, it is yet impossible to foresee how two or more medicinal substances might, when compounded, hinder and alter each other's actions on the human body. . . ."

This should answer once and for all any of the insubstantial arguments for the use of compound medicines; and also the use of medicines in alternation. The method of the single remedy forever stands for the truth, integrity and survival of Hahnemannian principles and practice.

(To be Continued.)

## IMMUNITY.\*

Ralph S. Faris, M. D., Richmond, Va.

Immunity is defined as: that condition of the living body which renders it secure against any particular disease.

Every infectious disease is the result of a struggle between two variable factors—the pathogenic powers of the infection on the one hand, and the resistance of the subject on the other; each of these is again modified by variations in the conditions under which the struggle takes place. Thus a given infection may be capable of causing a fatal result in one individual but may be only moderately virulent or even entirely innocuous for another. Conversely the same individual may be highly susceptible to one variety of disease but entirely resistant to others. The susceptibility or resistance of the individual varies with his physiological state or by the environmental conditions under which the two factors—invader and invaded—are brought together. Therefore, immunity can never be properly discussed without careful consideration of all modifying conditions which influence it.

There are two forms of immunity—natural and acquired.

Natural immunity is that innate power of the body to throw off or to overcome any diseased condition with which it may come in contact. To a certain extent, of course, this escape from harm is due to the external defenses of skin and mucous membrane which, in the healthy state, mechanically prevent the entrance of infection into the body. Moreover, added to this, there is some protection in the bactericidal properties of the secretions; and the activity of the blood serum and the phagocytic powers of the leukocytes. These forces are active against all diseases, but they may vary in different races, or even individuals, in potency against any given infectious agent, and, to a certain extent, variations in resistance may be referable to this.

Acquired immunity is secured by an inoculation with a specific virus, vaccine or antitoxin, or by a previous illness. It is divided into Active and Passive. If the subject is stimulated to develop its own immunity by the injection of dead parasites or their metabolic products, the resulting stage is called one of Active Immunity.

\*Read before the annual meeting of The International Hahnemannian Association, New York, June, 1925.

However, if the blood serum of an immune animal be injected into a normal one the resulting condition is known as Passive Immunity.

Hahnemann in his *Organon* shows us how the body acts under different conditions. First, if two dissimilar diseases meet in the same body, and if the older one be stronger, the new one will be repelled and not allowed to affect the body. A patient suffering from a chronic disease will not be affected by a moderate epidemic. In any violent epidemic there are always some individuals who go through it unscathed, and we wonder how they escape. A large number of these fortunate ones have unusually strong, vigorous bodies, and their state of health is good. Again, we will find quite a number who are anything but strong and healthy—one may have tuberculosis, another may be in the last stages of Bright's disease, and possibly the next may be suffering from diabetes; but in any case, the stronger chronic disease prevents the accession of the weaker epidemic one, which is dissimilar. Rachitis, according to Jenner, prevents smallpox vaccination from taking effect. Under other than homœopathic treatment the old chronic disease remains uncured and unaltered, *i. e.*, it is not affected by medicines which are incapable of producing in a healthy individual the state of health found in the diseased condition which has been encountered, provided the treatment is not carried on too long or too violently, in which case other diseases are formed in its place, which are most difficult to cure and more dangerous to life.

Second, a new and more intense disease suspends a prior and dissimilar one, already existing in the body, only so long as the former continues but it never cures. A patient who had been suffering from smallpox for six days acquired measles. The inflammation from smallpox remained stationary until the desquamation of the measles, after which the smallpox continued to run its regular course, appearing on the sixteenth day about as an ordinary case would look on the tenth. This shows that dissimilars cannot cure, but only suppress, and that as soon as the stronger disease disappears, the weaker one will take up its course as if it had not been interfered with.

To illustrate this farther: A patient is suffering from Bright's disease in the early stages, but still far enough along to make a diagnosis. He contracts syphilis; his kidney condition seems to clear up; albumen disappears; his waxiness fades away and he

appears to be better. After a year's treatment his syphilitic symptoms may be conquered, and as they leave, the albumen returns in the urine; the waxiness comes back and the patient goes on to the terminal stages of an ordinary Bright's.

Third, a chronic disease may be held in abeyance or seemingly be made to disappear by the use of violent medication. A patient suffering with malaria has been "cured"—so called—by massive doses of quinine, but the patient is not well. The artificial drug disease of quinine has been engrafted upon the underlying malarial diathesis, and the patient is worse off than he was previously. Proper homœopathic treatment will antidote the quinine and then the malaria will manifest itself again; the chills and fever will return and can then be cured by the application of the proper homœopathic remedy.

On the other hand, a new disease, after acting for some time, may join itself to the old dissimilar one and thus form a complex or complication of two dissimilar diseases, neither of which is capable of curing or annihilating the other. Each of these seem to occupy the part or organ peculiarly adapted for it, or as it were, the only place belonging to it, leaving the rest of the body to the other.

For instance, a syphilide may become psoric. These diseases, being dissimilar, cannot cure or remove each other. At first the venereal symptoms are kept in abeyance as the psoric eruption appears. In the course of time, however, they may join together and then each seeks the part most appropriate to it. This renders the patient more diseased and more difficult to cure.

Much more frequently than a superadded natural disease is a superadded artificial disease, caused by the long-continued use of violent unsuitable remedies. This combines a drug disease with a prior natural disease, and being dissimilar, a cure is impossible. Frequently, cases of venereal chancre are complicated with condylomatous gonorrhœa. This condition cannot be cured by long-continued or frequently repeated treatments with large doses of unsuitable mercury preparations, but assumes its place in the organism beside the chronic mercury affection that has in the meantime gradually developed, for mercury besides the morbid symptoms which, by virtue of similarity, can cure venereal diseases homœopathically has also among its effects many others unlike those of syphilis, such as swelling and ulceration of bones. If

large doses of mercury be given, the new malady will be engrafted upon the patient, engendering fresh evils and committing terrible ravages upon the body.

The result is entirely different, however, when two similar diseases meet together in the same organism. They cannot, as in the case of dissimilar diseases, repel each other; neither can they suspend one another to return at a later time nor can they exist together side by side: but the stronger must, and will, annihilate the weaker because they both act on the same parts of the body. In the same way, that the rays of a lamp are rapidly effaced from the retina by a sunbeam which strikes the eye with greater force.

It is claimed by many that acquired immunity may be obtained by injecting various substances into the body, such as antidiphtheritic serum for the cure or prevention of diphtheria; the injection of toxin-antitoxin, commonly called the Shick Test, to ascertain the patient's susceptibility to diphtheria, and to develop immunity against the disease. Vaccination is used to protect against typhoid fever, smallpox, cholera, plague, dysentery, staphylococcus infection, acne, gonorrhœa, pneumonia, and many other diseases, for some of which autogenous vaccines are also used. Favorable results seem to have been obtained in a great many cases, but on the other hand, bad results are not unknown—sudden death has occurred immediately following the administration of some of these agencies, as shown by Underhill.

From all of these studies we can only reach the conclusion, that the best immunity is that offered by a normal, vigorous body, maintained in a healthy condition.

**WHAT CURED?\***

Plumb Brown, M. D., Springfield, Mass.

"There are two kinds of people on earth today,  
Just two kinds of people, no more I say.  
The two kinds of people on earth I mean  
Are the people who lift and the people who lean."

I come to you today as one who leans—leaning upon you for help, for advice.

**What Cured?**

In section one of the Organon we read that "A physician's only mission is to cure." In section three we read "If the physician clearly perceives what is to be cured in every individual case—and if he clearly perceives what is curative in each individual medicine and if he knows how to adapt what is curative in medicine—to what is morbid in the patient—he is a true practitioner." This defines a cure and tells us how to cure. Once more I ask—

**What Cured?**

In this fair land of ours there is a section, not remote, where there are two classes of people who constitute very largely the medical thought. There are the self termed scientific medicists, who acclaim very loudly, the use of modern medical science, sensitize, immunize, vaccinate, inoculate and operate, etc. This is all.

If the patients live, science did it. If the patients die, every means known to science has been used, it was to be.

If you are not of this class you are a Christian Scientist, a fraud, or humbug. If you use other means in your endeavor to make sick folks well in the "quickest, safest and surest way" you are acclaimed as one largely bereft of your reason, or a hypocrite.

**What Cured?**

If you will bear with me for a few moments while I report a few illustrative cases I will then ask you to answer my query and lift me out of my state of despair.

Case 1.—I was called very hurriedly at 2 A. M., February 6th, to see Master I., two years of age. As Willie was an adopted child

\*Read before the annual meeting of The International Hahnemannian Association, New York, June, 1925.

no family history was available. The fond foster parents had been congratulating themselves that the baby was getting fat, developing a nice double chin. They were suddenly wakened about midnight by the frantic efforts of the child to breathe.

The double chin seemed very hard and the only relief to the difficult breathing was to throw the head as far back as possible. Examination showed a greatly enlarged and indurated sublingual gland. The child was flabby in appearance, head and neck covered with perspiration, cervical glands were indurated. Being five miles from town and in the night, there was no time to take a blood count, or use the various scientific diagnosis means. I was called to relieve the child. My diagnosis was adenitis, my treatment was one prescription of *Calcarea Carb.* 6x. The results were immediate and most gratifying and no further medication needed.

Case 2.—Master R. H., six years of age, had been under old school treatment for over a year for "swollen glands," scientific tests and observations had been made, as I was told, and an operation was deemed imperative. The surgeons were ready, the hour set. The nurse reported a temperature of 103. After a careful examination the surgeons left saying that the boy was too sick to operate, but he would have to be operated later.

In sheer desperation the family called me in as the ultra conservative. The glands of the face and neck were swollen, red and shiny. The auditory canal was nearly occluded, the flesh was moist but very hot, the face flushed. The diagnosis given me by the surgeons, was acute infection adenitis. *Belladonna* 3x restored the patient to health and as yet no operation has been performed.

Case 3.—Master C. G., twelve years of age, for over a year Charles has been under treatment for enlarged thyroid, tonsils, submaxillary and cervical glands. For weeks he has taken thyroid extracts, been iodized and been operated twice but not until he received *Bacillinum* 1m three doses were the glands reduced and his health restored.

Case 4.—Miss G. C., fifteen years of age, for the last three years has been a great sufferer from bronchial asthma and an enlarged thyroid. Her countenance bespoke extreme distress, eyes staring, pulse rapid, respiration very labored. She was under medical care for over a year with only slight, temporary relief of any of her

symptoms. She was sensitized and reacted to cat hairs and oatmeal.

The family cat was disposed of and she abstained from eating oatmeal in any form. The relief was prompt and decisive. No medication was given and in six weeks' time the glands were normal and she has never had any trouble with asthma since.

Case 5.—Mrs. F., thirty-five years of age, has been for years a great sufferer from indigestion and enlarged thyroid. She was a firm believer in massive doses of very strong medicine, but she received no relief. In her desperation she consulted me.

I gave her *Nux Vomica* 6x and in three weeks she reported at my office that she was feeling better in every way, no distress after eating, no pain, bowels normal; she has been able to attend and enjoy social functions which she had been unable to do for years. She supplemented her report with this remark: "You don't expect me to 'believe' that those tasteless tablets had anything to do with my feeling better." With that she left, never to return, neither has she ever paid her bill.

Case 6.—Mrs. M., fifty-four years of age, consulted me in December for Psoriasis. Her arms, back and limbs were nearly a solid mass of scales. She was unable to sleep on account of the severe itching, burning and bleeding.

The pathological report of urine was specific gravity 1005, reaction acid, albumen one gramme to the ounce. There was present some vesical tenesmus and much intestinal flatulence. *Arsenicum Iodatum* 3x was given and in six weeks the skin was clearer than for years, examination of urine was negative; very little flatulence present.

#### What Cured?

Medical statisticians lay claim to the fact that eighty per cent. of suffering humanity would get well if nothing were done for them and ten per cent. will *not* get well regardless of what is done and ten per cent. are cured by medical science.

The surgeon will claim that his skill and an operation cured and he will show you X-rays, blood counts, hæmoglobin tests, made before and after operating showing records of a large number of cures with low per cent. mortality and no return of trouble.

The organotherapist will claim that the serums and vaccines

cured and he too will produce voluminous statistical matter to prove his claim.

The electrotherapist will claim that electricity cured in a large per cent. of tabulated cases.

The so-called allopathic physician will be loud in his acclaim that his serums, vaccines, specifics, alteratives, antipyretics, tonics and other scientific methods have by actual numerical count cured in every case where a cure was scientifically possible.

The dietitian will report the results as shown by his carefully prepared charts, showing a large per cent. of cures where the diet was properly balanced, carefully regulated, intelligently restricted as indicated by the reaction following sensitization, chemistry of blood and excrementa.

We as homœopathic physicians claim that our remedies prepared according to a definite law and administered in accord with the teaching of Samuel Hahnemann and his faithful collaborators will cure.

Can we prove it? Have we hæmoglobin tests, taken before, during and after the administration of a potentized preparation of *Ferrum Metallicum* or the indicated remedy thus showing actual results? Have we recorded the blood pressure before giving *Lycopodium* or the indicated remedy and again after, showing by actual figures the results?

Have we figures to show that a case with a white blood count of twenty thousand and eighty-five per cent. leucocytes has been given the indicated homœopathic remedy and later the same case shows a blood count of nine thousand?

Have we statistics to show that cultures taken from throats giving positive reaction, thus showing to the pathologist the presence of *Klebe Lüffler*, staphylococcus or streptococcus bacillus, have shown a negative reaction after the indicated remedy has effected a cure? We lay claim to such results from our remedies but in the eyes of modern scientists can we prove it? We must be tolerant of and profit by the opinion of these scientists.

A chain is no stronger than its weakest link and in our personal enthusiasm about the action of our remedies have we not possibly failed to show to the world by actual figures that our personal belief is founded on facts, that remedial agents given according to the homœopathic law do assist the vital force to cure, to effect a permanent restoration to health?

Homœopathy is ours by inheritance and a wonderful heritage

it is. Our ideas of and our ideals for homœopathy and its best development, present and future, must be based upon facts, applied as well as acquired knowledge is demanded in our day. Potential ideals must be based upon actual facts, for potentialities are as great if not greater than actualities.

If Samuel Hahnemann were living today I feel certain that he would stand up and say in the words of the Apostle of old—

“Prove all things  
Hold fast that which is good.”

### AN ASSURED INCOME FOR PHYSICIANS.

E. Prescott Sherrill, Boston, Mass.

Much good thought and money is going toward the improvement of conditions for dumb animals; just what is being done for the general welfare of that most overburdened of all our domestic beasts—the overworked doctor?

China it seems to us has the most civilized, human and truly beneficial idea of the relation of doctors to health. There the physician is paid while his patients are in good health and receives no fees during their illness.

The result in this country from such an arrangement would be of the greatest benefit we think, to the community and to the doctors as a whole.

Why not reorganize our whole welfare fabric—giving our physicians real freedom, change and a measure of relaxation at stated intervals during the year?

Now, in our opinion the country doctor is the most overburdened man; working in the harness of so-called civilization—a country practice develops wonderful characters in men who start with high ideals of service and use—and they have to rely on themselves in many emergencies when the city doctor calls for help!

The all-around work of a practice where a man has just himself to depend upon develops an able man—but does such a man have a fair chance at life, as it is most worth while? What chance for rubbing brains with other brains interested in the same, or kindred subjects? His patients often gabble, but rarely talk, or say anything refreshing, stimulating or even approximately new or suggestive of fresh thoughts.

So often the out-of-town doctor plans a hard-earned vacation and some one of the numerous able mothers in his flock confide their coming addition to their growing family and ask the overworked doctor to promise to take them through their coming, old but ever new, experience of childbirth—he promises to be the captain to steer the little new craft into its new world—(as he has promised for years)—he waits for the arrival—which as usual drags, and again he finds himself defrauded of his well-earned and long-planned vacation! He has had to be dumb about his plans—he has not felt he could disappoint an old patient who always feels no other doctor can pull them through any emergency of life or death without him!

We think this is wrong—it's a lasting wrong to the doctor to have to give up year after year his needed change—it's a place where we need to educate the mothers. Of course many are trained to go to the hospitals but even then they want their own doctors to at least hold their hands during labor!

Why not begin a great and glorious crusade now: where the country doctor will have certain stated weeks throughout the year when he goes to the nearest city and attends such lectures as he yearns for, meets the men who mean the most to him—and leaves his practice with either another man of similar calibre or a fourth-year medical student who shall study each case and present conditions and symptoms to the nearest competent man over the telephone before presenting the prescription: or in a difficult case having the nearest good doctor appear in person and prescribe—doctors taking turns in rotation.

There have been many taxes made and paid in recent years—we suggest the tax which every family should pay to their chosen doctor so that he may live without constant worry and wonder about his income, leaving him an untroubled mind to use for the greater benefit of his patients.

The best plan we have thought of thus far, is where the family receive the doctor into their midst for a call and a meal—he then has first hand opportunity to study the environment and the food used—whether balanced meals are served or whether the old-fashioned sugar-soaked and fried-in-fat foods are in evidence—whether the children are allowed the foods only fit for adults—whether the children are laboring to chew with teeth where there is no proper occlusion.

What the home atmosphere is, if nerve racking: and if so who



is to blame—if shiftless where the urge for a mental backbone and energy to live a forceful life must come from—to study the needs of each group—in their home lair.

Then, that each individual must report at the doctor's office at certain stated times—the doctor to have the freedom of dropping in on a family any day during a certain week.

All the work being done for the betterment of home life has made an entering wedge for this kind of efficient service: this is an advanced method—from which a greater degree of efficiency and health would result—in all classes.

We suggest that all physicians go to, or give at least five worthwhile lectures in the year—if they are not good talkers, let them write five articles a year—but go to lectures they should.

Who can keep up steady work in any line year after year without becoming ratty, and having many cobwebs in their brains!

Look at the vacations the successful surgeons and doctors in our big cities take—and they work the better for them—they have to be fresh to carry on: but how much less pressure they would be under if they had an assured income and studied their cases and families with financially untroubled minds—how they could educate families.

Let the fees for the doctor's share of bringing babies into the world be a certain reasonable per cent. of the family income—and it seems to us that the specializing of this work is an excellent idea.

Many doctors need lectures on dentistry: often their own teeth are a disgrace—and they do not keep after their patients to go to the dentists when they should—and it's a doctor's responsibility as much as to be sure the patient takes intelligent care of their food values, proper elimination and exercise.

The old-fashioned pill pusher with the hearty hand, friendly, jolly and lack of thorough research into family needs is *passé*, human beings demand more thought now and realize the doctor with the analytical mind and the untiring interest in conditions as they exist, and the knowledge of all that goes to make life worth while here and hereafter, is the man they need and must have; if they are going to develop to their greatest strength and powers for use in this day and generation.

Let us all get together and see how soon we can liberate our dumb, long suffering, too little appreciated, greatest, friend of the family: the all-around life saver, our modern M. D.

## DIFFERENTIAL MATERIA MEDICA.

Dr. A. Pulford and Dr. D. T. Pulford, Toledo, Ohio.

We all meet cases in which data are meager and cases where two remedies may run almost parallel, making discrimination very difficult. In bedfast cases, at times it is almost impossible to discriminate between Bryonia and Rhus and in some chronic cases, between Phos. and Puls. A tubercular case recently called for such close discrimination between the last two.

We have well under way, a very fascinating, instructive, reliable and full Materia Medica, based on *Kent's Repertory*, but as it takes in too much territory for our immediate wants, we got out a characteristic one also based upon Kent's Repertory, giving the highest degree symptoms only, thus enabling us to get a better grasp on the unabridged Materia Medica. It is from this second work, that we do our differentiating.

If the editor of THE RECORDER will kindly give this space, we will append an example of how it works out, using Phos. and Puls. for illustration. All the symptoms given are of the first or highest grades only.

The first section shows *all* the symptoms shared equally by both remedies. Following this are the symptoms which, though shared by other remedies, are not shared by each other in any grade. Following these is a list of the symptoms found under no other remedy in the Materia Medica, other than the one under which they appear. To repeat, all symptoms below are first degree symptoms.

This is our idea of differential materia medica and how to study the remedies, by first reading what they have in common in equal grade and then referring to the same division, in the section where they differ.

### Section I.—Phosphorus and Pulsatilla.

*Mind:* Anxiety. Dulness, sluggishness, difficulty of thinking and comprehending. Excitement, excitable. Ailments from fright. Indifference, apathy, etc. Irritability. Sensitive, oversensitive. Inclination to sit. Indisposed to talk, desire to be silent, taciturn.

*Vertigo:* Vertigo; mornings on rising; looking up; lying down necessary; on rising from a seat; while sitting; while walking.

*Head:* Pain; > open air; < hot drinks; nervous; > walking in open air; < in warm room; on wrapping up head; in forehead. Perspiration on scalp. Warm covering on head <.

*Eyes:* Lachrymation. Paralysis of optic nerve. Halo of colors around light. Vision foggy; dim. Myopia.

*Ears:* Pain. Hearing impaired.

*Nose:* Coryza. Epistaxis. Obstruction. Smell wanting.

*Mouth:* Taste wanting.

*Throat:* Dryness.

*Stomach:* Appetite increased; ravenous; wanting. Aversion to warm drinks; to warm food. Desires cold food. Emptiness. Eructations; of food. Nausea from warm drinks. Pain; a. eating; b. warm food; pressing. Pulsation. Vomiting; bile; food; mucus; sour.

*Abdomen:* Emptiness. Pain. Rumbling.

*Rectum:* Diarrhea, a. slightest indiscretion in eating. Flatus. Hemorrhoids. Itching.

*Stool:* Green; mucus; watery.

*Urinary Organs:* Urination involuntary; d. cough. Urine bloody.

*Genitalia:* Male: Sexual passion increased. Female: Sexual desire increased. Leucorrhœa acrid, excoriating. Menses scanty. Metrorrhagia.

*Larynx and Trachea:* Irritation in Larynx. Scraping, clearing larynx. Tickling in larynx. Voice rough.

*Respiration:* Anxious. Difficult; a. eating; from walking rapidly. Rattling.

*Cough:* Morning. Dry; nights. From irritation in larynx. Racking. Must sit up. From tickling in larynx. Violent.

*Expectoration:* Morning. Bloody. Copious. Greenish. Mucus. Taste salty. Viscid. Yellow.

*Chest:* Catarrh. Inflamed bronchial tubes; Lungs. Oppression. Pain d. cough; sore, bruised. Palpitation of heart; anxiety; lying on l. side. Phthisis pulmonalis; incipient.

*Back:* Pain; on rising from sitting; in Lumbar region, on rising from a seat.

*Extremities:* Coldness of upper; of feet, from mental exertion. Heat of hands. Heaviness of feet. Pain as if sprained in joints. Tingling, prickling, asleep.

*Sleep:* Dreams anxious. Sleepiness. Sleeplessness; b. midnight; with sleepiness. Waking frequently.

*Chill:* Evenings. Internal. Shaking.

*Fever:* Heat in general. Afternoon. Evening. Night; with perspiration. Burning heat; evening; night. Continued (typhoid) evening. Perspiration with heat.

*Perspiration:* > a. waking.

*Skin:* Dry, burning. Eruptions: Discharge yellow; pimples. Hard swellings. Ulcers fistulous; with suppurative pain.

*Generalities:* Morning. Evening. Night; b. midnight. Anæmia. General physical anxiety. Chlorosis. Cold, a. becoming. Congestion of blood. A. eating. Warm food <. Hemorrhage. Sensation of heat from eating warm food. Heaviness externally; internally. Inflammation internally. Lying <; in bed <; on l. side <. Mucus secretions increased. Pain burning internally; pressing externally, internally; stitching internally. Pulsation internally. Sensitive externally; to pain. < while sitting; and b. sleep. Swelling: Bones. Tension externally; internally. On waking. Walking fast <. Weakness, nervous. Weariness. Wind.

## Section II.

### *Phosphorus.*

*Mind:* Abstraction. Answers irrelevantly; refuses; slowly. Anxiety; when alone; hypochondriacal; d. a thunderstorm. Desires company, < when alone. Delirium muttering. Dullness, unable to think long; on waking. Ecstasy. Fear; of impending disaster; that something will happen; of a thunderstorm. Deficiency of ideas. Indifference to loved ones; to relations; to her children. Senses acute. Sensitive to light. Shamelessness. Slowness in motion. Somnambulism. Speech incoherent. Starts easily. Aversion to thinking.

### *Pulsatilla.*

*Mind:* Anxiety; as if in hot air; in house. Confusion; > walking in open air; in warm room. Delirium with sleepiness. Doubtful of soul's welfare. Forsaken feeling. Grief. Introspection. Moaning d. heat. Praying. Restlessness d. heat; > walking in open air. Sadness > open air; in warm room. Sensitive d. heat. Sits still. Transient unconsciousness; in warm room. Weeping > in open air; causeless; d. chill; d. heat; involuntary; while nursing; when telling of her sickness.

*Phosphorus.*

*Vertigo:* Morning a. rising. Loss of fluids. Odor of flowers. Periodical. With staggering. Odor of gas.

*Head:* Anemia of brain. Caries. Dandruff. Exostoses. Falling of hair; in handfuls. Heat > in open air. Heaviness from mental exertion. Itching of scalp < scratching. Pain from daylight; sneezing; b. a thunderstorm; in forehead > open air, > a. sleep; in occiput a. sexual excesses; in sides in room, > walking in open air; burning, > in open air, < in warm room, in brain, in forehead > open air, in occiput, in sides, in temples; bursting > rubbing; pressing in forehead > cold applications, downward. Perspiration on forehead. Sensitiveness of brain. Softening of brain. Tired feeling.

*Eyes:* Atrophy of optic nerve. Bleeding from eyes. Cancer; fungus. Pain b. sleep, > sleep; stitching on going to sleep. Blurred vision a. emissions. Floating black colors or spots. Dark specks. Green colors; halo around light. Red color; objects seem. Dim vision a. coition. Vision of a sea of fire on closing eyes. Flashes in the dark. Illusions of vision; when falling asleep. Lighten-

*Pulsatilla.*

*Vertigo:* Mornings, compelled to lie down. Lifting a weight. Objects seem to be too far off.

*Head:* Congestion in warm room. Fullness > walking in open air. Heaviness on stooping. Pain > binding head; < blowing nose; a. overeating; a. fright; a. ice cream; from looking upward; from suppressed menses or a. their cessation; from running; while standing; in summer; from exposure to sun; vaults, cellars, etc.; while walking rapidly, > slowly; extending to eyes; in forehead > pressure, pulsating, while standing, pulsating above eyes; in temples, evenings; bursting in forehead; dull pain; pressing, pulsating, in warm room, in forehead, evenings; sore in forehead. Perspiration on scalp, one sided. Pulsating in forehead > open air, d. menses.

*Eyes:* Yellow discharge; from inner canthi, mornings. Dryness in warm room. Fistula lachrymalis; discharging pus on pressure; suppurating. Inflammation acute; catarrhal from cold; > cold; gonorrhœal; of infants; mercurial > in open air; scrofulous; pustular; of lachrymal canal, and sac. Itching > open air; of lids, evenings. Lachrymation with cough. Arcus senilis. Pain,

*Phosphorus.*

ing when falling asleep. Sparks nights on falling asleep. Spots.

*Ears:* Hearing impaired for human voice.

*Nose:* Coryza one sided; with sore throat. Redness. Epistaxis persistent; with perspiration; with purpura hemorrhagica. Inflammation inside. Pain sore to touch, dorsum. Shiny. Smell acute d. headache; sensitive to odor of flowers; gas causes vertigo. Swelling of bones.

*Face:* Discolored spots. Inflamed periosteum. Necrosis of lower jaw. Pain > rubbing; > sleep. Swelling of lower jaw.

*Pulsatilla.*

evenings; aching, evenings; burning > open air, itching, must rub, in warm room. Scrofulous affections. Sties of upper lid. Lachrymal sac swollen. Dim vision while walking fast, when warm from exertion, from exertion of body or in warmth. Foggy vision > rubbing. Loss of vision d. menses.

*Ears:* Discharge a. measles; sequelæ; thick; yellowish green. Redness; meatus. Pustules. As if frozen. Inflammation; erysipelatous; eustachian tube; media. Itching, external. Rushing synchronous with pulse. Pain nights; pressing, outward. Pulsation nights. Swelling inside. Black wax; hardened. Hearing impaired a. a cold; a. measles.

*Nose:* Catarrh > open air. Coryza with discharge in open air, in warm room. Discharge bland; burning; yellow mornings. Obstruction evenings. Sneezing in warm room. Ulcers on wings.

*Face:* Erysipelas erratic. Inflamed parotids metastatizing to mammæ or testes. Pain wandering; < warm room; extending to ears; tearing > cold applications, extending to ear. Perspiration; heat; on one side.

*Phosphorus.*

*Mouth:* Bleeding; easily; of gums, easily, on touch. Tongue black, center; brown; red. Dry palate. Inflamed gums. Pain sore. Saliva bloody. Ulcers on gums.

*Teeth:* Sordes.

*Throat:* Elongated uvula. Disposition to hawk. Membrane. Pain on sneezing. Swallowing impossible from constriction of esophagus, cardiac opening. Swelling of uvula. Torticollis, drawn to left.

*Stomach:* Appetite increased nights; a. eating; d. fever; with headache; ravenous nights, soon a. eating. Cancer. Desires ice cream; salt things. Emptiness not > eating; d. nausea. Eructations paroxysmal; of food by mouthfuls. Gurgling a. drinking. Nausea when putting hands in warm water. Pain sore, bruised, beaten mornings.

*Pulsatilla.*

*Mouth:* Tongue seems too broad; white mornings. Dry mornings; thirstless; tongue without thirst. Mucus mornings; like cotton. Odor offensive mornings. Saliva cotton-like. Taste bad mornings; bitter a. swallowing food, d. or a. smoking; empyreumatic; nauseous, mornings, from smoking; putrid to meat; sticky after-taste; food tasteless, in coryza.

*Teeth:* Pain > cold air; a. abuse of quinine; > walking in open air; from warm drinks; < warm room; drawing as if nerves were stretched, in warm room; jerking as if nerves were put on a stretch and let loose; stitching with suppressed menses. Tension in.

*Throat:* Choking on swallowing, solids. Dry mornings. Mucus tenacious, mornings. Pain stitching.

*Stomach:* Aversion to butter. Desires: Knows not what. Disordered a. fat food; ice cream. Eructations a. eating butter; a. fats; a. rich food; bitter nights; fluid; tasting of bad meat; nauseous; tasting of rancid tallow. Indigestion; from ice cream; a. pork. Nausea d. cough; from rich food; a. ice cream; a. pork. Pain d. chill; a. fat or rich

*Phosphorus.*

Thirst for large quantities; unquenchable. Ulcers. Vomiting a. the smallest quantity of fluid drink; violent; like coffee grounds; of liquids as soon as warm in stomach; yellow.

*Abdomen:* Anxiety in, a. stool. Inflamed spots. Distension tympanitic. Emptiness with burning between shoulders. Hard liver. Appendicitis. Pain in ileo-cæcal region; burning; sore on jarring, on motion. Sense of weakness.

*Rectum:* Diarrhea d. typhoid; > cold. Polypi. Stool copious; like a dog's; gray; lienteric; thin, liquid.

*Urinary:* Addison's disease. Urine: Casts with fat drops; white as if mixed with chalk; copious with perspiration; sediment cheesy; white; yellow; sugar.

*Pulsatilla.*

food; pressing a. fat food. Retching with cough. Thirst 2 p. m.; a. chill.

*Abdomen:* Coldness a. eating. Constriction extending to bladder. Emptiness > pressure. Heaviness b. menses. Pain, must bend double which >; extending to genitals, to testes; in hypogastrium paroxysmal; cutting in hypogastrium; dragging d. menses, through spermatic cords; pressing d. menses, in hypogastrium downward, toward genitals, d. menses, outward. Rumbling evenings. Sensation of a stone in.

*Rectum:* Diarrhea > open air; a. fruit; a. opium; a. being overheated; a. abuse of quinine; < warm room. Tenesmus a. stool. Stool changeable; like chopped eggs.

*Urinary:* Inflamed bladder. Pain in bladder paroxysmal. Urging frequent with suppressed menses. Urination frequent from exposure to cold; spurts, in swelled prostate, with each spurt a cutting pain; involuntary d. pregnancy, while sitting. Pain sore, bruised in kidney. Inflamed prostate. Pain in prostate a. urination, pressing. Contraction of urethra from suppressed gonorrhoea. Discharge from urethra

## Phosphorus.

*Genitalia, Male:* Erections troublesome nights; violent. Sexual passion excessive; excitement easy; violent, sexual mania.

*Female:* Cancer of Uterus. Metrorrhagia, active; bright red; from fibroids. Pain stitching.

## Pulsatilla.

greenish yellow, thick, with prisms, yellow, chronic. Hemorrhage from urethra a. suppressed gonorrhoea. Pain in urethra a. urination. Stricture.

*Genitalia, Male:* Hydrocele of boys. Inflamed spermatic cords; testes, l., from suppressed gonorrhoea, epididymis. Pain in testes while sitting; aching in testes; burning in testes, without swelling; pressing in testes: sore in testes, evenings, while sitting; tearing in testes. Relaxed scrotum. Ailments from suppressing the sexual passion. Swelling of testes, l.

*Female:* Atony of uterus. Congestion of uterus, d. menses. Sexual desire increased d. menses. Leucorrhoea cream-like; gonorrhoeal; while lying; from masturbation. Lochia scanty; suppressed. Menses daytime only; black; changeable in appearance; clotted; dark; suppressed from getting the feet wet; thick. Metrorrhagia in paroxysms. Pain in uterus, d. menses, compels her to cry out, with suppressed menses, paroxysmal, wandering; after-pains; bearing down in uterus d. menses; cutting in uterus; labor pains ceasing, false, irregular, spasmodic, weak; sore in uterus d. coition. Prolapsus uteri. d. menses. Subinvolution. Uterine fibroids.

(To be Continued.)

## DEPARTMENT OF HOMŒOPATHIC PHILOSOPHY.

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DISCUSSIONS OF THE THEORY AND PRINCIPLES OF  
HOMŒOTHERAPEUTICS AND RELATED  
MEDICAL TOPICS.HOMŒOPATHIC PHILOSOPHY AND MODERN  
MEDICINE.<sup>1</sup>

(Continued from April Issue)

Back of and within every living organism, back of all matter, back of every inorganic structure, back of every law of nature, back of every process is Mind, the intelligent, thinking, willing, planning, designing, organizing, guiding and controlling principle. From the atom to immensity, in every realm of nature and in every part of it, intelligence is displayed. The microscope, the telescope and the test tube, as well as reason, alike reveal it. Everywhere are the evidences of purpose, design and will. Everywhere energy is present. Everywhere action and reaction are taking place. *Everywhere law reigns.* All these are the powers, qualities and attributes of Mind and Life, and of nothing else. Nothing can conform to law without *knowing*. Conformity to law implies intelligence. Certainly nothing can originate a law within itself, nor obey a law unless it *knows*.

In the last analysis Life and Mind are one, since nothing can be predicated of one which is not true of the other, as pointed out long ago by Professor Elmer Gates. They are two aspects of one and the same Infinite and Eternal Supreme Being, "in Whom we live, and move, and have our being."

This basic philosophy, in its essentials, is implicit everywhere in the *Organon* and explicit, so far as Hahnemann had thought it out, in such sections as those dealing with the "vital force," the nature of health and disease, primary and secondary action of medicines, potentiation and the infinitesimal dose; and in those dealing with the observation and use of subjective and mental

<sup>1</sup> Delivered Tuesday evening, March 16, 1926, in Philadelphia, by invitation of and before the entire student body of Hahnemannian Medical College, organized as the Hahnemannian Institute.

symptoms. For, be it known to you, Hahnemann was the first to make a definite connection between psychology and therapeutics and use either of these classes of symptoms as guides in the selection of the curative medicine. He was, therefore, the first scientific psychiatrist.

Leaving now these abstruse, metaphysical subjects, let me come to the more practical side of homœopathic philosophy. This perhaps I can best present in the form of a condensed statement of principles and definitions.

I cannot hope to cover the whole field nor enlarge upon the necessarily brief statements. For that I must refer you to the *Organon* itself and to such essays, lectures and books as have been written around it. These have been many and some of them are very valuable; but I regret to say they are now nearly all out of print and hard to find. I believe the only book on homœopathic philosophy in print and on sale regularly today in this country, besides the *Organon*, is my own modest little volume, *The Genius of Homœopathy*, published and sold in this city by our old friends Boericke and Tafel. This may be fortunate or unfortunate for homœopathy, according to the point of view. However, it is a condition for which, I beg you to believe, I am not responsible. I did not buy up all the other books in order that mine might have the market all to itself.

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#### STATEMENT OF PRINCIPLES.

Homœopathy is a scientific system of experimental and curative medication based upon the universal, natural law of action and reaction, or reciprocal action, formulated by Sir Isaac Newton as the Third Law of Motion, and applied in medicine by Dr. Samuel Hahnemann, who substantially restated the law and embodied the principle in the well-known motto: "Similia Similibus Curantur," "similars are cured by similars."

A brief explanation will make clear the substantial identity of the two statements. The similarity referred to by Hahnemann is the similarity of phenomena, or symptoms. Logic teaches us that no two things can be identical, that is, the same, but only similar in the highest degree. The "equal" of Newton's formula is, therefore, only the highest degree of similarity. The respective phenom-

ena of action and reaction are not identical, but only similar in the highest degree. Hence, Hahnemann's use of the word "similia."

The law as stated by Newton is: "*To every action there is an equal and opposite reaction.*" Being universal in its operation this law must govern every action or motion which takes place in nature. Hahnemann was the first to perceive and demonstrate that the law applies to the phenomena of Life, in living beings, as well as to the phenomena of motion in the inanimate world; and, therefore, that it governs the phenomena of Life in disease as well as in health. He proved by experimentation with medicines that action and reaction in the living organism, in health and disease, under certain conditions, are equal and opposite. When a drug is given to a healthy person the action of the drug and the reaction of the organism are shown by the production of subjective and objective symptoms, perceptible by the subject or others, precisely as the action of a "natural" disease-producing agent is manifested in the production, by the reaction of the organism, of symptoms which represent disease.

When the proper dose of the symptomatically similar medicine is administered to a sick person, action of the medicine and reaction of the organism are shown by the disappearance of the symptoms of disease and the restoration of health; by which we judge that the action of the medicine is equal and opposite to the action of the disease-producing agent.

The formula "Like cures like" is merely a paraphrase of the Newtonian formula, adding but one word, "To every *drug* action there is an equal and opposite reaction."

The Latin form, *Similia Similibus Curantur*, from which the expression, "the law of similars," is taken, expresses exactly the same idea. Action and reaction, regarded as forms of motion or processes, are exactly similar, differing only in direction. Theoretically, they reciprocally balance or neutralize each other and result in equilibrium, balance, or, in the living organism, health.

Since every disease or pathological disturbance, according to biochemical science, is an intoxication or poisoning, resulting from the introduction or internal formation of toxins or other deleterious substances since drugs are also poisons, giving rise to actions and reactions in the living organisms precisely as the so-called causes of disease do, and similar as to symptoms; since similar forces moving in opposite directions (action and reaction are equal and opposite)

mutually neutralize and annul each other; and since the similarity or equivalence between drugs and diseases may be learned by comparing their symptoms; it follows that in the law of reciprocal action, as applied in the homœopathic system, we have a true and (humanly speaking) infallible guide for the rational treatment and cure of disease.

From Newton's wonderful generalization flow almost innumerable inferences, deductions and conclusions. All sciences are based upon it. The law of Reciprocal Action—balance, rhythm, vibration, compensation, polarity, equivalence—is the one absolutely universal law known to man.

It is easy, when the subject is opened up, to see how this law is applicable in medicine. It is easy to trace it in the work of Hahnemann and his competent followers. It is visible and easy to observe in the action of every dose of medicine given. It matters not how many other explanations of the action of a drug may be given, it can always be explained fundamentally by reference to the law of Reciprocal Action and its corollaries.

The primary object and ideal of homœopathy is *the cure of disease*, safely, quickly and permanently; not the mere palliation, or obliteration of certain particular symptoms, nor the removal of the tangible products of disease; for all of these things may be done without benefit to the patient; but the annihilation of the disease itself, in its whole extent, and the restoration of the patient to health.

Homœopathic philosophy clearly distinguishes between cause and effect; between disease itself, which is an invisible, interior morbid or disordered vital process, purely functional or dynamical in character, and the external, visible, organic changes and tangible products which may accompany it, or in which it may ultimate.

Homœopathic philosophy teaches that disease is not a thing, but a condition of a thing. Disease is visible only as force, or mind, or life is visible, that is, by its phenomena, for disease is nothing else than a disorderly action of mind or life manifesting itself by signs and symptoms. We know mind or life intuitively through consciousness, but we also know it as we know any other force in nature—by its phenomena and products. By knowledge of the laws of force and matter we control and use them. We cannot see electricity itself. We know it only by its phenomena. We know that the forces of gravitation, cohesion and chemical affinity exist,

but only by their phenomena or effects. These things all exist in the invisible realm of force. These ideas are of fundamental importance to us as physicians, because they establish the right point of view from which we should regard health and disease, and because they lead logically to a mode of treatment not only radically different from but immeasurably superior to that commonly adopted.

Homœopathic philosophy teaches that the things which are visible in disease—the tumor, the eruption on the skin, the discharges from diseased organs—are merely the results of disease, not the disease itself. With these homœopathy primarily has nothing to do. It is concerned solely with the perverted functional or dynamic processes of which they are a product. The mechanical, electrical or chemical removal of disease products, when necessary, belongs to other departments of medicine.

Homœopathic philosophy does not make the mistake of confusing processes with products, wasting the energy and endangering the life of sick persons by the mere palliation of pain, as by narcotics, the suppression of discharges, or the forcible or mechanical removal of tangible results of disease before it has begun to restore functional harmony to the disordered organism. It strikes first and directly at the hidden source and cause of the visible phenomena and deals with the tangible products incidentally or later if necessary.

Homœopathy deals with individuals, not classes. It recognizes the differences which always exist between individuals, in disease as well as health. It knows by observation and experience that no two persons are ever affected exactly alike, even when suffering from the same disease or acted upon by the same medicine. It knows that individual patients cannot be thrown into a class, labelled with the name of a disease, and be treated successfully by the same remedy. It treats each case "on its merits," as it actually is, not as it is supposed to be. It studies and treats each case as a whole, not merely a part or an organ, and it does so logically, consistently and systematically. In one word, homœopathy is *scientific*.

Homœopathy teaches that there are no "specifics" in medicine, no one remedy for all cases of the same disease, be it drug, serum, vaccine or what not. Guided by a definite principle of medication, it is able to select for each patient the remedy symptomatically



similar, demanded by his own peculiar and characteristic complex of symptoms and thus, by equalization of similar opposing forces, destroy his disease at the source.

The materia medica of homœopathy, the arsenal from which it draws its weapons for the warfare with disease, is composed of substances drawn from every department of nature. From mineral, vegetable and animal kingdoms alike, it takes these substances, prepares them by simple, mathematico-mechanical or chemical processes, and tests them experimentally in doses small, but sufficiently powerful to excite perceptible action and reaction in healthy, human beings. It observes and records the symptoms produced and then applies them, in still smaller or infinitesimal doses, for the cure of diseases presenting similar symptoms.

Recognizing that disease is the result of a dynamical disturbance of that delicately balanced action of the organic forces which we call health, and knowing how small an amount of force is necessary to disturb it, the homœopathic physician needs and uses only the smallest doses to restore it.

We have no reason to doubt that a single pathogenic bacterium is capable of originating its typical disease under favorable conditions.

How much does a single bacterium weigh?

Recall, too, that it is not the mere physical presence and bulk of the pathogenic germ, small as that is, that does the damage, but the almost infinitesimal quantity of its secretions or ptomaines.

How much poison does a single streptococcus secrete?

Who knows how much of one of the "filterable viruses," say of influenza or poliomyelitis, invisible to the highest powers of the microscope and capable of passing through the finest filters, is necessary to originate the disease in a subject who is morbidly susceptible to its action?

With this idea in mind ask yourselves how much of the homœopathic or similar medicine, would be required to originate in the infected body the *counter* action necessary to cure it? Only as much, at most, as equalled the amount of the original poison.

I have repeatedly cured the most virulent cases of streptococcic and staphylococcic infections with the 30th and 200th potencies of such medicines as Arsenic, Bellad. and Lachesis.

How much medicine is in the 30th potency of Lachesis?

I will not multiply illustrations. I would have you realize that with homœopathy you are working in *the sphere of dynamics*—

the invisible realm of force—in which the modern scientist recognizes and deals constantly with the infinitesimal as well as the massive. If your college and university professors of mathematics, chemistry and physics have not inducted you into the higher spheres of these sciences in which such subjects are treated your worthy dean, Professor Pearson, as a chemist, could doubtless do so—if you should ask him, and he felt like it. In any case the works of the great thinkers and generalizers in science are accessible to you whenever you are ready to take them up.

There are many other subjects connected with homœopathic philosophy which I might discuss, but I fear I have already tired you. My sole purpose has been just to open the door and give you a glimpse of the wonderful field in which the homœopathic physician is privileged to work, and to indicate suggestively some of the relations of homœopathy to other sciences and arts. If I have succeeded in arousing or stimulating your interest I shall feel happy and repaid, because I shall expect you to keep the door open, or at least *unlocked*, and later to go out and explore the field for yourselves.

# HOMŒOPATHIC RECORDER

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## EDITORIAL NOTES AND COMMENTS.

**Editorial Wanderlust.**—The editor of THE HOMŒOPATHIC RECORDER, again enticed by the call of the East, left for the hospitable shores of Europe on April 19th. England, France, Germany, and perhaps Italy, will be the scenes of his meanderings, in search of rest and relaxation from strenuous months of activity in little old New York. During his absence, his staunch friend, the editor of the Department of Homœopathic Philosophy, Stuart Close, will guide the destinies of the RECORDER.

**Homœopathy in Sexual Disorders.**—A recent letter from an Indian correspondent moves us to comment in a desultory way upon the above topic. The Indian physician laments the fact that in his hands at least, homœopathy has failed rather miserably in impotency, nocturnal emissions and prostaticorrhœa. He also confesses frequent failure to cure dysmenorrhœa, sterility and leucorrhœa and asks concerning the power of thyroïdin in the rejuvenation of old men.

The subject of rejuvenation has been an alluring one for hundreds, perhaps thousands of years and we hark back to Ponce de Leon, who so fondly hoped to find the fountain of eternal youth in our own hectic Florida. Age is a matter of the arteries, changes of which, chiefly of a degenerative nature, are sooner or later bound to occur in all of us. Arterio-sclerotic manifestations appear much earlier in some than in others and this fact depends upon many things, such as heredity and constitutional tendencies first of all, the stress and strain of life as qualified by occupation, work, the possession of worldly goods or their absence, worry, hardship, food, habits such as the alcoholic, tobacco, etc., the

presence or absence of a proper philosophy of life, and finally, disease, especially syphilitic. Hence many factors must be considered and to keep young therefore, is not merely a question of drugs, homœopathic or otherwise. It is true that thyroid gland preparations frequently have a rejuvenating effect upon the metabolism, a fact which Arnold Lorand pointed out long ago in his "Old Age Deferred," and other books. There is, however, no royal road to keeping young, each individual is a law unto himself and treatment, if such be necessary, must be selected and adapted with this idea in mind. Nature has provided that everything in life shall have its period of growth and advance, followed by one of gradual decline and ultimate death. We humans can often do much to slow the progress of decay, but we cannot prevent its final completion. Sooner or later we must all pass on.

Impotency is often a symptom of this natural decline, but may be premature and in all likelihood, then depends upon one or several causes. Among the latter, pathology of the generative organs may be present to such an extent, that internal remedies, homœopathic in character, are quite unable to overcome it, in which case other measures, often equally unsuccessful, may have to be resorted to. The outlook is never certain. Psychologic causes are extremely common, as pointed out by Havelock Ellis, Kraft-Ebbing and others and are in turn, often found to exist in those of a badly balanced, neurotic constitution. It is, therefore, small wonder, that our Indian colleague has so often failed in his treatment of impotence, we all fail, though most of us dislike to acknowledge the failures.

Much the same may be said of nocturnal emissions and of prostaticorrhœa, though to be sure, many of us have seen good results, or think we have, from such remedies as Phos. ac. Selenium, Digitalin, Caladium, Conium, etc.

Concerning dysmenorrhœa, sterility and leucorrhœa, there is much to be said; many causal and qualifying factors enter into these subjects and the treatment of these conditions by no means begins and ends with the attempted application of a homœopathic remedy. Homœopathy may and frequently does play a most important part in the treatment of leucorrhœa for example, or even in dysmenorrhœa, but diagnosis, that all important prerequisite, may reveal mechanical or pathologic conditions, impossible of betterment by a so-called homœopathic remedy. In all these clinical

states, careful diagnosis, the exact recognition of the actual facts in each individual case, will indicate what can and should be done, how much can be done or reasonably expected and whether the law of similars can be successfully invoked. To apply the latter, in ignorance of what is going on, is very much like shooting at a target in the dark. A bull's-eye may by chance be made, but failure to even hit the target, is more often likely to be the result. So far as homœopathy is concerned, it must depend upon the individuality of the case, the totality of the symptoms, the recognition of what is curable in the patient and it must go hand in hand with properly selected, mechanical or surgical, as well as psychic measures, where these are required. Teamwork of this character is likely to bring about the best possible results, because it is intelligently comprehensive of the real needs of each case in particular.

**A Note Upon Antimonium Tartaricum.**—Christopherson and Gloyne, of the *City of London Hospital for Diseases of the Heart and Lungs*, give a scholarly account in the *London Lancet* for January 30th, of the biochemical action of intravenous injections of antimony tartrate. In speaking of the physiologic effects of this drug they observe:

"Discomfort or pain in the chest and a dry cough mark its presence in the mucous membranes of the bronchioles, a feeling of constriction in the throat its effect on the laryngeal mucous membrane, nausea, sickness, colic—and later diarrhœa—its presence in the mucous membrane of the bowel, a desire to micturate its effect on the urinary system, and dizziness or headache its effect on the cerebrum. These are all striking results indicating rapid and early physiological action, and yet when contrasted with the immediate physiological effects of oral, hypodermic, or intramuscular administration of the drug they are insignificant. There is, however, one alarming biochemical action which may follow intravenous administration—viz., shock. This effect is apparently not due to an overdose in the ordinary accepted use of the term, but rather to individual susceptibility or possibly true anaphylaxis. In such a case it may happen that an adult injected three times a week will, after a dose of 1½ gr., become clammy with perspiration and pale, will exhibit dilated pupils, sighing shallow respirations, general weakness, and painful extremities. If the dose be repeated after two days these signs and symptoms recur; in fact, once having upset the patient's antimony tartrate equilibrium in this way he appears to remain hypersensitive.

"A later physiological effect of intravenous antimony injections is shown by rheumatic pains in joints—sufficient to prevent sleep—and even paresis of muscles."

All this verifies the result of our own homœopathic provings and for this reason, has important interest for us. Among certain curative effects, these experimenters noted, that after some months, certain cases of psoriasis improved. From our homœopathic standpoint, *Antimonium tart.* has never been looked upon as useful in the treatment of psoriasis patients. Perhaps the explanation given by the authors is correct; they state:

"There is nothing sensational about these cases. The antimony acted probably not directly on the psoriasis—it does not act when applied locally—but indirectly through its general physiological effect on body tissues through which it produced a marked improvement on the clinical condition of the patients. Antimony has a marked effect on the liver, and it seems possible that some alteration of protein metabolism may be produced. *A small dose may cause increased cellular activity, a larger dose cellular degeneration, and an actual toxic dose cellular destruction.*"

The last sentence (italics ours) will cause every ardent homœopath to get up on his hind legs in sheer exultation and boyish enthusiasm, for this statement is of course, nothing more or less than a restatement of the Arndt-Schulz law, so well known to all of us.

Finally let it be said, that we homœopaths are permitting the golden moments to slip by, when we should be emulating such splendid research work as that produced by Christopherson and Gloyne. Will our American homœopaths ever emerge from their present *Nux moschata* lethargy?

**That Infernal Cough.**—February and especially March has produced its annual crop of coughs, simple or complex, with or without severe bronchitis, influenza or even pneumonia. We venture to say, that almost any homœopathic physician will agree with the statement, that it is far easier to prescribe for the severe case, than for the simple one. The pneumonia or the influenza patient, as a rule, presents evidence of severe turmoil and reaction, the symptoms of which stand out boldly, making of prescribing a comparatively simple thing. Not so with the symptom of mere cough, often presented by the otherwise disgustingly healthy individual,

whose only complaint is that he cannot get rid of his annoyance. Try as we may, we fail too often to find the open sesame; we catechize and cross-examine, split hairs and thumb the repertory, while the devilish cough goes blissfully on its way; eventually, the lack of success becomes an obsession with us; we dread to see the patient come into our presence; that infernal cough haunts us and makes us wish that we might consign our patient to Kamchatka or any other equally remote region. Even the thought of homicide comes into our distressed minds, anything would be better than listening to this diabolical, mocking cough.

Of course, some one will say, as we ourselves are wont to say it, *treat the patient and never mind his cough!* True, beautifully true, but unfortunately not always possible, for reasons unnecessary to state. To us it seems as though much useful work could and should be done, in the revision of that part of our wonderful materia medica, which relates to coughs. There is at present too much confusion, of remedies listed under the rubric *cough*, too many things stated that *ain't so*. Simplification is necessary, if the combination tablet and the suppressive heroin are to be driven from their illegal intrusion upon the sanctity of the homœopathic field. We must be helped to pick the needful remedies more rapidly, as well as unerringly. We all know the joy of making a bull's-eye prescription, the glamour of it far outweighs any consideration of the fee; but the humiliation of repeated failures, is apt to arouse in us a consciousness of an inferiority complex, that bodes no good to anyone and is fatal to future success.

# THE HOMŒOPATHIC RECORDER

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## EIGHTY-SECOND ANNUAL MEETING

of the

AMERICAN INSTITUTE OF HOMŒOPATHY AND  
ALLIED SOCIETIES.

June 27-July 1, 1926.

Bellevue-Stratford Hotel, Philadelphia.

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*Homœopathy*—Lester A. Royal, Masonic Building, West Liberty, Iowa.

*Clinical Medicine, Research and Pathology*—Donald R. Ferguson, 1627 Spruce Street, Philadelphia.

*Drug Pathogenesis and Therapeutics*—Conrad Wesselhoeft, 366 Commonwealth Avenue, Boston.

*Pedology*—Reuel A. Benson, 115 East Sixty-first Street, New York City.

*Public Health*—Joel T. Boone, Lt. Comm., M. C., U. S. N., U. S. SS. "Mayflower," Washington, D. C.

### A MESSAGE FROM THE PRESIDENT.

The eighty-second annual convention of the American Institute of Homœopathy will be held in Philadelphia, June 27 to July 1 inclusive.

The program and plans for entertainment justify the prediction that this will be one of the most instructive conventions ever held by the Institute.

The several stupendous accomplishments of the Institute during the past year make of this meeting an epoch in the annals of Homœopathy commensurate with the auspicious occasion of the celebration, the Sesqui-Centennial of our national independence.

The Bureau of Homœopathy will have to itself the entire first day, Monday, with the Bureau of Clinical Medicine Tuesday morning, the Bureau of Drug Pathogenesis Wednesday morning, and the Bureau of Pedology Thursday morning.

Medical and surgical clinics will be held Tuesday and Thursday afternoons.

A portion of our Bureau of Public Health program will be presented Wednesday afternoon in the Auditorium on the Exposition grounds under the auspices of the Public Health Division of the Sesqui-Centennial.

An invitation was extended to and accepted by the Governor of Porto Rico to send to us his Commissioner of Health, Dr. Pedro N. Ortiz, who has made an international reputation in teaching public health and sanitation. His address will be illustrated.

Surgeons General Ireland and Stitt of the Army and Navy will take part in our program, and the subject of "Aviation Medicine" will for the first time be presented to a medical convention.

The chairman of the Local Committee of Arrangements, Dr. G. Harlan Wells, through his able corps of assistants, has arranged the entertainment program, with special features for the women, including visits to the many historic places of interest in and about Philadelphia.

GILBERT FITZ-PATRICK,  
*President.*

#### Welcome to Philadelphia!

Last year we celebrated the one hundredth anniversary of the introduction of homœopathy into the United States in New York City. This year, as patriotic citizens, we are celebrating the one hundred and fiftieth anniversary of the signing of the Declaration of Independence in Philadelphia, the cradle of American Liberty.

Philadelphia may also be appropriately called the cradle of

American homœopathy, for it was here that homœopathy in the early days found the largest number of influential adherents. It was in Philadelphia that the first homœopathic medical schools grew and prospered and it was here that Hering, Guernsey, Raue, and many other noted pioneers of homœopathy lived and labored for the benefit of mankind. It is, therefore, eminently fitting that the American Institute of Homœopathy should meet in Philadelphia at this time, and we wish to assure all visiting physicians that a cordial welcome awaits them here from members of the profession and the laity alike.

We are confident that a visit to our city, rich in historic places and abounding in traditions of our patriotic forefathers, will prove a fresh source of inspiration to all who love our great country. Likewise, we believe that a few days spent in attending lectures and clinics in the institutions that were brought into existence through the efforts and labors of many of the founders and patriarchs of our school of practice will create a new interest in homœopathy and the principles for which it stands, and that all who come will go home better citizens and better doctors.

Philadelphia extends to all a most hearty welcome to our Sesqui-Centennial and to the eighty-second session of the American Institute of Homœopathy.

G. HARLAN WELLS,  
*Chairman, Local Committee of Arrangements.*

#### Plans of the County Society.

The Philadelphia County Homœopathic Medical Society, realizing its obligations and at the same time appreciating the honor of helping to entertain the members of the American Institute, is putting forth a great effort to make the next meeting an event long to be remembered.

Plans that are being consummated include a real welcome for the visitors, entertainment for both members and their wives, throughout the session, and clinics at the Hahnemann Hospital, in addition to the regular scientific program.

Philadelphia for generations has been known as a great medical center. It has lost none of its prestige and yearly adds to its laurels.

For those who love golf and outdoor sports, Philadelphia should attract. Within a radius of twenty-five miles there are thirty-three golf clubs. Some of these courses are nationally famous. There will be a golf tournament held during the session of the Institute and an opportunity given to play on the various courses in Philadelphia's beautiful suburbs. Tennis will also be featured.

Philadelphia has played a very important part in the early history of our country, especially in Colonial and Revolutionary days. Here we find Independence Hall, William Penn's home, Carpenter's Hall, Betsy Ross' house, some of the churches of the Colonial days, and Valley Forge within easy access.

Definite arrangements have been made for get-together luncheons on the various days of the session, banquet and dance Monday evening, June 28; fraternity banquets and smoker Tuesday, June 29; health meeting at the Sesqui-Centennial grounds Wednesday afternoon.

The Women's Auxiliary has planned for the ladies a trip to Valley Forge, a card party at Green Hill Farms, and a sight-seeing tour of the city, including a visit to the Sesqui-Centennial.

JOHN A. BROOKE,  
*President, Philadelphia County  
Homœopathic Medical Society.*

#### Greeting From Hahnemann College.

The Hahnemann Medical College and Hospital of Philadelphia extends a cordial welcome to all members of the American Institute of Homœopathy. The college is located directly on Broad Street, two squares north of the City Hall and within easy walking distance of the Bellevue-Stratford Hotel, which is the official headquarters of the American Institute.

I sincerely hope that all members of the American Institute of Homœopathy will realize that I am very anxious to have suggestions for improvement of the college. A careful inspection of the college will reveal many things of interest.

Our library, containing our fifteen thousand volumes, is probably the best and most complete library on homœopathy in existence.

The John Clifford English laboratories of physics and chemistry are modern and up to date in every detail.

The Rufus B. Weaver museum of anatomy represents over fifty years of work by our peerless anatomist, Dr. Rufus B. Weaver. His masterpiece, the dissection of the cerebro-spinal nervous system, is on exhibition in the fireproof vault, along with a number of interesting and rare articles pertaining to homœopathy.

The Paracelsus library, which was collected by the immortal Constantine Hering, may also be seen.

W. A. PEARSON,  
*Dean, Hahnemann Medical Col-  
lege, and Hospital.*

#### Meeting Rooms.

Headquarters will be maintained at the Bellevue-Stratford Hotel, where all of the sessions, except on Tuesday, Wednesday, and Thursday afternoons, will be held. Tuesday and Thursday clinics will be held at the Hahnemann Hospital, and Wednesday afternoon the public health program will be presented at the Sesqui-Centennial grounds. The following resumé of the meeting rooms will show where each session is to be held.

- Ball Room. Memorial Services—Sunday, 8 P. M.
- Banquet—Thursday, 7 P. M.
- Reception—Monday, 8 P. M.
- Business Sessions—Monday and Thursday, 9 A. M.
- Homœopathy—Monday, 11 to 1 and 2 to 5.
- Clinical Medicine—Tuesday, 9 to 1.
- Drug Pathogenesis—Wednesday, 9 to 1.
- Public Health—Wednesday, 8 to 10.
- Pediatrics—Thursday, 10 to 1.
- Junior Obstetrical Society—Tuesday, 9 to 1.
- Cotillon. S. & G. Society—Wednesday and Thursday, 9 to 1.
- Room 104. Local Committee.
- Room 105. Institute Fraternity.
- Room 106.
- Room 107. Trustees—Daily, 4 P. M.
- Room 108.
- Room 109 (Blue Room). Women's Homœopathic League.

- Room 110 (Gold Room). Press.  
 Room 111 (Pink Room). National Society of Physical  
 Therapeutics, Tuesday, 2 to 5, and Thursday, 11  
 to 12.30, and 2 to 5.  
 Congress of States—Tuesday and Wednesday, 9  
 P. M.  
 Room 112 (Green Room). O. O. & L. Society.
- 
- Exposition Grounds. Public Health, Wednesday, 2.30.

#### Registration and Dues.

The registration desk, bureau of general information, and the treasurers' desk will be located in the exhibit hall adjacent to the entrance to the ball room, which is the main meeting room. Register and pay your dues as soon as you arrive. You cannot vote for officers unless your dues are paid. Wear your badge.

#### Local Information.

All information about the city and points of interest can be secured from the attendant in charge, at the registration desk.

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### THE THREE SIMILITUDES.\*

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

(Concluded.)

#### The Third Similitude.

Probably there has never been a principle or precept in medicine that has been more definitely attached to a school than that of the *small dose* to homœopathy. That it has a foundation in fact is, of course, self-evident, yet its importance—and this is coming to be more definitely understood of late—has been greatly overrated. When the small dose came into being even the centesimal doses of Hahnemann, the third, sixth, fifteenth, eighteenth, thirtieth, etc., were infinitesimal indeed as compared with the massive doses of the times. Hence it was inevitable that the dose question should

\*Read before the Annual Meeting of the International Hahnemannian Association, New York, June, 1925.

be a factor to be conjured with. It accordingly was not only the chief point of difference to the uninformed between the two prevailing schools, but the finely drawn lines of high and low potencies, soon became paramount, and for long seemed to threaten the very life of the school. With the leaning of many adherents of the lower more material potencies to the methods and practices of the regular school, whatever of vitality there is at the present time is more and more found to be vested in the Hahnemannian or high potency wing. Veering, as they mainly do, to the old school, the remainder are content to leave the moot question of potencies alone (if as yet unanswerable) and the followers of Hahnemann are again finding themselves more united and of a more liberal mind toward the potency question, and more willing to meet on the common ground of homœopathy as a still vigorous reaction against a good deal in the regular school that is narrow, bigoted and sectarian. In other words, the whole question is at the present time not: Are you a high or a low potentist; but, Are you a homœopathist at all?

This is silently being answered in the affirmative by a minority group in the American Institute of Homœopathy, in our state societies, and we are glad to say with unanimity in this association.

Let us see what reaction was made by Hahnemann to the high potencies of Korsakoff? Hahnemann makes the following statements: "Remarks on the extreme attenuation of Homœopathic Medicines," in the form of postscripts to Korsakoff's paper in the *Arciv. f. Hom. Heilk.*

In this paper the author states that he has diluted medicines up to the 180th, 1000th and 1500th attenuations, and that he found them even in this degree of dilution quite efficacious. He states that possibly the material division of the medicinal substance attains its limit (at) the third or sixth dilution, and that the subsequent attenuations obtain their medicinal properties by a kind of infection or communication of the medicinal power, after the manner of contagious diseases, to the non-medicinal vehicle; and in corroboration of this notion he relates several experiments, in which he says he communicated medicinal properties to large amounts of unmedicated globules by shaking them up with one dry medicated globule. He likewise remarks that by diluting medicines highly, and by employing such infected globules, the force of the primary action of the medicines, or their tendency to produce



homœopathic aggravations declines whilst the reaction of the organism, or the curative action of the medicine, continually increases.

Hahnemann then states that Korsakoff's observations corroborate his own:

"1. That the development of the powers of medicinal substances by the process peculiar to homœopathy, may be assumed to be *almost illimitable*; 2. That the higher their dynamization (dematerialization) is carried, the more penetrating and rapid does their operation become; 3. That, however, their effects pass off so much the more speedily."

This letter is altogether too lengthy to reproduce here. He concludes that the thing must stop somewhere—that it cannot go on indefinitely, else we shall have no normal standard of dosage. He therefore recommends the thirtieth potency as the highest of such attenuation.

"Who can say that in the millionth or billionth development the small particles of the medicinal substances have arrived at the state of atoms not susceptible of further division of whose nature we can form not the slightest conception? For if the living organism shows an even stronger reaction to the more highly dynamized attenuation . . . there can be no standard for measuring the degree of dynamic potency of a medicine, except the degree of the reaction of the vital force against it. . . . The communication or infection appears to take place by means of the power which is perpetually spreading around, like an exhalation or emanation from such bodies, even though they are dry, just like those globules the size of a mustard seed that had previously been moistened with a fluid medicine which we employ for the cure of patients by olfaction. A globule of this kind, *e. g.*, of *staphisagria X*, which in the course of twenty years, had been smelt several hundreds of times after opening the bottle. . . . Promises at this hour medicinal power of equal strength as at first, which could not be the case did it not continually exhale its medicinal powers in an inexhaustible manner."

These remarks of the venerable master of homœopathy, incredible as they must have seemed even to those who had followed him in the developmental aspects of the new system, are not the less incredible to the modern investigator.

In recent years, however, we have seen the wonder-making experiments with radium, which to the student of modernism are now

readily acceptable facts of science. In fact, such scientists as Prof. J. J. Thompson and Prof. Rutherford, have already predicted that the time is not far distant when the dream of the alchemists—the transmutation of metals—may become an accomplished fact.

Of this magic element radium, about which we hear so much, there is said to be but three ounces, or thereabout, in the known world; yet think of the concentration of this small amount. It must represent, tons upon tons of the various crude ores from which it is extracted. In fact, so unstable is this element that certain of its rays are, so far as is known, inexhaustible. Dr. Stillman Bailey, of Chicago, has said of radium that

"This energy is constantly being evolved—it is a ceaseless flow measured alike by years and centuries. Its one-time mystery has been mastered by a group of scientists who have literally formulated a new chemistry—a new mineralogy and have disclosed to a part of the world the meaning of the molecule, the atom, the ion and the electron and if the term fits the ultra infinitesimal proton. The radioactive substances evolve a perennial supply of energy from year to year without stimulus and without exhausting and yet the whole part is still so mysterious because the physical senses are so obtuse. . . . Radium alone has the property of imparting to other substances with which it comes in contact, the making of all such substances to a degree of radioactivity. . . . The emanation of radium gives three times as much energy as the radium from which it was derived, although the actual amount of matter in the emanation is practically imperceptible, and altogether invisible."

Kent states in his "Lectures on Homœopathic Philosophy" that "Everything in the universe has its aura or atmosphere. Every star and planet has an atmosphere. The sun's atmosphere is its light and heat. (It has been suggested that the sun owes its heat to the amount of radium which it contains.) Every human being has his atmosphere or aura; every animal has its atmosphere or aura. This aura is present in all entities."

It is a fact probably known to all of you that the late Dr. Walter J. Kilner, formerly electrician of St. Thomas' Hospital in London, claimed to have demonstrated this aura or human emanation and made such demonstration visible through the use of a dye called dicyanin. He states in his book, entitled, "The Human Atmosphere," that this aura is not only visible by the aid of screens, but it varies in health and disease and these variations can be made use of in the diagnosis of such conditions as malignancy, epilepsy, pregnancy and the like. He states, furthermore, that while its

exact nature is unknown, its behavior suggests that it is not unlike in many respects the magnetic cloud, the emanations from the poles of a galvanic cell, from the magnet, and is not unlike radioactivity.

He cites the previous experiments of Reichenbach with fifty or more sensitives, who could detect the emanations from crystals, magnets, etc., the so-called odic force which the latter claimed was emitted from all living bodies and from certain crystalline and metallic bodies as well.

It is a well-known phenomenon that certain insects, such as the firefly, are phosphorescent, hence self-luminating in the dark; and but recently in the experiments now being conducted by the expedition of the "Arcturus," in search of the fabled Sargasso Sea, certain forms of fish have been photographed by their own luminosity.

In a paper read before the International Homœopathic Council at Barcelona last year, by Dr. Auiceto Surial, "Homœopathic Dynamization v. Science," the author would give us to understand that from the standpoint of science there are three distinct periods in the different potencies. First, the chemical or atomic mode of action; second, an electrical mode; and lastly, a vibratory. These three periods may in all probability be commensurate with potencies up to the twenty-sixth decimal. Beyond this numeral there exists an electronic state (designated as M plus 2) which, though it may have disappeared in the thirtieth potency, may be continued as a vibratory energy transmitted in the accompanying menstruum. This may or may not be a plausible explanation of the presence of drug substance in the high potencies. I mention it merely in view of the recent demonstration of Dr. Boyd of the 10m potency of Sulphur with his emanometer before the Royal Society of Medicine.

I do not intend to enter into a discussion of this subject at this time. I wish merely to call attention to the statement made by Dr. Granville Hey, president of the British Homœopathic Society, in his report:

"An epoch had been reached to which all true followers of Hahnemann had looked forward—the time when homœopathy would be placed on a physical foundation, clinically homœopathy was there already, but in physical reality it was not. This was the event Hahnemann foresaw and did his utmost to hasten, but

was not permitted to see. Could he have lived to see this event he would have found in it a healing balm and a recompense for all his suffering at the hands of those who claimed to be members of what was called 'the most liberal profession in the world' . . . The tests rendered were made under the strictest conditions that modern science could devise to eliminate error. . . . The tests showed that Sulphur 10m had an energy which was demonstrable, recognizable and measurable by Boyd's machine, so this put an end once and for all to the old statement that there could be nothing in it."

What there is in it I do not profess to decide.

What I should like to call to mind is the fact that this energy, which Dr. Boyd feels is a heretofore undetected energy, must in all probability belong to that type of aura or atmosphere which in the language of Kent "is present in all entities."

May it not be therefore that Boyd, by his patient and indefatigable research, has at last been able to detect and measure that "power" described by Hahnemann as "perpetually spreading around, like an exhalation or emanation from such bodies (globules) though they are dry. . . ."

Such a consummation is that which is devoutly to be wished. And should future research demonstrate that this physical energy which science has been forced to acknowledge, has a definitely demonstrable relation to the energy of the potential states of health and disease; the day of Hahnemann's recognition and vindication can not be far distant. So much for the three similitudes.

#### The Future Outlook.

J. B. S. Haldane, Sir William Dun Reader, in Biochemistry, Cambridge University, in his delightfully written monograph, "Dædalus or Science and the Future," has made an interesting commentary on medicine:

"The recent history of medicine," he writes, "is as follows, until about 1870 medicine was largely founded on physiology, or as the Scotch called it, 'Institutes of Medicine.' Disease was looked at from the point of view of the patient, as injuries still are. Pasteur's discovery of the nature of infectious disease transformed the whole outlook, and made it possible to abolish one group of diseases. But it also diverted scientific medicine from its former path, and it is probable that, were bacteria unknown, though many more people would die of sepsis and typhoid, we should be better able to cope with kidney disease and

cancer. Certain diseases, such as cancer, are probably not due to specific organisms, whilst others such as phthisis, are due to forms which are fairly harmless to the average person, but attack others for unknown reasons. Eventually on Pasteur's lines we must divert our view from the micro-organisms to the patient. While the Doctor cannot deal with the former he can often keep the patient alive long enough to be able to do so himself, and here he has to rely largely on a knowledge of physiology."

There are two important points here, it seems to me, that are of supreme importance to a correct interpretation of the medicine of the future.

The researches of Pasteur have undoubtedly led to measures which have lessened, as the author indicates, the mortality in infectious diseases, but what a harvest of mental and nervous wreckage has been left in its wake, and just so long as we follow the vaccine and serum route, we shall suppress the manifestations of infectious diseases which are unquestionably psoric, and shall the more effectively turn these outward manifestations inward upon the central nervous system.

The reason why cancer and nephritis are so rife and so intangible is that they, too, are psoric, and have to do with various forms of suppression due to lack of understanding of the fundamentals of hygienic living.

The physiology upon which we shall finally have to rely for the cure of these disorders is the dynamic physiology envisaged by Hahnemann in his doctrine of the chronic diseases. Hahnemann was accused by his critics of not having any pathology upon which to base his statements. He had, however, cultivated the power of seeing with the understanding, of perceiving in the outward manifestations the inner hidden disturbances—what more fundamental philosophy than this?

#### En Passant.

One hundred years ago in the early springtime, there came to our American shores a young and enthusiastic pupil of Hahnemann, Dr. Hans Burch Gram; in fact later on in the flowering summer and early flush of autumn he reached New York, where, in his earnestness he sought to share with his professional colleagues his new found treasure. He was especially endowed by intellect and had won the highest honors at the University of Den-

mark. His career in the old world, at the cultural centre of Copenhagen, had brought him the highest of the three degrees granted in that country. He rose rapidly to a high position at court and was assistant physician to the king.

Touched as he was by the softening and benignant teaching of Hahnemann, his one ambition now was to return to America the land of his birth, to spread the new gospel of healing. Accordingly, in 1825, Hans Burch Gram introduced homœopathy into America with the publication of Hahnemann's "Spirit of the Homœopathic Doctrine."

We have already heard at the centenary exercises of the American Institute of the signal achievements of Gram and his followers. We have been told of his triumphs, his sacrifices and his sorrows. Gram's remains rest in the Greenwood Cemetery beside his friend and pupil, Dr. John F. Gray.

If his *alter ego*, that intangible something that men call the shade—should return again to earth, and pause perhaps beside this erstwhile tomb, would not the spirit of the great Hahnemann himself come to him, as Uriel (here in our very midst), whom Milton has called "the sharpest-sighted spirit of all in heaven—the regent of the sun" appeared to Esdras of old, and say, "I am sent to show thee three ways, and to set forth three similitudes before thee."

The "three ways" are, as I have explained to thee, the three ways of applying drugs, the most exemplary of which is the homœopathic way.

The "Three Similitudes" are the Law of Similars, the Single Remedy and the Minimum Dose.

And, in the language of Esdras, he might answer him saying, "Like as the field is so is also the seed; as the flowers be, such are the colors also; such as the workman is, such also is the work; and as the husbandman is himself, so is his husbandry also; for it was the time of the world."

"Sorrows are passed, and in the end is showed the treasure of immortality."

## DIFFERENTIAL MATERIA MEDICA.

Dr. A. Pulford and Dr. D. T. Pulford, Toledo, Ohio.

(Concluded.)

*Phosphorus.*

*Larynx and Trachea:* Croup; membranous. Irritation from cold air; in larynx from cold air, from talking. Pain in larynx, on pressure, on speaking, while talking, on touch. Rawness; in larynx evenings, d. inspiration; in trachea when coughing. Soreness; in larynx, on touch. Larynx sensitive to pressure and touch. Tickling in open air. Velvety, down sensation. Hoarseness mornings, evenings, painful, preventing speech. Husky voice.

*Respiration:* Deep. Difficult, with cough. Panting. Stridulous evening on falling asleep.

*Cough:* Daytime. Morning a. rising. Air, in cold, walking in; open, walking in. On becoming cold. Croupy. Dry on reading aloud. Hacking; from tickling in larynx. Excited by rawness in larynx. Reading aloud <. Wakens from sleep. Tickling, in open air; in chest.

*Pulsatilla.*

*Larynx and Trachea:* As from dust. Inflamed larynx from getting overheated. As from sulfur vapor. Tickling in warm room.

*Respiration:* Asthmatic in children; a. suppressed eruptions. Difficult > open air; from suppressed measles; with suppressed menses; wants doors and windows open; as if one had inhaled sulfur vapor; in a warm room. Loud in sleep. Stertorous d. sleep.

*Cough:* > open air. Becoming warm in bed < or excites. Constant evening, < lying, > sitting up. Dry evenings lying down, > sitting up; from scraping in larynx; from tickling in larynx. As from dust. From violent exertion. Exhausting nights; disturbing

*Phosphorus.*

From entering cold air from a warm or vice versa.

*Expectoration:* Bloody mucus. White, albuminous.

*Chest:* Abscess of mammae. Angina pectoris. Anxiety in, < excitement. Constriction as from a band. Spots. Fatty degeneration of heart. Flushes of heat in region of heart. Hepatization of lungs > lying on r., < on l. side. Pleuropneumonia. Typhoid pneumonia. Oppression when coughing; a. walking. Orgasm of blood. Pain a. inflamed lungs; while lying on l. side; on rising up in bed; > warmth; in l. side, lying on l. side; in lower l., lying on l. side; in lungs, l., lower part, in heart, evening; burning in l. side; pressing in sternum; rawness in cold air; sore from coughing; stitching, lying on l. side, l. side, > lying on r. side. Palpitation of heart, morning; evening; d. coition; lying on r. side >; on motion, slightest; on rising from bed or seat; on waking.

*Back:* Fistulae. Formication; extending to limbs. Heat; ex-

*Pulsatilla.*

From entering cold air from a warm or vice versa. On becoming heated. From irritation in epigastrium < lying evening, must sit up, nights. A. measles. From mucus in chest. Racking > sitting up. From scraping in larynx. Sensation of sulfur fumes or vapors <.

*Expectoration:* Taste bitter.

*Chest:* Anxiety in, nights; while lying on l. side. Fulness evening; of heart evening. Inflamed lungs with suppressed menses. Suppression of milk. Oppression of heart evening. Pain > bending forward; in lower; pressing in heart evening; stitching, wandering. Palpitation of heart nights in bed; while lying; a. supper. Pulsation nights; interrupting sleep.

*Back:* Coldness evening; as if cold water spurted on; ex-

*Phosphorus.*

tending up the; in cervical region. Inflamed cord. Pain in lumbar region > rubbing; in spine; as if broken in lumbar region; burning, in spots, between scapulæ, in spine; cramp-like between scapulæ; lameness in lumbar region; sore in dorsal region; tearing extending to limbs. Pulsating in dorsal spine.

*Extremities:* As if fingers were all thumbs. Coldness of forearm; of hands d. chill; of knees, nights, in bed, d. chill; of feet, icy. Hemorrhagica purpura on legs. Dragging legs. Vesicles. Psoriasis on palms; on legs. Fistula: Hip; joints. Formication in paralysis. Heat in palms; of feet burning, uncovers them, of soles, uncovers them. Inflamed tibia, periosteum. Numbness of finger tips. Paralysis from

*Pulsatilla.*

tending down back, as if cold water poured down there. Chilliness in sacral region. Constriction in lumbar region as from a tight band. Pain d. chill extending to occiput and vertex; d. labor; with suppressed menses; > gentle motion; compelled to move without >; on rising from prolonged stooping; in lumbar region with suppressed menses; in lumbo-sacral region; in sacral region > motion, esp. gentle, > slow walking; aching, b. menses, a. sitting long, in lumbar region, labor-like, in sacrum; constricting, takes the breath away; drawing extends to occiput and vertex d. chill; labor-like, in small of back, d. menses, in sacrum; pressing in lumbar region d. menses; as if sprained in lumbar region, on motion.

*Extremities:* Chilblains, inflamed; on hands, itching. Redness of joints. Dryness of joints. Emaciation of diseased limb. Rash. Felon > cold applications. Jerking in knees. Numbness of hands d. chill; of lower d. menses; of legs d. menses; of feet with chill. Pain mornings in bed; > open air; d. chill, > cold applied and motion; on beginning to move; > cold; wandering, shifting; in wet weather; in joints mornings

*Phosphorus.*

apoplexy. Perspiration clammy on hands. Shrivelled hands. Tottering. Twitching of lower.

*Pulsatilla.*

in bed, wandering, < warmth; in upper > uncovering, < warmth; in lower > cold and motion; in hip > walking; in thigh evenings, > motion; in knee > motion; in leg > motion; in ankle < warmth; in foot evenings; boring in heel, evenings; burning in back of foot; as if dislocated in hip; drawing in lower, evenings, in hip, in thighs evenings, nights, > motion, in warm bed, in knee > walking, in leg > motion, in foot; stitching in lower > motion; tearing > slow motion, in knee > walking. Restlessness. Stiffness of knees while walking. Swelling of knees, hot, painful or painless, scrofulous. Tension gradually increases, suddenly ceases; thigh, evenings, drawing; leg evenings. Trembling of feet. Ulcers on lower, burning, fetid, mottled. Inclined to uncover feet. Varices on lower d. pregnancy; on legs painful, d. pregnancy, stinging; on feet.

*Sleep:* Lies on r. side, on l. impossible. Waking from heat.

*Sleep:* Lies with arms over head or on abdomen. Overpowering sleepiness in afternoon. Sleeplessness evenings d. heat; from thoughts, activity of mind; from twitching of limbs. Waking from cough. Yawning b. menses.

*Phosphorus.*

*Chill:* Shaking afternoon. >  
a. sleep.

*Fever:* Burning heat with  
thirst for cold drinks, unquench-  
able. Continued (typhoid) a.  
midnight; abdominal; hemor-  
rhagic; pectoral. A. eating.

*Perspiration:* Clammy. A.  
eating. D. slight exertion.  
Profuse night. Front of body.

*Skin:* Cicatrices break open.  
Bluish red spots. Yellow spots.  
Eruptions dry; herpetic dry,

*Pulsatilla.*

*Chill:* Noon. Afternoon fol-  
lowing heat. Evening with the  
pains. On turning over in bed.  
Changing type. Chilliness b.  
menses. Eating warm things  
<. External in spots. B.  
menses. Motion >. With  
pain. Periodicity irregular.  
With perspiration. Predomi-  
nating afternoon. Quartan.  
Single parts. Tertian. 4 P. M.  
Warmth unbearable.

*Fever:* Morning in bed. Af-  
ternoon a. lying down; 2 P. M.,  
followed by chill at 4 P. M. Eve-  
ning on entering the room. In-  
tolerable burning heat nights in  
bed. Changing paroxysms; a.  
abuse of quinine; no two alike.  
Chill absent, at 2 P. M., evening.  
Dry heat evening, distended  
veins and burning hands that  
seek cool places. Intense heat  
with delirium. Paroxysms ir-  
regular, long chill, little heat, no  
thirst. Chill followed by heat  
then sweat. Warm covering <,  
also warm room. Warmth <.  
Washing >.

*Perspiration:* Morning a.  
heat; d. sleep. Evening lasting  
all night; with loquacity nights.  
Night d. sleep, d. stupid slum-  
ber. Single parts.

*Skin:* Chapping. Chicken-  
pox. Itching unchanged by  
scratching. Moles. Swelling

*Phosphorus.*

mealy; mealy; red rash; scaly,  
ichthyosis. Fungus hematodes.  
Indurations, nodules. Itching  
> scratching. As if the skin  
were hanging loose. Nævi.  
Purpura hemorrhagica. Ulcers  
bleeding d. menses.

*Generalities:* Cancerous af-  
fections; encephaloma. Salt <.  
Hemorrhage blood does not  
coagulate; from orifices of  
body. Lack of vital heat. Ly-  
ing on back <. Magnetism >.  
Paralysis a. apoplexy. Rubbing  
>. Left side. Fibroid tumors.  
Weakness from diarrhea; from  
slight exertion; d. fever; para-  
lytic, sliding down in bed.  
Wounds bleeding freely.

*Pulsatilla.*

stinging. Ulcers biting; burn-  
ing; > cold air; pain > cold  
applications; with jerking pain;  
mottled areola; painful about;  
varicose.

*Generalities:* Bathing >.  
Contradictory and alternating  
states. Distension of blood ves-  
sels d. fever. A. eating to sa-  
tiety. Faintness in a close  
room; d. labor; in a warm room.  
Buckwheat <. Pork <. A.  
measles. Motion >; of af-  
fected parts >; continued >.  
Pain in parts recently lain on;  
jerking internally; tearing ex-  
ternally; wandering. Pressure  
on painless side <. Rubbing  
<. Suppression of sexual de-  
sire <. Right side. Stretch-  
ing b. urination. From expo-  
sure to sun. Swollen sensation  
in glands. Varicose veins;  
painful; d. pregnancy; stinging.  
Vaults, cellars, etc., <. Walk-  
ing >; slowly >. Weakness  
morning lying; from mental  
exertion; on waking; in warm  
room.

## Section III.

*Mind:* Anxiety as if in hot  
air. Mania from suppressed  
menses. Unconscious after-  
noon in warm room.

*Phosphorus.*

*Eyes:* Stitching pain in eyes on going to sleep. Illusions of vision and sparks on falling to sleep.

*Nose:* Bloodstreaked greenish discharge from nose. Epistaxis with perspiration. Smell acute d. headache.

*Throat:* Swallowing impossible from constriction of esophagus at cardiac opening.

*Stomach:* Nausea on putting hands in warm water.

*Abdomen:* Emptiness in abdomen with burning between shoulders.

*Rectum:* Diarrhea > cold food.

*Pulsatilla.*

*Eyes:* Itching of eyes > open air. Dim vision evenings while walking fast or when warm from exertion. Foggy vision > rubbing eyes.

*Face:* Inflamed parotid glands metastatizing to mammae. Tearing pain in face > cold applications.

*Mouth:* Cotton-like mucus in mouth. Nauseous taste from smoking.

*Teeth:* Drawing pain in teeth in warm room. Jerking pain in teeth as if nerves were put on a stretch and let loose. Stitching pain in teeth with suppressed menses.

*Throat:* Tenacious mucus in throat nights.

*Stomach:* Eructations tasting like bad meat or rancid tallow. Pain in stomach a. fat food. Thirst at 2 P. M.

*Abdomen:* Constriction of abdomen extending to bladder. Heaviness in abdomen b. menses. Dragging pain in abdomen through spermatic cords.

*Phosphorus.*

*Respiration:* Stridulous respiration evening on falling asleep.

*Chest:* Anxiety in chest < excitement. Constriction in sternum on coughing. Hepatization of lungs > lying on r. side, < on l. Chest immovable. Pain in lower l. chest on lying on l. side; stitching in l. side > lying on r. side.

*Back:* Formication in back extending to limbs.

*Pulsatilla.*

*Urinary:* Contraction of urethra; from suppressed gonorrhoea. Hemorrhage from urethra from suppressed gonorrhoea.

*Genitalia, Male:* Burning pain in testes without swelling. Pressing pain in testes while sitting.

*Female:* Leucorrhoea while lying. Changeable appearance of menses.

*Chest:* Anxiety in chest lying on l. side. Inflamed lungs with suppressed menses. Pulsating in chest nights interrupting sleep.

*Back:* Pain in back drawing d. chill extending to occiput and vertex. Pain in sacral region > gentle motion. Constrictive pain in lumbar region taking breath away.

*Extremities:* Numbness of legs d. menses. Tension in limbs increases gradually, ceases suddenly.

*Fever:* Intolerable burning heat nights in bed. Heat at 2 P. M., followed by chill at 4 P. M.



*Phosphorus.*

No two paroxysms of fever alike. Heat at 2 P. M., chill absent. Dry heat with distended veins and burning hands that seek cool places.

*Chill:* Long chill, little heat, no thirst.

*Perspiration:* Perspiration with loquacity, lasting all night; d. stupid slumber.

*Generalities:* Distended blood vessels evenings. Pain in parts recently lain on. Stretching b. urination.

*Mind:* Transient unconsciousness afternoons in warm room.

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**DOG DAVID.**

C. E. Prescott, Boston, Mass.

The attractive maiden lady and the bachelor stood side by side; all their latent parenthood alert in their kind faces, watching the big Airedale who took the place of child interest in their lives!

The dog paid no attention to them—his tail did not wag a response; he only moved a glassy eye slowly as they spoke and then closed his eyes and lay inert.

I had a few weeks previously kidnapped David and left him at the animal hospital, where he had been for a week, and came home weaker and worse than when I left him there, much to my chagrin.

It was after this experience that the O. S. Vet. came and left a large bottle of strong medicine—which had no lasting effect, for the better.

I, as the outsider, watched and listened. They decided David must be put out of his misery, not only was the dog in misery, but he had made four Oriental rugs prey for the cleaner and caused

two perfectly good servants to think of selecting a pleasanter house to live in.

The beast was violently ill, every morning; he was bloated, made the air vile with escaping gas, looked pale of face, was feeble of leg, but was constantly trying to scratch—even in his restless sleep; (he cried and whimpered in his sleep and had bad dreams) and had no longer interest in life; his hair had come out in bunches all over and the hairless skin was dry and hard—so were the pads to his paws and his nose hot and dry—his face looked hollow-eyed, drawn and thin.

I said: "Are you going to have the Vet. for him as you did before?" They said: "No, it's useless; he will never get well, but we hate to have him put away, he seems like one of the family." I suggested that I give him a remedy, if they wished. They said: "If you want to, but it will do no good—he is dying."

I gave Carbo veg. 200th. The dog began to feel better inside fifteen minutes. I repeated the dose in three hours—giving Carbo veg. 200th three times a day for a few days—then nothing for three days—then Sulphur 200th, one dose.

No return of vomiting or symptoms of exhaustion for some weeks, then he vomited and I gave Carbo veg. 30th twice.

This all happened three months ago. The dog is now acting like a young dog, has a good appetite (unless he has been playing the garbage hound), runs about outdoors and plays, has his voice back—it was a hoarse, horrible affair when he was ill and very weak—he can now outbark any dog of his size and shape, wags his tail, sits up and begs and goes about the business of life with all his old-time interest and vigor; has a thick coat of hair and no bald spots—now his paw pads normal; nose cool and moist; makes no horrible odors; and for a middle-aged dog is very fit and lively.

I ventured to remark to his human parents that David responded well to the right remedy; they looked surprised and puzzled but said: "It's wonderful how well he is now. I wonder what has happened to him?"

No use trying to educate some people—even with an A. B. C. lesson like this—but it's a joy to so completely prove a remedy and also to give life where death was so near.

## TRIED SYMPTOMS (Group I)

K Chatterjie, M. D., Chinsurah, Bengal, India.

*Anacardium Orientale*—Dyspepsia with occasional rumbling in intestines and feeling of insufficient stool, loss of taste and appetite, occasional distension of abdomen with gas and insomnia brought on from prolonged suffering from malarial fever or youthful follies after well selected medicines fail.

*Baryta Carb.*—Asthmatic cough from tickling near the bifurcation of trachea, rattling in the chest, wheezing, pressure, inflammation of throat with swelling of glands of the affected parts and tip of elongated uvula bent angularly to the right.

*Belladonna*—Restoration of strong labor-pains after total subsidence of them, pointing to asphyxia of the child in the womb, after discharge of liquor amnii provided the pain was violent and occasional previously.

*Chelidonium Majus*—Establishes in patients with fistula-in-ano with thick yellow pus, slightly fetid, profuse ichorous discharge nearing watery one, not met with, though longed for, throughout the long period of suffering. The prescription finds way for constipation.

*Gelsemium*—Serves to cause delivery within a few minutes after *Bell.* sets the passage to right except establishing the pain to one continuous one and want of flexibility of the os uteri with the symptom that the patient falls asleep after each paroxysm of pain.

*Ipecacuanha*—Constant hiccough (after an interval of a few minutes) and sinking of the pulse with blood-dysentery caused by fluid of indigenous plants is cured like magic spell as soon as it comes in contact with the mucous membrane of the throat, to the perfect astonishment of attending spectators to total relief of the patient.

*Leptandra Virginica*—Cases of dysentery, obstinate, not responding even to injections and pronounced as incurable and hopeless by our old-school friends, stool appearing like thin ink-black fluid (altered blood), passed involuntarily, and fish-like smell. This must be preceded by *Sulphur*. Record of number of stool counts innumerable.

*Lycopodium*—Nocturnal fever, not regular but appearing at any moment with chilliness, pain in loins felt till the morning hours with lameness, want of appetite, loss of taste, and larda-

cious and clumsy feeling of tongue, thirstlessness in all the seasons of the year, want of ability to sweat, sure to be covered even in the hottest nights of Indian summer, in women going to menopause, and a constant palpitation, a pulsating feeling of the heart, even if the disease be of years' standing and undisturbed by natural diet (rice) and daily bath.

*Nux Vomica*—Spasm of the stomach caused by taking food after fasting. Amelioration ensues after vomiting of a quantity of ingesta and not after stool.

*Case I.*—A woman of about forty-eight years lay on her right side with legs drawn and body bent forward, teeth clenched, perfect inability to talk or to make any sound whatsoever. A dose of *Nux vom.* followed by vomiting relieved.

*Case II.*—A woman of about seventy-six winters had much restlessness with extreme pain throughout the abdomen, the pain located in the navel region and radiating to all directions, fasted previous day, had bleeding piles, a human pickle from bleeding of piles, pain caused by a piece of rich food, felt as forcible clutching pain, as if tearing the intestines, passed a stool to no relief. Perfect relief after vomiting after a dose of *Nux vom.*

*Sulphur*—This prescription, after *Bry.*, in cases of pneumo-typhoid (affection of both lungs) with constipation, on the fourth day, meets with resolution and subsidence of fever with sweating—without any disturbance of pulse or economy, in a single night, on the ninth day, to hasten a perfect cure, most surprising to note.

## A CASE OF HYSTERIA CURED BY CAPSICUM.

Dr. M. K. Padiyar, New Road, Cochin.

Mrs. R., aged twenty-seven, was brought to my office by her husband. Her history is briefly this: One night at about two o'clock, she was attacked with a severe chill, which lasted for about half an hour. When the chill was on, she firmly pressed the teeth together and shrieked, and when the chill subsided, she sat up in bed, mumbled a few words and made certain gestures. When her husband asked her why she behaved foolishly, she stared at him for a few minutes and began to weep piteously and asked him in a tone not natural to her, "Do you not recognise me? I have come here to see my daughter." She then began to behave in an insane manner,

which frightened her husband. An old lady whom they often sought in cases of emergency was at once sent for. The old lady after questioning her a while, came to the conclusion that it was the spirit of her dead mother that had visited her. She took some water, muttered something over it, and handing over the water to her, asked her to drink it. She refused to drink it, but after much entreaty finally did so. A few minutes afterwards she regained her consciousness and remembered nothing of what she had said or had done. She complained of pains over the whole body and did not sleep well that night. At daybreak she got up and went on with her usual household work, without complaining of any trouble. During the daytime also, she did not complain of anything. The second night, at about the same time, she was again attacked with a chill. The old lady was at once summoned. On entering the room she saw her sitting up in the bed and tearing her clothes. As on the previous day, she prepared some water and offered it to her. She took it and drank it and asked for more water. After drinking a large quantity of cold water she began to shiver and sing songs, and began to behave in an insane manner. They did not know what to do. While they were discussing as to what should be done, she said, "I am very much pleased; I shall go now but shall come back again." After a few minutes she regained her consciousness and remembered nothing. This went on for a few days and her husband began to get anxious. A friend of his advised him to consult an exorcist, for

"This is the land of palms and riches,  
This is the land of charms and witches."

The exorcist, on being informed of this, came and wrote on a piece of paper, in her presence, certain magic words and cabalistic figures. He rolled this piece of paper up and enclosed it in a small case.

After purifying and sanctifying it by certain ceremonies and *mantras* (hymns) he tied this talisman to her wrist, with a small piece of silk thread, assuring her that she would in future be immune from the attack of spirits. To the joy of all, she had no fit that night. But the next night she got the chill and behaved in the above-described manner. Her husband then decided to give her treatment and called in an allopath, who for more than a month treated her with Bromide mixtures, with no benefit whatever. So he brought her to me, to see whether I could cure her. After an

examination I found nothing wrong with her. Her constitution was anæmic, lean and lank. On asking her about her menstrual history, she became very cross and did not answer any of my questions. As I did not get any symptoms from her, I did not promise a cure. I gave her *Bell.* 200, three powders to be taken thrice a day for four days, but finding no change I gave her *Ignatia* 200, for a week, with no results. I then prescribed *Phos. Acid* 200, for three days, thinking that she might be suffering from silent grief, but this remedy also failed. One day I bluntly asked her husband whether he ill-treated his wife. He replied in the negative. After much cross-examination he informed me, that one of her brothers had died and after a few days her only sister also passed away. She wanted to go to her native place, but on account of his business he could not take her. Thinking this to be a case of homesickness, I now prescribed *Capsicum* 200, with instruction to give one powder, an hour before the expected attack and one immediately after the attack and the third at noon. The next day he told me that she did not get the attack. I continued the same remedy for a week and found to my great joy, that she remained free from trouble. Both *Ignatia* and *Phos. Acid* are good remedies for homesickness, but in this case they failed to cure, whereas *Capsicum* succeeded.

#### BOVISTA.\*

William R. Powel, M. D., Philadelphia, Pa.

My first picture of the curative action of Bovista was so vividly impressed upon me, that I have never forgotten it. I will try to give it to you.

Mrs. V. H., aged thirty-two, mother of one child, aged eight. No other pregnancies. For several months under Old School treatment and advised by physicians either an ovarian operation or to be placed in a sanitarium. She was taken to her mother's home.

At each menstrual period or just preceding the period she would become violent, jumping out of bed and breaking furniture, windows, throwing things out of windows. (The only pieces of furniture in the room were bed and bureau.)

\*Read before the Annual Meeting of the International Hahnemannian Association, New York, June, 1925.

Obliged to be tied in bed until the flow was established, she would attempt to bite while being restrained, spit in face, on one occasion tore collar and shirt from me before I could get her arms pinioned. Would scream, sneer, laugh, make grotesque faces when spoken to. All this mental state would subside as soon as the flow was established. This condition lasting from a few hours to a day.

At the appearance of the menstrual flow she would be completely prostrated and would remain in bed nearly the whole time, from one period to the next.

I gave her several remedies, thinking each one was the Simillium, namely, Bell., Ign., Hyos., Stram., Lach., but this condition returned each month.

After five months of this her mother said to me, "I always know when these attacks are coming, because she always has *looseness of bowels before the attack.*"

This was the key to the situation.

I gave her *Bovista* 200, B. & T., in repeated doses for two days. There was no return of the hysteria or mania, and four months afterward she took a trip to Colorado with her husband. Later the family moved to California.

I have cured a number of patients of constipation or inactivity of rectum when the keynote was looseness of bowels before or during the menstrual period.

*Sneezing.* Mrs. F., aged thirty-five. She has been sneezing every day for over a year, wakens from sleep sneezing, watery coryza, weeping while relating symptoms. Has had much treatment, local and internal medicine. Fifteen years ago warts removed from inside of nostrils by cautery, small wart on r. upper eyelid, one on l. axilla. Has had tonsils removed.

*Bovista* has greatly improved this lady's condition. She is still under observation.

In my experience all the patients improved by *Bovista* had one or more of the following symptoms:

*Diarrhæa before or during menses.*

*Awkwardness. Drops things.*

*Deep impressions on fingers from using scissors, knife, etc.*

*Colic better from eating.*

### THE CHILD.\*

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

It is well said that you cannot gather "grapes from thorns, nor figs from thistles." It is also said that you cannot make a "wild goose lay a tame egg." It is also ordained that the fruit tree yielding fruit after its kind, whose seed is in itself "shall continue to do so." It is a divine, as well as a natural law that likes produce likes in all normal processes, not alone in the vegetable, but in the animal kingdom. This being true, mankind has always been mankind since he came from the hands of the Creator. A monkey or an ape has always been a monkey and an ape, and will so continue—and hence man did not evolve from the monkey. With this foundation let us ask what is a child?

A child is the product of two natures male and female, and every normal child inherits, by its birth, the same number of organs and tissues of its parents, which function in the same divine, as well as natural order. The life forces are the same, and the mental and moral natures are products as well as the physical. Size, shape, color, physical, and psychical are similar to the parent, and any endeavor to alter these is more or less abortive. Some of the rules established in government schools as to the weight and measure of the child are arbitrary, and are causes of much anxiety and disappointment in parents. You cannot expect a peach tree, no matter how thrifty and healthy, to reach the height, size, and strength of the mighty oak, nor can you, by any process of nature, make a Shetland pony equal size, weight, and strength of a well-matured Norman horse.

The physical ills of the child, particularly the disease tendency, is inherited from both parents, and this tendency may reach back to the third or fourth generation. In moderate sized families some children tend to certain forms of illness, while others seem immune from these tendencies. The reason for this is unknown, though many conjectures are given. The only solution apparent is to note the state of health before and during gestation. This will be difficult to determine, for the reason that parents give but scant thought to the rearing of children and the psychical health of the child. In

\*Read before the Annual Meeting of the International Hahnemannian Association, New York, June, 1925.

a high-tempered, irritable father, and a mild, submissive mother, you rarely find two children in such a family alike physically or mentally.

With this brief premise, you will permit me to say that every pediatrician who aspires to success in the treatment of children's diseases must, before making a choice of therapeutic measures, study with scrupulous care the health, and disease tendencies of both parents, and where possible of grandparents, for we have unmistakable evidences of children, not only resembling one or the other grandparent, physically, but mentally as well, with a like disposition to certain forms of illness.

It is not alone sufficient to prescribe more or less skillfully for an acute attack of tonsillitis, but much more skillful if the prescription will remove the tendency to recurrent tonsillitis. The palliation of acute attacks until pathology is formed, and then removal, surgically, of this pathology is far from skillful and utterly unscientific. There is no greater science than truth, there is no greater evidence of the truthfulness of truth than the fact that it works, and when the truth of an underlying basis of disease is known, there is nothing more skillful in practice than the removal of this underlying disease base.

Where this is not done, there is recurrent pain and indisposition, impaired mental and physical efficiency, and hastened dissolution of soul and body.

The child deserves and is entitled to the greatest skill man possesses, for his life is made efficient and happy, or inefficient and unhappy, by the use or non-use of this skill. If we desire future generations of strong men and women, mentally and physically, it is imperative that we begin at once, logically, sensibly, and scientifically to correct defects of inheritance and environment, and do this in the most rational manner possible. For our responsibility is great, not alone in the eyes of our Commonwealth, but in the eyes of God, to whom the child belongs. He who is not willing to search into the reasons of a sick child and try to prevent mental and physical catastrophe has no right, legal, moral, or scientific, to assume the responsibility of a pediatrician, or the name of a physician in fact. For every man and woman is a child until they have passed the "three score and ten," and each must have the same individual care and study, and the therapeutics indicated in his or her peculiar individual illness and ill tendencies.

## THE BABY HOMŒOPATHICALLY CONSIDERED.\*

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

The human baby has been considered as a little animal, to be weighed, measured, tested as to digestion, stools, relative size of organs to those in adults, etc., etc.

An exhaustive study has been made of the artificial feeding of infants.

The baby has been studied as a potential business asset and as a financial burden to its family.

Criminologists have measured the baby's head and published statistics concerning its probable social status in adult life.

Babies have been the basis for many studies of the psychologists and educators.

Homœopathically considered, these precious bits of humanity have not made a bow to the world at large, however important they are to a small group of physicians.

In contemplating what the baby means to the homœopathic physician, his relationship should be divided into four periods—before birth, during babyhood, in adolescence and in adult life.

First, then, before birth: Every baby has the right to be born of parents who are healthy, homœopathically speaking, but most children are not so born. Homœopathy can watch the pregnant mother, or, better still, it can take in hand both parents and prepare them to produce a really homœopathic baby. It can prescribe for the mother during labor, and thereby help greatly in preventing birth injuries to the child.

Second: In babyhood it can prevent or abort ophthalmia neonatorum, overcome the effects of birth injuries, if any, help establish respiratory and eliminative functions properly, cure breast troubles in the mother and thus insure a good natural milk supply, help greatly the troubles of dentition, cure tendencies to malnutrition, help produce strong, straight limbs and good digestion; also it can overcome tendencies to the nervous troubles of infancy and skin troubles.

It would be mighty interesting to be able to gather together the babies born of parents homœopathically treated for several dec-

\*Read before the Annual Meeting of the International Hahnemannian Association, New York, June, 1925.

ades, born and reared under homœopathic care, and compare these with a similar group of babies not so blessed. It would be more interesting to bring these two groups face to face at intervals of a few years until adult life. Publication of the observations made in such a study would be valuable to medicine and to society.

Third: The results of inherited tendencies to chronic disorders, combined with drugging in early childhood, show out especially in adolescence. The trained observer can often determine, without a word being said, whether the youth brought to him has been a victim to suppressive and superficial treatment in babyhood or has had the advantage of the philosophy of homœopathy.

Fourth: How many of the patients coming to the office of the homœopathic practitioner tell the doctor of their own accord, that they have never been strong, that they have always been very nervous, always been constipated, had facial acne ever since puberty, had all sorts of eruptions and catarrhs, tendency to suppurations, to migraine, insomnia, etc., etc.?

How many times this sort of thing is traced back to wrong treatment in infancy? The mother has used salve on the scalp eruption. She has given castor oil for acute digestive disorders and a mild cathartic every time a day passed without a copious stool. She has had the tonsils removed early. She has used nasal sprays and cough drops. She gave spirits of nitre for fever and perhaps quinine or camphor for colds.

She has cared for her baby with tender solicitude, giving it the very best she knew—and she has prepared the way for the ailments mentioned above, which, if still further suppressed, lead to organic disease in middle life or later.

Therefore, the baby homœopathically considered, means one's whole life homœopathically considered. It means better parents, healthier children, and finally new generations of health and vigor compared with the present average physical condition.

To consider babies homœopathically in the largest possible sense, is the most important work in medicine.

## DEPARTMENT OF HOMŒOPATHIC PHILOSOPHY.

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

#### SEROLOGY AND CHRONIC DISEASES.

The major part of this department is devoted this month, by special permission of Dr. L. Duncan Bulkley, the distinguished editor of *Cancer*, to the reprinting of an article which appeared on its pages in April. It deals with one phase of a very important subject, the scope of which is not fully indicated by its title. The title, *Serology and Chronic Diseases*, might suggest the larger field in which "anaphylaxis" plays an important part; for the evils of protein poisoning, prominently exemplified in serology, find many other expressions besides cancer. We may well remind ourselves of the old axiom of logic, "the greater includes the lesser." This side of malignancy and death a thousand lesser ills always exist, all arising from the same cause.

For the present, partly for lack of space, we refrain from detailed comment on the article, being content merely to italicize certain significant passages in order to awaken attention and provoke thought. For those who are well informed on the subject the article itself is sufficiently clear and emphatic.

It suffices to say that Dr. Reinheimer has handled his subject discreetly with an eye to the opposition it is sure to arouse from the serologists. He evidently is fully aware that it has relations and points of contact with other subjects of vital importance to suffering humanity besides cancer, to which his article is expressly limited. For this special purpose his references and illustrations are well chosen. But many of them would be equally pertinent and illuminating in other, and especially its homœopathic connections. He is aware that the subjects of anaphylaxis and immunity are fundamental. They are rooted in the soil of vitality. The forces which are brought into play in the actions and reactions that take place are the forces of Life-in-organism. The living organism is the most delicate reagent in the world. Its balance is the most

easily disturbed, although its reactions are often difficult to measure or detect, especially for those who depend principally upon the resources of the laboratory and are not experts in the observation and interpretation of the finer forms of functional symptoms, as practiced by homœopaths.

It should be remembered that the severe typical cases of anaphylaxis—those which compel the attention of even the most hardened and unobservant serologist—represent only a very small fraction of the number of cases which actually exist, and which are constantly developing in the practice of serology. The condition exists in many forms and degrees, the lesser of which are generally overlooked or ignored. It seems that nothing short of a catastrophe, or a series of catastrophes, can arouse the confirmed serologist or the profession at large to a realization of the evils of this practice. Even then, such is his obstinacy and callousness, he will fight to the last ditch before he will change or refrain. Errors and evils die hard, but in the long run they succumb.

It is becoming more and more clear that the appalling increase of chronic, constitutional diseases in civilized countries, typified by cancer, is largely due to systemic poisoning by albumenoid (animal) substances, deliberately administered by inoculation or hypodermically for prophylactic or therapeutic purposes. Beginning with inoculation with the virus of small-pox among the Chinese and Turks centuries ago, down through its modifications in "vaccination," and thence through the extension and development of that idea into modern serology, this Satanic agency has gone on doing its malignant work, taking a constantly increasing toll of human life and health. It may well be considered as, at least, one of the causes of cancer. Today the serologists, in the flush of pride and at the height of their power and popularity, are very confident, very comfortable and very prosperous. They think themselves secure from attack. Let them go on thinking so. Some day there will be a rude awakening.

The article follows:

#### ANAPHYLAXIS AND CANCER.

By H. REINHEIMER, Surbiton, England.

Anaphylaxis, according to Prof. Richet, an authority on the subject, is the opposite condition to protection (phylaxis). He coined the word in 1902, to describe the peculiar attribute which

certain poisons possess of increasing instead of diminishing the sensitivity to their action. He states that, as the result of the injection of a toxic substance into several animals of the same species, a variable and individual effect can always be demonstrated. Some are very resistant, others intensely sensitive and further: "It has long been known that some people after eating shell-fish, mussels, or strawberries, are liable to erythema, urticaria and indigestion, with nausea and syncope; all these are phenomena, having characteristics strongly resembling those of anaphylaxis."

That anaphylaxis frequently occurs upon the eating of certain foods (especially certain albuminous substances) is definitely proven. *That individual susceptibilities to such protein-poisoning differ, is not surprising when we consider how differently constituted different people are, and how variously predisposed to disease.*

According to Richet, the abnormal individual supersensitivity of some animals, may be compared to the intense sensitivity of certain human beings to *sero-therapeutic injections*, the similarity of reaction being unmistakable. Even the increased susceptibility to infection by the tubercle microbe, exhibited by children of tuberculous parents, is sometimes associated with a kind of anaphylaxis, *i. e., they have been hereditarily sensitised by some poison to such an extent as to diminish the usual resistance of the race to the attacks of the tubercle bacillus.* And it may here be recalled that frequently the partaking of a meal, consisting largely of albuminous food, leads to albuminuria, showing another form of functional disturbance, due to protein poisoning. The same is true of arteriosclerosis.

All of which supports the view which I have always defended, that we cannot with impunity indulge in unsymbiotic, or parasitic feeding. It is one of the marks of the true parasite that it feeds upon substances, which have already been built up, complicated, and *organized into a close similarity with its own bodily fabrics.* Perpetual "in-feeding" of this sort is abhorred by Nature, according to my theory, since it inhibits or abuses a biologically essential chain of processes, by which we turn vegetable substances into flesh, just as plants build up organic matter from mineral. The most profitable, healthy, and, in the chain of universal Symbiosis, the most moral form of eating is "cross-feeding," in virtue of which we render due compensation to the world of life for our borrowings, and in so doing ensure progressive co-evolution, as between our-



selves and our biological partners, the plant. For nothing is ever given in the world for nothing.

Richet thinks that the comparison between anaphylaxis and heredity opens a wholly new and unexplored field. And so it would seem to do. But we must recognize that the deleterious effects of in-feeding, begin to accumulate generations before an outbreak of disease actually happens.

The following are some of the leading principles of anaphylaxis:

1. A definite incubation period is necessary before anaphylaxis can be induced; *i. e.*, on my interpretation, when certain (poisonous) albuminous substances are injected, the body is left to neutralize them as best it can—the state of primary “intoxication.” The organism is “sensitised.” A second injection is required to bring the body to perform a violent eliminative effort (crisis). This is the “exciting” dose, because it produces the “anaphylactic shock,” regarding which more anon. The preparatory and the exciting state form almost two distinct groups of phenomena, which must be differentiated.

2. The anaphylactic state lasts many weeks, *i. e.*, neutralization and new adaptation take time.

3. There may be, according to Richet, some similarity between anaphylaxis and immunity. I should say, however, that *in either case we have mainly a reaction to poisons*, be it by neutralization, or by pathogenic adaptation; *and in either case this must be at the expense of vitality.*

4. Anaphylaxis is largely specific; that is to say, the second injection should be of the same nature as the first. The body, as it were, reacts purposely to a definite contingency of which it has previously received notice.

5. The symptoms of anaphylaxis are immediate and intense, while the symptoms of primary intoxication are mild—the way to hell is at first alluring enough; an intense struggle, however, to get free is required later on, if salvation is to be achieved.

6. The anaphylactising toxin affects the central nervous system, and the essential phenomenon is *a disorganization of this system, with a considerable fall in the arterial blood pressure.*

7. A toxin is not always required to create anaphylaxis. “Several primary injections of normal serum into an animal develop an anaphylactic state.” “Anaphylaxis follows the injection of non-toxic and *harmless* substances; it is alone necessary that they be of

an *albuminoid* nature.” Certainly this should put us on our guard against albuminoids, which are nearly all of an animal origin, and the “*harmlessness*” of which thus appears as *very problematical*, to say the least.

8. It is possible, by intercurrent injections, to prevent the appearance of the anaphylactic state—“anti-anaphylaxis” (*sic*). I should say, however, that the appearances are that this case merely amounts to a *suppression of a particular form of reaction against the intrusion of foreign matter, not to a real prevention of disease.*

9. There is a form of anaphylaxis, termed *passive*; that is to say, the blood of anaphylactised animals, injected into normal animals, produces anaphylaxis in them after a large number of injections, *occasionally after a single primary injection.*

What has the blood of one animal, and in particular of a poisoned one, to do in the veins of another? *Is it surprising that the direct introduction of poisons into the blood or the spinal canal, thus escaping as it does, the safeguarding effects of the digestive process, should set up a focus of disease and of degeneration?*

It is not a matter for surprise that, according to the *Lancet*, in Paris alone, at a short interval of time, ten deaths have occurred which can be put down simply to injection of the serum into the spinal canal. The study of anaphylaxis, like that of many other diseases, *resolves itself largely into one of resistance*—with the addendum, however, that in the last analysis this again becomes a matter of the bio-chemistry and the bio-economics of nutrition. So cancer research has convinced some workers that *the intolerance of the body to the disarrangement of its tissues is quite as wonderful as the growth of tumors.* The study of cancer should indeed, be linked with that of anaphylaxis, when it will be seen that *the body wages a kind of racial warfare in defense of the species, against protein poisoning which, if it were tolerated, would make for degenerative rather than progressive adaptation in life*, since the poisoning would cut the species off from that constructive physiological advance, based on biological partnership, which has made it what it is. In order to ensure an ideal food supply, the body has, as the norm of life, in course of evolution, painfully established a web of indispensable external correspondences, which are as essential to its well-being as are the various resources of social life to the life of an ordinary human being. To interfere seriously with any important links, is to throw the organism out of gear, because

disarrangement spells maladjustment, both physiologically and biologically, *i. e.*, adjustment that is no longer in accordance with the grand ends of Nature. Disharmony with these bio-social ends is a great cause of disease, as is exemplified by the case of anaphylaxis.

I would challenge any physiologist or biologist to place a more cogent complexion on the phenomena of cancer and of anaphylaxis, than the one that I have adduced. According to one cancer researcher, we have in the development of an invasive tumor, the subversion of the ordinary laws, which we assume to govern the proportions and proper relations of tissue growth. But who has ever enunciated these momentous laws? What are the textbooks in which they are clearly stated? *Alas, biologists for the most part take the abnormal for the normal.* What is normal is usually left for the intuition of the student, or for the good sense of the laity, to discover?

"Of Med'cine you the spirit catch with ease;  
The great and little world you study thro',  
Then in conclusion, just as heaven may please,  
You let things quietly their course pursue."

What, indeed, is the principle that governs the norm of proportions and of relations of tissue growth, the principle which cannot be sinned against with impunity? *It is the principle of Symbiosis, which renders it necessary for all parts and organs to co-operate in due degree in maintaining the tone and vigor of the whole organism,* even as, *pari passu*, it requires from all organisms in the biological whole, that they co-operate in due degree in their turn to maintain the world and to provide for its further progress. All of which implies food which is appropriate to such high forms of co-operation. [And the avoidance of poisons which destroy it.]

The incubation period in anaphylaxis depends upon the dose, the type of animal used, and especially upon the nature of the antigen employed. Once "sensitized," the organism retains an increased susceptibility to the particular poison during its entire life. *A "sensitized" animal, like an "immunized" one, is no longer the same as a non-immunized individual, even though otherwise apparently enjoying good health.*

On my interpretation of the facts, we have here an instance of physiological isolation, the result of an induced pathological process

—an inceptual degeneration caused by the injection, or ingestion, of substances unsuitable to Symbiosis.

Amongst the easily appreciated alterations in a "sensitized" individual, we find a definite leucocytosis. According to Richet, at the end of six months, dogs injected with crepitine, have 18,000 leucocytes per c. m., instead of 10,000, the normal figure. *This is abundant evidence of the far-reaching pathogenic changes that have taken place in the system, in order to cope with poison, as it also indicates the costliness of defence, which moreover, involves the danger of a conversion of friendly and symbiotic micro-organisms into parasites.*

That there should be an incubation period in anaphylaxis is a great puzzle to the investigators. On the view that as a result of in-feeding, a *retrogressive adaptation* is taking place, however, the phenomenon is less puzzling than it looks. Nature makes no jumps. She is debarred from doing so by the very fact of linkages which the organism has established—symbiotic relations—which keep it under control and indeed make it what it is. Moreover, time is needed by the body, if it is duly to prepare an eliminative effort. The body, as it were, has to become duly aware of the presence of the poison, and subsequently, in order to cope with it efficiently to proceed to a mobilization of its defensive forces, all of which takes time and energy.

It should be remembered that in cancer, too, there is, as a rule, a long period of induction. Moreover, *cancer has been artificially induced by the administration of albuminous substances of animal origin* (Fibiger, Bullock and Curtis), this again pointing to an *identical causation of both cancer and anaphylaxis.*

As an instance of lasting injurious effects, produced by certain albuminous poisons, we get the following from Richet: "A vegetable albuminous extract of *Hura crepitans* so alters nutrition that at the end of three months, the animal still shows the effects of it; in general, dogs on which I have experimented, do not completely regain their former weight."

We must remember, that frequently plants are deflected from their proper and normal metabolic processes by the rapacity of certain animals, which flout Symbiosis, (give and take) and which would exterminate the plants wholesale if the latter did not proceed, in self-defence, (*though in self-deterioration*) to the production of poisons and of other forms of retaliation. That vegetable sub-

stances often prove of appalling efficacy in the poisoning of animals, is in itself eloquent testimony to the fact of mutual awareness of each other's needs of primordial co-evolution between animals and plants, based in the first place, on mutual help. It has thus come to pass that the biological adequacy of food rests upon a genuine symbiotic basis, a basis of give and take, and not one of promiscuous appropriation; and this consideration should never be lost sight of in a dissertation on food and feeding.

The symbiotic basis, which has established itself in course of evolution, is I aver, the true safeguard of health and progress. *In its absence, no amount of artificial interference will ever adequately compensate for the lack of adequacy.* Which is tantamount to saying that the world is a genuine economic cosmos, in which everything has on pain of disease or extinction, to fall in line with an interior righteousness.

The symptoms of anaphylaxis are essentially the same in man and in animals and this shows that we are entitled, broadly speaking, to draw the same general inferences as regards the value of feeding and of food substances in either case. What generally happens is this: "The arterial pressure is lowered, more or less, according to the general intensity of the reaction, and there is intestinal congestion. If anaphylaxis is profound, the symptoms assume a very different aspect. In this case, there is no pruritus. The earliest effect, the first symptom, is a frequent vomiting, so prominent that in a number of cases it develops at the end of ten seconds or almost immediately after the injection, even of a very small dose. This vomiting is a characteristic criterion. It may be said that it is never absent, except in some very rare cases of extraordinarily intense anaphylaxis. In these, the animal is immediately in such a state of prostration, that it has no strength to vomit. The vomit is frothy and mixed with bile; sometimes it is fæcal, and sometimes, in the severest cases, mixed with blood; for, from the beginning, there is an intense gastro-intestinal congestion."

There is evidence in this of a violent eliminative attempt on the part of the body, a crisis which taxes its powers. The result depends upon the degree of vitality left in the creature. We are further told: "Frequently the outburst of nervous symptoms is so sudden and so evident that the colic and diarrhœa never appear. Ataxia rapidly supervenes; the animal staggers as if it were intoxicated; it becomes paraplegic, drags the hinder part of its body, and

does not raise the toes of its fore-paws, thus resembling those animals whose Rolandic convolutions have been destroyed. The pupil dilates and the eyes are dulled, and the animal assumes a state of complete mind-blindness. Respiration is quickened, and dyspnoic; the arterial pressure is very low. Breathing soon becomes so harassed that death from asphyxia seems impending. The general condition is serious enough to believe death imminent, but in reality death in less than two hours is extremely rare in a dog."

This sudden alteration of the nervous system has been called the "anaphylactic shock." *It vividly shows a kind of physiological "Landsturm" in operation—a supreme test of, and tax on, vitality.*

The anaphylactic poison poisons the central nervous system. It acts upon the medulla and the highest nerve centres, thereby forcing the eruption. Like a nation, the body is intent upon maintaining its individuality. Like nations, bodies succumb in the final effort, when they have sinned too long. It is pathetic to realize that frequently in the history of nations, as of individuals, nothing but imminent danger will avail to call forth adequate efforts. Did not Ruskin declare that "the life of a nation is usually, like the flow of a lava-stream, first bright and fierce, then languid and covered, at last advancing only by the tumbling over and over its frozen blocks—all men being partly "encumbered and crusted over with idle matter?"

It is in connection with anaphylaxis in man that Prof. Richet speaks of "serum-disease." Says he: "It must be noted that in certain instances a first injection of horse serum is quite capable of inducing such symptoms as urticaria, arthritis, nausea, vomiting, œdema, pruritus. It has even been stated that normal horse serum, the serum of horses not immunized with diphtheria toxin, can produce symptoms in predisposed individuals."

But what it is that predisposes an individual to anaphylaxis? Evidently it is, in my biological terminology, the habit of in-feeding that does it. There arises what I would call an in-feeding diathesis which may be viewed as the equivalent of a latent anaphylactic shock. Even the non-initiated will find justification for that view from the following remarks of Prof. Richet: "It may therefore be asked if there is not such a condition as spontaneous, natural, or idiosyncratic anaphylaxis. But the word idiosyncrasy explains nothing; it would be better to suppose that there was such a *condition as special anaphylaxis induced by diet.* This would practi-

cally account for the fact that symptoms invariably follow the first injection of horse serum into those who, for therapeutic purpose, take a raw horse-flesh diet. Certainly, some individuals who have never eaten raw horse-flesh, are sensitive to a first injection of horse serum; but the more or less rigorously specific limits of the anaphylactising antigen have not yet been so defined as to enable us to say that there were not *in their diet substances capable of developing a special anaphylactic state against horse serum*. Therefore, this statement, which has been formally made, appears to us of very great importance in proving that an undoubted anaphylactic state to horse serum can be induced *by horse-flesh diet*." (Italics mine.)

This is admitting in a general way that in-feeding does result in liability to serum-disease, or protein-poisoning. I fully concur with Prof. Richet in supposing that there is such a condition as special anaphylaxis induced by diet; and I view the phenomenon as only one, though an important, form of retribution for feeding habits which contravene the great economic scheme on which the business of the world is conducted.

The phenomena of anaphylaxis point to the reality of those wider, bio-social and cosmic issues, associated with food and its appropriation, the importance of which I have never tired in stressing, although they have been usually neglected by our investigators.

The food we ingest should not only be adequate for mere individual existence, but also for the progressive evolution of the race. It should adequately nourish the species, and this, moreover, in a way that the universe itself is the richer, and not the poorer, in the result.

Nor is the universe an indifferent, or unconcerned, witness of what we eat or do. Be it by blandishments, or by reprisals, the universe is endeavoring to keep us on the path of duty. Serve we must, though we have choice to serve either as high castes or as low. If we fail to serve as may be loyally expected from us, we get short shrift altogether. That is the deeper meaning, the philosophy of anaphylaxis, as of cancer.

As Emerson has it: "We aim at a petty end, quite aside from the public good, but our act arranges itself by irresistible magnetism in a line with the poles of the world. What we call retribution is the universal necessity by which the whole appears wherever the part appears."

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## EDITORIAL NOTES AND COMMENTS.

**Enthusiasm for Homœopathy.**—The president of the New Jersey State Homœopathic Medical Society has seen fit to send to each member, the following letter, which we commend to our readers as an index of the *status quo* of homœopathy in that remarkable little state:

"My dear Doctor:

"Do you consider Homœopathy worth while? Do you, after years of experience, deem it of sufficient worth to advise young men about to take up medicine to adopt it in preference to any other school or denomination, and would you, if you had your life to live over again, make Homœopathy your choice?"

"These questions may, no doubt, appear impertinent and superfluous, yet they are asked in all good faith and sincerity, because upon your answer, mentally or otherwise, and that of every Homœopath in the State of New Jersey, depends the ultimate welfare and fate of Homœopathy as a distinct and separate school of medicine, and if these questions can honestly be answered in the affirmative and the cause of Homœopathy still has a place enshrined in your heart and mind, why is it that we apparently are lacking in unity and cohesiveness in our organizations, and why the unresponsiveness to participate in the various activities that are available?"

"There must be some insidious factor at work that is slowly and surely bringing about the apathy and inertia that is existent today. Primarily our State Society should have its incentive manifested in local, county or tri-county associations or societies, which by their growth, development and activity would be reflected in the whole—the State Society. Unfortunately, this is not the case; on the contrary, we have but two such societies, which have had a struggle for their very existence, while one in particular, has to all intents and purposes, ceased to function.

"It is apparent, then, that the index of our progress is indi-

cated by the health of these local or county associations, and basically, directly to us as individuals making up these societies. The responsibility is then up to us as individuals, in that the general development of these local organizations are directly dependent upon our own personal efforts, interests and enthusiasm.

"It then seems necessary, that in order to create interest in our State Society, that it is basically necessary to interest ourselves in our local organizations, and to actively participate in the same, and where a sufficient number of men are grouped or located, there is no reason why reorganization or organization into new-formed societies could not be instigated. Every Homœopathic physician in the State of New Jersey who is eligible to membership should be a member of his State organization, and as the preservation of Homœopathy is a matter of the utmost importance, it would appear that if the foregoing questions were answered in the affirmative, that no fears for its preservation or continuance would be tenable.

"Won't you take this matter to heart, if it applies to you, and make your community an outstanding monument to the worth of Homœopathy?"

**A Few Thought of Natrum Mur. and of Iodin in the Treatment of Exophthalmic Goitre.**—In his *Text Book of Medicine*, Volume I, Strümpell gives an excellent account of exophthalmic goitre and its treatment; under *Symptomatology* we read, "The increased frequency of the pulse and the morbid excitability of the heart are the most constant and earliest symptoms. . . . The frequency of the pulse averages from 100 to 120, rarely less, but in some cases even 140 or 160. . . . A very vigorous action of the heart, and, as a rule, the subjective feeling of palpitation are usually associated with the acceleration of the pulse. The goitre usually develops somewhat later than the first symptoms in the heart. In many cases it is entirely absent, or present only in a slight degree. The exophthalmos is almost always bilateral, although it is sometimes more marked on one side than on the other." Strümpell then mentions von Graefe's sign, tremor, headache, vertigo, weakness of memory and sleeplessness, and mentions as strikingly characteristic, rapid and marked emaciation. He likewise speaks of amenorrhœa and atrophic conditions in the genitals and breasts. Anxiety and haste in movements are also cited.

The course of the disease is noted as very chronic, as a rule, at times extending over years and years, but acute and even rapidly developing cases are spoken of. "Complete recoveries have cer-

tainly been observed, but they are not very common," says Strümpell, who mentions also that recurrences may take place after the lapse of years.

Under *Treatment*, general treatment of the patient is carefully gone into, but the author sounds a rather skeptical note concerning drug therapy. Nor is he enthusiastic about surgical interference. Of thyroid medication he says, "The administration of thyroid tablets is probably in most cases distinctly injurious, but good results have been also claimed for it in a few cases! Personally, I believe that I obtained good results in a few cases by the administration of small doses of sodium iodid. But care must always be exercised in the administration of the iodid."

Da Costa, in his *Modern Surgery*, says: "Thyroid extract does harm." He, as does Strümpell, mentions the use of *thyroidectin*, a powder made from the dried blood serum of thyroidectomized animals; of Beebe's serum or the serum of thyroidectomized animals and of the *antithyroidin* of Moebius, which is the serum of sheep's blood, the animal having had its thyroid gland removed at least six weeks before the serum was obtained. Nothing is said by Da Costa of the employment of iodin.

If we study the homœopathic provings of *Natrum muriaticum* we find among hundreds of symptoms, the following: Excitement and anxiety, great irritability, loss of ideas, with mental dulness, hastiness, weakness of memory, vertigo, headache, sleeplessness, emaciation, trembling, amenorrhœa, palpitation of the heart, sensation as if the eyeballs were too large, rapid pulse; beating of the pulse in the whole body, even during rest, exhaustion and great prostration. All these symptoms may and usually do occur in exophthalmic goitre, yet in themselves, are not sufficient for the purpose of making an exact homœopathic prescription, since in *Iodin* we find the identical symptoms, some of which are even more marked than in *Natrum mur.* In addition, however, we find in the pathogenesis of Iodin, protrusion of the eyes and *atrophy of the mammary glands*. Diminution of the size of the goitre is spoken of in the provings, notably in the *Symptomen-Codex*, but there is no evidence that Iodin has actually produced a goitre. This phenomenon is not, however, essential, so far as the prescription of Iodin, homœopathically, is concerned. It is a fact, that in the treatment of exophthalmic goitre, both Iodin and *Natrum mur.* have been again and again successful. Stauffer, discussing in his

*Homöopathie* the treatment of this disease, states that Ferrum sulph., Cactus, Lycopus, Adonis, Aconite, Belladonna and Ferrum phos. have proved themselves best; but he also speaks of Iodin, stating that this has actually caused parenchymatous swelling of the thyroid gland and he likewise mentions the homœopathicity of Thyroidin, in potencies not lower than the 30th. He evidently prefers the 200th and 1000th potencies of this gland preparation. He then speaks of Natrum mur., 6th to 30th, giving its usual characteristics and of some other homœopathic remedies, such as China, Kali carb., Phos., Arsenicum, Calc. carb., Sulphur and Pulsatilla.

From the standpoint of Hahnemannian homœopathy and prescribing, indications for *Iodin* in exophthalmic goitre are about as follows: Trembling and visible tremor; weakness; nervous restlessness; abnormal hunger with compulsion to eat; can eat more than she does; amelioration of entire state while eating and immediately after; feels better on a full stomach; in spite of eating much, loses weight nevertheless or at least, does not gain in weight. Amelioration of the general state in the cold open air; rapid pulse; palpitation; goitre large or small, soft or hard; restless sleep or insomnia. Dark complexion; brunettes. Contracting sensations in heart region (at times). Constipation. Lymphatic glands sometimes swollen, hard and painless.

In *Iodin* we have frequently found a serviceable, and at times a curative remedy, in the treatment of exophthalmic goitre; the potencies used have ranged from the third centesimal to the cm. and higher; but we are inclined to believe that the lower potencies have given us the best results in this disease.

Of *Natrum muriaticum* a great deal is to be said, for it is a most important remedy, a fact which incidentally, may be inferred, if we stop to think of the chlorin element of this salt and remember that chlorin belongs to the halogens, iodine, bromine and fluorine. Sea water contains them all, but more especially is it rich in sodium chloride.

The *Natrum mur.* patient is more often and usually a woman, whose menses are inclined to be late and scanty and are preceded by tearful sadness which forbids ill advised, albeit well-meant intrusion. In general the patient feels at her worst in the morning, she may be thirsty, though not always so, but is likely to have a strong desire for salt and highly seasoned or sour foods. Sleep is dreamful and restless, often interrupted by nightmares and during

sleep moaning, crying and talking are apt to occur. The appetite is good, often excellent, yet little or no gain in weight takes place, at times progressive emaciation is in evidence and upon investigation, will be found to have first manifested itself about the neck. Palpitation and fluttering of the heart are common and are aggravated by lying upon the left side. *Natrum muriaticum* should always be thought of, when the exciting causes of the disease have been psychic in character; thus the ill effects of grief, anger, fright, mortification, should always lead us to consider this remedy. Quite naturally, Aconite, Ignatia and Staphysagria come to mind also, in this connection. As in Iodin, we have an amelioration of the symptoms in the open air, though not to the same extent. *Natrum mur.* lacks the amelioration after eating of Iodin and on the contrary, often feels better by omitting a meal.

**Silica In Therapeutics.**—"According to F. Luithlen, silica (silicic acid) is the foundation of the elasticity of living tissues, and healthy activity depends on the maintenance of a proper balance between the calcium and the silica constituents of the body. The silica content is highest in youth, decreasing with age until there is a deficiency with a corresponding preponderance of chalk; hence the altered biological process, the diminished pliability of the tissues, and the susceptibility to fractures. These considerations led the author to try silica in certain senile and other conditions referable to deficiency in silica. The best results were obtained in senile pruritis where there was no definite metabolic cause and the skin is dry and brittle. In some cases where colloid treatment, hypotonic solutions, and organotherapy had been tried in vain, intravenous injections of pure silicic acid rendered the skin soft and improved the circulation in it. Good results are said to have been obtained also in psoriasis, furunculosis and acute secreting eczema occurring in the aged; also in arterio-sclerosis, stenosis of the valves of the heart, and pulmonary tuberculosis. In younger people the remedy may be given subcutaneously or by mouth; in old persons it is best employed intravenously, 1 cc. of a 1 per cent. aqueous solution of medicinally pure sodium silicate being injected every other day up to fifteen or twenty doses.—*Wien. Klin. Wochenschr.*, 1925, No. 27."

Yes, all very true as far as it goes; but it does not go far enough! There is much more to Silica, as homœopaths know and they are



very familiar with its use in the diseases of infancy, as well as in those of advanced life.

Silicosis and pulmonary tuberculosis resemble each other very closely in many respects and care must be exercised in making a differential diagnosis; however, the similarity is sufficiently close to warrant the statement, that homœopathically, Silica ought to be a useful remedy in the treatment of pulmonary tuberculosis. Homœopaths know that it is, *when, as and if*, to use a financial phrase, it is indicated. But then only!

Silica or Silicea, is a most important constitutional remedy, an antipsoric, a remedy of deep and long continued action, not to be often repeated, but to be given, as our British colleagues say, in *unit* doses, especially when the high and highest potencies are employed. Silica dreads the cold, dislikes it extremely and wants to be protected from it. Hence in neuralgic or other head pains, which are chiefly occipital or begin in this region, wrapping up of the head or the application of warmth, is distinctly agreeable. Silica hates drafts, especially upon the head and neck. Silica tends to break down tissues eventually, by causing them to suppurate; foreign bodies are thus extruded, through the process of suppuration; and where bones are involved in a destructive inflammation, little spicules of bone will be suppurated out. Fistulæ are formed, with long continued suppuration. Sensitiveness of affected parts is not marked, as a rule, not nearly to the degree which we find in *Hepar sulphur* for example. Thus the Hepar baby with a middle ear abscess, will vociferously resent undue handling of its aural appendage, whereas Silica will make but mild protest.

Quinsy sore throat, or more correctly, suppurative tonsilitis, may need this remedy to bring the refractory tonsil back to its senses, when it persists in discharging thin pus and refuses to heal. Atrociously foul-smelling footsweats often need Silica and when these have been suppressed by some well-intentioned, though misguided individual, Silica is especially likely to be required. Yes indeed, there is a lot more to Silica than would appear from the purloined abstract; the materia medica will furnish its complete pathogenesis, a study of which is both fascinating and instructive.

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### NITRIC ACID.

Prof. J. T. Kent.

[A characteristic lecture by Prof. Kent, as originally delivered before the Post-Graduate School of Homœopathics in Philadelphia. The original manuscript is in the possession of Dr. S. L. Guild-Leggett, of Syracuse, N. Y., who kindly forwarded it for publication in THE HOMŒOPATHIC RECORDER.—*Editor.*]

Some medicines make a subject too chilly and some make a subject too warm.

Some are always shivering and some always suffering from heat during the proving. The natural features of the body are to be observed by which to generalize. If a remedy does not produce the changes whereby an individual is affected by heat and cold, they must be generalized in some other way.

Some produce constant chilliness from, first, a chill, fever and sweat, to a chronic condition of chilliness; a condition of the body wherein there is not heat enough; the patient wants to keep warm, wants plenty of clothing. Such a remedy is Nitric acid.

The patient is generally chilly, and susceptible to changes in the weather, especially in damp weather.

He soon loses his mental equilibrium; the least excitement disturbs mind and body; he is easily broken down from mental operations, a slight disturbance throws him out of balance. What he was about to say goes into confusion; the effort to concentrate the mind causes instant confusion and his mind scatters. Vanishing of thought on attempting to apply his mind to a subject.

The loss of a friend is very shocking, somewhat like Ign.

Worse from night watching. Here it is like *Cocculus*, which has complaints from long night watching. Confusion of mind from night watching, like *Cocculus*.



Great loss of memory, inability to sustain a mental effort, a general confusion, and with weakness of the muscles and body.

The head has some peculiar symptoms, associated with some rare and unique modalities not generally understood. The headache is as if compressed in a vise. If you could apply the jaws of a vise to fit over the head and compress it from ear to ear, you would have the sensation. The head feels as if it would be crushed.

Nitric acid is closely related to Syphilis. It has the bi-parietal head pains of the syphilitic miasm, the syphilitic neurosis.

The headache is sometimes ameliorated by compression; better by a steady even gentle pressure; worse from the slightest jar or noise. The noise of a passing vehicle generally produces great exaggeration of the symptoms, with throbbing as if the head would fly in pieces. Riding on a smooth country road, or the gliding motion of the street cars, ameliorates these headaches.

There is another feature, whether of the head or spine, Lippe once called attention to it. He said, if he was walking along the street and saw a lot of tan-bark spread around before the house, he would immediately think of the Nitric acid patient within that house. The noise of the street is very aggravating to the patient. This sensitiveness runs through Nitric acid everywhere in the body. The head may be covered with an eruption, and the scalp be so sore that the slightest pressure of the hand causes him to cry out; but in its early formation it was better from gentle steady pressure.

School girls have a headache that is worse from the pressure of the hat. Noise aggravates the headache, also jarring.

The ulcerations and eruptions are extremely sore, also the inflamed parts.

The abdomen is sore to jar and pressure and is distended. The soreness of the throat is extremely sensitive. Coupled with this sensitiveness, is another group of symptoms which I will call up, *viz.*: stitching pains, sometimes cutting, sometimes described "as if there were little sticks" in the ulceration. The throat feels as if filled with little sticks. Sensation as of a fish bone in the throat or nose. Ulcers in the nose, with a constant feeling as if sticks were in them. Ulcers in the rectum, with a sensation of sticks in them. Even a gonorrhoeal discharge is attended with a sensation

as if sticks were in the urethra. (Also think of Hepar and Arg. nitr.)

Arg. nitr., Hepar, Alumina and Natrum mur., have sensation of a stick in the throat. Nitric acid, Hepar and Arg. nitr., with ulcers.

Sensation of a stick in the vocal chords, hoarseness, loss of voice in singers. Nitric acid is always better in a cold room, as to its throat symptoms.

Both Hepar and Nitric acid are oversensitive to pain, they feel these sticks, oversensitive both to pain and cold. Hepar "is so sensitive to pain that she faints." This is quite common in women. Think of Hepar first; other remedies follow that produce the extreme sensitiveness to pain.

Where there are mucous membranes, you will find catarrhal conditions in Nitric acid. It will produce ulcerations and burn almost like the actual cauterium. It is wonderful to think how high potencies cure just such things.

You cannot individualize by the ulcers themselves: Copious discharge from mucous membranes and from ulcerations everywhere, with the peculiar jagged stick sensations.

There is another feature of the discharge in the catarrhal conditions, and that is, bloody, watery. Brownish leucorrhœa, bloody brownish, like meat washings, from the urethra and bowels. These are generally excoriating and cause soreness of the parts.

Now in the ear we have the Eustachian tube swollen and closed. The external meatus is ulcerated, with a watery, offensive, excoriating discharge; deafness comes on if this goes on to any extent of time; deafness, hardness of hearing, or can hear better in a noise; can hear better when riding in the cars. (Also Graph.) The rumbling ameliorates the deafness. We have some peculiar things like that which no mortal can account for.

Phosphorus has a peculiar deafness. While he can hear a noise very well, he cannot hear the articulation of the human voice well enough to understand what is said; he calls for the sentence to be repeated. It is said, "deafness, especially to the sounds of the human voice." I mention this only to illustrate a peculiar thing in deafness.

Now the nose furnishes us another locality for a great deal of trouble. Nitric acid produces loss of the sense of smell; ulceration of the mucous membrane. The vomer, particularly, is at-

tacked; ulcers, with the sensation as of sticks; incrustations in the nose; bloody crusts are blown out; they are painful when forming, and when they adhere and are removed, bleeding follows and the sensation of a stick remains. This goes from bad to worse until portions of bone are blown from the nose with the discharge. This is sometimes found to have been produced by syphilis, and where a great amount of mercury has been used. Nitric acid is an antidote to mercury and especially useful for syphilis. It is closely allied to Hepar. Hepar, Mercury and Nitric acid run as a trio. All three have sensitiveness to cold, affections of bones, periosteum and mucous membranes, chilliness.

Any remedy that corresponds to syphilis is an anti-syphilitic. Now in the throat we find this same catarrhal condition, tonsils enlarged, white patches extending to the mouth. Even in diphtheria, with bloody, watery discharge, and sensation of sticks in throat and nose.

In the mouth, we have stiffness of the tongue, loss of taste, looseness of the teeth with receding gums, aphthous patches that are white, ulcers like raw beef, painful, with sensation of sticks in them.

In the chest, Nitric acid will be a very useful remedy in catarrhal affections, with bloody, watery oozing. The cough is attended with gagging, retching and vomiting.

Nitric acid follows Calcareo. When an individual has been for a considerable time on Calcareo, Nitric acid may follow. Instead of running into Lycopodium, after Calcareo, they sometimes call for Nitric acid. Calcareo might have been the remedy in phthisis, and Nitric acid follows well to complete the work. If it had been given in the beginning, it would have caused destruction of lung tissue. It is a vicious remedy to begin with, like Sulphur and Stannum. Strange to say, it follows well almost all of the alkalis.

Now, if we advance to the bowels, we find ulcerations with many painful troubles; stitching, tearing pains, great sensitiveness, extreme distention.

Affections of the bladder, uterus and kidneys, the latter with dropsical conditions and albuminous urine.

A grand "red-string symptom" is "The urine smells as strong as a horse's urine." Sometimes they say it is ammoniacal, but it is the hippuric acid smell.

In the early stages of Bright's disease, in the beginning, there is a good deal of burning when urinating, also tenesmus; often scanty, or suppressed urine, and it smells strong, like that of a horse; a great deal of burning in the urethra, and jagging as if sticks were in it when urinating; little ulcers in the urethra, that are sore and inflamed; sore spots along the urethra, and on pressure, there is the sensation as of a stick, burning and smarting, when the urine passes over these spots, causing sticking and jagging. On the outside, burning, smarting, phagedenic ulcers. Phagedenic ulcers of a large size on the labia majora, with sticking and jagging; like Arsenic. Arsenicum has been the most frequently indicated remedy in phagedenic chancre.

In the spreading chancroid that smarts and burns, Nitric acid will be indicated; but in that kind of ulceration, it will be a dangerous remedy to use, because it will heal up the chancre and eruptions will come out, and falling of the hair follows. You must let the chancre alone and prescribe for the patient. Under the present kind of teaching, the individual thinks the chancre ought to be healed up. If the remedy is acting well, the chancre begins to discharge and discharges copiously; then I know I have saved him from falling of the hair, sore throat and nightly distress. Nitric acid has the ulcers in the throat, ears, and genitals.

I forgot to mention its peculiar action upon tubular organs, as the œsophagus, vagina and rectum, but especially on some of the sphincters.

There is a tendency to produce thickening of the cellular tissue of the mucous membrane and the tissue immediately beneath them. Stricture of the œsophagus, with difficult swallowing and finally, death from inanition.

Wherever it has produced inflammation, its characteristic ulcerations are present.

Infiltration and constriction of the vagina, also of the rectum, with copiously bleeding hæmorrhoids and thickening of the mucous membrane, constriction and finally stricture and ulceration, with the sensation of a stick, attended with profuse, frequent bleeding. Such things are in keeping with Nitric acid.

For acute inflammation of the œsophagus, attended with so much swelling that the throat seems to close up, a great deal of pain, soreness, smarting and sticking from the pharynx to the œsophagus. Rhus tox. also produces it and is one of the com-

mon remedies. Quite a number of remedies have produced that state.

We notice in some constitutions a chlorotic condition, called "green sickness," which comes on at puberty, with a scanty menstruation and a flow that is thin, pale and watery; if this is attended with a bloody-watery leucorrhœa, it is all the more like Nitric acid. These girls have a craving for chalk, dirt, lime, and starchy things, substances that grit in the mouth, like slate pencils. Such cravings belong to a very depraved state, Nitric acid produces such a state as that, and it is one of the medicines for such conditions.

Longing for fat, chalk, lime, earth. Longing for herring, which is in keeping with its longing for pungent things, like Hepar.

It is a very peculiar kind of appetite that belongs to the chlorotic state. Like *Natrum mur.* and *Lycopodium* and *Pulsatilla*, it has aversion to bread. *Lycopodium* has aversion to rye bread.

Nitric acid longs for meat and strong things, also starchy food.

It is a peculiar thing that, in the crude state, Nitric acid produces ulceration with the same depraved state which, in the sick, is cured by high potencies of it. It does not lose its identity. What it does instantaneously, chemically, it does after a long time dynamically.

What is true of the external, is also true of the internal. You notice that when acid in the stomach becomes mixed with milk, it is likely to end in sour vomiting. We get this depraved condition even in the provings of the one-thousandth potency, where the patient cannot digest milk.

You mix milk with any of the acids and get a chemical change which sours the milk, and you are not surprised; but in the proving of a high potency the milk also sours in the stomach!

There are some peculiar things that run through remedies as to their colors. *Kali bichromicum* has a yellow color, and when applied in a strong solution, it will cause the mucous membrane to be covered with yellowish, ropy mucus, and the membrane itself to ulcerate; but you also get this state of yellowish green in the high potencies, the same kind of color!

*Hydrastis* will produce a yellow-green tint, and when I used it in olden times, I have seen this produced on mucous surfaces. *Hydrastis* also produces this in high potencies; that is, the individual gets into such a state of the system that this same color

of the discharge is produced, as if the crude drug had been mixed with it.

Is there any way to explain that? It is only a fact that can be observed.

There are a great many things that you have observed in chemistry which this will help you to fix in your mind. It need not always be so, but I have been struck with the frequency of the occurrence of such things.

Nitric acid produces some marked conditions of indigestion, sour stomach, sour eructations, always a sense of weakness in the stomach; everything he puts into the stomach stays there a long time. Nitric acid slows down, protracts the process of digestion. A large number of medicines have the same condition.

In the hypochondria we will see a group of symptoms. Inflammation of the liver with enormous enlargement; chronic inflammation of the liver; clay colored stools; pains in the region of the liver; stitches in the region of the liver; urine scanty and strong smelling. These are symptoms of congestion, and here it vies with *Bryonia*, *Sepia*, *Nux*, *Lach.*, and others.

You will think of it in jaundice when the pains of Nitric acid are present. There may be depressed appetite, or ulcers of the mucous membrane which state finally brings on congestion of the liver. The hepatic symptoms alone would not make you think of Nitric acid. You might give *Lach.* or *Bryonia*, but the general symptoms of Nitric acid must be present in order to make you think of this drug.

These are only general symptoms, and of the lower grade of such.

If a patient comes into your office and tells you these general symptoms, you would not think of Nitric acid, but would write them down, and several remedies would occur to you. If he declared that he had no other symptoms, you would be troubled, because there is nothing to individualize by. If you commence at the head and give him an examination, asking questions that he cannot answer by "yes" or "no," you will be able to see something. Say something like this: "You have said nothing about your nose or head." When you come to the bladder, he will say, "Well, Doctor, the urine smells very strong." Now you have your key to the whole case: "his urine smells like that of a horse." The routine prescriber would have given *Bryonia* for the liver

symptoms if he did not have the urinary troubles. Bryonia might be a very good generic remedy. Natrum sulph. has these symptoms in a high degree. I bring this up, only to show what remedies might be indicated.

This grand image that I have given you must lead you up to that kind of a patient. Nitric acid would be your remedy in such a case.

There is another tendency of Nitric acid, and that is, to produce croupous exudations from mucous surfaces, as in the throat. A false membrane forms which is thick and leathery. False membrane is thrown off from the rectum in dysentery, and in connection with piles. It is stringy, leathery, ashy, like fibrous tissue, or looks like gristle. This is blown out from the nose, and sometimes forms upon ulcers, as in diphtheria and diphtheretic inflammation. It is not always due to the zymotic condition of diphtheria, but an analogous state. It is more like the croupous membrane that is thrown off in pseudo-membranous croup. It is a cartilaginous substance, hard and tough. This is a peculiar effect of Nitric acid. Sero-croupous discharges, as are found in dysentery, with much straining, burning in the rectum and anus, with the bloody-watery flow. This is the Nitric acid appearance of the stools.

The rectum feels full in the constipation, it has the sensation of sticks. If, in a hæmorrhoidal condition the anus feels as if filled up with sticks, *Æsculus* is more likely to be the remedy. The prover said that which was expressive: "He felt as if there was a crow's nest in the anus." Piles are as large as a fist in *Æsc.* and sticking and jaggling, as if the anus were full of sticks, analogous to Nitric acid.

Weight and distention, sensation of fullness and dragging down, "feels as if some feces remained in the rectum." A great amount of oozing from the rectum of a bloody-watery nature. I always think of Nitric acid where there is a good deal of hæmorrhoidal oozing from the rectum.

Very often *Calcarea* has been given in the hæmorrhoidal condition, and it cures when the oozing has the smell of fish-brine. *Calcarea* has that as a strong characteristic. It may have done away with that oozing, and then Nitric acid will develop.

There is another feature of Nitric acid, and that is, dropsy of the prepuce in connection with gonorrhœa. The prepuce is dis-

tended like a water bag, sometimes causing paraphimosis. These symptoms are troublesome, the swelling becomes enormous in proportion, and Nitric acid is commonly the remedy. *Cannabis sativa* has the condition, and if *Cannabis sativa* is repeated, as some of the books tell you to do, it will nearly always produce that peculiar formation upon the foreskin. That generally subsides on stopping the remedy; but a single dose, high, will give much more satisfaction. I sometimes have to resort to Fluoric acid for relief of the inflammation of the foreskin. It also has dropsy of the prepuce.

Nitric acid has paralysis of the bladder. Wetting the bed, in children. Children with strong smelling urine, of the peculiar odor, the sheets smell like horse's urine. Where the odor is intensely urinous, Benzoic acid leads.

There is another feature in connection with both male and female genitals—figwarts of the sycotic character, raw, sore, smarting and sticking. Figwarts and polypoid growths, sometimes around the anus and glans-penis and the labia majora; also in the ears and nose, and jutting out around about the mouth, and under the wings of the nose. These warts are tender, sore and raw.

We see another correspondence, in that it has been the great medicine to burn off these little excrescences; but if given in a high potency, it will cure them. Nitric acid also has warty formations on the hands.

Leucorrhœa is ropy, sometimes of green mucous or flesh color, looking like washings of meat. Leucorrhœa clear, acrid, flowing down the legs.

After mercurialization. The polypoid or warty formations sometimes appear upon the larynx, making it impossible to speak a loud word, and causing a great deal of difficulty in breathing. All these are mere results of disease and, of course, the dynamic condition must agree to cure the troubles.

These condylomatous growths cause the throat to swell up. I have cured these states with Arsenic. *Thuja* is sometimes the remedy to cure this condition in the larynx, also *Argentum nitricum*.

All of the effects, when the outgrowths of syphilis or gonorrhœa, might call for Nitric acid. It is not frequently indicated in psora.

A psora condition calling for Sulphur, and then Calcarea, may all at once seem to yield to these two carefully selected remedies, and then you may see a peculiar manifestation coming up, a miasm cropping out, which makes you behold the secret life of an individual who always stood before you as a good man.

Lycopodium may be indicated after Calcarea, but Nitric acid, or Mercurius, will come in if he has a [venereal] taint in him.

It may be a nasal catarrh, with copious discharge, cold damp feet, weak in the back, wants to lie down, head sweats and on slightest exertion he sweats all over; this is all Calcarea and you administer it. At the end of the next six weeks the nasal discharge has disappeared, but only to change the site of its operation, as a gonorrhoeal discharge has come on. Now you see that his nasal discharge was originally sycotic. When the discharge from the nose disappears and the urethral discharge returns, we know that this is the natural course of events. Under such a state of affairs, you will find in Nitric acid a suitable remedy. Nitric acid will come up after Calcarea instead of Lycopodium.

The rheumatism that affects the limbs and joints will have the general features. The sweat is copious and likely to be present in Nitric acid cases.

Now read and study the whole remedy, and you will be able to apply the picture to the drug.

### CHRONIC MIASMS IN FAMILY GROUPS.\*

(An Outline.)

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In two former papers before this Association, I tried to give rather full notes, with detailed symptoms, of each member of the family which formed the subject of the study. This allowed definite conclusions to be drawn concerning the miasms lying behind the symptom lists in each case.

The family under consideration this time is known to the writer not in the intimate relationship of physician and patient, but from an excellent opportunity to observe many members of it and ask questions about the others.

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Here, then, is the information gathered: (Numbers and sub-letters indicate different ones in the same generation.)

1. a. *Greatgrandfather*: healthy until young manhood when he went to sea and spent nearly half his life on sailing vessels, returning when forty-seven years old and marrying a girl of nineteen.

Then more or less rheumatism and neuralgias, tendency to too much drinking and some conviviality, lack of ability to settle down to hard work. Died at sixty-two years of a complication of troubles which made him seem like an old man.

- b. *Greatgrandmother*: Strong, vigorous, hearty, able to do the work of three or four; well while working hard bringing up eight children after death of husband.

Rheumatism began to cripple her about middle life; many attacks of inflammatory rheumatism. Last fifteen years of life spent in wheel-chair all bent up and suffering terribly in attacks. Died at eighty-five years.

Brother of a and brothers and sisters of b, apparently well.

2. Nephews and nieces of 1a., children of brother.
  - a. Not strong. A drinking man and fast liver. Mentally deficient after young manhood and in sanitariums rest of life.
  - b. Exceptionally well, strong; vigorous in old age; died suddenly from apoplexy. Unmarried.
  - c. Another fast living man who drank more or less and ruined health, dying in middle life from some organic disease.
 

Three children all somewhat unusual mentally and holding aloof socially.
  - d. Healthy, strong woman who lived to old age but lost her mind and was a living wreck in bed for many years before death released. Unmarried.
  - e. Vigorous man full of mental activity; college professor.
 

Died very suddenly from apoplexy when about sixty.

Two children also considered odd; one always rather delicate. Both unmarried.
  - f. Physically well until after middle life: mentally queer; could not get along with other people.

Progressive nervous disease which disabled her gradually for years and took her mentality too before death. Unmarried.

3. Children of 1a. and b, nine.

- a. Strong man mentally and physically, full of executive ability. Chronic catarrh all his life with thick, tough expectoration. Cracks in ends of fingers; deep, bleeding.

Phthisis in young middle life, reaching climax at thirty-seven years with laryngeal involvement and cavities both lungs, hæmorrhages, etc. Recovered in right climate and no more active trouble except attacks bronchitis.

Deep brain headaches began at fifty-seven years, very prostrating. Epileptiform seizures began at sixty-five and continued at intervals with slightly progressive mental deterioration until death from embolus at nearly seventy-one.

Children: 1. Well, strong: tropical malaria and much quinine left him of bilious temperament.

Blind spots on retina after middle life.

Children four, all fairly well; fourth one threatened with phthisis but recovered.

2. Slight and rather frail first ten years (almost died of pneumonia at five years and severe bronchitis every six months afterward until ten years).

Then strong but attacks migraine and nervous endurance not good.

Strained sensations in brain and difficulty using it for clear thinking.

Skin chaps easily; ends of fingers crack. Unmarried.

3. Tonsils and adenoids tremendous in early childhood; respiration heard all over the house at night; frothing at mouth; almost died of diphtheria.

As soon as reached adult life, became very well with great nervous endurance. Extremely sensitive.

Children: a. Frail childhood: tonsils and adenoids large; many colds. Tendency to hay-fever in adolescence. Now twenty years old.

- b. Same frail childhood with same tonsils and tonsillitis frequent. All illnesses accompanied by high fever and much prostration.

Menses late, irregular or absent; painful.

Now nearly nineteen years.

- c. Same throat and illnesses, not so severe as b.

Extremely nervous. Now fourteen years.

4. Well during childhood. Same migraine as 2. Same mental confusion and difficulty of application, with a physical heaviness or inhibition accompanying it.

Violent temper when roused.

Children: a. Instrumental birth with rough handling. Malnutrition baby; began to show signs of mental sluggishness at eight months.

Small child with weak legs, uncertain balance and head flattened in occipital region.

Sensitive; feels apart from other children; will not play with them and feels that nobody wants him; moody, aloof, yet sunny disposition when these spells are not on. A fight within him between this abnormal self and the normal one. Growing better but still much improvement needed; is up to his age in school. Now thirteen years.

- b. Very well and vigorous mentally and physically.

When ill, runs high fever with acute symptoms.

Now twelve years.

- c. Slight; looks frail but good endurance; weeps easily. Now nearly nine years.

- b. Apparently well until young adult life when began on slow phthisis which dragged along for years until death from it at thirty-seven years. Unmarried.

- c. Apparently well, although mentally rather odd, until past middle life when developed one of the creeping nerve degenerating diseases which caused mental deterioration also before death.

Children: 1. Rather delicate child; grew tall very rapidly; died suddenly one night when fourteen years, in a single convulsion.

2. Strong sturdy child growing into large, fine young man who caught cold one windy night in November, went into pneumonia and straight from that into hæmorrhages from phthisis;

Lived a year in sanitariums and died in another pneumonia.

Children: two young ones who seem healthy so far.

- d. Healthy man living to fairly old age, then Bright's disease. Same tendency to cracks in ends of fingers. Married late.
- e. Slight, fair young man beginning phthisis in early twenties and dying at twenty-seven all wasted from it.
- f. Oversensitive; rather odd all her long life; afraid she is making trouble for other people and so more or less of a recluse.

A scholar and voluminous reader; quite a traveller. Unmarried. Many colds in childhood each of which left her deaf temporarily; deafness settled down upon her in early middle life and gradually increased. Migraine attacks frequent and extreme until early old age. Hemiplegia at seventy-two years, rapidly clearing up with return of all motion; this only a few months ago.

- g. Healthy, all-around sensible person. Rheumatism painful and somewhat deforming after middle life; inflammatory attacks.

Then heart affected and died at sixty-four from enlargement of the heart and all its concomitants.

Children 9:

1. A large mind and a small body; vision poor. Much catarrh in childhood. Married late.
2. Apparently perfectly well during the first few months. Died at eight months of tubercular meningitis.
3. Always a little queer mentally; thoroughly self-centered. Never strong; just lack of endurance; dysmenorrhœa marked; frequently near a nervous breakdown.

Children two: Now thirteen years and eight years. Both frail and very nervous; frequently ill.

4. Much trouble with vision; tonsils and adenoids troublesome; growths in nose; many catarrhal colds; same cracks in fingers. Otherwise well and brilliant mentally. Unmarried.
5. Generally well and strong. Children three: all well; still quite young.
6. Generally well but growing deaf in young middle life. Children two: well, quite small.
7. Never strong; endurance poor; headache; catarrhal colds; same cracks in fingers; menstrual irregularities; urethral caruncle. Married; no children.
8. Apparently well and strong. Children two: well; quite young.
9. Delicate child but strong man. Married a year ago.
- h. Apparently healthy baby; died at two and one-half years from some cause I do not know.
- i. Very well and strong, now sixty-four years old. Unmarried. Developed peculiar trouble with vision in early adult life which soon almost cut off vision by making the pupil conical in shape. Vision has remained stationary since the first damage was done. Rheumatism now in older days.

Conclusions from this outline:

1. There is great virility in this family gained from both sides of the house.
2. Active tuberculosis runs into all the branches. What lies behind it? Sycosis in the man who went to sea? - Psora in his whole family from 'way back?
3. Indirect effects of tubercular inheritance run all through the family. Catarrhs, adenoids, bad tonsils, severe headaches, deafness, defects of vision, skin symptoms.
4. Rheumatism crops out here and there, probably inherited from the first grandmother, but where did she get so much of it? Is this sycotic too and gained from her husband?
5. Nervous troubles predominate, too, with tendency to enervation and nerve degeneration. Is this tubercular in origin? or does it depend primarily on the same causes which produced the troubles of the nephews and nieces of the first grandfather and are these causes psoric?



6. Children of the older ones in each generation generally fared worst, especially first children.
7. Homœopathy could have done wonders for this family in the second generation when the children were young.

### SEPIA.

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Found under Sepia only: Shrieking unless she holds on to something. Unconscious while kneeling in church. Pain in waves in forehead. Shooting pain in forehead > eating; over eyes to occiput. Tearing pain in l. temple to side of head. Burning pain in eyes from cold wind. Pain in r. eye as from sand. Sore, bruised pain in eyes after a walk evenings. Tarsal tumors after repeated styes. Epistaxis with hemorrhoids. Yellow saddle across cheeks. Pulsation in gums *d.* menses. Emptiness of stomach *a.* eating, evening, and when thinking of food. Gnawing pain in stomach > supper. Heaviness in abdomen on rising. Pain in hypogastrium > evening and *a.* supper. Dragging pain in abdomen from 9 A. M. to 6 P. M. Pressing pain in abdomen 9 A. M.; in hypogastrium 9 A. M. to 6 P. M. and at 9 P. M. Stitching pain in liver to r. shoulder. Pain in rectum 10 A. M., while sitting. Pain in bladder *d.* menses. Urinary sediment white, filmy, very hard to wash off, or yellow pasty. Uterus prolapsed afternoon. Constant cough on waking. Sticking pain in short ribs. Pain in back as if struck by a hammer; in lumbar region, > pressing against something hard. Cold feet *d.* headache. Hands hot, feet cold, or vice versa. Fever changing paroxysms after abuse of homœopathic potencies. Herpes circinata every spring; brown. Faintness with heat, then coldness; while kneeling in church.

MIND: *Absent* (V-ap). *Anger* (V-aco); contradiction (V-aur). *Anxiety* evening (V-ars); fever (V-aco). *Aversion* to husband (+); members of family (+); business (+); company, > alone (+). *Concentration* difficult (V-anac). *Confused* (V-bel). *Consolation* < (V-ig). *Contradiction* intolerable (V-aur). *Exertion* causes ailments (V-arg). *Fear*

(V-aco). *Fright* easy (V-arg-n). *Hysteria* (V-asa). *Impatient* (V-cham). *Impetuous* (V-hep). *Indifferent* (V-ap); to loved ones (V-hel); to relations (V-hel); her children (Phos, +). *Indolent* (V-carb-s). *Irritable* (V-aco); *a.* coition (V-calc); < consolation (V-ig). *Memory* weak (V-amb). *Occupation* > (+). *Prostrated* (V-arg). *Restlessness* (V-aco). *Sad* (V-aco). *Sensitive*; overly; to music (V-nat-c); to noise (V-aco). *Sexual* excesses cause ailments (V-calc). [Shrieks if she does not hold on to something]. *Timid* (V-bar-c). [Unconscious while kneeling in church]. *Weeps* (V-ap); < consolation (V-nat-m); involuntary (V-ig); telling her sickness (pul, +).

VERTIGO: Closing eyes (V-arn); kneeling (mag-c, stram); sleep (+); *a.* tea nat-m.

HEAD: *Eruption* (V-ars). *Hair* falls (V-aur). *Motions* (V-bel). PAIN (V-anthr); periodic (V-alum); *rheumatic* (V-bry); waves (+); carriage ride (V-coc); chill (V-bel); coition (V-calc); *h.* getting cold (V-bel); artificial light (+); menses (V-bel); stooping (V-bel); *a.* sexual excesses (V-agar); > open air (V-lyc) and *a.* eating (+); *Bones* (V-aur); *Forehead* [waves], paroxysmal, > eating (+); *Occiput* (V-ap); *Sides, r.* (V-bel), *l.* (V-bro), > open air (+); *Temples* and *Forehead* (+); *Bursting* (V-bel); *Shooting* *Forehead l.* side, to occiput (bel, pru, +), over eyes [to occiput], [> eating]; *Tearing* *Temple l.* [to side of h.] *Pulsating* *Occiput* (V-bel). *Waving* sense (glo, +); *Forehead* (bel).

EYES: *Agglutinated* (V-arg-n); night (V-aium). *Eruption*: Scales Lid (*psa*, ars); scurf Lid (PET, *mex*, tub). *Inflamed* (V-aco); arthritic (V-ant-t); scrofulous (V-ars); pustular on Conjunctiva and Cornea (V-ap). PAIN: reading (V-con); *Burning* (V-nat-m), [cold wind]; *Drawing* *Canthi* (aur); [as from sand in r.]; *Sore* [*a.* walking evening]. *Paralysis* Lid (*spi*, +), upper (V-caus). *Stye* (V-carb-s); indurations following (*stap*, +). *Swell* (V-anac); morning (V-cham). *Tarsal tumors a.* repeated styes. *Yellow* (V-chin).

VISION: *Black spots b.* (V-glo), floating (V-chin). *Dim* (V-agar); *a. coition* (V-kali-c) or seminal emissions (lil, kali-c, nat-m). *Flickering* (V-bel). *Hypermetropia* (V-arg-n).

EARS: *Itching* in (V-aur). *Noises*: Humming (V-chin); reverberating (V-caus); ringing (V-aco).

NOSE: *Catarrh* (V-ars); post-nasal (V-fer-p). *Discharge*: Crust, scab inside (V-bov); green masses (kali-bi, +); greenish (Kali-bi, +); hard, dry (V-alum); milky white (kali-chl); yellowish green (V-hydr); yellow (V-arum). *Yellow saddle* (carb-a, sani). *Epistaxis*: *a. headache* (+); [with hemorrhoids]. *Ozoena* (V-asa). *Scurfy nostrils* (V-aur). *Smell acute* (V-aco); sensitive to odor of food (V-ars). *Swells* (V-ap); inside (+). *Ulcer* inside (V-ant-c); nostril (+).

FACE: *Chlorotic* (V-ars). *Cracked lip lower* (+). *Discolored*: Earthy (V-chin); pale (V-anac); red *d. fever* (V-bel); yellow (V-arg), in intermittent (+), [saddle across cheeks]. *Eruption* (V-ant-c); *Chin* (V-nat-m); *Forehead* (V-ant-c); *Lip* (V-ars), lower (bry, +); around *Mouth* (V-ant-t); *Nose* (V-caus); *Acne* (V-aur), *Forehead* (V-carb-a); *Crusty on and inside Nose* (V-bov); *Herpes* (V-lach), about Lip (nat-m, rhus, +); *Itching* (V-mez); *Scurf* (V-ant-c); *Spots* (+); *Vesicles* (V-crot-t). *Heat flashes* (V-carb-s). PAIN: *Stitch* (V-aur), to ear (cham, bel). *Saddle across nose* (carb-a, sani). *Swelling with toothache* (V-cham); Lip (V-ap).

MOUTH: *Bleeds, gum* (V-bar-c). *Dry* (V-aco). *Mucus on Tongue* (nat-m, pul, +). *Excoriated mucus membrane of Tongue* (+). *Gums pulsate* [*d. menses*]; *swell* (V-ars).

TEETH: *Caries* (V-ant-c); rapid (fl-ac, +). PAIN (V-aco); *Incisors* (+); *Molars* (V-bry); *Lower* (V-bel); *L. side* (V-caus); to ear (V-kre); biting together (am-c, mez, +); cold things (V-kali-c); menses (stap, +); pregnancy (lys, +); touch (chin, +); warm drinks (chin, +); *pulsating* (V-bel); *Drawing*, from cold (nux), warm fluids (am-c, nux), Upper molars (amb, ang, bel); *Stitching* (V-bry), to ear (thu, +) *Tearing* (V-aco).

THROAT: *Dry* (V-aes). Disposed to *hawk* (V-arg-n). *Mucus* (V-arg). Constantly disposed to *swallow* (V-caus).

STOMACH: *Appetite lost* (V-ars). *Averse to meat* (V-calc). *Emptiness* (V-ant-c); headache; [thinking of food]; not > eating (V-cina); [> evening *a. eating*]. *Eructates* (V-aco); *a. fats* (pul, +). *Loathes food* (V-ant-c). *Nausea* (V-ant-c); morning (V-calc), *b. breakfast* (+); pregnancy (V-asar); carriage or car riding (coc, pet, +); > (+) also < *a. eating* (V-am-c). PAIN: *A. eating* (V-arg-n); *Gnawing* (V-am-m), [> supper]. *Pulsates* (V-aco). *Sinking* (V-dig). *Thirst d. chill* (V-ap). *Thirstless d. heat* (V-ap). *Vomiting a. eating* (V-ars); pregnancy (V-ars); *Bile* (V-ars), morning (+); *Milky* (+); *odor offensive* (ars. nux, +).

ABDOMEN: *Brown spots* (lyc, +). *Distended a. labor* (lyc). *Emptiness* (V-arg-n). *Enlarged* (V-calc); mothers (iod, nat-c). *Full*: Hypochondria (+). *Heavy* (V-alo); morning (amb, dio); motion (nat-m); [rising]. *Liver, etc.* (V-aco). PAIN (V-ars); morning (nux, +); 9 A. M. (dio, pip-m); menses (V-calc); *Hypogastrium* (V-ars), forenoon (phos, agar, com), *b. (V-lach) and d. (V-calc) menses* [> evening; *a. supper*]; *Liver* (V-aco), touch (V-chin); *Dragging* (V-bel), [9 A. M. to 6 P. M.], afternoon (mag-m), menses (V-bel), standing (+), < walking (tril, +); *Drawing* (Cap, +); *Pressing* (V-calc), [9 A. M.], menses (pul, +), Hypogastrium (V-bel); [9 A. M. to 6 P. M.; 9 P. M.], menses (pul, sec, +), outward (V-bel), downward (pul, +), towards genitals (V-bel), Liver (V-chel); *Sore* (V-aco), morning, (nux, +); *Stitching Liver* (V-ber), [to r. shoulder]. *Restless* (V-ars). *Tense* (V-bar-c); Hypogastrium (+).

RECTUM: *Constipation* (V-aco); difficult stool (V-alum), soft (V-alum); menses (V-ap); pregnancy (V-dol); urges and strains ineffectually (V-amb). As if *feces* remained in (nat-m, +). *Fissure* (V-cham). *Hemorrhoids* (V-aes). As of a *lump* (+), [not > stool]. *Moisture* (V-ant-c). PAIN: *Burning* (V-aes); sitting (lyc, rat, +), [10 A. M.]. *Prolapsus* (V-ap); stool (V-ig). *Weight* and a feeling as if a plug were wedged between the pubis and coccyx (+).

STOOL: *Hard* (V-alum). *Large* (V-alum).

URINARY ORGANS: BLADDER: *Calculi* (V-ben-ac). *Inflamed* (V-aco). PAIN [menses]; *Pressing* (V-aco). *Urging* (V-ap); constant (LIL, uva) and frequent (+) with prolapsed uterus; sudden (V-kre), must hasten or u. will escape (V-arn); with dragging down in pelvis (lil, lac-c). *Urination* frequent night (V-bar-c); involuntary (V-ail), night (V-ap) first sleep (caus, +), laughing (caus, +); retarded, must wait for u. to start (V-arn).

PROSTATE GLAND: As if sitting on a ball (chin, can-i, sil). *Emission* p. fluid (V-ph-ac), stool (V-con).

URETHRA: *Agglutinated* morning (phos, thu, canth). *Discharge*: Gleety (V-agn), morning (aur-m, phos, ac), painless (kali-i, nat-m, +); gonorrhoeal (V-calc-s); milky (nat-m, +); mucus (elap, +); white (nat-m, +); yellow (V-alum).

URINE: *Cloudy* (V-ap). *Brown*, dark (chel, +), d. fever (vera, +) and perspiration (ars, +). *Clay color* (+). *Dark* (V-aco). *Red* (V-ben-ac), dark (+). *Light yellow* (aur, lach, +). *Colorless* (V-can-i). *Cuticle* (includes fatty) forms on surface of u. (par, +). *Odor* offensive (V-ap); sourish (+). *Scanty* (V-ap). *Sediment* (V-canth); adherent (+); bloody (V-canth); mucus (V-ben-ac); pasty (ars); red (V-canth), hard to wash off (+); *sand*, gravel, small calculi (lyc, sars, +), red, brick dust (V-arn); white (V-ber), adhesive (bro), [filmy, very hard to wash off]; yellow (phos, +), [pasty]. *Thick* (merc-c, nux, +). *Watery* (V-gel).

GENITALIA: MALE: *Condylomata Penis* (V-cinb). *Erections* incomplete (V-agn); wanting (V-agn). *Pain Testes* (V-arg). *Sweat* (V-aur). *Seminal* (nightly) emissions (V-bar-c); a. onanism (V-chin).

FEMALE: *Abortion* (V-ap). *Averse* to coition (nat-m, +). *Cancer Uterus* (V-ars). *Congested Uterus* (V-bel). *Displaced Uterus* (V-bel). *Dry* (nat-m). *Enlarged Uterus* con, +). *Eruption* herpetic (pet, +). *Heavy Uterus* (chin, +). *Indurated Cervix* (V-aur). *Itching* (V-amb); leucorrhoea (V-calc); pregnancy (+); *Vagina* (V-calad). *Leu-*

*corrhea* (V-alum); morning (+); acrid (V-alum); albuminous (bor, nat-m +); bloody (V-calc-s); burning (V-bor); milky (calc, pul, +); greenish (V-carb-v); gushing (V-calc); offensive (V-carb-ac); purulent (+); transparent (bor, nat-m); white (V-bor); yellow (V-ars); b. menses (V-bov) and between (bor, calc, +); pregnancy (kre, +). *Menopause* (V-crot-c). *Menses*: Morning only (bov, carb-a); absent (V-aur); late (V-carb-s); one day only (+). *Metrorrhagia* climacteric (V-calc). PAIN: Uterus b. menses (V-calc); *Vagina d. coition* (V-arg-n); *Bearing down* Uterus (V-agar), morning (BEL, NAT-M, nux), afternoon (mag-m), as if everything would come out (V-bel), d. menses (V-bel), urging to urinate, < standing (+), > crossing limbs (LIL, murx, zc), and pressing on vulva (LIL, MURX, bel): < walking (nat-h, +); *Labor-like* (V-bel); *Labor*, distressing (V-cham), excessive (cham, +); *Sore b. menses* (kali-c, con, lach); *Stitching* Uterus (V-aco). *Placenta* retained (canth, +). *Prolapsed Uterus* (V-arg), [afternoon], menses (pul, +), > crossing legs (lil, murx); *Vagina* (+). *Sterility* (V-aur). *Subinvolution* (V-cim).

LARYNX AND TRACHEA: Irritation (V-aco); Trachea (V-ars). *Tickling* (V-aco).

RESPIRATION: *Accelerated* (V-aco).

COUGH: *Evening* bed (V-alum). *Night* (V-aco), waking one (V-hyos). *Constant* night (+), lying (zc), [waking], > sitting up (hyos, pul, +). *Dry* evening lying down (V-kali-c); as if from stomach [bry]. *Exhausting* (V-ars). *Hacking* (V-alum); evening (ig, sang, +), bed (ig, +), a. lying down (ig, sang, +). *Irritation* in air passages (V-aco); Chest (phos, stan, +); Trachea (V-dro); Epigastrium (bry, pul, +). *Loose* morning (V-bry). *Lying*: Evening (V-ars); night (V-dro). *Paroxysmal* (V-bel). *Rattling* (V-ant-t). *Short* (V-aco). Prevents sleep (lyc, pul, +). *Spasmodic* (V-agar), evening (stil, +). *Stomach* (bry, +). *Tickling* (V-aco). *Violent* (V-agar), evening a. lying (kali-c, mez).

EXPECTORATION: *Morning* (V-bry). *Night* (+). *Copious* (V-ammc). *Purulent* (V-calc). *Taste* salty (V-ars). *White* (kali-chl, +). *Yellow* (V-calc).

**CHEST:** *Congested* (V-aco). *Brown spots* (+). *Inflamed lung* (V-aco). *Oppressed* (V-aco); morning (+); *evening* (pul, +). *Sticking pain* [short ribs]. *Palpitation Heart* (V-aco); *tumultuous* (V-arg-n); rapid walking (aur-m, iod, +). *Sweat Axilla* (V-bry).

**BACK:** **PAIN** (V-aes); [as if struck by a hammer]; sitting (V-agar); stooping (agar, +); > pressure (kali-c, +); *Dorsal d. chill* (chin, rhus); *Lumbar* (V-aes), afternoon (+), *b. menses* (+), walking > (arg, +) and < (aes, +); *Sacral* (V-aes), to hip (aes, +), coition (sil, +); *Aching* (V-bel), sitting (zc, +), *Lumbar* (V-aes), night (+); [as if struck by a hammer; > pressing against something hard]. *Sweat* (V-anac). *Pulsating, Lumbar* (V-bar-c). *Stiff* (V-ber). *Weak* (V-ars); *Lumbar* (V-ars).

**LIMBS:** *Chapped Hand* (V-calc). *Cold:* *Hand* (V-ars); *Lower* (V-bel); *Leg evening bed* (colch, ph-ac, tub); *Foot* (V-ant-c), morning (+), [headache], *evening* (V-aco) bed (V-aur), *headache* (gel, meli, +) icy c. (V-cam), *mental exertion* (V-aur), as if in water (gel, meny, merc). *Corn* (V-ant-c), *burns* (ig, +), *jerks* (+). *Cracked skin:* *Hand wetting* (calc, sul, +), *winter* (V-calc). *Cramp* (V-bel). *Yellow finger nail* (con, sil, +). *Drawing l. up* > (V-calc). *Eruption* (V-ars); *Pimples* (V-ars); *Upper*, (V-ars), *itching* (rhus, +), *pimple* (V-ars), *viscicle* (rhus, +); *Lower* (V-ars), *itching* (nat-m, stap); *Knee hollow, moist* (MERC, grap). *Excoriation between thighs* (V-caus); *Bend of Knee* (amb). *Formication Leg* (nux, sec, +). *Heat Hand* (V-agar), [cold feet or vice versa]. *Heavy feet* (V-alum). *Itching:* *Elbow bend* (+); *Lower* (V-agar); *Foot* (led, sul, +). *Numb:* *Hand chill* (pul, +); *Finger chill* (+). **PAIN:** *Chill* (V-ars); *Joint gouty* (V-agn); *Pressing, Shoulder* (V-caus); *Sore, Hip* (ph-ac, rut, +). *Sweat:* *Hand* (V-agn), *cold* (Canth, nit-ac, +), *Palm* (V-dul); *Foot* (V-bar-c), *suppressed* (V-bar-c). *Stiff* (V-ars); *Joint* (V-ars); *Lower* (V-atro). *Ulcer Sole* (+). *Wart:* *Upper* (calc, nat-c, +). *Weak:* *Joint* (V-arn).

**SLEEP:** *Sleepy morning* (V-calc). *Sleepless* (V-arg-n); *b. mid-night* (V-amb); *a. 3 A. M.* (mag-c, sul, +); *tho sleepy* (V-bel). *Wakes:* *Frequent* (V-alum); *late* (V-calc).

**CHILL:** *Cold* in general (V-ant-t). *Morning* (V-ang). *Evening* (V-alum). *Open air* (V-agar). *Autumn* (V-aco). *Begins* in tips of fingers and toes (bry, +). *Chilly* (V-anac); *menses* (V-pul). *Every 28th day* (nux, +). *Ext., spots* (V-caus). *Menses* (V-pul). *Motion* (V-ap). *Pain* (V-bov). *Periodicity* irregular (V-ars). *Shaking* (V-ars); without subsequent heat or thirst (*stap, sul*). *Single part* (V-amb). *Heat unbearable* (V-ap).

**FEVER:** *Anger* (cham, stap, +). *Ascends* (phos, sul, +). *Changing paroxysms* [a. homœopathic potencies]. *Ext. heat, chilly* (V-ars). *Hectic* (V-ars). *Spoiled intermittent* (+). *Menses* (+). *Irregular paroxysms* (V-ars). *Chill* follows heat (V-calc). *Vexation* (+).

**SWEAT:** In general (V-ant-t). *D. day* (V-calc). *Morning a. waking* (samb, sul, +). *Night* (V-ars). *Anger* (+). *Anxiety* (V-ars). *A. coition* (grap, +). *Cold* (V-am-c), *night* (+), *a. least exertion of mind or body* (HEP, calc, act-s). *Clothing* (V-ars). *Eating* (V-carb-a); *a.* (V-bry). *Exertion:* *Slight* (V-agar); *mental* (V-calc). *Hot* (V-aco). *Motion* (V-bry). *Offensive* (V-arn). *Sour* (V-ars). *Pain* (V-lach). *Profuse* (V-ant-t). *Single part* (V-calc). *A. waking* (samb, sul, +). *Ailments from suppressed* (V-bel). *< symptoms* (V-ars); *< a.* (chin, ph-ac, +). *A. vexation* (+). *Uneasy from warmth* (calc, +). *Writing* (+). *Walking* (V-calc).

**SKIN:** *Burns a. scratching* (V-caus). *Chaps* (V-calc). *Cold* (V-ars). *Cracks* (V-calc), *a. washing* (calc, sul, +), *winter* (V-calc). *Brown, liver spots* (V-cur). *Red spots* (V-am-c), *brownish* (nit-ac, +), *like red wine* (coc). *Yellow* (V-aco); *spot* (V-arn); *a. intermittent fever* (+). *Eruption* (V-ars); *Desquamating* (V-am-c); *Discharge yellow* (V-ant-c); *Dry* (V-ars); *Herpetetic* (V-ars), *chaps* (sul, +), *circinate* (V-nat-m), [every spring], *dry* (V-led), *moist* (V-calc) [brown], *stings* (clem, +); *Itches* (V-arn); *Pimples* (V-ant-c), *a. scratching* (+); *Psoriasis* (V-ars-i); *Scabies* (V-ars), *dry* (sil, +), *suppressed with mercury and sulfur* (caus, pso, +); *Scaly* (V-ars); *Smarts* (V-arg); *Stings* (V-ap); *Suppurates* (V-ant-c). *Excoriates* (V-bar-c). *Hard, like*

callosities (grap, +); thickens (rhus, +). *Indurations* (V-ant-c). *Itches* (V-agar), crawls (V-agar). *Rough* (V-calc). *Sore* (V-arn); sense (V-ant-c). Part affected *swells* (V-bel). *Ulcer*: Crawling (arn, rhus, +); discharge copious (iod. pul, +); fungus (ars, sil, +); swell (V-lyc).

GENERALS: *Daytime* (stan, sul, +). *Morning* (V-agar). *Forenoon* (V-can-s). *Afternoon* (V-bel). *Evening* (V-alum). *Night* (V-aco). *Ball* int. (ig, +). *Bathing*: Dreads (V-am-c); < (V-am-c). *Chlorosis* (V-ars). *A. coition* (V-agar). *Cold* in general < (V-ars); air < (V-agar); becoming < (V-ars), a. becoming < (V-ars), head (BEL, SIL, led, pul); place, entering, < (V-ars). *Convulsion* clonic (V-agar); tetanic rigidity (V-cic); tonic (V-bel). > a. eating (V-iod) and < (V-alo). Emissions < (V-kali-c). Bodily exertion < (V-alum) and > (rhus, +). *Faint* (V-aco); chill (ars, asar); exertion (+); fever (+); [with heat, then cold]; [kneeling in church]; menses (lach, nux, +); warm room (pul, +). *Fasting* (V-calc). *Flabby* sense int. (calc, kre). *Cold drinks* > (V-bis). *Milk* < (V-aeth). *Pork* < (V-carb-v). *Formication* ext. (V-aco). *Homorrhage* (V-arn). *Heat* flushes (V-calc); afternoon (+); evening (+); upward (glo, +); as if warm water were poured over one (ars, pso, +). *Heavy* ext. (V-aes); int. (V-aco). *Induration* (V-bad). Muscles  *jerk* (V-calc-p). *Loss* of fluids (V-calc). *Lying* bed < (V-amb). *Menses*: B. (V-bov); d. (V-am-c); a. (V-bor). *Nursing* children (V-bor.) *Onanism* (V-calc). *Orgasm* blood a. vexation (cham, +). PAIN: *Burns* ext. (V-ap), int. (V-aco); *Gnaws* int. (V-caus); *Pressing* ext. (V-agar), int. (V-arg-n), as from a load (V-aco); *Stitches* int. (V-asa), upward (bel, phyt, +), Bone (V-bel); *Tearing* ext. (V-aco), int. (V-bel), upward (V-bel), Muscle (V-calc). *Pulsates* int. (V-aco). *Pulse*: Frequent a. vexation (cham, +); slow (V-ber). *Riding* horseback < (+); in a wagon or on cars (coc, pet, +). *Rising* > (V-am-c). *Rubbing* < (V-anac). *Running* > (+). *Sensitive* to pain (V-aur). *A. sexual* excesses (V-agar). *L. side* (V-arg-n). *Sitting* < (V-agar). *Sleep*: B. < (V-ars); beginning of < (V-ars). *Snow-air* < (con, +). *Standing* < (V-coc). *Swells*, affected part (V-aco); inflames (V-aco). *Sycosis*

(V-arg). *Tense* int. (V-asa); Muscle (V-aco). *Touch* < (V-agar). *Waking* (V-amb); > (phos, +). *Walking* < (V-aes); fast > (tub, +); in wind < (bel, nux, +). *Wcak* (V-am-c); morning (V-ars); menses (carb-a, +) also [>]; nervous (V-chin); sweat (V-bry); sudden (V-ars); walking (V-alum). *Weary* (V-alum); morning (lach, nux, +). *Getting wet* (V-calc).

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### MONOTONY.\*

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

Recently, in the middle of a busy day, a patient said, "Doctor, I should think you doctors would get everlastingly tired of diagnosing cases and treating the same old diseases, day after day, year in and year out." "But my dear fellow," I said, "the homœopath does not treat diseases, he treats sick individuals, and no two patients ill with the same disease are ill in exactly the same way. The patient's individuality is present, be he well or ill and the individuality is a part at least of the spice of medical life, which gives it variety enough to flavor it." As I went on my rounds the train of thought he had aroused went with me persistently, and I present it to you for your consideration.

Modern criminology has its rogue's gallery, wherein it records photographs, measurements and thumb-prints of offenders against society. Homœopathic materia medica has its Rogue's Gallery, with just as unmistakable records. The homœopathic physician follows the old adage and sets a rogue to catch a rogue.

Patient No. 1 comes in, "Phew, it's hot here!" It isn't hot, but the patient is, and the thumb-prints of the remedy are presented for my identification as she continues, "Doctor, I am so tired all the time, I can't get rested. I am more tired when I get up than when I went to bed, and when I sleep I have such terrible dreams." The patient is about fifty years of age and is passing through the experience of the cessation of the function of the ovaries. She is ill and to cure her I must act the part of the angel in the Garden of Eden and drive out the serpent—*Lachesis*.

\*Read before the Annual Meeting of the International Hahnemannian Association, New York, June, 1925.

Patient No. 2. A young woman of twenty who had influenza in 1920, but was not under my care at that time. Since then she has had tonsillitis at intervals of three or four months. The inflammation always begins on the left tonsil and then goes over to the right side. The left tonsil becomes very much enlarged and the right follows suit. The throat is always very much more sore after sleep, even after a short nap and she always awakens choking. An "empty swallow" is always more painful than swallowing either solid or liquid food. With a temperature of 102, the patient complains of being both hot and chilly. Here is the trail of the same serpent. *Lachesis* cures the acute tonsillitis and removes the tendency induced by the influenza.

Patient No. 3. A woman of sixty-eight. She suffered during the night with acute pericardial pain, which extended down her left arm to her fingers. The pulse was very weak and irregular. A pallor extended all over her face. This patient has had similar attacks previously and they always come on during sleep and she has awakened with a start, in severe pain. Here we have a serious case of angina pectoris and again I bruise the head of the serpent *Lachesis*.

Patient No. 4 had to call to me to "come in" when I rang the bell. I found her sitting on the side of a big chair, holding a cane. She had such severe pains in her left leg, extending from the left lumbar region down the back of the leg to the heel that she could not walk, but she could not keep still and had to get up and move in spite of the pain. Wet feet in a cold rain the previous night was the opportunity seized by the rogue *Rhus tox.* to make his thumb-prints unmistakable.

Patient No. 5 was almost hysterical, quiet physically and excited mentally. Her eyes were full of tears, the lids badly swollen, eyes half open. She was suffering from a severe headache with the pain coming in waves, the crest of the wave being in the occiput. Very frequent micturition of clear light colored urine. The menstrual period was just over. The face and thumb-prints of *Gelsemium* were unmistakable.

Patient No. 6 is Miss Baby, about a year old, well nourished, with an exceedingly white skin. She is extremely constipated. For several days there will be no stool, then the rectum will be packed with little hard lumps of fecal matter, held together by

mucus. I am not a great believer in heredity, but it is interesting to note that both the mother and the grandmother had the same arch enemy and the constipation of three generations, was cured by *Aluminium*.

Patient No. 7 is at the other pole in age. Seventy-four. A sharp chill in the night was followed by severe stabbing pains in the right side of her chest. Her face was pale except that her lips were very red. She sat propped up in bed, her chest filling rapidly with bloody mucus which was easily expectorated. There was constant nausea. Temperature 102, respiration 52. Remember that she was seventy-four years of age, and the symptoms listed above are grave at that age. *Ipecac* is unmistakably the thief to catch the thief. The patient made a good recovery from her pneumonia.

So also did Patient No. 8 a girl of seventeen, who had had the characteristic chill and a sharp pain in the right side of her chest. She had a loose, rattling cough, with no expectoration. Labored breathing with dilation of the alae nasi at every respiration, temperature 104, thirst for large quantities of water. *Lycopodium* was recognized.

"Same old disease" pneumonia, but two individuals, each requiring a different remedy. I did not prescribe either *Ipecac* or *Lycopodium* for pneumonia, but Mrs. G— had the pneumonia of *Ipecac*. Miss D— had the pneumonia of *Lycopodium*. Both recovered.

I feel like quoting "Be sure your sin will find you out." as I cite the case of Patient No. 9. Man of twenty-four. When I entered the room he asked me to close the door, thereby preparing me in a measure, for what followed.

"My right testicle is so sore and very tender to touch. If I keep still the pain extends to my back, and yet moving is very painful. He lay with his legs drawn up. Temperature 103—a good deal of aching all through his body. For two days previous he had been working in a cold rain. The testicle was very much swollen, about twice its normal size. He denied that there had been any discharge from the urethra, also that he had been exposed to infection in any way. Here were all the identification marks of *Rhododendron*, so I set the devil to catch the devil. The next morning the soreness and the swelling in the testicle were very

much improved and I found what I expected to, a thick yellowish discharge from the urethra. He wondered how I knew that he had gonorrhoea? Do you?

I have tried to present to you some of the individuals in my Rogue's Gallery that I met in one forenoon. If I have made you see what I meant, when I said that "the homœopath does not treat diseases, he treats individuals," the object of this paper is accomplished.

DEPARTMENT OF HOMŒOPATHIC PHILOSOPHY.  
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DISCUSSIONS OF THE THEORY AND PRINCIPLES OF  
HOMŒOTHERAPEUTICS AND RELATED  
MEDICAL TOPICS.

CO-ORDINATING THEOLOGY WITH MEDICINE.

Question: "What is the chief end of man?"

Answer: To glorify God and enjoy Him forever."

So runs the first paragraph of the old Westminster Shorter Catechism, which some of us never heard of and others have forgotten since we were children. The first paragraph is all I remember, and that stuck by me, chiefly, I suppose, because I never understood just what "glorify God" meant, and I could not see how I could "enjoy Him forever" when He was always regarding me from His place up in the sky with a stern face and searching eye, ready to punish me for every little mistake I made and finally burn me up in the flames of hell if I wasn't good all the time. After a while I gave it up and tried not to think about it any more, because it took all the pleasure out of life and kept me in a constant state of terror. God was then an imaginary person, entirely external to me and to the world I lived in.

It was not until long afterward, when I had come to think for myself, that I began to realize I did not even know God, to say nothing about understanding and enjoying Him. Then began a search which lasted until middle age before I really found Him. I wanted to know Him, to be able to identify Him, to recognize Him in some form or relation that I could lay hold of and understand.

For a long time—many years—I was obliged to say "No" when asked by ministers, evangelists or religiously solicitous friends during "revival seasons" if I had "found God." I could not truthfully answer otherwise, even when I had attained to a seemingly pretty clear intellectual concept of the being and attributes of the Deity. It seemed to me that merely hearing and knowing something *about* God was not really either finding or knowing Him. I kept on hoping that the time would come when I should be able



to say that I had really found Him and come to know Him—or, perhaps, that *He* had found *me*. Ultimately the time did come and I realized then not only what the first paragraph in the catechism meant, but that it embodied a great fundamental truth. I came to see that the most important thing in the world is to be able to find and identify God; to be able to see the Divine in every act and every relation in life; but above all to be able to identify that which is essentially divine in one's self and co-operate with it; for there must be something recognizable in us which links and identifies us with the Supreme Being.

Here is the way I ultimately made that identification: Here am I, said I to myself, a living being, an individual, a sensate thinking, feeling, willing, reasoning person. I have a mind and I have a body. With my mind I perceive, I think, I reason. With my body, obedient to my will, I exist and function in all my relations as a man. My body, from varying points of view, is an organism, a mechanism, a chemical laboratory, a dynamo, an instrument, a tool, a workshop; but in that workshop and in every department of it *power* is being used intelligently, force is being applied purposefully and effectively to accomplish its ends. Every action that goes on within it, every thought and exertion of the mind, every breath, every pulsation of the heart, every act of digestion, assimilation or elimination requires the use of power and the expenditure of force. What and whence is this power? What is its source and nature? Chemists, physicists and biologists, in their respective fields, are not able to answer these questions. The power evidently is *one*, the forces many. In this most scientists agree, but they all, or nearly all, fail or refuse to identify it as a real being or entity. They evade answering the questions by discoursing learnedly of chemical and physical actions and reactions of ions and protons, of "energy" and "force," which latter two "weasel words" they wrongly use synonymously, to the confusion of many, in their attempts to avoid any admission that involves the recognition or acceptance of the idea of the Supreme Being.

*Life* is the fundamental power or principle which rules not only the individual organism, but the whole universe. Life is a real thing, an entity, a being, the original source and sum of all the forces in all realms of existence. Life is in God and of God, for

Life is God and God is Life. "In Him was life, and the life was the light of man."

As this truth gradually became clear to me I saw a great light, a light in which was revealed to me my exact relation to the Supreme Being. I saw that the life which I have is a part of His Life, one and inseparable. I live because He lives in me. The power that is in me is mine only by virtue of my participation in the Divine Life, for there is but one life, one power, one energy in all the universe. In identifying this power I identified God, identified myself with Him, and thus came to a realization of what it means to "glorify God and enjoy Him forever."

Was not this substantially the same identification made by the "Great Physician," Son of Man and Son of God, when He said, "I and my Father are one," and thus brought life and immortality to light?

Beginning in the last week of March, this year, a severe attack of lobar pneumonia with pleuritis suddenly laid me low, and afforded me an opportunity again to test the validity of certain medico-theological theories of mine in a decidedly intimate and personal way. Nothing equals the personal test in its power to convince one of the truth or falsity of one's pet theories, previously tried out only on others. "The proof of the pudding is in the eating of it." But above all things let him keep an open mind and use judgment. "Physician, *heal thyself.*"

It is good for a physician to be withdrawn from the world occasionally even if it be by serious illness—indeed, one may say, *especially* by serious illness; because that, if realized, brings one squarely and forcibly face to face with the "Eternal Verities." It may, or should lead to a serious re-examination of one's ideas, beliefs, theories, principles and mode of practice.

During March and April of this year pneumonia took rather more than its usual toll of victims. Among them were many distinguished men and women. In the majority of fatal cases death came quickly—three or four days from the beginning of the attack. The deaths of two noted men, Joseph Pennell, the artist, author and critic, and Henry Miller, the actor, manager and producer, came home to me with peculiar poignancy. Pennell was my fellow-townsmen, Miller a New Yorker. I had followed the career of

both men with special interest, not only because of their prominence in their chosen professions, but because both men were of my own age, born the same year. Pneumonia seized all three of us, but I alone survived. Why, I wondered? Some reason besides that of chance must have existed. During my convalescence I had time and the inclination to ponder over this question—and many other things.

My attack came suddenly without premonitory symptoms other than a sense of lassitude for a day or so. I had been working harder than usual during the winter and there had been some extra strain and loss of sleep shortly before. I felt tired, but not more so than I had been many times before without serious consequences. Sunday, two days before my attack, I spent in subways and railroad trains. (favorite resorts of pneumococci and their friends) traveling to and from a New Jersey city and making three difficult examinations, thus losing my usual weekly rest. On Monday I was fatigued, but did my usual day's work. During the evening I felt chilly and depressed, but slept all night. On Tuesday morning I rose as usual, but soon felt so tired and sleepy that I laid down and slept off and on all day. I ate nothing and my wife observed that my eyes "looked strange." I slept heavily all night, roused occasionally by thirst. On Wednesday morning I woke with severe pains in the chest. These increased rapidly until breathing became almost impossible. I was in agony, with the sense of suffocation and impending death. I realized fully then that I had pleuro-pneumonia and that I was in great danger. I was not frightened, although (I was told afterwards) I presented that appearance as I gasped and struggled for breath.

My state of mind at this time, and during the following three days was peculiar. I was only dimly conscious of my surroundings, but keenly alive within. I had the sensation of *double personality*, very strong and clear—always an ominous symptom in serious illness. It was as if my ego, my inner self, was detached and standing apart, calmly looking at the contortions and struggles of my body. Perhaps it actually was. Inwardly there was not the slightest feeling of distress or fear; but, on the contrary, a feeling of perfect confidence and peace, with a peculiar sense of exaltation or exhilaration, much like that of the first stage of ether anæsthesia, which I have experienced. I had a feeling of interest,

or curiosity, as I watched apart, wondering how long it would last. By an effort of the will I could recall myself for short periods and function normally as an individual.

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My long-time friend and surgeon, Dr. J. Hubley Schall, had been sent for when the pains began. I remember jesting with him (as well as I could with my scant breath) about the absurdity of sending for a *surgeon* to treat a case of pneumonia. (Schall ordinarily takes no medical cases and pretends to know nothing about materia medica; but I know that he carries a lot of it packed away in his long head. He was taught in "Old Hahnemann" of Philadelphia by Charles G. Raue and Joseph C. Guernsey in the long ago, and no student of theirs ever got away without some good working knowledge of materia medica.)

Schall looked me over, heard what I had to say and prepared some medicine in a glass. He got even with me for my gibes by refusing to tell me what it was, but I didn't care much just then. I dutifully took the medicine and in a couple of hours was in a profuse warm perspiration and nearly free from pain and dyspnoea.

Of course, he gave me Aconite—in the 2 x dilution—as he confessed two days later when I geyed him about his "crude prescribing" and demanded my rights. From that time on we worked out the remedies together. It was a perfectly clear and simple case, as such cases usually are for the homœopathician. The guiding symptoms stood out clear and distinct. Bryonia 200 followed for two days; then a dose of Kali carb. 200 for "stitching pains in the right lung, with aggravation of all symptoms at 2 A. M." Finally a dose or two of phosphorus 200 and the cure was complete. It is a simple tale quickly told. No adjuvants were used except a friendly hot water bag.

In ten days from the beginning of the attack my temperature was normal, (it had reached 104 and then dropped as low as 96 in the meantime), pulse normal, sputum clear of blood and resolution complete. During the third week I was sitting up in bed reading detective stories, and toward the end of it was up and dressed. The fourth week I spent in Atlantic City, and at the beginning of the fifth week I resumed practice as good as new, though still a little "weak in the legs." Since then I have felt and

looked better—so they say—than I had for months before my illness.

By a singular coincidence the first case of acute disease I was called upon to treat after I resumed practice was one of pneumonia, in a man of very nearly my own age. He has been my loyal friend and patient for more than thirty years and has implicit faith in homœopathy as I practice it. He is a stationary engineer, of average intelligence, good physique, regular habits and simple living. He appeared at my office one morning in an almost fainting condition, breathing with great difficulty and complaining of pain in the chest. "Pneumonia" was stamped all over him. He had not felt well for two days, had taken a street car almost at his door, walked one block to my office and nearly collapsed. He was very much frightened. I gave him Aconite 30, and sent him home in a taxicab. Two days later I gave him Bryonia 200 and later one dose of Phosphorus 45m. It was a simple, typical case of lobar pneumonia. In ten days it was all over except for weakness. By the end of the third week he was up and dressed. He took one week's vacation and then went back to work.

Here then were four cases of pneumonia in men about sixty-five years of age. Two of them, under "modern scientific treatment," promptly died. Two others under homœopathic treatment almost as promptly got well. How about it?

During the month of seclusion (after the first three days) I had ample time for observation, meditation and reflection, undisturbed by outside affairs. Naturally, having had in my own person such a demonstration of the curative power of homœopathic medicines in the disease with the highest mortality of all, my thoughts revolved largely around that subject.

As I analyzed my condition and reflected upon it, it became renewedly clear to me that other things besides curative medication (important though it be) make for the successful treatment and cure of a serious case. It had been so with me and with my patient. First, there is *the mind*—"the man himself." The state of the mind always stands first with the Hahnemannian, with whom it is an axiom: "Mental symptoms rank highest." Consciously or subconsciously the mind governs the body, giving form and character to all its parts and functions.

It is the living man as an individual, the finite personification and embodiment of Infinite Spirit-Life-Mind, the "*Dynamis*" of Hahnemann, who reacts alike to all physiological, pathogenic and therapeutic impressions. The character of his actions and reactions, therefore, is governed by the peculiarities of his mental and psychical, as well as his physical make-up—in one word by his morphology; for he exists and functions as an individual organism. An individual is *one*, a unit, composed of many vitally related parts. Every individual is unique in his own peculiar, exact combination of organic degree and type of development, and of his physical and mental traits and qualities. He is united in his constituent organs and parts, united with his fellows, and united with the cosmos by the universal, spiritual principle of Life-and-Mind, which is common to all finite beings, and binds them all together in mutual obligations to each other. It is a universe of "give and take," of inter-relation and reciprocity, not only between all individuals and their parts, but between all realms, kingdoms, worlds and spheres, all mediated by the universal principle of mutual action, or *similia*, formulated by Newton in his third law of motion.

What manner of man, then, am I? I asked myself. Symptomatically similar remedies acting favorably upon me by reason of their affinity for my own peculiar morphological make-up—(favorably *because* they were similar and *assimilable*)—plus certain mental or spiritual states, have brought me out, while my friends who did not receive their similar medicines, and perhaps for other reasons, passed on into and through the "valley of the shadow of death."

First, then, as to my mind and its beliefs; for beliefs govern conduct. Conduct influences organic actions and by a universal law of nature, actions govern reactions. Upon the nature and kind of its reactions depends the type and degree of development of the organism and all its parts, plus or minus. Hence, the importance of considering our beliefs in relation to our condition, sick or well.

Well, to put it very simply, in the old-fashioned way, *I believe in God*. But that apparently trite and simple statement means a great deal more to me than it does to one who has not analyzed and sounded it to its depths. For me it is absolutely fundamental. It comprises my entire philosophy as well as my religion. It in-

cludes my philosophy of medicine in general and homœopathy in particular.

I know it is not customary—is considered reprehensible by conventionally minded scientists—to mix or identify religion or theology with science. "Science" is godless, avowedly and sometimes boastfully so; but not all scientists are godless, nor ashamed to avow their belief and faith in God. Their concepts of God, of course, vary greatly. In this matter I speak for myself alone.

From my point of view, homœopathy—the science and art of curative medication—cannot be separated from certain fundamentals of theology without destroying not only the unity of its comprehensive and well rounded philosophy, but its real scientific foundation; nor without sacrificing the highest spiritual incentive to loyalty and enthusiasm in its practice.

Homœopathy is founded on the bed-rock of a belief in and recognition of the Living God, set forth but not fully explained by Hahnemann in the *Organon* in his doctrine of Life and The Life Force. This statement may be questioned, but I believe it can be substantiated. It is, of course, largely a matter of interpretation of certain passages, some of which are more or less obscure, but clear enough to the initiated.

The doctrine of the "Life Force" did not originate with Hahnemann, as many suppose. In making it the foundation of his system of therapeutic philosophy, Hahnemann identified himself with that great school of philosophic and religious thought which had its origin in Monotheism—the doctrine of the *One God* of Moses, Jesus, and Mahomet, and back of them, of the High Priests of Egypt, from whom, historically, they derived it. Moses, it is recorded, "was instructed in all the wisdom of the Egyptians," among whom he was brought up from infancy as the adopted son of the royal princess. This undoubtedly included instruction in the secret doctrine of the One as the primary Source of all life, all power and all force. Hence the life force, which is the Power *in action* in all living beings. Hence, the spiritual-vital-dynamical doctrine of Hahnemann and the old philosophers, as opposed to the materialistic or mechanistic philosophy of modern times.

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, unintelligent, 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 and 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. (See any modern textbook of biology or physiology.)

The life force does not differ essentially from chemical or electrical force. Science is entirely right in assuming the existence of "one universal energy" with many forms of manifestation. But science is entirely wrong in refusing to recognize that in all its workings and manifestations *and by its obedience to law*, this "energy" displays intelligence, reason, purpose, volition and will—attributes all and only of life-and-mind; and in its cosmic aspect, of Infinite Life and Mind; hence, of the *Supreme Being*. There is one universal originating and controlling energy or power and *only one*—Life-Mind-Spirit—The Supreme Being—operating alike in the three realms of nature as differentiated forces. Why deny Him recognition in His every form and mode of manifestation? Why refuse Him submission and allegiance? Why refuse even to name Him?

*By virtue of its essential being, nature and attributes, all energy is living energy, and hence, all force is life force. All power is in and of the Supreme Being, Who alone is absolute Spirit-Life-Mind, infinite and eternal. It varies only in its mode, form and degree of manifestation. It is differentiated only as it is individualized; but in being differentiated it does not lose its essential character or identity.* Gold always remains gold, no matter how many chemical transformations it undergoes. The elemental forces, Gravity, Chemical Affinity and Vitality, each in its own department, remains always the same, unchangeable into the others; but all are only different modes of manifestation of the One Primary and Absolute Energy—all in one and one in all—a Trinity in Unity. Each operates under its own unchangeable laws, but all have their source in one Infinite and Universal Power.

That, I believe is a true, fair and comprehensible statement, and a reconciliation of the differences so long in controversy. I am

not ashamed, therefore, nor do I hesitate, to take my stand with those brave and loyal men of science and of homœopathy, who believe in God and affirm it, even when they are unable, perhaps, to state it clearly as a doctrine or explain just how the doctrine is related to their particular field of science.

Here, then, in its fundamentals, as related to medicine, is

### My Creed.

(Always subject to revision or modification.)

I believe in the Supreme Being, self-existent, infinite and eternal, Maker and Ruler of the Universe. I cannot fully comprehend Him, but I recognize Him, broadly, as the transcendent, immanent and infinite Spirit, mind, life, power, person and principle of the universe, operating alike in the three realms of nature.

I believe that in Him and by Him, literally, we "live and move and have our being;" that the life which we have, the innate power or principle by virtue of which we exist and function as living organisms, is an individualized portion of the Universal Divine Life, derived originally and flowing continuously from Him into and through us with every breath we draw—the "Indwelling Christ," or "God manifested in the flesh."

I believe that there is but *one life*, in many forms and degrees of manifestation, and that we, and all things in their respective degrees, are partakers of it.

I believe that in the last analysis, and primarily, all life, all energy, all power, is in God, and, in its manifestations and applications as force, is derived from Him.

I believe that all the processes of life-in-organism are conducted intelligently; that every living cell, every fibre, every organ and tissue of the living organism is an embodiment of mind and endowed with the attributes of mind, having each in its own degree, consciousness, memory, purpose, volition and will, all co-operating under the ruling central power—the *Dynamis*, or life principle of Hahnemann—the "subliminal self" of the psychologist, which has its source in and is a manifestation of The Supreme Being.

I believe that the conscious recognition and realization of this basic truth, and my surrender to it, under the guidance of reason, brings me into virtual harmony with the universe and its Ruler,

and establishes a relation in which I may consciously co-operate with Him if I will and desire to do so.

I believe that my real success and well-being in life, as a man and a physician, physically, mentally and spiritually, here and hereafter, is proportionate to the degree of my recognition, comprehension and realization of this basic relation and of my willingness to maintain it. For my failures I have no one to blame but myself.

I believe that in His essential nature and purposes the Supreme Being is good, loving and benevolent in and toward all His creatures, a Father indeed; and hence that the portion of His life which is embodied and functioning in me is of the same essential character.

The incarnate life principle, complete, perfect and divine in itself, is always trying to maintain and protect the integrity of the living organism it inhabits, even when, as a result of ignorance or disobedience to the laws of health I obstruct it and become "sick." Physiologically we know that the living organism is always reacting against and resisting injurious agencies and influences from without. This constitutes what we, in medicine, call susceptibility, reaction, resistance and immunity. It is the organic principle of growth, nutrition and repair. It is the basis of cure. These all, as phenomena and results, have their origin in the life principle of the organism, which principle is at the same time spirit, mind and life; for these three are one, since nothing can be predicated of one that is not true of the others. They are synonymous terms.

This view of the subject leads to an interpretation of symptoms which differs radically from that usually made by medical men. It is characteristic of homœopathy, and is implied, if not always clearly expressed, in the *Organon*, and in the teaching and practice of all its ablest representatives. It is also the view of many modern representatives and advanced thinkers in general medicine and in philosophy, a statement which could be substantiated here by many quotations if time and space permitted.

From this point of view, all the phenomena of disease represent the reaction and resistance of the organism to the inroads of pathogenic or destructive agents. Pain, fever and inflammation, for example, are such signs of defensive organic reactions and coun-

ter attacks. Disease, therefore, is not an evil thing in itself. It represents the struggle of the individual organism to live normally and maintain itself in harmony with the laws of its being. It is successful in proportion to its recognition by the mind, its reinforcement by the will of the individual, and his compliance with the law of cure.

The physician's duty is to recognize the power which does this and co-operate with it along the same lines and in the same direction in which it is acting; hence, to apply the principle: *Similia Similibus Curantur. Simplex, Simile, Minimum.*

Believing thus, I could maintain an inward calm when my body was racked with pain and physical death seemed imminent. No experienced physician will deny that a receptive state of mind and a compliant will are favorable to recovery, nor that the organism of such an individual reacts more readily to curative remedies. The prognosis is vastly better than it would otherwise be. Results prove it, even in cases not treated homœopathically. It accounts for many recoveries which are not cures.

I am not saying that a reasoned faith, logically worked out by one who is capable of analyzing and expressing it in conventional terms, is essential to cure, or to the operation of the healing principle. Fortunately, a reasoned faith has its equivalent in that simple faith exemplified in animals and little children, who trustfully resign themselves to nature, or to the ministrations of those who are caring for them. These, and their like, reacting subconsciously, always respond beautifully to the homœopathic remedy. Others recover in spite of their shortcomings and bad treatment because their remaining life force is still superior to the pathogenetic agency.

For its fullest and freest operation, however, it is requisite that the medicinal measures used should be in harmony with the law of cure, *Similia, Similibus, Curantur. Simplex, Simile, Minimum.* This means, first, that the symptoms of the patient must be regarded as the language of nature, revealing the sufferings of the organism as it rouses itself to resist an attack, appealing for help and co-operation and pointing the way to victory. They are not themselves the enemy, nor the true object of counter-attack by the physician. They are but guides. In truth, they represent a

counter-attack by the organism itself already begun in which we are to co-operate. Pain, therefore, should not be subdued by narcotics, fever should not be quenched by antipyretics; weakness should not be treated by stimulants. Artificial immunity should not be acquired at the expense of natural resistance. Symptoms must not be suppressed. Nature's defenses must not be penetrated by hypodermic inoculations. "That way madness lies." To do so is contrary to nature and a violation of nature's laws for which a severe penalty is exacted in the end. Nature is a good friend but a bad enemy. Recognizing such symptoms as signs by the wayside indicating the road and the direction in which nature (the life principle) is developing her counter-attack and resistance, we take the same road, follow the signs and bring up reinforcements. In other words, we give a medicine which has the power to produce symptoms similar to those of the sick, previously ascertained by testing them upon persons in health, and strengthen the resistance by instructing the intellect in the principles of a true, spiritual philosophy.

Such is my belief, and thus I co-ordinate my theology with medicine.

"Here we feel but the penalty of Adam,  
The season's difference; as the icy fang  
And churlish chiding of the winter's wind,  
Which, when it bites and blows upon my body,  
Even till I shrink with cold, I smile and say  
'This is no flattery; these are the counsellors  
That feelingly persuade me what I am.'  
Sweet are the uses of adversity;  
Which, like the toad, ugly and venomous,  
Wears yet a precious jewel in his head;  
And this our life, exempt from public haunt  
Finds tongues in trees, books in the running brooks,  
Sermons in stones and good in everything."

—Shakespeare, *As You Like It.*

# HOMŒOPATHIC RECORDER

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## EDITORIAL NOTES AND COMMENTS.

**Geheimrat August Bier.**—We arrived at Berlin early in May, having visited London, with all its imposing immensity and beautiful Paris, whose wide and radiating boulevards provide constant interest and entertainment to the traveler, from America especially. A sunny morning found us walking down the Joachimstalerstrasse from the *Zoologischer Garten Bahuhof* and soon, at No. 21, we arrived at Prof. Bier's commodious *Privat Klinik*. Stating our name and mission to one of the nurses, we were soon escorted into the presence of the Geheimrat himself, whose strong personality at once becomes apparent in no unmistakable manner, for here is a man of dignified, forceful appearance, of great knowledge, culture and learning, positive in his manner and opinions. He was kind enough to grant us a twenty-minute interview, for he is an extremely busy man, who frequently operates continuously from seven to nine hours a day. We chatted together in German and naturally, with our editorial nose for news, we quizzed him tactfully along homœopathic lines.

Professor Bier has been long interested in the principles of homœopathy, which, as the world of homœopathy now so well knows, he has studied deeply and investigated practically. His knowledge of Hahnemann's philosophy is profound and he compares this philosophy with that of Hippocrates. Said he, "I am not altogether sure, that were I myself sick, I would not prefer to be treated by a physician who follows this philosophy rather than by one, whose sole conception of disease is summed up in the findings of diagnosis." He believes, that not only must the physician be cognizant of what is going on and what has occurred in the patient (diagnosis), but also, that the physician, in his en-

deavor to cure, must know minutely the reactions of the patient to his environment, must know the symptoms, mental and physical, of which the patient complains; in short, he subscribes warmly to the Hahnemannian concept of the totality of the symptoms. To the surgeon he relegates without hesitation, all mechanical things, all gross pathologic end-products. He believes in and emphasizes the importance of the Arndt-Schulz law and states, that in Germany, this law has been more readily acknowledged and accepted by scientific men in agricultural and botanical fields, than by physicians. This fact he attributes to the narrowness of medical men.

The law of symptom similarity, *Aenlichkeitsgesetz*, he naturally places as first in importance in the consideration of things homœopathic; the question of potency he places less importance upon, although preserving an open mind regarding the efficacy of the high and highest potencies; he believes in the simple remedy and states that homœopathic physicians are using entirely too many remedies and mixtures, unrelated to their cases. How true indeed, especially in the United States! Above all, he resents narrowness and does not wish to be called a homœopath or sectarian. He is concerned with principles, not with dogma. Asked regarding the future of homœopathic principles in Germany, he stated that in his opinion, it is good.

Of interest to homœopaths will be his assurance that he has found small doses of ether to be of unquestioned value in the treatment of post-operative pneumonia. He likewise made the interesting statement, that in a number of diseases, the good effects of the waters of various spas or baths, can be duplicated by the hypodermatic injection of simple distilled water which he says, is capable of arousing tremendous reactions. At present, his first assistant, Dr. Zimmer, whose work has been largely concerned with *Reitherapie* (irritation therapy) is pursuing his homœopathic investigations at Stuttgart Homœopathic Hospital, together with Dr. Stiegele, the resident physician of this institution.

This ended our interview and a half hour later found us at the *Potsdamerplatz*, in the *Pschorrbrau* Restaurant, digesting our mental pabulum with the aid of a large seidel of Munich beer.

**Yatren.**—Since the publication of Professor Bier's article in the December, 1925, issue of THE HOMŒOPATHIC RECORDER, we have received several inquiries regarding "Yatren." We are now able



to state that yatren is an iodine-oxyquinolin-sulphonic acid in which 28 per cent. of iodine has been firmly bound and is often combined with bicarbonate of soda, owing to its acid reaction. It is said to be of use in lues, when used in combination with bismuth, in amoebic and bacillary dysentery and is similar to quinine in malaria.

Ernst Bischoff Co., Inc., 135 Hudson Street, New York, have recently issued a booklet concerning this drug, entitled "Yatren in Human Practice" and will no doubt be pleased to send the same to any interested inquirer.

**The Symptomless Case.**—Time was when homœopathic physicians were accused of being symptom-coverers, having no regard for causes, diagnosis or underlying pathology. In the days of Hahnemann and of the early provers, pathology, as this science is understood today, had not been born and diagnosis, in the light of modern refinements at least, can scarcely be said to have existed. Small wonder then, that the purely subjective, as evidenced in both prover and patient, was looked upon as of paramount importance; the more so, since provings obviously could not be carried to the point of gross tissue change. Such objective knowledge, as was possessed concerning the gross effects of drugs, was obtained from accidental poisonings or from those produced as the result of suicidal attempts. Even in this day, the knowledge which homœopathic physicians have, concerning the gross or objective effects of drugs, has been obtained from the same sources, but is augmented by experience gained in the realm of industrial medicine; industry in our present age, being highly developed, especially along chemical lines, offers abundant material for study, such indeed as did not exist even fifty years ago and which, incidentally, is not taken advantage of, as it could and should be. This fact was frequently pointed out by the lamented Albert E. Hinsdale, who more than anyone else up to the time of his death, had made use of the information to be found in the field of industrial medicine. Hinsdale also demonstrated, albeit on animals, the objective effects or gross pathology of many of our drugs. Witness, for example, his experiments with the bichromate of potash in the production of duodenal ulcer. It is, of course, true that there is danger in translating, as it were, animal into human pathology. Conclusions cannot be hastily drawn and analogies may often be misleading. Nevertheless, such studies in drug pathogenesis in animals have great value, if only in a corroborative or an explanatory way.

It has always been true and it still remains so, that as homœopaths we must rely upon subjective symptomatology almost entirely in our daily prescribing. Theoretically, we prescribe upon the totality of the symptoms, which, of course, includes both subjective and objective manifestations. The phrase "totality of the symptoms," has indeed achieved a sort of hallowed sanctity and often serves as a militant rampart from which the banner of homœopathy is defiantly flung. Practically, however, most of us ignore it, wittingly or unwittingly, in the daily routine of our work. The science of homœopathy is one thing and rests upon its three major cardinal principles, *simile, simplex, minimis*, but the art of homœopathy is quite another thing and depends upon the qualities and qualifications of the individual prescriber, to catch and interpret the spirit and essence of the genius of homœopathy. This, indeed, is difficult and far too arduous for most of us. It takes much effort, patience and time to become an artist and few of us will or can devote the necessary time to such endeavor. This fact, more than any other, accounts for the lack of progress of homœopathy as a therapeutic method, in the present age.

Homœopaths, in their efforts at fitting remedies to patients are, of course, at this advantage, in that, thanks to Hahnemann, they do not try to treat diseases. Instead, they treat patients who have diseases. The old school begins to show signs of enlightenment in this direction, more particularly in its attitude toward "constitution" and all that this word implies. Hence, homœopaths of necessity must pay heed to such technical details of prescribing as *location, sensation, modalities* and *time*. All enter into the correct or even approximately correct prescription, for a distinction can in truth be made, between a merely similar, or the absolutely similar remedy. *Location* can often be explained by pathology, probably in the majority of instances, though disturbed function, unaccompanied by tangible pathology can and does, of course, exist. *Sensation* may at times be explained by as well as be based upon pathology, although disturbed function is usually quite sufficient as an interpreter. *Modalities* may be explained by either pathology or disturbed function, but not necessarily so. The relief of the pains of inflamed varicose veins by cold, as in *Pulsatilla*, is a modality quite easy of pathologic explanation, but there are numerous other modalities whose reasons for existence are not so clear. The same observation applies to *time*. Why, for example, should *Natrum mur.* select 10 A. M. at which hour to make its victims uncomfortable,

or why does *Lycopodium* select the time from 4 to 8 P. M.? Perhaps some day we shall have a definite, logical explanation of these facts!

However this may be, it is fairly easy to prescribe, if we direct our minds to it, for the case which fully presents the essentials just touched upon. A remedy can usually be recognized, or if not, can be found by means of suitable repertory analysis. But what about the case which presents very few symptoms or none at all, of value in prescribing? Such cases are often met with and can be recognized as definite, diagnostic entities. Symptoms, whether subjective or objective, which reflect pathology only, are of great use in the making of a diagnosis, but are utterly useless as a basis for a homœopathic prescription. It is true, that the more pronounced pathology is seen to be, the less applicable is homœopathy and the more incurable is the case. Pathologic end-products, as has so often been said, commonly belong to the surgeon. The law of similars is helpless, except perhaps, in a purely palliative way. But surgery cannot, even with all its brilliant modern achievement, master all pathologic resultants. Medicinal therapy may be and usually is required. It needs a nice discrimination to determine, not only the possible incurability of the case and the extent of its pathologic change, but also how far the law of similars legitimately applies, or whether it applies at all. This is a rock upon which many a homœopathic craft has ingloriously foundered!

What then, shall be done with the symptomless case? If the surgeon finds no opportunity in it, shall it be permitted to drift into the great school of palliation, orthodox medicine, or shall it be allowed to serve as welcome prey to the vast horde of non-medical cults? This, in truth, is what often happens and to this extent is confidence in the medical man and his methods lost.

What homœopathy needs more than any other thing today, is drug proving along modern laboratory lines, which will take into careful consideration, all the diagnostic aids employed in the work of blood chemistry, hæmatology in general, the chemistry of the gastro-intestinal tract, urinalysis, etc. The knowledge to be gained by provings of this kind, made upon humans, will explain, corroborate and strengthen much of our subjective symptomatology so abundantly presented in our existing provings and will also increase our ability to more easily and correctly apply our remedies in the

symptomless case, as we now understand this designation. It will, furthermore, aid us in more precisely defining the scope of homœopathy and the degree to which it does or does not apply. Not for a moment do we wish to create even the slightest suspicion that our present provings are to be cast aside, but we do desire to affirm that these provings will be greatly enhanced in value and usefulness, by following the course so briefly hinted at. Greater ability to cure will then be within our power and even the case without symptoms will become more hopeful, so far as aid and even cure are concerned.

There may be those who will object that the proving or re-proving of *Belladonna*, under the auspices of the O. O. and L. Society many years ago, taught us little or nothing of practical value, which we did not know before. Doubtless this is true, certain it is, that no one now uses this re-proving in a practical way. But, let us suppose, for example, that a re-proving of *Hepar sulphur calcareum*, with special emphasis upon possible blood changes such as the production of an increased number of leucocytes, should show a more definite applicability to clinical states in which its use is now more or less uncertain, would we not be greatly strengthened in our powers for usefulness, by such knowledge? Two recent cases, in partial illustration of our argument, come to mind. One was that of a middle-aged woman suffering from menorrhagia. The usual remedies were applied in her case and certain improvement was noted. *Phosphorus* was apparently her basic remedy and did good work. But the beneficial effects proved to be of brief duration; in short, homœopathic palliation alone, was achieved. Careful gynecologic examination now revealed multiple uterine fibroids and operation followed as a matter of course. Here then we have a case, in which prescribing over a period of almost ten months, accomplished nothing but temporary relief, remedies being applied to such symptoms as presented from time to time and mostly themselves aroused by the underlying pathology. Even though *Phosphorus*, in its symptomatology, has much to commend it in hæmorrhagic diseases, we do not know that it has ever caused a uterine fibroid nor even perhaps, that it has actually cured one. If it has, was the cure brought about in an early stage of the fibroid growth or not? Certain it is, that in this case at least, no cure was obtained by the remedies prescribed and that these were prescribed largely upon secondary symptoms. There were no others and thus

to this extent, the case was symptomless. To put it another way, pathology had swallowed the patient's individuality and this in truth is what often happens or has happened in cases which turn out to be therapeutic failures. To be sure, homœopathy has never contended, that in order to cure a given objective condition, it must be capable of actually causing such a condition. Yet it must be admitted that the assumption would appear to be a logical one.

The second case in illustration, somewhat puzzling from the angle of diagnosis, proved upon careful examination to be one of typhoid fever. It was a mild case and although presenting a characteristic temperature curve was otherwise provokingly symptomless. The patient, with innocent persistence, denied all discomfort and had in fact, been going about much as usual. The history of the attack showed that it had begun some three weeks before we had seen him, also that he had been working under unsanitary conditions and had been exposed to noxious swamp emanations during his work in a Southern state. He was now put to bed, upon a soft diet and Pyrogen 30th was given, t. i. d. The temperature almost immediately began to descend and within ten days was normal. No symptoms appeared, but the patient's sense of well-being improved, as did his weight. Pyrogen frankly was an empirical prescription, none of its characteristic symptoms being present, not even the disproportion between the pulse rate and the temperature. The remedy was chosen on account of the causal factor, swamp odors and emanations, suggesting toxic or perhaps even septic influences. Admittedly, *malaria officinalis* or *Echinacea* might, with equal appropriateness, have been selected. However, the recovery of the patient left nothing to be desired. It is pertinent to ask, whether Pyrogen had anything to do with the case at all. Was bed rest alone sufficient? Would the temperature curve have descended so promptly had no medicine at all been given? Practically perhaps, all this theorizing is futile and makes no difference, yet the philosophy of homœopathy demands and impels us to seek logical explanations for the things we do and the phenomena we observe. It is, therefore, in this spirit of investigation and frank confession, that we have presented this paper for discussion. So far as Pyrogen is concerned, we do know some important things about it, but some characteristics with which this remedy has been endowed, may perhaps have been thrust upon it by enthusiastic, though none too discriminating observers.

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### THUJA OCCIDENTALIS.\*

From the Lectures of Prof. J. T. Kent.

The general appearance of the Thuja subject, if he has a characteristic picture, is that of a waxy, shiny face; it looks as if it had been smeared over with grease, and is often transparent; he is a sickly-looking individual, and looks as if entering upon some cachexia. This is often the case in the sycotic constitution and the cancerous cachexia; they are weakly, cachectic, yellowish, and often very pallid.

The perspiration is peculiar; it is sweetish in odor and smells like honey, sometimes like garlic, strong and pungent. A pungent odor emanates from the genitals; a sweetish, honey-like odor is characteristic of the sweat from the genitals; it is subjective. The odor is also like burnt horn, burnt feathers or burnt sponge. These peculiar, strong odors, are particularly present when there are fig warts upon the genitals, such as Thuja cures.

The skin looks unhealthy everywhere about the body, and there is a copious sweat on first going to sleep, like Arsenic. If you had only the waxiness such as Arsenic and Thuja produce with the sweat on first going to sleep, you might prescribe Arsenic. Arsenic is often the acute and Thuja the chronic. Arsenic is a chronic remedy in the psoric and syphilitic miasms.

A peculiar asthmatic condition is found in sycosis in which Arsenic appears to be indicated for the symptoms, but it only relieves, it does not control the predisposition. It acts like Aconite in acute diseases and only ameliorates for a moment. Asthmatic and many other sycotic conditions seem to call for Arsenic, but it will do nothing but palliate. The constitutionality is not reached

\*From Classroom Talks, through the courtesy of Dr. S. L. Guild-Leggett, Syracuse, N. Y.

by Arsenic; it lacks depth of action in this direction. In syphilis and psora Arsenic acts a long time and eradicates the complaints when similar to them, but it is not similar to sycosis. Arsenic does not go to the bottom of the trouble, but Thuja or Natrum sulph. will take up and finish the work begun by Ars.; they are both complimentary to Ars. in sycosis. Natrum sulph. and Thuja bring back the primitive manifestation that has been suppressed for years, and those remedies are, therefore, called anti-sycotic.

Now, the tendency of the Thuja patient is to throw out wart-like excrescences, which are soft and pulpy and very sensitive; they burn, itch and bleed easily when touched or rubbed by the clothing. Horny excrescences form on the hands and split open, form upon a pedicle and crack around the base. Cauliflower excrescences found in the vagina and upon the cervix-uteri, about the anus, and like Nitric acid, about the labia majora and mucous membranes generally. Horny excrescences form upon the skin. Warts of a brownish color, especially form upon the abdomen. Great brown spots, like liver spots, form upon the abdomen.

Zona around the chest, herpes labialis and preputialis, herpetic eruptions anywhere like Sepia. Zona is a herpetic formation; great vesicular patches come out all over, called "shingles"; here we should compare Thuja, Rhus, Graph., Kali hydr., and Mezereum. The condition is attended with a great suffering from neuralgic pains. In cases that are sycotic, Thuja is especially a grand remedy.

A class of cases will come to you where warts have been caused to disappear by calomel, which makes them shrivel up and fall off; such is the old school treatment. It is sometimes a dangerous thing to know that calomel will do this. A patient comes to you with erratic symptoms; you study for hours and days over these symptoms and see very little order in them; you then realize that the leading features have been left out if you are well read in your materia medica. Some scoundrel has used Nitric acid, calomel or something else, and has driven the fig warts away. These condylomata could not come without having some constitutional basis; these warts have a cause; and that cause seems to be less able to make the patient sick if he has the warts. He feels better when he has the warts. Strange to say, when these warts have been suppressed, we get a lot of little symptoms of Nitric acid, Thuja,

Mercurius and Staphisagria, without the leading features of those remedies.

Thuja leads all medicines for symptoms arising from suppressed warts.

Thuja is pre-eminently a strong medicine when you have a trace of animal poisoning in the history, as snake bite, smallpox and vaccination.

Boenninghausen actually treated of vaccination as leaving a sycotic taint in the body, but it was a knowledge of the symptoms that led him to think so, we find now, that it has a distinct individuality of its own, we also recognize that peculiar poison which is the cause of sycotic gonorrhœa.

There are probably several varieties of urethral discharge, but there is one that is sycotic, and when that has been suppressed, it has produced a miasm with soreness in the bottoms of the feet, with soreness and lameness particularly through the back, loins and sciatic nerves, also in the knee and ankle joints. Sometimes it affects the upper extremities, but it is usually confined to the lower. There is most violent aggravation when keeping still, like Rhus. Great aching that increases so long as he keeps still. He is very often compelled to keep the bed, and then he constantly moves and turns. Rhus is of no more value here than cold water, because Rhus does not have the nature of the disease.

It will not bring back the discharge, and cannot control the disease satisfactorily. It cannot bring relief in a few hours.

Often the patient says, "Doctor, you surely must have given me morphia." It may have been any one of the anti-sycotics, Iodine, Kali hydr., Natrum sulph., or Thuja, but Rhus always fails.

In typhoid fever, you will make your patient comfortable in one hour with the appropriate homœopathic remedy, and yet fools go about town saying, "We don't let our patients suffer; we give them morphia." They call us fools, when the truth of the matter is *they* are fools because they don't know how to use high potencies.

Thuja enters into this particular sphere and takes hold of a particular case where sycosis is the underlying miasm. At times when the discharge has been suppressed, orchitis comes on and then more than likely, Pulsatilla will be the remedy.

Thuja affects the left testicle with intense squeezing pain.

As we go on further in the study of Thuja, we see that it has a profound action upon the glands, stitching, tearing pains in the

glands, the pains are as if the gland was being torn in pieces. That may be true of glands in general, but one particular gland, the ovary, is more affected than any other, especially the left. A violent pain in the left ovary coming on at the time of the menstruation and continuing during the flow, extending down the thighs, but at times in every direction, increasing as the flow comes on; stinging, rending, tearing, burning, bursting pains, as if the parts were being torn out; crying aloud; hysteria; this is a very strong Thuja group. It has the opposite of Zinc, Lachesis, and others, for in these, relief comes with the flow.

Many women suffer from grumbling pains in the ovaries all the time; they have a sense of the organ which they should not feel; pain from taking cold or in change of weather; the increase of the pain in the left ovary is the first sign; sometimes the pain is so severe that the right one suffers apparently from sympathy. Now, where the ovaries have been affected for some time, we get mental symptoms, a most violent irritability, jealousy, quarrelsomeness, hatefulness. This irritability is likely to be shown towards individuals about the house, toward the husband and the mother; she is yet able to control herself among strangers, and the doctor may not be able to find out anything about it, because she has in her nature a disposition to deceive. She wants to be alone and takes upon herself fixed ideas; that she is pregnant, or that an animal is in her bowels, she feels the motion of a child's arm, thinks she is followed, or that someone is walking beside her, thinks that soul and body are separated, etc.

These are fixed ideas, and there is no use in trying to reason them out of her. It is impossible to convince her that the things imagined are not facts. It seems to her that she is very delicate, that she is made of glass and that she will break. The idea is that she will break, and not that she is transparent. Associated with this condition, we have violent, intense, tearing headaches, tearing in the eye, ameliorated by heat. The pains in the eyeball are better from heat and the rest are better in the cool open air.

Pain localized in small spots. A nail driven in the head, side of head and forehead, like Ignatia and Anacardium. These pains are intensified into tearing pains, and affect the eyeball, making it so sore that it can hardly be touched. The head pains are worse from heat and worse from lying down; worse in a warm room and better in the open air.

Rheumatic and head symptoms are worse in damp air; they are worse from acids and also from stimulants.

A person who has once proved Thuja, has the effects a lifetime, unless it was carefully taken in the very high potencies. If you take Thuja, one dose, high, it will bring out symptoms in five or six weeks, that are peculiar. If you repeat that again and again, you will have that which will remain a lifetime. Few crude drugs impress the vital force lastingly. An individual who is thoroughly and properly sensitive, as sensitive to potency as to contagion, who undertakes to prove by repetition, night and morning, will fasten upon himself a lifelong miasm.

Give a medicine and wait for the symptoms to come and go in the natural manner. To a great extent, the tendency with sycosis, is outward. We see in the proving of a drug, what we see in the disease. When a gonorrhœa is contracted, it goes through the natural prodromata, and then comes the disease, which, if let alone, has in its nature the power to eradicate itself from the economy, and then the patients do not suffer from lasting effects.

In the old school, they suppress the discharge, and there are those in the new school who do little better.

The frequent repetition by which one is exposed, would not increase the gonorrhœa itself, because the susceptibility is satisfied.

The repetition of the drug in proving it, does little harm, if the one who has charge of the proving, realizes when symptoms begin to arise, and then stops the drug. By repeating the doses after the symptoms arise, we force the drug into the economy when it is already poisoned, and by this means get a confusion in the symptoms, and a drug disease engrafted upon the system.

Many of the provings of Thuja give us that kind of confusion, so that we see only now and then symptoms cropping out that are striking; in fact, the great bulk of the Thuja proving has been wasted, because there is so much confusion in a great number of the symptoms. The earlier proving brought out many of the characteristics of Thuja, the Vienna provings to a great extent, confused its image so, that by clinical experience only, we have been able to draw out the finer features of the drug. It requires more than a schoolboy to do that.

New provings must be carried on in a different manner.

Thuja has some striking bowel symptoms; gushing, watery, morning diarrhœa, like water coming out of a bung-hole, with noisy

flatus. Sinking in abdomen and stomach. Motions as of something alive in the abdomen. Flatulency with noises like the cry of an animal, croaking. Spinsters think themselves pregnant. Chronic diarrhoeas, beginning after vaccination, find suitable medicine in Thuja. Thuja like Caust. and Podoph. have a greasy, oily-looking evacuation.

There is also a general catarrhal condition running through the body; catarrh of the nose, ears and chest. In catarrh of the chest it produces an intense hacking cough, with expectoration in the morning of greenish mucus, sometimes a copious expectoration.

It is often suited to old cases of pneumonia, in such individuals as have had suppressed gonorrhœa, fig-wart gonorrhœa.

The kidney and urinary symptoms are also striking; congestion and inflammation of the kidney; sharp pain in the kidneys; burning urine; inflammation of the bladder and urethra that is not always gonorrhœal; pus from the bladder; paralysis of the bladder, must wait a long time for the urine to start; retention of urine, continuous urging to urinate, tearing in the urethra, a sensation as if urine were constantly dribbling down the urethra, like Kali bich., Petros., and Lact. Urine cloudy, yellowish, tough, mucous sediment; sugar in the urine.

In the urethral disease of sycotic character, Thuja leads all other remedies. In the non-sycotic variety, Cannabis sativa is sufficient, but Cann. sat. though it ameliorates the burning during and after urination, and the thick yellowish-green discharge, needs some other remedy to follow when the disease is shown to be sycotic. It is not so with Thuja, because it is capable of finishing the case.

Round, elevated, offensive ulcers upon the foreskin; excoriations behind the glans, with sensations as of a splinter like those found under Arg. n., Hep., Nit. ac. The same sensation may be found in primary syphilitic ulceration.

Canth., Cann. sat., Thuja, Puls., Nux, and even at times Nat. m., are indicated in an acute gonorrhœa.

Canth., Cann. sat., are violent in attack, with bloody, watery discharge; Thuja has a watery discharge, but is less violent; Puls. has a yellowish-green discharge with constant dribbling of the urine; Nux has a pain in urethra extending towards the rectum, causing frequent urging to stool, ineffectual; Nat. m., when the pain is after urination, showing distinctly that the remedy was

needed before the accession of the disease. For impotence following gonorrhœa do not neglect the study of Agnus castus. The dropsical infusion of the foreskin produced by Thuja, is usually inflammatory in its nature. Nit. ac. and Fluor. ac. have dropsy of the foreskin, in both syphilis and gonorrhœa. In the female there is often such a thickening of the mucous membrane as to seriously prevent coition. In the woman suppression will be followed by inflammation of the uterus, of the ovaries, peritonitis, etc.

In the most violent cases, with bloody urine, extreme salacity, great torment, bloody, watery discharge from the urethra and bladder, no rest day or night, Cantharis is indicated and is capable of finishing the case in from several hours to eight days. Many are cured in twenty-four hours. Such a patient must be in excellent health; this is not a usual case. They are generally drinking men and smokers. Tobacco is one of the most troublesome complications and many cases will not recover promptly if they are tobacco users and great smokers, wine drinkers or convivial men. Like sycosis we have in Thuja < from coition.

With the system broken down from high living, there may be no decided curative action, until you have forced the patient to abandon excess and have enjoined a light and simple diet, diminished the smoking and withheld the drink. This is the first thing. If he is a man of family, we have to contend with great mental distress, and so, also, if it is a woman. Usually, the sycotic miasm is troublesome to begin with, and one that will bother the young physician. It is impossible to exchange the right method for a wrong one, as that will make a cripple for life. The suppression of the disease, as usually tried, cannot be thought of by the sincere and earnest homœopath. If the patient wants it checked suddenly, send him somewhere else, but warn him what will take place, and that he will have untold disease and suffering.

There are three spheres presented for our observation in chronic conditions, and we need remedial measures adequate to their removal. These spheres were discovered by Hahnemann to be attributable to psora, syphilis, and sycosis. Hahnemann in pursuing his experiments and studying their effects, found that Sulph., Merc., and Thuj., were the typical psoric, syphilitic and sycotic remedies, having a broader sphere in these several directions, being more deeply anti-psoric, syphilitic, and sycotic—which only means



having the power to return the disease manifestations, through its primary manifestations, to health—that they were more frequently indicated in the primary manifestations; more satisfactory intercurrents, when other indicated remedies had finished their work in either direction, and that the provings were more definitely similar to the diseases produced upon the human system by those miasms, than any remedies yet proven.

In our day we have remarkable provings and verifications of Psorinum, and are completing those of Syphillinum and Medorrhinum, finding them deeper intercurrents and rationalizers of many chaotic conditions, otherwise impossible to overcome, and increasing our power over the sick to an extent once believed impossible.

All the symptoms of a Thuj. patient are < after 3 P. M., and in the night.

The mental symptoms, the headaches and the stomach symptoms are greatly aggravated by tea and sweets, while onions produce a diarrhoea. There is much craving for salt, as in Nat. mur., also many eructations while eating, like Nit. ac.

The hair follicles become sensitive to pressure, even of the pillow. The hair becomes thin and lusterless as if dead, and it has a musty odor.

There is < from heat in many conditions, the toothaches, headaches, and rheumatic symptoms, are greatly < from the warmth of the bed. The pains in the eyes are > from warmth, from washing and wrapping, but the patient is better in the open air.

The eye symptoms of Thuj. are many and grave. We find ulceration of the conjunctiva; iritis with a rough, jagged-looking iris, as in Staph. and Sil., syphilitic-iritis; iritis with condyloma; enlargement of the meibomian glands of the lid margins; violent, sharp, sticking pains; discharges smelling like putrid meat with > from warmth, from bathing, from covering. The conditions met in the iris may be all controlled without dilatation. Thuj. has also cured inflammation of the sclerotic.

In the chest affections we find a cough with greenish, offensive expectoration, resembling the discharges from all other parts of the body. In its chest affections as well as many other complaints it is better by turning from the left side to the right.

Silicia is the chronic of Thuj.

## GRADING OF SYMPTOMS.\*

C. M. Boger, M. D., Parkersburg, W. Va.

Most repertory making is the compiling of a working index of the materia medica, and because of its magnitude has long ago passed beyond the powers of a single mind. Even major works of this kind soon fall behind developments, so we now use a form of analysis which assembles the most salient and useful points into rubrics, which are then arranged in a flexible and easily grasped schema.

Illness may present any possible combination from among many thousands of symptoms, although as a matter of fact such extreme variability of disease expression is the exception; were it otherwise the problem must remain practically unsolvable. Most of its symptom groups are referable to particular diseases, organs and individuals. The former two remain fairly constant, at times however exhibiting very pronounced disease phases, thereby beclouding the diagnosis and leading to organopathic, pathological or diagnostic prescribing of a makeshift nature; ultimately a most pernicious thing.

Of far greater importance are the individualistic symptom groupings, for they generally show forth the real man, his moods, his ways and his particular reactions. Occurring singly, in small groups or at indefinite intervals, they often seem to lack distinctive support, hence are more difficult to link together and interpret. This encourages palliative medication as well as makes real curing much harder. On the other hand cases presenting very numerous symptoms are hard to unravel, especially when brooded over by an active imagination.

The final analysis of every case, therefore, resolves itself into the assembling of the individualistic symptoms into one group and collecting the disease manifestations into another, then finding the remedy which runs through both, while placing the greater emphasis on the former. This method applies to repertory making just as fully as it does to case taking and prescribing. Therefore the over-large rubrics of our repertories are likely to be more useful

\*Read before the Annual Meeting of The International Hahnemannian Association, New York, June, 1925.



for occasional confirmatory reference, than for the running down of the final remedy.

By eliminating all but the two highest grades of remedies in the large, general, and including all the confirmed ones in the smaller rubrics, we bring to the fore the largest possible number of characteristics. Each case, of even the same disease, presents a slightly different alignment of symptoms, particularly in its latest and most significant development, which is usually but an outcropping of another link in the chain of individualistic symptoms belonging to the life history of the patient. This way of looking at the matter presupposes the taking of a pretty thorough case history, but furnishes a therapeutic key to almost every sickness for long periods of time.

While the grading of symptoms largely depends upon their discovery and the extent of subsequent confirmation obtained for every one of them, their spheres of action are also of vast importance, and may not be safely left out of the calculation, because they go far toward certifying the choice of the remedy. To depend wholly upon a numerical concurrence is indeed fallacious, and yet every use of the repertory implies the presence of this factor, to some extent; but it is greatly overshadowed by the relative standing of the individual symptoms.

In the abstract the same symptom may have the highest standing in one case and the lowest in the next, all depending upon the general outline of the case, as delimited by the associated symptoms. Viewed from this standpoint, symptom grading, as found in the repertories, is unsatisfactory as well as of lesser importance, and yet has great value. The relative value of a given symptom depends almost wholly upon its setting, therefore changes from case to case, and is only finally determined as to its repertorial standing by numerous clinical trials. If I apprehend the matter rightly, the original pathogenetic symptom is really only a hint of what it may possibly develop in the future, as determined by successive testings.

A case in point: Intolerance of clothes about the neck is found in the provings of quite a number of remedies, but it remained for Hering's Lachesis to show that it very decidedly outranks them all, and has really only a few straggling followers. This is a particular which accentuates the value of Lachesis over Glonoinum if the

patient is intolerant of heat, but if sensitive to cold, Sepia takes the lead.

Experience leads to the conclusion that the patient's actions and what he says of himself, are of the highest import and may not be lightly set aside. Just so do drugs, in their general action, exhibit this or that predominant phase, and when one finds its counterpart in the other, the simillimum has been discovered, *provided the remedy contains the characteristic of the case* in hand, also. For example, we do not think of Phosphoric acid for excitable, or Coffea for lethargic patients, unless the individualistic symptoms call for these remedies in the most positive way, an unlikely contingency. The quality of the general reaction greatly influences symptom values, be they pathogenetic or clinical.

In a new proving each prover reacts to only a part of the prospective picture, and we properly sense the whole only by seeing all the parts as a compound unit, exactly as we see it in disease, the arrangement never being precisely the same, in either case.

The interrelation of effects always brings out a certain demeanor or general reaction. It is nature picturing forth her demands in the oldest and most flexible of languages, that can be thoroughly understood only by also taking fully into account the context.

The whole trend of education leaned more and more toward fixity, until first Madame Curie and then Einstein demonstrated the essential fallacy of such a position. In this connection I would call your attention to Hahnemann, his philosophy and his materia medica, in the practical application of which fixedness is reduced to the observation of certain natural working rules which underlie successful medical practice and that these are essentially of a flexible nature.

## NEW MATERIA MEDICA.

Doctors D. A. and D. T. Pulford, Toledo, Ohio.

We all know that it is impossible to memorize our Materia Medica. On the other hand, we all know how necessary it is to have an individual grasp on each drug used. To familiarize ourselves with the characteristic pathogenesis of each remedy we must take up our unabridged Materia Medicas and sort out the real undisputed symptoms—a tedious task.

We have felt keenly the need of a Materia Medica that would at once be a foundation for the study of remedies and make easier our approach to the unabridged Materia Medicas. To this end we have gotten out a plan for a Characteristic Materia Medica based on Kent's Repertory, Third Edition, giving nothing but the undisputed, reliable symptoms, every one a jewel, of the first or highest grade of the drug, of which there can positively be no doubt. A glance at them will show at once where the drug spends its most pronounced force. It was this knowledge that enabled our former masters to make their "occult" prescriptions and aided them in the apparently uncanny way in which they arrived at the selection of the proper remedy.

It has been said that helps to homœopathy are doubtful because homœopathy is such a vast subject. That homœopathy is a vast subject is true but it will still be more vast when it is completely unfolded, therefore the greater need of helps to approach it. Few of us doubt the value of Kent's Lectures on Materia Medica yet it is but a help to the better understanding of our drugs as he himself admitted.

#### Its Advantages.

The advantages of this method are: Reliability, every symptom being of the first grade only, verified and verifiable; conciseness, time saving and instructive and the first real advance in Materia Medica making. The reason second and third degree remedies were not added is due to the fact that they would but add to the bulk, defeat the end for which the work was created and still the work would not be complete.

It shows the relation of the remedy to the symptom as well as to other remedies having the same symptom. You know at a glance whether it is the only remedy having that symptom, the principal remedy for that symptom or only one of the first degree remedies having that symptom without taking your eyes from the page. If a symptom is covered by two or more remedies of the first grade only, the symptom will appear under each remedy and the rest of the remedies appear in brackets after the symptom. Symptoms belonging to one remedy alone will appear at the head of the text and under the various regions of the remedy, the latter having the symptoms in brackets, so that you will know at once that it is useless to look elsewhere for them. If a number of

first, second and third grade remedies have a given symptom, the first grade remedies will all be listed under the first alphabetical drug of the first grade under which the symptom appears followed by a + sign, which indicates that there are numerous other remedies having that symptom in the second or third grade; then the symptom will be listed under all the other first grade remedies having it, but instead of enumerating the remedies each time the symptom will be followed by a reference sign, thus (V-ars), the "V" being the first letter of the Latin word *vide* meaning "see." Always look up this reference as it not only gives the rest of the first grade remedies but also other information, if any, regarding the symptom itself. If the symptom is followed by (+) it signifies that the remedy under which such symptom occurs is the only one of the first grade, the rest being of lower grade. If not more than four remedies have a certain symptom, at least one of which must be of the first grade, the symptom will be listed under the remedy or remedies of the first grade and the rest of the remedies of a mixed or lower grade will be appended in parentheses and their grade indicated by caps, italics and common type. Remedies appearing in common type in parentheses followed by a + sign are all first grade remedies.

In short: Symptoms in brackets occur under no other remedy. Remedies in brackets are the only other remedies having that symptom and that in the highest grade. Remedies in parentheses enclosing a + sign are of the first grade only. Plus sign alone in parentheses indicates that the remedy under which the symptom appears is the only remedy of the first grade having that symptom. Remedies in parentheses without + sign are of mixed or lower grade and the grades are so indicated.

Omissions: "Pain (in) Lumbar (region) stitching, (while) lying, (on) sitting, (at) rest, (during) sleep, > heat and walking, (extending) to hips" will appear in the text thus: "Pain, Lumbar, to hips, lying, sitting, rest, sleep, > heat and walking." "Pain sitting > motion." The term *sitting* when not modified means that sitting excites, brings on or causes the pain. If it were < or > only by sitting then the appropriate sign would be used. The periods have been omitted after all the remedy abbreviations, the remedies being separated by a comma. Under a given region when a symptom refers directly to that region the name of the

latter will be omitted, *e. g.*, under Mind: "Prostration of mind" will appear "Prostration."

Abbreviations: In all cases wherever practical the shorter word or term will be used, thus: Limbs for extremities; sweat for perspiration; red for redness, etc. *Ext.* for external; *int.* for internal; *a.*, *b.*, *d.* for after, before, during;  $<$ ,  $>$  for aggravation, amelioration. The remedies have been abbreviated to the nth degree. All superfluous letters have been cut off. Mercurius and its salts will appear in the text thus: Merc, c, cy, d, i, i-r, s, etc. Remedies having the same first syllable as a base as Carbo an., Carboic acid, Carbon ox., sulf., Carbo veg., etc., when appearing together will appear in the text thus: Carb-a, ac, o, s, v. Lactic ac., Lac can., def., fel., etc., when appearing together in the text will read: Lac-ac, c, d, f, etc..

After reading the above take up your *Materia Medica* and carefully read *Sepia*, then read *Sepia* as here reproduced and see from which you get more real information, then tell us.

### THE PRESERVER OF HEALTH.\*

Plumb Brown, M. D., Springfield, Mass.

In section four of the *Organon* we read: "He is a preserver of health if he knows the things that derange health and cause disease and how to remove them."

The successful homœopathic physician is or should be alert to discriminate.

The person who drinks coffee or tea to excess, who eats to excess of his needs, who is immoderate in the use of tobacco, or guilty of any other excesses or overstrains of his conscience, does not need a surgeon.

If our vital force is deranged by some force inimical to life we need a physician.

He who has a scalp wound or fractured femur, has need of a surgeon. We are delicate composite beings and as homœopathic physicians we must discriminate between the tenement and the tenant.

\*Read before the Annual Meeting of the International Hahnemannian Association, New York, June, 1925.

A science healer once told a patient of mine that if he had sufficient faith he could have a new leg grown to replace the one cut off in a railroad accident. How foolish we say—

In reality, however, was he any more of a culprit than the physician who prescribes *Hypericum* and fails to remove the splinter that is pressing on the nerve or gives *Nux vomica* to the bereaved father suffering from indigestion and fails to learn that his wife has recently died leaving him as the sole support, material provider and caretaker of five small children?

Bad habits of morals or living are externals and must be corrected. When a man corrects these bad externals, leads and lives a clean life with good food, in a comfortable home and is still sick he needs the true physician, he must be treated from within.

We must be most careful to discriminate when we are busy, when quick decisions must be made between things internal and things external, which will oftentimes be very difficult.

If we all discriminated more carefully there would be fewer topical applications used, less suppressing of nature's effort to eradicate the internal disorder.

The preserver of health knows the things that derange health and how to remove them.

Case 1—October fifteenth I was hurriedly called to see Mr. L., forty-five years of age, who was taken suddenly with an excruciating pain in the right abdomen. Mr. L. was a man of good habits in every way, had always enjoyed the best of health and had never had any previous attack similar to this.

The temperature was normal, tongue slightly coated, pulse eighty, some nausea, abdomen very sensitive, dullness on percussion, rigidity of rectus muscles and a white blood count of twenty thousand, eighty per cent. leucocytes. An operation was advised at once, a consulting surgeon concurred in the diagnosis and advised immediate operation.

A greatly enlarged fulminating gangrenous appendix was removed, very fortunately before it ruptured. Perfect results followed, prompt recovery, union of wound by first intention and complete restoration to health. Cause removed, no medication given.

Case 2—Mr. D., eighteen years of age, was taken Christmas morning with nausea, vomiting, headache and severe pain in right

inguinal region. Very tender at McBurney's point, some rigidity and dullness in region of abdomen.

The parents were opposed to any suggestions of surgical interference and as the case was acute and the white blood count was but twelve thousand I agreed to try my remedies. The chief of which was *Bryonia*. We had quite a struggle but perfect health was restored and Mr. D. has never had any subsequent attacks, but no insurance company will grant him life insurance.

Case 3—Mrs. I., an American, thirty-eight years of age, has for weeks been under the close observation and care of five leading scientific physicians for abscess of liver, so diagnosed, all five agreed that the patient was too weak to be operated upon as an operation was her only hope they left her, giving most grave prognosis.

I was sent for as a last resort, examination revealed a hard mass about the size of an orange slightly below the liver, extremely sensitive to slightest touch.

The patient was very weak, greatly emaciated, pulse 130, weak and of poor quality, some cyanosis, white blood count eleven thousand. I questioned the diagnosis. I prescribed *Lachesis 30x* with gratifying results. In forty-eight hours the sensitiveness was nearly gone and in four days no mass was palpable. Health was restored without any further medication.

One of the surgeons and a very able man later met me on the street and when I reported the patient as greatly improved he replied that I took the case at the psychological moment, that the abscess undoubtedly perforated into the thoracic cavity and drained through the bronchial tubes, notwithstanding the fact that there was no cough or expectoration.

Case 4—Mrs. K., forty-three years of age, February twenty-second I was called to see Mrs. K., found her suffering from severe pain in right abdomen, no sensitiveness and pain was relieved by heat. The patient had an excess of adipose tissue thus making palpation most difficult.

*Magnesia Phos. 30x* relieved and I saw nothing of her for three weeks when I was called for a recurrent attack. She then reported that she had been having these attacks about every month.

Frequent examination of the urine showed the presence of a large amount of pus in one or two specimens, then two or three specimens were negative.

I advised an X-ray which was made with a diagnosis of abscess of right kidney. A clearly outlined mass about five inches long and nearly an inch across resembling in appearance the intestine after a barium meal.

She was removed to the hospital for observation. Cystoscopic examination showed large amount of pus from right kidney, some massive congestion in left kidney.

X-ray pictures were made by another roentgenologist who gave a diagnosis of stone in gall bladder; when roentgenologists disagree what shall we do?

The surgeon prepared for operation with a pre-operative diagnosis of pyonephrosis. A huge kidney stone the shape revealed by X-ray was removed from the right kidney. The kidney, being badly diseased, was removed and the patient made a prompt and complete recovery. The cause was removed. No medication needed. The patient reports feeling better than for years.

Case 5—It pains me to report my next case, but as Charles Dickens once said: "Every failure teaches a man if he will learn." Mr. G., sixty-two years of age, gave the history of having had a fall, striking on his abdomen. He was very fleshy with thick abdominal walls. He complained of inaction of the bowels and much pain in the left side and was troubled with a great deal of flatulence.

I ordered an enema of hot soap suds water and gave *Lycopodium 30x*. The following day April twenty-fourth, the temperature was 99, pulse 78, respiration 20, white blood count 12,000. A fair result was obtained from enema and the patient said he felt better. April twenty-fifth I found all symptoms improved. Early on the morning of April twenty-sixth they telephoned that there was a return of the pain. I advised the nurse to give another enema. When I visited the patient the nurse reported fair results but not much relief from pain although the patient said he felt some relieved at that time.

There was some abdominal distention. As the surgeon desired was out of town, we decided to wait his return. Tempera-

ture 100, respiration 24, pulse 90. I was called out in the country in the afternoon and being out of reach when he was taken much worse, another physician and surgeon were called in. Temperature 106, pulse 130, respiration 48, extreme distention and much pain. They reported too late to operate for septic peritonitis.

Upon my return at six P. M., I found the temperature 107, pulse 148, respiration 60. The patient was perfectly rational, said he felt a little better and hoped that he would have a good night's rest. At seven-thirty o'clock life ceased.

An autopsy revealed a perforated gangrenous appendix of moderate size. Another case charged to my account in that last day.

Do we fully appreciate the nobility of our calling with its tremendous responsibility? The responsibility of a human life.

The world demands 100 per cent. efficiency from you and from me. They exact from us the results of discriminating between real and imaginary causes. Our patients are not satisfied with the mere statement that we removed so many symptoms or have cured so many cases of appendicitis, or pernicious anæmia or psora, if we have failed to have a coagulation test, hæmoglobin test, blood count or Wasserman test, etc., made before we give the indicated remedy and after the remedial agent has effected a cure, as well as before and after surgical interference.

Very true this may not effect the process of selecting the indicated remedy according to the totality of the symptoms, as laid down in section seven of the *Organon*. But it does affect our standing in the world at large and in our community.

I believe the true homœopathic physician to be the, and the only real preserver of health. The preserver of health knows, what is curable and what is curative, what is vital and what is mechanical, what is physical and what is psychic.

He knows the symptoms of concealed pus and when to relieve mechanically. If we do not know, we are not the preservers of health.

**AMMONIUM CARB.\***

Charles L. Olds, M. D., Huntington Valley, Pa.

Every once in a while—once a year, or several times in a year—we come face to face with a remedy with which we have always had a passing acquaintance, but never really knew. We may have known a long list of symptoms of this remedy, and its so-called characteristics may be familiar to us. But now we come face to face with it, and for the first time we see, concealed behind the words and phrases of its symptoms, a sick human form, clearly outlined, and distinct from its fellows. We are for the first time able to visualize this remedy.

Everybody is able to see the man in the moon, but not every one the lady there. But she is there, and when once seen, the man is quite forgotten, and always after when you look, you see her and not the man. And so it is when once you have visualized a remedy, you forget the symptoms in the presence of the sick being you have come to know.

Instinctive or inspirational prescribing is nothing more than this, or a result of this visualizing the sick man in the remedy, seeing at a glance that this man looks like Sulph., that one like Thuj.; this child like Acon., and that like Cham.; this woman like Puls., and that like Calc. It is as simple as saying, that man is an Italian, that an Irishman, and that a Jap. It is as simple sometimes, and those times are when the remedies deign to appear in the garb with which we are familiar. But remedies, like humans, have quite a varied wardrobe. This is frequently disconcerting to us, and unless we are able to see beyond the make-up, often we will be fooled. And then we need the repertory to trail her down. And then again she wears a mask and wig; that is the time when we need a consultant who perhaps may see what our eyes have failed to discover.

It is a difficult thing to know a remedy in all its aspects. We may be able to visualize it in one or two forms, but undoubtedly there are as many forms as there are sick types that it will cure; it is for us to be able to see them. The concealed figure picture illustrates this very well. The caption reads: "An old man is clearly seen in the foreground. See if you can find a man, a woman, and a child concealed in the picture."

\*Read before the Annual Meeting of The International Hahnemannian Association, New York, June, 1925.

Likewise with our remedies. Some one sick picture is painted plainly that all may see. But there are others that may be found in outline, ready to be painted in by us after careful research.

The visualization of the remedy is nothing new or recent. Kent, Kraft and others taught it, and Hering and Lippe made astonishing prescriptions through their ability to see at a glance that which to most prescribers is indefinite or meaningless. So my only desire is to emphasize its value, and to urge all to seek most faithfully for the concealed pictures in their remedies.

Am. c., until recently, was to me a name with a few definite symptoms appended to it. It meant little more to me than delicate women and smelling salts, and was rarely used, and then lopsidedly. That is to say, in some of the acute manifestations of chronic diseases.

I shall attempt to impress upon your minds only one of the pictures of Am. c., the one that has come to me most frequently.

Smelling salts first came to me, quite naturally, as a woman, and it has come to me much more frequently as a woman than as a man. So let this picture be a woman, a delicate woman, and yet one who does not look delicate. Her general appearance is pretty good. She is more apt to have a fairly robust look than a sickly one. Your first impression is not that of a delicate woman. She does not look sick, and often there is a paucity of symptoms, particularly of objective symptoms.

A delicate woman, but not a lackadaisical one, is Am. c. A tired, exhausted woman, but not a lazy one. She does not need to be whipped into action. She is not tired out from doing nothing. She wants to be up and doing; she wants to get well and be of some use in the world, and it grieves her that she cannot perform the duties that her mind is intent upon.

Now, what is the trouble with this ambitious woman who spends much of her time in bed! If you know Am. c. you will know that deep down below the surface of things there is a smouldering fire that all the libations of allopathy cannot quench. There is a pathology, of course, but mostly a homœopathic pathology that reveals itself only by its symptoms.

Tired, weak, exhausted, prostrate are the words that modify her days. She is always talking about her heart, blaming that organ for her great weariness, and yet there is no discoverable heart lesion. She talks about palpitation of the heart with great weakness, and

yet the heart on examination seems fairly steady though a trifle weak. But always she is exhausted, and everything she does seems to increase the great weakness of which she continually complains. A little extra exertion, a little over-excitement, a little tiff with her husband, and she goes into an exhausted state that lasts for days. A cold bath, even in summer, prostrates her, and always gives her cutis anserina with intense itching of the skin; and her heart wobbles again; and even a warm bath leaves the skin blotched and mottled. Anything cold aggravates her and increases the weakness. And even washing the face with cold water in the morning will bring on nosebleed.

Her nights are full of troubled dreams, and at 3 A. M. her heart or something else wakes her into an aggravation.

The menstrual function gives us a clue to the smoldering fire. Everything seems to center about the menstrual period which begins and ends the month for her, either actually or in anticipation. Diarrhœa before the menses—it may be a week before—exhausting, cholera-like stools. Backache and severe pain in the coccyx; and then the flow begins. This may be either premature or retarded, but it is profuse and long-lasting, and exhausting to a degree. Bright red blood in gushes, worse at night and when standing; bright red blood in gushes following the expulsion of large clots; hot blood and a hot face. This smacks of Bell., but Bell. fails. And then a little later comes dark, fluid blood, blood that does not coagulate, but soaks everything through, excoriating the parts it touches, and causing swelling, itching, and burning of the pudendum and thighs. And after this there is a flow of a considerable amount of pale yellow serum from the uterus.

She is weak and exhausted, and anemic, of course, after this loss of blood; and there is vertigo and ringing in the ears, too. You think that China ought to help her, but China makes no lasting impression.

Am. c. is almost as sad, and despondent, and weepy as Puls. She says it is the great weariness that makes her sad and hopeless. "If I could only get to the point where I was strong enough to fight this weakness, I am sure I should be all right," you will hear her say. And again, "If there was only some tonic you could give me!" And, gentlemen, you can do so if you know Am. c. Am. c. is a true tonic in these cases, but only in the sense that the simillimum always is a tonic.

When you have gone into these cases fully, you will find that these women are always chilly, particularly to any damp cold; you will find most of the body discharges acrid, as the leucorrhœa, the nasal discharge, and the saliva; and that most of the complaints are right-sided. This right-sidedness is a prominent feature of Am. c. Remember that, right, right, right from the country where *Lycopodium* grows is also characteristic of Am. c. She has right-sided sore throats, and a sty on her right eye that puts her to bed for days.

Remember the debility of this remedy; the unreasonable prostration from trifles; the lack of reaction to remedies and after acute disturbances. Her boils and styes and other surface manifestations instead of relieving her general condition of ill-health, seem only to precipitate her one step more downward.

Do not send these Am. c. women away on a trip to the mountains or the seashore with the hope that it will benefit them. They will return worse than when they went away. You must do something for them at once. No reaction to proper remedies or other stimuli means that they are on the threshold that leads to malignancy—on the borderland between the curable and the incurable.

## PHILOSOPHY THE CORNERSTONE OF RATIONAL TREATMENT.\*

A. Eugene Austin, M. D., New York.

"Nothing is law that is not reason."

We rejoice that divine love made the law of cure and established the philosophy of homœopathy, the cornerstone of rational treatment. Through Moses He gave those laws which, obeyed, would keep His people in health of soul and body. You know how Galen was led to bring the medical schools of Greece and Rome together and how his teachings were adopted throughout the East; how Plato studied these and quoted them; how Hippocrates wrote of "similars and dissimilars."

You have read what Shakespeare wrote in "King Henry IV":

\*Read before the Annual Meeting of The International Hahnemannian Association, New York, June, 1925.

"In poison there is physic, and these news,  
Having been well, that would have made me sick,  
Being sick, have in some measure made me well."

In these latter days God gave to the marvelous well-equipped Samuel Hahnemann the power to concentrate and build up the philosophy of rational treatment. While Samuel Hahnemann was praying and watching for some reliable law of cure, the answer was coming from America. A poor fever-stricken Indian in South America dragged his wretched body to drink from a pool in the low malarial land where he was stricken. The bark of the *Cinchona* tree, and the leaves and small twigs, fell into this pool. He was amazed to feel the fever leave and health come back. The news of the healing power of the *Cinchona* bark spread, and a French missionary wrote the story and sent it home. Hahnemann was engaged to translate these writings. Suddenly, as he was translating, he read what the finger of God had written there for him to discover: "Like cures like." *Similia similibus curantur*. He had found the cornerstone upon which he built homœopathy, and he praised that divine love for the revelation of the law of cure even as he spoke his last words: "To God I owe it all!"

Let us stand by, stand upon, and make our own the *Organon* of Samuel Hahnemann, if we would give to the world that rational and sane treatment which the law of cure gives us the power to exercise.

Speaking of law recalls a very celebrated jurist, a near neighbor, to whose sick-bed I was called. "Look at my face, Doctor. It certainly looks as if a hive of bees had been feasting there. I am the more distressed because in a few days some important cases are coming up at which my presence is required." "That is all right, Judge; you'll be there." "Impossible, Doctor. The last time I had erysipelas I was sick in bed for three weeks!" The totality of symptoms asked for *Apis*, and it did the work. In a very few days the Judge was back in court. "Well," said he, "that is the first I ever knew of homœopathy, but I do not care what 'opathy' it is; I know it cured me and cured me quickly!"

It is not enough that we know our remedies well. We must know how to find and ascertain the remedy to be called into use, by the most painstaking care in getting the history of the case. We must spend hours in assembling the most valuable symptoms. Dr. Hahnemann called them "odd and peculiar," and Dr. James



Tyler Kent called them "the generals." It depends upon how well you have taken your case, what the final result of your work will be. Dr. Kent told me that Dr. Bigler, of Rochester, N. Y., had a genius for getting a perfect and complete picture of the totality of his patients' symptoms, for he knew that a case well taken was partially cured, and this was one of the reasons why he made cures where other men had failed or only kept knocking off symptoms.

I find it a wise plan with my patients, after I have been spending hours in taking their history, to have them come back in a day or two, for then some forgotten symptoms may be recalled and others brought out by their discussion with the family. Every detail of the history of the parents, prenatal influences, the mental attitude, the likes and dislikes, can prove of great value.

The law of cure gives us the power that we exercise. This calls to mind the case of a very sick child, almost at death's door, that was cured by Dr. George E. Dienst. There were few symptoms, only subjective ones. The able doctor found out that the mother had a peculiar craving for salt before that child was born, and that she would take some every time she saw it. *Natrum mur.* saved the child's life.

I had a case of a Southern woman who disliked even the odor of tobacco. Touching tobacco would make her vomit. When carrying her child she had to take it twice in the form of snuff and rub it on her gums. This remedy has done much for her daughter.

It is not only necessary to find the remedy, but also to know when to give and when not, and in what strength. A little patient is brought to you who is extremely sensitive, with a tendency to constant colds accompanied with high fever and delirium. *Belladonna* helps; in a few hours the child is well. These colds come too often. After careful study you find that *Calc. carb.* is his remedy. It helps, but does not last and hold as it should. Then to the history. You read that in that child's family there has been tuberculosis. You must remove this taint before his remedy will cure, and you keep him on it as long as it helps, changing the potency, and you will make that child over.

One of the most valuable points in our cornerstone is having the different potencies to use in satisfying the different planes of disease. This seems beyond reason, but is not contrary to it. What has been proved a fact, it would be unreasonable to deny. Hippocrates wrote that "extreme remedies are very appropriate

for extreme diseases." Those were extreme remedies that the heroic Hering proved from poisonous vipers.

When Dr. E. P. Nash was beginning his medical career, he was stricken with paralysis. He took *Lachesis*, but it only helped. Discouraged, he reached Dr. Lippe, a great master. The venerable doctor gave him a remedy. "When you are cured, come back and then I'll tell you what I gave." Dr. Nash later returned to Philadelphia. "Here I am, entirely well now. What was it?" "*Lachesis*, *Lachesis*!" "Yes, but I took *Lachesis*!" The old doctor jumped up and down in his delight, and laughing, said: "You did not take it high enough."

A man flooded the bed as soon as he went to sleep. The medicines which have this are limited; he had received them all. Dr. Kent figured it out on another basis and ascertained that when the man was moving about at work he had no difficulty in retaining urine, but while resting he had to make an effort to control it. At the time this trouble developed, he had been bathing much in the sea. Here were the aggravation and amelioration of *Rhus*, and *Rhus* cured him.

Would you cure chronic and supposedly incurable cases? Then study deeply the planes of disease and learn how to meet each plane of disease with the more powerful potency! A nurse came to a case that was being cared for by Dr. Kent. She came skeptical, thinking "this high potency business" the silliest of all absurdities. *Pyrogen 10 m.* was given. It helped, but it was not holding the patient. *Fifty m.* was given, and the aggravation was fearful. She saw all this effect on the patient, and thus the nurse and a young doctor who saw these things came to believe in the power of potency.

Another beautiful stone in the arch is the philosophy of the psychology of the physician. When we enter the sickroom, let Dr. Quiet go with us, a calm assurance that brightens the atmosphere. Also take Dr. Merryman, who has a smile, a sunny story that will bring a smile to the wan face of the invalid. And never leave out the good company of Dr. Dyet. We all know that fresh, temperate air and sunlight and proper diet hasten recovery.

Dr. James Tyler Kent, that great beloved master, urged his students: "Study the *Organon*! Study the *Organon*!" Here we find at first hand the exposition of the philosophy of homœopathy, the

cornerstone for the rational treatment of the sick. I say, read Dr. Close's good book on philosophy and study Dr. Kent's *Homœopathic Philosophy*.

When Daniel Webster was given a dinner by the legal profession he spoke his famous toast: "The Law, it has stood by us, let us stand by it!" So let us say of the law of cure, as revealed by Hahnemann: "The Law, it has stood by us, let us stand by it!"

Vienna, July 7th, 1926.

To the Editor of THE HOMŒOPATHIC RECORDER.

Dear Mr. Editor:

Realizing the interest that your readers have in the development of the homœopathic movement in all parts of the world, I am sending to you a description of the plans of a group of leading homœopathic physicians in Stuttgart, which as you will realize, will be the kernel of a general and national reactivation of the interest in homœopathy.

This movement is very remarkable and one cannot help but be impressed with the marvelous energy and idealistic appreciation for the homœopathic philosophy shown by these people, especially when one recalls the socio-economic conditions existing at present in Germany.

Realizing that a very intense interest in regard to homœopathy has recently been awakened among the medical fraternity in Germany, a representative group of homœopathic physicians has decided to create a scientific center, with the Homœopathic Hospital in Stuttgart as the nucleus, which will have for its purpose the education of physicians in regard to homœopathic philosophy and practice.

Following is the program which has been planned:

1. Establishing of courses concerning homœopathy and the general progress of medicine.
2. Establishing a central bureau from which references concerning the progress of homœopathy throughout the world will be distributed—abstracts from periodicals and the literature in general,

but especially articles concerning drug-provings and clinical drug-effects as a continuation of the collection started by Rueckert, but which was discontinued in 1878.

3. Collecting and recording the clinical results of the homœopathic hospitals of all lands. Exchange of teachers and assistants between the different homœopathic hospitals and, eventually, between homœopathic and allopathic hospitals as is now being tried between the Homœopathic Hospital in Stuttgart and the Royal Surgical Hospital, under Prof. Dr. Bier, in Berlin.

4. Publication of a periodical presenting references from the international homœopathic literature.

5. Developing a center for scientific information concerning homœopathy and related interests.

6. Carrying on of drug-provings with both high and low potencies.

For this year the following goal has been set:

1. Course concerning homœopathy for physicians, beginning in September, 1926.
2. The translation and publication of Kent's *Repertory of the Homœopathic Materia Medica* in Germany.
3. Opening of the bureau for scientific information on June 1, 1926. The director of this bureau is Dr. Heinrich Meng, Charlottenbau, Stuttgart, Germany.

The enthusiasm of these gentlemen does not blind them to the fact that finances play a most important factor in the success of their plans and they are in hopes that their American colleagues will help them in this respect. The bureau for information, the translating, the extracting of literature, etc., will require regular financial support and therefore a regular yearly contribution from anyone interested would be very much appreciated. Any contribution should be sent to Dr. Heinrich Meng, Charlottenbau, Stuttgart, Germany, or to The Director of the Homœopathic Hospital, Stuttgart, Germany; also any information in regard to the above would be gladly given upon application at these addresses.

These gentlemen realize that the important literature in regard to the administrating of high potencies has originated in America and that most of it is now out of print. They feel that to make the movement complete it is essential that this American literature should be translated and published in German. Therefore they would appreciate the contribution of any books of this sort very much.

At present there are seven physicians serving as student-assistants in the Homœopathic Hospital at Stuttgart. Dr. Adolph Zimmer is the first exchange assistant, coming from the Royal Surgical Hospital in Berlin (Prof. Dr. Bier) to take the place of an assistant of the Homœopathic Hospital who has gone to the Royal Surgical Hospital under Prof. Bier.

The hospital authorities are receiving so many inquiries concerning the possibility for instruction in homœopathic training that they feel that the success of the course this year will be assured.

I would also like to mention the fact that, due to the popularity of homœopathy among the laity, the Legislature of the State of Prussia, of which Berlin is the capital, passed a law during the winter of 1925 which provided for the establishment of two chairs, for the teaching of homœopathy at two different universities.

The above expression of "scientific democracy" is one of virility and the "will to grow" that is worthy of the attention by the "hemen" of any nation. The association of the homœopaths with Prof. Dr. Bier and his staff of the Royal Surgical Hospital is a real sporting proposition. Prof. Bier is no sentimentalist, but he is a good sport and homœopathy will be studied and compared by these men, trained in scientific medicine, and will be given a fair decision. The indications are that the decision will not come soon, but after a period of thorough investigation and trial.

The action of the Prussian Legislature speaks volumes for the broadmindedness of the Prussian people.

The fate of homœopathy will be watched with intense interest by other states of Central Europe!!

Yours sincerely,

DR. W. J. SWEASEY POWERS.

Red Squirrel Farm, White Plains, N. Y.  
Hotel Regina, Vienna, Austria.

### CLINICAL REPORT.\*

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

Mrs. A., twenty-six years of age, blue eyes, dark hair, apparently well nourished. Before presenting this case permit me to say that I am doing so not because of any remarkable skill in prescribing, but to show some of the difficulties that arise while studying a case carefully.

This young lady knows practically nothing about her father, who was a bridge builder by trade and left home when she was but a child and seems to have lost his life somewhere in the West. She reports her mother apparently healthy until the menopause, when considerable nervous trouble arose, characterized by an element of fear. The nature of this fear was as if something dreadful would happen. Her maternal grandmother died of puerperal septicemia. Her maternal grandfather died of heart trouble.

This patient has measles at two weeks, contracted from her mother, who had measles during the puerperium. She reports pneumonia at two years and again at twelve years—a left-sided pneumonia. At thirteen years she fell and injured her back at the sacrum, later fell on ice and struck back of her head severely. Later attacks of dimness of vision, objects look yellow, and these attacks were followed by severe attacks of headaches. For a number of years these attacks of blindness came at irregular intervals, but were not always followed by headaches. Then she had repeated attacks of sore throat, which were cured by osteopathy. Puberty at thirteen years, and painless, but later had severe backache during the menstrual period, particularly the first two days, causing nausea and vomiting, and infrequent pains in uterus. The menstrual period was scanty, at first bright, then later dark. Before the menstrual epoch the mammæ were very sore, worse on the left side, somewhat swollen, with a sensation of burning. Her desires and aversions were not very marked, except that she had a great desire for pepper. She is sensitive to both heat and cold; is late getting to sleep and feels about as tired on awaking as upon retiring. Never pregnant.

About ten years ago she had an eczematous eruption on the

\*Read before the Annual Meeting of The International Hahnemannian Association, New York, June, 1925.

thumb of the left hand, which was suppressed by external application. Together with this she had sharp shooting pains in the arm occasionally. About six years ago she was taken with an attack of rheumatism in the arm and shoulder, which was so severe she could not use her right hand to type. Her appetite is capricious, sometimes wanting to eat constantly, then an almost complete loss of appetite for two or three weeks. During past three years attacks of a peculiar headache, no definite pain, but a sensation as if the head was too heavy. Heart beats rapidly after the least exertion, giving a sense of weakness, but we have discovered no tendency toward thyroidism. There is a sensation on the arms and shoulders as if bitten by an insect. Objective observations show that she is a patient of temperate habits and unusually even disposition and is inclined to be emotional. After some study and a careful analysis of the symptoms I gave, on June 16, 1923, a dose of Cocc., 10 m.

On August 6, 1923, she reported headache during the menstrual period, with nausea, also considerable pain in the mammæ. Feels sleepy, but cannot sleep. At this time a new symptom was reported, namely, mucus in the stool; sometimes the mucus was a light color and sometimes dark. The headache was not accompanied with dimness of vision, but there was a slight return of the pneumonic pains. Feeling that the remedy was the right one, I repeated it at that time.

No further report until October 29, 1923, when patient reported considerable pain in the pelvis and back before and during the first day of the menstrual period. At this time the nausea and vomiting was better. A new symptom was reported, namely, chilliness during the menstrual period, with great weakness and also a diarrhoea. This led to a rehearsal of the entire symptomatology and the remedy was changed to Puls. 10 m.

On December 8, 1923, reported the menstrual period very much better. No vomiting. Forty days having elapsed since giving a remedy, I repeated Puls. 10 m.

No further report until April 17, 1924, when she reported the menstrual period worse; considerable nausea and vomiting, and also reported a catarrhal condition of the nose. Still late getting to sleep, and mucus in the stool during the menstrual period. Because of her great sensitiveness to cold air and aggravated from getting cold I gave Sil. 1 m.

May 26, 1924, she reported vomiting during the menses and pain in back. At this time the soreness in the mammæ was increased together with soreness in the left axillary gland before the menstrual period and general conditions were aggravated by pressure against the abdomen. It seemed to me that the remedy was well selected and yet our progress was practically negative. In view of emphasis of soreness of the mammæ I concluded to repeat the whole course and gave her Conium 1 m., three powders, daily.

July 19, 1924, the patient reports heaviness in the left breast, extending to the right. There seemed to have been no particular improvement and Conium 10 m. was given.

August 12, 1924, she reported swelling in the upper left breast, extending to axilla, but there was less vomiting during the menstrual period. The pains in the mammæ were worse before the period. The nasal discharge was heavy and yellow in the morning, but foamy during the day. Her desire for pepper and abated, but now reports a desire for acids. No remedy.

On September 26, 1924, reported pain in the left mammæ, only when thinking about it. The menstrual period was very much better. She now has a dull pain in the occiput in the evening and general conditions are always worse in the evening and better in the morning. Con. cm.

November 6, 1924, there was considerable pain in the occiput late in the afternoon; mucus in stool was now transparent, but she complains of pain in the region of the gall bladder, which was sore to touch. The appetite has become ravenous. Head feels as if in a fog, aggravated by mental exertion. This called for a restudy of her condition, for though the remedy seemed to be well selected it was not doing the work we anticipated. I then decided to give Cimicif. 10 m.

On March 12, 1925, she reported some nausea but less vomiting and headache during the menstrual period. On the night of March 11, was taken with pain in abdomen, which resulted in nausea, vomiting and purging; the right breast ached severely, but was better after vomiting. The left breast swollen, pain and soreness in the region of the gall bladder. Mucus in stool during menstrual period. Colch. 10 m.

On April 13, 1925, reported menstrual period very much better, but a soreness in the region of the stomach and appendix. A new

symptom was brought forth, namely, perspiration of the feet in the past, which was suppressed by local applications. A sensation as of a cold wind blowing on the nape. Now desires food highly seasoned; much salt and has used considerable vinegar; gums are sore. Now we have another new symptom—a blood-streaked mucus from the nose before and during the menses. The occiput pain is much better. We are now beginning to clear matters up and conditions point markedly to Zincum, which was given.

On May 4, 1925, reports pain in left breast and axilla; perspiration about the same, but sensation of cold wind blowing on the nape is better. Occipital pain better; bloody streaked discharge from nose better. Still late getting to sleep, wakes early and cannot go to sleep again. Is better when busy. A new symptom—formication on the left shoulder as if insects were crawling under the skin, and twitching of the muscles, even when waking.

June 8, 1925, nausea during menstrual period, but no vomiting. Complaints of vibratory pain between the scalp and skull, migratory, similar to an electric shock, worse moving head suddenly. No bloody discharge from the nose; menses still scanty; sharp pain in the region of the appendix. I waited until the 13th and repeated Zinc. met. 10 m.

The treatment of this patient is open to criticism, and yet it is one of the cases we so often meet, when we think we have everything that pertains to soul and body and after careful study select the remedy which seems to be indicated and then in a few weeks new symptoms come up, the old ones disappear, and we prescribe accordingly. We go from one condition to another thinking that we have covered the totality of symptoms, only to find that new ones arise. These are the perplexing problems which come to every physician and requires the utmost care and patience to bring about a permanent cure. The patient is improving under Zinc.

#### BOVISTA.\*

William R. Powel, M. D., Philadelphia, Pa.

My first picture of the curative action of Bovista was so vividly impressed upon me that I have never forgotten it. I will try to give it to you.

\*Read before the Annual Meeting of The International Hahnemannian Association, New York, June, 1925.

Mrs. V. H., aged thirty-two, mother of one child aged eight. No other pregnancies. For several months under old school treatment and advised by physicians either an ovarian operation or to be placed in a sanitarium. She was taken to her mother's home.

At each menstrual period or just preceding the period would become violent, jumping out of bed and breaking furniture, windows, throwing things out of windows. (The only pieces of furniture in the room were bed and bureau.)

Obliged to be tied in bed until the flow was established, she would attempt to bite while being restrained, spit in face; on one occasion tore collar and shirt from me before I could get her arms pinioned. Would scream, sneer, laugh, make grotesque faces when spoken to. All this mental state would subside as soon as the flow was established. This condition lasting from a few hours to a day.

At the appearance of the menstrual flow she would be completely prostrated and would remain in bed nearly the whole time, from one period to the next.

I gave her several remedies, thinking each one was the Similimum, namely Bell., Ign., Hyos., Stram., Lach., but this condition returned each month.

After five months of this, her mother said to me, "I always know when these attacks are coming, because she always has looseness of bowels before the attack."

This was the *key* to the situation.

I gave her Bovista 200, B. & T., in repeated doses for two days. There was no return of the hysteria or mania, and four months afterward she took a trip to Colorado with her husband. Later the family moved to California.

I have cured a number of patients of constipation or inactivity of rectum when the keynote was of looseness of bowels before or during the menstrual period.

SNEEZING.—Mrs. F., aged thirty-five. Has been sneezing every day for over a year, wakens from sleep sneezing, watery coryza, weeping while relating symptoms. Has had much treatment, local and internal medicine. Fifteen years ago warts removed from inside of nostrils by cautery, small wart on right upper eyelid, one in left axilla. Has had tonsils removed.

This patient was sent to me by a homœopath and he said that she had received All., Cepa, Arsen., Causticum, Thuja and Nitric acid, without benefit.

Bovista has greatly improved this lady's condition. She is still under observation.

In my experience all the patients improved by Bovista had one or more of the following symptoms:

Diarrhoea before or during menses.

Awkwardness; drops things.

Deep impressions on fingers from using scissors, knife, etc.

Colic better from eating.

### FIRST AND SECOND TEETH IN COMFORT.

C. E. Prescott, Boston, Mass.

The child hatching its first teeth receives little real help and sympathy from the average adult and no attention from the usual doctor, unless the coming teeth cause alarming symptoms.

Proper diet as we all know, now, is a tremendous force in giving the constitution the extra help in building materials—we do not expect the hen to build eggs without some lime for the eggshells; the stupid hen is more brilliant than the average mother in finding needed materials.

How many mothers are working on prevention measures?

The restless child incubating its first teeth and drooling like a forsaken rivulet, wiggling, peevish, miserable, is an absolutely unnecessary family blight.

We are all familiar with the typical Chamomilla baby.

I have taken my two children through their first teething in comfort to themselves, and the house in general—no walking the floor, no wailing and crying, no *bibs*. Aconite 30th given at proper intervals restored contentment, stopped excessive drooling and the tiresome constant wiggles of discomfort.

Good teeth are assumed by proper diet. Why suffer when they are coming through; it's unnecessary. To save all possible nerve-racking experience is the greatest use of preventive medicine.

Children so often look pale and are listless or irritable with their second teeth and have neither care nor consideration, when a carefully selected remedy would stop the nerve strain, ease the peevish gums, and bring sunshine to the child and the house.

Why suffer small upsets when a little observation and prescribing bring quick relief? It is always possible to improve matters if we take the trouble.

### DEPARTMENT OF HOMŒOPATHIC PHILOSOPHY.

Stuart Close, M. D., Editor, 248 Hancock Street,  
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### DISCUSSIONS OF THE THEORY AND PRINCIPLES OF HOMŒOTHERAPEUTICS AND RELATED MEDICAL TOPICS.

#### ON READING MEDICAL ADVERTISEMENTS.

##### The "Scientific" Treatment of Gonorrhœa.

Keeping track of the "advances and improvements" in modern "scientific" therapeutics by reading the advertising literature broadcasted to the profession by the leading drug houses is not new. A large part of the profession has long relied upon it! But I think I have a new "slant" on it. I have discovered that it is an indoor pastime which may be indulged in by homœopaths who are not averse to having a little innocent amusement, combined with considerable enlightenment and a certain degree of satisfaction, as they see some of their previous criticisms unwittingly substantiated by "our friends, the enemy."

Much of this advertising literature is exceedingly well written. This might be expected, for it is produced by expert and highly paid advertising specialists who keep well posted on what is going on in the medical world, and who know what their competitors are doing. Back of them in many instances are rich corporations, expending huge sums of money annually in laboratory equipment and personnel for experimental and research work, as well as for manufacturing, advertising and marketing their products.

Small wonder is it then that much of the advertising literature which flows in a steady stream to the desk of the physician is beguiling. It may fairly be said to reflect much of what is going on in the mind of the average medical man. To no small extent it influences him—may be said in many instances to lead him wherever the writers and their employers will. It is so much easier to take one's medical breakfast foods all ready cooked, flavored and put up in attractive cartons, with glowing and confidence-inspiring printed descriptions of their merits and advantages, than it is to prepare food for one's self!

"Set a thief to catch a thief" is a wise old maxim, derived from immemorial experience and based upon a principle well known to homœopaths. We do it every time we prescribe the symptomatically-similar medicine for a sick man. Our friends, the drug manufacturers, do it every time they employ an advertising copy writer to diagnose the ailments of their competitor's wares and beguile doctors into thinking that their own latest new drug or serum, while it may be similar, is just a little better for certain troubles than the other fellow's product. They seek the simillimum and they succeed in a large percentage of cases, just as the average homœopath does when he prescribes homœopathically. The law of *Similia* always succeeds when the conditions are right, whether the administrator applies it scientifically or just blunders on to the right prescription. Many a good cure has been made in spite of the prescriber, and sometimes without his knowing it or being able to explain it.

The overloaded and longsuffering mail-carrier brings daily my share of the tremendous output of advertising matter—circular letters, pamphlets, calendars, blotters, memorandum books, samples liquid and dry, in a never-ending stream. When I sympathize with him on his heavy load, as I sometimes do, he smiles wearily and says: "They're all getting it," and trudges on.

The waste baskets fill rapidly. Their contents, with the daily newspapers and old wrapping paper are made up in bundles and handed out weekly to the city rubbish collectors or the junk and old-paper men, whichever comes first. Eventually most of the paper finds its mysterious way back to the paper mills, there to be manufactured once more into usable paper, be redistributed, reprinted and again mailed. Very wonderful are these endless circles and cycles of material things!

"The words of the Preacher, the son of David: Vanity of vanities, saith the Preacher, all is vanity. What profit hath a man of all his labour which he taketh under the sun? One generation passeth away, and another generation cometh; but the earth abideth forever. The sun also ariseth and the sun goeth down, and hasteth to the place where he arose. The wind goeth toward the south and turneth about toward the north; it whirleth about continually, and the wind returneth again according to his circuits. All the rivers run into the sea; yet the sea is not full; unto the place from whence the rivers come, thither they return again."

Time was when I consigned all of this advertising matter forthwith to the waste basket after a mere glance. Later I learned how to take a little profit of my labor. It was during war time, when the Government demanded strict economy in the use of all commodities, including paper. I learned to utilize the backs of the circular letters, which accompany many advertisements, for scribbling paper. (I am penciling the rough draft of this editorial on such paper now.) I got the knack, while unfolding the letter sheet, of giving it a quick, backward bend between my thumbs and fingers along the creases and flattening them. These sheets, clamped on my old lap tablet, provide me an ample supply of free scribbling paper. I use a lot of it during the year and feel quite virtuous as I scribble, even though I realize that probably I am only adding to the flood of waste paper and printer's ink. Thus, between cribbing from the advertisers and cheating the paper makers, I have gotten a tiny profit from my labor as their involuntary distributor—what "New York's best Chief of Police," Devery, once called "A little honest graft."

Still later I learned to appreciate the possibilities of enlightenment as to what was going on in the world by reading medical advertisements "between the lines," comparing one with another. And this is another bit of "honest graft." It has been said that a history of modern civilization could be written by simply reading contemporary advertisements with discernment. It is so with medicine. One has merely to read the advertisements of the drug and medical supply houses and compare them, to obtain a pretty clear idea of what's what in medicine. And this is not such an unreliable source of information as one might suppose. These medical advertising copy writers read the latest and best (as well as the worst) that has been written by medical men and by each other. They pit one against another and are quick to take advantage of any inconsistency or implied admission of failure which they can use to further their own ends. They are equally quick to seize upon any new discovery in physiology, pathology or therapeutics and make good use of it. They quote, they abstract, they boil down and rewrite in attractive style much of the output of the medical press which is otherwise proverbially "as dry as dust"—and often as irritating to the mental mucous membranes. Many of the brochures of the prominent drug houses are models of composition and condensation, handy to hold, easy to read, and some-



times beautifully illustrated. One does not have to believe all they say, or do as they suggest in order to get some profit from giving their literature a little thoughtful attention occasionally.

And now to an illustration of what I have in mind. Take a neat little brochure just received, advertising "A Simple Treatment for Acute and Chronic Gonorrhœa," which it correctly calls "One of the Most Difficult Problems in Medical and Social Science." Note that it recommends a "treatment," not a cure. They profess only to "assist nature." "Medical Science" today is in a pitiable position. It knows it has no cure for gonorrhœa, nor for any other disease, and is frank enough to admit it. It has only a large variety of "treatments," none of which is curative and the majority of which are worse than no treatment at all, since they inevitably suppress or delocalize the primary acute manifestations and lead to the devastating, chronic, generalized diseases, exactly as taught by Hahnemann more than a century ago.

But let our little brochure tell us about it. I feel sure that every homœopathician will agree with me that the following extracts are not only well written but that they set forth sound homœopathic doctrine. They state the truth. Incidentally, every true statement they make is an implied condemnation of every current theory and mode of treatment (including its own) excepting only the homœopathic method. The writer, of course, holds no brief for homœopathy. He is trying to make it clear, without directly and brutally saying so, that all modes of treatment (except his own) not only do not cure the disease, but that they actually extend its ravages and tend to render it chronic and incurable. Otherwise these conditions would not exist.

That they do exist every well-informed physician, surgeon and gynæcologist knows full well. Says our writer:

"While fatality due to gonococcus infection is not high, the frequent tendency to chronicity and its connection with blindness and sterility makes gonorrhœa one of the most dangerous of diseases.

"Great importance attaches to the fact that persons may harbor the gonococcus long after the acute condition has disappeared and when the coccus seems no longer harmful to its host. Such cases suffer untold misery and form one of the most difficult

problems in both medical and social science. It has been stated that actively infective gonococci have been found as late as twenty years after the primary infection.

"If gonococcus infection could be confined to anterior urethritis, the disease would offer fewer problems and remedial measures could, with good reason, be purely local. [?]

"Unfortunately, treatment itself is one of the most fruitful causes of delocalization. There is the ever present danger that active gonococci may be washed back into the posterior urethra with consequent infection of the prostate, and in the case of women, of uterus, fallopian tubes and ovaries. Furthermore, the infection does not confine itself always to the uro-genital organs, but spreads through the system with resultant arthritis, endocarditis, etc.

"The complete cessation of discharge is no indication of cure. Standard germicidal solutions sometimes have the effect of coagulating the albumens around the sores in the urethral mucosa, forming sealed pockets in which the gonococci lie dormant until further irritation, such as renewed intercourse or indulgence in stimulating foods or liquors, liberates them.

#### "Gonorrhœal Infections Permeate The Entire System.

"As every medical man knows, microscopic examination of the prostatic fluid will often give a positive G. C. indication years after the patient has almost forgotten the occurrence of a primary infection. Sometimes in such cases the gonococci emerge in too weakened a state to infect other hosts, sometimes they seem to become more actively virulent when transferred. In all such cases it is bio-chemically evident that the toxic end-products of the micro-organisms must be constantly entering the blood stream, must be permeating the entire system, and must be causing deleterious effect, great or small, on the entire metabolism.

"Neisser's experiments are enlightening. He injected gonococci into a rabbit's tail and traced the infection within a few hours to the heavy muscles of the heart. Subsequent investigations by many research workers have so completely corroborated Neisser's conclusions that now it is recognized that the general effects of gonorrhœa on a variety of tissues, and indeed on the whole metabolism, are grave in the extreme, and that gonorrhœa has long since passed from a status of minor importance to one of the gravest and most far-reaching ills with which the profession has to deal."

All true, well proven and thoroughly reliable, as every Hahnemannian knows. Now comes the "treatment," stated first from the standpoint of an ideal, destined, alas, never to be realized by

pursuing the course followed by "modern medical science," nor that advocated by this writer.

"This being acknowledged, the logical and ideal treatment for gonorrhœa would be contained in that therapy which would completely eliminate all gonococci from every tissue; which would restore the system itself to normalcy by the stimulation of healthy cell and blood metabolism; and which would restore to all tissues, including the nervous, those immunological and protective bodies, such as enzymes or ferments, which have been lost through the toxic action of micro-organic end-products." [and pernicious treatment.—Ed.]

How beautiful, how desirable, how necessary!

With this ideal in mind the writer blithely proceeds to present the claims of the particular method he is advertising.

"There is nothing new about it," he says. In other words, it is based upon the same old therapeutic principles and theories, [stimulation, artificial replacement or substitution of physiological elements by hypodermic injection] that have been proved worthless times without number. It differs only in the particular kind of agent used to attain the idealized end sought. But "Hope springs eternal in the human breast." The method is being rescued, he asserts, from the moribund state which resulted "from the sharp criticism of earlier years," by some hopeful souls who think they see a possible solution of some of the "difficult biochemical problems involved in the isolation and selection of specific enzymes in viable complex from safe mother-cell aggregates."

Here appears one of the "will-o'-the-wisps" that ever flit and flutter over the marshes of allopathic therapeutics just beyond the grasp of the outstretched, eager hands of their pursuers. Repeatedly, frequently, in these days of ardent and never-ceasing research, comes the announcement that some elusive germ, enzyme, virus, toxin, antitoxin, synthetic product or whatnot has been run down, isolated, fixed, identified, labeled and classified. Then come experimentation, discussion, theories about its probable action and results, with the usual optimistic promises and predictions.

Every such announcement is hailed with joyous anticipation by the unthinking part of the profession. Some scourge of humanity is always just about to be, but never is, wiped out. All hail and laud the discoverer. Presently his product is commercialized, put

on the market, advertised, exploited, has perhaps its little day of popularity, and then is relegated to the vast limbo of forgotten failures; or, what is far worse, is occasionally adopted generally, standardized and added to the list of agents by means of which disease is palliated, suppressed, generalized and rendered chronic or incurable—another curse to the human race.

So the tragedy of allopathic therapeutics, with its heroes, its villains, its clowns and its gravediggers, is played from age to age.

Take now the following admirably clear and concise description by this writer of what is supposed to take place in the living organism when nature (aided by his "treatment") takes her own course in removing the gonococci.

"While the enzymes are starving the gonococcus, the non-specific proteins are performing their function of stimulating the blood-forming organs, thereby giving rise to large numbers of both red and white blood corpuscles of normal size and activity.

"The phagocytes thus produced attack and ingest the starved gonococci, changing them into peptones and releasing these peptones osmotically into the blood stream.

"Once in the blood stream, the peptones are taken up by the red blood corpuscles, to which they have a strong bio-chemical affinity, and are split into amino acids.

"These amino acids are carried by the red blood corpuscles to the liver, where they are split by the hepatic hormones into fatty acids and ruates, and in this form they are easily eliminated by the emunctories.

"Enzymes and non-specific proteins being istic there is complete osmosis into even the finest ramifications of every tissue, and the elimination of the gonococcus is general throughout the system.

"Not only has an attack on the gonococci been successfully waged, but healthy metabolism has been stimulated also as the enzymes have attached themselves to those cells in the tissues where immunological power had been diminished, thus supplying added resistance to those tissues. The body, indeed, has been assisted to assist itself."

All this may be characterized as "important, if true." Presumably it is in accord with modern physio-pathology as worked out in laboratory research. It would be fine if the gonococcus constituted the all of gonorrhœa—which it does not—or if nature would

accept counterfeits at face value. The long series of case reports in which the "end results of treatment" are simply characterized as "good," "satisfactory," or "very satisfactory," (that is, to the reporters and the manufacturers,) merely because no gonococci are found, does not justify any high degree of enthusiasm in a homœopathician, or in any one else who knows that cure consists of *a complete and permanent restoration of Health and an all-pervading sense of physical and mental well-being*, as well as the disappearance of objective symptoms. In other words, cure is subjective, psychical and functional as well as objective and organic. The disappearance of gonococci, or the resolution of gross pathological end products in the individual does not always mean that a true cure has been effected. These results are part, but not the whole of a cure. With no more than this gained, the subject may still be in a very miserable and impotent condition, incapable of enjoying life, making others happy, or of procreating the species. I have personally had to treat many such individuals who had passed under the hands of their physicians, been subjected to all the laboratory tests and pronounced cured. Yet they were not in a state of Health as I understand the term. Indeed, some of them were so far from it as to be on the borderland of insanity, and they fully realized it. Under the administration of homœopathic remedies, selected after a complete analysis of their physical, mental and psychical states, I have had the joy and satisfaction of seeing many of them fully restored to health, and of receiving their heartfelt expressions of appreciation and gratitude.

That the truth of the foregoing observations is at least partly realized by the writer is evident in the following warning paragraph, with which the theoretical and descriptive part of the brochure closes.

"In the light of our experience, we suggest a most conservative attitude towards prognosis insofar as the condition of the patient, the virulence of the micro-organism and the stage of the infection vary between such wide limits and are so difficult of exact determination. Treatment in all cases should be continued until laboratory examination indicates complete absence of gonococci."

What does all this mean for the homœopathician?

First, a renewed and clarified perception of the ideal of cure, too often lost or obscured, with the resulting ability to distinguish

between cure and recovery, between mere palliation of symptoms and the complete restoration of health. This the writer of our little brochure has clearly brought out, to our mutual benefit. While he perceives the ideal and has made progress toward it by pointing out the principal mistakes and obstacles constituted by prevailing methods of treatment, he realizes that even the method he advocates is not all that could be desired and cautions against a too optimistic prognosis. There are many in the homœopathic ranks who need and may profit by his words of wisdom. They may be stimulated to a renewed study and application of the principle of symptom-similia, and to a fuller reliance upon the resources of the homœopathic materia medica in treating, not only gonorrhœa, but all other diseases.

For, second, it has been and can be demonstrated that this and all other medical diseases are really curable by homœopathic medicines, administered in strict accordance with homœopathic principles. This means recognition of *the dynamical nature of disease*, the total avoidance of topical, local, or hypodermic treatment and sole dependence upon the internal, potentized, homœopathically indicated medicine, together with hygienic, moral and psychical measures calculated to instruct, encourage and strengthen the patient.

"This is the way; walk ye in it."

# HOMŒOPATHIC RECORDER

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

## EDITORIAL NOTES AND COMMENTS.

Return to Duty.—After an absence of three months, during which we wandered through five or six European countries, leaving them most reluctantly be it said, we find ourselves back in noisy and torrid little old New York, with the thermometer at 96 degrees and the inescapable rat-tat of the electric riveting machine assailing our ears. Everywhere in New York and perennially, buildings are coming down to make way for still larger new ones, mighty assemblages of steel, concrete and granite; feverish activity, hurry and bustle are once more about us and readjustment is most necessary. No longer can we walk through the *Stroget* of Copenhagen and through the delightful *Raadhuspladsen* and on down to Wivel's celebrated restaurant, there to spend four or five happy hours with the choicest of foods and wines, the most entrancing music and delightful company. For you must know, gentle reader, that the Danes, as well as most Europeans, understand the art of living and get the most out of life, in spite of the fact that industrially, these countries are rather badly off. If ever the Danes die, it will be from laughter, for laughter is to them vital, the expression of a joyous spirit which manifests itself everywhere and upon the slightest provocation. We Americans, unless we have become cosmopolitan, take our pleasures too seriously. To have a good time is a laborious thing, something to be carefully considered and elaborately planned for; incidentally it must be expensively done, or it does not count. The Britisher is not quite so bad, he at least has the cultural background, which we over here in Babbity lack, yet he too is prone to take his pleasures seriously. We were seated one night, it was Sunday, in the dining room of one of the large London hotels, not far from Trafalgar Square. The atmosphere of

that splendid room was most depressing, as though everyone were waiting for the funeral oration to begin. All very correct and very proper, especially the men in their "smoking" and the be-dizened old dowagers with them. Even alcohol was unable to overcome the time-honored inhibition of custom and early training. How different in France, *mon Dieu!* or in Germany even, where the middle class has been financially wrecked, or in Denmark or Sweden. The hearty "*Prosit*" and the warm "*Skaal*" were not heard in London, though we were reminded of our own paucity of hearty, bibulous phrases, by the English "*Cheerio, old man!*" Perhaps it would interest our Prohibition fanatics to know, that in all our travels, no matter what the country, we saw no drunks, but within twelve hours of our return to America we had already been treated to an exhibition of inebriety, particularly in the neighborhood of Ninth Avenue and Christopher Street. Well, such is the fruit of hypocrisy; the seeds have been sown and we Americans must reap the appalling harvest of graft, greed, corruption and license. It is all very sad, indeed!

While in London we paid a hurried visit to the London Homœopathic Hospital, where we were most charmingly received by Dr. Margaret Tyler, who conducted us all over the old building, with its atmosphere of genuine hope and comfort. Here we met Dr. Rourke, Borland, Walter Gerlach, of Stuttgart, and others, all working quietly, persistently and patiently, to carry on the work of homœopathy; and of course, we had tea at five o'clock, and such tea! it verily seemed strong enough to walk alone. At all events the editorial brain was obliged to resort to several pints of bitter ale, to induce sleep that night. Our good friend, Dr. John Weir, most graciously invited us to a dinner, to be held a few days later, but unfortunately the general strike drove us over to Paris post-haste, there to drown our sorrow in Piper Heidsick at 20 francs (70 cents) the half bottle. Of our visit later on to August Bier in Berlin, we have told in the July number, sending home to Stuart Close our account of the interview, which was written in the Pschorrbräu Restaurant at Leipziger Platz, under the stimulus of Munich beer and good German cooking. Close does not know this and we dared not tell him at the time, for fear that he might blue-pencil some of our statements, but we have noticed, now that we are back, that he fell down in his proofreading, so far as some of the German words are concerned. We feel that the imbibition

of a little honest-to-goodness beer would have avoided this, for heaven knows that imagination and artistry are necessary, when it comes to writing out long German words. One can't do this sort of thing on ice-cream soda or ginger-pop.

But we are back, and like all good, lamb-like, law-abiding Americans, we must bow down to the majesty of the law and take our chances in surreptitiously obtaining now and then a bottle of good Scotch, at six simoleons of the coin of the realm. Such is life in our land of liberty! Praise be!

**Sepia and Herpes.**—Our good friend H. L., who is inclined to be somewhat unduly fastidious, found himself one day with an itching eruption upon the site of an old vaccination scar on his left arm; of course, *Thuja* was religiously given, but was unkind enough to do nothing, whereupon *Sepia* in the cm. a single dose, was resorted to. This likewise failed and by now the eruption had grown larger, was more annoying, particularly as itching had increased. *Sepia* 30th, a daily dose, was now given over a period of ten days, and lo and behold the herpetic spot faded, even as a gayly-colored window curtain in a suburban sun. It simply went. Now, there is a lesson to be drawn from this, and that is, don't give up a remedy because a certain potency of it has failed, but try another potency, one which more nearly suits the plane of the disease, as Kent used to say. *Verbum sap!*

**More of Sepia.**—Mrs. H. K., age thirty-one. Since September 1923, recurrent attacks of right-sided abdominal pain, located in the right hypochondrium and extending around to the back, partly > by expelling flatus or by eructations. During the attack she has a peculiar hunger and yet does not care to eat when she gets the food, is nauseated and has a pressure in the rectum as though the bowels were about to move. After the attack she craves sweets or sour things. During the attack she feels a drawing pain in the right thigh, which feels as though it were drawn up or contracted. The bowels are regular. During the attack she feels sleepy and yawns a great deal. Menses normal and regular, but intermittent. Examination shows no tenderness of appendix or of gall-bladder region. The liver is not enlarged. Oranges and grapefruit disagree and cause vomiting. Pineapple agrees. Can't take apples. The sight and the odor of food disgusts her and causes nausea.

The nausea is combined with a gone or empty sensation. The nausea is < lying on the right side, also the pain. During the attacks the tongue is coated slightly, white. Before the menses is depressed and taciturn, wants to be let alone and not disturbed. Thirsty during attacks. Following the attacks she has had styes. Has been drinking coffee to excess. To stop eggs and coffee.

Jan. 5, 1924—*Sepia* 30; t. i. d., one week.

Jan. 13—The last of the nausea was noticed on the morning of the 8th; she feels much > in every way. Has now an aversion to coffee. Menses due about the 23d.

*Sepia* 200; q. 24 hrs., 10 powders.

Feb. 2—Menses on the 21st of January, two days early, but without any difficulty. Feels well in general and has no new symptoms. *Sac. lac.* q. 24 hrs.

Feb. 10, 1924—During the night an attack of right-sided abdominal pain, nausea and vomiting, came on; had been eating much candy and last night ate whipped cream and jelly. Bowels are normal. Pulse 66; temperature 99. The tongue is lightly coated grayish; breath offensive; face pale. Disgust for food.

*Sepia* 1000; q. 3 hours.

Feb. 11—Reports that she is feeling >.  $\beta$  cont. q. 3 hrs. until tomorrow, then q. 4 hrs. for a few days.

July 26, 1926—This patient has remained well ever since. Of interest is the rather frequent repetition of *Sepia*, which, however, proved to be entirely successful.

**Homœopathy in Germany.**—We have received an announcement and schedule of an extensive post-graduate course in Homœopathic Medicine to be given by noted German physicians in the Stuttgart Homœopathic Hospital, from September 1st to 11th, inclusive, 1926.

It is planned to hold this course each year hereafter and it is open not only to German physicians but also to physicians from foreign countries as well. The fee is 50 marks (\$12.50) and 30 marks (\$7.50) for assistant physicians and those who may be unable to pay the larger fee. Address Dr. Heinrich Meng, Charlottenbau, Stuttgart, Germany.

Among other well-known physicians who will give instruction, we find the names of Walter Gerlach, Willy Erbe of Berlin, Otto

Leeser of Frankfurt, Heinrich Meng and Richard Haehl, both of Stuttgart.

The courses will be held daily from 9 to 12 in the morning and from 4 to 9 in the afternoon and evening. Dr. Stiegele, resident physician of the Stuttgart Homœopathic Hospital, will hold clinics, together with his colleague, Dr. Meng.

### BOOK REVIEW.

TRATAMIENTO BIOQUIMICO DE LAS EMFERMEDADES SEGÚN EL MÉTODO DEL DOCTOR SCHÜSSLER, traducido y aumentado por Julio F. Convers, Doctor en Medicina y Cirugia, graduado en la Universidad Nacional en 1874; Presidente del Instituto Homeopático de Columbia desde 1891, etc. Third edition, Bogota, 1922.

This little book of 308 pages, printed in Spanish, is a translation and augmented edition of Schüssler's work on the tissue remedies, containing the materia medica and therapeutics of these remedies, together with a repertory and clinical index. In addition, such other homœopathic remedies as Cuprum met., Iodin, Sulphur, etc., are extensively treated. The work is of undoubted practical value to our Spanish-speaking colleagues, attested to by the fact that it is now in its third edition. The book is of a size convenient for the coat pocket. Credit is given by the author to Boericke & Dewey, Louis H. Tafel and others for their work in the field of biochemical therapy.

## THE HOMŒOPATHIC RECORDER

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### TARENTULA HISPANICA IN THE MODERN AGE.\*

Julia C. Loos, M. D., H. M., Baltimore, Md.

*\*Tarentula hispanica is a member of the spider family Lycosa, of tropic or sub-tropic origin, and is commonly known to the world for its fatal poison and the intense sufferings which this brings to its victims. The poison is a glandular secretion and this concentrated essence is a vehicle transmitting to the victim the characteristic nature of the creature which produced it. The provings of this poison and the indicated therapeutic uses following thereon are derived from a prepared tincture of the living spider, whose influence pervades this product.*

In the individual human subjected to the influence of Tarentula we perceive a diversion of the powers and capacities of mankind, temporarily perverted to the service of a tyrant-lordship: a disporting of the fulfilled nature of a vicious beastling displayed through activities of that higher type, the human. Then let us take first an understanding view of the characteristics peculiar to this beastling.

The intelligence of the creature appears as disorderly. Instability is the outstanding feature: Instability of action, of purpose, in wisdom for carrying through its changing purpose.

Adroit, conceited of its cleverness; yet stupidly assuming that false methods and false motives will escape detection, it elaborates manœuvres to deceive. Appearing in view, even parading its presence; then seeking cover, it hides from detection, unexpectedly to emerge from ambush to attack its victim elsewhere unaware.

All purpose, whatever and however carried out, excludes every consideration of the interest, the desire or the purpose of another. Only self-interest and desires are observed; and these are whimsical, changeful without limit, without calculation or foresight.

Love, perverted in this nature, appears as love of annoying: making its presence an occasion of discomfort, disturbing the peace

\*Read before the Annual Meeting of The International Hahnemannian Association, Philadelphia, July, 1926.



of others. It contributes no joy and cultivates no joy; invites from others no contribution that makes for happiness. To the contrary: eluding every advance toward itself or its habitat, accounting such approach an intrusion or interference, it asserts privilege to conduct a joyless life in its own untrammelled way—no difference at what cost to others.

#### A Thorough Non-Conformist.

Satisfaction? No such state obtains in Tarentula. In its life is no parallel for the ease-indulging domestic cat which takes all places, times, occasions and devices for thorough enjoyment of its comfort. Tarentula attains no ease, no lazy comfort, no satisfaction. Its habit is restless activity. Seeking no ease to itself, it invades the peace of its environment. Would one seek to accommodate to its mood or desire: it then reverts and will substitute other mood or desire quite to a contrary. Contrariness within itself, as well as contrariness to outer circumstance and will, distinguish this pervert nature.

The guiding-light is darkness; avoiding light, Tarentula shuns all investigation of its way or wish and, withdrawing to whatever convenient lair of the moment, by hidden devious path it makes its way to another point of vantage, resenting with insult any endeavor to change its course or to dislodge it.

This disposition, so pictured as indisposition in the proverbs and in the patients affected most similarly to Tarentula—proverbs, presents a mentality elfish, impish, whimsical, mischievous, disporting itself in disregard for ordinary custom and usual expectation and inconsiderate of convenience or comfort of all others. It may be, in a measure, curbed by the effort and real disposition of the person affected; but an avowed effort is necessary, for avoidance of the perverted expression.

Clever, adroit, furtive sly ways of carrying through courses of action which, were they announced, would be opposed by attendants or associates: these ways, and the doing of unusual things trivial in themselves and fulfilling no purpose engage the individual affected. Here are peerings and "peekings" into things and into affairs; hiding from view; hiding things. He is destructive: interfering with plans; menacing the safety of himself and of others.

He loves to assume the false as a basis of conduct; and depends on whims for guidance: this mind does not submit its behavior,

its thought, its desires, to the light of wisdom or of truth. It shuns such gauge or investigation and darts from idea to idea with the agility and the seeming purposelessness of the spider. Defense from seeming interference is aggressive, through some sort of vicious thrust, cutting remark or threatened injury.

OBSTINACY is aid to all the whimsicality.

It is intolerant of contradiction. Ailments appear, following contradiction.

Music is to this nature hateful, and weakening; the demoniac vibrations are cancelled—subdued—through musical harmonies. As the appropriately named "Tarantelle" dance-music and the dance itself express through their rhythm-impulse and action the sadness, excitability, mania, dancing and distress seen in victims of this spider-bite—the picture styled "tarantism" as indicating the dance-mania of those so bitten or so imagining—so also in these victims such symptoms, by fit music appropriately played are soothed, relieved, and ultimately subdued.

Proverbs and patients are "*Sensitive to music*"; sadness and excitability are primary effects (of music) but amelioration follows. Not only the mental features: pains and bodily conditions also are ameliorated by music.

RESTLESSNESS tormenting, intense, demands continued motion. In bed: rolling from side to side; when able to be out of bed: compels to walk, even though *walking aggravates* symptoms of the body. Herein is shown the contrariness within himself.

AVERSION TO BEING TOUCHED is manifest; yet *rubbing* is demanded: *Symptoms ameliorated by rubbing*. With headache: wants hair brushed or head rubbed. Rubs her head against extraneous surfaces: the wall, the bed, the pillow; sometimes in Chorea the face is rubbed against the chest or the shoulder. An impelling demand induces rubbing, when there is no pain; it is an insatiable friction-impulse difficult to resist: spasmodic, habitual. It has been explained as "irritation of nerve-endings."

CHOREA: twitchings and jerkings—continuing into night—of single muscles, groups of muscles, entire limb or head; and more general, in body-contortions or in the dance. Ameliorated through influence of music.



Indulgence in many purposeless oft-repeated motions: involuntary motions; or voluntary, yet so induced that will-control is practically impossible against them. Apparently a craving for the sensation must be indulged but is not thereby satisfied; is but momentarily relieved. This may be called "indulging sensuality"; the more it is indulged, the less will it be denied.

Sense-indulgence is further manifest in sex-sensual dominations:

Hysterical emotions; *intense sexual excitements*; lasciviousness. Too numerous for detail in a brief outline are the many symptoms centering in the sexual organs and the sex-functions; aggravation of other symptoms after coition; sadness, difficult respiration, cough; general weakness specifically increased by sexual excitement.

Of persons whose life-habits or culture in large degree inhibit the frank exercise of sexual indulgence, sensual domination may gain expression through other symptoms: Sensations and distresses that fix the individual's consciousness upon the pelvic organs; or so-called nervous symptoms not recognized as related to sexual irritation; such may be functional disorders of rectum or of bladder, or some sort of frictional symptom or uncontrollable restlessness of feet, or of legs, having origin in this domination.

Sometimes a *sweet cheerfulness* and gaiety; while at other sometimes, *anger, irritability*. Quarrelsome, excitable; exhilarated or sad: but whatever the emotion—quite unwarranted by circumstances or environment, and unrelated to persons or incidents;—merely an outcropping of the erratic mood.

Aversion to company; but wants someone present. Making persistent demand on those present to minister to complaints. Complaints concurrent and so numerous, they cannot all be met nor ministered to at once. C—— satisfaction is impossible. Gratitude and content are expelled from consciousness. Discontented with himself and with all things about him.

Delusions and imaginings are varied; sometimes droll and sometimes horrible sensations within himself or *visions of things unseen*.

Delirium, mania, shrieking, singing; erotic mania, or stupefaction, or indisposed to talk.

Sensation of being small (contrast to aur., plat., stram.).

Weeping, causeless, in sleep.

Weakness: 9-11 A. M., 5 P. M.-5 A. M., walking, from sexual excitement.

On occasion: *Strength increased*.

In these states no lack of vitality is expressed. Alert activity challenges the endurance of a strong mind and body to follow it, to meet it, to outwit or circumvent it, to soothe the patient from her distresses. One's resources are heavily taxed for devising means to assuage the distresses and complaints; the forlorn victim herself gives many admonitions: "Take care, don't touch me there"; "Can't you brush my hair: it might take away this awful pain?" "Don't raise that shade; I can't stand the light."

Light aggravates: wants to scream.

Noise aggravates.

Smoking ameliorates: cough.

Touch aggravates: finger-tips.

Water on the body excites some symptoms. Ailments from washing hair; from wetting the fingers. Yet the entire condition may be held in abeyance and positively ameliorated through persistent and habitual bathing. Spray baths; continued immersion neutral baths; cold compresses, properly applied, will subdue some of the mental conditions and bodily distresses after the aversion and avoidance of water is overcome.

Awaking from sleep, especially in morning, symptoms are worse: Weeping; sadness; vertigo; head symptoms: constriction, heaviness, heat, pain; noise in ear; nausea: sour eructations; pain in stomach; kidney pain; cough; oppression of chest; chills; sleepiness, yawning.

Tarentula has also: *Cheerfulness* especially in morning, when waking; cheerful gaiety alternating with sadness.

Symptoms worse during menses: cheerfulness, *excitability*, irritability, restless tossing in bed, vertigo, pain in head, *pulsating in head*, nausea, abdominal distention, pain in sides of abdomen; BLADDER TENESMUS: (the only remedy given in Repertory for this particular), desire for coition; burning pain in female genitals; pain in back, pain in hip; convulsions; general weakness.

Before menses: heaviness in stomach, pain in stomach and in abdomen; dragging-pain in abdomen, and rumbling; itching in female genitals; bearing-down in uterus.

After menses: itching of genitals and uterine bearing-down.

Symptoms aggravated from coughing: pain in head, occiput and temples; bruised pain in head, occiput and temples; heaviness in head; swelling in neck; retching, vomiting; oppression in chest,

pain in chest; abdominal pain; cramping, tearing; involuntary urination.

REFUSES TO EAT—while manifesting need of nourishment.

Symptoms worse after eating: *Vertigo*, hiccough (after breakfast), nausea; pain in stomach (after breakfast), burning in stomach; vomiting, abdominal distention.

Symptoms in evening: mental, vertigo, some head-pains; some stomach and abdominal features; cough. At night, some head-pains; stomach; and abdominal symptoms; some kidney pain; general-itching; pains in extremities; chill, fever, perspiration; general weakness.

At specific times: 4 A. M., 5 A. M., 9 A. M., 9-11 A. M.; 2 P. M., 3-7 P. M., 3-9 P. M., 7 P. M.

Constriction sensation in head, chest, genitals, thigh.  
Congestion and pulsation in head, eyes, throat, pelvis.

DESIRES SAND to eat.

FORMICATION, ITCHING in various parts.

HYSTERIA, "positive nervous symptoms," "semblance to spinal neurasthenia."

ITCHING, FORMICATION, especially after menses.

Numbness and heaviness.

Motions irregular in extremities:

Gestures; as if knitting.

Disposed to keep hands busy.

Pains are burning, stitching, lancinating, cutting, shooting; sore, bruised, cramping, rheumatic.

The sensations and the behavior of provers and patients are the strongest characteristics; more accurately than functional actual disorder of organs or than tissue alterations in the body, they manifest the influence of *Tarentula*. Influence of the nature which modern observation and classification have termed *hypnotic* temporarily adjourns the normal intelligence and desires, and mental domination by the spider is shown through the substituted sensations and behavior. Eventually depleted nutrition and depleted functional vitality result from the discordant activities. Yet the functional and tissue changes are not the characteristics which indicate the specific influence manifesting in the person affected; the individualizing characteristics will be found in the mental attitudes and subjective features.

### Relationship of Remedies and Spiritual Forces.

In many instances after attaining a measure of success with *Arsenicum album*, in acute or recent disorders or for repeatedly recurrent distresses, the prescriber is led to explore this subtle constitutional background, *Tarentula*. *Arsenicum* "covers the case" to a limited degree. The symptoms and the characteristics shown before *Arsenicum* was called out, together with the tendencies, the lowered resistance and the frailties which feature the patient's experience after *Arsenicum* has cancelled the acute disturbances, display a total condition frequently recognizable as *Tarentula*. This relation is similar to that exhibited at times between *Medorrhinum* and *Cina*, between *Calcarea* and *Belladonna*, and among other coupled remedies: the more superficial exciter acts as a contributing influence to rouse the sometime latent "sleeping dog" or resident tenant.

While the aim and mission of the physician is "to restore the sick to health" and toward this function he requires primarily knowledge of "what is curative in medicines" with "what is undoubtedly morbid in the patient":

Since man is a spiritual being and in this dominion his physician becomes aware of the influences subjecting him to persisting disorder:

It will then be evident that the patient (as in "*Tarentula*") needs something more from a physician—more than the "most similar" medication—again to stabilize a mental equilibrium. Metaphysical culture is laying the avenues and providing guides toward a dispelling of deep-seated mental discords, as well as for resisting their too-oft neglected onset. May we not assume to guide our patients to such methodic resistance and sustentation, while campaigning by the indicated similar to its further horizon: thence to retain them newly erect in this life, and not too soon beyond? Shall we as physicians fail them in this guidance we need not be surprised that they turn to other leaders equipped of the later psychology? Patients whose disorders recur within the range of *Tarentula* are notably of a type accessible to the new healers: They who cast out devils may equally assume to cast out the spider.

### Bodily Disorders Dispelled or Relieved.

Whatever the bodily derangement: where this remedy (*Tarentula*) will prove beneficial, some of the characteristics aforementioned will be noted. Bodily conditions in which the remedy has proven useful when the characteristics agree include:

Paralysis agitans.	Convulsions.	Suppuration.
Zymatic fevers and general sepsis.	Pimples on face and head.	Opacity of cornea.
Aural discharge.	Lock-jaw.	Swelling of sub-maxillary.
Aphthæ and ulcers on tongue.	Inflammation of tonsils.	Quinsy.
Diphtheria.	Abdominal œdema. Hepatic cancer.	Disturbed digestion, gastric and intestinal, with distressing flatulence.
Constipation.	RECTAL INACTIVITY accompanied by AWFUL ANXIETY, rolling side to side.	Diarrhœa.
Renal inflammation.	Inflammation of bladder.	RETENTION OF URINE.
Dribbling.	TENESMUS DURING MENSES mentioned in this alone, in Repertory.	Gonorrhœal discharge.
Stricture of urethra.	Gangrene from phimosis.	Swelling of male genitals.
Indolent tumor of testes.	Inflammation of genitals.	Condyloma of vagina; of uterus.
Uterine cancer.	Induration of cervix uteri; of ovary.	Leucorrhœa.
Metrorrhagia and protracted menses.	Loss of voice.	Angina pectoris.
Gangrene of lungs.	Endocarditis.	Cardiac murmurs.
Mammary cancer followed by sarcoma in stomach.	Mammary swelling.	Carbuncle dorsal.
Spinal sclerosis.	Cramps in legs.	Pustules on legs.
Inflammation of fingers; of toes.	Paralysis; Motive power lost, numbness.	Foot perspiration.
Swollen joints.	Chills, fever, perspiration.	Stings of insects.
Lack of reaction.	Complaints from grief, unrequited love, contradiction, reprimands, punishment, sepsis, fall.	

## DETAILED SYMPTOMATOLOGY.

## MIND

Absent-minded.  
*Anger*, rage, fury.  
 Anguish.  
 Anxiety about future.  
 Aversion to black; to  
     s o m b r e things; to  
     green, red, yellow.  
 Clairvoyance.  
 Death: thoughts of;  
 Delirium:  
   during headache;  
   almost hysterical;  
   maniacal;  
   muttering nonsense with  
     eyes open;  
   raging.  
 Delusions, imaginations:  
   absurd figures present;  
   animals;  
   —frightful;  
   —fears being assaulted;  
   —*sees faces*:  
     *diabolical faces around*  
       *him*;  
     *hideous faces*;  
     figures: frightful;  
     ghosts, spectres, spirits;  
     horrible visions;  
     monsters.  
 —*Closing eyes*:  
   legs cut off (bar. c.,  
     stram.).  
   strangers in room (thuj.).  
*Destructive*.  
 Discontented:  
   during menses.

## MIND (Continued)

Discouraged:  
   evening: (eating meal).  
 Dullness: *sluggish*, *difficult*  
     *thinking*.  
 Ennui.  
 EXCITABLE:  
   during heat;  
   *during menses*;  
   *from music*.  
   nervous.  
 Fears—  
   being alone;  
   death;  
   impending disease;  
   typhus fever;  
   insanity.  
*Feigning sick*.  
 Ideas deficient.  
 Impatience.  
 Indifference, apathy to external things.  
 Indolence, aversion to work.  
*Insanity*:  
   *mania*;  
   periodical (Plat.);  
   paroxysmal (BELL., dig.,  
     gels., kali c., nat. s.,  
     phos.).  
 Irresolution:  
   in ideas (nat. m. sulph.).  
 Irritable:  
   during menses.  
 Jesting.  
 Kicks (*bell.*, carb. v., lyc.,  
   stram., stry., verat. v.).

## MIND (Continued)

Kleptomania.  
 Kneeling, unable.  
 Lamenting.  
 Lascivious, lewd.  
 Laughing:  
   immoderately; involuntarily;  
   sardonic;  
   mirth, hilarity, loud;  
   alternating with sadness.  
 Loathing, general.  
 Loquacity.  
 Moaning, groaning:  
   night (ars., cupr., hep.,  
   sec., zn.).  
   when contradicted.  
 Mocking.  
 Mood alternating,  
 changeable.  
 Nymphomania.  
 Playful:  
   pull one's hair; desires to  
   (BELL., lach., lil. t.).  
 Shrieking.  
 Singing.  
 Starting from sleep.  
 Striking:  
   *himself* (ars., bell., camph.,  
   cur., verat. v.).  
 Stupefaction  
   between convulsions (*aur.*,  
   *bufo.*, *cic.*, *hell.*, *hyos.*,  
   *lach.*, *oena*, *op.*, *plb.*,  
   sec.).  
 Suicidal disposition.  
 Thoughts persistent.

## MIND (Continued)

Throws things away.  
 Violent, *vehement*.  
*Vertigo*  
   morning, waking;  
   after breakfast.  
   evening.  
   night.  
   descending stairs.  
   during erections.  
   looking steadily.  
   with nausea.  
   riding horseback amel.  
   after sleep agg.  
   sudden.  
   while walking.  
 HEAD  
 Coldness:  
   in warm room (merc., i. r.).  
   as from cold water (*can. s.*,  
   *croc.*, *cupr.*, *glon.*,  
   *sabad.*).  
   forehead as from cold  
   water.  
   occiput.  
   sides.  
   temples.  
   vertex as from cold water.  
 Congestion, fullness, pulsa-  
 tion.  
 Constriction:  
   evening.  
   waking.  
   forehead, as from a band.  
 Eruption, pimples.  
 Falling backward, of head.  
 Hair bristling.

## HEAD (Continued)

Heat:  
   with redness of face.  
   on waking.  
   forehead.  
   occiput. sides. vertex.  
 Heaviness:  
   morning, waking.  
   night.  
   after heat.  
   after waking. (?)  
   forehead.  
   sides.  
 Itching scalp.  
 Motion:  
   convulsive.  
   shaking.  
   nodding, wavering.  
   rolling.  
   rubs against something.  
   impossible. (?)  
   throws about (*bell.*, *caust.*,  
   *merc.*, *phos.*).  
   turning to left (*lyc.*).  
 Pain:  
   morning, on rising;  
   on waking.  
   night.  
   air, open: amel.  
   with mental confusion, as  
   if would lose senses or  
   go mad (*acon.*, *agar.*,  
   *chin.*, *stram.*, *verat.*).  
   coughing.  
   compels to cry out.  
   gastric (from flatulence).  
   hammering.  
   hysterical.  
   looking fixedly at anything.

## HEAD—Pain (Continued)

nervous:  
   with pain in nape of neck.  
   with perspiration.  
   perspiration amel.  
   pressure amel.  
   pulsating.  
   after rising.  
   rubbing amel.  
   from running (*bry.*, *ign.*,  
   *nat. c.*, *nat. m.*, *nux v.*,  
   PULS.).  
   after sleep.  
   from touch.  
   walking.  
   extends to face.  
 FOREHEAD:  
   daytime.  
   morning.  
   afternoon.  
   3-7 P. M.  
   night.  
   pressure amel.  
   stopping.  
 OCCIPUT:  
   coughing.  
   leaning head back.  
   pressure amel.  
   rubbing amel.  
   to forehead.  
   down back of neck.  
 SIDES: (of Head)  
   night.  
   right side.  
 TEMPLES:  
   morning.  
   evening.  
   night.  
   coughing.

## HEAD—Pain (Continued)

VERTEX, open air amel.

Bruised, waking in A. M.  
cough on waking.

occiput:  
coughing.  
extends to temples.

TEMPLES, coughing.

Bursting:

FOREHEAD.

Lancinating:

FOREHEAD.

SIDES:

morning.

TEMPLES.

Nail: as from a, Occip.

Plug: as from a, Occip.

Pressure:

evening.  
during chill (sep.).  
FOREHEAD.  
as from a band.  
eyes: as if forced out.  
OCCIPUT.

Shooting:

afternoon (*ferr.*, *plat.*, *sil.*).  
evening.  
night.

FOREHEAD.

SIDES:

night.

TEMPLES:

evening.  
night (*nit. ac.*).  
transient (*iris*):  
night.

## HEAD—Pressure (Continued)

Stitching:

TEMPLES.

Perspiration, scalp.

Pricklings, temples.

*Pulsating during menses.*

Rubbing head:  
against something.

Shocks:

morning, rising.

Weakness.

## EYES

Agglutin., morn.

Distorted.

Itching.

Opacity of cornea.

Unable to open.

Pain, morning.

evening.  
turning sideways.  
extending back.  
burning, smarting.  
cutting.

sand, as from:

stitching:  
morning.  
swallowing.

Pulsation.

Pupils unequal.

Redness.

Staring:  
listening to music.

Weak.

## EYES (Continued)

VISION dim:

forenoon (*carb. v.*, *sulph.*).

foggy:

*colors caused by foggy  
vision.*

stars.

weak:

evening (*euphr.*).

## EARS

Discharge.

Itching.

Noises:

waking.  
buzzing.  
cracking.  
ringing:  
on rising amel.  
walking (*org. n.*, *mag. c.*,  
*sulph.*).  
whizzing.

Pain:

morning.  
afternoon.  
evening.  
in meatus.  
aching.  
lancinating:  
morning.  
below ear.  
stitching:  
right.  
evening.  
tearing:  
right.

Wax increased.

Hearing: impaired.

## NOSE

Coryza with fever.

epistaxis clotted:  
dark, black.

## FACE

Discoloration:

*black and blue spots.*

bluish.

bluish circles around eyes.

earthy.

grayish.

pale.

*dark red.*

Distortion:

with toothache.

Eruptions:

lips.

herpes.

impetigo around lips.

miliary.

pimples:

forehead.

Heat:

flashes.

Itching.

Pain:

lower jaw.  
stitching.

Perspiration.

Swelling, sub-maxil.

## MOUTH

Biting tongue in spasm.

Tongue brown;

red.

dryness.

## MOUTH (Continued)

Speech difficult from Chorea.

Taste bad.

## TEETH

Pain: noise agg. (calc. c.,  
coff., therid.).

pulsating.

tearing.

## THROAT

Coldness as if water dripping  
down.

Discoloration:

purple.

red.

Gangrene.

Heat.

Inflammation, right.

Lump rising sensation.

Pain:

pulsating.

swallowing.

yawning.

tonsils.

burning.

stitching.

Pulsation.

Swallowing difficult.

## EXTERNAL THROAT

Itching.

Pain:

sides.

turning head to right (arg.  
n., chin. s., psor.).

swelling from cough.

## STOMACH

Sensation of something alive  
(chel., coloc., CRÆ.).

Anxiety.

Appetite increased:

" night.

ravenous.

wanting.

Aversion to bread.

—*food*.—*meat*.

Desires ashes.

—*cold drinks*.—*highly seasoned food*.—*raw food* (ail., sil.,  
SULPH.).—*salt things*.

—SAND.

*Disordered*.

Distention.

Eructations:

bitter.

empty, during hysteria.

sour, morning (calc. c.,  
puls., sil., tab.)

Fullness sensation.

Heat:

extends to throat (cinnab.,  
nit. ac., sumb.).Heavy night (æsc., chin.,  
colch., crot. t.).

before menses.

Hiccough:

after breakfast (zn.).

Nausea:

night.

STOMACH—Nausea (Con-  
tinued)*after lying down*.

after eating.

during menses.

during pregnancy.

after sleep.

Pain:

morning:

after eating (nux v.).

afternoon.

evening.

night.

after eating.

before menses.

from pressure.

burning:

after eating.

cramping:

before nausea.

lancinating.

pressing.

sore, bruised.

tearing.

Retching:

with cough.

Sinking, night (dios., lyc.).

Thirst:

burning, vehement.

during chill.

extreme.

unquenchable.

with dread of liquids.

Uneasiness.

Vomiting:

*morning*.NIGHT, AFTER GOING TO  
BED.

on coughing.

STOMACH—Vomiting (Con-  
tinued)

after eating.

during menses.

during pregnancy.

bile.

## ABDOMEN

Constriction hypochondrium.

Contraction.

Distention:

after eating.

hypogastrium.

œdema.

Flatulence:

morning.

hypochondrium.

Heat.

Pain:

aching:

morning.

evening.

night.

during cough.

before menses.

pressure amel.

during stool.

while walking.

extends to chest.

—to sides.

Hypochondrium:

left.

morning.

lying amel.

Inguinal region:

as from hernia.

as though hernia would  
appear on coughing.

Liver, before chill.

Sides.

Region of umbilicus.

ABDOMEN—Pain (Cont'd)	RECTUM (Continued)
burning:	Diarrhoea:
during menses.	after washing head (pod.).
hypogastrium.	INACTIVITY OF RECTUM.
cramping:	Pain:
morning.	during stool.
when coughing.	after stool:
region of umbilicus.	amel.
Dragging: before menses.	burning:
Gnawing hypochond.	after stool.
Pressing.	stitching.
Sore, bruised.	Tenesmus:
hypochond.; right.	before stool.
liver.	after stool amel.
Stitching:	Urging:
evening.	during stool.
hypochond.; right.	after rising from stool.
morning.	STOOL
hypogastrium.	Bloody.
inguinal region; left.	Copious.
sides.	Dark:
Tearing:	fecal.
inguinal, cough agg.	<i>Hard.</i>
Pulsation.	Offensive.
Rumbling: forenoon, evening,	Scanty.
night.	Soft.
before menses.	BLADDER
Swelling glands.	Calculi.
RECTUM	Inflammation.
Constipation:	Pain:
<i>Difficult stool.</i>	extends to uterus (merl.)
Ineffectual straining.	RETENTION OF URINE
Old people.	Spasmodic action of bl.
Stool remains in rectum	(calc. p.).
WITH AWFUL ANXIETY.	Swollen.
	Tenesmus:
	DURING MENSES.

BLADDER (Continued)	PROSTATE GLAND
Urging, constant:	Pain.
ineffectual.	URETHRA
Urination dribbling:	Crawling.
<i>dysuria.</i>	<i>gonorrhæal discharge.</i>
involuntary:	Pain burning:
during cough.	during urination.
from emotion.	after urination.
from exertion.	Stricture.
—laughing (CAUST., <i>nat.</i>	FEMALE GENITALS
<i>m., mux. v., puls., sep.</i> ).	Leucorrhœa:
while walking.	burning.
URINE	Menses copious:
bloody.	frequent.
<i>burning.</i>	early.
brown.	protracted.
dark red.	Metrorrhagia.
odor offensive.	Pain in ovaries:
sediment:	left.
copious.	in uterus, during urging to
sand:	urate.
RED.	bearing down uterus.
SUGAR.	region of uterus.
KIDNEYS	before menses.
Inflammation.	after menses.
Pain:	burning uterus:
morning.	during menses.
evening.	cramp uterus.
night.	cutting uterus.
<i>after urination amel. (LYC.,</i>	sore, ovaries.
<i>med.)</i>	uterus.
aching:	stitching:
during urination amel.	uterus.
(LYC.)	vagina.
sore, bruised.	tingling voluptuous.
<i>stitching.</i>	
Weariness, region of.	



## TRACHEA

Dryness.  
Roughness.  
Tickling.

## LARYNX

Burning.  
roughness.  
scraping clearing.  
tickling.  
hoarseness on waking.  
voice lost.

## RESPIRATION

Difficult :  
9 A. M.  
while lying.  
gasping.  
panting.  
sighing.

## COUGH

Morning :  
on waking.  
9 A. M.  
evening.  
night.  
after coition.  
Burning, in chest.  
Dry :  
morning.  
night.  
during fever.  
Exhausting :  
night, in bed.  
Fever, during.

## COUGH (Continued)

Loose.  
Lying agg.  
Painful.  
Paroxysmal :  
evening.  
night.  
Rising from bed.  
Rough.  
Smoking agg.  
night amel.  
Spasmodic :  
evening.  
night.  
Tickling in bronchi :  
in larynx.  
in trachea.

## EXPECTORATION

Difficult.  
Scanty.  
Taste nauseous :  
salty.  
Thick.  
Tough.  
White.  
Yellow.

## CHEST

*Angina pectoris.*  
*Anxiety in heart region.*  
Ceased heart, sensation as of :  
*Clothing agg.*  
Constriction, tension, tight-  
ness :  
heart.  
*grasping sensation.*

## CHEST (Continued)

Cramp heart.  
Gangrene of lungs.  
Inflammation endocardium.  
Murmurs.  
Oppression :  
when coughing.  
when waking.  
heart.  
Pain :  
rheumatic.  
walking.  
below clavicle.  
right side.  
left side.  
sides during cough.  
*heart :*  
pulsating.  
aching in heart region :  
left side.  
heart.  
burning.  
cutting.  
pressing right side.  
sore.  
stitching left side.  
walking.  
heart.

## Palpitation :

*tumultuous.*  
Spasms.  
Swelling mammæ.  
Trembling heart.

## BACK

Coldness :  
lumbar.  
cold draft agg.

## BACK (Continued)

Carbuncle, dorsal.  
Heat, cervical.  
Itching, cervical.  
Pain :  
during menses.  
wandering.  
cervical :  
moving head.  
sore.  
dorsal scapular :  
under left scapula.  
lumbar, during menses.  
extending down legs.  
spine.  
aching :  
under scapulæ.  
lumbar, during menses.  
burning sacral.  
sore, cervical.  
stitching, scapular :  
under scapulæ.  
stiffness, cervical :  
during headache.

## EXTREMITIES

Bandaged, as though, while  
walking.  
Chorea.  
Coldness :  
lower limbs.  
*foot.*  
Contraction fingers :  
lower limbs.  
Convulsions :  
legs.  
Cramps :

EXTREMITIES—Cramps  
(Continued)

lower limbs.  
thighs.  
calf.  
foot-sole:  
toes:  
first.

Discoloration; blue nails.

Eruptions:  
pustules.

## FORMICATION.

Heaviness, upper limbs:  
lower limbs.

Inflammation fingers:  
toes.

Itching, upper left:  
fingers.

LOWER LIMBS.  
leg.  
foot.

lower limbs becoming cold  
(dios.).

MOTION IRREGULAR:  
upper.  
fingers difficult.  
loss of power.

Numbness:  
left upper.  
lower.  
leg:  
right.

Pain:  
Rheumatic.  
Upper extremities.  
upper arm.  
Elbow.  
Forearm.

EXTREMITIES—Pain  
(Continued)

Wrist:  
right.  
front.

Hand:  
back.  
palm.

Fingers:  
Joints:  
third-finger joint.  
fourth-finger.  
using fingers.

Thumb:  
evening.  
pressure amel.

LOWER extremities:  
walking.

HIP:  
evening.  
night.  
during menses.  
rheumatic.

THIGH.

KNEE:  
Patella, extending to back  
(of knee).

LEG:  
Tibia.  
Calf.

Foot joints:  
toes:  
first.

Aching forearm:  
wrist.  
hip.

Burning:  
forearm.  
palm.  
hip.

EXTREMITIES—Burning  
(Continued)

leg.  
calf.

Pressing, thigh.

Sore, hip.  
sitting amel.  
standing.  
walking.

knee.

Stitching, upper limbs:

wrist.  
hand, ulnar side.  
fingers: first.

thumb: ball.  
thigh.

leg:  
calf.

toe: first.

Tearing: toes:  
first-toe.

Paralysis:  
lower limbs.

Perspiration: foot.

Pulsation: thigh.  
knee.

RESTLESSNESS:  
upper.

LOWER.

LEG.

FOOT.

Stiffness: knees.

Swelling joints:  
wrist.  
knee.  
toes.

Trembling leg.

## EXTREMITIES (Continued)

Twitching upper limbs.

Weakness upper limbs:  
lower limbs.  
hip.  
thigh.  
leg.  
walking.

## SLEEP

Dreams of animals.  
business.  
danger.  
dead bodies.  
death.  
horses.  
misfortune.  
pleasant.  
sad.  
unpleasant.  
water.

Falls asleep sitting.

Prolonged sleep.

Restless "

Sleepiness:  
morning.  
evening.  
overpowering.  
sitting.

*Sleepless.*

Yawning, morning.  
spasmodic.

## CHILLS

Daytime.  
morning on waking.  
evening.  
drinking agg.

## CHILLS (Continued)

icy cold.  
*shaking.*  
 after sleep.  
 7 P. M.  
 trembling.  
 on waking.

## FEVER

Night.  
 alternating with chill.  
 congestive :  
   threatens cerebral paralysis.  
 external heat.  
 hectic.  
 zymotic.

## PERSPIRATION

night.  
 during anxiety.  
 lying.  
 sour.

## SKIN

anæsthesia.  
 burning.  
 bluish spots.  
 dirty.  
 yellow.  
 ecchymosis.

## FORMICATION.

Gooseflesh.

## ITCHING.

## CRAWLING.

stings of insects.  
*unhealthy.*

## GENERALITIES

Night.

CHOREA.

## GENERALITIES (Continued)

After coition.  
 Constriction as of band.  
 Convulsions.  
 clonic convulsions.  
 Compression on spinal column.

## Epilepsy

from fright  
 hysterical.

*Convulsive movements.*

## Faintness.

Pain as from burning.  
   pressing internally.  
   sore bruised; during chill.

Pulse full; hard.

*Lack reaction.*

rubbing amel.

Sensitive internally.

Septicæmia.

Beginning of sleep.

Standing amel.

Stretching :  
 morning.

*Trembling externally.*

*Walking agg.*

Weakness enervation :

daytime.

9-11 A. M.

5 P. M.-5 A. M.

after coition.

from diarrhœa.

during menses.

from walking.

## Literature consulted :

*Kent's Repertory.*

*Boger's Times of Remedies.*

*Clarke's Dictionary of Materia Medica.*

## Literature to be searched to fill out this survey must include :

Clinical Records in *I. H. A. Transactions.*

Transactions Society of Homœopaths, *Homœopathian*,  
 June, 1913.

*Medical Advance.*

*The Homœopathian.*

Additional data should be forthcoming from the clinical records in the offices of master-prescribers.

Much more is known of this important remedy, in fragments not yet collected, which should be compiled into a unit brochure. The remedy is much needed for resolving complex cases in these modern days, and that it may be readily availed of the apparent complexity requires an accessible key.

## CEANOTHUS AMERICANUS.\*

Its Use in a Case of Lymphatic Leukæmia.

Grace Stevens, M. D., Northampton, Mass.

*Ceanothus Americanus*, also called New Jersey Tea or Red Root, belongs to the Rhamnaceæ or Buckthorn family, a family of shrubs or trees of bitterish and astringent properties. It is found from Canada to the Gulf and west to and beyond the Rocky Mountains. In this particular branch of the family the flowers have no petals, but the calyx and flower stems are colored like petals. They are white, crowded in a dense, slender peduncled cluster. The shrub itself is from one to two feet high above the dark red root. The ovate finely serrate leaves were formerly used as a substitute for tea.

Hering quotes an old school authority who says that the bark of the root is astringent and recommends it in aphthous sore mouth and throat accompanying scarlet fever.

\*Read before the Annual Meeting of The International Hahnemannian Association, Philadelphia, July, 1926.

The preparations used by our school are dilutions of a tincture made from the fresh leaves.

Very little has been written about the remedy, but J. C. Burnett published a fragmentary proving and some clinical cases have been reported.

The outstanding conditions covered by the drug are enlargement and inflammation of the spleen and general left-sided symptoms. The symptoms show deep-seated pain and feeling of fullness in the left hypochondrium with inability to lie on that side, or in some cases, to lie down at all. In the case I shall report later the pain was also very severe on lying on the right side on account of the weight of the enlarged spleen. The mental condition is one of depression with fear of permanent disability. There is right-sided headache with pain in the splenic region (my case had left-sided headache). The intestinal tract shows diarrhoea. The female sexual organs may have a profuse thick, yellow leucorrhoea or early and profuse menses, but all these ailments are only accompaniments of the splenitis, and the pain in the left hypochondrium will be the guiding symptom to the remedy. In acute cases there is chilliness down the back, with loss of appetite and nervous excitement.

Dr. Erastus E. Case in his "Clinical Experiences" gives the following case:

Hypochondriacal; thinks she can never be any better.

Anorexia; nausea after eating.

Raises bloody or brown mucus from the pharynx in the morning.

Passes large amount of inoffensive flatus. Enlargement of the spleen.

Soreness, weight and full sensation of left hypochondrium; cannot lie on left side.

Smarting sensation of skin over the spleen.

I have one case of my own to report. Miss A. H., age 55, English housemaid. In past years has been treated at different times for hæmorrhoids, eczema of face, menorrhagia at menopause, with uterine fibroid and some rheumatism of right shoulder and right knee.

For some months during winter and spring of 1925, she has not been as strong as usual, and has grown thin, but on the whole has responded well to remedies. One symptom—shortness of breath

on ascending—was complained of in April, and continued more or less. Heart sounds were normal, except that the aortic second sound was a little snappy. In July, 1925, there was painless enlargement of the cervical and other lymphatic glands. Early in August there developed severe pain in the left hypochondrium, and a physician who was called in my absence diagnosed pleurisy, but could not understand why the pain was worse lying on the painful side. On my return home early in September I found the spleen very much enlarged and inflamed, so that the patient could not lie on either side.

An examination of the blood showed:

Hæmoglobin 62 per cent.

Red Cells 3,864,000.

White Cells 50,800, of which 90 per cent. were small leucocytes; 7.5 per cent. polymorphonuclears.

The diagnosis of lymphatic leukæmia was unmistakable and the prognosis hopeless.

However, with rest, nourishing diet, sunshine, *Natrum muriaticum* 45 m. for a remedy there was a very slow gain in comfort and strength, but no diminution in the size of the spleen. About the middle of October the pain and tenderness in the spleen returned. *Ceanothus Americanus* 30x was given, four doses at two hour intervals. Relief began after the first dose and was complete for three days. A slight return of the pain yielded to one dose of the remedy, and the patient gained steadily for four months. All tenderness left the spleen, although it remained large, and the patient could lie on either side. A left-sided headache disappeared. There was gain in flesh and strength, so that the patient could easily walk half a mile.

The enlarged glands almost disappeared.

The blood showed marked improvement, as follows:

On September 30 the leucocytes were 93,600;

On December 11 there were 30,600;

On February 18 there were 14,200;

and in the same time the hæmoglobin increased from 44 per cent. to 74 per cent.

How much of this general improvement was due to the *Ceanothus*, it is of course impossible to say. The thirtieth potency was given two weeks after *Natrum muriaticum* 45 m., which had seem-

ingly caused some gain. However, there is no doubt that *Ceanothus* removed the pain and tenderness in the spleen.

Later, when the symptoms of the disease—enlarged glands, growth of spleen, and increase of leucocytes—returned with renewed force, I gave *Ceanothus* 30x again with no result, but a severe pain in the left axilla, extending to the chest on deep inspiration, yielded to the 1000th potency.

### SOME GOOD CURES.

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

In my professional experience, I have seen some peculiar cases. A doctor might practice over fifty years and not see anything like them. To treat these difficult and obscure cases successfully, is a severe test of what a doctor really knows about definite diagnosis and a definite *Materia Medica*.

I remember a case in southern New Hampshire. The patient, a middle-aged lady, had been ill for some time; she had tried all the best physicians in that part of the country, but they could not make a diagnosis of the case or give her any relief. When I visited the lady, I found her sitting in a rocking chair. For several months, she had not been able to lie in bed. Night and day, she just had to keep rocking backward and forward. If she stopped rocking for a few moments, it increased her suffering. I read her face, eye, pulse and tongue; and, from that, my diagnosis was spinal irritation. When I examined her spine, I found tender spots that confirmed my diagnosis. I prescribed Tr. *Belladonna* 1st x, five drops every three hours. Then, night and morning, have Tr. Iodine painted on the whole length of the spine as wide as my two fingers. I also prescribed two grains of quinine before breakfast and dialyzed iron, fifteen drops after dinner and supper. The above treatment cured the patient and the cure made my reputation in that locality.

In 1911, I was called to Portland, Maine, to meet a physician in consultation on a case of cancer of the rectum. The doctor had another patient for me to see. This patient had been treated by several different doctors without any benefit. In going out of her house, when stepping on the door step, this patient had slipped

and fallen backward. The fall injured her spine; and, as a result of this injury, she had paralysis of the lower extremities. When I saw the case, I saw that she had all the symptoms of spinal irritation. I prescribed Tr. *Belladonna*, 1st x, five drops every three hours, and *Kali phos.* 3d x, three tablets every three hours in alternation with the *Belladonna*. As in the former case, I had Tr. Iodine applied to her spine. In two weeks from the time she began the treatment, she could stand on her feet. In a month, she could walk around the house. Another so-called incurable case was cured.

In your cases of paralysis, do not forget *Kali phos.*; and, in congestion, irritation or injury of the spine, remember *Belladonna*.

A doctor, in Florida, wrote me asking my advice about the treatment of a case. A man had fallen through or from a bridge. As a result of the fall, he had paralysis of the lower extremities. This man had been examined by specialists and had been in two or three Government hospitals; but, the unanimous opinion was, that the case was incurable. I advised Tr. *Belladonna*, 1st x, five drops every three hours, and Tr. *Hypericum* 6th x, ten drops three times a day. I also advised that oil of *Hypericum* should be applied to the spine three times a day, that it be rubbed in well for several minutes at a time. The above plan of treatment was to be continued for ten days; then, the above internal remedies left off, and *Kali phos.* 3d x, three tablets, was to be given every three hours, and Tr. *Lathyrus* 3d, five drops, was also to be given three times a day. Another so-called "incurable" case was cured.

A student of mine, a prominent regular physician, reports to me a good cure. A clergyman brought to him a patient. In the course of conversation between the doctor and the minister, the latter remarked that "he had been troubled with mucous enteritis and that he had tried all the best doctors, in that part of the state, without getting any relief." The doctor replied, "I can cure you." "Why, man alive," the minister exclaimed, "I have had this trouble for seventeen years! Neither you nor anyone else can cure me."

He finally let the doctor prescribe for him. The physician gave him *Kali bichromicum* 3d x, two grains, every two hours. Under the above treatment the patient got well.

The clergyman was so much pleased, that he sent more than fifty patients to the doctor. The above is one of the very many

cases of different diseases which this physician cured from the treatment in my book, "Definite Medication." This doctor declared, "If I could not get another copy, I would not take a thousand dollars for that book."

#### CLINICAL FRAGMENTS.\*

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

Members of the Foundation for Homœopathic Research have, for four years, been experimenting with certain radiant qualities of homœopathic remedies. Occasionally, by-products of this work develop in the form of isolated happenings that carry a suggestion not directly related to the immediate experiment. The three cases presented apply to this point.

#### Arterio Sclerosis.

At the 1924 meeting, a case of arterio sclerosis was reported, which was being benefited by Strontium carb. The patient was a man sixty-five years of age. He came to the Flower Hospital Clinic on March 10, 1924, and for two full years was continued on Strontium carb. in different potencies given at infrequent intervals. When he came to the Clinic, his blood-pressure was 270/145 and had before that time varied between 270 and 300. Before going to Flower Hospital, he had been told by another clinic that no medicine would help him and that he must stop work. The sight of his right eye was gone because of a retinal hæmorrhage. The only symptoms, aside from weakness and a tendency to stumble, were great sensitiveness to cold and a sensation of heat in the face. Formerly he had suffered from occipital headaches. His improvement was very gradual, getting down within a little over a year to 210/110. Now—2½ years later—he is alive and much better and has never had to stop work.

On February 16, 1926, a Jewish woman, age 56, came to the clinic of the Foundation for Homœopathic Research. Her arteries were markedly sclerosed, her blood-pressure was 200/100. She was gray-haired and looked many years older than the age she

\*Read before the Annual Meeting of The International Hahnemannian Association, Philadelphia, July, 1926.

gave. Her tongue was deviated to the right; her knee jerks were exaggerated, the right more than the left, indicating that there had been a cerebral hæmorrhage. Most of her teeth had been removed, and those remaining were loose from pyorrhœa, and some teeth were decayed to the roots. She came to the clinic because of pains in the left arm and the right leg. These wakened her at one or two o'clock in the morning and necessitated her getting up and walking around. The condition was also worse from change of weather. She complained of her right leg feeling cold at night. If she were quiet for very long, it was difficult for her to move around upon first rising. She was very sensitive to cold and afraid of the cool air. She was given Strontium carb. 200 and was directed to have her teeth attended to. On June 8—nearly four months later—she reported. She looked ten years younger. She said she felt perfectly well. Her blood-pressure was 160/90. She had not had her teeth attended to nor had she done anything except take the remedy as directed.

In cases of arterio sclerosis, the symptoms are often meager. Strontium carb. is evidently a very important remedy of this condition. The symptomatic indications as suggested by these cases are great sensitiveness to cold; aggravation from change of weather; worse from being quiet; must walk around; aggravation when first beginning to move.

#### Epistaxis.

Epistaxis is at times a troublesome condition, particularly when occurring in a hæmophilic. On April 28, 1925, a man, age 58, applied to the Clinic of the Foundation of Homœopathic Research because of constant nose-bleedings. His father suffered from nose-bleeds. The patient's trouble began thirty-five years ago and had gradually become worse. His cheeks were covered with fine veinings, diagnosed as spider nævi. Four years before, thyroid had been given and he had become very anæmic and the bleeding had been worse after this. At one time hæmoglobin was down to twenty-four. He at this time had been given blood transfusions. Many operations on the nose had been performed together with constant local treatment, quartz-light therapy, etc. Never a night passed without bleeding, and at times this continued for three or four hours. He kept his nose constantly plugged. He was worn out because he was afraid to go to sleep. He was always worse in

the spring and bleeding would occur from excitement, from yawning, and from lying on the back.

Magnesium metallicum 30th was given in plus potencies for one week, with repetitions in increasing potencies as indicated. The bleeding gradually stopped, and up to the present has never recurred excepting for a short period, a year later, during the usual period of spring aggravation.

These three cases are presented because the clinical factors furnish strongest indications for their use. There are also other very interesting factors.

Calcareo is related to coagulation of the blood. Arterio sclerosis is associated with calcareous degeneration. Both Magnesium and Strontium carb. belong to the Calcareo group and can replace Calcareo in chemical combinations. Where there is a known faulty metabolism related physiologically to some element, may not other elements belonging in this same chemical grouping at times be the indicated remedies? Putting it in another way, is it not possible that, in the natural relationships of elements, we may find indications for drugs?

## DEPARTMENT OF HOMŒOPATHIC PHILOSOPHY.

Stuart Close, M. D., Editor, 248 Hancock Street,  
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### DISCUSSIONS OF THE THEORY AND PRINCIPLES OF HOMŒOTHERAPEUTICS AND RELATED MEDICAL TOPICS.

#### SYSTEMS IN SCIENCE.

"The fundamental principles of this so-called doctrine are just as untenable as they ever were, and, in general, *medical science must refuse to accept or recognize systems of any kind, whether homœopathic or otherwise.*"

"Thus spake Zarathustra" through the mouth of a German professor, Goldscheider, in the discussion before the *Verein für Innere Medizinische Wochenschrift* on the subject "What Attitude Shall We Take Toward Homœopathy?"

This characteristic Nietzschean deliverance was duly quoted, with warmly approving comments, by the *Journal of the American Medical Association*, August 15, 1925.

Here we have the traditional and unchanging attitude and spirit of allopathic "official" medicine toward homœopathy in particular and now toward medical systems in general.

Time was, not so long ago, when every allopathic treatise of any pretensions toward completeness was called a "System." Then they gave us "Systems of Medicine," "Systems of Surgery," "Systems of Gynæcology," etc., without blushing. But times have changed. Their medical systems, having been proved by experience to be fundamentally wrong, have gone out of fashion, like long hair for women. They now wear their medical hair bobbed.

As an exposure of total ignorance of the true relation of systems to science Professor Goldscheider's dictum is complete. As an expression of arrogance, intolerance and bigotry it is comprehensive. It affords sufficient vindication for those who hold that "modern scientific medicine" is the most unscientific body in the scientific world of today.

The quotation, taken with its context describing the castigation administered to Professor Bier for his temerity in again saying



a good word for homœopathy (it is not his first offense), and in connection with its endorsement by the official organ of the A. M. A., justifies the attitude of those, in and out of medicine, who regard organized "official" medicine, in its medico-political activities, as one of the most dangerous foes of liberty in the world today.

Speaking of Systems—Organized Medicine, represented pre-eminently by the American Medical Association, is one of the greatest and most powerful Systems in existence. Secretly aiming at complete control of the people, trying constantly to shackle independent medical and biological thought, suppress truth and force its false doctrines, pernicious ideas and physically dangerous practices upon the people, the American Medical Association, in its political aspect, is the most sinister, most powerful, most subtle and most successful system in the United States.

Through national, state and municipal organizations which it controls from within by individuals and committees subject to its dictation; through secret contracts which give it medical censorship and control of the syndicating press agencies of the country, and through representation in health departments, it exerts its power for good and evil in practically every department of human activity. For while it has accomplished much good, it has its evil side. It is entrenched in law and backed by the entire police power of the State. It maintains legal departments and lobbies for influencing legislation, some good and some bad. Through legal enactments, statutes and ordinances it controls public institutions, dominates education and incidentally tyrannizes over the community in many ways. Legislatures and courts, the army and navy, educational and charity organizations, the press, railway and steamship transportation companies and commercial organizations, as well as the general public, all bow to its will and carry out its mandates.

It publishes a weekly journal which has, probably, the largest circulation of any medical journal in the world. It conducts a nation-wide syndicated press propaganda for popularizing its medical doctrines, practices and processes. It censors or suppresses every article by outsiders setting forth criticism, opposing thought, or the results of independent investigation and experience in the

entire medical field. It is practically impossible for any writer outside the organization to get his articles published in the leading papers and magazines of the country if they conflict in any way with orthodox medicine. The censor in Chicago and his representatives in the principal cities of the country see to it that his work does not appear. Few editors dare to admit such articles without their approval.

Back of the association, or allied with it, are vast, frequently rapacious, commercial interests with untold millions of capital invested in the manufacture of injurious and unnecessary drugs, laboratory products, serums, vaccines, toxins, antitoxins, hypodermic syringes and needles, together with necessary and useful medical and surgical supplies of all kinds. More or less blindly carrying out its plans and enforcing its decrees is an army of officials, agents, employees, managers, inspectors and detail men, all dependent for their livelihood upon the maintenance of this vast, self-seeking, self-perpetuating medico-political-commercial-industrial system, which pretends not to be a system.

The real directors and strategists of the association do their work under cover. Their names seldom appear in print. The public and the profession at large know little or nothing about them. Some of them are not even officially connected with the organizations in and through which their nefarious work is done. Frequently the officers and members of such organizations do not know that they are being used or controlled for medico-political purposes. They are completely hoodwinked as to the identity of their real masters.

Of the 90,000 members claimed by the American Medical Association, of whom a great majority are earnest, sincere, hard-working but misguided physicians, very few know the identity or the real purposes of the little clique which controls it, nor how they do their work. Those who know in part and see the trend of the political activities of the association, always reaching out for more power, are restless and rebellious, but powerless. They sense the presence of traitors to the high ideals of medicine in their camp but cannot put their finger on them. They see the drift of vast numbers of the people away from the medical profession into the camp of the non-medical cults and are puzzled to account for it. Probably thirty million people in the United States have thus freed themselves from medical bondage and "lived happily ever after-

ward." They see medicine becoming more and more "scientific" and political and less and less humane. They see an army of doctors whose principal weapon is the hypodermic needle, a weapon far more vicious than the notorious "needle-gun" of the Civil War. They see vast sums of money squandered in "research" that leads nowhere but into worse and worse therapeutic error and confusion, and in building great "medical centers" from which radiate many false therapeutic doctrines, delusive promises and pernicious practices. They see great leaders in medicine and surgery like Bier in Germany and Bulkley in New York, brave men who dare to follow truth wherever it leads, opposed, censured, traduced, browbeaten and forced out of their official positions in institutions they have created, in the effort to crush them, ostensibly because they are adherents or defenders of a "system" or go counter to the will of "The Organization." And this they see without realizing that they, themselves, as well as the concealed oppressors, are all members, victims or adherents of a system vastly greater and infinitely more dangerous than those which are being attacked.

The *New York Herald*, September 3, 1925, published the following:

"BERLIN SURGEON IN CLASH OVER HOMŒOPATHIC VIEWS  
Prof. Bier Tells of Success With Treatment, Arousing Ire of  
Allopaths.

Berlin, Aug. 15 (By The Associated Press).—Professor August Bier, eminent surgeon who performed the operations on the late President Ebert and Hugo Stinnes, has stirred up the allopathic fraternity by not only saying a few kind words for homœopathy, but also publishing his personal successes with the homœopathic treatment.

At the last meeting of the Medical Society Professor Bier was subjected to scathing criticism. One member declared: 'It is nothing less than unethical for Professor Bier to champion the cause of homœopathy.' Another asserted: 'Homœopathy is wrong because its adherents regard it as a system rather than a science. It is, therefore, to be condemned as a system.'

Professor Bier, unperturbed, replied to these and other reproaches with the statement that this problem could only be solved by means of continuous experiments. He declared that after a careful study of the works of Samuel Hahnemann, the originator of homœopathy, he had come to the conclusion that from these textbooks the greatest wisdom was to be gleaned."

The reasons for the enmity of orthodox medicine to homœopathy should now be apparent to any one. It is not, as implied by the perspicacious authority noted above, because homœopathy is not true, but because "its adherents regard it as a system rather than as a science." Homœopathy therefore, might be true in itself, but would, of course, by this standard, become "wrong" if those who practiced it regarded it as a "system." By the same brilliant reasoning the Decalogue and its related laws would be "wrong" if its adherents "regarded it as a system," though it were "Written upon tablets of stone by the finger of God" and delivered to Moses amid thunders and lightnings and impenetrable clouds on Mt. Sinai. It follows that the American Medical Association would be "wrong" if it were "regarded as a system," which of course it is. Hence, obviously, the thing to do is never to regard or speak of it as a system. And that makes it right, "*sans peur et sans reproche.*"

It thus appears that homœopathy and the Decalogue are all right if you practice them and say nothing about it, but all wrong if you name, or even "regard" them as "systems." The cat is a wicked mouse catcher, but do not call her a cat, nor her victims mice. Just say she is a scientific, animated, mechanical device for catching small, four-legged animals with long tails and an appetite for cheese and let it go at that. It is "verboten" in "science" to create systems, "name names," or believe in origins. For under the dominant "modern scientific" regime things just evolved out of nothing without purpose or plan. By this evasiveness there is no allopathy, no homœopathy, but only "medical science," which inferentially evolved out of nothing, is nothing and will return (it is to be hoped) to the nothingness from which it came.

From this point of view it is clear that there are no standards of rightness or truth, no fundamental principle, no laws. The rightness or wrongness of a thing depends only on how it is "regarded"; in other words, upon the whim of an individual, or the dictum of the American Medical Association. In short, it is Anarchy.

In this kind of science every man is a law unto himself (until he comes into conflict with "The System") and every one who disagrees with him is "unscientific" and "unethical." "It is nothing less than unethical for Professor Bier to champion the cause of homœopathy," said one of his critics. And every one knows the

penalty for being unethical—ex-communication, professional ostracism and persecution.

All science is systematic. Every science is a system. Without system there would be no sciences. System gathers up and correlates isolated facts, deduces general principles, forms theories or working hypotheses, conducts experimentation and research, tests and verifies results and finally establishes a science which has individuality and may be given a name. System and Science are inseparable.

The Standard Dictionary defines Science as:

"1. Knowledge gained and verified by exact observation and correct thinking, *especially as methodically formulated and arranged in a rational system.* 2. Any department of knowledge in which the results of investigation have been worked out and systematized; an exact and *systematic* statement of knowledge concerning some subject or group of subjects, especially a *system* of ascertained facts and principles covering and attempting to give adequate expression to a great natural group or division of knowledge."

Under this authoritative definition homœopathy takes its place rightfully as a science and a system to which its followers do not hesitate to affirm their adherence in principle and practice.

What does the world of established science think of a body of medical men, calling itself scientific and arrogantly assuming dictatorial powers and privileges, which thus not only flouts science but flaunts its antagonism to and rejection of the fundamental principles which are the foundation of all established sciences?

A better understanding of the situation will be gained by a brief consideration of a closely related subject.

#### The Inductive Method in Science.

If the physician is to be a teacher and a guide as well as a healer of the people, he must himself have been taught and guided into right paths of knowledge. He must know the truth. He must have learned, digested and assimilated his portion of the stored-up knowledge and wisdom gained by the scientific research, observation and experience of the profession. This knowledge, to be

always available, must be *systematized*, for Science is nothing but orderly, systematized knowledge of things that are true.

All true sciences (for there is much of what St. Paul aptly describes as "science falsely so-called") are products of the Inductive Philosophy out of which grew the Inductive Method of Logic and the Inductive Method of Science.

We are all supposed to know something about logic, that is, "formal logic," which we use consciously or unconsciously in all our thinking. But how many of us ever stop to think that the science of logic exists in *two parts*—the logic of form, and the logic of reality or truth; or, technically, Pure Logic and Inductive Logic?

Pure logic takes no account of the *matter* of our reasoning, of the truth or falsity of the things reasoned about. It deals solely with the form of the reasoning. It is the favorite weapon of partisans and controversialists.

Inductive logic, on the contrary, concerns itself primarily with the facts, with reality. Its primary purpose is the discovery and use of Truth. Its first requirement is that *the premises must be true*, the result of true and valid observation of facts, based if need be upon pure and controlled experimentation, and consistent with a basic underlying principle.

Inductive logic does not reason from a theory or a hypothesis, but from ascertained facts. It does not draw general conclusions from a particular group of facts without regard to general underlying principles. It does not "jump at conclusions." Every step of the process must be verified, every link in the chain of reasoning be complete and joined to its neighbors and capable of being hooked up to other established conclusions.

Logic may begin with particulars and proceed by synthesis to generals, or it may begin with a general concept or principle and proceed by analysis to particulars.

All reasoning is by inference and, in the last analysis, all reasoning is deductive. Induction and deduction are simply opposite ways of arriving at the same conclusions. By inductive reasoning we ascertain what is true of, or common to, many different things and infer the laws that govern them. By deductive reasoning we do the opposite and infer what will happen in consequence of the laws.

Reasoning *a priori* and *a posteriori* are, therefore, not different modes of reasoning, but arguments differing in the character of one of the premises. They differ merely in the point of view. It is because of its wrong point of view, and because its reasoning has been purely formal, partial and largely controversial that modern medicine has arrived at its false position.

We may all rightly orient ourselves and be protected against such gross errors as have been cited by resorting to the means afforded by inductive logic. Guided by its principles we may examine into the merits and results of the whole or any part of any system of thought or practice which is presented to us, and judge whether or not or to what extent it is worthy of acceptance. If the system under examination is true, it must, in its origin, development and application, have conformed to the requirements of the inductive method *and be governed by an underlying general principle*. The results claimed for it must be submitted to investigation under the same principles, for much that is claimed to be good, especially in medicine, is undoubtedly bad when brought to this test. We are deluded and continually deceived by the specious claims and assertions of men who have, by their own confession, no standard of truth, no general principle to guide them, and who are constantly misinterpreting and misstating the results of their experimentation and practice. Led by an *ignis fatuus* they go on blindly experimenting, seeking that which does not, and, in the nature of things, cannot exist—a "cure" or specific for each general disease without regard to the individual variations from type which always exist.

Allopathic therapy is, always has been, and always will be a failure, because those who are responsible for it have either never made a complete application of the inductive method, or have violated its principles. Admitting, when pinned down, that every established science is based upon some "primitive fact," or general principle, they have stubbornly denied that there is any such principle in therapeutics, have refused to search for one, or to accept one when it was discovered, demonstrated and announced to them by Hahnemann. For this they stand unrecognized and discredited in the world of general science and will so continue until they acknowledge their errors and reform their methods.

Homœopathy presents itself as a system of therapeutic doctrine, theory and practice, based upon a general principle or law

of nature which has been deduced and established under the rules and principles of the inductive philosophy. As such it has existed and proved its truth and efficacy as the true science and art of healing by medication for more than a century. Its claims are the same now that they have always been. It makes its appeal on the same grounds now as in the beginning, and presents the same proofs of its verity as a scientific system of pharmacotherapeutics. It makes the same challenge that Hahnemann made: "Do as I have done, but do it exactly"—and leaves the final decision to an enlightened public.

# HOMŒOPATHIC RECORDER

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## EDITORIAL NOTES AND COMMENTS.

**Courting the Old School.**—Homœopaths, early in their efforts to convince established medicine of the truth of their principles, were by force of circumstances compelled to be sectarian. Sectarianism was not therefore, of their own choosing and its sin, if such it be, should not be laid at their door. Ostracism, both social and professional, was suffered by the pioneers, to a degree, be it said, which is quite unknown today, except in a few perhaps, of the English provinces. In America, all this bigoted persecution has happily long since passed away, but in its place has come a spirit of easy tolerance and fraternization which, though very agreeable when superficially looked at, does not necessarily denote the acceptance by established medicine, of the principles of homœopathy. Organized homœopathy has, especially in the past, accomplished many things to its advantage and credit, such as for example, the control of certain state insane and other hospitals and the establishment of separate examining boards in various states of the Union; these boards however, have of late years either disappeared altogether or have had their powers so curtailed by legislative or other enactments that, so far as homœopathy is concerned, their influence is practically negative. New York State is a glaring example of this nullification of all homœopathic interest or advantage, for although the licensing board contains one or two homœopaths among its members, these men have no opportunity to do anything constructive for the cause of homœopathy itself. The State Board of Regents does not require of candidates for license to practice medicine, an examination in *materia medica*, hence, so far as the board is concerned, or the State which it represents, it is a matter of indifference whether

a candidate be from the colleges of the old school or of homœopathic persuasion. Sectarianism is thus broken down, in itself a good thing, but with its abolition comes the real danger of a loss of interest in the tenets of the homœopathic school. Hence it is, that in keeping with this spirit of catholicism in medicine, but two homœopathic medical colleges remain and numerous homœopathic hospitals have lost their pristine homœopathic characteristics. In its laudable desire to convince orthodox medicine of its right to exist and of its educational and professional equality, organized homœopathy often stands so erect, that it is in imminent danger of falling over backwards. We in these United States, dearly love noise and show and are much given to hysterical fervor and exuberance, almost on a par with the old-time Methodist camp meeting; we are fond of fooling ourselves and of being fooled and thus exhibit a naiveté which for the foreigner at least, is difficult to understand. We invite to our national medical conclaves and banquets, men prominent in the professional and official life of the old school and then pat ourselves vigorously on the back, for the glory of our achievement. But do we really achieve anything worthwhile by these press-agent methods? Does all this diplomatic tomfoolery bring us anywhere? We doubt it and look in vain for evidence. Has any O. S. college seriously taken up the study and investigation of homœopathy? If so, we have not heard of it. On the contrary, the juggernaut of established medicine continues to roll relentlessly on and to flatten out all doctrinal differences. In keeping with every other department of American national life, we are undergoing a process of standardization, which is killing all individuality. We have become *good fellows*, who applaud vociferously every compliment thrown at us, but in our eager running after the glittering chariots of the old school, are divesting ourselves more and more of such shreds of principle as are left to us. The end is easy to foretell, unless we bestir ourselves at once and engage in a campaign, the object of which shall be the demonstration and acceptance of homœopathic principles. Organized homœopathy now represents itself, too often by means of the methods of the three-ringed circus; the tail is wagging the dog and the poor hybrid is threatened with an incurable palsy.

Perhaps we will do well to study the progress of homœopathy in Germany, where chairs have been established in two univer-

sities; perhaps the German methods of thoroughness and devotion to principle, can be copied with advantage to ourselves. If so, by all means let us adopt them; but in any event, let us cast aside the ridiculous camouflage which deceives no one, not even the professional booster from the precincts of Babbity.

**Ceanothus Americanus.**—In the present issue we publish a case report by Dr. Grace Stevens, reciting the successful use of *Ceanothus*. In this case, however, *Natrum mur.* was also prescribed and the author raises the question of just how far *Ceanothus* is to be credited with the favorable outcome of the case.

*Ceanothus* was called by Burnett an organ remedy, which it undoubtedly is, since its chief sphere of action is upon the spleen. It is in splenic affections, hypertrophy and pain, usually of malarial origin, that this remedy is likely to be of service. Hence quite naturally, *Natrum mur.*, which is so pre-eminently useful in malarial complaints, is apt to be needed to complete the work begun by *Ceanothus*. A little remedy, as the latter, has its own distinct place, but is rarely sufficient to work a complete cure; the more deeply acting antipsorics as a rule, must be depended upon. There are very many *little remedies* in our vast materia medica, wonderfully effective at times; the difficulty is, to retain them all in mind, more especially as they so often are distinguished by one or two striking symptoms only, whereas of the large remedies, we have broad general mental pictures. In spite of all the efforts at simplification of the materia medica and in spite of the fact of the great usefulness of the repertory, memory still plays a most important part in practical homœopathic therapy. Drug proving along pathologic lines may perhaps, some day change this; we do not know, though even then, a good memory for symptoms, will always be an asset of great value.

**Simple and Effective.**—In repairing a shingle roof, a man struck his hand below the thumb, with a hammer; the thumb and dorsal region of the hand swelled rapidly and became very painful. Applications by a nearby O. S. physician were resorted to, chiefly strong, hot solutions of Epsom salts. No relief followed, but on the contrary the pain increased and inflammation of the cellular tissue began. *Arnica* 30th, q. 4 hours, was now given and the inflamed hand was swathed in gauze saturated with a 1 to 8 solu-

tion of calendula tincture and glycerin. In two days the trouble was over and the pain practically gone. A simple treatment and effective; glycerin is hygroscopic and being such, removes swelling and inflammation; in this case perhaps, the calendula was not needed; the use of *arnica*, internally, needs no defence. Calendulated glycerin has served a most useful purpose in many similar cases.

**Causticum.**—Things that burn are suggestive of *Causticum* and to be sure, of *Arsenicum*, *Phosphorus* and *Sulphur*. All four are types and possess their distinctive peculiarities and spheres of action. An old burn, recalls *Causticum* and so does a paralyzed muscle. Burning sensations and paralytic weakness suggest *Causticum* and the *Causticum* patient as in the case of most of the potashes, is weak and on the road to paralysis. A paralysis of the vocal cords may need *Causticum*; a laryngitis with burning and rawness down the trachea, most certainly will, especially if the cough is non-productive and the patient is most uncomfortable in the morning.

An old tabetic may be palliated with *Causticum*, if his bladder is unreliable and his urine escapes *mir nichts, dir nichts*, at unconventional times.

The facial distortion of Bell's Palsy, due to exposure to a dry cold wind, may need *Aconite*, if seen early enough, but the chances are that old man *Causticum* will be required before you get through with it. The costive youngster who wriggles and squirms in vain to have a stool, but defecates while on his feet and running around, will probably reveal the need of *Causticum*.

*Causticum*, like *Asarum*, *Hepar* and *Nux vom.*, is aggravated in dry weather; moist weather seems to mollify and soothe. At this writing however, with the thermometer at 84 degrees F. and the humidity at the saturation point, we do not feel the need of any of these remedies—a glass of iced tea suits us better.

*Causticum* has much lumbo-sacral backache and weakness, reminding us of *Kali carb.*, for instance. Ptosis of organs may be indicative of *Causticum*, especially when the upper eyelids are affected.

The heat is terrific, dear reader, so turn to your materia medica and read there, ever so much more; but do not forget that *Caus-*



ticum grows little, pedunculated warts and may thus be classed as an antisycotic, as well as antipsoric.

**Seeing the Remedy.**—We are all in agreement that prescribing homœopathically is an art and one which, incidentally, very few physicians ever master. Even the most expert among us have had and continue to have their failures. The art of prescribing rests upon many things, chiefly however, upon a knowledge of *materia medica* and of natural disease, as expressed in the common language of the patient. To educate the physician in many of the medical sciences, pathology especially, is often to ruin a good prescriber, who is then too apt to think in terms of pathology and diagnosis, rather than to think in the language of disease. He cannot see the woods on account of all the trees! This, of course, should not be so, but the human brain is so constituted, that it spills over, if it be filled too full. Too much knowledge then becomes a hindrance, rather than a help. Many an amateur with a little wooden box of homœopathic remedies, has wrought a remarkable cure which might have been beyond the reach of the professional. But often the amateur never knew what he had cured. Hence a well balanced mind is a great advantage; one which, with all its impediments of learning, can still bring the imagination of the artist to bear upon the medical problem before it. Each case is a problem, peculiar to itself alone, even though, diagnostically considered, it may resemble many others. Imagination is important, for it gives us the ability to visualize, to perceive more clearly and more deeply, what is before us. The prescriber must, intuitively as it were, ask himself such questions as—what is wrong with this patient; what ails him; to what extent has his perverted physiology progressed; how much is it reasonable to believe, can be done; can this patient be cured at all or if not, can he be helped to some extent? Most of all, must the physician ask himself the question, what does this sick man's symptoms resemble and here indeed, his knowledge of *materia medica* must come to the front. Some little, very trivial circumstance or thing, may unlock the door to success, but how often do we hunt for the key in vain! Here again is where the importance of a knowledge of types, is of advantage; why try to fit *Nux vomica* to *Pulsatilla* for example? What Kent called the *generals* is here of importance and the word pictures of Kent, Dunham,

Farrington, Tyler and others, enable us to differentiate the types. The bold broad outlines give us the cue, the little particulars may or may not always fit in; but the *generals* rule. To see the remedy then, often requires an unusual genius, even cockeyed at times, much to the amazement of the too scientific physician, who, in his scholastic erudition, has lost the viewpoint of the artist and must needs deal solely with the rough stones of concrete knowledge.

There are few real artists and this is why homœopathy progresses slowly. The way of art is long and arduous indeed!

**How Much Shall We Claim?**—Some months ago, an overgrown, pasty-faced youth of seventeen years was brought to us for advice and treatment; his history was uneventful, except for an attack of diphtheria during his sixth year. His principal complaint was that of fatigue and consequent lack of ambition and vigor; his appetite was fickle and inclined to be poor; he lolled about the house most of the time and after school hours, refused to play, because of fatigue. Physical examination proved to be negative, though his blood pressure was too low. Examination of the urine showed a large amount of albumin and the characteristic evidence, such as casts, etc., of a chronic croupous nephritis. He was put upon a milk and graham cracker diet exclusively, was forbidden any but the simplest exercise and was given *Calcarea arsenica* 12th, q. 24 hours.

Under this dietary and therapeutic regime he soon improved in appearance, appetite and strength and some dietary concession was now made, by permitting him chicken once a week, well cooked vegetables and ripe raw fruits. Meat and salt were interdicted, with the exception of chicken, as above stated. After four months he has become active and rugged, fond of playing tennis, even on hot days, eats his food with a relish, and feels no fatigue. His urine shows no epithelia or casts and but the most minute trace of albumin. Surely, thus far, a happy result!

The question at once arises, how much credit is to be given to the remedy and how much to the diet? This is difficult to solve; it is easy to ascribe the successful outcome to one or to the other therapeutic measure, or to both. But do we really know? Frankly, we do not; one swallow does not make a summer! Both *Calcarea* and *Arsenicum* are powerful and deeply acting remedies. Undoubtedly the arsenite of calcium is equally powerful and so far



as we know, has a decided action upon the kidney as well as upon the heart. But, before we can make great claims for its therapeutic ability in nephritis, we must observe its action in other and similar cases, for obviously, not all cases of nephritis will be favorably influenced by this remedy. Here is where our remaining homœopathic hospitals can serve a useful purpose, in experimenting with such a drug as this one, in a series of cases of nephritis, under proper diagnostic control and observation. But in so doing, they must not be guilty, as they so frequently have been in the past at least, of the sin of polypharmacy. Many of our hospital case records are for this very reason, useless for the purpose of homœopathic demonstration.

**The Dentist and the Homœopathic Prescriber.**—We often wonder what has become of the old-time homœopathic prescriber, who studied out a case of toothache and cured it with a well selected remedy. Apparently, in the large cities at least, he is as extinct as the dodo; patients now fly to their dentists, at the slightest sign of trouble and in so doing, often get into still deeper trouble. The old *Domestic Physician* of Hering, gave many symptoms of dental difficulties and remedies for their alleviation. "Infected" teeth were helped and even saved and pain was quickly relieved. Many a toothache has been helped by *Belladonna*, or by *Chamomilla*, *Coffea*, *Mercurius*, etc. The sensation as though the teeth were too long, has often led to the happy use of *Mezereum* in many a case of alleged neuralgia; perhaps the allegation was unfounded and not based upon good diagnosis or correct pathology, but the pain was nevertheless removed, which after all, was what the patient wanted. We wonder, whether in some respects, we are not becoming too infernally scientific and in danger of atrophy of the organs of common sense. If our simple homœopathic remedies cured these dental troubles years ago, why cannot they do so now? Are we not running specialism into the ground and in so doing, losing opportunities for doing good with our well tried, simpler and more general measures? While on board ship, returning from Europe a few weeks ago, we were called upon to prescribe for a swollen face. Inspection revealed a commencing abscess above one of the upper molar teeth on the left side. Pain and tenderness were of course present; a few doses of *Mercurius sol.* 1000 quickly removed every vestige of the

trouble; simple enough—for homœopathy, but had the patient been in the hands of the average dentist, quite a clinical dental drama would have been unfolded. The lesson of all this is, that we physicians should assert our right to be active and of use in a sphere in which we know our remedies may be relied upon, always co-operating with the dentist, and leaving to him the purely mechanical or surgical part of the work, which we do not pretend to be qualified to do.

**He Cannot Lie.**—This is not a dissertation upon honesty nor an attempt to be jocular at the expense of the legal profession, though lawyers are said to be able to lie on either side.

*Phosphorus* cannot lie on the left side, finding his cough and distress of breathing greater when he does so. Nor can *Spigelia*, on account of stitching cardiac pains, assume the left-sided position. *Carbo animalis* and *Stannum* are distressed and cough more when lying on the right side and *Kali carb.* finds his lung and pleuritic pains to be worse when he attempts it. *Mercurius* joins this group, cough and other symptoms becoming more severe when he rolls over to the right or painful side. *Bryonia* on the other hand, prefers to lie upon the affected side, for by so doing motion is lessened, hence chest and other pains are relieved; thus this remedy cannot lie upon the unaffected side. *Pulsatilla* finds herself to be more distressed when she attempts to lie upon the left side, which she often therefore, cannot do. *Rhus tox.* frequently cannot lie in any position, at least with comfort, for more than a few minutes, pains and physical restlessness compel constant changing of position; but in lumbago *Rhus* does find some comfort by lying upon his back and upon something hard. *Natrum mur.* does this trick also, finding it easier to lie flat upon the back, thus relieving lumbar pain. *Aconite* cannot lie at all, thrashing constantly about the bed, but mental anguish, fear and restlessness are the compelling causes. *Chamomilla* cannot lie, at least still at night, from sheer cussedness and anger, as pains arouse his ire and compel him to get up and move about for relief. *Arsenicum album*, weak as he is, is a poor one to lie, mental anxiety and restlessness compel him to be everlastingly on the move, all over the bed and from the latter to the chair and back again. *Coffea* cannot lie, but is incessantly on the go, howling and weeping in desperation at his neuralgic or dental pains; a mouthful of ice-

water, that national drink of these arid United States, gives him temporary relief, but once the water is warm or has been swallowed, the circus begins again.

And thus we go on, watching the sufferers who cannot lie, this way or that, trying to discover the reasons why and the remedies which will bring relief. There are many of them, all deserving of study; the better we know them, the sooner can we relieve our patients. The peculiarities are numerous; for example, there is *Medorrhinum*, whose cough is better when he lies flat on his abdomen and *Psorinum*, who cannot lie, unless his limbs are spread apart and away from his body, even his fingers must not be permitted to touch each other. 'Tis a strange world this, or shall we say, the people in it? We think so, for we cannot lie!

## THE HOMŒOPATHIC RECORDER

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### INFANTILE PARALYSIS.\*

Grace Stevens, M. D., Northampton, Mass.

Acute poliomyelitis, also called infantile paralysis, regressive paralysis, or acute atrophic paralysis, is an acute infectious disease affecting mainly children under five years of age. It is caused by a filtrable virus which attacks the central nervous system, the parenchymatous organs and the lymphoid tissues. The most prominent symptom of the disease is a rapidly developing flaccid paralysis which improves after two or three weeks, leaving as a rule a few muscles permanently paralyzed. These last muscles undergo rapid atrophy.

The disease occurs sporadically and in epidemics, and during the last twenty-five years the epidemics have increased in frequency and severity. In 1909 Landsteiner and Popper succeeded in inoculating the disease in monkeys by intra-abdominal injections of a bacterium-free emulsion from a boy who had died from the disease. Other workers confirmed these observations, notably among them Flexner. I shall quote in substance from his writings for a paragraph or two.

The virus or microbic agent consists of minute globules, capable of being viewed under the high powers of a microscope. It is carried by persons, not insects. Animals, except monkeys, do not seem to be susceptible to the virus, and are therefore only passive carriers. This virus is not injured by a 5-10 per cent. solution of carbolic acid or by freezing. It is more sensitive to heat, and can be destroyed in one-half hour by a temperature of 40-50 degrees C. Hydrogen peroxide in a 2 per cent. solution also kills it, as do also menthol and bichloride of mercury. When inclosed in an albumi-

\*Read before the Annual Meeting of The International Hahnemannian Association, Philadelphia, July, 1926.

nous envelope, it will withstand drying for several weeks and therefore saliva or nasal mucus can convey the infection by means of a spray produced by a cough, sneeze or loud conversation.

Careful investigation points almost conclusively to the upper respiratory tract as the site of the ingress and egress of the virus. The lymphatics of the nasal mucosa are in almost direct connection with the sub-arachnoid space; they pass with the filaments of the olfactory nerve through the cribriform plate of the ethmoid bone.

The virus of poliomyelitis has been demonstrated in the nasopharynx of infected monkeys and successful inoculation of monkeys by the virus has been done via the pharyngeal mucosa. Large quantities of the virus can be introduced into the stomach or duodenum without producing spinal paralysis if only peristalsis be preserved. In the nasal secretions the virus is extremely persistent. It was found in a monkey five months after recovery, but in human beings it does not live so long. However, as long as it persists in one who has had an attack or in a passive carrier, that person is a menace to those around him. Ordinarily the disease is communicable for about six days before the development of an attack and ten days after the onset—that is, the period of incubation is usually from five to seven days. However, extremes of two days, and thirty days have been reported.

#### Incidence.

The most susceptible age is the latter half of the second year, and 90 per cent. of cases are in children under five years, 95 per cent. in those under ten. However, no age is exempt; a case is on record of a child twelve days old, and another of a person forty-six years of age.

As a rule, epidemics occur in summer and early fall; that is, in warm weather, but sporadic cases are seen at any time of year. The disease seems to be independent of surroundings. It appears in the country as well as in the city and attacks persons in good circumstances as often as those who are very poor—those in previous sound health as well as the more delicate. Dr. Erastus Case reported three cases of poliomyelitis, all in persons of tuberculous inheritance, and he wondered if the disease were always dependent on a tubercular root.

It has been stated by some writers that more than one case did not appear in the same family, but this is not true, since in one of the large epidemics there were over two hundred families which had two cases and a few had three or four. As a rule one attack gives immunity to the disease by the formation of anti-bodies. A second attack is extremely rare. Relapses sometimes occur in a few weeks from the onset and are usually marked by an extension of the paralysis.

#### Pathology.

Before the discovery of the virus, and its use in animal experimentation, knowledge of the pathology of poliomyelitis was chiefly limited to the finding of atrophic scars in the anterior horns of the cord. This led to the view that the paralysis was due to an embolic plugging of one or more of the anterior spinal arteries, resulting in the necrosis of nerve tissue and later formation of interstitial scar tissue. It has now been definitely proved, chiefly by experiments with the virus upon monkeys, that the disease is a general infection, attacking not only the cord, not only the central nervous system as a whole, but the peripheral nerves and the viscera, too. The changes begin with hyperemia of the pia and of the blood vessels which pass into the cord through the anterior fissure, and with the accumulation of lymphocytes and polymorphonuclear leucocytes about them. This process extends into the substance of the cord and everywhere the minute blood vessels are found surrounded by a mantle of such cells, so that the more vascular portions of the cord, that is, the cervical and lumbar enlargements, the anterior horns and the gray matter are especially affected. This leads to a difference of opinion regarding the direct cause of injury to the nerve cells, some writers holding that it is due to the direct action of the virus, and others maintaining that it is owing to obstruction of circulation by the immense number of cells, resulting in pressure and œdema which cause degeneration of the nerve cells. This degeneration varies much in extent. If the pressure is soon removed, regeneration takes place, but if it remains, the cells become necrosed, are cleared away and later are replaced by a dense neuroglia scar. Analogous lesions are found in the medulla oblongata, where the nuclei of cranial nerves become infected, and also in the higher parts of the brain.

Changes in the cerebro-spinal fluid occur early. In from twenty-four to seventy-two hours it becomes opalescent and coagulable, but soon again becomes clear and non-coagulable. This clearing of the fluid in monkeys comes with or just after the appearance of the paralysis. Experiments have shown that this clear fluid is non-infectious, although it may be in excess and may contain an increased number of lymphocytes.

The lymphoid tissues are nearly always affected and cloudy swelling is found in liver and kidneys.

### Symptomatology.

There seems to be a distinct difference between the sporadic and the epidemic cases, the sporadic case, as a rule, affecting only certain parts of the spinal cord, whereas in the epidemic form the inflammation is usually more general, involving not only the spinal cord but the brain as well, and the pia over both these structures. Wickman divides the disease into eight different forms, as follows:

1. Spinal poliomyelitis.
2. Cases simulating Landry's paralysis.
3. Bulbar and pontile forms.
4. Cerebral form.
5. Ataxic form.
6. Neuritic form.
7. Meningeal form.
8. Abortive form.

The symptoms of a typical case of the spinal form are as follows: A child in previous good health becomes restless and irritable. It complains of pain and the limbs are tender to touch. Mild fever develops or at times a high temperature, sometimes with vomiting and less often diarrhoea. Convulsions sometimes occur. Sweating is a very constant symptom, also a very marked prostration with diminished or lost reflexes. Blood examination shows a leukopenia. After two or three days the fever usually passes off, leaving the child quiet, with clear mind, but with a localized or a general flaccid paralysis. The legs, one or both, are most often affected, the arms less often, but any part of the body may be attacked. The sphincters are rarely affected. This stage of paralysis usually lasts from one to three weeks and is followed by a relief of the

general paralysis, but a more permanent paralysis of one or more groups of muscles. These atrophy rapidly and present the reaction of degeneration. The affected limb becomes blue and cold and is liable to contractures owing to the action of the unopposed muscles. The joints may also be deformed. In the leg, the quadriceps and the tibialis anticus are most often affected—in the arm, the deltoid. The anterior and internal muscles of the extremities are more apt to suffer than the posterior and external. There is apt to be arrested development of the bones in the affected limb.

The type simulating Landry's paralysis is very rare. The paralysis is progressive and ascending. The pathological process eventually reaches the medulla and the patient dies.

In the bulbar form the nerve nuclei of the pons and medulla are affected and as a result we have dysphagia, dysarthria, dyspnoea and paralysis of various cranial nerves, especially of face and eyes. These cases are rapidly fatal.

The meningeal form includes cases which have rigidity of the back and neck and Kernig's symptom. The symptoms are milder than in cerebro-spinal meningitis and positive differentiation may be made by lumbar puncture.

There are two forms which may be especially misleading as to diagnosis—the cerebral and the abortive. The first is called also poliioencephalitis and produces hemiplegias and diplegias in children. The second, or abortive form, was first recognized by Wickman during the great Swedish epidemic of 1905-06, and Flexner has proved its identity by experiments with the blood serum of patients who had it. The serum of such cases neutralizes the virus of poliomyelitis just as does that of typical cases.

A case of this sort begins suddenly with fever, vomiting and *great prostration*, often accompanied by muscular pains and stiffness of the neck. This clears up in two or three days and the patient makes a perfect recovery. The recognition of these cases is most important, as the patients are carriers of the disease and should be isolated. Also, early diagnosis in any case will help to the choice of treatment and so may prevent paralysis.

### Diagnosis.

Diagnosis is usually fairly easy during an epidemic, but is very doubtful in a sporadic case, especially in the early stages. Lumbar

puncture is a great aid. If the case is positive, the spinal fluid will show increased pressure, opalescent tint (in prodromal stage) an increase in protein and an excess of white cells, especially lymphocytes. After the paralysis has appeared the fluid becomes clear and the lymphocytes diminish in number, though they are still in excess of normal.

The diagnostic symptoms of poliomyelitis are restlessness, irritability, fever, sweats, headache, backache and *very marked prostration*, followed in twelve to thirty-six hours by a general flaccid paralysis.

The disease must be differentiated from cerebral palsies, which are hemiplegic in distribution and come on suddenly. The tendon reflexes are increased and the electrical reactions are preserved. There is no extreme wasting of the muscles. There is profound mental depression. In poliomyelitis the mentality is unaffected. The tongue, face and speech are normal. There is very marked wasting of the affected muscles with electrical reaction of degeneration and loss of faradic irritability. The reflexes are abolished early.

Cerebro-spinal meningitis, which may be confused with this disease, will usually show a spastic instead of a flaccid paralysis, marked spinal and nuchal rigidity and much more pain than is found in poliomyelitis. Occasionally a case of infantile paralysis is so mild that its occurrence is not noted by the parents until time for the child to begin to walk. It may then be confused with the pseudo-paraplegia of rachitis, but the latter disease shows beading of the ribs, enlarged and tender joints and hyperæsthesia of the extremities. Movements are painful, but possible; there is no muscular atrophy or altered electrical reaction and the deep and superficial reflexes are normal.

#### Prognosis.

Cases of the bulbar type are nearly always fatal, death coming suddenly. Cerebral and meningitic cases are serious. In the strictly spinal form the prognosis is usually favorable as regards life especially in sporadic cases, but the great majority of those attacked suffer some loss of function. Holt says that more children die on the fourth day than on any succeeding day and the prognosis for life is good after the first week. From twelve to

thirty years of age the mortality is given as 27 per cent. as against 12 per cent. under twelve years. Flexner stated that in epidemics there was a death rate of 5-10 per cent. and that 75 per cent. were paralyzed to some extent. In one epidemic in Nebraska, however, only 25 per cent. were paralyzed.

If the faradic irritability is lost very early, that is, within a week of the onset of the disease, there is more danger that the paralysis will be permanent, but the longer the loss is delayed the greater the hope of recovery. A return of faradic impulse indicates a return of voluntary motion. Indeed, it has been proved that in the process of recovery a muscle will respond to volitional impulse before it will react to faradism, and the earlier this return occurs the greater the probability of complete recovery. Gowers said that an absence of faradic irritability for ten days indicated a permanent partial paralysis, but Sinkler quotes a case where it was absent for fifteen months, and after sixty days of treatment it returned with voluntary motion. Dr. John Eastman Wilson quotes a case of Dr. Hutchinson's in which restoration of function took place after forty-one years of paralysis.

#### Treatment.

The patient and his attendants should be isolated during the acute stage, that is, for three weeks from the onset of symptoms. All discharges should be disinfected. Since diagnosis of the disease is so difficult in the first stage, the physician should be on the alert and give especial attention to any case that with catarrhal symptoms presents a degree of prostration out of proportion to the severity of other symptoms. If necessary, lumbar puncture should be done to make clear the diagnosis. An opalescence of the cerebro-spinal fluid would make the diagnosis sure.

During the early stages of the disease absolute rest in bed is necessary, and the patient should lie either on the side, or, if resting on the back, should be on an inclined plane. Massage or electrical stimulation should not be used until after the acute stage has passed. When the paralysis has developed, measures should be taken to prevent deformities, or unnecessary fatigue and strain of the weakened muscles. The patient should not be allowed to swing a dangling foot or to bear weight on a weakened joint. Sandbags will help to keep the limbs in position in bed and a cradle will

remove the weight of bedclothes from the feet. The affected limbs should be wrapped in some soft woolen material or in cotton batting to keep them warm. After the acute stage has passed, gentle rubbing and massage should be used daily, and twice a day the limbs should be bathed for fifteen minutes in water as warm as can be comfortably borne. A salt bath is helpful and gives the child more chance to float and to use its limbs.

Muscle-training should not be started until all acute symptoms have subsided and the muscles have lost their irritability—perhaps six weeks from the beginning of the attack.

After the acute stage is passed, it is much safer and better for the general practitioner to seek counsel from a good orthopedist, rather than to try to carry the case through alone. He will need special aid in the choice of exercises and in measures to avoid deformities.

Also the homœopath needs to study his remedies most carefully in order to give all the aid possible in combating the disease. In the beginning, belladonna may very likely be indicated, but extreme prostration suggests gelsemium and clinically that has proved very helpful. Causticum, graphites, and plumbum are to be considered in the later stages, along with many other remedies. There is no doubt that the homœopathic medicines accomplish great things in this disease and that Old School consultants are often at a loss to account for the marvelous nerve regeneration that has taken place.

### HOMŒOPATHIC RESEARCH.\*

Dr. Guy B. Stearns, New York City.

Why homœopathic research? Since homœopathy is part of general medicine, why a special kind of research?

The answer is: General medicine does not know that homœopathy is part of itself and, therefore, has not devoted any research to its tenets. Homœopathy is a science of therapeutics and is only incidentally related to any other branch of medicine. The purpose of homœopathic research is to investigate this science and to facili-

\*Read before the Annual Meeting of The International Hahnemannian Association, Philadelphia, July, 1926.

tate its use. It must be done by homœopaths, not for sectarian reasons, but because only homœopaths understand the factors to be investigated, and because no one else will do it for them.

### The Homœopathic Researcher.

The old masters in homœopathy were true geniuses at finding the curative remedy. There are geniuses today, in the same branch, especially among those who were trained a generation ago. Their knowledge of the action of drugs in the curative sense is full and is based on the concepts peculiar to homœopathy. The only thing that survives in homœopathy is the work of such geniuses, and their talents should be cherished.

The homœopathic researcher must have this same knowledge and must understand the homœopathic concept; in fact, he must be a homœopathist by temperament. He must learn the technique of homœopathic prescribing so as to be able to concentrate, in his research, on that which pertains to homœopathic science.

This ought to be self-evident. However, the problems of homœopathic research are so different from those of the dominant school that the above conveys only an abstract meaning to the conventionally-trained medical researcher.

Consider the usually accepted concept of why drugs are given, based as it is on active physiological response and represented by the nomenclature of drug-classification such as anodynes, sedatives, cathartics, and so forth. Consider the size of the dose, limited as it is by lethal possibilities. With but few exceptions, drugs are given with no curative intent but for palliative purposes only. Contrast the above with the homœopathic concept of drug-giving, based on the selection of a drug which causes symptoms similar to those which the patient has. Also, the dosage, drugs being given in quantities so small as to have passed beyond physical measurements or material understanding. Drugs thus administered are expected both to give immediate relief and to cause actual cure, as well as to so affect the constitution as to remove susceptibility to disease.

Furthermore, keep in mind that the symptoms which indicate the homœopathic remedy are those that are never considered or, in allopathic prescribing, either are never considered or are deemed trivial, reflect upon the subtleties of homœopathy.



A man aged fifty had malaria following a vacation with his wife at the seashore. Usual prescribing had failed. He was cured by Staphisagria given from the following deductive reasoning. A middle-aged man, under the double stimulus of release from business cares and bracing sea-breezes, goes back to the conjugal activities of his early manhood, thus lowering the threshold of resistance. A malarial infection followed. Staphisagria causes symptoms similar to the symptoms of sexual excess. It also causes the same kind of symptoms as this man's malaria produced.

A young boy received on the eyeball the full impact of a fall on the knob of a kitchen chair. Local treatment with heat, ice, leeches, and so on, failed to relieve the pain or to reduce the swelling. Aconite brought relief in a few hours.

A hard-living man of almost seventy years had stoppage of the urine. All efforts to relieve had failed and he had lapsed into stupor. Operation had been decided on. During the preparation and while waiting for the surgeon, Conium was given the patient and the response was astonishing. First, there was general improvement; next, the urine began to dribble, and then it came in full flow, deluging the bed. The patient lived for several years afterward.

The above-cited cures were made with high potencies. The ability to select Conium for the "old sinner" and Aconite for the eye injury, and Staphisagria for malaria following sexual excess illustrates the subtleties of homœopathy.

A homœopathic researcher must have the same sort of insight as that of the old-time prescribers in order to carry his research into all the intricate ramifications of the finest homœopathic indications. It is said that such prescribing is an art and not a science. Analysis of any expression of art shows it to be orderly relationship, which is science. The masterpiece in painting represents mathematical relationship among lines, angles and color-vibrations. From the art can be worked out the science.

#### Drug-Proving.

The study of drug-effects was the first homœopathic research. That which is established by experimental science becomes a part of the foundation of knowledge. This is why the old provings are standard for all time and the homœopathic materia medica and

repertories that were compiled years ago are as up-to-date as though written today.

Provings should be under the control of the trained homœopathic researcher. It is not possible for one without this training to develop the homœopathic picture of a proving. The laboratory worker and the specialist in diagnosis are not fitted, by temperament or training, for the major control of provings. Their place is important, but secondary.

The most valuable part of a proving is the effects expressed in sensations and such physical manifestations as are obvious to the unaided senses. Such symptoms and observations should be expressed in the simple language of everyday use.

A drug helps to cure because it arouses a reaction against the causes of the disease. These causes lie deep in the constitution of the individual and are expressed by general rather than by local indications. Such symptoms characterize them as are characteristic of the individual constitution. Thus, one patient perspires easily; another does not. One likes physical activity; another, only mental. One is sensitive to heat; another, to cold. The skilled conductor of a proving seeks to discover such general constitutional effects from a proving, for these major modalities dominate all lesser symptoms.

Each age brings its own addition to science, but it must be remembered that what is brought is an addition to, and not a replacement of, basic science. There are no better directions for drug-proving than those given by Hahnemann himself. But modern science has added new and improved methods of examination and the best technique of the day should be employed for interpreting modern provings. Alteration in secretions and changes in function can be determined that were not even known about at the time the older provings were made. That which belongs to the modern laboratory only serves to round out the basic knowledge obtained by the original method of Hahnemann. His provings are fully adequate for accurate prescribing. Include in a proving *only* laboratory-findings and the proving will be of little use for prescribing.

Most of the recent drug-research, under homœopathic control, has been directed to the effects of drugs on animals. Knowledge gained through animal-experimentation is of but little use in homœo-



opathic prescribing. Such knowledge is worth while, nevertheless, for it points out the organs for which drugs have affinities and the pathology which a drug causes. Its value is lost if it limit the vision to these gross effects.

The most important proving-effects are always physiological. Pathological changes represent the end-product—the last stand of nature. Any number of drugs may cause the same pathology, but the physiological effect of each drug will be different. It is contended that a drug, in order to be homœopathic, must be capable of causing the same tissue-pathology as that from which the patient suffers. The relationship of the homœopathic prescription to pathology is not settled by the consideration of tissue-pathology alone.

A high-strung young woman, who had had an unhappy childhood, was cured of pulmonary tuberculosis by Ignatia given by a master prescriber.

Another young woman, who had developed melancholia after influenza, grew increasingly worse for a whole year. She was cured by Psorinum.

A researcher who does not feel an intellectual glow of appreciation of the subtlety of these two prescriptions should not undertake homœopathic research. The reasons for the prescriptions embody the true relationship between the curative remedy and the pathology.

As well set a color-blind expert watchmaker to sorting colors.

New provings have too long been neglected and they should again be systematically taken up. A logical start would be to prove all the known elements. The knowledge gained from the effects of this basic series of entities has far-reaching possibilities, for nature is always orderly and, when the factors in any natural group are found to bear a definite relation to one another, such relationship manifests itself in many ways. It is highly probable that the mathematical relation between elements not yet discovered will show equally striking physiological relationships. In plant drugs, the alkaloids make up an important natural group. The animal poisons also can be grouped. Then there are the bacterial products, the nosodes and the endocrines. It is possible that in a few basic groups will be found all the medicines required for human ills.

### Compiling and Correlating.

An important part of research is the compiling of results of all workers who have produced anything related to the subject under consideration. Many observers have made valuable discoveries which have not been recorded. Some of the older homœopaths have a store of knowledge which is priceless. This ought to be salvaged. A mass of precious material is buried in forgotten writings. All of these writings should be resurrected. Much information relating to occupational disease lies in the archives of the Smithsonian Institute. Every occupational poisoning is an involuntary proving and points the way to a proper proving. Through collaboration of the best prescribers in the world, the drugs related to various diseases should be compiled and their indications be tabulated. Individual writers should be encouraged to put in printed form their experiences. The books produced by Case, Close, Edmund Carleton, Nash, Pierce, Rabe, Royal, Wheeler, and others are shining examples of individual effort.

### Investigating Principles.

The foregoing, which applies to the gathering of facts about drugs, has a bearing on the daily work of the physician, but the function of research is not only to seek facts. Provings of all the remedies in the world will not enable the physician to cure a patient unless he knows how to select the right remedy. Definite principles must be followed in order to make a homœopathic prescription and it is the function of the homœopathic researcher to elucidate these principles.

This triad—the similar remedy, the single remedy, and the minimum dose—is the basis for every homœopathic prescription and each component of this triad furnishes ample material for research in ways heretofore never undertaken.

The similar remedy means drugs which cause symptoms similar to those suffered by the patient. What is the significance of symptoms? Why is such a remedy curative? Broadly stated, all symptoms are the result of the various reactions caused by disease, and they represent the curative effects of the body-cells. To the patient, they are summed up in his uncomfortable sensations.

No one has treated the subject of "significance of symptoms" more intelligently than Sir James MacKenzie, but what he meant by this is vastly different to what is meant when the phrase is applied to the symptoms which form the basis for the homœopathic prescription. MacKenzie was always thinking of diagnosis.

Timothy Field Allen is credited with the aphorism: "The more diagnostic a symptom, the less indicative is it for a homœopathic prescription; the less diagnostic, the more indicative is it of the remedy." The homœopathic researcher must, then, first know and be able to classify the symptoms which are useful for prescribing. To do this, he must have learned the art of prescribing. Then he is prepared to investigate symptoms from the angle of the homœopathist. The field covered by such research can be indicated by a few interrogations: Why is one person constitutionally sensitive to cold, and another to heat? Why is one person's condition aggravated by wet weather and another's by dry weather? Why do electrical disturbances affect one individual and the rays of the sun another? Why do people have cravings for special food, such as salt, sour, sweet and so forth? Why do some drugs cause aggravations related to heat, to cold, to wet weather, to dry weather? Why does *Natrum Muriaticum* cause an aggravation of symptoms at 10 A. M. and *Arsenic* at 1 A. M.? Why do people, when ill, duplicate exactly the symptom-complex caused by drugs?

No biological exhibition is more impressive than a sick person who is presenting symptoms in the form and sequence of a drug-proving. A student of materia medica, on obtaining one strong keynote-symptom frequently can tell a patient all the rest of his symptoms. Take, for example, a woman with the well-known characteristic of *Sepia*—a yellow saddle across the nose. Anyone who knows *Sepia*, observing this, can tell her what are her menstrual symptoms, her state of mind, her digestive symptoms, and so on.

The similarity between drug-action and disease-action represents a law of life and the study of this law is worthy of the efforts of the best researchers. The law can be expressed as follows: Any stimulus causes a reaction of the organism as a whole, each part reacting according to its function, the total reaction being a protective effort. A stimulant which causes a reaction similar to that caused by disease helps to restore health. Different bacteria have

special affinities for certain tissues. Drugs have the same sort of selective affinities. It has even been shown that certain drugs cause the same antibodies to be formed as are caused by different bacteria. When an infection occurs, the nature of the symptoms depends upon the tissues which are first attacked. From the point of attack, the effects ramify through the rest of the organism. The homœopathic remedy must have the same tissue-affinity as the infecting organism and the effects must develop in the same way through the organism. This selective affinity and the unity of action of all parts of the organism show the reason for both the similar remedy and the single remedy. A researcher working from the angle of the above law is bound to produce compelling evidence that will influence the trend of medicine.

#### The Minimum Dose.

The third member of the homœopathic triad—the minimum dose—has caused more controversy than any other problem in homœopathy. Its controversial aspect alone should have made it, years ago, a subject of research.

Many homœopathists quote Arndt's law to explain the action of homœopathic dilutions. This law may be expressed thus: A small amount of a drug stimulates reaction; a moderate amount modifies reaction, while a large amount suppresses reaction. In expressing this law, Arndt's concept of a small dose was different from the homœopathists' concept of a homœopathic dilution. Arndt was thinking in terms of quantity. The high dilutions are beyond anything describable in terms of quantity; in fact, the term "dose" as applied to a dilution is a misnomer.

Hahnemann considered that his discovery of the power inherent in high dilutions was the greatest discovery of the age. Our provings and clinical experiences during the past century are sufficient proof to satisfy any reasonable mind of the validity of his discovery. Nobody has ever been able to refute the power of the infinitesimal, although nobody has ever been able to explain it *any more than he can explain gravitation*.

The homœopathic school has never made enough of it. Studying crude drug-effects is like studying the tracks of an unknown animal. The effects are only on one plane. Potentised drugs

arouse reactions in deeper planes and thus reveal a third dimension in drug-action.

The extension of the specific qualities of a remedy into all degrees of dilution enables us to make cures which are not possible with the crude drug alone.

To be sure, no instrument has been devised sufficiently delicate to detect the 200th potencies. The fact that, thus far, only living organisms react to them simply indicates that the biological reagent is the only reagent known for their detection. Probably the response of living cells is the most delicate detector of energy in existence.

Milliken says: "Experimental science at least never takes anything back. It is an ever-expanding body of truth." Since experimental facts, as they relate to instruments of precision, fail to detect the potency in high dilutions, experiments must be expanded either in the direction already proved—that is to say, biologically or into the realm of physics.

A study of dilution, from the angle of physics, leads to a consideration of the ultimate properties of matter. To visualize the present-day concept of this, it is best to start with what Milliken characterises as "celestial mechanics." Everyone has some idea of the mechanism of our solar system and is accustomed to think of it as merely an insignificant unit amongst a great multitude of infinitely larger solar systems. We are accustomed to consider immense distances, such as are measured by light-years. For our concept to approximate atomic dimensions, we must imagine space as being as immensely small as light-years represent the immensely great. The usual concept of the atom is a group of negatively charged particles, called electrons, revolving about a central, positively charged nucleus, much as the planets revolve about the sun. The earth travels around the sun at a speed sufficient to balance the gravitational pull of the sun. The electrons revolve in their orbits at a speed great enough to overcome the pull of the nucleus. Their speed is comparable to that of light. The earth is a compelling fact to our senses and only intellectually do we realize that its bulk and its influence are infinitesimal as compared with that of the sun.

Similarly, the electrons are the compelling fact of the atom, because they are interposed between us and the nucleus. As a

matter of fact, the nucleus is the dominant factor in the atom, just as the sun is of the solar system. Soddy expresses it like this: "We are led to view the atom as consisting essentially of a very small, dense nucleus at the center of a relatively enormous and almost empty sphere of influence containing only electrons." Sir Oliver Lodge estimates that, if an atom be represented by a room 100 feet square, the electron occupies the space of a punctuation period on a news-page. Imagine the nucleus, probably smaller than the electron, of such great density and carrying so large a positive charge as to compel its satellite-electrons within the radius of fifty feet to revolve at a speed of thousands of miles a second, in order to resist its centrifugal pull. Such is the mechanism that is conceived to compose the atomic structure.

The electrons are in intricate concentric orbits around the nucleus. The radii of the orbits, from within out, are in the ratio of the squares of 1, 2, 3, 4, 5, etc. The great speed with which they revolve almost makes every electron be in every part of its orbit at the same time. Thus, the atom is practically a solid, consisting of concentric rings of revolving electrons held in place by a central attraction so tremendous as to be, itself, essentially solid.

How do our homœopathic dilutions fit into the theory of the structure of matter? Some attempt to explain them on the theory of dissociation of ions. Others use, as an explanation, the electronic structure. Neither of these explanations applies, because it can be mathematically proved that neither ions nor electrons are left by the time the 30th dilution is reached. Not only this, but the electrons are supposed to be all alike and to have none of the specific qualities of the elements of which they may have been a part. Quoting from Soddy: "It is the nucleus and not the electron which impresses upon an atom its chemical character." It is most likely that the secret of high dilutions will be found in the nucleus, for metaphorically it is the nucleus that contains the soul of the atom. Either there is something in matter which can be infinitely attenuated or the process of attenuation imparts to a diluent certain of its peculiar qualities.

#### Practical Application.

The foregoing represents not merely a theoretical treatise on homœopathic research. In 1921, the Foundation for Homœopathic

Research was established in New York for the purpose of approaching, in a scientific way, the problems of homœopathy. It has plodded along with its work, with only slight endowment, and has accomplished certain things. During two years it supported an experiment at the New York Homœopathic Medical College in which 212 guinea-pigs were used to determine if high dilutions of *Natrum Muriaticum* can affect healthy animals. The fact that they are affected was definitely proved.

The Foundation supported Dr. Mary Stark's work in connection with certain potencies given to a strain of fruit-flies which has hereditary lethal tumors. The result of this last experiment was very significant, for in a certain number of cases the tumors failed to appear among the progeny of the flies to which the remedies were given. The Foundation has always realized that experimental work in medicine is not complete unless it is checked up clinically and the Foundation therefore has a clinic at its disposal. In its clinic, it has been treating children who were affected with adenoids and diseased tonsils, in the endeavor to work out remedies which will cure these conditions and prevent the children having to resort to surgery. The Foundation is in touch with many allopathic physicians, who, through the Foundation, have become interested in homœopathy. It also has done a certain amount of post-graduate teaching.

It is carrying on the work of compiling, through collaboration of physicians all over the world, the indications for remedies most useful in different disease-groups. One of the most important works conducted by some of its members is that relating to radiant qualities inherent in dilutions. This work is not yet complete but, when sufficient experimenting has been done, it will prove conclusively and scientifically the presence of energy of a specific kind in each remedy in any dilution, no matter how high.

The Foundation seeks the friendly interest of all who are interested in the advancement of homœopathic principles.

### VINCENT'S ANGINA.\*

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

On March 26th was called to see a child twelve years of age and found the following condition: Taken ill the night before with intense frontal headache. Chilly, then hot. Throat very sore, especially right side. Temp. 103, pulse 110. Thirst. The throat was very intensely red. Vomited once. Patient was worse after midnight. Bell. was prescribed and the next morning the patient was normal in temperature and seemed as well but a little weak. He stayed in bed as a precaution for three days, when he was given his freedom.

The next morning his brother seven years old, was ill in the same way. Bell. was administered and his temperature was down to 100 the second morning. The throat continued very red and excessively sore on empty swallowing. Two days from the beginning a small white deposit was noticed on the right tonsil, the third day it was covering the right and going to the left. A culture was taken and did not show the diphtheria bacilli. There was some cellular infiltration into the right side of neck at angle of jaw. There was none of the putrid odor that marks the diphtheria.

On the fifth day the cellulitis was less on right side, but more on the left. Lyc. was given and seemed to help, but during the night of the fifth day he was very restless after midnight—he vomited some, and there was a bloody discharge expectorated and from the nose and throat. Marked toxic conditions were supervening. Culture showed the presence of Vincent's Angina.

Ars. alb. was administered and in two and one-half hours the toxic condition was less, the patient said he felt better and the pulse dropped from 142 to 128, and the temperature lowered 8/10 of a degree.

The family changed doctors here to the regular school and the doctor informed me he administered 10,000 units antitoxin, and in twelve hours the whole mouth was covered with diphtheric membrane. Intubation was resorted to and finally tracheotomy was performed, and the patient died on the seventh day of the disease.

\*Read before the Annual Meeting of The International Hahnemannian Association, Philadelphia, July, 1926.

Ars. alb. would have saved the child as was shown by the improvement. Lac. can. was the exact similar and would have eventually cured him.

This was a desperately ill patient, and it is in these states that homœopathy is our sure anchor.

### LAND SCURVY.

J. Chatterjee, M. B., M. S. H., Calcutta, India.

During the thirteen years of my practice in the City of Calcutta I had never had an opportunity of treating a case of "Land Scurvy" prior to January 23 last, when a gentleman entered my office with a sick boy of twelve years.

On inquiry I learned that the boy had been suffering for two months and was under the treatment of a very skillful physician (allopath) of this city, but without any improvement. I examined the child and found the following: The face was pale; the colour of the skin was not natural. The patient was very weak and emaciated, and felt extremely exhausted on slight exertion. He complained of flying pains in the limbs and especially in both popliteal spaces, which seemed to me somewhat swollen. I did not notice any swelling of the extremities. The facial glands (Parotid and Submaxillary) of both sides were enlarged and indurated. On examining the throat, I found that both the tonsils were inflamed and made deglutation difficult. The gums were enormously swollen, became fleshy and spongy, easily bleeding and projecting beyond the teeth. The teeth were loosened and the patient could not chew even the softest diet. There was frequent bleeding from the left nostril.

I did not find anything abnormal after examining the respiratory and circulatory system; but found a few hæmorrhagic spots on the thigh. The occasional complication, dysentery was wanting here; rather the patient was constipated. There was no impairment of vision (Hemeralopia) which occurred very frequently as stated by Dr. F. Taylor in his "Practice," nor was there dropsical swelling of the legs as mentioned by Dr. J. Lawrie. There was no fever from the very beginning. The pulse was slow and there was much depression of spirits.

I inquired about the diet of the patient, to find out whether there was any lack of vegetables or fresh milk, as our ætiology of scurvy teaches (stated by almost all the authors, *e. g.*, R. Hughes, Jahr, Taylor, Lawrie, Allen, Herring, Raue, etc.), but the father of the patient assured me that they had an ample supply of fresh milk and vegetables, which my little patient corroborated. And I am sure that in India, especially in Bengal, there cannot be a lack of fresh vegetable diet and of milk, even in the poorest class of people and I am doubly sure that there was no deficiency of vegetables and fresh milk in this patient's case at least. The hygienic surroundings of the patient were not altogether bad. I took the case for treatment and prescribed no medicine, according to Dr. Richard Hughes vide: "His Principles and Practice of Homœopathy," page 307, in which he advises thus: "Scurvy is a typical instance of a disease resulting from pure dietetic causes and requiring pure dietetic treatment. It is generally sufficient to place the sufferer on a full hospital diet comprising as it does, fresh meat and vegetables with milk; and nothing more is required for the case."

I advised the patient to be kept strictly under a diet containing fresh meat juice (as meat he cannot chew), well boiled or over-boiled vegetables and plenty of fresh milk for a fortnight.

The patient came again on the tenth of February without any improvement, but in a worse condition. His gums were ulcerated and painful, and bled even while he was speaking. I prescribed some of the medicines as stated by Dr. Raue, according to the indications, *e. g.*, *Arsenic*, *Carbo veg.*, and *Mercurius*, but to no purpose. The only good which *mercurius* did, was to remove the pain in deglutition.

On February 26, I prescribed *Kali chloricum* 6x, 1 gr. to be taken thrice daily with water, on the strength of the works of Dr. Garrod, who believes "that the lack of potassium salt in the system, brings about such conditions," but Dr. C. A. Raue in his "Special Pathology with Therapeutical Hints," page 848, declares this theory as "obviously wrong."

Not knowing whether I was correct in the selection of the medicine, I prescribed *Kali chloricum* 6x, 1 gr., thrice daily and on the second of March to my utter surprise, the boy came to me with a bright face. He recovered from his weakness a great deal and

could speak rather distinctly; he could chew his food, which previously he had either to swallow or forsake, quite disgusted. The enlarged facial glands came back to their normal condition. The ulceration of the gums healed and the bowels moved regularly. In short, the patient improved in all respects. The prescription was repeated twice daily and on the tenth of March he was free from all complaints and was found fully cured. Since then he had been progressing very rapidly and is now in perfect health.

### INDECISION.

C. E. Prescott, Brookline, Mass.

Indecision is one of the greatest poisons one can generate in the human brain. Indecision creates a mental paralysis.

Indecision prevents growth, prevents action and causes premature decay.

Indecision causes drooping shoulders, dragging footsteps and the dull and fishy eye!

Indecision creates a love of solitude and an aversion to one's kind!

Indecision stops the wheels of progress and blights the natural flow of thought.

Indecision is the curse of the idle and the cause of much illness.

Indecision is one of the first symptoms of brain fag—when your natural power of making a quick, clear, unworried decision escapes

Take extra sleep—drink more water—get more sunshine and open air—walk! Get out of the car habit. you—look out! This lack of power and proper functioning is a red flag of danger.

Indecision generates lack of self-confidence, and depression; it creates an atmosphere of distrust in those with whom you are associated—this in turn reacts on you again and you receive a double wave of distrust and a reaction of greater gloom!

Watch your decisions—are they clear, crisp and easy in their arrival and delivery!

The power to decide is one of God's greatest gifts to man—keep that heaven-sent power strong and hearty.

### EVIL EFFECTS OF ALLOPATHICALLY-DRUGGED WATER.\*

A. H. Grimmer, M. D., Chicago, Ill.

There is no difference of opinion concerning the definite deleterious effects of chlorine on the human economy, when it is administered in the crude state. In fact it is destructive to all organic life.

Because of that fact, it has been employed by medical men as an antiseptic to destroy disease germs. Unfortunately it not only destroys the germ but the host also; and for that reason it has not proven satisfactory or efficient as an antiseptic.

To kill germ life, it must be highly concentrated and when in that state it is very inimical to human or animal life. Coming to its use in drinking water to protect against diseases brings us down to two propositions.

The first is its inefficiency as a germ destroyer unless employed in such proportions as to be poisonous to animals also.

The second is the potential dangers of the constant use of the small or lighter doses on the human body.

The best and most scientific authorities on the question of dosage—or rather the effects of small doses on healthy human beings—are to be found in the homœopathic literature, as they are specialists along those lines.

Clarke of London, author of the "Dictionary of Materia Medica," Vol. 1 (page 505) gives as characteristic symptoms and conditions produced by chlorine water in small doses on healthy human beings (provers) the following:

Spasms and convulsions, coryza and catarrh. Laryngeal spasm especially pronounced, inflamed and ulcerated mouth. Rapid emaciation, acute rheumatic pains, excessive sensitiveness of the skin, nettle rash with fever. Cutis anserina, skin dry, yellow and shriveled, malignant pustules and carbuncle, typhoid state.

The mental state is noteworthy.

Fears he will go crazy, that he will not be able to make a living. Cannot remember names of people he sees, or if he sees the names cannot remember the person.

\*Read before and approved by the Regular Homœopathic Medical Society, Chicago, Ill., June 16, 1926.



Dr. E. Bacon has recorded in "Medical Visitor," December, 1893, two cases of chlorine poisoning, that should be of vital interest to all who are compelled to drink chlorine water, or inhale chlorine-impregnated air from the escaping steam of radiators, etc.

The first case was that of a boy of five years who after passing through diphtheria to apparent complete recovery, was suddenly seized with symptoms of croup, loss of voice, crowing inspiration, prolonged expiration, incessant dry cough, great restlessness, high fever, profuse perspiration. The symptoms were aggravated lying on a lounge by the fire, relieved when lying in his mother's lap and still more relieved by being carried about; all the above are classical symptoms of the proving of chlorine.

During the previous illness, Platt's chlorides had been placed in the room as a disinfectant, and it occurred to the doctor that chlorine vapor is much heavier than air. He himself lay down on the lounge and in a few moments felt the irritating vapor and began to cough and hack. This passed away on sitting up. The removal of the chlorides had a remarkable effect on the child's cough and respiration were greatly relieved. But the relief came too late as the cause was not discovered for several days, during which time the patient had become steadily weaker and he died the same afternoon.

The other case was that of an old lady who suffered from chronic bronchitis and on January 2, 1892, developed an attack of laryngitis. In three days she was well but the two subsequent weeks on exactly the same day a fresh attack occurred. The fact was, as the doctor discovered, his patient went to the back room where chlorides were kept, every Monday to wash a few things she did not care to send to the laundry. The chlorides were banished, and though the washing was continued there were no more attacks of laryngitis.

Dr. Bacon adds that since giving up the use of disinfectants other than plenty of fresh air, he has never had laryngeal complications in scarlatina or diphtheria though his neighbors have had plenty.

To know the full and chronic effects of chlorine water, one must study the provings of muriatic acid, for chlorinated water soon undergoes a chemical change especially if boiled, oxygen from the water being released and Hydrochloric acid, forming out of the free hydrogen and chlorine present.

Clarke mentions among the marked effects of greatly diluted doses of muriatic acid on the healthy, the producing of stupefying headaches, obscuration of sight and optical illusions, also half sight, whizzing noises in the ears, and hardness of hearing, nose bleed, and loss of smell, rough cracked lips and foul breath, scurvy mouth, paralysis of the tongue, loss of taste, distended sensitive abdomen, pricking, bruised pain in abdominal walls, serous fetid diarrhoea not very painful, involuntary stool, throat pains, paralysis of the bladder, excited sexual desire, impotence, hoarseness, spasmodic cough, stitches about the heart, fever with stinging heat, frequent small intermittent pulse, oily hard skin.

The distinctive feature is the marked muscular prostration from blood poisoning going on to complete paralysis of the brain and heart. Rapid decomposition of tissue hence the blood changes and subsequent muscular weakness and atrophy.

There are pages of lesser symptoms but enough is given to show the power of a poison even in extremely minute dosage to change from the state of rugged health to that of alarming and dangerous illness.

The unfortunate thing about this question is the insidious way and the slow pace of action that these things come on but to go down into states of incurability because of the lateness of their recognition. When the cause is discovered in many of these victims, it will be too late to remedy or cure; the inroads on vitality and tissue changes will be too great to restore or remedy.

Much like those unfortunate victims the radium workers who were only subjected to infinitesimal amounts of the radio-active substance yet nevertheless are doomed to drag on for years of intense suffering without hope of relief and with certain death in the end, unless by some Providential good fortune they may fall into the hands of some real unadulterated homœopath, whose knowledge alone is sufficient to cope with and subdue the ravages of the merciless scourge, more deadly and certain than any known natural disease.

Chlorine belongs in a class of destructive forces along with arsenic, phosphorus and radium and, like those substances, produces blood and tissue destruction in such slow insidious ways as scarcely to be recognized, except by the keenest observers who have been specially trained to interpret the language of symptoms as promulgated by the peerless Hahnemann and his faithful follow-



ers. When the ordinary observer discovers the pathological changes, it is then too late to restore the damage done, especially with the crude and unwieldy weapons which are all they know. Those who follow faithfully, studiously and unremittingly the great law of similars, alone are able to cope with these subtle forces.

It is because of this benign law of homœopathy that those of us who live it and practice it unceasingly have the vision to see the dire consequences in suffering and broken health that thousands, yes, even millions, must undergo if this scourge of poisoning the water supply with this dreadfully subtle poison even with attenuated dosage, for the smaller the dose constantly used, the more chronic and terrible are the end results. Cancer, tuberculosis, and many other obscure vital weaknesses will be almost universal.

It is because of the wish to prevent this unnecessary horror and suffering among so many unsuspecting and innocent victims that this society has requested the reading of this paper and puts itself on record against the chlorination scheme of so-called protection. I say so-called because it is a known fact even by the advocates of the scheme that it actually fails to protect.

For, repeatedly, the health commissioner of this city, has warned in his bulletins to the citizens, to boil the water if they would be safe. Boiling the water alone is sufficient protection as every one knows and how much easier, cheaper, and better it is, we homœopaths know because of our knowledge of drug effects, proven on the healthy, even when given in the smallest doses.

The only argument that advocates of chlorination can urge is one of ridicule concerning the smallness of the amount of chlorine used. The amount given by Arthur E. Gorman, Chief of the Bureau of Sanitary Engineering, Department of Health of Chicago, is 300 pounds of chlorine to 800,000,000 gallons of water per day, this was given as only approximately correct. Assuming a quart of water to weigh a pound and multiplying 800,000,000 by 4, we have 3,200,000,000 pounds. Dividing this by 3000 we will arrive at a proportion of 3 pounds of chlorine to 3,200,000 pounds of water, that attenuation, light as it is considerably less than some of the attenuations used to produce pronounced symptoms of sickness on the health by homœopathic provings.

But here is no way of arriving at any exact proportions of the

poison for many times owing to conditions of temperature, that is, when the water is near freezing the chlorine present becomes much more concentrated in amount it congeals into pockets and the water is much more saturated with the gas.

Boiling chlorinated water does not destroy the chlorine or its baneful effects, it merely effects a chemical change giving a dilute solution of hydrochloric or muriatic acid, whose terrible effects have already been related.

But getting back to the small dose and its effects, I want to quote from an eminent allopathic authority, Doctor August Bier of Germany, the discoverer and advocate of the irritation theory of disease and its cure. In speaking of Hahnemann he says that, "he condemns large doses of medicine since they readily produce aggravations. The doses should be so small that the primary action (the aggravations of the symptoms, or as we now call it, the reaction) is minimum or absent."

It took us many years in our work with irritants to appreciate that fact. We learned to be cautious after several cases of chronic and sub-acute arthritis suffered a terrific aggravation due to large doses given in other quarters, which in short time made hopeless cripples out of previously fairly ambulatory patients. While we used according to my judgment fairly small doses we still shared the prevailing opinion that it was essential for our therapeutic measures to produce at least considerable local (threshold reaction) or even general reactions.

After considerable experience with a very large series of cases, A. Zimmer pointed out definitely that our doses had still been very much too large; more and more he adopted a method which approached Hahnemann's laws very closely to say the least.

"Hahnemann warns against the giving of even smaller doses too often or for too long a period; such procedure is just as injurious as too large a single dose.

We noted the same when injecting irritants, it may lead to the severest destruction designated by Schittenhelm as body protein cachexia. No doubt the irritant therapy as advocated by us, is a form of homœopathy in the original sense of Hahnemann. It is interesting to note that it was not homœopathy which led to our theory about irritants, but reversely the irritants led us on to homœopathy, hence no one can accuse us of prejudice."

This is a small quotation from a masterly paper read before a

large congress of physicians. It will profit any physician of any school or belief of medicine to read it. As it is original and ultra scientific and above all entirely free of prejudice.

Most of all many of our faltering brethren in homœopathy will be wonderfully strengthened in their faith if they can assimilate even a portion of its contents, for verily homœopathy is being actually rediscovered before our eyes in this splendid thesis, my quotation was made mainly to show that even some old school authority entirely endorses the homœopathic professions and principles, *viz.*: that small doses of an irritant or drug given too frequently or over a long period may produce very disastrous results.

A short while ago in New York City and also in Chicago, clinics for the treatment of coryzas and catarrh with chlorine gas were given, I believe, under the auspices of the City Health Department. In Washington, D. C., this idea originated. I believe the Public Health Service was sponsor for it. It was broadcasted and printed in the newspapers about the wonderful cures that chlorine gas was making and a great public interest was awakened.

But shortly the New York clinics discontinued these treatments as being injurious to the general health of the patients; even though the catarrhal symptoms were mitigated too many damaged hearts resulted and it was discontinued. We heard very little in the newspapers about this damage, and another medical failure was allowed to quietly pass on.

I do not know whether Chicago's Chlorine Clinic is still doing business or not but I believe not; it would be interesting to hear Doctor Bundesen's reason for its disuse.

Recent years we have heard about the wonders of radium's therapeutic power especially in cancer, but the recent investigations among the workers in radium, teach us another story—a horrifying, appalling tragedy.

Those once radiumized, never really recover even from the lightest imaginable doses. Medical science as exemplified by the dominant school knows no antidote or relief for these victims. And its vaunted curative qualities are among the most dismal disappointments that ever afflicted the medical profession.

These things are cited to show how easy even so-called experts and recognized medical authority may be deluded and mistaken just as well as we ordinary mortals. And too many times because of a deep unbending prejudice of mind they confirm them-

selves in error and lead both themselves and their victims to destruction.

We are not here to impugn motives or doubt the sincerity of many of the advocates of this theory of water chlorination, but we do challenge their judgment in this matter because they are too prejudiced to inform themselves from every angle.

This subject is one fraught with so much importance and fate to so many individuals present and to come, that we feel it our duty to try, even in a humble way, to awaken public sentiment to a state of enlightenment that will bring about free discussion from various angles together with careful and proper investigation to ascertain the truth of this stupendous problem.

Stupendous, because the lives and health of millions are involved. In our midst today there is already a steady increase of chronic intestinal troubles including cancer and heart disease without any other cause except the constant irritation of chlorinated water.

Our pneumonias are assuming a more virulent form than formerly. Common colds are much more difficult to cure. Chlorine may not be the sole factor but it is the chief offender both before and after the infecting organism.

Before infection body resistance is lowered by it and after infection additional toxemia is added to overwhelm the economy and prevent vital reaction toward recovery.

Friends, we appeal to all of you in the name of suffering humanity and as a preventive of untold suffering to rouse yourselves and your neighbors to the dangers of the scourge born of ignorance and perpetuated and nourished in prejudice.

If you value your health or that of your dear ones you must enlighten yourselves and others and organize and sweep this threatened menace from the earth for all time.

The question might come up, what protection do we have if chlorination of water is suspended? Simply boil your drinking water! Doctor Bundesen in his bulletins, advises that to be done frequently.

Chlorination of water has been credited with a marked decrease in typhoid infections. But it is entirely due to better drainage and sewer systems which with simply boiling the water, makes us safer than at present and incomparably less in danger from the point of poisoning.

## CASE REPORTS.

## C. Seaver Smith, M. D., New Haven, Conn.

CASE NO. 1.—Mrs. M. W. O. October 19, 1922.

C. C.—Nervousness, utter exhaustion and vertigo.

P. H.—Always rather weak, tall and thin, average weight 112 pounds. One attack of pneumonia, influenza 1923. Both breasts removed 1913. Had been treated with iron, calcium lactate, strychnia, quinine, digitalis and the endocrines.

P. I.—Has felt weak, nervous and exhausted for some time. She worries a great deal, has little appetite, has insomnia, sleeping only in cat-naps and awaking 2 to 4 A. M., palpitation on exertion, but no dyspnoea, no headaches, no cough. Her digestion is good and B. M. regular. She has no aches nor pains. She feels a sinking sensation in middle of morning. Standing is always bad for her, causing her to sit to dress. There is a sensation of weight on chest. She dislikes heat of weather or clothing. The weight of the bedclothes is disagreeable.

P. E.—A female about fifty; tall, six feet; very thin, ninety-four pounds; slightly stooped; hair somewhat gray. Skin is dry, with some evidence of eczema of hands, which is worse at night and in winter. Reflexes are normal. Eyes are astigmatic. Ears and nose normal. Teeth are in good condition and X-rays show no evidence of infection. Tonsils are atrophied. Lungs are normal. Chest wall shows scars of breast amputations. Heart has no murmurs, but shows a weak muscle tone. Abdomen gives no evidence of rigidity, tenderness nor tumors. Pelvis is normal—98°-90-16. Blood pressure, 90/140. Blood picture is: Hemoglobin, 90 per cent.; erythrocytes, 4,740,000; leucocytes, 6000; polynuclears, 76 per cent.; large mononuclears, 14 per cent.; small mononuclears, 9 per cent.; eosinophiles, 1 per cent. She was given sulphur.

Progress: In less than a month all symptoms were improved and she had gained four pounds in weight. I have seen her occasionally since then for a cold or a return of her former exhaustion. When she returned to me the first time for the latter trouble she said: "I wish you would give me some of those little white pills; they did me more good than anything I've taken." A week ago she came to me, saying that she felt so well she was going on a trip to Europe.

CASE NO. 2.—T. R. B. Male child; born July 2, 1922; normal delivery.

C. C.—Eruption face, May 8, 1923.

F. H.—Negative except for eczema in paternal great-great-grandfather and two great-great-uncles.

P. H.—Normal.

P. I.—Eruption face, irregular, flat areas of varying size, which are red, worse from heat and washing, better from cool and open air, itching and bleeding when scratched. An aggravation occurred during dentition. Soothing external applications were employed to prevent the baby from scratching. Diet, and sulphur in high and low potencies, were used for nearly two years, with only occasional slight improvement, if any. Then the little patient was given Thyroid 11x for one week, with complete relief up to the present time.

CASE NO. 3.—Miss A. August 13, 1923.

C. C.—Pain left arm.

F. H.—F. d. 67, acute Bright's; rest negative.

P. H.—Diphtheria twice. Constipation. Styes with every tooth.

P. I.—January 21, fell downstairs and injured left arm; treated by osteopath. On April 1, 1923, had stiff neck both sides from unknown cause. This also treated by osteopath. On the following day there was severe pain in left arm externally and in the internal surface of forearm and through palm. She had to lie down for relief during the next two months. By degrees the pain became less. Heat relieved. She was given sodium bicarbonate baths, hypodermic injections of neurosinic tonic four times a week, and the arm was bled three times a week. The pain is grinding, throbbing, twisting in character, aggravated by cold, damp, pressure, movement, especially pulling, and use of other arm, and lying on side. Pain is relieved by lying on back. If the surface is moist and air blows on it, it feels like ice. There is also aggravation from riding and vibration.

P. E.—Normal except for a hyperacid urine, far-sightedness, low blood-pressure, and a node on right index finger. She was given nux vomica to clear the picture. Bryonia followed, but gave only slight alleviation. Rhus tox. 200 gave prompt relief.

Progress: Since has had one slight attack which was promptly relieved. However, she has developed dry joints, painful nodosities of fingers, etc.

## THE REPETITION OF THE DOSE.\*

Charles A. Dixon, M. D., Akron, Ohio.

In reviewing my failures and successes, in thirty years of practice, there have been two large outstanding principles of homœopathic philosophy involved so often, that I am persuaded to put on record here the things that seem to me are essential, in carrying to a successful finish any of the chronic diseases which come to us for treatment.

I believe it is a very useful habit, and one which I have carefully followed for several years, to pass in review the whole case when it is finished (whether cured or passed on to the undertaker), to visualize just where and why I did the right thing, if successful; and the wrong thing, if I failed.

I feel sure that I have learned more from my failures than from my successes and I attribute that fact to this habit of "taking stock" as it were before passing my records back to the permanent files. In passing let me say a word right here about records, so many doctors do not keep a permanent record.

Many doctors because of the irksome routine just naturally *flunk* the whole proposition and do without records. Some claim that their memory never fails them, that they can always remember their treatment and the correct sequence of the various remedies, time of giving, potency, etc.

I am going to be very charitable and believe them when they say that, but I would also remind them that they still owe it to their patient, to leave a record of their treatment when they pass on to their reward, and they could check up as to the why when the patient dies.

Of course, the one *big* reason for our failures is in not selecting the proper remedy, but next in importance I believe to be due to repeating the dose too soon. This is really the subject of my paper today: *The Repetition of the Dose*.

Hahnemann says somewhere in his writings, "If physicians do not carefully practice what I teach, let them not boast of being followers, and above all, let them not expect to be successful in their treatment."

\*Read before the Annual Meeting of The International Hahnemannian Association, New York, June, 1925.

The fundamental rule in treating chronic diseases is this: To let the carefully selected homœopathic antipsoric act as long as it is capable of exercising influence, and there is a visible improvement going on in the system.

This rule is opposed to the hasty prescription of a new, or the immediate repetition of the same remedy.

About as good an illustration of that piece of logic as I ever heard, I read in an article by one of Hahnemann's pupils in an old German book. He said, "When we plant an apple seed we wait for it to sprout and grow; we don't go around the next day and stick another seed in on top of the one we planted yesterday."

That bit of philosophy has helped me keep from meddling many, many times since I read it, and having proved its worth, I now pass it on to you.

I have spoiled well-selected remedies many times in both these ways, either too early a repetition or hastily changing to a new remedy. Another pitfall that has caught me many times is breaking in on an aggravation of symptoms caused by the first remedy.

The best way to avoid this mistake is in making exhaustive notes in your case-taking and in reviewing them carefully before prescribing a second time.

If this is done, few mistakes will be made by him who knows the way the antipsoric remedy acts in a curative way, or in other words, how a homœopathic cure should come; *viz.*, from within, outward, and from above, downward.

I never saw a more startling demonstration of this in my life than within the past month, in the case of a young lady I was treating. It demonstrates this bit of philosophy so clearly that I beg to present it to you from my records.

On February 14th, Miss S., a stenographer, nineteen years old, came to me with tonsillitis. She was here from Indiana visiting her uncle and aunt. She gave me the history of repeated attacks of tonsillitis, the last one during the holidays, less than two months previous. I took considerable pains in eliciting the symptoms of her previous attacks and got that priceless symptom of its alternating sides, for which we always think of Lac can.

This remedy I gave her in the 10 m. one dose. She reported on the 23d, very much improved and received no more medicine. April 4th, her aunt reported at the office that my patient was confined to the house with rheumatism of the shoulders and elbows.

I sent her another powder of Lac can. 10 m. Three days later (April 7th) was called to the house and found the young lady bedfast. The rheumatism was now in her hands and knees. She undoubtedly was suffering, and the family were insistent that I relieve her pain. She had not slept since the powder was taken on the 4th.

The patient was very impatient with her doctor when I told her that her attack of rheumatism was undoubtedly due to the remedy, even when I assured her of a speedy clearing up of her rheumatism, and that her health and happiness undoubtedly were assured if the remedy was allowed to act without interruption.

I was patient with her and sat by her bedside and explained to her and her relatives the philosophy of the antipsoric remedies and the way they act in producing a cure, but I found it necessary to threaten them with leaving the case and haunting them with reproaches of "I told you so" if they called in an "old school" man and his hypodermic.

Finally I won them to my side and left the girl to fight it through, without even a physic, although the bowels had not moved for four days.

I visited her on the 8th and found she had had a good bowel movement and was then sleeping. I did not disturb her or give her any medicine. Visited her again on the 11th and found her free from pain and sitting up in bed. Her appetite had returned and she greeted me with a smile. Her trouble is *over* and I did not fail to impress this fact upon her and her family.

I told them that they had watched a *miracle*.

That is not bombast! That is the truth, as every man who follows Hahnemann's teachings can testify. I believe if we would only take the time to talk these things over with our patients, we can educate them away from the damnable propaganda of a commercialized medicine.

Now, to get back to the text!

I wish it were possible to say just how long a remedy may act in every instance, but that I believe is an impossibility, due entirely to the fact that we treat an individual instead of a disease.

In closing, I will quote you from the introduction Hahnemann wrote for Boenninghausen's *Repertory of the Antipsorics* away back in 1833. They are just as pertinent today as they were when written.

Therefore, as no more helpful proceeding than the one formerly advised by me could be ascertained, the human rule of safety, "si non juvat modo ne noceat," directed that the homœopathic physician, who held the welfare of mankind as his highest aim, should generally let the carefully selected remedy for the disease act upon the patient in a single dose at a time, and that, the smallest, allowing it to exhaust its action.

Smallest, I say, inasmuch as it is and ever will be, that no experience in the world can tenably disprove the homœopathic law of cure which does and will hold that the best dose of the correctly chosen remedy for acute, as well as chronic disease, is always the smallest one, in one of the high potencies, a *truth* the priceless property of pure homœopathy and which separates it from allopathy, and not much less that new eclectic sect jumbled together of homœopathic and allopathic experiences, as long as they gnaw like a cancer at the life of the invalid, seeking to despoil it by ever-increasing doses of medicine, and will keep these debased arts at a distance from pure homœopathy as by an immeasurable chasm.

## DEPARTMENT OF HOMŒOPATHIC PHILOSOPHY.

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DISCUSSIONS OF THE THEORY AND PRINCIPLES OF  
HOMŒOTHERAPEUTICS AND RELATED  
MEDICAL TOPICS.NEGLECTED PSYCHOLOGICAL AND HYGIENIC  
FACTORS IN SURGICAL CASES.

The death of Rudolph Valentino on August 23d, a few days after he was operated upon for gastric ulcer and appendicitis, gives rise to feelings that become more and more poignant as the published reports are reviewed. Sadness over the untimely taking off in the flower of his young manhood of a player of engaging personality and international popularity, is succeeded by regret, then humiliation, and finally by indignation and wrath that there should be medical men in charge of such cases who are apparently so blind, so prejudiced, so lacking in discrimination, so oblivious of the physiological limitations and susceptibilities of the human organism, and so negligent of the simplest natural measures for conserving vital energy as the published reports of this and many other cases show them to be.

Inasmuch, however, as the treatment of Valentino accorded with current practice in such cases, responsibility for his death and the death of many others must be shared by the entire medical body, saving and excepting only the homœopathic member of it, which they hate and would destroy for its rebellion against and rejection of such therapeutic methods; and saving also those professionally despised independent bodies and "cults" who treat the sick, more or less successfully, without any medication whatever.

Valentino's death vividly recalls the still more poignant case of Caruso, his great compatriot, whose tragical death under very similar treatment a few years ago is still fresh in the public memory.

Both of these men were victims of a cruelly false and pernicious philosophy of medical treatment. Their lives were sacrificed on the altar of a false god.

"Whom the gods would destroy they first make mad." They who are mad are devoid of ordinary reason and judgment, are infatuated, rash, reckless. Was ordinary reason and judgment shown in submitting a man who was debilitated by the strain of the hard work, excitement, emotional stress, late hours, irregular and injudicious dietetic habits incidental to his temperament, vocation and environment to the additional strain and shock of one, (some say two,) of the most serious operations in surgery without a long period of rest and recuperation under the most careful and conservative hygienic and dietetic treatment?

Valentino appears to have been a man of a highly sensitive, passionate, romantic nature; erotic, emotional and impulsive; enjoying or suffering intensely, physically strong but a spendthrift of energy. He had long been suffering from the pains of gastric and intestinal disturbance, but was too proud to complain. It is reported that when he did mention them to some of his friends, or his manager, he was either laughed at, or told to "go and see a doctor or else shut up and forget it." Imagine the effect of such flippancy upon one of his temperament. Instead of the sympathy, consideration and sound advice due him, he received ridicule and a rebuff. Young, inexperienced, and lacking knowledge in such matters, he knew nothing better to do than to swallow the rebuff and force himself to go on as he had been going.

For several weeks before the beginning of the end, Valentino had been undergoing the pangs of anger, humiliation and the desire for vengeance in the painful, if silly, episode which was widely exploited in the newspapers. The vulgar public was regaled with accounts of his challenges to personal combat with the editor who had ridiculed and insulted him, and descriptions of the preparations he was making, or was supposed to be making, to carry out his threats of vengeance and prove his valor.

All very silly and disgusting to sensible people, of course, but tragical in its physical results for him; for nothing more rapidly and profoundly saps vitality, wastes energy and disturbs normal physiological functions than such indulgence of evil passions.

The facts as reported tend to show that he was already in that irritable, overwrought, weakened condition of the nervous system



which portends a breakdown. He was not himself. He was a sick man. And the things he did, the course he pursued, in the absence, probably, of sound and kindly advice, constantly aggravated and hastened the further progress of his disease.

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When the breakdown came and Valentino fell into the hands of the doctors, were these elements and particularly the psychic factors of the case taken into consideration? Presumably his clinical history was taken and routine laboratory tests were made. Modern hospital records provide for that. But was a thorough, painstaking investigation and analysis of his temperament and constitution made, including his mental or psychical characteristics and experiences, in order to discover the extent and degree to which his physical condition had been influenced by these important factors?

There is no evidence that any such examination or analysis was made or even thought of. The tragical outcome proves it was not done; for if this had been done by men who were competent to make such examinations, and who realized what a powerful pathogenic influence they exert, no surgery would have been done at that time and Valentino would probably be alive today.

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Granting that he had appendicitis and gastric ulceration in active form: to reach that stage he must have passed through preceding stages of gradual development from mere functional derangements onward to actual tissue changes and degeneration. Gross, terminal pathology does not appear suddenly. Physical organic lesions are always preceded by mental and physical functional derangements, which manifest themselves in perceptible symptoms. During the entire period when such morbid changes are taking place there is progressive loss of vitality and resistance, so that when a neglected or medically untreated case reaches a critical stage a very serious problem is presented. It does not by any means follow that immediate operation is the best or only course to pursue. Such a patient may be and often is not in condition to safely bear an immediate or early operation.

It is not necessary in the majority of such cases to draw the line sharply between medical and surgical conditions in order to

determine whether the welfare and safety of the patient will best be conserved by operation or by medical and hygienic treatment. Every such case has its medical and psychological aspects at all times—a fact far too often overlooked or denied by the surgically bent. The surgeon should always work in conjunction with the physician and psychoanalyst, and both or each should be governed by conservative principles, the right application of which involves far more careful consideration of all the factors, and especially the psychic factor, than is commonly given. The disposition is to regard the case as wholly surgical and operation as the only proper course. From that point of view, because no other means of treatment are commonly known or employed, the tendency is to unduly hasten operation without giving time for proper rest, recuperation and preparation.

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Physicians having no knowledge of the law of cure, or of the marvellously soothing and healing power of potentiated, homœopathic medicines in such cases and influenced by a false pathology, introduce another powerfully depressing and disorganizing element—namely, drugs. Pain and sleeplessness are treated by hypodermics of narcotics or anodynes. The flagging heart action—perfectly natural under the circumstances—is stimulated by the deadly digitalis. Strychnin is administered to stimulate the spinal cord, the cardiac motor ganglia, the respiratory and vaso-motor centers in the medulla, and to quicken the sensory nerves. Cathartics to whip up the tired, sluggish bowel and force it to act follow as a matter of routine, the white food—of course “light,” “liquid” or “predigested”—continues to be introduced at short intervals “to sustain the strength.” Thus every important clinical fact is misinterpreted, every law of vital economy violated and every dictate of common sense spurned.

It is silly, pathetic, ridiculous, exasperating or tragical, depending on the point of view and the mood of the independent observer. The plain demands and requirements of nature are entirely overlooked or misinterpreted in such treatment. A sick cat would know better. It would use teeth and claws to defend itself to the last of its nine lives from such physiological assaults, indignities and insults.



What such a case needs above all else is *rest*—complete, natural, physical and physiological rest—not “stimulation”; rest for all the organs, but especially for the digestive organs. Every dose of crude drugs, every mouthful of food in such a condition is another nail in the coffin of the victim. The centers of vitality, the “wells of life,” are being poisoned. True rest is being made impossible, while life is ebbing hour by hour.

Put such a patient to bed in quiet, cheerful surroundings. Exclude noise and visitors. *Stop the intake of all food.* Give plenty of pure water, or diluted fruit juice, to drink and fresh air to breathe. Bathe gently. Apply heat or cold to the seat of pain—whichever is most grateful or soothing to the patient. Encourage and reassure by simple explanations of the reasons for the procedures and friendly exhortations to patience, endurance and coöperation. Maintain and display quiet confidence. *Prescribe and administer symptomatically-similar medicines in minimum doses according to the carefully noted indications.* Avoid all drugs in “physiological doses” or for “physiological purposes.” Banish all “stimulation.” *Promote normal rest and thus conserve the strength of every organ and tissue of the body.*

Continue this course until nature responds and the patient is comfortable. It will not be necessary to wait long for results. Continue the fast until it is evident by the return of appetite and the natural desire for food that the digestive organs are rested and ready to resume work on a moderate scale.

A patient may remain thus resting without food under such conditions for many days and be infinitely the better for it. The idea that food must be given to keep up the strength in such cases is false and delusive. Nature teaches this by abolishing the appetite and desire for food; by lessening the salivary, gastric, hepatic and intestinal secretions; by slowing down all the functions; and emphasizes it by the weakness, fever, pain and restlessness which are all symptoms of toxemia. Nine-tenths of them have their origin in the gastro-intestinal tract, caused by the putrefaction of food it is incompetent to handle, and which should not have been taken. This interpretation is verified by the fact that improvement almost invariably begins as soon as the intake of food is stopped and nothing is allowed but water to quench thirst.

In thus presenting the case the fact has not been overlooked that

there are cases of appendicitis in which immediate operation is imperative—cases of the “fulminating” type in which abscess, perforation or gangrene supervene suddenly or very rapidly. But even in these cases, which are comparatively rare, the suddenness is only seeming and the hygienic measures are not contraindicated. Every one of them actually has a history if it could only be ferreted out. Every one of them has had premonitory symptoms, invasion, development, progress, perhaps obscure or unobserved, prior to the final explosion. In these also, it is just as important to consider the psychic and morphological factors (and stop the intake of food) as in the other and more common type of cases; for, to some extent at least, the form and extent of the operative work and the post-operative treatment may be modified to the great advantage of the patient by the knowledge thus gained. Reaction to anæsthetics, to the shock of operation and to after-treatment differs in accordance with individual differences of morphology—of constitution and temperament and mental characteristics. These differences should be sought for and made the subject of careful study in every case.

That the coarse-grained, heavily muscled, slow-moving, dull-minded individual will react very differently from the sensitive, high-strung, nervous, quick-moving, intellectual individual is probably known to every one. There are many intermediate types; but how often do even these most extreme differences enter into the diagnostic procedure and conclusions of the physician or surgeon when considering a case?

Do they commonly influence or modify treatment, medically or surgically? Not so that it can be noticed, so far as the reports show.

Right here lies the explanation of a large percentage of medical and surgical failures, partial or complete.

There can be no doubt in the unprejudiced, thinking mind that the observance of the foregoing suggestions, in a very common class of medical and surgical cases, would prevent a large proportion of the catastrophes which all too frequently cut short precious lives and rend the hearts of sympathizing and solicitous communities. These two Satanic agencies, the use of poisonous drugs, masquerading under the name of “physiological medicine,” and unnecessary feeding “to sustain the strength,” are responsible for untold suffering, disease and death. They are twin superstitions of ancient origin and tenacious hold. They should be abolished.

The restoration to honor and practice of that other ancient but honorable measure—the Fast—would go far toward solving many medical problems. If to the fast were added the equally ancient and honorable psychological recourse—Prayer and the Confession of Sins—many spiritual as well as physical problems would disappear.

“Prayer and fasting”—plus good homœopathic prescribing (more honored in these days in the breach than in the observance) would certainly put a crimp in the unholy ambition of reckless physicians and surgeons and hasten the medical millennium.

## HOMŒOPATHIC RECORDER

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### EDITORIAL NOTES AND COMMENTS.

**Advancing the Cause.**—In these United States we now are living in the hectic age of *one hundred per centism*, *boosterism* and wild enthusiasm, as manifested at Rotarian, Kiwanian and similar organization meetings. The methods of the three-ringed-circus are in vogue and no medical convention is a success, unless it can be described in the language of the press-agent as “the greatest and most marvelous concatenation of illustrious, celebrated medical and surgical stars ever gathered together under one tent.” Our national homœopathic organization seems to have succumbed to this spirit of twentieth century hysteria, if we are to judge by the literature with which, at painstakingly regular intervals, we are bombarded. The 1927 convention of the American Institute of Homœopathy is to be held aboard ship, during a cruise to the West Indies of some eleven days’ duration, far away from the distractions of the usual convention city, and we hope and presume sufficiently removed from the Puritanic restrictions of the vast army of Federal Prohibition snoopers, who are eternally engaged in the task of making our lives already dull, still duller. No doubt the cruise will be a glorious one and one long to be remembered; it will reflect great credit upon its originators and sponsors and “among those present” will be all who are entitled to recognition by their fellow-practicians of lesser fame. The press will be kept well informed of the daily activities of the medical Argonauts and prominent headlines will impress the yokels who are left behind of the marvelous pronouncements of our medical and surgical luminaries. The convention will be a success, spelled with large and brilliantly illuminated letters, and everybody will return radiantly happy, especially since a stop at dear old Havana is contemplated.

But is this junketing trip likely to do anything for homœopathy itself? Will the science of homœopathy be advanced in even the slightest degree? To judge by the history of the past, it seems most unlikely. The organization will be glorified and with it, its able and efficient officers, whose efforts are more suitable to the advancement of commercial, rather than professional enterprises. We confess to real admiration of their ability and enthusiasm, even though we regret that their herculean efforts cannot be directed along more truly productive channels. The picture of Rome burning while Nero fiddled, is strongly suggestive of the present state of homœopathy in America; perhaps a Mussolini is needed to restore a decadent profession to its senses!

**The Treatment of Gonorrhœa in the Female.**—In the September number of *The Hahnemannian Monthly* appears an article under the above heading, by Drs. Joseph H. Fobes and William P. Eckes, both of the Department of Gynecology of the New York Homœopathic Medical College and Flower Hospital. The initial paragraph states:

"Gonorrhœa in the female, because of its chronicity and the difficulty in eradicating the foci which are the cause of its chronicity, presents a most interesting and difficult problem to the practitioner and gynecologist alike."

In speaking of the unreliability of *smears* as an aid to diagnosis, the following statement is conclusively made: (*italics ours*)

"In our clinic, if a patient presents symptoms, which in our opinion are gonorrhœal, we class the patient as such, *regardless as to whether the smear is positive or negative*, according to the laboratory report, and *the patient is placed on the routine gonorrhœa treatment.*"

"We find the patient suffering from gonorrhœa very difficult to manage: Difficult to obtain microscopic corroboration of the diagnosis, difficult to persuade to continue treatment until cured, difficult to cure and difficult to prove that she is cured. For most certainly when we receive negative reports in cases which are clinically positive, how then are we to place any reliance on negative reports when the case is apparently clinically negative?"

Under the heading, "As to Methods of Treatment," the article states:

"There is hardly an antiseptic that has not at some time been advocated and tried in the treatment of this stubborn disease. Chief among these are the silver salts, plain and colloidal, bichromate of potash and permanganate of potash, compounds of mercury and more recently the analine dye derivatives. Douching with solutions of these antiseptics is advocated and condemned. Both factions having adequate argument for their attitude. Thermal means of many different varieties have been devised and advocated to destroy the gonococcus. Some have attempted to freeze him to death, others have tried to bake him to death, all have produced poor results so far."

Further along we read: "We have tried vaccines and find that they are of little or no value." Then follows:

"On our service we have a routine form of treatment which is about as follows: Whenever possible, we place the patient in bed, in the Fowler position. Plenty of fluids are given, in fact, water is forced and urotropin in appropriate doses is administered. After a few days, if the acute symptoms have subsided, the patient is given four to six quart douches of a very hot solution of potassium permanganate and a therapeutic baker is applied over the pelvis, beginning with half hour exposures and increasing this up to two hours, if well tolerated by the patient. This is repeated several times during the day.

"After the acute stage has passed and the temperature is normal, the patient is allowed to be up out of bed, but is, however, cautioned that she must take to bed when the menses occur and remain there during this time. This is a very important point and we stress it strongly. Kidd, of England, has recently published a book on the results of treatment of gonorrhœa obtained on his service in which there was a remarkably low incidence of adnexal involvement. He attributes this to the policy of enforced rest in bed of these cases during the catamenia. When the case passes into a subacute stage we combine the foregoing treatment with topical applications of acriflavine and argyrol tampons. This is done on alternate days and our technique is as follows: A bivalve speculum is introduced and the cervix brought into view. The cervical canal is carefully wiped dry, being careful to go as far as possible up the canal. The canal is then painted with a 2 per cent. solution of acriflavine, going as far up the canal as possible. With a separate applicator impregnated with the same solution, we paint the entire cervix and vagina (by rotating the speculum), the urinary meatus, labia minora, clitoris and inner side of the labia majora. A tampon of lamb's wool, impregnated with a 25 per cent. solution of argyrol, is inserted and the speculum withdrawn, about a drachm of the same solution of argyrol is then instilled into the urethra and bladder.

"The patient is instructed to remove the tampon next morning and to take a hot permanganate douche. This douche is to be repeated several times during the day. Before retiring the patient is instructed to take a hot sitz bath and to insert a suppository (consisting of 10 per cent. neosilvol in glycerin) in the vagina, being sure that it is placed well up in the vagina. A napkin is worn to prevent soiling of the bed linens. Next morning the patient takes a hot permanganate douche and that day reports to the office for a repetition of the treatment outlined. This treatment takes a long period of time."

And finally, we read:

"If we should eliminate venereal disease and the accidents of child birth from our general surgical practice, there would not be anywhere near the amount of surgical work that there is being done today. Therefore, it behooves us all to give this question of gonorrhoeal infection in the female our most serious and constant attention that we may provide for the health of future generations."

The point to which we wish to draw attention is the fact that frank admission is made of the difficulties of positive diagnosis by means of bacterial *smears*, the importance of clinical diagnosis, and above all, the insistence upon purely local treatment of gonorrhoea in the female. The authors evidently are at least reasonably satisfied with their own method of treatment, which they designate as *routine* and which they have adopted after the failure in their hands of other methods advocated by various authorities. There is, incidentally, no misunderstanding of the lack of confidence they have in vaccine therapy.

The question now arises, "What about pure homœopathy in the treatment of gonorrhoea in the female? Has it no place? Is it evidence of imbecility, or worse, for the physician who follows Hahnemannian principles to apply it? Have Hahnemannians never treated such cases and have their alleged cures been mythical, or cures of simple catarrhal vaginitis only? We doubt it. Our own experience is small, but we have seen cases, clinically as well as bacteriologically verified, cured by such remedies as *Kreosotum*, *Pulsatilla*, *Sepia*, *Sulphur*, etc. Unquestionably many other prescribers have had far greater experience than we ourselves and can present evidence of undoubted cures, made by homœopathic remedies alone. The authors whose statements have been cited are men

of ability and of high surgical attainment and reputation. It is unfortunate that comparative statistics cannot be obtained by them which will show beyond question of doubt the value or uselessness of pure homœopathy in the treatment of gonorrhoea in the female. They could present such statistics, obtained from a series of cases in their clinic, were they to associate with themselves a Hahnemannian prescriber of ability and allocate to him a certain number of "control" cases for ultimate comparison. We hope that this plan can be put into operation, for we know that Professor Fobes is genuinely interested, not only in his own surgical work and teaching, but also in the furtherance of the interests of homœopathy, for which he entertains the highest respect.

**Homœopathy Abroad.**—The great revival of interest in homœopathy in Germany continues; owing to the economic distress of physicians in that country, it is impossible for our homœopathic colleagues to purchase American works, which they are eager to translate into their own language. We appeal, therefore, to those physicians among us here in the United States, who may be giving up their practices or libraries, to donate such works as Hering's *Guiding Symptoms*, Farrington's *Materia Medica*, Kent's *Materia Medica*, etc. If these physicians will send their books to the editor of *THE HOMŒOPATHIC RECORDER*, at 666 Madison Avenue, New York, the editor will be happy to forward such books, free of cost, to Germany.

**Between the Devil and the Deep Sea.**—In the *Deutsche Zeitschrift für Homöopathie*, June, 1926, appears a criticism by Dr. H. Ritter of Rostock, Germany, of various articles by the editors of *THE HOMŒOPATHIC RECORDER*, as well as a criticism of one or two of our contributors. Dr. Ritter finds fault with our extreme Hahnemannian, or shall we say, Hahnemanniac tendency, to write of cases and their cure without giving sufficient differential or other diagnostic evidence in verification of the claims set forth. To a large extent, we plead guilty to his charge, that we are too much inclined to rely upon the fallacious dictum, *post hoc, ergo propter hoc*. Hahnemannians as a general rule neglect the methods of modern medicine, at least in their case reports, forgetting that their audiences may not be in a sufficiently receptive mood to accept their

dicta. Dr. Ritter points to the well-known American sentimentality, which always strikes the foreigner who comes to our shores, as ludicrous and silly. In this he is right, as the gallery of any American moving picture show will prove. We Americans dislike to be told the naked truth; we love to be soft-soaped and flattered. In time we will get over this, but the moment is not yet here.

However, it is undeniably true, that many of our American Hahnemannians have made wonderful cures, where the latter seemed impossible of accomplishment; unfortunately, they have had to be taken on faith and this the cold scientific mind cannot and will not accept. Rightly so! On the other hand, a large majority of American homœopaths are *long* on diagnosis, but *short* on homœopathic cure and their case reports too often demonstrate an unholy alliance between the poor little orphan of similia and the cocksure determined villain of O. S. polypharmacy. It is therefore often hard to choose between the two horns of this dilemma. Our hospitals could, if they chose to do so, correct this state of affairs, but team work on the part of clinicians and materia medicists would have to be employed. Usually, the materia medicist is a poor diagnostician and *vice versa*. The very nature of the materia medicist's work makes it difficult for him to be well up in modern methods of diagnosis. So far as THE HOMŒOPATHIC RECORDER is concerned, we are grateful to Dr. Ritter for his frank strictures upon our weaknesses and, let us hope, we will endeavor to profit by them.

#### OBITUARY.

Dr. Charles E. Walton, Cincinnati, Ohio. Born May 30, 1849; died August 22, 1926. In the passing of Dr. Walton at the ripe age of 77 years, the homœopathic profession and more particularly the American Institute of Homœopathy loses one of its unique and outstanding characters. Walton of the red necktie was known to all at the annual conventions and the Senate of the Seniors looked to him as its natural leader, whose fund of humor and professional attainments, combined with literary ability of marked degree, made of him an outstanding figure. Memorial services were held on September 15 in the Bethesda Memorial Chapel, Cincinnati, Ohio, Dr. Lincoln Phillips presiding.

## THE HOMŒOPATHIC RECORDER

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### SAMUEL HAHNEMANN AND HIS IMPRESS UPON THE WORLD.\*

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

Mr. Toastmaster and Members of the Connecticut Homœopathic Medical Society:

It certainly gives me great pleasure to respond to a toast upon this occasion—an occasion which, from its very nature, it seems to me, is one of the most memorable that it is within the privilege of our medical generation to enjoy—a Hahnemann Fest, or, as the Germans called it, a Hahnemann Fest-Jubilee. These jubilees, be it said, were very common in the later years of Hahnemann's life, beginning, if I mistake not, at the fiftieth anniversary of his graduation from Erlangen, which was held at Coethen, August 10th, 1829. Upon this memorable occasion, Hahnemann's friends gathered from all parts of Germany, and from many other places far and near, to do honor to the Grand Old Man of Homœopathy. He was presented with a jewel box by Stapf, inscribed in Latin: Hofrath Muhlenbein, with a Latin address, presented a list of all the contributors to the occasion. Rummel presented him an honorary diploma from the University of Erlangen. The Duke and Duchess of Anhalt-Coethen, his patrons and benefactors, presented him with a gold snuff box with the letter "H" inlaid in brilliants, also a valuable antique drinking cup, with personal letters of congratulation. Out of this meeting grew the Central Homœopathic Union of Germany.

It is recorded that every anniversary after 1829 was taken as an occasion for the friends of Hahnemann to show their mark of respect to his genius and service to mankind. In the year 1833 there

\*Address given at the Hahnemann birthday dinner, New Haven, Conn., April 10, 1926.

was a special celebration at Coethen by the Society of Homœopathic Physicians, when, according to Albrecht, deputations were received by Hahnemann from far and near. Upon the occasion of the dinner, at which his Highness the Duke of Coethen was chairman, three songs adapted for the occasion were sung and received with great applause. The following day scientific sessions were held.

It will be remembered that it was this very year that Hahnemann had been notified of his election as a member of the Medical Society of the County of New York, a society composed of the leading allopathists of New York. It is well to note carefully the import of this honor, for, as was pointed out at the Centenary exercises of the Introduction of Homœopathy into America last year, this diploma, which while rescinded finally by the Society on July 10th, 1843, was valid throughout the remainder of Hahnemann's life; and as his death occurred July 2, 1843, we are assured the Society could not have known of this fact. Samuel Hahnemann, therefore, died an honorary member of this allopathic society in far-away America.

On Hahnemann's birthday, April 10th, 1835, a short time before he married his young and accomplished wife and removed to Paris, he was elected honorary member of the board of directors of the North American Academy of Homœopathy (the first homœopathic medical college in the world, which was organized on this date), and from his wife, Madame Melanie d'Hervilly Hahnemann, received an honorary diploma a short time afterward.

In France, as in Germany, the 10th of August was still celebrated in 1836; and in Paris, on that date poems were read, of such distinction that one writer said of them: "Only upon Napoleon have we read odes which breathe equal heartiness and truthfulness of feeling and warmth of ardor."

Hahnemann's eighty-third birthday was made the occasion of a great fete, and was celebrated at his residence, the Rue de Milan, where the large salon was crowded with guests, the *beau monde* of Paris, in the middle of which stood Hahnemann's bust, ornamented with golden laurel crown and wreaths of the flowers of *Cicuta*, *Belladonna* and *Digitalis*. The bust was the work of the celebrated sculptor, David, who designed the bust of Napoleon I, himself an ardent admirer of homœopathy. As, upon previous occasions, poems of distinction were read in Italian and French, and virtuosi de-

lighted their audience. On his eighty-fourth birthday and upon the sixtieth anniversary of his graduation from Erlangen, there were appropriate festivities. At the graduation exercises, all of the European nations sent their representatives.

His eighty-fifth birthday was marked by an assemblage of the elite of Paris in his salons to congratulate, as reported in the Leipsic press, "the aged Commander-in-Chief of our Homœopathic Phalanx." Upon this occasion there was a new statue of Hahnemann executed by Woltreck, of Dessau. It was at about this time that Hahnemann made his famous cure of the little daughter of the celebrated French poet, Legouve, which created such a stir in social and literary circles. As a result of this cure Hahnemann was by some regarded as an almost mythical person, not as a being of real flesh and blood. The circumstances of this incident are well known to all who have intimate knowledge of Hahnemann and his great benefactions to humanity. Two interesting facts stand out above all others, one being the fact that, in his great love for his little one, the poet, fancying her about to die, had engaged his friend, Amaury Duval, one of M. Ingres' most distinguished pupils, to paint the portrait of his dying daughter. In the midst of this painful and sad office, the parents were prevailed upon to send for Hahnemann.

With what a masterful, yet graceful authority, Hahnemann, upon his arrival, swept away all the powerful medicines with which the child was being tormented, and substituted the salutary regimen of fresh air, cold water and specific remedial measures. And how quickly to the joy of the astonished parents, he announced to them: "Dear M. Legouve, your daughter is saved." This from the personage whom the poet has described as follows:

"In the midst of all the troubles that distracted my poor head, racked by pain and want of sleep, I thought I saw one of the queer people of Hoffman's fairy tales enter the room. Short in stature but stout, and with a firm step, he advanced, wrapped in a great fur coat and supported by a thick gold-headed cane. He was about eighty years of age; his head of admirable shape; his hair white and silky, brushed back carefully curled around his neck; his eyes were dark blue in the centre, with a whitish circle around the pupils; his mouth imperious; the lower lip projecting; his nose aquiline." . . . Such was Hahnemann.

"When my daughter was cured, I showed him Amaury Duval's delicious drawing. He gazed long and admiringly at this



portrait, which represented the resuscitated girl as she was when he first saw her, when she seemed so near death. He then asked me to give him a pen, and he wrote beneath it:

"Dieu l'a bene et l'a sauveé.

SAMUEL HAHNEMANN."

In 1840, one "Guancialis" wrote an epic poem in praise of Hahnemann, which was published in Naples, and contained eight books of Latin hexameters. This poem gives a history of the discovery of the law of similars, Hahnemann's inspiration by Sophia, the spirit of learning, and its introduction into the various lands of the earth. While the original is written in hexameters, the translation which was published in part in the *British Journal of Homœopathy*, Vol. IV, and which I have personally examined, is couched in pentameters. This is probably the most exhaustive poem that has ever been written upon Hahnemann and Homœopathy, and its author was anonymous.

On the 10th of April, 1841, the burgomaster of the city of Meissen, Hahnemann's birthplace, bestowed honorary citizenship upon him and presented a diploma to him through the Minister of Saxony, which are said to have been the best possible proofs of the considerations and esteem in which homœopathy was held throughout the country.

The 10th of August of this year was also celebrated as usual, at which time poems were read by Drs. Calandra, of Palermo, and Sommers, of Berlin, in mark of their friendship, in their native tongues. Of this fete the brilliant Crosserio wrote:

"The language of the country is the one least spoken, and I had the pleasure of conversing in Spanish, Italian, English and German. This is a centre where all nations unite in brotherhood, in sentiments of veneration for the illustrious founder of homœopathy, and in reciprocal testimonies to the superiority of this doctrine over all others which have preceded it, being for the most part living proofs of that power to which they owe their health, and many of them their lives.

"What more potent answer to the great little men of the present day," writes Bradford, "who just so often inform us what an old ignoramus Hahnemann was, than to invite them to picture themselves this scene of his declining years. The old man, with his fine intellectual face, his white hair curling on either side of his lofty brow, his manner filled with the enthusiasm and unrest of genius, surrounded by learned men of half a dozen countries, able to speak to each in his mother tongue. Imagine this bril-

liant assembly, met to do honor to the most brilliant of them all. Here a sentence in English, there a soft Italian phrase, then some witty sentence in the diction of his fatherland, anon a Spanish question, again a witty French bon mot—Hahnemann answering each in his own tongue. The while Madame Hahnemann, the hostess, charming in her easy grace, giving to all a worthy welcome, and honoring the dear old man, her medical master and her beloved husband. And this in the brightest city in the world. . . . As has been seen, all of the birthdays of Hahnemann were utilized to honor him. His life at Paris was one long fete."

On July 2d, 1843, Hahnemann died in Paris of a lingering illness. He was buried in the cemetery of Montmartre near the grave of the poet Heine, among the poor of Paris. These arrangements were in accordance with the wishes of Madame Hahnemann, so that the wish of Hahnemann himself to have engraved upon his stone the words "*non inutilis vixi*" were never realized.\*

\*The following year after Hahnemann's death, the idea of a permanent monument began to take shape. The design and management of this memorial were in the hands of Dr. Rummel, President of the Committee of the German Central Homœopathic Association. The appeal for funds for this monument was a noteworthy one. It read in part as follows:

"It is at once the glory and the misfortune of the great discoverer to be before his age; while it is the reproach and the safety of the age to be behind him. It was so with Galileo, with Kepler, and Harvey. And although the general unsettling of opinion, which occurred at the end of the last century, made men less averse to investigate novelties, and recognize truth in new systems, this arose more from prevailing confusion, than extending charity. . . . The ambassador of a great truth, which threatens mighty changes, and perplexes the minds of men, is looked on still as the herald of war, as the troubler of mankind, who is to be stifled, if he cannot be silenced. Such was the fate of Hahnemann. He fought his lonely way for a many a dark night, without human encouragement and support. And the proclamation of his discovery, was the signal for his persecution. His steady and starlike course is now run." (*British Journal of Hom.*, Vol. 2, 1844.)

I should like also to quote from Dr. Eugene Austin's report of the "Eighth Quinquennial Congress of Homœopathy: a Monument to Samuel Hahnemann" (*Homœopathician*, Vol. 1, No. 1, Jan., 1912):

"Last September, we stood at Hahnemann's tomb, in Pere la Chaise, Paris, France. A broad shaft, winged toward the base, forms the solid background for the noble bust. Above is inscribed, in large deep letters, the legend, HAHNEMANN, FONDATEUR DE L'HOMŒOPATHIE, and the dates. On each side of the pedestal are tablet memorials of his great achievements. On the base is inscribed SOUSCRIPTION INTERNATIONALE.

"In the name of the host of his American followers, with my grateful patients, we covered his grave with choice roses. On the ornamental cap



On the 10th of August, 1843, the great master having departed this life, a festival was held as usual, at which, in accord with the usual custom a poem was read; this time by his friend, Dr. Rummel, which was a sonnet in German, enscribed: "An Hahnemann," which begins with these lines:

"Du willst schon schlafen, müder Wahrheitspflueger?  
Des neuen Lichtes Strahlen rothen kaum  
Der alten Nächte tiefsten Wolkensaum  
Und Deine freunde schleichen träg und träger."

So distinguished was this poem that it was translated into all the languages in the different countries where the death of Hahnemann was reported. So ended the earthly life of Samuel Hahnemann.

I have dwelt thus exhaustively upon these various anniversary and birthday festivals of Hahnemann by reason of the fact that these two dates, that of his birth and his graduation from the University, have been the pivotal points around which so much of the activities connected with the public observance of his service to mankind has centred. It is a fact that Hahnemann's birthday still remains the date of choice for similar celebrations, even to the present time; as, for example, witness this very date that your Society has chosen for this dinner in Hahnemann's memory. I might remind you, furthermore, that the birthday of Hahnemann is set apart in the State of California and observed by the members of the California State Homœopathic Society by contributing (in so far as is possible) all the earnings of the individual members on this day as a permanent fund for the perpetuation of homœopathy. I have already mentioned the fact that the Academy at Allentown

of one wing of the shaft hangs a large permanent wreath, which was presented by several French homœopathic physicians. To the other side I lifted a sweet child—yes, a beautiful little girl, healed, when all other help had failed, by the use of Hahnemannian Homœopathy. With loving hands and grateful heart, she placed over it a corresponding wreath—all speaking words of praise of him whose sacred dust rests beneath. I thought of teachers and comrades and patients at home, and for their sakes also, I laid my tribute, with tender emotion, on the grave of Samuel Hahnemann."

It is interesting to note that Hahnemann's famous motto is engraved, along with other well-known inscriptions, upon the exquisite bronze and granite monument by Niehaus, in Scott Circle, Washington.

was organized on this date, and the American Institute of Homœopathy had its birth, April 10th, 1844, with Constantine Hering, of Philadelphia, as its first president.

I should like to say a word, however, regarding the confusion of dates, as to whether April 10th or April 11th is the correct one to observe. Basing my proofs upon Bradford's life and letters, I had for long believed the correct date to be April 11th. Dr. Richard Haehl quotes Hahnemann to the effect that he was born before midnight on the 10th, rather than after midnight on the 11th. With regard to this matter, I may call to your attention the following note from the *British Journal of Homœopathy* (Vol. 13, page 525), where we are told that the question of the 11th of April was raised by the testimony of Dr. Hirschel, in *Zeitschrift*, 1851, in which reference to the baptismal records of Meissen was said to have been shown that Hahnemann was born on the 11th of April, his baptism having occurred on April 13th. He was entered there as Christian Friedrich Samuel, whereas the school register where he first attended gave his name as Christian Gottfried Samuel. His biographers had previously given his name as Samuel Christian Friedrich. This latest authority gives it as Christian Friedrich Samuel Hahnemann. In this Bradford concurs, yet the 10th was the date always mentioned by Hahnemann, and was the date on which all his birthday festivals were held.

When we come to the consideration of Samuel Hahnemann—the man himself and his impress upon the world—we must first of all view him as an historical figure, and therefore in perspective. Could any one of us have lived in those stirring and eventful days when homœopathy was young, when Hahnemann was himself in full vigor, we might better comprehend the task that beset this great adventurer in the uncharted paths of medical mediævalism. It seems almost astounding to us, who go about with our small cases of carefully arranged and cared-for homœopathic vials, without odor, taste, or color, acceptable to the taste and temperament of even the crabbiest child. It seems almost incredible to us to believe that this great revolution in medicine has all come about since Hahnemann first announced his New Principle and published his famous letter to Hufeland. But the wise Hufeland himself was not unmindful that here at last there had come, out of the mists and chaos, a mariner who should lead the world to new discoveries and to lands before unknown.

Hufeland, whose acquaintance with Hahnemann was, as he said, "of long standing, and who, connected with him for more than thirty years by ties both of friendship and of letters valued him always as one of our most distinguished, intelligent and original medical men." . . . "I had subsequently the opportunity," he continues, "of observing many instances of good results from the use of homœopathic remedies, which necessarily drew my attention to this subject and convinced me that it ought not to be contemptuously pushed on one side, but deserves careful investigation." This, the statement of one who was called "The Nestor of German medicine"; from one who was an eyewitness to the origin, development and progress of the whole movement. Again let us hear the testimony of one who, leaving his native American soil, in those early days when to announce oneself as a follower of Hahnemann spelled anathema. I refer to that veteran editor and pioneer in homœopathy, Dr. Gerald Hull, for many years the editor of the *Homœopathic Examiner*, the earliest of our published American journals.

"The American homœopathist," he wrote, "besides his mere pleasure of traveling, has a sacred and unwearied pilgrimage to perform, not to the mausoleums of the departed, but to the sanctuary of a living genius. The authors of most reforms have hallowed them by death; but Hahnemann, whom a venerable senectitude of fourscore and seven years personates as their type, more fortunate than they, has lived to witness his system pass triumphantly through the ordeal of prospective persecution, and is now blessed in the autumn of his life, with the vision of its elevation to a brilliant distinction, constantly progressive, and as exalted as its dispensations are prolific in happiness to the countless victims of medicine and disease."

Dr. Hull's description of his visit to Hahnemann is classic:

"At this period Hahnemann occupied a spacious mansion in the vicinity of the Jardine de Luxembourg, at Paris. Ushered by the attendant into the grand salon, at a moment when he was engaged with a patient in his adjoining study, I had an opportunity of individualizing the appointments of this noble apartment. Its walls were hung with varied and choice paintings in oil, many of them the productions of his accomplished wife; vases, busts and medals—donatives from those whose gratitude his cures have evoked—were disposed in tasteful arrangement, and his centre table was laden with the productions of German,

French and other tongues—presentation copies—alike giving evidence of the abundant labours of his zealous disciples, and of the almost miraculous extension his system has acquired throughout the entire civilized world.

"Introduced into the library or study, I had, for the first time, the inexpressible gratification of beholding the face and grasping the hand of the great reformist of our century. I felt myself in the presence of a mighty intellect—once compelled to struggle with keen adversity, to contend with the persecution and cupidity of his rivals, and in banishment, to depend upon the protective shelter of a noble stranger—now independently situated in the heart of Europe, and proudly eminent in the admiration of literati, philosophers, noblemen and crowned heads."

Dr. Hull's description of Hahnemann, his nobility of bearing, his massive Socratic head, and silvery locks, and the kindly way in which he was received are to be found in records of Hahnemann's biographers. It would certainly be a painful parallel to contrast this opportune meeting with the story of the Rev. Mr. Everest, his fidus achates during those long and arid years of profitless waiting, scanty remunerative translating; to those days at Stotteritz, in the Trial or Wander years, when we are told that he was so poor that he himself wore rude clogs of wood, helped his wife bake bread, and with her other household tasks; and finally to review that pathetic story of the division of bread among his starving children. No; let us rather dwell upon the majesty and fullness of those master years (*Meisterjahre*), when, crowned with his well-earned success, he rested upon the lofty summit of his fame, and watched the sun of his triumph melt into the golden afterglow of a life well spent and a night's well-earned repose.

Dudgeon, in the preface to Drysdale's translation of Ameke's "History of Homœopathy," states that:

"The history of homœopathy is the indictment of the medical profession. A physician distinguished above his fellows for his services to medicine, chemistry and pharmacology, endowed with quite a phenomenal talent for ancient and modern languages, and well read in all the medical lore of past times, after mature thought and at a ripe age, announces to the profession that, as the result of years of arduous experiment, investigation and reflection, he believes he has discovered a therapeutic rule which will enable us to find the remedies for disease with greater certainty and precision than can be effected by any of the methods hitherto taught. The reception which this announcement met

with, and which was given to all Hahnemann's subsequent efforts to give certainty and scientific accuracy to therapeutics, . . . forms one of the most melancholy and deplorable episodes in the history of medicine."

But why dwell upon this melancholy picture? Hahnemann is not dead, but lives in the hearts of his legion of followers, from the least to the greatest. Homœopathy is not dead, but lives in the daily and hourly application of its sane, salutary and truth-exemplifying principles and practices. New institutions are arising to carry on the great and monumental works of the founders.

Bradford tells us that Hahnemann was "born in the middle of a century whose influence shaped our own; a century prodigal in great men; in the year when Frederick, destined to be called THE GREAT, was masquerading among the art galleries of Holland; wandering in boyhood on the fair hills of Meissen when all Europe was engaged in the Seven Years' War and Saxony was crushed by iron heels; going forth the young scholar to academic Leipsic just when that unfortunate monarch, Louis XVI, was ascending the guillotine-shadowed throne of France; when George the Third was king and America was only a colony of England; when Rousseau was yet writing of the Rights of Man; when cynical Voltaire was mentor to Prussian Frederick. . . . He was of the time of the Boston Tea Party and the declaration on the State House steps of Philadelphia; of the day of Washington and Lafayette. He saw Napoleon build an empire on the ashes of a revolution; saw him march across the lands of Germany; saw Austerlitz; saw the dismal retreat from Moscow, and acted there as good physician to the sick and suffering army of 1813. He left Germany for brilliant Paris when Bismarck was a student of twenty; he, the recluse, the scholar, the thinker, became in his old age the fashionable physician in the gayest city in the world." And finally,

His biographer's highest tribute:

"Scholar whom scholars honored and respected. Physician whom physicians feared. Philologist with whom philologists dreaded to dispute. Chemist who taught chemists. Philosopher whom adversity nor honor had power to change."

Hahnemann's impress upon the world—we find it most graphically emblazoned upon a multitude of institutions, colleges, hospitals, dispensaries, asylums, sanitariums; in thousands of earnest physicians who wear upon their brows the Seal of the Master;

upon millions of loyal followers who, having felt the magic of the Master's hand, and touched the hem of his garment, rejoice in a new-found freedom and a truth that has made them free.

What was there about this man that could kindle a world at his touch? He possessed a wholesome sanity, a mind of crystal clearness, a soul of unstained purity. He was eminent, as we have seen, as chemist, physician, translator, innovator, reformer. His was a philosophy of life moulded in the crucible of toil, and hardened in the fires of poverty, privation and suffering. He could speak from the heart. Hear his advice to the health-seeker:

"Check your ambition—what you cannot accomplish in one week do in two. Too great mental exertion is especially bad for the harassed mind. You must obtain a goodly portion of cold indifference. After you are buried men will still be clothed—possibly not so tastefully, but nevertheless quite tolerably. Be a philosopher, then you will attain good old age. . . . What you cannot finish, let it not worry you. . . . Obtain a modicum of indifference—then you will be my man indeed. . . . especially if you adopt all my other suggestions. . . . Care-free you will awake in the morning, quickened and soothed you will go to work, without fear about the mass of duties to be performed. . . . Thus passes with measured quiet one day after the other until the last day of a fine old age finds its goal of a well-used lifetime and you can go quietly to sleep. . . . Is not this wise, my friend, more rational? . . . Farewell and think of me after you are well and prospering."

I like to think of this ideal attainment—of Hahnemann's man.

The criticism has many times been made that Hahnemann was autocratic, was unfriendly to his professional colleagues, was in fact an enemy to the existing medical order. It is undoubtedly true that Hahnemann was dogmatic, and at times autocratic, yet many great men have held such traits. Yet in his inner heart, we know his true feelings when we recall his affirmation that all physicians were his professional brethren, and that he bore them no ill-will. It is likewise to his credit that, to all the stings and jibes of his critics he made no reply, save the one response to Hecker, "The Defense of the Organon"; and this was published under the name of his son, Frederick.

We are further reminded upon this point by Dr. William Boericke, of San Francisco, in reviewing Haehl's recently published

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work, "The Life and Work of Samuel Hahnemann," that, while this attitude of aloofness was most unfortunate, it had this redeeming compensation:

"His fifteen years at Coethen in comparative seclusion left him the needed quiet and freedom to develop the newly found truths, developing them according to his ideas of his wonderfully trained experienced and philosophical mind. A perfect organic whole is seen in the first edition of the *Organon*."

Certainly Hahnemann's aloofness from his fellows could but have softened "the slings and arrows of outrageous fortune" that were hurled against him by an unsympathetic world. The tender product of creation is hidden away in the mother's womb until such a time as it quickens and comes forth the child of law and circumstance. So of homœopathy: Hahnemann had to protect it, nurture it, care for it in its embryonic stage, give it safe birth and protection until it could stand, as it does today four square against the buffetings and exigencies of the world.

Emerson has said that "an institution is the lengthened shadow of one man." Homœopathy is, therefore, the lengthened shadow of the great and benevolent personality of Samuel Hahnemann; and we of the present day are basking in its cooling shadow, amid the torrid noon-day of medical misunderstandings.

I should like to picture again, at this hour, one of those last Fest-Jubilees—one of those unforgettable assemblies when the zealous admirers of Hahnemann gathered, as we are gathered here tonight, to do honor to one whose name must some day be written in the Valhalla of the Great. At those assemblies gathered his followers from all the nations of the earth. Here we gather, for the most part of but one blood. It is probable that nowhere at the present day are there gathered so many diversified nationalities as at the meetings of the International Homœopathic League, which, the breach of past hostilities fortunately having been healed, meets the coming year at Paris, where the great Commander himself celebrated so many fetes, so many victories. This year, nineteen hundred and twenty-six, is the one hundred and fiftieth of the birth of American Independence, and the eighty-second annual assembly of the American Institute of Homœopathy. As we gather at the Cradle of Liberty in Philadelphia as a national body, and golden summer decks the earth with perfumed fragrance, let us

weave our variegated garlands of hemlock, purple fox-glove and glowing nightshade in all humility and reverence, and crown anew as of old the noble brow of Samuel Hahnemann.

I would that we had a modern David to mould again the great Hahnemann's head. In lieu of the master sculptor, I exhibit here a copy of the famous modeler's medallion of Hahnemann, presented to me by my esteemed friend, Dr. Pierre Schmidt, of Geneva, Switzerland. And finally, in lieu of the famous lines of Rummel, I give you this humble tribute to the Father of Homœopathy:

## SAMUEL HAHNEMANN

Meissen, April 10, 1755. Paris, July 2, 1843.  
O thou who mighty, guard'st the mystic scroll,  
Where mortal fate upon thy heaving breast  
Each thought, each word, in blazing prints impressed;  
Didst thou for once let other hand unroll?

Didst freedom give to one to change the whole,  
The message write that ancient wrongs redressed,  
Wherein the past its crimes and sin confessed,  
Didst thou, Great One, bow down to this great soul?

For to this son of humble parentage  
Was given grace to blot out every line,  
Age-old tradition, folly of his age,  
New truths instill, a law of cure divine.  
S. Christian Hahnemann, the Seer, the Sage,  
About thy head the laurel we entwine.

B. C. W.

## A DIFFICULT CASE.\*

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

In April, 1922, there came into my office in Chicago a medium-sized woman, aged fifty-nine years, and unusually gray for her age. She was very reticent in giving symptoms and answering questions. I learned that she was related to some of the best families of Chicago and was once accustomed to considerable wealth. The only history I could get of her case was "always well and

\*Read before the Annual Meeting of The International Hahnemannian Association, Philadelphia, July, 1926.

active until two years previous." At this time it seems she was ironing with an electric iron, when suddenly something went wrong and she received an electric burn over the right shoulder and the biceps of the right arm. This occasioned very severe pain, for which she applied a certain liniment, which seemed to aggravate the pain and caused the appearance of red spots on the back and chest. Some time in 1921 she had an attack of lumbago and I noticed that the joints of her fingers were quite swollen. This was all I could elicit on this first examination.

On her return in May, 1922, she complained that the spots on the arm, chest, and back pained excruciatingly. In addition to this, she complained of severe formication over the burnt area. There was nothing visible other than these red spots to indicate any trouble. She also complains of violent twitching and jerking of the right elbow. She reports having slept better after the dose of causticum 10 m., and that the pain in the shoulder and arm was relieved by hard pressure. No remedy.

In June she reports that the injured area felt as if hot water was poured over it, and that the skin was very sensitive to touch. I knew that the leading remedies for effects of burns are arsenic and canth. But before prescribing either of these remedies, I preferred to wait for further data. In July, 1922, she reported feeling better, with the exception of the skin of the burnt area being very sensitive to touch. I now gave canth. the 30th, six powders, one every other day. I heard no more from her until September 5, 1922, when she complained of the right hand being very stiff. The shoulder and upper arm pained when out in the wind. She sleeps well and her appetite is fair. The pains have now assumed a definite type, and are characterized as a violent stinging when heated. For this I gave a dose of apis cm. On September 22d she reported her arm as feeling full of splinters, with a slight improvement in the swelling of the right hand. This changing of the nature of pains confused me, and I frankly confess I could not understand these changes. I took her case under advisement, looked it over carefully, and sent her a dose of benzoic acid 10 m. I heard nothing from her until late in October, when she reported that the generals were good, and that the stinging and burning pains have now changed to what she calls smarting. I repeated my causticum in the cm. potency, then heard nothing from her until in December, when she reported feeling about the same.

Now, the thought arose that there might be an incipient cancer developing somewhere, and to prevent this I gave radium 200th, one powder. In January, 1923, she reports gaining ten pounds, arm is much better, and her vitality much stronger. Not knowing how long radium will act, I repeated it in the same potency. Matters went on in this way until March 2, 1923, when she complained of great difficulty of respiration in lying, and that she felt very uncomfortable pulsations in the stomach. I now awoke to the fact that there are changes going on here that threaten her life, and that a number of remedies are found in this symptom. As kali carb. seemed to fit it better than the others, I prescribed it in the 1 m. potency, one powder daily for four days. On the 21st of March she reported no improvement. I now discovered that there was considerable cardiac hypertrophy. But why should this condition appear now? I then learned that she had passed through a very severe mental shock, which brought on cardiac dilatation, which she refused to tell me. I then gave her aurum metallicum the 200th, six powders, one daily. This was done because of her inability to lie down and sleep. On April 17, 1923, she reported a very slight improvement. Thinking that my potency was not on the plane of her trouble, I repeated the remedy in the 1 m. potency. One powder.

May 8th she reports feeling better. She can now lie down to sleep. She rests better lying on the right side and back. She has a fair appetite, and on a physical examination, I find the heart very rapid and greatly dilated. The legs are swelling and look as if glazed. Serious trouble is ahead of us and feeling that she still needed aurum, I gave here a dose of the 10 m. On May 30th she reports feeling some better with fair eliminations. I now discover that she is growing very irritable, that she is hard to please, and that there is marked dropsy of the limbs and feet. I now gave her a dose of arsenic 10 m., one powder.

June 28th I find the heart slightly improved, the general condition is better, but the limbs still very œdemic. I now gave arsenic the 50 m. On July 11th I find conditions the same, except that the face was becoming œdematous. I heard nothing more from her until November 16th, 1923, when I found the pathology about as I left it in July. She is now troubled with hideous dreams. Her nightmares are so severe that even the neighbors can hear her scream. Formication on the arm is slightly

improved. In the past she wanted heat applied, now feels better when in cool air and the application of cool cloths on burnt area. She is now annoyed with an occasional cough, and the legs are beginning to be inflamed and burn severely.

On December 8th she reports the swelling almost gone and general conditions fair. No medicine. January 11, 1924, she reports the limbs swelling again, and there is a large sore spot on the left tibia, threatening to become gangrenous. I now returned to aurum metallicum 1 m., four powders, one daily. On January 18th, 1924, the swelling has increased and is now extending into the abdomen and over the hips. Arsenic 10 m. February 18th I find the legs some better but the face very pale, swollen and cedematous. Realizing that my patient was not improving under what appeared to be well-selected remedies, I now gave for temporary relief solanum niger, the 30th, five powders, one daily. On March 6th I found my patient with the right side of the face, right mamma, arm and leg badly swollen and the tendency to gangrene on the left tibia was very marked. I now called counsel, who decided that my patient was suffering from sarcoma, but while this may be true, the general conditions as well as the pathology now point to kali carb. as the only remedy helpful. For after waiting two weeks, I found her so cedematous that I thought the limbs and abdomen would burst. Her face was swollen beyond recognition, the upper eyelids protruded over the eyes, the mammae were swollen to the full extent, both legs highly inflamed and very sore. I gave my patient two weeks time to live, and yet I worked as if she was to live a thousand years. I put her on kali carb. the 30th, in repeated doses, increasing the potency occasionally, until late in the fall I had conditions almost normal as far as the swelling was concerned. The sores on the legs were very angry, water dripping from the legs from the knees down, toenails discolored yellow, and my patient unable to lie down in any way. When I found that the condition of cedema was better, and that her respirations were very laborious, and that the nightmares were appalling, I gave her peony the 30th in water, 10 doses. This closed the nightmare scenes.

In November, 1924, feeling that the remedies given had exhausted their power, I gave her a dose of sulphur 10 m. This remedy stimulated her vitality, increased her appetite, and made her feel stronger; but produced no change in the limbs, neither in

the general dropsical condition, except that the larger spot on the left tibia showed signs of marked improvement. There now appeared on both limbs large cauliflower excrescences. I became considerably confused. As I sat and watched her, saw those angry growths, highly colored and dripping, her tremendous nervous irritability, I saw away back of all of this what seemed to be a sycotic condition implanted upon a deeply seated psoric condition. This led me to prescribe thuja 200th, daily for ten days.

Late in January, 1925, I found her right arm extremely painful, and a sensation as if the skin were torn from the flesh, with a very unpleasant formication over right arm and shoulder accompanied with a stinging pain aggravated from heat. A change had been made. The ever-troublesome new symptoms have arisen, and because of the stinging pain, the persistent dropsy of the lower limbs, I now gave apis the 30th in water every six hours. From this time on until August following, I kept her on apis mellifica in ascending potencies, with marked general improvement, though the growths on the legs and the accompanying pains persisted. Though there was general improvement, it was not sufficiently marked to make a favorable prognosis.

Late in the autumn of 1925 she had a marked return of the cedema, until the abdomen and both arms and both mammae were so filled with water that I thought her days were numbered.

Her greatest agony was from pains in the right shoulder and arm. These pains were so severe that they nearly drove her insane. The thought came that she would soon pass away, and I would turn to something for immediate relief. I gave strontium carb. the 200th, four powders, daily. I kept her on this remedy in ascending potencies through the winter and early spring with some improvement in cedema and pain. While the large spot on the left tibia had practically healed, the growths from the knees down seemed to multiply. The toenails turned a golden yellow in color and looked as if they were ready to drop off. So on April 25, 1926, I returned to thuja the 200th in water, one dram every six hours. On May 8, 1926, I found the limbs greatly reduced in size, the arms practically normal, also the body, and my patient much quieter mentally. For previous to this she had shown symptoms of mania. The marked discoloration of the limbs was growing paler and the growths deeply red were turning white. This looked very encouraging.



I continued the thuja every eight hours and early in June found my patient very much better. The dropsical condition had practically all disappeared. The excrescences were growing less in size, the respiration, which was very difficult during all of these years, was very much better. She was now able, with the assistance of the nurse, to walk from the living room and her bedroom to the bathroom. She felt so vigorous that she also walked into the dining room and took one meal a day there. On the 15th of June I found the conditions rapidly improving. My patient could talk with vigor, enjoyed company, and could lie down to sleep for six hours at a time, the first in three years. The mental and physical condition was so markedly improved that I now gave thuja the 500th, one dram every twelve hours, and am watching results.

#### THE RIGHT OF THE UNBORN.\*

Plumb Brown, M. D., Springfield, Mass.

I wish to consider the scope of the Bureau of Obstetrics and Pediatrics as extending from prior to conception on through the various developmental stages, both as regards parents and child, until at least sixteen years after birth of the child which, at birth, becomes an individual unit.

It is not my purpose to attempt to cope with the various phases of pedagogy or adolescence. In my opinion, based on personal experience and observation, there is no field where homœopathy can, nor where homœopathy does, if conscientiously practiced, show a richer harvest for the prevention and relief of suffering humanity.

Thus if prospective parents and later prospective mothers can come under the care of a true homœopath, this will result in fewer agonizing labors, with no hazardous post partum. And the condition of their children and their children's children will show a purity and stamina of body and mind, all with the result that there will be developed a citizenship of the highest type.

In these days of extreme tension, when our very souls are being tried, when we are considering ways and means of meeting the ever-present problem of existence, as well as that of doing our best

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in helping to hasten the glad day of the universal brotherhood of man, is it not worth a little of our thought to stop for a few minutes in our rush and consider ways and means for the best development of the child?

A child is a man in embryo. We hear much in these days of our rights, the rights of capital and labor, the inalienable rights of man. How about the rights of the embryo? Should not every possible agency, national, State, community and individual, be alert to the right of the embryo, as well as the child, to have its best development, physical, mental and moral?

The health of our youth is being more and more closely safeguarded and great advancement is being made along the lines of ventilation, diet and exercise.

The ever-increasing army of school inspectors, playground guardians, physical culture instructors as well as school and college educators are all expending their efforts in their endeavor to conserve the rights of our children.

For many years I have been revolving in my mind and endeavoring to formulate, even though very fragmentarily, some ideas and some ideals pertaining to another right of the child, namely, the right of birth; the right of a good heritage.

The right to be well born is what I wish to have you consider with me for a few minutes in the hope that it will act as a little leaven in the interstices of our minds and cause us as individuals as well as a body of homœopaths to go out and do our duty.

It is a self-evident truth that the unborn child has an inalienable right to be ushered into this world free from disease, from all predisposition to mental and physical defects.

No child ever was or ever will be born into this world in full possession of all the attainments and graces, but every child should have the right of inherent mental and physical ability, which if properly nurtured and developed would enable it to fill its mission in life creditably. This must appeal to every sensible man or woman as the vital question of the hour. What we need is a race of better men and women, mentally and physically superior, free from hereditary ills and defects which burden life.

It means the saving of our country from moral and physical decay and the preservation of its integrity and position among other nations. The scriptural doctrine that the sins of the fathers are visited on the children under the third and fourth generation is literally true. Were there time I could cite many cases from my



own observation in confirmation of this doctrine. Nature hates abnormality and in so far as possible sees to it that the abnormal and degenerate do not propagate indefinitely. The same laws govern man that govern the animal and vegetable kingdom.

The first thing the horse breeder has to learn is that only a few horses out of many which are bred are of any value to improve the breed. In the animal as in the human a great future demands a great past. If our ancestors are not of the best, our family name will soon disappear from the honor roll, unless we mate well and mate our offspring well.

If we are to erect a great building we seek the advice of an architect and an expert master builder. We cannot expect to build a healthy, brainy, enduring family unless we have competent expert advice. What does the average youth either know or care about racial improvement during adolescence? Some day when it is too late he is awakened by the sad results of his own ignorant marriage.

It is the duty of all parents, and much more the duty of medical practitioners, to so thoroughly post themselves as to be able to give expert advice to all parents, and thus enable them to intelligently instruct their children in the fundamental facts and principles of heredity and reproduction.

Some people raise children, a few who know their business, breed them. If the seed of life comes from good healthy parentage, good ancestry and devoid of bad inclinations or tendencies, you may expect a healthy child.

Is any man or woman mentally or physically able to beget healthy offspring after receiving treatment for either syphilis or gonorrhœa in accord with the so termed "modern scientific method"? Does this treatment cure?

In our bureau today we hope to show how to aid and not combat nature in preserving health and effecting a cure.

Give us clean, pure parents who give intelligent heed to the care of the body and mind, both as regards food for mind and body, good physical and social outlook, suitable climate, food and exercise, inherently sound.

"I like to find a man of mind  
His body not forgetting,  
Whereby to make a perfect whole  
The priceless jewel of his soul,  
May find a worthy setting."

Defectives should be sterilized while men of great activity of mind and body and strong constitution should be intelligently bred. Laws should be enacted and enforced, or even back of that the public should be so thoroughly educated and drilled that all who have a tendency to heart, kidney, lung, nerve, or blood disease, or any other malady should not form union with those of like tendencies.

The United States expends over one hundred millions of dollars annually for the care of the defective and outcasts from society. The time has come when thinking, patriotic citizens must realize the importance of breeding strong, healthy, brainy and brawny children with patriotism in their hearts.

Grant to the unborn their inalienable right to a sound body, brain and spirit. The laws of heredity apply to man with as much accuracy as they do to animal or plant.

Is there a crime so base as the injury of that vital substance from which springs the men and women of the future—a force not to abuse, but to conserve as a sacred trust and to hand on to our children?

We all love our country, but she is on the road to decay unless thinking people realize the situation and pass and enforce laws that will prevent it. The unfit produce the unfit, men of worth come from parentage of worth.

It is just as bad for a man to murder his wife by infecting her with a foul, loathsome disease as it is to murder her with knife, axe, gun or drug.

The time will come when physicians will be required to make a public record of all victims of syphilis. This is already done in some States.

Those contemplating matrimony should know all about each other. If all young men knew that at certain ages they must submit to examination for the use of the public and the report made an official record, there would be less wild oats sown and less disease.

Men who can successfully carry on the industries of our country and defend our nation against the fire, must be men of vigor, stamina and strength, good constitution and the right ancestry.

The unborn child has the right to come into the world free from mental and physical defects and superior in every respects to their parents. The crying need is for a patriotic statesman of brain and

power, educated to the needs of our nation in this respect, who will look into the subject from a scientific standpoint and then, as a pioneer, champion the cause of the American baby.

If men and women would only lead normal lives, they would be free of all diseases and hereditary defects and they would not give birth to defective children.

Are we as homœopathic physicians honest and square to our own name, as well as that of homœopathy and to our country?

The unborn babies stretch out their tiny hands from the mystic future and plead: Let me be well born. Give me my inalienable right—a healthy mind and soul. Let me be an embryonic man created in the image of God, or let me remain unborn.

#### ATYPICAL SCARLET FEVER.\*

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

Scarlet fever usually is easily diagnosed, but it at times takes on a peculiar course. I am reporting these cases because of their unusual course and type of patients.

Mrs. W. F., a well-developed woman of twenty-eight years, was nursing two children with typical scarlet fever. She was over eight months pregnant. The pregnancy had been normal in every way.

Four days after the two patients she had cared for were removed from quarantine, Mrs. W. F. was taken with a chill, throbbing headache, nausea and vomiting. Temperature 104, pulse 140; no thirst. The throat was very sore, very red and puffy. In two days the soles of the feet and palms of the hands were covered with a scarlet rash perfectly smooth. No rash appeared elsewhere. Albumen was present in the urine. She made a good and quick recovery under *Apis mel.*

Twenty days after the illness started she had a normal labor and gave birth to an eight-pound girl babe, which was normal in every way, except that desquamation was taking place all over the body and legs, the cuticle rolling up in rolls leaving very red skin.

\*Read before the Annual Meeting of The International Hahnemannian Association, Philadelphia, July, 1926.

The mother undoubtedly had a typical scarlet fever and the child also had the disease in utero. She was very fortunate in having the disease before delivery and thereby eliminating the septic condition so often met in pregnant mothers at delivery if brought in contact with scarlet fever.

August 19, 1926.

Dr. R. F. Rabe, Editor, THE HOMŒOPATHIC RECORDER,  
New York City.

Dear Doctor Rabe:

Inasmuch as you kindly consented to publish our article on New Materia Medica and inasmuch as the remedy was published before the explanation, would you kindly allow a few words in explanation?

If the readers of the RECORDER will read the explanation on page 347 of the August RECORDER first, then turn to *Sepia*, page 304 of the July RECORDER, they will get the gist of its full meaning.

On page 305 under *Vertigo*, second line, there was a typographical error—*Nat. m.* after the word *tea* should have been enclosed in brackets which would show at a glance that *Sep.* and *Nat. m.* are the only two remedies having "*Vertigo after tea*" and that in the highest grade.

Respectfully,

DRS. A. AND D. T. PULFORD.

## DEPARTMENT OF HOMŒOPATHIC PHILOSOPHY.

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

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

## SAMUEL THOMSON AND THE THOMSONIANS.

Taking a leisure hour a few evenings ago to indulge in the book-lover's complacent contemplation of his collection of old, rare and curious books, my eye fell upon a dilapidated little leather-bound volume which I picked up years ago in an old book shop and had never read. Of course I had glanced it through hastily when I bought it, as all book hunters do, and decided almost by instinct that it was "worth while." Every collector has an eye out for such unappreciated curios, and nothing gives him keener pleasure than to discover one of them. So my "find" was bought and pocketed and shortly given a modest place on my shelves among the others, there to await its turn to be "read, marked, learned and inwardly digested." Its turn was long in coming and would perhaps have been longer, but that I happen just now, at odd times, to be writing the life of a remarkably interesting but long-forgotten American pioneer, and so am in the biographical mood.

The incident brought back memories of my childhood in the country, some sixty years ago, when we still heard occasionally about "Herb and Root Doctors" and "Botanical Physicians" whom we regarded as glorified old grannies.

The characteristic, old-fashioned title page of the little volume (it measures only  $3\frac{1}{2} \times 5\frac{1}{2}$  inches, and  $1\frac{1}{4}$  thick), reads as follows:

"A Narrative — Of The — Life, And Medical Discoveries — Of — Samuel Thomson; — Containing an account of — His System Of Practice, — And The Manner Of Curing Disease With Vegetable Medicines; Upon A Plan Entirely New. — Written By Himself. — Ninth Edition. — Columbus, O. — Published By James Pike & Co. Agents; — Jenkins & Glover, Printers; — 1833."

The first edition was published in 1822, and was entitled "New Guide to Health; Or Botanic Family Physician."

The fact that this book had gone through eight editions in about ten years and was in its ninth edition in 1833 is at least presumptive evidence that Samuel Thomson had created quite a stir in the medical world of his day, even if we did not know it from a perusal of medical history. It may, therefore, be assumed that Samuel Thomson was a man of parts and that he did something that was probably worthy of the wide attention it attracted.

Knowing the history of medicine and the almost invariable reaction of "The Faculty" to all medical reformers, one could safely outline the career of Samuel Thomson without actual knowledge of a single detail of his life and personality except his name and vocation. Medicine like theology has always resisted, ridiculed, maligned and persecuted its reformers. "So persecuted they the prophets" from time immemorial and so they continue to do.

Taking "Samuel Thomson, His Book" in hand, therefore, I settled down for an evening's reading if it should prove as interesting as it promised to be. It did not disappoint me. The book held me until far into the night and moved me to take it as the subject for this month's article. It will be seen that Thomson was the forerunner of Hahnemann in America—a medical John the Baptist coming up from the wilderness, clad in rough garments and living on "locusts and wild honey"—a voice crying, "Repent ye. . . . Prepare the way of the Lord, make His paths straight."

Samuel Thomson was born February 9, 1769, in the town of Alsted, County of Cheshire, State of New Hampshire. His father, John Thomson, was born in Northbridge and his mother, Harriet Cobb, in Medway, both of Massachusetts. There were five other children. The family was very poor and the country where he was born was at that time a wilderness. His father had bought a piece of land on credit, to be paid for with the proceeds of his labor. Their dwelling was a rough barn in a little clearing and their only food bean porridge and potatoes. With this food the children were content, for they knew no better. Their nearest neighbors were three miles and one mile away, respectively. The father and mother were Baptists and very strict in their religious

observances. They had family prayers morning and evening and sometimes at midday. They ruled their children by fear, telling them horrific stories about witches and hobgoblins, and threatening them with the coming of "the Knocker" or "the Bear," if they misbehaved. Samuel relates that the children, being left alone one day, nearly died of fright when they heard a woodpecker at work on the wall of the house outside and dared not look out to see what it was. They told their parents about it when they came home and, instead of having it explained to them, were told that it was "the Knocker," who would always come if they did not do as they were bid.

At four years of age Samuel was taken out to work with his father. His business was to drive the cows to pasture and watch the geese, besides doing many other small chores which kept him in the fields all day. From five to eight years of age he was kept at hard work, although he was lame from birth. He suffered greatly from pains in his hips and back, and the hard work made him so stiff he could barely walk; yet this made no difference with his inhuman father, who had a violent temper and gave way to fits of passion frequently. The younger children were treated in the same way.

When Samuel was eight years old the family moved into a house which his father had eventually got covered in, and were a little more comfortable. His mother tried to be kind to him, but he lived in constant fear "lest his father should call him sometime and he should not hear him." He grew to hate the farm and everything connected with it, including his parent's religion.

At ten years of age he attended *for one month* a little school which had been established about a mile away. This was all the schooling he ever had.

When Samuel was fourteen years old his father changed his religion. He became a Universalist, and under the humanizing influence of the teachings of that denomination became a different man in his house. Thenceforward until his death the children were treated more kindly.

During all this time poor little Samuel had one never-failing and constantly increasing source of joy and consolation. In his loneliness and suffering he was irresistibly drawn to the wild flowers,

herbs and shrubs that he saw growing. He loved them and had an insatiable curiosity about them. He was always asking people he happened to meet about "what they were good for." All that he was told he carefully stored away in his memory and pondered over it.

Near the Thomsons lived an old woman by the name of Benton who had a great reputation for her knowledge of herbs. Whenever anybody in the neighborhood was taken sick she was called upon to treat them. Doctors were almost unknown, although there was one who lived ten miles away through the woods; but there were no roads then, only a blazed trail through the forest and the Thomsons managed to get along without his services. When they were sick enough to require attention, Old Lady Benton treated them with her "roots and yarbs," applied externally or made into hot teas to produce sweating. That was the great thing—to make them sweat. If one did not succeed she tried another until the desired effect was produced. This usually sufficed and nearly all of her patients got well—which was more than could be said of the doctor's work. She successfully treated the Thomson family in several illnesses and Samuel became much attached to her. He begged for and was accorded the privilege of accompanying her when she went out to collect herbs and diligently plied her with questions. From her he learned the names and uses of the plants she used. He also made experiments of his own by tasting and chewing the various plants he found and observing their effects upon himself—quite in the fashion of the other Samuel (Hahne-mann), who was doing much the same thing in Germany about the same time, ohly rather more scientifically.

Of his first independent discovery and personal test, made when he was between four and five years old, Samuel naively says:

"Being out in the fields in search of the cows, I discovered a plant which had a singular branch and pods which I had never before seen. I had the curiosity to pick some of the pods and chew them. The taste and effects were so remarkable that I never forget them. I afterwards used to induce other boys to chew them *merely by way of sport to see them vomit.* (The little rascal!) I tried this herb in this way for nearly twenty years without knowing anything of its medicinal value. This is what I have called my Emetic Herb, and is the most important article I make use of in my practice."

It was indeed! He came to regard it as a cure, in part or wholly, for every illness. He gave it recklessly, sometimes with dire effects, but often with palliative and occasionally curative results.

"It is a certain counter-poison," he says, "having never been known to fail to counteract the effects of the most deadly poison. . . . It operates as an emetic, clears the stomach of all improper aliment, promotes internal heat which is immediately felt at the extremities, and produces perspiration."

This drug, whose "physiological" action he quite correctly but very crudely describes, was *Lobelia Inflata*, the so-called "Indian Tobacco" (which is not tobacco), largely used even then by botanic and eclectic physicians, as it had been by the Indians before them. Of this, however, he denies having had knowledge at the time. For him it was an original discovery and for many years he did not even know its name.

Thomson continued his observations and experiments upon himself with native medicines and after a while began to treat others. He believed that he had "the gift of healing." "I was often told," he writes, "that I should poison myself by tasting everything I saw; but I thought I ought to have as much knowledge as a beast, for the Creator had given them an instinct to discover what is good for food and what is necessary for medicine"; which reminds us of the pious but very practical reflection expressed by Hahnemann under closely similar circumstances.

Later, after he was married and had children of his own, he called in the doctors and watched them. His young wife very nearly died of puerperal convulsions during her first confinement and would have died if, after several days, he had not dismissed the doctors (there were six of them, including two "root doctors") and treated her himself after they had given her over to die. . . . He brought her through and she began slowly to recover. Many illnesses followed in which he continued to employ two of the doctors until, to save the time and trouble necessary to get them, he let a young doctor (who had "studied with Dr. Watts" and was looking for a location) have a house on his farm, "so as to have him handy." This young doctor lived on his farm seven years. Being a good fellow and grateful, he taught Thomson all he knew about medicine. Thomson says that it was of great use to him (in

part negatively) but found that whenever a child or his wife "were attacked by any trifling complaint they were sure to have a long sickness; so he (the doctor) paid his rent and keeping very easy."

His neighbors were not slow to observe his aptitude, nor to avail themselves of it; but as he was only a farmer like themselves they felt little or no obligation to pay him for his services. In consequence he was soon spending so much time in treating the sick that he could not make a living on his farm. He was forced to either change his occupation or give up medicine.

In 1805 he left his farm and traveled about for several years, seeking more knowledge. For a time he made his home in Beverly, Mass., but later opened an office in Boston for practicing the system which he had formulated. This brought him into direct conflict with the doctors and the troubles usual in such cases promptly began and never ended as long as he lived.

Those of us who have read the Introduction to Hahnemann's *Organon* will appreciate the situation in which Samuel Thomson found himself. True, he had seen only a very small section of the great field of medicine, but it was enough. "I found from experience," he says, "that doctors made more diseases than they cured." It is greatly to the credit of this poor and unlettered backwoodsman that he early saw and appreciated not only the horrible effects of the mode of treatment then current, but realized that it was radically wrong in theory and principle and set himself about finding a better way. He did not fully solve the problem, but he took some of the first steps toward it and had a glimpse of the true solution.

Thomson was the first man in America to attack publicly the allopaths in their stronghold. In the face of almost incredible difficulties, opposition and persecution he persevered in his attempts and proved himself a foeman worthy of their steel. They ridiculed him, lied about him, threatened him with assassination, indicted and arrested him for murder, suborned witnesses, threw him into jail and let him lie in unspeakable filth for months, starved him, brought him finally before a prejudiced judge and perjured themselves, but failed after all to make out a case, because his friends rallied around him in court and showed them up.

It was the day of the lancet and leech, of cupping glass and

Spanish fly blister, of setons and issues, of moxa and cautery, of diaphoretics and diuretics, of emetics and purgatives, of irritants and counter-irritants, of evacuants and derivatives. In short, medical treatment then was hell. The most powerful and deadly drugs were used, including the minerals such as mercury, antimony, lead and zinc. All of these Thomson discarded and denounced their use. He relied mainly upon his "vegetable emetic" and the vapor bath, supplementing these with a list of comparatively harmless native vegetable medicines, many of which he gathered and prepared himself.

The list of these medicines looks strangely familiar to the homœopathician. To mention only a few of them, using their botanical names, which Thomson did not know; Alettris, Apocynum, Arum, Asarum, Berberis, Capsicum, Ceanothus, Chimaphila, Eupatorium, Hamamelis, Hydrastis, Lactuca, Lobelia, Macrotys, Pinus canadensis, Prunus virginiana, Rhus glabra, Rumex crispus, Sanguinaria, Solanum dulcamara, Symphytum, Taraxacum, Trillium, Verbascum, Xanthoxylum—these are now all old friends of ours. Thomson knew most of them only by their common or traditional names. Many of them were in use among the aborigines and were named by Rafinesque. Others were in use by the herbalists, and perhaps a few by the doctors.

Thomson did not claim to have discovered all the drugs he used. He had learned about them when and as he could, and claimed only to have elaborated a method of his own for their use, which was a true claim.

He did not even adopt the methods and theories of the Botanic physicians and Herbalists with whom he had so much in common, but propounded a theory and carried out procedures of his own. The vapor bath was in use among the Indians. From them he probably learned much, but indirectly, for there is no reason to suppose he ever came into direct contact with them. He had many original ideas, was ingenious and practical in carrying them out, and was able to explain most of his cases and the reasons for his treatment in a rational manner. Some of his diagnostic and pathological explanations, crudely as they were expressed, are far more intelligible than those of the doctors of the period.

Thomson was particularly forceful and intelligent in combating the almost universal practice of blood-letting as shown by the following case:

"A young lady applied to me who had been much troubled with bleeding at the stomach. She stated to me that she had been bled by the doctors forty-two times in two years. So much blood had been taken from her that the bloodvessels had contracted, so that they would hold very little blood; and the heat being thereby so much diminished, the water filled the flesh and what little blood there was rushed to her face, while all the extremities were cold. This produced a deceptive appearance of health. . . . I kindled heat enough in her body to throw off the useless water, which gave the blood room to circulate through the whole system, instead of circulating, as it had done before, only in the large blood vessels. They being much distressed by not having heat enough to give it motion led the doctors into the erroneous idea that there was too much blood and they resorted to the practice of bleeding, which reduced the strength of the patient but increased the disease. *There is no such thing as a person having too much blood*; no more than there is of having too much bone or muscle or sinew. Nature contrives all things right. The blood may be too thick, so as not to circulate, and is liable to be diseased like other parts of the body; but how taking part of it away can benefit the rest, or tend in any way to remove the disease, is what I could never reconcile with common sense."

Has anyone ever stated the case against the blood-letting doctors more clearly or more logically? What fault can be found with Thomson's pathology? Who can explain it better today?

Hahnemann's teaching was very similar; but it was fifty years before this homicidal practice was abandoned by the orthodox, only to be replaced with the equally pernicious practices of vaccination, hypodermic and intravenous medication. They are still meddling with the blood. Formerly they stole it; now they pollute and poison it. Which is worse? Yet they call this "scientific progress" and plume themselves upon it!

By a curious coincidence Samuel Thomson and Samuel Hahnemann were contemporaries. Hahnemann was born in 1755, Thomson in 1769. Both died in 1843. Probably they never heard of each other; but the two men, although differing so greatly, had much in common. Both were filled with the spirit of benevolence and altruism. Both were naturally attracted to the field of medicine. Both were interested in the action of drugs upon the human organism. Both tested drugs on healthy persons including them-



selves. Both were shocked and repelled by the evils and abuses of medical practice in their day, and both fought them with all their might. Both suffered extreme poverty, although at different periods of life. Both were persecuted by the medical profession, Thomson the most shamefully, but both gained a large following and brought confusion to their enemies. Yet the two men were very different in mentality, personality and environment.

Hahnemann was the son of an artist, thinker and logician. He was trained from childhood in accurate observation and logical thinking. University educated and erudite; master of eleven languages and widely read; teacher, translator, author, chemist, physicist, physician, philosopher and savant; original researcher and innovator; formulator of the greatest, most scientific and most successful system of therapeutics the world has ever known, he stands as one of the world's greatest reformers and benefactors, secure in his fame as one of the Immortals.

Thomson was the son of an ignorant, bigoted, cruel father. Born and reared in poverty and isolation—a child of the forest; denied the privileges of education, society and books; ill-treated in childhood and compelled to hard labor; half starved physically, mentally and spiritually, but feeding his soul on the beauty and usefulness of forest flowers and herbs; yearning for knowledge and picking it up bit by bit as he could from old women and backwoods doctors; blindly experimenting and imitating, at first, the crude practices of others almost as ignorant as himself, but soon recognizing and rejecting the worst of their blunders and selecting what appeared most useful and least harmful of the resources within his reach. Sensing the existence and operation of a healing principle in nature and groping after it; impressed with the power of the living organism to protect and repair itself, he bravely trusted it almost to the point of recklessness. Observing, experimenting, guessing, meditating, feeling his way along almost blindly, yet persistently following the faint glimmer of light ahead of him; slowly gaining the confidence of his neighbors and building up a following; ultimately attaining recognition and leadership in a movement which went far toward reforming medicine and elevating it to a higher plane—such a man was Samuel Thomson.

He too won a place among the benefactors and reformers of mankind and well deserves it.

Thomson's theories were simple. Probably without knowing that he was following in the footsteps of the ancient Ionian and Greek sages, and later of Galen, he adopted the theory that all animal bodies are formed of "the four elements, earth, air, fire and water"; that air and fire, or heat, are the "cause and substance of life"; that "lessening of heat," or impairment of the power of life, is the cause of all diseases; hence, that the proper treatment for disease is "restoration of heat" or the power of life, "by clearing the system of all obstructions and causing a natural perspiration." The "four elements" are the four primary forces in nature, oxygen, hydrogen, carbon and nitrogen.

It would be easy to analyze and further interpret these archaic, symbolical expressions in the light of modern chemical and vital philosophy and show, not only how nearly they approach the truth, but how similar is Thomson's theory in substance to that of Hahnemann. It hardly seems necessary to do so, however, for readers of this Department of THE HOMŒOPATHIC RECORDER. They all represent phases of the vital dynamic philosophy upon which homœopathy is based, although the mode of application of the principles was different.

One cannot but be struck by the appositeness of the following passage in the *Narrative*:

"I found that fever was a disturbed state of the heat (life), or more properly, *that it was caused by the efforts which nature makes to throw off disease; and therefore ought to be aided in its cause and treated as a friend and not as an enemy, as is the practice of the physicians.*"

That passage, when I read it, gave me a thrill. Within the last year, and often before, I have made the same statement in almost identical words in my articles in this department. Here was a man, self-educated and alone who, from his own observation and reflections, arrived at another of the most important conclusions in modern medical philosophy almost a century ago. Given the advantages and training Hahnemann and other great thinkers had, what might this man have been? Lacking the key—the principle of similia—the door was closed to him.

He saw and stated, but in quaint terms, that the primordial principle of Life must be its own renovator, restorer and preserver of the organism in which it dwells, and that the business of the



physician is to work in harmony with it and assist it along similar lines and in the same direction.

He had thus a glimpse of the law of similars. He said: "All diseases are the effect of one general cause, and can be removed by one general remedy"; which is a true saying if one understands, with Hahnemann, that all diseases are disturbances of the life-force, and that the "one general remedy" is always the *Similar Remedy*. The one general remedy, or *principle*, of course, may and must be applied in many forms according to the individuality of the patient.

Such was the foundation of the system of Samuel Thomson and the Thomsonians. They cleared away much rubbish and prepared the field in America for homœopathy. They treated and cured, or at least brought about the recovery, of a vast number of cases of the most deadly diseases, including cholera, smallpox, diphtheria, scarlet fever and measles, frequently after they had been pronounced hopeless by regular physicians. In several epidemics when nearly half of the victims died under orthodox treatment their mortality was almost nil. This gave a great impetus to the new movement and the Thomsonians, Botanical physicians and Eclectics increased rapidly in numbers and influence. They effected a sort of alliance or *Entente cordiale* and worked together. They organized strong societies, established schools and vigorously fought the repressive legislative measures that were quickly directed against them by the orthodox profession. They eventually won legal recognition and a large measure of freedom and profoundly influenced medical practice for good, besides paving the way for homœopathy.

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### EDITORIAL NOTES AND COMMENTS.

**Poisoning With Water Hemlock (*Cicuta Maculata*).—**  
*The Journal of the American Medical Association* for October 16th contains an interesting report by Louis M. Gompertz, M. D., New Haven, Conn., of seventeen cases of poisoning with *Cicuta maculata*, water hemlock.

This is the American water hemlock as distinguished from *Cicuta virosa*, which is indigenous to Europe, Germany and France more especially. After citing certain historical facts and giving a description of the plant, the author presents the following:

#### "TOXICOLOGY.

Careful studies of the toxic principles of *Cicuta* have been made by several investigators. The poisonous component of this plant is a resin which was first isolated by Boehm, in 1876, who named it cicutoxin. Cutting the root stock causes an aromatic, yellowish, oil-like substance to exude, with an odor similar to parsnip.

Cicutoxin has been described as a clear, brown, sticky resin having an acid reaction. It was found to be soluble in ether, alcohol, chloroform and dilute alkalis. The root stocks are the most virulent, although the leaves, stems and particularly the basal parts of the plant, especially in the early stages of growth, contain sufficient poison to prove fatal when ingested.

Judging from the case reports, the plant is most poisonous in the spring. The explanation made by some observers is that during the growing season the stored material of the root stock is absorbed in the development of the plant, which is thereby rendered less virulent later in the year. This observation, however, seems to be open to question.

## REPORT OF NECROPSIES.

Observations at necropsy, made by different observers, may be thus summarized:

1. Noncoagulation of the blood after twenty-four hours.
2. Widely dilated pupils.
3. Multiple hemorrhages of the mucous membrane of the stomach and duodenum.
4. Emphysema and edema of the lungs.
5. Generalized congestion of the central nervous system.

## REPORT OF CASES.

June 16, 1925, I was called to attend seventeen boys, inmates of the New Haven County Home, who had been taken suddenly ill. The boys ranged in age from 9 to 13 years. All of the children in the institution had been dismissed from their classrooms at 3.30 P. M., apparently well, and immediately adjourned to their playground. At 5.15 the boys were in the dining-room at their evening meal. The matron in charge observed that several of them refused their supper and appeared 'pale and sickly.' Two of the children asked permission to leave the room, complaining of nausea, but before going very far fell to the floor in violent convulsions. About twenty minutes later, when I arrived, five children were in convulsions; twelve others were vomiting and appeared seriously ill. It was evident that the children were suffering from some form of poisoning, and I soon learned that they had partaken of a plant, the nature of which was unknown to me at the time. It later appeared, however, that in a plot of swamp land adjoining their playground water hemlock grew in abundance. While some of the boys had eaten the roots, the majority had partaken only of the leaves or flowers. It is noteworthy that the five boys who had eaten the root stock were very sick with accompanying convulsions, while the other twelve, who had eaten leaves or blossoms but no roots, did not have convulsions.

Without relating in detail all of the cases, that of Clarence D., aged 13 years, is illustrative of those of the convulsive type. He was totally unconscious, manifesting violent tonic and clonic convulsions, frothing at the mouth and protruding eyeballs. The froth was slightly blood-tinged, probably from biting the tongue. There was a marked internal strabismus with pupils widely dilated, the iris being scarcely visible. Cyanosis was extreme. The corneal reflexes were entirely absent. The jaws were firmly set, with violent twitching of the facial muscles—a horrible spectacle. In our necessarily hurried examinations, nothing of importance was noted in the abdomen. The hands were tightly clenched and the finger nails cyanotic. Respiration was rapid,

and during the convulsion it seemed as if the boy was about to die from suffocation. The convulsions lasted on an average about ten minutes, gradually diminishing in severity and being followed by a state of exhaustion, the patient remaining unconscious and cyanotic. During the convulsion the pulse rate was increased, but slowed down considerably during the quiescent state. The patellar reflexes were present, but diminished. The greatest number of convulsions noted was in this patient, with a total of six, the least being two. After the last convulsion the lad, apparently exhausted, fell into a deep sleep. On awakening in the morning he was as well as ever, with no recollection whatever of his illness. This was characteristic in all instances.

All of the boys who had eaten of the blossoms or leaves complained of faintness, nausea and general weakness. In some instances, there was slight cyanosis and nervous twitchings. Dizziness was a prominent symptom. Coldness of the extremities and general collapse were present. After treatment there was a prompt recovery in these cases.

## TREATMENT.

The treatment consisted of gastric lavage and high enemas. In the children who were unconscious lavage was difficult, as the jaws were so firmly set that it was necessary to use metal mouth gags in order to pass the stomach tube. In the cases of those who were able to swallow, hot water containing salt was given, followed by lavage. After the stomachs of all were evacuated it became necessary, in three instances, to administer morphine hypodermically. When indicated, stimulants were administered to the children; active purgation was initiated in each one. In other words, they were treated symptomatically. Normal conditions were thus brought about, as the seventeen patients all made a complete recovery.

## SUMMARY.

1. The poisonous properties of water hemlock (*Cicuta maculata*) have been recognized since the middle of the sixteenth century.
2. The toxic principles have been separated.
3. A definite train of symptoms prevails in man and animals when the root stock, blossoms or leaves have been eaten.
4. The plant is very poisonous at all times.
5. Eradication of this plant should be advocated.
6. In cases of poisoning by water hemlock, prompt action by the use of emetics, the stomach tube and purgatives can save lives.

I have failed to find another record of so many cases of *Cicuta* poisoning of simultaneous occurrence. It is not unlikely, however, that intoxication by this plant has been widespread in many places. As the single experience here put on record has demonstrated the readiness with which no less than seventeen children were simultaneously affected, in an environment by no means unusual, the problem of prevention emphatically presents itself. The menace of water hemlock should at once be called vigorously to the attention of the authorities wherever this plant grows. The eradication should be inaugurated so thoroughly that the future possibility of poisoning by *Cicuta maculata* will be reduced to a minimum."

The report emphasizes the knowledge already possessed by homœopaths and obtained from the original provings by Hahnemann and others, of *Cicuta virosa*. It seems too bad that Dr. Gompertz did not refer to the homœopathic provings, which are so full of evidence of the dangerous toxicity of this plant. It is likewise unfortunate that he did not glimpse the homœopathic relationship and possibilities.

**Syphilis of the Third Generation.**—"The history of Cornaz' patient is as follows: Her father had contracted syphilis eighteen months before she was born. Twice she was treated for keratitis, and now presents corneal opacities, with evidences of dystrophic disturbance in bone and teeth from unmistakable congenital syphilis. Married at 29, she gave birth to two apparently healthy children within six years. Then came a third infant, stillborn. Necropsy disclosed congenital syphilis with spirochetes in the organs. Syphilis, Cornaz says, was positively excluded in the husband. The case shows how ineffectual is local treatment in congenital syphilis. Only intensive and prolonged general therapy should be employed, even if the Wasserman test is negative."—*J. A. M. A.*

Yes, and this intensive and prolonged general therapy is best pursued along strictly homœopathic lines.

**Drug Treatment of Epilepsy a Failure.**—"Clark emphasizes the fact that the drug treatment of epilepsy at best fulfills little; least of all does it promote an enduring arrest of the seizures in epileptic patients. This is especially true if a sedative plan solely is

followed, but combined with other supportive treatment the picture is less gloomy. The maximum of drug advantage is secured if they are employed as adjuvants to an otherwise more embracing therapy. The greatest and surest permanent benefits are obtained when sedation is held to the minimum and supportive and restorative remedies are mainly employed."—*J. A. M. A.*

Well, well! *Was ist?* Give the restorative remedies a chance and let them be selected in accord with the *law of symptom similarity*, as friend Krauss, of the great American Hub, would say. We really believe that homœopathic therapy has the better of it in this trying disease, especially now that Clark admits orthodox therapy to be a failure.

**Iodine in Treatment of Hyperthyroidism.**—"Compound solution of iodine was used by Thomas and Rienhoff in the treatment of thirty cases of exophthalmic goiter. After the patients had received this solution for three or five days, the restlessness and nervousness became less marked, the tremor diminished and in many the skin was less flushed. In most cases the maximum results were obtained in from five to fourteen days. In three cases the maximum result was not obtained until between the twenty-first and twenty-fifth day. The basal metabolic rate decreased in all of the cases, varying from 11 to 72 per cent., an average fall of 34 per cent. In 50 per cent. of the cases, the rate was reduced to normal. In 33 per cent. of the cases the basal metabolic rate was reduced to below 40 per cent. above normal, and in 6 per cent. the reduction was so slight that rest in bed alone might account for it. In most instances when the patients were operated on their basal metabolic rate was not more than plus 30 per cent."—*J. A. M. A.*

Nothing new, but nevertheless of interest to homœopaths and showing that the crude drug has its place, as well as the potency. Homœopaths must fit the potency to the plane of the disease, as Kent so wisely taught. Broadly considered, the more crude the pathology, the cruder the drug, though, to be sure, exceptions are numerous.

**Homœopathy in India.**—Under the leadership of Dr. Ajit Sankar De, of 8 Victoria Road, P. O. Barnagore, Calcutta, India,

a society, "The Homœopathy Serving Society," has been formed. This organization is dedicated to the welfare of homœopathy and will endeavor to combat the commercialism and exploitation to which homœopathy is subjected and from which it has suffered grievously, at the hands of unqualified, self-appointed practitioners in India.

Inasmuch as homœopathy is not recognized by the Government in India, advantage has been taken of this important fact to the great detriment of the true followers of Hahnemann. Among the several laudable objects of this new society we find the important one "to attempt to persuade the India Government to give recognition to homœopathy." The society will also endeavor to abolish the practice of adulteration of homœopathic medicines by alleged homœopathic pharmacists of Calcutta.

**Occupational Disease Among Zinc Workers!**—"In a small galvanizing plant McCord and Friedlander have detected widespread gastro-intestinal conditions, varying from gastro-enteritis, in the younger workers, to well established gastric and duodenal ulcers among workers employed for a long time. Twelve out of fifteen workers employed seven years or longer have presented severe gastro-intestinal lesions. In a second plant, in which all employees are new at this work (less than six years) and in which the general work conditions are better and exposure to trade process fumes is much less, no cases of this gastro-intestinal disease have been found."—*J. A. M. A.*

The production by Zinc of gastric and duodenal ulcers is of importance, since, homœopathically considered, *Zincum* has not been looked upon as a likely remedy in either of these conditions. *Arg. nitr.*, *Kali bichr.* and *Phosphorus* have more usually been considered as "ulcer" remedies. However, the pathogenesis of *Zincum* is rich in gastric and intestinal symptoms and it is easy to conceive that a given totality might call for this remedy.

**Silver Chloride and Gastric Ulcers.**—"Pfab cut off parts of the mucous membrane of the stomach in dogs. He then—following Saxl's suggestion—administered silver chloride to some of them, and noted a better healing tendency than in the control."—*J. A. M. A.*

**Silver Chloride and Gastric Ulcers.**—"Saxl and Kelen treat gastric and duodenal ulcers by administration of a 2 per cent. solution of colloidal silver chloride. About 2-4 cc. of it is taken in half a glass of water before breakfast and before retiring. An alkali must not be taken immediately before or after the silver chloride, since it may dissolve it and cause argyria."—*J. A. M. A.*

Also of interest, although not exactly new, to homœopaths; the homœopathicity of silver chloride is no doubt similar to that of silver nitrate; the chloride has, however, received a fragmentary proving only, by Lembke. See Allen's *Encyclopædia of Pure Materia Medica.*

**Veratrum Viride in Auricular Fibrillation.**—"Wedd and Drury summarize their clinical and experimental observations as follows: Alcoholic solutions of veratrum viride, when given to patients suffering from auricular fibrillation, produce slowing of both the auricular and ventricular rates of beating and a *fall in blood pressure.* These circulatory changes are independent of general toxic effects. Veratrum viride has, in addition to the vagal action already observed, a direct action, similar to quinidine, on the auricular muscle of the dog. This direct action will, on the circus movement theory of auricular fibrillation, tend to slow, and the vagal stimulation tend to enhance, the rate of the auricular oscillations. The relative preponderance of these two actions will determine the resultant auricular rate when the drug is administered to patients suffering from auricular fibrillation. The slowing of the ventricular rate by veratrum given orally occurs much earlier than that following digitalis bodies. However, as a therapeutic agent, veratrum is somewhat handicapped by uncertainty and irregularity of action. It may be useful in cases in which simultaneous slowing of ventricular rate and lowering of blood pressure is desired."—*J. A. M. A.*

This knowledge is of interest and may be of some practical use to homœopathic prescribers. If *Veratrum viride* lowers the blood-pressure as above stated, conversely, it may be of value in some of our cases of lowered pressure, other symptoms agreeing.

**Pharmacology of Garlic.**—"Sunzeri injected aqueous and alcoholic extracts from *Allium sativum* into dogs. A rapid drop in the blood pressure, due to stimulation of the vagus, followed. Later on, the blood pressure was lowered by an action on the blood vessels."—*J. A. M. A.*

This observation should be of special interest to Italians, since to judge by odors prevalent in our New York Italian quarters, garlic plays a major role in the dietary of these temperamental people. However, as in the case of *Veratrum viride*, *Allium sativum* may be of service in some of our cases of lowered pressure. Our materia medica throws little light upon the subject, though in Allen's *Encyclopædia*, Vol. I, page 162, under GENERALITIES we read: "General lassitude, especially in the lower limbs, to such a degree that he dreads having to go two or three steps upstairs. Morning lassitude. . . . Relaxation of the muscles. Sense of oppression; weakness." Such weakness as herewith described is commonly associated with a lowered bloodpressure.

**Mercurial Poisoning From Dental Fillings.**—"Flury concludes that mercury poisoning was possible with the old-fashioned amalgams, especially of copper, but not with the complex mixtures which are being used at present. He believes that about 1 mg. of mercury per day might cause a mercury poisoning. The amount of mercury contained in a filling could yield only fractions of a milligram if resorbed within five to ten years. Stock, who has suffered together with his collaborators from chronic mercury poisoning due to the mere presence of mercury in his laboratory, which was not diagnosed until recently, points out that far smaller amounts of mercury—some hundredths of a milligram daily—may cause chronic poisoning in a few years. Its symptoms are slight headaches, mental fatigue, impaired memory, irritability, restlessness, and chronic colds. He has learned recently about fifty similar cases among chemists and physicists."—*J. A. M. A.*

We have no desire to arouse the old amalgam fillings war, but the above extract will be of interest to many readers. Perhaps many teeth have been unceremoniously yanked out whose fillings have not been altogether guilty.

**Local Application of Chamomile.**—"Arnold produced inflammation of the skin with mustard oil, light and tuberculin. These reactions could be inhibited by local application of an infusion of 5 gm. of chamomile flowers in 100 gm. of water. The ethereal oils seem to be the active substance."—*J. A. M. A.*

Many a screaming baby with an intertrigo of firey hue and a temper sufficiently vicious to make a saint swear has been relieved by Chamomilla, internally given. Its outward application may be roughly homœopathic; anyway, Arnold's observations are of interest. Our O. S. friends certainly display a remarkable ingenuity in planning their experiments and the dear little chamomile has been elevated to a position of scientific importance.

**Treatment of Pernicious Anæmia.**—"Bing expresses surprise that wider use is not made of systematic administration of hydrochloric acid in treatment of pernicious anemia, as Bie has been advocating for several years. In four of thirteen patients given once or twice a day 5 to 8 cc. of dilute hydrochloric acid, the improvement was remarkable and has persisted to date. Two others improved under parenteral protein therapy (milk) but not to such an extent as under the acid substitution treatment."—*J. A. M. A.*

This observation of the Danish physician, Bing, commands attention; achlorhydria is a diagnostic symptom of pernicious anæmia and the administration of small amounts of dilute hydrochloric acid seems logical, as a measure of *substitution* therapy and in no way opposed to simultaneous homœopathic prescribing.

**Bismuth Subnitrate Causes Poisoning.**—"A case is reported by Resnik in which bismuth poisoning followed administration of bismuth subnitrate by mouth. In a period of five days the patient took 30 gm. of bismuth subcarbonate, and no untoward symptoms were observed. About a month later the woman returned with new symptoms. The important symptoms were a bluish-black discoloration of the gums, tongue and buccal mucosa, with slight ulceration, moderate anæmia, basophilic stippling of the erythrocytes, with tenderness and swelling of the parotid glands. There were also abdominal colic and evidences of a mild peripheral neuritis, but the dependence of these symptoms on bismuth poisoning is questionable. The patient recovered."—*J. A. M. A.*

The record of this case of evident poisoning has interest for homœopaths. *Bismuth subnitricum* is not often prescribed homœopathically, possibly not as frequently as it should be. The homœopathic provings record the symptoms of abdominal colic. Clarke, under "Characteristics," mentions "black borders on gums; loosening of the teeth." This symptom corresponds with Resnick's findings.

**Dr. Rafael Romero Makes a Request.**—Our good friend Romero, from Merida, Yucatan, the land of easy divorces, ruins of an ancient civilization and hot tamales, asks us to make known the fact that he has sent each month to all homœopathic medical journals an exchange copy of his *Revista Homeopatica Internacional*, but that he has received no copies in return, the RECORDER excepted.

We respectfully urge our contemporaries, far and wide, to pay heed to Dr. Romero's request, as he is doing a great work in spreading a knowledge of homœopathy among the Spanish-speaking peoples of Central America, Mexico and Cuba. Dr. Romero is a Mexican of charming personality and a dermatologist of note and contrary to popular notions in the effete East, does not wear a spangled 5 gallon sombrero, when in New York. His address is Calle 66, No. 521 C, Merida, Yucatan, Mexico.

**Important Announcement.**—We have just received word from the Homœopathic Publishing Company of London, England, of the publication by them of SAMUEL HAHNEMANN, HIS LIFE AND WORK, based upon recently discovered state papers, documents, letters, etc., by Richard Haehl, M. D.

The work will be available in this country through Boericke & Tafel, 1011 Arch Street, Philadelphia, Pa., at \$18.00 for the set of two volumes, duty included. Vol. I now on sale, Vol. II will be on sale in January, 1927.

To the student of homœopathy, as well as to the student of the history of medicine in general, this work will stand as authoritative in the highest degree. Its translators and publishers are to be congratulated and thanked for the service which they have rendered to English-speaking homœopaths.

### BOOK REVIEWS.

**THE HOMŒOPATHIC FAMILY PRACTICE**, with a preliminary chapter on the essentials of anatomy and physiology, illustrated by 32 blocks; for the use of heads of families, missionaries, tourists, medical students and junior practitioners. Published by M. Bhattacharyya & Co., 84 A, Clive Street, Calcutta, India. Price 3 Rupees, 8 annas.

This book of 435 pages is a practical, useful compendium of homœopathic practice, with the usual indications for homœopathic remedies in the numerous diseases mentioned. It also contains a chapter on "Therapeutic Notes," which presents the symptomatology of our many remedies, a chapter on the "Tissue Remedies" and one on the potencies commonly used, together with the duration of action of remedies.

The work will no doubt find a cordial reception among the homœopathic practitioners and devotees in India.

**THE ORGANON MODERNIZED, OR THE PHILOSOPHY, SCIENCE AND PRACTICE OF THE CURATIVE ARTS**, by T. N. Roy, D. H. A., M. A. G. A., Field Assistant to the Fibre Expert to the Government of Bengal, etc. Published by C. N. Roy, Government Farm, Dacca, India, 1926. Price 3 rupees.

This little work of some 148 pages is designed primarily for the following classes of students:

1. The college student of homœopathy;
2. The amateur student of homœopathy;
3. The homœopathic practitioner;
4. The psycho-analyst;
5. The student of heredity;
6. The student of biology.

The work consists of two parts; part I contains Hahnemann's *Organon*, fifth edition, in an abridged form. In part II a new theory has been advanced to scientifically explain the action of homœopathic medicines. The author is not a physician but is a scientist working in the department of chemistry and biology.

Part II deals with "Life, Non-Life and the Curative Arts," "Symptomatic Treatment," "Its Principle, Similia Similibus Curantur," "The Minimum Dose," and finally, "The Scientific Explanation."

The book will be of interest to those who are inclined to philosophic reflection and study.

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FILOSOFIA HOMEOPATICA, por J. T. Kent, A. M., M. D., translated into Spanish by Augusto Vinyals Roig, M. H., vice-president of the *International Homœopathic League*; editor of the *Revista de Homeopatia Practica*, etc., etc., Barcelona Spain. Published by Casa Editorial Bailly-Bailliere, S. A., Nunez de Balboa, 21; Apartado 56, Madrid, 1926.

This translation of Kent's "Lectures on Homœopathic Philosophy," by Dr. Vinyals, of Barcelona, is a worthy counterpart of the American original and gives eloquent voice to the intense interest displayed by our Spanish confreres, in Hahnemann's philosophy as expounded by the lamented Kent. Dr. Vinyals and his publishers have succeeded in producing a pleasing, paper-covered book of excellent paper and typography and of 342 pages; the translator is deserving of much credit and we predict for his work a widespread interest in Spain and in Spanish-speaking countries generally. An intimate acquaintance with Kent's lectures makes for a better and deeper understanding of the science and art of homœopathy.

Price, paper cover, 10 pesetas; cloth cover, 12.50 pesetas.

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ABRISS DER HOMÖOPATISCHEN ARZNEIMITTELLEHRE von Dr. med. George Royal; formerly professor of Materia Medica and Therapy in the State University of Iowa. Authorized translation into German by Dr. med. H. Balzli. Published by Johannes Sountag, Regensburg, Germany, 1926.

The translation into German of the *Materia Medica* of our own American George Royal is assuredly a warm tribute to his genius as a teacher and to his loyalty during many years to the cause of homœopathy. For Royal is one of the very few remaining teachers

of Hahnemann's homœopathy who, as a result of this evolutionary period of the homœopathic school, are finding themselves more and more in the discard. Younger men, working along different lines, have taken their places, but it is too soon to estimate correctly or fairly the results of their labors.

Thoroughness is synonymous with German. German characteristics are altogether opposed to superficiality, things must be well done or not done at all. To be *oberflächlich* is abhorrent to the German mind; the world at large knows this, but is not always broad enough to admit the fact. Balzli's translation is a true one, rendered in the best of German and with commendable frankness, we find the translator giving credit to Richard Haehl, of Stuttgart, for suggestions and help received. Balzli shows his appreciation of the readiness of his publishers to encourage him in the translation of the work and he likewise gives thanks to Boericke & Tafel, the publishers of Royal's original "Textbook of Homœopathic Materia Medica," for their ready willingness in consenting to the translation.

That Germany has turned to America for so much of its homœopathic literature should be a cause for gratification to American homœopaths. That Royal's work will find favor and quick acceptance in the country of Hahnemann's birth we feel sure. The "make-up" of the book, to use Royal's own expression, is most excellent; binding, paper and typography are splendid; Johannes Sonntag, the publishers, are to be congratulated upon their foresight, enterprise and initiative. German homœopathic physicians will do well to add this work to their libraries, as from it they will gain much knowledge of a useful, practical nature. We have no hesitation in commending this book most highly.

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HOMŒOPATHIC PRACTICE, by Raja Kirtyanand Sinha Bahadur, B. A., M. L. C., Banaili P. O., Purneah District, India. First edition; price Rs. 2/4. Published by G. P. Varma, B. M. D. Satsang Kuti, Mehdichak, Bhagalpur.

Books upon homœopathic practice are apparently multiplying in India and Raja Bahadur's little work comprises the usual arrangement of remedies for diseases, in alphabetical order. We note the employment of a few remedies not known, to American homœo-



paths at least, such as *Succus Amogara*, which is held by the author to be specific in all stages of syphilis. Let us hope so! The indications for remedies presented are those commonly and characteristically known to all homœopaths. In the treatment of pneumonia, the author advocates the alternation of *Tuberculinum* and *Phosphorus*. Shades of Ali Baba! we would be mortally afraid to do so, but confess that we do not live in a land of mysticism and miracles; sometimes we wish we did! The usual Indian errors in orthography are manifest, but add to the Arabian Nights flavor of the book, which, upon the whole, is quite attractive and presentable and will no doubt fill a want among the teeming millions of India. The author lays claim to no originality, but in modest manner presents his practical knowledge of *materia medica*, the result of twenty years' experience, to his readers.

## THE HOMŒOPATHIC RECORDER

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### HUMAN MORPHOLOGY EXPLAINS HUMAN VARIATION, PREDISPOSITION AND SUSCEPTIBILITY.

Philip Rice, M. D., F. A. C. S., New York.

The physical conditions which underlie and cause variation in function, predisposition and susceptibility in the human organism are at the present time of all things most obscure and perplexing. Nothing in the entire field of human endeavor is so shadowy and elusive as the facts involved. Why under a given set of circumstances does one individual react in one way and another in an entirely different way? Why, for example, does a given treatment affect one in one way and another in a different way? Why does a given diet give full satisfaction to one while another, in the same family, will suffer from malnutrition? Why does a "cold" always settle in the upper respiratory tract in one case, in the lower in another, and in the intestinal tract in a third? One person is predisposed in one way and another in a different way. One is susceptible to one thing, another to an entirely different thing. These are questions for which at the present time we have no sure and comprehensive answers. Conjectures, yes, but no real answers. Moreover, the *materia medica* abounds in mysteries, enigmas and bewildering contradictions which no one has yet solved or explained; and many a physician and student has been driven to the point where the whole subject is condemned as a stupendous farce because of this. And in this unquestionably lies the explanation for the spirit of drug nihilism which is rampant in all schools of medicine, and the explanation why everybody wants to get into a specialty, particularly surgery, directly on leaving college.

And what is the answer to the problem? Is there one, or must the great boon of health and happiness forever remain a secret with

the gods? Will humanity forever be teased and tantalized by having this dangled before its eyes but just beyond its reach? If so, then the death knell has been sounded for the medical profession, and humanity must be reconciled to suffering and civilizations must continue to rise and fall, come and go, as they have in the past. There is then no sure hope of improved conditions.

But surely there is no man or woman so hopelessly pessimistic as willing to accept a negative answer. Surely no one is willing to declare that human ingenuity has reached its summit of achievements. There is none who denies that this is a universe of cause and effect. There surely is no one who believes that anything just happened, that it had no cause; surely none who is in his right mind or who is above the grade of moron.

Hence it follows that if we are going to make any headway in our studies of the human organism, its variations, predispositions and susceptibilities, we must begin with the most common and obvious facts concerning it and its processes. We need at the start to definitely prove at least one fundamental fact and fully determine its laws and all that they involve; and, next, we must never lose sight of these laws for a single instant, and no matter where they lead we must be ready to follow. The possibilities which lie before us if we will do this may in a measure be appreciated if we will call to mind some of the marvelous achievements of the astronomers, achievements made possible with higher mathematics. For example, the planet Neptune was definitely located in the heavens some time before it was seen and by a process of reasoning that began with the incident of an apple falling from the branch of a tree. A far cry from an apple to the largest planet in our solar system, yes, but they are directly connected. For many years astronomers had observed the peculiar movement of the planet Uranus when it reached a certain point in its orbit and long sought an explanation for the cause. Two mathematicians and astronomers—one an Englishman, Adams, and the other a Frenchman, Leverrier—working independently, but basing their calculations on the same premise, namely, the law of gravity as established by Newton, reached the same conclusion, and about the same time. Their conclusions were, that this swerving out of the regular orbit was the result of the attraction of a larger and more powerful body at a definite point and distance beyond. Accepting this as possibly true, other astronomers pointed their telescopes in the direction

indicated and in a short time located the planet which since has been called Neptune.

But how different are the methods of most of our so-called research workers and scientists in medicine. With them the more obvious the fact the less a place it has in their thinking. For instance, no fact is more firmly established than that organization is essential to function. It is so firmly established and so universally admitted to be true that no one ever stops to question it; no one ever assumes it necessary to elaborate or explain it; he would be "laughed out of court" if he did. Yet it is doubtful if any fact is more completely ignored in the thinking of these same research workers and would-be scientists. And this the medical profession has generally been guilty of doing. The common fact of organization and all that is involved in its being and processes is quite as completely ignored as was the falling of apples by all except Newton. Suppose Adams and Leverrier had ignored the simple incident, and the law by which it occurred, and flown off to the heavens and there sought the answer to the mysterious movement of Uranus, is it likely they would have found it? That is probably what others had been doing and were doing. What besides evidence of disease—bacteria, pathology, symptoms—has any place in the laboratory experiments, in diagnosis, in short, in every attempt to solve the mystery of disease? What besides these does the urgently advised modern physical examination take into consideration? "What other evidence of health have we except the absence of these things?" This is the common attitude; and the amount of ignorance it embraces is quite beyond computation.

Suppose we take this proposition that organization is essential to function and deal with it logically, go step by step from the beginning right on. Let us see where it will lead us. Let us give it the place of the falling apple. If it is true, then its corollary, namely, that character of organization determines character of function, must also be true. If a certain thing can't be without the presence of another thing, then it is clear that the latter is in a very large measure influential in determining what the former is and does. If there can be no function without organization, then it cannot be difficult to see that what is done depends on the character and capacity of what is doing it.

With this proposition established and in mind, let us ask the question, do all humans come into the world identically organized

and constituted? We know they do not, and, moreover, we know that no two grow up under identical conditions, hence are differently influenced and stimulated during all subsequent years. Now, growth means increase in size and number of tissue cells, and development means differentiation and maturation of cells. That these things involve a complex process, susceptible of easy derangement, with defective results, is not difficult to understand. Growth of cells can in a large measure be hastened or retarded; and the same thing can be done with the processes of differentiation and maturation. Some articles of food will do one thing and some will do another. With medicines and other agencies vital processes can be controlled. The external environment stimulates or retards these also, and does so most powerfully. In one instance the organism is played upon in one way and in another in a different way. What is stimulated in one may possibly be retarded in another, with the result that when both reach maturity they are profoundly different in structure, in constitution and in their functional processes and capacity for function. One will be predisposed in one way, another in a different way. One will be susceptible to certain things to which the other will be quite immune, or may even be very favorably affected by them. Both will have the same number and general character of organs and tissues, but in all these there will be differences in composition and constitution more or less pronounced. This is what makes differences in individuals and races. This is what makes differences in function and reaction. This is what causes us to vary our treatment in disease, leads us to prescribe one kind of diet for one person and a different kind for another. **AND THIS IS WHAT WE MUST UNDERSTAND BEFORE WE SHALL BE ABLE TO TREAT HUMANS INTELLIGENTLY WHETHER SICK OR WELL.**

During the various stages of human life different cellular conditions prevail. This means different kinds of cellular activities. This is well recognized. But what is not so well recognized is that not infrequently cellular states belonging to one period are carried over into the next and even later periods. This results, according to our original proposition, namely, character of organization determines character of function, in infantile or immature character of function also being carried over, carried over to a period where it is no longer appropriate and adequate; hence predispositions and susceptibilities of varying kinds. The importance of this is being

brought home to us in the study of Endocrinology. Embryologic etiology is beginning to assume its rightful place in the study of medicine.

Where there is disproportion in development, a lack of balance, there is soil favorable to development of diseases. As Buchard stated: "It is the organism and not the microbe which makes the disease." This thought was amplified by another noted French pathologist, Roger, when he wrote: "It is demonstrated today that anatomical alterations and clinical manifestations, in appearance identical, may develop under the dependence of different microbes: reciprocally the same microbe, according to conditions often difficult to determine, may determine maladies anatomically and chemically dissimilar." All of which is to say that, before a morbid process can gain a foothold a certain aptitude must be present, and what this is determines the character of its expression.

And this aptitude is an attribute of the morphological state of the organism, and it has its origin in the phylogenetic and ontogenetic history of the individual. That is to say, what the organism has is the product of its heredity supplemented by that of its own creation during the process of growth and development; and what it has, as has been said, determines its functional capacities, its predispositions and susceptibilities.

This truth was clearly understood by Virchow when in 1877 he wrote:

"It is a fact, verified by experience, that those organs which in their development remain subnormal by defect of their mass offer a grave and more frequent inclination to disease; in other words, a predisposition which very often is interpreted as a simple weakness, but which in many cases is a real anatomical deficiency, visible and determinable in the tissue." And then he continued, "I, at least, shall consider it as contributing to the essentials of progress of the Science when we shall introduce the habit in the initiation of research concerning the cause of disease of single organs to consider as the first fundamental investigating their primitive constitution and putting in relation their affections with their structural quality."

This expresses in terse yet comprehensive terms the viewpoint of the modern morphologist. What he strives for in every instance is a clear and full understanding of not only the character of the "primitive constitution" of single organs but of all the organs, being firmly convinced of the truth of the unity of action of the

whole complex of organs, and next, puts "in relation" the totality of the symptom complex with the totality of the structural complex, remembering always *that character of organization determines character of function*; that predisposition, susceptibility and variation in function are attributes of particular conditions of structure, always immediately related to each other.

F. E. GLADWIN, M. D.  
1701-3 Chestnut Street  
Philadelphia

November 19, 1925.

Dr. R. F. Rabe, Editor,  
666 Madison Avenue,  
New York City, N. Y.

Dear Doctor Rabe:

Doctor J. S. Pugh, of 616 North Texas Building, Dallas, Texas, has asked me to send you my correction of his paper on the corrections of the third edition of Kent's Repertory. Fortunately I have a copy of the second edition of the repertory containing Doctor Kent's notes almost to the time of his death. Since the third edition of the repertory came out I have been comparing the additions with the notes in my second edition. When I received Doctor Pugh's manuscript of his paper, I immediately compared it with my corrections and found that some of his corrections were misprinted additions and some of them were Doctor Kent's own corrections of the second edition.

I am sending you the corrections as they should be because with Doctor Pugh, I believe that everybody should have the advantage of them. I am still at work on the corrections and only about half way through the book but when they are finished, I shall do my best to get them into the hands of everyone who owns the book. I feel it is their right to have them.

Trusting this explanation of the enclosed will be sufficient, I remain

Very truly yours,

F. E. GLADWIN,

EDITOR'S NOTE.—Dr. Gladwin's letter and corrections have been lying dormant in the editorial desk for one year; we now remove them from the "copy" file and with humble apologies to Dr. Gladwin, as well as to Dr. Pugh, present them to our readers.

CORRECTIONS.

Page	Column	
44	2	Rubric "disaster of impending change" to "disease of impending" and insert above the rubric "disaster" <i>Elat, lil-t, Psor, Puls</i> tab.
100	1	Rubric "Intoxicated" as if, add <i>Nux-V</i> .
219	1	Rubric "sides" cross out lines 13, 14, 15, and 16 including <i>Spig</i> and change <i>Pter</i> to <i>Phel</i> .
616	1	Rubric "dysentery" change the first <i>crot-t</i> to <i>crot-c</i> .
720	2	Rubric "Pregnancy, during" under itching call should be <i>calc-c</i> .
809	2	Under cough rubric violent, <i>Suphr</i> should be <i>Euphr</i> .
918	2	Under pain, rubric "spine," the second <i>lac-c</i> should be <i>lac-ac</i> .
1200	1	Rubric "Knee" the second <i>lac-c</i> should be <i>lac-ac</i> .
1362	2	Rubric "dry food agg" the line beginning with <i>nat-c</i> is repeated; cross one of them out.
1387	2	Rubric "tearing externally" the second <i>nat-c</i> should be <i>Nat-s</i> add <i>nat-a</i> .
1420	2	Weakness Rubric wine agg, this is Dr. Kent's own correction of the second edition and should remain agg.
1220	2	At bottom under Rubric "Nails" the seeming mistake of <i>Bov.</i> for <i>Bor</i> is a correction of the second edition made by Dr. Kent.

The following are the errors to be found in Dr. J. T. Kent's Repertory, third edition, published by Ehrhart & Karl, Chicago, Ill., 1924, "Remedies and their abbreviation."

Orthographic errors:

*Aca.* Should be *Acal.* *Acalypha Ind.*  
*Cer.* Should be *Cere-b.* *Cereus bonplandii.*

Cond. Should be Cund. Cundurango.  
 Echi. is put down as (Chinacea angustifolia).  
 Euphr. is put down as (euphasia).  
 Ho. Should be Hom. Homarus.  
 Sram. Should be stram.

## Remedies left out in the second and third editions:

Aur-iod., Aurum iodatum.  
 Baryt. iod., Baryta iodatum.

## Some new remedies have been added in the third edition.

Ammonium causticum,	Magnetis polus arcticus,
Antimonium oxydatum,	Magnetis polus australis,
Baryta acetica,	Narcotinum,
Calcarea acetica,	Natrum aceticum,
Cereus serpentinus,	Nitro muriatic acid,
Juniperus virg.,	Nitri spiritus dulcis,
Kali nitricum,	Radium,
Lac filium,	Sabal serrulata,
Lecithin,	Variolinum.

The following will show many mistakes under many rubrics, beginning with Mind and ending with Generalities.

Page	Column	
35	1	Eighth line from top, write W. in front of alls.
44	2	Fourth line from top, write "Disease" over disaster.
84		In rubric "Striking" Hos. should be Hyos.
96		In rubric "Vertigo" qur. should be aur.
100		In rubric "Intoxicated" as if, Nux M., should be Nux V.
104		In rubric "Staggering with": sil. should be Ail.
111		In rubric "Constriction" carb-v. is repeated. Rub one out.
116	2	Occiput is repeated, rub out (occiput Mag-M).
122	2	Rubric "during menses" cac. should be Calc.
153	2	Rubric "forehead" id. should be ip.
198	1	Rubric "sides" cacl. should be calc.

Page	Column	
219	1	Rubric "sides" beginning at the 13th line with mag-c. and cross out lines 13, 14, 15, and 16 including spig. This all repeated above the 13th line.
248	1	Rubric "pain" cuph. should be cupr.
290	2	Rubric "erysipelatous" under inflammation of ear, seb. should be sep.
343	1	Rubric "ozaena" merc-c. is repeated. Rub one out.
360	1	In rubric "pale" is dors, should be dros.
393	1	In rubric "œdematous" under swelling of face is cast, should be cact.
460	2	Rubric "burning" glon and graph are repeated. Rub out "glon and graph" on 15th line from top.
574	1	Rubric "Pain, cramping, griping" strongt should be "stront".
577	1	Rubric "menses," before Sulph. should be Sulph.
600	2	Rubric "Rumbling" cast-c. should be cast-v. In same rubric "senec" is repeated. Rub one out.
616	1	Rubric "Dysentery" crot-t, repeated. Rub one out.
679	2	Rubric "Swelling" cerc-c. should be Merc-ç.
681	1	Rubric "heart disease," consecutive to: under Albuminous is peter. Should be petr.
699	1	Rubric "Testes" under Induration is "ido". Should be iod.
714	1	Rubric "Abortion is" "Con" should be Croc.
720	2	Rubric "pregnancy, during" under Itching is "call." Should be calad.
726	2	Rubric "frequent, too early, too soon:" under menses. On line 20 from top. Mark out: murx, mur-ac, nat-a, nat-c, nat-h; these are repeated above.
741	1	At bottom. Rubric "Uterus" under Pain: is Br. Should be Bry.
749	1	At top. Rubric "Inflammation, larynx": is "manv" should be mang.
809	2	Under cough. Rubric "Violent" after eup-per., is suphr. Rub it out. No such remedy.

Page	Column	
811	2	Under Cough. Rubric "Worm, sensation as if a crowled." Should be crawled.
832	2	Under chest. Rubric "fullness" on 6th line from top, rub out: chin, cist, coff, colch. as it is repeated above.
852	1	At bottom. Rubric "Heart" is "lysp". Should be lycps.
873	2	At top. Rubric "Palpitation heart" is Calm. Should be Cadm.
894	2	Under pain. Rubric "night" is ferr-ar. Should be ferr-ac.
902	1	Under pain. Rubric "scapulæ" extending to: after plb. should come ran-b, ran-s, rhod, rhus-t, rumx, but after plb. comes sang, seneg, sep, sil, spong and sulph. Mark this so you will know.
902	2	Under pain, at bottom, "rubric" under left dorsal is "aphis." Should be apis.
918	2	Under pain. Rubric "Spine" lac-c. is repeated. Rub one out.
954	1	Brittle finger nails is repeated. Rub out the lower one.
960	1	Under fingers, rubric "tips" is cal. Should be carl.
970	2	Under cracked. You will find cracked in large type again. Rub it out and write "Fingers" instead.
985	2	Under Emaciation. Rubric "Leg" is capc. Should be caps.
1032	1	Under lameness. Rubric "Hand" sulph is repeated. Rub one out.
1045	2	Under pain. Rubric "Rheumatism" is Sapg. It should be Sang.
1058	1	Under pain. Beginning with the 32d line from top is (perking); it should be jerking.
1118	2	Under pain. Eleventh line from top is "constructive." Should be constrictive.
1141	2	Rubric "Wrist" led. is repeated. Rub one out.

Page	Column	
1145	1	Second line from bottom, begins with cratching; it should be scratching. The line below it begins spinter; it should be splinter.
1187	1	Rubric "Restlessness" add Medor. to it. Do the same in second column in rubric "lower Limbs." This was left out.
1200	1	Rubric "Knee" lac-c. is repeated. Rub one out.
1211	1	Rubric "Upper Limbs" plb. is repeated. Rub one out.
1212	1	Rubric "Hand" cocc. is repeated. Rub one out.
1216		Here the order of the rubrics is reversed as follows: Joints should come at the top of 1st column on page 1216, but it is at the top of 2d column, page 1216. The next in order is Upper Limbs, which should be on 1st column on same page, but it is on 2d column on same page. Next is shoulder, which should be on 1st column, but is on 2d. Next is Upper Arms, which should be on 1st column, but is on 2d. Next is Elbow, should be on 2d column, but is on the 1st. Next is Forearm, should be on 2d column, but is on 1st, etc. Notice, Upper Arm begins on lower or bottom of 2d column and ends at top of 1st column. All mixed up until you come to Hand on page 1217, then it is in order. These rubrics should be marked by the doctors to avoid confusion.
1220	2	Column at the bottom under Rubric "Nails" is Bov. Should be bor.
1223	1	At the head of it is (Ulcers) should be Unsteadiness. Rub out ulcers and write unsteadiness.
1229	1	Rubric "Thigh" is stam. Should be stann.
1282	2	Rubric "Catarrhal fever" is Ary. Should be Bry.
1310	2	Rubric "moist" is Mec. Should be Merc.
1324	1	Rubric "vesicular" under erysipelas, is grauh. Should be Graph.
1343	1	Beginning at the top with chin. cross out lines 1, 2, 3, 4, including nat-m.; this is a part of rubric "worse at night."

Page	Column	
1352	2	Under convulsions. Rubric "without" is supr. should be cupr.
1362	2	Rubric "dry food AGG." nat-c. is repeated. Rub out one.
1364	1	Rubric "sour food AGG.", sulph is repeated. Rub out one.
1378	2	Rubric "Bones" is thuj.; it should be thuj.
1387	2	Rubric "tearing externally" nat-c. is repeated. Rub out one.
1394		At the top following Pulse is frequent. Should be frequent.
1398	1	Under rising agg. Rubric "rising amel", cross out 4th line from top. It is repeated on 3d line.
1402	1	Under sleep. Rubric "during agg." next after is z; this should be mez.
1420	2	At the bottom. Wine agg. should be wine amel.

### KALI BICHROMICUM IN INFLUENZA IN WASHINGTON.\*

Julia M. Green, Washington, D. C.

Influenza surely has been epidemic over most of the country during the last two years, cases appearing in any month but far more of them in cold weather.

In some cities, though the cases have been vicious, no epidemic remedy has shown itself to the diligent seeker after it.

In other cities epidemic remedies have been different, according to location and circumstances.

In Washington the epidemic remedy was and is *Kali bichromicum*, for fresh cases are still presenting themselves. I grew really ashamed of prescribing *Kali bi.* so often and told myself I was becoming an empiricist. Then I would use another remedy, given on a few of its characteristic symptoms, and come to grief. The patient would grow worse and would show clearer indications for

\*Read before the Annual Meeting of The International Hahnemannian Association, Philadelphia, July, 1926.

*Kali bi.* next day. The duration of the attack would be greater and convalescence less satisfactory. So I gave up my qualms of conscience.

I do not mean to say that a few other remedies were not required in some cases. Bry., Phos., Caust., Hep., Rumex came in for a small share. But I was always filling up the *Kali bi.* bottles and giving this remedy to one patient after another with signal success. Patients were very ill, as a rule, on calling the doctor. Generally they were markedly better next day and well in one or two days more, with very little of the dragging convalescence, which has been so prevalent as to become a part of "grippe" or "Flu" in the popular mind. It grew to be real fun to go about making people well at this rate. Of course a few were much slower. These were the patients who had little resistance to disorders and were depleted at the start. If the constitutional remedy was known, it helped much in convalescence.

An interesting observation in this epidemic, as in all others, is that patients under homœopathic treatment for chronic ills are not apt to succumb and if they do the attack is slight and short. The sickest patients, and the great majority of them, were robust, well people of all ages.

The epidemic has been so general that, during the winter and early spring, the government departments and the schools were greatly depleted. In the schools epidemics of all the contagious diseases followed influenza to an extent to make one suspicious of a direct connection. These cases were often obscure and puzzling. An eruption would look just like scarlet fever or measles one day and be gone the next. Yet typical scarlet fever or measles might be in the neighborhood. Mumps, whooping-cough and chicken pox came along, too.

Cases treated by the dominant school were very often vicious and protracted, with pitiful tales of sinus and mastoid involvement, marked weakness, lingering fevers and mental depression.

And think of it! Here where pneumonia is reportable, there were 1183 cases reported to the Health Department during the first three months of this year, with, I think, 427 deaths. This last number may not be accurate but it is approximate. More than one victim in three died!!! The number of cases was watched in the daily papers. At first the Health Officer declared pneumonia was not epidemic in the city. Then he decided it was, tried to find



the cause, said it might be due to so much building, upturned earth, etc.

The situation made the few of us who tried to use homœopathy correctly, sick and miserable inside as we watched members of families we knew sicken and die in a few days under suppressive treatment. An acquaintance was watched through the last night of his life by good patients of mine who recoiled in horror at his treatment and have been thoroughly roused on the subject ever since. This man was given large doses of Pluto water and quantities of digitalis, then begged not to cough because of the strain on his heart. He did not seem to these observers like a very sick man early in the night, but the doctor declared he would die before morning—and he did. 1183 cases in three months with more than one death in three!

I had three cases of pneumonia with two deaths, but the statement needs explanation. One lady who had been devoted to Christian Science for thirty years and used her last breath to tell me how much it had done for her, called me in just twelve hours before death. She had been an asthma victim for thirty years.

Another lady, ninety-seven years old, caught influenza from her daughter after she had been bedridden with weak heart for months and static pneumonia had started. She was mercifully released.

The third case was an old colored mammy of seventy-five years, lying in the front room of a wooden shack, with double pneumonia following influenza. The door opened directly into this room and neighbors called frequently. An air-tight stove was going full tilt close to the bed. The patient was swathed in many blankets to sweat out the trouble. As soon as I could get rid of neighbors, get a colored nurse and cool off the stove, this old woman recovered, first on Phos., then *Kali bi*.

To return to the epidemic remedy, in order to present a survey of its usefulness, I have gathered together all the cases which have had *Kali bi* since the beginning of 1925 (223 people and some of them two and three attacks).

From these records I have noted all the symptoms, together with the number of times each occurred.

Taking the symptoms in order from the one which presented oftenest on down the line, we have a characteristic picture of

*Kali bi* :

1. General aching all over.
2. Chill. Decided chill or creeping chilliness.
3. Nausea. From half-nausea to decided nausea with vomiting.
4. Hoarseness marked.
5. General weakness, faintness.
6. Headache frontal; tightness above the eyes.
7. Aching eyeballs.
8. Discharge nose; thick, tough, leathery.
9. Sensitiveness to the least air.
10. Perspiration easy from slight exertion.
11. Exhaustion.
12. Chills and heats alternate.
13. Cough racking.
14. Cough dry.
15. Expectoration thick, tough.
16. Vertigo frequent.
17. Congestion antrums.
18. Tightness at root of nose.
19. Rawness, throat.
20. Fulness in ears.
21. Aching in ears.
22. Severe aching lumbo-sacral region.
23. Oppression upper chest, anteriorly.
24. Pain in different small areas here and there, coming and going.
25. Lachrymation.
26. Cough loose.
27. Loss of smell and taste.
28. Drowsiness marked.
29. Head stuffy, congested all over.
30. Headache occipital as if a nail boring in.

In considering these thirty symptoms several things are interesting.

I had not supposed nausea or hoarseness would hold places so high as 3 and 4.

Congestion of nose, throat and ears are highly characteristic, yet they come as late as 17, 18 and 20.

Thick expectoration comes much later in the list than tough

coryza, partly because many cases were cured before they reached the expectoration stage.

This is the reason, too, that the general symptoms head the list. Many cases did not go much into particulars. The epidemic remedy aborted them.

Pains in small areas are highly indicative of *Kali bi*. Yet this symptom is number 24.

Loss of smell and taste we should expect rather early, but they come 27th.

Mental symptoms are almost absent or negative. Heaviness, drowsiness, torpor—yes, but active irritability I have down only four times and delirium not at all.

Temperature ranged from subnormal to 104 and has not been considered in the list. Often it was most erratic.

Other symptoms one thinks of in relation to *Kali bi*, occurring less often in these cases, are:

Burning eyes.

Agglutination eyelids.

Noises in ears: singing, snapping, stitching.

Aching bones of nose and face and teeth.

Sneezing violent.

Entire stoppage nose.

Post-nasal droppings.

Tongue coated in patches.

Redness edges soft palate and uvula.

Deposits in tonsillar crypts.

Very severe aching in knees or one hip.

Sharp, darting pains here and there.

Aggravation from drafts, dampness, storms.

On the other hand, it was interesting to note many symptoms cured by *Kali bi*, which seem characteristic of other remedies.

Sensation band across forehead (carb. ac., carb. v., chel., graph., merc.).

Pain occiput extending over head to eyes (glon., lach., petr., sang., sep., sil., spig.).

Crack in lower lip (nat. c., nit. c., phos., sep.).

Gums sore (ars., carb. v., merc., sil.).

Blisters in mouth (ars.).

Sensation something waving back and forth in throat (sensation hair, sil., sulph.).

Hollow sensation stomach on rising (coca., nat. p., phos.).

Vomiting blood (arn., cact., carb. v., clin., crot. h., ferr., ham., ip., phos., sabin.).

Sensation numbness abdomen (calc. p., podo.).

Constipation alternating with diarrhoea (ant. c., chel., nit. ac., nux v., op., podo.).

Respiration wheezing (ars., carb. v., ip., kali c.).

Cough worse least open air (ars., kali n., phos., rumex).

Cough cannot reach right spot (caust.).

Cough worse first lying down (dros., phos.).

Pain lumbo-sacral region extending down posterior thighs (berb., kali c., lyc.).

A study of this sort is bound to be fragmentary and conclusions tentative, but perhaps I have increased the interest in a remedy which proves a friend in need to be treated with respect.

## ZINCUM.\*

From the Lectures of Prof. I. T. Kent.

Zincum is one of those peculiar metals, anti-psoric in character, that enter deeply into the life, and make a profound impression upon the nervous system. It is long-acting, affecting the body profoundly.

It has a wonderful effect upon assimilation. The general vital functions seem to be impaired or lowered. It so obstructs the natural order of development of disease, that it prevents the throwing outward of such manifestations as have a natural tendency to go outward, as in measles, scarlet fever; there is an inability to develop the disease symptoms. There seems to be an enfeebled vitality, a lowered tone to the system, a sluggishness in the nerve centres.

Such being the case, we observe that those constitutions are feeble; we see feeble children with pallid skin; we find feeble circu-

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lation in the skin; it is unhealthy looking; there are torpid secretions from the skin; there is dry skin.

We find in Zincum, accompanying this pallid, nervous, weakly, sickly constitution, a lack of reaction from general conditions; a lack of vital reaction; sluggishness; slow convalescence. Such patients are deeply impressed, deeply shocked, and yet with this sluggishness, there is over-excitability of the nervous system; there is increased sensibility or sensitivity of the patient to pain and distress of all kinds.

Early in the proving there were rending, tearing pains throughout the body, radiating from the spinal centres, shooting downward.

Zincum, then, is an over-sensitive, weakly, delicate patient, one who suffers from reflex nervous irritability and cardiac weakness. It produces the highest order of hysteria, going even to great emaciation; nymphomania, with extreme sexual excitement, an inability to resist masturbation; protracted sleeplessness, and paralysis.

It affects the brain to great extent, producing great nervousness, loss of sensation, motion, sight and hearing.

The patients are extremely fidgety, particularly about the feet; the child, woman or man will keep one foot going all the time, pat, pat, pat; or still another will keep the foot swinging. This peculiar fidgetiness of the feet is found in various nervous conditions.

There is involuntary discharge of urine and stool, with weakness of the sphincters; loss of tone of the sphincters, such as appear in the lower types of brain trouble; involuntary discharges with great weakness; the last stages of cerebral and spinal disturbances. There is involuntary urination when coughing.

I once cured an eleven-year-old child of a troublesome involuntary urination. The mother gave the following symptom: She said to her daughter while in church, "Why don't you keep your foot still?" Her daughter replied, "Mama, if I do I shall lose my water!" I observed that the feet were going all of the time. Zincum cured the involuntary urination and made a healthy, rugged child.

It is easy to make a routine prescription upon a keynote, such as "restlessness of feet," but sometimes it is wisdom to think further. A lady came to my office with extreme restlessness of the lower extremities. "Well," I think, "that is pre-eminently Zinc," but do not stop there. Upon further inquiry I find that a few days before she had been out in the rain and "got very wet." "Where,

your feet?" "Oh, no! My feet were protected, but my head got very wet." That sounds like Bell. I must see if Bell. has restlessness of limbs. Sure enough, Bell. has it, and Bell. cures without further trouble.

The extreme sensitiveness of Zincum is like that of Nux vomica, and yet the two remedies are inimical, because so much alike. This is one of the mysteries of inimical remedies. One would suppose that as they are similar, they would become antidotal, but there are instances in which very similar remedies are inimical. In Nux vomica the patients are sensitive to all manner of treatment, the highest potencies excite symptoms rather than effect a cure. The over-worked and over-excitables belong to Nux vomica and Zincum. Opium and Sulphur when there is lack of action, inaction from well indicated remedies. There is in Opium a diminished sensitivity. This is natural to Opium.

In over-sensitive patients, all sorts of medicines are proved; first, they have a slight amelioration, and then they prove the remedy. They apparently "take" the remedy as a child "takes" measles, or scarlet fever. Give a remedy to one of these sensitives after working upon the case days and nights, believing it to be the remedy most similar to all the symptoms of the case, and find that although the symptoms for which it was prescribed are gone, the symptom of the drug has appeared, and you get a proving. The sensitives prove everything with which they come in contact; they prove Rhus, they prove roses, golden rod, or turpentine if they venture to approach within hailing distance of those substances. They are most difficult to prescribe for, they need most careful selection, and not too high a potency; the 200 or 1m. are much better suited to them, especially in the earlier prescriptions. They are difficult cases for the inexperienced to treat. Healthy persons are benefited by homœopathic aggravations and provings, of course with proper selection of the individual. Improperly selected subjects have been made invalids for life, *viz.*, the Rubini of Naples in proving Cactus g., and the Thuj. provers. It is not easy to recognize these subjects in the beginning. A pallid, extremely excitable, nervous, fidgety man or woman is to be suspected. Women, who have had much trouble, are lean, have wrinkles, and are extremely excitable, are wonderfully relieved by Silica, when the symptoms agree, it gives tone, it has a tendency to throw out the manifestations of disease, and it builds.

Zincum produces a profound impression upon the brain and spinal cord, bringing about many symptoms, mental and hysterical. It is suitable in conditions analogous to hydrocephalus, and hydrocephaloid complaints. After spinal congestions that may have come through the period where Bell. had ceased to help, where Hellebore had continued as far as possible, and the patient had reached a point of unconsciousness, where even patting the soles of the feet is not felt and the reflexes cease to respond, then loss of sensation in cornea, rolling of the head, paralysis of one hand or foot, or of all the limbs; involuntary stools and urine; at times with a paralysis of rectum that requires the fecal matter to be scooped out; constant motion of the jaw; twitching of the muscles of the face and eyes; screaming out with sharp pain, but the scream less piercing than that of Apis. It is the termination of the stage that precedes death. In Hellebore the rending, tearing pains, radiating from the spinal cord, are relieved only by cold applications, while in Zinc. they are relieved by heat applied.

Zincum is applicable where there has been congestion of the meninges or cerebro-spinal meningitis, with Bryonia or Belladonna symptoms. Now, with the hot, flushed face, throbbing carotids, bright eyes, dilated pupils, spasms, full bounding pulse, intense heat, great restlessness and some thirst, if the trouble is not deep-seated Belladonna will be sufficient for its cure, but if the condition is deep-seated, if the trouble is tubercular, Belladonna will give no decided amelioration of the case, except to reduce the intense heat and restlessness. The rolling of the head; the crying out in sleep; the jerking of the muscles; the tendency to unconsciousness, until the involuntary discharges of stool and urine come on, while yet the child can be aroused, is Helleborus. We have passed the stage where Belladonna, Bryonia, Gelsemium can be made useful. The Helleborus patient can generally be aroused, but he rolls his head night and day.

Now, both Hellebore and Zincum have grating of the teeth and motions of the jaw, but when the patient reaches that state where the reflexes are abolished, then Zincum is indicated. The paralysis is more profound, the child is pallid, ghostly and hippocratic.

After the dose of Zinc., there may be an aggravation of copious vomiting, diarrhoea, or sweating. If this is prescribed for, look for trouble. The case will need careful watching for several weeks before it will come about. No case was ever cured without a

knowledge of sequences in the process of healing about to be described. After several weeks of this unconsciousness, the child begins to be nervous and irritable, he rolls across the bed like a "hoop-snake," he screams so that the neighbors hear him, and come in to see what is the matter, and why that miserable doctor will not give that child "an opiate" to stop his sufferings. There is no doctor between this and kingdom-come, who could wait, when a child comes out of this awful coma, without knowledge. The mother will say, "Doctor, my child is in constant agony, moaning, and groaning; can't you do something?" Don't take such cases if you cannot stand these anxieties; let them die a natural death. This irritability means the return through the veil of shadows, to recovery. At the return of the symptoms of stupor, it is time for another dose of appropriate remedy, it may be Zincum. When he begins to scream he is a good way from death.

Having watched a little boy through such a state of affairs (and these cases are generally boys), with a knowledge that it was the curative process after tubercular meningitis, he is found today to be the healthiest of the family; he was cured. Two of the same family had died of a similar trouble.

A young man would never be permitted to cure a case like that, it would be impossible for the parents to believe that he told the truth when he said it was a necessary process of cure.

When the Hellebore state comes on, take the mother aside, tell her what the child must go through in order to get well, make her swear she will stand by you through thick and thin. Ask her if she wishes her child to live or die; if the latter leave him then. She may say, "Since you have told me what will happen, I will stand by you," but even then, when the time comes, she will need to be reminded, she was "told so, told that she would have to go through two good months of anxiety and distress." For three or four weeks the child lies like a skeleton. Not knowing these facts in relation to the process of recovery, what could be done except to make a fatal error? When the friends stand about, or clinging to you, beg for help for their child, what but a knowledge of that process can help? The child goes down into the shadow of death, the skin, the muscles, the sensories are paralyzed, and there is numbness everywhere. The most natural occurrence in the return of sensation to the paralyzed parts is like that when sensation returns to a frozen hand; a creeping and crawling as if that por-

tion of the body was filled with ants. The sensation is dreadful, but not painful, the creeping and crawling is awful; Zincum is often indicated in the terrible emaciation following brain diseases, cholera infantum, etc.

This is a condition produced by Zincum, and what patients have complained of that have died of Zinc. poisoning; "as if there was creeping and crawling, and tingling all over the body." This symptom occurs in the patient needing, or cured by Zinc., because they must come back through its own pathogenesis.

There are many peculiar things to be learned of Zincum. The inflammatory conditions are somewhat like Ignatia. The inflamed parts are better from pressure. It has a sore throat with a pain that is worse between the acts of swallowing. Highly susceptible, nervous patients, who have chronic sore throats, and the pain is better from swallowing solids. Here Ignatia and Zincum are somewhat alike. Zincum is complementary to Ignatia. Zincum and Nux vomica are inimical; it seems strange that it is so, as they are twin sisters.

The spinal symptoms are attended with a great deal of tingling, burning, soreness and sensitiveness to pressure.

Spinal symptoms are associated with paralysis of the bladder and rectum, prolonged and tedious constipation, urine slow in starting to flow. Can pass urine only when sitting, in some cases of greater progression, can only pass urine sitting and leaning backward against the seat with hard pressure. Such symptoms occur with spinal troubles. The aching in the spine is in the dorsal, lumbar and sacral regions; it is better walking, and worse on rising from a seat. In Rhus we have aching in the sacral region that is bettered by walking, and comes on when he sits for some time. Calcarea, Phosphorus, Sulphur, Rhus, and Sepia have this symptom in the highest degree. Zincum occupies a lower grade in the aggravation on rising from a seat. Petroleum and Ledum have it in a lower degree.

In neuralgic affections Zincum is a very important remedy; neuralgia after Zoster. After the spinal symptoms have gone on for some time, numbness begins in the soles of the feet, and cutting pain with soreness in the heel when stepping upon it. There is also numbness of the lower portions of the legs.

Another feature of a disease of the spinal cord that Zincum has cured may be associated with "Tabes Dorsalis," "Multiple

Sclerosis," etc., and that is the fulgurating pains that are present; the stitching, stabbing and tearing. The frequency of tearing pains throughout the remedy is noticeable. Zincum resembles Plumbum in its tearing, rending pains with burning. Arsenicum has pains as if hot needles were here and there, showing the affection of the smaller nerves.

Rending, tearing headaches, bettered somewhat by pressure, and worse in warm room, better in the open air. This is peculiar to the headaches in general, while the pains of the body are often better by heat.

Zincum sometimes enters into a copious sweat, with extreme sensitiveness to pain. It has no amelioration from the sweat, and wants to be wrapped with a great amount of clothing. Warmth becomes necessary when the symptoms are in the lower extremities, or lower part of the spine, *i. e.*, the most outward portions of the body. The symptoms of the head belong to the central system.

Zincum has many prominent eye symptoms. Sulphate of Zinc. has been used by the Old School for burning off granulations upon the lids, and they have found that the granulations are more likely to remain away under the application of Sulphate of Copper. These medicines have cured granular lids when given in the highest potencies. Dunham cured a pterygium with Zincum, but the general symptoms of the drug were present. Dunham had intended to have the patient operated upon, surgically, but the improvement was so great during the summer that when cold weather came he trusted Zincum to finish the case, and it did.

I once heard an oculist say he had tried Zincum in many cases, and that it failed every time, hence Dunham must have made a mistake. Dunham was wise, he cured the patient, and the eye was of course cured also. If Zincum corresponds to the symptoms of the patient it will be more likely to cure the pterygium, because it produces that kind of thickening of the inner canthus, with shooting, stitching, tearing pains, in the inner canthi of both eyes. This was present in Dunham's case. The muco-purulent discharge need not be present.

Another feature is the intense photophobia; he cannot stand the light, he becomes almost blind from the intense light close to his eyes. Zincum has also cured the white opacities that form upon the cornea.

It has some peculiar and striking heart symptoms; constriction of the heart and whole chest, in weakly, debilitated subjects. I have cured heart diseases where all sorts of medicines had been used, and in spite of Digitalis, Strophanthus, etc., Zinc. did the work fairly well.

Zincum has vomiting of water as soon as it reaches the stomach, like Bismuth. Wine and stimulants aggravate all the symptoms of Zincum. There are headaches, with constriction of the brain after the slightest indulgence in spirits; sugar, wine and milk aggravate Zincum patients. Sugar and milk produce vomiting.

Dry, scaly eruptions over the body. It is suitable when any eruption disappears and neuralgia follows.

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### SYPHILIS.\*

#### Its Manifestations.

#### Examination of Patients.

Eugene Underhill, M. D., Philadelphia.

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#### Primary Stage.

Duration—six to twelve weeks or until the beginning of secondary symptoms.

Chancre or initial lesion appears in seven to forty-two days, usually at sight of a small abrasion, edge of glans penis, or adjacent tissues. In women, often on labia minora, but may be located in vagina or on cervix uteri. The disease is, therefore, seldom diagnosed in women during the primary stage and, in fact, its presence is rarely suspected before the appearance of secondary manifestations.

The chancre occurs at the point where the infection gained entrance to the body and may be located anywhere. It often appears on the lips, in the mouth, on the hands or at the sight of any wound, even though slight. Many vaccination wounds are infected with Syphilis either at the time vaccination is performed or at some time before healing.

\*Read before the Annual Meeting of The International Hahnemannian Association, Philadelphia, July, 1926.

Extra genital or innocently-acquired Syphilis is much more common than was formerly supposed.

Any sore that persistently refuses to heal may be Syphilitic and may be an expression of the disease in any one of its stages.

#### Appearance of Chancre:

1. Hard, usually, and slightly elevated.
2. A reddish pimple or like a small wart.
3. Breaks down with irregular, hard margins
  - (a) Depressed;
  - (b) Punched-out appearance;
  - (c) Seldom itches;
  - (d) Relatively painless.
4. Chancre is usually single but may be multiple.
5. Inguinal gland involvement (buboes) on same side as initial sore, later extends to the other side. The inguinal glands seldom suppurate in Syphilis, whereas suppuration is quite frequent in chancroid or soft chancre.

Note.—The appearance of the initial lesion may be totally altered when occurring in a vaccination wound (mixed infection) or in cases where the chancre is located in lacerated or bruised tissues and thus again the disease may not be suspected until secondary symptoms appear.

#### Secondary Stage.

Duration—usually several months; some of the manifestations holding over into the third stage and persisting, or recurring, for years.

1. Sore throat.
2. Mucus patches or denuded areas
  - (a) On tongue;
  - (b) On other buccal membranes;
  - (c) On tonsils;
  - (d) In nose;
  - (e) In vagina and on cervix;
  - (f) Similar patches in moist locations—between the toes, in groin and axillæ.

3. Roseolar rash—usually non-itching
  - (a) On back;
  - (b) On abdomen;
  - (c) On front of arms;
  - (d) Rarely on face. When on face, reddish, smooth, rubbed-off appearance;
  - (e) Rash has elusive appearance, requires quick glance at a little distance—patient sometimes may not notice it—best seen in daylight;
  - (f) Rash may resemble any skin disease, color changing to reddish-brown or coppery appearance. Often in groups. Duration one to several weeks with relapses, *i. e.*, clears up and reappears for a long time.
4. Peculiar white spots, especially on back of neck. (Irregular deposits of pigment in the skin.)
5. Muddy pallor.
6. Yellowish tinge to conjunctiva.
7. Yellowish tinge to skin becoming copper-colored.
8. Sudden thinning of hair, especially in temporal region.
9. Enlargement of cervical axillary, epitrochlear and inguinal glands, with some soreness.
10. Iritis—usually one eye, then the other
  - (a) Photophobia;
  - (b) Contraction of pupil;
  - (c) Discoloration of iris.
11. In some cases, mild febrile reaction.
12. Slight malaise, draggy and achy like a mild attack of Grippe but seldom severe enough to compel patient to go to bed or even stop work.

### Third Stage.

Duration—indefinite.

1. Old, eroded, smooth skin eruptions on face or other parts.
2. Gummatous manifestations which begin at some point of irritation—in the skin, subcutaneous tissues, muscles, in the lungs, liver, spleen, eyes, ears, nose, throat, bone, rectum

or other situation either superficial or deep. They are expulsive or eliminating efforts on the part of nature to get rid of the infection.

- (a) They break down and often form chronic abscesses;
- (b) Heal slowly;
- (c) Leave hard, puckery scars;
- (d) When occurring in throat or rectum the healing may markedly constrict the passages.

Note.—Abscesses of rectum are usually either Syphilitic or Tuberculous.

It is the boast of modern syphilographers that Gummata are now rarely seen—due to their treatment which suppresses the Syphilis and paves the way for worse troubles.

An untreated case of Syphilis runs a more benign course than when treated by ordinary Allopathic means. In other words, that treatment is worse than the disease.

3. Persistent bone pains—especially at night. The syphilitic aggravation is commonly at night and often from sunset until sunrise.
4. Frequent, intense, persistent or periodic unilateral, parietal and occipital headaches.

### Remote Manifestations.

Due to Syphilis plus suppressive treatment. May be years after first infection.

1. Aneurism;
2. Aortic heart disease;
3. Degeneration of blood vessel walls and sclerosis of vessels;
4. Locomotor Ataxia (Tabes Dorsalis), a syphilitic degeneration of posterior columns of the spinal cord;
  - (a) Paroxysms of intense pain;
  - (b) Muscular inco-ordination;
  - (c) Disturbance or loss of sensation;
  - (d) Altered reflexes, at first increased, later lost;
  - (e) Abdominal crises or acute paroxysms of abdominal pain;



- (f) Failing sexual power;
  - (g) Sensation of rope or band around body;
5. Affections of stomach—symptoms of chronic Gastritis, Ulcer, Cancer;
  6. Ulcers of nose and throat;
  7. Bone and joint affections;
  8. Blindness;
  9. Insanity—commonly Paresis (general paralysis of the insane), Melancholia, Paranoia, Mania.

#### Examining Patients.

Look for any or all of above symptoms.

1. Inquire about skin rashes;
2. Sore throat (recurring or persistent);
3. Falling out of hair;
4. Look for old throat and skin lesions;
5. For old, copper-colored scars on legs;
6. Examine bones for nodes (knots or elevations), especially shin bones;
7. Look for scar of primary sore (may not find it);
8. For atrophy or hardening of testes;
9. In women, frequency of miscarriage is very suggestive;
10. Romberg's sign (eyes closed, swaying of body);
11. Test for Argyle Robinson pupil—it means little in respect to Syphilis but is so accepted;
12. Have Wasserman test made by a well-known and reliable laboratory.

Note.—The Wasserman may be negative in the presence of Syphilis and positive in its absence.

This test is useful from the fact that it is accepted by some as an important diagnostic sign. Very few well-informed physicians really believe it to be of much value.

Salvarsan or similar arsenical preparations, Mercury and Potassium Iodide only suppress the disease and force it to deeper levels and toward more vital structures so that the last state of that man is worse than the first.

Finally—record your findings and treat the patient, not the disease, in accordance with the law of cure.

#### DRIVER'S TENSION.

C. E. Prescott, Brookline, Mass.

That there is a definite reason for the increase in sudden deaths we all feel sure—and the number of men who drop dead who have not complained of any feelings of illness—the diagnosis is usually "heart"—the warnings in the daily papers to the middle-aged and elderly men to have their hearts examined before they start golf in acknowledgment of what is now known as golf suicide, is a step in the right direction, but it is not enough.

Everyone who drives a car is more or less in danger of sudden death from his own mental attitude toward his own driving—his tension being the danger.

We all recognize our personal variant of tension—our condition of the moment causing a greater or less elasticity of attitude toward our occupation—when we begin to drive when overtired we feel the adjustment to our task more difficult than when we start to drive after a long and refreshing sleep—then tension is at its slightest and the settling in to the guiding of our car, simplest and most pleasing.

Study a driver during a day on a run of over a hundred miles.

The start is always later than he wishes (a depressant to begin with); he gets behind his wheel and throws out a mental tentacle to the end of his known journey—making a known tension—he tries to tune in with his car's engine in a way no human organism was ever meant to do! There is a strain on the solar plexus—there is an increasing tension in the brain and on the heart as the day wears on; the greater the miles per hour the greater the strain—the nerves grow jumpy, speech grows irritable when indulged in, the pleasure of driving grows less and less and the end of the journey is the one goal in sight.

There is no real pleasure to the driver nor to the passengers who become affected by the atmosphere of the guiding spirit—tension is communicated to everyone and felt in proportion to the degree of receptivity of the different individuals.

The fewer intervals of rest along the way, the greater the tension and the longer it will take to recover from the nerve strain—I have known drivers to be lame to touch all over the solar plexus after a long drive—and too tired to digest a normal meal—the food

staying in an inert mass and having to be digested by hand (massage of stomach and intestines); this must often happen when no one is at hand to diagnose the condition or give relief—and the ensuing end can be crowding of gas on the tired heart and the sudden leaving of this world!

The more continuous long drives are, the less resistance to tension.

Study the faces of the chauffeurs—study their attitude toward life—note their irritability and how they try to relax.

As I see the problem—drivers who wish to last, must learn to stop driving on long drives, at reasonable periods—get out of the car—rest their heads and eyes—rest their nerve centres—take long breaths—lie flat on the earth when possible—closing the eyes and so train themselves that they can sleep for a quarter of an hour—thus perfectly relaxing and resting all nerve and muscle strain—eyes, brain, body—everyone in a car should get out every thirty-five miles—and relax.

Speed demons will laugh at this, but it's the truth! We cannot make our perishable bodies work with the same kind of tension proper and usual in machines, we cannot continue to tune in with the hum of our motors and expect to go on living in this world, well and happy.

To live, we must learn to relax at proper intervals, to go without meals when we are too tired to digest and to eat easily-assimilated food when on long motor trips—no stuffing our tired stomachs—no speeding with only the end of the trip in sight.

Drive with only thirty-five-mile intervals in mind and an interest in the passing scene—a reasonable mileage and a reasonable mind.

Avoid tension if you love this life—it is only another word for sudden death—and try to drive without tension.

How many of my readers have been studying this subject? Look into it carefully.

## DEPARTMENT OF HOMŒOPATHIC PHILOSOPHY.

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

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

### THE HOMŒOPATHIC SITUATION IN UTICA, N. Y. CORRESPONDENCE.

OFFICE OF RICHARD T. BREEN, M. D.  
236 Kempf Building, Utica, N. Y.

November 9th, 1926.

DEAR DR. CLOSE:

Pardon the liberty, but I would value highly a personal expression from you pertaining to the enclosed notice.

I am on the staff of the only homœopathic hospital in this city. Yesterday morning I received the enclosed notice and on November 18th, next week Thursday, will have to vote on the proposed changes.

I am only a young member of the staff and find the majority of the members are in favor of said changes. Personally, I am heartily opposed to every proposed change as outlined in the enclosed letter.

I will be called upon to advance my reasons for being opposed to "the powers that rule" here in this hospital. I want to have at my command as strong, potent, unassailable, well-founded reasons for my stand as possible and your mature judgment and statements would be greatly appreciated by me.

Will treat the source of all this as personal, but I would like a few suggestions from you written in your staunchly homœopathic and characteristically aggressive literary style.

Personally I think it is a pity to do what they propose doing. To me it is a weak giving in to the dominant school of medicine; an outward demonstration of inward renunciation of the theory and principles of therapeutic medication as exemplified in homœopathy. As for myself I am not ashamed of being labeled a homœopath—a

willing follower and humble student of Hahnemannian principles. I sincerely trust this finds you in the very best of health, for you certainly waged a good winning fight against pneumonia.

Indulging in the hope of hearing from you on the enclosed matter in ample time for the meeting scheduled next week, I am

Very respectfully,

R. T. BREEN, M. D.

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### NOTICE.

#### TO THE MEMBERS OF THE UTICA HOMŒOPATHIC HOSPITAL:

You are urgently requested to attend a meeting to be held Thursday evening, November 18, 1926, at 8 o'clock, at the hospital building, as specified in the accompanying official notices.

The changes outlined have been approved by the Board of Directors, Board of Managers, and Medical and Surgical Staff of the hospital. The reasons for these changes will be fully explained at the meeting. They are believed to be for the best future interests of the institution.

Immediate action is considered necessary. Nothing can be done unless there is a quorum at this meeting.

Your attendance is most important. Please be present.

A. O. FOSTER, *President.*

WILLIAM V. JONES, *Secretary.*

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#### TO THE MEMBERS OF THE UTICA HOMŒOPATHIC HOSPITAL:

Take notice, that a special meeting of the Utica Homœopathic Hospital will be held at the Utica Homœopathic Hospital Building on corner of Genesee and Newell Streets, on the 18th day of November, 1926, at 8 o'clock P. M., for the purpose of acting upon a resolution, pursuant to section 60 of the General Corporation Law, to change the name of said hospital from "The Utica Homœopathic Hospital" to "Utica Memorial Hospital."

Also take notice, that at said meeting action will be taken upon a resolution, pursuant to section 30 of the Membership Corporation Law to amend the original charter of said corporation, filed and recorded in Oneida County clerk's office July 16, 1895, in Book 2

of Certificates of Incorporation, pages 220 to 222, inclusive, by eliminating from the fifth subdivision of said charter the following words:

"and this certificate of incorporation, pursuant to the laws of the state of New York, does hereby declare and prescribe that adherence to the homœopathic school of medical treatment shall be the qualifications of members of said corporations."

And thereby making said fifth subdivision read as follows:

Fifth—That said hospital is to be located in the city of Utica, county of Oneida and state of New York.

Also take notice, that at said meeting action will be taken pursuant to said section, upon a resolution to add to said original charter a further object for which said corporation is formed as follows:

Sixth—To establish and maintain a school for the education and training of young women for the profession of nursing the sick and caring for the injured, which school shall be known as the Utica Memorial Hospital Training School for Nurses.

Dated, November 4, 1926.

A. O. FOSTER, *President.*

WILLIAM V. JONES, *Secretary.*

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#### TO THE MEMBERS OF THE UTICA HOMŒOPATHIC HOSPITAL:

Take notice, that a special meeting of the members of the Utica Homœopathic Hospital is called to be held at the Utica Homœopathic Hospital Building, on the 18th day of November, 1926, at 8 o'clock P. M., for the purpose of taking action upon the following proposed amendments to the by-laws of said corporation:

To amend Section 2 of Article I by changing the name to "Utica Memorial Hospital" and changing the name in Article III, Section 1, from "Utica Homœopathic Hospital Training School for Nurses" to "Utica Memorial Hospital Training School for Nurses."

Also by striking out of Section 6, Article II, all of the paragraph commencing "All members of the corporation shall be elected in conformity with the certificate of incorporation executed July 16, 1895, which reads 'this certificate of incorporation, pursuant to

the Laws of the State of New York, does hereby declare and prescribe adherence to the Homœopathic School of Medical Treatment, etc.'"

Also by striking out from Section 2, Article VI, the word "Homœopathic" and inserting in its place "Memorial."

Also by striking out the word "Homœopathic" in Section 3, Article VI, and inserting in its place the word "Memorial."

Also by striking out from the second and third paragraphs of Article VIII the word "Homœopathic," as it occurs in both paragraphs, also by striking out the word "Homœopathic" in Section 4 of Article VIII and inserting in its place the word "Memorial."

Also by striking out from Section 2, Article IX, the word "Homœopathic" and inserting in its place the word "Memorial."

Also by striking out the word "Homœopathic" in Section 3, Article X, and inserting in its place the word "Memorial."

Also to amend any other provision deemed necessary to conform the by-laws to the new name proposed for the corporation of "Utica Memorial Hospital."

Dated, November 4, 1926.

A. O. FOSTER, *President.*

WILLIAM V. JONES, *Secretary.*

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**REPLY.**

November 13th, 1926.

R. T. Breen, M. D.,  
Utica, N. Y.

DEAR DOCTOR BREEN:

I am so pressed with work that it is difficult to find time for thought about subjects other than practice, and so my reply to your letter of the 9th has been somewhat delayed.

Re-reading your letter, my impression is, that you do not require much assistance to perceive clearly, think straight and express yourself forcibly on any matter that requires your consideration. You have covered the main points and I agree with you. I will, however, touch on one or two points of your controversy with the Utica Hospital which may not have occurred to you.

First, I would ask consideration of the fact, that the situation and the proposed action in The Utica Hospital, whether they realize

it or not, *has more than a local significance and importance. It is part of a general crisis in the affairs of homœopathy, now existing throughout the civilized world.* To decide such a question as the proposed action in Utica brings up, on grounds of mere expediency, or on considerations of a local and possibly financial character alone, is to overlook the broad and vital interests of the School as a whole and to ignore the requirements for united and harmonious action in meeting successfully the great crisis in its affairs, now confronting us.

That such a crisis exists, there can be no doubt. Every homœopathic institution is called upon to show its colors, rally its members to the flag and take part in the general campaign. To every loyal homœopathist I would say:

"No pent-up Utica contracts your powers,  
But the whole boundless continent is yours."

In this connection I would call your attention to the great revival of interest in homœopathy abroad, especially in Germany and Great Britain. Just when homœopathy seems to be dying in America, the Old World revives it and gives it a new lease of life. The remarkable impulse given to the movement in Germany by Schultz and by Bier, the great surgeon; the wide dissemination of Bier's views endorsing homœopathy, through the special number of THE HOMŒOPATHIC RECORDER circulated in this country and abroad, and the discussion it has received; the quick response in establishing chairs of homœopathy in two German universities; the register within two weeks from the issuance of a notice by Dr. Haehl of Stuttgart, of more than a hundred applicants for his post-graduate course in homœopathy—mostly of allopathic physicians; the active work going on in England, stimulated by the translation and publication of Haehl's *Life of Hahnemann*, and Clarke's revision and publication of Von Grauvogl's great work (under the title, "*Constitutional Medicine, With Special Reference to Grauvogl's Three Constitutions*";) the rapid growth of homœopathy in India, and in Spain, Mexico and South America; the establishment of three "Foundations" in the United States, (*The American Foundation For Homœopathy, in Washington; The American Foundation For Homœopathic Research—Stearns et al., in New York—and Dr. Ward's Pacific Coast Foundation*); the active campaign and propaganda of the American Institute of Homœopathy, including the

widely-advertised coming voyage to Panama and Cuba, holding its annual meeting on shipboard—all these *in the name and for the honor of homœopathy*—makes the proposed action of the Utica Hospital seem ridiculous if not contemptible, to any one who has the interests of homœopathy at heart and who knows what is going on in the world.

Are they all asleep in Utica? Or are they so little interested in and negligent of homœopathic principles and methods, that they are no longer homœopaths?

If they are asleep let them *wake up* and take part in the movement to rejuvenate and rehabilitate homœopathy, going on all over the walls of their hospital, and let them, if need be, prove by their reformed practice that they are worthy to defend it.

If not—if they are selfish, or afraid, or ashamed, or cowed, or given over entirely to allopathic control—let them haul down the banner and repudiate homœopathy. That is then the only consistent course for them to pursue. For if they are in that pusillanimous state of mind, they have no right to the banner and their touch contaminates it.

Homœopathy is undergoing a renovating, disinfecting and reconstructing process. "Dead-wood" colleges, hospitals and associations have been and are being rapidly eliminated. New institutions are coming into existence. A new personnel is taking the place of the old, the apathetic, the inefficient and the demoralized. Homœopathy is coming into its own, in science.

The leading scientific minds of the age are beginning to take it up for investigation and demonstration. Electrical engineers and experts, physicists, biologists, psychologists, as well as the broadest and most advanced workers and leaders in Medicine all over the world, are uniting in proving that the homœopathic principle is fundamental and universal. Research is going on in many laboratories and great progress is being made. The outlook for the future is brighter than ever before. A new era for homœopathy is dawning. Let every homœopathic practitioner and every nominally homœopathic institution pause and carefully consider the situation *and the opportunity*, before lowering its banners, giving up the fight and going over to the enemy.

Sincerely and fraternally yours,

STUART CLOSE.

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R. F. RABE, M. D., Editor, 566 Madison Avenue, New York City

### EDITORIAL NOTES AND COMMENTS.

**Verifications.**—A youth of nineteen summers and as many winters recently developed an impetigo on his otherwise calm and placid face. Unsightly pustules with yellowish crusting, showed themselves upon the chin, under it, on the cheeks and near the nose. *Mezerum* 45 m F., one dose, was given, but the eruption went merrily on. One week later one dose of *Dulcamara* mm F. was given, with immediate improvement; within another week the eruption had gone, leaving nothing but the underlying redness of the skin, visible. The interesting point is, that one dose of the millionth potency turned the trick. Suggestion, sleight-of-hand, or what will you?

A woman of fifty winters and no doubt as many summers, developed, after radium treatment for Keloid, an intense itching of the skin, followed later by a dermatitis of the hands and feet, with copious scaling of the skin. *Radium brom.* 30th, four times a day for three days, stopped the itching. Later, one dose of *Mezerum* 45 m F. cleared up the skin quickly.

A religious fanatic of fifty-eight years, and of course unmarried, who resorts to fervid praying upon slight provocation, complained that she was losing her temper without cause and that she would then curse people roundly, much to their astonishment. For our edification she gave us a few choice samples of her expletive vocabulary, which we would designate as most artistic and suggestive of the waterfront along South Street. Her gentle bringing up seemed quite incompatible with such sporadic outbreaks of vulgar speech, so we gave her one dose of *Anacardium* cm F., which put an end to her blasphemous, emotional outbreaks. *Anacardium* is

the *Marking-nut tree*, which grows in the West Indies. If we invoke the doctrine of signatures, the selection of this remedy is apt, for the patient has all the characteristics of what we *Americanos* understand by the term "nut."

A married woman in the fifties came to us with a history of chronic arthritis of the rheumatic variety. We dread these cases, for reasons obvious to all prescribers, and felt that here was another case in which we were likely to fail. The usual symptoms presented themselves; the modalities were time-honored, but one stood out most prominently—*general aggravation from high winds*. At this we jumped as a catfish does for a juicy worm, and gave one dose of *Rhododendron* 10 m, Skinner. Improvement has been amazing, much to the delight of both patient and prescriber. The rhododendron grows in mountainous regions, the Poconos, for example, where winds are certainly high, so here again we have our indication and a broad hint for the remedy.

In a recent case of scarlet-fever in a strong, vigorous young man of nearly thirty, *Belladonna* and *Ailanthus* had been given by another prescriber. When we saw the case in consultation, temperature and pulse were practically normal, the rash had disappeared, but the patient was extremely *loquacious*, very restless and sleepless, imagined that he *saw people* who were not present, in the room, felt that he was oppressed in his head from the light of a nearby window, knew that he was not right in his head, was apprehensive and *suspicious* of his food and medicine. Careful examination failed to disclose any meningeal involvement and the urine was found to be free from albumin. *Hyoscyamus* 200th in repeated doses, cleared up all these nervous manifestations within forty-eight hours and convalescence was uneventful thereafter.

We do not wish to imply that prescribing by ourselves is always so happily successful in its results; alas, the professional path is strewn with many failures; the verifications as detailed above, illustrate, however, certain facts, of value to the painstaking prescriber.

In another chronic case, one of exophthalmic goitre in a woman approaching her climacterium, *Iodin* and *Natrum mur.* have proved curative; we have several times referred to these two remedies as having great value in Basedow's disease; no homœopathic prescriber should fail to study these antipsorics in the treatment of his Basedowic patients. However, as this woman's menstruation was becoming more irregular and hot flashes were manifesting them-

selves most uncomfortably, Lachesis was resorted to, but without result. Trembling, weakness and sweat following the flashes, were now elicited as characteristics and one dose of *Sulphuric acid* cm F. was accordingly given. A real transformation of this woman's condition has taken place; she has now been on this dose for over four weeks and repetition seems as yet unnecessary. It is all very marvelous and startling, this hitting the right remedy, but deuced difficult so often, that a success now and then makes us feel like a boy with a new toy. The honor, though, belongs to dear old Father Hahnemann, the credit is altogether his.

**Comparison.**—For those who are interested in statistics the following information will have importance. *The Christian Science Journal* for October, 1926, published in Boston, and the official organ of *The First Church of Christ, Scientist*, in Boston, Mass., lists approximately 347 Christian Science practitioners in New York (Manhattan and Bronx). In the same boroughs we find 388 nominal homœopaths. To those who know, these facts are significant and admit of illuminating interpretation as well as of interesting speculation.

America, as our Teutonic friends are fond of saying, is the land of unbounded possibilities, and right here is a choice specimen for consideration.

**Calcium Chloride in Therapeutics.**—"Piñerua relates that for twelve years he has been using calcium chloride with good results. In a case of acute pulmonary lesions in a man of fifty with hemoptysis and pains in the kidneys, with tubercle bacilli in sputum and urine—the whole clinical picture developing in six months after an attack of influenza—the condition improved remarkably under calcium chloride. The fever disappeared in less than three weeks, and by the thirty-fourth injection the cure seemed to be complete, except that an intercurrent otitis has impaired the hearing during the year since. In a case of extensive and extremely painful tuberculous peritonitis in a boy, aged twelve, a daily injection of 2 gm. of calcium chloride in 10 cc. of water was given by the vein to a total of forty injections, when the boy was discharged completely cured. In some of the numerous cases treated with the calcium chloride there was a reaction to the first injection amounting almost to actual shock, but it was transient in all."—*J. A. M. A.*

Yes, Calcium is of great value in tuberculous or psoric constitutions; Hahnemann pointed out this fact in his *Chronic Diseases*. *Calcareo carbonica* or *ostrearum* is the preparation commonly employed by homœopaths, but other preparations have been used; of these, *Calcareo muriatica* or calcium chloride is one. *Calcareo phosphorica* is perhaps second in importance of all the calcium salts, ranking next to *Calcareo ostrearum*; the difference between these two remedies, are well known to all prescribers. We could not well get along without *Calcareo*, in homœopathic practice, especially where children are concerned.

**The Cardiac.**—How well we remember him, many years ago, before we had entered upon our medical studies, full of hope and confidence. He was portly, even then, with red, jovial face, thick lips and reddened nose; his hair already thin, was of reddish hue and plastered neatly down upon his ample dome. Hail fellow, well met, he was; fond of good living and of vintage wines and straight American "red likker." He dined, not always wisely, but too well, and as one of the boys, always found agreeable companionship. We see him yet, as he nonchalantly sauntered down the street, hat slightly cocked to one side, but we seem to recall, that close proximity revealed a certain laboriousness of breathing, which we put down to his excessive *embonpoint*.

And now, many years later, more than we care to tell, we see him again; in fact, rather frequently does he come to us, the same red face and still redder nose, rather more shiny than in the good old days, the eyes are bleary, the hair is now white, except that the dome is bare and no longer plastered over as of yore. The *embonpoint* is still much in evidence, surmounted by a gaudy geographic vest, with heavy gold watch chain illuminating the insistent rotundity. But the breathing is now really short, there is no mistake about it; one can hear it plainly, especially when any extra effort is made; at night it distresses him particularly, makes him nervous and uncomfortable, so that he must get up from bed, especially during the very small, early morning hours. He no longer dines well, but rather more wisely, especially as his kidneys give evidence of a chronic inflammation; the blood-pressure rises to uncomfortable heights and the pulse is tricky. We think of arteriosclerosis, especially of the coronary arteries, since now and again severe heart pain comes on and still further frightens an already nervous

old man of seventy-two. Cold is badly borne and apt to make him cough, explosive paroxysms increase the redness of his face and warn of serious crises, which may be impending.

We laugh together and joke about the old times, when Manhattan was dispensed over the justly famous Hoffman House bar, at two for a quarter, if you please! And then we go to the medicine cabinet and from the maze of remedies and potencies we fish out *Arsenicum album* 30th, a few doses to be tucked away beneath that lordly paunch. Nor are we disappointed in its action, for it always does him good and will continue to carry him on, until that tired heart finally lays down its burden, forevermore.

Such is the simplicity and the versatility of homœopathy, playing all parts with simple directness and playing each one well, without the aid of props or gaudy trappings. 'Tis a field for the artist, the creator who loves his work and expresses himself in it; he needs no artifices or devices; he knows what he can do and in this thought is quite content and satisfied.

**Post Hoc or Propter Hoc! Which Is It?**—An elderly, though very energetic and active patient, recently called upon us with a startling pallor upon his face; the term *ashen*, rather a favorite with writers of lurid stories, would aptly describe his countenance. He was very weak and had, in fact, reached our office with much difficulty. A few questions revealed the history of a discharge of dark blood from the rectum, several days before, but with normal stools since and no return of bleeding. No pain had been complained of, nor was any pain present now; an examination of the abdomen was negative, as no tumor could be felt and the liver and spleen were of normal proportions; no evidence of any inflammatory condition could be elicited. The blood-pressure was extremely low, 100/60. The pulse was compressible and somewhat rapid. Vertigo, with pulsation in the ears and buzzing and a tendency to walk to the left, were complained of. A blood specimen was immediately taken for examination, and the report, received on the following day, showed—

Hæmoglobin .....	45
Red blood cells .....	2,640,000
Hæmoglobin index .....	0.85
Leucocytes .....	13,200



We need not present the rest of the details of the examination, other than to state, that the pathologic findings were those of a marked degree of secondary anæmia.

One dose of *Natrum mur.* 20 m F. was given and the patient sent home to rest for several days, after which he traveled to Chicago, to keep an important business engagement. He was seen again fifteen days later, looking very much better and feeling decidedly stronger, though by no means entirely well. His blood pressure was now 120/80. The aural noises had entirely disappeared and vertigo was no longer present. A second examination of the blood was made and presented the following findings—

Hæmoglobin .....	45
Red blood cells .....	3,200,000
Hæmoglobin index .....	0.7
Leucocytes .....	11,800

The pathologists' report reads, in part—

"As compared with the previous count, the red cells are better in appearance and are higher in number, although still running much below the average . . ."

Of course, a period of sixteen days is hardly long enough to expect much change in the blood picture; nevertheless the improvement in this picture, together with that of the patient himself, is significant and speaks well for our old friend, *Natrum muriaticum*. The cause of the hæmorrhage is still to be found and may be discovered in an ulcer, somewhere within the intestinal tract, or possibly in a carcinoma. Our purpose here is, merely to call attention to the evident response to a single dose of a remedy, highly and perhaps ridiculously potentized to the dizzy heights.

**A New Homœopathic Publication.**—There has recently come to our editorial table the first number, volume I, of *The Homœopathic Survey*, to be issued quarterly by the *American Foundation for Homœopathy, Inc.*, of Washington, D. C. This foundation has, without fuss and feathers, been quietly working for the cause of pure homœopathy, during the past few years, and each summer provides a post-graduate course in homœopathic philosophy, materia medica, therapeutics and repertory analysis, given by a number of the ablest and most ardent teachers of homœo-

opathy in the country. Its work is divided among four bureaus, as follows:

**"BUREAU OF INVESTIGATION :**

Opportunity at Headquarters for intensive study of the principles of Homœopathy; the use of the Repertory, of the *Materia Medica*; case-taking and record-keeping; and the preparation of drugs. Other centers to be established.

**BUREAU OF RESEARCH AND DEMONSTRATION :**

Drug proving; Demonstration of the law of cure in clinics and hospitals; laboratory research bearing upon Homœopathy; correlation of Homœopathy to other sciences and philosophies: *e. g.*, chemistry, physics, electricity, psychology, sociology.

**BUREAU OF PUBLICATION :**

Report of all Foundation activities; accumulation of data for use of students and investigators; facts for laymen; reprinting of much valuable material now out of print; complete index and file of all homœopathic literature; legacy of homœopathic libraries for supplying new centers; collection of Hahnemanniana and various relics pertaining to homœopathy.

**BUREAU OF PUBLICITY :**

Intensive work for laymen conducted by laymen with the guidance of qualified homœopathic physicians; instruction in the simple fundamentals of medicine; encouragement to think soundly and independently about medicine; equipment with basis of choice as between physicians of different kinds, so that laymen may carry their right responsibility for their own health; circuit field visits to centers of interest; talks to gatherings by invitation; establishment of Laymen's Leagues everywhere; written publicity, periodic and permanent."

It will be seen, therefore, that this organization has adopted an ambitious program, one which, if adhered to, will eventually check the decadent spirit which homœopathy has evinced in the United States within recent years. Such an organization needs a medium of expression, and the new publication, *The Homœopathic Survey*, under the guidance of its brilliant editorial staff, Dr. Benjamin C. Woodbury, Mr. Arthur B. Green and his talented sister, Dr. Julia M. Green, will undoubtedly measure up to the great demands which will be made upon it. Their announcement of the purpose of the Foundation reveals its high character—

"The purpose of Medicine, as we generally accept it, is to heal the sick; but the real purpose of Medicine is to establish and to increase the *power to remain well*. The ideal of Medicine, as we generally accept it, is to correct the abnormal so that they may become normal; but the higher ideal of Medicine is to *strengthen individuality, to reveal character*, and to endow with the full power of *inborn talents*.

It is to these higher aims that True Medicine addresses itself.

The American Foundation for Homœopathy is not a sect built upon a narrow creed. It represents fundamentals, on which all medicine depends, and is pledged to teach them, to increase scientific understanding of them, to record the work of the Profession, and to spread sound doctrine to the people."

*The Homœopathic Survey* is published at 1811 H Street N. W., Washington, D. C.; its subscription price is two dollars per year. THE HOMŒOPATHIC RECORDER bids this newcomer to the ranks of medical journalism welcome, and wishes it success, long life and an unrestricted field of usefulness in the spreading of Hahnemannian principles and practice.

**Digitalis May Cause Fibrillation.**—"Digitalis may produce auricular fibrillation. I had one such case under observation several years ago (Selian Neuhof on 'The Heart,' Blakiston's Sons & Co.). A boy with a decompensated mitral regurgitant lesion and an otherwise rhythmic heart showed fibrillation every time he was under the maximum effects of the tincture of digitalis. Polygraphic tracings left no doubt as to the type of the arrhythmia. I tried the digitalis experiment several times; when the drug was discontinued, fibrillation stopped and the pulse became regular at the end of a day or so; when it was again administered the auricles again fibrillated. It is interesting to note that, though the auricles were fibrillating, the patient felt perfectly well and compensation was completely restored. In this case the toxic action of digitalis upon the vagus was probably responsible for the arrhythmia; at the same time the contractile power of the heart, that is its pumping power—was considerably improved by the drug. It has been shown experimentally that if the entire gastro-intestinal tract of a cat be removed from esophagus to anus, the digitalis be injected intravenously, the cat will go through the action of emesis. In other words, the drug apparently possesses some action upon the cerebral center. Thus, the vomiting caused by digitalis may be

similarly explained in patients to whom we have given too much digitalis, or who are particularly susceptible to the drug. It offers a more plausible explanation than the usual one that digitalis causes vomiting by irritating the gastric mucosa."—*The Pan-Therapist*.

Well, yes, and another illustration of the homœopathicity of Digitalis to many cardiac symptoms, especially those of the state known as decompensation, even though it may be necessary to use this drug in tincture form. Potencies are not always indicated or successful under such circumstances.

## BOOK REVIEWS.

SAMUEL HAHNEMANN, HIS LIFE AND WORK, based on recently discovered State Papers, Documents, Letters, etc., by Richard Haehl, M. D., Homœopathic Physician (Hahnemann Medical College of Philadelphia), Member of the Homœopathic Central Society of Germany, Honorary Member of the Homœopathic Medical Society of North America (American Institute of Homœopathy), also of The Hahnemann Alumni Association in Philadelphia, Honorary Member of The Hahnemannia (Home Society for Württemberg). Translated from the German by Mrs. Marie L. Wheeler and Mr. W. H. R. Grundy, B. A. Edited by J. H. Clarke, M. D., and F. J. Wheeler, M. R. C. S., L. R. C. P. Volume I. London: Homœopathic Publishing Company, 12a Warwick Lane, E. C. 4.

At last, through the zeal, industry and devotion of some of our British colleagues and through the generosity of Mr. Mazzini Stuart, of Liverpool, who owns the copyright of this remarkable work and will later present it to the trustees of Hahnemann House, Powis Place, London, Haehl's work has appeared in the English language. To Haehl, first of all, belongs the credit of this history of homœopathy and of Hahnemann, the story of whose life, authoritatively and carefully written, reads like a fascinating novel, for Haehl has delved into the remotest corner of antiquity and has presented to us the living Hahnemann himself—the man, the physician, the scholar, the chemist, the linguist, the seeker after Truth—for Hahnemann was all these and more.

Mrs. Marie L. Wheeler, wife of Dr. Francis J. Wheeler, and Mr. W. H. R. Grundy have rendered Haehl's finished German into most readable English, no small task, when one remembers the difficult, intricate sentences of the German language; to these translators are due the great appreciation and thanks of English-speaking homœopaths; while credit must likewise be given to that British veteran of the homœopathic school, Dr. John H. Clarke, of London, who, together with Dr. Wheeler, gave of his editorial advice and experience in seeing the work through the press. The London Homœopathic Publishing Company has given us a well-printed book, not heavy, of convenient size, of excellent paper and with good illustrations. Of the latter, the picture in color, of Hahnemann himself, by Scheffer, is particularly fine.

Volume I is now on sale and can be had from Boericke & Tafel, 1011 Arch Street, Philadelphia, or from The Homœopathic Publishing Co. in London. As stated in the November RECORDER, the price is \$18 per set, duty included. Every student of the history of Medicine, every homœopathic physician and every man of science, interested in the scientific progress of the world, should possess this work.

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THE ELECTRO-CHEMICAL FACTOR IN NEUROLOGY, ERNEST PASQUE AND NEW CONCEPTS OF PHYSICS, Calvin Samuel Page (Nobel Prize Nominee). Publishers, Atomic Research Association, 502 Boydell Building, Detroit, Michigan. Both subjects in one volume, 600 pages, price \$10.

The character and importance of this work may be gathered from a perusal of its table of contents. Thus Book No. 1 contains:

- Chapter 1—Electron definitions.
- Chapter 2—Electrolysis.
- Chapter 3—X-Ray.
- Chapter 4—Electro-Chemistry of Proteins.
- Chapter 5—Cells.
- Chapter 6—Physiological Development of the Nervous System.
- Chapter 7—Nerve Structure—Chemistry of Nervous Tissue.
- Chapter 8—Physiology of Nerves (General).

Chapter 9—Physiology of Nerves (Specific), The Central Nervous System, Vaso-Motor System, Innervation of the Heart, Central Nervous System and Heat Regulation, Glycogenolytic Nerves, Liver, The Pituitary Body, Suprarenal Capsules, Innervation of the Spleen, Innervation of the Gastric Glands, Secretion of the Pancreas, Secretion of Salivary Glands, Deglutition, Electrical Variations in Glands, Intestines, Uterus, Erection, The Sweat, Reflex Action, Afferent-Efferent Nerves, the Sympathetic System, Ciliary, Motion of the Epithelium.

Chapter 10—The Spinal Cord as an Organ of Conduction.

Chapter 11—Synapses.

Chapter 12—The Psychical Process.

Chapter 13—Summary.

In these chapters the works, experiments and approved findings of many of the most prominent men and scientific authorities including such outstanding scientists as Huxley, Lawrence, Rutherford, J. J. Thompson, Millikan, Tanzi, Helmholtz, Druhl, Leduc, Gay-Lussac, van't Hoff, Avogadro, Boyle, Kolrausch, Nernst, Goldberg, Waage, Loeb, Charles Manning Child, Boveri, Halli Burton, Broca, Fritsch, Hitzig, Ramon Y. Cajal have been utilized and applied to the subject under discussion.

While Book No. 2 treats of:

- Chapter 1—Epitoms of the Page Atomic Science.
- Chapter 2—New Definitions.
- Chapter 3—Special Phenomena 1, 2, 3, 4, 5, 6, 7, 8, 9.
- Chapter 4—Seeing Space.
- Chapter 5—The Law of Molecules, The Atom, The Electron-Atom.
- Chapter 6—Nervous Force from "New Philosophy."
- Chapter 7—Therapeutic Applications.
- Table of Atomic Weights.
- Vocabulary.

In this absorbing volume we are told how the electron runs the whole physical process of living organism, how the individual cell or protoplasm continues to live without a brain, how an even temperature of 98.6 is maintained in the living human body, how an idea can influence the function of the liver, that chemistry cannot