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A MESSAGE FROM THE PRESIDENT of the INTERNATIONAL HAHNEMANNIAN ASSOCIATION to the READERS OF THE HOMOEOPATHIC RECORDER

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With this issue—January, 1928—the Homœopathic Recorder makes its first appearance as the official organ of, owned and controlled by the International Hahnemannian Association.

When it was learned that the former owners of the magazine would transfer and sell to the International Hahnemannian Association, several members of the Association who were at the Eastern Homœopathic Medical Association meeting at Hartford on October 10th agreed as to the advisability of our Association acquiring the publication. A special meeting was thereupon called at New York on November 1st, 1927, at which the matter was thoroughly considered and concluded by a practically unanimous vote.

It now devolves upon the members at large to make it a success; and this does not mean two or three editors nor even a publication committee, but it means you and me, every member of the Association.

All have a store of experience gathered through the years; not all of us can hope to leave behind such valuable and lasting monuments in book form as Kent, H. C. Allen, Nash and Case have done, but all can contribute from time to time of their equally valuable esperiential results. Nothing is more inspiring and helpful to the young Homoeopath than this sort of literature.

And to our mind nothing is quite so saddening as to see the older men passing away one by one, and their accumulated stores of knowledge and experience dying with them: a complete loss of so much that ought to have enriched the whole profession for the increasing benefit of humanity.

Most of us can find time to cull valuable points from the monthly magazine, whereas the bound volume of transactions often remains unopened on the shelf. From the standpoint of sociability, personal acquaintance and even a degree of intimacy to which the annual formal meeting does not readily lend itself, the new Recorder with its monthly visits, should be and may easily become, a bond of fellowship, a matter of family interest, and a common meeting ground for the solving of problems and frank discussion.

Only let all bear in mind the declaration of principles which constitutes the gateway to membership in our Association: this should be not so much the criterion of the quality of articles, as the high ideal of all who contribute to our pages. In a word, the Homœopathic Recorder must justify its title; it must never cease to be truly Homœopathic in the Hahnemannian sense, and it should constitute a continuing and vital record of our actual accomplishments and the mental processes and psychological considerations leading to those results; in other words, Homœopathic practice and philosophy; and philosophy must justify its existence by being practical and by helping to inspire better practice.

As we launch this new enterprise let every one realize that the only sea that can swamp it will be the utterly unthinkable one of a tidal wave of complete indifference. Just a very little enthusiasm and interest will carry it forward to the greatest success.

THE DAILY ROUND.*

By D. C. McLAREN, M. D., Ottawa, Canada.

The question is frequently asked me :"How can you stand it, listening to so many people's troubles all the time?" The answer is, that every one is different, frequently novel, and of sufficiently interesting quality to put a man on his mettle to solve problems that have baffled others, and to achieve enough of helpfulness and cure to afford the satisfaction and gratification that one is not living in vain, but accomplishing worth-while results. Hence the title, a line from an old, well known hymn which states, "The daily round, the common task, have in them all we ought to ask." While that is true enough, yet many cases are of a more or less homely and ordinary character, and only the occasional one is vivid enough to be worth recording. Here follow a few interesting cases:

Case I. An old lady, 74, a sufferer for three or four years from serious attacks of jaundice; her allopathic doctor failing to give her relief advised operation although no mechanical obstruction was to be found. She finally decided to try Homœopathy. The case presented the usual features, and some unusual. There was a constant but variable jaundice; yellow discoloration, becoming a deep brown during the attacks. These acute attacks were seldom less than once a week, often every few days; they came on generally in the forenoon and lasted all day; a severe chill felt first and most in the back, requiring electric pads at back and feet, besides all the blankets they could pile on her; marked thirst during the chill and delirium all day; finally sweat at evening with relief. The remedy was clearly indicated and its administration gave great relief, reducing the attacks in a short time to one a month, but slight indiscretions of diet continued to bring them on, though with greatly lessened severity. The remedy was Capsicum 200. About nine months after beginning the treatment, I gave her Sulphur 200 to get at the underlying psoric condition which was keeping the trouble alive. The results were surprising and alarming. It certainly shook her up, and the family supposed her to be dying. There developed an acute typhoid with marked delirium of the silly type which kept the attendants smiling and amused. Stramonium was the remedy which pulled her out of the hole, and the recovery was uneventful. Over a year has passed without any return of the jaundice; her skin remains nice and white; instead of being thin and scrawny as before, she is now plump like a young person and as sprightly

and gay as a woman ought to be at seventy-six. It is reasonably safe to consider the case entirely cured.

Case II. A young married woman of 22, mother of two children, was seized with painful and distressing lumbago April, 1926. Under allopathic treatment which consisted mostly of liniments, the case grew steadily worse, until after five allopathic doctors had been tried, I was called in on Sept. 18th. The patient was bedridden, absolutely paralyzed from the waist down; couldn't move leg, foot or toe. The air of the sick room was reeking with wintergreen; there was by this time no pain, the pain having been entirely converted into paralysis. This was the only time I saw this patient, because the home was broken up and she was removed elsewhere to be cared for. However, that one interview was quite sufficient. Sulphur 200 was given and an abundant supply of placebo. The husband reported every three or four weeks a gradual but steady improvement. In three months she was able to walk a little about the house but with a decided stoop threatening curvature of the spine. In January the Sulphur 200 was repeated, and very soon after this the bowels began to move naturally after five months' paralysis. In March the husband reported her able to walk several city blocks erect as ever. On May 1st she returned to town and resumed housekeeping, and her husband proudly brought her to my office. Just one symptom troubled her, an old one of many years' standing: whenever she put her hands in water the fingers turned white, cold and numb. Sulphur 200 was again administered, with results to follow.

Case III. A young man, 21, was taken with pleurisy in August, 1926, and soon developed effusion. The allopath took him to the hospital and excised a section of rib to facilitate drainage. When I was called on October 5th there was every appearance of rapid phthisis setting in, emaciation, distressing cough, could hardly speak above a whisper, could not move nor turn in bed and the daily dressing of the wound was a painful and exhausting procedure. After looking the case over I had just about come to the conclusion that it was hopeless, when some instinct made me ask a few more questions, which elicited the history of fetid foot sweat suppressed a few years before. This enabled me to prescribe with some assurance, and to give a guarded but favorable prognosis. Silica 1m was given and there was slow but steady improvement, and in three months the remedy was repeated in the cm potency. He was able to get out on fine days in March, and in April his cough required Phosphorus 30; after ceasing entirely the cough returned, this time between 3 and 4 a. m. and with stringy mucus. Kali Bi cm; and the last report a few days ago was "no cough and discharge from wound almost at vanishing point."

Kent used to say he would never be surprised at anything the human vitality could accomplish in the way of cure; certainly some cases give a wonderful response to our remedies, and others a comparatively poor response. Here are two lucky cases of that generally difficult skin disease, psoriasis.

Case IV. A man of 38 developed quite a large patch on his leg and showed it to an allopathic doctor friend of his who promptly diagnosed it as psoriasis, and said it was incurable. He consulted me on February 12th, 1926, and the case outline was certainly very meagre: perfect health except for the skin trouble; fond of meat, eggs, salt and sweet; history of itch suppressed a few years before. Sulphur 200 wrought a complete cure within six weeks, so complete and so remarkable that he again showed his leg to the allopathic doctor, who was very much at a loss to account for it, but assured him he was exceedingly lucky.

Case V. Another case of psoriasis in a man of 40: in perfect health, not a symptom to be had, but fortunately a clear history. It seems the trouble had been very marked in his childhood, and had at that time been cured or suppressed with Fowler's solution in material doses. It was no trick at all to administer Kali Arsenicosum 45m, and that single exhibition of the remedy removed it entirely in a short time. Now, ten years later, he remains absolutely free from it.

Here follow two cases of psychological interest:

Case VI. An old man of 70 after being a widower for some years, took to himself a young wife. There was some failure, some disappointment about it, so he applied to me for relief. Naturally, without much inquiry I gave him the classic remedy, Lycopodium, but he was back again in a week or so, saying the

remedy was no good. Inquiries led me to believe there was a strong element of nervousness in the case. So I gave him Gelsemium, but again he returned without results. It was time now to make a careful survey of the case regardless of his feelings. It then appeared that what made matters so aggravating and disappointing was that to begin with there was an excellent state of preparedness, but before he could get into action it was gone, "flat as a pancake." The remedy thought of was Nitrate of Silver, but to make sure I asked if he had ever used lunar caustic in his life? Sure enough he recalled using it for sores in his mouth fifty years before. The well known paralyzing effect of this remedy had evidently left a lasting impression on the cerebellum to make trouble for him now. Argentum nit., cm, one administration, set the old man on his feet, and the orchestra played the wedding march to everybody's satisfaction.

Case VII. Another case of the same trouble occurring, however, under different circumstances. In December, 1926, a man of 51 came to my office. He had been happily married for about 30 years, but the last ten years noticed a gradual weakening in his powers until absolute zero was reached. He was in good health otherwise, and the loss of function was embarrassing principally because he feared his wife might suspect him of wasting his powers elsewhere, which he assured me he had never done either before or after marriage. One striking objective symptom appears on my record, a very red nose. He also had hot feet at night, and had had itch fifteen years before, and has a return of it every autumn since. Sulphur 200 was given on December 6th and repeated on February 5th. Then on April 5th reviewing the case, I found that he was restless at night and frequently lay on his face. Medorrhinum cm was the next remedy, and seems to have made a good cure, as he reports the orchestra now plays "Home, Sweet Home" with sufficient regularity and certainty to insure domestic harmony.

DISCUSSION.

DR. P. E. KRICHBAUM, Montclair, N. J.: I want to call attention to his use of Capsicum. He lost valuable time until he used Sulphur. We hear so much about remedies—checking them for a certain length of time, a thing I don't believe in. The remedy does not act five seconds. We make the application and the system does the work, and he should have seen that the Capsicum was getting him nowhere long before he did.

DR. MCLAREN: It is only necessary to say in reply to Doctor Krichbaum that Capsicum wasn't so far from getting me somewhere. But for this one symptom it would have made a complete cure itself. I left a few powders in the house to be used whenever an attack came on, and attacks from one or two a week were shortened to one a month and very much lighter. Still, after nine months the fact that they did recur even a little in spite of the Capsicum, which was doing its best to cure it, showed that there was an underlying psoric condition which had to be treated with Sulphur. The result was a complete cure.

*Read before the I. H. A., May, 1927, Bureau of Clinical Medicine.

THE OUTLOOK FOR HOMOEOPATHY.*

By JULIA M. GREEN, M. D., Washington, D. C.

Probably there will be no new statements in this little paper but perhaps a different grouping of them to form a new viewpoint.

Looking back to the first decades of Homœopathy, we find many physicians doing hard work with constant earnest application to it. They piled up enduring clinical evidence of the value of the Law of Similars with no doubts in their minds. Their confreres were obliged to admire their zeal even while they scoffed.

The influence of such work was great in its own time but greater ever since. Why? Because those doctors believed in themselves; they knew that what they were doing was eminently worth while; they were satisfied.

Coming to the present time in the Homœopathic field, what do we find? Misunderstanding of Homœopathy among physicians and laymen; lack of faith in their work on the part of a great many physicians; lack of faith in doctors on the part of a

very large percentage of laymen; personal jealousies and medical politics blocking progress; a deep discouragement with confusion of ideas in Homœopathic ranks; excitement because those ranks are thinning rapidly and nothing comes to fill them; all sorts of remedies proposed by individuals but no general cooperation.

What can the future hold for Homœopathy when all these elements go to form its present state? It is time to consider carefully. It is time to quit hysterical excitement, to think clearly and practically, to be willing to cooperate heartily for the best that can be had in the field of drug therapeutics.

There is an empty space in present day medicine. With the fine progress made in almost every other department, it is astonishing that the subject of drug prescribing has been almost wholly neglected. We ought to be glad that this space is empty. There is little to tear down; there is everything to build up.

In order to cooperate heartily, we must be willing to stop thinking in terms of sectarianism. The science and art of drug therapeutics belongs in medical education in the post-graduate field as one of the specialties. As such it can fill the empty space in present day medicine.

The very few who are well versed in this science and art, and are also born teachers, can train enough others to fill chairs in clinical prescribing in medical colleges and can perpetuate the teaching post-graduate provided young physicians will seek such instruction. The drug therapeutist, at his best, can command the admiration and the coöperation of his fellow specialists in other fields and can command dignified fees. But he must hurry to get the instruction while the very few teachers are here to teach.

The future of Homœopathy will be assured when once it is grasped clearly that what we are really reaching toward is perfection in clinical drug prescribing. In order to grasp this clearly, certain things are necessary.

We must stop thinking of the small group who have specialized in this department of medicine as narrow-minded and self-satisfied. We must realize that they too are reaching out to larger things, endeavoring to fit their own work into the general scheme of medical education.

We must recognize that the Law of Similars, with its corollaries, has been persecuted because it was announced ahead of its time; also that its time is now here, creating the greatest opportunity clinical medicine ever had.

How, then, shall we make the most of this opportunity? In pure science correlate the new therapeutic principle with the latest developments in physics and chemistry. In philosophy correlate with the newest in psychology. In religion, social welfare, philanthropy, emphasize the leading thought and action which is individualization. In hygiene, criminology, eugenics, use the chief aim which is prevention. In medicine make the Law of Similars serve mankind by using its chief features of individualization and prevention and associate with it all that proves useful in each case in the line of physical training, mental training and diet.

In other words, let us fit what we have into the empty space as *the* specialty in clinical medicine and then link it with a study of each patient as an individual along the lines of the best physical and mental development. The constitutional drug for each patient would then be accompanied by hygienic measures, physical training and diet selected along the same lines of individual study which form the basis for remedy study.

An ambitious program? Perhaps. But the times are ready. The stage is set and the result will be a new race, exhibiting untold possibilities physically, intellectually and morally. Let us band together with the earnestness and confidence of the early Homœopaths and start this work.

* Read before the I. H. A., May, 1927, Bureau of Philosophy.

WHOOPING COUGH.*

PHILIP E. KRICHBAUM, M. D., Montclair, N. J.

It is nearly one hundred years ago now, since Dr. C. Von Boenninghausen wrote his book on whooping cough, and was so successful in his treatment of the disease, that members of the dominant school accused him of employing some secret method in

his work. This in spite of the fact that the "secret" was fully described in the treatise above mentioned.

In prescribing homœopathically for whooping cough, the concomitant symptoms are often more important in pointing out your remedy, than the cough itself. In truth, there are but few medicines which may be correctly prescribed upon the characteristic cough alone. Therefore in this paper, we will not lay too much stress upon the cough symptoms, seeking instead to briefly present the complex of the remedy which will fit a patient suffering from whooping cough.

Ambra Grisea then may head our list, and we see a very bashful individual, embarrassed in company, cannot bear observation with equanimity; thin and scrawny in physical make-up; a jerky twitchy child, temperamentally moody, taciturn, slow to talk or laugh, slow to get to sleep in spite of fatigue. Warmth in general aggravates, as does any over-exertion or long sleep. Cold is craved in spite of the low vitality generally found in the Ambra patient. To these characteristics, add the whooping cough manifestation. It is a violent cough from deep in the chest, excited by tickling in the throat resulting in long paroxysms of coughing, followed by grayish white expectoration of a salt or sour taste, this last is apt to occur only in the morning. These coughing fits are succeeded by abundant eructations, a marked Ambra characteristic.

Arnica, Lobelia, Sul. Acid, and Verat. Alb. have a similar exhibition, though this Ambra arrow pointing peculiarity, in each of these other remedies, is subordinated to their own respective ear marks. In Arn. for instance, the intense soreness of the body claims your attention. A child with whooping cough where Arn. is indicated, cries before the cough because of the known soreness caused by the paroxysm. Lob. again intrudes the prominent symptom of ropy mucus which adheres to the pharynx, causing a sensation of a foreign body in the throat which interferes with breathing. Verat. Alb. occurs to you when intestinal digestion is involved. The cough is prostrating, and the classical cold sweat appears on the forehead. Sul. Acid is greatly aggravated in the open air, and the eructations, Ambra's signal, here set the patient's teeth on edge.

We can now see Ambra G in whooping cough. Insert menstrual irregularities, and you are reminded of the same medicine, in uterine or ovarian troubles, while the distinguishing chest symptoms may also lead you to prescribe it in cardiac asthma.

Arn. Mon. is the traumatic remedy par excellence, whether the trouble is of recent or remote origin. This medicine is particularly adapted to persons of a sanguine plethoric habit; the florid complexioned individual disposed to cerebral congestion. It acts but feebly on those of impoverished blood and soft in flesh. Arn. will complain that the bed is unbearably hard no matter how soft it may be. The flesh and muscles are sore and aching. Damp cold weather aggravates the Arn. patient, as does also motion or exertion and lying on the left side. He wants to lie with head high. You know the typical crying child where Arn. is to be considered in whooping cough. He wails both before and during the coughing spell. If he could describe his sensations, he would doubtless mention the intense soreness and bruised feeling in the chest; all motion or exertion intensifies this. The expectoration is generally frothy, blood mixed with coagula. This bad tasting slime is very difficult to get rid of. The child swallows most of it. The Arn. whooping cough patient often shows an evening amelioration.

Baryta Carb. should claim our attention when we are confronted with whooping cough in the characteristic Baryta Carb. child; the dwarfish scrofulous slow inapt backward individual. These Baryta Carb. children are mentally sluggish also, seldom retaining what they learn. They take cold easily, are exceedingly prone to sore throats and glandular affections, and much given in infancy to colic. Cold damp air, cold water bathing aggravates all complaints where Baryta Carb. is indicated, though strange to say, cold food seems to agree. These children are also worse after eating, the physical effort of eating seems exhausting. Solitude suits Baryta Carb. All observation irritates. In whooping cough there is tickling in the throat and pit of the stomach. The paroxysms increase in the evening till midnight and are always worse if the feet get cold. The expectoration is yellowish in color and like starchy mucus in consistency. The Baryta Carb. picture must be present, however, before this medi-

cine works any benefit, for the phenomena of the cough alone is too general to bring the remedy to your mind.

Bell. follows in our list, and is so well known that I will not do more than sketch in its main outline. Whooping cough may and often does find relief from this medicine, when the symptoms agree. While Bell. acts primarily on the brain, it also acts proportionately to brain development. In its action on the brain as an organ, of course the general circulatory system comes in, and we have the typical Bell. congestion, sensitiveness to light, noise, jar, touch. All such is a natural outcome of this capillary congestion. It is very easy to recognize the Bell. child, with its fair complexion, large head, alert and active though seemingly plethoric in appearance. He takes cold easily, for he cannot stand atmospheric changes, cutting the hair frequently gives the Bell. child or adult a cold. The characteristic pains of Bell. come and go quickly, regardless of their duration, and are prone to be violent, throbbing, cutting, stabbing, or shooting in character. Distress of this nature brings Bell. into prominent use in headaches where the flushed face and throbbing carotids beckon so plainly. As you may imagine, everything about Bell. is hot and burning, even the patient is hot to touch, as are also all discharges. In whooping cough this redness of the face strikes you; the nose bleeds easily and the expectoration is blood streaked. Sparks flicker before the eyes. There may be stitches in the region of the spleen, even involuntary stools and urine. Indeed if Bell. is indicated in a case of whooping cough, everything pertaining to the patient is in a state of active eruption.

When we come to *Bry.* in the list, just as marked an individual is seen. You know the typical Bry. child, dark complexion, dark hair with fine fleshy fibre, the old fashioned bilious diathesis, dragging the proverbial bad temper in its wake. Bry. acts deeply, not only disorganizing the circulation, but changing the blood, and drying the secretions. This last gives us the familiar dry mouth of Bry. with the typical thirst for quantities of cold water, extending through the digestive tract and showing up in the hard dry stool. Bry. hates motion of any kind, hence the characteristic tendency to keep quiet, will even lie on the painful parts, perhaps the better to secure their immovability. In

whooping cough where Bry. is the remedy, the cough itself offers few if any points as diagnostic of this medicine. The tickling in the throat; the brownish coagulated blood streaked expectoration of unpleasant taste and difficult of dislodgment; these symptoms of course are not guiding, for they are found under a score of other remedies. It is the Bry. patient who must be observed who leads you to study the drug.

Carbo Animalis when called for in whooping cough is exhibited in a child with that peculiar bluish whiteness of skin indicative of venous plethora. Child cries when eating; great fear of the dark, and of closing the eyes. The cough is hoarse and suffocating, shaking the brain. Aggravated in the cold air, in fact has pronounced aversion to cold, the contrary of Carbo Veg. which is averse to heat. Another symptom of Carbo An. which has to do with the cough, is the peculiar greenish purulent offensive expectoration.. Carbo Veg. sputum is yellow and still more foetid.

We all know the face of *Carbo Veg.;* the pale, grayish, yellow or greenish hue of the complexion, with the accompanying cold sweat on the forehead. Decay and putrefaction are the great leaders under this remedy. Hear a few of its indications—putrid discharges and ulcerations, symptoms of imperfect oxygenation of the blood, exhausting effects of some previous illness, ailments from eating spoiled fish or meat or fats, ailments from getting overheated, weak digestion, the simplest food disagrees, much gas in the stomach and intestines, awakens from sleep with cold knees, want of reaction to apparently well selected remedies. All this points to Carbo Veg. If whooping cough occurs in an individual thus symptomatically notable, you will certainly encounter quite a few definite cough peculiarities. The cough is spasmodic and hollow, coming on in hard though infrequent paroxysms, excited by a sensation as if Sul. vapor had been inhaled. The cough gags the patient, compelling him to vomit everything in his stomach immediately after breakfast. Cold damp air disturbs especially if entering such from a warm room. Eructations of gas give relief, as does also being fanned. Whooping cough where Carbo Veg. is indicated, is a sad sight to witness; the fight in these frail children often seems so unequal.

Cina the preeminent worm medicine has a place in whooping cough. It arouses all the symptoms which challenge helminthiasis, mental, nervous and bodily. The constant rubbing of the nose, the extreme ill humor, the naughty child that nothing pleases for any length of time, the ravenous hunger, the restless sleep, the bed wetting and odd posture in sleep, like Med. on hands and knees, the extreme sensitiveness of mind and body, the child that cannot be approached or touched or have its hair combed. This is Cina and a very poor subject for whooping cough to develop in. There is nothing especially noteworthy in the cough itself. Much adherent mucus may exist in the throat in the morning, but this is absent at night. There is apt to be difficulty in swallowing liquids which descend to the stomach with a pronounced chuckling noise.

Cuprum Met. interests us next for it holds an important place in a certain serious type of whooping cough. The symptoms which call for Cup. are often dramatic. The text reads diseases which strike inward; internal spasms or pains after the suppression of an eruption; exanthema, or foot sweat; cramps, convulsions of a violent kind coming on from disappearance of pains, discharges, eruptions, etc. Tonic spasms of thumbs; eye balls turn up; effects from fright, ill humor; anger, maliciousness, greediness in eating. Individuals thus afflicted where Cup. serves, are generally fair haired and carbonitrogenoid in constitution. Whooping cough takes a severe toll from such.

The cough is characterized by uninterrupted paroxysms which continue until the breath is completely exhausted. These paroxysms seem to be excited by an accumulation of mucus in the trachea or by spasms of the larynx. Such a typical fit of coughing under Cup. may thus be outlined: Before the attack, great dread and chilliness; during attack, dizziness, sinks forward frothing at the mouth, distortion of the eyes, blue lips, vomiting of bile and blood; after an attack, headache, audible gurgling in throat down the oesophagus, vomiting of solid food.

Drosera Rot. the whooping cough king, is another great remedy to be called for in severe cases. The cough here, has a few ear marks of its own. The attacks are violent, the paroxysms recurring periodically every one to three hours, made up

of quickly succeeding barking or mute coughs which do not permit the recovery of the breath, so close are they together. The expectoration, absent in the evening though present in the morning, is somewhat yellow in color if it can be examined because it is, as a rule, promptly swallowed, and bitter in taste. The puffy swollen face of Drosera is easily recognized. It too may have cold sweat on the forehead. The fauces are dry and there is no thirst. We are warned against repeating this remedy without giving Verat. or Sul. intercurrently.

When *Ferrum Met.* is indicated in whooping cough we all know the type of patient that calls for this medicine. The anaemic child of sanguine temperament, pettish, quarrelsome, easily excited and one in whom the least contradiction arouses anger. The extreme paleness of the face, lips, and mucous membrances is notable, but the distinguishing feature of this peculiarity is the fact that this paleness disappears from the slightest pain, emotion, or exertion and the parts take on a deep flush. Another symptom found under Ferrum Met. is the vertigo that occurs on seeing water, also the odd regurgitation and eructation of food in mouthfuls without nausea. Ferrum is relieved by moving about slowly and all complaints are generally better in summer. In whooping cough of course the paroxysms are spasmodic, the expectoration may be blood streaked, purulent, albuminous, slimy, frothy, sweetish, putrid or sour in taste. There seems to be nothing especially arresting in the whooping cough phenomena to lead you to prescribe Ferrum. The patient alone waves the signal.

Hepar Sul. of course will occur to you as a remedy likely to be included in any list of medicines for whooping cough, but here again the case for Hepar rests on idiosyncrasies in the patient and not the cough; these decide your choice. The aggravations and ameliorations are characteristic. Hepar is always worse from cold dry air, winter drafts, parts becoming uncovered; while the least touch, or lying on the painful side is not tolerated. The Hepar patient craves warmth, even damp weather agrees if warm. Such a patient sweats easily, but dares not uncover. Every little laceration festers, while the pains are sticking, like splinters. When whooping cough is present, there

may be much rattling in the chest. This hypersensitive child shows great weakness mentally and physically. Red hot urine is sometimes noted, and queer sneezing fits, after the cough paroxysms. Hepar is proverbially bad or malodorous, the discharges from any source smell like old cheese.

Hyoscy. Nig. occasionally helps out in whooping cough when you encounter a patient of marked hysterical make-up. Remember the sleepless twitching child in whom an increased cerebral activity of a non-inflammable type plays havoc, and presents a case often extremely difficult to handle. Every muscle in the body of these children may twitch from the eyes to the toes. They hate to lie down, and they don't want to sit up. The cough is shattering and spasmodic. Nothing especially characteristic in the expectoration.

Of course if *Ipe.* comes to your mind in whooping cough its red strand nausea must be in evidence or Ipe. will not be of service. If this cardinal symptom be prominent in a case of whooping cough, you will generally find a fairly clean tongue. The nausea is associated with a profuse discharge of saliva, also persistent vomiting of white glairy mucus in large quantities without relief. The cough is frequent and severe but this stomach irritability is the keynote in Ipe.

If in a case of whooping cough you note the three following features, viz., tough discharge which draws out in strings after cough paroxysm, a puffy face with oedematous bladder-like appearance of the uvula and queer croupy breathing like a saw going through a pine board, think of *Kali Bi.* The cough is short and wheezing, excited by an insupportable tickling in the larynx or at the bifurcation of the trachea. The Kali Bi. subject is noticeably better in the open air, except in gastric complaints. He craves warmth except when an eruption is present. Touch is objected to; tolerated except in sciatica.

In mentioning *Nux Vom.* for whooping cough, I only want to remind you of the fact that Nux. Vom. is usually easy to see. You know the dark complexioned, thin, sedentary individual with the hair-trigger temper whose many physical ills come largely from over-eating, drinking, or dissipation generally. A child with whooping cough, if Nux. Vom. be indicated, may go into

spasms because of the exaggerated sensitiveness of its mind and body. Convulsions with consciousness, we read. The hours of aggravation are marked here as with Nux. Vom. in other complaint, viz., three to four a. m. The cough is laborious and violent. The expectoration may be yellowish, gray, often cold, severe coughing spells may bring dark red blood. If the Nux. Vom. patient is a frequent office visitor, *Pul.* is probably a close second. The gentle, mild, timid, affectionate youngster, often a frail little sprite to endure the disease we are considering. The cough here is likely to come in four inspirations and is caused by irritation in the pit of the stomach. The paroxysm may be precipitated by coming into a warm room, is short, consisting perhaps of but two coughs, dry at night, going off when sitting up in bed; the expectoration yellow mucus, bitter in taste. The well remembered craving for fresh open air, the relief from eating cold food, the thirstlessness, and the characteristic shifting about of symptoms, stools change in character, etc. This is typically Pul. in whooping cough.

Silicea as may be imagined, is called for in whooping cough in cases where you suspect faulty metabolism. The large-headed children with open fontanelles and sutures, much sweating about the head, which by the way, must be kept warm. The abdomen is distended, ankles weak, in fact the whole muscular system is lax and flaccid. In coloring, these typical Sil. children are generally light with fine dry skin. They cannot bear to be touched, hate everything cold, cold milk may cause diarrhoea. Constipation is often present and betrays again the general systemic weakness. Stools difficult to expel, partly passed then recede. The Sil. foot odor is noted, though the feet may be dry. In whooping cough hoarseness and excoriation in the larynx obtains while the expectoration may consist of little granules like shot which if broken open smell offensive. Phos. has a similar symptom but under Phos. there is a hot feeling in the throat. This is Sil., easier perhaps to recognize than to describe.

Sul. in whooping cough, like Sul. in any other complaint, has a myriad of identification marks. The familiar exhibit is of the tall scrofulous stoop-shouldered individual, strikingly averse to bathing, lazy but rather philosophical mentally. He suffers from

cold feet or at night the soles of his feet burn, all orifices of the body are very red, discharges excoriate, complaints tend to recur. In whooping cough the paroxysm occurs in quick succession, two perhaps, then a longer period of relief. The cough is worse from walking, riding, using cold water or smelling coffee, after coughing, eructations.

I will mention one other remedy, *Verat. Alb.* This belongs to the habitually cold people. Cold sweat on the forehead seems to be present in nearly all complaints. The face in whooping cough is pale, the features look collapsed. All disease manifestations are violent, vomiting, diarrhoea, etc. The cough is hollow and deep, always in three or four shocks, with lancinations towards the inguinal ring, vomiting with the cough of course. Cold water may precipitate an attack. These patients are worse in the morning.

*Read before the I. H. A., May, 1927, Bureau of Clinical Medicine.

THE DYNAMIC REMEDY AND THE CHEMISTRY OF THE BLOOD.

GEORGE E. DIENST, M. D., Aurora, Ill.

On May 17th, 1927, I was called in counsel on a case reported to be chronic rheumatoid arthritis. I found the patient, a lady 78 years of age, in bed, hands and feet swollen and carefully bandaged, and patient in much pain. In addition, the night previous she had a slight stroke of paralysis, on left side, left arm and hand, left leg and foot almost helpless, with the left side of face slightly drawn to left side. She was almost speechless, articulation very difficult and memory severely impaired.

I learned that the arthritis was of more than one year's duration and under treatment by the old school. There seemed to have been some sinus complication, which was operated with great care, but leaving the patient with severe pains on left side of face.

In the autumn of 1926 a Homœopathic physician was employed who had given Rhus Tox and Bryonia in low potency in

alternation with progressive increase in pain. Blood and other analyses were made at intervals of four weeks, and the report from the laboratory just at hand gave the following:

Blood—uric acid—8.4.

Hemoglobin 53.

Leucocytes greatly in excess.

A careful study of the history, the symptoms and modalities, the desires and aversions, and sensitiveness to meteorological changes, led me to give a single dose of Rhus Tox 10M, with instructions that this must not be disturbed for 21 days when another chemical analysis of the blood was to be made. In the meantime there was some improvement of major symptoms as well as the generals.

When this analysis was complete the report showed:

Uric acid 4.3.

Hemoglobin 73.

The trace of albumin found in previous analyses, was absent.

Repeated analysis during the summer showed no increase of uric acid and patient convalesced slowly.

Because of abnormal apprehensiveness, and a strong element of fear, other remedies were administered at lengthened intervals during the summer and autumn as conditions called for them, but never, even with an occasional change of remedies was there an increase of the uric acid in the blood.

During the warm days of July and August the lady was strong enough to take occasional walks around the block in comparative comfort.

To avoid the cold and damp air of Chicago during the winter months, we thought it wise to send her to Tucson, Arizona, where she is now basking in the warm sunshine.

For a woman nearly four score years of age, left an orphan at six years, both parents dying of T. B., with one daughter now ill of this disease and the unfortunate employment of surgery when it did not seem necessary, and the excessive use of non-indicated drugs in past years, we consider this a remarkable proof of the curative power of a dynamic remedy, and its influence on the chemistry of the blood and other tissues.

It teaches us the invaluable lesson, that, instead of experi-

menting with unproved remedies in treating the sick, we should study *more intensely* the well proven remedies now in our possession.

THE RHUS FAMILY.*

HERBERT A. ROBERTS, M. D., Derby, Conn.

The Rhus family of plants embraces, in the larger group of Anacardiaceae, quite a number of remedies of very great value. The RHUS TOXICODENDRON is by all means the best known, and presents conditions that are met in almost every field of internal medicine.

One needs to bear in mind the great general characteristics of Rhus Tox. It is preeminently a remedy producing night aggravations. It is always decidedly worse in damp, rainy weather. Many of its attacks are brought on as the consequence of getting wet after being heated. There is always present a decided restlessness, which is peculiar in that the patient is unable to keep still, yet it hurts him to move when first beginning, gradually the pain growing less as the patient gets under way; but on the other hand, he tires easily, after which the pains begin to return. The patient is always much worse from the warmth of the bed. With these marked characteristics of the remedy, one can readily see that it may be applicable to almost any of the ordinary diseases of mankind.

The Rhus family are all irritant poisons to the cuticle. The first action of this great remedy is upon the skin, causing an irritable redness which burns and itches violently, extending to a vesicular eruption which becomes later a suppurative process, and we get the oozing of sero-mucous pus. In these skin manifestations we find its most violent action spends itself upon the face, hands and genital organs.

The next action is upon the fibrous tissue, and is manifest most markedly as an oedematous swelling, taking on the nature of erysipelatous eruptions, most markedly about the face, where it often completely closes the eyes and makes the patient almost

unrecognizable. In these erysipelatous inflammations the marked tendency of the trouble is to begin on the left side and go to the right. In these inflammatory conditions a very high temperature is produced with great thirst, after which the patient breaks out in a perspiration, which relieves the itching.

The inflammation of the fibrous tissue may extend to the sheath of great nerve trunks, causing severe pain with modalities of the general condition, even to the point at times of paralysis.

With the intestinal tract the same type of fever is manifested and the Peyer's patches of the small intestines becoming inflamed, produce tympanites, and the condition simulating the typhoid state, but always having the cardinal characteristics of the remedy present. A peculiar thing in these fevers is the white coated tongue with the triangular red tip.

The effect on the mind is that of a low type of delirium. The delirium is superficial, for it only affects the consciousness, and the patient is readily brought to himself by being spoken to, when he seems to pick himself up, showing that the subconsciousness is not affected.

All these conditions are constantly seen in general practice.

Now let us hastily look over some of the marked subjective symptoms that stand out in this remedy: The great apprehension at night—can hardly be induced to stay in bed; the sensation as if the brain were loose when moving the head or stepping. In the feverish conditions the marked tendency for sordes or blisters around the mouth; the triangular red tip of the tongue; the great thirst and dryness of the throat; the aggravation from drinking cold water which produces nausea and vomiting; the involuntary stools which are exceedingly exhausting; the peculiar sense of the taste of blood, although no blood is expectorated; the marked stiffness and tension of the muscles in any part of the body with sharp stabbing pain, aggravated from beginning to move.

Now let us consider some of its close relatives.

The next most important remedy of this family is the ANACARDIUM ORIENTALE. It has all the general erysipelatous inflammation of the family, affecting the cuticle of the skin most pronouncedly. The erysipelatous swelling is very extensive,

again especially about the head and face. The skin itches intensely, and is covered with a fine vesicular rash which has a decided tendency to mat and crust over.

With all of the Anacardium conditions we find great restlessness, but it is lacking in the aggravation from rest and relief from motion. There is the aggravation from wet, cold weather the same as in Rhus. Most of the conditions are worse in the morning. There are a few peculiar sensations that are always present in the Anarcardium patient; one in particular "as of a plug." If it is the skin that is affected, there is the sense of a weight, as if something hard was pressing against the body. If it is a condition of the bowels and rectum with hemorrhoids, there is the sense of the plug again, pressing into the rectum. In the stomach realm there are some peculiar symptoms; there is much indigestion, only when the stomach is empty. Eating relieves the condition. With this condition there is the gnawing heavy pain—the sense of weight again.

In the mind we have a marked effect, peculiar in its nature, great weakness and loss of memory, forgetting things in general. Again we have the effect only in the superficial mentality; the peculiar power of the subconscious mind seems to be unaffected. Herein we get a manifestation that is very peculiar, and makes the remedy seem contrary and antagonistic to itself—the tendency to swear and curse one minute, and the subconsciousness coming to the rescue immediately overcomes it, and you get the normal mind just for a minute, only to swear and curse again.

A peculiar symptom is the sensation of offensive smell, which is very intense to the patient, of any of the discharges, while the discharges themselves are not offensive.

The ANACARDIUM OCCIDENTALE has not been extensively proven, but we know the general action is similar to the Rhus family. There is one marked difference in its erysipelatous manifestations; it covers those cases which go from right to left side, whereas Rhus Tox. goes from left to right.

Very little is known of RHUS DIVERSILOBA except from cases of accidental poisoning. It produces severe poisoning, especially about the face and on the hairy parts of the body about the sexual organs. The vesicular eruption is very much more pronounced in its type, in that it is much more like chicken-pox in its eruption. It is aggravated from heat and warmth, and also by scratching, as are all of the Rhus family.

One peculiar clinical symptom is that a patient once poisoned by the Rhuses has the tendency for the skin manifestations to return at the same time the next year. This remedy has been found to remove this tendency, so in this particular it is extremely valuable.

The RHUS VENENATA or Poison Sumach is one of the most violently active poisons of the whole Rhus family. The general erysipelatous swellings of the Rhus family are present, and with it the cuticle is covered with a fine white rash. There is one peculiar thing. The rash is apt to appear on the skin directly covering the bones, like the surface of the tibia, the forehead, and the posterior surface of the line of the bones of the hand and fingers. There is resemblance to some of the vesicular eruptions in that they come in clusters, and at times come in unusually large vesicular eruptions simulating chicken-pox.

Rashes often appear if the patient takes the least cold or is exposed to the cold, but after the rash appears there is aggravation from warmth.

The action upon the mouth and mucous membrane is very striking because we have an intensely red mucous surface all over the mouth and tongue, the tongue being bright red, much more so than in Rhus Tox; it has a tendency to crack in the middle. The whole mouth is very sore and has the sensation of having been scalded, both on the tongue and in the mouth.

There is a sensation of pain half way down the oesophagus, which is easily distinguished from the pain between the shoulders when swallowing in Rhus Tox. It has the crick in the back and rheumatic tendencies of Rhus Tox, but added to that is the sensation as if the bones would break. In its rheumatic effects the pain has a more decided tendency to wander from place to place. Like Rhus, it is relieved by warmth and aggravated from motion. The aggravation before a storm is more noticeable than is the case with Rhus Tox.

This comprises most of the Rhus family. There are several members that should be proven more fully. There has been a

great deal said of late in the medical journals of the regular school about using Rhus Tox in the dermatitis of Rhus Tox poisoning. This is nothing new to the Homœopathic physician, but better effect will be obtained if the Rhus Venenata or the Anacardium is used for Rhus poisoning and vice versa when the poison sumach or Rhus Venenata is the cause of dermatitis, if the Rhus Tox is used, and in the chronic effect where there is a tendency to the yearly return if the Rhus Diversiloba is used. In this way we use the nearest similar remedy, rather than the isopathic method of prescribing.

DISCUSSION.

DR. JAMES B. BROWN, Denver: I want to report a clinical case or two of the Rhus family that I think will be interesting. About two years ago one of our nurses, while in the mountains, was burning some refuse and got ivy poisoning. I supposed it was that, at least. It looked like it. She was swollen until she couldn't see. The ears, neck, and arms were blistered. She said she had had it before and it usually took six weeks to get over it. I went to see her and thought it was ivy poisoning so I gave her Rhus Tox, two doses of 50M. In twelve hours the swelling had gone down and in twenty-four hours she was up helping around the hospital, and in forty-eight hours nothing but scabs was left. She is still talking about it. She says not twenty minutes afterward she began to feel twitching and says she could actually see and feel the swelling go down.

Another case was a case of Bright's disease in my own family, which before we knew it had a 4% albumin. We are apt to neglect our own families and I didn't get hold of it until it was bordering on uremia. We gradually got it down to 1%. The case said Rhus and I gave it and it only did a certain amount of good. After several months I changed to Rhus Aromatica and it stopped the blood in twenty-four hours. Still there was ½% of albumin. After repeating that for two or three weeks I raised the potency to 200 and the albumin disappeared. That was three years ago last September and the patient has been entirely well ever since.

DR. JULIA GREEN, Washington: It is very interesting to bring up families as families in the Materia Medica, and I hope others may be inspired to speak further along these lines.

DR. IRVING L. FARR, Montclair, N. J.: In 1921 I was called to see a patient who was suffering from itching. Rather a punctate condition all over the body. There was considerable temperature and the condition had been going on several days. Questioning, I found that the patient had had two years ago a serious Rhus Tox poisoning, treated by lead and opium, and this seemed to be a return. Two doses of Ledum Palustre 30th caused the whole thing to disappear.

Pruritus responds very readily, if it is of exanthematous origin, to Rhus Venenata.

DR. D. E. S. COLEMAN, New York: I had a case illustrating the skin symptoms of Anacardium, but in a more dilute form. A nurse washed out a glass containing the tincture of Anacardium, much diluted from the washing. She consulted a physician who told her she had ivy poisoning, and then I saw her, and since I knew of the washing of the glass, I suspected the Anacardium and diagnosed it as such.

Another case had an eruption characterising Anacardium, with lips and mouth greatly swollen. Every time he took a dose of Anarcardium in diluted form he would get a violent poisoning around the mouth.

DR. LYNN BOYD: I would like to confirm some of Dr. Roberts' remarks on this group of drugs from another angle, that of the laboratory. We have done considerable work with Anacardium in the laboratory and this work will be reported in detail at another time. However, it was repeatedly interrupted because of our assistants becoming ill, one of them spilled some tincture on his fingers and had a vesicular eruption which lasted nearly five months. Dr. A. G. Nast who was formerly associated with me inadvertently spilled some upon his thigh and was in bed for three weeks with a terrific eruption and oedema of the leg. It is interesting to note that in animal experiments peri-pyloric erosions are produced, confirming the common use in ulcer.

Rhus Aromatica is becoming a very interesting drug. It is practically the only drug which will markedly increase blood

sugar. Future investigations may show a close relationship between Rhus Aromatica and diabetes mellitus.

Finally mention should be made of Rhus Tox. In an extensive study made in Chicago some time ago part of the work done by us was utilized. I wish to speak only of the close relationship between the pathology of typhoid fever and the pathology of Rhus Tox. In closing mention should be made of the beautiful demonstration of fibrositis which can be produced by this drug. Time precludes further discussion of the multiple phases of drug action of this group.

In reference to Doctor Green's discussion on the previous paper, the studying of remedies as families—all four venoms will destroy platelets; all of the venoms cause low white blood counts and cause poor resistance to infection, and have a secondary anemia. Lachesis in particular is a neuro-toxin and causes disturbances in the kidneys. The symptoms are worse at night, with vagotonia, and that explains the nightly aggravations seen in the venoms. If they are taken up in a group, every venom we have becomes very objective. We do not produce endocarditis in animals but we do produce lesions.

DR. ROBERTS (closing): There is very little I want to say. I want to refer to the fact that the smoke from the Rhus is more poisonous than the Rhus itself. Anyone who gets into the smoke of Rhus Tox being burned in the country wants to look out.

I am very glad to get Doctor Boyd's confirmatory report of the pathological findings and I do feel that we ought to take up a deeper study of family groups in the Materia Medica. It helps us in the sifting out of minor details.

* Read before the I. H. A., May, 1927, Bureau of Materia Medica.

ADAXUKAH EFFECTS; A LITTLE PROVING.*

ROYAL E. S. HAYES, M. D., Waterbury, Conn.

Adaxukah (pronounced i-dah-oo-kah) is a handy remedy for—perhaps for many things—but at least for many common febrilities. It is a bark which the Mexicans use considerably

for grippe and colds and is a staple of the drug stores. A sample in the form of a bitter mustard-colored powder was given me by a family who had been living in Mexico. I made an impromptu tincture and ran potencies up to the 12th. The 6th was selected for the proving. This proving was made several years ago but having been laid aside with the intention of working at it again was almost forgotten. Lately, a number of grippe cases were puzzling. They seemed to be something like Gels. and something like Rhus but not like either, wholly. Then the proving of Adaxukah came to mind. The result was magical.

I hesitate to present a proving so obviously incomplete with the data of origin and physical properties so obscure but the prospect that we have here a remedy to compete with and fit in between our familiar remedies for common febrile ailments seems so promising that as a suggestion it may be justified.

As to the method used no apology is offered. If there is doubt as to its validity there is always one common-sense test at hand—try it on the sick. The experiment was not made for the purpose of studying zoöblasts, the antics of phagocytes or those changes so entertaining in the laboratory but so futile at the bedside. Were I the most accomplished diagnostician or the most expert pathologist I would purposely avoid the dicta of these sciences while developing the possibilities of sick human expression. Human expressions: mental, emotional and physical, represent individual vitality; and it is with individual vitality that the clinician is dealing. The possibility of coördination of vital therapy with the incoherent loquacity of the "medical science" now in vogue is not only inextricably remote, but the effort is at variance with the whole trend of psychologic thought and contrary to the logic of modern physics.

This proving was projected to satisfy a natural curiosity and intended for practical use; and to be practical it was necessary to develop and augment as much as possible the personal distinctions for these only are selective in prescribing. In fact, it is to be regretted that the testing of modalities was not more extended.

The prover was a brunette in good health, female, slim, of lively temperament and expressive and did not suspect the dark

purpose in the woodpile. Being engaged in an adventure in human nature rather than in a deal carrying militant or mechanical specifications I caught the symptoms spontaneously as with any sickness so as to visualize the schematic relationship as clearly as possible. The more convenient regional grouping is used here but with an effort to obscure as little as possible the identity or peculiar wholeness of the remedy so far as it has been developed. Here follows, then, what occurred within the durance of three or four weeks:

PROVING.

GENERAL SENSATIONS with especially associated particulars:

When she sits still "all is still" (sensation of stillness, the first symptom complained of.)

Heaviness and aching and sleepiness; eyes feel big and heavy, desire to keep the lids closed. Appearance of sopor; eyelids closed and body motionless but mind and senses clear and open, dreads to move, lies still and aches; the more she aches the more she dreads to move though knowing that motion relieves; aches all over, heaviness and aching, heaviness of parts.

Irritable; wants to be let alone, averse to any attention; such heaviness of body and spirits that she objects to being disturbed.

When standing feels dragged downward; head heavy; hands heavy; heaviness of head, of body, of tongue.

Starting; thought she saw a shadow; starting at noises; at any trifle; because of a feeling that someone is behind her.

Starting at imperfectly seen objects at one side of the visual field with sensation of shock in the stomach which vibrates all through.

Leaves work unfinished to begin new tasks; usually prompt and efficient she ceases important work to do trivial things or to sit and talk about other affairs.

General aggravation from 4 P. M. throughout the evening; always worse in the evening.

Internal trembling especially in the abdomen; trembling extremities.

Motion relieves all symptoms; but first motion aggravates; is unsteady on first action because of weakness. Requires effort of the will to begin to move.

Dizziness and weakness on rising as if she were whirling.

ABDOMEN: Abdominal contents feel sore and heavy, pulled forward; tight as if containing little windbags. Tight bloated sensation of the abdomen as if she had eaten too much even after having fasted several hours past meal time. Soreness inside abdomen in the morning in bed before moving. Her usual flatulent reverberations were silenced by the proving.

STOMACH: Copious belching of flavorless gas. Heavy, bloated stomach. Tight; feels bloated and stretched. Coldness "hits her in the stomach" and spreads all over with goose pimples so intense that she presses over the stomach to prevent their spread.

TONGUE: Tongue coated white except triangular space anteriorly. Heaviness of tongue. Coated white in the evening, clear in the morning.

EYES: Eyes feel big; desire to keep lids closed; eyeballs heavy and aching. Diplopia on waking in the morning (binocular); or after lids have been closed long. Sensation of film over the eyes provoking blinking.

BACK: Lumbar backache extending round into the abdomen with chilliness following the same area. Pain in the dorsal back like many needles. Stinging-ache in dorsal back when standing.

TEMPERATURE SENSATIONS: Chilliness when moving, worse in the back extending round to the abdomen with aching in the same region, the chill and ache together. Coldness "hits her in the stomach" and spreads all over with cutis anserina. Coldness especially after 7 p. m. Frequent attacks of cutis anserina on arms.

APPETITE AND THIRST: Thirst for large quantities of water often.

HEAD: Empty sensation in the head; temples ache, the right worse, a dull throbbing pain. Empty, heavy sensation. Headache; the pain begins in the maxillary joint, darts to the temples, the left the first day, next day the right.

EXTREMITIES: Legs and feet ache especially. The hands especially heavy.

PULSE: Pulse slow; reached 64; always regular.

COUNTENANCE: Sunken, sick appearance, especially about the eyes.

SWEAT; SKIN: Sweat of shoulders, back and over sternum. Skin relaxed.

URINARY: Constant urging: Compelled to void as soon as a few drops have accumulated. Incontinence of urine; loses quick spurts unexpectedly while going about the house; this is repeated at intervals until the bladder is emptied; then burning and tenesmus follows. Mucinuria; urine lessened, finally scanty. The urinary symptoms always began at 4 P. M. and continued throughout the evening.

MENSTRUATION: Menstruation began a week early; less painful than usual.

SLEEP: Sleepiness marked. Dreaming all night, she thought; queer but unremembered dreams.

COUGH: Dry, hacking cough from irritation in the pharynx, at times; at other times the irritation was in the trachea. Hollow-sounding cough in the morning after rising, a hollow, barking sound.

CHEST: Tight sensation in the upper chest with cough as above.

The reports of a few cases are submitted showing the pace and intensity to which the remedy is adapted:

MR. G.: Had been having the respiratory form of grippe a few days, worse each day. Low fever (the grippe cases at this time tended to be protracted). Had been chilled after sweating exercise. Head, nose, chest feels stuffed, membranes uncomfortably congested. Dry scraping cough rasps throat and chest. Heaviness in general and in parts especially in temples, eyes, hands. Sluggish and dozing though change of position relieves. Exhaustion is marked on rising.

Adaxukah 12th. Next day found him sitting up in bed, bright, and interested in his dinner. Seven days later he confessed to too much activity, some delibility remained for which Phos., his old constitutional remedy, was prescribed.

MRS. G.: Was found dopey, sleepy, sluggish—too sluggish to answer questions until actively aroused; objected to being disturbed. Complained of chest heaviness, hands so heavy,

heavy and lame all over. Is miserable between a desire to move and a stronger tendency to doze and ache. Thirst. Full sensation and distention of the abdomen. White coated tongue.

Adaxukah 12th. She reported that the doctor had hardly gone down the street when she began to feel better; and she slept all that night, the first real sleep in five days.

MR. C.: Had grippe in Jan. and though Gels., Cocc., Nat.-Ars., Nux-V. and Kali-P., (to illustrate ineffective prescribing) had removed small complications, nothing relieved the aching, heaviness and "old" feeling and a numbness of the left hand.

Adaxukah four times a day for a week beginning May 5th. A week later reported himself cured.

MR. C.: Coryza. Tired; lame; heaviness; eyelids heavy; wants quiet but is relieved by motion. Dry, loud barking cough.

Adax. 12, 3d. (i. e. 3 doses) One every two hours. Improvement began practically at once.

YOUNG LADY: Coryza. Began in the evening; right to left; soreness of cervical glands on right side. Right side and back of neck affected with a heavy cough. Husky voice.

Adax. 12th, every 2 hours until relieved—marked improvement in five hours.

YOUNG MAN: Had relapsing grippe for three years, getting a paroxysm every few weeks to few months. Sulph. always cut the attacks short but did nothing when given between them nor did any other remedy until:

Adax. 6th was given every four hours for ten days. Four months have elapsed, no acute illness has occurred and the general condition wonderfully improved.

WOMAN OF 73: Had carried very high blood pressure several years. Had grippe several months previous but had not recovered from the debility. Sleepiness but unable to sleep. Eyes tired and lids heavy. General tiredness and aching like grippe.

Adax. 12th, 1 d. after which she felt much better for a day or two. A week afterward the remedy was given every two

hours and continued for two weeks, resulting in much benefit and comfort and ability to sleep.

OLD LADY: Had grippe which Cuprum aborted. Three weeks later found her still weak with lame back and "through me." Marked debility and depression, unable to get downstairs. Fullness and heaviness in abdomen relieved by hot drinks and expelling gas. Heaviness of eyelids; thirst, throat dry. Soreness and smarting in oesophagus and stomach. Has been under treatment several years for hypertension and nephritis.

Adax. 12th every 4 hours continued two weeks. Marked improvement. Nine weeks later 1 d. of the 200th and s. l. The result was fine, two months having elapsed since the remedy was given, with much improvement.

* Read before the I. H. A., May, 1927, Bureau of Materia Medica.

EPILEPSY IN EARLY INFANCY WITH LATER HISTORY OF CASES.*

By JAMES W. OVERPECK, M. D., Hamilton, Ohio.

In selecting its victims, this disease does not seem to show any mercy toward persons of any particular age, except it be toward persons above seventy years. Statistics show that infants comprise about 12 per cent. of persons of all ages having this disease. Of course of this small number no one physician who is not a specialist, will meet with very many cases. But with our limited experience and observation we have reached the conclusion that, in a very large percentage of infantile cases, the cause is inherited. We also believe that for this disease in the very young person, there is a better chance for favorable results, and for cure, than in cases of older persons. And we have wondered if one reason for this does not lie in the fact that the inherited causes or "taints," (if we may call them such) have not developed and wrecked the system, lowering the resistive powers, as might be done in later years. Is it not a fact that many children, born with a heritage that presages life-long invalidism, have a rather healthy appearance in their early months?

But in this paper it was not our intention to discuss this disease in its different phases, but rather to try to give some idea as to how much might be done by internal medicine for many of these cases.

To do this we think best to present a couple of clinical cases, and to follow these little ones up through their earlier years of school. The writer in his later years has become very much in favor of the clinical method of teaching, and believes that if at least one-half of the time in our meetings were occupied by the presentation and discussion of clinical cases, it would convey to those present much more knowledge of real practical value.

Our first case is that of a boy now in his fifteenth year; second child of parents who should be classed as somewhat above the ordinary in intelligence. Family history on paternal side, very meager, and found almost nothing of a neurotic nature. Mother has fair skin, light brown hair, loose fibre in make up and quite above the average in weight. An only sister of the mother was a confirmed epileptic, and spent the greater part of her life in a state hospital where she recently died. She was able, at times, to do some clerical work in the hospital.

The boy is very much of the same type as his mother, and during his first two years had some digestive troubles with a tendency toward acidosis, which occasionally called for Calcarea Carbonica or Cina.

In the first part of his third year the first epileptic seizure appeared, and these soon began to recur in groups of three or four within a few days, the groups recurring at intervals of two to four weeks. The seizures were very typical and of the *grand mal*.

The remedy given almost exclusively throughout the course of the disease, and at intervals during the following four or five years, was Oenanthe Crocata, a dilution of the tincture in water in approximate proportions of about one to four hundred. And right here I feel that it is proper that I should state that I use Lloyd's Colloidal Oenanthe, and find it more effective than the Homœopathic tincture.

Within a few weeks the convulsions began to decline, both

in number and severity, and before the expiration of two years they had ceased. He attended kindergarten in his sixth year, has gone up through the different grades, and is finishing his second year in high school and meriting grades quite above the average pupil. He is somewhat nervous at times and has not quite the strength and endurance as many boys have, but he is a promising young student.

Our second and last case is that of a male child three months old, which was having convulsions that were genuine *grand mal* epileptic, and had been pronounced such by other doctors. These came on in the sixth week after birth, and were now occurring quite regularly at intervals of about thirty minutes.

On the day on which the first prescription was made, we were informed by letter from another doctor, that, a year or more previous to the birth of the child, it was found to be necessary for the father to take Neosalvarsan treatment. And later we found that the treatment was not successful. While this helped to confirm the diagnosis, it certainly did not make the outlook more promising.

The mother of the child was somewhat neurotic and afflicted with stammering, and her father was similarly afflicted. Here was a situation which, we think, promised not more than a lifelong invalidism, if not worse than that. The parents stated that they were told by a doctor with some experience in a sanatorium for nervous diseases, that there was really nothing that could be done for the child. This is a point to be remembered after we are through with the history of the case.

Briefly stated, the treatment was as follows: As in the previous case, the remedy given for the convulsions was Oenanthe Crocata in dilution in water approximately in the proportion of one of tincture to five hundred of water. A very scant teaspoonful was given every two to three hours at first, but very soon the interval was lengthened and the remedy made more dilute. By the end of the fifth day the convulsions had ceased entirely. We were surprised of course, but not elated because of the seriousness of the cause of the trouble. The parents were told that this did not mean that the child was getting well, but that it must be under the watchful care of both doctor and parents for many

years. It grew in size and in strength about as most children do, but it became evident to the doctor that the mind was not developing as was the body; and that, when with children playing, he did not take part or interest like the others. He was wanting in language—could not talk very much in his third year.

Here he was given other remedies, such as Baryta Carb., Calcarea Phos., and one or two others. Under these remedies he seemed to improve and the parents thought he was doing all right. He would do and say some things that they thought were bright and they became careless and failed to bring him in during his fifth year, and we must admit that the doctor lost sight of the case for the time also. School time came and he was sent to school without the knowledge of the doctor, and after about two weeks, a note from his teacher informed the parents that it was needless to send him to school, as he made no effort to study or learn, but sat at his desk and looked about. Another trial was made later with no results.

The school supervisor advised turning him out of doors for the year to "build up." This was done, and still the doctor was not consulted. But in midsummer of this year the boy was brought in again; the parents repeating the story that has just been told, acknowledging their neglect and promising their cooperation. Little change had taken place in the boy, excepting bodily growth.

It was now six weeks until the opening of school. All persons concerned agreed to lend a hand; and that little organization is a "going" concern still. And more than that, it is a productive institution as you will soon see. We started out with Baryta Carbonate, which was the remedy *facile princeps* for this case. We gave a little of it at first in the sixth potency, going up as the weeks passed, and lengthening the interval between doses until we reached the one-thousandth. After a time we came down somewhat lower, and for the months following the potency was varied from the lower to the higher because we think it best in many cases to do this.

Of course the remedy was withheld at times because it seemed of benefit to do so; sometimes that we might give other remedies for incidental troubles that occur at this time of life.

The parents assisted very much, encouraging and jollying him and before the end of the first year we had a pupil who was quite studious and proud of the fact that he was promoted on grades with a general average of ninety-three.

With this encouragement we have not slackened in our efforts during his second year. He likes encouragement and he gets it. Friends and neighbors are interested, and are asking about Ralph's grades. He is doing well, and while his average will not be so high as that of last year, yet it promises to be above the average.

Now we ask you to go back and consider the handicap with which these children entered the race of life. In the first case it was not so great as in the latter, but there certainly was not a favorable outlook. He is now getting a good education, and there is a fair prospect of his making good use of it. He is interested in music and plays an instrument in a small orchestra.

Of the second case, it was said by one of experience in this line, that there was nothing that could be done for the child. In accordance with this statement and from this same standpoint, there are thousands of cases every year to which this same opinion or prognosis would apply; while we feel warranted in making the statement that a great many of these unfortunate little ones could be saved from a life of misery and trouble, and *to* a life of comparative comfort and usefulness.

This being the case, doctors, what are we going to do about it? What *should* we do? Go along quietly keeping our own counsel and saying nothing publicly of the enormous possibilities of benefit to the people that may be derived from the proper application of Homœopathic medicine to the cure of disease? Here is a field in which the capable, painstaking Homœopathist can render an immeasurable and invaluable amount of service to the people of the world, and the people ought to be made wise to this fact.

The writer of this little paper has, for some time, held the opinion that it is absolutely wrong—almost criminal—to withhold this knowledge from the people and thus deprive them of the benefits that may come to them through the employment of

Homœopathic treatment, not only in this one disease, but in most diseases to which humanity is subject.

DISCUSSION.

DR. FRANCIS PEAKE, Jamestown, N. D.: I would like to cite one case relieved by this remedy. A girl about fourteen years old had what was probably the ovarian type of epilepsy, with mild attacks at first. If she was outdoors she would start to run, and said she didn't know what happened to her. They kept getting worse and repeated oftener until she had them day and night and would wake up not knowing she had had them. I gave Oenanthe Crocata and raised it to the 3rd, then the fourth dilution. This entirely relieved this girl and brought her around all right. I suppose it was established periods. It appeared to us that it might become very serious, because she was bedfast from the severity of the attacks.

DR. W. W. WILSON, Montclair, N. J.: The diet has a great deal to do with the frequency of the attacks. I have had more or less experience in a hospital. One woman, every time her friends came with chicken and that sort of thing, would have several attacks. When we kept her on a slim diet, with her own coöperation, she did not have a spell a month, and then when they came and brought things for her to eat she would have a return of them.

DR. SMITH: I have been using Boericke & Runyon's Crotalin. The strength we use is five drops—1/250 of a grain—five minims of that once a week. In children you can guarantee a cure in the majority of cases. I think my percentage of cures has been at least ninety in children. In older people it acts well but I can't cure them all. In children it is a wonder.

DR. CHESTER R. BROWN, Arlington, N. J.: How do you give it?

DR. SMITH: I give it hypodermically, five minims. If it is a bad case I give two doses a week, then once a week, then once in two weeks and once a month.

DR. HERMAN C. GALSTER, Erie, Pa.: I think Opium is the indicated remedy. I have used it for years.

DR. SAMUEL FRIEDMAN, Scranton, Pa.: Every case I tried

Crotalin on was a failure. It has been advocated but it has proven unsatisfactory. The Mayos have used it but have discontinued it. The same with Opium. Ten years ago it was all right but it has proven unsatisfactory.

DR. D. E. S. COLEMAN, New York: The best remedy for epilepsy is the indicated remedy. I cured some with Belladonna, followed by Natrum Muriaticum, under the indications. Absolutely diagnosed and absolutely cured. I have obtained results also from Absinthium, where I have got marked relief and in other cases cures, but it is not one remedy. It may be any remedy, from Abies Canadensis to Zizia.

DOCTOR PEAKE: No one has mentioned glandular therapy. I had one case, a boy. In his last attack he fell through the hay shoot and it bruised him up. I had tried several remedies but I could not get the indications clearly enough so they did any good. I gave him a couple of treatments of Harrower's glandular, with entire relief.

DR. OVERPECK (closing): The father of the second child was treated with Neosalvarsan a year and a half before the child was born.

Another thing is the diet. I mentioned it to some extent. It has a great deal to do with the severity and frequency of the attacks.

I am thoroughly in accord with treating epilepsy with the indicated remedy.

*Read before the I. H. A., May, 1927, Bureau of Obstetrics and Pediatrics.

HOW TO PRESCRIBE HOMOEOPATHIC DRUGS.

GARTH W. BOERICKE, M. D., Philadelphia, Pa.

1. Decide whether Homœopathy is indicated in the therapy of the given case.

2. If a suitable case, clear the treatment field as far as possible, that is, stop all cathartics, anodynes, physiologic medication and all but the simplest local measures, such as heat, cold, massage, etc.

3. Control the bowels if necessary the first few days with suppositories and enemata. If the case is in great pain, it is well to be sure that palliation is done with before beginning a Homœopathic course of therapy.

4. Next decide whether the case is one for a bedside prescription, or one that needs a repertory study.

5. In either case the essential rules for prescribing are the same, but bedside work takes a thorough knowledge of Homœopathic Materia Medica, and the student is urged to gain confidence first by careful repertory analysis, because this gives him practice in the "language of symptoms" and the proper evaluation of said symptoms.

6. It is urged that a successful Homœopathic prescription depends entirely on a distinct Homœopathic relationship being shown, between the patient's outstanding symptoms, on one hand, and corresponding drug symptoms on the other. What is important in the patient's symptomatology, must be equally important in the drug's pathogenesis. For example, a patient is very irritable, suffering great pain, and is sweating profusely. Many drugs have these three common symptoms, but only a few have these to a marked degree—such as Bryonia and Chamomilla. The Homœopathic relationship must not only be present, but equal as far as possible.

7. Write the symptoms down on paper—there is no substitute for this.

8. Be careful of the time element—patients have a habit of including symptoms of a month ago as if they took place yesterday. We are only concerned with the *present* condition of the case. After the symptomatology is taken we may perhaps take the former symptoms into consideration, especially if the repertory leads to a chronic drug.

9. For practical purposes, but two classes of symptoms need be considered. These two are:

Basic symptoms.
Determinative symptoms.

Every medical case may be divided into these two divisions. Basic symptoms are those which go to make the diagnosis,

and are therefore the common, pathological, toxic and reflex ones. In a case of tuberculosis, for instance, the basic symptoms would be the toxic group, sweat, malaise, headache, cough and shoulder pains (reflex), bloody sputa and cavitation (pathological). Symptomatology of any illness as given in the standard medical texts is usually made up of basic symptoms.

10. This fact is important: While basic symptoms are all that is necessary for us to make a good physiological ("old school") drug prescription, they are *not* sufficient data for us to make a successful Homœopathic drug prescription. For this reason we have the determinative group of symptoms, which are:

11. A determinative symptom is a personal or individual symptom, which is characteristic not necessarily of the disease in point, but of the person who has the disease. It or they, are those complaints of the patient which makes his case of tuberculosis different from the next case, and therefore they consist usually of:

12. A well marked mental symptom.

A general modality.

A common symptom, but qualified by location, sensation and modality so that this symptom becomes really an individual symptom.

An unusual, (Hahnemann's, "strange, rare or peculiar") symptom, which, when elicited from the case strikes one as out of place in the *orthodox* symptomatology usual to the disease under consideration.

Knowledge of disease is of great importance to Homœopaths in order to decide this question of the rareness of a symptom; for instance, fever without thirst is rare, but pain on motion in arthritis is to be expected, and therefore is not of much importance to help us to select the remedy. If external heat is unbearable, this is unusual for inflammatory processes, and is therefore helpful from a Homœopathic standpoint, because few drugs have this symptom—most are relieved by external heat.

The idea is then, to draw a line dividing the page into two parts, on one side head this Basic Symptoms, and on the other side head this Determinative Symptoms.

13. Put down all the basic symptoms, one after the other,

and as you come to a determinative symptom, put this down on the other side. When through you will usually find that you have many more basic symptoms than determinative. Try to swell the determinative list by:

A. Qualifying (location, sensation, modality) all common symptoms, thus if the patient says he sweats, find out where, what kind (offensive, sour, etc.) and when or under what conditions. If vomiting, type, taste, etc.

B. Look for a general modality—one that refers to the whole patient; thus to find out one of this class, you must ask "are you" better or worse from a warm room, are you chilly, do you feel worse after sleeping, are you worse from company (does having people about annoy you?) etc.

There are cases which, though better as a whole from cool air, yet are aggravated from cold applications, cold food, etc. (Lycopodium).

Bryonia may desire warm applications to his inflamed joints, but the cough of Bryonia is notoriously worse in a warm room, etc.

A few good general modalities will cut the repertory work in half, since we do not even consider those drugs that do not agree on the generals of the patient. In a word, pay close attention to the generals of a drug, and the particular symptoms, (common or basic) will take care of themselves. Never neglect a good mental symptom—but be able to translate it into repertory language. Remember that a mental symptom, to be used as an eliminative symptom (explained below) must be well marked—do not guess—it must be an outstanding characteristic of the patient's condition, and then it is of the highest value.

The particular symptoms, the rare ones (paragraph 12) often have to be inquired into, for the patient will think they are of no importance, and is half ashamed to voice them at all. They usually come out after the whole story has been told, and you have the patient's confidence.

When you have the symptomatology down on paper divided into the two great classes the next thing is how to go about the selection of the Homœopathic drug. In bedside work, a glance at the basic symptoms ought immediately to bring to mind a list

of a half dozen drugs that correspond in the main with these basic symptoms. Then the idea is to simply consider this list one at a time, they all have the basic symptoms to start with, so all that remains is to run through the determinative list of symptoms and see which of the drugs has the greatest number of the latter. Now, there are cases where there are no "trick" or determinative symptoms, try as we may to get them. If this is the case, then certain of the basic symptoms which are most complained of by the patient automatically become determinative, since that is all we have to work with. These are underlined and transferred to the other side.

In using basic symptoms as determinative it is a most important point to remember that these same basic symptoms *must* be feature points of the drug being considered. It is not enough to know that the drug has them, it must be in the highest degree. Thus, if all you have to go on is high fever, delirium and a consolidated lung, select a drug like Veratrum Viride, which has these three all equally marked and all in the highest degree. Bryonia has these, to be sure, but pain is an integral part of Bryonia, and here it is absent. Belladonna has these also, but is rather weak on lung pathology—it is more a nervous system drug.

16. If the case goes to repertory study, proceed as follows:

Select a symptom, basic or determinative, (usually from the determinative list) which can be used as an eliminative symptom.

The theory of the eliminative symptom is this: We cannot consider all the drugs in the Materia Medica, and for practical purposes we try to limit our study to not more than 25-30 drugs. Some one of this group of drugs ought to have the patient's totality of symptoms. The eliminative symptom does this for us, and gives us immediately a column of drugs to start with.

An eliminative symptom must have two attributes: (1) It must be the proper size, that is, it must not have too many drugs in it. (2) It must be a symptom which expresses the patient, a determinative symptom which is a particular feature of that person's reaction to the disease in question. Practically, we find

that a good mental, a general modality, a rare symptom or a common one which has been qualified, is all-sufficient.

Invariably a student makes one or the other of these mistakes: he either selects a symptom which has about 100 drugs in it (like "Vomiting") or he picks out a fine individual symptom which has so few drugs in it that the chances are that the real similimum drug will be eliminated from the start.

A list of possible eliminative symptoms has been compiled from Boericke's repertory, and the student is urged to familiarize himself with it so that when hearing the patient say it, he will recognize it at its true value. The rest of repertory work is mechanical—we simply use the drugs of the eliminative symptom, and check these drugs against all the other symptoms in the case, and then pick out the one which shows the highest grand total. The intensity with which a drug has a certain symptom is marked in the repertory by italics, and in our study it is well to double plus this, as against a single plus, which signifies that although it has this yet it is not a *feature* of the drug. It will be seen from this that though a drug may have only a half dozen symptoms if these are all well marked in its pathogenesis this drug will take precedence over one which has all the symptoms, yet only to a weak degree. This is simply following out our rule given before, that we must establish an equal Homœopathic relationship. It is not so much a numerical totality, as it is a "degree of intensity" totality.

It is pointed out that great polychrests, like Sulphur, Lycopodium, Calcarea, etc., will run high in any repertory study, due to their tremendous numerical number of symptoms, so be sure that it is "degree" totality and always consult the Materia Medica to corroborate your selection. The Materia Medica is the final court of appeal.

DEPARTMENT OF HOMŒOPATHIC PHILOSOPHY

Editors
Royal E. S. Hayes, M. D. and Geo. H. Thacher, M. D., H. M.

SYMPOSIUM ON THE VALUES OF SYMPTOMS.

By ROYAL E. S. HAYES, M. D., Waterbury, Conn.

If the critical reader suspects something of subconscious confession in this answer to the editor's request for an outline of the relative values of symptoms let him not abuse me too heartily. Rather let him dissipate his righteous displeasure in a moralization over the age old counteraction of artistic impulse vs. supposed necessity.

The writer's methods are often so variable and instinctive rather than schematic and thoughtful that the impulse came to respond with something besides a purely objective mechanism of procedure. It is admitted that instinctive prescribing is not to be advised unless it develop in suitable individuals naturally from the inclusiveness of method to the exclusiveness of intuition; and even so it is debatable whether it should be a paramount ideal. The writer has, unfortunately, perhaps, been drawn into it to some extent by temperament, circumstance and the progress of time. Therefore these ideas concerning the value of symptoms ooze out and are colored by the mess of daily experience in which he finds himself, and have the limitations of their origin.

The object of the prescriber is the apprehension of the individual as such and as shown through his sickness. The same individual will vary much at different times from a spiritual (in the egoical sense), psycho-pathological being with the various products and complexities of chronic perversion of vital energy to a being dominated by the single-handed force of acute illness. In each situation of any complexity whatever the relative values of symptoms are the latitude and longitude of the symptomatic track which takes one to the final object, i. e., the homogenous appreciation of the sick individual in relation to a remedy. Therefore the various classes of symptoms, common, characteristic,

general, etc., may have different values at different times according to the symptomatic dilemma presented. We must work with what we can get; always remembering that the getting is 95 to 100% of the whole proposition.

This will now become clearer by mentioning some of the different classes of symptoms for rapid work. There are:

The common symptoms.

Symptoms of large division.

Ordinary peculiarities or characteristics.

Generals (outstanding or by correlation).

Particulars which are also vital to the selective process.

Characteristic symptoms which remain after a curative reaction has ceased.

Striking symptoms that have repeatedly proven unreliable.

Circumstantial; those relating preeminently to obvious cause, especially in emergencies.

To make a brief comment on these various classes—the common symptoms are often of high value in a quick and final decision in acute conditions. If a very few generals or strong characteristics are obtained and the common symptoms are in concord one's selection is almost certain to be safe.

The symptoms of large division, usually generals, such as those of heat, cold, dry or wet weather, etc., are of high value, lopping off large masses of remedies and getting a long ways towards the one remedy that extends to the center of the similitude. The prescriber should not lose his balance here, just the same. For instance, we sometimes see people with deficient heat radiation who must have Pulsatilla.

The value of the ordinary peculiarities and characteristics is well known but these have a special significance when they show even obscurely if after the treatment of a miasm the cure is seen to be inclusive. From them consider selecting a remedy from a different miasmatic class giving these characteristics a high rating in the judgment.

There will be much said about generals and of course an appreciation of the generals is indispensible. The custom of making a comparative reference to the repertory even in simple

conditions will stow away more and more of these in the mind for rapid or offhand use when necessary.

Particulars refered to as "vital" are those peculiar symptoms which though apparently circumscribed or local are really a reliable indication of some extensive process. Such are the horns of Causticum, the hard, black proliferations of Kali Mur., the "charred straw" blood of Lachesis, etc. They are more special in value than the ordinary generals for they show that a certain influence has extended from internal processes to the periphery and may be an obstruction to more general improvement until attended to. Lucky are we to have even a few remedies that correspond so obviously.

Characteristic symptoms that remain after a curative reaction has ceased are near the balance. When the patient is, on the whole, progressing smoothly they form a strong basis of selection for a new remedy and are therefore of high value. But if there is a miasmatic snarl that will not down or some strong influence prevails of an urgent or adventitious origin they are of accidental nature and have little or no value for the time being. It is sometimes a fine point here to distinguish vital reactions resulting from a former prescription from a new influence. At any rate, this theoretical situation may not be used as an excuse for prescribing for the functional discords which arise from an awakening or expanding vitality.

Striking symptoms that have fallen into disrepute as reliable guides may partly be the result of faulty conceptions of the prescriber. Perhaps dependence should not have been placed on them in the first place. But there are well advertised symptoms such as the triangular red tip of tongue, for instance, that my one-man experience has led me to ignore if not entirely, at least to regard with skepticism.

Others will no doubt treat of the relative value of symptoms in repertory problems in the orthodox Kentian manner and highly instructive it should be.

After all, the relative value of symptoms depends not only on the patient but on the individual prescriber and his methods. Which means a good deal both ways.

HOMŒOPATHIC RECORDER

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EDITORIALS.

SALUTATORY.

In joining in with the crew which is signing up to carry on the good ship "Homœopathic Recorder," which has sailed the seas for so many years under the able guidance of B. & T. et al, the writer is somewhat hesitant in so doing.

It is more than difficult to take hold of a winning boat, and live up to the former skipper's reputation and ability; so, if it were not for the assurance of the new Commodore Roberts, that the knowledge the writer has acquired in sailing the troubled sea of Homœopathy for over 35 years, might be of some benefit or interest, he would probably, even now, sneak off down the gang plank or over the side.

The good ship "Recorder" has always carried a full cargo, has made port on time, and indeed is the only one now sailing the medical seas that brings home an unalloyed cargo; so it is fitting for those who are now conning the ship to always keep in mind the history of her glorious past and never lower their flag bearing the device of Similia Similibus Curantur.

Those conducting the Department of Philosophy may be likened (to follow out the analogy) to the officers on the bridge

or in the pilot house, directing the fabric propelled by the Departments of Materia Medica and the Repertory.

In order that our readers may know how it is done, it may be necessary for us to go into the very rudiments of our science; our one excuse being that abstruse calculations cannot be had without an elementary foundation. So, if in conducting this department subjects are touched upon which, to the more erudite, seem simple, this explanation may be our excuse. All aboard, let's go! G. H. T.

* * * * *

With this issue, the International Hahemannian Association, Incorporated, takes over the ownership and control of the Homœopathic Recorder.

This realizes the ambition of the Association in 1886, when it first considered publishing an official monthly journal. The subject has come before the convention several times since, but nothing was done about it until November 1, 1927. At that time the Association voted to purchase the Recorder and to publish it as an official organ. It is our purpose to keep this publication a journal of pure Homœopathy. We shall deal especially with Homœopathic therapeutics and philosophy.

We have associated, in the editorial department, Dr. Elizabeth Wright, of Boston; Dr. George H. Thacher, H. M., of Philadelphia; Dr. Royal E. S. Hayes, of Waterbury, Conn., and Dr. Herbert A. Roberts, of Derby, Conn. Dr. Wright is an outstanding physician who has real literary ability. She is well grounded in Homœopathic philosophy and therapeutics. Dr. Thacher worked intimately with Dr. James Tyler Kent in his post-graduate school in Philadelphia. Dr. Hayes needs no introduction to many Homœopaths, for his writings are well known. Dr. Hayes and Dr. Thacher are to have charge of the Department of Homœopathic Philosophy. Dr. Roberts is chairman and business manager of the journal.

We hope that, with the aid of our membership and others who may contribute articles, we shall make the Recorder the leading Homœopathic publication of the world. We begin publication with a large number of subscribers. The subscription

price has been fixed at three dollars a year, which is to be paid in advance.

We bespeak your continued friendship, and we hope to secure many new friends, so that we may attain our object to be the *Leading Journal of Homoeopathy.* H. A. R.

* * * * *

With this issue the Recorder passes from under the able leadership of two of our veteran Homœopaths, Dr. Rudolph Rabe and Dr. Stuart Close. The new editor has for a long time feasted at their literary table and wants here officially, in the name of all the subscribers to and readers of the Recorder, to thank them heartily for their devoted service, philosophical acumen, and wide Homœopathic scope.

Our editorial policy for the coming year will be not only to continue the traditions of the Recorder but to expand its range, to bring to its readers material which is Simon-pure in its Homœopathy, and also to put before them for their consideration and investigation scientific researches along any of the basic Homoeopathic lines and innovations of original thinkers. We want to offer to our American colleagues articles from Homœopaths the world over, getting us in touch with the splendid vitality of our art in distant fields. We hope to amplify the content of the journal and make of it an organ indispensable to the busy practitioner, in keeping him abreast of the work in our Homœopathic therapeutic specialty throughout the world. We cannot do this without the coöperation of our readers and their metamorphosis into active contributors. A new zest and impulse invests every reorganization. Send us your needs, and any suggestions as to how a professional monthly can serve you.

Three new departments are being initiated, the first of which deserves an editorial to itself. A complete bibliography of periodical literature in any branch of science is extremely valuable and in our particular line exceedingly difficult to obtain. The Recorder will publish monthly hereafter a page or more of abstracts of articles on or pertaining to Homœopathy from the journals of the different countries, and also of theses from Homœopathic schools at home and abroad, so that those of you

who do not read many languages, and who have no adequate library handy or are too busy to utilize one can turn to the Recorder to find what of the current literature you need. Every six months we shall publish an index to the articles and abstracts over that period. Reprints of these abstract pages will be sent to all medical schools teaching any Homœopathy and all Homœopathic journals in this country, and to our foreign correspondents. Any of our readers wanting to obtain copies of the periodicals containing any given article may apply to us.

In this way, in the course of a few years, we can build up a complete bibliography of current Homœopathic journal literature which will be invaluable. So little in our precious field is indexed!

Second of our new departments is to be a Query Section where any problems of philosophy, repertorizing, symptomatology, Homœopathic teaching, bibliography, clinical perplexities, etc., can be submitted to the Recorder and we will try through many of our wise Homœopathic readers to give succinct but helpful answers. To be, in other words, a sort of clearing house.

The third new feature is a much less formidable one, merely a merry column under the heading of "Antidotes" so that we may not forget even officially the light touch.

Our business manager, Dr. Roberts, and our joint editors of the Department of Homœopathic Philosophy, Dr. Thacher and Dr. Hayes, are outlining their projects in editorials of their own.

E. W.

* * * * *

COMMUNICATIONS.

The following communication received and offered for comment: "It is earnestly hoped that a number of practical men who use the repertory will get together and give the profession and especially Homœopathic medical teachers an abbreviated repertory. Kent is far too large and contains endless repetitions. Field is good, but the price is beyond that of a medical student's purse. What is necessary is a reprint of the most used rubrics of Kent, with especial emphasis on reliable and comprehensive eliminative symptom rubrics.

Cannot our experienced Homœopathic friends do this? If they cannot come in contact with the student, let them do the next best thing, and let us come in contact with their crystallized experience.

GARTH W. BOERICKE.

Food for Thought

HOMŒOPATHS ATTENTION!

This Is for You

Tonight when the last patient has gone and you have a brief ten minutes for idle thought, ask yourself what deep down in your heart is your real thought of Homœopathy.

What does it mean to you?

What has it done for you?

What have you seen it do for others?

Think about it.

Think about it every day until the next Recorder appears.

F. E. G.

ANTIDOTES.

A Boston lady died, and was wending her way to heaven when she came to a cross-roads, marked with sign-posts. One sign read, "To Heaven," and the other, "To a Lecture on Heaven." She went to the lecture.

Boston is a center of gravity, surrounded by Newtons.

"Tea and coffee and cigarettes produce conversation; lager beer and pipes produce routine journalism; wine and gallantry produce brilliant journalism, essays and novels; brandy and cigars produce violently devotional or erotic poetry; morphia produces tragic exaltation (useful on the stage); and sobriety produces an average curate's sermon."—*Bernard Shaw.*

FREUDIAN LIMERICKS—CASE NO. 1.

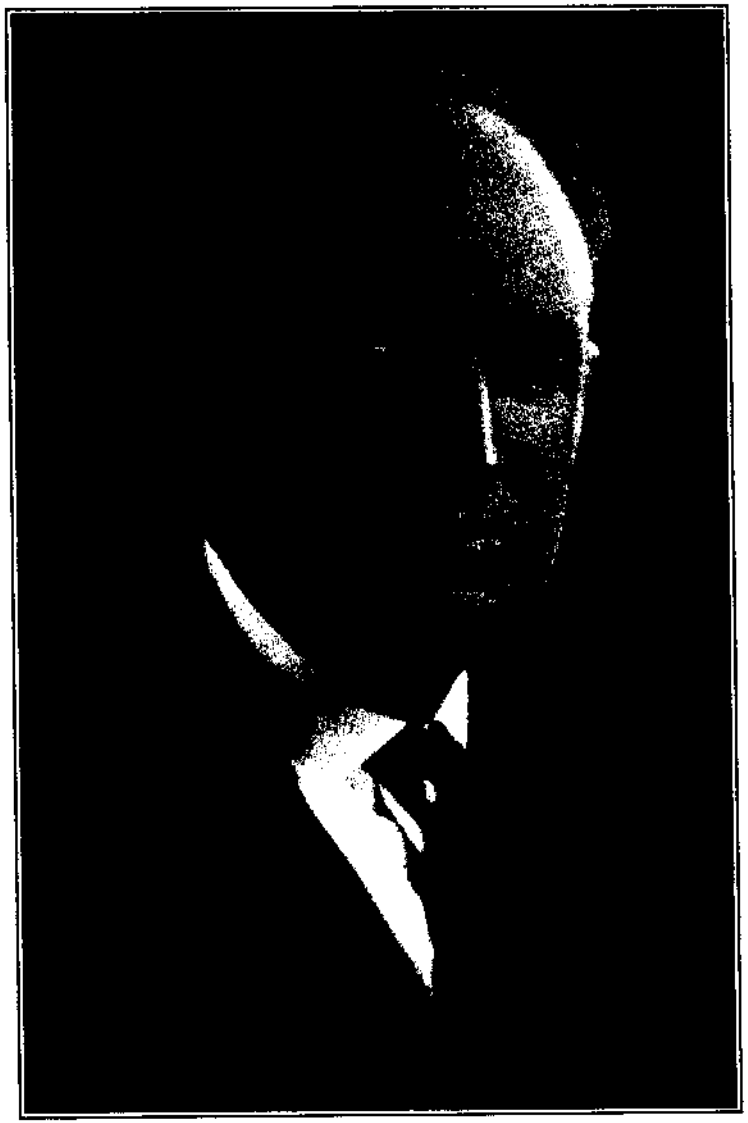
There was a young monk of Siberia,
Whose life it grew dreary and drearier,
Till he sprang from the cell with a hell of a yell,
And eloped with the Lady Superior.

TO THE SPOUSE OF ANY LACHESIS LADY.

"'Tis well within the order of things
That man should listen when his mate sings;
But the true male has never yet walked
Who liked to listen when his mate talked."

Two young men of an evening pulled up their car in the usual way and blithely announced to two girls: "We are the Chesterfield boys—we are mild, but we satisfy!" To which the girls replied: "We are the A. and P. twins—we have the goods, but we don't deliver."

"How old are you?" inquired the visitor of his host's little son. "That is a difficult question," answered the child. "The latest personal survey available shows my psychological age to be 12, my moral age 4, my anatomical age 7 and my physiological age 6. I suppose, however, that you refer to my chronological age, which is 8."



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A STUDY AND REVISION OF KENT'S REPERTORY.

F. E. GLADWIN, M. D.

Dr. J. T. Kent, in preparing the third edition of his Repertory of the Materia Medica, recorded his additions and corrections in three copies of his second edition. Before his death he let it be known to a few of his older pupils that one of these copies was for sale. I was the fortunate one who purchased it.

After I had noticed one or two typographical errors in the printed third edition, I began the work of comparing the printed edition with Dr. Kent's notes in my unprinted third edition. Whenever there was a difference of remedies in the two books I took both remedies to the Materia Medica for verification. When I could verify the one contained in the printed edition I made no note of it but when I could not verify it, but could verify the one found in Dr. Kent's Notes I used the latter for correction. If I could verify neither, I let the one in the printed edition stand because Dr. Kent had provings to which I did not have access. I cannot claim these corrections as my own because Dr. Kent's own notes showed the mistakes and corrected them.

The Materia Medicas, consulted in the work of verification, were:

Hahnemann's Materia Medica Pura.
Hahnemann's Chronic Diseases.
Jahr's Symptomen Codex.
Lippe's Materia Medica.
Hering's Guiding Symptoms.
Allen's Encyclopedia of Pure Materia Medica.
Clarke's Dictionary of Materia Medica.
Allen's Nosodes.

Kent's Materia Medica.

Kent's New Remedies.

There are other errors such as abbreviations out of alphabetical order; lines out of order; lines repeated and in one place even columns out of order. Some words are misspelled. I have not made note of these because they would only lengthen the paper and any one can find them.

Page.	*Col.*	*Rubric*
2	1st	ANGER. The first arg-n. should be arg-m.
17	2nd	DEATH, desires; Add aur.-s.
25	1st	DELUSIONS, faces, sees: Beginning with "closing eyes, on:" down to and including "wherever he turns his eyes" should be moved two letters to the right because they all modify "faces, sees:"
36	1st	DESPAIR, recovery—CAL., should be CALC.
36	2nd	DISCOURAGED, *chins-s.* should be *chin-s.*
38	1st	DULLNESS, evening: add "Anac."
42	2nd	FEAR, eupr. should be euph.
44	2nd	FEAR, add "disaster, of: elat., lil-t., psor., *puls.*, tab."
44	2nd	FEAR, disaster, of impending: Change "disaster" to disease.
48	2nd	FOREBODINGS, (See ear, etc.): "ear" should be Fear.
53	1st	IDEAS. Below "heat, during:" insert persistent: *Ph-ac.*
63	1st	LOQUACITY, *kali.*, should be *kali-i.*
66	1st	MIRTH, forenoon; raph. should be Graph. night: dros. should be croc.
71	1st	RAGE, touch, removed by: This should read, "touch, renewed by:"
78	2nd	SENSITIVE: oversensitive; *aees.* should be *aesc.* *aasar.* should be *asar.*
79	1st	SENSITIVE, noise, to: *coc.* should be *cocc.*
83	1st	STARTING, easily: *coc.* should be *cocc.*
95	2nd	WORK. Desire for mental: sob. should be cob.

Page.	*Col.*	*Rubric*
99	1st	FALL, tendency, to: eupr. should be cupr.
100	1st	HEAT, during the: *carb-an.* should be *carb-v.*
100	1st	INTOXICATED, as if: Change NUX-M. to NUX-V.
105	2nd	TURNING, or moving the head: add echi., kali-bi.
114	2nd	DANDRUFF, add *mag-c.*
117	1st	ERUPTION, scales, dry: *ph-ac.* should be *fl-ac.* working amel. should be "washing amel."
120	2nd	HAIR, painful when touched: *kali-c.* should be *kali-i.*
122	1st	HEAT, forehead: omit forehead. Heat refers to the whole head.
128	2nd	ITCHING of scalp, evening—Arg-n. should be Agn. burning, add caps. Between "painful" and "rainy weather" insert "perspiring: Sabad."
136	2nd	PAIN, ascending steps, on: ferr-ar. should be ferr-p. ferr-ph.
140	1st	PAIN, gastric: *caclc.* should be *calc.*
144	1st	PAIN, noise, from: add kali-p.
160	1st	PAIN, forehead, eyes, above left. Forenoon: Cinnb. should be Chin.
167	2nd	PAIN, lying, on painful side amel. Add plan., puls.
171	2nd	PAIN, Temples and Forehead: lach-n., should be lachn.
179	2nd	PAIN, bursting, Vertex: CARB- should be CARB-AN.
181	1st	PAIN, cutting. Occiput: Add syph.
193	1st	PAIN, pressing, forehead, morning: rising, after: add *psor.*
198	1st	PAIN, Sides: *cacl.* should be *calc.* right: asar. should be asaf.
204	2nd	PAIN, sore, bruised. Transpose 5th and 6th lines from top of page.
205	2nd	PAIN, Occiput: cold applications amel.: Euphr. should be Euph.
206	2nd	PAIN, stitching: add anan.
210	2nd	PAIN, stitching. Occiput: After spig. add the following in this order—*spong.*, squil., staph., stront., stry., sulph., etc.

Page.	*Col.*	*Rubric*
218	1st	PAIN, tearing, occiput. Add kali-ar.
219	1st	PAIN, Sides: Change ptel. to phel. Omit lines 13, 14, 15, 16.
229	2nd	SEPARATED, from body, were, as if: bones: add *Arg-nit.*
248	1st	PAIN: *cuph.* should be *cupr.*
262	2nd	PTERYGIUM: *ambr.* should be *am-br.*
270	2nd	YELLOWNESS: Add ars-i.
273	1st	COLORS, bright: NUM-V. should be NUX-V.
279	2nd	FOGGY: Add cast. CAUT. should be CAUST.
284	2nd	WEAK (See Vision, dim.)

NOTE—Insert the above between WAVING and WHIRLING.

290	2nd	INFLAMMATION, erysipelatous: *seb.*, should be *sep.*
335	1st	DRYNESS, inside. NUM-M. should be NUX-M.
343	1st	OZAENA: ASAI. should be ASAF.
361	1st	DISCOLORATION, red: CHA. should be CHAM. The line containing *ferr-m., ferr-p., gels.,* GLON., *graph.,* has been left out.
370	1st	ERUPTIONS, patches: *merrc.* should be *merc.*
383	2nd	PAIN, jaw: Add vip.
407	1st	MEMBRANE, Palate, covered with a false: Add creamy, NAT-P.
417	2nd	SALIVATION: Add nat-a.
432	1st	ENAMEL, deficient: *Calf-f.* should be *Calc.-fl.*
433	2nd	PAIN, incisors: SEPH. should be SEP.
448	2nd	CHOKING. The tenth line containing: *coc-c.,* colch., *con.,* cop., has been omitted and should be added.
460	2nd	PAIN, burning: 15th line cross out glon. and graph. and add iod., ip., *iris.*
468	2nd	SWALLOWING, constriction of œsophagus: BARC. should be BAR-C.
471	1st	CONSTRICTION: Add, lying: Glon. sleep, during: LACH.
472	1st	INDURATION of glands: car-s. should be carb-s.

Page.	*Col.*	*Rubric*
472	1st	NUMBNESS: carb-m. (Dr. Kent's Notes have it carb-an. I have been unable to verify it.)
472	2nd	PAIN, Sides: left: Sil. should be Sel.
473	1st	Pain, drawing, sides: After "holding head erect:" insert, jerking: Indg.
479	2nd	APPETITE, wanting, morning: Add tub.
490	2nd	ERUCTATIONS, coughing, after: ANG. should be SANG.
504	2nd	NAUSEA: meng. should be meny.
515	2nd	PAIN, extending to back: Add *chel.*
536	2nd	VOMITING, blood: Add ars-i.
546	2nd	ENLARGED: Liver: left lobe: *Mag-c.* should be *Mag-m.*
552	2nd	HERNIA, Inguinal: Add *ip.* strangulated: Add *ip.*
560	1st	PAIN, radiating: Add back and chest, to: *Caust.*
568	1st	PAIN, Liver: *crot-t.* should be *crot-c.* *kali-br.* should be *kali-bi.*
569	1st	PAIN, Sides: right: Add LYC., *nat-s.*
572	2nd	PAIN, standing, where: The word "where" should be "when."
577	1st	PAIN, menses, before; change ZULPH. to SULPH.
580	2nd	PAIN, Hypochondria: "Breakfast" should be placed two letters to the right because it modifies the word "right." Add the word "after" because the symptom should read, "Pain in the right hypochondrium after breakfast."
595	2nd	PAIN, walking, amel.: Calf-fl. should be Calc-f.
596	2nd	PAIN, Spleen: motion: Add *kali-bi.*
607	2nd	CONSTIPATION: ineffectual urging and straining: The second dios. should be dros.
616	1st	DYSENTERY: *crot-t.* should be *crot-c.*
616	2nd	ERUPTION, itching: PTER. should be PETR.
619	1st	HAEMORRHAGE, stool, during: Add IGN.
620	2nd	HAEMORRHOIDS, suppressed: euphr. should be cupr.
642	1st	SOFT, *lac-d.* should be *lac-c.*

Page.	*Col.*	*Rubric*
645	1st	"chills spread, etc." Chills should be spelled with capitals and be placed three letters to the left. It does not modify catarrh, it modifies bladder.
680	1st	ACRID: *fl-as.* should be *fl-ac.*
681	1st	ALBUMINOUS, heart disease, consecutive to: peter. should be *petr.*
714	1st	ABORTION: CON. should be CROC.
720	1st	ITCHING: burning: Insert vulva: kali-i.
720	2nd	ITCHING: pregnancy, during: *call.* should be *calad.* There is nothing in Dr. Kent's Notes between chlolo. and *fl-ac.*, although calad. has the symptom. Omit the last "o" in chlolo.
726	2nd	MENSES, frequent: Add *lyss.*
726	2nd	MENSES, intermittent: kali-i. should be kali-c.
727	2nd	MENSES, painful climaxis: Insert the word "near" between climaxis and PSOR.
731	1st	METRORRHAGIA, sudden: Add sec.
736	1st	PAIN, bearing-down, after: Below the word "after" add "pregnancy," during: *kali-c.*
761	2nd	VOICE, weak: cupr-ac. should be cupr.
786	2nd	DRY. Add *kali-n.*
798	2nd	NERVOUS: Add *dros.*
810	1st	VIOLENT, afternoon: Add mur-ac.
814	1st	BLOODY, working, while: "working" should be moved two letters toward the left. It modifies "bloody expectoration." Its present position would make it modify "while walking."
819	2nd	TASTE, sweetish: Samb. should be Sumb.
823	2nd	ANXIETY, Heart, region of: Insert between epilepsy and expectoration. "exertion, after:" *Lyc.*
832	1st	FLUTTERING. Cross off the second *spig.*
832	2nd	FULLNESS: Cross off the second chin., *cist., coff.,* colch., and add *crot-t., cub.,* echi.
837	1st	JERKS. Heart: arg-n. should be arg-m.
849	1st	PAIN, sternum, behind: coughing, when: Add kali-bi.
852	1st	PAIN, Heart: *Lypps.* should be *Lycops.*

Page.	*Col.*	*Rubric*
853	1st	PAIN, burning. stram. should be *stann.*
865	1st	PAIN, stitching, extending to back: downward: con. should be corn.
873	2nd	PALPITATION, Heart: CALM. should be CADM. KALIC. should be KALI-C.
898	1st	PAIN, sitting, while. long, after: long should be placed two letters to the left because it modifies "sitting" instead of bent.
919	1st	PAIN, Lumbar region: Dr. Kent's Notes change mag-c. to mag-m. Hering's "Guiding Symptoms" have this symptom under mag-c. and not under mag-m. but Allen's Encyclopedia and Jahr's Symptomen Codex have it under mag-m. and not under mag-c.
923	1st	PAIN, Dorsal region: left: Left should be placed two letters to the right. It modifies "under."
940	2nd	PAIN, stitching, lumbar region, extending: legs, down: Change *kalibi.* to *kali-bi.*
954	1st	Cross off the second BRITTLE finger-nails and make the line beginning with *nit-ac.* follow the line beginning with calc.
960	1st	COLDNESS, fingers. tips: *cal.* should be *carl.*
968	1st	CONVULSION: right side, left side: Cross out "right side."
969	2nd	CORNS: Add *Petr., ph-ac., phos.,* PSOR., *ran-s.,* rhod.
970	2nd	The word "CRACKED" which follows CRACKED, skin, hands: palms, of: should be changed to FINGERS: F should fall under the P in palms.
974	1st	CRAMPS: Thigh: Add *Petr.*
985	2nd	EMACIATION, Leg: *Capc.* should be *Caps.*
991	2nd	ERUPTION, forearm. Between "herpes and moist" insert "Itching: *mez.*"
1021	2nd	ITCHING, Upper Arm: ph-ac. should be phos.
1032	1st	LAMENESS, Hand: Cross off the first *sulph.*
1045	1st	PAIN, motion, on: *suphr.* should be *cuphr.*
1045	2nd	PAIN, rheumatic: SAPG. should be SANG.

Page.	*Col.*	*Rubric*
1056	1st	PAIN, elbow, rheumatic: ran-s. should be ran-b.
1057	1st	PAIN, forearm, pulsating: Add lyss.
1066	2nd	PAIN, lower limbs, sciatica. Walking: Omit am-m.
1067	1st	PAIN, Nates: "morning 6 a. m. until midnight" should be "6 a. m. until night."
1091	2nd	PAIN, burning. Upper Limbs: Add bov.
1099	2nd	PAIN, cutting, Knee: Add pip-m.
1101	2nd	PAIN, drawing, upper limbs, bones: carb-an. should be carb-v.
1112	2nd	PAIN, drawing, tendo Achillis: walking fast: Insert between "walking fast:" and "tibia:" "walking" amel., Alum.
1140	2nd	PAIN, stitching, bone: condyles: sabad should be sabin; add: walking, while; Merc.
1141	2nd	PAIN, Wrist: Cross out one *led.*
1145	1st	PAIN, stitching, Lower Limbs: Add ph-ac.
1145	2nd	PAIN, stitching, bones: lys. should be lyc.
1145	2nd	PAIN, stitching, joints: Add calc.
1168	1st	PAIN, tearing, hip, extending. gluteal muscles; Move the word "gluteal" toward left so that the G will fall above the T in Thigh. It means tearing pains in gluteal muscles. Place the word "to" before foot.
1212	1st	TREMBLING, Hand: Cross out one *cocc.*
1216	2nd	The second column of this page should be the first column.
1216		TWITCHING, Shoulder: Insert between "zinc. and rest" right: *Dros.*
1220	2nd	ULCERS: Fingers: mag-c. should be mez.
1223	1st	At the top of this page, the rubric ULCERS should be UNSTEADINESS.
1272	2nd	SIDES. Left: Add *Sil.*
1280	2nd	NIGHT. 2 p. m. should be 2 a. m.
1314	1st	ERUPTIONS, itching: *jug-a.* should be *jug-c.*
1324	1st	ERYSIPELAS, vesicular: *grauh.* should be GRAPH.
1329	2nd	ITCHING. wandering: bar-m should be berb.

Page.	*Col.*	*Rubric*
1352	2nd	CONVULSIONS. consciousness, without: supr. should be cupr.
1364	1st	FOOD, sour agg.: Omit the first *sulph.*
1366	2nd	HEAT, sensation of: *pter.* should be *ptel.*
1368	1st	INDURATIONS. Muscles: *calf-fl.* should be CALC-FL.
1368	2nd	INJURIES. HYPPER. should be HYPER.
1387	2nd	PAIN, tearing, externally: Beginning with mur-ac., it should read, mur-ac., *Nat-a., nat-c.,* NAT-M., nat-p., NAT-S.
1402	1st	SLEEP, during: mez. should follow merc.
1420	1st	WEAKNESS, tremulous: canth. should be caul.

THE SYSTEMIC EFFECT OF GONORRHOEAL INFECTION.*

JAMES B. BROWN, M. D., Denver, Colo.

In the presentation of this subject before this honorable body, I am aware that it cannot be covered fully in the short space of time allotted. I therefore shall try and emphasize only the most essential and practical points: to give an outline of its symptomatology, pathology, and dynamic effect upon the human system. It is doubtful if the medical profession in general fully realizes the far-reaching and destructive effect of the gonococcus upon the blood, mucous membranes, and chemistry of the body.

Generally speaking, it is not considered a blood disease. Careful observation of its various stages, its course and tendency to chronicity, difficult eradication and sequellae, leave not the slightest doubt of its poisonous effect upon the blood and tissues of the body. Gonorrhœal infection treated according to modern methods is seldom cured; it being a social disease and clothed in secrecy, it is not given serious consideration; anything for a quick relief; as a rule suppressive measures are used with the result that not one case in ten is cured. Its far-reaching effect is found among the rich and poor alike; it disrupts more

families, causes more divorces, and blasts the lives of more human beings than any known disease upon the face of the earth. Its subtle influences are transmitted from generation to generation; its effect upon the offspring is a biological disaster far greater than syphilis, with the result that a large proportion of the race is degenerating into mental defectives, moral degenerates, and chronic invalidism.

Gonorrhœa like syphilis, when not properly treated, produces a secondary and tertiary effect upon the system. Hahnemann in his day sensed its destructive effect upon the race and gave us a true outline of its secondary and tertiary tissue disturbances naming it sycosis. If we accept the Hahnemannian philosophy of chronic diseases, it does not tax the imagination to any great extent to trace this miasm in its secondary and tertiary forms. Kent says, that sycosis is communicated in the secondary and tertiary stages as readily as it is in the primary, and close observers can heartily agree with Kent. Every year we see an increase in such diseases as appendicitis, cholangitis, salpingitis, gastritis, ovaritis, and peritonitis to the extent that it keeps 60% of the physicians busy doing surgery. We rarely find a woman free from pelvic trouble; about 90% are complaining and 88% of these are sycotic. This statement applies with equal emphasis to the male. The rheumatism we see today is not of the high fever, inflammatory type that we used to have; it is mostly of a low form of fever, a tendency to become sub-acute and affecting the hands, knees, ankles, shoulders and back. While focal infections cause some of these troubles, we find a sycotic history from 10 to 30 years back of most of it. Any number of cases may be cited that are suffering with anæmia, chronic catarrh, sinusitis, proctitis, endometritis, prostatitis, arthritis, diabetes and insanity, that give a definite history of gonorrhœal infection, that was never properly cured.

Our patients often ask: What causes influenza? Where does it come from? Many theories have been advanced trying to explain it, some claiming it to be an after effect of the World War. Speaking from a moral standpoint there may be some merit in this accusation. However, we believe our imaginations to be within a reasonable limit when we claim that the virulent cases

of influenza are the result of the germs of la-grippe attacking a constitution of combined psora and sycosis, that these constitutions are practically always in a sub-physiological state and the secretions are such as to prove a veritable culture media for these virulent germs. This of course cannot be taken in a scientific sense; we do not know any definite scientific explanation for influenza and while this may be highly theoretical, it is probably as good a guess as any. The fact that the anti-sycotic and anti-psoric remedies are practically always indicated in the treatment of these cases should have some bearing on emphasizing this idea.

My attention was first called to the systemic effect of sycosis, during my 15-year service in an orphan asylum. In this institution we had many children of all nationalities and mostly from parents of the lower walks of life. Many of these children were living exhibits of the social diseases. Their prevalent troubles were eczema, anæmia, sore eyes, colic, diseases of the ear, nose and throat, faulty metabolism, abscesses, boils, warts, poor digestion and low resistance, all of which are sycotic symptoms. Many were psoric and syphilitic in addition, presenting a most sorrowful spectacle. The acute remedies would have but little effect upon many of these cases when ill. I soon learned to use the anti-psoric and sycotic remedies and saw many perfect demonstrations of the potentized drug.

We are often asked by the laity this question: Why do our children all have diseased tonsils and adenoids? We never used to have this trouble when we were young. While there may have been many tonsils and adenoids that should have been removed years ago, we doubt if they were as prevalent as they are today, and for the reason that sycosis is on the increase. As to the future we predict that within the next quarter century to find a person absolutely free from sycotic taint will be little short of a miracle. To further emphasize the meaning of this paper I wish to present the following cases:

Mrs. R. aet. 30; aborted at the second month: two days later a mild fever occurred; not being able to control it, a curettage was performed. This was followed with intense pain and fever, the fever and pain increasing each succeeding day. The case became desperate and created much anxiety for all concerned. One

morning when entering the room she was found in the knee chest position, and when asked why, replied that it was the only way that she could stand the pain. Medorrhinum was prescribed, which relieved the intense pain in four hours and rapid improvement ensued. Up to this time nothing we had done for the patient had produced any effect.

Master H. aet. 11; had an attack of Flu, leaving him crippled with rheumatism of the shoulders, hands and knees; this persisted for two months. His tonsils were large and diseased; after trying various remedies without permanent results, Medorrhinum was given on general principles. He was able to go to school in ten days and entirely cured in less than a month.

This not only cured his rheumatism, but reduced his tonsils to such an extent that the school physician thought that they had been removed.

Mrs. S. suffered with proctitis to the nth degree. She had tried everything known for this trouble, yet the itching was intense, the attacks becoming so severe and annoying that she would have to stop work and use an enema, this being the only means that would give temporary relief. There were small ulcerous patches in the rectum and a slight discharge; she had used numerous kinds of salves, ointments, and pile cures without any lasting benefit. Sulphur, Nux and Aloes were given as per indications without relief. Medorrhinum finally cured this case in three weeks.

Mrs. E. aet., 52; had an attack of Flu; she was under old school treatment. Failing to get her strength after the acute stage had passed, a consultation was held. The results of this proved futile, and a change of doctors was made after repeated examinations which included blood tests, x-rays, etc.; no definite diagnosis could be made. A friend suggested homœopathy and I was called in. I found the patient in great distress, could not keep anything on her stomach, and had an annoying diarrhœa; the temperature was subnormal, pulse 48; she was greatly depressed, threatening suicide. Nux was given with a little relief; this was followed by Rhus-tox., then Arsenicum-alb. according to indications. She had made considerable improvement in strength and digestion, but when the bowels moved, would become extremely

nervous and a state of collapse ensue; the movements were very loose and foul. Noting her mental symptoms and the feeling that when her bowels moved she felt as though everything was coming out, Sepia was given with most brilliant results.

This patient had moles, warts, and the various out-croppings of sycosis. Can there be any doubt but that this miasm was the basis of her lack of reaction? And could it be possible that any other remedy would have cured this patient? These are questions that should interest every homœopath.

The tendency in presenting papers upon medical subjects, is to lean toward scientific verifications. There are certain aspects pertaining to disease that cannot be demonstrated scientifically; there is an element to be taken into consideration that reaches far beyond this. Medicine is an art and must be studied from a similar basis. We are apt to be too materialistic. An insight into the philosophy of homœopathy reaches far beyond the materialistic sense; it gives us a picture of the immaterial man, that invisible force which Hahnemann chose to name dynamic or spirit-like. When we once grasp the meaning of this principle and the Hahnemannian idea of preparing the remedy to correspond, we can but marvel at the outstanding superiority of this discovery and the deep insight of its founder when he gave the world this law of cure.

DISCUSSION.

DR. J. B. GREGG CUSTIS, Washington, D. C.: This is a very inaccurate reading of Hahnemann's writings. He didn't say that the gonococcus was a psychosis. I think we have a tendency to mix things up. The paper is inaccurate in its groupings of diseases. He mixes the diseases which are caused by direct infection along mucous membranes with other diseases, the basis for the grouping of which is, to say the least, very theoretical. He mixes gonococcus rheumatism with other rheumatisms. There is a definite kind of gonorrhœal arthritis which is surely the gonococcus. That is a direct gonococcus infection which has got into the blood, but when a man stands up and says that all these things are caused by the gonococcus, I think he is going too far, and when he lays it on Hahnemann, he is going beyond the

bounds of accuracy, and I can't let such a statement go unchallenged.

DR. J. B. BROWN, Denver, (closing): I am glad to have one criticism. I don't claim to be perfect on this, but I just emphasized this condition to set you people to thinking.

Now most of this I am speaking of is secondary gonorrhœa, and some of it is sycosis. I base my statement on experience. I have relieved many of the cases I mentioned with anti-gonorrhœal remedies, and that is what I base my conclusions on—that there is gonorrhœa back of it. I have had gall-bladder trouble and other troubles which I have relieved with Medorrhinum, Pulsatilla, Sepia, etc., and I consider that you get results with these remedies. There is something back of the trouble and we don't know what it is. When you get an acrid discharge and itching, ninety per cent. will respond to the anti-gonorrhœal remedies. I may be wrong about it, but that is my experience.

*Read before the I. H. A. May, 1927, Bureau of Clinical Medicine.

CLINICAL CASES.*

ROGER SCHMIDT, M. D., Geneva, Switzerland.

CASE OF SPIGELIA.

Mr. E. B., 52 years old, lean, almost cachectic, very chilly, complains of a growth, which became rapidly as large as a hen's egg, between the clavicle and the first rib, reaching the left side of the sternum. This growth is animated with pulsations which are synchronous with the cardiac rhythm. He tells me that his voice has been hoarse for several months. He does not dare to eat, deglutition producing anxious troubles, oppression, choking and pains. For a long time he has suffered from awful torticollis, rheumatism so painful in the neck and temples, particularly during the night, that he must sleep standing and leaning against a door. The pains make him very cross and irritable, oblige him to stay in darkness, silence and immobility. During the pains, the carotids pulsate violently. A radioscopy was done, showing a great dilatation of the aorta.

The intensity of these pains, their character, their relation with the heart and aorta led me to Spigelia.

I gave *Spigelia* 200, three doses, one every hour, and Placebo.

My patient comes again three weeks later, his condition considerably ameliorated. He is eating well, sleeping in his bed the whole night, the "rheumatism" is no longer noticeable. *Res mirabilis,* the growth had disappeared eight days after taking the remedies. Indeed, there is no trace of it, the palpation does not reveal any more pulsation.

I am forgetting to indicate an interesting sign: the absence of the pulse in the right arm. After Spigelia, the pulse, though feeble, is clearly perceptible. No change in the voice.

Case of Natrum Muriaticum and Sepia.

Miss M. S., 45 years old, comes to my office the 10th of November, 1924, for various troubles. The list of her symptoms fills pages and pages. I will only mention the most important of them following the order of our Materia Medica, i. e., from above downwards and from general to particular.

She has a strong aversion to company and likes to live quite alone. Having had deep griefs and sorrows which made her very pessimistic, she does not, however, like any consolation, and all her free time is employed in dwelling upon all sorts of things she ought to forget. She is very troubled by her menses, before and during: Anxiety, depression, irritability, no appetite, nausea, chilliness, weakness and pains in lower part of the abdomen and in the back. She has a strong intolerance of clothing and likes to lie down very often. Her very light sleep is troubled by exhausting dreams. She has great difficulty in going to sleep, and about 3 a. m. awakens with heat in the head and choking sensation. She is very chilly but nevertheless can't bear the warm air; however, warm applications do ameliorate her condition very much.

For years, she suffered from violent headaches which began in the morning on waking and continued until evening, the headache so severe that she must close her eyes and lie down in a dark, silent room and bind her head with a towel. All her

abdominal organs are dropping. She feels very clearly her stomach hanging down. Daily heartburn, cramps, nausea during the night when awake. In short, all the symptoms of a dyspepsia of long standing. Great distention of the abdomen during menses. She is very anxious about obstinate constipation. Menses are nearly always too early, 6-8 days. Frequent palpitations, especially during night. Weakness of the back which obliges her to lean on something hard. Ice cold feet.

After studying the case in Kent's Repertory, the remedies coming out are the following: Sepia, Natrum-mur., Lycopodium and others.

As she was much affected by the recent death of a tuberculous brother, I chose Natrum-mur. I gave on 11-6-25 *Natrum-mur.* 200, two doses in intervals of two hours, and Placebo.

I saw the patient again on the 26th of May. She was enthusiastic about homœopathy and tells me how astonished she was to note her great mental amelioration after taking the powders, which still continues. The physical symptoms were better and better, she felt cured. Then a few days later, constipation and headaches reappeared. I gave again Natrum-mur. 200 and the patient was relieved until August by this new dose.

On the 19th of August I gave NATRUM-MUR. 1M. and the patient's symptoms disappeared rapidly. The duration of the action of the remedy was prolonged until the end of the year.

In January, 1926, she complained of the menopause: menses irregular, flashes of heat, headaches, sleeplessness, constipation. I gave *Sepia* 10M. for these symptoms. The result was marvelous and the patient who, the first time she came to me, was sad and suffering, came back on the 30th day of October, 1926, with a happy and smiling face, sparkling eyes, looking ten years younger.

Case of Zincum.

Miss R. P., 20 years old, brunette, came to me for chronic headaches. She had suffered almost every day, for a year. Formerly she had frequent attacks of epistaxis which disappeared one day and were replaced by the actual headaches. They were especially in the forehead and above the eyes, accompanied by unbearable heat and hammering. Curious to say, no headaches during menses. On the other hand, she complains of bad digestion, flatulence, and palpitations produced by the smallest effort. She was exhausted in the evening with restlessness of the lower limbs. She could not keep them still. She called my attention to the fact that she is aggravated by wine.

The following symptoms seem to be the most important:

1. Headaches ameliorated during menses. Kent's Repertory gives only four remedies: All-c., Bell., Verat., Zinc.

2. General aggravation by wine. Zinc. appears in the 3^{d} degree when the other remedies only come out in the 1^{t} degree.

3. Restlessness of the lower limbs, evening. There, once more Zinc. is the only one, with Tarentula to come out in the 3^{d} degree.

I then prescribed *Zincum* 200, three doses at one hour intervals and Placebo.

A fortnight later, the patient came again and told me her condition was violently aggravated the day after she came to me, but that the pains diminished rapidly, and two days later she felt quite well.

I saw her three months later. The general state was fairly good, lassitude and restlessness of the legs had disappeared as well as the headaches, but the nose bleeds had again returned.

Phosphorus 200, one dose, restored order.

*Read before the I. H. A. May, 1927, Bureau of Clinical Medicine.

CASES OF RECTAL FISTULA CURED UNDER THE HOMOEOPATHIC REMEDY.*

WILLIAM W. WILSON, M. D., Montclair, N. J.

There were three cases that came under treatment and were cured. That is, there was no evidence left of the rectal fistula. I spoke of these cases once, before the New Jersey State Society and was rather taken to task by some of the surgeons for the remarks I made, and I found it necessary to describe to the best of my ability what I thought a fistula was, so possibly I had better do that here.

The first case that came to me was one in a man of possibly fifty-five years of age. He had come to me in the beginning for chronic constipation, which was cured. Then he came and asked me if I could cure a rectal fistula. I said I didn't know. (I had just begun to practice medicine.) I said my preceptor had cured fistulous withers in horses and so I didn't know why under homœopathy it could not be cured in a human being. This one had been operated three times and he refused further operation. You could take a probe and follow through on the outer surface behind the wall of the anus and the finger feel the probe come through the canal and into the rectum on the inside, so I supposed we had a fistula. The matter had been going on for three years and he wanted to know how much longer it would take. I said, "Would it be too much if I asked for a year?" He said no, so we began treatment, and under the various remedies, Mercury, Hepar, and Silicea, particularly Silicea, the matter was entirely healed within a period of about nine months. That condition continued for a period of at least five or six years without any further outbreak, when the man died of some other trouble.

In the second case you could probe through in the same way and feel your probe through the inner wall of the rectum. The one thing that troubled the man most was the fact that he could not eat tomatoes because the seeds would come through and stick there and make a lot of trouble. That fistula had been operated once and he also refused further operation, and he is alive today. It is a period of something on toward twenty years and there has been no return of the condition. He was a stone-mason, and though he is a man today of past sixty, he is still able to do a stone-mason's work, handling brick and stone and plaster.

The third case was a boyhood chum of mine. This was not a fistula, it was a sinus of practically thirty years' standing. I don't know why he had never had the matter attended to, but I had moved away from my old home town and when he came to me I found that he had moved too. He was living in Belmar, New Jersey, and I lived up on the first hill back from the sea coast. He asked me to attempt treatment of it.

This sinus would fill and break sometimes as many as three times a day, and again under those remedies, Silicea particularly,

the sinus eventually became entirely healed, and that has been standing now two years. Before I came away he called me up and told me that a nephew of his had gone to a surgeon in Newark with a frontal sinusitis and asked me if I would see him that night. I told him I was going to report his case at this meeting and he asked if I wanted a letter. I didn't get it, but he was thoroughly well and the sinus thoroughly healed.

Now of course it may be that surgeons would say, "See the length of time that it took." Well, it did take a period of time. The one was three years in duration and was cured in nine months, but the man was able to go on with his work right along. Perhaps had he been operated and the sinus or the fistula traced to its ultimate origin, it might have been all right sooner. I can't say about that. However, those three cases were cured, and it only shows that they can be cured with medicine, even though it may take some time. These three cases are the only ones that have come to my knowledge, all cured, and stand cured at the present time.

DR. W. H. GUILLIUM, Asbury Park, N. J.: What potency?

DR. WILSON: The 200th mostly, and I went on up to the CM. However, I always hate to be asked what potency has been used because I don't think potency has anything to do with Homœopathy. One case may need the tincture, another may need the 6th or the 12th or anything. I think it is the lowest that will do the work.

DR. R. S. FARIS, Richmond, Va.: Vacciniuum often helps cure these cases.

DR. C. A. DIXON, Akron, Ohio: I too have been fortunate in clearing up some fistula cases. Ordinarily Silicea is the best remedy. I have an Austrian I have been treating for a fistulous condition which is not completely cured, but it has made a well man out of an invalid, anyhow. I hadn't seen him for perhaps three months when he came in because it had broken open for a day. It cleared right up again but he thought I would want him to have another dose of the medicine.

DR. WILSON (closing): I did say I only had three cases, but there was a fourth. It was an elderly man in the town who had

had diabetes for many years, and he had a rectal sinus. His physician was an allopath and he knew he didn't dare cut the thing. The man had been treated by Doctor Butler, an old friend of Doctor Krichbaum's, and I don't know why he didn't call Doctor Krichbaum, but he called me. The sinus was filled up nearly as large as my fist. He was suffering a lot of pain and he had them apply hot dressings to it and put him under Silicea, and the thing broke within an hour or an hour and a half. The discharge gave him relief. He lived for ten or fifteen years after that and as far as I know never had a return of the condition. But that was a diabetic, where you didn't dare operate, and the remedy cleared things up for him.

*Read before the I. H. A. May, 1927, Bureau of Clinical Medicine.

AIDS IN OBSTETRICS.*

IRVING L. FARR, M. D., Montclair, N. J.

If during the early weeks of pregnancy, the prospective mother reports to her physician, he is able to decide from her pelvic measurements, whether to plan for a normal or probable abnormal delivery; then, he is thus early, able to take her blood pressure, examine the urine and learn as to the bowel and kidney functions, before too great a load may have been given.

At this early date, the physician is enabled to advise as to the amount of fluid, and its character, to be taken daily which aids greatly in the elimination of waste products, thus looking to the prevention of eclampsia, as perhaps a late calamity. Then, too, he may advise as to the proper selection of foods, giving a full but well balanced ration, rich in general body building material, especially calcium, thus making impossible the old saying, "For every child a tooth."

If, at some time during the early weeks, nausea or vomiting becomes troublesome, a reduction in the protein intake, with an increased sugar digestion, in the form of bees' honey or maple

sugar will aid greatly in clearing, while some one or more remedies, according to symptoms, will remove the complaint, e. g.:

Ant.-crud., very white coated tongue.
Ant.-tart., vomiting large quantity of mucus.
Cocculus, aggravated by beginning motion.
Ipecac, clean tongue with constant nausea.
Kali-carb., sleepy, with palpitation.
Lycopodium, constant sense of fullness.
Nat.-mur., much water brash, craves salt.
Nux.-v., irritable, taste foul.
Phos., thirsty, but soon vomits.
Puls., no thirst, rotten taste.
Psor., chilly, foul discharges.
Sulph., salivation, dirty, hates washing.
Corpus Luteum, with irrigation and glucose solution per rectum.

A fairly constant supervision of the prospective mother is made possible by requiring her to report monthly for a review of any symptoms she may have developed, a testing of the blood pressure and a urinalysis of a 24-hour specimen. By above measures the physician is able to check a failing kidney function, before serious symptoms have developed. Here again the physician has an opportunity to prescribe whatever remedy seems indicated and thus brings the prospective mother to the time of delivery in the best possible condition, with well conserved energies.

As the first stage of labor begins, a rectal or vaginal examination, under strict asepsis, proves whether the presumed position is correct, and shows what progress has been made as to dilation of cervix.

During the first stage, if progress is slow, with irregular, ineffective pains, there is again recourse to such remedies as Cham., Cimic., Caul., Gels. or Ign., according to symptoms. However, if the patient is peevish and complains bitterly, the obstetrician feels more should be done to aid nature; besides women today resent being told, "This is just a physiological process, and must be borne." Therefore, recourse may be had to some agent besides the remedy. These agents by their physiological action deaden the

nerve sense, and are morphia, twilight sleep, or some form of anæsthesia.

Morphia dulls pain but is bad for both mother and child. Twilight sleep was a wonder in some hands but fell into disrepute due to infant mortality.

Of the anæsthetics, chloroform has long been used and has little danger in many cases but an overdose is fatal.

Ether is safer, but often under ether, the pains slow down or cease, and nausea or vomiting frequently results.

Among the newer anæsthetics are nitrous-oxide and ethylene. The latter has not been so long used but is receiving favorable mention.

The former, nitrous-oxide, in combination with oxygen, in the hands of one familiar with its use, has proved itself very successful in producing oblivion to pain in the mother, with a continuation of full uterine contractions. Now as the mother loses her sense of suffering, her tense nerves relax and the first stage of labor soon becomes the second and the mother awakens to hear her baby's first cry. She settles quietly to await the completion of the third stage, or if repairs are necessary, a further narcosis is easily induced and the repair done with no suffering, while awaiting the placenta expulsion. When all is complete, the mother goes back to bed far less exhausted than if the long labor had been not eased, by the gas anæsthetic.

In nervous, easily excitable women, this nitrous-oxide-oxygen anæsthesia is a blessing and if they realize before hand that they are to receive it, all dread of the lying-in room vanishes.

Unfortunately, this form of anæsthesia requires a special type of apparatus for its administration and some training and experience to render it fully safe but as, at the present time, most cases go to the hospital, as obstetrics is now considered a surgical procedure, this is not a serious drawback today, hence for the long difficult labor, here is a boon.

For the obstetrician who has considerable work to do in the home, there are several forms of portable models on the market which make it possible for the physician to take this aid to his patient. It is better to have an anæsthetist, even here at the home, yet if the physician knows his machine, he can carry along the

case until the first stage is well advanced, then allow the woman to have the few remaining pains, while he delivers the child.

To sum up the matter: There are many aids which the individual obstetrician may bring to his patient, among which are: Pelvimetry, careful checking of conditions throughout the term, a wealth of remedies and the various aids to relieve suffering, during labor, of which nitrous-oxide-oxygen anaesthesia is best.

*Read before the I. H. A. May, 1927, Bureau of Obstetrics and Pediatrics.

THE VALUE OF SUBJECTIVE SYMPTOMS.*

HERBERT A. ROBERTS, M. D., Derby, Conn.

One who is observing the present outlook on the field of medicine is at once struck with the emphasis and attention paid to diagnosis and the necessity of finding the name of the disease. The popular feeling is that the diagnosis is the only thing necessary for the physician to be accurate about. The value of those diagnostic points is quite considerable for preventive medicine, for hygienic methods of care and for dietetic measures, but it is of no weight in effecting a cure. A disease is an identity all itself, and when we have found a disease we cannot prescribe for the disease because it has its own identity. There is no occasion for curing the disease in its identity; what we as physicians are called upon to do is to cure sick individuals. In the art of cure, pathological conditions and names of diseases can not be considered for the reason that our knowledge of pathology has continually changed, and it is a question whether the pathology that we have today will be the pathology of tomorrow; but when we consider the art of cure we are dealing with sick individuals who show always their own individuality through their subjective symptoms. This tells how they are sick, and never changes.

Let me illustrate the value of these subjective symptoms. Here is a child, a babe, ill with an active diarrhœa. The pathological symptoms show a temperature of 102; a greenish-yellow diarrhoea, very active, ten or fifteen stools per day. If we turn

to our repertory, we find 180 remedies having a diarrhœa. That is pathology, but do we prescribe 180 remedies having the diarrhoea? No. We observe the subjective symptoms in this case which show the baby's illness and individuality. We note he jumps at any sudden noise or jar; his pupils are widely dilated; he has a warm perspiration about his head, and we note as the mother lays him down, he cries out and clutches at something to hang on to, and we immediately recognize this as the peculiarity of Borax. Out of the 180 remedies having the diarrhœa this is his remedy and cures the case.

Or like a case of pneumonia, with a pathological condition showing marked symptoms of the phenomenon that we call "pneumonia." The patient is besotted, a dark red face; has a chill followed by a high fever; intensely thirsty; the right lung is markedly engorged; but the patient is very quiet because it hurts him to move; lies upon the painful side, thereby anchoring the side from motion.

Here we have the pathology of pneumonia, which does not differ one iota from the pathology of another case under our observation, where the patient is continually tossing about, very restless; is thirsty; he must move about from one part of the bed to the other. The tongue shows the typical triangle on the tip.

We have here two pneumonias with all of the pathological findings similar, pathologically all alike, with over 100 remedies that might be called for, for all the pathological distinction in the identity of pneumonia, but the subjective symptoms characteristic of Bryonia, where the patient must keep still, and anchors all motion so as to minimize it, with the heavy besotted look and high fever with thirst for large quantities, leads us to choose Bryonia for the first case; whereas the second, with the same pathology, manifests itself in the subjective symptoms of restlessness and a tossing about with intense muscular pain and the triangular tip of the tongue, making it clear that it is the subjective symptoms that lead to the choice of the remedy.

Or like the child suffering with marasmus where emaciation is marked. One of a great many remedies might be called for from a pathological point of view, but this particular child, with all the pathological conditions back of him, has the peculiar habit of sleeping on his stomach with his knees drawn up, which is the subjective symptom that is so precious when we find it, of Medorrhinum, that we know at once that this symptom outweighs all others in the choice of the remedy.

We might go on with illustrations innumerable, but I have given enough to show that in the art of curing the sick we make our choice from the subjective symptoms altogether; and the objective symptoms are only good for diagnosis, prognosis and hygienic measures, but worthless for curing disease.

*Read before the I. H. A. May, 1927, Bureau of Philosophy.

NAJA.*

CHARLES A. DIXON, M. D., Akron, Ohio.

Naja is a valuable snake poison which will, like all other remedies, do wonderfully good work when well chosen.

Lachesis, Crotalus, and Naja all have many symptoms in common but unfortunately, Lachesis is so much better known than Crotalus and Naja that it is commonly given where a finer distinction could be made, and Naja would do better work.

I have learned to bring Naja up for comparison in any case that develops *heart symptoms*. I have been able to clear up some desperate cases along these lines.

Kent says in his writings on this remedy, "Always prescribe Naja in heart cases, where symptoms are scarce, unless guided away from it by some specific symptom."

Remembering this statement has helped me many times, in acute troubles, and I believe it is just as reliable in the chronic cases.

That is the big thought in this paper. If you forget everything else in it, *keep that one thought in mind*. In all cases developing a heart complex, *think of Naja*.

Nothing drives a point home to me as well as a clinical pic-

ture. So let me tell you about one desperate case where Naja saved a life.

Man of 29 years of age was taken down with a bad case of "Flu."; chill, headache, sense of weight and pain in extremities. Called at my home about 9 o'clock in the evening. The remedy I gave him was *Gels.*

In the morning they telephoned for me to make a visit. I did so, and found the patient with a pronounced dullness all over the lower half of right lung. Temperature 103. Prescribed *Kali-carb.* on symptoms present. This was about 10 o'clock in the morning. At 1 o'clock the patient got out of bed to go to the bathroom, just outside his bedroom door, and collapsed; was carried back to his bed. The family decided about 4 o'clock to call me again, but I was out of town for the afternoon and did not get back to see him until 9 o'clock in the evening. I found the patient sitting up in a chair in front of a hot register, panting for breath, lips and finger nails blue, pulse very rapid. The whole chest was in a state of congestion, also cold perspiration on the face. What more could be added to frighten his family and worry his physician? Without spending much time in looking for specific symptoms to contra-indicate *Naja,* I gave him the remedy in the 200th, dry on his tongue. In three hours' time the man was resting, dyspnœa gone. Next morning pulse 100. Patient easy, air entering *all* parts of the lungs. Family "delighted" and the doctor—rather chesty.

Listen to the sequelæ!

Seven days later, the patient was improving in every way, except that he could not lie down. So I gave him another dose of Naja 200. In less than half an hour the dyspnœa returned, in fact, *all* the bad symptoms were back. Efforts were made to get me there quickly, but before I arrived he had passed out of the aggravation and was, seemingly, no worse for the attack. Next day I found a phlebitis, which affected his left leg from the knee down, but anyhow he was able to lie down from then on. I might say in conclusion that he made a rapid recovery and no heart lesion was discoverable.

To me the outstanding feature of this case was, that the

remedy is supposed to cause the patient to crave fresh air. My patient did not. Was cold and craved the heat. That is a strong modality in any remedy and only goes to show that Kent's advice to think of Naja in all heart attacks is sound.

In two other recent cases, old chronics, I have had good action for the remedy where the *prostration* was what led me to prescribe it.

In asthma, of the cardiac variety, the patient cannot lie down; has severe coughing with rawness and soreness in the trachea and pain in the back, between the shoulders. There is a peculiar headache that we all see occasionally. The patient wakens with it in the morning and it soon leaves after moving about. Also, a headache brought on by a mental strain. I have verified both kinds, clinically.

Naja does not present the septic symptoms, to any great extent, which are so common in Lachesis and Crotalus.

Old chronic cases in which you get a 1 plus or 2 plus Wasserman may present a fine picture of Naja.

DISCUSSION.

DR. C. F. JUNKERMANN, Columbus, Ohio: I would like to report a case I had about sixteen years ago. A farmer had been for several years incapacitated for any work at all. He had a heart lesion and doctors had pronounced it incurable. I found Naja the indicated remedy. It was at the time of our university in Columbus and I had sent him out as a clinic patient. I put him on the remedy and continued it for several years. My son was home from college and wanted to see a case of that nature. I told him that this was a good one and sent for the patient. He examined him and could find no lesion. The patient said he had been working on the farm for several years. Now the heart is working perfectly.

*Read before the I. H. A., May, 1927, Bureau of Clinical Medicine.

Force is no remedy.—John Bright.

SACRO-ILIAC SUBLUXATION.*

DANIEL E. S. COLEMAN, Ph. B., M. D., F. A. C. P., New York.

A little personal history by way of illustration. For some time I had been suffering from pain in the left sacro-iliac synchondrosis and sciatic nerve. Being an old ball player and boxer who had received in his day a good many hard knocks, I paid rather scant attention to the discomfort. After leaning over the bath-tub one morning, I was taken with such severe pain in the sciatic nerve that it was with the utmost difficulty I was able to reach my bed. After trying a dozen times to rise and attend to business, I was compelled for the first time in my professional career to refuse to see patients. No position afforded any relief, and Morpheus never visited my couch that night. With the aid of the indicated remedy I was able to rise and attend to my professional duties next day although suffering great pain. I was observed limping down the street by our friend, Dr. Wallace B. House. He asked: "Coleman, what is the matter with you?" I answered: "Oh, nothing much (I hated to admit that I was suffering), only a little sciatica." He replied: "Come in the office and I will cure you in a minute." I said: "Tell it to the marines," but I went in just the same. He placed me on the table, measured my legs, turned me on the side, gave a quick manipulation of my pelvis and told me to stand up. The relief was instantaneous, and in a day or so all pain had disappeared.

His manipulation was new to me and I asked for details. He told me that he had learned the cause of sciatica from an old osteopathic physician, namely subluxation of the sacro-iliac synchondrosis. Dr. House's manipulation was original and I have named it the *House method for reduction of sacro-iliac subluxation.*

After learning the technique from Dr. House, which will be explained presently, I waited anxiously for my first sciatica patient to appear. My opportunity was not long in coming. An old patient of mine had been transferred to Canada to become manager of one of the great insurance companies, and I had not seen him in some time. Finally he appeared at my office, walking with the greatest difficulty. He said: "Doctor, I am a complete nervous wreck. The trouble began with sciatica and I was carried into the hospital (he named one of the best known in Canada) on a stretcher, remained six weeks and was carried out again. The x-ray showed no trouble with my back. Adhesive plaster was freely applied, but I am very little better, and can just about navigate." I examined the x-ray films. They revealed no apparent pathological condition. His suffering was real and intense. I placed him on the table. One leg was about one inch longer than the other. I reduced the subluxation and he obtained relief at once. It took several treatments to completely cure this patient as the condition had lasted a long time and tended to recur. He has now remained well for about two and a half years.

This experience was followed by another, and still many more, until I was convinced that I had in my power the most valuable method of curing sciatica. Strapping with adhesive plaster and the wearing of sacro-iliac braces is not necessary and *should not be used.* A properly reduced subluxation remains put. I was called one day to see a boy about nine years of age (no age is exempt). He was suffering such intense pain, and no position or applications afforded any relief. He had just returned from one of the city's most celebrated hospitals (St. Luke's). They could find nothing wrong either by physical examination or x-ray. They put him to bed and applied a large amount of adhesive plaster. Absolutely no relief was obtained, so finally he was taken home. I removed the adhesive plaster, measured his legs. One was shorter than the other. I reduced the subluxation and he obtained *immediate* relief. He felt so happy over the result that he indulged in strenuous and lofty jumping about the room by way of celebration. This resulted in a relapse and I was again summoned. Once more I reduced the subluxation. He has remained perfectly well for now considerably over a year.

I soon learned that other pains than sciatica have their origin in the sacro-iliac synchondrosis. A lady had been suffering from a pain in the coccyx for a considerable time. She had visited many doctors. No trouble could be found with the coccyx. History of a fall on the side. There was one-third of an inch difference in the length of her legs. I concluded that there was a subluxation on the side upon which she fell. She was cured by the proper manipulation.

Let these few cases, out of many, illustrate the efficiency of this treatment, and let us present the method of reduction.

Some may say: "How do you know that a subluxation really does exist when the x-ray shows nothing?" We answer: "A rose by any name is just as sweet." Who cares whether we can prove the existence of a subluxation, or if there is really any actual subluxation or not? The trouble may be due to muscular contraction. We do know the length of the legs differs in cases of sciatica and that the *correct manipulation will cure them.*

Following is the technique, which I have illustrated with a few drawings:

1. Place patient prone on a hard table. He must lie flat and the hips must be even. Stand at the feet of the patient. Grasp both insteps firmly with the fingers and press thumbs upward on the middle of the plantar surface of each foot. This holds the shoes tightly against the bottom of the feet. Now pull down evenly on the legs and measure the length of the legs by the heels and internal malleoli. The leg on the painful side will be from a fraction of an inch to an inch and a half or more shorter or longer than its fellow.

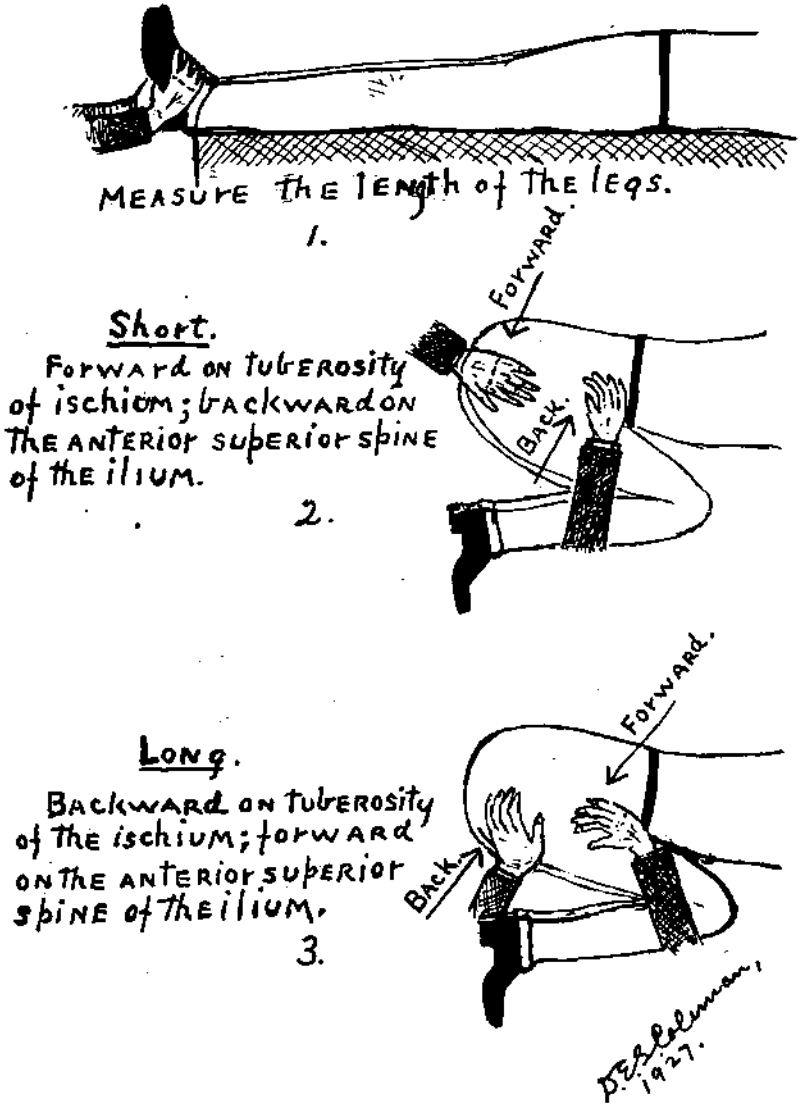
2. If shorter, have patient lie on well side and draw up leg on painful side. Both legs can be drawn up if preferred. Give the tuberosity of the ischium a quick thrust forward with one hand and the anterior superior spine of the ilium a quick thrust backward with the other. The patient should be told to relax before the manipulation and the operator should take a deep breath.

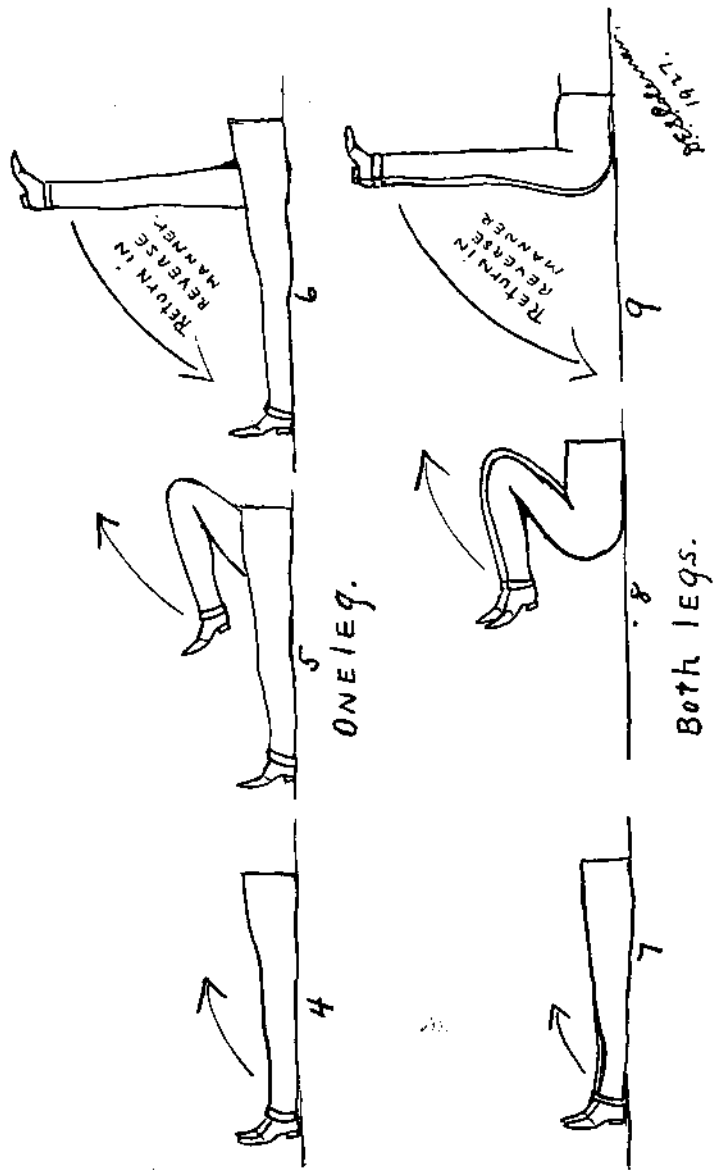
3. If longer, thrust backward on the tuberosity of the ischium and forward on the anterior superior spine of the ilium.

4. Now have patient take prone position and again measure the legs. If even, we have accomplished our aim. If not, repeat the manœuver. Several times may be necessary. A slight overcorrection may be desirable.

A patient showed me an exercise employed by Dr. de Forrest. He claims that it helps to prevent recurrence. Recurrence is uncommon anyhow without the exercise. If it is a help, let us use it. No harm is done. The exercise is illustrated in drawings 5, 6, 7, 8 and 9. Flex leg on thigh and then extend perpendicularly as far as possible. Return to original position and repeat a number of times. Then perform same movement with other leg. Finally use both legs together.

*Read before the I. H. A. May, 1927, Bureau of Surgery.





"A CIGARETTE CASE."

A. PULFORD, M. D. AND D. T. PULFORD, M. D., Toledo, Ohio.

Editor, The Homoeopathic Recorder:

In the April, 1927, issue of the Recorder was a report of symptoms acquired by a "cigarette fiend" who could give as an alibi any of the well known cigarette slogans. As yet we have heard of no one suggesting any remedies for this case although it may have been done and omitted from the Recorder. Out of curiosity we ran this case down on our card repertory with the following tabulated result:

We picked out the General and Mental symptoms and threw in "Vertigo agg. rising from bed" for good measure. Barring one mental symptom Bryonia, Kali-carb. and Sepia ran through the case with Sepia in the lead. The complete analysis with values is appended:

	BRYONIA	KALI-C.	SEPIA
GENERALS:			
Air, open, desire for	2	1	1
Clothing, intolerance of	2	1	2
Cold, tendency to take	3	3	3
Pulse, intermittent	2	2	2
Uncovering agg.	2	3	1
	5-11	5-10	5-9
MENTAL:			
Anxiety	3	3	2
Discontented	2	2	2
Discouraged	1	1	2
Fear	2	2	3
Irresolution	1	1	2
Irritability	3	3	3
Memory weak	2	1	3
Offended easily	0	0	2
Sadness, mental depression	2	2	3
Talk, indisposed to	1	1	1
	9-17	9-16	10-23

VERTIGO:			
Rising from bed agg.	2	0	2
	1-2		1-2
Total valuation	15-30	14-26	16-34

The final choice we leave to the reader after consulting both the report and the Materia Medica. As we cannot report either improvement or cure we will bid you adieu and merely state that the actual mechanical part of this work took 15 minutes. Kindly take either a repertory sheet or whatever method you use to work out a complete analysis and compare the time.

FOOD FOR THOUGHT.

HOMŒOPATHS, ATTENTION!

This Means You Personally.

Tonight when the last patient has gone and you sit for a moment before locking up for the night, ask yourself—what do you owe to homœopathy and how are you paying that debt?

Are you giving your patients the best kind of homœopathic prescription your capability will permit and are you doing your best to increase that capability? God bless you! I believe that you are but is that enough? What else can you do toward paying your debt to homœopathy.

Think about it—and record your conclusions for future use.

F. E. G.

WANTED—Three copies Kent's Lectures on Homœopathic Philosophy. (Signed) HOMOEOPATHIC RECORDER.

DEPARTMENT OF HOMŒOPATHIC PHILOSOPHY.

Editors:

Royal E. S. Hayes, M. D. and Geo. H. Thacher, M. D., H. M.

WHAT IS THE DIFFERENCE?

G. H. THACHER, M. D., H. M., Philadelphia, Pa.

Quoting a celebrated comedian—someone may ask: "What's the idea in bringing that up?"

So often it happens to me, as I have no doubt it does to others who are trying to practice straight, old-fashioned Homœopathy, that I am asked the question: "What *is* the difference between the two schools?"

Only the other day a business acquaintance, in discussing a curbstone prescription, told me that his doctor suggested a proprietary prescription for the relief of an acute condition from which he was suffering, and asked if I thought it was correct. I said: "I am a Homœopath and would not recommend such a preparation at all." He replied: "Oh, my doctor is a Homœopath too, and he uses such things!" I said I did not see how that was possible, and his comeback was: "Oh, well, what's the difference between the two schools, anyway?" The same question was recently asked at a gathering of typical, successful business men; so, it would seem that some light on the subject of what *is* the difference might be apropos.

For a long time our old school brethren accused us of prescribing "sweet nothings," hitting us on the side of the imponderables; but lately they have been sinning a little bit on that side themselves; so we do not hear so much about Homœopathy being only "small doses."

Then they reproached us for the use of Nosodes; but here again, their skirts are not entirely clear, and so they fall back on the accusation, and perhaps justly so in a great many instances, that our men are prescribing compounds, synthetics and vaccines, the same as they do.

This condition is reflected in the mind of the man in the street, and so perhaps a search for the cause may be in order.

It has been my privilege to come in contact with a number of undergraduate Homœopathic students, i. e., those who are attending "Homœopathic" Colleges, and I find the same chaos in their minds as far as Homœopathy, per se, is concerned. They are taught that similia similibus curentur (instead of curantur) is a method of cure; one which Hahnemann promulgated, but which the present scientific (!) discoveries have made obsolete. Nothing is taught them as to the relative value of symptoms in the sick person, and absolutely nothing concerning the source of our Materia Medica, and the necessity of the proving of the remedy on healthy individuals: how can they be expected to do otherwise than fall into mongrelism, polypharmacy or even worse?

A thousand years ago, Hippocrates advanced the theory of "similars" as a parallel to "opposites." The similars seem to have been dormant for centuries until Hahnemann—an old school physician—in translating into German, Cullen's proving of Cinchona, was struck by the similarity of the symptoms of this proving to those it cured in malaria. He began to prove other remedies and thus unwittingly—if not inspirationally—stumbled across the rock which turned the stream of medicine into pure and curative channels, and made possible the application of similia.

The *proving of the remedy* is the fundamental difference between the two schools: the dominant, or old school, confine themselves to the principle, ab usu in morbus. We, as Homœopaths, (with the diphthong œ) insist upon the proving of the remedies, singly, on healthy individuals, the questions of the similarity of the remedy, the size of the dose, its potency and its repetition being secondary conditions.

The "left wing" of our school have made the accusation that many of our provings are trash: the ravings of unscientific minds; unreliable and to be discarded. For the sake of argument we may admit that some of them seem so; but because some of the provings were carried on by those not capable of conducting them, is no reason for throwing overboard the principle.

Let our men in medical authority, get down Hahnemann's Organon, turn to paragraph 116 et seq, and institute provings on their friends, or students, as there laid down; and it will not be long before the teaching of the alternation of remedies, the use of seras, vaccines and proprietary preparations will be abandoned, and the student and the public at large, will not need to ask: "WHAT'S THE DIFFERENCE?"

2008 Chestnut St., Philadelphia.

ANTIDOTES.

WHAT GOES ON IN CHILDREN'S HEADS.

Climate is caused by the emotions of the earth around the sun.

A blizzard is the inside of a hen.

The purpose of the skeleton is something to hitch meat to.

The Alimentary Canal is located in Northern India.

The government of England is a limited mockery.

George Washington married Martha Custis and in due time became the father of his country.

The dress of the Saxons consists of a short tunic, a long cloak, stockings and scandals.—*Every Week.*

Q.: What is a census?

A.: A man who goes around from house to house increasing the population.

FREUDIAN LIMERICK, CASE NO. 2.

The black bear who lives at the zoo
Says, "Oh no! I never feel blue.
When it bores me, you know, to walk to and fro,
I reverse it, and walk fro and to."

TO MR. CARBO-VEG.

In planning out your scheme of life,
This limitation note:
You cannot order à-la-carte,
And settle table-de'hote.

HOMŒOPATHIC RECORDER

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EDITORIAL NOTES AND COMMENTS.

THE NEW YORK HOMOEOPATHIC MEDICAL COLLEGE AND FLOWER HOSPITAL.

The New York Homœopathic Medical College and Flower Hospital has always stood in the first rank for the teaching of Homœopathy through the full four-year term. It has had an illustrious career, brilliant from the very start with William Cullen Bryant as its first president and the coterie of fine minds that surrounded him.

This is the second Homœopathic college in this country, the first one having been started at Allentown and later transferred to Hahnemann at Philadelphia.

The early days were markedly successful and excelled in all lines while didactic study only was maintained. Later when more extensive education was required this was the first college in the United States, irrespective of systems of medicine, to recommend and establish a three-year course of study for all students. Later it again took the lead in recommending the four-year course.

It was here that the first x-ray was demonstrated in this

country before the student body, with Dr. William H. King the demonstrator.

All through the college career, the New York College has produced and developed the leaders in Homœopathy throughout this country, such men as Dunham, Martin Deschere, Timothy Field Allen, St. Claire Smith, Talcott, O'Connor, Rabe, Stuart Close and innumerable others who are the leaders of Homœopathy today.

In the development of colleges of a later day the independent colleges have had a hard experience from the financial point of view, and due to the rules of the A. M. A. college rating many of them have had to close their doors.

This has been particularly hard for the New York College, not because of the standard of medical education but because of the requirements on expenditures. On the other hand, it has become almost an impossibility to run a Homœopathic college in connection with a university because of the subtlety with which the university authorities undermine the very foundations of the college.

During all of these years of depression one man has stood out preeminently with faith that an endowment sufficient to carry on the functions of the college in a higher grade rating could be raised. For the past two years Dr. William H. Dieffenbach has worked in season and out of season to raise an endowment of one million dollars. The extent of his faith and his power of winning his objective is shown by the fact that practically every one at the time he undertook this work said, "it could not be done. But he did it." The result shows what faith, with works does.

At the trustees' meeting on January 19th the whole board of trustees rose at the announcement that Dr. Dieffenbach had succeeded in bringing the endowment up to $1,037,000. They voted to put on a testimonial dinner to Dr. Dieffenbach for April 11th, Hahnemann's day. This was particularly grateful to the International Hahnemannian members on the board of trustees.

Dr. Dieffenbach had no more than announced the amount of the endowment than he immediately added, "I shall now attempt the raising of another $200,000 to cover any possible losses which may occur from unredeemed pledges."

Friends of the college throughout all the world will rejoice that the New York College is put on a firm financial basis, and should now go on to greater heights of usefulness. H. A. R.

PSYCHOPATHIC PRESCRIBING.

As Hahnemann was a pioneer in the treatment of mental diseases, it is especially gratifying to find state hospitals for the insane making good use of the therapeutic system, which he promulgated. There is a certain amount of Homœopathic prescribing in use at the present time in such institutions as Westboro State Hospital, Middleboro State Hospital and the one at Taunton, but the most interesting and precise record which has come to our notice is that in the annual report of the Allentown State Hospital in Pennsylvania, (reprinted from the Hahnemannian Monthly November, 1927).

To quote from that report:

"A statistical study of the single Homœopathic remedies prescribed at the Allentown State Hospital from June 1, 1926 to May 31, 1927, shows the total number of different drugs as 175, the total number of 3,787 prescriptions, and 9,255 refills. In this report we are listing 15 drugs in the order of their frequency, this ranging from 409 to 62 prescriptions for each drug. The total prescriptions for the fifteen drugs were 2,307 or 61 per cent. of the grand total of all prescriptions. The drugs prescribed most frequently in the order of their frequency were the following:

1. Bryonia 409
2. Belladonna 349
3. Gelsemium 289
4. Nux Vomica 259
5. Arsenicum Alb. 142
6. Aconitum 123
7. Rhus Tox 107
8. Merc. Sol. 106
9. Arnica 92
10. Eupatorium 90
11. Causticum 77

12. Pulsatilla 73
13. Viburnum 66
14. Ferrum Phos. 65
15. Phosphorus 62

It may be equally interesting to know the potencies prescribed, their order and frequency.

1. Third decimal 2,598
2. First decimal 357
3. Sixth decimal 336
4. Thirtieth decimal 210
5. Second decimal 205
6. Twelfth decimal 78
7. 200th decimal 3

There follows a much longer table of all the remedies prescribed. On looking at the 15, as above enumerated, one realizes that most of these must have been used for intercurrent acute conditions and that a very small proportion of the prescribing can have been constitutional and "chronic." To be sure five of the fifteen, Nux., Ars., Merc., Puls., and Phos. may have done yeoman service on the mental plane but the lowness of the potencies used would preclude some brilliant results even with these five. It is notable that such invaluable and frequently needed grand remedies as Nitr-ac., Aur., Bar-c., Calc-phos., Graph., and Psor., have been prescribed but two or three times out of 3,787 prescriptions. Certain drugs which one commonly associates especially with mental conditions have also been used but rarely, viz., Bufd, Cupr., Hell., Hyos., Lach., Plat., Sepia, and Tarent. Other Titan remedies such as Calc., Lyc., Natr-mur., Sil., and Thuj. have been used less than twenty-five times apiece, Lyc. 33, as also have Phos-ac., Ign., Kali-i., Stram., Verat-a., and Zinc. On the other hand certain unusual remedies such as Crataegus, Sang., and Stict. have been used thirty or more times each, and many rare remedies are sprinkled in occasionally. We should like to congratulate the superintendents on their magnificent record, and to beg them to try the higher potencies, at least 1M, 10M and 50M of some of the deep-acting remedies.

Rarely does such an itemized list of prescriptions from any institution or individual come to hand. May more such follow from other sources, and more power to these! E. W.

BOOK REVIEWS.

In order to keep our readers abreast of the latest homœopathic works the Recorder will publish a monthly book review section, and hereby invites authors and publishers of homœopathic books to send review copies to the General Editor's office, 472 Commonwealth Ave., Boston. Each of our subscribers is urgently asked to send in names of interesting new homœopathic books which come to their notice so that the office can obtain them and have them reviewed.

Here follow two reviews reprinted from the British Homœopathic Journal for October, 1927:

Index of Aggravations and Ameliorations. By Edwin A. Neatby, M. D., and Thomas George Stonham, M. D., London: John Bale, Sons and Danielson, Ltd. 1927. Price 4s. 6d. ($1.08).

This volume bound in cloth is a reprint of the index bearing the above title which forms part of the work on Homœotherapeutics by the two authors mentioned which has been recently published and of which a notice appeared in the July issue of this Journal. The pages of this volume are interleaved with ruled faint paper for verification or additions to the contents of the index. When once the method of the index is grasped it may become of considerable use in practice at the bedside. But for safety's sake and to avoid disappointment, unless previously remembered by the practitioner, both the modality and its reference to the medicine should be verified by reference to the Materia Medica. In other words, such an index cannot be accepted as a foundation for knowledge of Materia Medica, but only as a reminder to previously acquired knowledge in its application to individual cases. G. F. G.

The Patient's Dilemma, or, Why Not Homœopathy? By T. M. Dishington, M. B., Ch. B. Glas. London and Glasgow: Gowans and Gray, Ltd. 1927. Price 2s. 6d. net (60 cts.)

It is rather difficult to judge whether this little volume has been written for the lay public or the profession. We hope the latter, as its argument, although couched in the form of a story, is closely knit from the scientific and philosophical points of view in favor of an adoption of homœopathy as a principle of treatment. A friend of our cause has suggested the title should be "The Doctor's Dilemma," but to adopt that title would have been an infringement of the copyright of a celebrated playwright and author. The doctor is often in a dilemma when he is unaware of it, and this book would do not a little to help him through, but it does suggest that the helping is rather an easy or a royal road. We confess, however, that the real problem of the propagation of homœopathy is to know how to present them as undergraduates, or immediately after graduation, in the true principles of treatment. The true homœopath can never be content until he has got at the undergraduate, and this little book forms a strong argument in favor of that view.

* * * *

LIVER EXTRACTS IN HYPERTENSION.

An article with this title by M. J. Flipse, Miami, published in the Florida Medical Association Journal, Vol. XIV, October, 1927, page 185, is abstracted in the J. A. M. A. for December 31, 1927, as follows: "Flipse has treated more than thirty cases of hypertension with liver extract 1cc. daily, injected subcutaneously, usually for four days only. In some cases, 2 or 3cc. was given at intervals for many months. The extract proved effective in all cases, even in many in which nitrites and related vasodilators failed to reduce the blood pressure."

* * * *

SCHOOL ENDEMIC OF ERYTHEMA NODOSUM.

The same issue of the J. A. M. A. abstracts an article of this title by A. Wallgren from the "Jahrbuch für Kinderheilkunde," Berlin, Vol. 117, October, 1927, page 313. The gist of

it is that eighteen cases of erythema nodosum all gave a one to three plus positive Pirquet reaction. One of these children had pulmonary Tbc. and two months after its admission to the school seventeen children showed signs of the Tbc. infection, and 17 of erythema nodosum.

This apparent connection of erythema nodosum and tuberculosis is a novel one. Had the eruptions been tuberculides they would not have been tender. The abstractor gives no statement as to the heart or joint conditions in these children. Of course it is possible that there were simultaneous outbreaks of two separate conditions, at any rate the article should make us examine all our erythema nodosum cases thoroughly for Tbc.

* * * *

A NEW NOSODE.

At the Ninth Quinquennial Homœopathic Congress in London, July, 1927, Dr. H. Fergie Woods of London spoke of a new nosode, *Muco-Bacter*, which was yielding brilliant results as a prophylactic for common or garden colds. He gave us a graft of this remedy and we should be glad to have our readers try it out and send in reports to the Recorder as to its efficacy. We hope to get a proving of it for publication later. Grafts can be obtained from Messrs. Boericke & Tafel or Ehrhart & Karl.

* * * *

UNCONSCIOUS HOMOEOPATHY AGAIN.

In the Journal of the American Medical Association for December 31, 1927, appears an editorial on Calcium in the Urticarias, which caught our homœopathic eye. It rehearses the theory that urticarias may be due to decreased permeability resulting from a lack of calcium and quotes studies by Greenbaum at the University of Pennsylvania on blood serum calcium estimations in 63 urticarial patients. All but one showing normal or increased calcium content, Greenbaum concludes that calcium should not be administered to urticarial patients. The Reviewer discriminatingly comments that ". . . effective results in calcium therapy may depend on the use of far larger doses than have been conventional *or on the availability of the calcium actually circulating*" (italics ours). This we think is where the homœopathy comes in. Potentized calcium, i. e., homœopathic calcium, would enable the body to assimilate the calcium already in the blood or ingested in food, just as potentized calcium in rickets enables lime to be assimilated. It would be interesting for our prescribers to have blood calcium determinations on all their urticarial patients and prescribe Calc. when indicated, and send in the records of the cases to us for publication.

COMMUNICATIONS.

JAMES TYLER KENT PRIZE.

A prize of $25.00 is offered to the medical student who sends in the best working out of the case appended below.

The symptoms are given as the patient told them, without arrangement, and the case as submitted for the competition will be judged on the following points:

A. Homœopathicity.

B. Evaluation of symptoms.

C. Repertory rubrics, corresponding to the symptoms, with pages.

D. Reasons for the final choice of remedy or remedies.

CASE.

Mr. B., age 28, slight, blond, 10 pounds underweight, singer.

C. C.: *Hay Fever* annually since 4 years of age.
August and September only.
Sneezing paroxysms until exhausted.
<strong light, motion and heat (can't stand sun).
>at night.
Watery nasal discharge, bilateral, excoriating.
Itching eyes.

Asthma, from 10 to 14 years of age, at night, wakening him at 2-3 a. m.

(Skin test showed sensitivity to ragweed.
Courses of ragweed injections and adrenal sprays under previous allopathic physicians did not aid).

F. H.: F., M., 1 B., and 2 S., 1. & w.
No Tbc., no Ca., no epilepsy, no hay fever in family.
One uncle had asthma.

P. H.: Typhoid at 18 (4 doses of "Serum").
Influenza at 19.
Operations: Deviated septum at 21.
Tonsillectomy at 21.
Vaccinated once, which took.
No history of eruptions, ac. rheum. fever, diph., scarlet fever, malaria, pnm., or pleurisy.
Frequent styes.
Train and car-sick.
Takes cold every month or two.
History of G. C. (treated by protargol).
Hair falls out, (Sulphur and Resorcin to scalp).

P. I.: Depression.
Lascivious thoughts bother him.
Childhood scenes recur, broods over them.
Patient wants to be hypnotized or magnetized.
Homosexual experiences.
Exceedingly conscientious; neat.
Says sleep is his only salvation (sleeps on the left side with head low).
Weepy recently.
Shortness of breath, on stairs and in singing.
Sensation of clinched jaw often.
Abdominal cramps from cold milk; hot milk O. K.
Never suicidal; fears nothing but himself; very social.
Warm-blooded, but loves hot weather.
<in sea air and fog.
<on damp days.
Eats anything, but lately has an aversion to milk; craves ice cream, however; always loves fats, and dislikes starches.
Afraid of undertaking things.
Always blaming himself.
Dry feeling behind sternum causes cough.

P. X.: (Positive findings only stated).
Skin of the face greasy-looking.
Nasal polyps, bilateral.
Silver fillings in teeth.
Fissured tongue.
Thin skin with prominent arm veins.
Split first heart sound.
Left lung apex posterially somewhat dull; no definite rales.
Palms of the hands very hot and sweaty.
Slight eczematous condition between toes.

Lab.: Blood pressure 160/90.
Urine negative except for smoky odor.
Blood count normal except for 3% eosinophiles.
Chest x-ray negative.
Sputum not obtainable.

Competitors please send their papers to the general editorial office, 472 Commonwealth Ave., by March 10th.

CARRIWITCHETS.

DEAR EDITOR:

A lady of fifty and a "bittock" took Phos. 30 from her family medicine case for a "cold with cough." Two days later when she came to me for a prescription she was typically Caust. Dare one give it?—Puzzled.

TO THE QUESTION DEPARTMENT:

Boy of five years whose "chronic" is Sil. Two weeks after a 10M dose he comes down with what appears to be a clear Phos. Bronchitis.

1. Would you repeat the Sil., and if so in what potency?
2. Or, would you give Phos. (what potency?) And if so, would it interfere with the course of the "chronic?" How soon after recovery from the bronchitis would you repeat the Sil.?
3. Would you simply give Placebo and general care?

DEAR EDITOR:

Where can I find a list of the acute remedies which go well after certain deep-acting "chronics," viz.: Allium-cepa after

Sulph.? Theoretically Allium is good as a intercurrent with Sulph. because it contains it. Would Puls. be a good intercurrent in Kali-mur. cases on the same principle, or isn't it a principle? —S.

Q.: When a case on a "chronic" develops violent new pains and apparently well-chosen acute remedies don't relieve, what should one do?

A.: In such a case before trying an "acute," search for those pains under your "chronic" in the Materia Medica. I recall an Ars. patient of mine who developed violent sciatica and was not relieved by several well-chosen acute remedies, who cleared up like magic in the midst of a severe attack on a dose of Ars. 1M. (c. f. Hering's *Guiding Symptoms* under Ars.-alb.)—Ed.

CURRENT HOMŒOPATHIC PERIODICALS

Titles marked with an asterisk (*) are abstracted below.

THE BRITISH HOMŒOPATHIC JOURNAL
Vol. XVII: p. 381-463. (Oct.) 1927.

Senile Cataract Homoeopathic Treatment: The first part of this paper deals with etiology, lenticular changes, and underlying dyscrasiae of cataract. Then follows an epitome of ten remedies: Calc.-c., Caust., Con., Lyc., Mag.-c., Nat.-m., Sec., Sep., Sil, Sulph Cases follow with details of the examination of vision before and after remedies. Dr. Speirs-Alexander stresses Sepia and Nat.-m. as the two most potent drugs for cataract. Nat.-m., he claims, yields best results because it is one of the few drugs known to be capable of causing cataracts.

THE HAHNEMANNIAN MONTHLY
Vol. LXII: p. 881-969. (Dec.) 1927.

The Cardiac Neuroses: A witty and delightful article expanding the author's tabulation of symptomatic disturbances of the heart, which follows:

a. Acute.
   1. The infections, as influenza, typhoid fever, diphtheria, etc.
   2. Shock, as observed in perforation of hollow viscera, fright, traumatism, etc.
   3. Internal hemorrhage, as ruptured extrauterine pregnancy, intestinal bleeding, etc.

b. Chronic.
   1. Gastric syndromes.
   2. Sex syndromes.
   3. Visceroptotic syndrome.
   4. Effort syndrome.
   5. Various syndromes relating to the endocrine functions.
   6. Arteriosclerotic and nephritic syndromes.
   7. Toxemias—Endogenous; exogenous.
   8. Psychoneurotic.
   9. Environment.
   10. Congenitally deficient cardiac reserve.

Relationship between Pathogeneses and Experience, Pulsatilla as example: A taking and popular paper full of nuggets. It bridges the gap between the strict "Totality of the Symptoms" homœopaths and the pathologically prescribing homœopaths. To quote: "What should one learn from the pathogenesis? There is but one answer. He should learn only those unusual, peculiar and characteristic features of the remedy which stamp its pathogenesis with an individuality different from all other pathogeneses." He gives salient keynotes to Pulsatilla, such as: they "unburden themselves;" they say "no one has understood them but you;" they cannot "see beyond the petty annoyances of the moment." He describes the late stage of a sinusitis which is draining as "the orange juice discharge stage," and says Pulsatilla will shorten the case. He tells us in what diseases *not* to expect help from Pulsatilla. Near the end he says: "The constant repetition of error invariably leads to distrust of law." It is refreshing to find a paper with so much real homœopathic insight which yet is simple enough to be profitable to beginners.

Blueberry Leaf Extract and Diabetes: This editorial quotes Dr. Frederick M. Allen of diabetic fame, (from the J. A. M. A., November 5, 1927) on the properties of *myrtillin*, obtainable from blueberry leaf, other myrtles, yeasts, and oatmeal. Myrtillin is useful as a means of gradually raising sugar tolerance. The writer recalls that one of the myrtles, "*Sizygium jambulanum* also known as *Eugenia jambulanum* and jambul, has long been known as an East Indian remedy for diabetes."

THE HOMŒOPATHIC SURVEY
Vol. II: p. 1-15. (Oct.) 1927.

THE HOMŒOPATHIC WORLD
Vol. LXII: p. 309-336. (Dec.) 1927.

Notes and Translations: The first part relates to certain facts in the life of Madame Melanie Hahnemann. Next comes an extract from a letter of Hahnemann's to von Boenninghausen, on bone abscesses, written in Paris, October 23, 1840:

> "I do not deny that in bone abscesses as a rule cure only takes place with difficulty. *Angus.* has sometimes been useful. To me they seem to be of a two-fold nature, of which one kind seems to need remedies of a basic nature, such as *Calc., Hepar sulph. calc.*, the other kind needs acids such as *Acid nitric, Silicea* and *Acid phos.* Of the latter you have an indication (in, I believe, 613, *Acid phos.* of the 2nd edition of 'Chronic Diseases.') *Asaf.* has rarely been of any use to me. Cuprum and Angus. must also be taken into consideration. In very weak constitutions *Arn.* must not be forgotten. In Tinea, prœmisis prœmittendis, *Staph.* has rarely failed me, particularly in very high dynamisations. To inquire if they have been infected with itch is a useless proceeding. One is only told half the truth. Apart from this hereditary Psora cannot be denied."

The next translation is a fragment of one of Hahnemann's letters:

> "Probably, if with the first pregnancy, during the time of pregnancy the antipsoric treatment were properly carried out, one might succeed in freeing mankind from the evil hereditary psora, a success of far greater value than the eradication of Smallpox by vaccination."

Mrs. Wheeler (who translated Dr. Haehl's *Life of Hahnemann*) ends with a translation of Hahnemann's notes on *Badiaga*:

> "With emotional excitement violent palpitation with joyous sensation, lasting one minute.
> Frequent stools, diarrhœa on the first day.
> Nervous excitement.
> Impatience.
> Burning and itching behind the ears.
> A chain of swollen glands in the neck.
> The last joint of the ring finger swollen and painful.
> (At the side of notepaper Hahnemann makes the following remark: "dry scab between fingers.")
> Irritability.
> Peevishness.
> Nausea as at the beginning of sea-sickness.
> Early morning, twice urinating; much urine, afterward frequent desire to urinate and yet only a few drops pass accompanied with severe pain in the arms.
> During the day frequent heat waves in the face with some (word illegible).
> Feeling as if the hair was standing up on the head.
> Vertigo, stupefaction to the point of reeling about in the evening when going to lie down.
> Pressive pain in the forehead.
> Light and noise annoy her.
> Slow digestion—enormous quantity of flatulence is eructated.
> Strong sexual excitement for two weeks.
> After being heated through climbing mountains, tremor, restlessness, anxiousness, quick breathing.
> Hard skin on soles of feet.
> Itching on soles of feet.
> After speaking loudly, stitch under left nipple.
> Burning stitches in the forehead, temples and eye sockets.
> Pressure in the region of the stomach when sitting bent, which disappears on sitting upright.
> Itching over the whole body as if flea-bitten, increasing towards evening and worse in bed.
> When walking in the open-air a feeling of tiredness in the upper thigh."

THE JOURNAL OF THE AMERICAN INSTITUTE OF HOMŒOPATHY
Vol. XX, p. 1035-1152. (Dec.) 1927.

Spigelia: Atkins points out the botanical relation of spigelia with nux vomica and with gelsemium. He brings out its action in another important center beside the trigeminal area, namely, the pectoral. He relates it to cactus grandiflorus by the one prominent symptom common to both: pains shooting up the arm. He considers it influences the vagus nerve; and stresses as its leading symptom the "early morning attack which gradually increases to midday and gradually lessens toward evening."

PACIFIC COAST JOURNAL OF HOMŒOPATHY
Vol. XXXVIII. p. 348-373. (Dec.) 1927.

Preventive Medicine: Denman speaks of the need of a "League for the Conservation of Private Health," and discusses the fact that, "an acquired immunity to certain conditions can be secured by the use of homœopathic remedies." He lists: Poison ivy in the two hundredth potency as immunizing against poison oak; Gelsemium or Chininum Sulph. against malarial fever; Apis in the thirtieth potency for diphtheria prevention; Belladonna in the thirtieth for scarlet fever, Graphites to overcome the tendency to repeated attacks

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TO WHAT EXTENT DOES ANIMAL EXPERIMENTATION AID PRESCRIBING?*

DANIEL E. S. COLEMAN, PH. B., M. D., F. A. C. P.

We are not concerned with the great benefits derived from animal experimentation as developed by such masters as Pasteur, Koch, Behring, Ehrlich, Wassermann, Harvey, etc., but to what extent can the symptoms produced on the lower animals by the action of drugs enable us to select the homœopathically indicated remedy. Crude would our prescribing be, and scanty our practices, if we depended upon such superficial indications.

It is impossible to accomplish consistent therapeutic results unless we are familiar with, and constantly make use of, the subjective symptoms developed in the provings, or those repeatedly verified at the bedside (so-called clinical symptoms).

Some years ago I was consulted by a hay-fever patient. Her symptoms recurred year after year with very little relief from treatment. Marked *aggravation from sleep* was the outstanding characteristic symptom. I prescribed Lachesis 30th in repeated doses. Her symptoms were entirely controlled for the season. The following year they reappeared and Lachesis again acted with the same effectiveness. She was highly pleased and said: "Doctor, that remedy was wonderful. Will you please write it down so that I can have it in case you should die." A cheerful thought. I repeat the lines of a once popular song: "That isn't all, that isn't all." When the calendar moved around, her hay-fever symptoms returned. Lachesis this time *failed absolutely to relieve her.* Why was this so? I reviewed her case. *The aggravation from sleep was absent.* Arsenicum iod. was indicated. How could the symptoms obtained from any possible animal experimentation

* Read before the I. H. A. May, 1927, Bureau of Philosophy.

have aided me in this case? The apparent pathology was the same each year.

A prominent New York business man was spending a vacation in Florida. He telegraphed that he was suffering from asthmatic attacks, and that his usual remedies had failed. The peculiarity of these attacks was their appearance *between 2 and 4 a. m.* I sent him Kali carb. 6x. It relieved him promptly.

Female, 40 years old, consulted me on Feb. 25, 1927. She had been suffering from gastric symptoms for about eight years. Knowing considerable materia medica, she often prescribed for herself. At present she was not obtaining relief, notwithstanding a very strict diet. Her symptoms were many. She had a mild disposition, inclined to be somewhat tearful. Menses irregular; flatulence; distress if eats a little too much, etc. *The relief from cold food and the aggravation from fats,* put the selection of the remedy beyond doubt. I prescribed Puls. 6 four times daily. She noticed improvement within 24 hours and has continued to grow better ever since. She felt provoked at her own prescribing, and said: "Why did I not think of Pulsatilla?"

Lady, 86 years old, remarkable for her mentality up to a very short time ago, at last began to show the inevitable symptoms of senility. Last week she would mutter and pick at the bed clothes. Her mind cleared rapidly under Hyoscyamus 30.

Female, age 55. Depressed, cries, *sighs* and broods. Dyspnœa, *desires to take a deep breath.* These symptoms were caused by *loss of sister.* Improved quickly under Ignatia 3x.

Female, age 30. Heavy, *constricted* feeling about the heart, dyspnœa, anxiety, numbness of the left arm, etc. Pulse 91. Systolic and diastolic murmurs heard over apex. Prompt relief from Cactus grand., given in half a glass of water, three doses repeated frequently.

I could recite many more cases showing the value of subjective symptoms, but I will limit myself to one other which illustrated to me, very early in my medical life, the superiority of subjective symptoms over purely objective ones. The late Dr. Henry M. Dearborn was a skilful prescriber as well as a great dermatologist. It was his custom during the clinical lecture to assign cases to the students. A diagnosis was to be made and

a remedy suggested. A fellow student and myself departed from the lecture room with a patient. It was a typical case of herpes zoster. The *vesicular* lesions suggested Rhus tox., but the characteristic modality, *relief of the burning and itching by the application of heat, pointed to Arsenicum.* We left the choice to Dr. Dearborn. He selected Arsenicum on its *modality* (subjective symptom), making the statement (which we all know so well) that the modalities ranked first in homœopathic prescribing. Such an assertion coming from a dermatologist, forced to prescribe on purely objective symptoms many times, was most convincing. He also called our attention to the difficulty in curing psoriasis, because of its well known absence of subjective sensations. If any were present, the selection of a remedy became infinitely more easy and the probability of a cure more likely.

Let me quote our old friend, Dr. Nash, again. Under Kali iod. he writes: "I give you Farrington's words for it: 'Pneumonia, in which disease it is an excellent remedy when hepatization has commenced, when the disease localizes itself, and infiltration begins. In such cases, in the absence of other symptoms calling distinctively for Bryonia, Phosphorus or Sulphur, I would advise you to select Iodine or Iodide of Potassa. It is also called for when the hepatization is so extensive that we have cerebral congestion or even an effusion into the brain as a result of this congestion. The symptoms are as follows in these cases:

" 'First they begin with a very red face, the pupils are more or less dilated, and the patient is drowsy; in fact, showing a picture very much like that of Belladonna. You will probably give that remedy, but it does no good. The patient becomes worse, breathes more heavily, and the pupils more inactive to the light, and you know then that you have serous effusion into the brain, which must be checked or the patient dies.' So far so good. But now even Farrington *dulls*—all great men sometimes do. He says: 'Why did not Belladonna cure?' 'He who prescribes on the *symptoms* alone in this case would fail, because he has not taken the totality of the case.' What does Farrington mean? Does he mean that in his picture of Belladonna he had the totality of the case without the hepatization, or does he mean that the hepati-

zation was the totality without the other symptoms? Here are the two horns of his dilemma—which would he take? I contend that all the other symptoms of the case, without the hepatization was not the totality of the case. The hepatization was one, and only one, of the totality of the symptoms. Now he says: 'Put your ear to the patient's chest, and you will find one or both lungs consolidated.' Well, I should call that a very important *objective* symptom, and one that could not be left out of the *totality* of the case. Remember that both subjective and objective symptoms must enter into every case in order to make the totality complete."

The above quotation shows that the objective symptoms (pathology) do play a part, and sometimes an important part, in the selection of a remedy. The careful, thinking mind of Dr. Richard Hughes appreciated this, but he did not fail to comprehend and record the subjective symptomatology in his *Pharmacodynamics*.

The statement is sometimes made that the objective or pathological symptoms are more trustworthy because the imagination can play no part in their production. This statement is based on false reasoning. If we were to accept "out of whole cloth" all the sensations expressed by the provers, our materia medica would be as untrustworthy as it would be unworkable if the objective symptoms were alone admitted. It is only after repeated, careful and independent verification that we should admit subjective symptomatology. *It is then indispensable.*

Animal experimentation can furnish us with only the most superficial understanding of our remedies from a homœopathic prescriber's standpoint. provings on the healthy *human* body characterizing the work of our school. We do not claim, however, that animal experimentation is without merit. To observe a consolidated lung produced by Bryonia, or a congested liver caused by Chelidonium naturally aids us in our prescription, but its practical adaptability is extremely limited. The chief value of such experimentation is didactic. To be able to say to the student: "Observe the consolidation of the lung produced by Bryonia resembling that which occurs in pneumonia," or "Note the action of Chelidonium on the liver, etc. Do these not

show the truth of the homœopathic doctrine?" But if that is all a student learns of Bryonia in connection with pneumonia, or of Chelidonium in connection with the liver, we advise that he discontinue any ambition (if he has any) of becoming a first-class homœopathic prescriber. Failure to hold his practice, if such were held on results obtained, would be the unfortunate (for the patient as well as doctor) consequence.

If we examine the heading *Experiments on Animals* under Hyoscyamus in the *Cyclopaedia of Drug Pathogenesy* we see how imperfect such experiments can be from a homœopathic standpoint: "As the name implies, H. may be eaten by swine with impunity; it is also said to be innocuous to cows and sheep, while deer, barn-yard fowls and fish are poisoned by it. According to Orfila's experiments, it acts upon dogs as upon the human species. (1) Although the alkaloid is poisonous to rabbits, twenty times the quantity of strong alcoholic extract does not injure them. (Stille, op. cit.) (2) Given to horses in large quantities it causes dilation of pupils, spasmodic movements of lips, and frequency of pulse. (Perrira, op. cit.)"

We admit of course that much of the animal experimentation of late has been conducted on more elaborate lines, nevertheless it can never take the place of human provings. Great care is necessary in the selection of the animals used because of their varying susceptibility to the action of drugs.

The only advantage, and it is not such a great one as some imagine, that animal experimentation can possibly have, is that the provings can be carried to pathological conclusions. In the human subject, this cannot usually be done. Dr. Nash, who was one of the kindest-hearted old gentlemen, suggested that murderers be used for such purposes, claiming that they would then be of some use to the world, having in most cases failed to be during their lives. Such a step would be looked upon by certain individuals as inhuman, but the murderer could be given his choice between the electric chair and taking a chance with a drug proving. This is not new. To learn if leprosy could be transmitted, a murderer was given the choice of being hanged or receiving an injection of the products of a leprous lesion. He jumped at the latter chance for life. He was injected and in due time a report

went out that the disease had not been transmitted. Scarcely had this news gone forth, than he showed the first symptoms of this dread malady.

We differ with the rhetorical but illogical Mr. Clarence Darrow in his opinion of the criminal. He thinks that they are "poor sick young men," whereas we consider the ordinary criminal as a lazy, desperate character who thinks that the world owes him a living. To hold up an armed United States mail car, and evade a strong pursuing force requires a nerve, even if it is perverted, absolutely incompatible with this celebrated criminal lawyer's notion of a criminal.

Just as a nation has a right to protect itself by any means against opposing violence, so have the law-abiding citizens a right to use such methods as will effectually stamp out or lessen crime. The idea of vengeance plays no part in the punishment of the criminal. *Self protection is the only object.* Punishment should be such as to produce this protection. The remarkably efficient handling of the New York Police Department by the most able Mr. McLaughlin, diminished to a marked degree crime in that city. The therapeutic measures applied by the former commissioner to these "poor sick young men" should earn for him the degree of M. D. Equally effective, although somewhat different, were the methods employed by the famous Thomas Burns, superintendent of the New York police during my youth. The criminal feared him personally and dreaded to be brought before "the chief." He established the "dead line," below which no crook dared to go, and kept the city comparatively free from invasion by the criminal element. The old chief stood no fooling and carried a knockout punch in either hand. Captain Williams of the same period could wield his night-stick with a grace and efficiency that would have delighted Hercules. He once remarked: "There's more law in the end of a night-stick than in all the courts in the United States." These men believed in physical therapeutics and they obtained brilliant results. So, after all, Dr. Nash's suggestion, carried on in a humane manner, is not without merit.

One thing more. Recognizing the value of subjective symptoms is not confined to our school. The great Sir James Mackenzie knew their worth. Let me quote a few of his statements: "The proper appreciation of the patient's sensations enables us to understand many obscure complaints, as for example in the recognition of abnormal heart action." "The study of pain, its site, radiation and accompanying phenomena, reveals the mechanism by which it is produced." "The knowledge of the progress of disease reveals the meaning of abnormal signs and constitutes the basis for an intelligent prognosis." "The general practitioner is the only investigator that has the real opportunity." "The opportunity for investigation in hospitals is too restricted." "When heart failure sets in, the earliest manifestation is always a subjective sensation of a disagreeable kind."

Note what Sir James says regarding the general practitioner. The same is true in relation to the homœopathic materia medica. True knowledge of materia medica and prescribing can only be obtained at the bedside by one actively engaged in private practice. The hospital, using Mackenzie's own words, "is too restricted." The laboratory is still more so.

One of the best pathologists I know remarked to me one day: "Coleman, the young doctor of the present expects me to make all his diagnoses for him. He seems never to have acquired the skill of drawing conclusions from the symptoms presented, or to make a good physical examination. You know that the laboratory is only confirmatory."

We conclude then that animal experimentation can aid, but only to a very limited extent, homœopathic prescribing. *The bulk of our knowledge must be obtained from provings on the healthy human body and from repeated verifications of the symptoms.*

ALMANICK-NACKS.

If cheese is wrapped in a cloth moistened with vinegar it will neither dry out nor mould.

Wet shoes should be stuffed with paper which will absorb the moisture and prevent the shoes from getting hard.

CENCHRIS CONTORTRIX.*

RALPH S. FARIS, M. D., Richmond, Va.

Introduction.

Many symptoms of the remedy are similar to those of her sister—Lachesis. The pains are worse at night and they are often transient. The patient often sleeps into an aggravation. Abscesses are common. There is a general feeling of anxiety about the body. A feeling as if the entire body was enlarged to the bursting point. All symptoms come on or are worse on lying down at night. Often there is much loss of flesh, emaciation from above downward, first about the neck and face, then the mammæ, then the thighs and legs. Tight clothing is unbearable. There is throbbing in the entire body.

I am indebted to Dr. Kent's "New Remedies" for most of the information relative to this valuable drug.

Generals.

Anxiety.
Listlessness.
Fainting.
Worse in evening and night.
Better from heat.
Restlessness.
Worse on Left Side.

Mind.

Loss of memory. Feeling of intoxication. Anxiety, with a feeling that she will die suddenly. The horrors of the dreams of the preceding night seem to follow her. She cannot banish the horror of these dreams. On lying down at night she is immediately seized with a horrible sickening anxiety all over the body but most at the heart and through the chest, which causes her to cry out with fear; this soon passes into a profound sleep, which may last until morning but is full of horrible dreams. Thinks family is plotting to place her in an insane asylum; this symptom is often worse in the afternoon or night. Suspicious of everybody. No

*Read before the I. H. A., May, 1927, Bureau of Materia Medica.

determination or snap; has to use all reserve mental force to make a start. Painful procrastination; indecision. Has a longing to go yet cannot tear herself out of her chair and move along; when at last she does work up enough determination to go, she goes very suddenly. No inclination to attend to her usual duties, which are pleasant. Angry when disturbed. Not able to rest in bed; must walk the floor to ease mind. Wants to be alone. Inability to concentrate mind. *Dreamy;* absent-minded; took wrong street-car without realizing its destination. Misdirects letters. Very gloomy, sad and discouraged. Crying and very frequent sighing. Feels hard, uncharitable, selfish, envious and is easily slighted. Alteration of opposite moods and desires; great depression and gloomy foreboding followed by great hilarity. Easily moved to tears.

Sensorium.

Sensation of intoxication in evening; unable to walk in a direct line, goes from side to side of the walk. Vertigo, which is not constant, accompanied by absolute lack of any desire to attend to usual pleasant duties. Vertigo which is very annoying from 4 to 7 p. m. When riding on the street car she rode past her destination, through lack of attention. Fainting spells.

Inner Head.

Sensation of fullness about the head. Dull aching pain in the forehead, which finally extends to the occiput, leaving the forehead. Feeling as if all the blood in the body rushed to the head. Violent headache in both temples in the forenoon; worse from the least warmth; lips dry and parched. Headache in both temples on rising in the morning, passing off after breakfast. Aching in the frontal sinuses, nose and throat, as though a severe cold had been contracted, but no discharge of mucus. Dull headache in the occiput. Dull aching in the frontal eminence. Hard aching pain commencing in left frontal eminence and spreading down left side to teeth, then spreading to right frontal eminence, then to teeth on that side. Dull frontal headache during menstruation. Dull throbbing in vertex.

Outer Head.

Sore feeling in the scalp after the headache passes away. Itching of the scalp relieved by scratching. Transient sensation of prickling in scalp, like a general current of electricity.

Sight and Eyes.

Eyes ache and there is dimness of vision. Lachrymation from left eye; twitching of left eye. Dull ache in eyes, with sense of weakness. Itching of eyes; begins in left eye and extends to right. Margins of lids are red, especially at night.

Ears.

Itching of ears. Burning of left ear. Dull pain in and around left ear.

Nose.

Sickening odor in nose. Copious flow of thin watery mucus. Coryza. Nose is cold. Aching in nose and throat; tickling sensation in nose as though a discharge would flow but there is very little on blowing nose. Aching in the left side of nose as though it were in the bones, with dull headache. Sneezing occasionally and eyes fill with water. Sneezing in the morning when waking. Tingling from left nostril to left eye (lachrymal canal). Burning sensation inside nose as though full of pepper. Nostrils sore, worse on the left side. Discharge of yellow mucus sometimes tinged with blood. Cannot breathe through nose. Scabs in nose. Tiny pimples on end of nose.

Face.

Flushes of heat about face and head. Bloating of face as if intoxicated. Bloating above and below eyes; can see the water-bag that fills the upper lids. *Besotted countenance*: mottled skin; purple deep, dark red face. Flushing and burning of face, worse at night. Blue circles under eyes. Very small red pimples, in little clusters, between the eyes, and also on the upper lip. Same tiny pimples on end of nose. Formication on left cheek, like crawling of a fly; also on the septum of the nose. Lips cracked and hot. Face chapped, dreads washing it.

Teeth.

Aching through jaws after lying down at night, lasting until after midnight. Teeth ache from hot or cold drinks. Dull ache in right upper teeth when eating.

Mouth.

Profuse saliva, running out of mouth on pillow during sleep.

Tongue.

Tongue dry. Bitter taste in mouth on waking in the morning. Taste of copper in mouth.

Throat.

Constant hawking of thick, tough, stringy mucus, which is difficult to raise. Throat full of thick, yellow mucus, slightly tinged with blood, from the posterior nares in the morning on waking. Throat sore; painful, especially on empty swallowing, but water on solids are swallowed without pain. Throat sore all over but later the pain locates in the left tonsil and muscles of the left side of the neck. Throat feels scraped, warm drinks are grateful. Right side of throat is red and swollen. Throat feels full and swollen; must swallow frequently in order to breathe. Constantly swallowing. The mucus is difficult to raise, loses breath and strangles in trying to raise it.

Appetite.

Intense thirst for cold water in the evening. Dislike for any food put before her to eat and finds fault with everything. Disgust for food at breakfast.

Stomach.

Eructations of tasteless gas soon after eating. Vomiting of white gruel-like substance, with mucus and undigested food. Nausea relieved by ice; water makes sick. Transient throbbing in stomach relieved by belching.

Hypochondria.

Pain at attachment of diaphragm on right side worse on coughing. Aching all around waist at the attachment of the dia-

phragm. Felt as if a cord were tied around hips. Sensation as of a bottle of water in the left hypochondrium, shaking up and down with the motion of carriage when riding.

Abdomen.

Dull pain in two spots directly over the public arch. Feeling as if that part of the abdomen below the umbilicus were not sufficiently expanded on waking in the morning. Bands around the waist are unendurable. Sensation of hard lump in left side of abdomen. Bloating of abdomen after a small amount of food, with diarrhœa. Great amount of rumbling in bowels, especially on left side. During breakfast, sharp cutting pain in left hypochondrium from above downward. Throbbing about the umbilicus.

Stool and Rectum.

Itching and soreness in anus; awaken in the morning by the itching in rectum. Hæmorrhoids which itch and are sore. Urging to stool which passes away very quickly; unsuccessful urging to stool; strains until rectum feels as if it were prolapsed but has no stool. Diarrhœa with tenesmus. On waking in morning must hasten to pass a watery stool with black sediment like coffee grounds; stool intermits; has to sit a long time, passing small particles every minute or two. Stool gushing and frequent, watery, with a dark sediment; at first without pain but later severe pain before stool. Flatus at termination of stool. Painless and involuntary stool when passing flatus. Stool passes during sleep. Several copious stools during day with sputtering flatus and bloating of abdomen after the smallest amount of food. Stools profuse; each seems as if it would empty the bowels, which are soon full again. Feeling as if the intestines were full of water.

Urine.

Loss of urine on coughing. Desire to urinate at night just after getting in bed; must get up and press a long time before a few drops pass. When doing mental work there is frequent desire to urinate, with passage of a large quantity of colorless urine.

Male Sexual Organs.

Violent sexual desire or there may be loss of sexual desire.

Female Sexual Organs.

Yellow leucorrhœa. White leucorrhœa only while at stool. Strong sexual desire. Pain in right ovary as from an ulcer; also pain in the right ovary as if it were knotted up. Herpetic eruption on labia majora. Dull aching in small of back and sacral region, at night, during menses. Soreness in coccyx and gluteal muscles, and aching in abdomen, at night, during menses. Menstrual flow very profuse; bright red, with dark clots. During menses, aching in small of back, when sitting up; must lie down. Shooting pain in the left ovary, worse upon motion, and motion is difficult on account of this pain. Pain in left ovary during menstruation. Labor-like pains in uterus during menses.

Voice and Larynx.

Slight hoarseness, worse at night.

Respiration.

Suffocative feeling after lying down in the evening. Dyspnœa, as if dying from anxiety. Stops breathing on going to sleep. *Frequent sighing.* Impossible to breathe through the nose and very difficult to breathe through the mouth on account of the mucus in the throat. Can scarcely find breath enough to talk; has to stop and gasp in the midst of a word or short sentence. Great difficulty in breathing at night, has to gasp and struggle for breath.

Cough.

Dry, hacking cough coming on at 3 p. m. and continuing through the evening. Irritation to cough felt in the pit of the stomach. Cough comes on when walking fast or going upstairs. Coughs worse when in the house. Coughs at night after retiring. Dark, bloody expectoration; also bright, red blood which seems to come from the throat. Cough seems to come from the diaphragm causing violent contractions there. At other times it causes contractions at the umbilicus. Loose cough in the morning, with frosty sputum. Very hard, dry, frequent cough starting about 4 p. m. Concussive, forcible, dry cough, shaking the chest walls, cannot be suppressed. Expectoration of white mucus of metallic taste. Hoarse, paroxysmal cough, with whitish expectoration.

Lungs.

Transient hard ache in the lower lobes of the lungs. Is afraid to draw a long breath on account of the pain. Anxiety in the chest, as if she would die; worse on lying down; must lie with the head drawn back as she chokes so.

Heart.

Anxiety about the heart in evening after lying down; with palpitation. Feeling as if the whole chest were distended and the heart very sore. Feeling as if the heart were swelled or distended until it filled the chest. Anxiety in the region of the heart all night. Sudden sharp, stitching pain in the heart, followed by dull pain which gradually subsides. Throbbing or fluttering under left scapula.

Dr. R. F. Rabe summarizes this remedy in the following excellent manner:

"In cardiac hypertrophy and cardio-vascular cases, with increased blood pressure, where the sensation 'heart feels too big in the chest' is present, Cenchris has done excellent work. Patient is distinctly conscious of his heart; lying on the left side aggravates."

Outer Chest.

Drawing pain in the right side of the chest below mammary gland, on lying down at night; makes him put hand on the pain; relieved by lying on that side and is made worse by lying on the left side. Sharp stitching pain in the right side of chest. Hard, dull aching across the chest, extending to axilla on both sides; worse from pressure; moving hand to opposite shoulder causes pain in muscles of chest. Transient feeling of pressure over lower sternum.

Back.

During the day there is constriction about the neck; clothing disturbs her, causing a choking sensation. Sore, aching feeling below left scapula, relieved by rubbing. Transient aching feeling in sacrum. Throbbing in buttocks. Soreness in coccyx and gluteal muscles when sitting. Awakens with throbbing pain in vulva and in anus, followed by dull aching in sacral region, relieved by walking about. Awakens at night with pain in region of left kidney; worse lying on left side; better by turning on right side and drawing limbs up.

Upper Limbs.

Transient aching in the middle of the right forearm on the radial side. Heat in the palms in the evening. Hands vary; one minute hot and dry, then cold, and then sweating in the palms. Cold air makes the hands look red and as if little red points of blood would ooze out; in the house the hands merely look rough.

Lower Limbs.

Feet painful in the morning. Awakens with dull aching in the four lesser toes of the right foot; acute pain when stepping or moving foot; gradually subsiding after bathing in hot water. Wants to put feet up. Unconsciously crosses the limbs. Profuse foot-sweat; can almost wring moisture from the stockings, not acrid nor offensive. Corns burn and twinge in wet weather.

Limbs in General.

Hands and feet numb. Small varicose veins.

Nerves.

Extremely restless during the night, compelling him to move constantly. Not able to rest in bed; must walk the floor to ease the mind, and yet there is no mental trouble. Restless after stools. Fainting from nervousness.

Sleep.

Sleep is prevented by thinking of the dreams of the previous night. The night was full of horrible dreams of drunken people, dead people, naked people, robbers, indecent conduct of men and women. While sleeping in the afternoon the breathing ceased and she awoke suffocated. Wakeful, with horrible anxiety and feeling that she must die. Restless all night; could not lie in one place long enough to go to sleep. Dreams of wandering in a field with cattle; with fear of being hurt. Dreams of male animals following her in a field to injure her. Dreams of rape. Voluptuous dreams. Wakeful after these dreams of animals. Horrible dreams of the dead; of seeing dead infants. Dreams

vivid, fantastic, and some of them are pleasant. Dreams that all the upper incisors had been pulled out. Saliva runs on the pillow during sleep. Cannot get the body warm in bed.

Time.

Suffocative feeling after lying down in the evening. Many symptoms are worse at 3 p. m., such as chill, fever, thirst, dry mouth and constriction about neck. Most symptoms are better in the morning after arising. During breakfast, cutting pain in left hypochondrium.

Chill.

Chill at 3 p. m., icy cold hands and feet. Fever at 3 p. m. lasting until midnight. Chill all morning. The body feels flushed but contact with cold things is disagreeable, causing chills. Inclined to be chilly all day and more so at night; must keep wrapped warmly, even when feeling feverish. Chilly, shaking and trembling from cold at night in bed. Sensitive to a draft of air. Chilly yet face is burning. Chill is worse from the least motion, even moving the fingers.

Sensations.

Tongue and lips dry, mouth feels parched; intense thirst; choking, and sensation as if chest were filled up causing constriction and difficult breathing; worse at 3 p. m. Sensation of warmth over region of liver. Throbbing in different parts of the body. Biting sensation as from a fly.

Modalities.

Immediately after lying down, suffocation; anxiety; palpitation; sinking; sensation of dying. Horrible anxiety on lying down at night. Compelled to move constantly, which seems to quiet for a moment. Sensitive to the clothing about the body and neck. Symptoms are relieved by heat, and are worse in the evening and night. Stomach symptoms are relieved by belching.

Skin.

Spot on right calf becomes red, then copper colored; it seems to be deep in the skin. Itching all over the body, flying over the body.

Relationship.

Chamomilla antidoted the uterine hæmorrhage.
Cenchris antidotes Puls.
Am-c. antidotes Cench.

DISCUSSION.

DR. W. H. DIEFFENBACH, New York: As a new member of this organization it may appear immodest in me to criticise a paper of this sort, but I claim to have a mind that is fairly retentive, and judging from the number of people who went to sleep under it, it is impossible for the mind to retain the many symptoms cited in a paper of this sort. If we are to get much from this sort of paper—a very valuable contribution like this—the remedy ought, in my judgment, to be compared with some drug which comes close to it, a well-known drug, such as Lachesis, giving the features of both. Then we could go away with some things we could remember, but it seems to me the tremendous amount of work the doctor put on this thing is largely wasted in this meeting. Of course in published form it will be all right, but for reading it should have been in the form of a concrete article, with possible relationships of similar drugs.

I beg your pardon if I have expressed myself improperly.

FOOD FOR THOUGHT.

Homœopaths, Attention! This Is for You.

In your practice you have seen many things that were food for thought—have you discussed them with your colleagues? You have seen provings verified many times. Have you told about them and so helped to work out the characteristics of the remedies? You have seen symptoms that have never been brought out in the proving of a remedy cured by that remedy. Did you publish the fact and thus do your part in rounding out that remedy?

Think about it! Gather together those facts and hold them ready for use.

THE DYNAMIC REMEDY IN ITS RELATION TO GROSS PATHOLOGY: LEUKAEMIA.

G. E. DIENST, M. D., Aurora, Illinois.

We are taught not to prescribe on pathology alone, but where the etiological factors producing pathology are known, we can often, when symptoms agree, find a curative remedy.

I have little sympathy for those in our ranks, who storm like a mad bull in the face of a red flag, when the potency question is raised. I never hear the dynamic remedy condemned, without a sense of pity for the ignorance of those who condemn it. In proof of the power of the dynamic remedy in curing certain forms of gross pathology permit me to cite, as my first case, the following:

On July 7th, 1926, a man from a distant town called at my office in search of some one who could relieve him of his distress.

He was a blond, or rather a mixed type, medium in stature and weight, and 49 years old, but in his present condition he was the picture of distress. His symptoms were not very numerous, but he complained of—

Great languor.
Feet and ankles swollen and œdematous.
Copious night sweats, perspiration warm.
Thirsty at night for cold drinks.
Loss of appetite except for pickled pigs' feet.
Severely constipated since an attack of influenza in 1918 for which he has taken much milk of magnesia.
His symptoms grow worse at approach of evening.
He cannot lie on either side.
For past 20 years had much indigestion.
Much flatus in stomach and intestines.
Much occipital headache, which was relieved by warm applications.
His facial appearance was that of a man in distress.
He was pale, lips pale, eyes slightly sunken.
His occupation was that of a truck driver, but during the past year was not strong enough to crank his car.

The question arises then, why should this man, who in his early years was exceptionally strong and robust, and from a healthy German family, who knew little of illness, drift into such a state of illness? Let us make a careful physical examination. On placing him on the table we find his spleen swollen and extending six inches downward into the left quadrant of the abdomen, his liver badly hypertrophied and slightly indurated, submaxillary glands, right and left, swollen and painful.

On finding this dangerous pathological condition our interrogation grew more intense.

Why should one, who, except for some slight indigestion, and never a hard siege of illness be so severely afflicted? Further questioning brought out the story that he had been in the hospital for three months under the constant care of a physician and nurses and was now dismissed as incurable. Eminent surgeons had pronounced him inoperable. Drugs, serums, electricity and mechanical therapeutics had been tried and failed. The diagnosis was incurable leukæmia.

Then again, the question, why should one, always in fair health, and in out-of-doors employment suffer from incurable leukæmia? There must be a cause, and this cause must be revealed. Then on further questioning we learn that twenty years previous he was kicked by a horse in the infra-scapular region on the 4th and 5th spines of the dorsal vertebrae, which caused him to lie unconscious for two hours. This was certainly some kick. But listen! He has not felt normal since then. Five years previous to his coming to me, he fell on a piece of steel injuring severely the coccyx. This fall seemed to hasten his indisposition. The kick of the horse injured the nerve supply of liver and spleen, the small fibres which convey life and vitality to these glands slowly ceased to function. They were not destroyed but impaired, and one of two things must inevitably follow, namely, hypertrophy or atrophy, of these glands.

Now here is our problem—what can be done to awaken these nerve fibres branching from the spinal cord and giving vitality to these grossly hypertrophied glands? He has already been told that everything has been done that can be done and he is incurable.

Let us see—we are now searching for a therapeutic agent that will not only cure leukæmia, but cure the man. The diagnosis cannot be questioned. Since the cause of all this is *trauma*, we turn to our materia medica, and find *Arnica* is "said to be *the* traumatic, *par excellence*."

Now as it exceeds all other remedies in symptoms and conditions resulting from mechanical injuries, why not try it? But how, externally or internally? Since our man is not only physically, but dynamically out of order, let us try a dynamic form and prove or disprove its virtue. Here is where we shall prove it in one of the higher potencies, and we give a single powder of the 10M. potency.

Now don't get excited and say as I have heard it said, "Dienst is off."

On July 22, 1926, he reports swelling of feet and ankles gone.
Night sweats gone.
Nocturnal thirst better.
Can now sleep on either side.
Liver and spleen reducing.
Generals much better.
Arn. 10M.

August 3, 1926.
Improvement continues. S. L.

August 19, 1926.
Feeling quite good.
Stool very dark.
Liver and spleen greatly reduced.
Eruption appearing on hands and feet.
(Are old symptoms).
Now we jump a bit higher and give a single dose of Arn. 50M.

Sept. 10, 1926.
Doing nicely.
Two teeth extracted. No medicine.

Oct. 5, 1926.
Slightly puffy under the eyes.
Liver and spleen practically normal.
No medicine.

November 29, 1926.
Spleen and liver normal.
Inguinal glands slightly swollen.

Since all conditions, except the swollen inguinal glands, are better, the man's strength returning so that he can do a good day's work, we feel that the object we set out to reach with Arnica has been accomplished. We turn now to the swollen inguinal glands which are not of traumatic origin and we will give a dose of Aur. 10M. and wait with instruction to report in 14 to 21 days, which he did with all symptoms and conditions practically normal, and *his* verdict: "I am a new man." I dismissed him cured and he has remained so until date, with no signs of a return of the trouble, a very grateful man.

HOMOEOPATHY AND THE NEW VITALISM.*

BENJAMIN C. WOODBURY, M. D., Boston, Mass.

In the choice of this subject as the title of a paper before this Association, I am in perfect realization of the fact that the trend of scientific thought during the past century has been rather away from the theories of a vital force, or vitalism so-called, than in the direction of any such doctrine, unless it be in the direction of what has in more recent years been termed neovitalism. It is, therefore, toward this new vitalism that we would direct the attention of this Association at this time.

It is a matter of historic interest that Hahnemann, like Stahl and several of his contemporaries, was a vitalist. When, therefore, he essayed to introduce into homœopathy, then in the process of development, this idea of dynamism, he was taking what seemed at his time a very forward step. In the light of present day tendencies, such an evolutionary standpoint was only in keeping with the progressive mind of Hahnemann.

As early as the year 1805, Hahnemann stated, in *The Medicine of Experience*, his "Maxims of Experience," which were as follows:

First—When two abnormal general irritations act simultaneously on the body, *if the two be dissimilar*, then the action of the one (the weaker)

*Read before the I. H. A., June, 1927, Bureau of Philosophy.

irritation will be suppressed and suspended for some time by the other (the stronger); and

Second—*When the two irritations greatly resemble each other,* then the one (the weaker) irritation, together with its effects, will be completely extinguished and *annihilated* by the analogous power of the other (the stronger).

He then cites as examples of the former, measles and small-pox; of the latter, the eradication of small-pox by cow-pox. His deductions from these observations are as follows:

In order, therefore, to be able to *cure,* we shall only require *to oppose to the existing abnormal irritation of the disease an appropriate medicine, that is to say, another morbific power whose effect is very similar to that the disease displays.*

He concludes that there is no medicinal substance whatsoever that does not possess this tendency, and no substance is medicinal which does not possess it:

It is only by this property of producing in the healthy body a series of specific morbid symptoms that medicines can cure diseases, that is to say, remove and extinguish the morbid irritation by a suitable counter-irritation.

Had Hahnemann not developed to the complete extent his system of medical dynamics, with its totally different nomenclature and methods, it is easy to see how readily explainable was the action of drugs upon the basis of the reasoning contained in the above passage.

He went on to investigate more deeply the arcana of nature and there discovered by the method of pure experiment the true way of healing. When we consider Hahnemann's evolution we must bear in mind that his was the classical training of his time, obtained in the universities of Leipsic and Erlangen, from which latter institution he graduated with honors. Starting as he did, well-grounded in the tenets of the school in which his education had been perfected, Hahnemann's radicalism in medicine did not begin with the discovery of homœopathy, as he had ever been a dissenter from any teaching that he could not verify in his own experience. Homœopathy, therefore, may be said never to have existed prior to that period in his career when Hahnemann, by his mighty intellect, overthrew the foundations of the medicine of his day, and in its place erected for all time the superstructure of similia.

On page 465 of the *Lesser Writings,* Hahnemann first makes

use of the term "dynamic" with reference to the action of drugs. He writes:

The dynamic action of medicines, like the vitality itself by means of which it is reflected upon the organism, is almost purely *spiritual* in its nature; that of medicines used in a positive (curative) manner is so most strikingly with this peculiarity, that while too strong doses do harm and produce considerable disturbance in the system, a small dose, and even the *smallest possible* dose, cannot be inefficacious, if the remedy be only otherwise indicated:

I have said that the contact of the medicinal substance with the living, sensitive fibre is almost the only condition for its action. This dynamic property is so pervading, that it is quite immaterial what sensitive part of the body is touched by the medicine in order to develop its whole action, provided the part be but destitute of the coarser epidermis—immaterial whether the dissolved medicine enter the stomach or merely remain in the mouth, or be applied to a wound or other part deprived of skin. . . the diseased organism is altogether much more sensitive to the dynamic power of all medicines, so also is the skin of diseased persons. . . . The medicinal power of heat and cold alone seems not to be so exclusively dynamic as that of other medicinal substances. . .

Heat and cold, together with electricity, belong to the most diffusible of all dynamic medicinal stimuli; their power is not diminished nor arrested by the epidermis, probably because its physical property serves as a conductor and vehicle for their medicinal power, and thus helps to distribute them.

He approaches the crux of the matter, when he states:

If we observe attentively we shall perceive that wise nature produces the greatest effects with simple, often small means. To imitate her in this should be the highest aim of the reflecting mind. . .

If we wish to perceive clearly what the remedy effects in a disease, and what still remains to be done, we must only give one single substance at a time.

Here, in embryo, is the first statement of the single remedy. That the minimum dose was its natural corollary, we have but to consider that it was very early noted by Hahnemann, in his search for specific medicinal effects, that (*verbum sap*) if given in the recognized dosage definite aggravations were noted, hence the need for reducing the dose. In Jahr and Gruner's *Homoeopathic Pharmacopoeia & Posology,* (pp. 43-44) we find the following:

At the beginning of his homœopathic practice, Hahnemann was in the habit of using the tincture and lower triturations. After a while he stumbled upon the doctrine of medicinal aggravations, which he arrived at speculatively, rather than by positive experience. This, at least, is quite likely, though we are unable to assert the fact upon positive testimony. . . (The discovery that) the curative powers of the remedial agent were rendered more active, were, so to say, spiritualized, was made at a later period.

Hahnemann had delved deeply into the lore of the wise, and this is very evident when we read his famous essay *On the Speculative Systems of Medicine*. In this discourse he informs us that it is impossible for the mind of man to know anything concerning the soul, save through its manifestations in corporeal phenomena.

Hahnemann's conception is of the vital force as the indwelling ruler of the physical organism, the vicegerent, as Kent calls it, which in the sense of the incorporeal is the one and only simple substance of the organism. Hahnemann states that the vital force is "self-moved." This is similarly applied by Plato to the soul. (Cf. *Dialogues of Plato*, pp. 36-37).

In Sec. 29 of the *Organon*, Hahnemann states that:

As every disease (not entirely surgical) consists only in a special, morbid, dynamic alteration of our vital energy (of the principle of life) manifested in sensation and motion, so in every homœopathic cure this principle of life, dynamically altered by natural disease is seized through the administration of a medicinal potency selected exactly according to symptom-similarity by a somewhat stronger, similar artificial disease manifestation.

Here we have epitomized Hahnemann's last word on the vital force as expressed in the more modern terms of energy or as vital principle. This, in the final American Sixth Edition (Boericke Translation, 1922) of the *Organon*.

In the earlier editions, Hahnemann did not depart from his older vitalistic nomenclature, for we find him, as in Sec. 9, of the Dudgeon translation, using the older terminology:

In the healthy condition of man, the spiritual vital force (autocracy), the dynamis that animates the material body (organism), rules with unbounded sway, and retains all the parts of the organism in admirable, harmonious, vital operation, as regards both sensations and functions, so that our indwelling reason-gifted mind can freely employ this living, healthy instrument for the higher purposes of our existence.

We do not need to go further in Hahnemann than this paragraph to show the attitude held by him (and this particularly in the last edition) with regard to the power of the mind in all physical functions, so far as voluntary efforts are concerned. Observe what he has to say in a footnote to section 11:

If one raises his arm, does it occur through a material visible instrument? A lever? Is it not solely the conceptual dynamic energy of his will which raises it?

Here we observe that Hahnemann kept abreast of the

changes that occurred in the psychology and even of the metaphysics of his day, attributing to man's reason-gifted mind as he expresses it repeatedly in his works, the real governing power of the body.

Thus, placing as he did, the reason and the will above the physical organism, there can scarcely be any doubt in our minds as to Hahnemann's estimate of the function of the vital force in the body. It must have been the content of vital energy resident in the organism, which, when properly respected in regard to hygiene, could be relied upon to maintain health, which to Hahnemann's understanding was "the harmony of life." That it could not possess any great degree of healing power, save when directed by the reason and the will (attributes of the mind), was attested to by the fact of Hahnemann's emphasis upon the utilization of the healing powers of medicines based upon the readily deducible law *similia similibus*.

The sum content of vital energy possessed by the organism when acted upon by medicines in a state of health produces the symptoms, or pathogenesis. The pathological or even functional changes present in illness represent, likewise, the content of the disorder. The application of the medicine, based upon its provings, in accordance with the rule of symptom-similarity would, therefore, constitute cure. To Hahnemann, and to the majority of his followers, any other medicinal cure is impossible. To say that there might be cure based upon the higher powers of the reason and the will is likewise based upon logic, for the proper use of these powers postulates the direction on the vital forces of the body, upon the dictates of knowledge and reason.

We find, then, if we accept Hahnemann's last word on the subject that it is a very simple and easy step from the homœopathic concept of his time (1842) to the vitalism of the present age.

Dr. Richard Haehl calls attention in his recent volumes on *Samuel Hahnemann: His Life and Work*, to the fact that:

The idea "vital force" is used in his writings, above all in the *Organon*, in a double sense. At first he sees in it merely the bearer of the normal course of all activities of the organism in its healthy state, being completely one with the organism, neither possible without the other. . . But in numerous other passages of his writings from 1796 to the sixth edition of the *Organon* in 1842, this "life force" or "life principle" or

"life character" is described in a far wider sense as "natural healing power," "self-help of the life force," "natural healing," and so on. That is, totally different and far more comprehensive capacities and duties are assigned to it than merely the regulation and maintenance of the body's action in the healthy state.

Dr. Haehl devotes an entire chapter in this work to "Hahnemann's Attitude Towards Natural Healing, Pathology and Diagnosis."

Aside from all controversies over the question of the functions of the vital power, life principle, dynamis, or vital energy, whatever the term, it will be well for us to bear in mind that Hahnemann merely engrafted, as it were, upon the prevailing pathological ideas of his time, a newer concept of life, of disease and health, through the great service that might be rendered to the organism when ill by the use of the similarly acting remedy, chosen and administered in accordance with symptom-similarity. This was what homœopathy meant to him; and we cannot in our modern time go far afield if we adhere as far as possible to his original ideas and concepts.

That Hahnemann, from the end of the eighteenth century, until his death in 1843, projected and developed a very definite system of therapeutics cannot be denied. His homœopathy was distinctly a method of using medicinal agents, but this method applied to its logical conclusions has necessarily built up its own literature, its own nomenclature and its own clinical data. While acknowledging that Hahnemann merely endeavored to introduce a new principle into pharmacology let us admit that he developed simultaneously a new pathology and a new therapeutics.

This new principle was what was later known as the method of provings, whereby the sick-making powers of drugs were to be interrogated. His new pathology was essentially a dynamic one, based as is clearly seen upon his conception of the means by which the dynamic powers of medicinal substances might be utilized in the restoration of disturbed health (functional or pathological alterations of the organism). And, finally, his new therapeutics is constituted by the accumulated data obtained in the clinical verification of these pathogenetic records through all these years. Thus is the method of homœopathy exemplified.

To trace the different stages in the development of modern

ideas or vitalism or the new vitalism, so-called, in its relation to homœopathy, is the task we have selected.

The ideas and theories of men change frequently through the ages. What is today of paramount importance in our civilization may tomorrow be swept into the discard. The idea of vitalism is an old one. With the study of modern biology, however, there was for long a reaction against the older vitalistic theories, such as Hahnemann encountered among his predecessors, and upon which he was content to develop his own philosophy. Hence it became no longer popular or proper for writers, even upon homœopathic subjects, to refer too authoritatively to the vitalistic doctrine in support of homœopathy. To trace, more than in a cursory way, the contemporary philosophy of the past century and a half would carry us beyond the bounds of this paper. Suffice it to say that there have been from time immemorial two varying schools of thought, the spiritualistic or vitalistic and the materialistic. In recent times the latter has been termed the mechanistic, and has found innumerable adherents among the scientific minds of the age. Vitalism, in any of its various guises, has thereby been obscured, and more often ignored, as an exploded and worn out shell. Out of this welter of destructive opinions, there has arisen within comparatively recent years, a new school of vitalistic thought—the new vitalism, or neovitalism, as it is also called.

Undoubtedly the chief protagonist in this new philosophy of vitalism is Prof. Hans Driesch of the University of Heidelberg.

In his earlier work, *The Science and Philosophy of the Organism*, Driesch gives the results of his experimental researches made with the eggs of the echinus, or sea-urchin, and in order to prove his contention that:

> The distinctive activities of living beings cannot completely be accounted for as the resultants of the physical and chemical constituents of their bodies and of their movements according to the principles of mechanics.

the author gives some of his conclusions. These experiments were reported in a series of lectures (the Gifford lectures) given at the University of Aberdeen, in the year 1908, and were later published in book form.

Driesch's experiments led him to the conclusion that the

basis of epigenesis, or the growth and differentiation of the ovum, does not have its seat solely in the nucleus (as set forth in the germ-plasm or germ-cell theory of Weissmann), but is related to the whole cell, having its life in the protoplasm, this latter being as is well known the basis of organic life.

Driesch thus epitomizes life: "Life," he says, "is unknown to us except in association with bodies; we only know living bodies and call them organisms. . . A physical law never accounts for the specific."

He concludes that the life principle could have its seat in the protoplasm only and nowhere else, especially as this element belongs to the whole of the egg, even to its minutest structure.

The older vitalism, the vitalism of Plato, Paracelsus, Stahl and others postulated that there was a *vital principle distinct from chemical and other physical forces,* the new vitalism asseverates that the functions of life are certainly not assignable to mechanical principles alone. Thus, in the older terminology what was a positive assertion of the existence of the vital force, now becomes known in the newer nomenclature as a "not-pure mechanism," and endeavors to demonstrate in terms of modern biology the existence of some such non-mechanistic factor. The experiments of Prof. Loeb, not so many years ago, and likewise of the French naturalist, M. Bataillon, and others, in the production of artificial life through the puncture of frogs' ova would seem to have established tentatively at least the mechanistic factor in the production of germination. This artificial impregnation, however, differs in character from the mechanism of nature.

Driesch and his followers fall back upon the Aristotelian hypothesis of the *entelachy,* by which to explain the functions of the living organism. Driesch states that vitalism is the autonomy of life. This, entelechian factor, which has its subsistence within the organism, immaterial entity though it be, he terms the "psychoid," in the human species.

In *The History and Theory of Vitalism,* a more recent work, published in London in 1914, the author follows the evolution of vitalism and the vitalistic theories from Aristotle, Harvey, Stahl, Wolff, Haller, Blumenbach, Kant, Liebig, Schopenhauer and others, through his materialistic era to modern times. In passing it may be of interest to note that the majority of the above names are familiar ones to the readers of Hahnemannian literature; many of them were Hahnemann's predecessors, some of them, especially the celebrated Blumenbach, a contemporary. For the exposition of neovitalism, the author assumes the existence of a specialized form of teleology, or science of organic adaptations, which he terms "dynamic teleology." This in its turn leads us to the recognition of what he terms the "autonomy of vital processes."

Those familiar with Hahnemannic terminology have long had to reckon with the term "dynamis," and "dynamism," as well. Dynamis is, generally speaking, power or energy. Hahnemann uses the term in its particular relation to the vital energy, or the vital force. Driesch also looks upon the word with great favor, and states that while it is what is ordinarily contained in the word "potentiality" or "potential energy," it is not merely that alone, as the concept is much wider:

> Entelechy is that which "is" in the highest sense of the word, even if it is not strictly a realized thing; in this sense the statue, before it is realized, exists in the mind of the sculptor. We can see that the concept of entelechy rather than that of dynamis corresponds, though not completely, to the modern concept of the potential.

From its philosophical aspects, entelechy, or the dynamis of the neovitalist is, then, in the language of Driesch:

> An agent *sui generis,* non-material and non-spatial, but acting "into" space, so to speak; an agent, however, that belongs to nature in the purely logical sense in which we use this word. . . Vitalism now tries to show that life is not only a mere field of chance, but that its phenomena are not even covered by a machine-theory. At all events it can be postulated that the body, i. e., the human organism, is a not-pure physico-chemical complex.

Let us see how Driesch defines the new vitalism:

> The newest phase in the history of vitalism has been termed neovitalism, though the designation is not quite suitable; for at no time have vitalistic theories completely died out, as those who gave the name and in particular Emil du Bois-Reymond, seemed to imagine.

William Roux, F. Ehrhardt, Gustav Wolff, among others are said to have been the originators of this newer school. Auerbach, Bell, Haldane, Hertwig, Lodge, Mackenzie, Morgan, and many other writers are mentioned by Driesch, in connection with the development of modern vitalism.

"History," he concludes, "must cease when the battles of the present begin." While Hans Driesch is probably the chief exponent of this newer school of vitalists, he does not see the one era of the older vitalism ending and the newer vitalism beginning, merely through the designation of specific terms, any more than he sees in the modern term "emergent evolution," the solution of all the problems of philosophy, teleology or metaphysics.

He states: (Proceedings of the Sixth International Congress of Philosophy: Emergent Evolution, Driesch (Leipzig), p. 1),

"'Emergent evolution' has been made a technical term by C. Lloyd Morgan, the word 'emergent' having been used already by G. H. Lewes as contrasted with 'resultant.' Morgan refers to J. S. Mill's concept of heteropathic laws as the ultimate root of the concept in question. . . Emergent evolution, thus, is the contrary of a mere *regrouping of pre-existing elements.* But it must be conceived *without invoking any extra-natural power,* such as entelechy, *elan vital,* etc., with the only exception of God.

"That all subsequent phases in a emergent evolution are 'unpredicable' from the antecedents, is its main characteristic according to our author; and this holds in particular with regard to life. Thus it happens that of all 'isms' vitalism seems to be the most legitimate one."

As Morgan predicates God is the only exception.

What then, Driesch continues, makes emergents emerge? The answer is: God as the ultimate of all pervading activity. This at least, is Morgan's "philosophic creed."

In order to get around this problem, still granting that God is the ultimate source of all, as stated by Morgan, Driesch speaks of a "superentelechy." Whether or not this superentelechy is a better term, it at all events is related to the original neovitalistic concept.

There is another side to the question of vitalism, or even of the new vitalism. Philosophers, like Bergson, for example, who gave us a new outlook upon the processes of life in his *Creative Evolution* speak of the *elan vital.* Bergson's philosophy is well epitomized in the words of the late John Burroughs, who speaks of this urge in the terms of Bergson as the "Creative Energy." He writes:

With M. Bergson life is the flowing metamorphosis of the poets—an unceasing becoming—and evolution is a wave of creative energy overflowing through matter. . . In his view, matter is held in the iron grip of necessity, but life is freedom itself. . .

Life cannot supply energy *de novo,* cannot create it out of nothing, but it can and must draw upon the store of energy in which the earth floats as in a sea. When this energy is manifest through a living body, we call it vital force. . .

I think of the vital as flowing out of the physical, just as the psychical flows out of the vital, and just as the higher forms of animal life flow out of the lower. It is a far cry from man to the dumb brutes, and from the brutes to the vegetable world, and from the vegetable to inert matter, but the germ and start of each is in the series below it. The living came out of the non-living.

And the great naturalist has further said that *the body is a machine plus something else.* That something else must, therefore, be the energy that gives life or appears as life, the vital force.

If Driesch's conclusions led him to the belief that epigenesis was concerned with the whole cell, that is, through the protoplasm, Morgan's idea of the sensory apparatus would represent an essential unity of function and activity, for he asks what is the sensorium? The answer given in his recent work, on *Emergent Evolution,* C. L. Morgan. *Gifford Lectures,* in the University of St. Andrews (New York, Henry Holt, 1925), as follows:

It was long ago advocated by G. H. Lewes, who urged "that the sensorium is the whole sensible organism and not one isolated portion of it," (Physical Basis of Mind, p. 440). It is the whole life-system, that is, in the phrase then current, "the organ of mind."

Do not these terms, vitalism, neovitalism, sensorium, potentiality, etc., sound strikingly like the phrases to which the Hahnemannian has become accustomed? If not dangerously alike, they are at all events strikingly similar; and this should suffice to bridge over the gap between the vitalism of the older Hahnemannians and the vitalism of today.

Again, Robert Hichens, in his recent novel, *The Unearthly,* conceives of disease as disturbed vital force. The true healer, he tells us, does not palliate, as does the superficial meddler. He is the type of physician who looks upon symptoms merely as the external manifestations of the disturbed vitality, and seeks to remove the deep and underlying causes from which these disturbances have had their beginnings. What is this but Hahnemann's conception of disturbed dynamis?

Whatever scientists for the most part may believe regarding the entelechy theory, or think regarding vitalism or neovitalism so-called, the fact remains that there is a close parallel between the concept itself and its philosophic background, in the terminology, and in its varied ramifications.

May it not be that in this doctrine of the new vitalism, there is a definite avenue of approach to Hahnemann's tenets, which were so firmly grounded in the parent doctrine of vitalism? Whatever may be developed along the line of vitalism or neo-vitalism in the future, medicine is indelibly stamped with the imprint of homœopathy. Vitalism was the basic rock of Hahnemann's homœopathy. Hahnemann's disease was of dynamic origin, and as we have said before, this pathology was a dynamic one. The idea of the vital force, and the corresponding energies found in the medicinal virtues of drugs is essential to the correct understanding of homœopathy. For are we not taught that man is prior and superior to his organism? Is not the ego greater than any of the organismal structures? Dr. Kent's conception of the vital force as a simple substance with formative intelligence comes in here. In this sense it is prior to the body, the latter being merely of secondary consequence and consideration.

Without some such conception of the dynamic basis of life and of homœopathy, we shall be left with no foundation save that of pure materialism, and all our utterances will be nothing but what Hahnemann has termed the *mutterings of empiricism*.

Homœopathy and vitalism, or its more recent offspring, neo-vitalism are related to each other as basis and superstructure. In this deifice lives and moves the true Hahnemannian. With this concept, we should aim that we may say, with Hahnemann when life comes to its close: *"Non inutilis vixi"*—I (we) have not lived in vain.

CLINICAL CASES.*

Could never sleep enough.
Awakened by sharp pains.
Treatment: Nitric Acid 2c

CHRONIC

Man 6

Diarrhœa for 20 years.
Had been treated by the o
prescribed, but continued to gr
Despaired of ever being we
Good appetite but afraid t
condition.
Three stools every night.
Must get up to stool. Stool bl
Patient wasted away from
Patient wore false teeth.
cayed first at the *root*.
Within 90 days *Mercuriu*
and permitted him to sleep 7 h

PNEU

Doctor: About

Pneumonia following influ
Patient propped up in bed,
Temperature 102.
Thirst for large quantities
Skin hot, pulse rapid

DEPARTMENT OF HOMŒOPATHIC PHILOSOPHY.

Editors:
Royal E. S. Hayes, M. D. and Geo. H. Thacher, M. D., H. M.

DISCUSSION OF *THE GENIUS OF HOMOEOPATHY.*

ROYAL E. S. HAYES, M. D., Waterbury, Conn.

At the outset let a word be said concerning the work of our predecessor in this department, Dr. Stuart Close, not mere contemporaneous coin but an expression of appreciation of the value of his discourses during the last seven years. Instead of presenting an adequate judgment at this moment we can only present a few general considerations, hoping that interest may be deepened in this vital contribution to homœopathic literature. Later on, if the writer feels muscular enough (for the work is of healthful toughness) and the author himself does not say "The Lord forbid," we may make a more detailed review.

His work has been not only an exposition of the principles of similia but of its relation to general medicine and the scientific and intellectual world from a philosophical viewpoint. Besides the technique and theory there is no relation of homœopathics in which its representatives should be more thoroughly grounded in a general way than in its relation to contemporary investigation and thought. The work of Dr. Close may be used as a working medium and a manual of guiding principles for this purpose. Not that the student need necessarily make this material exactly his own or set the limit here, for the work is not dogmatic; but to be used by either the young or mature student as a potent influence in grounding a sound and practical theory of his own.

One element which contributes to the interest of the work is the individual outlook and sphere of thought in which it was written. The viewpoint is that of the thoughtful observer of men and affairs, one possessing a direct, an uncanny awareness of the crucial point of a problem, person or influence; one able to reduce intuitions to reasons and give them the common denominator of constructive exposition. Being thus a little aside and at a vantage-point it makes the reader think. But thinking, even if one think wrong, is better than being can-fed or neglecting one's appetite for individual thought.

Some readers have not been attracted by these writings possibly because they failed to sense the real interest and value. Without specific inquiry it would seem that three reasons might be responsible for this. First, a certain judicial calculation in the treatment of a subject in which revival fervor is supposed to be in order. Second, a style which requires not only continuity of thought in the reading but an appreciation of the relations between the different parts of a section, chapter, etc. Third, possibly not recognizing that the work is a prophetic reaction to a critical stage of medicine in general and homœopathy in particular. We suspect that it has in too many instances been treated like the family Bible, honored because of some mysterious virtue which is supposed to reside in it but kept carefully from any serious amount of wear and tear.

It is only necessary to perceive the inner content to understand and appreciate the style. It is that of the seer and persuader. Like the prophet he is as one seeing things afar off but mindful of all between the immediate and the ultimate which he has in mind. Therefore, rather than the sweep and swing of the sword of truth his method is that of the reasoner, bringing the reader from the distal idea to the central conclusion gradually, but often with telling effect. If there is not so frequently the feminine element of grace which adorns the writings of some it is because his preoccupation is not with decoration but with law. Therefore the swift-moving reader might not be attracted at first. But pure and refreshing drafts are there for those who will smite the rock and of the more value for having to work a little for it. The reader must attain to some extent to this broader outlook to fully sense the revelations of the author's mind.

For instance, in the first chapter of the compilation known as "The Genius of Homœopathy," we read, to quote synoptically, "Periods of revelation—Hahnemann the law revealer and practical genius—bestowing his system on a cold and hostile world—

preserved and upheld by personal representatives—working with principles and methods—a complete system adequate to its own sphere," then these wonderful words, "Homœopathy is a spirit as well as a body of rules and principles and the spirit must be incarnated in every believer and follower. That incarnation takes place when the mind is opened to the philosophical truths which underlie both the method and the principles and he becomes imbued with the desire and the purpose to make them the ruling influence of his life." Poignant and fateful words! May the reader of them, looking through his own life, be able to say that he knows and feels the depth of that implication!

So we have here two dimensions to consider, viz.: width and depth. Cognizance of the particulars of a subject as presented might be termed the width of understanding of it; sensing the outlook, mentality and feeling, in a word the spirit with which a work is imbued gives the depth of understanding of it.

I firmly believe that one may gain more light from people's minds and spirit than from anything else in the world; and it is not always necessary to know certain ones personally. For instance one may read Walter Pater and not remember a half-dozen of his beautiful phrases yet gain a consciousness of beauty and coloring in life, its settings and atmosphere, that is to be cherished as a part of life itself. Or one may read Schopenhauer and though he become no more of a dialectician than before, yet discover the appreciation of the great German himself to be one of the finest rewards. For who could know Schopenhauer by the book and not see him as the ever detached, reasoning and reasonable gentleman; a gentleman of delicate sensibilities for which his own reasoning is his best protection; of keenly individual attitude toward everything, his intelligent testing of all questions being the best foundation on which to build further into life.

So, in this logical hooking up of the philosophy and spirit of homœopathy toward an intelligible relation with general science and philosophy we see the masculine mind, the reasoner, scholar, observer, advocate; keenest of readers of the minds of men; sincerity of purpose in every line; and we see the underlying strength which the vision of profound truth ever fulminates in its medium when it must expand against resistance.

The take-it-or-leave-it fatality of truth shows here but expressed at times with an amiable consideration so general in scope as to make the author seem to feel as one of the great fraternity of medical men. The writer confesses to a deep feeling of the same kind; has always had it and always will have; an unaccountable sense of loyalty and fraternity that no coldness, isolation or hostility can destroy. But we wonder sometimes whether any homœopath is ever really considered a friend in the great medical army. It would be interesting and hopeful if true but we sorrowfully suspect that status to be more speculative than real.

Correlation with other sciences is made much of in this work, truly a most desirable denouement and from the standpoint of homœopathic philosophy we can dimly see a theoretical dovetailing with them. But in the present stage of development of other sciences, especially those more intimately related to medicine it seems we may have too much faith in what they could bring. As the doctor demonstrates we have our hands full with an approximately complete science and art that produces most practical results; besides we stand in strategic position between the material and the psychical, a position which needs to be thoroughly grounded and held fast. Moreover, in matters of insight (invision) and perception through natural influences present-day science appears to be lacking. It appears to be groping with shifty and elusive particulars and declines the fresh air of envisioning outlook and philosophic consideration. If it is desirable to effect a correlation with other sciences it would seem more urgent for homœopaths to become more acquainted with psychology and the ways of philosophy and the more elemental or practical principles of metaphysics. For these are mutable in application and therefore more suitable for individual use and at the same time we perceive in these realms, especially in some of the more ancient and neglected sciences now termed mystical those immutable principles and laws which extend through and by their interaction condition everything; of which the operation of action and reaction, however the terminology be modified by physicists, is an example. The farther mind extends toward the source of energy the more practical the application and accom-

plishment. Perception and understanding of law is a condition and a precedent of all voluntary and practical results; and the average of such practical results is in exact ratio to the understanding. Furthermore, understanding, like life and being a part of life, comes from within.

We cannot speak for the author but it would seem that this outlook might not be too uncertain. Some of our most practical physicists are now saying that scientists must turn back to philosophy for a working medium and the later investigators are speaking in terms of perception instead of substance. Yes, it is the immaterial influences (forces) which need to be explored and charted for the understanding. Then material activities may be the better manipulated accordingly. But wait—ye more practical hard-heads, be not alarmed. This will not be accomplished all at once. And the writer admits a temperamental impatience with the interminable processes of evolution, yearning to see the heavens open at once.

Although these lectures are substantiative and constructive a lighter mood occasionally comes to the surface, although perhaps it is more amusing for his readers than for the author himself. On rare occasions the paternal instinct has recognized the necessity of administering a decisive spanking. For there are a few bumptious little boys in theoretical medicine. At such times there could be no doubt in the mind of anyone but that the procedure was genuine. Eminently successful for the spanker, the spectators and, if the whole truth could be known, to the spanked as well. For if the said spanked were sensible of his actual situation it is certain that eloquent silence would prevail. In fact, the whole arena would be swollen with a fulsome and palpitating void.

But these were mere asides. The real spirit is felt of itself rather than conveyed by incidents however they may be adjusted! Although conversant with modern scientific thought the earlier influences are apparent in Dr. Close's writings. For he was also one of the younger knights of that powerful group who, in America, brought the homœopathic art to a position of positive and permanent influence. For however lacking as promoters according to the criteria of "applied" psychology, by their skill and intelligence in exposition and teaching and by sheer clinical skill, they established a rich and wholesome tradition and ideal for centuries to come; an influence that will continue to expand, if not ostentatiously, at least substantially and serviceably as the stupidity and blindness of humanity wears slowly away and light overtakes mere cleverness. This tradition is not something to merely look back at. It is an influence not obscured by progress but made more beautiful by the mellowing effect of time and perspective. It is present today in the thought and impulse of homœopaths aiding in accomplishing results for distressed humanity that all the modern deftness of hand and eye and extrinsic ingenuity cannot achieve accomplishment without it. And its scientific implication, nascent though it yet remains in the great movement of modern manipulation and invention, is not submerged but remains in it as an ever widening flux, potent, perhaps, to clarify at some future time the whole muddy stream.

With this in mind it is easy to see that our editor's work was stimulated by the pressure of modern influences upon the older homœopathic principles. That is why it is a product of the times as well as of the man. Here, then, is the true modernity, not in name or particulars only, but in projecting this logical interpretation of a vital principle into the dubious and distracting influences of modern discovery and thought.

We know that Dr. Close's readers are glad to have this product of mind and heart and to know that we shall not be entirely deprived of the benefit of his perception and understanding in the things that are revealed only by searching vision and sound interpretation and judgment.

It is a sobered and rather disconcerted individual who now faces the brambles of a new and unexpected editorial experience. He fears that the difficulties may somehow become actual and all of us get the worst of it. So far he has no plan or protective scheme for his plunge. How then can he face the keen and critical audience who compose the Recorder's clientele? To tell the truth he does not know himself! But he will take the jump even though it be not wisely but too well.

Inasmuch as this is the first word breaking an ominous si-

lence between the fellow creature whose misfortune it has become to be yoked up with such an editorial anomaly as myself let us hope that neither gets yanked or galled beyond the limit of patient industry. Rather let us proceed with that unanimity (even though uniformity be impossible!) which might only be illustrated by the familiar picture of the Zodiacal Twins. Now then—!

ANTIDOTES.

Four little panes the window hath;
But one have I.
The window's panes are in its sash.
I wonder why?

"I'm going to marry a pretty girl and a good cook."
"You can't. That's bigamy."

Seen in a newspaper: "Death was due to natural causes. Mrs. Blank had for some time been under a doctor's care."

"The words of a high court judge, spoken years ago, remain true: 'In this country justice is open to all—like a Ritz hotel.'"—London Saturday Review.

"I hate to deprive you of your seat," said a lady in a street car to Patrick when he offered her his seat.

Patrick—"No depravity, mum. No depravity."

Mr. Parnell: "Gentlemen, it seems unanimous that we cannot agree."

"He suffered severely from cold feet, but they were not his own."—London Saturday Review.

For the victories of life do not rest with the adjective, but with the adverb. They do not consist in possessing great talents—they consist in using poor talents well.

HOMŒOPATHIC RECORDER

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EDITORIAL NOTES AND COMMENTS.

At the suggestion of our editorial colleague, Dr. Royal E. S. Hayes, we are planning a new department for the *Recorder* under the caption of "Pointers." We envisage this as a series of salient, terse nuggets to include materia medica key-notes, hints as to practice, suggestive vistas in philosophy and any brief, helpful suggestions from the wide and various experience of our subscribers. For instance: the usefulness of Croton tiglium in potency and oil of lavendar externally in the treatment of scabies; or the hint that no potencies are so efficacious in obstinate chronic cases as those of Swan; or the fact that an excellent immediate treatment for a badly burned finger is to plunge it into brandy or alcohol. We hereby appeal to each of our subscribers to send us in one or more such "pointers" regularly and to challenge or discuss those sent in by others. Contributions to the "Pointers" column should be initialed. E. W.

The *Recorder* wants to follow the lead of the Philosophy Department in the January issue and continue the Symposium on the Value of Symptoms. We should like to receive from far and near five hundred word outlines, preferably in schematic form,

on this subject, each prescriber giving the classification and gradation of symptoms as he uses it in case-taking. As a sample we append the schema of Dr. Margaret Tyler, of London.

SCHEMA OF DR. MARGARET TYLER.

Order of Symptom Values:

GENERALS (Those general to the patient as a whole).

(1) MENTAL SYMPTOMS (If very definite and well marked).

Reactions to mental environment.

(2) PHYSICAL GENERALS.

Reactions as a whole to bodily environment, e. g. to time and seasons, heat and cold, damp and dry, storm and tempest, position, pressure, motion, jar, touch, etc.

(3) Cravings and aversions, not mere likes and dislikes, but *longings* and *loathings*.

(4) MENSTRUAL STATE (in women)

General aggravations *before, during* and *after* the menses.

Of lower rank:

Early, late and *excessive,*

(only where there is nothing such as polypus, fibroid or menopause to account for it).

PARTICULARS (Those particular, not to the patient as a whole, but to some part of him).

First Grade

Symptoms which are *peculiar, unusual, unexpected, unaccountable.*

Common Symptoms

We hope that contributors will make their classifications more detailed than this and will submit them by the 7th of April.

JAMES TYLER KENT PRIZE.

In the February issue appears an offer of a $25.00 prize to the medical student who sends in the best working out of the case outlined in that issue. Competitors please send their papers to the General Editor's office, 472 Commonwealth avenue, Boston, Mass., by the 1st of April.

N. B. In the Carriwitchets column of the last issue an error appeared: "Kali-mur." should be "Kali-sulph."

LIVER DIET IN ANAEMIA.

From J. A. M. A. LXXXIX, (1928), 1335.

While liver seems to be presenting increasing evidence of its value in the treatment of anæmia, physicians everywhere are finding it difficult to keep patients contented and happy while they are taking it. One patient who was told that she must continue indefinitely to consume about a pound of liver daily, said: "Doctor, it can't be done. I can't even take liver every day, and certainly not for every meal." This state of affairs is due partly to the fact that few people can cook liver in any other way than by frying, and the following recipes are presented in the hope of alleviating this truly monotonous and not very appetizing dietary.

The recipes are taken from English and French sources, as in these countries liver is a much more popular article of food than it is in the United States.

FRENCH WAYS OF COOKING LIVER.

1 pound of liver.
1 slice of bread *grated*—this means grated, not crumbled.
1 tablespoonful of chopped parsley.
½-teaspoonful of salt.
¼-teaspoonful of pepper.
A very thin slice of ham.

Wash the liver well and cut into thin slices; put into casserole; sprinkle the bread crumbs over it, then the parsley, pepper and salt. Cut the ham into strips and lay it on top, then pour in one teacupful of cold water. Bake in oven for half an hour.

Another French recipe is as follows:

1 pound of calf's liver.
3 tablespoonfuls of grated bread crumbs.

4 large mushrooms, chopped.
1 medium-sized onion finely chopped.
2 sprigs of parsley finely chopped.
½-teaspoonful of salt and a pinch of pepper.

Cut the liver into slices half an inch thick, and sprinkle each slice with the mixture of bread crumbs, mushrooms and seasonings; put in a casserole, pour over it one-half pint of cold water or good soup stock, and bake in a slow oven for three-quarters of an hour.

LIVER MOULDS.

This is an English recipe:

Take 1 pound of liver, boil it and grate it with three strips of bacon. Mix it with about one-fourth of the amount of bread crumbs, the yolks of two eggs and seasoning to taste. Steam in buttered molds.

LARDED LIVER.

This recipe is taken from a Scottish cook-book:

Take a lamb's liver and lard it in rather close rows, covering the whole upper surface. Place it in a deep casserole with chopped onions, carrots, slices of fat bacon, salt, pepper, and sweet herbs (sage, etc.) Cover with water or a good soup stock. Cook in a moderate oven for forty or fifty minutes. Turn out on a hot dish. Thicken the liquor slightly with flour and butter, adding a small amount of lemon juice and paprika.

MINCED LIVER.

This, also, is a British recipe.

Boil 2 pounds of liver till it is firm enough to chop easily; then mince it rather finely with a little bacon. Chop a Spanish onion and fry slowly in butter or bacon fat—just long enough to make it soft; then add the liver, season very slightly with salt and pepper and cook slowly, stirring continually for ten or twelve minutes. Then add a cup of soup stock and a tablespoonful of chopped parsley and a very little Yorkshire relish (this last item may be omitted). Cover closely and let simmer gently for about an hour. Serve on toast.

CALF'S LIVER WITH FINE HERBS.

This is a French recipe taken from an old English cook-book.

1 calf's liver.
1 bunch of savory herbs, including parsley.
2 chopped shalots (onions may be used instead, but they should be parboiled before chopping).
1 teaspoonful of flour.
1 tablespoonful of vinegar.
1 tablespoonful of lemon juice.
¼-pint of water.
Pepper and salt to taste.

Cut the liver into slices, dip in flour, and fry in butter till light gold color. Take out of pan and keep hot.

Mince the herbs very fine, put in frying pan, add a little more butter, add the remaining ingredients, simmer gently until the herbs are cooked, and then pour over liver.

CALF'S LIVER LARDED AND ROASTED.

Take one calf's liver and lard it. Put it into vinegar with an onion cut in slices, parsley, thyme, bay leaf and a little salt and pepper. Let it remain in this pickle for twenty-four hours, then roast and baste it frequently with the vinegar. Serve it with brown gravy or a sauce made with chopped herbs. The time required for roasting is rather more than an hour.

MOCK DUCK.

This is a Canadian recipe:

Take a fresh calf's liver and stuff with duck dressing (sage and onions, which should be parboiled before being mixed with the other ingredients). Put the stuffed liver in a pan, cover with strips of bacon and bake for two hours, basting frequently with the fat from the bacon strips.

BOOK REVIEWS.

DAS KREBSBUCH (CANCER-BOOK)

By DR. EMIL SCHLEGEL, Tuebingen, Germany.

The present second edition of this truly splendid book is entirely re-written and much enlarged over the first edition, and has the advantage that it contains the ripe experience of more than 50 years of strictly homœopathic practice. Dr. Schlegel is the Nestor of homœopathic physicians of Germany, a man of unusual personality, an indefatigable student and a recognized and natural observer. Living as he does in a German university town, he has had wonderful experience treating patients who had been given up by the university authorities, or who left them after long, unprofitable treatment by the best exponents of old school therapy. The frequently astounding results Dr. Schlegel obtained with well-chosen homœopathic remedies has given him a standing in the southern part of Germany, which is the envy even of the professors. A man who can write with such experience, is surely able to produce a book on cancer which is worth while.

After giving the symptomatology of so many homœopathic remedies useful in the treatment of this dread malady, the author relates a great number of clinical cases, giving the names of the remedies used, and the potency. Being a strict Hahnemannian, Dr. Schlegel opposes operative interference in all cases, and the large percentage of cures proves the justice of employing pure homœopathy in the treatment of cancer. German reading physicians will find a gold mine in this book, which can be bought through Boericke and Tafel, and we feel sure that an English translation of this pearl will soon follow.

S. W. STAADS, M. D., Winnetka, Ill.

THE PRINCIPLES AND SCOPE OF HOMOEOPATHY.*

By JAMES W. WARD, M. D., F. A. C. S.

Six lectures delivered during March and April, 1925, at the University of California Training School for Nurses. Copyright, 1925, by James W. Ward.

In this 75-page pamphlet, we have before us an example of

*Reprinted from The Homœopathic Survey, 2-8, (Jan.) 1928.

the type of energy that characterizes Dr. James Ward, one of the most dynamic and far-visioned practitioners of the homœopathic school at the present day. To those who know Dr. Ward this brochure, with its foreword, dedicated to the class of 1927 of the University of California Training School for Nurses, needs no introduction; as knowing Dr. Ward, one may readily envisage the teachings embodied in such a course of lectures to nurses in undergraduate training.

Why instruct nurses in the principles of homœopathy? The answer to such a question implies that as nurses are instructed in the tenets of physiological materia medica and therapeutics, in asepsis, in hospital and sick-room technique, so likewise should they be instructed in the principles and practice of homœopathy. That Dr. Ward has embodied in these six lectures succinct, forceful and desirable, instruction to nurses cannot be denied. The subjects chosen for the series are as follows: Lecture I—Hahnemann and His Time; Lecture II—Homœopathy; Lecture III—The Scope of Homœopathy; Lecture IV—Life, Health and Disease; Lecture V—Recovery, Cure; Lecture VI—Homœopathic Posology (Dosage).

Dr. Ward has handled his subject matter well. His definition of life, for example, is illuminating: "Life is the invisible, substantial, intelligent, individual coordinating power and cause directing and controlling the forces involved in the production and activity of any organism possessing individuality." Such a definition is quite in accord with Hahnemann's teachings in the Organon. That the general teaching set forth in this small book will be of aid in the instruction of training schools for nurses there is not the slightest doubt.

We question, however, the wisdom of the author with regard to the use of widespread vaccination, and likewise with regard to the use of the various sera. Would it not be wiser to withhold sanction of the use of such agents, save in their potentized form, which is admittedly not only safe but efficacious when careful trial of them has been made; more especially since the scientific world has never definitely proven that sanitation has not been equally as efficacious in allaying the scourge of small-pox, as it has admittedly been in the control of malaria, typhus, ty-

phoid and yellow fevers. This may be a small matter, and all admit that even Hahnemann himself acknowledged that vaccination had proven efficacious in the cure of diseases with similar manifestations, but all must agree that the use of vaccines and sera without proper sanitation could not have accomplished as widespread results.

Dr. Ward is to be congratulated upon the manner in which this small work is written, the style in which it is printed, and in the usefulness which it will undoubtedly serve. We recommend the work to instructors in nurses' training schools, and alike to graduate and undergraduate nurses. B. C. W.

We have received with great pleasure from India a copy of the translation of Allen's *Key Notes* into Bengali published by Dr. N. Nundi, M. B., Editor of *The Homoeopathic Mirror,* Calcutta, India. We wish that we could read the beautiful script so as to give the book the comprehensive review which it deserves. May many more of the homœopathic gems be made accessible to our ever increasing Indian homœopathic colleagues!

COMMUNICATIONS.*

January 25, 1928.

Editor, The Homœopathic Recorder:

Soon the I. H. A. is to meet again and there will be papers and—discussions.

The real worth of a paper is the discussion it elicits. These discussions are of extreme value when rightly and coherently carried out. They bring out the subjects more clearly and in addition a lot of valuable hints, but how do they read in print?

Don't you think they would read and sound more rational if each issue were taken up and settled before a new one were begun? Many questions are asked, some ignored, others forgotten, while others are treated as jests. How much better and how much more instructive our Transactions would be if these discussions could be made more orderly, finished and coherent.

Fraternally yours,
A. PULFORD.

*The Editors assume no responsibility for the views or opinions appearing in the Department of Communications.

Toledo, Ohio, January 25, 1928.

Editor, The Homœopathic Recorder:

We have received and read the first issue of the Recorder in its new hands and have enjoyed it very much. We are enclosing a check for our subscription.

Please do not follow the narrow and ill-bred policy of attacking the real homœopathy and refusing to print the other side. Friendly, constructive criticism is the root of progress and education.

The Recorder is also pleasing in appearance and we feel that you have made an excellent beginning. By keeping it an open forum you will also make an excellent continuation.

As a toast (which we fear in this country must be a milk-toast): "Long life and success to homœopathy and its greatest American champion!"

With the best of good wishes from
A. PULFORD,
DAYTON T. PULFORD.

11 CHILDREN KILLED BY DIPHTHERIA SERUM.

Australian Youngsters Succumb to Borough Inoculation.

Sydney, N. S. W., Jan. 29, (A. P.)—Eleven children have died and six are feared to be dying, supposedly as the result of diphtheria inoculation ordered by the borough council of Bundaberg. The serum used was provided by the commonwealth health department and a near panic has developed in the region. —From the Philadelphia Inquirer, front page, Jan. 30, 1928.

CARRIWITCHETS.

Sit Down, Doctor, and Write Us Your Answers to These Questions. It Will Only Take Five Minutes

DEAR EDITOR:

What is an intercurrent remedy, when is it called for, and how should it be selected? F. E. GLADWIN, M. D.

QUESTION DEPARTMENT, Homœopathic Recorder:

Miss B——, state ward, domestic, aged 18, large bones.

Pain from an erupting third molar (lower right wisdom tooth), "dull, throbbing, sore," of a week's duration.

Amel. by heat (hot water bottle), constant, and growing worse.

Is somewhat impatient and cries.

Gum tissue broadened out over erupting tooth, upper tooth does not impinge upon it, no other swelling, tooth is not visible.

X-ray shows a slight impaction; has twenty-eight sound teeth in proper alignment. No other symptoms.

Mag-c. 1M. was given without any relief. Patient has taken several aspirin tablets, also without relief.

Will any homœopathic remedy be of any service? And if so, which? JOHN S. COXETER, D. M. D.

DEAR CARRIWITCHET:

Can you give me a list of the ten best books for a regular physician, to make the acquaintance of homœopathy?

ALLOPATH.

DEAR EDITOR:

Shall I have my three children take whooping cough prophylactic serum? If not, what harm would it do them? What strictly homœopathic protection is there?

ANXIOUS HOMOEOPATHIC MOTHER.

EDITOR, HOMOEOPATHIC RECORDER.

Can you tell me where I can buy a complete file of *The Homœopathic Physician?* P. F. S.

DEAR EDITOR:

Can any of your readers tell me what became of the original Swan potencies and where I can obtain authentic grafts of them? L. W. W.

ANSWERS TO QUESTIONS IN FEBRUARY ISSUE.

First Question—The question that must be first decided in this case is "What has Phos. done to the case?" If the case was Caust. at first and Phos. has taken up no action, done absolutely nothing in two days in an acute, then it will probably be safe to give the inimical Caust. for there is no Phos. acting to create disturbance. On the other hand, if the case was not Caust. at first and Phos. was near enough to the case to change the symptoms into Caust. symptoms, then pause. Phos. working will make trouble if Caust. comes in to help. Study the case again from the first—if it was Phos. from the first, let it alone until Phos. has done all it can—possibly nothing else is needed. If it wasn't Phos. then see if the case wasn't Nux-v. or perhaps Ars. If it was a Nux-v. case Nux would antidote Phos. and take up the case curatively; if Ars. then Ars. would take up the case and turn it into order either by completing the work of Phos. or by antidoting Phos. I speak of these two remedies because one of the two would be most likely to be the needed remedy. It might be some remedy entirely different.

Second Question—The bronchitis is either an acute or an exacerbation of a part of the chronic brought out by the Sil. 10M. It is the nature of chronic disease to subside when an acute is actively present; in that case, the acute case, standing alone, should be prescribed for upon its own symptoms without fear of disturbing the chronic. Should the bronchitis be a part of the chronic, remember that a remedy which can bring a symptom or group of symptoms to the surface usually has power to cure those symptoms without further medication, therefore it is time to watch and wait. There is another thing to be remembered and that is when any part of a chronic case is so actively present that it threatens the immediate life of the patient, it must be prescribed for even though that prescription should prolong the chronic case. "How soon would you repeat the chronic remedy?" Just as soon as the chronic symptoms return and demand it. "Would you simply give placebo and general care?" Yes, give careful care always and if there is such a thing as a placebo scatter it all through the case.

Third Question—Dr. Gibson Miller's little book on the Relationship of Remedies is the best one that I know of.

Fourth Question—Above question is already answered but the answer to the second question applies to it also.

Answers prepared by F. E. Gladwin, M. D., Philadelphia, Pa.

CURRENT HOMOEOPATHIC PERIODICALS.

Titles marked with an asterisk (*) are abstracted below.

THE BRITISH HOMŒOPATHIC JOURNAL
Vol. XVIII: 1-100 (Jan.) 1928

"Why Are We Sick?" Dr. Woods' delightful presidential address emphasizes our need of deepening our provings, and making new ones, and stresses most opportunely the pity it is when the masters of our art retire from practice. He pleads for new blood in homœopathy and its dissemination in the provinces. Homœopathy to him is the last word in scientific drug therapy, but he feels that the future holds even finer methods of cure such as suggestive treatment and spiritual healing. He commends to our attention the important question of diet, and feels that milk should not be an adult food as it tends to "prematurely ossified joints and hardened arteries," and particularly recommends its deletion from the diet of patients with rheumatism and chronic catarrh. He alludes also to emotional factors as a fundamental cause of illness and suggests that our practitioners can greatly

Aeth. For the infant who cannot digest n
Arg-n. For the baby who develops diarr
cess candy.
Arn. For the anæmic mother trying to
hæmorrhage.
Asaf. For the heavy, fat women with blu
Bell. For acute mastitis.
Bor. Where the mother has pain in the
escape of milk from the painful breas
ing babies.
Bry. To diminish the supply of milk, or
Bufo. For the effects of menotoxin, espe
at the menstrual period.
Calc. For the occurrence of menstruation
ing nipples and in the flabby woman
finement.
Carb-v. For the mother who had nausea
varicose veins in her last month, wit
Caust. For the anxious woman who ha
worn out fussing whether the baby is
to have cracked nipples.
Cham. For pain in the breast on nursing,
to the back and whole body; and als
excitable mothers to whom nursing is
Coff. To re-establish secretion stopped
family.
Coloc. Where the mother had a dispute w
veloped colic with green stools.
Fragaria. To cause secretion of milk in
rhœa, rashes and asthma.
Graph. For scanty milk in hypopituitary
Hyper. For painful nursing due to traction
abscess.
Ign. For the hyper-sensitive mother who
Iod. For too early superinvolution of the
Kali-i. For the same condition.
Lac-d. For the baby who cannot digest no
Lyc. When the change from colostrum to
Medusa. To promote secretion as in Frag

The efficacy of Cuprum for the hiccoughs of infants after feeding was attested to.

This article includes an admirable bibliography.

Double Dosage: Dr. Gordon here gives a really original contribution to posology. His thesis is that there is no such thing as an optimum potency any more than there is an optimum remedy, except in the sense that a certain potency or drug may be the most similar to a diseased individual at a certain time. He holds that: "A patient who needs a 50M. will be unaffected by a 30 and one who needs a 12 may be killed by a 1M." He believes that Dr. Dishington's discovery of *plus dosage* "has proved its value beyond all question or cavil." He has long used the single dose and for the last two years has been experimenting with double dosage. "This consists in giving, instead of the familiar single dose, two doses of different potencies, 24 or 48 hours apart, e. g., phos. 200 (1) followed in 24 hours' time by phos. 1M. (1). I write it thus:

Phos. 200 (1) }
Phos. 1M. (1) } 24 hours. Thereafter treatment proceeds exactly as for single doses, except that instead of Sac. Lac. (1), one gives two doses of Sac. Lac. 24 hours apart." Dr. Gordon holds: That this method in his experience applies only to *chronic diseases;* that it is particularly useful in cases in which the single dose has failed to give results, that these double doses of the *same remedy* give results both deeper and quicker; that the average duration of action is usually, but not always, shorter, ranging from about six to eight weeks; that it is more profitable to repeat the double dosage in the same potencies at the second prescription and go higher for the third and fourth, and higher again for the fifth and sixth; that the lower potencies are more effective when the patient's vitality is low; that the double dose calls for a greater reaction on the part of the patient and may, therefore, do harm instead of good in cases of deficient vitality. He believes, with Dr. Blunt, that *plus dosage* is of little value for potencies above 30; also, that when *double dosage* fails, especially among neurasthenics, triple dosage may be effective

Nit.-ac. 1M. (1) }
Nit.-ac. 10M. (1) } 48 hours.
Nit.-ac. 45M. (1) }

He raises six questions as follows:

(1) I have not yet gone beyond three doses, but is there a limit to the number of doses that can be employed in this way? Would, for instance, a series of potencies from 6 to 12 to cm. given at forty-eight hours' interval, cause the sudden cure or the sudden death of the patient?

(2) Can anaphylaxis be caused by any particular interval between doses from, say, twelve hours up to a month or more?

(3) Is there an optimum interval between doses or does it vary? If it varies, on what factor does the variation depend—the vitality of the patient, or the class of disease, or the extent of ultimation of disease?

(4) Should the interval between doses be increased progressively, e. g., twenty-four hours for the first double dose, forty-eight hours for the second, and so on?

(5) After repeating, say, a 30 and 200, would it be better to give a 200 and 1M. or to clear the 200th altogether and give a 1M. and 10M.?

(6) Is there any advantage in making wider gaps between potencies, e. g., 1M. and 50M. instead of 10M. and 50M.?

The discussion includes the question of aggravation, of how you know which potency has worked, of the necessity for statistics, of the use of high potencies first and then low, of the question of *divided doses* of the same potency, of the grouping of the potencies, of the question of giving lower potencies during the day, and higher ones at bed time, etc.

Dr. W. E. Boyd discusses the paper from the point of view of the Emanometer, concluding that *when* the simillimum is clearly seen in a case, double dosage increases the chances of covering a chronic case.

This article is of such profound interest that it should be carefully read and digested by all homœopathic prescribers.

THE HAHNEMANNIAN MONTHLY
Vol. LXIII: 1-80 (Jan.) 1928

Corneal Ulcer: Dr. Weaver gives first a classification and symptomatology of corneal ulcer with suggestions for non-homœopathic treatment. Then follows a brief resume of the ten homœopathic remedies of most value, to him, which are:

Aconite, for cases with a traumatic history;
Belladonna, where the eye is bright red and photophobia very marked;
Apis, with swelling, especially of the cheeks, thirstlessness, stinging pains, aggravated in the evening;
Arsenicum, where there is much burning and often nausea;
Rhus tox., when iritis or irido cyclitis develops, with rheumatic pains in the eye. Worse at night and worse in damp weather;
Pulsatilla, with bland discharge and eyes pasted shut in the morning;
Mercury, especially in syphilitic cases, with Mercury symptoms;
Hepar sulph., in severe cases, with profuse discharge, worse by cold. Strumous cases;
Sulphur, in chronic cases with scrofulous histories and eruptions. Symptoms worse after bathing. Good intercurrent remedy;
Calcarea carb., in children subject to colds followed by corneal or conjunctival infections, with profuse perspiration, especially around the head and neck and glandular enlargement.

(We have abbreviated the indications instead of quoting them in full).

THE HOMŒOPATHIC SURVEY
Vol. II: 1-15 (Jan.) 1928

The Gentle Reader: In this charming little article Dr. Woodbury gives a list of suggested reading along the lines of homœopathy, which we herewith append:

For laymen; and for beginners:
The Grounds of a Homœopath's Faith—S. A. Jones, M. D.
zHomœopathy Explained—John H. Clarke, M. D.
zFifty Reasons for Being a Homœopath—J. Compton Burnett, M. D.
*Hahnemann's Organon, Translated by Dr. C. E. Wheeler. And for advanced students: The New Sixth Edition (Haehl's German edition, and Boericke's American edition).
zHaehl's Life of Hahnemann, German edition. English translation by Mrs. Maria L. Wheeler and Mr. W. H. R. Grundy, A. B.
*Keynotes to the Materia Medica—H. N. Guernsey, M. D.
*Primer of Homœopathic Materia Medica—T. F. Allen, M. D.
*Keynotes and Characteristics of the Leading Remedies—H. C. Allen, M. D.
Essentials of Homœopathic Materia Medica and Pharmacy—W. A. Dewey, M. D.
*Pocket Manual of Homœopathic Materia Medica—Wm. Boericke, M. D.
*First Lessons in Symptomatology—H. R. Arndt, M. D.
*Keynotes to the Leading Remedies—(McFarlan)—A. Lippe.
*Regional Leaders—E. B. Nash, M. D.
A Synoptic Key of the Materia Medica—C. M. Boger.
What the Doctor Needs to Know in Order to Make a Successful Prescription—James Tyler Kent, M. D.

For more advanced study; for physicians and advanced students:
*The Life and Letters of Samuel Hahnemann—T. L. Bradford, M. D.
zHaehl's recently published Life and Work of Samuel Hahnemann, translated by Mrs. Maria L. Wheeler and Mr. W. H. R. Grundy, A. B.
*Organon of the Rational Healing Art, by Samuel Hahnemann in its various editions, including Haehl's German edition of the Sixth Edition and Boericke's 6th American Edition.
*Lectures on the Theory and Practice of Homœopathy—R. E. Dudgeon, M. D.
*Theoretical Portion of the Chronic Diseases (in one volume—Boericke and Tafel, Philadelphia).
*Homœopathy, the Science of Therapeutics—Carroll Dunham, M. D.
zManual of Pharmacodynamics—Richard Hughes, M. D. Leath & Ross, London.
*A Compend of the Principles of Homœopathy—Wm. Boericke.
xLectures on Homœopathic Philosophy—J. T. Kent, M. D.
*Homœopathic Philosophy—Stuart Close, M. D.
zThe Case for Homœopathy—C. E. Wheeler, M. D.
zA Dictionary of Homœopathic Materia Medica—John H. Clarke, M. D.
*Materia Medica Pura—Samuel Hahnemann.
*The Chronic Diseases—Samuel Hahnemann.
*Condensed Materia Medica—C. Hering, M. D.
*Leaders in Homœopathic Therapeutics—E. B. Nash, M. D.

*Lectures on Homœopathic Materia Medica—J. T. Kent, M. D.
zHahnemann on Homœopathic Philosophy—John Weir and Margaret Tyler, M. D.
xLesser Writings—James Tyler Kent, M. D.
Hahnemann's Organon—Emil Schlegel (now in process of translation).
zThe Prescriber—John H. Clarke, M. D.
zHomœopathy Reasoned Out—Dr. Miller Neatby.
zHomœopathy—Major MacKenzie.
zThe Law of Cure—Ridpath.

*Boericke & Tafel, 109 W. 48th St., New York.
xEhrhardt & Karl, 143 N. Wabash Ave., Chicago.
zThe Homœopathic Publishing Co., 12 Warwick Lane, London, E. C., England.

THE HOMŒOPATHIC WORLD
Vol. LXIII: 1-28 (Jan.) 1928

IOWA HOMŒOPATHIC BULLETIN
No. 17, 4-28 (Jan.) 1928

THE JOURNAL OF THE AMERICAN INSTITUTE OF HOMŒOPATHY
Vol. XXI: 1-90 (Jan.) 1928

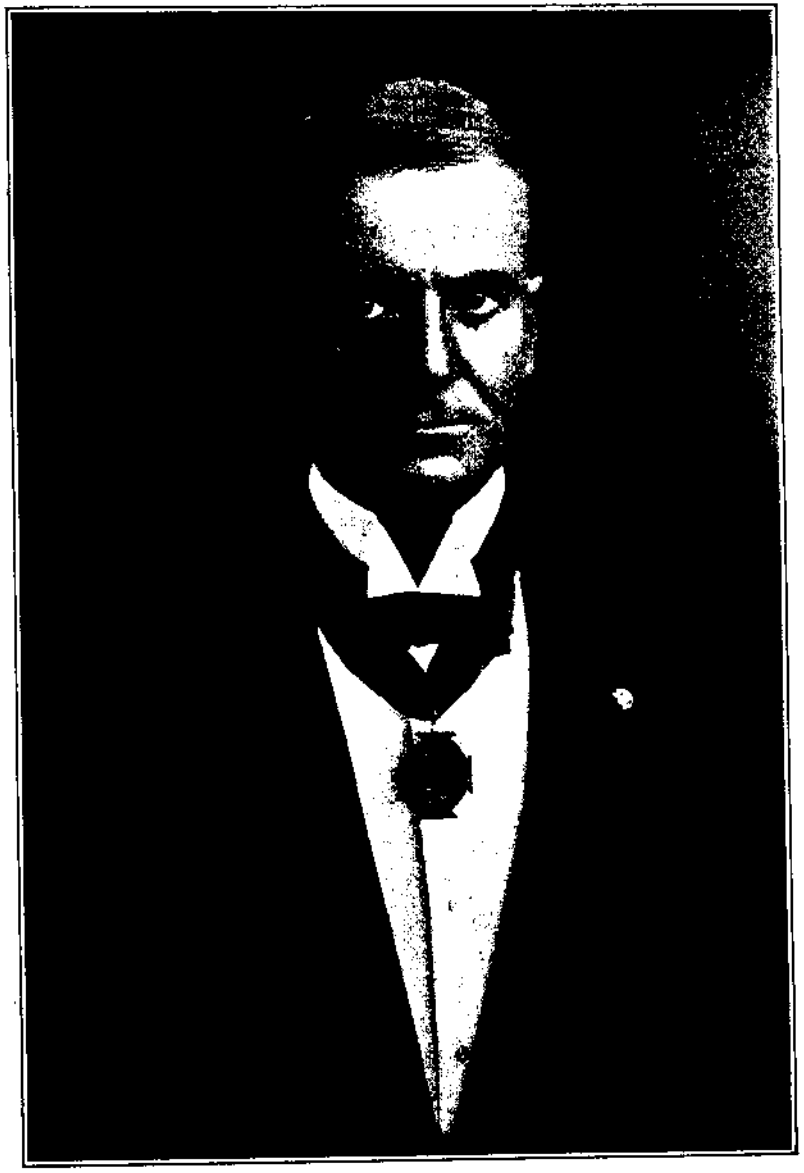
PACIFIC COAST JOURNAL OF HOMŒOPATHY

Vol. XXXIX: 1-31 (Jan.) 1928

**Digitalis*: Dr. Visalli's paper might be read before any regular medical association with the exception of six lines toward the end, as follows: "Thus, the rheumatic or mitral patient recalls at once to my mind the following in the order of their merit: aconite, naja, bryonia, spigelia, rhus, and colchicum. The aortic or luetic needs arsenicum, cactus, aurum, stromium, natrum iodatum or cuprum. In the hyper-sensitive I think of calcarea, baryta, glonoin, iberia, phytolacca or spongia." He calls attention to the study made by Cabot at the Mass. General Hospital on drugs affecting the circulation such as apocynum, convallaria, squill, and crategus, all of which were tried there in enormous *dosage* and discarded. The main body of this article discusses digitalis, quinidin and strophanthus. He gives no discussion of the various preparations of digitalis. His conclusion as to the use of digitalis (in non-homœopathic preparation) is that it should be limited to "auricular fibrillition, auricular flutter and heart failure no matter what rhythm." (We hope he does not include coupling).

YOUR HEALTH

Vol. IX: 1-64 (Jan.) 1928



DANIEL E. S. COLEMAN, PH. B., M. D., F. A. C. P.
New York, N. Y.

THE HOMOEOPATHIC RECORDER

VOL. XLIII. DERBY, CONN., APRIL 15, 1928. No. 4.

INTERNATIONAL HOMOEOPATHIC LEAGUE

MEETING, STUTTGART, GERMANY AUGUST 9, 10 AND 11, 1928.

All members of the International Hahnemannian Association should have an especial fraternal feeling for that other body in its field, The International Homœopathic League. The League is the successor of the International Homœopathic Council and holds yearly Congresses in different countries. The President of the League for this year is Dr. E. C. Tuinzing of Holland. The first President was Dr. Roy Upham of New York.

The Stuttgart meeting should be a notable one as they have a splendidly equipped, thoroughly homœopathic hospital there, and a flourishing post-graduate school of homœopathy under the leadership of Dr. Heinrich Meng. Germany is enjoying a true renaissance of homœopathy at present and America should be represented by as large a number as possible of our colleagues. A cordial invitation is extended not only to the members of the International Hahnemannian Association but to all practitioners of homœopathy.

SPIRITUAL HEALTH.

H. G. PEREZ, M. D., Director of the Free School of Homœopathy of Mexico.

Until the advent of homœopathy, the old school of medicine had only occupied itself in concentrating its attention on the human body without taking into consideration whatever the state of the spirit; and even if it had wished to do so, it had not the means by which to attain such an end. However, this does not occur in homœopathy which invariably considers the psychic

state, especially because it knows how to modify same through the agency of the greater part of its medicaments. But before arriving at this class of indications let us see what should be the moral attitude of the physician in the presence of a sick person.

The action of the body and of the spirit is a reciprocal one, as they mutually influence each other and both of them are essential factors in connection with the pathological state *mens sana in corpore sano*.

In order for the physician to exercise a beneficial dominion over his patient and make his treatments effective, he should begin by infusing confidence; and this is accomplished when he has it in himself.

Scientific convictions, faith in the results of their application, skill in the method and kindly insinuations, constitute the factors of the apostolate. The self-seeker, the egotist, and the ignoramus, can never make proselytes.

The real physician, from the moment he enters the house of the patient, begins to exercise a powerful influence over him and all who are anxious for the recovery of his health. The optimism of the physician is a loving, health-giving, suggestion which pervades and modifies the very atmosphere of the home. Hope and fortitude invariably provoke salutary reactions which animate the hearts. The suggestion of the physician is a tender force that emanates from his material and spiritual being and like unto the nimbus which surrounds the heads of the divinities, it becomes diffused, reflected and it captivates. The attraction or repulsion existing between two or more persons depends upon this form of the perispirit. What occurs is that the electronic vibrations of the body and the emotions of the spirit are either in mutual syntonization or they are not; and in order for them to vibrate harmonically, they must be tuned in unison.

These catalytic forms of spiritual action are as necessary and as powerful as those which transform and develop the corporeal substance.

We should begin by dynamizing the spirit since this is the entity which gives form to the body.

The state of the spirit seems to show itself in every part of the human compound, conforming or deforming its silhouette according to the internal mobility which gives it impulse. Without this external expression the life of the spirit would be inefficacious.

Not all the physicians or persons possess that suggestive power such as attracts, allures, and facilitates the action of their medicaments however precisely they may be prescribed. Just as there are aptitudes and tendencies which make a man a savant or an artist, likewise in order to be a real physician, it is necessary to have a certain fitness, a spirit of certain strength that will carry dynamism to where it is lacking, for the purpose of acting as a stimulus for the healing, even before the commencement of the medicative action.

There are many distinguished and learned physicians, famous clinicians engaged in the greatest activities, and who, nevertheless, are incapable of meeting the requirements of their mission; whereas there are others, having the same elements, who are able to heal the sick. What occurs in the first case, is that there is lacking that emanation of the spirit which is more powerful in its action than the one provoked by the medicaments.

If all the physicians of whatsoever school and doctrine held the right concept of what disease is as represented by symptoms which are efforts, they would all journey along together over the same road for the purpose of attaining their object, which is that of giving health to the sick. To materialize the malady is to do away with its principal vitalizing element which is the psychic, whose influence preponderates in the normal or abnormal life of the individual.

The contests and campaigns of the medical schools or of the physician against diseases, are fantastic and illusory, and are mere abstractions against real entities, like the blind man who wields a club and succeeds in injuring the very one whom he intended to benefit.

The vital dynamism which instinctively cures the wound in the animal as well as in the vegetable, is the same that acts in the human organism; but in this latter case there is another important factor which has seldom been taken into consideration: it is the spirit that animates the existence and constitutes the mode of being of the sick. The spirit and the soul which con-

nect and unify all the forces of the human machine should be the objectives of all treatments.

The intelligence and the will, or say the spirit with its creative and organizing potency will mould aright the instincts of preservation and harmonize the corporeal entity subjecting its forces to one alone, which when lacking, causes all to tend towards dissolution. Even the man in the street knows that when the soul escapes from the body, it thereupon begins to decompose. This bond of association, this immanent force should be the objective point of all medical activity.

When medical science concentrates its attention more on the spirit than on matter, more on the instincts than on mechanics, more on organic dynamism than on the speculations of science, only then will the real school of medicine which is that of homœopathy, come into its own and replace empiricism.

To mould life in accordance with the spirit, is a work of wisdom; and this is achieved or will have been achieved, when through means and remedies we have been able to redeem from the prisons and the gallows those unfortunate beings who are diseased both in body and in spirit. If ethics are social therapeutics they originate in the bosom of the spirit and are forged in temperance and self-denial.

Criminals are diseased persons who should be healed, not isolated or eliminated. For the treatment of organic ailments or for deformations there are medicines and surgical instruments, but all these should have intimate relation to the tendencies of the spirit.

The school of homœopathy is the only one capacitated for accomplishing such a work. Tendencies and inclinations are solely responsible for the misery of the body and spirit. This which seems to be blasphemy or heresy, becomes more evident when one bears in mind the inculpability of the diabetic glutton or of the plethoric intemperate individual. If ferocious instincts that have been inherited become localized in some cerebral circumvolution and this in turn hypertrophies, can the assassin be blamed? Is the epileptic to be blamed for his paroxysms and the person who is afflicted with diplopia for his vision.

The advanced culture of medicine is predestined to eliminate judges, by healing those who violate the laws and thus protecting society from the dangers emanating from these diseased ones of the spirit, who are in need of having their ailments alleviated, not by punishment, but by means of medicaments or more humane methods.

Let us endeavor to preserve the equanimity and health of mankind by means of prophylactics that are incapable of intense reaction and we shall thus insure the reign of peace and justice which has been so much attacked. Wars are nothing more than explosions of ferocious instincts that have been provoked by morbid states: therefore, it is necessary to find their prophylactic.

Let us be men, real men, not wolf men who devour themselves; and with intelligence as our guide and the will as our law, we will usher in the real kingdom of the spirit founded on the health of the body and on the serenity of the spirit.

DIPHTHERIA: SUCCESSFUL TREATMENT, IMMUNIZATION WITHOUT HARMFUL CONSEQUENCES.*

EUGENE UNDERHILL, M. D., Philadelphia, Pa.

FOREWORD:

The author's paper, "Antitoxin; Toxin-Antitoxin; The Schick Test," published by the I. H. A., provoked a very extensive correspondence from physicians of all schools of practice. Many questions were asked covering various phases and facts relating to diphtheria, some of which are quite outside the essential requirements for successful treatment.

Here are some of the questions:

Is this a constitutional or local disease?
What are the points of entrance?
What structures are principally involved?
What is the percentage of immunity?
What is the admitted mortality under old-school treatment and under homœopathic treatment?

*Read before the I. H. A., July, 1925.

What are the main points in the diagnosis?
Define diphtheria carriers and state what is done for them.
What effect does the removal of tonsils have upon the incidence and severity of diphtheria?
Should anything be put on the membrane?
What shall we do when strangulation threatens?
What is the best prophylaxis against the formation of membrane?
What relation does the amount of the membrane have to the severity of the disease?
What are the chief complications?
What is the duration of the disease when not under homœopathic treatment?
Does antitoxin ever cure, and if so, why?
What should be done if the family insists on the use of antitoxin?
What are the principal drugs indicated? Should they be prescribed entirely on the throat symptoms?
What will give the greatest degree of immunity?

We have attempted to answer these questions and to present, also, other collateral facts in a very direct and easily-understood way.

We have also tried to cover the scientific treatment of the disease in accordance with true homœopathic practice.

The word diphtheria means skin, or membrane. The disease has also been called Membranous Angina, which signifies choking with membrane.

It is an acute, infectious, contagious, communicable disease. It may be sporadic, endemic or epidemic.

It has been known since the time of Hippocrates.

It is a constitutional disease with local manifestations in the throat.

It is claimed that the cause is the Klebs-Loeffler bacillus, or the bacterium diphtheriæ, but we do not regard this point as set tled beyond a reasonable doubt. The bacillus may be a result instead of a cause. Even though the bacillus is conceded to be an exciting cause, the susceptibility lies within the patient.

The disease may enter the body from without, the points of entrance being:

The respiratory tract;
The digestive tract—when digestion is badly impaired;
The tonsils—when their protecting powers are overwhelmed;
Abrasions in the skin.

The toxins of diphtheria are capable of producing deep and destructive changes in every organ and tissue of the body—the tonsils, adenoids, spleen, heart, kidneys and lymph glands being particularly affected. Occasionally the diphtheritic poison will involve the eyes, the auditory canal and the genitals. Such involvement, if it occurs at all, will be noticed at the beginning of the disease.

The disease is communicated from one person to another both by direct and indirect contact.

It is a rather persistent infection and demands isolation to prevent its spread.

It will rarely attack the healthy or those whose bodies are already occupied by serious chronic disease.

It attacks children chiefly, although adults occasionally have it. Children between the ages of two and ten years are the most susceptible. One attack does not render the individual immune except for a short time.

A very large number of both children and adults are naturally immune. Some old-school authorities admit a natural immunity of 90 per cent., or over.

Of the susceptibles who contract the disease the great majority have it in a mild form. Occasionally there is a very severe case. This case is almost always lost under old-school treatment—antitoxin or other measures notwithstanding. This is the case that is said to have an "accidental location of the membrane," or "antitoxin was given too late."

The average mortality in all cases under old-school treatment is admitted to be between 15 and 20 per cent. Some claim as low as 13 per cent. There have been epidemics in which the mortality has been as high as 50 per cent.

In homœopathic practice, a very careful and extensive can-

vass of the best prescribers shows a mortality of far less than one-tenth of 1 per cent. Thirty-one of the I. H. A. members in busy general practice covering a period of twenty years have not lost a single case.

Period of Incubation.

The period of incubation is from two to twelve days.

Diagnosis.

A culture which shows the presence of the Klebs-Loeffler bacillus has been esteemed a certain evidence of the existence of the disease. It has, however, been observed that the most serious forms of diphtheria may not be discovered by bacteriological examination. The poison of the disease may not have sufficiently developed or been thrown out on the tonsils and adjacent structures so as to admit of obtaining suitable material for the cultures, or the exudate containing the bacilli may be beyond the reach of the swab used.

The Klebs-Loeffler bacillus has often been found in the mouths of individuals who did not have and have never had diphtheria. Such individuals are called diphtheria carriers. Here is what is done to them when they can be caught and will submit to the process:

1. Swab the tonsils (if they have any) every other day with a 10 per cent. solution of nitrate of silver;
2. Perform tonsillectomy (if some other fellow has not already done the job);
3. Apply argyrol ten per cent. in nose and throat twice a day;
4. Shoot subcutaneously 1 c.c. of toxin-antitoxin mixture;
5. Use naso-pharyngeal spray of Dobell's solution every four hours;
6. Scrub the mucous surfaces with Dakin's solution every two hours;
7. Wash out the buccal cavity with alcoholic solution of gentian violet;
8. Paint throat with tincture of iodine.

Keep up these measures until the cultures are negative.

Very little danger need be anticipated from the so-called diphtheria carriers. The bacilli have all degrees of harmlessness and very small powers for mischief when carried in the mouth of an individual for a long time. Anyway, if such a person comes under homœopathic care and his constitutional remedy is found, the bacilli will move to a more congenial climate.

The chief danger from a diphtheria carrier when discovered, is that he will be used as a horrible example and be made the excuse for shooting toxin-antitoxin into children that have about as much chance of contracting diphtheria as they have of being struck by lightning.

The Clinical Manifestation of Diphtheria.

Note—The manifestations as here given relate to the course of the disease when uninfluenced by homœopathic medication. They are details of what may be expected under ordinary circumstances and such as may be observed when taking charge of a case. If these manifestations continue to unfold or develop after beginning treatment, they indicate a failure in remedy selection.

Of course, it is to be understood that these manifestations and details are not to be considered as in any sense guides or even suggestions for prescribing.

The onset of the disease is rather slow. It is generally preceded by fatigue and great irritability.

A slight sore throat develops, which may increase somewhat in severity, but is not apt to become very painful. In some subjects, however, the pain in the throat is very severe. If old enough, the patient is likely to complain of chilliness about the time the sore throat develops.

The cervical and submaxillary glands may enlarge.

Pains in the head, back and limbs are quite common.

Adult patients are apt to complain of stiffness of the muscles of the neck.

Children frequently have attacks of vomiting, or convulsions.

There is difficulty in swallowing, and considerable tenderness beneath the jaw, particularly on pressure.

From the beginning of the disease the prostration is very profound.

The Membrane.

Very early in the course of the disease and among the first symptoms noticed, is the appearance of a grayish-white or grayish-yellow, sometimes pearly-white or transparent membrane which generally appears first upon the tonsils. One tonsil only

may be involved at first, but the membrane soon spreads to the other tonsil. It may involve the uvula and appear also on the posterior wall of the pharynx. It may extend to the nasal passages and to the larynx, and especially so if the tonsils have been removed.

The incidence of diphtheria is no less in persons who have had their tonsils removed.

Our observations lead us to believe that the disease is more virulent and fatal when it follows either soon or remotely after tonsillectomy.

The tonsils have certain protecting powers.

Nature usually picks the points of elimination where the least harm is likely to result from the poison and where her most destructive agents to the infection can be marshalled and set at work.

The tonsils are the first line of defense. Their removal is not only a threat of disaster in the event of the appearance of diphtheria, but tonsillectomy is often followed by glandular affections, and, in susceptible subjects, by tuberculosis.

We have observed cases of persistent and recurrent attacks of tonsillitis, the local disturbances of which have entirely subsided on the removal of the tonsils, but the operation is very frequently followed by one or more attacks of pneumonia in less than two years, and by several attacks of bronchitis in the same period of time.

The throwing out of the membrane is an attempt of nature to get rid of the poison.

Diphtheria is an eruptive disease—the eruption appearing chiefly on mucous surfaces, although occasionally it appears also on the skin.

Should anything be put on the membrane to remove or lessen its appearance, or to destroy local infection by oxidizing or germicidal agents?

We say "no," for the following reasons:

1. It is the same as driving away an eruption on the skin by local measures, and is, therefore, suppressive and consequently harmful.

2. It acts as a deterrent to nature. She will not persistently carry the poison to a place where elimination is seriously interfered with. Finding the usual and most favorable outlet partially or completely blocked, the poison is retained in the blood stream to the point of saturation, when it is deposited as follows:
   (a) In the muscles of deglutition, producing paralysis—manifested by the regurgitation of liquids through the nose;
   (b) In the muscles of the eyes—manifested by diplopia, strabismus, ptosis;
   (c) In the motor centers of the brain—resulting in local or general paralysis;
   (d) In the heart muscle—manifested by a remarkable slowing-down of the pulse, or sudden death.
3. If membrane continues to appear in the throat, in spite of the local applications, there is an undue tax, or drain, on the albumin component of the blood with a corresponding decrease in the physical powers of the patient—the exudate being albuminous in character.
4. Agents that are effective in removing the membrane may leave an eroded surface with many minute blood vessels torn or ruptured. These open vessels tend to reabsorb poisonous materials, and thereby add to, or prolong the disease.

Let it be remembered that what is outside is not inside. When the membrane appears in the throat, the poison is on the way out and is bidding good-bye to the vital centers.

If disease cannot express itself, the patient either dies or suffers other serious consequences.

The more you forget the membrane and remember to treat the patient, the better the prospects of recovery.

However, it is possible to have the membrane accumulate so fast and so much as to threaten, or actually suffocate the patient.

This is a very rare occurrence. It is never likely to happen

if the patient is seen early and the proper remedy administered. However, the case may have come from incompetent hands, we may have been called late in the disease, or the condition may be an expression of our own failure and we are, therefore, obliged to deal with a mechanical condition.

What shall we do?

Many will quickly answer—tracheotomy. When young and foolish, we did that once, did it with a pen-knife—the emergency seemed so great. It was very spectacular and we received great credit for it. The patient got well—"not by reason of, but in spite of." We are not saying that tracheotomy may never be required, but we do say that that first case was a long time ago, and we have not seen any such necessity since, and we now have grave doubts about the requirements in that first case.

Here are some better ways to proceed when the membrane is accumulating so rapidly as to threaten a blockade of the air passages:

1. Use dilute alcohol by gargle, if the patient is old enough, or by frequent swabbing, spraying or by inhalation—having the dilution hot or cold, whichever is most acceptable to the patient.

"Now," you will say, "you have reversed yourself—you said put nothing on the membrane, and here you are advising alcohol." Quite so; we may have to "eat crow" sometime if there is no other meat. But remember this—alcohol is a remedy, and is very similar to some phases of this disease. An old-fashioned, pre-Volstead drunk and diphtheria have many manifestations in common.

Here are ways in which alcohol may act:

A solvent to the membrane;
A germicide or disinfectant;
A food—to a slight degree, being, to some extent, a substitute for fat;
A remedy.

One theoretical danger may be considered. If one of the serpent poisons is strongly indicated, alcohol might possibly exert an antidotal effect upon the remedy.

Do not continue the application of alcohol after the suffocating emergency has passed. Nature will still be attempting to throw out more membrane as a menstruum or base for carrying or entangling the poison, and any such unnecessary tax upon the system should be avoided. Whatever remedial value the alcohol may exert you will have set in motion by the first application.

2. Remove the membrane by force. Pull it out with a blunt, hook-like instrument. As it is loosened, some of the membrane may be swallowed, or it may be even pushed down. If a moderate quantity goes to the stomach, no very harmful results need be anticipated, as the poison is destroyed by the hydrochloric acid content of the stomach. Moreover, in such case vomiting is quite apt to follow, and the accompanying gagging, coughing and relaxation are likely to loosen more of the membrane which may be readily ejected by the patient, or removed by the physician or nurse.
3. Intubation—passing a tube through the obstruction.
4. Trachectomy as a last resort.

The following measures and agents have been suggested for inhibiting or preventing the formation of the membrane. They are of very little, if any value, and some of them may be positively harmful by interfering with the action of the homœopathic remedy:

(a) Slaking lime in the room;
(b) Evaporating water over a stove or other heating apparatus, with a little turpentine or oil of eucalyptus, added to the water;
(c) Keeping the atmosphere of the room moist by hanging muslin or sheets over doors and about the room, and keeping them wet with a solution of bichloride of mercury—said to perform the double purpose of inhibiting the development of the membrane and preventing the escape of the infection to other parts of the house. Both ideas are fallacies. Moreover, some patients are made worse by a moist atmosphere. The proceeding might be of some value if mercury should chance

to be the indicated remedy; even then it is better to administer the drug in the usual way.

(d) Spraying the throat and nose with a solution of permanganate of potash, 1 to 2,000, or peroxide of hydrogen diluted one-third or used full strength. These agents are sometimes used in alternation.

(e) Applying powdered sulphur to the membrane;

(f) Gargling or swabbing the throat with a normal salt solution. This is not likely to be harmful and might be of some value.

The best prophylaxis as regards the formation of an excess of membrane, is good prescribing. If the prescribing is accurate, no emergency of threatened suffocation need be anticipated.

In our experience, the amount of the membrane appears to have no constant relation to the severity of the disease. It may be very mild, or very severe, with only a small showing of exudate, and the same is true when the membrane forms in excess, even to the point of threatened suffocation.

We have a parallel to this in measles where the disease may be very mild or very severe with only a small amount of eruption, and similar manifestations when the eruption is very extensive.

Not every case of threatened or actual suffocation is due to membrane formation.

An Apis or Arsenicum patient may actually choke to death from œdema, and a Lachesis patient may have all the earmarks of impending strangulation.

The Ammonium Caust. patient may have a spasm of the glottis with threatening or actual strangulation.

Appearance of Mucous Membranes.

All the mucous membranes of the mouth usually have a very dark and threatening appearance. Sometimes they appear raw and red like fresh-cut raw beef—an Arum Triphyllum symptom. Occasionally they have a rather transparent, turgescent appearance—Apis.

The Face.

There is usually great pallor; may have a besotted look—Baptisia, Crotalus, Ailanthus. In very severe cases the face may present a peculiar, ashy-gray appearance; occasionally a cold, bluish color—Merc. Cyanide. May look like a corpse—Sulph. Acid.

The Eyes.

The pupils are generally dilated and sometimes unequal. There may be diplopia, twitching of the eyelids, ptosis, strabismus—paralytic symptoms.

The Tongue.

The tongue is generally moist. It may be œdematous; sometimes covered with a very thin film or membrane. When protruded with difficulty, trembling and catching behind the teeth, Lachesis should be considered.

The Temperature.

As a rule, the temperature is not high and its course is quite apt to be irregular. In adults it usually rises gradually. In children it may rise gradually or it may go very rapidly to its high est point. It may vary from 102 to 104 degrees.

It should always be remembered, however, that the temperature in this disease is not a safe guide as to the condition of the patient. In some of the very worst cases the temperature may be but a very little above normal. In very malignant cases, the temperature is often subnormal.

The Pulse.

The pulse soon becomes rapid and feeble. In severe cases it is soft and compressible. It may be intermittent. It may be constantly changing in tension and volume—a Naja symptom.

The heart action is often irregular, particularly during convalescence. If the heart is seriously involved, the pulse rate may drop as low as 40 per minute or even less.

Respiration.

There is a marked dyspnœa. The voice is husky, or may be loss of voice and a cough is quite common. The sound of the cough seems to be peculiar to the disease; it is generally dull and rasping, sometimes metallic or bell-like in quality. If the membrane extends to the larynx, the cough becomes croupy in character and the breathing then becomes still more difficult, may be whistling or suffocative. There may be very violent fits of coughing, followed by the expectoration of shreds of membrane.

The breath is usually very offensive. In some cases it is horribly putrid and gangrenous in character, and may be associated with occasional discharges from the nose and mouth with similar odor. This last may be a symptom when Baptisia is indicated.

A bloody saliva may run out of the mouth during sleep—a Rhus symptom.

An oppressed feeling and air hunger on waking may be experienced—a Baptisia symptom.

The Eruption.

The characteristic eruption is the deposit or formation of membrane upon the tonsils and neighboring parts. Very occasionally, purple, blood-red or copper-colored spots may appear on the chest, abdomen and sides of the body. The appearance of these spots is generally accompanied by increased muscular weakness and pain in the limbs.

Digestive Symptoms.

The bowels are almost always constipated. Attacks of nausea and vomiting sometimes occur. Pain in the stomach is quite common, particularly in the later stages of the disease or during convalescence.

The Urine.

The urine is scanty and dark colored, and in almost every case contains albumin and often casts. Suppression of the urine is not uncommon in the beginning of the disease.

Nervous Symptoms.

In very severe cases the deadening effect of the disease upon the nervous system is generally so profound that the ordinary nervous symptoms, such as headache, restlessness, delirium, etc., are not usually very marked.

There may be nerve changes of an irritative, inflammatory or degenerative character. These changes may be manifested by paralytic effects late in the acute stage of the disease, or they may appear weeks after the acute illness has subsided. They may be either temporary or permanent. Speech difficulty and paralysis of the throat are not uncommon.

Complications.

Broncho-pneumonia, lobar-pneumonia, myocardial weakness, parenchymatous changes and disturbance in nerve control of the heart, cloudy swelling, acute parenchymatous nephritis and occasionally hæmorrhagic nephritis.

Duration of the Disease.

In uncomplicated cases not under homœopathic treatment, the disease lasts from ten days to three weeks. If complications occur, the duration may be shorter or much longer.

Prognosis.

Absolutely favorable under skilful homœopathic treatment.

Before outlining the scientific treatment of this disease, as practiced by the most competent homœopathicians, the following questions may be appropriately answered:

1. Does antitoxin ever cure diphtheria?
2. What should the scientific and conscientious physician do if the patient, or friends of the patient, insist upon the use of antitoxin?

The action of antitoxin in diphtheria is suppressive in character, and consequently harmful. It will frequently remove and suppress the formation of membrane in 24 hours. This action is due to the fact that antitoxin is modified diphtheria poison, and is, therefore, similar to the germ factor in the disease. It may be partly similar, also, to other factors in the disease, due to the tricresol in which the antitoxin is preserved. It contains, therefore, two very crude, but modified homœopathic remedies—diphtherinum and carbolic acid—tricresol being made up of the three cresols of crude carbolic acid.

One of these crude, modified homœopathic remedies in the antitoxin may occasionally register a cure.

The best that can be said of antitoxin is that in some particulars it is nearly a half similar with uncertain action.

It is a crude, blundering, ignorant, dangerous homœopathy. Its use is attended with threats of immediate disaster and by remote harmful consequences which cannot be foreseen or estimated, and which are often beyond repair.

That is the answer to the first question.

Here is the answer to the second question:

Antitoxin should never be used by the enlightened physician. In our armamentarium are many keen, razor-edged weapons

which are far superior in every way. Their skilful use means destruction of the disease, and life for the patient.

There has been, and there is, a nation-wide, if not world-wide propaganda going on to compel the laity to demand the use of antitoxin even in every suspected case of diphtheria. It is the duty of every conscientious and scientific physician to meet that demand with a clear statement of the facts, and if the demand is still persisted in, to resign from the case with promptness and dignity.

SUCCESSFUL TREATMENT.

The successful treatment of diphtheria, like the successful treatment of any other disease, consists simply in the mastery of three brief propositions:

1. Find the absolutely similar remedy.
2. Administer the remedy in proper potency.
3. Repeat the remedy only at appropriate intervals. The force of the remedy is burned up faster in acute disease than in chronic affections, and there is less likelihood of making the mistake of repeating too soon in acute diseases. The drug should be repeated when improvement ceases—particularly if the patient is still in a serious condition.

Something short of the absolutely similar remedy might be successful, but in very severe cases it is the similimum that wins. It is, therefore, important not to muddle the case by administering some forty-second cousin to the similimum.

Stuart Close says of the homœopathic artist: "If possible, he makes no prescription until he has not only found the complete image (of the disease) but also its perfect correspondent in a remedy."

Don't waste time, but be thorough. Keep in mind the following observations:

Do not pay so much attention to the diphtheria that you forget the patient;

The symptoms leading to the remedy may be largely, or entirely outside of the throat;

Each remedy has its own sphere of action and when indicated will, in addition to the throat symptoms of diphtheria, almost certainly show symptoms in its own territory—the nose and lips in Arum Triphyllum, the head in Belladonna, the bladder in Cantharis, the throat and neck in Lachesis, etc.

Failing to find the remedy, protect the patient from his relatives and friends by the judicious use of Saccharum Lactis, and call for help. If the family will not or cannot stand the expense of a consultation, consult anyway—if necessary.

Don't waste the family's money or your time by calling in a "regular" or a "pseudo." Such a consultation is a farce and worse than useless. Get the symptoms and go over the case with the best homœopathician of your acquaintance—confer with the physician who treats you when you are sick.

Note—If you treat yourself, please accept our sympathy—you either have cephalœdema, or a sad bunch of friends in the profession.

Diphtheria being an acute disease, with quite pronounced symptoms, it is usually very easy to find the similimum. The chief difficulty is due to the fact that almost any remedy in the Materia Medica may occasionally be indicated, and a great mass of irrelevant symptoms may becloud the issue.

To simplify the remedy selection as much as possible, we are presenting a list of remedies with their indications, which we believe will cover over 90 per cent., possibly 98 per cent. or more, of all cases.

In this presentation there is no attempt at originality. As a matter of fact, in the symptomatology we have endeavored to adhere as closely as possible to the statements of the provers, for only in this way is there any certain reliability. We have, however, omitted many common symptoms such as might be expected in any profound or prostrating disease, and endeavored to retain chiefly those indications which are especially characteristic in this connection.

We have made a very brief and simple classification of the symptoms under each remedy, using repertorial divisions wherever they will apply. The aim has been to present remedies that

are most commonly required, to use familiar terms, to exclude all non-essentials and arrange the symptoms in such a way that the physician can decide, almost at a glance whether or not a certain remedy fits the case. The whole list of remedies is so small that they can all be considered in a very brief period of time.

The leading indications of any other remedy, or remedies which have proved successful in your hands can be easily classified in the same way and added to this list, which will thereby make nearly every medicinal requirement for this disease, almost instantly available.

Immunization Without Harmful Consequences.

To be under skilful homœopathic care and treatment, furnishes the greatest possible degree of immunity—not only as against diphtheria, but against every other infection.

How very rarely do patients that are under our care contract any acute illness, and especially if we have been able to find their individual or constitutional remedy! They may occasionally slip out from under the influence of that remedy and become the victims of infection, but the attack is almost always very mild. Repeating the constitutional remedy, or a single dose of an appropriate intercurrent is generally all that is required.

Our serious cases of diphtheria are among strangers—persons who have not enjoyed the blessings of homœopathic treatment. Even in such cases, however, our careful prescribers win nearly every time. One of our I. H. A. members in a very large, general practice only had one fatality in 39 years. As mentioned above, 31 of our members have not lost a single case of diphtheria in 20 years. Talk about immunity—homœopathy is the immunizing agent par excellence. The special weapon is the constitutional remedy, and there are no harmful consequences.

(To be continued.)

Today Is the Time of Your Life!

The Patient Has Two Enemies: Disease and Palliation.

DIAGNOSIS BY REMEDY.*

C. A. DIXON, M. D., Akron, O.

Diagnosis occupies a very prominent part in the public's mind and viewpoint, and is perhaps second to none in importance with modern medical practice.

More articles appear in our journals bearing on diagnosis than any other given subject. It has its bearing on every medical subject.

All laboratory work is directly connected, or dependent on it, and methods of arriving at a diagnosis are so numerous that it would seem to be impossible to add anything new to a field of medicine that has been worked so intensively. From my observations I am sure I have nothing new to offer for the man who works along the same lines as I do; that is, we who are Repertory workers, in chronic diseases.

The last article, coming to my notice, which dealt with the diagnosis problem as it checked up at the post-mortem, was that there was error in 77% of them.

So you see that with all our instruments of precision, laboratory findings, and skill combined we score a "bull's-eye" only once in four times.

That, I think, is sufficient excuse for me to bring forth my observations, which will perhaps, be a "new stunt" to the man who depends entirely on the laboratory, or those who specialize on diagnosis.

When a patient calls on me with a seemingly acute condition, I don't always go to my Repertory, and usually relieve him but if he is obliged to come back because I have not benefitted him by my remedy, I begin to hunt the reason for my failure, and the results are generally illuminating, to say the least.

Recently—two cases of sore mouth which did not respond to the first prescription. I found by repertorizing I needed in one case Iodine, which quickly cleared it up. In the history of this case, the man had buried his wife six months previously. She had died of tuberculosis. He had reported regularly every sixty days to the T. B. Clinic, and there been given a clean bill of health, yet it is reasonable to conclude, from the fact that he

* Read before the I. H. A. May, 1927, Bureau of Clinical Medicine.

cleaned up so nicely from Iodine that he was at least headed toward a tubercular condition.

The other case was of a lady, about sixty, who had nursed her husband through to his death, after a long illness from cancer of the prostate. She developed a sore mouth which she was sure was cancer. She was living in an eastern state and asked me to mail her remedies which did not even palliate her condition. Finally, she came to Akron and I carefully repertoried her, and found China to be her remedy. Relief was prompt, and I am satisfied will permanently cure her. When I took the case properly, I found that she, in her early life, had been troubled with malaria for which she had taken large quantities of quinine. So a proper diagnosis should be a *suppressed* malaria.

Gall-stone and kidney-gravel are not hard to diagnose, if they run along the usual channels, but many doctors are prone to turn them over to a surgeon, when they could do the patient infinitely more good if they would use their *Repertory* and homœopathic remedy instead.

I have had three gall-stone and two kidney-gravel cases in the past year, and have treated all successfully with a high potency; no surgery, no morphine, and all in good health today.

One gall-stone case relapsed about six months after his first attack, but he is so thoroughly sold on my brand of homœopathy that he does not want the surgery, even if he has other attacks, which I doubt his ever having, because he cleaned up so quickly and completely this last time on a single dose of Medorrhinum. I am sure that this remedy has removed the underlying cause, a suppressed gonorrhœa.

What a field this case opens up for thought!

The *old school* man would be satisfied with a diagnosis of gall-stones; recommend a surgeon who would operate on an *effect* and leave the *cause* to go marching on to the next organ, perhaps a remote one. The patient would be temporarily relieved perhaps, and the physician sublimely unconscious of how much he had fallen short of giving his patient the best that could be had.

I remember six years ago terminating a long drawn-out case in a boy of eleven years of age. I had doctored him for about two years through several attacks that could easily have been diagnosed appendicitis. The boy was undersized and poorly nourished but of keen intellect. It was not an easy task to keep the surgeon out of this case, but I did. He repertorized Lycopodium and he had this remedy in potencies from the 30th to the CM for about a year, and finally passed a kidney stone about the size of a kernel of wheat from the R ureter and two days later from the bladder. That was six years ago and he is now as big as other boys of seventeen, and has not had a sick day since nor another dose of medicine.

Kent's *Repertory* has a list of Anti-Sycotic remedies, fifty-two in number, and forty-eight in its Anti-Syphilitic list, yet most doctors who practice homœopathy without the *Repertory* only know Thuja as Anti-Sycotic and Mercurius as Anti-Syphilitic.

If they play a game of golf, chess or checkers, they would naturally follow the rules governing the game.

Poor old homoeopathy is the only game, where the bluffer gets by.

Practically all rheumatic cases will repertory out to a sycotic or syphilitic remedy. Plenty of these cases have *no venereal* history, nor can you elicit any venereal history in the parents of your patient, all being highly respectable people. Yet I would not hesitate to give my remedy and let results speak for themselves.

I could make scores of reports like these mentioned, which show how unerringly the repertoried remedy will point out the diagnosis. Likewise, how it will easily let them slip into the classification of the Miasms of Hahnemann—Psoric, Sycotic and Syphilitic—one of which or combinations of two, will be found present before any pathology is there for an *easy* diagnosis.

In conclusion let me go on record: All men do not think alike, and I do not think a man is either a "fool or a knave" who does not "see the light" as I do. I do not wish to antagonize the man who cannot (as yet) see the perfect whole that was given to posterity by Hahnemann. I realize that I cannot make a friend of an enemy as long as I treat him as an enemy.

I am going to conclude this paper with a full paragraph copied from an address of the greatest homœopath of them all following Hahnemann, James Tyler Kent, in which he says:

There can be but one great system of homœopathy. Men who rise to the fullness of uses in its application have broken the fetters of prejudice, bigotry, intolerance and self-conceit, and have followed on after the light—never faltering though often stumbling, never sneering though often doubting, until the full heat and light of the mid-day sun hold them spellbound in the knowledge and love of uses. These attainments are within the grasp of all who love knowledge for *uses* and *not* for selfish ends.

DISCUSSION.

DR. P. E. KRICHBAUM, Montclair, N. J.: Did he use the calculus found in the kidney in diagnosis? If he had not found the calculus, would he have been sure of what he had there? I x-rayed one case of calculus and the x-ray did not show any, so we changed the diagnosis, but two weeks afterward the patient passed the calculus, so I changed the diagnosis back again.

Christian Scientists think there is no disease and the doctor thinks there is nothing else.

I agree that we can make a diagnosis by our remedy sometimes, but if we don't prove it, no one will believe it but ourselves.

DR. C. A. DIXON, Akron, Ohio, (closing): I don't like to go around with a chip on my shoulder. I often feel like getting up, when conditions don't show a deep insight into homœopathy, but I usually keep still pretty well, but once in a while we like to talk.

The angle I want to stress is that I don't believe the man who thinks differently from me is a crook or a fool, either one, but I think if they would give as much attention as I have to improving themselves homœopathically and forget the other stuff, they would find that homœopathy has a whole lot more promise in it than any other line of research or study. It may be far-fetched to say that you can diagnose these conditions from a repertoried study of them. Possibly it is, but the idea is to follow it through, as I have for fifteen years, and see how unerringly it does work out that way, on a guinea pig or any other way that the laboratory determines. Follow it through as I do and you will become a believer as I have.

Doctor Krichbaum wants to know about that calculus. I am free to say that I didn't understand that there was a stone passing down the ureter that was responsible for those attacks, and don't know that I could have been persuaded that it was a calculus.

BREAST FEEDING.*

RALPH S. FARIS, M. D., Richmond, Va.

In this paper it is proposed to deal entirely with the mother, mentioning her baby only incidentally. If we, as physicians, give the necessary supervision and instruction to the mother during pregnancy, she should be in condition to take care of the baby's demands for food without our having to advise formula after formula and then never reach the perfection of the baby's rightful nourishment.

Much has been written about the artificial feeding of infants, but not nearly so much attention has been given to the feeding of the mother, although the food of the mother during pregnancy has far-reaching effects on the baby. When we remember that the teeth of the baby, for instance, start forming at the sixth week of gestation and are complete in their recesses long before they make their first appearance on the surface of the gums, it is readily apparent that what the mother eats during that time is of great importance to that baby. Other items included in her care are also of much importance.

ANATOMY.

A brief review of the anatomy of the female breast may be profitable in order that we may better understand the normal function of the organ.

Gray says:

The glands of the breast rest by a smooth posterior surface upon the loose pectoral fascia, which fastens the breast to the muscle beneath, but so loosely that the breast is movable. The mammæ consist of gland-tissue, of fibrous tissue, connecting its lobes, of fatty tissue in the interval between the lobes, of retinacula and of skin. The glandular structure consists of numerous lobes and these are composed of lobules, connected together by areolar tissue, blood-vessels, and ducts. The smallest lobules consist of a cluster of rounded alveoli, which open into the smallest branches of the excretory ducts; these ducts uniting form larger ducts, which terminate in single canals. Each canal is called a lactiferous, galactophorous or mammillary duct. Each lobe possesses one lactiferous duct. This passes to the apex of the lobe and then into the nipple. The number of excretory ducts varies from fifteen to twenty. They converge toward the areola, beneath which each duct forms a spindle-shaped dilation, the ampulla. These ampullæ serve as reservoirs for the milk. At the base of the nipple the ducts become contracted and pursue a straight course to its summit, perforating it by separate orifices considerably narrower than

*Read before the I. H. A., May, 1927, Bureau of Obstetrics and Pediatrics.

the ducts themselves. Each orifice is the orifice of a tube which drains an individual lobe. During pregnancy the alveoli enlarge and the cells undergo rapid multiplication. At the commencement of lactation the cells in the center of an alveolus undergo fatty degeneration, and are eliminated in the first milk as colostrum-corpuscles. The peripheral cells of the alveolus remain, and form a single layer of granular, short-columnar cells lining the limiting membrana propria. The single nucleus of each cell divides and forms two. In the protoplasm, especially in the ends of the cells toward the alveolus, drops of fat appear, and the nucleus toward this end of the cell also becomes fatty. The end of the cell toward the alveolus breaks down, and the liberated material constitutes "the albuminous ingredients of the milk," while the drops of fat become the milk-globules. The portion of the cell which remains forms new cytoplasm, and the same process is repeated over and over again. The cells also secrete water and the salts which are found in the milk.

In a normal mother these alveoli increase in size and number and a normal lactation follows. However, in so many cases there is not enough milk to satisfy the baby, or if there is a sufficient amount the quality is lacking, and if the baby does not thrive at once it is put on some artificial food and the mother is relieved of any further effort to nurse her baby. If more attention were paid to the mother there would be much less necessity to use modified milk and feeding formulae, which must be resorted to when the maternal milk utterly fails.

Our effort should be to stimulate the alveoli in the mammary glands to vigorous activity so that sufficient milk would be supplied.

In order to do this, the following points relative to the mother should be observed:

Diet
Sleep
Bowels
Bathing
Clothing
Work
Fresh Air and Exercise
Recreation

DIET.

Tell mothers to eat anything their husbands eat, provided it is a well-balanced meal. In a well-balanced meal there will be at least five times as much vegetables and fruits as meat. Of course, a simple nourishing meal suited to the taste of the mother is preferable to one composed of many weird and complicated dishes. A mother should drink a quart of milk each day. This will furnish some of the vitamins necessary to prevent rickets; fresh fruit and vegetables, especially the leafy vegetables, will supply the remainder. Care should be taken not to over-eat, as this as well as under-eating can markedly influence the flow of milk.

SLEEP.

The mother should have at least eight hours of sleep and nine hours is even better. If it is necessary for someone to be up with the baby at night, it is much better for some one else other than the mother to do this so that her rest may be unbroken. Of course, for a time after birth of the baby it will be necessary for the mother to nurse it once or twice at night. The baby should never be permitted to sleep with the mother; it should have a separate bed and if practicable, a separate room. The mother should also lie down for an hour each afternoon whether she sleeps or not, but it is better if she can sleep. If circumstances prevent this, she must lie down at least ten minutes each afternoon with her clothing loosened. A tired mother cannot produce proper milk for her baby.

BOWELS.

Constipation is frequently very annoying and should be guarded against. It is very important that a regular time for going to stool be established and that this regularity be adhered to. Plenty of fresh fruit and leafy vegetables should be eaten. Equal parts of dried apples, dried apricots and dried prunes stewed together and sweetened a very little bit make a palatable sauce which seems to be more laxative than any of these fruits are singly. Bran, in the form of whole wheat cereals, muffins, bread or a tablespoonful over some other form of cereal is good. She should drink plenty of water.

BATHING.

A daily bath is advisable, not only to rid the body of excess perspiration and the odor of stale milk, but also to assist the excretory function of the skin.

CLOTHING.

Linen should be changed frequently for the same reason that frequent bathing is advised. The clothing should be sufficient and comfortable, with no pressure on the breasts or waist, and should be supported from the shoulders.

WORK.

The period of a woman's life when she is carrying her child and just after its birth, is the one time when she should not be overworked, but should be relieved of the household cares as far as possible by other members of the family. It is a decided mistake for a mother who does her own housework to resume these duties too early. Many mothers are not strong enough to resume their full household duties for six weeks after childbirth. Worry, excitement or becoming over-tired lessen the quantity of the milk which previously had been sufficient, so that the baby's health may be affected. Short rest periods will often prevent fatigue from over-exertion. If the mother will assume a semi-reclining position while nursing her baby, she will enjoy a few minutes more of relaxation.

FRESH AIR AND EXERCISE.

Fresh air and sunshine are essential for the mother; and during pregnancy it is advantageous for her to become accustomed to walking from one to five miles daily, beginning with a shorter distance and gradually increasing it as she becomes more accustomed to the exercise. If the mother has much work to do in the house, it naturally allows her less time for walking in the open; but some time every day should be spent outdoors. Moderation, however, must be observed, as she should not carry exercise to the point of fatigue. Her windows should be wide open at night while she sleeps.

RECREATION.

The mind needs rest and diversion as well as the body, so it is best for the mother to attend church, well-selected theaters or moving pictures. Music has a soothing effect upon many, and by these especially it should be enjoyed. Whenever possible, she should be accompanied by congenial friends who enjoy good health and who entertain happy, wholesome thoughts, as worry, anger or strong emotions can easily change the character of her milk. The over-conscientious mother who will not leave her baby, is not doing the best thing for her child.

NURSING.

The baby should be nursed every two to four hours depending upon the size and condition of the child: A small, weak baby may need food as often as every two hours until it becomes stronger, while a big lusty, healthy one will frequently go four hours and be all the better for it; a general average, however, will be about every three hours.

The nipples should be wiped off with sterile water, both before and after nursing.

It is very important that the breasts be emptied entirely after each nursing. If the baby does not do this, hand expression should be employed to obtain the remainder, and if the baby is weak and tires quickly, this expressed milk may be caught in a sterile cup and fed to the baby from a bottle. Complete emptying of the breasts increases the flow of milk.

Bundesen, of Chicago, gives the following lucid description of the method of hand expression:

1st—Grasp the breast gently, just back of the areola, with the ball of the thumb in front and the index finger beneath the lower surface.

2nd—Press the thumb and index finger gently but firmly together, squeezing that part of the breast between them and—

3rd—With a sudden forward and downward pull force the milk out in a stream, without touching the nipple.

4th—Repeat the above motion about forty or sixty times a minute and continue until all of the milk is out of the breast.

5th—Collect the milk in a sterile glass and keep on ice until used.

It goes without saying that the hands and finger-nails should be scrupulously clean when starting this method of relief and stimulation.

Statistics show conclusively that the breast-fed baby has a

better chance in life and that the deaths in infants under one year of age are greater in bottle-fed babies than in breast-fed; therefore it should be our great aim to keep each mother under our care happy and contented so that she may be in the best possible condition to nurse her baby through the first perilous year of its life.

MULTIPLE COMPLICATIONS.*

HERBERT A. ROBERTS, M. D., Derby, Conn.

We are told that two diseases do not exist in the same person at one time. This with certain modifications is undoubtedly true, and it is due to the knowledge of this fact that we are so apt to overlook conditions that are not according to the standard requirements of the disease in question. It is only when we get a patient who is ill with such kaleidoscopic manifestations as those that I am about to relate, that makes us more alert always to guard and treat the individual patient.

April 2, 1927, Mrs. G., a colored woman, was taken violently ill. She gave a history of having had a slight show about once a day for nearly four weeks. She complained of having severe pain in the right lower quadrant of the abdomen, which had been very intense two days before, and now had subsided. Last night a very acute pain suddenly, in the right quadrant, causing the patient to vomit, and cold perspiration to break out all over. Temperature this morning 100, pulse 96. Thirst for large amount of water. Extreme tenderness to touch on the abdomen aggravated by motion. White cell count 13,400. Patient was removed to the hospital and operated for a pus appendix, which was patulent and filled with pus.

The right Fallopian tube was swollen to over an inch in diameter. It was removed and found to be full of pus. The uterus seemed a little boggy; the other Fallopian tube was normal. The abdomen was closed, and the patient made a steady improvement until April 6th, when she expelled a fœtus about two months old. All of the membranes came away at the time.

* Read before the I. H. A. May, 1927, Bureau of Surgery.

April 15th the tongue became coated, and considerable pain in the abdomen. On the 18th of April she developed a temperature of 104.5, and thirst. She had some bloody leucorrhœa. She continued this temperature up to 104 until the 23d, with very slight remission. On the 23d she had a delirium of a low type, asking some invisible person to get out of her bed; then she would suddenly rouse herself and say she was dreaming, only to lapse back into the delirious state.

At this point I discovered some tympanites and marked gurgling in the ilio-cæcal region with spots here and there over the abdomen and chest. The Widal test was taken and returned "positive" for typhoid fever.

After the administration of Baptisia the temperature dropped to 102, near which point it remained during the rest of the illness.

With the drop in the temperature after Baptisia was administered, the mind cleared and there was no more delirium.

On the 12th of May her temperature returned to normal, and she is making an uneventful recovery.

This case illustrates how we can get seemingly multiple complications in the same patient over a period of a comparatively short illness.

FOOD FOR THOUGHT.

Homœopaths, Attention! This Means You Personally.

Think about this tonight in your leisure moment.

Homœopathy belongs to the world. Its problems are the heritage of all homœopathic physicians. Your solution of these problems will help other homœopathic physicians to solve them; then have you a right to withhold your experience, investigations and conclusions? Think hard about this until next month.

PRESCRIBING FOR THE PATIENT, NOT THE DISEASE.*

S. MARY IVES. M. D., Middletown, Conn.

In the March copy of *Harper's Magazine*, 1927, is a very interesting article by George Draper, M. D., entitled "Science, Art and the Patient"—(perhaps some of you may have seen this article). Dr. Draper (who has done much laboratory work at the Rockefeller Institute and elsewhere and now directs the Constitution Clinic at the Presbyterian Hospital in New York) claims that the modern physician must be both scientist and artist; he feels that many physicians have made the mistake of abandoning one for the other and in this article he endeavors to show how the two may be combined. He speaks of the "smoke screen" hanging round about a patient; this "smoke screen" made up of the signs and symptoms of disease "which arise from the clash of an unique example of humanity and some adverse environmental force."

Compare this with paragraph 6 of Hahnemann's *Organon* of medicine:

> The unprejudiced observer, well aware of the futility of transcendental speculations which can receive no confirmation from experience, be his powers of penetration ever so great, takes note of nothing in every individual disease, except the changes in the health of the body and of the mind (morbid phenomena, accidents, symptoms) which can be perceived externally by means of the senses; that is to say he notices only the deviation from the former healthy state of the now diseased individual, which are felt by the patient himself, remarked by those around him and observed by the physician. All these perceptible signs represent the disease in its whole extent, that is, together they form the true and only conceivable portrait of the disease.

In other words the "totality of the symptoms" exhibited by the patient forms a "smoke screen" concealing the hidden disorder. To penetrate this smoke screen, to perceive the picture portrayed in the totality of symptoms, requires both the skill of scientist and artist.

Dr. Draper cites the case of a young woman, German-American, who was brought to the clinic complaining of symptoms of dizziness, headache and fatigue; these symptoms had not yielded to medicine given her. To quote Dr. Draper's words: "The failure was due to the fact that the *disease* had been treated

*Read before the Connecticut Homœopathic Medical Society, May, 1927, Bureau of Philosophy.

and not the *patient*." As her case was studied at the clinic, he goes on to say it was noted that the patient eyed the doctor aslant "from beneath lowered brows, head turned partially away with the doubting, frightened glance of an animal at bay." This gave the keynote to the problem of the patient's symptoms and after careful study of the case led to the demonstration of a consuming fear of death with which the patient had lived silently for many years.

Then this article goes on to speak of the difficulty experienced today by the medical world in its endeavor to know man *in his entirety*. Many attempts have been made to sum up the patient as a whole and at the present moment, the word "constitution" is the most commonly used to "express the conception of total personality." To those of us who for many years have labored in our efforts to find the "constitutional" remedy, the remedy which carries in its complete picture the closest resemblance to the symptom picture presented by the patient "similia similibus" these words of Dr. Draper's are vastly interesting. He quotes from a European student of the subject. This student "writing of our inability to comprehend why under the same infection one person remains well, another is slightly ill, a third is severely ill, and a fourth dies," says we help ourselves with the word constitution. What is "constitution," he then asks. Says he:

> We do not know, we can only say it is there. We can only indicate its existence by means of circumdiction and negative expressions. In just the same manner do we attempt to establish the nature of the intelligible ego, by means of circumscription and elimination. Just so with constitution: we shall never grasp its essence since this belongs to the essence of life.

It seems to me that paragraph 9 of the *Organon* completes this statement of the European student and gives one a working basis in our efforts to cure the sick.

> In the healthy condition of man the spiritual vital force (autocracy) the dynamis that animates the material body (organism) rules with unbounded sway, and retains all the parts of the organism in admirable harmonious vital operation, as regards both sensations and functions, so that our indwelling, reason-gifted mind can freely employ this living, healthy instrument for the higher purposes of our existence.

Is this not the background for the word "constitution" as we know it in health, the harmonious operation of the vital force? The variations brought about by derangement of this same vital

force, as expressed in disordered sensations mental and physical, bespeak the "constitution" out of health or sick.

To meet the needs of this inharmonious state, this human instrument out of tune, is the task of both artist and scientist. The artist perceives the picture of disorder, comprehending it in its entirety as portrayed in the canvas of the patient's life; the scientist rises to the occasion and applies his well-chosen remedy which meets as nearly as possible the crying need of the patient. To quote again from Dr. Draper's article (page 431):

> It has been said of Hippocrates that he was a doctor who thought like a naturalist. The modern physician is striving to be a doctor who thinks like a physicist and chemist in terms of fixed mathematical formulæ. There is, of course, no doubt that the precise methods devised by chemists and bacteriologists have been a boon to the sick man when these methods are applicable. But they can rarely be applied successfully by their inventors. There is nothing, indeed, more futile or helpless than a good chemist at the bedside of a desperately ill patient, unless it be a good clinician in the laboratory of a physicist. The only real difference between these two necessary and useful investigators is the medium in which each works. One has trained his senses to observe the precise motions of accurately calibrated machines; the other has trained those same senses to read the variable behavior of subtle, shifting, melting, protoplasmic energy, whipped and whirled about by all the cosmic devils, and perhaps by a few that are super-cosmic—the emotions.
>
> The clinician, then, by careful training has developed a nice appreciation of sense impressions which often approaches and, indeed, at times surpasses the accuracy of mathematical procedure. The well-schooled ear can be depended upon to detect by auscultation and percussion minute differences of sound which are of vital diagnostic significance; a matter which for the clinician would not be improved by measurement of vibration rates. The sense of touch can achieve so delicate an appreciation of time-relations in a rhythmic cycle that most complicated cardiac irregularities can be analyzed with an accuracy equal to that delivered by a sphygmograph. Now if these powers are commonly acquired by the clinician it is logical to suppose that the eye can be trained to recognize equally well small and clinically significant differences in form and contour, in gesture and expression. In like manner the physician's wit or understanding can be schooled to recognize subtle differences in mood and temperament. As a matter of fact, these recognitions have constantly been made by medical men in the past, but have not usually been crystallized into intellectual concepts. They have remained as personal feelings to the individual doctor and, as such, have not been easy or convincing where transmitted to others. It is probably as much the lack of sharp definition as the insistent demands of the laboratory for mathematical proof which has caused in medical schools and hospitals a decline in respect for the value of observations based on highly trained sense perceptions. Yet, clearly, these are essential to every student of natural phenomena.
>
> For the modern physician there is no doubt that to study the whole man, regardless of his malady—a practice much in vogue until forty or fifty years ago—is no longer the fashion. Undoubtedly, this lack of interest in the man is but a temporary bad habit into which medical students have fallen as a by-product of the idea of the laboratory's infallible efficiency which modern medical instruction delivers to them. The main object of the doctor's endeavor has perhaps for the moment been to some extent obscured by those very technical bacteriological and chemical details which are, indeed, so essential to his success. Instruments of precision and laboratory tests are but tools and brushes to the hand of the clinical artist; they should not dominate, but serve him as the latter served Phidias and Rembrandt.

To each of us must have been apparent, time and time again, the failure to give relief to some suffering person, who has been subjected to the most precise diagnostic testing; in spite of skilled laboratory tests the patient remains unchanged as to distress and pain. Remedies applied to meet the results of such diagnostic methods fail to bring any respite. The essential *man*, the thing behind the "smoke screen," has not been touched. *But* add to the skilful diagnostic labor a little research into the subtle signs and symptoms portraying the man himself, his peculiar and particular reactions, etc., and the game is won! Perceiving the *patient*, as prior to the manifestations of his disorder, the remedy most similar to *him* is found and relief assured.

A few weeks ago, a woman was brought to our home, carried down in an ambulance from a nearby town and hospital. She was exhausted, too tired to speak almost, nauseated, refusing any food; tongue heavily coated; attacks of belching gas from stomach; on these symptoms *Carb-v.* 30x was administered, and in less than 24 hours the patient desired food and began to make a steady recovery. The report received later from the "specialist" who had treated this patient at the hospital for a week or two during which time she had steadily failed, read as follows:

> Patient gave a history of cardiac pain, anginal in nature, with weakness. Also had slight fever. At the hospital we had two blood cultures made and could find no evidence of any bacterial growth. The electrocardiogram showed an inverted T wave in leads one and two, indicating myocardial damage. The x-ray of her heart showed slight cardiac enlargement. I think she has had attacks of coronary occlusion.

I do not know what remedies were given this patient while at the hospital, but she steadily grew worse and was as reported, in state of exhaustion, etc., when received by us.

This diagnostic report is undoubtedly correct having been made by a most skilful physician. The Carb-v., as indicated by the patient's symptoms, gave relief very promptly, and in three weeks' time the patient returned to her home, walking quite vig-

orously and has continued to improve according to a report received a day or two ago.

Even after many years of endeavor to prescribe for the *patient* and not the disease, one finds oneself at times centering attention upon the physical manifestations and allowing them to overshadow the essential *ego*. And disaster follows inevitably. By all means be keen to diagnose, be alert to appreciate, in so far as is humanly possible, the true state and condition of the patient looking for succor. This is a solemn obligation on the part of the physician toward the patient and his friends. But with a sweep of the hand wipe out the material manifestations from the vision, and focus the gaze upon the immaterial and spirit-like force which alone can guide to a true picture of the case. Do this and cure will result!

STAUNCH HOMŒOPATHIC FAMILY AND BLEEDING GUMS.

DR. KUNJA BEHARI MUKHERJEE, Calcutta, India.

An old woman, aged about 70, had been suffering nearly a fortnight from bleeding gums and a long succession of allopathic remedies was given in vain; at last, the patient became nervous, weak and anæmic, with palpitation.

Worn out by these sufferings she consented to be under homœopathic treatment and gave me a call. I went, stayed there nearly an hour and examined her thoroughly.

I saw that the dark blood oozed out from the scorbutic, spongy and ulcerated gum of the left upper molar tooth incessantly and no sooner did it come out than it became coagulated and a putrid odor came from the mouth of that old, thin, lean woman with a fair complexion. I prescribed *Krcosotum* 3x, with the result, that after the first dose, blood oozed out at intervals of three hours, but not in such quantity as before, so I gave her another dose of the same dilution and to my surprise the bleeding vanished within twenty minutes after the second dose.

S. L. pill, t.i.d. was given thereafter for two days and on the third day a dose of *China* 200 was given, for her anæmic condition due to excessive hæmorrhages. She was all right—and after this her family became a staunch "homœopathic family."

DEPARTMENT OF HOMŒOPATHIC PHILOSOPHY.

Editors:
Royal E. S. Hayes, M. D. and Geo. H. Thacher, M. D., H. M.

THE SINGLE REMEDY.

GEORGE H. THACHER, M. D., Philadelphia, Pa.

Except in the rediscovery of homœopathy, its rehabilitation and practical application therapeutically, no one thing has been more beneficial to the practice of medicine than Hahnemann's advocating the single remedy. His activity as a proponent for *one drug* with his active hostility to the polypharmacy obtaining at that particular time, is more to be admired when we realize the chaotic state in which empirical medicine then was.

Prescriptions, which have been handed down to us, show a wonderful, not to say fearful, range of selection; anything and everything which someone might have found, or might have thought, to be useful were combined into one hodge-podge. For him to stand up against such an avalanche required courage, and more than courage: conviction upheld by more than theory.

With the proving of the remedy, singly, on human beings the muddy course of physic was immediately changed and it naturally followed that if the remedies were proved singly, they must be exhibited singly; and what a storm of invective and opposition arose, with attendant results which were far-reaching and are lasting to this day.

Unfortunately, the familiarity in the use of our high-powered rifle *similia*, is difficult to acquire. The ability to make a "hit" with a high potency in the minimum dose is one that is not being taught; so we find the would-be marksman resorting to "shotgun" prescriptions; and our pharmacies, yielding to the pressure of popular demand, putting up tablets containing from three to ten ingredients some of which, unfortunately, are incompatibles. Is it any wonder that our old-school friends sneer at the man who says he is a homœopath and practises such polypharmacy?

Our homœopathic neophytes are not entirely to be blamed. Sometimes their preceptors, not having been classically trained or thoroughly grounded in homœopathic principles, through ignorance or perhaps more often laziness, "alternate" even if they do not practice polypharmacy; and so the budding medico gets a wrong start. Then, on going to college he finds a strong tendency on the part of the professors to sneer at the application of the homœopathic remedy as laid down by that "old fogy Hahnemann, who is long since out of date;" surgery and suppression advocated; and too often the Professor of Materia Medica and Practice using two or three remedies in combination, and teaching homœopathy (*sic.*)

To some readers this may seem to be overdrawn; but from personal experience the writer knows it to be a fact. He remembers picking up a professor's pocket-case and finding the bottles containing two or three remedies, as indicated by the labels, some of the ingredients being incompatibles!

Lately it was his experience to be called in consultation in a case of "flu" with bronchial involvement. There were four glasses on the dresser containing Aconite, Causticum, Phosphorus and Rhus. to be taken in rotation, at hour intervals; with aspirin and a proprietary cathartic, also, to be alternated, t. i. d. Arsenicum proved to be the similimum and finally, after days of suffering by the victim and of anxiety to the family and physicians, brought about reaction and cure. How much trouble and expense would have been saved if the similimum, Arsenicum, had been given in the beginning!

Now, what is to be done about it? We must instruct our students and also our patients that since the remedies were proved singly, *they must be given singly;* and that anyone who advocates or uses any other method is either an ignoramus, an imposter or a charlatan. There will be no restriction in the use of any substance that has been proved in the laboratory of human reaction; the stigma of mongrelism will be wiped out and the patient will be cured *tuto, cito et jucunde.*

ANTIDOTES.

Sandy MacPherson, after being shown to his room in a hotel, looked from the window and noticed a large illuminated clock in a tower across the street. He stopped his watch.—*Toledo Blade.*

"The baby swallowed a dime today."
"But I don't see any change in him?"—*Success.*

Found in the examination papers of a grammar school class: "The plural of spouse is spice." "The subjects have the right to partition the king.", "The population of New England is too dry for farming."—*Christian Register.*

SECRETS TO SUCCESS.

"What is the secret of success?" asked the Sphinx.
"Push," said the Button.
"Never be lead," said the Pencil.
"Take pains," said the window.
"Always keep cool," said the Ice.
"Be up to date," said the Calendar.
"Never lose your head," said the Match.
"Make light of your troubles," said the Fire.
"Do a driving business," said the Hammer.
"Don't be merely one of the hands," said the Clock.
"Aspire to great things," said the Nutmeg.
"Don't try to be too sharp in your dealings," said the Knife.
"Find a good thing and stick to it," said the Stamp.
"Do the work that suits you," said the Chimney.

GREEN + N. B.

Angry Motorist: "Some of you pedestrians walk along just as if you owned the streets."

Irate Pedestrian: "Yes, and some of you motorists drive around as if you owned the car."—*Judge.*

Seriousness is not a virtue . . .
Satan fell by the force of gravity.
—G. K. Chesterton.

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EDITORIAL NOTES AND COMMENTS.

POINTERS.

COOPERATION OF OUR READERS from the nearer and farther reaches of the Recorder's visitation is absolutely indispensible for the continuance of this department. As the Editor announced in the March Recorder the plan is to induce a continual stream of useful hints from the little discoveries, inventions, mental or manual devices that fall before the practician in his daily work. The Editors alone cannot supply these fast enough to keep this section going nor could such a limited offering be as interesting or useful as those from more extensive and varied sources. Every reader is requested to send in at once or as soon as convenient all such items as may be recalled while reading this; then to put a pink pad or other reminder on his or her desk and when the bright idea occurs or your pet manœuvre is recalled jot it down and send it to the Editor with your name or initials. Even one pointer will be useful to someone else, no doubt to many, and remind others of more pointers to offer.

Materia medica hints will naturally predominate in number and he who uses them should remember that in actual practice

they will "catch" beneficially only when in accord with the genius or individual wholeness of the remedy and corresponding symptomatic domination in the patient.

We desire these "Pointers" from all readers and all sources from which single remedy dynamic action may be deduced. Habitual users of low potencies and tinctures acquire a mass of integral knowledge concerning remedy doings that escape the attention of the purists for the latter gentry also have a tendency to circle about in a more or less exclusive region of their own. There is in the "lower" realm a wealth of remedies and uses for remedies especially of acute or adventitious nature that would not infrequently fill a crack, even a chasm, for those who specialize in the pure artistry. We beg the low potency readers, therefore, to send in and keep sending in their favorite leads and inspirations.

Our eclectic readers are also urged to contribute from their armamentarium for it contains many medicines and uses of remedies which have a homœopathic basis for their good reputation, but are little known to homœopaths. When definitely transplanted into the homœopathic garden they develop as invaluable similars in both acute and chronic spheres. For such faithful assistance my copy of an old *Eclectic Dispensatory* (1852) has gratefully been given a fresh leather binding. We hope to see our eclectic readers swoop down upon the Pointer Department with a rush.

Pointers which have a seasonable or local value are very desirable. For instance it will be helpful to report the remedy or remedies which are current at the beginning of each cold season. For instance, last fall and early winter the laryngeo-trachelo-bronchial affections were characterized by a sensation of continual hard pressure and painful tightness in the affected parts so that the patient with all his coughing and scraping "could do nothing with it." This is only one symptom but Sulphur was the current remedy and what was current for one was current for the other.

Hints of prudence, diplomacy or policy in the management of patients or of certain kinds of patients are also desirable.

Unusual hits or peculiar adventitious "strikes" as with con-

ditions of adventitious or accidental origin or nature should also have a place here.

We should not withhold hints merely because they may seem too familiar for there are always some who may not have heard of that particular quirk and it is by handing on from one person to another or even one generation to another that these points are perpetuated.

Briefly told anecdotes that carry a point, lesson or warning will also be acceptable.

Here are a few sample pointers. Let every reader send in his hints either singly or in numbers. We have taken the liberty of initialing a few of those for which we should give credit elsewhere. Readers should feel free to take from the literature those valuable pointers which they have verified with profit.

Tuberculinum avaire; after several years of infrequent visitation of that grippe entity which corresponds to this remedy it is again in the foreground both in the form of acute attacks and after-effects. Avaire has the usual characteristics of Tub. plus its affinity to grippe infection and to nerve elements, both sympathetic and cerebro-spinal. Its reappearance would seem to be significant of the latter years of the grippe cycle before the renewal of extensive ravages.

When reaction is delayed in distressing crises after a potency as low as the 200th or 1M has been given go to the 50M or higher and grateful relief will ensue.

Bug in ear—"Vice-Pres. of Such & Such Ry."—Dreadful! S-s-shh—presto!—flashlight—at right angle—out walks bug, blinking—congratulations grandissimo!

Cough exactly like Phosphorus in its common endemic aspects except relieved by open air—Radium bromide.

In the epidemic of vaccinating which swept this region recently Psorinum has proved most efficacious in offsetting the degenerative influence. Also in a marked case of Schick test poisoning.

Some writers say that Natrum-mur. cannot well succeed itself in chronic use. But we have found that a jump from the 200th to the 50M produces remarkably good effect and no subsequent irregularities. R. E. S. H.

In dropsies of a general origin Arsen., Samb. or whatever remedy is indicated will, if used in the 30th to the 400th potency and repeated frequently several days and renewed when necessary, sweep out the fluid with great relief. B. C. W.

I have verified this many times where the very high potency either singly or repeated would give but a few hours' relief. H.

With intense cricks of the upper dorsal or cervical muscles Natrum-sulph. should never be overlooked for the Natrum-sulph. type may extend to the meninges with very critical effects. J. E. F.

For the youngster who desires more practice; call your patients to the telephone with some ostensible reason or hint for his or her benefit and inquire as to progress. They are always pleased and the resulting cooperation, loyalty and accretion will be surprising. R. E. S. H.

The treatment of any individual whether it be with homœopathic remedies or by psychiatric methods must be a *synthesis.* Occasionally we find a patient so simple as to be clearly and preponderately in need of one remedy, but usually we must, so to speak, *peel the onion,* and in these cases it is of the greatest moment to select remedies which work well after each other and to administer them in the best order. A knowledge of the separate remedies is not enough, one must know their relationships in order to wield them in an effective sequence. Much help toward this knowledge may be obtained from Dr. Gibson Miller's *Relationship of Remedies,* and from Dr. John H. Clarke's *Clinical Repertory,* and from Boenninghausen, and the hints at the end of each remedy in Hering's *Guiding Symptoms.* We have recently come across an article on this subject in the files of *The Homocopathic Physician* for June, 1896, which we herewith reprint *in toto* in the hope that it will stimulate thought along these lines and provoke discussion from our readers.

COMPLEMENTARY REMEDIES.

C. L. OLDS, M. D., Philadelphia, Pa.

Very often in the treatment of a patient, no matter whether the disease be acute or chronic, we find that after a longer or

shorter period of time the remedy that was indicated in the beginning of the treatment no longer benefits the patient. We say that the remedy has *run out,* and that another remedy must be selected. If, after the administration of this remedy the patient progresses toward health, the second remedy, because it completes the work of the first in a greater or less degree, is called a complement of that remedy. For example, we may find that a patient improves under Sulph. in its various potencies for a long period, but there comes a time when Sulph. no longer acts beneficially, and on restudying the case we find Calc. to be the remedy corresponding to the state of the patient; then, if there be improvement again, we say that in this case Calc. was the complement of Sulph. But there may come a time when Calc. is no longer of use to the patient, and on again studying the symptoms we are very apt to find Lyc. the remedy, if it be a chronic complaint. Here Lyc. is the complement of Calc.

It has been found by experience and a knowledge of the action of certain remedies that when one remedy is given and benefits the patient, but does not restore to health, that a certain other remedy will in all probability be the one to take the case up and carry it along to or toward health, as in the case of the Sulph. and Calc. cited above.

The following list of complementary remedies has been gathered from our works on materia medica, current literature, and the experience of several well-known physicians, some notes of the late Dr. Adolph Lippe also forming a part of the work.

	COMPLEMENTS.
Abrotanum.	Bry., Kali-bichr., Lyc.
Acetic-acid.	Chin.
Aconite.	Arn., Coff., Millef., Spong., Sulph.
Æthusa.	Calc.
Allium sativa.	Ars.
Aloes.	Sulph.
Alumina.	Bry., Ferr.
Antimonium-crudum.	Scill.
Apis.	Natr-mur., Hell.
Argentum-nitricum.	Natr-mur.

Arnica.	Acon., Psor., Rhus, Sulph-ac.
Arsenicum.	All-sat., Carb-veg., Lach., Natr-Sulph., Phos., Sulph., Thuj.
Baryta-carb.	Ant-t.
Belladonna.	Borax, Calc., Natr-mur.
Bryonia.	Abrot., Alumn., Kali-carb., Rhus, Sep., Sulph.
Bufo.	Salamandra.
Caladium.	Nitr-ac.
Calcarea-carb.	Lyc.
Calcarea-phos.	Ruta, Sulph., Zinc.
Calendula.	Hep.
Carbo-an.	Calc-phos.
Carbo-veg.	Ars., Kali-carb., Lach., Phos.
Causticum.	Petros.
Cepa.	Phos., Puls., Sars., Thuj.
Chamomilla.	Bell., Calc., Magn-c.
China.	Ars., Calc-phos., Ferr.
Cina.	Calc., Sulph.
Colocynthis.	Merc., Staph.
Corallium-rubrum.	Sulph.
Crotalus.	Carb-veg.
Cuprum.	Ars., Calc., Iod.
Drosera.	Carb-veg., Nux.
Dulcamara.	Alum., Bar-c.
Ferrum.	Alum., Ars., Chin., Ham.
Fluoric-acid.	Sil.
Graphites.	Ars., Caust., Ferr., Hep., Lyc.
Helleborus.	Zinc.
Hepar.	Sil.
Ignatia.	Natr-mur.
Iodine.	Bad., Lyc.
Ipecacuanha.	Cupr.
Kali-carb.	Carb-veg., Phos.
Lachesis.	Ars., Calc., Carb-v., Hep., Lyc., Nitr-ac.
Lactic-acid.	Psor.
Lycopodium.	Iod., Lach., Puls., Sulph.
Magnesia-carb.	Cham.

Mercurius.	Aur., Bad., Hep.
Mezereum.	Merc.
Natrum-mur.	Apis, Arg-n., Sep.
Nitric-acid.	Ars., Arum-tryph., Calad., Calc., Lyc.
Nux-vomica.	Con., Phos., Sep., Sulph.
Opium.	Plb.
Palladium.	Plat.
Phosphorus.	Ars., Cepa, Kali-c., Sil.
Podophyllum.	Calc., Natr-mur., Sulph.
Psorinum.	Sulph.
Pulsatilla.	Lyc., Sil., Stann., Sulph-ac., Sulph.
Rheum.	Magn-c.
Rhus-tox.	Bry., Calc., Caust., Sulph.
Ruta.	Calc-phos.
Sabadilla.	Sep.
Sarsaparilla.	Merc., Sep.
Scilla.	Ant-c.
Sepia.	Natr-mur., Psor., Sulph.
Secale.	Ars., Thuj.
Silicea.	Fluor-ac., Thuj.
Spongia.	Hepar.
Stannum.	Puls.
Staphysagria.	Coloc., Caust.
Sulphuric-acid.	Puls.
Sulphur.	Acon., Aloe, Ars., Bad., Calc., Puls., Pyrogen.
Thuja.	Sabin., Sil.

In non-homœopathic literature we are continually running across unconscious homœopathy. In the *Klinische Wochenschrift*, 6:2147-2150 (Nov. 5) 1927, is an article by E. Nathan on "Salvarsan-resistant Syphilis." Nathan discusses the cases which remain uninfluenced by salvarsan or mercury and others which are even exacerbated. The author suggests that the reason for the inefficacy of the therapy may lie in the absence of the natural defensive powers of the organism. To us it would seem more likely that these cases are not *similar* to arsenic nor mercury but to some other remedy.

In *The Boston Medical and Surgical Journal*, vol. 197, Feb. 2, 1928, is an article by Reginald Fitz, M. D., on "Well Patients," in which he stresses the large proportion of patients coming to the general practitioner who have no pathology and for whom therefore nothing can be done aside from hygiene. He quotes the late Dr. Francis Peabody who said: *"The secret of the care of a patient is in caring for the patient."* Here we think is one of the great fields for homœopathic prescribing.

COMMUNICATIONS.*

Brattleboro, Vt., needs a homoeopathic general practitioner. If you know of one to send here many homoeopathic families will appreciate it.—Excerpt from a letter from W. R. Noyes, M. D., Brattleboro, Vt., to the Chairman.

March 8, 1928.

Editor, Homœopathic Recorder.
My Dear Doctor:

I am in receipt of two copies of the Homœopathic Recorder, the January and February issues of this year. In the February issue, I note an article by Dr. Charles A. Dixon on the clinical use of NAJA in a high potency. As a matter of record, I wish to state very briefly that I made a study of NAJA over a period of about five years. Before beginning my experiments, I read whatever literature I could obtain on this venom, and I ascertained that the Rockefeller Institute had conducted laboratory experiments with it, and they found that it caused a slight destruction of blood elements in a dilution which I calculated to approximate the fourth decimal dilution. I then sent to one of the best known homœopathic pharmacies in the United States for a specimen of their lowest dilution of NAJA, and I received it in a 4x solution of glycerin. I then administered this venom in the above potency to 30 persons over a long period of time without noting any untoward chemical or clinical symptoms whatsoever.

After this failure, I wrote to the pharmacy requesting to know the source of their supply of the venom, and I was informed that it had been shipped to this country about 50 years ago. At a sacrifice of much time, I obtained a fresh specimen, and then re-administered it by mouth to human beings in the same dilution, without noting a single symptom.

It appears that (1) snake venoms deteriorate very rapidly, (2) that alcohol neutralizes them, (3) that the gastric juices decompose them, (4) that they must be administered hypodermically for effects, (5) that the symptoms in the materia medica are ostensibly those following a bite, and not those of a "proving" in homœopathic dilution. I have searched the literature and I failed to find any record of a proving in dilution.

I also note Dr. James W. Overpeck's article on epilepsy and that he advises the use of OENANTHE CROCATA in idiopathic epilepsy. I would also like to make a statement that there are no records showing that OENANTHE CROCATA causes *grand mal* symptoms simulating those of genuine epilepsy. I have conducted many experiments with this drug over periods of months on a large number of epilepsies, and I have never noted anything which would be worth reporting from a medical standpoint. *OENANTHE* is called a "specific;" I call it a "non-de-script."

(Signed) P. R. VESSIE,
Greenwich, Conn.

MY DEAR DOCTOR VESSIE:

I am very much interested in your notations in regard to Naja and your study of the snake poisons.

Allen and Hering use the trituration of the venom of snakes. I think where you got your results was from the lower potencies, for I have found the snake venoms practically useless under the 200th potency from a clinical point of view; but we get very marked clinical results from the use of the 200th or above of these venoms. And to say they are useless or nondescript because of the physiologically destructive effects because of alcoholic preparations, it is something like the alcoholic dilutions of the minerals: we can not see how they work, but they do.

I wish you had been on the S. S. Lapland to have met this discussion. I consider the study that was put into this worth-while study, and it will bear fruit in potencies.

As to Overpeck's article, Oenanthe, I have had no experience with it, because what epileptic cases I have had have been treated purely from a symptomatic point of view and I have not seen the classical indications for it.

I would suggest that you write an article for the next meeting of the I. H. A. in Pittsburgh for the Department of Materia Medica, bringing out some of these points. It will provoke very valuable discussion.

(Signed) H. A. ROBERTS, M. D.,
Derby, Conn.

*The Editors assume no responsibility for the views or opinions appearing in the Department of Communications.

CARRIWITCHETS.

Sit Down, Doctor, and Write Us Your Answers to These Questions. It Will Only Take Five Minutes

DEAR EDITOR:

A patient has been on Sulphur in ascending series of single doses. The symptoms now point to Causticum. In Gibson Miller's *Relationship of Remedies* Causticum antidotes Sulphur. Dare one give the Causticum following the Sulphur, or should there be some intercurrent, and if so how do you determine it?

QUESTION DEPARTMENT, *Homoeopathic Recorder*:

How do you judge when a remedy should be antidoted, and how do you choose between the possible antidotes?

DEAR CARRIWITCHET:

In connection with the article on "Double Dosage" abstracted from the *British Homoeopathic Journal*, in the last issue: Why should one give first the lower of two potencies and then the higher 24 or 48 hours afterwards, since the mental and spiritual symptoms develop first and are the most important? Should not that plane be approached first and the physical, by the lower potency, 24 hours later?

ANSWERS TO QUESTIONS IN FEBRUARY ISSUE.

First Question:

Remedies the masters used, at times, as intercurrent.

Almost the last subject that Dr. Kent and I discussed before his passing was about some remedies which we had at times used as intercurrent remedies, in certain cases.

Dr. E. B. Nash and Dr. H. C. Allen told me very many times that, in their half-century of practice, they used intercurrent remedies to assist their constitutional remedies or other remedies.

Suppose that you have a patient who is taking colds too frequently, whose symptoms are very largely covered by *Belladonna* and although it helps him at once, it does not seem to keep him in health long enough, even though you have given different potencies. Then the Masters taught to give an intercurrent. It might be *Calc-c.* Although these remedies have done very much for your patient almost satisfying you, however, in again talking it over with your patient, you find that there is a history of phthisis. You then go over your case and see it well covered with Calc-c. However, on account of the family history you give *Tub.* as an intercurrent, a dose or two at long intervals and then go back to the patient's remedy of Calc-c. and make a most satisfactory cure.

Belladonna did all it could in his frequent acute attacks or outbursts of psora.

Calc-c. as a deep anti-psoric did more.

The dose of *Tub.* made it possible to get quicker and better results with your Calc-c., as it aided in removing the family taint

handed down to him by his family, which was not cured by homœopathy because his ancestors had used allopathy.—A. E. AUSTIN, M. D., H. M., New York City.

There is no such thing as an intercurrent remedy. It is a misnomer, or the intercurrent remedy is the remedy currently indicated.—L. M. STANTON, M. D., New York City.

—If one wished to do so, a long article could be written on what is at first thought a simple question. Briefly, an intercurrent remedy is one given to a patient who is under the action of a chronic constitutional remedy, for the relief of an acute miasm or for the relief of a group of severe, painful, acute symptoms; it is selected, as any remedy is selected, on the totality of the acute group.

One might give a long discussion of the acute remedies following certain chronics, but the fact is the remedy best adapted as an intercurrent is that one having the greatest similitude to the acute painful group of symptoms, whether it has been observed by someone "to follow" a certain remedy or not. The fact is that a lot of this intercurrent business is unnecessary and is part of loose prescribing. We have physicians practicing "high potencies" rather than homœopathy. They are not above prescribing for their aggravations by giving another remedy. What means Hering's law of directions to them? What do they care about Hahnemann's three mistakes "which the physician cannot too carefully avoid"?—F. S. KEITH, M. D., Newton Highlands, Mass.

—When there seems to be lack of reaction to a well-chosen remedy, either acute or superficial chronic, and on re-taking the case one can see no other remedy, and change in potency of the remedy given does not produce results, an intercurrent dose of a nosode—in line with the patient's constitution or family history, even if not many of the symptoms seem to agree—has sometimes given striking results. Often after one such deep dose the previous, apparently inactive remedy will take hold. A short-acting remedy for an urgent acute condition in the course of chronic prescribing may also be classed as an intercurrent. E. W.

Second Question: Hahnemann says: *Remove the Cause.* Nevertheless it is remarkable sometimes what the remedy will do while the cause remains. If the tooth in front of the wisdom tooth is standing perpendicular to the jaw and the wisdom tooth is approaching it at an angle, waste no time but cut down and take the wisdom tooth out. On the other hand if the tooth in front is leaning toward the wisdom tooth and the wisdom tooth has come up perpendicular to the jaw or leaning away from the other tooth but parallel to it, wait, give it time to work its way up —it often will do so. In the given case *Calc-carb.* should relieve the distress and help the tooth to come faster.—F. E. GLADWIN, M. D., Philadelphia, Pa.

Third Question: Dr. R. Gibson Miller said: *It is impossible to learn homoeopathy except from a Master.*

Dr. Margaret Tyler said: *People who have been taught from the first have no conception of the difficulties of those who merely have to pick up things for themselves. Those who have mastered must impart.* The masters will gladly impart their knowledge to those searching for that knowledge. The master should guide the reading of the student, explaining all the way.

There is much in homœopathy that does not appear in the books. The books recommended should be those which would be useful to the *regular* the rest of his working life:

Hahnemann's Organon, Materia Medica Pura, Chronic Diseases.

Kent's Philosophy, Materia Medica, Repertory.

Close's Lectures on Philosophy.

Hering's Guiding Symptoms.

Allen's Encyclopædia.

Clarke's Dictionary.

Bœnninghausen's Repertory.

Read them all? Oh, no; only guided study in each. If the idea is to convert the *regular* use cases. When converted, send him to the Foundation School.—F. E. GLADWIN, M. D., Philadelphia, Pa.

Fourth Question: I have had no experience with "whooping-

cough prophylactic serum." But the more I know of any serum treatment the less I like it. The *anxious mother* should let her physician select the remedy. When there is no prophylactic remedy indicated the constitutional remedy works wonders in the realm of prophylaxis.—F. E. GLADWIN, M. D., Philadelphia, Pa.

Sixth Question: Ehrhart and Karl have Dr. J. T. Kent's own potencies of Swan.—Ed.

CURRENT HOMOEOPATHIC PERIODICALS.

Titles marked with an asterisk (*) are abstracted below.

ALLGEMEINE HOMŒOPATHISCHE ZEITUNG
Band 175: 257-356 (Dec.) 1927

THE ECLECTIC MEDICAL JOURNAL
Vol. LXXXVIII: 1-50 (Jan.) 1928

Vol. LXXXVIII: 51-100 (Feb.) 1928

**Blood Pressure.* Dr. Crowe has given a scholarly and invaluable article on the true significance of blood pressure and defined the different blood-pressure syndromes and their value in diagnosis. He states that: *The heart expends force equal to that required to lift a 54-pound weight every time it contracts upon its contained blood.* If A has a systolic of 180 and a diastolic of 90 and B has a systolic of 180 and a diastolic of 110 and the pulse rate is 72 per minute B has to carry 792 pounds more load per minute than A. Dr. Crowe's main thesis is the importance of the *diastolic* pressure. He gives a simple method of measuring hypertension by determining the patient's *energy index, viz.*, multiply the sum of the systolic and diastolic pressures by the pulse rate thus: *given a systolic of 125 and a diastolic of 75 the sum of the two is 200 which multiplied by the pulse rate of 72 gives an energy index of 14,400. The normal range is from 13,000 to 20,000. But suppose the systolic were 180 and the diastolic 110 and the pulse rate 90 such a reading would give an energy index of 26,100, an overload of 6,100 which is far more than the cardiac apparatus could sustain without clinical symptoms for a considerable number of years.* He brings out the diagnostic importance of a reversed order of readings of the blood pressure in different positions, i. e., with a normal heart, pulse pressure falls when the patient changes from the horizontal to the standing position. If it rises on such a change, cardiac hypertrophy should be suspected. If the diastolic pressure falls on standing, we should look for valvular disease of the heart. If systolic, diastolic, and pulse pressures fall on changing from supine to erect position, cardiac dilatation should be suspected, etc. These articles open a whole new field to the general practitioner and should be studied and used by all.

THE HAHNEMANNIAN MONTHLY
Vol. LXIII: 81-160 (Feb.) 1928

*_Constitutional Prescribing in Tuberculosis._ Dr. Seibert gives a brief characterization of the physique and personality as well as certain of the common and pathological symptoms of twelve remedies as follows: (1) *The scrofulous group, Calc-c., Calc-i., Sil., Sulph., Iod.* Certain interesting points in his remarks on these remedies are: burning of the apices of the lungs in Sulph., excitability, rough voice and high temperature in Iodum, and the fact that an Iodum patient must never be sent to a warm climate. He adds that a Nitric-ac. patient with t. b. c. is likewise always too hot and should therefore be sent to a cold climate (this is contrary to our usual idea of Nitr-ac. as an intensely chilly patient). (2) *The pulmonary group, Phos., Calc-p., Nitr-ac., Ars., Ars-i., Ferr., Kreos.* He stresses the mental deterioration of Calc-p. and its craving for indigestible food; the aggravation of Nitr-ac. from warmth, its frequent hæmorrhages, and its usefulness in the aged as *versus* the applicability of Phos. to young rapidly growing subject; the pain worse by motion of Ars. and the danger of its administration in t. b. c. (putting it in a class with Phos., Sil., and Sulph.); Ars-i. for t. b. c. following *flu*, with thick, yellow, acrid, sticky discharges; the dark leucophlegmatic leanness of Kreos. The discussion suggests the use of *Iodof.* for localized rales at each apex, as well as in meningeal t. b. c.; and of *Tub.* 2x to 30x often repeated; and of *Bacillinum* (the stenographic report of the discussion calls it Vaselinum!) Lastly *cramps* are mentioned as an invaluable symptom of Calc-c.

HOME AND HOMŒOPATHY
Vol. III: p. 201-240 (Jan.) 1928

THE HOMŒOPATHIC WORLD
Vol. LXIII: 29-56 (Feb.) 1928

L'HOMŒOPATHIE FRANCAISE
No. 1: p. 1-64 (Jan.) 1928

*_The Blood._ This very interesting article is almost as much in the realm of physics, colloidal chemistry and electricity as in the realm of homœopathic philosophy. It recalls the valuable little work of Gustave Le Bon, the French physicist. Dr. Roy says, to translate: *Homoeopathic medicaments do not consist in a transformation of matter into energy and their action is not all explicable by that hypothesis.* To his thought energy is not superior to matter. They are two aspects of *spatial nature.* The nature of life itself is not in space. Dr. Roy describes some interesting spectroscopic experiments on the blood. He holds that the red blood pigment absorbs violet and ultraviolet rays which it transforms into vital energy just as the chlorophyl of plants transmutes the sun's rays. He believes that the coagulation of the blood is an electrical phenomenon. The radiance of the human face, he thinks, and visible exteriorized sympathy and the sense of power and well-being of which one is conscient in health, comes from this energy in our blood. He mentions the fields of planetary influ-

ence other than the accepted lunar one, and also the magnetic-field theory of Abrams. A section of the article deals with the relation of muscular energy to blood energy. His closing paragraph is a strong plea not to over-burden the blood, which is so vulnerable even to emotion, with all sorts of substances, especially colloids, given intravenously today. The article is very suggestive. Homœopathy particularly needs research along these lines.

The Value of Symptoms. This is a comprehensive and lucid article invaluable for beginners and strictly Kentian. Dr. Renard stresses the danger of expecting more of *Keynotes* than they can give, calling them sign posts *to shorten our researches but not to suppress them.* In speaking of the three big classes of symptoms he places the GENERALS, especially the MENTALS first, then the PARTICULARS which he defines as symptoms having *relations with the tissues,* and finally the anatomical or external, COMMON symptoms. In closing he states not only the prognostic value of a diagnosis but its aid in enabling the doctor to interrogate the patient in order to discover all his symptoms and modalities.

No. 2: 65-128 (Feb.) 1928

THE JOURNAL OF THE AMERICAN INSTITUTE OF HOMŒOPATHY

Vol. XXI: 91-180 (Feb.) 1928

**Treatment of Acute Gastro-Enteritis.* After a summary of the etiology and hygiene (in which, contrary to strict homœopathic usage, castor oil and calomel are suggested) Dr. Kistler goes on to discuss various homœopathic remedies. He brings out one fact often unrecognized that many of our remedies are powerful cathartics. He stresses the importance of peculiar concomitants in selecting the remedy. He discusses in turn *Elaterium, Aloes* (for lymphatic and hypochondriacal patients), *Podophyllum, Croton tiglium* (worse drinking even the smallest quantities), *Ipecac* (patient usually fat; indicated after indigestible food such as raisins and cakes), *Aconite* (G.-I. upsets from checked perspiration; child *unappeasable,* periodicity rules it out), *Arsenicum, Cinchona* (every other day complaints, dark rings around the eyes), *Cuprum-arsenicum, Gelsemium, Belladonna, Colocynth, Magnesia phosphoricum, Chamomilla, Nux vomica, Mercury, Camphor, Cuprum, Veratrum album, Colchicum.* The discussion recommends protein milk, cornstarch enemas, and buttermilk, and ends with the statement by Dr. Garth Boericke that: *The only reason milk constipates is because people don't take enough of it.*

PACIFIC COAST JOURNAL OF HOMŒOPATHY

Vol. XXXIX: 37-63 (Feb.) 1928

REVISTA HOMEOPATICA INTERNACIONAL

Vol. II: 247-334 (Jan.) 1928

YOUR HEALTH

Vol. IX: 65-128 (Feb.) 1928

ALMANICK-NACKS.

In extracting the juice of lemon or orange, much more juice will be obtained if the fruit is first covered with cold water and allowed to come to a boil before the fruit is cut.

—

Put some salt upon a linen rag, and wrap it around a candle. The candle may then be lighted, and it will continue to burn without being extinguished even in a strong wind.

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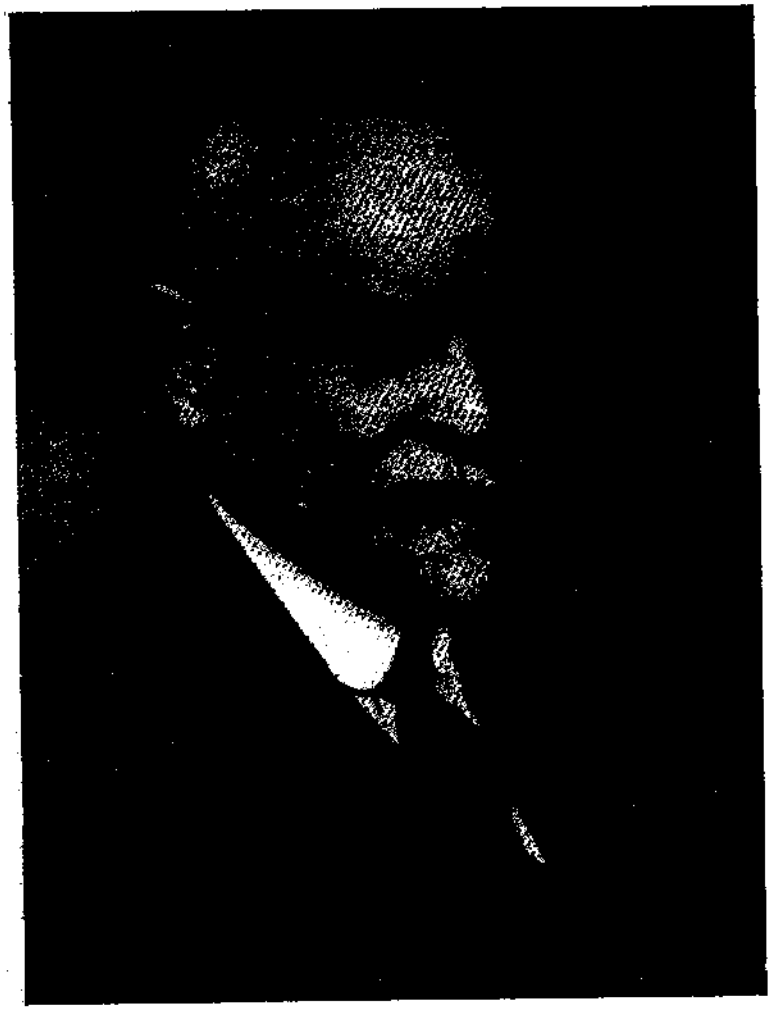

WILLIAM H. DIEFFENBACH, M. D.
New York City

THE
HOMOEOPATHIC RECORDER

VOL. XLIII. DERBY, CONN., MAY 15, 1928. No. 5.

NOSODES RESEMBLE MIXED VACCINES.

HERBERT MCCONATHY, M. D., Bartow, Florida.

The nosodes bear a strong resemblance to the mixed vaccines now so much in vogue with the allopathic school. Indeed, we may say that they are mixed vaccines, but potentized instead of merely diluted. Before the present writer "saw the light" and became converted to homœopathy he used a good many vaccines. At one time he worked for a year with a man who was trying out mixed vaccines on quite a large scale. He made and administered both stock and autogenous vaccines in scores of cases.

The first thing to remember is that practically all natural infections are mixed, that is, they contain more than one kind of bacteria. Most of them contain several kinds. Therefore, the use of mixed vaccines seems logical, as well as the use of the older nosodes, which were made from natural pus.

Before we go any further let us consider an objection raised by some homœopathic physicians, that the nosodes supply substances identical with the poisons with which the body is contending, instead of merely similar poisons, which is the fundamental idea of homœopathy. At first glance this appears to be the case, but a little experience with the making of vaccines will show its fallacy. The culture medium upon which bacteria are grown makes a vast difference in their vitality and their virulence, just as soil modifies the characteristics of the higher plants. Temperature, light and air are also important factors in determining the qualities of bacteria. In fact, it is almost impossible to find two strains exactly alike. The manufacturer, in making vaccines for sale, uses mixtures of many strains. The resulting stock vaccine, as it is called, cannot possibly be identical with any single one. So, in the use of a nosode, we have bacterial products taken

from one patient several years ago, and the likelihood of their being identical with the poisons afflicting our patient today is so small as to be negligible. Moreover, the nosode is dead, and its poisons have been subjected to the action of alcohol.

Let us look at a few of the better known nosodes from a bacteriological point of view:

Tuberculin, which is said to have been made from the excretion of tubercular abscess, probably contains the poisons of one or more varieties of staphylococci, while Bacillinum contains in addition the far more virulent streptococci, presumably several species. Both undoubtedly contain the poisons of the tubercle bacillus as clinical results clearly prove.

The account of the making of Pyrogen, together with its provings and its clinical action, all go to show that it consists mainly of a mixture of many varieties of streptococci. We must bear in mind that the streptococci are a large family, containing many species with widely differing characteristics. To say that a certain infection is of streptococci is very indefinite, it is no more than to say that a field is planted with grain without specifying the variety of grain.

Medorrhinum is a problem, and also something of a disappointment. Taken from the pus of an active case of gonorrhœa, one would naturally expect that it would prove helpful in similar conditions. Strange to say, it rarely helps an acute case. My present belief is that it contains far more streptococci than gonococci. This hypothesis is based upon the fact that an abscess at the root of a tooth will produce arthritis, and the principal bacterium found in connection with dental abscess is a variety of streptococcus which invades the blood.

All of us know that in gonorrhœal pus the specific germs are found inside the leucocytes. It may well be that by the time these leucocytes are thrown out in the exudate they have greatly mitigated the virulence, or modified the metabolism, of the contained gonococci, so that the toxins of the latter are not fairly represented in the nosode. A determined effort should be made to obtain a more active Medorrhinum. Since a physician can hardly cut out, or curette out, the whole lining of the urethra of one of his patients, we must adopt some other means of getting

our material. One way would be to watch at the morgue of some large city hospital and examine every case of death by accident. It would not take long to find half a dozen cadavers with acute gonorrhœa. For two or three hours after death there would probably be but little change in the bacteria and the toxins of that region. The mucous membrane should be excised to its full depth and a preparation made from the whole specimens. I suggest using several specimens in order to get a fair average preparation. Of course, a thorough proving should be made, as well as careful clinical trials in all potencies from the third to the millionth. Gonorrhœa is such a serious disease that the least aid in combatting it is worth any amount of time and trouble.

Psorinum is another puzzle, because none of us has a very definite idea of the nature of psora. Some doubt whether it is a specific disease at all, but Samuel Hahnemann evidently considered it such, and he was one of the most careful and accurate observers the world has ever known. Many physicians of the present day think that it may be syphilis of the third or fourth or later generations.

Regardless of what theory we may hold, we know that the nosode, Psorinum, is a powerful and useful drug. With it I have relieved chronic, intractable cases of skin disease which nothing else would touch. If we could recognize more of the deeper manifestations of psora, so that we could give the nosode early, before the disease showed itself externally, I have no doubt we should be far more successful with some of our difficult and obscure cases. A single dose of Psorinum, high, will often clear up a number of contradictory symptoms and leave a definite picture of the required constitutional remedy. I am certain that we do not use Psorinum half as often as we should.

There are limits, as least theoretical limits, to the use of the nosodes. Many physicians hold the belief that a perfectly healthy body is able to resist the attacks of all bacteria, and that a germ disease is the consequence of some previous morbid state which has weakened the defenses of the system. Hence, while administering the nosode to combat the germs we must find the constitutional remedy to cure the underlying disease.

This theory sounds reasonable, and undoubtedly holds true

for most patients. That is, the latter part of it is true, the patient often has an underlying morbid state to which the bacterial poisons are superadded. But beware of theories. They are our generalizations concerning the workings of the laws of nature. We make these general theories after considering many facts; but remember, we can never get all the facts. For example, we do not know anything at all about the vital force. Therefore our generalizations, our pet theories, are always founded upon incomplete data. Usually we try to make them too broad, we try to make them cover conditions which they will not cover.

To return to this theory of natural immunity. Such an immunity may have been acquired through small inoculations through many generations, but when the body meets a germ which it and its ancestors have never previously contacted the body has no defense ready. Our comparatively harmless disease, measles, when it gets into a community which it has never before invaded becomes a deadly pestilence. Again, some twenty years ago a new disease appeared among our chestnut trees, and now there are very few chestnut trees in America.

Therefore, let us observe our patients with the utmost care; use a constitutional remedy when we find it indicated, but never as a matter of mere routine.

When a physician becomes interested in this subject he wants to make nosodes himself. This is all very well, but he must recognize the fact that during the course of an infection—an abscess, for example—the varieties of bacteria present, and their relative numbers, may vary markedly from week to week. The virulence of each species is also subject to wide fluctuations. This results from changes in the nourishment and changes in the chemical poisons secreted by other bacteria, as well as in the antibodies formed in the surrounding tissues. If the experimenter wishes bacterial poisons only, he will save much time and many disheartening failures by getting his bacteria from one of the big commercial laboratories. Of course, these artificial cultures do not represent the bodily reactions to the infection.

We must admit that most of our nosodes are shotgun prescriptions. We get our good results and avoid the evil ones through the action of the law that the tissues are peculiarly sensitive to the poison which is needed; that is, to the substance which is homœopathic to the morbid condition. The other poisons, being in small quantity, and not homœopathic, do little or no harm. This is not ideally accurate prescribing, but in the present stage of our knowledge, and ignorance, it is in many cases the best we can do.

The usefulness of many of these nosodes has been proven beyond all question, and whether we like them theoretically or not makes little difference; when they are indicated we must administer them, for the business of a physician is not to uphold a theory but to heal sick people.

"FOLLOW THE ARROW."

H. A. ROBERTS, M. D., Derby, Conn.

The beginner in homœopathic prescribing faces difficulties. Many of our remedies present the same symptoms. In studying these remedies, the young prescriber is fortunate if he does not become lost in what must seem a mystic maze of remedies, all of them presenting the same symptom. Let me illustrate this by one rubric.

In the *Repertory,* under "Aggravation from Motion," we find 146 remedies. One of them is the true *similimum.* How is he to find the open sesame? Fortunately the compilers of the *Repertory* have placed the key in his hand if he but knows how to use it. They have devised a system of values which makes the value of the general symptoms relative, and he is told to proceed from the general to the particular, so it is possible to eliminate many of the 146 without consideration.

To illustrate by a remedy: *Bryonia* ranks highest of all the remedies that are aggravated by motion, and *Ignatia* lowest in importance. Of the 146 there are but fourteen that are classified as of highest importance, showing this particular symptom, so at once the student has removed 90% of his maze. With fourteen left to choose from he is still at a loss to decide, for he finds two remedies of equal rank, *Bryonia* and *Belladonna.* Now we see the necessity of an intimate and thorough knowledge of the

individual remedies, at least those of the polychrests. The student who knows these two remedies knows that while both are aggravated by motion, that the *cause* of the aggravation by motion differs greatly. The Bryonia patient is worse when he moves because the serous membranes are roughened, causing friction. The Belladonna patient is worse because of the jar caused by motion.

A third remedy, *Cocculus,* would cause confusion in the mind of the prescriber if he did not know of the action on the semi-circular canals of the ear, creating an inability to interpret positions and causing confusion. *Sabina* is also greatly aggravated from motion, but with *Sabina* there is the manifestation of hæmorrhage with the slightest motion.

These four simple illustrations will show how one who had learned the pathogenesis of the principal remedies will know at once how to eliminate many remedies, though they may rank high in the rubric.

We should, if we were studying a case, follow this rubric further. We find "aggravation from beginning to move", "from the motion of the affected part", and "from continued motion"; then we should narrow our search still further by confining ourselves to the individual part of the body, and when we had found the remedy that showed us our affected part with the particular symptom leading down from the general symptom, we should doubtless sing the Doxology, if this were one of the teasing cases that we all know so well, that progress about so far and then stand still. "Following the arrow" to the individual affected part is better shown in Kent's *Repertory* because of the relative value established in each remedy than in Field's *Repertory,* which is more mechanical but fully as inclusive.

This process of prescribing by the repertory needs careful work by the beginner, for he must know very thoroughly the principal remedies in order to use them intelligently, but when the knowledge of the principal remedies is well mastered, the ability to find with the repertory the indicated remedy is very greatly aided, and saves much precious time. I find in conversation with other physicians that they all believe in the repertory, but comparatively few use it to the fullest extent. I feel that it

should be more and more emphasized in our schools. The student at a very early date should be taught to repertorize all of his cases, for in so doing he will develop a wonderful discernment of the peculiarities of the individual remedy and add to the rapidity with which he can work out the remedy.

It is surprising indeed how many complete cures will take place because of this careful repertory work, which would otherwise linger on for many years in a wretched, half-cured condition.

HUMAN LIFE AND HOMŒOPATHY. IDEA OF VITAL FORCE: BASIS OF HOMŒOPATHY.

M. HALDAR, H. M. B., Prof. of Homœopathic Philosophy, Faculty College of Homœopathy, Calcutta, India.

The fundamental basis of the science and the art of homœopathy lies in its acceptance of the principle of *vital force* being the guiding factor in health as well as in disease. According to homœopathy, vital force is the dynamic element in our life. Guided by the mind, i. e., will and intelligence, it builds, animates and repairs our body and carries out all of its functions. And this vital force is described by both Hahnemann and Kent as being a *simple substance,* a *spiritual force,* an *immaterial being.* Now, we are often reminded that homœopathy is dogmatic in its assertion of principles—principles having no scientific basis for them. And, although these principles are daily and hourly being demonstrated in the successful treatment of suffering humanity we must find out and see for ourselves, if we at all wish homœopathy to be recognized in the scientific world, that the fundamental principles of homœopathy are in harmony with the accepted truths of science. The question arises, therefore, whether the principle of vital force—the immaterial dynamic principle—is recognized in science, or whether we can advance it only as a working hypothesis.

Different Aspects of Life.

The essence of life is inaccessible to our intelligence; but we can reasonably find out a great deal of the nature and origin

of life by studying some of its phenomenal aspects. A careful study of such vital functions as growth, development, assimilation, reproduction, decay, death, etc., as well as some of the mental phenomena will reveal much of what is knowable to us. Ever since the dawn of human civilization, the human mind has been engaged in finding out the nature of life. Diverse theories, scientific as well as philosophical, have been advanced—none of which, however, have been favored with a general acceptance. Since the last century, the world has witnessed the marvellous achievements of modern science, and writers of different branches of science have written, from different standpoints, volume after volume bearing on the question of life. And one can readily acquaint oneself with the various aspects of life as shown by them, *viz.*, the physical, the chemical, the mechanical, the physiological, the embryological, the psychological and the philosophical.

Physico-Chemical Theories of Life.

Touching on the physico-chemical forces of nature, we recall the modern ideas about matter, energy and the universe, how kinetic energy is being transformed into potential energy and *vice versa,* and as a result, how there have been going on from eternity to eternity, a continuous evolution and devolution of worlds in infinite space. In terms of science, the world or cosmos is complete in itself, there being no extra-mundane force of power behind it other than natural physico-chemical forces. Similarly, in *living* forms we find nothing but the by-play of physico-chemical forces of nature. Several chemists have tried to prove that the dynamic element of life is to be found in the complex colloidal constitution of our body; in other words, life is but the by-play of carbon-nitrogen compounds breaking up and liberating energy. It was assumed that the physico-chemical properties of carbon conferred so peculiar a force or energy on its albuminoid compounds that they developed into living protoplasm. With a view to generating life several chemists made cultures and boasted that spontaneous generation was a fact in science. Pasteur, the great founder-bacteriologist, however, conclusively proved the fallacy of spontaneous generation by showing that sterilized cultures always became infected when exposed to air,

and that duly sterilized air free from germs could never cause infection. Even now, though the synthetic chemist has been able to artificially manufacture such *organic products* as urea, alcohol, grape-sugar, indigo, etc., he has totally failed up till now in generating an *organism.* And men like Herbert Spencer and many living scientists have come to the conclusion that life cannot be explained in physico-chemical terms, and that, spontaneous generation being an impossibility, the living can come only from the living.

The Stellar Theory.

In trying to find out the origin of life, several scientists advanced what is known as the stellar theory. Our planet had first passed through gaseous and liquid states and when it cooled down earth was formed; and millions of years passed away before it could attract water from clouds—when it acquired the first necessary condition of life. But how could life come in an earth where there had been no living organism previously? It was suggested that it came from other planets inhabited by living plants and animals. But scientific impossibilities of this kind of transportation are very great; and moreover, the argument will lead you from one planet to another *ad infinitum* never purporting to solve the great question of the origin of life. Modern scientists, therefore, have now discarded the stellar and interstellar theory of the origin of life.

The Mechanical Theory of Life.

Some scientists advanced the mechanical idea of life: that our body was a self-acting, self-regulating, self-preserving, and self-repairing machine requiring no extraneous force or energy or power to guide it. But life has its characteristic aspect of *behavior;* we refuse to fall a blind victim to forces of nature, and, moreover, no machine profits by experience, while we do. The mechanical theory of life has consequently fallen to the ground.

The Physiological and Embryological Aspects of Life.

Physiological and embryological evidences on the subject require a most careful study. There are worlds within worlds. Our body consists of millions of living units called the *cell.* Again, a

cell is made up of smaller living units called the *chromosomes*—which like the cell, divide themselves and contribute largely to the formation of hereditary characters. Now, it is seen that ever since the so-called fusion of the two parent cells (the spermatozoön and the ovum), the whole body is developed by a process of division and multiplication. Is it that the original mother cell builds this complex structure having several most important functions to perform such as assimilation, respiration, coördination and repair? Does not the construction and maintenance of such a complex perfect machine like the human body involve a high degree of intelligence on the part of the cells and even the chromosomes? But scientists would be loath to grant such intelligence to these microscopic and ultra-microscopic units. Hence the idea of a builder was dropped; and scientists held that *environment* played the prominent part in building functional cells, in developing the body, and in effecting the formation of species; so that there was no necessity for introducing an immaterial transformer. But is it not a broad embryological fact that the idea of the *individual* is connected with the question of embryonic development, from first to last? It is the individual that grows, stage after stage, from a single cell to germinal layers, from germinal layers to a whole body. Even in the formation of species the presence of a definite number of chromosomes in the cells of such species is a factor of great importance in deciding the relative claims of *heredity* and *environment*. Recently, scientists are attaching more importance to heredity than to environment, for the latter cannot create anything, it can only check or hinder progress. The old idea of evolution has already undergone considerable changes. Even the species-idea which Lamarck and Darwin founded upon organs and organic changes as revealed through morphology and physiology, has been replaced by new theories advanced by Mendel, de Vries and others. Mendel was the first to detect the now well-known theory of the hereditary units or genes being more natural units than organs. As to the relative claims of heredity and environment on the question of embryonic development of the individual, Mr. J. Graham Karr in his *Textbook of Embryology*, says:

> Evolution of an adult means not a process of acquiring greater and greater complexity, but rather of special peculiarities in particular portions of the individual. The lesson that the full equipment of the individual is provided from internal sources is one which should ever be borne in mind. Characters impressed upon it by environment, however conspicuous, are still superficial as compared with the really fundamental characters already present in the zygote. * * * Modern science impresses upon us the importance of regarding the individual not merely as an aggregate of cells and organs, but rather as a mass of living substance imperfectly subdivided up into cells and organs; imperfectly because each cell and each organ is inextricably linked up in the living activity of the whole individual.

In dealing with the idea of the parent cells building the body the eminent scientist Mr. Herbert Spencer has observed: *Exercise of fit directive action by the protoplasm is unthinkable. Fusion of male and female cells, under what influence is this action initiated and guided? There is no conceivable directive agency in either cell.*

In his *New Essays in Criticism*, Dr. Bajendra Nath Seal has very forcibly laid down:

> The law of evolution has similarly been taken to imply a differentiation of facts, of organs, and functions which go on developing each in its own line until they are reintegrated in a coherent whole. Both these conceptions require a radical correction. The real is always a whole, the abstraction of phases, aspects, moments, is unhistorical; and organs and functions evolve, never independently, but always as participating in and dominated by the life of the organism as a whole, from an implicit to an explicit, from a less coherent to a more coherent whole. * * * The organic whole develops.

It is clear, therefore, that the cells do not build the individual, rather that the cells are made to be built after an image. Whether the task is performed by a dynamic principle such as the so-called vital force, or some powerful conscious agency, call it God or Cosmos or anything else, it is unnecessary to consider at the present stage of the discussion. It is just sufficient to show negatively that the cells do not build the individual in the sense that a designer or builder designs or constructs a building.

Psychological and Philosophical Aspects of Life.

Dealing with the psychological aspect of the question, the majority of scientists held the view that the mental phenomena were, like all other vital functions, a mere physiological function. It was through the machinery of the brain that mental activities were manifested. There were others who held that the psychic element of our life was something apart from the physiological element, the one running parallel to the other. Amongst scien-

tists we can now find many who would subscribe to the idea of psycho-physical parallelism as expounded by the great scientist Wundt that: *Every psychic event has a corresponding physical change but the two are completely independent and are not in any natural causal connection.*

As the majority of scientists did not accept anything immaterial or supernatural, scientist philosophers of the west had evolved a system of philosophy known as Monism which sought to establish that there was unity in nature, that matter, mind, energy and anything pertaining to this world, formed part of the infinite, all-intelligent, self-sufficient Cosmos, and if there were any God, it was the Cosmos and that nothing transcended it. Since the time of the scientist-philosopher Mr. Hæckel, there has been going on a fight between religion and science. The church in the west seems to have hardly been able intellectually to cope with the reasoned and consolidated attacks of science; and it has had to adapt itself to changing scientific belief.

Apart from the question of personal belief, the majority of scientists gave no place to an immaterial vital force and an extramundane God in their scheme of the universe. *Neither materialists nor theologists whatever their belief may be,* as Mr. Benjamin Moore has opined, *can prove or disprove anything as to the existence of mind apart from matter, or what are the subtle relationships of mind and matter.* Mr. Herbert Spencer has gone so far as to acknowledge: *Our surface knowledge continues to be a knowledge valid of its kind, after recognizing the truth that it is only a surface knowledge.*

Hindu science and philosophy have comprehensively dealt with the question of vital principle, and a combined study of science and philosophy, both western and Hindu, has enabled me to come to a satisfactory solution of the problem, and I have undertaken to write a book on the subject. My purpose in delivering this paper is to kindle a spirit of inquiry.

"My diet consists chiefly of moderation," from a letter of Hahnemann, July 10, 1791.

CLINICAL CASES.*

JULIA M. GREEN, M. D., Washington, D. C.

Group I—Herpes Zoster.

Mrs. J. D. B.—75 years; thin, wiry, good health for her age.

1925.

Mar. 9—Pain in certain spots on left face following branches of the fifth nerve in cheek, over the eye and side of the nose.

Comes on touching the face in these spots, a sharp, twinging, exquisite pain.

Otherwise the patient is well.

Three remedies were given each of which stopped the pain for a time but it returned and a repetition did no good.

April 29—Generally miserable for two days.

Pulse irregular; a few rapid beats in groups.

Eruption above right scapula near shoulder-joint and one group on forearm.

Looks like chigger bites.

No pain.

May 1—Eruption worse; groups of vesicles on red base.

Extremely tender. Looks typically like herpes zoster.

Pain now along nerve trunk represented by groups of vesicles.

Ranb-b. IM one dose.

Response was immediate, pain in arm and face gone in four days and eruption by May 10th.

QUERY: Was the facial neuralgia (left side) part of the herpes zoster (right side)? If so, would Ran-b. given at first have cured that promptly and prevented the attack in shoulder and arm?

Mrs. A. M. E. M.—79 Years.

Small frail woman who always worked too hard.

Heart action irregular and intermittent since pneumonia many years ago.

*Read before the I. H. A., May, 1927, Bureau of Clinical Medicine.

Catarrh obstinate, chronic.
Expectoration in morning of quantities of thick yellow mucus of very bad odor.
Chilliness; lack of vital heat.
Worse warm weather, causes faintness.
Craves sweets.
Much noisy flatulence.
Bleeding hæmorrhoids.

1927.

Feb. 24— For two weeks sharp, stitching pains in right shoulder extending down the arm following a nerve trunk.
Later these pains appeared in left arm same way and now in both.
Eruption of herpes zoster fully developed and angry-looking on left upper chest, anterior and posterior, in axilla, down inner arm and on back of hand.
Patient had concealed these symptoms as long as she could until today fell on the floor from weakness.
She had Kali-bi. 1M and then 10M between this date and March 8th without much improvement except that eruption dried up, heart action was much better and voice stronger.
Fever came and went: sometimes delirium.
A stupid sleepiness was marked.
Pain seemed to alternate in the arms and to appear in small areas over rest of body.
Right arm seemed helpless for a time but no soreness in it and no eruption.
Left arm had all the soreness, tenderness, numbness of fingers.

Mar. 8.

Lyc. 10M.—Much better after this.
Pain less in shoulders and worse left forearm and hand.

Mar. 21—Been improving slowly but steadily until now pain worse and weaker again.

Lyc. 10M.

April 11—Much better soon on Lyc.
Pulse regular and fair volume.
Walks all about.
Pains slighter but persist in right shoulder and left forearm and hand; worst now in three fingers.

April 23—Greatly better; up all day.
But pain persists; rarely free even for a moment.
Occasional shootings like tongues of fire.

May 8—Same sort of report.

Spig. 10M.

May 16—Pain gradually better; free for longer intervals.
Says last remedy has worked better than those given earlier.

These two cases are given because they have neuralgic pains in other sites than the site of eruption, and because they are failures judged from the point of view of prompt cures.

Miss L. S. B.—53 Years.

Extremely nervous, oversensitive person with tendencies to neuralgia.

1916.

Mar. 10—For three days intercostal pains l. side.
Sharp darting, sometimes extending through chest.
Eruption of herpes zoster appeared during last night extending around whole left chest in groups.
Itching, burning: very sore to touch.

Ran-b. 1M.

Mar. 11—Pain about same for first few hours, then suddenly much worse about 6 p. m. and excruciating until 5 a. m. when better and almost no pain since.
Much soreness left and some itching.
Medicine repeated twice, two days apart, when worse again.

Ran-b. 10M, given on 20th when pain suddenly worse though eruption much faded.

No more needed.

This case is reported to show that herpes zoster can be cured promptly.

Group II—Diabetes.

1. Mrs. H. H. S.—50-odd years.

1921.

Feb. 26—An attack of right-sided sciatica for which Lyc. was prescribed.

Mar. 26—Reported sciatica better promptly and soon gone so now wishes treatment for diabetes which was first diagnosed in July, 1919.

Sugar in urine as high as 4% and kept down to 2 or 2½% only by very rigid diet.

Many symptoms of diabetes—emaciation, very dry skin with itching, intense thirst, nervous irritability with depression.

Not finding any symptoms on which to base a prescription only sac. lac. was given.

April 11—Reported that urine tested sugar-free four days ago, and that she feels cheerful all the time instead of the depression.

April 25—Has lost 4 lbs. in two weeks.

Much more irritable and nervous and thirsty.

Lyc. 1M.

May 2—Greatly better, especially mentally and nervously.

May 11—Has superintended housecleaning and moving with no bad results.

July 18—Never stood a spell of hot weather so well.

Now worse again.

Lyc. 10M.

Oct. 24—Been gaining almost steadily until lately. Now has lost 10 lbs. in a month, sugar has increased, itching drives her distracted.

Lyc. 10M.

Nov. 4—Better and test sugar-free last week.

1922.

Mar. 24—Had a fine winter, feeling strong and happy.

Urine sugar-free on a diet much less strict.

Lately ambition and energy flagging, and itching terrible.

Lyc. 50M.

This had to be repeated June 22nd and did not hold very long.

Sulph. 1M. was given Aug. 9 in the absence of definite symptoms.

This took up the curative work, was repeated in ascending potencies when needed, and held her until March, 1924, when, while feeling particularly well, she had a sudden attack of pneumonia in a distant city, called in a local allopathic physician and died within a week.

2. Mrs. A. E. J.—63 years.

Slender, much wrinkled, sallow.

A widow overworking most of her life to bring up two daughters who now support her.

Probably had diabetes for years before first consultation.

1921.

April 27—Rheumatic pains right shoulder and upper arm.

Limbs weak; frequent aching and throbbing.

Numbness hand and toes easily.

Nails: Tendency to blueness.

Lips dry; mouth feels scalded; tongue burning, raw.

Right eye: injected conjunctiva and sensation as if lids stuck to eyeball.

Trembling weakness on much exertion.

Swelling in spots here and there.

"Cold-sores." "Cankers" in mouth.

Itching of hard palate.

Itching skin all over, very troublesome.

Constipation for many years.

Hard stool, or often fairly soft one, comes to the anus; she cannot expel it, sometimes it slips back again.

Sits and strains terribly until head feels congested and eyes as if would pop out.

Stool passes after *long* sitting and straining.

Sleepiness any time, sleep heavy.

Urine: 5 pints, sugar 4%.

Nux-m. 1M.

May 16—After 4 days, a few days when had a good stool without much effort, then bad again.

Nux-m. 1M.

June 7—Stools every 3 or 4 days without so much straining.
Numbness the same.

Nov. 14—Been very well until last 3 weeks. Now pasty white again.
Stools growing more difficult.

Nux-m. 10M.

With two or three exceptions in acute attacks she had no remedy but Nux-m. in increasing potencies at long intervals until July, 1926.

When the CM. potency held no longer, the 1M. was given again and the series repeated.

Symptoms calling for a remedy were:

Increasing dryness of skin and mucous membranes with terrible itching.

Tendency to ulceration and suppuration in small spots; blisters, "fever-sores."

Increasing constipation with same hard straining for a rather soft stool.

Increasing nervousness, flightiness, rapid excited talking.

Numbness lips, fingers, toes.

Swelling ankles.

Return of vertigo.

Tendency to involuntary urination.

Nux-m. always helped promptly and the patient was fairly well, really a marvel to her friends in between times. In August, 1925, she cut her finger to the bone and it healed promptly.

Sugar in the urine varied from none at all, when at her best, to 4% when medicine was needed. The quantity sometimes reached 6 pints but usually was not much increased.

By the summer of 1926 she had outgrown her remedy, was losing flesh rapidly, was wretched from the itching, was developing irresistible sleepiness with sugar up to 12% and the urine 9 pints. Vision affected.

Swelling, legs and ankles, marked.

Additional symptoms were:

Swelling about eyes and cheeks.

Aphthæ, upper lip.

Sleepiness< after breakfast and 4 p. m.

Ends of fingers dark red.

1926.

July 26— Pulse weak and quick.
A fear that son-in-law will poison her.

Nat-m. 10M.

Aug. 19—Much better for a week, better than for nearly a year.
A few days later began using oralsulin capsules, ¼ unit 3 times a day.
She has continued this and had—

Nov. 20—

Nat-m. 10M.

1927.

Jan. 17—After an attack of grippe.

Nat-m. 50M.

Now, in May, she reports feeling fine until within two weeks when symptoms have returned in slighter degree. She will continue to need medicine at long intervals.

She still takes the ¼ unit oralsulin twice a day.

3. Commander L. E. M.

5 feet 7¾ in., highest weight 155.

Medium stocky build; face swollen all over especially about the eyes; sallow, pasty looking.

Small for his age through boyhood but filled out at Naval Academy at Annapolis where he graduated, passing all the rigid tests.

1906 Trace of sugar in the urine.

1908 Typhoid, normal case, but never regained weight.

1911 Operation for appendicitis; 4 months later deep abscess removed from abdominal wall.

1912 Some sugar in urine but gradually better.

1914 Strangulated intestine; emergency operation.
Sugar in quantity afterward and coma for a few hours.
Much gas in intestines at site of operation.

1916 Retired from the navy on account of diabetes. Apparently well then until 1921 but gradual loss of weight.

1921 Neuralgia in legs and feet, growing worse until in 1922 it was hard to walk.

1922 Began on insulin and on it all the time since May, 1923.
Sugar in urine was 5 and 6%, now none for a year.
Sugar in blood was 35/100% two or three years ago, now normal.
Takes 32 units of insulin daily.
Takes 65 grams protein and 60 carbohydrate.
Weight now 143½, was 113 at the lowest.
Blood pressure was below 100, now 130.
1 year ago had to lie down frequently and count the times of going up and down stairs. Now can do many light duties about the house.
Chronic symptoms:
Irritability not natural to him but very marked when sugar content is high.
Head heavy; much depression.
Teeth poor always, better after started insulin.
Face sallow with tendency to moth spots and acne.
Catarrh marked in youth, postnasal.
Left antrum been infected for three years since an acute attack with discharge.
Has had much local treatment.
Craves sweets and bacon; likes all condiments.
Has taken 12 cups coffee daily; now six.
If any gas in intestines, will feel pain in legs and feet; if in one spot, pain in one particular toe; if in another, another toe.
Tendency to swelling of feet and ankles.

Tendency to superficial ulcers, scabbing and then opening again.
Constipation for four or five years.
Takes petrolagar and bran.
Chilliness marked when diabetes worse.
Perspiration profuse normally; (none when sugar content high).
Worse damp weather and drafts.
Craves open air.
A silent, phlegmatic man.

1925.
July 14—Decided to begin homœopathic treatment and has cut amount of insulin one-half.
Has one ulcer over left tibia half way between knee and ankle; discharge of muco-pus.
One threatening on the other leg.
Lyc. 10M.
July 20—Decidedly better; wanted to give up all insulin and did so.
July 29—Some of the swollen, pasty look gone.
Stools regular; diarrhœa on 24th for a few hours.
Ulcer on leg almost healed.
Aug. 3—Sugar 1 1-8%.
Aug. 22—Catarrh less in quantity and more odorous.
Vertigo slight on rising or on sudden motion.
Sept. 9—More energy; color better; catarrh better.
Stools regular.
More puffiness about the eyes.
Pustules on back as used to have them before beginning insulin.
Urine examination 10 days ago; quantity normal, specific gravity 1036; sugar 2½%.
Oct. 26—More nervous, irritable, fussy.
Catarrh worse again.
Pustules on scalp.
Nov. 25—Gradually worse; sugar nearly 4%.
Lyc. 50M.

Dec. 23—Not better, but very gradually worse.
Œdema increasing slowly.
Hungry frequently.
More flatulence.
Strength declining.
Sugar stays about 4%.
Spot of pus under soft corn on right 3rd toe.

Sulph. 10M.

1926.

Jan. 20—Irritability less; œdema and catarrh less.
Hard to wake in the morning.

Feb. 3—A little better in general but oedema persists and now vision growing dim; must find a better light in order to read.

Feb. 9—Thinner, poor color, walks with an effort.
Affected toe swollen and slight discharge of serum.
Vision worse; has given up reading; is afraid to drive car because cannot be sure of traffic signs.
Sugar 4%.

Psor. 10M.
Went to naval dispensary where eyes examined; told was an exudate into the retina.
Therefore I advised a return to insulin.
He began with 60 units.

Mar. 25—Gaining flesh steadily, color much better.
Able to reduce quantity of insulin over and over and yet get a reaction, even when eating more freely than for 3 or 4 years.
Vision much improved.

April 7—Urine, sugar-free. Blood sugar normal.
Has gained 10 lbs.
Catarrh better than for 4 years.
Vision better, can read newspaper again.

April 26—Sallow again, looks worse.
Constipation returned.
Soles of feet hard and dry like parchment.
Vision somewhat worse.

Psor. 10M.

May 7—Feeling fine, really looks fat in the face.

June 11—Busy all the time and feels well.
Eating a general diet. Weight 140.
Sugar 1/10%. Insulin 24 units.

July 7—Vision worse again.
Constipation returned.
Ankles swelling.
A chill one night.

Psor. 50M.

Nov. 3—Better all the time.
Eating anything at all.

Dec. 8—Weight a little less.
Must use a little more insulin.
Catarrh worse with offensive odor.

Psor. 50M.

1927.

Feb. 6—Improvement went on steadily until the toe, which had been swollen, pasty white, and discharging a little serum, suddenly presented a deep hole discharging muco-pus.
Accompanying this two marked chills this p. m. T. 101.
Swelling of whole right limb with swollen, sore gland in groin.
Dark red area on top of swollen foot.
Nausea slight.

Lyc. 10M.
Better immediately and now swelling and inflammation entirely gone except in the toe which is dark red, dry instead of moist and one whole layer of skin peeled off.
Hole in toe entirely healed from the bottom.
No general symptoms and feels well.
Since then this patient has been in fine condition.
Of course he needs watching.

These cases are reported not for any great skill in prescribing, but to show that diabetes can be kept in a mild state under homœopathic treatment if the patient is obedient and is rather

carefully watched. All the distressing symptoms can be reduced to a minimum. Insulin and oralsulin can be used in comparatively small quantities and the diet can be generous.

The last case was considered very serious by the navy doctors and we have the advantage of their tests over a period of years.

(*To be continued.*)

DIPHTHERIA: ITS SUCCESSFUL TREATMENT; IMMUNIZATION WITHOUT HARMFUL CONSEQUENCES.*

EUGENE UNDERHILL, M. D., Philadelphia, Pa.

Part II: Remedies.

AILANTHUS GLANDULOSA.

Type:
Malignant, septic, zymotic, sluggish.
Marked capillary congestion.
Characteristic Symptoms:
Stupidity and mottled skin.
Mental Symptoms:
Torpid, drowsy, stupid, forgetful.
A dreamy state of mind, with indifference. (The restlessness and anxiety have usually passed when Ailanthus becomes indicated.)
Inability to answer questions correctly.
Low delirium, or coma.
General Symptoms:
Septic, stupid and sluggish (more so even than in Baptisia).
Capillary congestion.
Purple, bloated, mottled, besotted face.
Profound prostration.
Throat Symptoms:
Throat and nose both involved.
Mouth often open.
Profuse, excoriating, watery discharge from nose.

*Read before I. H. A., July, 1925.

Mucous membrane dusky red and often œdematous.
Dry, rough throat; tender and sore on swallowing.
Particulars:
Neck tender and swollen.
Nausea at the sight of food.
Stools thin, watery and offensive.
Urine scanty; sometimes suppressed, and may be passed involuntarily.
Sensation of crawling on body.
Petechiæ on skin.

AMMONIUM CAUST.

Type:
Nasal and laryngeal cases with spasm of the glottis.
General Symptoms:
Great prostration and weakness.
Extreme loss of muscular power.
Pain in head, back and limbs.
Considerable fever.
Throat Symptoms:
Loss of voice.
Burning and rawness in the throat.
Burning, excoriating discharge.
Gasping for breath, cough, hoarseness and whistling breathing.
Very difficult swallowing with sudden catching in throat.
Very little swelling, but deep redness.
At first, a few white spots on the tonsils. These spread and become confluent and cover the entire throat.
Very thick membrane which nearly fills the throat.

APIS MELLIFICA.

Type:
A violent, debilitating, prostrating, restless, œdematous, burning, stinging, thirstless remedy.
Strong affinity for mucous surfaces and cellular tissues.

Characteristic Symptoms:

Œdema.

No remedy, not even Arsenicum, is more œdematous than is Apis.

This œdema is general, including the throat, the eyes and any part that may be attacked in the course of the disease.

Mental Symptoms:

A stupid and indifferent patient.

Sometimes drowsiness alternating with restlessness and tossing about.

Sometimes the shrill, piercing, Apis cry is heard (cri-cerebral).

General Symptoms:

Burning, stinging pains, with thirstlessness.

General amelioration from cold and aggravation from hot applications. (A very important, distinguishing feature).

Aggravation after sleep and aggravation from touch (in common with practically all animal poisons and venoms).

General aggravation in the afternoon around three o'clock, though a time aggravation is not always conspicuous.

Throat Symptoms:

Great œdema of throat and fauces.

Extreme œdema, especially of the throat, should bring Apis to mind, but it is not to be prescribed without the other cardinal symptoms.

Membrane first begins to form on the right tonsil and is thick.

The tongue is œdematous.

Sensation of fullness in throat.

Œdema of uvula (very characteristic).

Dangerous swelling of the larynx in some cases.

Blisters on the tongue.

A red, varnished appearance of the throat.

Frequent and difficult swallowing.

Particulars:

Very rapid, weak pulse.

Skin often alternately dry and sweaty.

Lower limbs feel paralyzed. (Apis is therefore often indicated in post-diphtheritic paralysis).

Cutting pain in abdomen.

Urine may be profuse and pale, or scanty and dark.

Points of Differentiation:

Apis is œdematous—Belladonna is congestive.

Apis is worse from hot applications—Arsenicum better from hot applications and hot drinks.

ARSENICUM ALBUM.

Type:

The cold, fearful, restless, prostrated, burning, thirsty, midnight remedy.

Characteristic Symptoms:

Very severe cases with great prostration.

Coldness, restlessness, fear, thirst, burning pains.

Craves light, warmth and company.

Mental Symptoms:

Anxiety, fear, sadness and despair.

Anxious, restless, fear of death.

Fear when alone.

General Symptoms:

Drinks often, but little.

Hot drinks ameliorate.

Worse around or after midnight (1:00 to 3:00 a. m.)

Restlessness.

Must move though motion does not ameliorate.

As restless as Aconite or Rhus tox.

Burning pains like Sulphur and Phos.

Œdema of throat, beneath the eyes, and swelling of the legs and feet.

Throat Symptoms:

Throat much swollen and œdematous; swelling of neck.

Tendency to œdema is second only to Apis.

Easy bleeding from involved surfaces.

Dark, offensive membrane—almost gangrenous, and of a putrid or cadaveric odor.

Thin, excoriating, nasal discharge.

Particulars:

Starting in sleep.

Jerking of limbs.
Sometimes watery, offensive diarrhœa—very debilitating.
Scanty, albuminous urine.

ARUM TRIPHYLLUM (Indian Turnip).

Type:
Irritative, excoriating, itching, tingling, left-sided remedy.

Characteristic Symptoms:
Picks lips and nose until they bleed (the symptom that suggests the remedy).
Bores fingers into nose in spite of the soreness and rawness.

Mental Symptoms:
Great restlessness; tosses around in bed and often cries out.
Marked irritability.

General Symptoms:
Persistent, painful, intolerable tingling of nose, mouth, lips and other affected parts. (The boring and picking of the nose and lips until they bleed is the same symptom, but expressed objectively. Often, actions speak louder than words).
Preference for the right side, or the trouble may begin on the right and extend to the left.

Throat Symptoms:
Mucous membranes raw and red, looking like fresh-cut, raw beef.
Acrid and corrosive discharges from nose and throat.
Painful soreness and rawness.
Painful clearing of throat.
Grasps at throat.
Hoarse voice.
Aggravated talking.
Sometimes loss of voice.
Markedly congested throat.
Mouth too sore even to drink.

Particulars:
Excoriation of skin from contact with the discharges; causes the skin to peel off, especially from lips and margin of nose.

Points of Differentiation:
Cina has similar boring of the fingers into the nose, but Cina has a more capricious appetite, is more touchy, more perverse, more mental symptoms, more nervous symptoms and more congestion and, while it may be indicated in diphtheria, nevertheless, does not have in itself the nature of diphtheria as much as Arum Triphyllum.

BAPTISIA TINCTORIA.

Type:
The confused, scattered, devitalized, sluggish, extremely sick, putrid remedy.

Characteristic Symptoms:
A rapid-paced, profoundly prostrating remedy.
Chilliness of back and limbs.
Bruised, sore feeling all over the body.

Mental Symptoms:
Profound depression of sensorium.
Parts of body feel scattered about in bed; thinks he can not collect the parts.

General Symptoms:
Extreme prostration.
Horribly offensive odors.
Putrid discharges.
Oppressed feeling and air hunger on waking.
Parts lain on feel sore and bruised.
Bed feels too hard, but is too sick to move.
Lies in a half-stupid state and looks like one intoxicated.
Dark-red face and a besotted expression.

Throat Symptoms:
Horribly offensive discharges from mouth and nose, with a gangrenous odor.
Can swallow liquids much more easily than solids.
Gagging when trying to swallow solids.

Particulars:
Thick, heavily-coated tongue.
Offensive odor to the breath.
Putrid odor to urine and stools.

BELLADONNA.

Type:

Sudden, congestive, pulsating, hot, right-sided remedy.

Characteristic Symptoms:

Sudden onset with violent symptoms.
Head symptoms and, sometimes, delirium.
Full, bounding pulse.
Most often indicated before an absolute diagnosis of diphtheria can be made. If the patient needs Belladonna and gets it, in a potency above the 30th, the disease will be aborted and the real diphtheria picture will not develop.

Mental Symptoms:

Delirium of a violent type, with widely-dilated pupils, but more often drowsy and sleepy.

General Symptoms:

The Belladonna case has a sudden onset with intense surface heat.
Dry skin, yet sweating on covered parts.
Hot head, with face either red or pale.
Shining eyes.
Throbbing, pulsating vessels in neck.
Aggravation from noise, motion, light, jarring.
Worse after 3:00 p. m., and again a short time after midnight.
Better from covering up.
Inclined to be chilly, especially at the onset of symptoms.
Drowsy and sleepy—often starts or jumps in sleep.
Violent delirium is entirely possible.

Throat Symptoms:

Throat is dry, congested, swollen, red, raw, hot and burning.
Thirst for frequent sips of cold water.
Tongue dry, edges red.
White coating on dorsum.
Right side of throat is usually first attacked.
After the exudate forms, another remedy will probably be indicated.
Belladonna diphtheria is not common. Most likely to be seen in the plethoric child. Usually, the disease has passed the Belladonna stage before the physician is called.

CANTHARIS.

Type:

Acute, rapid, violent, inflammatory and destructive.
Preference for mucous membranes.
Special affinity for the bladder.

Characteristic Symptoms:

Burning, smarting, biting, cutting pains.
Constriction of throat and difficult swallowing.
Violent tenesmus of the bladder.

Mental Symptoms:

Sudden stupor, or loss of consciousness.
Confusion of mind.
Delirium.
Marked irritability; restless, uneasy and dissatisfied.

General Symptoms:

Cases with pronounced bladder symptoms.
Burning pains like Arsenicum.
Aggravated when drinking.
Thin, bloody, mucous stools with great tenesmus.
Extreme pain and scalding when voiding urine.

Throat Symptoms:

Preference for right side.
Larynx sensitive to touch—feels as if blistered.
Œdematous condition of mucous membranes.
Regurgitation of liquids through nose.
Fear of and sometimes actual, dangerous narrowing of the larynx.
Increased secretions from nose and throat.
Thick, ropy mucus like Kali bichromicum, Coccus cacti and Hydrastis.

Points of Differentiation:

Apis has more œdema, stinging pains, thirstlessness and less burning.
Arsenicum has more coldness and fear, and is relieved by heat.

CAPSICUM.

Type:

A relaxed, plethoric, sluggish, cold remedy.

Characteristic Symptoms:
Face and nose red, but surface cold.
A discontented feeling like home-sickness.
Strong affinity for mucous membranes of the throat and kidneys.
Smarting, burning pains feeling like red pepper on mucous membranes.
General Symptoms:
Victims of long-standing over-stimulation.
Children of parents who have indulged in alcohol and hot seasonings.
Poor reaction.
Capillary congestion.
Chilliness after drinking.
Chilliness between shoulders.
Pains in head aggravated from coughing.
Aggravation from cold air and drafts.
Aggravation from uncovering.
Amelioration on motion.
Soreness, burning and smarting.
Easy sweating tendency.
Throat Symptoms:
Smarting, burning blisters on roof of mouth.
Constriction on swallowing.
Sensation as if throat closed spasmodically.
Swallowing gives momentary relief.
Putrid odor from mouth.
Elongation of uvula.
Mouth and throat smart as from red pepper, and is not relieved by hot drinks or hot applications.

CARBOLIC ACID.

Type:
A languid, prostrating, destructive, foul and (sometimes) painless remedy.
Characteristic Symptoms:
Strong affinity for mucous membranes, throat, digestive tract and blood.
Depresses respiratory centers.

General Symptoms:
Putrid odors.
Prickling, burning pains in mouth and stomach.
Sometimes absence of pain.
Dusky, red face; pale around mouth and nose.
Rapid sinking.
Soreness.
Throat Symptoms:
White streaks or marks on mucous membrane of throat.
Cases with vesicular eruptions which itch and burn.
Bloody exudate.
Carbolic acid does not produce a highly-inflamed throat.
Particulars:
Cold sweat, chilliness.
Weak pulse.
Loss of appetite; nausea.
Vesicular eruptions which itch and are relieved by rubbing or scratching, but leave a burning pain.

CROTALUS HORRIDUS.

Type:
A malignant, septic, hæmorrhagic, devitalizing remedy.
Characteristic Symptoms:
Cases with discharge of dark, thin, decomposed blood from nose and throat.
Hæmorrhages from every outlet of the body.
Bloody sweat.
Suited to very malignant cases with profuse epistaxis.
Preference for right side.
Mental Symptoms:
Torpid and forgetful.
Sensorial depression.
Occipital headaches come in waves.
Dreams of the dead.
General Symptoms:
Profoundly affects the blood and liver.
Aggravation lying on right side.
Heart symptoms aggravated lying on left side.

Sleeps into aggravation like Lachesis and other venoms.
Distortion of face on waking.
Deathly sick, weak and tremulous.
Petechiæ and ecchymoses (signs of blood changes and profound prostration).

Throat Symptoms:
Swollen tongue.
Throat dark and bluish.
Gangrenous tendency.
Bleeding of dark, decomposed blood.

Particulars:
Anxious, labored breathing.
Tremulous action of heart.
Dark, besotted face.

DIPHTHERINUM.

This remedy is the potentized diphtheria toxin, or virus—the material that is inoculated into a horse for the purpose of producing diphtheria antitoxin.
Another preparation known by the same name is potentized diphtheria antitoxin itself.

Characteristic Symptoms:
Painless diphtheria with very few subjective symptoms and fluctuating temperature.

General Symptoms:
A weak, apathetic patient.
Profound prostration.
Cases of post-diphtheritic paralysis, especially after the use of antitoxin.

Throat Symptoms:
Diphtheritic membrane of dark-gray or brown color, sometimes black.
Tonsils dark-red and swollen.
Involvement of cervical glands.
Offensive breath.
Often epistaxis.

(*To be continued*).

DEPARTMENT OF HOMŒOPATHIC PHILOSOPHY.

Editors:
Royal E. S. Hayes, M. D. and Geo. H. Thacher, M. D., H. M.

THE INTERCURRENT REMEDY DISCUSSION.

ROYAL E. S. HAYES, M. D., Waterbury, Conn.

Whenever an attempt was made to insert the subject of the intercurrent remedy through the diffident fontanelle of this particular editor the usual chaotic cerebration within was heard to rattle and squeak worse than ever. Each time that it was started through the mechanism it had to be mercifully taken out because there were too many hard spots to be ground up. But now, having been inveigled into the affair by the clever manipulation of the sharp stick at the back it becomes necessary to gird up the editorial dignity and march bravely toward, if not to the solution with a degree of solemn plausibility if nothing more.

It would be well to have the term "intercurrent remedy" indicate a definite relation to procedure in case problems or else do away with it altogether. If it is actually usable even though subject to the elasticity which must always prevail to an extent in the manipulation of individual vital energy it might become something of a classic and take its place as a term of definite procedure. As it stands now there are different conceptions of this term varying with the different kinds of patients and different kinds of prescribers. It probably has a different meaning to the prescriber who after spending an hour or two with a patient bids him godspeed with a few powders, then retires to his library to sip black coffee or plan the trip to Palm Beach than it does to one who crawls to bed at night with the feeling of having emerged from the lower depths of a football scrimmage. Both may carry the burden of an artistic conscience and both have developed the skill which contributes to make the environment what it is. To the one it may be supposed to mean an individual touch in a well prepared scheme; to the other it may indeed mean that too, but

it may mean remedies prescribed for a multiplicity of things that arise in a touch-and-go existence.

In practice the prescriber who does not shun acute work plays the various phases of what may be called intercurrent prescribing to such an extent that what is intercurrent may be in danger of becoming current. This condition is accentuated because some patients will never consult a doctor "until something is the matter" and there is seldom a chance to slip in a constitutional remedy. This depends a good deal though on the management and suggestiveness tendered the patient. And it may be said in passing that the opportunities for inducing constitutional treatment are abounding and should never be neglected: for, to say nothing of the benefits to patients themselves, chronic work is the most stable, the most remunerative, the best for reputation, the most sustaining factor in the practice of advancing years and developing a clearer vision of the depths and complexities of human life and nature.

The question of the intercurrent remedy, then, belongs essentially to chronic work and would appear to be most useful when thought of as a hypothetical term. Before a final answer may be given as to just what it is some other factors must be considered and questions answered. The term intercurrent implies also the current remedy which is supposed to be the patient's constitutional remedy or similimum. Therefore we must define similimum. Is similimum a relative or an absolute term? Is it one thing in one patient and something else in another? Considering the evolving, revolving, resolving, mutable, iridescent and evanescent nature of vitality is there such a thing as an actual similimum? Looking at the matter circumspectly and candidly we must ask: If a constitution is treated, say ten years or so, as many are, how many similia are turned up during that time? And how many supersimilia? Not intending to be too wicked—may it not be that the intercurrent remedy (and the similimum!) are more clearly connoted in retrospect than before the fact, a term for prayer-meeting consumption?

Unless the term is whittled down to some one or more specific purposes it will continue to indicate whatever the writer or the speaker means at the moment. At present there are citations of remedies designated as intercurrent that merely express what is seen in retrospect. To illustrate: a man who had had a number of good Sulphur prescriptions during several years always had one or two attacks of acute catarrhal inflammation of both upper and lower air passages and involving the ear. Sulphur was also the acute remedy each year without failure although two or three times the patient was allowed to drag through on s. l. (with no advantage whatever) just to see what would happen. This year the attack was more insidious but also more virulent, not responding to Sulphur and threatening aural abscess and nasal ulceration in addition to an increasing bronchitis. Mercurius effaced the whole trouble in four or five days although the road was rough, there being periods of troublesome aggravation each day and night. Now how can one tell whether Mercurius is an intercurrent remedy or whether it will become the current remedy for a time? And if it should have to be repeated later in the chronic sphere should it be termed current, intercurrent, recurrent or what? Suppose again that the complex should revert to Sulphur. Should Mercurius then be termed an inter- or an intra-current remedy? Let us indeed split hairs if further refinement of skill may be attained; for hair-splitting does refine art. But in an art in which so many of the moves are not revealed until confronted by necessity it would seem doubtful whether spending too much time on such considerations would be profitable.

Except perhaps in certain cases. In those cases in which the patient's life remedy, so to speak, may be selected (and this is considerably up to the prescriber), those cases wherein symptoms correspond to type and whose biologic and emotional experiences have had little deviation from a straight and narrow path we might predilect a remedy to continue over a long period of time, perhaps years. It is reasonable that in such a case the variations that may demand other remedies might be named *inter-* or *intra-current*. If so the question arises: May these be used arbitrarily? For instance, the use of Glonoin, as one writer has suggested, "to prevent the patient from getting insensitive to Aurum." Or may there be a rather less but yet somewhat arbitrary symptom grouping in the attempt to get a remedy that will turn the symptoms

back to the original similimum? And if so is this a desirable course? Personally, at the risk of odium, I think this may properly be questioned. Although the similimum is supposed to be the universal ideal it is a question whether of two patients having the same vital proportions, both treated a decade or so with the same degrees of potencies, one by long term prescriptions of as few remedies as possible and the other by watchful shifting, which will at the end of that time be in the best condition. Taking a birdseye view in retrospect I suspect that the latter would, especially if high potencies exclusively were used, which, I opine, should not be.

Another illustration of doubtful terminology may be brought up by relating the following case. In a condition of severe arthritis treated a month with relapses following each remedy improvement, unobtrusive but definite symptoms of Syphilinum were observed among the others. Radical change for the better followed the first dose, mere subsidence of improvement taking the place of the exhausting relapses which had occurred before. After three prescriptions of Syphilinum over the duration of two weeks the indications reverted to psoric remedies which then cleared up the condition, cardiac and all, leaving the woman in more vigorous and stable health than she had ever known during her forty-three years of life. Should the Syphilinum here be termed an intercurrent? Rather, as a hypothetical instrument for attacking symptom problems might it not better be termed an *undercurrent* remedy or could it be argued that the reactible symptoms were really uppermost and that therefore the remedy acted as an *uppercurrent* remedy? Considering the fact that the psoric symptoms were obvious although not curatively reactible, while the Syphilinum symptoms (presumably a remote syphilitic influence) were obscure being brought out by suspicious probing and were curatively reactible, it would seem that *undercurrent* should be the most appropriate term.

The questions I would like to ask are whether so-termed intercurrent prescriptions are legitimate in an orthodox or logical sense, whether they are merely hypotheses which help reveal more or less hidden symptom complexes, whether they may be reduced to formulæ and used with premeditated and varied intent, and if so to what extent? Also, should the term "intercurrent" persist; and if so whether "recurrent," "undercurrent," etc., must not necessarily follow if we are to distinguish the varied meanings, and, possibly, the uses.

One more question, to synthesize the above: Who originated the term "intercurrent remedy" and what was his philosophical and etymological authority?

POINTERS.

(Prepared by ROYAL E. S. HAYES, M. D., Waterbury, Conn.)

AN APOLOGY IS DUE to our readers of the regular school for having failed to include them in our invitation to contribute to "Pointers." We rise in precipitate haste to calm their justly disturbed emotions with the assurance that the omission was not based on the supposition that regulars could not give pointers to homœopaths; it was pure inadvertence. We know better. Did not one of my regular competitors once snatch a pneumonia patient of mine from the jaws of heaven right under my nose with the carbonate of ammonia? Another points with pride to the Mercurius cyanatum 6x which he says quickens the effect of antitoxin! and has even appeared to cure after antitoxin had failed to do anything. Another, one of my hardest competitors in a country practice but as square as a cornerstone admitted that he had cured many cases of enuresis in children with a little Belladonna in water. This came out in the course of a two hours' conversation to which he had invited himself for the purpose of advising me to make more calls and not let the families go so easily. We argued about medicines and at the close of our talk he said sadly: "Doctor, I am too old to begin over again now." Dear old fellow! His devotion was once illustrated by responding to "a woman in agony" in such haste that he jumped into his carriage and drove four miles in a cotton nightshirt. It would not have been so bad in the daytime but to drive that way through fog, mosquitos and junebugs at night shows the heroism of former days compared to the effete luxury of modern habit.

So and therefore, brethren, we offer as proof of hospitality the entire Pointer column of one issue or more if desired for the demonstration of one or any regular readers; and we guarantee the censorship to rule out nothing except force or other perversion of vitality. Many of you could empty out a whole bagful of tricks of diagnosis, for instance; or a hundred and one tips for the comfort, convenience or emergency relief of patients, and so on. By all means let us hear from the regular fellows.

"Pointers" is a bit wobbly on its legs this month as it is only just beginning to walk; the complete notice about it had not reached the readers when this was written. Besides, the editors are not disposed to let out at once all the good things they have on hand. You readers must earn your desserts.

Please when you fold your powders fold both edges of the paper over together. Then the powder will not spill out while the paper is being unfolded.

An old practitioner who had had much obstetric experience told us that among all the modern instruments nothing was so handy for removing the placenta after an incomplete abortion as the old-fashioned Vectus hooks.

In comparing Phosphorus and Radium bromide in common cough last month an important difference was overlooked. Common cough of Phos. is aggravated by motion or exercise but of Radium is notably relieved. H.

Glass paper preserves the medicine and prevents contamination more effectively than other papers. W. A. Y.

I always insert alphabetically in my materia medica books all references to new material which may be discovered; then it is always easily recovered when desired. W. A. Y.

Dr. W. A. Y., who has done much with potencies and potency machines corroborates the statement that in obstinate chronic cases there are no better potencies than Swan's.

Mindful of the old adage, "Ninety hours for pus to form," he watched attentively—but it was a wisdom tooth that jumped up that time! J. S. C. (D. D. S.)

If after long treatment of a chronic case good reaction is not forthcoming take all the general and significant symptoms from the beginning to the end of the record and base a prescription on them. C. M. B.

Mark down Kali mur. in your repertories under "Pain in throat relieved by cold drinks." It is most positive. Phos. is another; Kali bi. also, at times.

Skinner's Lyc. 30th is a wonderful acting chronic remedy.

For habitual vomiting in babies think of *Iris.*—Dr. Raue.
For bronchial pneumonia, Dr. Mersch of Belgium recommends *Tuberculin.* Dr. Arnulphy of France ranks it higher than *Iodum, Ip.,* or *Phos.*
Cycl. 30 has cured strabismus.
Try Alum., low, for constipation of infants fed on baby-food. S. J. G.

For tapeworm, the Dutch Homœopathic Monthly reminds us of the old Flemish custom of starving the patient three days and then having him sit on a pot of milk. Tapeworms are very fond of milk and often come out to drink it. We would suggest that small milk retention-enemas would be even more effective.

ANTIDOTES.

How busy is not so important as why busy. The bee is congratulated, the mosquito swatted.

THE STOCK BROKER'S NIGHTMARE.
(If you can bear it, there's a lot of bull in it).

American Woolen speculators worsted.
Arrow Collars standing up well.
Bell Telephone in receiver's hands.
Carey Roofing has large overhead.
Eastman Kodak developments pictured.
Eureka Vacuum Sweeper picking up.
Fiske retires bond issue.
Jello shaky.
International Cement hardened.
International Limestone on rocks.
Kelly Tires inflated.
LePage traders stuck.
Manhattan Shirt putting up stiff front.
National Lead heavy.
Otis Elevator due for a rise.
Phœnix Hosiery has a run.
Swift a little slow.
United Fruit ready to cut melon.

"I want a bottle of iodine."

"Sorry, but this is a drug store. Can't I interest you in an alarm clock, some nice leather goods, a few radio parts, or a toasted cheese sandwich?"—Penn State Froth.

TO MISS PULSATILLA PERKINS.

There was a young lady named Perkins
Who just simply doted on gherkins—
Against all advice
She ate so much spice
That she pickled her internal workin's!

EDITORIAL NOTES AND COMMENTS.

1755—APRIL 10—1928.

HAHNEMANN.

The trustees of the New York Homœopathic Medical College took occasion to celebrate on Hahnemann's birthday the completion of their endowment fund of one million dollars, which has been raised for the purpose of perpetuating the study and research of homœopathy. The banquet was given to honor Dr. William H. Dieffenbach, who had labored so faithfully to complete this great task.

Dr. Nathaniel Ives was very happy in the part of toastmaster. At the speakers' table were seated the guest of honor, Dr. Dieffenbach; Dr. Claude A. Burrett, Dean of the College; Mr. F. D. Waterman, President of the Board of Trustees; Mr. C. D. Halsey, President of the College; Dr. Charles McDowell and the Rev. John L. Davis, D. D.

The response to each toast was very ably done.

The Banquet Committee, under the leadership of Dr. Wallace B. House, chairman, assisted by Mrs. Orlando R. Von Bonnewitz, left nothing undone to make the East Ballroom beautiful.

Dr. Charles McDowell, on behalf of the Alumni and Trustees, presented to Dr. Dieffenbach a very beautiful clock. To this gift the genial doctor made a very touching response. The inscription on the clock reads:

WILLIAM H. DIEFFENBACH, M. D.

Expressing the deep appreciation of the Alumni Association
for his untiring efforts in behalf of the
New York Homœopathic Medical College and Flower Hospital
and commemorating the time when by his loyal devotion
he had completed the gigantic task of raising the
one million dollar endowment fund
April 10, 1928

The whole occasion was a very great success, and the spirit of the gathering was that of love and deference to our honored guest. To quote from the place-card:

ACCOMPLISHMENT.

In the year 1900 there was graduated from the New York Homœopathic Medical College and Flower Hospital a man destined to be of supreme service to his Alma Mater. William H. Dieffenbach, from the day he received his degree of Doctor of Medicine, became a constructive force for this College.

As student, teacher, trustee, and vice-president of the Board of Trustees, he has shown that genius for accomplishment which comes to but few men.

In November, 1924, the demand arose from the Trustees and Alumni for a permanent endowment fund which would finance the teaching of homœopathic medicine in the College in perpetuity. Dr. Dieffenbach was the unanimous choice of Alumni and Trustees, and was accordingly drafted as chairman of a committee to raise one million dollars.

The record of his achievement in completing that task in two years is hailed on all sides by Trustees, Faculty, Alumni and friends of the College.

The creation of this endowment is of the greatest value materially, for the income from it opens the way to teaching and research in the field of homœopathy for which this College is especially created. In addition to that, the renewed interest which has been stimulated in all departments of the College and Hospital by this endowment cannot be estimated and will continue long into future years.

Dr. Dieffenbach, we honor you, we hail you for this great service to homœopathy and your Alma Mater.

H. A. R.

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THE POST-GRADUATE SUMMER SCHOOL OF THE AMERICAN FOUNDATION FOR HOMŒOPATHY.

The basic need of homœopathy at present is to have more well-trained and scientifically-grounded physicians who really understand the philosophy and application of homœopathy. Not only are numbers needed and quality but recruits among the *young*. The need is for masters of the homœopathic art, not only in general practice but in all specialties and more particularly among those qualified to teach either in medical centers or privately.

The American Foundation for Homœopathy has tried to meet this need by conducting a post-graduate summer school for six weeks for the last six years. Heretofore it has been held in Washington, D. C., but because of the difficulty of the climate there in the summer, this year the school is to be held in Boston, Mass. Delightful living accommodations have been secured at

the Stuart Club in the Fenway, at a rate of not more than $17.00 per week for complete pension, and an attractive, cool school room has been secured. The tuition for the course is $150.00. The prospective pupils include some from foreign countries and a seasoned regular. The course will be one of intensive work to cover the homœopathic philosophy, the homœopathic concept of bacteria and vaccines; the attitude toward the method of case-taking and studying any given patient *in toto*, not only as a person with a certain disease but as an *individual* syndrome.

The course will further include the study of the main homœopathic remedies and the learning how to acquire the knowledge of the other remedies; the use of the different repertories; the study and handling of chronic disease with special emphasis on the preventive and prophylactic action of homœopathic remedies in children as well as in adults; the study of definite cases with the patients as illustrations, etc.

The students will have access to abundant clinical material in the out-patient department of one of the big hospitals, and through an evening mission clinic, both of which clinics are conducted according to strictest homœopathy only.

Two automobiles have been placed at the disposal of the summer school and there will be opportunity for tennis, sea bathing, etc.

The summer school offers a unique opportunity, not only of extensive study, and thorough ground work in homœopathy but for contact with some of the veteran minds among the homœopathic prescribers. It should be a forum of discussion and a nucleus of enlightenment, and an opportunity for physicians young and old, regular and homœopathic, to acquire a mighty power to cope with disease, and one which will enhance their capability of doing good, their reputation and their earning capacity.

Stop and think, doctor, whether it would not be inspiring and valuable for you yourself to join the school this summer or whether you do not know some interested along these lines who would be eager to avail themselves of this opportunity. A couple of scholarships in the school are being offered. Please apply for these through the General Editorial Office of the *Recorder*, 472 Commonwealth Ave., Boston.

Antæus was a giant—there were giants in those days—but even Antæus, in order to do battle effectively, needed to refresh his spirit and renew his strength by contact with a source of power, which for him was the Earth. For all who practice the difficult and rewarding art of homœopathy there are two sources, one the inner source of personal integration, of self-simplification, of contact through the spirit with the great Source of power; the other the outer source of relationship with the vast body of homœopathic knowledge and with the personalities of the leaders in homœopathic thought and practice. We are all Antæan. Our best opportunity of the year for revivifying our homœopathic power is to come to the annual convention which this year is to be held in Pittsburgh in June. Here we may all plunge into the atmosphere of pure homœopathy. Here the spark of comradeship will engender a flame of thought. All who truly know homœopathy and use it and whose contentment is based on the successful practice of their art give many hours every week to the study of cases, they invest in books and instruments, in societies, in vacations in order to enhance their power. One of the most productive investments in building up one's homœopathic future is to come to the Convention. Will you not give one week out of the 52 in 1928 as an investment?

Do not think of Pittsburgh as the smoky city, for Schenley Park where the Convention is to be held is high on a hill above the murk, in beautiful and tranquil surroundings. Come here as to a Mecca. Come and get in personal touch with the leaders of homœopathy and with the new material in our ranks.

The International Hahnemannian Association is this year taking great strides. The I. H. A. has undertaken the running of the Homœopathic Recorder. After years of quiescence a boom of pure homœopathy is afoot. Be a homœopathic "49-er" and join the rush toward the gold fields of our art, in Pittsburgh.—E. W.

* * * *

It may be of interest to the readers of the *Homœopathic Recorder* to realize the extent of the *Recorder* family.

With each issue we send copies of the *Recorder* to paid subscribers in forty-three countries of the world. The countries so represented follow: United States, Canada, Mexico, Argentine, Brazil, Bahamas, Chile, Costa Rica, Cuba, Ecuador, Colombia, Uruguay, Guatemala, West Indies, England, France, Ireland, Scotland, Germany, Holland, Italy, Spain, Sweden, Switzerland, Society Islands, Australia, Africa-Kenya Colony, Liberia, Belgian Congo, Orange Free State, Natal, India, Java, Ceylon, China, Federated Malay States, Portuguese India, Korea, Japan, New Zealand, Persian Gulf, Iraq, Russia.

This shows the international character of the journal which is being published by the International Hahnemannian Association. This is the only medical journal having so extensive a circulation. Articles appearing in this journal are literally carried to the uttermost parts of the earth.

So when we get discouraged about the spread of pure homœopathy, and feel perhaps that we are alone in the attempt to keep our standard high, it will cheer our hearts to know that there are others filling the demand for true homœopathy, and that it is being practiced and taught in not one corner of the earth, but in many. H. A. R.

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HOMŒOPATHIC CROCUSES.

With the coming of Spring homœopathy is sprouting as well as the crocuses. We have at hand a number of encouraging signs of Spring. First in importance is the issuing of a new periodical, the *Mid-West Homœopathic News Journal*, owned and published by the Mid-West Homœopathic Institute, with H. L. Rowat, M. D., editor of the *Iowa Homœopathic Bulletin*, at the helm. The Mid-West Journal will appear monthly hereafter. It is the "Official Organ of the Homœopathic Medical Societies in all the Mississippi Valley States, as State Society of Arkansas, Colorado, Illinois, Indiana, Iowa, Kansas, Michigan, Minnesota, Missouri, Oklahoma, Wisconsin and Chicago Homœopathic Society and others." The editor's object is to have this journal serve and reach all the members interested in homœopathy in twenty-one states. It is estimated that this should be the publicity organ of nearly three thousand physicians. The *Recorder* wishes to extend a hearty welcome to the new project.

From France we have another sign of Spring: *Societe*

d'Homœotherapie de France announces in *L'Homœopathie Francaise* the publication, beginning in April, of a new quarterly, the *Bulletin de la Societe d'Homœotherapie.*

Also we note with pleasure the initiation of a bi-monthly publication from Mexico, the *Clinic Homœopathic de Yucatan* under the direction of Dr. Rafael Colomé.

Three new homœopathic journals in one month is indeed a sign of burgeoning. "May their tribe increase!"

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EXTRACT FROM A LETTER FROM OLAV FARSTAD, HALDENS GATE 16, TRONDHJEM, NORWAY.

"For your Recorder I beg to communicate the following: Homœopathy in Norway is just now on the point of starting for a real success. The first Norwegian legalized physician is just turned over to Homœopathy. On Tuesday the 20th of March, Doctor Carstein Hauge removed to Trondhjem and settled here for Homœopathic practice. On this occasion the vice-president of the International Homœopathic League, Dr. Grouleff, came to Trondhjem. The Norwegian government has acknowledged the homœopathy by giving allowance to Skandinavisk Homopatisk Centralofficin to import, fabricate and exportate homœopathic remedies.

"The future of homœopathy in Norway is very clear."

H. A. R.

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"IRRITANT THERAPY."

Even in England where homœopathy has an almost model hospital and so many able and strict prescribers there has been little collaboration at least through the medical societies and the press between the representatives of our art and those of usual medicine, particularly has it been difficult to get homœopathic scientific articles accepted in the regular medical press. It is with real pleasure that we would bring to the attention of our readers an article entitled "Irritant Therapy" by Dr. Henry B. Blunt, a frequent contributor to *The Homœopathic World*, in *The Medical Press and Circular* for March 21, 1928. This is a most dignified and tactful article, using as its thesis the views of Dr. August

Bier of Berlin. We take pleasure in quoting the following paragraphs from Dr. Blunt's article, and hope that its appearance may be a precedent for the dissemination of what is novel and profoundly helpful in our art in regular channels:

I think I should prefer the name *provocative therapy* instead of irritant therapy, since the irritant administered provokes or calls forth a response from the system. From what part of the system, I hope to deal with later. This irritant or provocative treatment is coming to be more generally recognized by the entire medical profession year by year, both by those who recognize it as such, and by those who find it beneficial, without exactly knowing how, though hazarding the most likely explanation. I have therefore very little doubt that some day it will form the dominant treatment of the entire *united* medical profession, and as such it will be taught in all medical colleges, side by side with electro-therapy and other allied methods found beneficial, as is the case already in a few colleges and universities.

A treatment with such promise ought to be of interest, especially to the younger members of the profession, who may find themselves some day called on to dispense it. Judging by the ever-increasing field of research, I believe the whole profession is seeking for truth, wherever it may be found, and I would like to quote the splendid words of Dr. A. Knyvett Gordon, in his reply to my letter in *The Medical Press and Circular* for December 14th, 1927. He said: "In the evaluation of a remedy (may I add 'and remedies') neither faith nor prejudice has any part."

* * * *

THE INCIDENCE OF EAR COMPLICATIONS IN TONSILLECTOMIZED PATIENTS.

In our practice recently we have seen a number of middle ear conditions in youngsters and adults who have had tonsillectomy, and have been wondering whether the colds now going the rounds do not find easier chance of spreading to the ears when the filter of the tonsils has been removed. We were, therefore, especially interested in an editorial in *The Hahnemannian Monthly* for March, 1928, which reviews a study by the United States Health Service of tonsilitis in its relation to the throat and other conditions, from which we would quote the following:

The incidence of certain non-respiratory diseases varies with the condition of the tonsils. The incidence of illness from rheumatism, heart conditions, cervical adenitis, and ear conditions tends to be lowest among children with normal tonsils, higher among those with defective tonsils, and highest of all among those whose tonsils have been removed. *Presumably, these more or less chronic conditions clear up only slowly, if ever, after the tonsils have been removed.* . . . The incidence of measles, whooping cough, chicken-pox, and mumps, all appear to be higher among children whose tonsils have been removed than among either of the groups with the tonsils present.

INDEX TO REMEDIES IN THE *RECORDER*.

We are making a complete index of every mention made of a homœopathic remedy throughout the *Recorder* from January, 1928, which will be published, together with an index to articles, at the end of the year. In this way, in time we shall have a workable reference index of our files.

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JAMES TYLER KENT PRIZE.

Several manuscripts have been submitted for the Kent prize of $25.00 for the best homœopathic working of the case presented in the February *Recorder*. The best manuscript, together with what the Committee considers to be an ideal working out of the case, will be printed in the June issue.

COMMUNICATIONS.

HOMŒOPATHIC RECORDER:

When you read this the Annual Meeting of the American Institute will be only one month away. The time is June 17-23, 1928, at the Hotel Schenley, Pittsburgh, Pennsylvania. Last month the names of the local committees were published, but for fear you do not have this handy, the local chairman of the Hotels Committee is Clyde W. Sample, M. D., 901 Wood street, Wilkinsburg, Pennsylvania. A descriptive folder is being mailed to you, at this time, giving all the information with reference to Pittsburgh and its hotel accommodations. Kindly make your reservations at once. The local committees will do all in their power to give you what you most desire during your stay in Pittsburgh, if you will make your wishes known.

CHARLES A. LEY, M. D.,
Chairman of Publicity Committee,
520 S. Aiken Avenue,
Pittsburgh, Penna.

CARRIWITCHETS.

Sit Down, Doctor, and Write Us Your Answers to These Questions. It Will Only Take Five Minutes

A lady of sixty having been "cured" of life-long migraine headaches and of severe bleeding piles by Sulph. and Psor. in ascending single doses over a period of a year, now presents the following picture: Cannot eat more than a few mouthfuls of solid food though takes plentiful liquid nourishment (no difficulty in swallowing, no distress after solid food, simply adverse to it). "Nervous indigestion" characterized by severe belching without marked bloating. Wakens her between 1 and 3 many mornings. Indefinite gas pains in the lower quadrants; abdomen and stool negative; not markedly chilly; eructations incomplete; has been very unhappy since her mother's death two years ago though she rarely speaks of her sorrow; gas attacks better by hot drinks; temporary relief from Cham. 200c. Kali-c., Nux-v., Ign., and Sulph. given at intervals during the last two months without relief. Can you suggest a remedy?—N. P.

Girl of sixteen, not believing in homœopathy, with hollow, fairly continuous cough (whenever she has a cough it has the hollow quality, since whooping cough five years ago); chest clear; no modalities as to time, position, air, motion or drinking. Whatever is raised must be swallowed; moderately chilly; no perspiration; slight stitching pains in both ears; worse on cough; both drums were bulging and, therefore, opened; secretion thin yellow; not odorous; wants hot lemonade or orange juice. Gave Caust. IM.; later Hep. 2c, three doses at two-hour intervals. Occasional gagging with the cough and fever relieved but cough persists; family demand codeine to check cough. What shall the good homœopath do?—B. K.

Where can Gibson Miller's book be obtained and what is the price of it?—W. L. S.

ANSWERS TO QUESTIONS IN MARCH ISSUE.

DEAR DOCTOR:

In Dr. Coxeter's case, using the Field Repertory: impatience, restlessness, card 637; amel. by warmth, 426; weeping, 694; dentition difficult, 1434; toothache, pulsating, 1465; toothache in lower teeth, 1449: suggests Acon., Bell., Calc-c., Cham., Merc., Sil. and Sulph., and I would add to this group Staph. for study. Add to these cards: Ailments from eruption of wisdom teeth, 1481; toothache of molars 1447, and toothache of teeth of right

side, 1450; *Calc-c. is IT*. If you will give these remedies the Kent values of 1 for common type, 2 for italics, 3 for caps., they stand: Merc. 7, Acon. 9, Sulph. 12, Cham. 14, Staph. 15, Bell. 16, Calc-c. 16, Sil. 17. My five minutes are gone and I would have to flip a coin to tell what remedy wins unless I could view the patient or get a little added information.—W. L. SMITH, M. D., Denison, Texas.

First Question—When Sulphur has done so much for a patient it would be a pity to antidote it. What are the Causticum symptoms? Are they produced by some new influence coming in some acute trouble? If so, give it for it will be used up in the acute and won't touch the Sulph. Are the Causticum symptoms a group of symptoms that have come to the surface brought out by Sulph. in the unravelling of the case? If so, they should go under the influence of Sulphur which brought them up.

Second Question—When the vitality is so low that the patient goes on and on proving the remedy without any reaction. When the aggravation is so sharp that it causes too intense pain or threatens the life of the patient, select the antidote on the symptoms. You may find a new antidote.

Third Question—I am not the one to answer the last question because I've always had too much respect for the high potencies to do any experimentation with the dosage. One of the most sensitive patients that I have ever known was made so by her "good conscience" physician. He used to give the "divided dose" that is three or four doses twelve hours apart and did not hold one remedy long enough. Homœopathy thinks of the patient as a whole therefore there couldn't very well be two planes. I can think of only one way to account for the success claimed for "Double Dosage" and it might also account for the lower potency being placed first. Dr. C. Hering used to have a theory that the high potency antidoted the lower potency.

(Answers prepared by F. E. Gladwin, M. D., Philadelphia, Penna.)

BOOK REVIEWS.

We take pleasure in acknowledging the receipt of the following books for review:

E. E. Smith, Ph. D., M. D., *Aluminum Compounds in Food* (New York: Hœber, 1928).
H. W. Felter, M. D., *The Eclectic Materia Medica, Pharmacology and Therapeutics* (Cincinnati, Ohio: Scudder, 1922).
R. L. Thomas, M. S., M. D., *The Eclectic Practice of Medicine* (Cincinnati, Ohio: Scudder, 1922).
P. Carton, M. D., *Les Lois de la Vie Saine* (The Laws of Healthy Living) (Paris: Maloine, 1922).
A. Zweig, M. D., *Nervenkrankheiten* (Nervous Diseases) (Regensburg, Germany: Sonntag, 1927).
J. W. Fyfe, M. D., *Specific Diagnosis and Specific Medication* (Cincinnati, Ohio: Scudder, 1909).

HOMŒOPATHS, ATTENTION!

Pause a Moment, Doctor!

I Want a "Heart to Heart" Talk with You.

Are you one who "carries a chip on his shoulder" for those who do not see the homœopathic truth as you see it? Knock it off yourself immediately and forget it. Concentrate your thought on the truth of homœopathy as you have found it. Make it so vivid that all the world must get the vision but even then don't expect all to register it alike. When a ray of light is thrown upon a diamond it flashes back red or blue or gold but the diamond remains steadfastly clear.

Isn't it time to "look forward not backward, outward not inward and lend a hand?" Think about it and then "give to the world the best that you have" in homœopathy and "the world will give back to you."

The rest of us want to meet you in Pittsburgh, Pa., next month. We want you to be one of us; we want you to experience the joy that the I. H. A. meetings always bring to the rest of us. It is an inspiring thing to meet with a large group of people who thoroughly believe in homœopathy, who strive to hold it true, who devote their lives to it, investigating, proving it. Enthused, you will go home to better work. Will you come? F. E. G.

CURRENT HOMOEOPATHIC PERIODICALS.

Titles marked with an asterisk (*) are abstracted below.

THE ECLECTIC MEDICAL JOURNAL
Vol. LXXXVIII: 101-150 (March) 1928

THE HAHNEMANNIAN MONTHLY
Vol. LXIII: 161-240 (March) 1928

Mental Reactions in the Sequelæ of Epidemic Encephalitis. A very interesting study of post-encephalitic behaviour syndromes. Dr. Blew notes the tendency to *recurrence* of the symptoms in encephalitis. The cases he has followed at Allentown show Parkinsonian syndromes in sixteen out of thirty-five instances, and that this sequel is more frequent in adults and behaviour problems of emotional instability and delinquency in adolescence or indeed from seven years of age to eighteen. The symptoms frequently traceable to encephalitis are as follows:

Explosive conduct	Quarrelsomeness
Irritability	Peculiar habits
Overactivity	Extreme viciousness
Destructiveness	Homicidal tendencies
Running away from home	Psychomotor restlessness
Excitability	Lying
General incorrigibility	Immorality
Cruelty	Criminal tendencies
Violent temper tantrums	Impulsiveness
Stealing	

The Treatment of Neurasthenia. Dr. Bartlett differentiates neurasthenia and psychasthenia, and discusses their hygienic occupational and suggestive treatments, ending with notes on the uses of the following remedies: *Strychnia sulphate, Picric acid* (characteristics, sensations of heat, headache from using mind), *Phosphoric acid, zinc,* or its *Phosphide* or *Picrate, Phosphorus, Anacardium, Erythroxylon coca* and *Epiphegus.* In the discussion Dr. Wells stresses the necessity of gaining the patient's full confidence as a factor in cure.

HOME AND HOMŒOPATHY
Vol. III: 241-280 (Feb.) 1928

High Potency and Low Potency Treatment. This is a brief article but shows a deep grasp of the principles of homœopathic prescribing, one or two of the statements should be daily remembered by us all, as for instance, that if your dose has been a *similimum* after the pause in improvement the *original* group of symptoms will reappear. If, however, your remedy is only partially similar the original group of symptoms will not recur, but a changed group in which case a remedy corresponding to the latest group must be given.

L'HOMŒOPATHIE FRANCAISE
No. 3: 129-191 (Mar.) 1928

The Blood: Its Power in Disease. Dr. Roy claims that there is a special energy in the sick human being which does not exist in the well one. This conception of an energy of disease is opposed to the purely microbic concept. Microbes, he says, like vultures and worms, cannot devour living tissue. We live he says in a communion of our body with the universe, which consists in nutrition. Nutrition to him is a battle between "the me and the non-me." We search the world for substance to mingle with ourselves, proving in this mingling our ability to remain ourselves. This intimate penetration of the inanimate in the living operates by virtue of similitude; there is a similtude between exterior water, exterior carbon, exterior phosphorus, exterior electricity and the water, carbon, phosphorus and electricities of our bodies. *Nothing external can act upon us except by virtue of its similitude.* As examples of this he quotes the similitude of hydrocyanic acid with our xanthin compounds; of the mushroom poison with our nevrins, of toxins with our albuminoids. It is elimination he says which guarantees the integrity of our life and all disease is necessarily bound up with a difficulty in elimination of material or energy. An excess, a repetition of substances, even the most neutral ones, profoundly alters life. Consciousness, he continues, is essentially based on non-elimination. He speaks of the *inexcretable past.* He quotes various experiments on frogs, etc., in support of this position. He objects to the official theory of microbes, holding that virulence is not a part of their nature but the result of an energy in their human or animal host. Disease to him is *a life within a life.* Morphology and energy are the two great factors which enter into sensitivity to disease. He points out the similitude or correspondence between the wavy fibrils of the arterial tunics and the spiral form of the treponema of syphilis which has a particular affinity for the arteries. Likewise he points out the correspondence between the long tubercle bacillus and the elongated human subject which it attacks (the phosphorus constitution); and on the other hand the correspondence between the cocci of arthritis and the chubby subjects of its predilection (the carbon constitution). He even goes so far as to say that he believes that Psora is an infection with cocci. He states that the work of Abrams and Boyd has demonstrated that "The blood of a patient contains a special energy capable of influencing a sympathetic nervous system of a healthy subject." He believes that the blood serum is the source of microbic virulence. He proceeds to an interesting discussion of the Wassermann and other fixation reactions, which he feels could be utilized not only in the diagnosis of diseases but in the diagnosis of remedies. He goes on to a consideration of the phenomena of clotting in the blood of cancerous and non-cancerous subjects. The blood in cancer is characterized: 1. By rapid coagulation; 2, by a very rapid and very abundant exudation of serum; 3, by a markedly retracted black clot which forms at the top of the tube; 4, by a greenish-yellow tint to the serum; 5, by a little sediment of red globules at the bottom of the tube. Dr. Roy feels that the gradual changes in blood coagulation are a definite part of the pre-cancer syndrome, also that an excess of globulin is a cancerous characteristic. He points out that this globulin excess is also apparent in urticaria. He connects faulty elimination of globulins through the skin and intestines with the poor elimination of microbes.—These highly theoretical hypotheses in regard to the state of the blood in disease seem to us as very profound speculative refinements and provocative of real aid in clarifying our homœopathic concepts of the true role of bacteria and in suggesting treatment for the pre-cancer state by our homœopathic remedy. For instance: Those drugs which markedly affect clotting time such as Sulphur, Phosphorus, etc., might be useful in warding off cancer.—Ed.

Nasal Polyps: Their Treatment. Dr. Chavanon gives first the etiology and pathogenesy of polyps and then three cases one of them a beautiful cure with the single remedy *Thuja,* and concludes with three pages of interesting symptoms in connection with polyps found in the following remedies: *Alum, Apis, Calc., Calc-f.* and *Calc.-p., Con., Hydr., Kali-bi., Lach., Nat-s., Phos. Sang., Sil., Sulph., Teucr.,* and *Thuj.* He concludes with the observation that in his experience patients with polyps are in line for cancer, also that they are often sycotic and that constitutional therapy as a preventive should always be instituted.

HOMŒOPATHISCH MAANDBLAD
39e Jaargang: 9-16 (February) 1928

On Infants and Their Care. This is an article on the feeding of infants, including a discussion of the relation between feeding and weight.

Double Misconception of Electro-Homœopathy. A discursive article based on criticisms of the work of Count Mattei on electro-homœopathy.

HOMŒOPATHISCH MAANDBLAD
39e Jaargang: 17-24 (March) 1928

THE HOMŒOPATHIC WORLD

Vol. LXIII: 57-84 (March) 1928

IOWA HOMŒOPATHIC BULLETIN

No. 18: 3-28 (March) 1928

THE JOURNAL OF THE AMERICAN INSTITUTE OF HOMŒOPATHY

Vol. XXI: 181-270 (March) 1928

Neglected Though Salient Points of Six Remedies. In brief Dr. Royal discusses with case illustrations the following: *Trillium Pendulum* for hæmorrhage, especially from fibroids. It has, he says, checked the growth of and even absorbed fibroid tumors, of the hypertrophic but not the cystic variety. The symptom picture he gives includes the following: Flabby, thick-set, dark, plethoric; mentally depressed and apprehensive, menorrhagia and metrorrhagia with both fluid-bright and clotted-dark blood, fainting, alternating constipation and diarrhœa, *sensation of weakness and falling apart of hips relieved by firm bandaging;* modalities, worse by motion and being on feet, better lying quiet.

Strychnia Phosphorica for broken compensation following pneumonia and for old men who think they are impotent.

Veratrum Viride for nephritis following exanthems, acute hyperemia of kidneys in plethoric patients, with early convulsions and high temperature (also for puerperal convulsions).

Lapis Albus (Calcarea silico-fluorata) for dysmenorrhea and menorrhagia in dark neurotic women with fainting from *pain*, enlargement of the left mammary gland before the flow and of the left cervical glands, with fibroids, profuse flow, bright when standing, dark and clotted when lying.

Nux Moschata to be compared with Trillium and Lapis in syncope. The Nux moschata patient is firm fibred, changeable, dark, seems to be two persons, one watching the other act. Uterine bleeding without tumors.

Calcarea Arsenicosa. For nephritis characterized by great sensitiveness to pressure in the kidney region, with bloody scanty urine and high fever, in Calc-c. types.

Ceanothus Americanus. For splenic conditions in swarthy patients. The discussion brings out the usefulness of Strychnia Phosphorica in T. B. C. with neurasthenic symptoms.

Cratægus Oxyacantha. Dr. Faris gives a brief account of the botany and history of this remedy and recommends it for patients with weak, rapid heart, with pulse of unequal force, flurried feeling, pains in the heart region and down the left arm, with excessive perspiration especially of the palms, and pink macular eruption at the nape which burns, is worse from heat and better by washing. The discussion mentions *Cactus, Spigelia, Kalmia,* and *Latrodectus mactans* for pseudo-angina and *Plumbum* and *Baryta carbonica,* for true angina, between paroxysms.

The Effect of Small Doses of Belladonna on Dick Positives. This is a study of forty-three persons Dick-tested before and after the administration of one five-hundredth of a minim of *Bell.* t. i. d. of which 63.6 per cent. of those with positive Dick tests showed negative Dick tests after the Bell. The question is brought up whether the administration of the Dick serum for the test is in itself a causative factor in the per cent. of negatives on retesting. Also, whether the Bell. should not be administered in the 30th potency or above to get the best results. Further study along this line at the Huron Road Hospital, Cleveland, is to be carried on.

LEIPZIGER POPULAIRE ZEITSCHRIFT FUR HOMOÖPATHIE

59, Jahrgang: 101-119 (Mar.) 1928

Lithiasis. This is a full and interesting article on gall-, kidney- and bladder-stones. Dr. Becker gives informally some interesting differential diagnosis and uses as the motto of his paper "check-mate the knife," (*Schach dem Messer!*) His therapy is entirely low potency, never using above the 12th; also he is a believer in mixed herb teas at times. He suggests certain simple means of relief such as taking 200 grams of olive oil on an empty stomach, then lying on the right side with the hips higher than the shoulders, which he claims makes gall-stones go through the duct into the intestine. For gall-stone colic he stresses *Calc-c.* 2x and for excruciating pain *Diosc.* 3x. Often also *Cham.* or *Coloc.* followed by *Dig.* or *Ars.* may be used. He finds *Atrop.-sulph., Nicotinum, Fel tauri* and *Card-mar.* often useful. Oatmeal baths he recommends for severe colic. A bushel of oat straw cooked one-half hour and put in a hot bath in which the patient should lie thirty minutes, this to be repeated two or three times a week, and accompanied with oat tea. He further recommends *Podo., Chel., Merc., Chin., Natr-choleinicum, Lyc., Sulph., Nux-v.* and *Alum.* according to the symptoms. He quotes an old-wives' remedy *radish syrup* made of grated, unpeeled radish stewed five hours with a little sugar, strained and drunk in wine-glass doses. He recommends especially the water of Ems, also of Karlsbad. A purely fruit diet especially of strawberries or of grapes, according to the season, he finds very helpful. A remedy which he has found especially useful is *sulphurated oil of turpentine* in tincture. In stones with high oxalic-acid content he suggests *Ferrum acet.* and in phosphoric-acid stones *Benz-ac.* or *Nitr ac.*, with uric-acid stones *Lith-c., Cocc-c.* and *Aqua Silicata, Aspar.* and *Echi.* in kidney-stones, also *Berb.* and *Curare.* In bladder-stones, especially *Passiflora inc.* and *Berb.* He gives four or five formulæ for mixed teas. The article although in no way strict is suggestive but almost nowhere does he give any symptomological indications for the homœopathic remedies.

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Boston, Mass.
General Editor of Homoeopathic Recorder

THE
HOMOEOPATHIC RECORDER

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INTERNATIONAL PHYSICIANS' POST-GRADUATE COURSE AT THE STUTTGART HOMŒOPATHIC HOSPITAL, 1928.

This year's three-day post-graduate course will take place the 13th, 14th and 15th of August. The lectures will enable the physician to procure a birdseye view of the development and position of homœopathy, and to obtain information about various questions of diagnosis and progress in the entire field of medicine.

In the first course, in the year 1926, methods in the fields of heart diagnosis and psychoanalysis were presented, in addition to homœopathy. This year the emphasis will be upon roentgen diagnosis and the lore of internal secretions, for the various conferences and demonstrations. The course is open to any physician, foreign or local. The exact program will appear later. Registration takes place the first of August at a fee of $8.00. Address questions to Dr. H. Meng, Sonnenbergstrasse, 6 D, Stuttgart.

The International Homœopathic League, which had its last meeting in London, 1927, also convenes in Stuttgart August 9, 10 and 11. Its President is Dr. Tuinzing of Rotterdam, its Secretary, Dr. Woods of London. The following countries have sent delegates to the League: Belgium, Brazil, England, France, Germany, Holland, India, Italy, Mexico, Portugal, Spain, Sweden, Switzerland, United States. It is important for the international spread of homœopathy that all homœopathic physicians join in the work of the League and support the meetings of this organization with their presence. In addition to discourses by foreign doctors there will be many addresses by German homœopaths, among others Dr. Richard Haehl, who will speak on Hahnemann

at an open evening meeting. Prof. Boyd of New York will lecture on one aspect of the materia medica.

The German Fraternity of Homœopathic Physicians will hold its usual convention in Stuttgart on the 10th, 11th and 12th of August. Its program will be open to the public on this occasion, and its social activities merged with those of the International Homœopathic League. It is to be hoped, for the sake of reputation and spread of homœopathy that these three Stuttgart conferences will be substantially attended by both foreign and German physicians. The events have been compressed into seven days for the convenience of the visiting participants. As in previous conventions at Stuttgart, Dr. Richard Haehl will put the Hahnemann Museum at the disposal of the guests for inspection.

REMEDY STUDY: NATRUM CARBONICUM.*

JULIA M. GREEN, M. D., Washington, D. C.

Our Bureau Chairman has put me on the program for a talk on another *Kali* but it is to be another *Carb.* instead. Two years ago it was *Kali-carb.*, now it is *Natrum-carb.* After that first materia medica paper, I was criticised for dealing only with generals, just a mass of generalizations without definite symptoms to tie to.

This is another attempt to make a remedy stand out sufficiently to be recognized as a drug personality, from its general characteristics. It seems to me this is the best way to study materia medica.

Going through the provings then, reading the symptom lists with the idea of gathering together the distinguishing features of this remedy-friend, what do we find?

There are not special kinds of pain which stand out as in *Kali-carb.*

There is a tendency to dropsies though:

Face puffy. Face feels puffed up and hot.
Swelling of both cheeks with glowing redness.
Hands swollen in the afternoon.

*Read before I. H. A., May, 1927, Bureau of Materia Medica.

Œdema of the lower extremities.
Puffiness of the whole body in the morning, better in the afternoon.

Although sticking, stitching, burning and tearing pains are reported the most frequent descriptive word used is "jerking" or "twitching":

Twitching in muscles and limbs.
Twitching of the upper lip.
Twitching in the left side of the lower jaw.
Jerking tearing in right lower back teeth.
Jerking from time to time in the right hypochondriac region.
Painful jerking in the region of the right clavicle.
Frequent sudden jerking in one of the middle left ribs, with a feeling as if it would take away her breath.
Burning jerking as from electric sparks in the right side of the chest, in the forenoon.
A jerking pain, starting from small of the back, immediately after lifting anything heavy, followed by great weakness.
Jerking, or jerking sensation, in all the joints.
Jerking or twitching, now in the hands, now in the feet, in bed.
Jerking and thrilling sensation in arms, hands and fingers, especially on grasping an object.
Twitching in the arms, frequently involuntary.
Twitching in the left forearm, below the elbow.
Jerking in the hands especially on taking hold of anything.
Jerking of the hands on going to sleep.
A painful jerking on the back of the right hand.
Twitching and crawling on the inner surface of the right thumb, disappearing on rubbing.
Painful sticking and twitching in the right ring finger.
Jerking in the lower extremities and in parts of the lower portion of the body.
Twitching in the right calf.
Violent twitching in left heel.

Jerking and pinching sensation in both heels.
Twitching and jerking in left great toe.

In going from the outermost to the innermost, from the tissues to the man himself, the skin, glands, mucous membranes come first. And what do we find?

Enlarged glands with induration, eruptions which are vesicular and pustular, ulcerations from sluggish states, warts and inveterate catarrhs:

Swelling in glands of neck.
Hard swelling of thyroid gland.
Glands swollen and indurated.
Goitre increases; pressure in goitre.
Enlargement of prostate in old men.
Engorgement of submaxillary glands.
Abscess in lachrymal gland.
Red nose with white pimples on it.
Desquamation of bridge and point of nose.
Eruptions, tetters and ulcers around mouth and lips.
Burning rhagades in lower lip.
Skin dry, rough, chapped.
The tetters spread and suppurate.
Yellow rings, like remains of tettery spots.
Leprous tubercles.
Hands rough and cracked.
A tetter exudes a purulent liquid.
Pustules about the mouth; black ulcerating on heel.
Ulcers about mouth.
Vesicle large as a pea near and beneath right corner mouth.
Eruption red, filled with liquid, on chin, bend of elbow and groin, with sore pain on touch.
Skin on dorsal aspect of extremities hands and feet becomes dry, rough and chapped.
Eyes constantly agglutinated.
Ulceration high up within the nostrils.
Warts begin to bleed, grow larger.
A small burning crack in the lower lip.

Much eruption on the nose and mouth.
Blistered spots on the tips of all the fingers and toes, with festering about them.
Small, red, itching, vesicular eruption filled with water on the chin.
Ulcers, with swelling and inflammatory redness of affected parts.
Ulcerations of the mouth.
Ulcers on cornea.
Obstruction of nose, sometimes with discharge of hard and fœtid pieces of mucus.
Much nasal mucus passes through the mouth.
Thick green or yellow mucus in nose.
Accumulation of mucus in throat.
Balls of mucus like peas in stools.
Urine fœtid and turbid with mucous sediment.
Profuse thick, fœtid leucorrhœa.
Expectoration of greenish and fœtid pus.
Bad smell of the expectoration.
Exanthema purulent, or filled with pus.
Thick, yellow, ropy, purulent discharge from the bladder which clogs up the urethra when urinating.
Dry yellow crusts blown from the nose.
The catarrh increases with each fresh cold until it becomes fœtid.
Most fœtid ozæna, mucous membranes ulcerated and destroyed.
Fluent coryza; intermittent coryza with burning in eyes; stopped.
Violent hawking of thick mucus that constantly collects again.
Cough worse in morning with partly salt, partly offensive purulent expectoration.
Purulent swelling of the lachrymal sac.

Next in order, perhaps, come disturbances in the digestive sphere and these are marked:

Old dyspeptics who are always belching and have sour stomach and rheumatism.

The more soda these patients take the more flatulent do they become.
Starch causes flatulence and looseness of the bowels.
Digestion is difficult and finally milk will not digest at all, bringing on a diarrhœa.
Distension, heaviness, and aching in stomach after a meal.
Heartburn after fat food.
Frequent hiccough, especially after a meal.
Pyrosis and scraping in throat, especially after partaking of fat food.
Painful sensibility of region of stomach on being touched and while speaking.
Contractive cramps in stomach.
Lancinations in left hypochondrium sometimes after drinking anything cold.
Abdomen enlarged and distended.
Abundant expulsion of flatus of a sour or fœtid smell.
Colic with retraction of navel.
Shootings and diggings in abdomen.
Nausea nearly all day, with eructations of water.
Nausea with sensation of fasting with crawling and twisting about in the stomach.
Ineffectual retching in the morning.
Vomiting of offensive sour liquid like muddy water.
Swollen feeling and sensitiveness.
Scraping heartburn after fat food.
Weak and easily disordered stomach.
Griping in abdomen after eating.
Flatus of the odor of bad eggs, sour smelling.
Cutting in the abdomen in morning, nights, with tensive colic in upper abdomen and diarrhœa.
Stool yellow, soft, with violent tenesmus and urging.
Stool spotted with blood.
Diarrhœa after milk.
Stool like sheep-dung after great straining with burning.
Stool not hard but causing cutting during evacuation.

A little crumbly, mucous stool two or three times a day with pressure in rectum and tenesmus in urethra.
Urgent want to evacuate, without result or followed by a scanty and insufficient evacuation.
Diarrhœa which is marked by a sudden and obligatory call to stool, which escapes with great haste, noise and rushing, often producing considerable commotion in abdomen; discharge almost involuntary; often a yellow substance like the pulp of an orange in the discharge.
Diarrhœa with cuttings, after a chill, or after partaking of milk.

Now let us see what appearance Natrum-carb. has if we meet him on the street:

Old dyspeptics, lean, stoop-shouldered, pale.
Nervous exhaustion; physical exhaustion; weakness of mind and body.
A nervous cold baby, easily startled.
Heat of face. Bloatedness of face.
Cheeks red and swollen.
Great paleness of face with livid circles under the eyes.
Face alternately pale and red.
Yellowish color of face. Swelling of lips.
Burning rhagades in lower lip.
Eruptions, tetters, ulcers around mouth and lips.
Burning crack in lower lip.
The hands, feet, face pit on pressure.

Another characteristic is a tendency to paralysis.

Locomotor ataxia with its fulgurating pains.
No ability to bear down at stool.
Ptosis of eyelids. Heaviness eyelids.
Stammering from heaviness of the tongue.
Difficult swallowing, must drink much water to wash the food down on account of paralysis of the pharynx.
Paralysis of the left lower extremity, with tingling.
Sterility; relaxation of the vaginal sphincter causing

the seminal fluid to gush out as soon as ejaculated by the male, thus causing sterility.

And what kind of a person are we dealing with, what are his reactions? First, physical:

Excessive morbid sensibility with trembling.
Relaxation and want of stability in the whole body.
Unsteady gait; heaviness and indolence.
Repugnance to open air. Great tendency to chill.
Sensitive to cold, chilly, aggravated by the least draft.
Unable to resist the cold or the heat.
Worse from changes of the weather.
Oversensitive to heat, especially after sunstroke, even some years after, must seek a cool or dark place.
Especial aggravation from the heat of the sun.
Cold as ice to the knees and elbows.
The body and extremities are worse in winter, the head in summer.
Taste perverted, too sensitive. Loss of smell.
Extreme voracious hunger arising out of a sensation of faintness and emptiness.
When chilly he eats and is able to keep warm.
Headache, chilliness and palpitation, better from eating.
He gets hungry at 5 a. m. and 11 p. m.
He has all-gone feeling and pain in the stomach which drives him to eat.

Next come the nervous reactions and these are many:

A state of trepidation from the least noise, the slam of a door.
The rattling of paper causes palpitation, irritability and melancholy.
Music causes a tendency to suicide, melancholy, weeping and trepidation.
Playing the piano is so exhausting she must lie down.
Internal and external trembling.
Oversensitive hearing; little noises seem enormous.
Oversensitive to light.

Lastly let us consider the mental or intellectual aspect of the remedy and then the spiritual, the man himself. There are marked characteristics here too:

Difficulty of comprehension which is unnatural to him when in health.
Imbecility or weakness of intellect.
Unfitness for intellectual labor or meditation.
Difficulty in conceiving and combining ideas when reading or listening.
Makes mistakes in writing.
Bookkeepers lose the ability to add up figures.
In reading a page, the previous one to it soon goes out of the mind.
Confusion of mind follows and then he is unable to perform any mental labor.
Men become so fatigued from the details of business that a confusion of mind comes over them, they get brain-fag.

Now for the innermost of the remedy:

Irritability and melancholy. Timid. Awkward.
Estrangement from family and friends.
Aversion to mankind and to society, to relatives, to strangers; feels a great division between himself and them; sensitive to certain persons.
Sadness and discouragement, with tears, and inquietude respecting the future.
Fretful; all day discontented, he felt as if he could fight; life was lonesome to him, he preferred to have no existence; solicitous about the future and inclined to despair.
Inclined to strike, cannot tolerate contradiction.
Apprehension all day, with ennui, so that she does not know what to do and thinks she is forsaken.
Hypochondriacal humor and disgust of life.
Spite and malevolence.
Disposition to be angry and violent fits of passion.
Inquietude with fits of anguish.
Mind much agitated; every event causes trembling.

A deep-acting, psoric remedy full of mental instability, spirit-

ual unrest, physical weakness and weariness, sensitiveness to all sorts of things, digestive disturbances, circulatory disorders, bad catarrhal conditions and skin troubles. It will reward the student by doing good work when it is indicated in chronic ills.

It should be remembered that the *Natrum-carb.* of our materia medica is the carbonate of soda and not the bi-carbonate so commonly used.

DISCUSSION.

P. E. KRICHBAUM, M. D., Montclair, N. J.: This paper illustrates very well that we do not need all of the symptoms in the materia medica to make out a case. Doctor Green tells us that they have a puffy face. She didn't say that the ankles slop over if they wear low shoes, and I don't think she mentioned that they have headaches in the sun. Why should they? You have here a slow venous circulation and you have very little blood in the head. It is anæmic. She has spoken of greenish discharges. Naturally they are green, because they come on very slowly. She said it was a deep-acting remedy, and because its conditions all come on very slowly, we will probably have to say that it is deep-acting. Add to that the jerking pains and you have a very good picture of *Natrum carbonicum.*

We hear so much about the materia medica being full of things we cannot manage. There is a picture of every remedy in the materia medica, but you do not have to have all the symptoms to make out a case any more than you have to look at the eyes and ears and nose and tail and feet and hairs of a cat in order to know that it is a cat.

CHARLES F. JUNKERMANN, M. D., Columbus, Ohio: I believe also that this is a deep-acting remedy. One of the symptoms is aversion to milk. Many times children cannot take milk and have never been able to, at any time in their lives—had to be raised on broth. *Natrum carbonicum* always cures this condition and the consequent infirmities that the child has.

D. E. S. COLEMAN, M. D., New York: I cured a case last winter of a man sixty-eight years old. He had pain and numbness and weakness in the lower extremities—difficulty in walking. The characteristic upon which I prescribed this remedy was a pain in the heels, as if ulcerated. He responded rapidly. All the pains and discomfort disappeared, excepting cramps in the calves. That still remained, but was entirely cured after a short time by the administration of *Sulphur.*

ELLEN WALKER-BERRY, M. D., Erie, Pa.: What potency?

DR. COLEMAN: The 30th, tincture, of *Sulphur.* The 6x of *Natrum-carb.*

CHARLES A. DIXON, M. D., Akron, Ohio: Gloomy Gus—that is *Natrum carbonicum.* You see him every day. You can pick out *Natrum-carb.* among your friends. The best way I know to call up the picture of that remedy is just that—Gloomy Gus.

CLINICAL CASES.*

ELWOOD L. DAVIS, M. Sc., M. D.
African Inland Mission, Kijabe, Kenya Colony, East Africa.

CASE NO. 1.

Mr. D. Born 1879.

1926.

Sept. 3—Began yesterday morning with a cold.

It started after getting up in the morning to start the fire, not having a bathrobe on, became slightly chilled.

Sneezing often due to tickling in right nostril.

Watery coryza that drips, drop by drop, if not blown out.

Seems to be worse when in the house and somewhat better when in the open air.

Nose blocked up on right side.

Feeling of warmth in nose, then discharge.

Lachrymation from the right eye on the second day with the tickling and coryza.

Absolute relief of all symptoms and coryza at night and on lying down.

Postnasal secretion hawked out.
clear
tasteless.
Chilliness.
No appetite.
Very weary.
Weakness in stomach.
Thirstless.
Marked irritability,
Worse A. M.
Indifference to everything.
Mental dullness.

The following rubrics were used in selecting the remedy:

Irritability	Weakness in abdomen
Indifference	Coryza, watery discharge
Mental dullness	Obstruction of nose
Weariness	one sided
Worse from cold	Sneezing
Chilliness	Lachrymation with coryza
Appetite wanting	Thirstless
	Tickling in nose

The leading remedies were:

Phosphorus 15/34
Nux vomica 14/36
Pulsatilla 13/34
Sulphur 13/32
Natrum-mur. 13/32

Knowing the patient well, I gave

Nux vomica 30X three teaspoonfuls afternoon and night gave relief at once and the cold was practically well the next day.

CASE NO. 2.

Master L. D. Born Feb. 13, 1913.

1926.

Aug. 26—Has a small lump under the right nipple, has been slowly growing for some time.
Sore and tender to touch or on being hit.
Lump is flat, firm, movable.
Had a similar lump in left breast, but it went away.

Nose bothers in A. M.
Blows out much watery mucus in A. M.
Stopped up in evening.
Epistaxis at times from blowing nose hard.
Vertigo from blowing hard—fire or nose.
Likes fruit, potatoes, chicken and turkey and crisp bacon.
Aversion to oil, cooked turnips, mangoes—made him sick once.
Drinks water well.
Feet sweat between toes,
offensive.
At times grits teeth in sleep,
not so much since nasal turbinectomy.
Sleeps well and has no dreams of any account.
Prefers cool air.
Aversion to heat of sun.
Tendency to weep, if cannot have his desire.
Has sensation of needles sticking in his fingers at times.
Chronic follicular pharyngitis,
hawks at times white mucus.
Ringing in ears at times.
Left side of neck and throat sore to touch just now.
Has been growing rapidly, is now 5' 7".
Cut teeth slowly, first seen at one year of age.
Tongue is clean.
Slight enlargement of one epitrochlear gland each arm.
Prefers cold food somewhat.
Is studious, musical, catarrhal and somewhat sensitive.
Subject to attacks of earache when young, none now for a long time.
Tonsils slightly enlarged, specially left, with a little exudate in the crypts. Tonsillotomy done at four years. Slight congestion of anterior pillars.
Turbinectomy in each nostril done in July, 1925.
Apex beat in 5th interspace inside of nipple line.
Heart beats—83 standing, 92 after hopping on one

foot 50 times, 78 two minutes later. Heart and pulse good.

Sept. 4—Prescribed for the following:

Silicea 30 one dose

Footsweat between toes.
" offensive.
Nodule in mammæ, rt. side.
Catarrh.
Coryza A. M.
Weeping tendency.
Dentition slow.
Grinding teeth in sleep.
Pharynx—chronic inflammation.
Ringing in ears.
Epistaxis.

Silicea 10/24
Puls. 8/19
Lyc. 8/18
Sepia. 8/17

Sept. 5—The footsweat was gone by the 18th and a report the latter part of October said the growth in breast was smaller.

Silicea 30 one dose

CASE NO. 3.

Mrs. A. M. M. Born Oct. 8, 1878.

1926.

Sept. 9—Right sciatica, began 2 years ago in Florida, was treated three times by an osteopath and she was all right.
Began again October, 1925.
Mostly *under knee*, cannot extend leg and back at same time when in bed.
Now is at middle of calf,
extending almost to hip.
At times in hip joint alone.
In ankle at times
stabbing.
Drawing, like taut wire in hip and under knee.
Always a sensitive spot along the nerve for a year.
Better by tampon treatment to cervix.

Stiffness A. M.
better moving about.
Sore and lame at night.
Worse: night, using foot or leg during day
going up and down stairs
cold weather
cold, damp weather
if feet get cold
before menses—one week.
Better: during menses
hot baths
by putting fist or roller bandage under back
last month by sitting up than lying as leg is well flexed
by neuropath stretching (?) nerve.
Not influenced by high or low heels.

July, 1925, she fell with right leg flexed under her.
X-ray 7 days later showed a crack in rt. fibula, near top, not out of place
Fainted and lay in wet grass.
Drove to Lake Winola and fainted as she sat in auto —was weak and faint.
More pain that night and the next day.
Sore, bruised pain in same place as now and all over.
Was an awful shock.
Raising head—became faint.
Black and blue in calf.

Mentally she is changing:
Woke bewildered in spring, after restless sleep, didn't know where she was.
Worse: when depressed, staying in house alone toward morning.
Very irritable of late (always had a temper), wants to hit person annoying her.
Thinks she would feel better if she cried.
Feeling of disaster about to happen.
Worries and yet she knows there is nothing to worry about.

Feels like swearing at times.
Enormous appetite always.
Craves sweets
meat
rich food
salt.
Coffee—more than 1 cup sours stomach
burning in œsophagus
heartburn and belching at night or P. M. and keeps her awake until early A. M.
Menses
before—heavy congested feeling in pelvis and some down legs
leg worse for a week
during—some relief
feels heaviness as if she wouldn't flow
bowels looser
after—great relief
began at 14 years
always regular
cramps from having hands in ice water formerly (while nursing typhoid)
now more scant, only 3-4 days instead of 5
more offensive and darker now
Glasses—far-sighted.
Drinks much water, distilled now on account of kidney stones.
Abdomen—sore spot right side midway between ribs and pelvis
worse a week before menses
worse picking up something heavy
Kidney stone in right kidney and operated years ago
scar troubles her—binds and pulls
now has 2 small stones, but movable—shown by x-ray
urine has numerous pus cells and once calcium oxalate crystals.

urine recently was heavy, strong, thick, dark, and stained dark for a week
burned skin in passing
followed neuropathic treatment
urinates early A. M. 3-4 o'clock.
Sleeps well except for leg.
Little sharp pains at times in it, sciatic and some stiffness in joints at times.
Tender spot found in left wrist by neuropath.
Tonsillitis every winter in Philadelphia.
none in Scranton except slightly first winter
had large white spots
feverish
ached all over, worse in back
both sides attacked.
Worse right side—all troubles.
Paralyzed right side—in leg after typhoid—couldn't walk,
numb
right 4th and 5th fingers very numb
all painless.
Influenza 6 years ago, ached and coughed 2-3 days, weak after for a time.
Loneliness—awful feeling of (husband died a few years ago).
Desires company.
Nervous—wants to get out and do something
card parties bore her.
Sensitive from things said about her, cares much for public opinion.
Typhoid fever at 22 years, ill 3 mos.
ergot given by hypo and caused abscess in right thigh
hæmorrhages, profuse, 22 of them
delirious—babbling and muttering
deaf—abscesses in both ears—were syringed
fell out of bed one night
not well since.
Stiff neck from draft.

Mother died at 63 yrs. of angina and cancer (?) of stomach;
took swamproot for yrs. and ruined her stomach.
Father died of pneumonia at 74 yrs.
1 brother and 1 sister living.
Father's father died of cancer. Heart trouble—mother's side.
Twitching of face—mother's mother and aunt.
Scarlet fever at 9-10 yrs.
Daughter born 10 yrs. ago June
instrumental—slow birth
slight tear
sacro-iliac strain.
Hæmorrhoids when constipated
sharp pains shooting
worse after stool and after laxative
sensitive.
Constipation from berries and cheese.
Growing pains when young.
Heart weak long time after typhoid.
Coldness of feet always—no perspiration.
Appendicitis while nursing, years ago, before typhoid
came from lifting heavy patient
pain doubled her up
had stitch abscess.

Sept. 12—Was given *Calc-carb.* 30X dr.i q. hr. for 3 doses.
Prescribed on following:

worry with fear
bewildered on waking
worse right side
worse cold
worse cold wet weather
restlessness
injuries
irritable
anger
worse before menses
desires company
cold feet
thirst
appetite increased
sciatica
craves sweets
craves salt
craves meat
eructations, sour
pain, hollow of knee
drawing and cutting
stiffness < walking
lameness and soreness

This gave *Calc-carb.* 20/47, *Lyc.* 20/49.
Sulph. 19/45

Calc-carb. seemed to fit the case best and was given and with such good results that her pain has steadily decreased so that she had nearly two weeks free from pain. The above history only includes what led to the remedy. There is much more to the history and other symptoms that have since been found that make it an interesting case, especially as she has had allopathy, osteopathy, neuropathy, frequent homœopathic care, was at Battle Creek for a time, and had become greatly discouraged. Her mental symptoms are now greatly improved. It is becoming apparent to me now (Dec. 15) that another deep or deeper-acting remedy is needed to carry on the case.

*Read before the I. H. A., May, 1927, Bureau of Clinical Medicine.

THE SCHICK TEST.*

EUGENE UNDERHILL. M. D., Philadelphia, Pa.

Many of the best-informed physicians are convinced that the Schick test and subsequent injections of toxin-antitoxin for alleged immunization against diphtheria can do nothing but harm.

It is admitted even by some of the most reliable advocates of the measure that it fails in many cases to accomplish the purpose intended and does harm in others; and there are those who see in the practice a lowering of natural resistance and vitality to such a point as to threaten the most dangerous epidemics of diseases ever heard of, and that in the forefront of these epidemics may appear the very disease—diphtheria, which is supposed to be eliminated by these inoculations.

In submitting the following facts permit us to suggest that not only physicians but intelligent fathers and mothers are entitled and usually fully competent to do a little thinking on their own account.

Everyone should be encouraged to critically examine the claims made by the advocates of this practice and do everything possible to curtail and prevent exploitation and experimentation upon the child-life of the nation.

Four Paramount Questions.

In weighing the facts it is well to keep in mind four paramount questions:

Is it necessary?

Is it safe?

Will it accomplish what is intended?

Is it wise to make children the victims of experimentation without any certainty of benefit and almost absolute certainty of harm?

Magnifying the Dangers.

The incidence of diphtheria is not very great. To favor the makers of the dope and the users of it the number of supposed victims of this disease is made to appear greater than it is by reporting simple sore throats and tonsilitis as diphtheria in order to magnify the dangers and make an excuse for so-called immunization. The major portion of children attacked by the disease even in its severer forms recover under proper treatment.

No Proof of Having Prevented a Single Case of Diphtheria.

The Citizens Medical Reference Bureau of New York City says: "Notwithstanding the use of the Schick test and toxin-antitoxin upon hundreds of thousands of children, there is no proof that all these inoculations of a poisonous substance have prevented a single case of diphtheria."

Dangerous Reaction; Death of Children.

"On the advice of Professor Pirquet, active immunization of school children against diphtheria with toxin-antitoxin has been forbidden in Austria." This action was published in the *British Medical Journal*, September 26th, 1925, page 587, second paragraph on second column. The information was ignored and suppressed by the major portion of the medical press in the United States. The Austrian Ministry of Health found it caused dangerous reactions and death of children.

At Dallas, Texas, damages ranging from $100 to $1,000 in each case were awarded in sixty-nine cases on account of illness and deaths resulting from the use of toxin-antitoxin.

The *Journal of the American Medical Association* stated the number was only forty. It was found, however, that the number was much larger.

It was explained that an error was made in the laboratory, but that did not bring back the kiddies from the grave nor restore the bloom of health to those who did not die.

Unfortunate Remote Effects.

In many cases immediate harmful effects are not apparent. And when the unfortunate remote effects appear, the Board of Health doctor can be called in to say that the immunizing operations had no part in the physical wreckage.

Physicians often hear this statement from mothers: "Doctor, he has never been the same since he had the Schick test".

Harmful to Body and Mind.

The immunizing process not only fails to immunize but introduces elements which are potentially harmful to both body and mind and tends to make the physical and mental powers something less than nature intended.

The More Inoculations the More Diphtheria.

New York City has been the great battleground for pushing the Schick test and toxin-antitoxin inoculations. Hundreds of thousands of children have been inoculated.

The weekly bulletin of the New York City Health Department, August 22, 1925, showed that in the entire city in 1923 there were 8,050 cases of diphtheria; in 1924, 9,687 cases. The fatality rate in 1923 was declared to be 6.88; for 1924 the death rate was 7.37. In other words, the more inoculations the more diphtheria and the more deaths.

"Diphtheria Has Not Been Reduced."

In the discussion that followed the reading of a paper on this subject by Dr. Abraham Zingher of the New York Department of Health, at the annual meeting of the Medical Society of the State of New York, Dr. Charles Herman said:

For the past ten years they (New York City health officials) have been working on this problem. By means of addresses, papers, and circulars of information, they have made the benefits (?) of the method known to physicians and public. * * * * Propaganda, the education of the public, is essential. Other cities will follow the example of New York. DURING THE LAST FEW YEARS THE NUMBER OF CASES OF DIPHTHERIA HAS NOT BEEN REDUCED—(our capitals)—but a marked and permanent reduction in morbidity and mortality will require compulsory immunization.

Ten years of propaganda! Millions of the people's money spent! The health and lives of hundreds of thousands of children placed in jeopardy! "And there came out this calf"—"DIPHTHERIA HAS NOT BEEN REDUCED."

But wait! See them reaching for the legislative club—"but a marked and permanent reduction in morbidity and mortality will require compulsory immunization". During the same discussion and at the same meeting, Dr. I. H. Goldberger said: "It is my opinion that if we are to make further progress in protecting children against diphtheria, it will be necessary to pass legislative measures", etc., etc.

"Further progress"! "Diphtheria has not been reduced". "Be they a'comin' or a'goin'?"

Ten years of blundering failures in pursuit of the kiddies! Of course, they could not do it but for that glassy stare—fixed on the "silver lining" and the "pot of gold".

High Per Cent. of Failures Admitted.

Dr. Wilfred H. Kellogg, Director, Bureau of Communicable Diseases, California State Board of Health, in the October, 1925, number of the *American Journal of Public Health*, presents proof that the Schick test for diphtheria susceptibility should be abandoned completely, and declares: "The percentage of errors in reading reactions in those who are protein sensitive is, in the hands of even the most experienced, frequently as high as 50 per cent".

In the *New York State Department of Health Quarterly*, July, 1924, page 77, it is declared:

"It must be remembered that three doses of toxin-antitoxin fail to give immunization in a certain percentage of cases—variously given from five to twenty-five per cent."

The *Public Health Report*, United States Public Health Service, November 21, 1924, gives the estimated expectancy of diphtheria per 1,000 inhabitants in the United States as 1.30.

According to this, only thirteen one hundredths of one per cent. of the total population may be expected to contract the disease, anyway, or a total of 149,500.

It is admitted that the inoculations fail in five to twenty-five per cent. of cases (some place the percentage much higher), or an average of 15 per cent. Say the stuff does five per cent. better and only fails in 10 per cent. Now suppose that everyone of the 31,000,000 children in the United States be Schick-tested; there would be 310,000 failures, or more than twice the number of persons that may be expected to contract the disease in the whole country, including children and adults.

But maybe these "protectors of children" would prefer us to figure on the total population of the country. All right! Suppose our entire 115,000,000 of population, men, women and children, be Schick-tested. The 10 per cent. of admitted failures would amount to 11,500,000.

Compare this enormous batch of failures with the less than 150,000 that may be expected to contract the disease.

What kind of Americans are we to pay big taxes to promote such a proceeding?

Experimenting on Children.

In the paper by Dr. Abraham Zingher, above referred to, and which paper was published in the *New York State Journal of Medicine*, details are given showing how toxin-antitoxin was experimented with first on guinea pigs and then on many thousands of children in the New York schools.

In the discussion on that paper, Dr. William A. Hannig, Examiner, Department of Education, New York City, referred approvingly to Dr. Zingher's work in this connection as a "vast experiment", an "enormous experiment", and said: "Hundreds of thousands of children and their parents have cooperated and submitted to this experiment".

But did the parents know it was an experiment? The poor kiddies had no choice in the matter; they were innocent victims of exploitation submitting to a threat of physical disaster.

Fourteen mixtures were tried out, one mixture upon one group of children and other mixtures upon other groups of children.

Judging by the numbers, there must be at least seventy different mixtures.

The following are excerpts from the three published tables showing the effects upon guinea pigs. Unless otherwise stated, the children, in the experiments made upon them, received the same size dose as the guinea pigs. The guinea pigs, however, appear to have received only one dose, while it is admitted that in each instance the kiddies were given three doses.

Mixture 41: Amount injected, 1.0 c.c. Result, partial paralysis in 16 days; recovery.

Mixture 42: Amount injected, 1.0 c.c. Result, paralysis; death in 17 days.

Mixture 43: Amount injected, 1.0 c.c. Result, paralysis in 16 days; recovery.

Mixture 44 (fresh): Amount injected, 1.0 c.c. Result, acute death in 6 days. (Three injections of this mixture were given to the children, but the size of dose not stated).

Mixture 44 (old): Amount injected, 1.0 c.c. Result, slight local effect; death from pneumonia. (It was admitted that three doses of this mixture were shot into the children, but the size of dose not stated).

Mixture 42 (fresh): Amount injected, 1.0 c.c. Result, paralysis; death in 17 days. (Three doses of this mixture injected into children, but dosage not given).

Mixture 42 (old): Amount injected, 1.0 c.c. Result, no local effect, no paralysis; recovery. (Lucky pig!) (Three doses also of this mixture injected into children, but size of dose not stated).

It is explained that the mixtures marked "old" were kept at ice-box temperature for a number of months.

The stuff does not appear to be as strong a purveyor of death when it is "old", but no one knows what other mischievous properties it may be taking on while getting "old". However, if the parents give consent for Schick testing the kiddies must take the chances, whatever they are.

Mixture 69: Amount injected, 1.0 c.c. Result, partial paralysis; recovery. (Note 3.0 c.c. of this mixture caused paralysis and death in 25 days, while 5.0 c.c. caused acute death in 4 days. The children only received 1.0 c.c. but, as in all other instances, they were given three injections).

Mixture 65: Amount injected, 1.0 c.c. Result, death in 8 days.

Mixtures 67, 52, 70, 53 and 56 produced similar results with variations.

Five c.c. (children only received 1.0 c.c., but were given three injections) of mixtures 42, 43, 44 fresh, and 67, all produced acute death in 3 days.

The conclusion of the experimenters was summed up in a paragraph which was submitted as follows:

As a result of rapidly accumulating experience with mixtures of toxin-antitoxin of different degrees of toxicity, we have come to the conclusion that an *underneutralized mixture*, of which 5.0 c.c. causes acute death of the guinea pig in five to six days, 3.0 c.c. death in six to ten days, and 1.0 c.c. paralysis in fifteen to eighteen days, and death in eighteen to twenty-five days is the *best type of mixture to be used for active immunization*. (The "best type" to be used on children!)

How It Kills the Guinea Pig.

Have you ever seen a guinea pig in the throes of death following the injections of toxin-antitoxin? The fatal symptoms usually appear with great suddenness. In the midst of manifestations of exuberant health the animal suddenly stops and shows signs of surprise and stands for quite a little while in an attitude as if listening. It then hurries to some corner to lie down, but quickly gets up and goes to another place. It separates itself from its companions and tries to find an obscure location, where it attempts a losing battle with the unseen forces of poison and death.

Shivering restlessness, weakness and signs of acute pain appear. The animal tries to walk, but falls down, often rolling over and over in an agony of convulsive seizures. It becomes quiet from sheer exhaustion, but there is often continued jerk-

ing and twitching of muscles. The mouth is partly open, the muscles of the throat constricted, the breathing quick and anxious, the eyes wide open and staring. The animal refuses to eat. Its sleek coat becomes rumpled, dirty and rough, with many of the hairs turned toward the head.

Progressive weakness, profound relaxation and involuntary discharge of excretions precede the end. In a last desperate attempt to get away from its sufferings the animal tries to rise, but then it is seen that paralysis has set in. It falls helplessly to one side. There is a period of heavy, labored breathing, becoming fainter and fainter, the mouth opening wider as the gasping for breath continues. Slight twitching and tremors pass over the body. The eyes are fixed and glassy. There is a faint sound in the throat and then one long, deep sigh. Death closes the scene.

*Read before the I. H. A., May, 1927, Bureau of Materia Medica.

CLINICAL CASES.*

JULIA M. GREEN, M. D., Washington, D. C.

Group III—Cancer.

1. Mrs. R. M. P.—65 years.

Slender, worn, wrinkled, sad.

In the summer of 1912 first noticed tremblings in the left arm gradually extending to shoulder and accompanied by cramping pains and sense of tension in arm, shoulder and face.

She has a poor family history with severe rheumatism, tuberculosis, nervous breakdowns. At puberty she had rheumatism followed by chorea for a year.

1910 had a carbuncle on her back.

1921.

Aug. 18—She reports small lump in left breast growing harder; now size of a horse chestnut.
Small red area near nipple with blue veins on it.
Pain very slight; attributes it all to the shaking which now involves both hands and arms with a little in feet and legs.

*Read before the I. H. A., May, 1927, Bureau of Clinical Medicine.

Head is bent much forward and to left side.
Looks pasty, transparent, cachectic.
This patient was urged to have an operation within 48 hours as delay would be dangerous.
She decided to try homœopathy instead.
She lived until the fall of 1925.
At her death the breast condition was about twice as bad as at the first prescription, no worse.
She suffered much more all the time from the palsy than from the cancer.
Her friends all ascribed death to the palsy, but of course it was the gradual wearing out from both.
Remedies given were *Sil.* and then *Sulph.*, each run through a series of potencies.

2. Mrs. W. K.—69 years.

Slight, medium light complexion; skin looks thick and wrinkled.

Endurance poor in childhood; fair health since.

Goitre, small; several in family have it.

Menses always profuse; hæmorrhages frequent after 40 years; once in hospital 9 months on account of them.

Worse hot weather and a warm room.

Puts feet out of bed to cool them.

Sleeps well but tired in the morning.

Likes sweets and sour things.

Perspiration used to be free; lately only a little.

1918.

July 3—Slight flow from uterus each day for three weeks.
Today suddenly a heavy flow with clots.
No pain. Ringing in ears.
She improved greatly from this time on but the hæmorrhages occurred occasionally.
She worried herself sick about them, so—

Nov. 18—A tumor was removed from the uterine wall, said to be fibroid.
Her heart action was irregular for some time after this but finally became nearly normal.

Palpitation worried her much and internal quivering.
Then she was fairly well for five years, always frail but able to do most of her housework.

1923.
Oct. 3—Fell on a concrete platform and fractured right hip.
She recovered well though she never walked again without a limp and a hitch, being too timid and nervous to persevere in efforts to walk normally.
Chronic symptoms lasting all through these years:
Ringing in head and ears.
Vertigo standing or tipping head backward.
Pulsations felt in neck and abdominal aorta.
Hæmorrhoids occasionally for short periods.
Rheumatism in finger joints.
Stiff muscles in morning; must be pulled out of bed.
Headache on waking in the morning; general dull pain.
Varicose veins right thigh and leg; also left ankle.

1924.
Oct. 16—Slight show of blood from vagina at intervals of about two weeks since June.
Accompanied by slight bearing down sensation and very slight pains in inguinal region.
Examination revealed nothing abnormal.

1925.
Nov. 11—Looks progressively anaemic.
Fear of cancer strong; worries all the time.
Hæmorrhage slight but persistent, odorless.
Slight lumbar aching occasionally.

1926.
April 20—Either blood or yellowish discharge from vagina most of the time.
No pain or odor.
Surgeon removed large friable mass from uterine cervix; a sample sent to the laboratory brought the report, carcinoma.
July Much disappointed that discharge has continued.

Feels fairly well and able to do bits of work, but looks progressively worse; sclera bluish.
No pain; only sensation of bearing down in the pelvis.
Went to radium treatments which upset the whole case.
Pain began though not severe for six months more.
Flow did not stop and cancerous odor began.
Grew weaker faster.
Felt wretched after the treatments each time.
Returned to me in October but homœopathic remedies failed to act well after the radium.

1927.
Jan. 18—A stroke with confused speech and deep coma for five hours; then recovered without loss of motion. (One dose of *Opium* 10M.)
Removed to sanitarium and died in 3½ weeks.
Pain became unbearable after the stroke.
Remedies would not work so handed over to doctor who quieted her with veronal suppositories.
The haemorrhages became quite profuse the last 3 weeks and the odor bad.

This case is interesting because the cancer or a pre-cancer state of the uterus must have existed since the menopause and real hæmorrhages were present for nine years.

A constant discharge existed nearly a year in a very frail woman, yet she was able to keep on her feet and attend to household duties until within a month of her death; she did this when she looked cadaverous.

Pain and odor were almost entirely absent until the last month. Everything went bad after the radium.

Basic remedies used were *Puls.* and *Sulph.* with sometimes a dose of *Tuberculinum.*

ANOTHER LIVER RECIPE.

Rice and liver casserole: Line a casserole with boiled and buttered rice. Fill the center with chopped, boiled liver and gravy. Sprinkle grated bread crumbs over this, dot with butter and place in a moderate oven long enough to brown on top.

DIPHTHERIA: ITS SUCCESSFUL TREATMENT; IMMUNIZATION WITHOUT HARMFUL CONSEQUENCES.*

EUGENE UNDERHILL, M. D., Philadelphia, Pa.

(Remedies Continued).

IGNATIA.

Type:

The emotional remedy of moods, surprises and contradictions.
Not commonly indicated in diphtheria, but priceless when needed.
For the emotional hysteric.
Changeable moods.

General Symptoms:

Twitching all over the body.
Frequent sighing, sad and moody.
(Pain in small spots like *Kali-bi.*)
All-gone, weak, empty feeling in stomach, not ameliorated by eating.
An over-sensitive patient aggravated from touch.

Throat Symptoms:

Pain and suffering in the throat, ameliorated by swallowing.
Sometimes aggravated swallowing liquids and ameliorated swallowing solids (like *Lachesis* and *Capsicum*).
(*Baptisia* can only swallow liquids—the least solid food gags.)
Sensation of lump in throat.
Dry, spasmodic cough.

KALI BICHROMICUM.

Type:

The ropy, stringy remedy with wandering pains and punched-out ulcers.

Characteristic Symptoms:

Strong affinity for the mucous membranes of the respiratory and digestive tracts.

*Read before the I. H. A., July, 1925.

Thick, tough, tenacious, yellow, lumpy, stringy, sticky expectoration.
Ropy saliva.

General Symptoms:

Weariness and moderate prostration.
Sleepiness.
A subnormal temperature with cold sweat.
Pale, sunken face.
Wandering pains appear and disappear suddenly.
Pains in small spots.
Often a pain at root of nose.
After midnight, aggravation—especially from 2:00 to 5:00 a. m.
Aggravation from cold.
Amelioration from heat and motion.
Fever is absent or slight, and the temperature is often subnormal (in common with all *Kalis*).

Throat Symptoms:

Yellow coating on tongue—sometimes red, dry and glossy.
Pain in throat extending to neck or shoulders.
Swollen cervical glands.
Stringy discharge from nose and throat.
Formation of jelly-like mucus.
Strong tendency toward ulceration of the throat.
When the false membrane is pulled off, it leaves a deep, sometimes punched-out ulcer.

LAC CANINUM.

Type:

The remedy that alternates, or changes sides.

Characteristic Symptoms:

Alternation of sides or change of sides.
Often begins on left.
Suddenly shifts to right, then back again to left, there being usually amelioration on one side while the other is involved.

General Symptoms:

Over-sensitive.

Aggravation morning of one day and evening of next.
Aggravation from jarring of bed.
Aggravation from touch.
Restlessness is often pronounced.
Amelioration in open air.

Throat Symptoms:

The color of the membrane is grayish-yellow.
Throat looks glazed.
Patches of glistening whiteness.
Marked swelling of the throat.
Regurgitation of foods and liquids through the nose.

Points of Differentiation:

In *Lachesis*, the membrane begins on left and *extends* to the right side.
In *Lycopodium*, the right side is attacked first, and then the left side by *extension*.
In *Lac Caninum* it shifts from side to side.

NOTE—The shifting of symptoms includes the swelling and soreness. This alternation may occur one or more times a day.

LACHESIS.

Type:

The enemy of all constriction.

Characteristic Symptoms:

Left-sided.
Worse after sleep, and hypersensitive to touch.

General Symptoms:

A very prostrated patient.
Sensitive to the slightest touch or lightest pressure.
Can tolerate nothing about the neck. (Tuck covers snugly around the neck and under the chin; if they stay that way two minutes, it is a strong argument against Lachesis.)
The weight of the bed covers may annoy. (Not too hot but too heavy.)
All symptoms worse after sleep.
Sleeps into the aggravation and wakens feeling that he will choke or suffocate.

Aggravation from sleep is as pronounced under Lachesis as is aggravation from motion under *Bryonia*.
There is usually a mottled appearance of the skin on hands and face.
There is infiltration of the cervical glands.
Lachesis is most often indicated in laryngeal and tonsillar diphtheria, but may be indicated in post-nasal cases.

Throat Symptoms:

Severe cases beginning on left side of throat and spreading to right.
Invasion of soft palate—rarely the nose.
Swelling of submaxillary glands.
Note carefully the tongue. It is protruded with difficulty, trembles and catches behind the teeth.
The mucous membrane of the throat, where not covered by the diphtheritic exudate, is of a dark, purple color.
Sometimes ulceration of throat.
There is easy bleeding of dark, decomposed blood.
A sensation of choking in the throat and marked aggravation from empty swallowing, and amelioration from swallowing solids.
Regurgitation of liquids through the nose is often observed in Lachesis diphtheria.
The cough is of the croupy, metallic, diphtheritic type.
Thin, bloody and excoriating nasal discharge.
Lachesis is not nearly as apt to invade the nose as *Lycopodium*.
Throat symptoms of Lachesis are aggravated from hot drinks.

Particulars:

The breath is fœtid.
Heart rapid and feeble.
Temperature seldom high and may be subnormal.
Coldness of hands and feet.
Nervous excitability.
A feeling as if heart is too large or as if it turned over.

LYCOPODIUM.

Type:

The right-sided, flatulent, aggravation 4:00 to 8:00 p. m. remedy.

General Symptoms:

There is hunger in some cases but a few mouthfuls are all that can be taken. Fills right up and feels worse after eating.
Sometimes, no desire at all for food.
Seems all distended with gas.
There is much empty belching which gives temporary relief.
Cross, angry or frightened on awaking.
Aggravation after sleep in many cases, but sometimes amelioration after sleep.
Restless and peevish.
Great prostration.
Dry skin.
Constipation.
Aggravation from pressure of clothes.
Aggravation from warm room and warm applications.
Aggravation from eating. (Flatulence.)
Amelioration from warm drinks.
Amelioration from motion.
Amelioration from cool, fresh air.
Hunger from sudden satiety.

Throat Symptoms:

Cases which begin on the right side and extend to the left, often with nasal involvement.
Profuse, extensive, membrane formation.
The wings of the nose dilate and contract with each breath.
Dropping of lower jaw.

MERCURIUS BINIOD.

Preference for left side with extension to right.
Inflamed left tonsil with yellowish-gray membrane.
Slimy, sticky mucus in mouth.
Aggravation from empty swallowing.
Dark, red fauces.

Heavy, painful feeling in occiput.
Stiff feeling in neck, throat and tongue.
Wandering pains.
Acrid discharges.

MERCURIUS CORROSIVUS.

Type:

Violent remedy with burning, swelling, constriction and tenesmus.
Corrosive discharges.

General Symptoms:

Cases with marked kidney symptoms.
Inflamed, irritable bladder.
Scanty, hot urine; frequent urging to urinate but passing only a little scalding urine at a time.
Urine contains albumin.
Temperature more apt to be above normal.
Desire for cold food and drinks.
Averse to hot things.
Tendency to vomit.
Easy sweating tendency (very characteristic of the Mercury series).
Sweats from every motion.
Scanty stools with marked tenesmus.
Aggravation during and after stool and after voiding urine.

Throat Symptoms:

Dry, mucous membranes with rather scanty exudate.
Hot, dry throat.
Aggravation from swallowing.

MERC. CYANIDE.

Type:

Rapid and extreme prostration with coldness and cyanosis.

General Symptoms:

Extreme weakness.
No appetite.
Epistaxis.
Glandular involvement as is usual in all the mercurial preparations.

Blueness of surface.
Coldness of extremities.
Subnormal temperature.
Aggravation from swallowing.
Aggravation from speaking.

Throat Symptoms:

White membrane at first, later becoming dark and, sometimes, greenish—almost gangrenous.
Putrid breath.
Cutting pains in throat.
Brown or black coating on tongue.
A harsh, croupy cough with expectoration which is thick and ropy.

MERC. PROTOIODID.

General Symptoms:

Swelling of glands of neck—more apt to be soft than hard.
Tenacious mucus in throat.
Increased saliva.
Faintness.
Aggravation from rising up.
Aggravation from warm drinks.
Aggravated when lying on left side.
Amelioration in the open air.

Throat Symptoms:

Membrane forms on right tonsil first.
Moist, dirty, yellow coating on back part of tongue.
Tip and edges of tongue are red.

MURIATIC ACID.

General Symptoms:

Malignant cases with extreme prostration.
Sore and restless.
Hardly able to move.
Tends towards paralytic weakness.
Slides down in bed.
Aggravation 10:00 to 11:00 a. m.
Intermittent pulse and involuntary stool and urine.
Sensitive to touch and pressure.

Throat Symptoms:

Strong ulcerative tendency.
Deep ulcers in mouth, with dark or black base.
Tongue dry, leathery and shrunken.

NAJA TRIPUDIANS (Cobra di Capello, or Hooded Snake.)

General Symptoms:

Cases with alarming heart symptoms.
Impending paralysis of heart.
Gasping for breath on waking from sleep.
Weak, intermittent pulse; pulse changes in tension and volume.
Cyanosis.
Pain from heart to left shoulder or scapula.
Numbness of left arm.
Aggravation lying on left side.
Aggravation after sleep.
Suffocative choking after sleep.
Puffing respiration.
Aggravation from pressure of clothes.
Aggravation from cold air and drafts.
Amelioration in the open air.
Trembling.
A feeling as if parts were being drawn together.

Throat Symptoms:

Preference for the left side.
Laryngeal cases with dark red throat.
Short, hoarse cough.
Foul breath.
Raw feeling in larynx and trachea.

NITRIC ACID.

Type:

The remedy of splinter-like pains and strong, horse-smelling urine.
Great affinity for mucous surfaces.

General Symptoms:

Great prostration, yet a very sensitive patient.

Excoriating discharge from nose which makes nose and lips sore.
An intermittent pulse.
The stomach is often involved.
Unable to take food.
Sickly, yellow face.
Nasal diphtheria.
Acrid, thin, offensive, yellowish or brownish discharges.
Hæmorrhagic tendency.
Aggravation from touch, jar, noise, cold air, motion.
Amelioration from moderate warmth.
Urine strong-smelling like that of a horse.
Sweats easily.
Acrid, foul sweat.
Takes cold easily.
Copper-colored spots on body.
Vise-like headache—aggravation from pressure.
Craving for fat (like *Nux Vomica*).

Throat Symptoms:

Sticking, splinter-like pains in throat.
Extreme soreness of throat.
Ulcers in mouth on inner surface of cheeks and on tongue.
Excess of acrid, watery saliva.
Membrane in nose and throat.
Flabby gums.
Moist, fissured tongue.
Salivation.

PHYTOLACCA.

Type:

Grippy, achy remedy.
More often indicated early in diphtheria with creepy chills and backache.
A weak, fainty patient—worse on sitting up.

General Symptoms:

Aching, bruised sensations.
Sore feeling in head, back and limbs.

Worse on motion but must move.
Cases with pains in muscles and joints and with glandular involvement.
Kidneys often attacked in Phytolacca cases (albuminuria).
Diphtheria with "grippy," achy symptoms.
Temperature apt to be above normal.
Rapid, weak pulse.
A full, choking feeling in the throat.
Stiff neck.
Sometimes a dry, sore feeling.
Aggravation from hot drinks.
Aggravation from warmth of bed.
Aggravation from motion.
Aggravation from cold and dampness.
Aggravation at night.
Sensation of burning like a hot ball in throat.
Sore aching in throat.
Aching all over—even the eye-balls ache.
Frontal headache.
Faint on rising up.
Slight tendency toward stringy discharges.
Base of tongue yellow; fiery red tip.
Burned feeling on tongue.
Frequent urging to stool.
Increased secretions.

Throat Symptoms:

Swollen, dark-red or purple throat.
Exudate thick, white, grayish or yellowish—often in patches.
Burning in throat.
Preference for the right side.
Aggravation from hot drinks.
Pains run up into ears.
Aggravation from swallowing.
Wants to bite the teeth together.
Acrid coryza.
Saliva increased.
Dark, rough, raw, puffy throat.

RHUS TOX.

Type:

The stiff, sore, aching, restless remedy, worse when beginning to move; better when limbered up.

General Symptoms:

Rather severe cases with a sprained, sore, bruised feeling over body.
Aggravation on beginning motion.
Involvement of cervical glands.
A weak, restless patient.
Stiffness of neck and, perhaps, of the whole body after waking or after lying long in one position.
Aggravation when quiet.
Amelioration from frequent change of position.
Involvement and swelling of salivary glands.
Thin, watery stools.
Aggravation from exposure to cold and dampness, or from change in weather to cold and damp.
Aggravation from cold air and from drafts.
Aggravation from uncovering.
Aggravation after midnight.
Amelioration from hot applications and warm covers.
Tearing pains—can't rest in any position.
Abstracted, confused, depressed.
Replies slowly when spoken to.
Interscapular pain.
Aching pains down back of thighs.
Paralytic complications may require this remedy.

Throat Symptoms:

Often begins on left and extends to right.
Membrane dark in color; often livid.
Bloody saliva runs out of mouth during sleep.
Stiff, sore and aching.
Difficult swallowing, but frequent swallowing may ameliorate throat pains.
Œdema of the throat is common.
Red triangle at tip of tongue (not as often seen in practice as noted in the provings).

Sordes on teeth.
Cracked lips.
Dry, coppery or straw-like taste.
Craves cold drinks.

SULPHURIC ACID.

Type:

Malignant, hæmorrhagic. Profoundly septic.

General Symptoms:

Death-like pallor—looks almost like a corpse.
Extreme drowsiness.
Can hardly breathe or talk.
One of the dangerous types of diphtheria.
Extreme weakness.
Internal trembling.
Ecchymoses.
Hæmorrhages—dark, thin blood.
Sour odor.
Sour, acid vomiting.
Aggravation from cold air.
Aggravation in the morning.
Aggravation from odor of coffee.
Amelioration from hot drinks.
Cold sweat after eating warm food.
Profuse, acrid, stringy discharges.
Parts feel stiff and tight.
Pains come on slowly, cease suddenly. (A very strong feature of Sulphuric Acid.)
Sensation of blunt pressure.

Throat Symptoms:

Membrane is profuse.
The tonsils swollen and bright red.
Liquids regurgitate through the nose.

DEPARTMENT OF HOMŒOPATHIC PHILOSOPHY

Editors:

Royal E. S. Hayes, M. D. and George H. Thacher, M. D., H. M.

A HOMŒOPATHIC TITAN.

ROYAL E. S. HAYES, M. D., Waterbury, Conn.

IF A BLUE PRINT could be made of the professional activities of the late Dr. Erastus E. Case it would be heavily dotted with remarkable cures and brilliant therapeutic hits. To one knowing him it would be not difficult to know why. A glance at his hand would suffice. Mighty, not in size but in formation it was built for grasp and leverage, a perfect outward symbol of the mind for which it did his bidding. The acuteness and understanding of his observing faculties were well matched by the certainty of his conclusions and the way between was short and quick indeed. With that he seemed also to carry something like a prototype of the *Organon* in his system even to the fingertips, a quick and practical logic in all his clinical work. He was an omniverous user—mark the work—of repertories. Lippe's *Repertory* was carried in his case for acute work and apparently it never failed to fulfill its function. He would take a half-dozen or more remedies, do a little criss-cross work and the session was over. Even in chronic interviews time held no overdue charges against him. The serious name, address and age; the thoughtful inscription of the story; a few highly discriminating inquiries punctured with the invariable little joke or witticism, seldom an examination of almost virginal gravity, swift and to the patient mysterious reference to the *Guiding Symptoms* or two or three other books including or not a repertory, the decisive slap together of the last book consulted, the click of the paper cutter against the little bottle and the trick was done. Did the patient have a personal doubt? If a familiar visitor—no. If a new one the shrewd inward twinkle accentuated by the slight lifting of an eyebrow was a signal to his past, present and future.

To him the essential was first and last. Yet how much was essential! "Miasm" meant something to him; consequently it meant a great deal for his patients. He was ever suspicious of the latent. He asserted that: *Sycosis is floating about everywhere.* An acute condition was to him not merely a "disease." It was but the foreground of the conflict and not seldom did he carry the action to the background. Consequently Brother Death had a hard time matching wits with this sturdy prescriber.

Apparently he used all repertories using one or another according to some reason of his own, not accepting the belief that Kent's swallowed all the others. He dropped remarks to me about them at various times. Of Gentry's he said, "I use it sometimes but you do not need to buy it." Of Lippe's, "It is very good but not as complete as I would like." Of Jahr's, "You can find things there that you can find nowhere else." He might have said the same of Boger's in fact, I think he did; also of Allen's slips. Of Kent's he said, "I use it for the regular daily work." Of Bœnninghausen's, "I use Kent's every day at my desk but for hard chronic cases I always go to Bœnninghausen." Of the Symptom Register, "Yes, you should have it. It is rather awkward to use. You have to get acquainted with it." He also used the "As If" repertory and chuckled about the things he found in it sometimes.

The point is, he *knew* repertories; and he had such a faculty for apprehending the individuality of the patient that the repertory was to him not merely a machine to work along through but a quick conveyance to, or almost to, the certain remedy. He was not only a master in collating essential symptoms but he appeared to know exactly what to do with them in the way of tracking down a remedy. He was full of what might be called "a knowing wisdom." Whenever he talked homœopathy one realized that he was the practical homœopathic logician.

He seemed to be averse to lengthy conversation. Although he knew that I became interested in homœopathy the first time I met him he let me go a year before he suggested a repertory. He told me to study the *Organon*, Allen's *Handbook* and Raue's *Special Pathology and Therapeutic Hints.* Finally he told me

that I had better get Kent's *Repertory.* But he did not even show me how to use it.

I remember a few pertinent remarks. Once while still young at the game I mentioned something about *Dulcamara.* He said: "You'll do better not to grope about in that class of remedies too much." At a later time he made a remark which threw light on this previous one in relation to my stage of progress. He said, "I do the bulk of my work with the common remedies, the polycrests; it is the choice among them that counts most." At another time some nosode was mentioned and he said, "I prefer when possible to use the vegetable and mineral medicines even if more remedies have to be used. It leaves the patient in better condition in the end."

I have often wondered at the little he told me during my induction into the work. On the occasional visits to him with a list of questions (and usually a patient to see how he would work him out) he would answer with the sharp, short logical way that was peculiar to him—and that was all. With the few exceptions mentioned I do not remember that he ever offered any advice. He seemed to prefer that the understanding be dug out on its own merits. Once he asked how I was getting along. I said: "Pretty well (!!?) but I do not have to dispense with all the eclectic medicine." He chuckled at that and I wondered why. Later I knew that it meant as to say, "You are doing all right." Some time later I told him that I was not using anything but potencies. He laughed heartily and said, "Of course you do not."

I well remember a case of syphilis which I took to him while yet in the first stage. When he saw it he said: "You cannot cure this at once. You will have to go along with it and shorten it up as you go." I left the case to his control and he gave some remedy or other that brought it out on the skin with great fury. It remained on the skin but changed type rapidly and he followed it up with one remedy after another as the symptoms changed and in four or five months the entire condition was gone. Two children became infected from this slatternly fellow, one on the thigh and cheek and the other in and about the eye. He began with *Syphilinum* in one and *Muriatic acid* in the other and followed up with one remedy after another the same as with the man for six to seven months. These children are now grown up and not a symptomatic taint of syphilis has appeared since. The way these three cases were followed up mostly from symptoms of the skin lesions as they changed from time to time is a marvel to me to this day. He knew when to play a fast game as well as the game of watchful waiting. He looked at me doubtfully when once I told him that my tendency was to wait too long at times and lose an advantage. It is a fact, however, that an appreciation of pace is one of the considerations of prescribing as well as exacerbation.

One remark that this admirable prescriber made to me often comes to mind. It was not a great while before his fatal illness that he said: "I find myself doing better work every year. Old intractable conditions dissolve away more easily each year."

Although we have a gem in the *Clinical Experiences* and valuable short articles in the I. H. A. *Transactions* it is a pity that we have not more record of his practical methods and wisdom; but he would no doubt say it was all in the *Organon.* The following bits are recalled and contributed by E. M. S., a lay prescriber to whom the doctor taught homœopathy, the *Organon* and all.

HINTS FROM THE EXPERIENCE OF DR. CASE NOTED BY A PUPIL.

Bryonia is a great developer.

In many cases, *Borax* should be given instead of *Belladonna.*

When there is a great desire for apples give *Aloe.*

Nine cases out of ten of nose bleeding will be cured by *Millefolium.*

In any hæmorrhage, where there is no peculiar symptom indicating another remedy, give *Millefolium.*

In paralysis, think of *Opium* and *Plumbum.*

Belladonna does not bear repetition. It would easily kill a patient repeated in very high potency.

Phosphorus has an aggravation thirty-six hours after it is taken. No matter what its potency if it is the right remedy there will be an aggravation.

Badiaga—fresh water sponge—has for characteristic symptom very difficult expulsion of phelgm; so difficult that when finally dislodged by cough it flies from mouth with great force.

If you have a patient very low with phthisis do not give *Arsenicum* or *Phosphorus* in very high potency unless you wish him to die.

In the fluctuations of remedies *Lachesis* repeats its symptoms in fifteen days, *Kali-phos.* in two weeks.

Natrum-sulph. has bad taste in mouth, slimy mouth.

Nux vomica is not a long-acting stomach remedy, but does act for a long time on the nervous system.

If, after taking a remedy there is itching of soles of feet, it is a good indication.

Usually disease leaves by an eruption or discharge from mucous membrane.

Remember, after an operation, even the slightest, the element of shock must be included in the totality of symptoms.

If a child is croupous, give him one or two doses of *Phosphorus* in medium potency—say 40M.—in the autumn and it will prevent attacks of croup during the winter.

If a patient has rheumatism, prognosis is favorable if it begins in body and changes to arms, legs or feet, but if it begins in hands or feet, and goes to body it is very serious. Disease leaves the body through the hands and feet.

In acute conditions never give more than three doses of a remedy in the same potency. If patient is much better or worse after any one dose do not repeat. Later it may be necessary to repeat the remedy in a higher potency.

In prescribing I have found no better guide than paragraph 129 of the *Organon.* (Translated from the original edition of 1810, by C. E. Wheeler, M. D., London: Dent, 1913).

In this search for a specific homœopathic remedy, that is, in this comparison of the totality of the symptoms of the natural disease with the symptom-lists of available medicines, the more striking and unusual of the characteristic symptoms of the disease should especially be kept in view; for it is precisely to these symptoms that analogues must be found among the disease-symptoms of the drug which is to be the most suitable remedy. On the other hand the general signs, like loss of appetite, weariness, discomfort, disturbed sleep, and so forth, are of little significance when unaccompanied by more precise indications, because they are found in the symptomatology of most drugs as of most natural diseases.

In his lecture on "Hepar sulph." in *A Clinical Materia Medica,* Dr. Farrington said: "If suppuration occurs as the result of inflammation we have *Hepar* indicated and exercising a double function. If you give it in a high potency when the throbbing, stabbing pains in the affected part and the general vigor show the onset of inflammation, it may prevent the whole trouble. In other cases you see that suppuration is necessary and you wish to hasten the process. Then you give *Hepar* low." Dr. Case says *Hepar* as high as CM. will cause suppuration.

POINTERS.

A correspondent remarked in the April issue that he had found the snake venoms practically useless in potencies lower than the 30th but I have found the 30th of *Lachesis* and *Cenchris cont.* given as 1 d. to act several weeks in chronic conditions, more particularly in patients who had not previously been treated with potencies.

"When the moon is decreasing Phos., Sil., etc., may be used in patients having damaged organs safely and with good effect." I have verified this many times.

Septic wounds in which *Lachesis* is indicated may have the pain relieved by cold the first few days but not longer.

Kali phos. is a remedy for stage fright. A conductor, excited, flushed, nettled and shaky—remarkable exhilaration and success. Use in such people as a prophylactic.

Some of these post-grippe cases are calling for *Coca.* Dragginess, feels as if would fall, they even do fall or give up and lie down, marked mental depression, also dizziness.

Curare is also weak and shaky but it is sensed especially in the lower extremities, expresses wonder at the condition and has intense thirst for cold water.

Milk retention enemas were suggested here by some solemn person last month as a bait for tapeworm. Certainly! Ah—very good. But how are you to catch your worm then, fish for him

with hook and line? Or is the idea simply to engage his attention from within outward, from above downward and in the reverse order of his (dis?) appearance? R. E. S. H.

Many times the homœopathic physician can be of great assistance to the dentist in clearing up that disease which is so common among the American people—pyorrhœa. The well-chosen remedy, if there is a characteristic remedy for the patient, will do a great deal of good; but so many times there are no other symptoms than the pyorrhœa. In such cases have your dentist clean the roots carefully, and prescribe *Calcarea renalis*. Then watch the teeth tighten!

Before major operation procedure do not forget the beneficial effect of a dose of *Phosphorus* the night before the operation.

A remedy seldom thought of in connection with surgical shock, yet one of the jewels in our armamentarium, is *Strontium-carb*. Study it. H. A. R.

When *All-cep.* is the acute, *Phos.* will be complementary, and the "chronic" often.

FOOD FOR THOUGHT.

Homœopaths, Attention! Listen, Please.

Did you ever think of how much the cause of homœopathy has lost because you have never voiced the helpful thoughts that your own mind has whispered to you?

Snap out of such indifference! Concentrate the thoughts of your idle moments each day for a month, two months, longer if necessary, upon one subject, jotting down the thoughts of each day, then at the end gather them up and write out your conclusions. You will find them good and the rest of us? We are waiting for them.

ANTIDOTES.

The issue of pacifism and preparedness is always with us. Says Edward L. James in *The New York Times*: "American public opinion holds that if Cain had not had a club he would not have killed Abel. European public opinion holds that if Abel had had a club he probably would not have got killed by Cain."

The following sign appeared over the door of a business house: "We are open for business and mean business."—*Watchman Examiner.*

The teacher, talking to the class in biology said: "A single salmon produces in one year over 3,000,000 young!" Whereupon little Johnny asked how many a married salmon produced.

WE AGREE.

"Is an editor a man who puts things in the magazine?"

"No, an editor is a man who keeps things out of the magazine."

LADDER OF SUCCESS.

Someone has called this the ladder of success. Study it over and see if it doesn't indicate exactly how a man will succeed or fail, accordingly as he views the task before him.

100%—I will.
90%—I can.
80%—I think I can.
70%—I might.
60%—I think I might.
50%—It's possible.
40%—I'll think it over.
30%—I wish I could.
20%—I don't know how.
10%—I can't.
0%—I won't.

Charles Lamb walking in a London street exclaimed to a friend: "There goes a man I hate," to which his friend replied: "Why, Charles, I didn't know you knew him." "That is true," replied Lamb, "for if I knew him I would not hate him."

EDITORIAL NOTES AND COMMENTS.

This issue marks the end of the first half-year of the *Recorder* under its new management and editorship. Progress has been slow. The human mind can conceive in a moment of insight what it takes years to accomplish. We should like to go on record as to our concept of a utopian *Recorder*. As good homœopaths we realize that the things of the spirit are the most important, that all progress comes *from within outward*. Therefore we would try first to go to the root of the matter, to make the meat of the articles in this journal homœopathic, (for there are plenty of admirable journals in regular medicine), and not only homœopathic but profoundly and truly so. We have seen in our own experience, and in that of others with deeper insight and longer statistical range, the tremendous and unique power of our remedies. We have seen this bear fruit when our laws were strictly adhered to, and we have seen it fail pitifully under compromise and confusion of thought and the exigencies of daily life. We would stand for fundamentalism in homœopathy (contrary to our usual predilections in other fields) and would have the *Recorder* an unobstructed channel for the best wisdom of our art. We fully realize that this may limit its appeal in the eyes of some. Such can read other journals. This fundamentalism, however, does not close our eyes to progress. Indeed our very fealty to the Masters of homœopathy necessitates our being as fertile, imaginative and original as they. We feel that we dare not pursue many delightful, and we believe often helpful, by-paths at present, for we have a thesis to establish. On the other hand we invoke from our readers and contributors and from the recesses of our own minds and the vehicles of our own spirits, stimulating and provocative research and opinion which shall plumb the depths of our art and enlarge its scope. We would see homœopathy pure; we would see it original and progressive; we would see it utilizing all the good of modern science, and roused from its inertia, attacking the problems of defining the profound relationships between our hypotheses and modern science. We would not go against any fact, but we would illuminate and interpret the facts. Furthermore, we feel a profound need for the

crystallization of homœopathic thought and its distillation into the pure essence of its power. We would develop among our contributors and for our readers a lucidity, a simplicity and an assimilability which has been painfully lacking in most homœopathic literature. We believe that the true and profound practice of our art can be clarified and codified so as to be not only acceptable but inevitable to trained, thinking, practical physicians. We hereby appeal to all of our readers to give this matter an hour's quiet thought every week and would ask every devoted homœopath to write us at least one paper along these lines in the course of the year.

As to some of the special features which have been developed this half year, our pet is the Current Periodical Abstract Department. So far we have exchanges with twenty homœopathic journals. This is but a fraction of those throughout the world. We hope in the next half year to have represented in our volume the complete gamut of the homœopathic periodicals of the world.

We are instituting indexes every six months, the first of which appears in the current issue, by *authors* (with titles), by *subject*, and by *remedy*. This will form a solid and cumulative basis for research by our colleagues and greatly simplify the writing of papers. An enormous amount of hard work goes into the preparation of even this journal. We beg of our subscribers that they *read* it, that they offer us their criticisms and suggestions, and that they give us original material and articles so that by the end of the year we may have a richly representative journal of simon-pure homœopathy.

E. W.

WINNING ESSAY IN KENT PRIZE CONTEST.

Winner:

WILLIAM W. YOUNG, Hahnemann College and Hospital, Philadelphia, Penna.

[Owing to lack of space due to indexes, discussion of this essay and "ideal" working of case will not appear until July issue.—Ed.]

BOOK REVIEWS.

Homœopathic Leaders in Pneumonia with Graded Repertory. By Drs. A. and D. T. Pulford, Members of the I. H. A., p. 100, Toledo, Ohio: Pulford 1928. $2.50.

Just to look at this little book gives you a rare sense of tranquillity. It is a quarter of an inch thick, 6"x4", bound in fine black leather, on the thinnest paper, type and arrangement pleasing, perfect for the pocket. As to its content, the preface states that the authors have treated 242 cases of pneumonia with but three deaths, a rate of 1.4 per cent. They claim that the pneumonia death rate under the homœopathic *similimum* should at no time exceed 5%. The introduction gives a table of their own abbreviations and the following gem of advice:

> Remember that the *similimum* will cut short any disease at any time and will act at once, and rarely needs repetition. If it does need repetition it is not the *similimum*. The farther away you are from the *similimum* the oftener you will have to repeat. Whenever a disease must run its, or a given, course it is a sign that you have at no time had the *similimum*, and that the patient would have been fully as well off, if not better, had he had no medical interference whatever. . . . DON'T get panicky; give too low potencies; repeat too often; paralyze your patient's heart with digitalis or ease his pains with morphine; try to replace the *similimum* with a tank of oxygen—they won't work.

The body of the text is divided into two parts, materia medica and graded repertory. The materia medica takes up twenty-six remedies giving, in regard to each, a paragraph of *remarks* which start with a word-picture enabling one to visualize the patient needing that drug, and ending with certain hints as to the relation of remedies to each other and to pathology. Then follows a brief paragraph entitled "Is the ONLY known remedy for". Then another brief paragraph headed "Is THE leading remedy for". The twenty-six remedies discussed, (including an occasional symptom which especially impressed us,) are: ACON.: its abuse calls for *Bry.* and especially *Sulph.* ANT-T.: ONLY remedy for twitching in the face when coughing. ARS.: always study *Sulph.* in relation to *Ars.;* hiccough with the fever. BELL.: Sardonic laughter; better lying on the abdomen. BRY.: Pain confined to the sternum. CALC.: Especially for R. U.

L., constriction and oppression of chest, better drawing shoulders back. CARB-V. CHEL.: weary individual, sitting in bed, bent forward on elbows holding himself perfectly still, transfixed with pain. FERR-P.: A cross between *Acon.* and *Bell.*, as *Cadm.* between *Ars.* and *Bry.*, and *Seneg.* between *Bry.* and *Rhus.* HEP.: Closing the eyes nights excites cough, disposition to contradict. IOD.: Anxious trying to keep still. IPEC.: Stiffness of muscles of face during cough. LOB.: Cases associated with heart trouble. LYC.: Sensitive to cold: resembling *Phos.* and *Sulph.* in hepatization. MERC.: Hurried talking; oily night-sweat. NAT-S.: Worse at rest and in spring; L. L. L. PHOS.: Follows *Ars.* often. *Phos. Sulph.* or *Lyc.* most often indicated for hepatization. PULS.: Better lying on painful side; loquacity with sweat; always slighted. RHUS.: Cough worse bathing. SANG.: Cough ends in belching; cough better flatus up or down, patient better lying on back. SENEG.: In cases too deep for *Bry.*, sputum gluey. SEP. SIL.: Cough agg. by cold water and cold things to gagging, cough on uncovering feet. SULPH.: Often after *Ars.* TUB.: Better by motion (if *Rhus* fails). VERAT-V.

The Repertory is an original one, though based on Kent's it recalls Jahr's *Forty Years' Practice.*

Altogether this little book is a gem which no one practicing homœopathy can afford to be without.

E. W.

CARRIWITCHETS.

Sit Down, Doctor, and Write Us Your Answers to These Questions. It Will Only Take Five Minutes.

First Question—When a patient has been poisoned by Mercury and in every sickness thereafter, whether acute or otherwise, the symptoms are Mercury, but the potencies of Mercurius aggravate the patient's symptoms without a following amelioration, how should the physician select the curative remedy?—F. E. G.

Second Question—What is the meaning of the term, "Suppression by homœopathic remedies"?—E. G. C.

DEAR EDITOR—What is the attitude of the true homœopath towards giving insulin, thyroid extract, pure cod liver oil or ovarian extract?—B. R.

RECORDER QUESTION DEPARTMENT—In the case of definite secondary syphilis, with positive Wasserman, in a case relatively free from psora, what treatment would you homœopaths give, and in what period of time would you expect a negative Wasserman and symptomatic cure?—L.

In cases of marked decompensation with fibrillation and ascites, will pure homœopathic remedies control such advanced pathology?—E.

ANSWERS TO QUESTIONS IN MAY ISSUE.

First Question—Mental symptoms are the most important. Here, therefore, the leading symptom is silent grief. Try *Natr.-mur.*—H.

—Nat-mur. stands out strong in the case as presented. It also has headaches and hæmorrhoids. I wonder if it could have covered the case in the first place. Another thought comes up. Could the patient have had too much Sulph.? It covers the new symptoms, and Cham. and Nux. which ameliorate, are antidotes to Sulph. F. E. G.

—*Lycopodium* 1M. daily for 7 days—unless aggravated, probably leading again to *Sulphur*. W. E. L.

Second Question—The case is chronic. With that in mind take it again, then if the case is still mixed, remember that when a suppressed disease is the disturbing cause in a case its nosode will often turn the case into order and show the curative remedy. F. E. G.

—Would suggest Carbo-veg. 2c. I base this reply on former experience in like cases. H. B. E.

—Your fundamental symptom here is "never well since whooping cough," that quality of cough returns with each cold. *Sang.* has both these symptoms, and either that or *Coqueluchin* should clear up that tendency. Do not give codeine but retake your acute case and do a chronic case if necessary.—E. W.

—*Drosera* 30 n. and m. W. E. L.

Third Question—Gibson Miller's *Relationship of Remedies* can be bought from Boericke & Tafel, 1011 Arch St., Philadelphia, Pa., price forty cents, or from The Homœopathic Publishing Co., 12 Warwick Lane, E. C., England. Price 1 shilling.

CURRENT HOMOEOPATHIC PERIODICALS.

Titles marked with an asterisk (*) are abstracted below.

THE BRITISH HOMŒOPATHIC JOURNAL, LONDON
Vol. XVIII: 101-179 (April) 1928

DE DOKTER IN HUIS, ZWOLLE, HOLLAND
9e Jaargang: 57-76 (April) 1928

THE ECLECTIC MEDICAL JOURNAL, CINCINNATI
Vol. LXXXVIII: 151-200 (April) 1928

HAHNEMANN, CALCUTTA
Vol. 10: 561-616 (March) 1928

The Action of Bell., Gels. and Puls. in Labor Pain: Dr. Sirkar advises *Gels.* for rigid os uteri (pain in the loins is diagnostic of rigid os according to Mme. LaChapelle). The Gels. patient will be hysterical with a red swollen face, gloomy, drowsy, with relaxed muscles and

irregular pains without rhythm, now slow now sudden, which radiate from the uterus (glycerine containing a few drops of tinct. of Gels. may be painted on the cervix as well as Gels. in potency internally administered). Gels. is the chief remedy to dilate the cervix. If the rigidity is accompanied by spasmodic contraction *Acon., Bell., Caul., Cimic., Con., Gels., Lob., Nux-v., Passif., Verat-v.,* and *Vib.* are to be considered. (*Bell.* especially where the os is dry and hard and untouchable, where the pains come and go suddenly, and the patient is worse from light and noise, and particularly in elderly primiparas. It is no good in simple rigidity, only in spasmodic contractions). Gels. is also valuable for ineffectual contractions with a soft os in the first stage before dilatation is complete. Also when the bag of waters protrudes through a half dilated cervix and muscular atony prevents progress. *Puls.* is invaluable after dilatation, when the pains are irregular, or regular and weak, or too short in duration, or when there are practically no pains, especially is it helpful when the baby is a little out of position.

THE HAHNEMANNIAN MONTHLY, PHILADELPHIA
Vol. LXIII: 241-320 (April) 1928

Therapeutics of Cardiac Diseases—Infective Lesions: Dr. Golden gives both the non-homœopathic and the homœopathic treatments. Under the latter for simple acute endocarditis he lists *Aconite, Veratrum viride, Bryonia, Rhus tox, Spigelia* (precordium sensitive to touch; pseudo-angina; pericarditis), *Cimicifuga* (muscular soreness, pain in the left arm, sense of constriction; chorea), *Arsenicum.* For malignant endocarditis *Lachesis* (embolic processes), *Crotalus, Secale* (petechiæ), *Echinacea, Chininum ars.* In pericarditis early, *Aconite* and *Veratrum viride,* when effusion ensues *Bryonia, Colchicum, Apis* and *Cantharis,* the two latter in chronic states with slow absorption. Also *Kali carb., Kali iod.* With myocardial changes *Cactus* and *Lobelia.* In myocarditis *Arsenicum, Nux vomica, Chininum, Strychnia Phos.* and *Strychnia nitrate,* also *Chininum ars.* and *Ferrum red.*

The Treatment of Degenerative and Syphilitic Diseases of the Heart: Here again we are given both schools of therapy, what Dr. Wells is pleased to call physiological therapy and the homœopathic therapy. In early mild myocardial degeneration he prefers homœopathy, in advanced heart failure he believes physiological drugs to be often necessary. He most often uses *Chininum arsenicosum, iodide of arsenic, Calcarea phos., Nux vomica, Cactus,* (not suitable in pronounced circulatory failure), *Cratægus, Kali carb., Aurum mur., Lycopodium* and *Pulsatilla.*

Management and Homœopathic Treatment of the Pneumonias: In the early stages *Aconite, Ferrum phos., Belladonna* and *Veratrum viride* (Ferrum phos. before exudation when new areas of lung are becoming involved and in the aged). In later stages *Bryonia, Phosphorus* (tendency to develop pulmonary abscesses), *Iodine* (tawny skin, no sweat, hectic flush on cheek of affected side), *Sulphur* (in delayed resolution with rising temperature, tightening cough, to avert abscess). Also *Antimonium tart, Ammonium carb.* In the stage of resolution *Stannum iodide* (cough worse talking, lying on painful side or by warm drink) and *Arsenicum iodide.* Dr. Seibert testifies to working in a non-homœopathic hospital where one-half the ward patients are under homœopathic treatment. These latter had their crises three or four days earlier and were discharged four or five days before the others and the homœopathic mortality was fifteen per cent. against forty-seven per cent. Sequelæ and complications were less severe and less frequent.

THE HAHNEMANN REVIEW, CALCUTTA
Vol. 1: 1-32 (April) 1928

HOME & HOMŒOPATHY, CALCUTTA
Vol. 111: 281-320 (March) 1928

Whooping Cough: Statistics show, Dr. Lehman says, that 6,000 children die annually of whooping cough in the United States. He believes that by the use of homœopathic remedy the disease can be wiped out in an average of 21 days (instead of the usual "six weeks coming, six weeks going"), and adds that many cases can be cured in 7 to 14 days. First he takes up *Coqueluchin* the nosode of the disease, (see book by Dr. J. H. Clarke of London). This has not been proved. Some symptoms he gives are: Nausea at the end of cough, picking at the nose, fever every other day, desire for sours and fruits. In his experience it is useful in the first seven days, then other remedies are needed to wipe out the "base—on which the virus was implanted". It is valuable in chronic effects of mistreated whooping cough, and gland complications. Next an allied remedy *Corallium-rub.* This is related to both syphilis and psora. It has spasmodic cough with blue face, worse at night, craving acid and salt, nervous temperament, rapid emaciation, sweat about the head, smothering before cough, minute-gun paroxysms, crowing inspiration, cough worse at 2 a. m. Useful in children periodically dosed with calomel and in blond tuberculoid subjects with prominent eyes. Next *Drosera.* Violent paroxysms in rapid succession with gagging, cough worse after midnight, by warmth, drinking, laughter, lying Lehman advises against giving a second dose of Drosera high. *Sang.* for patients who seem never to have gotten over the whooping cough. The cough returns with each cold. If this remedy works slowly give *Calc-c. Ipec.* with gastric symptoms, hæmorrhage blueness and strangling with cough. *Cuprum* where rigidity is prominent, three successive attacks of cough. In cases where there is no crowing inspiration, aversion to being touched. Follows Dros. well. *Cocc-c.* for racking, suffocating cough with remission of two minutes, worse 6 to 7 a. m., on going to bed, entering a warm room from the cold air, after remaining long in one position; expectoration of clear ropy mucus; in uric-acid patients. *Carb-v.*: Paroxysmal cough with whooping, worse at night, better sitting up, poor vitality. *Meph.*: Cannot exhale, vomiting with the cough, cough worse lying, as though cough would terminate life. *Ant-c.*: In whooping cough after tonsil operation or measles. In scrofulous children. Cough worse in the morning, worse from over-heating. *Ant-t.*: *Whooping* cough after vaccination or associated with asthma; in alcoholics; worse hot weather and warmth of bed, eating or drinking; crying before cough. *Croc-h.*: Pallor and collapse after attack with dark fluid hæmorrhage. *Squil.*: With wheezing, purpuric erythema, involuntary urination during cough, and absolute lack of sweat. *Phos.*: Unfavorable cases with hæmorrhage and ammoniacal urine. *Sep.*: In sycotic constitutions. Cough with retching day and night. *Spong.*: Lean, scrofulous children; barking cough, worse talking or lying; sporadic cases. *Hyos.*: Whooping cough following the mumps; worse talking and lying; salty expectoration; cough worse 6 to 7 a. m.

The Nosodes: Remedies Made of Disease Products: Dr. Beers, in a brief paper, gives cases cured by *Psorinum, Medorrhinum, Syphilinum, Bacillinum,* (for babies who do not respond to the indicated remedy and catch cold easily), *Tuberculinum* (especially after *Puls.* which enables a tuberculosis patient to take fat.), *Vaccininum, Lyssin,* and *Pyrogen.* Dr. Beers asserts that Lyssin loses strength with time. (The tincture may, but high potencies do not.—Ed.) She suggests the use of Pyrogen in pyorrhœa. She does not take up *Ambra* or the nosodes from plant diseases.

THE HOMŒOPATHIC SURVEY, WASHINGTON
Vol. 2: 1-15 (April) 1928

THE HOMŒOPATHIC WORLD, LONDON
Vol. LXIII: 85-112 (April) 1928

HOMŒOPATHISCH MAANDBLAD, THE HAGUE
39e Jaargang: 1-8 (Jan.) 1928

HOMŒOPATHISCH MAANDBLAD, THE HAGUE
39e Jaargang: 25-32 (April) 1928

THE JOURNAL OF THE AMERICAN INSTITUTE OF HOMŒOPATHY, NEW YORK
Vol. XXI: 271-358 (April) 1928

The Treatment of Acute Poliomyelitis: After a discussion of the unsatisfactory nature of the various treatments for poliomyelitis, Dr. Simonson tells of an experiment in the treatment of the disease with homœopathic drugs in two wards, comprising thirty beds. He says: "Before beginning treatment we made a careful study of the symptomatology of remedies exhibiting selective affinity for the central nervous system, always keeping in mind the fact that in a given case, any remedy outside of our list might be indicated. The principal drugs studied were, Conium, Gelsemium, Bryonia, Belladonna, Curare, Physostigma, Hyoscyamus, Hydrocyanic acid, Hellebore, Opium and Strychnia." The remedy was given intraspinally as well as orally. Dr. Simonson feels that the intraspinal administration had real value. He does not give actual statistics but the results on sixty cases were very encouraging as to the amount of permanent paralysis and especially the mortality percentage.

LEIPZIGER POPULARE ZEITSCHRIFT FUR HOMOOPATHIE, LEIPZIG
59 Jahrgang: 121-140 (April 1) 1928

On the Classification of Homœopathic Medicines into Sympathetic and Vagus Remedies: Scholta calls attention to Gottschalk's classification after Farrington of remedies according to the mineral plant and animal kingdoms, and feels that a more profound and systematic relationship of remedies is as necessary to the practice of homœopathy as

are the pictures of an *Acon.* or a *Bell.* sickness, a *Nux-v.* or an *Ign.* nature, a *Calc.* or a *Natr.* constitution, a *Sulph.* or an *Iod.* dyscrasia. Modern science, he claims, has invalidated the three constitutions of von Grauvogl and led us back to the necessity of a system of polarity whereby every substance entering into the body fluid and cells is an acid-producing (electro-positive) or alkali-producing (electro-negative) influence. The homœopathic remedies, he claims, can be classified this way, for example, Calcium as acid, Potassium as alkali in the body. Sodium dilutes the body fluids, Potassium dries them up, at least in low potencies. In the high potencies the action is reversed. Thus in bloating one would give *Nat-m.* low, and in marasmus high. Similarly medicinal and nutrituinal substances range themselves with the sympathetic or the para-sympathetic nervous systems, Calcium and Coca, the former, Potassium and Opium the latter. How is the homœopath to know in which class a given remedy belongs? The electro-negative or alkali-producing remedies are chilly and worse from cold. The electro-positive or acid-producing ones are warm-blooded, worse from heat. He then gives us the characteristics of the sympathetico-tonic remedies with *Acon.* as example. The cardinal points of these remedies as a class are: SLEEPLESSNESS (*Acon., Calc-c., Coca, Iod., Kali-i., Olnd., Sang., Sulph.*) [Iod. and Sulph. surprise us here.—Ed.] SENSITIVITY OF THE BODY TO COLD (*Acon., Nux-m., Hep., Calc-c., Graph., Iod., Ars., Dulc., Sil., Stront-c., Bar-m., Lyc.*) DRYNESS OF THE SKIN AND MUCOUS MEMBRANE (*Acon., Graph., Sil., Adren., Alumn., Bar-m., Bism.*) CONTRACTION OF THE VESSELS OF THE SKIN AND THE ARTERIES, high blood pressure, (*Calc-c. Stront., Iod., Ars-i., Ol-an., Aur-mur.*) NERVE, MUSCLE AND COLICKY PAINS (*Acon., Spig., Cimic., Coca, Calc-c., Gels., Sang., Sil., Verat-a., Lyc.*) STRONG AVERSIONS. Obstinacy, contradictoriness, anger, irritability, indolence, anxiety, lack of sympathy are sympathetico-tonic traits. In part II he takes up the characteristics of the para-sympathetic or vagus remedies with *Puls.* as example. The main criteria of the vagus group are: HYPERSENSITIVITY OF THE SKIN (*Anac., Apis, Arn., Bell., Bor., Bov., Canc-fl., Canth., Caust., Cham., Chin., Cocc., Con., Hell., Hyos., Ipec., Kali-br., Lach.*) DISTURBED SLEEP (*Puls.*) GASTRO-INTESTINAL HYPERACTIVITY. HEART AND ARTERIAL DISTURBANCES (*Nux-v., Chin., Puls., Cocc., Con., Kali-c., Kali-br., Kalm., Lach., Lact., Scil.*) OPPRESSION OF BREATHING, as in asthma (*Cupr., Ipec., Lob., Nux-v.*) HYPERCHLORHYDRIA (*Atro. Con., Puls., Mag-c., Iris-v.*)

LEIPZIGER POPULARE ZEITSCHRIFT FUR HOMOOPATHIE, LEIPZIG

59 Jahrgang: 141-160 (April 15) 1928

Treatment of Tremors of the Hand: In addition to physico-therapy Dr. Witzel suggests especially the following homœopathic remedies according to the symptoms: *Agaricus, Belladonna, Conium, Lycopus virginicus, Tabacum.*

MID-WEST HOMŒOPATHIC NEWS JOURNAL PALATINE, ILL.

Vol. I: 1-48 (April) 1928

PACIFIC COAST JOURNAL OF HOMŒOPATHY, LOS ANGELES

Vol. XXXIX: 101-127 (April) 1928

The Modus Operandi of the Minimum Dose: Dr. Martin looks to endocrinology for an analogy to the high potencies. He says: "The normal quantity of adrenalin in the circulation is one part to twenty million. . . . says Shafer, 'a dose of not more than one fourteen millionth of a gramme of the active material is all that is necessary in order to produce a maximal effect.' Sajous states that 'it is certainly true that one-fourteenth of this dose will produce some effect.'" The amount of iodine in the blood, according to Martin, is about one part to ten million. Everyone knows the gross results of a most minute

alteration in the amounts of these substances. Martin believes that the homœopathic potentized remedies act by exciting or inhibiting the function of the endocrine glands. As a further analogy of how our remedies work he speaks of the spark which ignites the gasoline that drives an automobile engine. The spark does not drive the engine but neither does the gasoline without it.

REVISTA HOMEOPATICA INTERNACIONAL
Vol. III: 1-64 (April) 1928

The Criminal Is an Invalid Who Ought to Be Cured and Not Punished: Dr. Castro first states that his ideal preventive therapeutic for criminals consists in bettering the prison system to avoid further degeneration, in impeding their propagation without destroying virility, and chiefly by the early application of the homœopathic remedies. He then takes up the mental states most frequently found in criminals and the remedies which apply to them. For instance: "Savage delirium with hallucinations, phobias and impulsive fits of a violent nature", are influenced by such remedies as *Stram., Hyos., Bell., Absin., Agar.* and *Anac.* Delirium similar to delirium tremens needs *Cann.-i., Agar, Nux-v., Canth.* or if comatose *Op.* Lasciviousness with loquacity, erotomania, nymphomania and satyriasis calls for *Lach., Canth., Agn., Stram., Phos., Murx., Qrig., Sal-n., Ign., Verat-a.*, etc. Depressive manias with abulia (lack of will power) are characteristic of *Acon., Plat., Helon., Puls., Ign.*, etc. Melancholia can be remedied with *Aur., Ars., Nat-m., Zinc, Phos-ac., Camph., Con., Gels., Bov.* Hypochondriasis is characteristic of *Anac., Kali-p., Mosch., Sep., Ambr., Stann., Sulph.* Delusions of persecution, of greatness, ideas of suicide, of poisoning and the compulsive hallucinations, even automutilation correspond to *Cupr., Hyos., Nux-v., Ign., Lil-t., Aur., Op., Cham., Phos., Apis, Cic., Nat-m.*, etc. Acts of violence with homicidal tendency call for *Aur., Con., Nux., Mosch., Sulph., Asaf., Bell.* and *Valer.*, etc. Kleptomania, phonomania (insanity with tendency to murder), pyromania and types of systematized perturbations may be treated by *Stram., Ars., Calc., Agar., Graph., Lyc., Rhus, Sil., Hell., Camph.*, and *Lach.* If the homœopathic remedy is not sufficient Dr. Castro proposes suggestion, hydrotherapy, internal glandular treatment including transplantation, and surgery, (trepanning the skull).

Chromopathy: This article is taken from an old Indian treatise. Chromopathy is based on the theory that diseases come from a lack of the rays producing a certain color. Those most necessary to the healthy body are blue, red and yellow rays. In order to determine what color is lacking you examine the whites of the eyes, the nails of the hands, the urine and fæces. The color *blue* is calming, refreshing and astringent. It relieves pain, bilious attacks, insanity, apoplexy and the spasms of cholera, pest and rabies, and shortens dysentery and reestablishes the equilibrium of the nervous system. *Green* is needed in cancer cases and green rays help boils, anthrax, facial neuralgias, infantile convulsions, insomnia, fixed ideas, etc. *Indigo* (mixture of blue and red) acts on respiratory diseases, catarrh, pleurisy and even T. B. C. Indigo also affects dyspepsia and vomiting. *Red* is a tonic needed in anæmia and depression, useful for chilly, debilitated people and for paralysis. *Orange* stimulates the functions, calms asthma, heals aphthæ. Rheumatism, gout and chronic cough are helped by the orange rays. *Yellow* is helpful in intestinal and kidney conditions and in atony, also epilepsy and head conditions. Malignant fevers come from an excess of red rays and are combatted by blue, indigo or violet. A blue room helps insomnia, a red room promotes physical activity, a yellow or orange room disposes to intellectual work, a green room brings calm. The treatise suggests that the rays of light for medicinal purposes be obtained by colored glasses held between the sun or an artificial light and the affected part, and that the internal dose be prepared by exposing distilled water in colored glasses to the sun's rays a certain number of hours. This article on the quaint lore of India may be of real significance from the super-physicist's point of view.

THE SERVANT OF HOMŒOPATHY, CALCUTTA
Vol. 1: 507-552 (Jan.) 1928

THE SERVANT OF HOMŒOPATHY, CALCUTTA
Vol. 1: 553-597 (Feb.) 1928

THE SERVANT OF HOMŒOPATHY, CALCUTTA
Vol. 1: 598-643 (March) 1928

Homœopathic Treatment: Dr. Sirkar gives a thoroughly Kentian discussion of the philosophy of prescribing. First he says you must discriminate between acute and chronic diseases then diagnose your case, then prescribe a homœopathic remedy, then comes the test of comprehension. After you have gotten some effect will you change remedies, continue the one given or wait? He gives nine rules of guidance as follows: 1. If you have a short aggravation it is desirable. If the case is acute your result will soon come. If chronic, wait. 2. If symptoms decrease gradually the medicine is taking hold—wait. 3. If symptoms are first better, then worse, your medicine is not deep enough, so change it. If after partial relief original symptoms return, restudy the whole case. If *old* symptoms return in an *acute* case the strength of the disease is greater than that of your medicine. If a chronic case, if the old symptoms are stopped your drug is acting thoroughly. 4. If there is an aggravation and the old symptoms return, or if the present symptoms remain and the old ones return, and the *patient* improves—symptoms coming in the reverse order of their appearance—wait. If old symptoms return and stay, patient not improving, repeat your medicine. 5. If your patient is not being cured *from within outward and from above downward*, you are not giving the proper drug. 6. If the symptoms slowly increase but the patient recovers gradually, then the case was a serious one and will take long to cure. 7. If the patient dies after the *similimum* it was too late, the drug was needed years ago. 8. After the patient's symptoms are cured but he does not feel well, there may be defective organs, therefore the case is stationary and the cure not perfect. 9. If new symptoms appear your medicine was not the *similimum*. Take the totality of the old and new symptoms and give another remedy. If *general* symptoms come back the patient is being cured; do not change your drug. If your medicine is working, stick to it, but go up the scale in potency, repeating the same potency when improvement comes to a standstill. If you get improvement but not cure, go deeper to a complementary remedy. Never give remedies in succession nor alternation; give one remedy at a time, its potency adjusted to the condition of the patient. If the drug is right but the potency wrong, you will help but you will not cure. There is an optimum potency for each case. If you cannot cure by this method the patient is incurable. (This material almost exactly parallels the chapter on "aggravation" in Kent's *Lectures on Homoeopathic Philosophy*.—Ed.)

Diseases of the Skin: Dr. Ghosh suggests the following fifteen remedies for boils: *Agar., Calc-c., Calc-p., Calc-picr., Carb-v., Coff-c., Corn-c., Kali-br., Mang., Nux-jug., Petr., Rad-brom., Rhus-t., Rhus-v., Thuj.* and continues about other skin conditions, (eczema, etc.) in the same vein.

YOUR HEALTH, CHARDON, OHIO
Vol. IX: 193-256 (April) 1928

Constitutional Types: Sixteen chemical elements, Dr. Coffin says, enter into the composition of the human body, an excess or deficiency in any one or more of which influences the metabolic processes as evidenced in character and build. Men can be classified into four types according to the proportion of these sixteen elements; the mental, muscular, osseous, and vital types. "These sixteen elements vary greatly in amount in the normal individual, a man of 160 pounds having 89 pounds of Oxygen but only one-half ounce of Iodine. In the second type Iodine, Magnesium, Manganese, Phosphorus, and Sulphur predominate. The osseous type abounds in Calcium, Fluorine, and Silica. Those of special muscular activity carry more Chlorine, Potassium and Sodium. The functioning of the organs and vital fluids calls especially for carbon, hydrogen, nitrogen, and oxygen. Iron is not characteristic of any type but essential to all. Dr. Coffin's thesis is that patients lacking in any of these elements can be helped by that element in homœopathic potentized form. For instance: "Consider the calciferic type as an illustration. The bony framework is markedly in evidence, large, long, heavy, strong, square effect in outline, chin square, chest broad but flat, hands square. The hair is coarse, the skin is thick and lacks elasticity. Strength and solidarity characterize the temperament as well as the physique. He is slow to receive impressions, slow to give them up—marble-like; is materialistic and practical, not adaptable nor easily swayed or disturbed, a hard master, tireless, persistent, positive, 'the driving wheel of the powerhouse'. Dr. V. G. Rocine says, 'Calcium is the fort of courage, the backbone of resolution, the anchor of hope, and gives a feeling of conviction.' The ox is a prototype in the animal kingdom." The calciferic man needs high calcium food content and tends in later life to stiffening of the joints, hardening of the arteries and tubercular deposits. He drives himself relentlessly with contempt for inefficient weaklings. The typical *Calcarea* patient, homœopathically speaking, is a clear contrast to this. They should eat milk, cheese, bran, cabbage, lettuce, onions, spinach, oranges, lemons, limes, rhubarb and halibut. Dr. Coffin then gives an outline of the osseous temperament when Silica predominates: "There is agility, speed and imagination; a changeable disposition, communicative and smiling. The resistance to disease is high, muscles are firm, tendons and vessel walls elastic, hair luxuriant and glossy, mind and body active, craving excitement. 'His tongue seems to be on a pivot, his brain oiled, his bones seem to work like steel springs.' He is like a chamois in movement, passing quickly from subject to subject, poised and alert." Then follows a contrasting picture of the patient with "Silica hunger." The homœopathic *Silica* individual cannot take milk, but needs oats, barley and figs. In the fluorine varient of the osseous temperament the appearance is youthful, for fluorine is the great preserver, "the sanitary police officer of the body." Dr. Coffin quotes Kent's *Materia Medica* for the picture of a patient needing potentized fluorine. Such should eat cartilaginous broths, goat's whey, raw sauerkraut and cod liver oil. At the end she stresses the work needed in correlating food deficiencies and homœopathic remedies.

LIST OF JOURNALS ABSTRACTED IN CURRENT HOMOEOPATHIC PERIODICAL DEPARTMENT.

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Allgemeine Homœopathische Zeitung—Editors: H. Wapler, M. D., Leipzig; K. Kiefer, M. D., Nurnberg; R. Heppe, M. D., Cassel; E. Scheidegger, M. D., Basel; Publisher: W. Schwabe, 5 Querstrasse, Leipzig, Germany. (Published in occasional numbers).

British Homœopathic Journal (The)—Editors: G. F. Goldsbrough, M. D., Aberd., London; T. G. Stonham, M. D. Lond., London; Publishers: J. Bale Sons & Danielsson, 83 Great Titchfield St., Oxford St., London, England. (Quarterly).

Dokter in Huis (De)—Editor: J. Voorhœve, M. D., Zwolle; Publishers: La Riviere & Voorhœve, Zwolle, Holland. (Monthly).

Eclectic Medical Journal (The)—Editor and Publisher: J. K. Scudder, A. M., M. D., 630 W. Sixth St., Cincinnati, O. (Monthly).

Hahnemann—Editor: G. Dhirghangi, M. D., Calcutta; Publisher: Prafulla Chandra Bhar, 145 Bowbazar St., Calcutta, India. (Monthly).

Hahnemannian Monthly (The)—Editor and Publisher: Clarence Bartlett, M. D., 1629 Spruce St., Philadelphia, Pa. (Monthly).

Hahnemann Review (The)—Editor and Publisher: Ananda Mohan Sur, M. D., F. R. M. A. Lond., 94 Cornwallis St., Calcutta, India. (Monthly).

Home and Homœopathy—Editor: N. M. Choudhuri, M. D., Calcutta; Publisher: R. L. Moitra, 2 Middleton Row, Calcutta, India. (Monthly).

Homœopathie Francaise (L')—Editor and Business Manager: Leon Vannier, M. D., 45 rue de Lisbonne, Paris. Publishers: Maloine, 25 rue de L'Ecole de Medicine, Paris. (Monthly except Aug. and Sept.)

Homœopathisch Maandblad—Editor: D. K. Boom, M. D., The Hague; Publisher: Rœpers' Drukkerij, Barentszstraat, 12, The Hague. (Monthly).

Homœopathic Survey (The)—Editor: B. C. Woodbury, M. D., Boston; Publishers: American Foundation for Homœopathy Press, 1811 H. street, N. W., Washington, D. C. (Quarterly).

Homœopathic World (The)—Editor: John H. Clarke, M. D., London; Publishers: The Homœopathic Publishing Co., 12a, Warwick Lane, London, E. C. 4. (Monthly).

Iowa Homœopathic Bulletin—Editor: H. L. Rowat, M. D., Des Moines; Publishers: Iowa Hahnemannian Association, Des Moines, Iowa. (Published every other month).

Journal of the American Institute of Homœopathy (The)—Editor: L. J. Boyd, M. D., F. A. C. P., New York; Business Manager: R. C. Borden, B. S., M. A., 43 Broad Street, New York. Publishers, American Institute of Homœopathy. (Monthly).

Leipziger Populare Zeitschrift fur Homœopathie—Editor and publisher Willmar Schwabe, M. D., Quertrasse 5, Leipzig, Germany. (Bimonthly).

Mid-West Homœopathic News Journal—Editor: H. L. Rowat, M. D., 415 Iowa Bldg., Des Moines; Business Manager: J. H. Renner, M. D., Palatine, Ill.; Published by Midwest Homœopathic Institute, Palatine, Ill. (Monthly).

Pacific Coast Journal of Homœopathy—Editor: S. H. Pettler, Los Angeles; Business Manager: E. P. Clark, M. D., Los Angeles; Published by California State Homœopathic Medical Society, 803 Detwiler Bldg., Los Angeles, Calif. (Monthly).

Revista Homœopatica Internacional—Director: Rafæl Romero, M. D., Calle 66 No. 521C, Merida, Yucatan, Mexico. (Quarterly).

Servant of Homœopathy (The)—Editor: K. K. Roy, M. D. Calif., Calcutta; Publisher: The Homœopathic Serving Society, Calcutta, India. (Monthly).

Your Health—Editor: W. E. Allyn, M. D., Chardon, O.; Published by Your Health Publishing Co., 127 Main St., Chardon, O.

INDEX OF AUTHORS.

In this index are the names of the authors of articles which have appeared in the Homœopathic RECORDER, Vol. XLIII, Nos. 1-6 inc., and of those whose articles have been abstracted in the Current Homœopathic Periodical Department.

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The letters used to explain in which department the matter indexed appears are as follows: "D", Discussion; "E", Editorial; "C", Communications; "P", Pointers; "Q", Carriwitchets; "ab", abstract; the star (*) indicates an original article in the RECORDER.

This is a subject index and one should, therefore, look for the subject word, with the following exceptions: "Book Reviews" and "Society Proceedings" are indexed under these titles at the end of the letters "B" and "S". Matter pertaining to the RECORDER is indexed as part of the I. H. A. under "Society Proceedings". The name of the author, in brackets, follows the subject entry. As a separate index to remedies is to be published, only those remedies have been mentioned in the subject index about which a whole original article is written.

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