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# THE HOMOEOPATHIC RECORDER

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## A NEW METHOD FOR SELECTING CURATIVE DRUGS.\*

A Report for the Foundation of Homœopathic Research  
of New York.

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The Foundation for Homœopathic Research has been searching since its inception for a method which would be more accurate, which would substitute science for art, which would make available all known medicinal agents and which would be easily demonstrable to scientists and arouse the active interest of all open-minded physicians.

The method to be described has been developed by Dr. Guy Beckley Stearns of New York City, and under my observation has been tested in a long series of difficult and otherwise intractable chronic ailments and the resulting prescriptions have proved *constitutionally* curative in a very high percentage of the patients prescribed for. In fact the failures have been infrequent.

By this method we have demonstrated that the true individualistic-specific is not only essential but that it is often a comparatively unknown or infrequently used drug. Occasionally it has been a substance not mentioned in the *materia medica*. In other words, nature demands therapeutic exactitude and makes no allowance for well-intentioned ignorance of curative agents on our part.

An important cause of failure in many of their cases by homœopathic physicians in the past has been their lack of knowledge of the imperfectly proved and unproved drugs. This, with a scarcity of characteristic symptoms in many cases; human fal-

\*The editors assume no responsibility for the views or opinions in this interesting paper.

libility and the inaccuracies of art, the materia medica and the repertories, accounts for the failure to cure all conditions amenable to medicinal treatment.

Obviously, the attempt to correctly prove some thousand or more unproved drugs and then to repertory the result, would be an impractical task which would only result in the greatest of confusion. *By the method suggested, the status of the drug as regards proving is immaterial!*

This method has demonstrated that a succession of remedies is usually needed in chronic conditions before a cure can result. A logical explanation seemingly is that many chronic conditions result from a combination of past unrelated influences, inherited and acquired and that each usually needs a different remedy.

The advantages of this method will be apparent from the following reports:

*Boy, age 15, June 17, 1925.*

Cough for several months, better in the open air and worse from exertion, with lumpy greenish expectoration; hoarseness, anorexia, thirtlessness, craving for sweets and aversion for fats; sweats easily and offensive foot sweat; likes cold weather best and is dreamy, forgetful, indifferent and lackadaisical. Has apical rales, afternoon temperature and positive sputum. After the writer had carefully studied the case and repeatedly prescribed without result, Dr. Stearns tested the patient and prescribed *Paris quad.* After three doses of this remedy at twelve-hour intervals, there was quick improvement and all symptoms disappeared in about three weeks. He had remained well when the writer last saw him in April, 1927.

After the most careful study of this case on the writer's part, he is willing to admit that he would never have thought of *Paris* as the needed remedy.

*Mrs. J. Age 38.*

Hay fever lasting from May to August for the last fourteen years. She reacts to timothy and orchard grass and has had inoculations from a specialist without benefit. The symptoms are: tickling in the ears and pharynx; severe occipital pain during attacks; worse in hot weather; chronic

greenish catarrh and post-nasal crusts; fetor oris mornings; a perforated septum since several nasal operations; stiffness of neck and crackling of cervical joints; cracking of the knee joints; deltoid aching; teeth sensitive to both cold and hot things. Several dead teeth were extracted recently with relief of a brachial neuritis. She had frequent colds during childhood. Her father suffered with asthma and died suddenly of a heart (?) attack. An only brother has asthma. Several carefully made prescriptions by the writer during the previous summer had been entirely ineffective.

*May 11, 1927*, her test indicated *Adrenalin* which seemed to stir up the symptoms without benefit otherwise.

*May 18, 1927*, another test continued to indicate *Adrenalin*.

*May 25, 1927*, an acute grippy coryza has developed with dry cough and retrosternal rawness, worse from talking and from motion, and greenish watery nasal discharge with a rawness in the throat. On this occasion the test indicated *Theridion*, which quickly relieved the acute symptoms and left her free of the hay fever also. At a picnic several weeks later, she sat in a field of timothy while eating lunch without any discomfort then or afterward. About six months later, for a Gram-positive intestinal infection, which in the opinion of the writer is one of the most intractable of all chronic ailments, a vitamine-rich diet with restriction of fats and carbohydrates for several months resulted in complete relief of the intestinal infection after which the restrictions were removed and she has remained free of symptoms up to the time of writing this. Seldom does such quick relief result in these Gram-positive cases.

*Mrs. C. Age 25.* The wife of a physician. Gastro-enteroptosis. Height 69 inches, weight 113 lbs. (40 lbs. underweight). Symptoms: mapped tongue, anorexia, indigestion, nervousness, melancholia, desire for fresh air, dysmennorrhœa. Has slight goitre, pulse 96, temperature 98, chest negative; infected tonsils and subject to occasional sore throats. *Treatment*: frequent, high caloric, vitamine-rich feedings, abdominal calisthenics, diver's respiration, elevation of the foot

of bed, etc., etc., plus *Natrum mur.* With the foregoing she improved markedly and gained twenty-two pounds in about two months. After this, improvement ceased and she became melancholic, feared insanity, talked of suicide, etc., etc. *Arg nit.* and several other remedies failed to benefit. After tonsillectomy the pulse decreased and the goitre became smaller but she was not otherwise improved. A test now being made, she reacted for *Bryonia* which was followed by marked benefit for several months after which benefit ceased and another test then indicated *Lycopodium* since which there has been entire relief of symptoms. She writes recently: "The results are most gratifying—both literally and figuratively and the song has come back into life again."

*Mr. X. Age 40.* Loss of virility, nocturnal emissions, seminal discharge during stool, relaxed scrotum, erections infrequent and incomplete; chronic yellow, post-nasal catarrh; sensitiveness to the heat, sweats easily; craves fruit and juicy things; bitter taste; mental depression and irritability after emissions; palpitation worse after coffee; much flatulence. He denies specific disease. He is tall, spare and muscular. *Lycopodium* helped when first given but failed afterward though used in various potencies high and low.

*April 28, 1927,* he reacted for *Bovista* after the giving of which all symptoms gradually disappeared and he became normal.

*September 2, 1927,* a slight return of the trouble was relieved by *Bovista* again and since then he has been free of symptoms and is entirely virile.

*The son of a physician, age 9.* Had fibroma of the skin and had been so diagnosed by several dermatologists. According to Dr. Duncan Bulkely the only treatment is excision or ligation of the tumors as they appear. He had twelve of these small tumors, ranging from the size of a split pea to a whole pea, scattered over the backs of the hands and fingers. He reacted to *Aethiops mineralis* after the giving of which on *November 26, 1927,* daily for one week, the tumors gradually decreased in size and in two months all but two had disappeared. Several months later only one was

left but this was increasing in size and a new one was beginning. The remedy was then again repeated after which the remaining lumps disappeared within two weeks and there has been no return at time of writing this.

*Physician, age 56,* subject to severe attacks of grippe, five or six times yearly and each attack lasting a week or more since early youth. Was formerly relieved by such remedies as *Nux., Gels., Bell., Eupatorium, Ars.,* etc., etc., but for several years carefully selected remedies have been entirely ineffective. Also for several years has been subject to occasional severe attacks of acute sigmoiditis. Is subject to attacks of vertigo and cardiac palpitation. Has been constipated for twelve years. Appendectomy in 1924. Severe attacks of malaria and diphtheria in childhood. With his various complaints has varying symptoms enough to fill a monograph. G. I. x-ray shows diverticulosis and spasm of the descending colon and sigmoid. Stools, a Gram-negative infection; urine, a few streptococci. B. P. 138 both standing and lying.

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*January 3, 1927,* his test led to *Chininum bisulph.* After this there was a mild grippe in April and none during the subsequent twelve months, this being the longest period of relief he can ever remember. In *July,* following dietetic carelessness, he had a severe attack of sigmoiditis with pain, nausea, fever, white thickly coated tongue and obstinate constipation which lasted for about one week. After this another test indicated *Antimonium chlor.* which was quickly followed by marked benefit in every way.

*November, 1927,* he developed a constant dull aching in the sigmoid which was aggravated by exertion and relieved by rest. This disappeared after another test indicated *Ferrum carb.*

*March, 1928,* after a better winter than for many years, he complained of slight dyspnoea on exertion, a desire for air and a slight cyanosis of the fingers and lips on exposure to cold. The bowels acted fairly well with careful at-

tention to diet and the use of *soda bicarb.* irrigations twice weekly. Another test at this time called for *Manganesium met.* which was followed by quick general improvement.

April 22, awakened at 4 a. m. with severe aching pain in sigmoid and ineffectual urging to stool, nausea, etc., etc. He continued to suffer until 10 a. m. when *Mang. met.* three doses at one hour intervals was followed by several free evacuations and entire relief of all symptoms by 1 p. m.

During the fifteen months since the beginning of medication in this extremely difficult case the general improvement has been continuous and, except for the occasional upsets, each of which has led to a new prescription, the improvement in health has been marked. A vitamine-rich non-putrefactive diet and intestinal irrigations twice weekly, which were in use previous to the beginning of this medication, have been continued. It has been our aim to neglect none of the necessary mechanical or sanitary adjuvants. Neglect in this respect accounts for many of the failures following treatment which is otherwise correct.

#### THE METHOD.

We have demonstrated that reflexes can be excited by certain radiant energies inherent in drugs. Such reflexes are excited and are best controlled when certain drugs, for which the patient is sensitive, are agitated at a considerable distance from the patient's body. The reflexes are probably due to stimulation of the autonomic nervous mechanism. For purposes of illustration, the agitated drug may be likened to a radio sending-station and the autonomic nerve loops to a receiving set.

There are numerous reflexes which can be utilized and several sending methods possible. The method used by us, however, has been found to be the simplest, most practical and the easiest to use. The only apparatus required is two pairs of hands and a comprehensive collection of potentized drugs. By its originator, Dr. Guy Beckley Stearns, one thousand drugs can be tested and the correct drug selected inside of one hour and a

half at the most. The selected remedy is *the one*, of a possible seventy-five to one hundred and twenty-five drugs not ruled out in the first test, *which most strongly arouses reflex action during repeated retests.*

Certain reflexes which can be observed by anyone are the following: A bottle containing *the curative drug* in potentised form, will cause a temporary slowing of the pulse, when touched to the patient's skin, *during an acute fever.* Whereas other drugs will not cause this reflex. In all conditions when a bottle containing the curative drug is touched to the skin anywhere, a momentary change in the pupils occurs. With the fluoroscope, changes in the heart's contractions can be observed at the instant when the patient is touched anywhere with the bottle containing the similar drug, etc., etc.

The advantage of such a method is that we are not limited to proved nor to partly-proved drugs. After allowing for human fallibility, we are convinced that our occasional failures are due to the non-inclusion in the test of certain important drugs of which we have no knowledge. The method is still in its developmental stage and when we make a test, it is as though we were making by hand-labor one of the first few automobiles or were making one of the earlier radio sets.

As all studious prescribers know, the less accurately similar a drug happens to be, the less useful it is clinically. When only partially similar, it may appear to benefit the patient for the time being but such prescribing usually results in bringing the patient around in a circle to the point where he started and with the loss of valuable time and effort. With the method we are now using we are able to run closer to a straight line and clinical results seem to demonstrate that each needed change of remedy automatically corrects any possible deviations of an earlier prescription and so finally eliminates constitutional disease entirely.

Attempting short-cut methods such as limiting the test to the few hundred best-known drugs or to the drugs in one or more of the large general rubrics of the repertory has proved unsatisfactory for the reason already indicated. In order for the method to be satisfactory, a very large number of drugs must be tested because a medicinal substance of which we know practically noth-



ing may be the specific needed for the cure of the patient. Also, quite often we find that some one of the best known drugs, as illustrated in several of the reported cases, is indicated even though a careful study of the symptoms would not seem to particularly suggest it. All of this only proves how very inaccurate art can be. We use over one thousand drugs and even with this number meet with occasional failure. If the needed specific is not present in the number tested the test will be a failure.

Anywhere from 8 to 12% of the drugs used will tune in during the first test and such are laid aside for repeated retesting. The one drug to which the patient is most sensitive will always come out best in each of the retests. There are many near similars but nature supplies only one similitum.

Like every other technical procedure, a considerable amount of training and experience, accompanied by both patience and acuteness of perception are essential for success. The surgeon does not successfully perform a gastro-enterostomy except after carefully training himself for it. There are unmusical doctors who seem never able to differentiate moderate degrees of pitch and it has been said by pulmonary diagnosticians that a lot of us don't know a rale when we hear it. It is conceivable, therefore, that there are some of us who could not succeed with this method in its present stage of development just as there are many who could not perform a successful gastro-enterostomy or build an automobile.

Nature supplies an individual curative specific for every invalid and for each separate phase of his disease. No carefully observing physician of long experience can possibly doubt this. But just as long as we are satisfied to be limited in our ministrations by imperfect, incomplete and archaic methods for just so long will our cures be limited accordingly.

For the most successful use of this method, all substances capable of medicinal action can be utilized. We are limited only by the effort we are willing to expend. In so far as obtainable, all the earth's known elements and their various salts and natural combinations; all of the plants previously known to possess poisonous or medicinal action as well as the various venoms, nosodes and endocrins should be in the collection for testing in

order that the largest percentage of correct prescriptions may result.

Marked and unmistakable curative results invariably follow the prescribing of the correct drug in chronic as well as in acute diseases irrespective of the method used for its selection. Unfortunately for the success of our school and especially in chronic conditions, such marked curative results are often sufficiently infrequent as to prove humiliating. By this method, when it shall have been perfected so that it can be used as easily as the present day automobile or radio set, we prophesy that every physician will be able to cure all conditions amenable to medication.

With this method in its present stage of development and in our hands, curative results follow eventually in nearly every case and many are referred patients who have been considered hopelessly intractable. Occasionally, the improvement following the first prescription is not in the direction most desired by the patient. In such cases one of the succeeding drugs finally relieves that of which the patient most complains.

By the word "cure" as used in this paper is meant the disappearance of all evidence of constitutional disease. It does not mean temporary palliation or suppression of symptoms. This statement presupposes the presence of tissues in their entirety, that the patient is not hopelessly senile, not already nearing dissolution and that sanitary, mechanical and psychic faults have been corrected by other appropriate measures.

The sphere of usefulness of the correct drug is so large and so important as to be almost unbelievable but it is limited nevertheless to its proper sphere, namely, diseases of a constitutional nature. While it will, for the time being, often palliate symptoms due to mechanical faults and unsanitary living conditions by raising the resistance of the patient, such is not its proper sphere and the final result of carelessness in this respect is *always* disappointing.

There is no wish in this paper to claim the impossible regarding the possibilities inherent in this method. We do claim, however, that the curative results seen by all homœopathic physicians after a certain proportion of their prescriptions can be

eventually duplicated in practically all of their prescriptions. According to the observations of the writer, the daily application of the principle involved in this method will, in most cases, make possible the removal of all evidence of constitutional disease and the writer feels certain that careful investigation will verify all statements made. We expect eventually that some simple and inexpensive apparatus will be developed for making the test automatically. The ideal apparatus will test a large number of drugs in a small portion of the time now required and eliminate the chance for human error, thus rendering the method available for all physicians in their every day work.

May it not be that the perfection of such an apparatus will result in the final and universal acceptance of the homœopathic principle by scientists and by the medical profession generally?

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#### HOW TO PRESCRIBE HOMŒOPATHIC DRUGS.

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

Under this title Dr. Garth W. Boericke, of Hahnemann of Philadelphia has written a remarkable and delightful article published in the January number of the *Recorder*, one which deserves comment. Since no one has yet started a discussion of it in print, let this be the first small effort.

Dr. Boericke shows a keen perception of homœopathic philosophy. He has studied it deeply and gives us the results of his study in his own way, an individual interpretation. Would that we might be able to say this of more students of homœopathy!

With a copy of the January number in hand, reading the sixteen clear points made in the article, the first three need no comment, they are so desirable just as stated.

Number 4 decides whether it is a bedside case or one for repertory study. Working with books at the bedside or in the office is almost as essential for the acute case as for the chronic and books should not be dispensed with in the bedside study of a

case until the prescriber knows materia medica and repertory well enough not to need them. If the doctor has not the books with him, it is far better to go to the office to consult them than to make a mistake in prescribing, or much worse, to get into half-way unsatisfactory methods of prescribing. It never yet hurt the doctor's reputation to consult books before the patient, quite the contrary.

I well remember a winter night spent with a small boy going from one collapse into another from meningitis. A friend of the family, a well-known surgeon, telephoned every few hours urging the use of serum before it should be too late. Toward 3 A. M. the characteristic symptoms stood out rather clearly but I could not see the remedy in them. I had Boëninghausen's *Pocket Book* with me so I repertorized the case on leaves from my case note book and lo! it was *Opium*. I felt a terrible weight lifted then and there before the remedy was even given. The result was miraculous. Yes, all of us need to repertorize acute cases too, occasionally, and do it at the bedside.

Point 5 emphasizes the need for practice in repertory analysis in order to learn the language of symptoms and their proper valuation. Too much emphasis cannot be placed on this. Many times we hear that repertory work is too much trouble, too lengthy a process, too complicated, etc., etc. It is a good deal of trouble and a lengthy complicated process to the beginner, but not to the expert. To one of long experience in repertory work such analysis becomes his daily right-hand man, always ready to produce priceless information. The longer one uses the repertory under expert instruction, the easier its use becomes and the shorter each case analysis grows. To the initiated it is astonishing how many short cuts and helpful hints are contained in its pages.

The study of the materia medica and of its repertory should go along side by side all through one's medical career.

Point 6 urges a most important consideration and one that repertory study develops. *What is important in the patient's symptomatology, must be equally important in the drug's pathogenesis.* The repertory shows this in its record of symptoms in degrees. A knowledge of the characteristic symptoms which are

strongest in the patient will point the way to discovering their counterparts in the repertory.

Point 7 is curt, short, strong. It ought to be.

There is no substitute for written records. Hahnemann tells us how to do it in schematic form and Dr. Kent illustrates it in his *Lesser Writings*.

Careful written records in skeleton form make for clear understanding, easy reference for study or case review, facility in statistical work or indexing. They become invaluable for illustration for students and ought to form a part of every homœopathic research library.

Point 8 is one often overlooked. It needs emphasis.

Then we come to the analysis of symptoms which, with a proposed method of repertory study, forms the balance of the article.

Dr. Boericke proposes two classes of symptoms, "basic" and "determinative".

Hahnemann gave us two classes, "common" and "strange, rare or peculiar".

Kent said, "symptoms of the disease" and "symptoms of the patient".

Timothy Field Allen said, "diagnostic symptoms" and "symptoms that cannot be accounted for".

Now basic, common; diagnostic; symptoms of the disease, all mean about the same thing. They are not the symptoms upon which to prescribe. Determinative; strange, rare or peculiar; symptoms of the patient; symptoms that cannot be accounted for, all mean about the same thing; they form the basis for repertory and materia medica study. They lead the way to a correct homœopathic prescription.

We have to know which are the symptoms of the disease but we prescribe on the symptoms of the patient.

After this discussion Dr. Boericke introduces what he calls "the eliminative symptom" to be used in repertory study. Here is where I think he leads us off the track. To take one symptom, no matter how good it may be, for the purpose of cutting down symptom lists by checking from it, is unsafe. The similimum may be missed in such a process. In some cases it would work

well; in some it would not; and no one could tell beforehand whether it would or not.

If all the eliminative symptoms predicated of the whole patient, were taken as the basis for repertory study, this would be safe. It is always far better to have a group of eliminative symptoms. If these are checked with each other with the aid of the repertory, without discarding any one of them, the result is a group of remedies, usually a very small group, containing the general characteristics of the patient in the case in hand. Then the more detailed, "strange, rare or peculiar" can be checked with these to find the similimum, or the materia medica may be consulted at once to find it.

This sounds lengthy and difficult but practice shortens the process greatly, first by learning the best eliminatives or characteristic generals to select and second by increased facility in finding these quickly in the repertory. Also it helps tremendously to have a printed sheet or chart with the names of the remedies printed on it to avoid the necessity for writing them even once. Little squares opposite these names can be used to denote the degree of the symptom listed at the top of the column. This plan reveals the degree of homœopathicity which Dr. Boericke rightly stresses when he says, *it is not so much a numerical totality, as it is a 'degree of intensity' totality*.

There is more to this paper, not printed in the January number but a copy of which I have before me. Dr. Boericke goes on to submit a regional list of symptoms suitable as eliminative symptoms, taken from the Boericke Repertory, 9th edition. This list contains many truly characteristic symptoms of the patient but also a great many symptoms of the disease or, pathologically stated, symptoms which, unless I have not caught the doctor's whole meaning, should not be used in repertory study unless no characteristics of the patient can be found. These cloud the issue and tend to thinking pathologically while seeking the remedy.

Here are some of the symptoms mentioned which ought *not* to be given to students, it seems to me:

Cerebro-spinal inflammation.

General sclerosis.

Amblyopia.

Acute suppurative otitis media.  
 Eczema, face, ears, etc. (without describing it).  
 Pyorrhœa alveolaris.  
 Adenoid vegetations.  
 Cancer in general.  
 Hyperacidity.  
 General arterio-sclerosis.  
 Synovitis.  
 Tuberculosis.  
 Osteitis.  
 Cellulitis.  
 Glands, general adenopathy.  
 —And here are some good symptoms for, repertory use:  
 Muttering low delirium.  
 Fear of death, disease, evil.  
 Taciturn, won't answer questions.  
 Head, sensitive to touch, combing.  
 Splinter-like pains, sticking.  
 Craving for sweet, sour, salt food.  
 Worse from milk.  
 Aggravation of pain at night.  
 Radiating, shooting pains in abdomen.  
 Menses suppressed with vicarious bleeding.  
 Better when menstrual flow is established.  
 Sensitiveness to cold air. (asthma)  
 Insomnia due to flow of ideas.  
 Aggravation in open air.  
 Better from warm applications.

The paper concludes with the two paragraphs under "Communications" on page 50 of the January issue.

This plea for an abbreviated repertory has been answered in the counter plea for better understanding of the best of existing repertories with their differences in conception and scope. With comprehension of these few books, familiarity with them, and daily practice, we would not have them shortened. We would have authentic card systems for the characteristic general symptoms of each, not one system combining them all. What one

compiler says does not mean what another says about similar symptoms.

Then detailed or particular symptoms could be studied easily from the repertories themselves in book form; this would be legitimate abbreviation welcomed by all students.

I am grateful to Dr. Boericke for his clear-cut article.

Now perhaps some one else will wish to discuss us both.

Chicago, September 21, 1904.

MY DEAR DOCTOR:

Springfield is an exceptionally good opening, and it will do you good, instead of being a detriment, to pass the Massachusetts examination; it never hurts any man to post up a little.

In regard to repetition of deep-acting antipsorics, I repeat Psorinum and Tuberculinum just as I do Aconite, Arsenicum or Sulphur. In deep-seated constitutional affections of a life-standing you have to contend with psoric or tuberculous miasm of forty or fifty years' standing, and the only way I have been able to control it, or master it, has been by frequent repetition in some cases, not in all. The case I reported of chronic intermittent I do not think would have ever recovered on a single dose. In many of these cases I prepare a powder in six teaspoonfuls of water—a dose every hour until finished—and then placebo until result is obtained, and never repeat as long as improvement continues. But where a paroxysm is returning every week, and has done so for thirty years, I frequently give one of the powders in this way every week, a day before the paroxysm appears, for a month or two, until I get my response and my patient improves, but as soon as improvement begins, never interfere with it as long as it continues is the best rule I can give you. Individual cases must be treated individually, and no better rule can be found than that laid down in the Organon.

Very truly yours,

H. C. ALLEN.

## DEPARTMENT OF HOMŒOPATHIC PHILOSOPHY

Editors:

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

CORRESPONDENCE ABOUT REPERTORIES AND THE  
POST-GRADUATE SCHOOL.J. M. GREEN, M. D., Washington, D. C.; F. E. GLADWIN, M. D.,  
Philadelphia, Pa., and R. E. S. HAYES, M. D.,  
Waterbury, Conn.

DR. GREEN: I heard you say last Sunday that there were other ways of finding a remedy besides the use of *Kent's Repertory*, as if you feel that the teaching in the school is too much the Kent Repertory method. I wonder if you know that Dr. Gladwin begins her instruction with the consideration of all repertories, explaining how they were made and giving exercises based on each of them, especially the Bœnninghausen. She then gives reasons why the Kent Repertory is the fullest and why it is so reliable. The remainder of the time is then spent in giving a thorough acquaintance with this book.

DR. HAYES: As to the remark I made about other methods of selecting remedies than by way of *Kent's Repertory* I would not want that construed as relating to the Post-Graduate School. I favor Kent's absolutely for the school teaching as the swiftest and most ready-to-hand method; easiest to grasp; safest for the student; most attractive and less likely to create discouragement with those who have to struggle alone; most dependable for the prescriber who is crowded against the cruelties of time; (I am waxing eloquent!) the most versatile in its adaptation to the various kinds of problems which confront us; the clearest instrumental demonstration of inductive reasoning in the discovery of the correct remedy; to the average prescriber the best *vade mecum* in repertories for cultivating the intuitive understanding of remedies in their peculiar individual influence; excepting Field's which is itself based on Kent's, the farthest advanced to-

ward that impossible realization, the complete repertory; the most—but I think that will do! By all means feature the Kent method in the school.

But there is another side to this. The secondary place which you say Dr. Gladwin gives to other repertories, the treatment of them being included in that of the Kent is only one kind of reaction to the matter; and not impossibly a sort of transmitted Kentian reaction, a descent of the spirit, perhaps. While Dr. Gladwin and others are unquestionably great repertory experts and feature Kent's preeminently there are others who have attained great skill and success with other repertories, especially Bœnninghausen's. I recoil at the idea of limiting the possibilities of mind and ingenuity to one person's pronouncements, however illustrious. I prefer in the first place sceptical inquiry especially where one person's influence is held to be supreme and in the second place maintain a willing eye and ear to other people's methods and means. This attitude of mind implies its exercise and a willingness to be shown and to discover.

Now there was Dr. Erastus E. Case, recognized as one of the most astute prescribers of this generation, whose integrity in every homœopathic dealing (or otherwise) could not be questioned, whose achievements in the art of curing will compare well with any; when he took up his hard cases, those cases which had to be studied out after the last patient had gone, what do you suppose he used? Bœnninghausen. He told me that he used the Kent daily for the ordinary acute and chronic work but for the harder solutions he went to the Bœnninghausen slips. I always knew that he had some method or insight into Bœnninghausen that I did not possess and I have often regretted that I did not inquire it. I have known other prescriber-specialists of the first grade whose heads the hand of Kent never blessed, whose splendid achievements rest on Bœnninghausen. There is reason therefore, to wonder whether some Bœnninghausen men may not have something to which the adamantine devotees of Kent may not have had closed eyes.

Anyhow, please do not accuse me of a desire to lessen the influence of Kent in the school.

DR. GREEN: I am glad to have your letter and find that you

are heartily in favor of stressing the Kent repertory in the Foundation School. If you could see the utter confusion of some of our students to whom Kent's is a closed book when trying to get anywhere with it and then see the keen delight when the whole stupendous work is opened to them you would smile as I do to read in their eyes what you say, "the swiftest and most ready-to-hand method; easiest to grasp; safest for the student; less likely to create discouragement; most dependable for the prescriber who is crowded against the cruelties of time". It is all true. I agree with you absolutely; and so do these students *now*; ask them. You and I, having used the Kent Repertory ever since it was compiled can say glibly the things you say but if you should say them during the first week of their repertory study they would look at you confusedly and marvel at your assurance.

To my thinking the framework and historical setting of all repertories should be explained to students. Not all minds are alike. Students must be individualized as well as patients. Some minds work better along the Bœnninghausen scheme, some along the Kent, some do not grasp any repertory analysis but must discover original ways of discovering the *similimum*. Therefore acquaint the elementary post-graduate students with the Kent Repertory; encourage them to find all there is in it; find out the trend of the mind of each. Later on lead those who take more naturally to the Bœnninghausen method to this mighty source of aid.

You say Dr. Case used Kent in usual daily work but went to Bœnninghausen for help in the hardest chronic cases. This is exactly my feeling about the two methods. Kent is all-sufficient for those whose minds work his way. This repertory will do for the hardest as well as the easiest, but Bœnninghausen's work is fully comprehended only by the advanced student. You know Dr. Boger has been one of the teachers in the Foundation School. His scholarly mind takes naturally to Bœnninghausen. He sees so clearly the points he wishes to make that some of his students remain confused without the doctor being aware of it. Others, whose minds work with his, see with open minds, taking in his wisdom. Dr. Boger is a teacher for advanced post-graduates with repertory as well as *materia medica*.

I had great fun one evening giving these two teachers a small group of symptoms of an acute case and watching them find the remedy by entirely different methods. Dr. Boger finished first and hit upon one remedy. Dr. Gladwin came out with three remedies of which Dr. Boger's was one. She took these to the *materia medica* and decided on the same one Dr. Boger chose. Needless to say it cured the patient promptly.

There is one point in your letter on which I would take issue with you. You refer to Field's card system as based on Kent's Repertory scheme. Dr. Field himself says that his cards are compiled from all repertories. Instead of such an attempt making for better and more precise repertory facility I think it detracts from such a goal and causes confusion, because the various repertories are differently planned and differently constructed. What one compiler means by a certain class of symptoms is not what the next one means by a class of the same name. For instance, a general symptom to Bœnninghausen is not a general symptom to Kent. Bœnninghausen gathers into one large class symptoms which in the Kent Repertory are scattered through with different meanings. Therefore each repertory needs its own card system to preserve the intent of its compiler. If Kent's "generals" could be put on cards, leaving the particulars to be worked out from the book perhaps the very best results could be obtained. The Bœnninghausen could be done the same way by one familiar with his plan of compilation. Dr. Boger has done some of this and the Drs. Pulford are attempting to put all of Kent's on cards.

I hope this little discussion will help to break up prejudice in the minds of many against those who are often dubbed "Kent students". This appellation seems to carry with it the stigma of being narrow-minded, a one-man devotee, etc. Personally, I do follow the Kent method because my mind grasps it in an all-satisfying fashion; but I would never on that account belittle other methods of working out cases. Moreover, I like to use Bœnninghausen once in a while if Kent doesn't show the way. Let us indeed be broad with our school, giving each student what best suits his mind, leading him from his present state of knowledge to what he needs by the method best suited to him. But



in the more elementary post-graduate class in the summer school let us acquaint the students thoroughly with *Kent's Repertory*.

I shall be glad to take a part in the teaching and the discussions some day when there has been time for adequate preparation.

DR. HAYES: These remarks of yours are very interesting not only in relation to repertories but in affording a glimpse of the influence in the school. Your policy of individualizing students and switching each one according to his trend certainly accords with the principle of development, from within outwardly. I happen to have had the opportunity to observe the tactics of a very successful violin teacher. His study and effort is not to impose his own ways or method but to bring out those peculiarities of the student which tend toward success, observing meanwhile the necessary principles of violin playing. Illustrating the idea further, it is said that the violinist Heifetz having run the gamut of teachers and finding himself still dissatisfied isolated himself in Spain and devoted two years to self-discovery and the application of his own ideas, after which he returned and astonished his former teachers by his genius. It seems to me that that is what we all have to do to attain the best efficiency. We have to make whatever method is taken up our own. At least it should be so for in the final application, in doing a thing there is no one on earth as big as yourself while you are doing it or if there is it is not as satisfactory as it should be.

As to the make-up of the *Field Repertory*, please do not crowd the issue further for I am pleased to sit down corrected. As to its defects in precision and clarity I wonder what Dr. Field would say about that?

Now to get back to the Bœnninghausen and Kent repertories. I hesitate to ask more of your time but if convenient will you kindly give a practical demonstration of the differences in meaning in certain classes of symptoms in the Bœnninghausen and Kent repertories, illustrating their use by working out a case or two? It would be interesting if you could use the same case spoken of in which Drs. Boger and Gladwin reached the same result by different methods. If you can do this I shall be intensely interested in the outcome.

DR. GREEN: In response to your last letter concerning repertories I should like to refer you to Dr. Gladwin of Philadelphia for she can present more clearly than I the differences in meaning between the Bœnninghausen and Kent repertories. I will try to reproduce the case which Drs. Boger and Gladwin worked out for me. I am writing Dr. Gladwin today and I am sure that you will find her explanation clear and satisfying.

I hope that more physicians each year will see the value of intensive repertory study.

DR. GLADWIN (to Dr. Hayes): Yesterday I received a bunch of letters from Dr. Green from which I gather that the two of you expect me to add a sort of "Bless you my children" plus all the things that you have left unsaid.

First, I have something to say about "Teaching one repertory in the Foundation School". When I first began the practice of medicine my repertory outfit consisted of *Lippe's Repertory*, *Bœnninghausen's Therapeutic Pocket Book*, *Chills and Fever by Allen*, *Diarrhœa by Bell* and *Obstetrics by Minton*. I used them all faithfully. I have all of them still. They are pretty well battered; my little Bœnninghausen has lost both covers and its back is broken quite through at "Aggravations".

Today my library contains ten general repertories and if you will let me add *Bœnninghausen's Repertory on Antipsorics* (Boger) and two copies of the *Pocket Book* (Allen) all of which are included in *Bœnninghausen's Characteristics* (Boger) and *Pulford's Card Repertory* which is in *Kent's Repertory*, I have a nice round dozen. Besides these there is another dozen of special repertories. If there is need of more the Foundation library has them. How many of these repertories am I willing to dispose of? Not one. If my office were on fire and we had to run for our lives I would snatch up my unprinted third edition of *Kent's Repertory*—somebody is going to want it very much some day.

Two dozen repertories and seven weeks in which to teach them? When you remember the capacity of the human brain it's a poser isn't it? When I realized this I began to study repertories from a different angle. I searched for the scheme of the repertory; then I tried to find out why the author thought there was need for that special scheme. I studied all the repertories

that I could find; what I couldn't buy I borrowed. I found good in all of them and I found difficulties. I came to the conclusion that the scheme of the Bönninghausen and the scheme of the Kent Repertories are so nearly opposite that if a student had a good working knowledge of each that he would be able to use any other repertory that he might come across and I planned my teaching accordingly. It was a case of when you can't do the best that you would, do the best that you can. The students should know about all repertories. Therefore as many kinds as possible are explained to them and are examined by them. Thus they see for themselves the possibilities of each.

The antipodes of the repertory in generalization and individualization. *Bönninghausen's Therapeutic Pocket Book* is the finest specimen of a generalized repertory that we have. In this book he groups under a region or part all the remedies that affect that part; under a sensation all the remedies that produce that sensation; under an aggravation all the remedies that have produced that aggravation and so on through the book. Therefore his "head in general" doesn't mean remedies that have any kind of a headache; it means remedies that affect the head in any way. To find a symptom in the *Pocket Book* the symptom must first be divided. To illustrate—"coldness of the head in the morning"; this must be taken to the part "head", to "coldness of special parts" under fever and "aggravation in the morning". This gives us three lists of remedies. Each list contains from about 140 to 180 remedies. The remedies that stand in each of the lists are the remedies that cover the symptom.

Send a symptom divided into this repertory and it comes back bringing remedies that it never heard of before. Go farther—verify the remedies that the *Pocket Book* gives under the symptom "coldness of the head in the morning" and you will find that it does not appear in the proving of all of them.

Bönninghausen held that the provings were not complete. He must have also held that a sensation that had appeared in one part could appear in another; if one symptom could be aggravated at one time or by one thing all symptoms of that remedy could be aggravated by the same. Holding this belief he generalized the repertory in order to find the symptoms that had not

always been produced by that remedy. I wonder if herein does not lie the great success of this repertory. To work out a case by it requires much work and time but no one doubts the results.

The individualizing repertory of Kent is built upon an entirely different plan. Its symptoms have all appeared in the provings. To make sure of this every remedy of every symptom was verified by the provings after the book was compiled. As individualization is such a strong point in homœopathy it seems logical to individualize the repertory. It also seems logical to arrange the modifications of a symptom directly under that symptom so that there may be no mistake as to what it is modifying. In this repertory the "symptom in general" stands first. In the symptom in general are found those remedies in which the provers reported the symptom without modifications leaving one to infer that it has many or any modifications; then are also found those remedies that were reported with several modifications of the symptom. After the symptom in general follows, first, the side (if there is one) then the times, then all the other modifications in their alphabetical order. These are so arranged with type and spacings that it requires but a glance down the page to find what you are looking for. Using the former illustration—"coldness in the head in the morning". Turn to the chapter on head, run down the alphabet to C. "coldness"; just below is the time. If it had been "icy coldness" run down the column to I, "icy coldness" and you have it immediately. Every remedy there belongs to your symptom and stands with a proving behind it.

The students like the individualized repertory because it brings them to the symptom in shorter time with less work and because it is logical from beginning to end. Now my dear Dr. Hayes if anyone tells you that we don't teach enough repertory at the Foundation school you just tell him that he had better spend the six weeks at the school this summer. Be sure to impress upon him the necessity of being there *the first day* then if he doesn't get enough repertory to keep him from knocking for all future why—why—tell him to come back next year!

I am quite sure that Dr. Green would have answered your question better; you had better make her do it even yet.

P. S.—Might there not be another reason why our good Dr. Case turned to the Allen-Bœnninghausen Slips? Perhaps long habit made him feel secure in them. An old, hard, chronic case has many symptoms and copying remedy abbreviations is drudgery; wasn't it a comfort to him to be able to spread all those symptom slips out on his desk and discover what remedies ran through them without copying one abbreviation? We all like to find an easier way of doing things especially when overworked.

—F. E. G.

DR. GREEN: You ask me to send you the details of the case referred to in a former letter, worked out simultaneously by Dr. Boger and Dr. Gladwin.

The patient, a woman in the early fifties, much wrinkled and worn by hard life of worry and work, sallow or pasty, lay in bed tossing about somewhat from a headache which fretted her to pieces.

Fever high, 102 to 103. Pulse high and weak.  
Chill every time she moved, even under the bedclothes.  
Sleep in short naps and a little better on each waking.  
Headache worse in occiput; very severe.

Worse any motion, noise, light.  
Accompanied by nausea and vomiting of mucus.  
Aching all over body.  
Aching eyes. Photophobia.  
Cough loose, frequent; very painful to head.  
No stool for 3 days and no desire.  
Urine very scanty, only ½ pint in 26 hours; dark.

Dr. Boger picked out in his mind a remedy which had some of these symptoms prominently but which he did not regard as the simillimum. My recollection is that he chose *Bell.* He looked this remedy up in Bœnninghausen's *Pocket Book* which was all I had of Bœnninghausen out at my house.

He turned to the caption "other remedies" under *Bell.* and studied the list, thinking over those most nearly like the patient. Then he called for the materia medica and I produced the *Guiding Symptoms*. He looked up one remedy after another, putting this one down, saying: "I don't like that" and taking up another.

After consulting three or perhaps four this way, he came to *Nux-vomica* and soon said: "There's your remedy, right there".

Dr. Gladwin looked over the list of symptoms and chose a few for repertory working. I have tried to reproduce her work here but I may not have chosen just the symptoms or the order that she did.

Anyhow she came out with three remedies which she took to the materia medica. I think these were *Phos.*, *China* and *Nux-v.* She chose *Nux-v.* quite soon.

Dr. Boger's way presupposes a fine knowledge of materia medica. Dr. Gladwin's could be used better by the novice.

Mrs. E. A. H. A., December 22, 1923.

>after sleep.  
Chill on motion.  
Pain back > lying on it.  
Headache < motion.  
" < light.  
" < noise.

Urine scanty.  
Photophobia.

	I	2	3	4	5	6	7	8	9
Acon. ....	I	2		I	I	I	2	3	
Agar. ....	I	2			I	I	2	I	
Agn. ....				I					
Aloe. ....			I		I	I		2	
Alum. ....		I							
Ambr. ....	I		I	I			I		
Am-c. ....				I					
Am-m. ....				I					
Anac. ....				2					
Anan. ....					I	I	I		
Ant-c. ....		I		2					
Ant-t. ....		2		I	2		2	2	
Apis. ....	I	3		2			3	2	
Arg-m. ....				I					
Arg-n. ....				2	I	I	2	3	
Arn. ....	I			I	I	I	2	2	
Ars. ....	2	I			2	2	3	3	

	1	2	3	4	5	6	7	8	9
Ars-i. ....		1		1		1	2		
Asaf. ....		1							
Asar. ....		1							
Aur. ....				2					
Bapt. ....				1					
Bell. ....		2		3	3	3	2	3	
Benz-ac. ....				1					
Berb. ....				1					
Bism. ....				1					
Bor. ....					2	1			
Bov. ....				1					
Brom. ....		1							
Bry. ....	1	3		3	2	2	2	2	7-15
Bufo. ....			1	1	1	1	1		
Cact. ....				1	1	2	1		
Calad. ....		2							
Calc-c. ....	1			1	3	3	1	3	
Calc-p. ....				2					
Calc-s. ....				1					
Camph. ....		2		1					
Cann-s. ....		1		1		1	1		
Canth. ....		2		1					
Caps. ....		3		2		1	1		
Carb-s. ....		1		2					
Carb-v. ....				3		1			
Caust. ....		1		1		1	2	2	
Cedr. ....		1							
Cham. ....	1	1		1			3	2	
Chel. ....				1					
Chin. ....	1	1	1	2	2	2	2	3	8-14
Chin-s. ....				1					
Chlo. ....				1					
Cic. ....				1					
Cimic. ....				2					
Cinnb. ....				1					
Cob. ....				1	1				
Cocc. ....	1			2	2	2	2		

	1	2	3	4	5	6	7	8	9
Coff. ....			3	2	2	2	1	2	
Colch. ....	1	1	1				1	3	
Coloc. ....				1					
Con. ....	1	1		2		2	3	3	
Croc. ....				1					
Crot-h. ....				2					
Crot-t. ....		1		2					
Cupr. ....				1					
Cur. ....		2							
Cycl. ....		1		1					
Dulc. ....				1					
Eup-per. ....		1							
Fago. ....				1					
Ferr. ....	1								
Ferr-p. ....				2	2	2	1		
Fl-ac. ....				1					
Gels. ....		1		2	2	1		2	
Glon. ....				2					
Graph. ....				1					
Grat. ....				1					
Hell. ....	1	1		1		1	3	2	
Hep. ....		2		2			2	2	
Hipp. ....				1					
Ign. ....	1		1	1	2	1	1	2	
Iod. ....		1		1		1	1		
Ip. ....	1								
Kali-ar. ....		1		1		1	1	2	
Kali-bi. ....				1	1	1	2	2	
Kali-c. ....		2	2	1			2	2	
Kali-n. ....		1		1					
Kali-s. ....				1					
Kalm. ....				1					
Kreos. ....	1			2			2		
Lac-c. ....				1	1	2	3	3	
Lach. ....	1		1	2		2	2	2	
Laur. ....				1					
Led. ....				3					

	1	2	3	4	5	6	7	8	9
Lob.				1					
Lyc.			2	2	1	2	3		
Lyss.			1						
Mag-c.			2						
Mag-m.			1						
Mag-p.			2						
Mang.			2						
Meli.			2						
Merc.	2	1		1		1	3	3	
Merc-c.		3							
Mez.	1		3			2			
Mosch.			2						
Naja			1						
Nat-a.			1	1	3	2	2		
Nat-c.	1		1	2	2	2	2		
Nat-m.	2	3	2	2		1	3		
Nat-p.			1	1	1				
Nicc.			1						
Nit-ac.	2		3		3	3	1		
Nux-m.			2						
Nux-v.	2	3	1	2	1	2	3	3	8-17
Olnd.			1						
Petr.	1		1						
Phos.	3		2	2	2	2	2	2	7-15
Ph-ac.	3		2	2	2	1	1		
Phys.			1						
Pic-ac.			1						
Plan.	1								
Plat.			1						
Plb.	2								
Podu.	1		1	1					
Psor.	1		2						
Ptel.			1						
Puls.	1	1							
Rat.			1						
Rheum.			1						
Rhodo.			1						

	1	2	3	4	5	6	7	8	9
Rhust-t.			3	2					
Rumx.			1		1				
Ruta.	1		3						
Sabad.						1			
Sabin.	1								
Samb.	1				1				
Sang.	1	1		2	2	1	1		
Sanic.				1	1	1	1		
Sars.				2					
Sel.	1								
Sep.	2	3	1	2	2		3	2	7-15
Sil.		3	1	2	2	2	1	2	
Spig.	1	2		2		2			
Spong.				1					
Squill.		3		1					
Stann.				2					
Staph.		1		2					
Sulph.		1		1	2		3	3	
Sul-ac.		1							
Thea.				1					
Ther.				2					
Thuja	1	2		1			1		
Verat.				1					
Verat-v.				1					
Zing.				1					

POINTERS.

(Prepared by R. E. S. HAYES, M. D., Waterbury, Conn.)

WARNING! "LIMBURGER CHEESE by another name would be used as a deodorant by many", writes D. T. P. in speaking of the dearth of critical questioning of whatever goes with the stream; the ready response to the superficial appeal instead of digging down through the cold hard facts or applying the vital test of the principle at stake. We do not want our readers to take a lim-

burger attitude toward anything they may see in "Pointers" either by avoiding it on supposedly Christian principles or taking it merely on recommendation without "thoughtful" investigation. We want anything or everything in this department to be criticized, tested or contested according to the findings of sensitive acumen; of which there is always plenty on draft when desired—if the desire is sufficiently fervent. Also, as limburger may be taken with salutary if not salutatory benefit when manipulated according to well-reputed anatomical technique so a pointer, even a materia-medica pointer, may be used beneficially when used with due consideration to its whole scheme and background.

A pointer, especially a materia-medica pointer, is necessarily a fragment. It is but rarely that the individuality of a proving has been thrown clearly into the fragment. But when it has the wholeness of the remedy may be seen through the fragment. We should always look for this wholeness in the consideration of any part or parcel whether anatomical, physiological, morphological, pathological, psychological, functional, symptomatic or therapeutic. We should not, as Dr. P. says, "take the tail for the dog". Even a tail may be individual, distinctive and all that sort of thing. But as the owner of it is much more so, so also the body of the symptom-complex has more potential possibilities toward the release and expression of vital energy than a symptom which is limited to a part.

The trouble is that so many tails look alike; so many symptoms having keynote quality at first sight may belong to several remedies. We must always feel back to the larger symptom-complex which represents the compound individual to avoid the danger of having no reaction or a short and futile reaction or worse, a superficial and suppressive reaction which may hold back the patient's fundamental progress a long time. This question of leads and keynotes is a vital one to the harried prescriber—but we are talking too much. An article of vital import to this subject by Dr. W. A. Yingling is coming out soon. It is simply and attractively written and exceedingly practical. It was just such an article written by the same gentleman twenty-four or twenty-five years ago that really started off the present writer in the art of facile prescribing.

Let us not "take the tail for the dog", else we may find that we have left in our hands only the figment of a lost opportunity (whatever that is).

*It is my steadfast opinion that the real raison d'etre of medicine is the restoration of health or a normal state, to the sick. But most of us, especially our allopathic brethren seem to feel that the field of medicine is a mere playground; the sense of sacredness of human life seems to have been lost, or as if life were at such low ebb as to be of little value. The profession seems to be more concerned with theorization and dangerous experimentation even in some instances to the extent of satisfying a morbid or idle curiosity than either the restoration of health or in the perfecting of a definite plan to gain that end. To date homœopathy is the only method so far discovered that would lead us to that goal.—A. P.*

*We had a visit recently from a patient who proudly displayed a product of our former skill. About thirty years ago he was the victim of a gas explosion which burned him so severely that the skin of both hands came off burned to a cinder. It was in August, hot and sultry. Various dressings were applied but the destructive process went on continually and finally became alive with maggots in spite of all we could do. Two insurance surgeons declared the hands must come off or the man would never recover. Both the patient and I demurred but they persisted and were to return next day to decide. In the meantime I procured some good beachwood charcoal. I sprinkled absorbent cotton with charcoal and wrapped the hands, maggots and all, in the charcoal. Next morning the surgeons came and there was not a maggot to be found, the angry appearance had disappeared, the formation of pus had ceased. In a short time the hands were covered with an excellent scar tissue that appears and feels almost like natural skin. We speak of this because we have rarely if ever seen charcoal mentioned as an application for severe burns.—A. P.*

*The public does not let us choose the type of cases we will*



treat; treating "chronics" successfully without a knowledge of the miasms is an impossibility.—D. T. P.

*In which quandary* are you? Which is the greater quandary, to have the medicines and not the ability to prescribe or to have the ability and not the medicines? An idiotic question, perhaps, but this condition confronts the great majority of homœopaths today and one or the other is the cause of all our failures. Let us strive for the amputation of both the horns of this dilemma! —A. and D. T. P.

*It has been said* that in a large number of cases of pneumonia it was observed that not one case gave a plus Wasserman reaction or had syphilis; that syphilis is actually protective against pneumonia because of the law of suppression of one disease or the susceptibility thereto by another. Granted—in the acute sphere. But the sphere of influence in which homœopathy is more broad and potent, beyond but inclusive of acute conditions is in the farther shadowland of susceptibility where material tests are yet unreliable, the highly diluted states such as those which have passed through the filtering process of heredities. "Miasm" may be more or less hypothetical but the hypothesis works. It works in acute disease which is unduly protracted, becomes chronic or leaves sequelæ. It deals with the chronic patient's future because in the conception, perception and treatment of the miasms lies the broad, long range homœopathy, the great human prophylaxis. —H.

*One peculiarity* of the *Rumex* cough is that it often begins at the end of inspiration, apparently incited by the pressure of the cooler air in the vesicles.—H. A. R.

*Pertussin* should be considered in affections of a dilute phthisical nature such as asthma, laryngismus stridulus, chronic spasmodic or paroxysmal cough, irritations or ulcerations of some certain spot in the mid-respiratory tract. When antipsorics and lighter remedies fail to hold, study *Pertussin*. For specific and general aspects of the remedy see Clarke's *Whooping Cough*.

*We should not be discouraged* when a chronic patient goes "down and down" while under careful homœopathic prescribing. Often the low ebb itself seems, under the correct remedy undisturbed to let the morbid action run out, when either by yet waiting or by a new prescription at the psychological moment the reservoir of vital energy refills, the patient staging a "come back" that surprises everyone.—H.

*The same is true* of severe, acute conditions and much more exciting. It is better to wait for the reactible complex, apply the similar and see the fountain turned on than to prescribe confusion into the case.—H.

*During the first joyful years* of our youthful homœopathy we clung to many critical and chronic cases and tackled many "impossibilities" with obstinate enthusiasm. This served the purpose of the time and produced some remarkable results. Now, we hold on with less blind confidence but more circumspection as to the individual life, we think, and regard for the rules of the game. The latter state serves just as well or better.—H.

*One prescriber told us* that patients with whom she was not *en rapport* homœopathically and who made no progress after a time were referred to some other prescriber. Why not have a consultation instead? Perhaps a new method or point of view would be disclosed.—H.

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## HOMŒOPATHS, ATTENTION!

### Take Thought a Moment.

What did those meetings in Pittsburgh mean to you? You heard many things of which you approved, they made you feel happy and contented. You also heard some things of which you did not approve, things maybe that were a trifle startling. Did they stir you up a little and set you thinking? Fine! Keep right on thinking of those things until you reach some logical conclusion, then act—that is, write it down and be ready to come back next year and tell us about it.—F. E. G.

## ANTIDOTES.

If there are twenty-six cats in the back alley what time is it?  
Twenty-five after one.

An expert is one who knows more and more about less and less, and less and less about more and more.

There are two sides to every question that we are not especially interested in.

A pessimist is the sort of man who blows out the light and then says see how dark it is.

Teacher: What does the word celibacy mean?

Class: The state of being single.

Teacher: Correct. Now if you wanted to express the opposite of celibacy or singleness, what word would you use?

Bright Pupil: Pleurisy.

Diamonds are only chunks of coal that stuck to their jobs you see. If they'd petered out as many do where would the diamonds be?

Teacher: Why was Columbus so anxious to discover a new world?

Bobby: I think he was looking for a place to park.—Judge.

When a plumber makes a mistake he charges twice for it.

When a lawyer makes a mistake it is just what he wanted, because he has a chance to try the case all over again.

When a carpenter makes a mistake it is what he expected.

When a doctor makes a mistake he buries it.

When a judge makes a mistake it becomes the law of the land.

When a preacher makes a mistake nobody knows the difference.

But when the Editor makes a mistake—good-night.

## WINNING ESSAY IN KENT PRIZE CONTEST.

WILLIAM W. YOUNG, Hahnemann College and Hospital,  
Philadelphia, Penna.

REPERTORY AND CONSIDERATION OF THE  
CASE OF MR. B.

The references used in the working out of this case were the *Repertory of the Homœopathic Materia Medica* by J. T. Kent, to be abbreviated thus K. H. R.; the *Materia Medica* by J. T. Kent, to be abbreviated thus MM; the *Practice of Medicine* by Bartlett to be abbreviated thus, B. P. M., and the *Handbook of Materia Medica* by Boericke, ninth edition, to be abbreviated thus, H. B. B. The method followed was as outlined in a pamphlet entitled, *How to Prescribe Homœopathic Drugs*, by Garth W. Boericke.

We will not stop to question whether the case is one in which homœopathy is indicated for, it is quite apparent, surgery, allopathy and isopathy have failed to obtain beneficial results.

Also we will take it for granted that the field of treatment is cleared for the reception of the indicated therapy, i. e., that all cathartics, anodynes, physiologic and local measures are discontinued. Nor is there any present need for enemata or sedatives.

Next we must decide as to whether the case is one for a bedside prescription or for a repertory study. A short perusal of the symptoms as given will immediately show that a repertory is essential for there are so many drugs or remedies suggested by these symptoms that we are confronted with the necessity of differentiation between three, if not more, closely-similar agents.

In estimating the homœopathic similarity in the present case we must evaluate the symptoms, not alone of the remedies, but also of the case in dispute. Therefore it will be necessary for us to assume that in the history the symptoms which were most distressing, from the point of view of the patient, were placed first on the list.

These symptoms then we now place in writing. They are hay fever annually since four years of age. August and Septem-

ber only; sneezing paroxysms until exhausted, worse on strong light, motion and heat (can't stand sun), better at night; watery nasal discharge, bilateral and excoriating; itching eyes; asthma from tenth to fourteenth year, wakening him at night at 2 to 3 A. M.

Turning to our repertory for a list of drugs which have respiratory symptoms of this nature as a prominent feature we find the following: *Arsenic*, *Lobelia*, *Ipecac*, *Kali carbonicum*, *Pulsatilla*, *Spongia*, *Sulphur*, *Argentum nitricum*, *Silicea* and *Sambucus* as well as *Pulsatilla*. Other drugs which we will deem it well to include here, although these symptoms are not in them so prominent, are: *Conium*, *Lycopodium*, *Natrum muriaticum*, *Natrum sulphuricum* and *Thuja*. Perhaps *Phosphorus* ought also to be included. (K. H. R., p. 736).

The seasonal peculiarity in this case must be attributed to some physical peculiarity such as climate, humidity, pollens in the air to which the patient is sensitive and for this reason as well as the fact that no such seasonal modality is known in this particular we dismiss this matter for the time being.

Those remedies which we have mentioned which have violent sneezing spells are *Arsenic*, *Lycopodium* and *Conium*. *Mercury* has violent sneezing in the sunshine. *Lycopodium* has the modality of better at night. (K. H. R., p. 350).

As to a bilateral, watery, excoriating discharge we again list: *Arsenic*, *Conium*, *Mercury*, *Natrum muriaticum*, *Natrum sulph.*, *Phosphorus*, *Thuja*. (K. H. R., pp. 330-332).

Under itching eyes we list: *Lycopodium*, *Mercury*, *Natrum mur.* and *Natrum sulph.*, *Phosphorus*, *Pulsatilla*, and *Sulphur*. (K. H. R., p. 244). Continuing with the eye symptoms we mention under a tendency to styes: *Conium*, *Lycopodium*, *Mercury*, *Natrum mur.*, *Phosphorus*, *Pulsatilla*, *Sulphur* and *Thuja*. (K. H. R., p. 241).

When we approach the question of the asthma which persisted for four years we have to pause for a moment and consider. Shall we include this as a symptom of the case in hand? In other words are we to treat this patient as an individual constitutionally, taking into consideration his whole make-up, or shall we treat the symptoms he presents at present and those alone? It

is not uncommon (B. P. M.) to find asthmatic attacks in two or more individuals of the same family as is true of this case. Also these attacks usually occur in childhood and gradually wear off or at least diminish in severity. But does this fact throw any light on the nature of the constitution with which we are dealing? To my mind it does. Therefore we will list here the remedies which have such a tendency in their provings. These are: *Arsenic*, *Conium*, *Kali carbonicum*, *Lobelia*, *Lycopodium*, *Mercury*, *Natrum sulph.*, *Phosphorus*, *Pulsatilla*, *Spongia*, *Sulphur*, *Thuja*. (K. H. R., p. 736).

The fact that, with a sensitivity toward ragweed which has failed to disappear under the appropriate treatment, the patient still complains of seasonal attacks of so-called hay fever would lead me to seek for some other or associated cause for the condition. Also we might have good reason to question whether the patient has hay fever or whether this hay fever is not complicated by some other ailment. Pursuing a line of thought leading us to consider him a victim of some protein sensitization other than or together with that of the ragweed we turn to his history again. Here we find that he has had a tonsillectomy, a sub-mucous resection, has at the present time bilateral nasal polypi and that there is a tendency to take cold easily. All this would substantiate our contention that his present complaint has some, and not a little, basis in the nasal and laryngeal pathology. (B. P. M.)

Then too it is a fact quoted, although not so widely known, that vaccination, serum therapy and chronic diseases have a tendency to weaken the constitution and make it susceptible to asthmatic or asthmatoïd attacks. (M. M.) Nor must we neglect to refer to the treatise by Hahnemann which lists asthmatic seizures among the possible sequelæ of chronic gonorrhœal infection, especially if it was suppressed as was done in this case by the local application of protargol. (Sycosis—Hahnemann). This trend of thought leads us to look at this case more and more in the light of a constitutional condition demanding a deep-acting drug. Therefore in the evaluation of symptoms we will not be so prone to grasp for the peculiar symptoms and place too great emphasis on them. Also we will feel ourselves more free to dispense with the professional demand for a specific diagnosis and

will turn every effort to an attempt to match a deep-acting, constitutional remedy to the picture of the case before us.

Here it is well to note that *Thuja* is a remedy par excellence for the ill effects of vaccination, asthmatic conditions in the syctic person, the constitutional effects of suppressed gonorrhœal infection and other symptoms to be mentioned later.

Those remedies which have a falling of the hair of the scalp are: *Thuja*, *Sulphur*, *Lycopodium*, *Arsenic*, *Conium*, *Kali carb.*, *Mercury*, *Natrum mur.*, *Phosphorus*. (K. H. R., p. 126).

We introduced our repertory study with the generals or those symptoms which are the ordinary symptoms, common to a majority of cases which complain of conditions which are similar to one another. We next took up the particular symptoms or those which are present in the case under study but which need not be present in any other case of similar nature. Of these particular symptoms we have spoken only of the physical. Next we will turn our attention to the mental symptoms. These by some are placed first in the list as they are by far the most important. But we take them up here.

Depression or sadness is to be found under the following provings: *Arsenic*, *Lycopodium*, *Mercury*, *Natrum mur.*, *Pulsatilla*, *Sulphur* and *Thuja*. It is less pronounced under *Conium*, *Ipecac*, *Kali carb.*, *Natrum sulph.*, *Phosphorus* and *Spongia*. (K. H. R., p. 79).

Lascivious thoughts occur in only *Conium*, *Lycopodium*, *Mercury*, *Natrum mur.* and *Phosphorus*. In these it is not pronounced. (K. H. R., p. 67).

Brooding over childhood scenes occurs in *Arsenic* and less prominently in *Mercury*, *Natrum mur.*, *Phosphorus*, *Sulphur* and *Thuja*. This brooding I consider to be over sexual matters as it appears in conjunction with the homosexual experiences, the lascivious thoughts and the probable irritation of the prostate from the gonorrhœal infection. Thus it has a physical basis. (K. H. R., p. 15).

Conscientiousness is to be noted under *Arsenic*, *Lycopodium*, *Pulsatilla*, *Sulphur* and *Thuja*. (K. H. R., p. 25).

Amelioration from sleep appears in *Phosphorus* alone and the

same is the case with the peculiar symptom of being desirous of being hypnotized. (Neatby and Stonham and K. H. R., p. 69). Yet *Phosphorus* is worse from lying on the left side. Here then we have a contradiction which is very common when we rely too much on peculiar symptoms.

The recent tendency to weep is indicative of or a symptom of his depression and might well be included under the head but for sake of completeness we will mention here the following remedies: *Lycopodium*, *Natrum mur.*, *Sulphur* and *Pulsatilla* with less emphasis placed on *Arsenic*, *Conium*, *Kali carb.*, *Ipecac*, *Mercury*, *Natrum sulph.*, *Phosphorus*, *Spongia* and *Thuja*. (K. H. R., p. 95).

As for the shortness of breath which is aggravated on exertion this brings to our mind a cardiac condition which is further emphasized by the presence of a split first or muscle sound. More and more we are being impressed by the fact that we are dealing with a complex condition, one in which the etiological factors are varied and in which the symptoms are interwoven. Thus it is more difficult to evaluate them. But if it is kept in mind that we are to select a deep-acting, constitutional remedy we will have less trouble than if we sought to establish a clear picture of some definite disease process. Remedies which have this in their provings are *Arsenic*, *Natrum mur.*, and less prominently in *Lobelia*, *Mercury*, *Lycopodium*, *Pulsatilla*, *Spongia*, *Sulphur* and *Thuja*. (K. H. R., p. 740).

*Arsenic* is the only remedy which has plethora with an amelioration from hot weather. (K. H. R., pp. 1339 and 1319).

The modalities of food here are typical of *Phosphorus*. The fact that he dislikes milk and yet likes ice cream reduces this set of symptoms to simply a desire for cold foods or drinks. Therefore we can add to this *Phosphorus*, *Pulsatilla* and *Thuja* and *Arsenic*. (K. H. R., p. 1292 and Neatby and Stonham).

Lack of confidence is found under *Kali carb.*, *Lycopodium*, *Mercury*, *Natrum mur.*, *Pulsatilla*, *Phosphorus*. (K. H. R., p. 22). This includes the tendency to blame himself. Also it might well be considered as a part of his general depression.

A dry feeling in the throat which causes a cough is to be

found in *Lycopodium* and *Thuja*; not pronounced in either. (K. H. R., p. 765).

A waxy, greasy, thin skin is to be found most characteristically in *Thuja*, indeed is typical of the *Thuja* patient. (M. M., p. 961).

Fissures of the tongue are to be found in the provings of *Arsenic*, *Lycopodium*, *Phosphorus* and less particularly in *Mercury*, *Pulsatilla* and *Sulphur*. (K. H. R., p. 394).

Sweat between the toes or on certain parts of body, here the lower extremities or covered parts, is to be found in *Thuja*, *Arsenic* and *Mercury*, in none of these is it pronounced. (K. H. R., p. 1234). This with a lack of cleanliness leads to eczema between the toes. Sweating of the hands and feet is typical of *Mercury*.

Nasal polypi are present but not pronounced in *Conium*, *Lycopodium*, *Mercury*, *Phosphorus*, *Pulsatilla*, *Sulphur* and *Thuja*. (K. H. R., p. 348).

Caries of the teeth are typical under *Mercury* and less important under *Arsenic*, *Conium*, *Kali carb.*, *Lycopodium*, *Natrum mur.*, *Phosphorus*, *Pulsatilla*, *Sulphur* and *Thuja*. (K. H. R., p. 427).

The laboratory reports give one finding of interest and that is the eosinophilia which is typical of asthma of the type which is due to a protein sensitization. The patient's claim that he has hay fever is all right so far as it goes but this will not account for his numerous other symptoms which tend more toward a picture of chronic bronchitis. But even this diagnosis is inadequate for we must admit that underneath the apparent picture there lies a deeper pathology which is well conveyed in the idea contained in the word "Sycosis."

Now to sum up our findings, here we will consider only those symptoms which are of present date; nevertheless we will not lose sight of the past history of the patient since we have been led to believe that it would be well to treat this patient constitutionally. Also in considering the determinative symptoms we will take into consideration the degree in which these appear in each drug. In the end if we find that we are not definitely sure of the proper remedy due to the fact that two or more remedies

seem to be equally well indicated then we will look to the peculiar and unusual symptoms to help us to make the final choice.

With this in mind we find that *Arsenic* has clearly the closest similarity. But it is interesting to observe that *Lycopodium* and *Thuja* run a close second and that these two remedies are according to Hahnemann antipsorics. *Mercury* comes next on the list and *Pulsatilla* last. We disregard the other remedies which have only a passing similarity.

Now to corroborate our selection we will turn to the *Materia Medica* and consult the provings of *Arsenic* (p. 145). It is found that *Arsenic* is a polychrest and apt to run high in any repertory study so that care must be exercised in choosing it. We are struck with the discrepancy which exists between the patient and the provings of *Arsenic* in spite of its high rating. For instance there is not the anxiety of mind, the suicidal tendency, the aversion to company, the burning, the tendency to hæmorrhages, the headaches, eruptions, gastro-intestinal complaints, urinary symptoms and the outstanding sensitivity and irritability of the patient all of which are particularly important in the picture of *Arsenic*.

Next we turn to *Lycopodium* and find that this drug is suitable to a deep, broad anti-sycotic use. But we find that warm drinks relieve this patient, the modality of four to eight p. m. is lacking, there is no flatulency and there is present in the patient a high blood pressure which is not the case with the *Lycopodium* patient. The *Lycopodium* patient wishes to be alone, he has no appetite; there is insomnia. But *Lycopodium* is very similar in every detail to the condition with which we are dealing.

Now let us turn to *Thuja*. (M. M. p. 961). Here we find that the general appearance of the patient is very like that of the *Thuja* patient. Not alone this but we are told that *Arsenic* and *Thuja* are very much alike in their symptomatology but that in sycotic conditions *Thuja* is the remedy of choice. This is in line with our previous opinion. Also we find that a peculiar asthmatic condition obtains in sycosis in which *Arsenic* may appear to be indicated. But it is stated that in such cases *Arsenic* only relieves the condition, since its fundamental symptoms are not similar. In other words *Arsenic* is not similar to sycosis where-

as *Thuja*, together with *Natrum* which remedy appeared in our repertory study, will bring back the primitive manifestation which has been suppressed for years. *Thuja* is also said to be a great remedy where there is a trace of animal poisoning as bacterial, vaccination or serum treatment, all of which appear in the patient's history. Not only that but *Thuja* is also indicated in cases of suppressed urethral discharges and again such a condition is a part of the history. Oftentimes in suppressed Neisserian infections *Pulsatilla* will appear to be the remedy and it is not by coincidence that *Pulsatilla* ran very high in our repertory study. We are told that as a result of improper proving the clarity of the symptomatology of *Thuja* is obscured. It is for this reason that we cannot draw any clear picture of the *Thuja* patient but we do know that there is usually a confusion of symptoms and this is certainly true of the present case.

Therefore with the case spread before me I would tend to the selection of *Thuja* as the remedy to be given first. But this I feel is not sufficient. It is stated by good authority that it is proper to prescribe one of the tissue remedies with a vegetable one, for this reason I will now consult Schussler. In our repertory *Natrum muriaticum* ran very high so that will be the remedy which I will refer to. This remedy fits the case very well, it having the depression, the falling of the hair, the tendency toward hordeolæ, nasal and pharyngeal pathology and hay fever or coryza, the sallow complexion, sweating, sycotic tendency, cracked tongue, poor teeth, the thirst for cold drinks and good appetite with emaciation, the cough from a dry sensation behind the sternum, asthmatic tendency, shortness of breath particularly on exertion, excessive desire to sleep, the desire for heat and warmth, greasy, oily skin, leukæmia, worse at seashore and from cold weather.

*Thuja* is well given in the 30x or 200x not more frequently than three times a day to be continued till signs of improvement appear. *Natrum muriaticum* is best given in the 6x and not more frequently than once a day, preferably at night.

## ANOTHER METHOD OF WORKING OUT THE KENT PRIZE CASE.

E. WRIGHT, M. D., Boston, Mass.

This case is judged on the following points:

- A. Homœopathicity.
- B. Evaluation of symptoms.
- C. Repertory rubrics, corresponding to the symptoms.
- D. Reason for the final choice of remedy or remedies.

It is obviously a deep chronic case because all hay fevers in childhood are. It shows underlying psoric and sycotic miasms. The psora is shown by the hay fever, the eczema; the sycosis, by the suppressed g. c., the overconscientiousness, the worse on damp days, and the frequency of taking cold. We should ultimately expect *Psorinum* and *Thuja* to aid us. We would first disregard the acute attacks of hay fever and do the chronic case on the basis of the generals, first evaluating the symptoms—mentals stand highest. The most fundamental mentals are those having to do with the love of life, suicidal tendencies, disgust, etc., which are not present in our patient. You could never give him *Aurum*. Second among the mentals come the fears and phobias, the sycotic mentality. Our particular patient has had a rather recent sycosis and his fears are not many nor profound but that trend of mind shows in his lack of confidence and compensatory conscientiousness. Next after the fears in importance come the reactions to the love-life and sex matters. Ailments from emotions, mortification, anger, etc., are lacking in this patient, after that the marked traits of the ego such as jealousy, obstinacy, etc., which in this case are also lacking. Last under the mentals would come certain desires and aversions, i. e., to company, etc. The food aversions come under generals.

1. Lasciviousness, which I place first because it was his absorbing mental difficulty.
2. Conscientiousness.
3. Homo-sexuality.
4. Lack of confidence.
5. Desire to be magnetized.



Next come the generals. One must never forget the importance of suppression of diseases, discharges and eruptions so as

6. Let us put suppressed g. c.

The fundamental general, and to our thinking, perhaps the only one to be used as an eliminating symptom is the warm-bloodedness or chilliness of a patient. I do not include this in the list of rubrics for repertorizing because the number of remedies in it are mechanically so large, but you would never give a warm-blooded patient like this one *Kali-carb.* or *Ars.* You might, however, give such a one border-line remedies on either side, such as *Phos.* or *Sepia* which are chilly but only mildly so, and not always.

One of the most important generals when well marked is time of day, entirely absent in this case. Next after time come the general reactions to weather, heat and cold, dampness, open air, season, periodicity, etc. Of this his only marked one we have taken as

7. Worse in damp weather, again a sycotic symptom.

8. Better from sleep, a very marked symptom in this case.

9. Frequent colds.

Next under generals come the aversions:

10. To milk recently (recent changes in cravings and aversions are valuable remedy pointers).

11. Craved fats always.

12. Averse to starches.

Let us take the hay fever, which is so chronic as to become an important general as

13. Hay fever.

14. Tendency to polypi (these are not used here as a pathological entity but as showing the constitutional tendency).

15. Train and car sick.

Numbering the remedies by degrees under these rubrics, 1, 2, 3, (3 being the large black type), we then total the numerical values of these fifteen symptoms for any given remedy, making that total a numerator of a fraction, the denominator of which is the number of symptoms under which that remedy appears in any degree, i. e., *Calc.* 19/9. We then choose the four or five high-

est remedies, in this instance there are seven, which come fairly close together as follows:

*Calc.* 19/9.

*Sil.* 19/8.

*Phos.* 17/9.

*Puls.* 16/9.

*Sulph.* 14/9.

*Nux-v.* 14/8.

*Sepia* 14/6.

*Calc.* is first, *Sil.* second, and *Phos.* third in the generals, numerically. Actually *Phos.* is much more similar to our patient.

In a case with as full generals as this, we really do not need the particulars, but for completeness will put them in as follows:

1. Abdominal cramps from cold milk.

2. Styes.

3. Greasy face.

4. Falling hair.

5. Fissured tongue.

The particulars repertorize as follows:

*Sulph.* 8/3.

*Phos.* 7/3.

*Sepia* 6/2.

*Puls.* 6/3.

*Calc.* 5/3.

*Nux-v.* 3/2.

In the particulars *Sulph.* leads, *Phos.* second, *Calc.* only fifth.

We then add the generals and particulars as follows:

*Calc.* 24/12.

*Phos.* 24/12.

*Sil.* 24/10.

*Puls.* 22/12.

*Sulph.* 22/12.

*Sep.* 20/8.

*Nux-v.* 17/10.

*Calc.* and *Phos.* are tied for first place. It will be noted that some of the leading symptoms are not present in this case, i. e., craving for salt, aggravation from thunderstorm of *Phos.*; the scalp perspiration, glandular involvement, and obstinancy of *Calc.* So much for the chronic constitutional remedy.

An acute remedy should be selected for the attacks of hay fever, as in a singer they cannot be permitted to run their course.

We have the advantage of the competitors in that we have the clinical results of the treatment of this case. Being a novice, at that time, I gave this patient *Phos.* 10M, with the result that he promptly went into acute tuberculosis with fine apical rales, cloudy left apex on chest x-ray, night sweats, loss of weight and lassitude. Needless to say the doctor was worried. Of course the dope could have been antidoted but with a sharp reaction, even that may be dangerous. But if the patient's vitality would "stand the gaff", and the environment made favorable, the very fact of an aggravation will insure a marked improvement. I arranged for my patient to go to the mountains for six weeks' rest, at perfect rest, with no medication of any kind. The symptoms subsided in two or three weeks and on his return the chest x-ray was practically normal. X-rays, chest and sputum examinations every six months since have been entirely negative. About five months after the initial aggravation I ventured *Phos.* 30x; one month later *Phos.* 2c; two months later another *Phos.* 2c; and four months after that *Phos.* 1M; the improvement during this time being steady without aggravation in each instance until a week or ten days before the administration of the new dose. He has since had *Sil.* and now *Sulph.* at long intervals.

The acute remedy chosen for the hay fever was *Nat-mur.* 2c, 3 doses one hour apart, which cut them short in two days. After two of these attacks, thus aborted, he has had no further hay fever, the two subsequent summers for the first time in twenty-four years.

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Honorable mention should be given to a brief working out of this case by Anthony Desti of the New York Homœopathic Medical College who chose *Phos.* as the chronic, and *Nux-v.* as the acute.

\* \* \* \* \*

Two of our veteran homœopaths were discussing this case; one said offhand: "Give *Calcarea*"; and the other advised *Phos.* as a chronic and *Allium cepa* as the acute, which is very "pat", since *Phos.* often follows *Allium*.

## EDITORIAL NOTES AND COMMENTS.

There are some things which must be experienced, at second-hand one can give only a fragmentary impression of them. The 49th annual meeting of the International Hahnemannian Association was one of these. Homœopathy is a lonesome business, it takes a special type of mind and aptitude for penetrating problems, be they the natures of patients, the individuality of the remedies or the essences of philosophy. True homœopaths are few in number and isolated geographically and otherwise. For such a hermit of the spirit to come into a conclave of half a hundred of his ilk is an intoxicating experience. Such was the case at the Convention in Pittsburgh. It may be the "smoky city" but the haze of our art was illumined by rays from many quarters. Very few papers were presented which did not add definite clarifications and amplifications of our subject. New Titans were apprehended and we felt poignant regret that all the readers of the *Recorder* could not have been present.

The Hotel Schenley with its comforts, wide porches and spacious gardens made a delightful environment, and as always at Conventions much of the best was obtainable in vital discussions unofficially in the lobby and at meal time. The Bureau of Homœopathic Philosophy was, as it should be, the most stimulating part of the program, and left the members resolved to work for the development of research correlating the fundamentals of homœopathic laws with the practical work of prescribing and the demonstration of the laboratory. The *Materia Medica* Bureau dealt largely with the nosodes. There was an abundance of stimulating clinical material reported in the Bureau of Clinical Medicine and a relatively new vista opened through a paper on morphological diagnosis in its relation to homœopathy in the Pediatrics Bureau. The papers will appear throughout the year in the *Recorder* and we should like here to point out a few of the vistas opened by the Congress.

It was clear that the fundamental need among homœopaths is for them to deepen and broaden their own philosophy and prescribe in accordance with it, a trite and simple-appearing state-

ment, involving, and indeed obligating, unending diligence and vigorous mental pollarding. It was further clear that having mastered the art of the practice of homœopathy in accordance with its highest philosophy homœopaths must work out a scientific, in the modern accepted sense of the term, basis for the laws of homœopathy demonstrable to the uninitiated. It was also clear that aside from this original research the present body of homœopathic knowledge must be codified and clarified, reduced to a lucid and assimilable minimum for the use of students and for the acceptance of the general medical public. Further it was clear that more productive original work for public presentation, whether at Conventions or through the journals, with long series of carefully attested and controlled and recorded cases must be worked out with acumen and diligence.

Let us during the next year, as homœopaths, become lean-minded, develop an athletic mental attitude. Let us develop not only tolerance and the total elimination of the stupidity of re-primination, but a keen, hard, sound and devoted mentality for only so can the inestimably precious treasure of our art and system be perpetuated and grow.

Next year's Convention is less than a year away. We would hereby appeal to all our readers, and especially to the members of the I. H. A., to begin NOW to prepare material to make our next and fiftieth Convention an amazing success.—E. W.

## COMMUNICATIONS.

The Editors assume no responsibility for the views or opinions of this department.

HOMŒOPATHIC RECORDER.

DEAR EDITOR:

A friend has lent me the issue of April 15th containing question on "Double Dosage". My reply is: Having been taught to give a potency and then follow it up with a higher one, when needed, in Single Dosage, I have followed the same rule with

"Double Dosage". Will the doctor who asked the question kindly follow out his own suggestion and give us his result?

Sincerely yours,  
(Signed) C. GORDON.

1 Merchiston Crescent, Edinburgh.

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## CONSTRUCTIVE HOMŒOPATHY.

EDITOR THE HOMŒOPATHIC RECORDER:

In watching the trend of things homœopathic we would like to give our reasons for the "bitter" stand we have taken for the cause.

We have watched unceasingly the pussy-footing tactics of those who claim to be its staunch supporters and watched them stealthily and quietly strangle homœopathy so that it has passed from a stand firmly entrenched on a solid foundation to a shaky structure standing on a foundation of quick-sand.

Homœopathy either is or is not all that Hahnemann and Boenninghausen claimed it is, and if those men and the hundreds who immediately followed them could with all the handicaps confronting them make a success of homœopathy and place it on a firm foundation then the present status of homœopathy finds itself in the hands of a decidedly inferior mental and intellectual body of physicians. This means what? Simply that our boasted intelligence is a myth; that a modern college education is rather a detriment than an asset to a doctor, when, with that, education coupled with all the modern improvements for the studying of the *Materia Medica* and finding the *similimum* is considered.

We have always admired a certain minister who when asked why he had never aspired to a D. D. degree said: "Do you realize what D. D. stands for in reality"? We said no. "Well", said the minister, "it simply stands for Donated Dignity as do all the rest of the college degrees". With all our ignorance consisting of an unfinished country school education and with a 12 months' medical education we would feel ourselves ignominiously disgraced if we could not diagnose and prescribe more accurately than a number of college graduates we know.

Most of us wish to pussy-foot along and omit the "bitterness". Do you realize that when the strife was the most "bitter" homœopathy made its greatest progress? At this day and age when the bulk of the human brain has degenerated into solid ivory it takes something more than a soft iron hair-pin to penetrate it and doctors are not exempt by any means.

If homœopathy is to be built constructively the step is to take a firm, united stand and fight benignly if possible, vindictively and bitterly if we must, for cannon balls are not stopped by soft words or even prayer. We must submerge self for that greater and grander cause—homœopathy—whose blessing was ordained for humanity, ever remembering that: "When the Great Scorer comes to write before our name He writes not that we won or lost but how we played the game". We can never constructively build homœopathy with allopathic destruction. We must get together, give and take, and agree on a set policy, to pursue and pursue steadfastly that policy, ever remembering that "the way to resume is to resume" and not go on droning over the subject.

After we have settled upon a united subject or policy we must concentrate on two objectives especially, viz: Colleges and independent licensing boards which are our inherent right. Our medical students must get their inspiration at the impressionable age, it is too late after they have been moulded in the allopathic mould for all the allopathically-moulded individuals are sightless and headless, those arousing from its lethargy are very few and the exceptions that prove the rule. The wily allopath knows this better than we—the reason he is so anxious to close up our colleges.

Homœopathy is not a "therapeutic speciality" as those who do not thoroughly understand it would have us believe, but it is a complete system of medicine in itself medically independent of all other systems and this will be thoroughly brought out when its unfolding is fully completed. The similitum has never yet failed to do all and more than was ever accomplished by any other method. Our own work consists mostly of doing what the other fellow failed to do and we use absolutely no other means than the single remedy, the minimum and often the single dose. Then

if homœopathy can accomplish while the other methods fail why try to make it a co-partner of a set of failures?

We hate to doubt our fellow co-workers but if there are 100 honest to goodness homœopaths in the so-called homœopathic ranks who will get together, submerge self and agree on a single, stable policy and steadfastly pursue it it will be but a short time before homœopathy is so firmly entrenched that no human power can uproot it. If there are that many let us get together and start the ball rolling, if not it is time to scuttle the ship.—A. PULFORD.

## CARRIWITCHETS.

Sit Down, Doctor, and Write Us Your Answers to These Questions. It Will Only Take Five Minutes.

*First Question:* In regard to the following paragraphs (26 and 27) of the *Organon*, sixth edition:

"A weaker dynamic affection is permanently extinguished in the living organism by a stronger one, if the latter (whilst differing in kind) is very similar to the former in its manifestation". Paragraph 27: "The curative power of medicines, therefore, depends on their symptoms, similar to the disease but superior to it in strength, so that each individual case of disease is most surely, radically, rapidly and permanently annihilated and removed only by a medicine capable of producing (in the human system) in the most similar and complete manner the totality of its symptoms, which at the same time are stronger than the disease".

Why should the homœopathic remedy have to be stronger than the disease in order to cure it, and what is the supposed mechanism of the cure?—E. B. L.

*Second Question:* If I am called to a fractured femur in an old and feeble person who must be transported to a hospital what homœopathic remedy can I give to replace the customary hypodermic of morphine?—P. W.

*Third Question:* If homœopathic remedies, both acute and chronic, fail to palliate severe terminal pains, may the conscientious homœopath give a non-homœopathic anodyne?—E. B. L.

*Fourth Question:* What local treatment, if any, do strict homœopaths use for eroded cervixes?—E. W.

*Fifth Question:* A regular physician interested in homœopathy asks whether insulin, thyroid and ovarian extracts should not be given to fill the immediate physiological need caused by some underlying morbid process, and whether during their administration the chronic homœopathic remedy may not be prescribed in the hope that it will so better the case that the insulin, etc., dosage can be reduced and finally omitted.—E. B. L.

*Sixth Question:* What does "suppression by potentized remedies" mean? If a remedy which is partially similar to the totality of a case is given, will that remedy suppress the symptoms which it covers or will it cure those symptoms? Will an acute homœopathic remedy which is not the similimum suppress an acute disease just as an ointment might suppress an eruption thereby driving the morbid process inward?—E. W.

#### ANSWERS TO QUESTIONS IN JUNE ISSUE.

*First Question:* For the patient poisoned by Mercury probably a remedy with an antidoted relationship is required, perhaps *Hepar*, which I should prefer to exhibit when the patient was comparatively well, with the expectation that it would restore order and thus prevent further acute attacks.—M. W. T.

—This is not a case for a remedy but for an antidote it would seem. I have been very successful with *Hepar sulph.* 6x given over several weeks.—G. W. B.

—Concerning the question asked by Dr. Gladwin about the persistent Mercury poisoning and the tactics of prescribing for it I would say that I have never exactly the same kind of a case as she describes perhaps for the reason that I would not at-

tempt to antidote just such a case with the potencies of *Mercurius* unless the symptoms of Mercury were sufficiently remote and they probably would not be remote in just such a case. The same with *Rhus*, to illustrate. In the ordinary fresh case I would not expect *Rhus* to do anything. It is the nondescript, clouded or remote effects of the vine with people who react feebly to it or those who have had repeated impression of it amounting to suppression that potentized *Rhus* will wipe out. I would suppose it to be the same with Mercury except that Mercury being a much heavier and more tenacious influence and more tricky in its manifestation the symptoms reactible to *Mercurius* might appear after a much longer time or be more mixed with other influences.

One resource, used also in constitutional conditions, is to study the other influences in the patient, especially those which still existed before the poisoning. When one set of symptoms persists or relapses it is a sign of something else, another influence, a susceptibility. Susceptibility always means a deeper strata and a prescription for or including that will lessen the grip on the persistent agent such as the Mercury in Dr. Gladwin's case. Sometimes, though, the obstruction may be in front of the Mercury, that is, it may have been impressed after the aforesaid poisoning. It is impossible positively to say what one should do in any certain case until he is confronted by it.

Homœopathy is not one of the raw sciences by any means; it is a human art, a very human art of considerable delicacy, if we are to get the best out of it. What did Hahnemann mean by the phrase "to know what is curable"? I wonder if he did not mean "to know what is curatively reactible".—R. E. S.

*Second Question:* The term "suppression by homœopathic remedies" does not mean suppression by the remedy that is homœopathic to the case, it means suppression by potentized remedies. Will someone please ask the question that should follow this?—F. E. G.

*Third Question:* Insulin, thyroid extract, and ovarian extract, have never been proved on healthy people, therefore there

are no symptoms upon which the homœopath can prescribe them. Given empirically they palliate. To palliate in a curable case is to make that case more difficult to cure, and possibly to render it incurable.—F. E. G.

*Fourth Question:* Take the symptoms of the patient and prescribe on them as in any case.—F. E. G.

*Fifth Question:* "Decompensation, fibrillation, ascites", sounds like an incurable chronic case near dissolution. In such a case the homœopathic remedies will prolong life, give peace and produce euthanasia.—F. E. G.

### BOOK REVIEWS.

THE HOMŒOPATHIC THERAPY OF DISEASES OF THE BRAIN AND NERVES, by Dr. George Royal. 360 pages, price \$3.00. Published by Boericke and Tafel.

From his ripe experience as a teacher Dr. Royal has brought many unique things to this book.

The first chapter gives us the diseases of the "algias" as the author calls them, cephalalgia, Herpes Zoster, infantile convulsions, laryngeal spasm, sciatica, singultus and tic douloureux. The definition of the several diseases is taken up, the etiology, pathology, with diagnosis and prognosis, and the symptomatology is given in a concise manner. Then the homœopathic therapy is given in a very accurate and readable way brings into play much of the therapeutics of the remedies for the given condition and lays particular emphasis on the remedies of prominence, with clear, concise indications for those remedies.

This chapter is full of valuable suggestions. The only thing that seems to have been overlooked is the therapeutics of the laryngeal spasm type, and we wonder why Dr. Royal skipped such remedies as Aconite, Hepar sulphur, Sanguinaria and Spongia, without which it would be hard for us to practice in these conditions.

The second chapter is devoted to what the author pleases to term the "itises" which embrace the epidemic cerebro-spinal

meningitis, meningitis, multiple neuritis, myelitis, tubercular meningitis. In this chapter the author displays the same general arrangement with the same profound understanding of the remedies, and the occasional citation of a case illustrating the therapy in hand.

The discussion of tubercular meningitis is particularly full of valuable suggestions in treating this dread disease. However, in this chapter one wonders why so experienced a physician confines himself mostly to the 30th potency, when we were taught that in mental troubles many of the higher potencies are particularly effective.

The third chapter has to do with functional changes, and carries out the same general arrangement, taking up the different types of delirium with the therapeutics pertaining thereto, and going on one step further and discussing the therapeutics of dementia precox.

Another valuable discussion is the therapy of chorea, where the author shows particularly thorough knowledge of our materia medica; likewise, the discussion of epilepsy gives a wide range of the remedies. Insomnia and hysteria are treated in a similar way.

These chapters on the functional changes are very valuable for the general practitioner, for they are conditions which every physician is constantly meeting.

The last chapter is devoted to structural changes in the nervous system; such diseases as idiocy, cretinism, hyperthyroidism and myxedema are treated and the value of the iodine group of remedies discussed very intelligently.

In the discussion of apoplexy, embolism and thrombosis the author insists that the individualization of each case is absolutely necessary to select the proper remedy. While he cites many remedies with their indications, the insistence upon the wider field of homœopathic therapy is always evident.

The remaining diseases are treated in the same way.

It is a very valuable book, as it comes from the pen of a man of experience who has tested the remedies in actual practice, and who also has a thorough knowledge of their provings. It is a book every homœopathic physician should possess.—H. A. R.



## CURRENT HOMŒOPATHIC PERIODICALS.

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

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<i>Skin Diseases and Homœopathy.</i> This editorial article takes up the views of Prof. Bier of Berlin that skin diseases should be handled from within and not treated locally. It discusses a book by Dr. Walter Lucke entitled <i>Therapeutic Pocketbook of Skin Diseases</i> published by Madaus & Co., Berlin, Cz. Dr. Lucke is a pupil of Prof. Bier, and discusses five methods of skin treatment: 1, Autohæmic. 2, Specific and non-specific hypodermic treatment. 3, Dietetic treatment. 4, Physiotherapeutics. 5, Homœopathic remedies. He stresses for boils and skin abscesses in the acute stage <i>Hepar</i> , for prolonged supuration of the same <i>Silica</i> . In acne <i>Sulphur iod.</i> and <i>Colloid. aurum</i> . In eczema <i>Bell.</i> , <i>Ars.</i> and <i>Rhus tox.</i> In lower potencies for the acute, and higher for the chronic cases. In furunculosis <i>Sulphur iod.</i>	

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- Autobiography of a Remedy.* Dr. Roy lets the remedy describe itself and then asks the readers to guess it. Its story is as follows: She is a thin, dark girl like her sister *Ignatia*, she cannot keep her mouth shut but must tell all about herself, she can neither sit nor stand with comfort but must walk. In the evening and the night she wants to go out in the open. She has pelvic and coccygeal pains which start slowly, gradually increasing, and are so severe at night that she cannot sleep. There is headache as though someone had tied a band around her head. She had a venereal disease before marriage, discharge continuing after marriage, itching genitals, loss of control and onanism. She thinks no one likes her because of that. Bloody discharge from the womb, dark, clotted and painful. She feels as though there were something moving in the abdomen. She is as weepy as *Puls.*, as constipated as *Nux.*, and dislikes traveling. She is worse lying down, sleeps on her back with her legs curled up and often with arms over her head. She is terribly afraid of death. (Reader, do you recognize her? Send us your answer.—Ed.)

### THE HAHNEMANNIAN MONTHLY, PHILADELPHIA

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- Some Points Bearing on a Concept of Homœopathy.* This article is particularly valuable because it approaches homœopathy from the angle of demonstrable scientific laboratory work. Dr. Boyd speaks as a physiologist and pharmacologist, and gives us a bird's-eye view of a "20th century conception" of homœopathy. In addition to the devoted and rewarding clinical practice of homœopathy we vitally need a "scientific" demonstration of it and a systematic and minute working out of its hypotheses. This Dr. Boyd is undertaking in his laboratory. As examples of what is actually demonstrable he quotes the work of Mellon at Ann Arbor who "was able to show that *Baptisia* when given to healthy animals, resulted in the production of a blood serum which was capable of agglutinating the bacillus typhosus".

also an experiment by Susuki showing that non-fatal doses of uranium nitrate render animals immune in their renal epithelium to further poisonous doses of uranium. Furthermore he showed evidence that "*Mercurius cyanatus* is capable of acting in an antigenic manner as regards diphtheria antitoxin". He further takes up the problem of solubility in its relation to remedy action and as a cause of some of the practices of homœopathic pharmacy. He further mentions the factor of the hypersensitivity of cells in disease which has a bearing upon potencies as well as provings. This is a scholarly and most stimulating article.

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Some Clinical Remedies. Dr. Boericke reviews the old dispute as to whether clinical symptoms should be included in our materia medica. The two camps are headed one by Allen, the leader of pure symp- tomatology based only on produced symptoms and the other by Hering, the advocate of clinical symptoms. Dr. Boericke points out that the	

tissue remedies have a purely clinical basis in most cases and that clinical symptoms well checked up may be of great assistance and value, particularly as so many healthy provers are relatively immune to remedies and do not develop the full symptomatology. (Anyone interested in provings should read this article). He takes up the following: *Uva Ursi* as a "urinary antiseptic" for pyelitis, cystitis, etc., especially in children; and *Formic acid* in arthritis especially the deformans type; then *Arnica* which he considers the greatest of all our septic drugs and especially admirable in post-operative infections and in those where the toxin hits the heart; also *Acalypha indica* for hæmorrhage (like *Geranium*, *Millefolium*, *Trillium*, *Ferrum phos.* etc.) with pronounced morning aggravation and no fever; and *Iberis* for diseased myocardium with insomnia, inability to lie on the left side, irregular and over-acting heart, not in absolute decompensation. Compare *Iberis* with *Strychnia phos.*; next *Cuprum ars.* for diarrhœa, to prevent abortion and especially in the failing kidney and impending uremia; then *Strychnia phos.* and *Kali carb.* as tuberculosis palliatives; furthermore *Puls.* in lung involvement or deep bronchitis with the general symptoms of *Phos.* present, "oppression of chest" being the deciding symptom between the two, he points out that *Puls.* contains iron; and lastly *Scutellaria* for migraine, much like *Cimicifuga*, with headache in one eyeball from over-excitement, useful prophylactically also, good in chorea.

THE JOURNAL OF OPHTHALMOLOGY, OTOLGY  
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*Plant Morphology.* Professor Bergdolt gives a charming article along the line of Swedenborg's "correspondences", pointing out the various examples from the old herbal simple books of the "Doctrine of Signatures". This lore is widely applicable to the uses of remedies in homœopathy.

**LEIPZIGER POPULARE ZEITSCHRIFT FÜR  
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### WANTED.

Copies of Kent's Homœopathic Philosophy.

# HOMŒOPATHIC RECORDER

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HEINRICH MENG, M. D.  
Chairman of Committee for the Stuttgart Meeting of the  
International Homoeopathic League

# THE HOMOEOPATHIC RECORDER

VOLUME XLIII. DERBY, CONN., AUGUST 15, 1928. No. 8.

## A CHAPTER OF REMINISCENCES.

Address of the President of the International Hahnemannian  
Association, 1928.

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

These reminiscences go back to the Civil War when Grant's army was surrounding Vicksburg. A young army surgeon was present one evening with a group of officers in the General's tent when the big black cigars for which U. S. Grant was famed, were passed around, and the young man tried his luck with one of them. It required neither long nor vigorous smoking to produce a prompt though involuntary proving of Tabacum, and he was forced to seek relief elsewhere.

The young surgeon was the late Dr. H. C. Allen, and this account was given me by himself. He may have proved other remedies later, but never any quite so quickly and effectually as this one. I fancy he was strictly a non-smoker all his life after. Following the war he lived for some time in Brantford, Ontario, and married there. My first acquaintance with him occurred in 1866 and came about as follows:

Homœopathy had only been known in America for about thirty years, but already had created such a wave of popular enthusiasm that no less than two life insurance companies were launched on the basis of insuring strictly homœopathic lives at lower premium rates than others—a quixotic project foredoomed to failure, for one very important reason, viz:—the scarcity of homœopathic physicians at that time. To illustrate, when old Dr. Fisher of Montreal, an eccentric character who used to attend the I. H. A. meetings pretty regularly in the last century, but

without offering to become a member, retired from active practice, the homœopathic adherents in Montreal, feeling the need of a qualified homœopathic physician, actually "called," as it were, the late Dr. Wanless from London, Ont., and guaranteed him an income of three thousand a year to settle in Montreal.

Dr. H. C. Allen in those early days was representing the Albany Homœopathic Life Insurance Co. and in that capacity called upon and insured my father, then living in Guelph, Ont. Father was greatly interested and became a life-long lay homœopath, and this virtually determined the choice of a profession of his son. From that time on we were more or less in touch with H. C. Allen as long as he lived. I recall visiting with him at Detroit in 1878 and again at Ann Arbor in 1886, besides meeting him frequently at the annual meetings of the I. H. A.

It was therefore quite natural that after graduating in medicine at McGill in the spring of 1880, and betaking myself to old Hahnemann in Philadelphia the fall of that year, to be provided by Dr. H. C. Allen with a letter of introduction to Dr. Ad. Lippe, the last prominent survivor of the original Germans who brought homœopathy to America.

To my great regret, Constantine Hering had passed away not long before my arrival in Philadelphia, and the best I could do was to borrow notes of his lectures taken by an older man, and copy them.

Some one in Montreal also gave me a letter to John Wanamaker which I soon presented. While waiting in his outer office the clerk said, "Here is a gentleman you ought to know," and forthwith introduced me to Dr. Walter M. James, and we became fast friends. His first question was significant, "What kind of a homœopath are you going to be?" And then in course of a conversation as we walked down Chestnut Street gave me enlightenment on the subject.

Later in the winter I spent several evenings in his office while he filled a pocket case for me with Jenichen's potencies, which remains in good order to this day. Doing so he explained he was only passing on the good work begun by Ad. Lippe, who, years before, when teaching materia medica in the college, used to tell the graduating class to come around to his office, and he

would give them enough remedies to make them "independent of the shops."

It was not long before I had occasion to present my letter to Adolph Lippe and get his treatment for a severe attack of bronchitis. After it was over he told me the remedies used and thus the indications became indelibly impressed on my memory.

On one occasion Lippe related to me how he discovered the now classic symptom of *Phosphorus*, "Water is vomited as soon as it becomes warm in the stomach." It was a case of typhoid fever in which the other symptoms pointed to *Phosphorus*, but this new and unknown symptom was perplexing; however, there was nothing for it but to use the remedy best indicated and a dose of *Phos.* 19M was given. The attending priest upbraided Lippe for taking such chances with human life! But the remedy turned the tide, cured the case and firmly established the symptom where it belongs, as many have verified in practice.

I once asked Lippe's advice about a case of morning diarrhœa. "Oh," he said, "you have come across one of those cases; there is an epidemic of them in Philadelphia, and the remedy is *Natrum sulph.*" He gave me a graft of the CM potency which cured the case, and the potency is still in my pocket case.

Later in the spring I took a troublesome case to Lippe's office, and for once the old Doctor consulted his books before prescribing and gave *Pulsatilla*. That taught me a valuable lesson: not to be above verifying one's work as one goes along, even in the patient's presence. If so great a physician and excellent prescriber as Ad. Lippe found it necessary, much more should the young prescriber not hesitate to do so.

The following authentic anecdote about Dr. Ad. Lippe is well worth recording. He had made a remarkable cure of a well known society lady in Philadelphia who had been the rounds of the allopaths before coming to him. Shortly after, at a social gathering, he was accosted by several of these allopaths, who, in a friendly way wanted to know how he had cured the lady in question. "Oh, I just gave her iron," said Lippe. "But we had all given her various iron preparations without result," they replied. "Yes," said Lippe, "but you gave her a crowbar and I gave her a cambric needle!"



Here is another *bona fide* occurrence: Lippe was such a strict and unswerving homœopath that he had trained most of his families to the same spirit of exactness. It happened that a case of gall-stone colic occurred in one of his staunchest families. The doctor arrived and prescribed *Lycopodium*, a single powder. The relief was so magical and the patient fell into such a sound, refreshing sleep, that they were convinced, and nothing could alter their conviction, that he must have given morphine, and forthwith changed their doctor!

Lippe was in poor health that winter and Walter M. James was in charge of his practice and doing his work. One frequently met Dr. E. J. Lee along with Dr. James in Lippe's office. Dr. Lee was busy at that time establishing the *Homœopathic Physician*, of which he was editor for several years until his death, after which W. M. James took hold of it. As a magazine it certainly did splendid work for homœopathy and published from time to time such valuable supplements as Lee's *Cough Repertory*; Hering's *Typhoid Fever*, edited by P. P. Wells; two repertories by Jefferson Guernsey, *Hæmorrhoids*, and *Desires and Aversions*.

Lippe was, himself, an earnest contributor to its pages in the early years, but no doubt his fighting spirit and strong convictions made more enemies than friends. His controversy with Dr. Swan of New York, of high potency fame, caused some stir in the early years of this society. Lippe denounced Swan's isopathy, so called, e. g., *Syphilinum* for syphilis, etc. But one can hardly suppose Swan was so very crude in his thinking as to suggest such procedure as a general rule, though evidently Lippe took it that way. Many of us know by experience that there is a good deal of truth in Swan's ideas.

There is nothing so nearly a specific for the effects of poison ivy as our high potencies of *Rhus tox.*; even a good many allopaths are using it in some form for that purpose. I have also seen some remarkable results from *Variolinum* in smallpox, sometimes aborting and curing a case overnight, but more frequently driving the eruption so rapidly through all its stages that the scales are falling off in 48 hours, naturally with far less systemic disturbance than in the ordinary course.

Dr. Constantine Lippe was practicing in New York at that

time, and I had the pleasure of meeting him once or twice. His health had been injured in the Civil War and he predeceased his father by a few years. He lived long enough, however, to furnish us with a fairly good repertory, almost forgotten now when we have so much better ones.

At old Hahnemann College that winter Dr. E. A. Farrington was the chief tower of strength, and his lecture room was always full to the doors. His rich soft mellifluous voice lent a charm to the great fund of information he continually poured forth.

Dr. Aug. Korndoerfer was an able teacher of clinical medicine and a good prescriber but he had one fault: when the symptoms of a case were presented to the class he would say, "Now, who guesses *Nux*?" or, "Who guesses *China*?" This created a wrong impression, as if guess work could have any place in homœopathic prescribing. He really meant to say "What remedies have you in mind for this set of symptoms?" It was just a careless form of speech to encourage the students in the all important work of taking the case and finding the remedy.

Dr. Clarence Bartlett was quiz master to the class, and needless to say he was exceedingly efficient.

Dr. R. McClathin, familiarly known as "Bob," occupied the chair of practice. He was a bluff, jolly, agreeable fellow and very popular; a thorough *bon vivant* and it was enough to make one's mouth water to hear him tell of the first shad of the season! His treatment of pneumonia was a gem in its way—true, a diamond in the rough that needed a good deal of cutting—"for broncho-pneumonia give *Phosphorus* and for pleuro-pneumonia give *Bryonia*."

It remains to speak of James T. Kent, that giant of American homœopathy; though known to many of you better than to the writer. His colossal works, the repertory and lectures, besides other writings, have given him well deserved fame. It was my pleasure to meet him at the Syracuse and Richfield Springs gatherings of the I. H. A.

About 1894 or 1895 he honored me with an invitation to come to Philadelphia as his assistant in establishing a post-graduate school there, but as I had my hands full nursing an

infant practice in Ottawa, nothing came of it. No doubt, had things been different, a period of association with a man like Kent would have been of inestimable benefit.

In conclusion let me record an anecdote of two Canadian homœopaths, both former members of this society. My old confrère, Dr. A. Quackenbush, in his young days suffered greatly from abscesses caused by the itch. Almost in despair he was directed to Dr. Tyrrell in Toronto, who cured him so completely that Quackenbush decided to study homœopathy. Years later when Quackenbush was practising at Belleville, Ont., he made a remarkable cure of a sick child back in the country near there. Some months later Dr. Tyrrell was there on a visit, and as they were driving along a country road, they came to a farm house in front of which were clustered about a dozen children. Quackenbush said to Tyrrell, "See if you can pick out the child I was telling you about." In a moment, without hesitation, Dr. Tyrrell pointed out the right one. "How do you know?" said Quackenbush. "Oh, easy," said Tyrrell, "that's the only healthy child in the lot."

#### WHY HOMŒOPATHY?\*

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

Baby S., age one month, suddenly developed a large, strangulated, right inguinal hernia and could only be quieted by being *continuously carried*. Obviously taxis and surgery were out of place and she got a single dose of *Chamomilla* MM. In thirty-six hours the gut receded entirely, but the bowels remained paralyzed for five days when a dose of *Opium* 200 kept them going for a week, then failed to act again. A very small movement now contained a little red sand. A single dose of *Lycopodium* MM made a complete and radical cure.

Mr. K., *aet.* 50, had gonorrhœa years ago. Then an attack of ileus was cured by *Thuja*, which, however, had no effect on the enlarged prostate and prolapsed rectum. Discouraged over this he called only occasionally, when suddenly a prodigious ringworm eruption came out all over the genitals, the groins, inside of thighs

\*Read before the I. H. A., June, 1928, Bureau of Homœopathic Philosophy.

and in both axillae. With a warning of an impending storm crisis he received a single dose of *Sepia* MM and was ordered home and to bed. Many boils in the affected areas and a large perineal abscess followed, whereupon the good wife, to ease things gave a dose of castor oil at bedtime. The result was startling; about midnight a brother physician phoned saying that on an emergency call he found my patient unconscious, vomiting and purging and in collapse and that he had already given a hypodermic, but wanted to know what remedy he should leave. I replied that the victim had probably had more than enough medicine by this time and the antipsoric should be allowed to complete its action. The perineal abscess soon emptied itself and the constipation with its attendant prolapsus disappeared. He came to my office in a week in better health than for years.

A nurseling of eleven months contracted "flu" along with the rest of the children. The attendant in charge gave a number of doses of calomel whereupon the following array of symptoms soon appeared: He sweated about the head. The scalp was very sore and tender. He winked forcibly every little while and uttered piercing cries, all the while putting his hands to his head. Red sand appeared in the urine which became very dark and scanty. There was tenderness over the gall-bladder, and two yellow chloasmic spots on the body. There was a little salivation. His temper was beyond all control. *Lycopodium* helped for two days only, then *Chamomilla* did the same, but in the meantime excessive oscillations of temperature appeared. Once or oftener twice a day, the thermometer would register over 106° in the axilla, along with profound stupor lasting from two to four hours, then a drenching sweat, which always relieved and a subnormal temperature followed. This feature made me think of *Pyrogen*, *Salicylic acid*, *Veratrum viride* and *Zinc*. The metal only covered all of the symptoms; one dose of the MM was given and in three days there was a marked change, which was but the beginning of recovery.

Irritable caruncle is hard to relieve and still harder to cure, but I cannot help mentioning a few successes. A prim spinster of the condescending type was greatly humiliated and sorely afflicted with this devilish complaint, but *Platinum* 5M, then CM and lastly

DM at intervals of ninety days has restored her to health. I do not find any semblance of this affliction in its provings. It seems to have been a case of mind over matter, in spite of an actual caruncle being just behind the meatus.

A patient aged 81 moaned, cried and was chilly for weeks, with a smarting, burning pain in the urethra, while at the same time she craved acids. A large caruncle was in evidence. One dose of *Hepar MM* called forth a feeling of needles in the growth, then rapidly cured.

Mrs. C. aet. 55.

1. Chill to head, then joint pains, finally boring at heart and endocarditis.
2. Is hot and sweaty.
3. Retches from the least motion.
4. Wants head high and is short of breath.
5. Surfeited by the least food. Anorexia.
6. Water gags her.
7. History of gall-stones, tonsilitis and quinsy.
8. Phlebitis of whole right lower limb with intense pain and swelling.

A surgeon reported nothing could be done. *Pulsatilla* in various potencies made a complete cure.

## ALUMEN AND ALUMINA\*

### The Twins.

F. E. GLADWIN, M. D., Philadelphia, Pa.

Alumen, the aristocrat, is well known by the title Alum the crystal but his twin brother Alumina is made of clay like the rest of us.

Have you ever met the twins Alumen and Alumina? They are cross-eyed boys as near alike as two peas that did not grow in the same pod. One way of telling them apart is by their eyes—Alumen's right eye squints toward his nose, while Alumina's eye, one or the other, turns outward.

\*Read before the Post-Graduate Summer School of the American Foundation for Homœopathy, Boston, July, 1928.

Alumen always was a tease. He would lie long in bed just to annoy the family. Alumina would never think of playing such a trick for time seems long to him. He never could stand lying in bed long enough for any one to find it out.

Alumen is a fighter. He flies into a rage and proceeds to attack, but Alumina won't fight. He has alternating moods; at one time he is self-confident, at another timid, but on the whole he is quiet and resigned and weeps easily. We have no record of Alumen's schooldays but Alumina didn't get along at all well in school. His memory wasn't good. He couldn't follow up a train of thought; he didn't want to do things, mole hills seemed mountains to him, it was easier to cry than to begin his task. The boys called him "Percy" and imposed upon him, teasing him because they could. This made Alumen angry and he'd come flying down upon the scene like a mad hornet and drive the boys away.

It would never do for Alumina to give way to a temper the way Alumen does for he would suffer for it. Anger makes him ill. No one ever dared to give Alumina a pocket-knife, for when he saw sharp steel he began to think about killing himself although he'd never really do it because he is afraid of death.

Both of the twins have vertigo but Alumen is better if he opens his eyes, while Alumina is worse on opening his.

They were sickly boys; always troubled with colds and catarrhs, ulcers, bad spines, constipation, weak muscles, etc. If it wasn't one thing, it was another. I believe they finally finished the list with cancers.

Alumina had obstinate constipation which began when he was a suckling and followed him through life. Alumen also was constipated. While Alumen had violent ineffectual urgings to stool, Alumina had no urging at all and couldn't pass it until there was a large accumulation in the rectum. If perchance Alumina ever did have a soft stool it was as difficult to expel as though it were hard. Alumen has constipation but he has just as much diarrhœa and what is worse, he has long continued pain after stool. This pain lasts for hours sometimes. Both have hæmorrhoids. Alumen's hæmorrhoids bleed but Alumina's are blind.

Most of the bowel troubles of both boys are caused in inactivity of the intestines.

The two boys were invited to go on a deep-sea fishing party. The temptation to go fishing overcame Alumen's desire to stay in bed. He concluded that if he was having a good time fishing, he wouldn't have time to think of his disease and so would avoid an attack of palpitation. Alumina happened to be in one of his self-confident moods when his invitation came so accepted it jubilantly. Alumen, being a light sleeper, needed no alarm clock to waken him in the morning but this time a nightmare awakened him at four o'clock, standard time. He didn't feel very good—sort of sick at his stomach and his head ached. He thought one of his neuralgic headaches had started in. He was quite sure medicine would not help him at all. He feared he couldn't go fishing. The unpleasant thought agitated him and filled him with nervous tremors. His mother persuaded him to eat a little breakfast, after which he felt so much better that he decided that he could go after all.

Alumina lay long awake from crowding ideas and when he finally did fall asleep he dreamed that thieves were stealing the fishing tackle; then he thought the boat was foundering, he started up in a fright and awakened to find himself in an attack of palpitation. He finally fell asleep again to awaken in the morning quite unrefreshed, feeling weak and faint. He was sure he was not well enough to go, but like Alumen, he ate a little breakfast and then felt better and went along with Alumen, grumbling all the way. He was sure the boat would go down or some other evil equally serious was impending. He was a perfect kill-joy.

Both of the boys are cold-blooded so they started off wrapped in warm overcoats and carrying a lunch basket between them. Neither was strong enough to carry it alone. Alumen was willing to carry some lunch, for although he loathed food he was sometimes hungry. What he did insist upon was a thermos bottle of ice water lest one of his headaches should start in and he should need it. Unlike Alumen, Alumina had no desire to eat, but he thought some fruit and vegetables might come in handy and he tucked in some starch, chalk, cloves and several other indigestible

things. He disliked meat so much that he would have no sandwiches in the basket.

The boat was about a half mile away and the boys walked to it. They were both tired out when they reached the pier. Alumen's feet were sensitive to pressure, which made walking a painful operation. Alumina felt as though he couldn't take another step. His legs ached and felt heavy and he thought his knees would give out under him in another minute. They both had cold feet but Alumen was cold to the knees. They hunted a warm, sunny place upon deck and slumped down into seats for rest. Alumen felt as though his poor weak back couldn't hold him up another minute and Alumina was completely exhausted.

It took about an hour for the boat to run out to the fishing grounds. By that time the boys were enough rested to take interest again so they baited their hooks and threw out their lines with the others. Alumen's arms trembled and twitched and he felt as though a cord was drawn tightly around the upper arm and another seemed to be tied tight around the leg under the knee. His hands were weak and to everybody's disgust he kept dropping his fish-pole (the boys had insisted upon fishing with poles and reels) but in spite of this and to the surprise of all, just as he had taken a firm grasp upon the pole he felt a bite. He grasped the pole more tightly, braced himself and began to play that fish. He was sure it was a whale and he didn't want to lose him. He was trembling with excitement. It was hard to tell whether the fish would pull him in or he would get the fish. The party all became interested and began betting on the weight of that fish. Bets ran from forty to a hundred pounds. It finally became evident that Alumen's strength would not permit him to land it alone so one of the men seized the pole and gave it a tremendous jerk. There was a flash of white in the air and onto the bottom of the boat, gasping and wriggling, fell a six-inch weakfish and Alumen dropped exhausted beside it. He didn't feel very good; fishing had been too hard upon his back so when he had rested a little he offered to get dinner for the rest of the party, and they hailed his suggestion with delight.

Alumina's arm felt heavy, therefore it wasn't altogether a joy for him to sit still and hold a pole but he was of a quiet

and resigned disposition so he sat still and said nothing. After sitting awhile his legs began to ache and his nates became numb, then on hearing a crash in the commissary department he, too, gave up fishing and went to find out what Alumen had dropped and to help him about dinner.

Alumen was hungry although his stomach felt full and he loathed food, but he ate dinner with the rest. Alumina before eating was very hungry but he knew that the cold food would only aggravate his bad feelings so he munched a bit of the starch, took a bite of charcoal, a taste of cloves and some of the other indigestible things that he had slipped into the basket. After dinner the breeze freshened and they were two miserable boys. Alumen's headache and nausea returned, there was retching and vomiting until every last crumb of his dinner came up. He felt so weak and faint that he had to lie down. He crawled down into the cabin and threw himself into the bunk but he could not sleep. He was just a poor miserable, seasick boy.

Alumina is quite likely to have an aggravation after eating; warm drinks make him worse. He had heartburn, sour risings and a faintness with nausea. As he is better in the open air when the weather is mild he found a place upon the deck where he could lie down, but he could not sleep. His arms were heavy and his mind was crowded with ideas which kept him awake. Alumina is always in a hurry so time passes slowly. He thought that day never would end. He was still predicting that the boat would sink. With such a woeful outlook he could not keep the tears back.

Somebody who had smuggled a bottle of wine on board said, "Here, give that sniveller a drink." Now if that had been beer Alumina wouldn't have touched it, so strong was his aversion to beer, but to wine he yielded. Now it so happens that the weakest of alcoholics have the same effect upon Alumina that the strongest have upon other folks so he soon was quietly sleeping—shall I say the sleep of the just? Neither of the twins caught any fish to speak of that day, but they both caught colds. The rest of the party were obliged to take them home on the boat's return.

Both boys awoke the next morning so hoarse that they could

not speak; both had sore throats. Alumen was in for an attack of tonsillitis, Alumina for laryngitis. Alumina was subject to colds in the head so with the laryngitis he found that his nose was stopped up on the left side with glairy mucus, but he could breathe through the right nostril. Every little while he would sneeze.

Alumen was feverish. The left side of his face was red and hot. (Often his face is pale as death and his lips blue). With his fever there was intense thirst. Alumina had been feverish through the night with anxiety and perspiration. Alumen didn't want to talk. It made his hoarseness worse and caused a tickling cough. The cough scraped his throat. Alumina didn't want to talk because it aggravated his hoarseness, made him cough and increased the soreness in his chest, so they lay there, each looking at the other and neither speaking, probably they didn't even smile for Alumen's face was all rough and chapped from the exposure to air the day before, while Alumina was gloomy and his face felt as though the white of an egg had dried upon it. It was too painful to smile in either case. It's too bad that we must leave them in this gloomy situation but truth is truth. They are too ill to be amusing.

We might speak of their many ulcers that came almost everywhere they could and of the cancers that came later, but we'll leave them to get well of their colds.

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#### TUBERCULINUM.\*

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

Like Old Dog Tray, known and beloved of our childhood, the nosodes have gotten into bad company, and fallen on bad days and into ill repute through isopathic use.

Through carelessness, laziness or levity, there has arisen in our school, amongst those who consider themselves strict homœopaths, a certain cult, who, if able to diagnose a syphilitic basis in a victim, invariably prescribe *Syphilinum*, "high;" or, if the

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underlying cause seems to be sycotic, promptly seizes the bottle of *Medorrhinum*; or failing to discover either, concludes the cause to be "tubercular," and prescribes *Tuberculinum*, with a clear conscience. Such isopathic procedure has no place in the application of the exact science of homœopathy, and meets with the disappointing failure that is its due.

If, on the other hand, the nosode is selected on the strict basis of a proving made on a healthy individual, it becomes a homœopathic remedy capable of exercising the same curative action that any other proven remedy possesses; the problematical becomes certainty; and the poor Pariah, insulted and robbed in the house of its friends, is rehabilitated, and takes its place amongst the band of honest agents, as a safe-guard for the health of all people.

To the critical observer of the trend in medical matters, the chameleon-like changes of attitude towards homœopathy by its traducers, is amusing. From a band of long-haired, rattle-brained, enthusiastic chasers of the will-o'-the-wisp "similia," with potentized moonshine, and other equally innocuous and ridiculous things as remedies; a band to be pitied rather than feared; we have become an army of evil genii, Affreets, exercising most potent spells of unspeakable horror; using the poisons of toads, serpents, and other loathsome things, too terrible to mention. "*O Tempora, O Mores!*"

In their frantic condemnations our old-school friends forget the purifying effect of our potentizing, and that in their own serum therapy they are attempting, in a crude manner, what we are accomplishing scientifically; and that they are begetting a Frankenstein, who will later destroy their practice; based as it is on empiricism.

*Tuberculinum* has not escaped the general condemnation following the un-homœopathic use of the nosodes; but no remedy proved of greater range in use than does this product to tubercularly infected glands, when prepared according to the formula of our founder, and selected for use under the homœopathic law laid down by the same authority.

In reviewing the proving of *Tuberculinum*, and the results of its clinical use by the masters, we are struck by a number of

things that are different from the effects of all other remedies; things which give it its own identity, and make it a useful instrument for cure.

Following Kent's most masterly method of proceeding from Generals to Particulars, beginning with the mental symptoms, we find IRRITABILITY most marked; aggravated on awakening. A person who in health is of a lovable, even disposition and of placid nature, becomes irascible, snappish, scrappy; positively ugly: he flies up on the slightest provocation, gets beside himself with rage; insane anger, throws anything at you on which he can lay his hands. Anger followed by trembling, weakness and exhaustion. Wants to lie down all the time; indifferent to everything; nothing satisfies. Restlessness, both mentally and physically; always wants to be doing something; constant desire for change of occupation, or for change of scene, like *Calc. Phos.* "Wanderlust," as the Germans say. Anxious, melancholic; lachrymose; whines and complains. Sits and cries for no apparent reason. Sensitive to music.

FEAR AND APPREHENSION: fear of animals, especially dogs. (I have confirmed this symptom a number of times). Loss of memory; aversion to work, either physical or mental; a general lowering of the mental fibre in people whose forebears have had phthisis.

AIR HUNGER: Chilliness, yet suffocating in a warm room, (clinically, where phthisical patients find no comfort except riding in the cold wind). Usually there is an aversion to food, especially meat, which it is almost impossible to eat. Other patients have the faint, all-gone feeling, like *Sulphur*; driving him to eat. Craving for milk, but wants it cold. Thirsty for large quantities of cold water, during chill and heat. Vomiting after meals, and in the morning on first getting up.

Loss of flesh; feels pretty good, except always tired, and steadily losing flesh; perhaps accompanied by dullness of the apex of the left lung (clinically right also). Sore bruised feeling all over the body; aching of the bones aggravated before a storm, ameliorated from motion.

Relaxation of the genitalae: In the male spermatorrhœa, with or without nocturnal emissions. Weakness and exhaus-

tion follows after having them. Sore, bruised feeling all over. In the female the uterus feels heavy and sags down; sense of prolapsus. Menstruation returns too soon after confinement. This symptom I have also confirmed, and find it to be attended with other symptoms diagnostic of a pre-tubercular condition; although a number of other remedies have it, especially the *Calcareae*; which are similar to *Tuberculinum* in many ways. Menstruation during lactation (*Calc. c.*, *Calc. p.*, *Pall.*, *Sil.*) the mother losing flesh. Dysmenorrhœa. Pains in the lumbar and sacral regions; also through the ovaries, which are sensitive to touch. Uterine cramps: menses too soon, too long-lasting, and offensive.

The bowels are constipated, with the stools large and hard; or we may find constipation alternating with diarrhœa. Sudden diarrhœa aggravated in the morning before breakfast. Must hurry "P. D. Q." Sweating with the diarrhœa; sweating on the back of the neck. Feels as if his neck band or collar was wet.

Kent tells us this being driven out of bed in the early morning is a very common feature in cases of phthisis, or a patient going into phthisis. The thing that makes it "strange, rare and peculiar," is that it is more aggravated in the morning than at any other time. This is covered by *Tuberculinum*, and may prove curative if the other symptoms of the remedy are present.

Complaints aggravated from standing; can walk better than stand, although motion is followed by intense fatigue. "Rheumatic" conditions; sore bruised feelings ameliorated by motion: cases in which *Rhus t.* gave but temporary amelioration on account of the remedy not being deep enough to eradicate the underlying causes. In other diseases, where the apparently indicated remedy has given but temporary amelioration, and on the return of the conditions another remedy seems to be indicated. In this vacillating condition of remedies *Tuberculinum* gives brilliant results, *provided* other symptoms lead to it.

Troubled sleep: with fearful dreams aggravated towards morning. Sleeplessness aggravated after 3 a. m. Awakes with fear and apprehension of impending evil. Sleepy in daytime; can sleep all day, but not refreshed thereby. General feeling of fatigue on awakening.

Sweating from mental exertion, also during sleep; the perspiration turns the linen yellow; night sweats as in phthisis, especially on back of neck and between the shoulder blades.

Constant changing of symptoms; symptoms travel around from place to place, with general aggravation from cold and damp. The patient is sensitive to every change of weather, especially to that of cold and damp; always aggravated before a storm; can tell hours before when a thunder-storm is on the way on account of feeling so bad in general. Becoming cold brings on all the aches and pains, the only relief being through motion.

The tissues show marked symptoms; tubercular glands; "cold abscesses;" adenoids. The lymphatics all over the body take on swelling and induration. Clinically ringworm has been wiped out when the other symptoms of the remedy leading to its selection were present; also the exfoliation of adenoids has followed its use, denying some surgeon the pleasure of their removal.

Anent this condition ultimating in adenoids; the master, Kent, let drop a hint some years ago, which has been, like so many of his pointers, of inestimable value to me. So often a child is brought in with apparently no symptoms other than the adenoids, and the conditions resulting from their mechanical interference. We all know that their removal by the knife or cautery will undoubtedly give temporary relief; but we also know that the removal of the results of the disease, without first eradicating its cause, is invariably followed by detriment to the patient. Under such conditions where there is no distinctive indication for a remedy, if *Tuberculinum* is given in a series of degrees of potencies, ranging from the 1000 upwards, in intervals of approximately six or eight weeks, it will not be long before the adenoids will begin to exfoliate, the mechanical symptoms disappear and *mirabile dictu*, little Willie's teacher thinks there must have been a mistake made when the school doctor said the child had adenoids and must be operated.

There are a lot of particular symptoms, as well as common symptoms; symptoms into which I shall not go, as they have been so much better expressed in Kent's "*Materia Medica*," and Allen's "*Materia Medica of the Nosodes*." But from this cursory



review of the generals of the remedy we can see under what conditions we may select it through its homœopathicity.

Clinical use has brought out strong and salient features for its selection. We all encounter cases that may, or may not, be "tubercularly" inclined where there may be even a history of phthisically infected forebears; cases where well-indicated remedies relieve temporarily, but which when the necessity for the second prescription obtains, fail and we find a new remedy apparently indicated; not the familiar face of our old friend; which remedy in turn may be followed by another, and possibly, by yet another. Under such conditions, irrespective of our diagnosis, *Tuberculinum* will often fit the generals; and, wiping out the confusion in the patient, turn his system into order, and restore him to health.

Then again, it may be useful in intermittent fevers where the case relapses and the fever recurs after well-indicated remedies have broken the cycle but have failed to hold the patient. In a few weeks, after some severe mental or emotional strain; or from getting over-fatigued; or from some indiscretion in diet; or getting suddenly chilled; or in fact, from any cause which rouses anew the psoric condition, causing the recurrence of the fever, this remedy fits the underlying dyscrasia, and may be the means of wiping out these conditions, which if left unchecked might ultimate in tuberculosis.

Kent says: "We all know what a marked feature the emaciation is in persons who are going into phthisis, the emaciation often beginning where there are no physical signs of phthisis; gradually losing flesh. A gradually growing weakness; a gradually increasing fatigue. This is a prominent place for *Tuberculinum* if the other symptoms agree;" and he accents the latter phrase, "if the other symptoms agree." (I have often verified this action of the remedy under such conditions.)

People on the borderline of insanity: It seems doubtful whether they will be strong enough to throw it off and the condition ultimate in phthisis; with the agreement of the generals, this nosode will turn such cases into order; wipe out incipient trouble, and restore the patient to both physical and mental health.

In 1874-75, after a self proving, Burnet used this remedy empirically in all cases where he had occasion to suspect a tubercular history in the parents or relatives; particularly if there were any local appearance of *Herpes circinatus*; and oftentimes where there was no such history to be obtained; believing as he did that the ringworm was a local manifestation of tuberculosis. He also used it in conditions which he called "pre-tubercular." Of course this was well defined in his own mind, from his clinical experience in its use; but is not very definite in its information for us who would use it. So that we shall all feel much safer if we confine ourselves to its use in conditions approximating the proving, or the result of its clinical use by the masters.

Constitutional headaches; periodic headaches, worse from 10 a. m. till 3 p. m., or irregular periodicity caused by anything that lowers the resistance of the vitality. Under careful handling these headaches will be broken up, but the patient will begin to emaciate; become irascible, restless, weakened; a cough may come on: it is in such cases *Tuberculinum* may prove most valuable. He complains of feeling bruised all over; aching of the bones; has cold sweat on the head. In this phase it looks like *Calcareo carb.* which is a close relative. Clinical use has shown the two remedies are complementary; on the same plane of action; and they may follow each other; that is, one being indicated for a while and then the symptoms switch to the other. *Calcareo* has turned into order many of these cases heading for phthisis.

From the above we can see that it is a deep-seated antipsoric, on the plane of *Sulphur*, *Calcareo*, and *Silicea*, and may, possibly, be considered a composite picture of these remedies.

The majority of the above symptoms have been elicited from the provings of the preparation of the tubercularly affected glands (*Tuber bov.*) from which Dr. Kent had his potencies made years ago by Boericke and Tafel, and which still give brilliant results. Burnet, on the other hand, used the *Bacillinum*, and so perhaps the results are not as reliable as the Kent preparation.

But the proving and use of the nosode from its homœopathic standpoint is of undoubted advantage, and is a marked triumph for our wing of the profession, dating back in its use by Burnet nearly 20 years before Koch announced his "wonderful discovery," and through some irony of fate stumbled upon its isopathic use.

How fortunate it is for us and our patients that the proving of all our remedies, vegetable, mineral, animal and nosode, is the *sine qua non*: the basic foundation of all our successes in the healing of the sick; which is "the first duty of the physician."

### BREAST OR BOTTLE.\*

A. DWIGHT SMITH, M. D., Glendale, California.

There is no doubt that the natural food for the human infant is human milk and that it is the baby's birthright to be nursed by its own mother. It is the food supplied by the All-wise Creator and no one has ever succeeded in supplying a better one.

Every mother should nurse her infant unless there are some very weighty reasons to the contrary. The physician should do all in his power to encourage maternal nursing and to insure its success. No infant should be deprived of its mother's milk unless it is impossible for the mother to nurse it.

The breast-fed baby, if the nurse is satisfactory, seldom has any need for the services of a doctor during the first year of life, except to advise, not to treat. A breast-fed baby is seldom sick during the first year of life. Statistics have been compiled which show that only 25 per cent. of infant deaths between the ages of two weeks and one year occur among breast-fed babies.

Breast feeding is the most important weapon in the prevention of disease and mortality among infants. The breast-fed infant is healthier than the bottle-fed infant, is more robust and has greater resistance to disease. It is being constantly demon-

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strated that successful maternal nursing is possible for the great majority of women, and the advantage of breast feeding over the most successful artificial feeding is firmly established.

The main reason why women do not nurse their babies is that they do not appreciate the importance of nursing. They do not appreciate that, even from a selfish point of view, it is really much easier and cheaper to nurse a baby than it is to feed it artificially. One of the reasons why they do not appreciate these things is that they are not properly advised by physicians and nurses. The chief reason why wealthy and fashionable women do not nurse their babies is that they are not willing to sacrifice their own pleasure and convenience. The chief reason why women of the poorer classes do not nurse their babies is, as a rule, because they have to go out to work and cannot take their babies with them. They also are most ignorant regarding the importance of breast-feeding and are more influenced by the advertisements of the proprietary foods.

No woman who has not tried to nurse her baby has done her duty by it. If she has tried, but failed, she has done her best.

One should not be too ready to decide that there will be no milk, because of inability to nurse a previous child, but should persist in stimulating the breasts by suckling the child. The milk may be delayed until the tenth or twelfth day, and yet come in such abundance that nursing may be successfully carried on for many months.

The normal breast-fed infant should gain from four to six ounces a week during the rest of the first year. Smaller, but regular gains are not, however, necessarily abnormal. It should be double its birth weight in the first five months and treble it at a year or a little later. It should not vomit, unless it is disturbed or shaken up soon after a feeding. It should have from two to four smooth, orange-yellow stools of the consistency of thick pea soup daily during the first few months and from one to three similar stools of somewhat greater consistency during the rest of the first year. It should not cry, unless hungry or uncomfortable from some external cause. Its flesh should be hard and firm and its lips, cheeks and nails pink. It should sleep from twenty to twenty-two hours out of the twenty-four during

the first two months and about sixteen hours a day during the latter half of the year. It should be happy when awake and active when given the opportunity.

In normal mothers the supply of milk is usually abundant and the infant obtains sufficient milk from a single breast at a feeding. Both breasts should not be given at a single feeding unless the infant is not getting enough from one breast, which generally does not occur until late in the nursing period and indicates that complementary feedings should be given. Within three or four hours, at the longest six hours after birth, the baby should be put to the breast. This is the best means of stimulating the production of milk, and although the baby gets little in quantity, the protective quality of the colostrum is especially needed at this time. Regular stripping of the breasts and regular nursing periods are the two strongest factors in successful nursing.

If the supply of milk is sufficient, a baby should be put to the breasts alternately, because in this way the breasts are more thoroughly emptied and the production of milk is encouraged. If both are given at the time, neither is thoroughly emptied and the production of milk is discouraged. However, if the supply of milk is insufficient, both breasts should be given at each nursing, but the breasts should be alternated at the beginning of each nursing in order that one breast may be thoroughly emptied each time.

The more placid and the less nervous and excited the mother is while nursing her baby, the easier it is both for her and the baby.

An excessive amount of breast milk seldom causes any trouble because nature almost invariably diminishes the supply to just enough to satisfy the demand. Moreover, if there is an excessive amount of breast milk and the baby takes it, it usually simply vomits up the excess and has no further disturbance from it. If the baby does get too much breast milk and is disturbed by it, it is usually because it is nursed too often.

The habit of letting the child sleep with the mother and nurse off and on all night is very detrimental both to the mother and to the child. This colicky, over-fed baby will usually go from bad to worse. This is quite frequent among the poorer

and foreign population of our country. No baby should be allowed to sleep with its mother.

There is no doubt that human milk is the best food for infants. There is also no doubt that most human milk is good milk and that most babies will thrive on any human milk. Nevertheless, it is also true that not all human milk is good milk. Some milk will not agree with any baby. It is impossible to determine from an analysis of a milk whether it will or will not agree with a given baby. This can only be told by trying it. Babies often thrive on a milk which, from its analysis, seems most unsuitable.

One should not hastily wean a child on account of symptoms which may have no connection with the food, nor should one advise weaning when the indigestion from which the infant is suffering is due to causes which are temporary and remediable; nor, on the other hand, should nursing be continued simply because a conscientious mother desires it, when every indication points to failure.

A baby should never be weaned simply because it has the colic, vomits or has abnormal stools, until everything possible has been done to improve the quality of the breast milk.

Before considering the case one of inadequate nursing, one should be careful to exclude organic conditions, particularly, if vomiting is present, hypertrophic stenosis of the pylorus.

When the child is not doing well one should endeavor to gain some idea as to the quantity of milk secreted. Something may be learned from the manner in which the child takes the breast. When the milk is abundant, five or six minutes are often sufficient. If the milk is very scanty, an infant will frequently nurse half or three-quarters of an hour and then stop, more because he is exhausted than because he is satisfied. If a baby nurses more than thirty minutes there is something wrong. It may be that the supply of milk is insufficient or that the baby is too feeble to nurse vigorously and continuously. A baby should not drop off to sleep while nursing. If it does, it means that the supply of milk is insufficient, that it is not hungry, or that it is sick in some way.

There are certain conditions in which it may be advisable to

discontinue the nursing, but this should be done only after continued failure to adjust or modify these conditions or failure of the baby to gain. Mothers who are very nervous, or who are subject to fits of temper or great states of excitement, can so affect their milk that the baby is made sick. Here it should be attempted to overcome the nervous condition, rather than to deprive the baby of its mother's milk.

When a woman does not have enough milk to satisfy her baby and it is impossible to increase the supply sufficiently, the baby should not be weaned, but should be given enough artificial food in addition to the breast milk to make up the deficit. It is much better to give some of the artificial food at each feeding, after the baby has emptied the breasts, than to substitute artificial feedings for breast feedings. The amount to be given can best be determined by weighing the baby before and after every feeding until the average amount which the baby gets from the breasts has been determined. It is usually satisfactory, however, to give the baby as much as it wants of the artificial food after each nursing. If, however, the supply of breast milk is almost sufficient, the baby may be given one or possibly two feedings of the artificial food in place of the same number of breast feedings. No more than two nursings should ever be omitted, however, because, if they are, the supply of milk will certainly diminish further because of lack of stimulation of the breasts.

When a breast-fed baby that is not gaining properly, has one or more normal stools daily and is not vomiting, it is almost certain that the failure to gain is not due to any defect in the quantity or quality of the milk.

If a baby is not gaining in weight, there are no symptoms of disturbance of the digestion and it is constipated, the food is usually deficient in quantity or quality or both. If the food is sufficient to allay the pangs of hunger, the baby may not appear hungry, even if the food is entirely inadequate to enable it to gain. When a baby wakes up and cries for a time before each nursing period, the probability is that the supply of milk is insufficient. When a baby lets go of the nipple during the feeding and cries with anger or when it grabs the nipple or bites it and shakes it, the chances are that it is not getting much milk.

Sometimes when the breasts are practically empty, the child will seize the nipple and nurse vigorously for a few moments, then drop it and refuse to make any further efforts. If the milk is merely scanty, but not otherwise abnormal, the infant does not gain, but may show no symptoms of indigestion, such as vomiting, colic or undigested stools, and it frets and cries from hunger only.

Colic may be just a symptom of gas swallowed in nursing by an otherwise normal infant.

There are few real contra-indications to breast feeding.

Women suffering from serious chronic diseases should not nurse their babies. This is partly because the strain of nursing is almost certain to do them harm and partly because their milk is usually of poor quality. How soon the baby should be weaned must be decided on the conditions in the individual case, that is on the severity of the diseases in the mother and the general condition and need of the baby. The older the baby, the less dependent it is upon breast milk.

Severe, acute infectious diseases such as typhoid, pneumonia, influenza and severe hæmorrhage, convulsions or puerperal sepsis are valid reasons for temporary removal of the infant from the breasts. Fatal convulsions have followed from nursing in cases of eclampsia. With care and perseverance nursing may usually be successfully reinstated after such attacks.

Acute and severe nephritis is a contra-indication to nursing. In chronic nephritis it is a question whether it is too much of a drain upon the mother to nurse or whether the quality of the milk is good.

Epilepsy or insanity, especially if the mother is not under constant supervision, are absolute reasons for not nursing, as the risk to the infant is too great.

A mother who is ill from a serious chronic disease which keeps her in poor physical condition should not be subjected to the strain of nursing. The milk under such conditions is very likely to be of a poor quality and the infant is better with artificial feeding.

Tuberculosis is a contra-indication for nursing.

The milk of a nursing mother who has become pregnant is

generally scanty and poor in quality, especially in fat. The child should therefore usually be weaned, but it is not necessary to do it abruptly. Pregnancy does not make the milk poisonous to the baby.

If the mother has a contagious disease and is not seriously ill, it is usually advisable to keep the baby on the breast because young babies are, as a rule, immune to infections with these diseases. If the baby is more than six weeks old, its immunity is less and it is wiser to keep it away from the mother, unless it has already been thoroughly exposed to the disease before its nature was realized. Whatever the disease, after the mother recovers, it is advisable to attempt to re-establish the secretion of breast milk by putting the baby to the breast and by expression.

Through many of the minor diseases—mild bronchitis, pharyngitis, indigestion, and even malarial fever—mothers frequently nurse their children without any seeming detriment to them or to themselves. In acute diseases of short duration, if severe, it is usually better, unless we decide to wean altogether, to feed the child from the bottle and to maintain the flow of milk by the occasional use of the breast pump three or four times a day rather than to allow it to dry up. The previous flow can usually be re-established after an interruption of two or three weeks or even longer.

Where the mother loses her milk and all endeavors to bring it back fail, you must of necessity use artificial feeding.

Where you are absolutely sure that the milk does not agree with the baby as shown by the baby being continually upset, or a continuous loss of weight or both, the baby should be taken from the breast.

Syphilis is not a contra-condition to a woman nursing her own baby unless it was contracted after the birth of the baby, because, if she has active syphilis, the baby has been infected before birth, and, if the baby has syphilis, the mother also always has it.

The appearance of menstruation is not a cause for weaning. More women menstruate during lactation than do not. Furthermore, the changes which take place in the milk at this time are no greater than those which occur at any other times during lac-

tation. In most instances, the baby shows no evidence of disturbance of the digestion during the menstruation. If it does, they are usually nothing more than a little colic and a few green stools.

Diabetes is a disease in which nursing usually acts beneficially upon the mother's condition by withdrawing sugar from her system.

When we see a fretful, colicky, sleepless infant, with neither gain in weight nor a loss of a few ounces a week, and with stools which never approach the normal, and these conditions have lasted for three or four weeks, we are justified in taking the child from the breast. When the symptoms are less pronounced, and especially when, in spite of all discomfort and indigestion, the infant is gaining in weight, even though not rapidly, further efforts may be made before weaning is ordered.

Underfeeding is often present in breast-fed babies due to deficiency in milk, and is usually indicated by the unsatisfied condition of the baby—restlessness, crying before and during the nursing because they are unable to get sufficient milk or to get it as rapidly as possible. The usual obvious signs of under-feeding is the failure to gain weight at the normal rate. Such infants often seem to stand still in weight before the actual loss begins.

Stools vary according to the quality of the milk, being the normal yellow or the loose brown shading to dark green of starvation. These cases should have extra feeding after they have emptied the breast.

At times there may be no vomiting, diarrhoea, or even severe colic, yet the child may fret and worry continually, sleep but little and show general discomfort. Such symptoms are sometimes due to indigestion but are more often due to hunger.

Where the milk is only insufficient in amount, there are no grounds for weaning. In these cases supplementary feedings should be used. Let the baby nurse and then supply the deficiency by giving the bottle. The more breast milk the child gets, the better chance it will have.

If at any time the mother's health begins to suffer, she may be relieved of night nursing or of one or more nursings during

the day, and the bottle substituted. In this way she will be able to continue nursing longer than would otherwise be possible.

I have purposely not mentioned anything about the homœopathic treatment in this paper, as all the members of this Association know as much about homœopathic prescribing as I do. However, I will say, that with the help of skilfully selected homœopathic remedies for both mother and infant, many cases are able to nurse successfully that would not otherwise be able to do so. Also I believe that a good homœopathic prescriber with very little knowledge of infant feeding, is often as successful as the trained pediatrician who does not practice homœopathy.

#### RUMEX CRISPUS.\*

GRACE STEVENS, M. D., Northampton, Mass.

*Rumex Crispus*—commonly known as yellow dock or curled dock—is a troublesome weed introduced into this country from Europe. It belongs to the Polygonaceæ or Buckwheat family—herbs with alternate, toothless leaves and swollen jointed stems, with a leaflet or stipule above each joint.

This special member of the family has lanceolate leaves which are wavy on the margin. The flowers are replaced by heart-shaped pointed seed-wings which are gathered in long racemes. The yellow, spindle-shaped root is the part of the fresh plant used for making a tincture.

A proving of the remedy was made in 1852 by Houghton at Hahnemann Medical College of Pennsylvania; and three more were published within the next ten years, the provers numbering at least ten persons.

To most of us *Rumex* is known simply as a cough remedy, but it has produced a good many other symptoms which are worth studying. In the mental sphere, there is irritability, aversion to mental exertion, depression and even inclination to suicide. Perhaps these symptoms are the result of a catarrhal state of nose and throat. One often feels as if he would like to die with a really bad "cold". This, some state, causes a dull headache in

\*Read before the Conn. Homœopathic Medical Society, May, 1928.

the forehead and occiput, a feeling that the head is bruised—worse from motion. There is a sore feeling of the eyes, but without any inflammation. The ears feel as if obstructed, with constant roaring. There is also ringing and itching of the ears. There are a good many nose symptoms—obstruction, sensation of dryness; but also very violent sneezing with profuse discharge markedly aggravated in the evening and at night. This would make one think of *Allium cepa*, but the latter has marked amelioration in cool air, whereas *Rumex* is very sensitive to cold.

There is a post-nasal discharge of yellow mucus and a scraping, excoriated feeling in the upper part of the throat. Also a disagreeable sensation of a lump which is ameliorated neither by swallowing nor clearing the throat. The throat aches and there is a good deal of tough mucus, very hard to detach and expectorate. A good many remedies have the sensation of a lump in the throat: most markedly *Asaf.*, *Ign.*, *Lach.*, *Nat. mur.*, and *Psor.* But with *Rumex* the lump does not always stay in the throat. It appears also in the epigastrium, or behind the sternum, aggravated after eating or from motion; ameliorated by lying very quietly. Another stomach symptom is one described as a "tight, suffocative, heavy ache" extending to the back. The clothes seem too tight. These symptoms are all aggravated when talking and the patient frequently draws a long breath.

*Nux vomica* is the most notable remedy for stomach pain with corresponding pain or pressure between the scapulæ. *Ferum* and *Sulphur* also have pain from stomach to back.

In the abdomen there are griping colicky pains, often from a cold, as preceding an early morning stool. Morning diarrhœa, with sudden urging, driving the patient out of bed, is characteristic of *Rumex*. Such a diarrhœa lasting from 5 to 6 A. M. to 9 or 10 A. M. makes us think at once of *Sulphur*, but if the patient has also a cough from tickling in the throat-pit, aggravated from cold air and aggravated on lying, the remedy is *Rumex*, which has cured after *Sulphur* failed—just another case of treating the whole patient. The bladder shows the weakness that is often found associated with a cough. There is sudden and frequent urging and also involuntary micturition with the cough—making us think of *Causticum* and *Phosphorus*.

Throughout the respiratory system we find *Rumex* of use. There is an acute catarrhal condition often extending from the larynx to the bronchi. Sometimes there is aphonia; sometimes hawking of tenacious mucus, but the most common symptom is a dry, hacking cough caused by a tickling in the supra-sternal fossa, aggravated by any cold air, any change of temperature, any irregularity of respiration; aggravated in the evening and on lying down. There is great irritability of the mucous membrane, of the larynx and trachea—rawness and soreness. So sensitive is the patient to the cold air that he will often cover his nose and mouth at night in order not to breathe the air at its coldest. This hacking cough is extremely trying and fatiguing. It may be paroxysmal or continuous, but without *Rumex* it is well-nigh incurable. The remedy is often useful in the night cough of tuberculosis, attacks coming about 2 A. M. with soreness and rawness under the sternum and clavicles. A raw pain under the clavicles seems especially typical of *Rumex*. A cough which is aggravated by cold air is found under a good many remedies—notably *Ars.*, *Caust.*, *Hepar.*, *Hyos.*, *Nux-v.*, and *Phos.* Those which have a cough markedly aggravated on lying down are *Apis*, *Caust.*, *Con.*, *Hyos.*, *Krcos.*, *Puls.* and *Sang.* Several of these are also aggravated at night, as: *Ars.*, *Hepar.*, *Hyos.*, *Puls.* and *Sang.* It takes careful work to choose the simillimum among all these remedies, but *Hyos.* seems to be the only one besides *Rumex* which has the *three* modalities: aggravation from cold air, from lying, and at night; and in *Hyos.* the irritation is often due to an elongated uvula, which is not characteristic of *Rumex*.

In *Rumex*, too, the tickling is in the supra-sternal fossa, whereas in *Hyos.* it is felt higher—in the larynx. *Cham.* and *Sang.* have cough-from-tickling in the supra-sternal fossa, but neither has any marked aggravation from cold air and only *Sang.* is aggravated on lying down.

A few skin symptoms are noted under *Rumex*; especially itching, aggravated by undressing, aggravated in cool air. Urticaria, aggravated in open air and "army itch" with the same modality, are reported improved by the remedy.

A few cases will illustrate the action of the remedy:

Case I: Mr. J., a clergyman, complained of a spasmodic cough

from tickling in the throat, aggravated on lying. No other symptoms were obtained, and in consideration of the nervous type of the patient, *Hyos.* was prescribed with indifferent success. Three weeks later I saw the patient again and found he had lost much sleep from the cough which waked him frequently and which hurt his head. The cough was aggravated by lying, aggravated by any change of temperature, aggravated by talking. *Rumex* 200 brought relief promptly, which greatly delighted the patient because he had for years suffered at times from this cough and it had interfered much with his preaching and work.

Case II: Miss D., a case of grippe which has already lasted four days. Began with alternate chill and heat, followed by hoarseness and cough. The hoarseness is now aggravated in the morning and the cough is caused by a tickling in the throat-pit, which is aggravated on lying, aggravated at night, and aggravated from talking. *Rumex* 1000 relieved the tension in the throat, lessened the cough and improved appetite and digestion. It took several days to relieve the cough entirely but *Rumex* was the only remedy used.

Case III: Miss S. had a slight sore throat and coryza for two or three days, for which she took *Merc. bin.* 3x. Following this, laryngitis developed. There is now hoarseness, aggravated by talking, and a hacking cough aggravated on lying down at night which seems to come from the left side of the supra-sternal fossa; much worse on waking in the morning, from post-nasal dropping. Throat feels raw, as if cough would split it. Tight feeling in throat-pit, constant desire to hem. *Rumex* produced prompt improvement.

Kent speaks especially of the value of *Rumex* as a palliative in phthisis—relieving the morning diarrhoea and the hacking night cough, especially attacks that come at 11 P. M. and 2 A. M.

It is not a very deep-acting remedy and is therefore safer in an incurable condition than a remedy like *Sulph.*

In either acute or chronic conditions *Rumex* may be of use, but the prominent modalities (which should always be kept in mind) are aggravation from cold, aggravation at night and for the cough, aggravation on lying.



## REMEDIES BETTER OR WORSE LYING ON ABDOMEN.

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Of late there has been much discussion, especially in the homœopathic world, about remedies whose symptoms are modified by lying on the abdomen. Different ones have offered different remedies but no definite list has been given. Therefore, we offer the following list, verified by the late Dr. Kent, and complete as far as we know.

General, in: >: *Acet-ac.*, *Aloe*, *Ambr.*, *Am-c.*, *Ars.*, *Bar-c.*, *BELL.*, *Bry.*, *Calc.*, *Chel.*, *Cina*, *Col.*, *Crot-t.*, *Elaps.*, *Lach.*, *Mag-c.*, *Nit-ac.*, *Phos.*, *Phyt.*, *Plb.*, *Rhus*, *Sel.*, *Sep.*, *Stann.*

Vertigo: <: *Phos*; >: *Coca*.

Head: Pain: Occiput: >: *Grat.*

Face: Pain: >: *Spig.*; Tearing: >: *Spig.*

Stomach Distention: >: *Con.*

Pain: <: *Ambr.*; >: *Elaps.*

Abdomen: Emptiness: >: *Puls.*

Pain: >: *Aloe*, *Am-c.*, *Ars-h.*, *BELL.*, *Bry.*, *Chin-a.*, *Chion.*, *Col.*, *Ind.*, *Phos.*, *Plb.*, *Rhus*, *Stann.*

Cramping: >: *Am-c.*, *Chion.*, *Col.*, *Der.*

Hypogastrium: >: *Chel.*

Sore: >: *Phos.*

Rumbling: >: *Am-c.*

Rectum: Diarrhœa: >: *Aloe*, *Alum.*, *Calc.*, *Col.*, *Phos.*, *Rhus.*

Pain: >: *Nux-v.*

Bladder: Pain: >: *Chel.*

Stitching: Neck: >: *Chel.*

Kidney: Pain: >: *Chel.*

Stitching: >: *Chel.*

Respiration: Difficult: Knees and elbows, on: >: *Med.*

Cough: >: *Aloe*, *Alum.*, *Am-c.*, *Bar-c.*, *Calc.*, *Caust.*, *Eup-per.*, *Med.*, *Phos.*, *Pod.*, *Rhus*, *Syph.*

Chest: Pain: >: *Bry.*

Stitching: >: *Bry.*

Back: Pain: <: *Arg-n.*, *Ust.*; >: *Acet-ac.*, *Chel.*, *Mag-c.*, *Nit-ac.*, *Sel.*

Aching: >: *Nit-ac.*

Lumbar region: >: *Nit-ac.*

Lumbar region: >: *Chel.*, *Nit-ac.*, *Sel.*

Back: Pain: Stitching: <: *Arg-n.*, *Tarax.*

Lumbar region: >: *Chel.*

Sleep on: *Acet-ac.*, *Ars.*, *Bell.*, *Bry.*, *Calc.*, *Calc-p.*, *Cina*, *Cocc.*, *Col.*, *Crot-t.*, *Ign.*, *Lac-c.*, *Pod.*, *Puls.*, *Stann.*, *Stram.*

With one arm under the head: *Cocc.*

## REMINISCENCES OF DR. ERASTUS CASE.

T. G. SLOAN, M. D., South Manchester, Conn.

Dr. Case's entrance into our family was quiet and untheatrical as always. Our three-year-old daughter had "night terrors" and after I had given all the sedatives I dared give, with only temporary relief, her mother called in Dr. Case, who had been treating her more successfully than I, for various complaints.

The doctor came in quietly, asked a few questions, put a little powder (*Bell.* 200) in a quarter of a glass of water, gave the child a teaspoonful and said another dose later if needed. It was not needed. Thus ended the first lesson. That was in 1910. Being curious to know how so little medicine could do so much I could not do, I called on the doctor some months later to inquire.

He gave me the *I. H. A. Transactions* for 1880, to read. I read a hundred pages, decided it was too simple to be true: How could one dose of *Canth.* 200 cure a cystitis? Took the book back and expressed my thought. What Dr. Case said was to the point. I took the book home again and eventually read all the transactions. Next came the *Organon*, *Kent's Repertory* and I was off for the hardest three years I ever experienced, but it was worth while. For months I took my cases according to

homœopathic symptomatology, as nearly as I could and took them into Dr. Case for suggestions and corrections, treating them as previously. Three times a week the doctor gave me all the time he could spare.

Eventually I started treating my patients with remedies from grafts he gave me. His patience and forbearance were inexhaustible. He loaned me books, suggested what to buy and gave me advice and therapeutic hints constantly. Without such help I never could have learned what homœopathy means, nor how to use it.

Dr. Case was not brilliant, but was a tremendously hard worker, the most industrious man I ever knew. Years ago he copied long-hand Boenninghausen's *Pocket Book*, from cover to cover, as it was out of print and he could not get a copy.

He was a thorough repertory student. Some of our men depend more than Dr. Case on their knowledge of materia medica, but he used his repertories and then went to his *Guiding Symptoms* or other materia medica. He was very thorough and painstaking.

For years he worked on the Case family genealogy, which he did not live to finish. He was never idle. He was one of the very few really happy and contented men I have known.

After a patient had told his story he usually asked: "What other troubles have you?"

In acute cases he usually gave four doses of the 200 and waited. Exceptions were *Belladonna*—one dose, and severe infections, as in diphtheria, one dose high and wait.

Therapeutic hints of his I remember, were:

Remedies act particularly well during pregnancy and menstruation.

In chronic cases don't repeat or change your remedy too soon—wait.

Nosodes do not act as long as corresponding potencies of the other remedies.

*China* he repeated three times daily for four days in acute conditions. The last year of his life he tried giving a dose night and morning, for four doses of high potencies in chronic condition, but I do not know what his conclusions were.

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A NEW METHOD FOR THE STUDY OF MATERIA  
MEDICA THROUGH THE REPERTORY:  
SULPHUR'S COUGH

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The usual method of writing a materia medica has long been confusing to the beginner. It has also made difficult to those more advanced the putting of their fingers on any particular information they desired. The following account of *Sulphur's* cough is offered as a plan to overcome some of the difficulty.

It brings parts of symptoms that naturally fall together in classes under a common heading and by cross references the whole symptom may be completed. That it takes up more space than the conventional method is not to be denied, as overlapping is unavoidable. But, the question is, which is of most value to the busy physician, his time or the amount of paper used? In the paragraphic form the amount of space used would naturally be reduced. It is given in the "list" form merely for giving one a rapid idea of its plan.

The asterisk is placed before those parts for which *Sulphur* is the only remedy given. The material was taken from Kent's *Repertory*, third edition. Parentheses appear when something not related to the first part, yet necessary to understanding it, is needed for the purpose of cross reference.

The parts of symptoms naturally fall into classes such as location, sensation, modality and the like. Many of these run through a remedy and were all these classes grouped it would simplify greatly our study of any given drug. Orderly arrangement would facilitate the comparison of remedies.

COUGH:

TYPES: Asthmatic.  
Barking.  
*Choking.*  
DRY.  
Evening, loose morning.  
NIGHT, LOOSE DAY.  
Exhausting.

*Hacking.*

Inability to cough.

Loose.

Expectoration, without.

*Paroxysmal.*

RACKING.

*Rattling.*

Short.

*Sneezing, ends in.*

*Spasmodic.*

SUFFOCATIVE.

Tickling.

*Tight.*

*Tormenting.*

Violent.

Whooping.

CAUSE: Acids.

Air:

Cold.

*Damp, cold.*

*Open, walking in.*

Cold:

*Becoming, on.*

Arm or hand.

Feet.

Constriction:

*Larynx.*

Chest.

Crawling in larynx.

*Down, sense of, in throat-pit.*

*Dryness of larynx.*

DUST, AS FROM

Eating, from.

\*Eating highly seasoned food, from.

Exertion.

Fullness of chest.

Hæmorrhoids, after appearance of.

Irritation:

*Air passages.*  
 LARYNX.  
 TRACHEA.  
*Measles, after.*  
 Mucus in chest.  
*Pleurisy.*  
 RAWNESS IN LARYNX.  
*Roughness in larynx.*  
 Sour food.  
 Tickling:  
   Chest.  
   Larynx.  
   Trachea.  
*Touching the canal of ear.*  
 Vinegar, after.  
 Weather:  
   Damp.  
   Stormy.  
 Wet, getting.  
 Warm room.  
   *Entering, from open air.*  
 ALTERNATIONS: Eruptions, with: Cough.  
 Dry cough with loose cough.  
 CONCOMITANTS:  
 DURING:  
   MIND: Weeping. (Crying agg.)  
   HEAD: Congestion.  
   Hands, holds head with.  
   *Heat.*  
 PAIN.  
   Forehead.  
   *Occiput.*  
   Vertex.  
 BURSTING.  
 Stitching.  
   Forehead.  
   *Occiput.*  
   Sides.  
 Pulsating.

EYES: Lachrymation.  
 NOSE: Coryza.  
   *Epistaxis.*  
   *Sneezing*  
 MOUTH: Odor offensive.  
 THROAT: Pain.  
   Cutting.  
 STOMACH: Pulsation.  
   Retching.  
   *Vomiting.*  
   Bile.  
 ABDOMEN: *Pain.*  
   Hypochondria, left.  
   Inguinal region, as if hernia would  
   appear.  
   Inguinal ring.  
   Stitching.  
   Side, left.  
   Spleen.  
 RECTUM: *Involuntary stool.*  
 BLADDER: Urination, involuntary.  
 LARYNX, TRACHEA: *Constriction of larynx.*  
 Pain:  
   *Trachea.*  
   Burning.  
   Cutting in larynx.  
   Rawness:  
     LARYNX.  
     *Trachea.*  
   Soreness of trachea.  
   Stitching in larynx.  
 RESPIRATION: Arrested.  
   Difficult.  
 CHEST: *Constriction, tension, tightness.*  
 Emptiness, sensation of.  
 OPPRESSION.  
 PAIN.  
 SIDES.



*Sternum.*  
 Burning.  
 Bursting.  
*Cutting, sudden sharp pain.*  
 \*Gripping.  
 Pressing.  
 Rawness.  
*Sore, bruised.*  
 Stitching.  
 \*Mammae, under.  
*Sides.*  
*Palpitation.*  
*Pleurisy.*  
*Spasms.*

BACK: Pain.

CERVICAL REGION.

Scapulae.  
 Lumbar region.  
 Sacral region.  
 Stitching:  
 \*Scapula under left.  
 Lumbar region.

EXTREMITIES: *Coldness of hands.*

Pain:

Hips.  
*Legs.*  
 Stitching:  
 Shoulders.  
 \*Left.  
 Hips.

SLEEP: WAKING.

CHILL: Chill.

FEVER: Heat increased.

PERSPIRATION: Perspiration.

GENERALITIES: Convulsions.

AFTER:

THROAT: Pain:

Burning.

LARYNX, TRACHEA: \*Mucus in larynx after each paroxysmal cough.

EXPECTORATION: \*Copious after each paroxysmal cough.

AGGRAVATIONS: Daytime.

Dry.

LOOSE, DRY AT NIGHT.

Day and night.

Menses, before.

MORNING.

Dry.

Loose, dry in evening.

Exhausting.

Fullness of chest.

LOOSE.

Paroxysmal.

Spasmodic.

Morning after rising.

Morning on waking.

Forenoon.

Noon.

Dry.

Afternoon.

Dry.

Whooping.

Afternoon until midnight.

\*Whooping.

Evening.

DRY.

*Hacking.*

Irritation in air passages.

Loose morning, dry evening.

*Menses, before.*

Short.

Tickling.

Evening until midnight.

EVENING IN BED.

*Hacking.*

*Menses, before.*  
*Evening, every during menses.*  
*Evening on lying down.*  
 DRY.  
 \*Evening before menses.  
 Evening during sleep:  
 \*Short.  
 Evening, sleep, on going to:  
*Dry.*  
 6 p. m.  
 \*Tickling.  
 NIGHT.  
 DRY.  
 LOOSE DURING DAY.  
 Paroxysmal.  
 Spasmodic.  
 Whooping.  
 Night while lying:  
 DRY.  
 Night with perspiration.  
 \*Night after rising.  
*Night during sleep from constriction  
 of larynx.*  
 NIGHT, WAKING FROM THE  
 COUGH.  
 DRY.  
*Midnight.*  
*Paroxysmal.*  
*Spasmodic.*  
 Before.  
 Paroxysmal.  
 After.  
 \*Midnight until 2 a. m.  
 Midnight until afternoon:  
*Spasmodic.*  
 1 a. m.  
 2 a. m.  
 Acids.

Air:  
 Cold.  
*Damp, cold.*  
 Night.  
*Open.*  
*Walking in.*  
 Bathing.  
 Breakfast, before.  
 Breathing.  
*Deep.*  
 Chill, during.  
 Cold:  
*Becoming, on.*  
 Arm or hand.  
 Feet.  
*Constriction of larynx.*  
 Constriction of chest.  
 Convulsions.  
 Crawling in larynx.  
 Crying.  
 Dinner, after.  
*Down, sensation of, in throat-pit.*  
*Dryness of larynx.*  
 DUST, AS FROM.  
 Eating, from.  
 \*Eating highly seasoned food.  
 Exertion.  
 Fever, during.  
 Dry.  
*Loose.*  
 Fullness of chest.  
 Hæmorrhoids, after appearance of.  
 Irritation:  
*Air passages.*  
 LARYNX.  
 Dry.  
 TRACHEA.  
 Lying.

*Evening.*  
 Night.  
 Dry.  
 Hacking.  
 BED, IN.  
 Side, on.  
 Side, left, on.  
*Measles, after.*  
*Menses, before.*  
 Daytime.  
*Evening.*  
*Bed, in.*  
*Dry.*  
 Menses, during.  
*\*Evening, every.*  
 Mucus in chest.  
*Pleurisy.*  
 RAWNESS IN LARYNX.  
 Hacking.  
 Riding.  
 Rising.  
*Roughness in larynx.*  
 Sleep:  
 BEFORE.  
*During.*  
*Violent.*  
 After.  
 DISTURBING.  
 Dry.  
 ON GOING TO.  
*Constriction of larynx.*  
 Hacking.  
 WAKENS FROM.  
 NIGHT.  
 DRY.  
*Sneezing, with.*  
 Sour food.  
 Standing.

Talking.  
 Tickling:  
 Chest.  
 Larynx.  
 Trachea.  
*Touching the canal of ear.*  
 Vinegar.  
 Waking.  
 Warm room.  
*Entering, from open air.*  
 Weather:  
 Damp.  
 Stormy.  
 Wet, getting.  
 AMELIORATIONS: Air:  
 Open.  
 Cold:  
 Drinks.  
 Expectoration.  
*\*Tickling cough at 6 p. m.*  
 Lying.  
 Motion.  
*Sitting up, evening in bed before menses.*  
*\*Sugar.*  
*Turning to right side (agg. lying on left side).*  
*\*Wine.*

BEHAVIOR DURING  
 COUGH: Hands, holds head with.

## DEPARTMENT OF HOMŒOPATHIC PHILOSOPHY

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## NEW DOCTRINE.

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Homœopathy has not been a reformation of traditional medicine, nor a new orientation of therapeutics. Homœopathy is a new doctrine, a veritable revelation whose genesis has been the conjugation of the Understanding and of Nature, which are everlastingly fecund and inexhaustible.

Nature is the plastic matter and the Understanding is the artificer, the creators of science in its very highest conceptions and of art in the most sublime expression of beauty.

Up to Hahnemann's time, medicine could be likened unto a mendicant going from one door to another of empiricism begging for the miserable mite such as was insufficient for satisfying its greatest necessities. During this epoch humanity was able to continue living under such circumstances with such exiguous resources due to the fact that it did not then depart very far from the pathway as traced by the hand of Nature; but according as artifice was creating new necessities, a multitude of annoyances were being added to those which every one already possessed as an atavistic condition. At this juncture the aid of the science called medicine became necessary in order to counteract the effects of the diseases such as constitute the sequelæ of the spoliations and perturbations of a merely artificial life.

The conquests of science, with that slowness which is peculiar to an approaching condition of stability, had provided humanity with myriad comforts such as make life easy, but they had not yet obtained the offering of the sacred balsam of real medicine until suddenly the heavens kindle their effectual fires and illumined a prepotent brain imbued with power with which to

pierce the opacity of the condensed light, and which, with ecstatic vision, beheld the seven golden candlesticks with their inextinguishable lamps of truth. Thus was realized at last the fantastic vision of the seer of Patmos, and the temple of a new science opened wide its portals of purest gold, swinging around on diamond pivots, for the purpose of prodigally bestowing health upon the body through the ethics of the soul.

Excepting the auxiliary sciences which are the harbingers of every new operation occurring in the sciences, all the derivations of the special ones which compose medicine have deviated their magnetic needles towards the new pole as planted by the wonder of the ages: Samuel Hahnemann.

Now as a matter of absolute fact, in order for medicine to reveal its efficacy, it becomes indispensably necessary to have a knowledge of just what is to be adjusted or remedied; and we refer, of course, to the so-called diseases. The pathological concept has been inverted in the direction of their natural movement.

The present concept of disease is no longer that of the nature of a hobgoblin or of a vampire; neither is the concept of diseases that of the nature of a plague of poisonous animals that ambush humanity, because the first one as well as the second one mentioned is nothing more than an abnormal function having as its finality a state of conservation. It is not now a question of combatting fantastic enemies, but one of aiding the effort such as the disease originates.

Diseases are real entities of a determinism taking place between the organ and its functions; and these functions which in their normal state are inoffensive, in the case of disease become troublesome owing to the unusual condition. The dynamism of an effort, the compensation of materials, the instinctive subterfuge, all in time and season labor for the maintenance of the health which is the natural tendency of every organic effort. A wound as cause, manifestations of reaction as efforts and a nutritive superactivity, reintegrate the altered structure. These movements should not be combatted but controlled in the sense of having them continue along in the same direction as indicated by the course taken. This is homœopathy. The erroneous

concept held in regard to the disease has deflected the relation existing between such diseases and the medicament or the means by which to recover the lost health.

Every organic process as an instinctive one is wisely directed, in time and in season, and is regulated in such a manner that in spite of the seeming blindness in its movements, the organization executes them with such prescience, with such precision, as could never be done by science which, vacillating and torpid, becomes safer and more efficacious according as the intellectual acts approach those of the instincts.

The thermic processes, that of accumulation of materials, and that of renovation, never suspend their labors throughout the entire period of life; and that of compensation as in the case of hypertrophy, that of isolating hyperplasia, that of phagocytic encystments, and even those of elimination on account of atrophy, are all beneficial instinctive acts.

Every disease essentially consists in a process without which the disease cannot exist, inasmuch as in a corpse absolutely no movement of reaction or of regression can take place, for they are exclusive processes of the vital act. The symptoms of the process and those of the functional perturbations of the affected organ constitute the pathognomonic symptoms of the disease, with the resulting concomitant ones being accidental and variable. These depend on the contiguity of the other organs, on their continuity or on their functional relation.

Not only in pathology and therapeutics do we differ from the old school of medicine, but also in the clinic, in the concept held in regard to etiology and pathogenesis, as well as in diagnosis, and even in prognosis. Owing to these and other multiple reasons it is impossible for homœopathy and allopathy to meet on common ground, because not only their doctrine but also their methods, actions and ethics, are all at variance with ours even to the extent of being almost antagonistic.

Our doctrine does not take into consideration either personal or commercial interests, but only those which may be peculiar to the sick person; it does not practice suggestion through theories however alluring they may appear; all its methods are based upon its fixed principles. We pay no attention to ridicule and sarcasm,

scorn and commiseration, but keep right ahead over the straight and narrow road as traced by the Master and cultivate that spirit of apostleship which is capable of every sacrifice.

Clad as we are in such a panoply, error and egotism cannot touch us, and especially now that all humanity prefers light instead of darkness, health instead of sickness, and the gentle hand that caresses instead of the one that inflicts great sufferings and martyrizes.

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### POINTERS.

The late Dr. E. B. Nash of interesting and colorful remembrance used to talk about the three legs of his symptomatic stool and it seems as if he always succeeded in procuring legs that were significant and well posited so that the support for his prescription should be firm and substantial. This anatomical exposition of the similar remedy by the good old doctor is probably remembered by many of our readers and has been quoted many a time. Just recently a friend innocently caused us to be covered over with horripillations by saying that if he can see even one good leg it is often sufficient to reveal the remedy. We are not concerned with the danger of contamination with such heresy but of the consequences to our partner in the conversation should he, although known as a prescriber of the first magnitude, become identified as the planter of such a bomb in our midst. Most of us have been accustomed to a plethora of generals and the writer has sometimes had his usually placid sensorium so swollen with the idea of generals that he has made what might be called "blanket prescriptions," the symptom complex being covered with a blanket of generals—but not with uniform success—something more is needed even here.

Generals seem to us (at the moment, no guarantee for tomorrow) to be like not the features of the place headed for, but the signs pointing the way. It is the more individual symptoms that are like the features of our destination. Our friend says that you may know that a cat is a cat if you see only the tail, which is true of most prescribers, we think. You may see the whole game by looking through a knot hole; I know this is so because I (we were not "we" then) have done it.

I have wondered if there could be prescribers who would hardly presume to prescribe without the conventional array of generals being present just from habit or as a subjective obeisance to the process. A pupil of the author of "generals" once related that while in the master's office a cablegram arrived from somewhere in Europe, being an appeal for a remedy for some lesser trouble, it may have been pharyngitis, the name of the disease in this case being the only "totality." The celebrated doctor immediately recabled gruffly, *Lycopodium*. When the writer heard this story he immediately passed into a state of deep thought from which he refused to be disturbed for a long time. It seems that even the most impeccable may at times be tempted to make much out of little.

The point is, the writer is a bit worried about the pointers, especially the materia medica pointers; lest some immature prescriber may take them too seriously. Remember a pointer is only a knot hole, not the whole game. Look through your knot hole and if there is no game there or you cannot see it satisfactorily find another opening.—R. E. S. H.

#### PROGRESSION.

Much has been said about Hahnemann and progression and how if he were here and alive today he would accept the modern concept of medicine. The difference between Hahnemann and the modern homœopath of today is that Hahnemann progressed—FORWARD.—A. P.

#### VACCINE VIRUS AND VARIOLINUM.

Much has been said that these substances exemplify and prove the law of similars and the law of homœopathy. This is not true as neither are homœopathic, neither are they used homœopathically and neither act alike. Neither are specific nor universal. Of the two evils *Variolinum* is the lesser. *Vaccine virus* is too crude to get down to the predisposition and allay it, it therefore does its work by either counter-irritation or diversion, both dangerous methods. Potentized *Variolinum* gets down to the predisposition and allays it, preventing its activity and thus doing no damage whatever.—A. P.

When a case of advanced tuberculosis calls by the totality of its symptoms for one of the suppurating remedies, such as *Phos.*, *Sil.*, *Sulph.*, or *Kali-carb.*, stop and think whether even a single low potency dose say the 30th of such a remedy would not overwhelm the vital force. Before giving such see if an encysting remedy such as *Calc-carb.* or a palliative remedy such as *Sang.* or even *Puls.* or any other vegetable—and therefore less upsetting than a mineral or element—is not almost as well called for by the totality and on the whole much wiser to give.

Lice, like other animals, need a congenial cuisine or, to change the metaphor, pasturage. If the psoric constitution is not present the lice will depart. Give *Sulph.* if there are any other indications for it, or at least the victim's chronic constitutional remedy, and your lice will migrate.—G.

In paroxysmal cough with gagging and vomiting and ropy, sticky, yellow or white sputum which must be pulled from the mouth to the handkerchief, and your patient is not chilly but better in cool air, think of *Cocc-c.* not *Kali-b.*

#### ACONITE.

HENRY B. BLUNT, M. D., London.

In vigorous cases and robust,  
Through chills from dry cold wind,  
You'll often trace upon the face  
Anxiety of mind.

Complaints come on quite suddenly,  
Start early that same night;  
They moan and cry and think they'll die—  
But give them ACONITE.

Though many sorts of fear prevail,  
The fear of death comes first;  
Cold drinks they seek quite greedily  
To quench their burning thirst.

Will cause them to pers

The pains they feel are most acute,  
They cut and stab and burn;  
From restlessness they feel compelled  
To toss about and turn.

The shooting, burning pains are such,  
In most of these attacks,  
The patients can't lie on their sides,  
But only on their backs.

Along the nerves is tingling felt,  
And numbness with it goes;  
Both these sensations may be found  
In fingers and in toes.

A summer-chill may bowels touch,  
Or cause a stomach pain;  
The dry, cold winds of winter will  
Attack the lungs and brain.

Complaints that may arise from shock,  
Or due to fear or fright  
Will very rapidly get well  
By taking ACONITE.

BUT ACONITE won't aid the weak,  
Nor will Zymoses touch;  
In sthenic cases lits its sphere,  
And is not meant for such.

In hæmorrhage from any source  
If blood you find is bright,  
With fever and anxiety,  
Remember ACONITE.

The whole homœopathic world is shocked and pained at the announcement of the death of Dr. Philip E. Krichbaum on July 18th.

Born and raised in the rugged mountains of Kentucky, he seemed to partake of their spirit of rugged independence and determination for the things he held dear. He was an indefatigable worker and an alert observer with the ability to apply his learning quickly and accurately in the vast field of medicine, having a wonderful grasp on homœopathic philosophy and the knowledge of homœopathic therapeutics. A man of sterling worth and with deep love for his friends, he was one to whom everyone became attached because of his simplicity, directness and absolute loyalty to friends and principles.

Dr. Krichbaum passed from this world in the solitudes of the mountains of British Columbia, where he had gone in the hope of regaining his strength. How appropriate a setting!

Dr. Krichbaum will be missed from the councils of the I. H. A., of which he had been an honored President. Every convention will be the poorer without his presence. H. A. R.

\* \* \* \*

We hear a great deal of the need for long series of exact statistical data under conditions of scientific control in order to offer a standard of comparison between cures by the homœopathic method and those of regular medicine. For various reasons, these have not often been forthcoming. A really beautiful example of such was presented at the eighty-fourth session of the American Institute of Homœopathy, in Pittsburgh, in June, 1928. Dr. E. Rodney Fiske, of New York City, presented, "A Statistical Survey of the Homœopathic Treatment of Pneumonia." In gathering his information, Dr. Fiske sent questionnaires long before the convention to the members of the A. I. H., and his final figures, based on the replies received, were as follows:



Total number of cases reported.....	17,669
Deaths .....	717
Mortality percentage .....	4.05
Out of the total number of cases a group was treated by digitalis, without homœopathic remedies .....	1,848
Deaths .....	608
Mortality percentage .....	12.2

The results of cases in which mixed treatment was used, including serum, vaccine, digitalis, and homœopathic remedies, were:

Total number receiving mixed treatment....	6,143
Deaths .....	384
Mortality percentage .....	6.2

Finally, the cases treated exclusively by homœopathic remedies were:

Total receiving homœopathic remedies only... ..	11,526
Deaths .....	333
Mortality percentage .....	2.8

Of the total series 3,508 cases had the diagnoses verified by consultation and 1,978 cases had their sputum typed. This series represents cases seen in private practice by the general run of homœopathic practitioners, and all cases reported with insufficient or inconclusive data were excluded from the series.

All friends of homœopathy are exceedingly grateful to Dr. Fiske for this salient demonstration of the action of our remedies.—E. W.

The whole tone of the Institute convention this year was marked differently from any heretofore. No college gathering could have been more enthusiastic. The acquisition of Mr. R. C. Borden as business manager for the Institute has infused an enthusiasm and given an aura of success which was notable in all parts of the meetings. One could only wish that the inner spirit and comprehension of homœopathy could be as efficiently infused into that gathering as was the outer and more political aspect of it. There were many interesting papers, but in almost

all of them the fundamental homœopathic principle seemed to have been engulfed in general diagnostic or pathological considerations. A few outstanding addresses were as follows:

"No Acute Case Should Die," by Dr. E. W. MacAdam, of New York City.

"Methods of Prescribing Homœopathic Drugs," by Dr. G. W. Boericke, of Philadelphia.

"The Hereafter of a Good Homœopathic Prescription," by Dr. J. H. Renner, of Palatine, Ill.

"Homœopathic Therapeutics in Diseases of Children," by Dr. Gertrude Meck, of Cleveland, O.

The Bureau of Homœopathy, under the chairmanship of Dr. J. T. Simonson, of New York City, presented a morning of immunology in an attempt to elucidate the actual sphere of homœopathic remedy action and to understand the basic problem of susceptibility which is the fundamental principle behind Hahnemann's three chronic miasms. Not that these were mentioned, or indeed thought of, by any of the participants. The Bureau would have been far more interesting had it had a paper linking up the miasm theory with the modern immunological hypotheses.

Unfortunately, we missed the last morning, which we especially wanted to hear. It consisted of "The Necessity for a Scientific Concept of Homœopathy," by Dr. Linn J. Boyd, of New York City, and "Some Elementals of Present Day Prescribing," by Dr. Thomas H. McGavack, San Francisco, California.

The main and striking fact of the whole convention was not only the paucity of true homœopathy but the positive fear of being homœopathic shown by almost all the participants. For example, a paper entitled, "Therapeutics of Chronic Diseases" filled us with hope, but although we know that in his practice its author is a capable prescriber of homœopathic remedies, the opportunity to spread the knowledge of their use was not taken.

In another paper a mention was made (purposely, we later found out, to elicit discussion) of alternation of remedies. No one rose to object. We were present, we confess, and like Cordelia, in King Lear, too discouraged to protest.

To be homœopathic in name and not in fact is a menace to

homœopathy. What can be done to infuse more true homœopathy into the general rank and file of its nominal supporters? For one thing, it would seem to us that the members of the International Hahnemannian Association could join the American Institute of Homœopathy as well, and attend its meetings, so near their own, and make lively and profitable discussions. Nothing was ever improved by the "holier than thou" attitude. The Institute this year, in semi-private business sessions, gave promise of some spectacular plans. It is up to those with the interests of the best homœopathy at heart not to be disgruntled separatists and go their splendid solitary path, but to join in the fray and work from the inside, according to the homœopathic analogy. Let the I. H. A. be the chronic dose for the A. I. H. The potency is high, and the aggravation may be severe, but amelioration, and perhaps even cure, may follow.—E. W.

### COMMUNICATIONS.

The Editors assume no responsibility for the views or opinions of this department.

As to whether homœopathy is a success or not depends entirely on the ability of those who employ it. To pronounce it a failure is an admission of our own incompetence, especially so when a thoroughly uneducated man can make a complete success of it without aid from any other source. We refuse nothing at our office but surgery and our cases are no different from yours and have as low a death-rate as any physician anywhere and use only the single, simple remedy. It is the height of folly to lay claim to any degree of education if we cannot beat the record and ability of an uneducated man. The fault is ours, much as we hate to admit it, not homœopathy's. We are failing to cure and having to resort to and employ other means because of ignorance, a fatal misfortune for any medical man to possess. The more we unfold and develop homœopathy the less use we will have for the more useless and spectacular methods now in vogue and on which we are wasting our valuable time and the more honest and legitimate will become our work and greater be our results and reward, for—"When that one Great Scorer comes

to write against our names He will write not that we won or lost but—HOW WE PLAYED THE GAME."

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

May 24th, 1928.

International Hahnemannian Association.  
Derby, Conn.

We have the honor to communicate that in a reunion held in the "Farmacia Central Homeopatica" of Messrs. Hernandez y Mendiola last April 10th, a resolution was taken for the reorganization of the "Sociedad Medico Homeopatica de Yucatan."

The preliminary meeting was held immediately and the Society was reorganized with the following officials:

President: Dr. Jose M. Nicoli.

Vice-Pres.: Dr. Jose D. Conde P.

Secretary: Dr. Celiano Peres Vargas.

Pro Sec.: Dr. Alonso V. Gamboa.

Treasurer: Dr. Alonso Hernandez.

Dr. Rafael Romero voluntarily transferred his "Revista Internacional de Homeopatia" to the newly reorganized society and he was appointed editor-in-chief of the said periodical.

Fraternally yours,

(Signed)

DR. ALONSO V. GAMBOA, *Secretary.*

DR. JOSE M. NICOLI, *President;*

We received an official letter from the Medico-Homœopathic Academy at Barcelona, giving the following list of officers for the coming year:

F. Casanovas, President.

Jose Galard, Vice-President.

Enrique Peiro, General Secretary.

Enrique Peiro, Executive Secretary.

Jose Suriol, Treasurer.

Romulo Valls, Contador.

J. Peiro Comes, Director of The Review.

E. Serradell, Vocal 1º.

Angel Olive, Vocal 2º, Librarian.

This communication closed with cordial greetings to the International Hahnemannian Ass'n. The Association and all readers of its journals and all good homœopaths everywhere hereby wish the Barcelona Academy a long and useful career.

### CARRIWITCHETS.

Sit Down, Doctor, and Write Us Your Answers to These Questions. It Will Only Take Five Minutes.

*First Question*—In a chronic case, if you take the symptoms from early childhood which include for instance a diarrhœa in infancy, and after your chronic prescription the oldest symptoms such as the diarrhœa from childhood disappear, yet subsequent symptoms such as facial neuralgia at puberty and sciatica in adult life are neither relieved nor aggravated, should you say that your remedy was working in accordance with Hering's three laws of cure? In other words should not the symptoms more recently experienced return and disappear first, followed by the return and disappearance of the neuralgia at puberty, and finally followed by the disappearance of the childhood diarrhœa?—E. W.

*Second Question*—Does the pure homœopath ever use argyrol in the eyes of a new-born baby, the mother being known to have acute gonorrhœa? Will a homœopathic remedy take its place?—O. S.

*Third Question*—In tertiary syphilis, if you have given a deep constitutional remedy, a so-called anti-syphilitic, and virulent ulceration of the throat occurs is it to be considered an aggravation, a return of an old symptom, a vent developed by the vital force during cure, or merely the natural progress of the disease? Do you allow your deep remedy to work or antidote it or prescribe another remedy for the throat symptoms, and if so, how deep-acting a remedy?—F. M.

ANSWERS TO QUESTIONS IN JUNE ISSUE.

*First Question*—According to Clark, *Kali-iod.* antidotes

combined syphilis and mercurialism. If general symptoms agree, it ought to help your case.—S. P. R.

*Second Question*—Never heard the term "suppression by homœopathic remedies," thought it was old school remedies that did that.—S. P. R.

*Third Question*—Re the question of giving insulin, etc., while *similia* will help a fracture to heal it will not reduce the fracture. Does not insulin supply in some cases that which the destroyed Langerhansian islets cannot supply? Is there a homœopathic remedy that will cause these glands to rebuild or that will supply the necessary hormone? Yes, a homœopath may use these things, sometimes.—S. P. R.

ANSWERS TO QUESTIONS IN JULY ISSUE.

*First Question*—Why should the homœopathic remedy have to be stronger than the disease in order to cure it? This explanation was made to people who were in the habit of thinking that the weak always yielded the victory to the strong. What is the mechanism of the cure? When you administer radium the patient receives only the rays that the radium radiates, the radiate form of radium. When the homœopath gives a potentized remedy he also gives the radiate form of the remedy. When you tell me the mechanism of the curative action of those radium rays, I will tell you the mechanism of the curative action of the homœopathic rays.

*Second Question*—If called to a fractured femur, what homœopathic remedy can I give to replace hypodermic of morphine? If there are symptoms prescribe for them as in any other case; if there are no symptoms, you will do the patient less harm by giving neither the hypodermic nor homœopathic remedy.

*Third Question*—When the "homœopathic" remedy fails you had better make up your mind that you haven't yet found the homœopathic remedy and continue your search.

*Fourth Question*—What local treatment, if any, do strict homœopaths use for eroded cervixes. A strict homœopath will forget the erosion and treat the patient. It is surprising how quickly an erosion will disappear under this kind of neglect.

*Fifth Question*—If the case is curable the homœopath expects his remedy to fill the physiological need. The extracts will hinder instead of help the cure.

*Sixth Question*—What does suppression by potentized remedies mean? It means that the patient's condition is worse than it was when he had the symptoms. Second part—Yes, if you prescribe for a group of symptoms only you will be quite likely to suppress that group. Third part.—Yes, if it is near enough to the case to do anything at all, but you must not forget that acute diseases recover without help.

ANSWERED BY F. E. G.

## CURRENT HOMŒOPATHIC PERIODICALS.

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

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<i>Amelioration on Hands and Knees</i> : Remedies mentioned as having amelioration on hands and knees are Med., Eup-per., and Pareir brava, and Cina; Acetic Acid, Ammonium-c., and Podo are better lying on abdomen. (This is interesting in connection with the article in this issue on remedies ameliorated by lying on the abdomen.—Ed.)	
<i>On Recognising Disease by the Physical Form</i> : Witzel gives a brief sketch of the well-defined types, the nutritive, stirring and senti-	

mental, and four kinds of morbid loads; front, back, left and right sides. He suggests frequent combinations of the above, and feels that we should eventually classify these types and thus quickly judge the character and pathological disposition of the patient so that no time may be lost in making a correct diagnosis and bringing relief to the sufferer.

**THE JOURNAL OF THE AMERICAN INSTITUTE OF  
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3. Backache due to general abdominal conditions: (a) acute inflammatory: Acon., Bell., Rhus. t., (b) liver disease: Chel., Lyc., Mag-m., Nat.-c., Tarax. (c) gastritis: Cina, Cocc., (d) rectal disease: Nux.-v., Phos.	
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**THE JOURNAL OF OPHTHALMOLOGY OTOTOLOGY AND  
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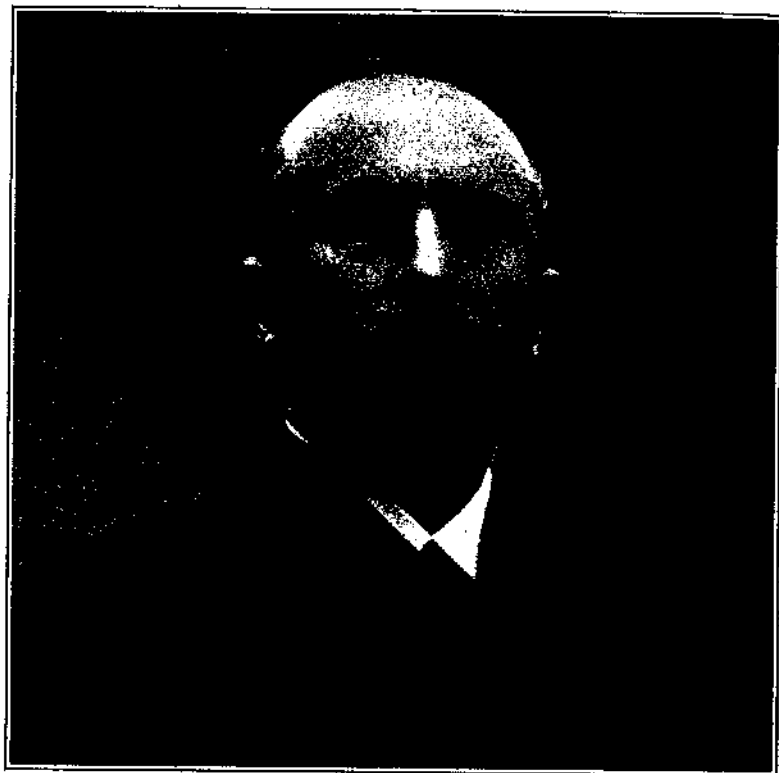
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THE LATE DR. FRANCOIS CARTIER  
of Paris

## THE HOMOEOPATHIC RECORDER

VOLUME XLIII. DERBY, CONN., SEPT. 15, 1928. No. 9.

### THE LESS FREQUENTLY USED KALIS.\*

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

In a study of the Kali group of salts it is well to look at the many features in common wherever Kali is found, for drug families have characteristics just as truly as do families of human beings.

Many of these salts have been used from time immemorial in both scientific and empirical medicine. Wherever a drug has been used for so many years and throughout many generations it is bound to meet with a great deal of abuse by physicians of all of these generations, because it is much easier to follow a routine than it is to individualize. We are also very prone to neglect remedies that have met with abuse, and in so doing overlook some precious jewel which might give us much assistance in the care of the sick.

The typical constitution of the individual calling for Kali would be the fat and chubby physical stature.

All of these salts produce ulceration of the mucous membrane and of the skin, promote tissue waste, produce a weak heart action and a deficiency of red corpuscles. Some member of the family is liable to be called into use in almost any disease to which human flesh is heir. It has in its range two distinct diatheses, the rheumatoid and the hydrogenoid constitutions.

The great applicability of this group is undoubtedly due to the fact that Kali, in some of its salts, is found in all protoplasm; in fact, in practically all living substance, whether of the animal or of the vegetable kingdom.

The Kalis act especially upon the mucous membrane, the kid-

\*Read before the I. H. A., June, 1928, Bureau of Materia Medica.



neys, the blood and the glandular organs. The motor heart centers are quick to feel its influence.

All the Kalis are worse in the morning, after sleep, after copulation and after exertion. They are distinctly better from warmth, from rest and from a plentiful amount of substantial food. The Kali patient is never constipated.

In the kidneys the Kalis produce an increase in the flow of urine and elimination of the alkali salts, so that the total solids are increased. I well remember that the late Dr. Timothy Field Allen spoke of the effect of these salts as being "devilish, insidious and disorganizing to every tissue in the body," and that these tissue changes were quite out of proportion to the amount of Kali taken, and he warned us against the use of alkaline waters.

Bearing in mind these general conditions of the Kalis, let us now proceed to take up some of the individual members of the family who are not often considered.

*Kali aceticum* has been used for many years by the regular school of medicine as a diuretic and cathartic. This salt partakes very largely of the Acetic acid manifestations in that it produces great weakness and trembling. With this there is manifested great anxiety and restlessness, both of the body and of the mind.

It also has the characteristics of griping and gnawing pain in the abdomen, especially about the umbilicus after eating, and eating produces a free watery stool. In this respect it is not only worse in the morning, like all the Kalis, but worse after eating, and the distress may follow until evening. It produces a polyuria, but not a simple one, having a high specific gravity. Great waste takes place through this increase of urine loaded with solids. In one proving as high as 72 grains of urea was secreted above the normal amount for the patient. The urine is strongly alkaline and usually has a sweetish or ammoniacal odor. The patient has a peculiar perspiration which takes place from 11 a. m. to 1 p. m. which is very offensive and profuse, especially about the head, with a sweetish odor.

The diarrhoea contains a great deal of blood of a hæmorrhoidal origin.

The things to remember especially about this remedy are the great weakness; trembling sensations; intolerable anxiety which

pervades the body as well as the mind, which comes in paroxysms; the peculiar offensive perspiration from 11 a. m. to 1 p. m. and the distressing headache about 4 P. M.

*Kali arsenicosum* is a remedy that has been used for years by the dominant school whenever Arsenic was to be administered. Fowler's Solution has been the almost universal method of administering Arsenic. We have some provings of *Kali arsenicosum*. It is what Hering used to call a "breach presentation remedy," consequently we cannot use it with the precision with which we can prescribe a well-proven remedy. While there are not nearly enough provings to bring out the finer types of symptomatology, there are enough to give the general characteristics of the remedy, especially when we take into consideration the overdosing or continued massive doses which have been given by the old school.

*Kali arsenicosum* partakes very largely of the *Arsenicum album* symptoms, yet there is enough Kali to it to give impressions little thought of in the *Arsenicum* proper. It produces the restlessness of *Arsenicum*, together with the nervous anxiety, fear and profound anæmia, yet the anæmia is very different in its external manifestations; for while *Arsenicum* has been given for generations to produce a clear white complexion, *Kali arsenicosum* produces a profound anæmia with a dirty yellow skin—what would be called a muddy type. This is further accentuated in the color of the sclera of the eye. The *Arsenicum album* patient has a very clear sclera, almost a bluish white, while with the *Kali arsenicosum* patient there is the deep film-like yellowish appearance over the scleral part of the eye.

*Kali arsenicosum* produces a very great disturbance of the skin. The typical manifestations are papules, drying up and forming scaly crusts, sometimes oozing, but more often becoming a psoriasis type of eruption which itches intensely, is worse on undressing, worse at night like *Arsenicum* but aggravated from warmth. Here we find a condition which shows how difficult it is for the homœopath to prophesy what action will occur from the chemical combination of two remedies, for both *Kali* and *Arsenicum* are relieved from warmth, yet their chemical combination produces an aggravation from warmth. Whether or no this is an

illustration of two positives making one negative, it is a curious notation on the two remedies when in combination.

There is a typical herpes, especially of the right side of the neck, right shoulder and arm, and sometimes on the right chest.

The skin has ulcers with a deep base, with turned-up ragged edges, very difficult to heal. There are cauliflower excrescences, which show themselves as epitheliomata of the lips and cauliflower cancerous conditions of the uterus. In this condition the *Kali arsenicosum* appears to be much more efficacious than *Arsenicum album*.

Some of the peculiar symptoms that are brought out in *Kali arsenicosum* are the peculiar feeling of the tongue, as though it were too large, it becomes numb; likewise the sense of largeness of the part also manifest in the head, which feels too large and the eyeballs protrude; the sensation of fullness as though a ball were rising from the pit of the stomach to the larynx, where it chokes the patient; the sensation as of a red-hot iron in the anus.

The final analysis of this drug shows a temperamental disposition to restlessness, fault-finding, exaction and self-analysis. This may be caused by any one of the fundamental things attacking the patient, like the herpes, the psoriasis, the epithelioma, the marked profound anæmia. With all these conditions we get the irritable itching and tingling numbness, much worse when getting warm, as in the warmth of the bed.

*Kali bromatum* has been partially proven, but a great deal of our knowledge of this remedy comes from over-dosing on the part of the regular system of medicine. To bring out the finer qualities of this remedy it should be more thoroughly proven.

*Kali bromatum* has a very decided effect upon the sensoria. The patient is in a besotted state, and yet can be roused from the stupor which seems to be impending, a condition closely resembling acute alcoholism. It produces a great loss of memory and a peculiar hesitancy in remembering words that he knows perfectly well.

The nervous system is very much agitated. There are fearful delusions and great mental depression with profound melancholia, accompanied by constant weeping and wringing of the hands. This profound agitation of the nervous system showing

itself in the mentality is particularly noticeable in child life, when there is great aggravation at night, with the night terrors of children who awake suddenly and cannot be comforted. The hallucination shows itself in the delusion that the patient is being pursued by some horrible person or thing. This probably accounts for the tremendously agitated mind of the child with night terrors. A peculiar thing in all these states is that the hands are continually busy. They are being wrung, or they are working at something. There is, also, after the night terrors come on, an inability to get back to sleep, and the child will pass the rest of the night in mental anguish.

These mental symptoms are of inestimable value in some of the clinical manifestations of melancholia and general paralysis of the insane and in types of children of a hydrocephaloid tendency. The effect of the *bromatum* is predominant and shows its effect again in producing different forms of croup. The child appears well or nearly so in the daytime, only to awake at night with this severe croupy manifestation and the frightened agitation of the nervous system, finally subsiding into an almost stupid state.

The pulse becomes feeble and intermittent. The heart action is slow. The croup symptoms are more apt to be aggravated in cool weather.

In all of the *Kali bromatum* conditions there is a jerking and twitching of the muscles. Especially is this true when the ab-dominable symptoms predominate. It produces a condition of the spinal cord simulating that of a drunken man: staggering gait, plunging ahead and then bringing himself up with a quick jerk, only to partially lose his balance again. It also produces convulsions, epileptiform in character, but not true epilepsy. The nervous system is aggravated at night and in hot weather. Many of these conditions of the nervous system are associated with excessive sexual indulgence.

*Kali bromatum* produces frequent greenish watery stools with intense thirst, with vomiting soon afterward. The eyes are sunken, the pupils dilated; the skin becomes corrugated, the body cold. The tongue is red and dry and the pulse is almost imperceptible. The urine is very scanty or suppressed.

In these diarrhœas and abdominal conditions a very peculiar symptom is always present, and that is the retraction of the abdomen. It seems almost as though the front of the abdomen were stuck to the spinal column. Thus you can see its close affinity to very profound states of cholera and very severe diarrhœas. It used to be very effective in these states in cholera infantum, but now that dread disease is so controlled by proper hygienic measures that we seldom see any of these conditions. It corresponds to the beginning of these hydrocephaloid states in these severe abdominal conditions.

This drug produces eruptions on the skin of the lower extremities, rose-colored, with occasional pustules in the center of the patch, which becomes umbilicated, exuding a creamy moisture which forms thick yellow scabs, itching badly, and aggravated at night in bed and from warmth. The skin symptoms are aggravated in summer and relieved as cool weather comes on.

The things that predominate in this remedy are the effect on the central nervous system, especially the forgetfulness of words or syllables either in speaking or writing; the peculiar gait; the hallucinations and the interpretations of those hallucinations in the oppressive fear; the great mental anxiety; the choleraic type of stools and the peculiar retraction of the abdomen; the persistent tendency to acne and eruptions, aggravated in the summer and relieved as cool weather comes on.

These are suggestions that will lead to deeper study of the remedy.

*Kali nitricum* has been used in medicine for a great many years, by the regular school largely for children with fever. Hahnemann and his followers proved this very extensively, so that we know a great deal of its action.

As to the mental symptoms, the patient is decidedly peevish. This drug produces a dull pressing headache in the forehead and especially in the right side of the head. It is relieved by gentle motion, like walking slowly. Sense of pressure seems to be one of its characteristics. There is an oppressive pain on the right side of the nose, which is very sensitive to the slightest touch. *Kali nitricum* has cured nasal polypi of the right side in many cases when it is accompanied by this sense of pressure and the

hypersensitiveness to touch. It produces conditions simulating sinus trouble on the right side of the face.

The respiratory symptoms are very pronounced, producing an asthmatic condition with a loose rattling cough, with a period of aggravation at 3 a. m. The period of aggravation makes us think of its cousin, *Kali carbonicum*, but *Kali nitricum* is much more asthmatic in its nature, with wheezing and rattling and a loose white expectoration. There are cutting, stabbing pains in the chest. These conditions of chest symptoms are apt to be met in acute exacerbations that occur very frequently in the course of phthisis.

In the male sexual organs there is a sense of drawing and a very tender soreness of the testes and the cord extending into the abdomen, especially after sexual excitement, or simulating the condition accompanying orchitis.

There is the very peculiar inky-black metrorrhagia, which is quite a characteristic of the drug, no other remedy having so black a color.

*Kali nitricum* produces a thin, watery, fœcal, and sometimes bloody, stool. This condition is often brought on by eating veal. There is a great deal of griping and tenesmus before, during and after the stool. Some people cannot eat veal because it produces this diarrhœa. *Ipecac* also has the same stool caused by the same food. Bœnninghausen gives both of these remedies the highest rank, but *Kali nitricum* seems to fit more cases. They are easily distinguished. *Kali nitricum* has a white tongue, with a very fœtid odor from the mouth, while *Ipecac* has a clear tongue and the distressing nausea, which is lacking in *Kali nitricum*. Accompanying the diarrhœa is the fainting and vertigo, especially when standing.

The things for us to remember particularly are the sense of pressure in all its ailments; the stabbing pains in the chest and the cutting, griping pain in the abdomen; the characteristic cough at 3 a. m. with attacks of asthma following. Running through all these symptoms are the white-coated tongue and the nausea and fainting, making a picture that we will not forget.

This small group, we trust, has brought out things of value with which we should be familiar, and we hope it will be an in-

centive for further and more complete home study on the rest of these salts.

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Clarke's Dictionary of Materia Medica.

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Allen's Encyclopædia.

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DISCUSSION.

CHAIRMAN UNDERHILL: Dr. Roberts' paper is another illustration of the fact that if you want something done and done well get a busy man to do it.

The paper is open for discussion.

DR. WILSON: Dr. Roberts of course naturally has not given all the symptoms of the various *Kalis* of which he spoke, but I just want to speak of a personal instance. This last spring I developed a severe pain in the outer hamstring, extended on the outside of my left leg.

It was extremely aggravated by motion, any attempt to walk made me limp, I hobbled around like the proverbial old man. One day Dr. Philip Krichbaum was in my house and I spoke to him about it. He said: "Take an extra dose of *Kali nitricum*." I didn't think I had it. Of course I had it under the name *Nitrum*, and had forgotten that *Nitrum* was *Kali nitricum*. That is a point that might be put down because so frequently *Kali nitricum* is sold under the name *Nitrum*. He gave me a dose from his bag, I think it was the 45m. The pain cleared up very quickly, almost the next day, and I went along for a day or two and suddenly the thing came back and it was much aggravated, much worse when it came back than it was the first time. I stopped in and told him what a bum doctor he was, kidding him, and he gave me a dose of *Lac defloratum*, and I don't remember the potency of that, but he gave me the dose and the pain cleared up more slowly and all of a sudden I developed three shingles on the outside

of my leg. They were as sore as the mischief, they itched like blazes, but the whole thing cleared up and of course I have had nothing since. I haven't a doubt but the explosion has driven out something or other in me. My health is generally very good, but I have an idea that as a result of that I shall go along for quite a long period of time with nothing the matter with me. I thought it might be interesting to speak of that one personal touch of a *Kali nitricum* by *Lac defloratum*, which Dr. Krichbaum said was a remedy he had so little use for he had often been going to write on *Lac defloratum* and the uselessness of having such a remedy in the materia medica, yet it followed up my case, and just exploded this thing with the three shingles.

CHAIRMAN UNDERHILL: Any further discussion?

DR. ALMFELT: Mr. President, Dr. Roberts' paper shows a great study of the *Kalis* and there is only one thing I would like to mention that might be of interest under *Kali*, Dr. Roberts did not mention *Kali-ars*. It has profound dropsy or states of irritation of the kidneys, nephritis, acute particularly.

I remember one case I had years ago. A little boy four or five years old who had a very severe acute case of nephritis, a profound œdema, almost the entire body, the eyes were closed, practically, by œdema. I don't remember details of his symptoms now, but the *Arsenicum* symptoms predominated, so he had it; that didn't do him any good. *Kali-carb* also, neither one did any good, but *Kali-ars*. cleared up the case beautifully, all the œdema passed away, the urine was normal and so far as I remember now the albumen from the urine disappeared also.

I wanted to mention that because that is a very important symptom under *Kali-ars*.

DR. PULFORD: I want to thank Dr. Roberts for his paper; it is interesting. I was in hopes that he would speak of *Kali-phos*. I would like to be allowed to relate a case.

Early in my career I was accosted on the street one day by a male school teacher who said that his wife had had four children, she had never had a natural labor nor a labor pain; each child had been taken away with instruments. Would I take the case? I said that I would. It looked to me very much like a *Causticum* case; I treated that case up to the day of labor. The

day of labor found me in just the precise condition that it had found every other doctor who had had that woman. I went over there and the teacher asked me: "Where are your instruments?" I put up my hands. He said: "You will never do it with that."

I am sorry I cannot give you the points that led up to the remedy. She had a profound inertia, and the woman had always had a long serious time of it after each confinement. I looked the woman over very carefully and since she was a *Kali* subject I gave that lady in the morning a dose of what to me at that time was a very very high potency of *Kali-phos*. 6M. I waited about 2 hours and gave her a second and left and told them to call me as soon as the labor pains began. He said: "If you make labor pains you will never deliver that baby." At 4 o'clock in the afternoon he came rushing over to the office. He said: "My wife is having pains to beat the band, and the baby will beat you if you don't hurry." We got there at 5 o'clock, and everything was over, the placenta came, the woman got up in ten days better than she had ever been in years. (Applause).

DR. DIENST: Mr. Chairman, I too want to thank Dr. Roberts for his paper and commend the habit of studying remedies in families.

Years ago I was studying these same *Kalis*, when I was called out into the country to see a very sick woman. From her symptoms I thought she had ptomaine poisoning, for she was dreadfully ill and she told me that the day previous she had eaten some stewed veal. Fortunately for my poor patient I had just read that *Kali nitricum* was almost a specific for the poisoning of veal. She had a few doses of it, recovered and lived a number of years afterward.

I would like to recommend it as a specific, but first of all don't eat veal.

DR. WRIGHT: Mr. Chairman, I might also tell Dr. Roberts how much I enjoyed the paper, and to add that in my brief experience *Kali-carb*. particularly has often been a very constipated remedy, so I was particularly interested to hear Dr. Roberts say that none of the *Kali* patients suffer from that complaint.

DR. OLDS: Mr. President, I was struck particularly with what

Dr. Roberts said in regard to constipation. It is a pretty well known fact that constipation lack in *Kalis* is a pretty well known fact, I believe, scientifically proven that cancer patients are always lacking in potassium, and yet cancer patients are almost invariably constipated. There seems to be some discrepancy.

DR. STEARNS: You will read in Farrington's *Materia Medica* the chapter on *Kali-carb*. you will get the character in constipations, one of the best remedies we have in constipation.

CHAIRMAN UNDERHILL: Any further discussion? If not Dr. Roberts, will you close the discussion please.

DR. ROBERTS: I have very little to say in regard to *Kali-phos*. I didn't include it in my paper because I said the "lesser" *Kalis*. I consider *Kali-phos*. one of the major *Kalis*, it seems to me so.

In regard to constipation, it is true that *Kali-carb*. has a constipation, but it also has the other thing, don't forget that—usually it is not constipated; *Kalis* almost invariably are not constipated; but in the study of the individuals in the same family, we all have the same characteristics in our family, but we each differ a little, and you will find it so in regard to constipation, occasionally you will find one that is because of the carbon in its composition.

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#### NOSODES.\*

MARGARET BURGESS-WEBSTER, M. D., Philadelphia, Pa.

Dr. Kent wrote: "When the well selected remedy has acted and the constitution shows a tendency to break down, and the well selected remedy does not hold, because of vital weakness, and because of deep-seated tendencies, then it is that *Tuberc*. sometimes fits in." This statement may be applied to any of the nosodes. And Nash in his "Leaders" makes this comment: "I have cured eruptions resembling itch with *Psorinum*, rheumatic troubles that were obstinate under usual remedies with *Medorrhinum*, and a long standing case of caries of the spine with *Syphilinum*, but in not one of these cases had the patient that I could trace, itch, gonorrhœa, nor syphilis."

\*Read before the I. H. A., Bureau of *Materia Medica*, June, 1928.

## PSORINUM.

*Psorinum* is especially adapted to patients having lack of reaction after acute diseases, the appetite will not return and there is great weakness and debility. This condition often follows severe or even mild cases of influenza, the resulting weakness seeming out of proportion to the severity of the attack. *Sulphur* should be compared here. Patients giving a family history or a personal history of eczema, quinsy or hay-fever; eczema or quinsy in the winter, hay-fever in the summer. Periodicity—same day, same week, same month yearly. Never well since typhoid fever. *Psorinum* has great sensitiveness to cold air, wears an overcoat in hot weather, and wants head protected from air; sensitive to change of weather; aggravated before and during thunder storms (*Phos.*) All excretions are offensive, carrion-like odor; body has filthy smell even after bathing; putrid otorrhœa; flatus like bad eggs; dark gushing, horribly putrid stools. Mental depression, despairs of recovery, hopeless, thinks he is going to die; despairs of salvation, religious melancholy; anxiety.

*Psorinum* is indicated in chronic headaches preceded by dim vision or black spots or rings before the eyes, < from change of weather, with hunger during headache and > while eating. Feels unusually well day before the attack. Hungry in the middle of the night, must get up and eat something (*Phos. China*).

In hard cough, persistent and relapsing, in paroxysms with gagging, < in the open air, *Psor.* has been curative in many cases. Cough with profuse perspiration. Skin eruptions < in flexures, with intolerable itching which is < from the heat of the bed, scratches until it bleeds. Symptoms from suppressed eruptions; never well since eczema was cured by local measures.

## TUBERCULINUM.

Like *Psor.*, *Tuberc.* has lack of reaction, low vitality, debility, constantly taking cold without knowing how or where. Children who take cold easily, perspire easily, and have tendency to swelling of cervical glands and adenoids. Cough persistent and recurrent; green sputum. Appetite good but loses weight (*Abrot., Iod., Nat-mur.*)

Symptoms ever changing, first one organ then another af-

ected; pains begin suddenly, cease suddenly; pains wandering in limbs; stiffness in joints, < on beginning to move, > by continued motion after *Rhus* or *Sulphur* has failed *Tuberc.* has cured or decidedly relieved. *Radium bromide* also is < on beginning to move and > by continued motion, with suddenly-shifting sensations, but in *Radium* the pains come quickly and leave slowly; both have desire for open air.

Again to quote Kent: "Patients who have inherited phthisis, patients whose parents have died of phthisis, are often of feeble vitality, they are always tired, they take on sicknesses easily, they become anæmic, waxy or pale", or to sum up in one word used by Burnett: "Consumptiveness", the kind of constitution in which *Tuberc.* is so often beneficial.

Mentally there is restlessness, with a constant desire for travel and change (*Calc-p., Sepia*), there is anxiety, hopelessness; aversion to mental work; weariness of life. The child is irritable on waking like *Lyc.*, and has fear of dogs like *China*. Sensitive and irritable at every trifle, fits of temper; dissatisfied; on the "border land of insanity". "The intellectual symptoms and the lung symptoms are interchangeable. Many cases that have been treated and cured, and phthisis of the lungs has just been turned aside, finally become insane. Persons who have been cured of insanity go into phthisis and die, showing the deep-seated character of their nature."

Deep, changing head pains, every week, every two weeks; from mental excitement, overwork, over-eating, damp weather. Sensation of an iron band around the head. (Compare *Gels., Sul., Carb-ac., Nit-ac.*) Eye-balls feel sore and bruised, sore bruised feeling all over body. Cold sweat on the head similar to *Calc-c.* *Tuberc.* and *Calc-c.* are complementary to each other.

Like *Psor.* he is so hungry, he must get up at night and eat, or there may be aversion to all food, aversion to meat (*Sul., Sil.*), craving for cold milk (*Phos., Phos-ac.*) Empty faint feeling in abdomen, all-gone hungry feeling, after *Sul.* has failed. (*Hydrastis* has sinking empty hunger with loathing of food, and obstinate constipation with no desire for stool). Constipation, stool large and hard, then diarrhœa. Sudden diarrhœa before breakfast (compare *Sul.*)

Frightful dysmenorrhœa, in tall, slender, narrow-chested girls, especially if giving a tubercular family history. The uterus sags and is heavy, worse standing, must move (*Sul., Sep.*)

Suffocation in a warm room, dyspnoea only > by riding in cold wind (*Arg-nit.*) *Psor.* cannot breathe in the open air, cannot breathe standing up, breathes better lying down and with arms spread apart. *Tuberc.* wants the doors and windows open, *Psor.* is sensitive to the least air.

Gradually increasing fatigue and weakness, and a gradual loss of weight, perspiration from mental exertion (*Psor., Calc-c., Sul., Sep.*) Periodicity and sensitiveness to weather changes, weakness, fainting, loss of weight.

To sum up again in Kent's words: "It is an indication for *Tuberc.*, when at every coming back of the case (cough, intermittent fever, headache or any other condition), it calls for a new remedy." This observation has been verified many, many times.

#### MEDORRHINUM.

Patients calling for *Med.* are sensitive to cold like *Psor.*; sore, lame and bruised, obstinate rheumatism > by motion, like *Rhus*; but the acute rheumatic inflammations are < from motion. Walks stooped, becomes clumsy, stumbles. Sensation of trembling, of quivering, of crawling. Loses flesh, increasing weakness. Sensitive to pain, to impressions, to cold damp weather. Starts at the slightest noise; feels faint and wants to be fanned.

Nervous and hurried, in such a hurry that she feels faint and gets out of breath; thinks some one is behind her (this symptom I have recently verified), everything seems unreal, (*Alum.*), in a daze, wild desperate feeling; changeable state of mind, one moment sad, the next mirthful; frightful sensation on waking as if something dreadful had happened. Fear of the dark.

Discharges profuse, fetid, acrid, causing itching, and having a fishy odor (*Ol-ani., Sanic.*), oozing of moisture from anus smelling like fish-brine.

Constipation, inactivity of rectum, can pass stool only when leaning far back (*Caust.* can pass stool only while standing, and *Aloe* and *Alum.* only when urinating). Shivering with the stool. Round balls and hard lumpy stool.

Trembling weakness and numbness of lower extremities, must stretch them constantly; stiffness and soreness in flesh and periosteum; restlessness in legs, must move them. Cramps in soles and calves. Burning feet, wants them uncovered and fanned. Soles of feet so sore and tender he can hardly walk on them, especially of sycotic origin. *Ruta* often relieves the sore feet of clerks, or those who walk on hard floors. *Ant-c.* has sore feet from corns and callosities.

Infants who soon emaciate and become marasmic, or the child becomes asthmatic or suffers with vicious catarrh of nose or eyelids or is dwarfed; the father is sycotic, and the child suffers with attacks of vomiting and diarrhoea and emaciation. Well selected chronic remedies have failed or have only palliated, here *Med.* acts curatively, or as Dr. H. C. Allen lectured to his classes at old Hering: "When the well-selected remedy fails to act or permanently improve."

Craves fresh air, better in the open air, although sensitive to cold, better at the seaside (*Syph.* is worse at the seaside).

#### SYPHILINUM.

As Kent so well expresses it: "*Syphilinum* is seldom the best remedy for syphilis per se, but for marked and suppressed syphilis it seems to restore a sort of order and bring better reaction. It has often been observed that in syphilized invalids remedies act but a few days and must be changed. This always calls for a nosode. When there is only great weakness and few symptoms it will act well. It has many times been observed that gummata in the throat and anus will take on destructive ulceration in old broken down cases after *Sulphur* has been given, and that *Syphilinum* will restrain it and establish repair. *Sulphur* often produces prolonged aggravation when there are many tissue changes in advanced cases of syphilis. It often causes suspicion of latent syphilis when such aggravations are very severe after *Sulphur* high. After such prolonged aggravations *Syphilinum* should be considered, it should be used only in the high potencies."

< from sunset to sunrise, < during thunder storms, < during damp weather. Pains increasing gradually, then suddenly ceasing. > changing position, > slow motion (*Puls.*).



Weakness < on waking, afraid to go to sleep because of fear of terrible weakness on waking. Two very critical cases of influenza presenting this symptom were promptly restored to health by *Syphilinum*.

Poor reaction, ulceration, succession of abscesses, foul green pus, bald head, dwarfishness.

Depression, irritability, imbecility. Despair of recovery, fears he is going insane. Dreads the night and dreads the morning, as the weakness and soreness are worse on waking. Impulse to wash the hands (*Coca, Lac-c.*)

Violent neuralgia in head, pain from ear to ear, from temple to temple, from one eye to occiput, linear headaches. Head feels pulled back (*Act-rac.*). Wrinkled face, ophthalmia ozæna, keratitis, abscess of middle ear. Caries at edge of gums, bad taste, bad breath, crack along center of tongue (*Mez., Nit-ac.*).

Profuse acrid, yellow-green leucorrhœa with itching, so profuse it runs to the heels (*Alum., Onos., Tub.*). Backache < after urinating (*Lyc.* > after urinating). Voids urine better standing (*Sars.*).

In sleeplessness it vies with *Sulphur*.

#### PYROGEN.

According to Dr. H. C. Allen *Pyrogen* is adapted to the most malignant type of septic conditions in which a cure was formerly zig-zagged with *Ars.*, *Carb-v.*, *Rhus* or *Terebinth*. Never well since septic fever. Fœtus or secundines retained, decomposed; lochia fœtid or suppressed, with chills, fever, and profuse fœtid perspiration. Bed feels hard (*Arn.*), parts lain on feel sore and bruised (*Bapt.*), rapid decubitus (*Carb-ac.*). Great restlessness, must move constantly to relieve soreness of parts (compare *Arn.*, *Bellis-per.*, *Eup-per.*).

Horribly offensive diarrhœa (*Psor.*), involuntary when passing flatus (*Aloe, Oleander*). Constipation with complete inertia (*Opium, Sanic.*), obstinate from impaction in fevers. Stool large black, carrion-like odor, or small black balls like olives (*Opium, Pib.*).

Distinct consciousness of a heart, it feels tired or enlarged. Pulse abnormally rapid, out of all proportion to temperature.

Quickly oscillating temperature. Rapid, irregular fluttering pulse. Heart failure in septic fevers, < by least motion.

Sensation as though he covered the whole bed, knew his head was on the pillow but did not know where the rest of his body was. This sense of duality is like *Baptisia* but if the temperature runs high *Pyrogen* will meet the condition better than *Baptisia*.

Fiery red, smooth tongue or tongue is coated and brown or a brown streak down the center, mouth is foul and the taste is putrid. Thirst for cold drinks during chill and heat, but the water is vomited when it becomes warm in the stomach (*Phos.*).

Chill begins in the back, between scapulæ, severe, general of bones and extremities, chill marking onset of septic fever, temperature 103 to 106; heat sudden; skin dry and burning; pulse rapid, small wirey, 140 to 170; cold clammy sweat follows.

Again to quote Dr. Allen: "In septic fevers, especially puerperal, *Pyrogen* has demonstrated its great value as a homœopathic dynamic antiseptic."

#### ANTHRACINUM.

The following symptoms of *Anthracinum* are taken from Allen's "Therapeutics of Fevers":

"In the septic fever of carbuncle, malignant ulcer and complaints with ulceration, sloughing and intolerable burning. When *Arsenicum* or the best selected remedy fails to relieve the burning pain or carbuncle or malignant ulceration.

"Hæmorrhages, blood oozes from mouth, nose, anus, or sexual organs, black, thick, tar-like, rapidly decomposing (*Crotalus*). Gangrenous ulcers; felon; carbuncle; erysipelas of a malignant type. Felon, the worst cases, with sloughing and terrible burning pain (*Ars.*, *Carb-ac.*, *Lach.*). Malignant pustule, black or blisters, often fatal in twenty-four to forty-eight hours (*Lach.*, *Pyrog.*). Carbuncle with horrible burning pains, discharge of ichorous offensive pus. Dissecting wounds, especially if tendency to become gangrenous; septic fever, marked prostration (*Ars.*, *Pyrog.*). Suspicious insect stings. If the swelling changes color and red streaks from the wound map out the course of the lymphatics (*Lach.*, *Pyrog.*). Bad effects from inhaling foul odors of

putrid fever or dissecting room, poisoning by foul breath (*Pyrog.*).

"Marked prostration with subnormal temperature with a septic cause."

### SOCIO-HOMŒOPATHIC PROBLEMS—THE UNSEEN FACTOR.\*

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

Homœopathy has stood the test of a century. It has proven its practical applicability by improving human adjustment when applied according to the rules formulated by the master mind of Hahnemann.

It had its birth at a time of great medical superstition, crude drug giving, and suppression of disease symptoms.

A great change in medical thought has been the result of the socio-homœopathic demonstration of a large use of the drug agency based upon the law of similars.

In its purity hundreds and thousands have and are being blessed with improved health and happiness.

I have no criticism to offer of him who differs with me as to its efficacy. I believe in a large freedom of action for each individual.

On the other hand after twenty-five years of devoted adherence to the priceless legacy handed to us by the pioneers of our noble science and art, I feel constrained to testify to the increasing surprises which come to me in my daily experience. Each year I promise less, expect more, and my reverence for the mild force of the active similar becomes more profound.

Our small group of tried and true exponents represents the crystallization of years of earnest efforts of men and women who have seen the larger circle, the unseen factor. It is the vision which suddenly breaks out over the horizon upon the divide after years of uphill work and frequent failure.

I am not concerned with individual variations of its applica-

\*Read before the I. H. A., Bureau of Homœopathic Philosophy, June, 1928.

tion. It is more with the stimulation of use in a pure and untarnished form. Thereby we may prove ourselves worthy to carefully guard the torch of medical truth placed in our hands, and pass it on to the next generation in its primitive purity.

In the taking and study of our cases we trace the symptom complex to the desires and aversions. This applies to the homœopathic doctor as well. There must be a bona-fide desire, especially in this age of diversion. The aptitude is not as common as one may think. We learn in the experience of years of sifting few remain true to principle, loyal to the practice, and such only by inherent qualities urging them to develop a higher type of artistry.

It is here again we should perfect our technic of principle adjustment; to live up to our great privilege and opportunity, to act as a magnet, drawing the material to our laboratory of rich homœopathic truth. According to the extent of our vitalized attractivity we shall gain response from the social circumference.

We face the onward march of civilization with a great degree of confidence. No apology is in order, neither do we fear investigation.

The tangled emotional realm which results from satiated or starved desire complex of the patients of today gently assumes a normal rhythm when we give the indicated remedy.

The tired, distracted mother, disturbed by the company of husband and children, discovers she loves them as much as ever under the marvelous influence of *Phosphorus*, *Sepia*, etc.

The fearful, and how they suffer. The restless, agonizing anxiety; the sleepless nights; the unpleasant expectations which never occur.

This is an age of high-power fear, against which no quarantine exists. No bacillus has been isolated. Its ravages are confined to no age or sex. With increasing desire it multiplies and like a shadow covers the mind.

Here again who would be without *Aconite*, *Arg.*, *Nitr.*, *Ignatia*, *Nat. mur.*, *Opium*, *Psor.*, *Sulphur*, etc.

What better agency can we find to meet the many crises coming into our lives. If we were equal to the task we could find

a remedy to modify them, and emerge better and greater therefrom.

Obstinacy, a fixed miasmatic symptom; the problem of all correctional agencies. It is one of the important questions confronting us in the handling of the anti-social child.

Environment, opportunity, diet, physical exercise, and travel have a great and recognized value. A lack of the particular improving factor will result in a quick reversion to early type.

Something is needed which will penetrate the inner covers of the mental sphere and touch perverted desire assuring more or less permanency. Nothing I know will do this better and cause to function a free and easier social adjustment than the highly potentized homœopathic remedy.

We possess the key in our method of drug dynamis for establishing a normal in and out flow of the life-force. It is the only known direct way to meet the needs of the complicated, specialized functions of the disordered organs, each and all of which in a natural order fall in line with the rhythmic pace instituted by the *similimum*.

The earliest improvement is a general feeling of well-being, leaving a distinct impression upon the inner consciousness of the patient. This is followed with improvement in the mental sphere; less confusion; clear-cut thinking; a better understanding of confronting problems and confidence in the ability to handle the same.

This may or not be followed by an aggravation of physical symptoms.

The unified symptom complex in a chronic case presents symptoms in group formation. One group is followed by another until a complete cycle of the disease picture may be obtained and recorded. As improvement continues and under a skilful management of the remedy this cycle returns at longer intervals with diminishing intensity.

It is my desire to avoid a dogmatic statement, to emphasize conclusively the important opportunity at our command to apply the indicated remedy for a larger individual and social usefulness.

## HOMŒOPATHY FOR ANIMALS.\*

RUDOLPH H. SCHNEIDER, M. D., Boston, Mass.

Without doubt there is as much good in homœopathy for man's best friend, his dog, as there is for himself. Of man you are all well informed but of his animal companions I wish to affirm its truth. Of course, as Hahnemann stated, no good should be expected, nor hope of cure entertained upon an ill-chosen prescription—one not based upon the full symptomatology of the case in question. This is as certain with animals as it is with man, and herein lies its greatest pitfall as to its usefulness in veterinary medicine—the inability of the veterinary physician to obtain a full symptom-picture of the diseased animal.

The highly essential subjective symptoms are nil excepting those which we can transpose from what our patient expresses in actions into what he would predicate of himself, were he able to speak. These symptoms then become more or less unreliable for a misinterpretation of gestures would be easy.

The objective symptoms represent our largest array of indices, and of these many are very common, hence of little value. Thus we are left to choose from a limited and crude symptomatology. The finer shades of differences in symptoms which make one remedy applicable and the other useless or only palliative are absent. This leaves us to depend largely upon peculiar symptoms, as you shall note in the cases I have to report. They border on the keynote type of prescribing—a kind of homœopathy much to be discouraged as it is likely to lead to error and disappointment; but if with them we have some corroborating symptoms we are certain of a cure if the case is curable. In spite of these handicaps and the fact that the drugs have been proven on the human being, we are more than justified in administering homœopathic remedies to our animal friends, even in the event of possible erring, for in most instances we would do much less harm with an improper prescription than would be the case in mixing things up with allopathic drugs no more related to the disease in question than a gun-shot and in all likelihood just as disastrous.

I have had an abundance of experience in both schools of

\*Read before the I. H. A., Bureau of Obstetrics and Pediatrics, June, 1928.

medicine and I, for one, prefer the accuracy of homœopathic prescribing to the ever-changing, guessing and dosing methods of allopathy—and I herewith submit a few case reports for your consideration—to pass judgment upon the soundness of my belief.

*Case No. 1.*

The first case I have to report was amongst my early acquaintance with homœopathy and I was looking for hard cases. It was a three months old mongrel puppy which the owner brought to me with the intention of having him destroyed. I persuaded her to let me try my treatment.

Had an intestinal form of distemper with a prolapsed rectum. Was treated for nearly a month both allopathically and surgically without avail. To be sure I had no more than a skeleton to prescribe for excepting for a few symptoms. The stool was the most outstanding feature. Stool with severe straining and tenesmus during and after passage of small, blood-streaked, mucous evacuations. Frequent stools. Prolapse of about three inches of the bowels with each movement which had to be manually replaced after each passage. Breath horribly offensive. Tongue and oral cavity slimy looking with much drooling of saliva.

*Merc. sol.* 2x—three times a day. After several days, when presented for examination, he looked a little brighter. Thinking I could not lose much time on this case I gave *Merc. sol.* 1M., for I had read that it works faster in a higher potency, and from the fact that he was brighter and had come to eat a little, I felt I had the correct remedy. I had to supply the owner with sugar pellets to administer every four hours.

A week later my patient had improved in every way. A good appetite had developed. Stools less frequent and with less prolapse—now only an inch protruded. His condition progressed favorably for another week but as he had not put on any flesh I thought I had to do something else. The owner had asked me about his having eaten his own stool, when she did not watch him, previous to this sickness. Having learned that *Sulphur* was a dirty remedy I could think of no filthier reason to give *Sulph.* than to this pup. So I gave him a dose of the 1M. and in two weeks

he was fat and in every way a healthy four months old doggie with a delighted mistress.

*Case No. 2.*

5-year-old Boston terrier. Diagnosis—unknown.

However, he was a very sick dog from the description I got of the case. I never saw my patient but prescribed on the symptoms. His devoted mistress told me she had been treating him under the direction of a veterinarian, whom I know to be very skilful, for a period of three weeks and that during that time neither she nor the dog had had much rest or sleep.

She said he was very thin. Ate little or nothing. Could keep nothing on the stomach. The singular fact about the case was that every time he passed a stool, which was diarrhœal, it was accompanied with distressing nausea and urination. These seizures were also accompanied with agonizing pains. This trio of simultaneous symptoms struck me as being peculiar and diagnostic of the proper remedy if there was such a medicine. *Sac. lac.* was the first prescription to give me time to think things over. In 24 hours I found the similimum and it was administered in one dose of the 1M. potency. Bell's book on *Diarrhœa* gave me the remedy I sought and which did marvelous work. That very night both the dog and mistress had a good sleep. After this all the horrible symptoms vanished and my patient sought food. Uneventfully, the improvement continued to a complete recovery in a week's time even to the extent that the dog was putting on flesh.

I heard nothing more from this lady until some months later when she called me to inquire as to whether, if her dog took sick again during her summer vacation, it would be all right to give him the *Sac lac.* pills she had left. I assured her it would be all right until she could get other medicine from me through the mail. I have never heard any more about this dog being sick.

All thanks to *Crotalus horridus*.

*Case No. 3.*

Gastritis in 2-year-old spaniel dog.

Came to me in a condition which urged me, and in all confidence of my ability to make a prognosis, to tell the owner that

the dog would die within 24 hours. She expected as much but requested me to try treatment.

The dog had been sick for three days when I was consulted. He started with bilious vomiting, which then became bloody and finally chocolate-colored, with a horribly offensive odor—cadaveric. General prostration, almost too weak to vomit or walk, subnormal temperature and feeble pulse were present when I saw him, but he had been very restless and was thirsty for frequent small laps of water. You will agree with me that I had a desperate case at hand and I am certain he would have died, as I predicted, without the intervention of *Arsenicum*. This I gave in the 1M. potency in water, two teaspoonfuls every hour for three doses when my patient was resting peacefully.

He put in a good night and was refreshed and stronger the following morning. No more medicine.

The next day he drank and seemed to enjoy a little milk and beef tea. Improvement continued without further medicine until on the sixth day he was discharged in perfect order.

I believe this was a case of ptomaine poisoning, and I firmly believe, from past experience, that nothing but this remedy could have saved this dog from his grave.

#### Case No. 4.

Paralysis of hind legs in setter dog.

The history brought out the fact that the dog had been away hunting for several days in rainy weather. He first became weak in the hind legs—then paralytic when he was presented for examination. Without any other symptoms I gave *Rhus tox.* 1M. upon these generals—getting wet when overheated.

Improvement was marked after a few days so that he could stand erect and support his entire body weight upon the hind legs by placing his front paws against my body. He did not seem to gain any more and remained a little unsteady on the hind legs when walking, but would improve after moving around a little while. Repeated *Rhus tox.* 1M. on the 5th day. Still on the tenth day he remained the same and I felt he needed something deeper in action. So upon the strength of the fact that *Calc. carb.* is often needed after *Rhus*, and also that the dog showed by his

teeth and limbs that there was a lime deficiency present in his early life, for I could gather no other symptoms, I gave that remedy in the 1M. potency which brought about the desired effect and completed the cure in a little over two weeks from the time of my first observation.

#### Case No. 5.

Paralysis of hind legs in setter dog following distemper. Had been treated allopathically for distemper until a paresis of the hind legs developed, when I was consulted. He was restless and it seemed due to the fact that he was anxious about being unable to walk. He would try and try and finally would get upon his feet. After staggering about a little he would get somewhat stronger and steadier but would soon fall down exhausted. Again and again he repeated this same cycle. *Rhus tox.* 1M., one dose, followed by some improvement. He now seemed content to lie quietly.

He improved very little and after a week seemed to remain stationary. From my experience with the previous case I decided to give him a dose of *Calc. carb.* 1M. I had an additional symptom in this case, namely, that this dog would eat raw eggs when he had no appetite for anything else.

A speedy improvement resulted. At the end of a week he was well on his feet again and in two more weeks was able to take his usual daily exercise—running with the horses on their morning canter.

Some months later this same dog developed a distressing cough and after the failure of the local veterinarian to help him I was again called some 20 miles away to prescribe. The outstanding features were that the slightest motion incited the cough as did also the change of atmosphere—going from cold into warm air. *Bry. alb.* 1M. promptly cleared the whole case.

#### Case No. 6

A heart-broken spitz female dog.

Presented without any signs of sickness. Examination revealed nothing—nor could the owner see anything out of the ordinary except that the dog would eat nothing since having been boarded out for four weeks during her season, (œstrum). Know-

ing the dog's disposition I can realize that she might not have received very kindly treatment by a stranger. This was the first time she had been away from home in six years. When she returned home she was heart-broken as nearly as I could make it out. It was a week after her return that I saw and prescribed for her. I administered *Ignatia* and then *Natr. mur.* in the course of the following ten days, upon what I took to be the results of grief. No relief followed.

At this time I gleaned a new symptom, namely, an anxious restlessness at night. The owner at this time suggested that I ought to give the dog something to make her sleep, for her constant pacing about at night kept them from getting any sleep.

I gave her a dose of *Arsen. alb.* 1M. dry on tongue and changed the *Placebo* pills and I heard no more of the case till some months later when the owner told me that everybody including the dog slept well that very night and within thirty-six hours the dog was in every respect herself again.

#### Case No. 7.

Spaniel with neuritis of docked tail.

No symptoms excepting that he suddenly started gnawing his tail until it became raw. As is customary it had been cut short when but a few days old. Now he was a year old. I gave the owner a sedative antiseptic ointment to apply. She returned in a week telling me that he was no better and that her husband, who knew I was familiar with homœopathy, was disappointed that I had not given the dog a remedy. Very well, but what would it be, I thought. My diagnosis—a neuritis in a severed nerve. Then I remembered that Kent tells of the wonderful control *All. cepa.* has over such states. *Allium cepa.* 1M. held for a while when I had to repeat. I gave three doses in all, each only palliated. I now suspected that perhaps it was not entirely a neuritis and the possibility of a small fragment of bone therein suggested itself, so I gave *Silica* 1M. This was soon followed by improvement and complete cure within a period of 10 days.

You can here note the necessity for prescribing for animals on little or nothing, for if this dog had any other symptoms they were not in evidence.

#### Case No. 8.

Spitz dog, 3 yrs. old. Eczema.

Sent to hospital on two different occasions within a month where it was treated with sulphur lotions externally applied. The owner told me that if it was going to keep coming back as it had on the two previous occasions she wanted the dog put asleep. I told her I would treat it entirely with internal medication and that if it cleared up it was not likely to return.

It was a weeping eczema on the back. The exuding fluids glued and matted the hair together and the skin was sore and at places raw from rubbing.

*Graphites* 1M. dry on tongue and plenty of *Sac. lac.* The itching subsided within a few days and in a few more days the eruption improved. In two weeks the case was cleared up and I have heard of no repetition.

I had a similar case in a 5-year-old cat but there it affected all of the body. *Graphites* 1M. one dose and a raw food diet cured her in a month.

#### Case No. 9.

Airedale female dog, 9 years old. Incontinence of urine.

Afflicted with involuntary voiding of urine whenever she would lie down and sleep. Her age corresponded to that of a person at eighty.

*Causticum* 6x tablets. One three times a day. A few days' administration eradicated the trouble and she has remained well.

I have found *Causticum* almost specific in this condition of old dogs both in the 1M. potency given in a single dose, and the 6x in repeated doses.

#### Case No. 10.

Hound dog with so-called venereal warts.

Examination revealed that his entire buccal cavity was literally a mass of seed warts growing out from the cheeks, tongue, lips and gums. They were so crowded together you could only get a glimpse of the mucous membrane here and there. *Thuja occ.* 10 grains dissolved in 8 ounces of water was prescribed as mouth wash twice a day. This served as a topical application as well as

for internal administration. In ten days all the warts had disappeared.

It is said of this condition, in text books, that they disappear as rapidly as they appear—without treatment; but this has not been my experience. I have never seen a case that acted that way and I have waited months on a case for an unaided cure, finally resorting to the knife only to learn later that they had come back. A few cases remained clear after the excision.

I have treated several cases like the above with the same satisfactory results. I also treated three cases with the 1M. potency which likewise cured. Several other cases improved very slowly and it is possible that some other remedy would have done better work.

I have chosen cases for this report that do not generally have the self-limited status and you can therefore realize, from what I have told you, why I am justly proud of homœopathy.

#### DISCUSSION.

CHAIRMAN WRIGHT: Dr. McLaren says to me that he supposes this comes under the head of Pediatrics because it deals with our animal children. (Laughter).

DR. BAKER: I have had quite a little experience with prescribing for animals, for fun. I cured a cat with *Causticum*, who had symptoms. I advised the owner to give chloroform, but she refused.

I had one rather amusing experience. An old farmer came into the office one evening from six or eight miles below the city and wanted me to prescribe for his wife. He couldn't give me many symptoms. I told him I didn't think I could do much, but I gave him a remedy. As he was going out he said his best cow was sick. I said: "Suppose I try the cow." About a week later he came back smiling, and I thought, "Well, I must have hit the wife." I said: "Did I help your wife?" He said: "No, you didn't help my wife, but you cured the cow." (Laughter).

DR. NELSON: When I was practicing in the Rocky Mountains I had a little experience. There was a cattle ranch thirty miles from town; the owner came into the office and asked me if I ever treated a horse. I told him no, I never had, but if I did

I would try to treat it as I would a man, as near as I could. He said it had a cold and whenever he tried to treat anything of the kind it would always die. I asked him how the cold was and he told me as near as he could, and I told him if I was going to prescribe for it I would give it a little sulphur—just flowers of sulphur. He didn't have any and he asked me if I had some. I happened to have some in the office. I fixed up a powder of crude sulphur and he gave it to the colt. The next time he came in he said the colt was all right.

DR. GLADWIN: It is a great pleasure to prescribe for animals because they cannot deceive you, in regard to the symptoms. You always know the symptoms that you do have are right, but you don't have many.

I remember once one of my patients called me and told me that a man had just come in and told her that one of their horses had not urinated that morning; it would try and it couldn't. It was one of those high-stepping horses, but it had been out in the rain two days before. When the attendant put his hand on the back of the horse it would flinch, and he found the place over the kidneys to be hot. I said: "Give her *Rhus tox.*" In three hours she had me on the phone—the horse hadn't urinated yet. I said: "Tell me something more." She said: "I can't—wait a minute, the man just came in and said it had urinated allright and doesn't flinch when you put your hand on its back."

I had another—a patient that was a good deal harder to prescribe for than that one. It was a little thoroughbred pony. It was full of life, high-spirited, they had paid a great price for it, and after they had had it a few months, they discovered that the pony had "big head." I don't know anything about horses' diseases and I didn't know what "big head" was, but they showed where the bones across the forehead were getting big. The father explained to me that it was an incurable disease. He said: "What would you do?" I said: "I would give it *Phosphorus.*" He said: "Are you sure that will cure it?" I said: "No." "Well, do you expect me to trust a valuable horse to you when you don't know whether you can do anything for it or not?" I said: "You said it was incurable, didn't you?" He said: "Yes." "Well, I can't do any worse than kill it."



I gave the *Phosphorus*. In six months I gave it another dose of *Phosphorus*, and the thickening of the bone cleared up. It didn't go any further at all; it stopped after the first dose and cleared up afterward.

DR. OLDS: Some years ago when I was living in Florida I owned a mule. I owned it some of the time and a neighbor of mine owned it the rest of the time. When I had use for the mule I owned it, and when he had use for the mule, he owned it. At this particular time he had the mule. He came over, he lived about two miles from where I did, and he said: "Doctor, I am afraid we are going to lose that mule." I said: "What is the matter?" He said that the mule got out into the corn patch and ate a lot of green corn and now she is so swelled up I am afraid she is going to burst. Can you do anything for her?" I said: "I don't know, but we will try." So I sent over a dose of *Colchicum*. Then I should say in an hour I got a call from him. He said: "Did you hear anything?" I said: "No. Why?" He said: "That mule is passing gas so you can hear her way over there." (Laughter).

DR. DIENST: Madam Chairman, I was thinking it is a very unfortunate thing for a homœopathic physician to be known as a horse doctor. It recalls to mind some of my most embarrassing moments.

One of the leading judges of Chicago was the President of the Black Angus Cattle Corporation. He had a farm and a beautiful home right on the town limits in which I lived at that time. It was my pleasure to go in and out of his home frequently as the family physician. One morning I got a call to come down to the barn. I said: "What for?" "Never mind, you come down and see." I said: "See here, judge, I am not a horse doctor." "That doesn't make a bit of difference, come down to the farm." I didn't want to sacrifice the little fee, so I marched down to the barn with my case in my hand and I found the judge and the hired man perturbed because of the condition of three cows; one was a very highly priced calf which was dying at the time and of course nothing could be done.

I said: "Judge, let me see the other two calves." One of them was lying rather helplessly, high temperature, it had been

out in the rain the day previous, and no other symptoms could I find. The second calf had also a high temperature. Quite a diarrhœa, and seemed very weak. There were no symptoms upon which to choose a remedy and I don't know when I have felt so embarrassed. I said: "Judging from the appearance of these calves and from what we were taught in our materia medica this one calf needs *Dulcamara*." He said: "Go and get it." I said: "I have it with me." He said: "How about the other calf?" I said: "I think that calf needs *Arsenicum*." He said: "Allright, let's give it to them."

We fixed up three powders, one to be given and I gave that to each one of them to be sure that they had that much, in an hour the second powder, and in two hours after the second we would give the third, if necessary. That was done. The calves recovered. Here is the unfortunate part of it—my neighbor across the street is a veterinarian. He had been taking care of these calves for the past four or five days; they were getting worse. As soon as the calves recovered the judge told the veterinarian that he was no good, that he had to call another doctor who cured them. He said: "Whom did you call?" He said: "I called Dr. Dienst." I don't know what language was used, but it wasn't pleasant, and it was not the kind we teach in Sunday school. (Laughter).

DR. GREEN: I remember a good many years ago that I had read that colic in cows would respond to *Colchicum*. I had only one chance to use it. I never saw the cow but it was done by telegram from one of my patients in New Hampshire who had a medicine case of his own. I wired to give *Colchicum* and that fixed the cow just as well as it did in Doctor Dienst's case.

One of my friends had a beautiful angora cat, a black one, who had a skin disease on her neck that made a terrible sore, extending way down to the bone, and the veterinarian seemed to be unable to do anything further than attempt to heal it over on top, but not underneath; it would heal and then break out again. My friend asked me if homœopathy could do anything for kitty. I gave the cat a dose of *Silica* which opened the top of the wound wide, and began to heal it from the bottom, with healthy granulations, and it was cured in two weeks, and then my friend pre-

sented me with a little pin with a cat's eye in the middle and a poem supposed to have been written by the cat to thank the doctor.

#### REPERTORY OF FOOT-SWEAT.\*

OLIN M. DRAKE, M. D., Boston, Mass.

I have no doubt that many of my colleagues, among the true followers of Hahnemann, have often felt, like myself, the need of a complete repertory on *Foot-sweat*. The material for this repertory was culled from the *materia medicas* of Hahnemann, Allen, Hering, Lippe, Farrington, *Jahr's Manual*, *Jahr's and Possart's New Manual*; *Hull's Jahr*, *Hale*, and *Mure*; and from the periodical medical literature of our school in the English language for the past thirty years.

I have given the modalities and concomitants when I have found them in the *materia medica*—not otherwise, with a very few exceptions.

I do not believe I have omitted any foot-sweat symptoms, but if I have overlooked any I should be glad to be informed of the fact.

I hope this short paper will be of use to some of my busy *confreres*, assisting them in finding the *similimum* from the true Hahnemann standpoint. This is my principal excuse in yielding to the wishes of several friends, who have requested me to send it to *The Homœopathic Physician* for publication.

SWEAT OF THE FEET. Acon., Am-c., Am-m., Anan., Ang., Ars., Ars-m., Arum., Bar-c., Bell., Benz-ac., Bry., Calc-c., (Calc-p.), Calend., Cann-s., Canth., Carb-ac., Carb-an., Carb-v., Caust., Cench., Cham., Chlol., Cimic., Coc-c., Cocc., Coff., Coloc., Cupr., Cycl., Dros., Euph., Fago., Farfa., Fl-ac., Graph., Hæm., Hell., Hep., Hur., (Hyper.), Iber., Ind., Iod., Ip., Jab., Kali-bi., Kali-ca., Kali-p., Kalm., Kreos., Lach., Lac-ac., Laur., Led., Lil-t., Lyc., Mag-m., Mang., Med., Merc-sol., Merc-sul., Mez., Mur-ac., Nat-c., Nat-m., Nit-ac., Nux-j., Ox-ac., Plb., Ped., Petr., Phos., Phos-ac., Phyt., Pic-ac., Podo., Psor., Puls., Rhus-t., Sabin., Sal-ac., Sanic.,

\*Reprinted from the "Homœopathic Physician" in "Home and Homœopathy" for May, 1928.

Sec., Sep., Sil., Squil., Staph., Sulph., Tell., Thea., Thuja., Verat., Verat-v., Wies., Zn.

SWEAT OF THE FEET, CONSTANT, Sil., Thuja.

—MORNING. Euph., Sulph.

—, in bed. Bry., Lach., Merc-sol., Phos., Puls., Sabin.

—, after rising. Am-m.

—P. M. Graph., Ple.

—EVENING. Calc-c., Coc-c., Graph., Podo.

—, in bed. Calend., Clem., Mur-ac.

—NIGHT. Coloc., Nit-ac., Sulph., Thuja.

—, on waking. Mang.

—MENSES, before, during and after.

Calc-c.

—, during, from severity of pain.

Verat.

—SITTING, while. Bell.

— in warm room. Mez.

—SUMMER. Cham.

—WINTER. Med.

—RIGHT FOOT, night. Sulph.

—, the left remaining quite dry. Ple.

—LEFT FOOT. Cham., Nit-ac.

—, with moist, painless vesicles between toes. Hell.

—BURNING with, of feet. Calc-c., Calend., Lyc., Mur-ac., Petr., Sep., Sulph., Thuja.

—COLDNESS with, of the feet. Acon., Bell., Calc-c., Cann-s., Dros., Fago., Iber., Ind., Iod., Ip., Lyc., Pic-ac., Sil., Sulph., Verat.

—ITCHING with, of the soles. Sil., Sulph.

—SWELLING with, of the feet. Graph., Iod., Kali-c., Kreos., Lyc., Plb., Petr., Phos-ac., Sabad.

—WALKING, when. Carb-v., Graph., Nat-c.

—PAIN, with tearing, in feet and hands. Graph.

—SORENESS, with, at end of nails. Merc-sul.

—COLD. Acon., Ars., Benz-ac., Calc-c., Canth., Carb-v., Cimic., Cocc., Dros., Fago., Farfa., Hep., Hur., Ip., Pali-p., Lil-t., Lyc., Med., Merc-sol., Mez., Mur-ac.,

- Nit-ac., Ox-ac., Plb., Ped., Squil., Staph., Sulph., Verat-v.
- MOISTURE, rather than sweat. Calc-c.
- DIARRHŒEA, during. Sulph.
- COLD, AND HANDS, in typhoid fever. Carb-v.
- SWEAT OF THE FEET, COLD AND CLAMMY. Calc-c., Laur., Merc-sol., Pic-ac., Sanic., Sulph., Thea.
- evenings. Pic-ac.
- one foot hot, the other cold. Hur., Lyc.
- and clammy, up to knees. Laur.
- damp, followed by very cold feet. Ped.
- followed by very hot feet. Hur.
- and sticky. Calc-c.
- WARM. Ars-m., Led.
- EXCORIATING. Bar-c., Calc-c., Carb-v., Coff., Graph., Iod., Lyc., Nit-ac., Sec., Sanic., Sep., Sil., Zn.
- or corrosive, so much so that the hose and shoes are quickly destroyed. Sec.
- making feet raw or sore. Cham., Calc-c., Graph., Lyc., Nit-ac., Petr., Sabad., Squil., Zn.
- making soles raw or sore. Bar-c., Calc-c., Nit-ac., Petr., Sabad., Sil.
- causing soreness of soles, with sticking pains, as if walking on pins. Nit-ac.
- making toes raw or sore. Bar-c., Carb-v., Coff., Graph., Nit-ac., Sep., Sil., Zn.
- FŒTID. Am-c., Am-m., Anan., Arund., Bar-c., Calc-c., Carb-ac., Chlol., Graph., Kali-c., Kalm., Lac-ac., Lyc., Nat-m., Nit-ac., Nux-j., Plb., Petr., Phos., Psor., Rhus-t., Sal-ac., Sanic., Sec., Sep., Sil., Sulph., Thuj., Wies., Zn.
- moisture, rather than sweat. Petr.
- cheese, smelling like old. Plb.
- eggs rotten, smelling like. Staph.
- sole leather, smelling like. Cob.
- sour smelling. Calc-c., Cob., Nat-m.
- urine, smelling like. Canth., Coloc.
- menses, after. Sep., Sil.

- in persons of rheumatic tendency, much exposed to rough weather and hard labor. Rhus-t.
- ODORLESS. Graph. Lac-ac., Merc-sol.
- PROFUSE. Ars-n., Arund., Carb-an., Carb-v., Cench., Cham., Coloc., Fl-ac., Graph., Ind., Kali-c., Kreos., Lach., Lac-ac., Lyc., Nit-ac., Petr., Phyt., Ple., Puls., Sabad., Sal-ac., Sec., Sep., Sil., Staph., Sulph., Thuj., Zn.
- SWEAT OF THE FEET, PROFUSE. Can almost wring the hose. Cench.
- right foot of, so that the hose was completely soaked. Ple.
- obliged to change hose, which was wet through. Sulph., Thuj.
- the feet being cold in winter and sore in summer. Sil.
- SOLES. Acon., Am-m., Arn., Fago., Kali-c., Merc-sol., Nit-ac., Nux-m., Oxy., Petr., Plb., Sabad., Sanic., Sil., Sulph., Wies.
- soles always wet, and without feeling. Nux-m.
- cold, on the left. Sulph.
- as though he had stepped into cold water. Sanic.
- fœtid. Plb., Petr., Sil.
- with tender feet. Petr.
- sour. Nat-m.
- sticky, as though he had stepped into molasses. Sanic.
- the hose sticking to feet. Sanic.
- with callosities on the soles, which are painful on walking. Bar-c.
- causing exfoliation of skin of soles. Thuj.
- HEELS, PROFUSE. Thuj.
- TOES. Acon., Arn., Lach., Phyt., Puls., Sep., Squil., Tell., Thuj., Zn.
- mornings in bed. Lach.
- walking when. Graph.
- fœtid, with redness and swelling of tips. Thuj.
- under. Phyt., Tarax.
- between. Acon., Arn., Clem., Cob., Cycl., Ferr., Kali-c., Lyc., Sanic., Sep., Sil., Squil., Tarax., Thuj.
- between. Softens the corns, so that they can be taken out with the finger-nails. Lyc.
- fœtid. Cycl., Puls., Sil., Thuj.

SWEAT OF THE FEET, SUPPRESSED. Apis., Ars., (Awa Samoa), Bad., Bar-c., Bar-m., Coch., Colch., Cupr., Form., Hæm., Kali-c., Nat-m., Nit-ac., Nux-j., Puls., Rhus-t., Sep., Sil., Thuj., Zn.

- by a cold. Apis.
- bath. Bar-c.
- getting wet. Colch., Sil.
- followed by angina tonsillaris. Bar-c.
- chorea. Form.
- icy cold feet and legs, worse evenings in bed. Sil.
- eyes, affection of. Sil.
- lameness. Bar-c.
- lost appetite. Sil.
- nervous excitement. Zn.
- palpitation. Ars., Hæm.
- paralysis of feet. Zn.
- toothache. Sil.

FEET, FŒTID ODOR OF, WITHOUT SWEAT. Graph., Sep., Sil.

- carrion like. Sil.
- sour. Sil.
- sensation as though the feet were sweating, and the hose soaked full. Lac-ac.
- a cold sweat were trickling down the feet, at night on rising. Croc.
- had on cold damp stockings. Calc-c., Saponinum.

#### THE LEGITIMATE USE OF THE KEYNOTE.\*

W. A. YINGLING, M. D., Emporia, Kansas.

The keynote has been shamefully abused by some of our best prescribers, so much so that even its legitimate use has been ostracised by some excellent homœopathic physicians. These critics apparently forget that Hahnemann points out in the *Organon* (section 153) that "the more prominent, uncommon and peculiar (characteristic) features of the case are especially and ALMOST exclusively considered and noted"; or as Dudgeon translates it: "the more striking, singular, uncommon and peculiar (character-

\*Read before the I. H. A., Bureau of Homœopathic Philosophy, June, 1928.

istic) signs and symptoms of the case of disease are almost solely to be kept in view." *Per contra* the common symptoms without modalities or concomitants are of comparatively little use in individualization though they may be of use in certain cases in deciding between two or more remedies.

The abuse of the keynote consists entirely in depending on some peculiar symptom whether that symptom is a true keynote or not; for what is a keynote in one case may not be a keynote in another if less prominent or peculiar in its setting or if another keynote of greater significance should be present. I attended a young lady who was in a dazed condition with inability to pass urine in the presence of others, even the mother or nurse. This symptom was prominent and emphasized by the nurse and family. This is a keynote of *Natrum-mur.* but that remedy made no impression whatever on the patient. That was an abuse of the keynote system. The next morning I watched the patient carefully and noted great sensitiveness about the neck, unable to endure the slightest pressure or lightest clothing about the neck. There was also great sensitiveness about the pubes and lower abdomen; she was continually picking up her light chemise from these parts. Here we have a double keynote or two keynotes, both very prominent and peculiar and superior to the one belonging to *Natrum-mur.* *Lachesis* 9M. (F), 3p. 2h. apart completely relieved the entire condition promptly so that all were smiling and rejoicing when I called that evening. She needed no more medicine and was as well as usual in a couple of days.

The keynote is not the only note by any means but it is the guiding and controlling note as in a piece of music. No musician would try to make music by banging on the keynote alone; there would be no harmony nor music in such playing; but neither can there be intelligible music without the keynote. Of course the keynote is not applicable in all cases because some present no keynotes or only superficial or irrelevant symptoms that resemble but really are not keynotes. Some remedies with only a paucity of symptoms have only one keynote which, when it does occur, does valiant work. "Sensation of a hard-boiled egg in the stomach" is about the only guide to *Abies nigra* but when it is present it is a thriller. "Sensation of corkscrew pains in the uterus and ap-

pendages" leads directly to *Sumbul*. Others of the well-proven remedies have peculiarities that point them out clearly. *Sulphur*, *Nux-v.* and a few others may be recognized by a mere look. A physician in New York had a call from a gentleman just as he was leaving the office. Being very busy he merely looked at the man and told his office help to put up *Nux-v.* for him. The man said, "No you don't. I have not come from far off South America to have you prescribe for me on a mere guess. I want your best work." The doctor made a very close examination and said he could find nothing but *Nux-v.*, and he prescribed it with brilliant success.

The reputation and advance of homœopathy has been largely through the keynote. In the beginning it was essential. Before the day of reliable repertories prescribers depended on the legitimate use of the keynote as a guide to the remedies to be studied in the materia medica. No mind could contain all the symptoms and no practitioner had time to examine a large part of the materia medica to find the remedy. The keynote led to the proper and easy study of remedies similar to the case.

I think it is safe to say that all the old wheel horses of homœopathy depended largely on the keynote. Drs. Ad. Lippe, H. N. Guernsey, P. P. Wells, C. Hering, the two Allens, Farrington, Dunham, Swan and many others, the men who made homœopathy famous and established it in this country were all users of the legitimate keynote.

The old provings of remedies are the most reliable and superior because the peculiar and uncommon keynotes are recognized and emphasized. The modern provings are too scientific (?) to be of any great use. They depend too much on diagnostic symptoms and ignore or minimize the keynote. Diagnostic or pathologic symptoms do not lead to the *similimum* as do the legitimate keynotes. Our old books are the best books and are sought after, commanding an extra price. *The Homœopathic Physician* and the *Organon* (journal) are in demand at high prices.

The most difficult part of our duty is "taking the case" so as to discover the keynotes. Some patients offer too much while others think that the doctor must merely look at them and prescribe, giving their symptoms reluctantly, especially those which

are peculiar and uncommon. The prominent ones are recounted, often exaggerated to such an extent that they become useless unless one has the skill to unravel the tangle. I have had patients say as they were leaving the office: "Doctor, why is thus and so? It seems very peculiar to me." This might be just what I needed and if mentioned before would have saved much time and hard work.

It is not the aggregate symptoms of a case that give us the "totality." The aggregate may even confuse and prevent the discovery of the *similimum* or near *similimum*. "Totality" does not mean all the symptoms but the completed symptomatic complex including Location, Sensation, Modalities and if any, Concomitants.

Even when we have the true totality and the remedy has been selected thereon the degree of potency must be considered. According to P. P. Wells in his *Intermittent Fever* the potency should be "in direct ratio to the similarity of the recorded symptoms of drug action—i. e., the greater the similarity the higher should be the potency. This is but a general rule and there may be circumstances in the vital condition of the patient which may at times render the rule impractical or not beneficial"—e. g., if the patient is too susceptible to drug action. A medium potency may then give better results.

Sometimes there is an apparent conflict between keynotes. *Bryonia* has a keynote of aggravation from least motion. *Rhus tox.* has a keynote of amelioration from motion though in low degree. But *Bryonia* is worse from any motion while *Rhus tox.* is worse from the beginning of motion and from long continued action. Kent places *Bryonia* in the lowest degree in the rubric "aggravation from the beginning of motion." These differences must be kept in mind to distinguish one from the other.

Again, in "aggravation after motion" *Rhus tox.* is given the highest value. *Bryonia* is not mentioned in "aggravation from motion of the affected part," both are given in the highest value, yet *Rhus tox.* is given the highest degree in amelioration from continued motion. These two remedies apparently run very close together yet are far apart. In desire for motion *Bryonia* is given the lowest place but it does have the desire; *Rhus tox.* is given

the highest place. In aggravation while lying down *Bryonia* is given the second degree while *Rhus tox.* is given the highest. In amelioration from lying *Bryonia* is given the highest place while *Rhus tox.* is given the lowest yet the *Rhus* patient is sometimes better lying. In aggravation from lying in bed both are given the same value. In amelioration from lying in bed *Bryonia* has the highest value but *Rhus tox.* is given the second degree. In aggravation from walking both have the same value yet in amelioration from walking *Bryonia* has second degree value while *Rhus tox.* has the highest. In aggravation from the beginning of walking both have the same value. They run very closely together and in some cases it is difficult to distinguish between them. We can hardly censure the uninstructed prescriber for alternating the two. The college professor should receive most of the censure.

This ineptitude to understand homœopathic prescribing causes them to alternate to the detriment of the patient and the shame of the prescriber. Nevertheless this practice is more excusable and is far superior to the mongrel practice of substituting crude drugs. The first is based on lack of knowledge and is not always the fault of the prescriber; but the second is often based on culpable ignorance and laziness and sometimes from a desire to be in the swim in the big puddle.

The abuse of the keynote is far better and will accomplish far more than any other method except the true Hahnemannian. The abuse of the keynote will often cause the prescriber to miss the mark but the very best prescribers not infrequently miss also because of lack of discrimination or from paucity of symptoms or because the patient is unable to give the symptoms. The one who abuses the keynote is on the border, just at the outskirts of the Hahnemannian practice and only needs encouragement and guidance to get within the camp. Our members who ruthlessly abuse those who abuse the keynote really do great wrong and harm, often driving good honest men away from the Hahnemannian camp. Often these intolerant Puritans base their own prescriptions on the keynote. In a session of this society a few years ago a prominent member made quite a lengthy tirade of abuse against the keynote. The very next day he read a paper to the Association reporting a case which contained the keynotes

of *Cina*. The paper said: "Of course I could do nothing but give *Cina*." Let us oppose the abuse of the keynote but not discourage by abuse the many who are just about to enter the kingdom of pure homœopathy.

We all differ in some way and yet have success. We should not in our egotism demand or expect that all others proceed as we do and adopt our way. Men differ mentally: therefore they must proceed differently to become successful prescribers. The successful mode in one would be near failure with another just as competent. Live and let live with due allowance for the procedure of the other man. Individuality must be recognized in the individual prescriber as well as in taking the case and prescribing for it.

Occasionally the keynote alone may lead directly to the curative remedy. For instance, the modality of alternating sides is found in almost any condition of *Lac caninum*, but in most cases the keynote is only the main note and the materia medica must be used to compare remedies or confirm the choice especially in chronic sickness and when we may command the time necessary.

Sometimes there are apparent inconsistencies in the pathogenesis of remedies. These very inconsistencies are valuable in the hands of the skilled prescriber. *Bryonia's* desire for very large quantities of cold water is a keynote yet it has also "gastric affections; dry mouth, tongue and throat without thirst" in the highest degree. Motion is associated with *Rhus tox.* yet it has "weakness; with desire to lie down at the beginning of disease (typhoid); wants to lie perfectly quiet because of the great weakness." Restlessness is a keynote of *Aconite*, so much so that some of our best prescribers say that it can only be useful when restlessness is prominent. Yet we may find a child who has been playing during the afternoon in open chilly air come down in the early evening with high fever, hot head and desire to lie perfectly quiet without the least restlessness. I have cured many such conditions. Many remedies have constipation yet with patients needing the same remedy diarrhœa may be marked.

But there is no use going further into these details. Every student of the materia medica knows of the seeming inconsistencies and greatly profits by them.

As to the future of homœopathy, *Si Deus nobiscum, quis contra nos?*

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 MEDICAL SCHOOL BUILDING  
 THE POST-GRADUATE SCHOOL OF HOMŒOPATHY  
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 NEW YORK, N. Y.

Chicago, Ill. July 30 1903

Dear Doctor Hayes:

This is the first time I have had this matter brought to my mind. I am astonished at such a report. I am perfectly familiar with the entire process of making Skinner's potentization. I am the one who urged the firm of S. & T. to put in a Skinner's potentization & make the potentization of the small glass it weighed dry & then weighed again after it has been emptied the precise Cent. pot. remains. Go to the Ground at hour in New York and see for yourself. The foot remains. It is the only Cent. potentization in the world that makes accurate potentization. Finkle's potentizations are absolutely unknown in their making. They are made in secret. Swain's potentization were a fraud of the worst sort. I saw Swain make some of them & I discarded all I had. I have a full set of Skinner's potentization - they work well - I know how they are made. I know all about them. & expect to continue using them. This thing must be gotten up in the interest of some one! Go to New York & see the thing worked you will see for yourself.

Yours truly  
 J. Kent

## DEPARTMENT OF HOMŒOPATHIC PHILOSOPHY

Editors:

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

THE INNER PRESENCE.

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

The philosophy of homœopathy is as indispensable to consistent homœopathic art as sun rays are to moonlight. With the resonance of this truth in mind the writer desires to express a few thoughts relating to it in an introductory sense. While it is comparatively easy to discuss some one phase of homœopathic philosophy, to tell how one would do this or that, why, what for and when, to bring out the subject adequately as one appeal for consideration can be accomplished only with much time and ink or by the distillation of ideas into symbolic forms, which implies the gift of the poet.

In this latter realm of speech we are not without one, at least, who instinctively idealizes Nature's principles and expresses them in language at once poetical and practical. In the writings of Perez of Mexico are combined this poetic sense and philosophic insight into Nature, a sensitive reflection from the ancient mystical charm of his environment. Deep must be the skies, soft and luminous the atmosphere, high and celestial the clouds of that southern clime which wafts to us lines of such beauty and wisdom. Thoughtfully should we frosty northerners listen to these messages from the more subtle spirit of the southlands so attuned to Nature's inner presence; so should we try to resolve by sympathetic understanding even Nature's discords into harmony within.

That same basic element, a primordial, sympathetic and analytic sense of the hidden natural influences must capture the heart of everyone who would understand Nature and develop her possibilities within himself and put them to highest use in the objective world. Love is the great enlightener; to know and to love Nature passionately, intelligently and sympathetically is the way

to reveal her finer harmonies and ecstasies and use them for the fruition of will.

The very first motif, then, is desire. One looking toward the heart of homœopathy, which is its philosophy, must search himself and find whether there is sufficient *desire* to become aware of Nature's state of being; for if there be not desire to sense her inner spirit our efforts will be not sympathetic but bungling and may as well cease right there.

This inner presence and ratio must be realized in one's own life also, for no man may go entirely beyond himself in anything. The very extension of consciousness by which he becomes cognizant of something other than himself is, in the last analysis, a part of himself, for it becomes a part of his consciousness, and consciousness is of the individual self. If this causes some reader to pull harder on his pipe as he reads let us remind him that only in such paradox is found the complete circle of truth; any point between is truth only in part. There is an inside to the cup and the significance as a cup is the inside.

As the historian Spengler says: "There is an organic, an instinctive dream-sure logic of all existence, as opposed to the logic of the inorganic, the logic of understanding and of things understood—a logic of direction as against a logic of extension." This is, of course, preeminently true of homœopathics. It transcendently follows the logic of understanding and direction. Understanding is light in the realm of knowledge instead of the reverse, it comes first. Without this light there cannot be intelligent direction, only slow extension.

At the beginning of homœopathic theory, therefore, the student must reverse his whole conception of things as they appear to the senses and know them also as images of the mind. He must see behind the mask of the material, he must image (reflect) the dynamis. He will know dynamis as the spiritualistic replica of any and all material things; that is, its rational evolving quality correlating with mind, the opposite of its self-centeredness and the self-centeredness of mind, completing the creative circuit and paradox of truth. This should be as real to the mind as the image of skies and verdure in the clear waters of a stream though in pure utility immeasurably more potent. In this mirror-like crea-

tive realm we find natural processes more mutable to the mind and will by the use of its inner forces; we see also the direction of these forces, surging upward and outward as during the reviving season of earth Spring is opened to the senses in marvelous unfolding of patterns, colors and proportions, Nature's ineffable rationale of beauty and synthetic power.

To what may this rash imagery bring us? To thus divest the mind of habits of thought and doing, to cut with the analytic sword through one's prepossessions or to lay bare the shallowness of one's cleverness, perhaps even to rip off the adolescent badges of former exploits and place the golden coins over the dull eyes of a former quest; considering the thoughtless forthrightness and sophistication that more or less thickly encrusts the hearts of most of us no wonder that revelation, as Perez terms it, is the only solvent. Nevertheless the keen and relentless sword of analysis if taken up sincerely and wielded to its logical finish will protect and bring ample reward and compensation.

If an attraction is felt toward homœopathy the first purely intellectual step toward it would seem to be to observe the possibilities of divisibility. To illustrate, take one of the elementary substances, for instance, iron. Iron in its gross precipitate state can serve only as inert ballast, momentum or magnetic field for earth in its planetary structure and relation, a dumb, sleeping jinnee, captive of the finer principles which play about it, sunk to the lowest depth of gravitation. True, it has preserved even on that precipitate plane its own properties and characteristics but it is cut down to the earth limit of its own nature. All it may do toward becoming free is to partake minutely in the interminably slow process of uniting with other substances, at last to enter the vital sphere and release its energies in organic function. Yet even in its inert state how potent is the principle of divisibility. Cut up, refined and taking the form of innumerable ingenuities it takes on many functions and untold significance both civilized and savage. In the still smaller spaces and divisions it becomes even more potent to the individual. In the natural organic incorporation it takes part in all the functions and processes of vital beings while in its ordinary chemical drug action it may pervert life in its innermost recesses. In the finer and attenuated



preparations the effect of iron either curatively or in provings becomes even more free and swift, affecting the inner life and emotions of man before it affects the structure. Yet it is iron and in its most abstract state even as it exists in thought retains its own characteristics and effects. Such is dynamis; in the mass subject to the contraction of its radiation, the slave of forces that have become more free; but in attenuation taking its place among other energies in the rhythm and fluctuations of physical and psychic life, rectifying certain deviations and preserving harmony. This is the inside of the cup. It is the individual logic of direction and understanding that is significant in theory and practical in application.

Besides an appreciation of the inner states of being and the status of individual things both in mass and the free state the student should have some conception of energy in its three grand divisions, normality, perversion and rectification. It is a law of kinetic energy that a force similar in kind, degree and density of media to the one maintaining a perversion must be used to correct it. For instance, if an externally applied force causes a joint luxation we would not use attenuated dynamics to correct it. We would use force on a similar plane or degree, through media similar in density to that which maintains it. The more dense the media of the forces the less individually characteristic the phenomena. The more divided and attenuated the media the more tenuous the plane of action and the more individualized and diversified the phenomena whether in the material plane as in mechanics or in the vital plane as in proving or using medicines. In practice the more tenuous the symptomatic phenomena the more attenuated may be the energy applied. Here is needed the intuition and reflection.

Now as to the direction of the applied similar forces. It is a law that to rectify perversion and restore normal relation between kinetic and static forces that the force employed must be exerted in a similar direction to that of the kinetic power. This may be illustrated by driving your automobile down a steep hill without slipping, the road being covered with glare ice, or bringing it to a slow-down if it is sliding. Throw in a lower gear and speed up the wheels, forward, of course, a little faster than they

would be turning if your car were going by traction. At once the slipping will be annihilated and traction restored. If you should reverse gear (allopathic application) the slipping would be worse. So in vital physics we use force exerted in a similar direction symptomatically and of higher radiation (speed, attenuation, potency) to annihilate the perversion of vital energy.

It seems to the writer that the time is at hand for the correlation of homœopathy with physics and metaphysics. Physics is apparently at the point of reentering the domain of philosophy. It is becoming more and more dependent on concepts (a word which it is to be hoped may be retained where it belongs, in philosophy) and metaphysics is but the imaging (reflecting) of law, condition and being in the immaterial. So shall the deviation begun by old Aristotle of digging laboriously in material sciences resolve with its gains at last into the illuminating realm of philosophy. Homœopathy has two wonderful jewels to contribute to this rapprochement, the law of rectification of energy by similars and the dynamic phenomena of attenuation. So shall the "dream-sure logic of direction and understanding, of things understood" illuminate the statics of material scientific extension.

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## POINTERS.

(Prepared by R. E. S. HAYES, M. D., Waterbury, Conn.)

In reviewing Dr. Garth W. Boericke's article in the January *Recorder* on "How to Prescribe Homœopathic Drugs", Dr. Julia Green in the July *Recorder* finds an aching void at the bedside where she thinks the repertory ought to be although the admission is permitted that with a sufficient knowledge of materia medica and repertory the homœopathic process might go on just the same. Perhaps the versatile Dr. Boericke does have sufficient materia and repertory arrangement always on tap to meet the requirements but after a reperusal of his article we suspect that he has another method, or rather, a different mental reaction to acute problems. One name for this would be intuition.

We do not like to use this word, however, as defining the

method suspected of Dr. Boericke without first discussing it; its meaning varies too much according to individual conception. To some people it seems to have a flavor something like this; you remove your false teeth if any, freshen your residual air with one or two profound inspirations, relax with a smile of calm expectancy, shimmy your shoulders with as involuntary manner as possible, then the spirit enters, presumably through one or more of the orifices of the body, and the world is yours; presumably. The great objection to this is the possibility of antagonistic influences; someone might smile.

More seriously, the most common mode of intuitive prescribing is apparently to guess the correct remedy from slight clues to it. This way may or may not be approved as safe doctrine but it is not entirely without a basis of reasoning. The remedy appears clearly to the consciousness but the reason is more or less unnoticed so it is credited to "intuition", "inspiration" and such terms carrying the unfortunate tradition of being not explainable. The process is that the remedy and the homœopathicity are seen but the reasoning was not reflected in that mirror of the mind, the memory, or it was merely dim and fleeting and not recalled or expressed. This tendency to slide over the conscious perception and reasoning causes just what Dr. Green fears, slovenly habits of prescribing. If intuitive prescribing is to be practised at all any obscure action of mind should be brought to the surface and explained to the consciousness. In this way the process becomes intelligible, one's conception of remedies becomes associated with it and intuition becomes a dependable function.

Furthermore, let us sharpen up the definition of "intuition" a little. The writer's personal definition would for these purposes be this: Seeing detail in *relation* and reasoning from that and from the principle involved always from within outwardly. Perhaps this is Dr. Boericke's way. We think many good prescribers have worked just this way and it is the writer's preference usually. This brings us round to the bedside again. In rare instances or whenever necessary we will return to the library but habitually we do not want a repertory frame of mind between the human problem in the bed and ourself either in the analysis of the patient and the pursuit of symptoms or in the final selection. It

would seem like placing a semi-colon in the wrong place just before the end of your sentence.

So far this is only half the regulative principle. Another element is just as essential, viz.: sensitivity to the patient and to his environment. Sensitivity will reveal the correct remedy, even remedies that one has never before used. In fact, through some impression, long-forgotten, unfamiliar remedies are just as apt to appear for it is not a matter of mechanics or book lore, it is a matter of sensitivity to the real stimulus at hand, the sick human being.

This does not militate against the repertory route if or whenever preferred. We can understand how interesting it is to the repertory expert to play that game and see it work. But we prefer the humanized or psychic mechanism of our own receptivity and sensitivity based on its conscious exercise and cumulative experience.

Without growling "Amen" we will now proceed to the pointers.

*Merc. protoiod.* 6x trit.—a specific for follicular tonsillitis. I seldom use another remedy.—W. M. F.

*Hydrangea arborescens* in uncomplicated enlargement of the elderly prostate; five to ten drops in the evening and morning, long continued.—W. M. F.

*Carduus marianus* 1x for chronic liver conditions with calculi and old sallow complexion; marked clearing of skin follows.—W. M. F.

Three valuable pointers. Let's have more of them. The specificity (frequency of indication) of *Merc. protoiod.* is emphatic. Now let's all peruse the provings again and find out why, then salt it down for future rational rather than empiric use. *Hydrangea*, we know is a good remedy. We have cured a number of renal colics with it. (Hard pain in groin, amel. by walking, limps about bent to one side, presses with hand, frequent urging, scanty, clear, high-colored urine—clinical). We have often wished for provings of it.—H.

As to long continuance of remedy we think we have found that by continuing the 0 or a very low potency not more than

two or three weeks for chronic tissue effect then raising gradually through the 6th, 12th, 30th, 200th and so on lengthening the intervals between doses as we go that we can more effectively prolong the curative influence on the disordered tissues; but we must regard more strictly the rules for repeating as we go higher. (For even more radical suggestions see Organon, 6th edition, par. 247-252).—H.

Dizziness every Monday morning—give the remedy which has headache every Sunday morning, *Sulphur*.—A. A. P.

Long-standing, gleety discharge, scanty; finally rheumatic symptoms appeared but no individualization possible; gave *Syctic* DMM, 1d. Potency had remained untouched 27 years. The gleet and rheumatic symptoms ceased practically at once. Returned six months later for second d. which is acting.—A. A. P.

A baby had cried steadily several weeks, no one could stop it. Tb. strain in family, no other symptoms discoverable; suspected pain in head because of tb. history. *Tub.* 200th 1 d.; quiet reigned in less than a half hour.—A. A. P.

When unable to get individualizing symptoms from children size up the parents and see what they need or needed before birth of the child.—A. A. P.

The same Dr. P. published years ago in the *Recorder* a report with before and after pictures of a large nevus on a child's breast. The remedy, *Phos.* 200th, 1 d., was selected because it had been needed by the mother before the child's birth.

Dr. P. also reiterates and emphasizes the necessity of having amalgam fillings removed from chronic patients.—H.

We must carry *Tub.* always in mind while treating acute throat troubles. Our nosodes are so comparatively few, so broad yet obscure clinically that we must have their possibilities always in mind.—H.

Pain deep in ear, usually sharp, on waking at night or in the morning—occasionally caused by the use of a firm pillow, the pressure of the head pulling steadily upward on the ear thus straining the internal structure.—H.

Corn pone for nursing women. Corn meal and buttermilk. No plant has so much sunshine as corn.—G. E. S.

## EDITORIAL NOTES AND COMMENTS.

In this paradoxical world it is sometimes curiously difficult to pick out the one thing most needed. At the present juncture the primary necessity for homœopathy is cooperation among its adherents. Individualization may be the unique essence of homœopathy, but any cause must present as solid a front as possible to the world. This is an age of inter-relationship. There must be a League of Nations even in homœopathy. We have no medical Monroe doctrine, fortunately. Numerically we are so few that we must pull with and not against our eminent international colleagues.

The American Institute has a splendid project of going in a delegation to some of the principal centers of homœopathy in Europe. On any such expedition, if it is to have its true value, two things are necessary. First, the quality of the personnel going as being truly representative of homœopathy in this country, and second, the preeminence of the representative homœopaths visited.

Organized American homœopathy is apparently but little cognizant of the developments and movements of the International Homœopathic League, a strong organization in Europe and throughout the world whose first president was our own Dr. Roy Upham of New York, and whose present executive is Dr. E. C. Tuinzing of Rotterdam, Holland. It is the league which stands behind the International Quinquennial Congresses and which conducts valuable yearly conventions. The League meeting for 1929 is to be in Mexico City, that for 1930 in Rome, that for 1931 in Sweden, and in 1932 comes the next Quinquennial in Berlin. The tide of the best homœopathy will and should be flowing toward Mexico next year for the meetings. Our Mexican colleagues are not only distinguished practitioners but rare spiritual leaders. To our personal knowledge many of the most eminent homœopaths of Europe are definitely planning to go to Mexico at that time, as are a number of our most representative American *confreres*.

Last year owing to a lack of coordination there was a conflict between the Lapland trip of the Institute and the Quinquennial Congress in London, which necessitated many of our physi-

cians missing one or the other. The schism must surely not be repeated. It is of the utmost importance for the cause of homœopathy internationally, and of American homœopathy particularly, that our American organizations should send an eminent delegation to Mexico and cooperate in every way with the work of the League, also that the Institute's trip should not miss some of the brightest European gems. We would ask all our readers to give this problem their thoughtful consideration and to communicate in writing with the office of the Institute in order that the Institute cruise may come at a time when Europe is in Europe and when America should not be in Mexico.—E. W.

\* \* \* \*

The mediæval idea of journeymen apprentices to a master in any art was an invaluable one, which the exigencies of the modern mass education nowadays preclude. The advantages of this system were enjoyed by the students at the Post-Graduate Summer School of the American Foundation for Homœopathy held in Boston, Mass., July 2nd to August 11th inclusive.

The course, in accordance with the usual policy of the Foundation school, was open only to licensed graduates in regular medicine (one exception being made in favor of a senior student from one of the big medical colleges). An up-to-date knowledge of modern scientific medicine and especially accurate diagnosis, hygienic and dietetic care and the knowledge necessary to the removal of obstacles to cure whether surgical, mechanical or psychic, were prerequisites for the taking of the course. The study then was concentrated on the unique field of philosophy and therapeutics in accordance with the law of similars. The course consisted of a daily lecture on homœopathic philosophy: to wit the fundamental nature of disease cause, susceptibility, hereditary taints, and the consideration of pathology and bacteriology and surgery from the standpoint of each individual organism as a whole in accordance with the laws historically termed "homœopathic". It further included drill in the use of the various repertories, especially that of Kent, for two hours daily; case taking and analysis from actual patients with special attention to the

evaluation of symptoms and a thorough repertorization of cases by the Kent method for two hours daily; materia medica by individual drugs and by families and clinical therapeutics by diseases, epitomizing the indications for the most frequently used remedies in each for two hours daily; and a daily question hour entitled clinical philosophy.

The regular teachers were Dr. F. E. Gladwin of Philadelphia, on repertory and clinical philosophy, Dr. F. S. Keith of Newton Highlands on philosophy, Dr. G. E. Dienst of Aurora, Ill., on philosophy and materia medica, Dr. G. B. Stearns of New York on case taking and materia medica. Dr. J. W. Krichbaum of Montclair on materia medica and clinical therapeutics, Dr. E. Underhill, Jr., of Philadelphia on materia medica and Dr. D. T. Pulford of Toledo on materia medica and philosophy. There were additional lectures by Dr. H. L. Houghton of Boston, Dr. H. A. Roberts of Derby, Dr. A. H. Bassett of Boston and Dr. E. Underhill of Philadelphia.

The main objects of this brief and concentrated course were: 1. To give a bird's-eye view of the homœopathic laws and their application. 2. To empower the students to study them out intelligently for themselves through the years. No one did or could attend the course without a feeling of awe for the power of the homœopathic laws properly applied without a resolution to clear away the historical prejudices in connection with these laws and to exert themselves to practice the art of homœopathy.—E. W.

## COMMUNICATIONS.

The Editors are not responsible for views expressed in this department.

### JOINT MEETING.

Southern Homœopathic Medical Association, Ohio State Homœopathic Medical Society, Miami Valley Homœopathic Medical Society, Hotel Gibson, Cincinnati, Ohio, November 7, 8, 9, 1928. Dr. Charles Eha, general chairman.

Liberian Industrial Mission,  
Klay, Liberia, Africa,  
July 22, 1928.

Dr. H. A. Roberts,  
Editor, The Homœopathic Recorder,  
Derby, Conn.

DEAR DOCTOR:

In 1902 I came out to this country as an independent missionary. After more than four years of labor among the aborigines I found that a knowledge of medicine would be a wonderful asset to my labors; hence I returned to America in 1907 and took up homœopathy at Hering College in Chicago under Drs. John R. Boynton, H. C. Allen, J. Tyler Kent and others. I finished with the class in 1911. In 1912, I came back to this country and resumed my work.

I have been able to an extent to demonstrate that homœopathy knows no color nor clime. I have cured a case of chronic dysentery of twenty years' standing. I have not had to take a grain of quinine since October, 1907. I have cured many cases of malaria without a grain of quinine.

Now my object is to build a small hospital back in the highlands of this country so as to further demonstrate homœopathy. Will you help me? This is down-right-honest-to-goodness missionary work. I am not in this country to push my religion down some one's throat, but I am here to teach men how to live. When men learn how to live all the rest will take care of itself.

I shall be glad to answer any questions you may ask relative to my project.

I am yours for homœopathy in Africa,

H. H. JONES, M. D.

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Editor's note—Dr. Jones is a member of the I. H. A. and also has taken a post graduate course in the American Foundation for Homœopathy school. The Homœopathic Recorder stands ready to receive and transmit any money that may be given to Dr. Jones for this worthy work.

## VENERATED ALLOPATHIC DIAGNOSIS.

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

It seems to be an unwritten law among homœopaths in general and modern homœopaths in particular that we should ALL bow down in devout veneration to the allopath's diagnosis; he, with all his instruments of precision, being absolutely accurate, and the very last word according to his homœopathic worshippers.

Well here we have him in action. On August 3rd we were called to see Mrs. H., a German lady about 55 years of age. We found her in the most intense agony even though under the influence of anodynes. We could get nothing out of her and of course our ignorance encouraged us to do the WRONG thing—we gave her a dose of *Lachesis*. On August 5th we called on her again and found her still pinned to the bed, but while she was no better we had accomplished one thing, she had quit the narcotics and was in a better way to give us some data on which to base a prescription.

This is what we learned: On January 1st she was taken with a severe stitching pain beginning in the throat near the trachea and extending to the stomach thence to the chest and up to the heart. The least motion aggravated the pain even though she was compelled to move from an overwhelming unrest. Whatever she ate or drank would start the pain and it would not cease until digestion was finished. Her mouth was dry and she was extremely thirsty. Sweat profusely and easily. Bowels constipated with no desire, stool large and hard. This was all the data available.

From January 1st to August 3rd she had been under the constant care of doctors and nurses. She had been x-rayed, test-mealed, blood-tested and all the other conceivable circus stunts so absolutely necessary to a modern scientific diagnosis and in the absence of enlightenment she was gravely informed that she had a goitre and she never would be well and eat again until she had an operation. We examined her throat carefully and found that she had as much goitre as we had. So much for the expert allopathic diagnosis; they simply did NOT know, after all their bluff,

what ailed the woman and that after they had exhausted all their modern bunk. And during all that 8 months the poor woman had not had one real meal of victuals.

On August 8th we saw the lady again and you can imagine our surprise when the lady opened and met us at the door with a broad smile on her face and told us a few minutes later that the day after our last visit she had had her first real meal of victuals during the year and that she had eaten regularly ever since and there is going to be no operation for goitre, and that is a sample of allopathic diagnosis we are running into every day. Do you wonder we have no respect for their diagnosis? What remedy would you have given from the meagre data available? The editor knows.

The remedy was *Bryonia*.

DEAR EDITOR:

In reply to your first question of issue of June 15, 1928, let me say that, in my opinion, regarding the cure of mercurial poisoning, the curative  $\mathcal{R}$  is not given huge enough or often enough. In general, in chronic disease, where failure results from a well indicated remedy, I believe the failure is due to lack of sufficient repetition or possibly not high enough potency.

The late Prof. Eugene B. Nash, one of our glorious lights of homœopathy, was an intimate friend of mine and my one time teacher. He told me once in his early manhood he had a serious *Lachesis* paralysis and took that  $\mathcal{R}$  on his own prescription as well as on the advice of several other good homœopaths. No result. In fact he was getting worse and discouraged. He journeyed from (I think) Binghamton, N. Y., to Philadelphia to consult one of our great authorities of that day. Nash told him of his troubles and that he had taken *Lachesis* without result. The doctor replied: "Yes, but you did not take it high enough." Nash took it *high* and was *permanently* cured.

If you have the *right*  $\mathcal{R}$ , *keep repeating* it every week or two weeks or other suitable time till you get definite results. Possibly an intercurrent occasionally may be necessary.

I remember many years ago, when experimenting with hypnotism on wayward girls and boys, in conjunction with the meth-

ods of the late Dr. John D. Quackenbos, the effect of one or two suggestions to the subject was very fleeting. To get definite, permanent results, we had to repeat the suggestion three times a week for six to eight weeks.

I have been poisoned with many poisons, including mercury, my latest just recently being zinc oxide. I have had a little experience along that line. Repetition may be necessary for *many* months. A homœopath *must* be a *keen* observer.

S. S. JACQUELIN, M. D.

## CARRIWITCHETS.

Sit Down, Doctor, and Write Us Your Answers to These Questions.  
It Will Only Take Five Minutes.

*First Question*—What is the difference between an acute and a chronic remedy?—F. E. G.

*Second Question*—Why are there not more than three chronic miasms?—A. W.

*Third Question*—In a case of whooping-cough, if you have given a partially similar remedy which has helped temporarily but the cough has returned and you now see the true similitum which you should have given in the first place, can you now give it?—J. O.

*Fourth Question*—How do you select the homœopathic antidote?—E. C.

REPLYING TO QUESTIONS ASKED ON PAGE 438 OF THE  
JULY RECORDER.

*First Question*—A homœopathic remedy does not act by its strength, (antidote, or neutralize or overcome) it starts vibrations which tend to restore health and so long as they last let it alone. Harmony is the builder of life; shock, fright, anger and many things tend to upset harmony and lower resistance hence cause disease.—J. W. K.

*Second Question*—Ye gods and fishes, there is none, not a sick person, not giving morphine to cure, only to benumb. Try Mary Baker G. E. and heal the leg on the instant. Failing you may try an ax. Hit them three sharp blows between the eyes.—J. W. K.

*Third Question*—Yes, it is our duty to relieve suffering. If giving an anodyne is the best you can do, DO IT, then work hard and try to be better equipped next time.—J. W. K.

*Question 3*—A conscientious homœopath is justified in giving a non-homœopathic anodyne only on the following grounds, viz: When there is positively no known proven remedy available, then and only then is his act justifiable. We are extremely sorry to admit that the present state of homœopathy and our own inertia make this state of affairs compulsory.—A. P.

*Question 4*—No strict homœopath will use local treatment in a case of eroded cervix any more than on any other eroded surface. This question calls to mind a case of eroded, ulcerated cervix in which local measures were used; the ulcer healed over and the lady promptly lost her voice and for several winters never spoke a loud word. Specialist after specialist was consulted in vain for they could not restore her voice. The lady was a typical *Natrum mur.* subject and one of her most prominent symptoms was weakness, so weak in the morning that she had to sit down several times before she could dress herself. *Natrum mur.* restored both ulcer and voice and eventually removed the whole train of symptoms and she has remained well ever since. The husband, in sending us a new patient said to her: "When you go to Dr. Pulford, even if it is for toothache do not be surprised if he looks into your vagina or rectum for the cause for no other doctor ever examined my wife's vagina for her vocal trouble."—A. P.

*Fourth Question*—I am not sure that I am a strict homœopath. However, I seldom use any local treatment for cervices. I may use *Calendula* to relieve the mind, by doing something, and I admit that I have used lysol and other washes only on rare occa-

sions. A MAN CAN'T BE STRICT IF HE IS AFRAID OF HIS WIFE.—J. W. K.

*Fifth Question*—Yes, supplying deficient glandular extracts, in my opinion, does not interfere with the homœopathic remedy. However, be sure that there is a deficiency and that you do not pass beyond it, thereby masking your case. Stay just short of the needed supply. Assist nature and force her to build up.—J. W. K.

*Question 5*—It has always been the allopath's idea that he could supply the missing elements directly to the human economy, a greater mistake was never made. It is impossible to fill any physiological need—nature alone can do that. The *similimum* requires none of that kind of aid, it is not only useless but it interferes with the action of the proper remedy to the extent of too many times rendering a cure impossible. It is our opinion that no broken leg is ever strengthened by the constant use of a crutch. In our diabetic cases we have always put the patient on his regular diet and why not? If not how are you going to know when he is restored to normal? The only things to eliminate are those which interfere with the action of the remedy and not those which in our own opinion are simply found in excess or insufficient. To merely eliminate these things and take away the exciting cause in the end is no proof our patient has been restored to normal for when they are resumed the trouble is more than apt to return with renewed vigor. The only true index to the patient's recovery is his increasing tolerance of the exciting element.—A. P.

*Sixth Question*—If E. W. came to Edinburgh I could show several examples of this. Patients who have been for twenty or thirty years under so-called homœopathic treatment.

Every niggling little symptom as it arose had some remedy prescribed for it, in potencies from 1x to 6 or perhaps 12 as a rule, though in my student days higher potencies were beginning to be used. I actually knew of one case in which *Sil. cm.* (1) was given on the single symptom of "offensive footsweat"!

Some of the victims of that kind of treatment are now pa-

tients of mine. All are incurable; some hopelessly so and all I can do for these is to continue to palliate with constantly changing remedies; some respond feebly and partially; none give any approach to a deep curative reaction.

They are a terrible object-lesson to all students and physicians who lack the faith or the courage or the energy to be out-and-out pure Hahnemannian homœopaths.—c. g.

#### ANSWERS TO QUESTIONS IN AUGUST RECORDER.

*First Question*—If the diarrhœa and the neuralgia and sciatica be present when the chronic remedy is given, the disease that developed last should be the one that goes first. If, however, the diarrhœa was the only symptom present when the chronic remedy was given, the others would not necessarily be reproduced, but should remain out of the case, from the time of the chronic remedy.

*Second Question*—A physician would be negligent not to use Argyrol in the eyes of a new born infant whose mother was known to have gonorrhœa. It is safer than depending on the possibility of protection against the infection by means of a homœopathic remedy.

*Third Question*—It must first be determined whether the acute ulceration is a part of the curative process. This can be determined by the other symptoms in the case. There should, for instance, be an amelioration of certain deep-seated constitutional conditions. If the ulcerated throat is something aroused by the remedy, in which case allow the remedy to work longer. If the patient is generally worse with the acute ulceration take the case anew and prescribe for it as it stands. The deep-acting remedy is the one that fits the case. The object of a remedy is to arouse a normal physiological action. Any remedy that is selected on the right symptoms will do that.—g. b. s.

*First Question*—I would say in the first case the cure did not take the right course. According to Hering's law of cure the most recent symptoms should disappear first, then later the chronic or the old symptoms.

*Second Question*—A few homœopaths do not use argyrol in the eyes of a new-born babe for he has a better remedy if any disturbances of the kind occur. There is no remedy more suited to a gonorrhœal ophthalmia in a new-born baby than *Argentum nitricum* in the potency.

*Third Question*—If in tertiary syphilis there has been a sore throat and after giving an anti-syphilitic the sore throat returns, I would consider it in the line of cure and would allow the deep-acting remedy to continue its work as long as it will do so. If the ulcerated sore throat is a return of an old trouble I would not antidote it but let it continue to work until it is really healed from the inside out.—G. E. D.

### CURRENT HOMŒOPATHIC PERIODICALS.

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

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<i>Positive Indications:</i> This little article is a pointer column in itself and I shall give some of the abbreviated indications: <i>Cic.</i> : Loud hiccough. <i>Cupr.</i> : Colic after Lichee nuts. <i>Nat-m.</i> : Colic amel. tight bandaging. <i>Staph.</i> : Colic after laparotomy. <i>Sil.</i> : Sinus pain, amel. hot water. <i>Fluoric acid</i> : ditto amel. cold water. <i>Cocc.</i> : Painting from night watching. <i>Tarax.</i> : Mapped tongue. <i>Nux-v.</i> : Burning, throbbing piles, better sitting in cold water. <i>Mur-ac.</i> : ditto better hot water. <i>Puls.</i> : Constipation from iron drugging or water rich in iron. <i>Plat.</i> : Constipation from train or sea-voyage. <i>Bry.</i> : When castor oil fails to move the bowels. <i>Op.</i> : Stool black and hard as a rock. <i>Ign.</i> : Hiccough, worse eating, smoking, excitement. <i>Hyos.</i> : Hiccough after laparotomy. <i>Verat-a.</i> : Hiccough aggravated warm drinks. <i>Ars.</i> : ditto agg. cold drinks. <i>Teucr.</i> : Jerking hiccough of nursing infant. <i>Calc-p.</i> : Colic after the least food. <i>Ferr.</i> : Persistent nausea. <i>Crot-t.</i> : Vomiting and purging right after eating. <i>Zinc</i> : Paralysis agitans. <i>Lach.</i> : Vertigo after sleep. <i>Graph.</i> : Asthma better by eating. <i>Ars.</i> : Fever when water tastes bitter.	

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<i>A Case of Cataract and Its Lessons: The Chemistry of Cataract:</i> This little gem on cataracts found in the works of von Grauvogl of "three constitution" fame contains the following list of substances shown by their provings to produce opacity of the lens: Ammon-mur., Calc-c., Kali-caust., Mag-c., Phos., Sulph., Nit-ac., Nat-m., Nat-c., Nat-s., Kali-c., Cann., Op., Sil., Con., Euphr., Puls. and Bell. Cures of cataracts have been effected by the first seven and the last five of these. Von Grauvogl points out that the crystalline lens was subsequently shown by chemistry to contain: Nat-s., Nat-p., Calc-p., Kali-c., Nat-am., and Nat-p., and Lac-ac., and that the vitreous contains: Kali-s., Calc-p., Mag-p., Ferr-oxidatum phos., Nat-m., Kali-mur. and Calc-mur. This list should be very suggestive and helpful to those interested in curing cataracts.	

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#### \*Some Thoughts on Homœopathic Medical Education.

Garth W. Boericke, M. D., Hahnemann Medical College, Philadelphia

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*Some Lachesis Comparisons:* The enormous amount of knowledge contained in our homœopathic materia medica can be made much more useable if it is arranged in groups of remedies having a common physiological action, with emphasis placed on the peculiar, individual characteristics. Seibert has done this with the snake poisons, taking *Lachesis* with its careful proving as a type, and comparing the common and individual characteristics of the less-proven remedies to it. All of the snake poisons are similar, in that they affect the cerebro-spinal nervous system and decompose the blood, with a lightning-like action that profoundly prostrates the patient and rapidly ends in death. Vertigo, blindness, tremor, besotted face, choking, constriction, dyspnoea, heart failure, offensive discharges, dysenteric or typhoidal symptoms are common to all of these poisons. *Lachesis* has a profound action on the nerve centers with rapid prostration and unconsciousness, and rapid decomposition of the blood with hæmorrhages. Its three peculiar features are aggravation from sleep; its left sided, or left to right action; and its sensitiveness. Its more frequent use in malignant disease is suggested. *Crotalus*, the rattlesnake, has less profound action on the nervous system, and a more marked tendency to hæmorrhage. It is a right-sided remedy, has less constriction, and greater exhaustion than *Lachesis*. The nervous phenomena are more marked in *Naja*, the cobra, than in all the other animal poisons, while the hæmorrhages are less pronounced than in *Crotalus*, and even less than in *Elaps*. The peculiar symptoms of *Naja* are not well marked, because it has not been well proven, but there is one unique symptom "a feeling as though organs seem to be drawn together". It has the aggravation from sleep and a preference for the left side, as in *Lachesis*, but it lacks the left to right direction of *Lachesis*. The heart symptoms are very pronounced and it is particularly useful in diphtheria with impending paralysis of the heart. Our knowledge of *Elaps*, the coral snake, is meagre. It has not been extensively proven. The characteristic features are a very dark, even black blood and "cold things disagree". Little is known of *Bothrops lanceolatus*, the yellow viper or lance snake, also, for lack of sufficient proving; but it does have a peculiar aphasia; nervous trembling and inability to articulate; and a day blindness. *Lachesis* has similar tongue conditions, trembling, and dimness of vision, but none of these is as marked as in *Bothrops*.

The author then takes up the chief characteristics of *Lachesis* and compares them to certain other drugs. (1) Worse from sleep, due to action on the heart and respiratory centers. The action of *Digitalis* on the heart and *Grindelia* on the respiratory organs is similar but here the likeness ceases. (2) excessive sensitiveness (non-inflammatory). This is not to be compared to the inflammatory soreness of *Aconite*, *Arnica*, or *Belladonna*; to the bruised soreness of *Apis*; or to the sensitiveness about the waist line after eating, of *Nux vomica* and *Lycopodium*. *Asafoetida* has extreme sensitiveness but its hysterical adaptability, flatulence and reverse peristalsis are wanting in *Lachesis*. *China*, with its sensitiveness, has a periodicity not found in *Lachesis*. *Hepar* and *Silicea* with their sensitiveness have an aggravation from cold. *Lachesis* lacks this. *Spigelia* resembles *Lachesis* rather closely in its sensitiveness, its neuralgia, its headache, its heart and eye symptoms, its vertigo, and even its convulsions; but it has no sleep aggravations, is not ameliorated by the establishment of discharges; and

because it has no effect on the blood, does not apply to the malignant conditions and low typhoid tendencies of *Lachesis*.

*Some Thoughts on Homœopathic Medical Education:* In evaluating symptoms for the homœopathic prescription Dr. Boericke has adopted a slightly different classification, which is easier for the student to grasp and leaves no loop-hole for the neglect of prescribing. He divides the symptoms into two major classes—basic symptoms, and determinative symptoms. Any drug which is chosen must satisfy both. The basic symptoms contain the pathology, and are the common ones on which we base the diagnosis. The determinative symptoms are the ones which determine the drug and are necessarily those which are rather individual and peculiar. By use of the term "determinative" instead of particular, however, we leave a loop-hole so that we can prescribe for a case that has no particular nor individual symptom. If this is the case, the determinative symptoms become the chief complaint of the patient, or that which dominates the picture. There are cases in which this is our only guide. To illustrate, in typhoid fever we have headache, rose spots, gastric distress, diarrhœa and remittent fever. These are basic symptoms and our drug should be able to cause all of these (except the rose spots) in order to qualify. But a number of drugs get this far, *Baptisia*, *Rhus*, *Bry.*, *Phos-a.*, all have these basic symptoms, so we must turn to the other class to determine the particular drug to use. We find the patient is restless, especially at night, has a dry, teasing cough, worse from exposure, with a backache and stiffness of the neck, and general aching. These we would call determinative symptoms for *Rhus-t.* Sweating, profound prostration, painless diarrhœa, would be determinative for *Phos-a.*, and so on. One of the most discouraging things for the novice is to be told that the symptoms he is taught to delve out with so much trouble in the diagnosis are of no value in making the homœopathic prescription. The pathological symptoms are a sound start, the first step in selecting the remedy, it remains to elicit the determinative symptoms as above indicated.

The great homœopathic medical problem is how to impress the student with the value of our homœopathic potencies in the treatment of disease. Actual trial, only, will give faith. So the author suggests the assignment of senior medical students for the last six months of their year to selected physicians who will take them into their offices and give them a real insight into the practice of homœopathic medicine. In this way the student will share his responsibility and gain confidence in himself and in homœopathic treatment. Moreover, this method would serve to perpetuate the crystallized knowledge of our older practitioners—knowledge about which we hear too little, and which often times dies with them.

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*Relations of Causticum*: According to the work of Dr. Weihe on "sensitive points" *Causticum* equals *Calc-s.* plus *Led.* or *Ferr.* plus *Rhod.* or *Led.* plus *Calc.* or *Ox-ac.* plus *Stram.* Furthermore *Caust.* plus *Kali-c.* equals *Arn.* and *Caust.* plus *Kali-chl.* equals *Sang.* According to Teste the analogues of *Caust.* are: *Ars-i.*, *Cocc.*, *Coff.*, *Cor-r.*, *Nux-v.*, *Staph.*, and probably tea.

*Causticum*: Dr. Schmidt gives a most scholarly account of the history of the preparation of *Causticum* and its chemistry, pointing out that it is a solution of the hydrate of ammonia containing a little ammonium sulphite and that it should be named *Ammonium Sulphurosum Solutum*. He traces its value as an anti-psoric and anti-sycotic to the sulphur it contains.

### MID-WEST HOMŒOPATHIC NEWS JOURNAL, PALATINE, ILL.

Vol. I: 1-48 (July) 1928

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*Homœopathic Antidotes*: This article is peculiarly interesting although very mixed. In it Vannier touches on the subject of "drainage" remedies, a term first originated by Nebel of Lausanne. The theory is to give one or two minor drainage remedies with your big chronic to "assure the departure of the toxins which have been set free by the first elimination remedy." Vannier further says: "You do not always give the same drainage remedy with a certain principal or eliminating remedy but your drainage remedy must be selected "in absolute conformity" to the morbid symptoms of your patient, for instance Sulph. may need *Nux-v.*, *Soladigo*, *Aesc.* or others. *Nat-m.* may need *Sil.*, or *Helianthus*. *Oscillocochin* may need *Hydrastis* or *Con.* *Maroreck* may need *Kali-carb.*" [We do not quote this mention of drainage remedies in order to recommend them but merely for information and study.—Ed.] The main body of the article defines the homœopathic antidote as "the remedy which neutralizes the pathogenetic effects of a substance to be determined according to the law of similars." Vannier claims that by intermittent administration in a very small, usually a single dose, such an antidote will assure the regular elimination of the medicament absorbed in excess. The homœopathic antidote is determined, he says, like every homœopathic remedy by the signs which the patient presents. It is not a "counter-poison of a poisoning." He warns against antidoting a justifiable homœopathic aggravation. Antidoting, he says, is justifiable where the "medicamental aggravation is progressive." Antidoting will, for instance, be needed where the patient has been given several doses of the same remedy in high dilutions at too close intervals, so that the negative phase of the second dose impinges on that of the first, the useful, positive phase being thereby neutralized. He suggests antidoting Sulph. by Puls.,

*Lach.* by Bell., *Lyc.* by China. He bases these suggestions not merely upon experience but because these three antidotes correspond best "to the combination of particular symptoms caused by the too frequent repetition" of the three above mentioned remedies. *Puls.*, *Bell.* and *Chim.* "present, in exaggerated amount, a group of signs which belong to Sulph., Lach., and Lyc." He further suggests the use of *Bry.* to antidote *Alumina*, *Staph.* to antidote *Colocyinth*, etc. His article is supposed to include a list of suggested antidotes worked out from the symptom pictures of the drugs themselves when given to excess, but this list is unfortunately omitted from the translation.

### PACIFIC COAST JOURNAL OF HOMŒOPATHY, LOS ANGELES

Vol. XXXIX: 197-223 (July) 1928

## \*A Few Remedies Used in Gynecological Conditions.

Edward P. Clark, M. D., Los Angeles..... 217  
*A Few Remedies Used in Gynecological Conditions*: Dr. Clark, in mentioning the following remedies used for increased menstrual flow, notes the fact that many drugs have practically the same menstrual symptoms, and in order to differentiate chooses his remedy for the patient as a whole: 1. *Ustilago*, use for intermittent flow, the "stop and go" remedy. He places little value on the blood-streaked examining finger spoken of in the books, as this symptom is commonly found in cervical erosions where *Ustilago* would not be indicated. 2. *Secale Corn.*, for the thin, scrawny type with continuous, passive oozing of dark liquid blood and clots, with cold hands and feet yet better in the open air. 3. *Helonias*, for the irritable, worn-out woman who must keep busy, excessive passive flow and decreased sexual desire. 4. *Sabina*, the opposite of *Helonias*. Increased sexual desire, bright red flow. Peculiar pain from sacrum to pubes. 5. *Platina*, the tall, haughty woman with extreme sensitiveness to sex organs. 6. *Trillium*, gushes of bright red blood, increased with every motion. 7. *Bovista*, flow increased at night or comes only at night. 8. *Erigeron*, flow in fits and starts with painful urination. 9. *Lilium tig.*, flows only on motion, but is constantly moving. Palpitations in many parts of the body.

### REVISTA HOMEOPATICA INTERNACIONAL, YUCATAN

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THE LATE DR. PHILIP E. KRICHBAUM  
Montclair, N. J.

Photo by Jay T. E. Winburn

## THE HOMOEOPATHIC RECORDER

VOLUME XLIII. DERBY, CONN., OCT. 15, 1928. No. 10.

### RADIUM.

WILLIAM H. DIEFFENBACH, M. D., New York City.

Since the proving of *Radium bromide* in 1911 by the writer \* and his associates, Doctors Crump, Copeland, Sayre and Stearns, much valuable information has accumulated as to the physical properties and the biological and pathological effects of this interesting element. Recent news reports as to the baneful effect on the health of workers with radium have again drawn special attention to its pathological influence upon the human system. The above workers used a mixture of radium salts, zinc salts and mesothorium to paint the dials of watches and clocks to make them luminous and frequently moistened their lips with the brushes thus used. A number of employees of this factory became ill, some died of mysterious lesions and others have become invalided and are reported to be facing death from some hæmopoietic lesions. This industrial hazard has undoubtedly been produced by the absorption into the system of small particles of the above mixture, the cumulative effect of which proved destructive and in some cases fatal. Inasmuch as zinc, radium and mesothorium were used combined, it is improper to designate these lesions as radium poisonings, as mesothorium is also strongly radio-active and may have had as great or greater effect upon the tissues than radium and zinc. On first thought it might be considered valuable for *homœopathic purposes* to collect the symptoms and pathological changes produced in these unfortunate workers, but the crude mixture of the *three* salts precludes the determination of the exact symptomatology of either chemical, unless it be proposed to use this mixture in homœopathic potency,

\**Journal of American Institute of Homœopathy*, August, 1911.

based on the noted pathology and symptoms of the affected workers.

The effect of radium and radium emanation upon the workers in radium factories, radium clinics and the workers in the pitch-blende mines of Joachimsthal, Bohemia and the Carnotite mines of U. S. A., offer more valuable data. Thus a number of miners at Joachimsthal have developed spleno-medullary leukæmia. Many laboratory workers have developed various degrees of anæmia and some cases of pernicious anæmia have been traced to this source. It is the custom of all large radium clinics to give the employees and nurses who handle radium two days free every week and one month's vacation in summer and in winter, as it was found that removal from the influence of the radium rays plus open air and sunshine, was the most efficient prophylactic and cure for the effects upon the hæmatopoietic system.

In 1908 Dr. John H. Clarke of London published a fragmentary proving of *Radium* and since our publication in 1911 but little literature has appeared from homœopathic sources on this subject. We have been requested by several colleagues to republish the above proving with added observations and verifications and as the original publication is out of print, the request to bring this study up to date is herewith complied with. While homœopathic literature was quiescent, the number of articles on the subject of radium in *massive doses* for the inhibition of tissue pathology and the internal administration of radium and radium gas, published by colleagues of the dominant school has grown to large proportions. To quote the articles on the utilization of radium and radium emanation in inhibitive and massive dosage in malignancy, various skin lesions and cosmetic blemishes such as moles and birth-marks would require a special article or booklet. This subject is well covered in the text-books of Wickham and DeGrafs, Paul Lazarus and F. E. Simpson, to which the interested reader is referred. The catholicity of medicine is clearly demonstrated when this single phase of our art is studied. To see warts, moles, nævi, callosities of the hands and feet, chronic chilblains, disfiguring scar-tissue and keloids disappear without a trace of the former pathology within 30 to 60 days after one or more applications of a few small tubes or

placques of radium, borders on the miraculous and is one of the marvels of modern medicine. We shall omit further discussion of this phase of radium therapy and confine our article to its *internal* use.

As a preliminary to the *Proving of Radium Bromide*, which is taken from the original sources, we will abstract a number of important statements by prominent members of the dominant school on the *internal* administration of radium and radium gas. To those familiar with the provings, these quotations will elicit a sense of recognition of the homœopathic principle which is thus unconsciously verified by members of the profession, who do not publicly admit its scientific basis.

Professor Carl Van Noorden of the University of Vienna makes the following statements in regard to radium and radium gas in "metabolism and the blood":

During the action of emanation the respiratory quotient increases, often very notably. In most cases thus far investigated, there has been found a certain increase of the metabolism of albumin, a determination which may be made useful for the therapy of true gout and many phenomena of old age.

Very note-worthy are the changes in purin metabolism. Emanation therapy favors in a high degree the *excretion of uric acid*.

From the scant gouty material in my university clinic and from the somewhat more extensive gouty material in the private clinic, I observe that before all, the pains in the chronic forms of gout, including the neuralgias, are very favorably influenced and that even chronic joint swellings are, in this form of gout, notably diminished in size. In most cases medium amounts of emanation and above all very strong drinking cures are applied. In cases of articular rheumatism, it often happens that at first the pain and swelling increase. This is however a good prognostic sign for a favorable result of the treatment. In sleeplessness, nervousness and over-excitability I have observed surprisingly favorable results, in the absence of our ability to interpret the internal mechanism of this action. Whoever has treated patients with emanation can confirm this experience. That high blood-pressure is lowered under the influence of emanation, likewise, belongs to the oldest observations. This applies to arteriosclerosis and high pressure nephritis. We also saw headache, pressure in the head, vertigo and congestion, such as often accompany hypertension, disappear.

Curtis F. Burnam, M. D., F. A. C. S., of Johns Hopkins University, Baltimore, is quoted as follows:

It is evident that radium or one of its derivatives can be used in two essentially different ways. Firstly, it can be taken into the body by mouth, hypodermatically or intravenously, as any other soluble drug. Secondly, it can be applied from either outside or inside the body in sealed tubes or other containers in the same way that an x-ray tube is employed.

The internal use of radium or radium emanation, which, being a gas, can be readily taken up through the lungs, has been principally investi-

gated in Germany and offers an immense field for study. There seems no question but that certain forms of gout, rheumatism, chronic arthritis and neuralgia can be greatly helped by its use. It has a pronounced effect upon the hæmatopoietic tissues, in *small doses stimulating* and in *large doses destroying* them. Unquestionable improvements have followed its use in cases of pernicious anæmia, leukæmia, and erythro-polycythæmia, likewise in patients suffering from high blood-pressure, a return to normal with complete disappearance of subjective symptoms being frequently obtainable.

Leonard G. Rowntree, M. D., Sc. D., Professor of Medicine, Mayo Foundation, University of Minnesota, makes the following observation:

The value of radium is unquestionably established in chronic and sub-acute arthritis of all kinds (luetie and tuberculous excepted), acute, sub-acute and chronic joints and muscular rheumatism (so-called), in gout, sciatica, neuralgia, polyneuritis, lumbago and the lancinating pains of tabes.

F. E. Simpson, A. B., M. D., Professor of Dermatology, Chicago Polyclinic, says:

Among the diseases in which radium has been used with benefit are the following:

1. Arthritis deformans, articular rheumatism and various other types of arthritis.
2. Joint disturbances of gout and rheumatoid arthritis.
3. Myalgia (muscular rheumatism), neuralgia and neuritis (sciatica, tabetic pains, etc.).
4. High blood-pressure, arteriosclerosis, angioneurotic œdema, neuroses of the heart, myocarditis.
5. Certain chronic inflammatory and suppurative processes.
6. Bright's disease and diabetes.
7. Various forms of anæmia (pernicious anæmia, chlorosis).

Lewellys F. Barker, M. D., L. L. D., Professor of Clinical Medicine at Johns Hopkins Hospital, Baltimore, is recorded as making the following observations:

A number of investigations on the influence of radio-active substances and x-rays on uric acid and purin base metabolism led to the general belief that these agents lead to an increased elimination of uric acid and purin bases, endogenous as well as exogenous. Under the influence of radium, the insoluble pathological form of uric acid becomes changed to a more soluble physiological form which is easily destroyed and excreted, the net result being a rapid solution of gout tophi and increased elimination of uric acid in the urine and disappearance from the blood.

From the report of the London Radium Institute by A. E. Hayward Pinch, F. R. C. S., Director, we have:

Radium emanation is dissolved in water and administered to patients daily for periods of six, nine, twelve weeks or longer. The strength of the solution furnished by the Radium Institute is *one millicurie* per liter of which patients take 250 c. c. each 24 hours. The principal conditions benefitted by this form of treatment are arthritis deformans, glycosuria, arteriosclerosis and the extremely rare malady, angioneurotic œdema. Not all cases of arthritis deformans are amenable to radium. The patients most favorably influenced are those in whom fibrous, as distinct

from osseous changes, are predominant and the condition is infective rather than traumatic in origin. Patients suffering from glycosuria or arteriosclerosis sometimes improve very greatly after a *prolonged course* of treatment with radium, but they should be warned that the improvement will probably be very gradual.

A. S. Herbert, O. B. E., M. D., B. S., (London), writes:

In patients with high blood-pressure and no apparent renal lesion, the treatment on the high frequency couch would certainly appear to assist in lowering the pressure. Such treatment is of course usually combined with other measures such as attention to the diet and bowels, to habits such as the excessive use of tobacco, with the use of hypothermal baths, and the internal administration of radium water. I have seen the systolic pressure fall steadily from such treatment from 200 to 230 m. m. to 160 or 180 m. m. A certain proportion of glycosurics and even of true diabetics appear to benefit in marvelous fashion from drinking radium emanation water.

William H. B. Aikins, M. D., Consulting Physician, Toronto General Hospital, is quoted as follows:

The results of the internal administration of radium may be summarized as follows:

1. Greatly increased diuresis and excretion of uric acid.
2. Largely increased carbonic acid exhalation, from 20-60%.
3. Lowered blood-pressure, especially in arteriosclerosis.
4. Decreased blood viscosity.
5. Great improvement of gastric and duodenal digestion.
6. Marked solvent action on gouty deposits.
7. The dissociation of uric acid and its salts into carbon dioxide and ammonia.
8. Inhibition of inflammation and relief of pain in rheumatism.
9. Increase of sexual vitality.
10. Considerable influence over sympathetic nerve affections.
11. Marked results in diabetes, albuminuria and glycosuria.

These quotations can be much extended, but they are sufficient to show the remarkable empirical and physiological application of this remedy. The proving of this remedy upon the healthy which follows, places its administration upon a basis permitting individualization, which is one of the *key-stones* of homœopathic practice and to a *large extent confirms on a scientific basis* the claims presented by the authors just quoted.

Radium was discovered in 1898 by Professor Pierre Curie and his wife Marie, of Paris, who working conjointly along definite lines, announced the discovery of the new element and described some of its properties. It may be interesting to note that Professor Curie was the son of a well-known homœopathic physician, who for many years practiced his art in Paris. A few years previous to the above discovery, Professor Henri Becquerel had noted that certain uranium salts had the ability to ef-



fect and fog a covered photographic plate, which he attributed to a penetrating ray or rays which were promptly called Becquerel rays. Several laboratories took up this line of research to determine if larger amounts of these rays could be procured for study and purified the pitch-blende from which most of the uranium was secured. As the purified uranium oxide was tested, the number of rays were much reduced so that the assumption at once followed that the *residue* of the pitch-blende was giving off these additional rays. In quick succession polonium, actinium and later radium were announced. At the present writing, there are more than one hundred radio-active compounds known. Aside from radium, thorium, used in the Welsbach mantle, is the best known of these substances.

Radium has an atomic weight of slightly over 225 and until the summer of 1910 when Madame Curie succeeded in isolating it, radium was only procured as a compound of bromine, or chlorine, or as radium acetate, nitrate or sulphate.

Pure radium as described by Madame Curie is a white metal which, oxidized in water, burns paper and other inflammable substances, turns black on exposure to air and has the property of adhering firmly to iron. It must be preserved in a vacuum. Metallic radium is not obtainable commercially and is, at this writing, a laboratory curiosity, its *compounds* being the form in which most of its experiments have been recorded. Radium bromide and radium chloride are the common soluble compounds, the radium sulphate is insoluble in water. Radium bromide is a yellowish powder which, when mixed with its chief impurity barium, assumes a gray color.

Briefly, some of the physical properties of radium compounds are:

They give off heat, rendering bodies surrounding them of higher temperature than normal. They give off light, their rays are able to penetrate opaque substances and fog a photographic film. They give off a gas and an emanation. Radium compounds have the ability to render substances radio-active if brought in contact with them. This is a very important property, which has opened up a new world in physics and chemistry. The disintegration of the radium atom produces three principal rays, *alpha*,

*beta* and *gamma*, and a constant elimination of helium gas accompanies this process with a transformation of the original radium atom into a new element.

Thus radium which has a half-life value of 1,800 years becomes changed to radium emanation, also called niton, a heavy gas of 221 atomic weight having many of the properties of the parent atom. This emanation or gas has a life of 3.85 days and is again changed to radium A and in quick succession of only a few minutes radium B, radium C and radium D are formed. The latter is staple and has a life of 16½ years and again after this period rapidly disintegrates into radium E and F and the end product is believed to be radio-active lead.

In considering the use of radium emanation therapeutically it is well to remember that its life is less than 4 days and that unless the tubes and seeds are absolutely fresh and used within the day of manufacture, results will be questionable and its use discredited. Most clinics and operators therefore prefer the use of radium in the form of the compound and not the *gas*, for the output of the former is always *uniform*, the elimination of rays constant, so that one surgeon can repeat the dosage of another if the technic is definitely established and the dosage known. An emanation seed which is a day or two old or which is held over owing to some unexpected delay of the operation may render the whole treatment useless and discredit the technic. Radium water must for the same reason always be *fresh*, for its emanation is dissipated within four days. This factor explains why bottled radium water is found ineffectual as compared with the waters at the radio-active springs and why reputed "cures" at the radio-active springs at Gastein, Carlsbad, Nauheim, Royat and in our own country, at the Hot Springs of Virginia and Arkansas are not duplicated at home.

The *alpha* rays comprise about 90% of the rays emitted, they are atoms of helium with an atomic weight of 4 and are positively charged. They have but slight penetration and can be stopped by a filter of writing paper.

The *beta* rays are negatively charged corpuscles and have a deeper penetration than the *alpha* rays and are similar to the cathode ray of the Crooke's tube. Several types of *beta* rays

have been listed, some more deeply penetrating than others, but all are negatively charged and travel with 30-90% of the velocity of light.

The *gamma* rays constitute less than 2% of the output from the disintegrating radium atom. They are very penetrating and can be tested electroscopically through heavy sheaths of lead or iron. The so-called deep x-rays are approaching this degree of penetration but the present voltage is far below that of the *gamma* rays. When these rays strike and *penetrate tissues* they in turn produce secondary rays, especially *beta* rays, of various penetration. The physical and physiological as well as the pathological effect of these secondary rays are being gradually understood and applied. When used for destructive or inhibitive purposes radium is measured by the amount of element and time, in milligramme hours, or by the Curie unit of measurement.

Our original clinical work with radium was begun in a small way by the purchase of several 10 milligramme tubes of radium bromide and on a larger scale in 1902 when through the liberality of Dr. Hugo Lieber, a chemist of New York, a quantity of radium applied on plaques and bougies by means of a varnish devised by Dr. Lieber, was utilized at the clinics of Flower Hospital, New York. These early experiments were supervised and encouraged by Professor William Harvey King and were, we believe, the first American clinical studies on this subject. After three years the results of our clinical tests on skin cancer, glandular hyperplasias and birth-marks were first presented and read before the *First International Congress of Radiology* at the World's Fair, Liege, Belgium, in 1905, and the publication of our paper in the transactions of this Congress, was, we believe, influential in stimulating further research along the lines indicated. The epochal work of Doctors Wickham and De Grais appeared the following year, and received general public recognition and praise. Since that period radium in *massive dosage* has been introduced into many hospitals and clinics and has established a definite sphere of usefulness. The action of radium has been tested on seeds, on amœbæ and on animals, and all investigators agree that *small doses stimulate*, while *large doses inhibit cellular activity*.

Whenever heavy doses of radium are applied within a given *limited* area the nuclei of the cells are destroyed, vacuoles are produced and some days after treatment reparative scar tissue is formed and fibrosis supervenes. It is this principle that must be utilized in the treatment of malignant or abnormal tissue growths. Failure to secure results must be attributed to the fact that penetration was insufficient and reparative scar tissue was not secured.

We demonstrated this principle in co-operation with the late Dr. E. G. Tuttle and Dr. Louis Heitzmann when we rayed a malignant breast at different areas for a number of hours and buried several radium tubes in the malignant area and after Dr. Tuttle removed the breast in the course of a few weeks, the pathology was sent to Dr. Heitzmann who in a carefully drawn report showed the results of the radium application. The immediate area rayed showed necrosis and vacuolization and some commencing scar tissue formation. Some distance from this area mitosis appeared to be *increased* and no destruction was noted. This study demonstrated the importance of completely raying and penetrating all tissues which are expected to be influenced, if favorable results are to be expected, and led to the introduction of hollow radium needles and buried tubes. After employing radium as outlined for almost ten years, the desire to test this powerful element for *homœopathic purposes* became so strong that the writer enlisted the services of Drs. Stearns, Sayre, Copeland and Crump who made the preliminary examinations in their respective specialties and subsequently assisted in checking up on the prover's symptoms.

The proving was made with a preparation of pure *Radium bromide* which was weighed and tested by Professor George Pegram of Columbia University and triturated by the firm of Boericke and Runyon and subsequently preserved in lead-covered glass bottles. After discussion, it was decided to consider the 6x trituration as the basic preparation from which to make the higher potencies. From our personal experiences as a prover, we urge that *no potency* below *12x* be used for homœopathic purposes as aggravations and damage to tissues will result.

It is interesting to note that the person who made the original

trituration of this compound developed a number of important symptoms, which have been incorporated in the proving. The provers consisted of two married and two unmarried females, and six males. They were instructed to visit the different associates and be examined before the test. For *two weeks* their *normal symptoms*, sleep, digestion and excretions were noted and the *preliminary* urinary and blood tests were made by Dr. Sayre. In retrospect, the writer would say that the only additional tests which could properly be demanded today to make the proving complete would be tests for metabolism and blood-chemistry which at that period were not fully developed and would even at the present time practically demand some hospitalization. Electrocardiograms would now also be in order. After the preliminary tests were fully noted, the 30x potency was first administered and while some provers developed a number of symptoms from this potency, the *majority showed no effect*, so that the 12x and later on the 6x were employed. The latter potency produced such violent symptoms in several provers that the writer again earnestly *warns* against using it for therapeutic purposes. In his own person, after using a powder of 6x, a severe vertigo resulted which lasted for 2 days and practically incapacitated him for work. One prover after the administration of 6x *Radium bromide* developed a severe lumbo-sacral pain confining her to bed but which disappeared after a hot bath and exercise. It recurred when this dosage was repeated, showing in this case a specific selective lumbo-sacral joint tendency. In the following tabulation of the symptoms produced by the administration of *Radium bromide*, it was the desire to give the language of the provers exactly as noted in the provers' books. Many items could have been omitted or culled, but who is egotistical enough to say which symptoms should be omitted, based on present medical knowledge? Symptoms which may appear ridiculous to the hyperscientific mind may later on, as psychology becomes more basic, be found to be of decided value.

#### *General Symptoms.*

Had severe aching pain all over the body; was very restless, kept moving about in bed, which seemed to relieve the ach-

ing pain, 6x. Felt hot all over the body so that had to take off the bed covers, 6x.

Hardly able to move about; unable to work properly. Tired feeling all over the body; walks heavily, loss of springiness in walk. W. H. D. 6x.

General lassitude for several days with periodical sharp pains in joints > by continual motion, > open air. W. H. D. 6x.

Internal chilliness all over the body > from warm wraps. Miss H. 12x.

Itching all over the body at night. Miss W. 12x.

Pains in all limbs, not better from moving about, but they wear off; recur on and off during the day, pains better from a hot bath. Miss W. 12x.

Feels exhausted, wants to take off clothes and lie down and rest. Miss H. 12x.

One week after taking a single dose of 30x, felt much better in spirits and health. McD. 30x.

Feeling tired and drowsy; relieved in open air. M. 30x.

Feeling weak all day. M. 12x.

Feeling weak and have vertigo, (after colic and diarrhoea). M. 12x.

Felt weak all over, soreness of both shoulders. S. 12x.

Felt tired all day. Mrs. F. 30x.

Arose feeling very stiff and lame. Mrs. F. 30x.

Felt tired in afternoon. Mrs. F. 12x.

Sharp sticking pains over right eyeball, in the arch of right foot, in right knee and under left shoulder-blade. Mrs. F. 12x.

Felt very well all day. Mrs. F. 12x.

Burning sensation and itching all over the body. Miss H. 12x.

All symptoms come and go; are better in open air and from walking. Miss H. 12x.

Entire body feels as if afire; with sharpest kind of needle-pricks or electric shocks all over body; also itching all over. Miss H. 12x.

#### *Mind.*

Apprehensive, felt as if something was going to happen to her. Miss H. 12x.

Restless during night. 6x.

Depression of spirits, feels blue, hardly able to move about and do ordinary tasks about the house. 6x.

Dreams of passing urine, awoke with an erection and on going to bath-room had difficulty in voiding; had to wait three minutes until urine came. 6x.

Felt discouraged and blue today for no particular reason. Miss W. 12x.

Several times felt afraid, as if something was going to happen and did not want to be left alone. Miss W. 12x.

Felt depressed all day for no apparent reason; felt as if something was going to happen. Miss W. 6x.

Fear of being alone in the dark; want someone to be near me. Miss W. 6x.

Bad dreams and restless all night, have felt low-spirited all day. Wish for things and have great desire to be with people. Miss W. 6x.

Have been in good spirits all day and feel as if I could do and undertake anything. Miss W. 6x.

Irritable and easily vexed. M. 12x.

Irritable and cross for two days; the least thing irritates. M. 12x.

Nervous and cranky during evening. F. 30x.

Feeling of touchiness; easy to anger. F. 30x.

Inclined to be irritable and touchy; little things annoy. F. 30x.

Tired and irritable all day. F. 12x.

Mind cloudy and not able to think clearly or reason clearly; felt stupid, associated with dull frontal headache all day. F. 12x.

#### *Head.*

Developed succession of little pimples on forehead and chest; they were raised, red, and when punctured exuded serum, blood and a small amount of pus. Ew. 6x.

Vertigo, dizzy feeling, with pain in back of the head; improved after sleep. Mrs. D. 6x.

Dull occipital and vertex headache, accompanying severe lumbar aching. Mrs. D. 6x.

Excessive vertigo when arising. When on feet tendency to fall to the left; had to support self by resting left arm against wall and get to bath-room this way. Vertigo continued when sitting, > lying down, < when getting up again. W. H. D. 6x.

Vertigo slightly > after a warm bath with cold ablution. W. H. D. 6x. One hour later vertigo still persisted, although gradually diminishing.

Vertigo lasted all morning, > at 1 p. m.; markedly improving on going into the air; also improved at noontime after eating. W. H. D. 6x.

Fulness of head; occipital dull headache which wore off. W. H. D. 6x.

Dull occipital headache > pressure. W. H. D. 6x.

Dull occipital headache, > in open air. W. H. D. 6x.

Vertigo with tendency to fall to the left side, > in open air. W. H. D. 6x.

Terrific pain in head over right eye, spreading back over to occiput, continued to have it all next morning. McD. 12x.

Occipital headache, dull in character. McD. 12x.

Vertigo upon rising or when reading steadily. McD. 12x.

Frontal headache extremely dull in character. McD. 12x.

Intense sharp headache commencing over the left eye and spreading over the head; > from heat; < cold and pressure. M. 12x.

Intense sharp headache, which began over right eye and extended to frontal region; relieved by cold applications and rubbing. M. 12x.

Sharp headache over right eye, extending to vertex, > in open air. M. 12x.

Dull headache, mostly in occipital region. S. 12x.

At times sensation as if numbness or compression of bones of the head. S. 12x.

Throbbing pain over right temple, quite severe, lasts for a short time. S. 12x.

Head felt heavy all day. Headache began in occiput. Became sharp over right eye; a throbbing, pulsating headache, < motion, < lying down, < by warm air, > sitting down with head back, > cold air, > pressure over forehead over right eye.

Was unable to go to bed until 3 a. m.; sat up and slept in morris chair. Headache ceased at 5 a. m. F. 12x.

Lightness of head associated with nausea and sinking sensation in pit of stomach. Whole head seemed to pulsate outward; skull felt too small. F. 12x.

Headache returned next day on stooping over. F. 12x.

Dull ache in forehead all day with clouded mind; not able to think and reason clearly; felt stupid. F. 12x.

Severe frontal headache all day, > from cold, > open air. F. 12x.

Dull frontal headache all day; head felt light, somewhat relieved by squeezing, by pressure. Mrs. F. 30x.

Sharp sticking pain in right side of head. Mrs. F. 12x.

Sharp, sticking pain in left temple. Mrs. F. 12x.

Dizziness with palpitation of the heart, in afternoon. Mrs. F. 12x.

Several other instances of vertigo, but of short duration. Mrs. F. 12x.

Severe sticking pains in left temporal region on going to bed. Mrs. F. 12x.

Head feels heavy; dull ache in head.

Vertigo with dull pressure on top of head, also dull frontal headache at the same time. These symptoms wear off, but return and are ameliorated by walking and in the open air. Miss H. 12x.

#### *Eyes and Orbit.*

Shooting pain over left eye. E.

Sharp pain in left eye; darting pain in left eyeball, as if small bodies were moving in the eye. W. H. D. 6x.

Swelling of tissues of left orbit with slight itching, > in open air. W. H. D. 6x.

Eyes have sticky feeling and are reddened. Eyeballs slightly bloodshot. McD. 12x.

Sticky feeling in eyes continued for nine days. Terrific pain in head over right eye, spreading back to occiput. Continued to have it all next morning. McD. 12x.

Eyes after three weeks still have sticky feeling and as if sand was in them. McD. 12x.

Dull ache in top of eye, < pressure. McD. 12x.

When reading for a while the letters would dance and get blurred. Aches in both eyes. McD. 12x.

Headache commencing over left eye and spreading over the head; < cold and pressure, > heat. M. 12x.

Eyes feel warm and heavy; hard to keep them open. M. 12x.

Eyes examined by specialist and said to be very much congested. The lids feel heavy and drowsy. M. 12x.

Quite a large amount of exudate from right eye, which runs down on the nose and forms yellow crusts. Had to open right eye with fingers as lid was not strong enough. M. 12x.

Feeling as if a piece of cotton was in eyes, > by rubbing. M. 12x.

Soreness of both eyes, left worse than right. S. 6x.

Margin of lids of eyes inflamed and burning. S. 6x.

Soreness of eyes, left more severe than right, with more burning and soreness in left; they become watery. S. 6x.

Soreness of eyes wore off toward noon, but appeared again in the afternoon. S. 6x.

Sharp pain over left eye, after climbing stairs. F. 30x.

Trembling or vibrating pain over left eye; lasted two minutes. F. 30x.

Eyes ache and head feels heavy all day until 4 p. m.

Headache begins in occiput, runs over and becomes sharp over right eye; a throbbing, pulsating headache, < by motion, < by lying down and by warm air, > by sitting down with head back, by cold air and by pressure over forehead above right eye; was unable to go to bed until 3 a. m.; slept in morris chair; headache ceased at 5 a. m. F. 12x.

Both eyes ache along edge of lids. F. 12x.

Edges of lids slightly reddened and eyes sensitive to light. Photophobia. F. 12x.

Sharp sticking pains over right eyeball. Mrs. F. 12x.

Burning sensation in both eyes; this burning sensation comes and goes. Miss H. 12x.

Stinging sensation in both eyes, > in open air. Miss H. 12x.

*Ear.*

Tickling in ears, very severe at night. Miss W. 6x.  
 Sound in ears of rushing water (associated with rapid heart action, following vivid dreams). F. 12x.  
 Sharp, sticking pain just over right ear. Mrs. F. 30x.

*Nose.*

Itching and dryness of the mucous membranes of both nasal cavities, > in open air. W. H. D. 6x.  
 Picking of nose due to formation of hard crusts or mucous particles. W. H. D. 6x.  
 Itching of the nose. Miss H. 12x.

*Face.*

Flushed face at 4-5 p. m. S. 12x.  
 Severe aching pain at angle of right lower jaw. Mrs. F. 12x.  
 Formation of small papule in center of left cheek; same dried off and recurred a number of times. Heavy crust formed over the area when papule was scratched off; this returned several times. W. H. D. 6x.

*Mouth and Tongue.*

Teeth painful and feel elongated. Miss H. 12x.  
 Gum-boil on right lower jaw back of molar teeth. Could not talk owing to swelling and soreness. Miss H. 12x.  
 Twitching and burning sensation in lips. E.  
 Lower lip drawn and stiff, feels as if swelling. E.  
 Pricking sensation on end of tongue, like needles sticking in it. Lasted about five hours. E.  
 Slight metallic taste in mouth. Mrs. W. H. D. 6x.  
 Metallic taste in mouth. W. H. D. 6x.  
 Tickling in roof of mouth. Miss W. 12x.  
 Peculiar metallic taste in mouth. Miss W. 12x.  
 Peculiar metallic taste, between sour and bitter, a little more to the sour taste than bitter. It warmed the œsophagus on the way down and left a warming sensation in the œsophagus and stomach noticeable for half an hour after taking it. McD. 12x.

Taste of chalk in mouth after taking drug, with increased salivation. M. 12x.

Taste of drug a little bitter and oily. S. 12x.

Taste of drug metallic on swallowing; five minutes later feeling of warmth in stomach; similar feeling as after taking whiskey. S. 12x.

Saliva runs into mouth. Miss H. 12x.

Parched, dry sensation in roof of mouth, > from drinking small amounts of cold water, but parched and dry sensation returns. Miss H. 12x.

Dryness of mouth, breath seems hot. Miss H. 12x.

Wanted cold drinks to quench parched condition of throat. Miss H. 12x.

(This parched and dry condition in mouth and throat was a leading symptom, in most patients who received radium injections; sipping of cold water would temporarily relieve, so would the administration of *Nux moschata*).

Tongue bluish-white and thick, felt swollen; speech seemed difficult and heavy. Miss H. 12x.

*Stomach.*

Feeling of emptiness in stomach, very intense. This symptom passed away in one hour. E.

Pain in stomach after taking remedy. Mrs. D. 6x. These pains were griping in character and soon passed away.

Warm sensation in stomach; thirst for water during night. W. H. D. 6x.

Warm sensation in stomach. W. H. D. 6x.

Warming sensation in œsophagus and stomach, noticeable half an hour after taking medicine. McD. 12x.

Felt if I took a drug that I would vomit, but took it and had no effect. McD. 12x.

No desire for sweets; rather an aversion. McD. 12x.

Aversion for sweets; especially ice-cream, of which she is ordinarily very fond. This symptom developed during cough. Mrs. D. 6x.

Colicky pains in stomach. McD. 12x.

Belching of quantities of gas during day. McD. 12x.

Nausea about 5 p. m., feeling as if wanted to vomit, but could not. M. 12x.

Nauseating feeling in abdomen and feels as if wanted to vomit before meals; relieved by eating. Loss of appetite all day. M. 12x.

Feeling of emptiness about an hour before meal-time and relieved after eating; cannot eat much, however; appetite seems to be gone. M. 12x.

Great hunger about an hour before meals, but takes very little to satisfy same. M. 12x.

Warm feeling of œsophagus and stomach. S. 12x.

Lack of appetite; no desire for any food, not hungry. S. 6x.

Warm, empty feeling in stomach, > after eating. S. 6x.

During afternoon and evening following luncheon and dinner had a great number of eructations of gas; no taste; flatus in the evening. F. 30x.

Food slow of digestion, although appetite good. F. 12x.

Nausea and sinking sensation in pit of stomach, < walking, also lightness of head when it ached on moving about, while head seemed to pulsate outward; skull felt too small. F. 12x.

Much pain and distress in stomach with great amount of belching gas; no taste, the belching relieved the distress, followed by eructations and relief. F. 12x.

Loss of appetite, accompanying much colic in abdomen with many movements of bowels, and malodorous flatus. Miss H. 12x.

Nausea; > after eating, but have no appetite. H. 12x.

Belching of gas at frequent intervals. Miss H. 12x.

Usual food is not relished; sour things taste good. Miss H. 12x.

#### *Abdomen.*

Severe aching pains in abdomen over pubes when flow came on (an unusual occurrence, flow always painless heretofore). The pain lasted during the night, was aching in character. 6x.

Slight colicky pains in abdomen and pass foul flatus. McD. 12x.

Had very tender pain over McBurney's point. McD. 12x.

Pain in abdomen after taking drug, relieved by bending forward and after defecation; stools were hard and brown. M. 30x.

Violent cramps at 11 p. m., relieved by bending double. M. 12x.

Feeling as if full of gas; rumbling in abdomen. M. 12x.

Nauseated feeling in abdomen as if about to vomit, before meals; relieved by eating. M. 12x.

Awoke at 4 a. m. with colicky pains in abdomen and a stitching pain in rectum. Defecated at this time and stool was watery and very dark. After defecation pain in abdomen disappeared. M. 12x.

Awake again at 7 a. m. with same symptoms and had another defecation and felt improved; had four more stools from 7:30 to 10:30 a. m., but they were scanty, very yellowish and watery. M. 12x.

Cramping pain in abdomen while eating, relieved by pressure and defecation; latter was soft and yellow with very bad odor. M. 12x.

Notice quite some flatulence. S. 12x.

Short time after awakening, while still in bed, cutting pains in intestines; very sensitive to pressure. S. 12x.

Sharp, sudden pains at McBurney's point, also at location of sigmoid flexure and above crest of ilium, left side; these attacks occurred six or seven times during the week; the pains came quickly, like shocks, and passed off quickly. S. 6x.

Much flatus all afternoon, not much odor. F. 30x.

Much flatus during evening. F. 30x.

Much flatus during afternoon and evening; not much odor. F. 12x.

Two red macules, size  $\frac{3}{4}$ -inch on right and left lower abdomen; slightly itching. F. 12x.

Hot flatulence following diarrhœa with much urging. F. 12x.

Flatulence during afternoon and evening for two or three days after taking drug. F. 30x.

Severe intestinal cramps in evening, due to collection of gas. Mrs. F. 30x.

Generally distressed abdomen during evening; had the nature of cramps but less pronounced. Mrs. F. 30x.

Severe sacral pain with great flatulence, 4-5 a. m., > when bowels were emptied. Mrs. F. 30x.

Great flatulence in morning and pain in back continues, but not quite so severe. Mrs. F. 30x.

Great flatulence all day and before rising in morning. Mrs. F. 12x.

Whole abdomen is colicky, > from heat, > from pressure, the colic is accompanied by internal chilliness. Miss H. 12x.

Eight loose, partly formed, stools, light brown in color; uncertain feeling about the navel, feels she must defecate, but finds nothing but flatus. This symptom recurred several times. Miss H. 12x.

Colic and gripes in abdomen, particularly about the navel, > after defecation, > after passing gas. Much flatulence and belching of gas. Miss H. 12x.

#### *Rectum and Stool.*

Constipation for two days. W. H. D. 6x.

Difficulty in defecation even after the use of enema. W. H. D. 6x.

Stool unusually long and large. W. H. D. 6x.

Passed large quantities of foul flatus. McD. 30x.

Stools for a day or two after taking drug were little softer than usual. McD. 30x.

Defecation at noon (instead of evening, as usual) after having slight colicky pains. McD. 12x.

Have been constipated for last four days. No desire for stool excepting twice, then passed three little black marbles of feces; at noon had a small diarrhœic stool. McD. 12x.

Soft, yellow stool with much flatulence. M. 30x.

Alternating yellow soft stool with hard brown stool with foul flatulence. M. 30x.

Slight burning stool pointed at end like a cone. M. 30x.

Defecation in afternoon; stool came with a gush and was soft and dark with bad odor. M. 12x.

Awoke at 3:30 a. m. with colicky pains in abdomen and a stitching pain in rectum. Defecated at this time and stool was

watery and very dark. After defecation pain in abdomen disappeared. M. 12x.

Awoke again at 7 a. m. with same symptoms and had another defecation and felt improved. Had four more stools from 7:30 to 10:30, but they were scanty, very yellowish and watery. Rectum feels sore and as if prolapsed. M. 12x.

Had three more passages from the bowels since 10 o'clock; watery and dark in color. Anus still feels prolapsed. Had two more defecations of the same character before 3 o'clock. M. 12x.

Defecation at 1 a. m., soft, small stools of dark color; no odor, M. 12x.

Defecation with a great deal of urging. S. 12x.

Defecation at 12:30 (noon); stool resembles a cone of a pine tree. S. 12x.

8:30 a. m., very large stool, dark brown and very offensive. S. 12x.

8 p. m., diarrhœa followed by hot flatulence with a great deal of urging. S. 12x.

No defecation and no desire for stool. S. 12x. (4 days).

No desire for stool; forced a stool which was soft and clay-like. S. 12x.

One stool yellow-brown, also slate color, offensive odor. S. 6x.

Dry, hard stool, last part of stool softer. S. 6x.

Small formed stool with little desire for stool. F. 30x.

Two normal, brown stools during afternoon; in evening much foul flatus. F. 30x.

Not a free bowel movement in afternoon as usual. F. 30x.

Stools very hard, but normal in amount and time. F. 12x.

Constipation for two days. F. 12x.

Desire for stool at usual time, but passed only a few round, hard balls, with no relief, two hours later had a more satisfying stool. F. 12x.

Desire for stool; but no stool; accompanied by much flatulence. F. 12x.

Dry, hard stool, with little inclination. F. 12x.

Dry, hard, scanty stools. F. 12x.

A free, satisfying stool, 9:30 a. m. F. 12x.

Scanty, dry stool, little desire; rectum feels dry. F. 12x.



No bowel movement until 2 p. m., when enema was employed. Mrs. F. 30x.

After one dose 12x had six stools from 8 p. m. to 2 p. m. next day; the stools gushed from the rectum and were formed (not diarrhoeic), the stools were malodorous and accompanied by foul, offensive flatus. Color, yellow. Miss H. 12x.

Have been obliged to use enemas on and off for years and suffered from constipation; since undertaking the proving my bowels move regularly every morning. (Report of Miss W. one month after cessation of proving).

Eight loose, partly formed stools, light brown in color; uncertain feeling about the navel; feels she must defecate, but finds nothing but flatus. This symptom recurred several times. Miss H. 12x.

Colic and gripes in abdomen, particularly about the navel, > after defecation, > after passing gas. Miss H. 12x.

#### Urinary Tract.

Increased urination; latter has heavy sediment which sticks to vessel. Miss H. 12x.

Urine is usually scanty, since taking drug it is profuse. Miss H. 12x.

Difficulty in passing urine following erection, had to wait three minutes. 6x.

Dysuria during the day. Had to wait two minutes before urine came. 6x.

Urine slightly burning. 6x.

Obliged to wait one minute for urine to pass. 6x.

Urine thick and cloudy during voiding. W. H. D. 6x.

Urine became clear after proving. W. H. D. 6x.

Clay-water sediment, also brick dust. W. H. D. 6x.

Heavy cloudy urine during proving. Mrs. D. 6x.

Urine became clear after proving. Mrs. D. 6x.

Brick-dust in large amounts in urine. Miss H. 12x.

Urine cloudy, some deposit. M. 30x.

More frequent desire to urinate. S. 12x.

Urine darker and odor strongly urinous. F. 12x.

Urine in morning dark in color and strong odor. F. 12x.

Urine dark and has acid odor. Mrs. F. 30x.

Urine radio-active by electroscopic test of provers. S., McD., M., D. 12x and 6x.

Faint traces of albumin produced from taking drug in provers. F., S., Miss W., McD. and Mrs. F.

Granular and hyalin casts. S.

#### Urine Examinations.

Prover McD. Before taking drug.	Prover McD. After taking drug.
Volume, 1500 cc.	2290 cc.
Sp. gr., 1020.	Sp. gr., 1020.
Albumin, negative.	Albumin, very faint trace.
Sugar, negative.	Sugar, negative.
Solids, 66 gm.	Solids, 100.76 gm.
Acidity, 18.5 cc.	Acidity, 24 cc.
Chlorides, 14.05 gm.	Chlorides, 20.61 gm.
Sulphates, normal.	Sulphates, normal.
Phosphates, 1.5 gm.	Phosphates, 1.926 gm.
Nitrogen, 22.05 gm.	Nitrogen, 8.5562 gm.
Urea, 16.5 gm.	Urea, 20.61 gm.
Bile, negative.	Bile, pigment, faint trace.
Indican, negative.	Indican, negative.
Nucleo-albumin, negative.	Nucleo-albumin, trace.
Microscopic, a few uric acid crystals.	Microscopic, sodium urates, scanty.
Prover S. Before taking drug.	Prover S. After taking drug.
Vol. 1560 cc.	Vol., 1363 cc.
Color, light amber.	Color, amber.
Sp. gr., 1020.	Sp. gr., 1024.
Albumin, negative.	Albumin, faint trace.
Sugar, negative.	Sugar, negative.
Sediment, slight.	Sediment, slight granular.
Solids, 68.64 gms.	Solids, 72.072 gm.
Acidity, 47 cc.	Acidity, 47 cc.
Chlorides, 13.06 gm.	Chlorides, 14.196 gm.
Sulphates, normal.	Sulphates, normal.
Phosphates, 3.12 gm.	Phosphates, 2.44345 gm.
Nitrogen, 13.80288 gm.	Nitrogen, 18.291 gm.
Albumin, negative.	Albumin, faint trace.
Urea, 29.54 gm.	Urea 19.11 gm.
Bile, present.	Bile, present.
Microscopic, negative.	Microscopic, epithelia from kidney and few hyalin and granular casts, mucus.

Prover M.  
Before proving.  
Volume, 1500 cc.  
Color, amber.  
Sp. gr., 1023.  
Albumin, negative.  
Sugar, negative.  
Sediment, slight.  
Solids, 75.9 gm.  
Acidity, 65 cc.  
Chlorides, 8.85 gm.  
Sulphates, normal.  
Phosphates, 5.67 gm.  
Nitrogen, 16.059 gm.  
Urea, .016 per cc. gms. (24.0 gm.)  
Bile, present.  
Indican, large amount.  
Acetone, negative.  
Microscopic, prostatic and ureteral epithelia.

Prover F.  
Before proving.  
Volume, 1200 cc.  
Color, amber.  
Sp. gr., 1022.  
Sediment, slight.  
Solids, 58.08 gm.  
Acidity, 60 cc.  
Chlorides, 8.064 gm.  
Sulphates, normal.  
Phosphates, 2.046 gm.  
Nitrogen, 10.2648 gm.  
Albumin, negative.  
Sugar, negative.  
Urea, 14.4 gm.  
Bile, negative.  
Indican, slight amount.  
Acetone, negative.  
Microscopic, negative.

Prover, Mrs. F.  
Before proving.  
Vol., 960 cc.  
Color, light amber.  
Sp. gr., 1021.  
Sediment, granular suspended.  
Solids, 44.544 gm.  
Acidity, 55 cc.  
Chlorides, 11.16 gm.  
Sulphates, normal.

Prover M.  
After (proving) taking drug.  
Volume, 1800 cc.  
Color, straw.  
Sp. gr., 1023.  
Albumin, negative.  
Sugar, negative.  
Sediment, floccular precipitate.  
Solids, 91.08 gm.  
Acidity, 25 cc.  
Chlorides, 18 gm.  
Sulphates, normal.  
Phosphates, 2.286 gm.  
Nitrogen, 17.0856 gm.  
Urea, 23.4 gm.  
Bile, pigment traces.  
Indican, diminished.  
Acetone, faint trace.  
Microscopic, ureteral epithelia, mucus and spermatozoa.

Prover F.  
After taking drug.  
Volume, 1560 cc.  
Color, straw.  
Sp. gr., 1015.  
Sediment, slight granular.  
Solids, 51.48 gm.  
Acidity, 21 cc.  
Chlorides, 13.416 gm.  
Sulphates, normal.  
Phosphates, 1.7472 gm.  
Nitrogen, 9.95556 gm.  
Albumin, faint trace.  
Sugar, negative.  
Urea, 10.92 gm.  
Bile, negative.  
Indican, slight amount.  
Acetone, trace.  
Microscopic, few middle bladder epithelia and mucus.

Prover, Mrs. F.  
After taking drug one month.  
Vol. 1380 cc.  
Color, straw.  
Sp. gr., 1018.  
Sediment, slightly granular.  
Solids, 54.648 gm.  
Acidity, 25 cc.  
Chlorides, 14.904 gm.  
Sulphates, normal.

Phosphates, 2.268 gm.  
Nitrogen, 11.92462 gm.  
Albumin, negative.  
Sugar, negative.  
Urea, 10.56 gm.  
Bile, negative.  
Indican, small amount.  
Nucleo-albumin, negative.

Prover, Miss W.  
Before proving.

Vol., 1260 cc.  
Color, straw.  
Sp. gr., 1020.  
Sediment, slight, suspended.  
Solids, 55.44 gm.  
Acidity, 35 cc.  
Chlorides, 13.23 gm.  
Sulphates, normal.  
Phosphates, 2.016 gm.  
Nitrogen, 15.35688 gm.  
Albumin, negative.  
Sugar, negative.  
Urea, 12.6 gm.  
Bile, negative.  
Indican, negative.  
Acetone, negative.  
Nucleo-albumin, negative.

Prover, Mrs. D.  
Before proving.

Vol., 840 cc.  
Color, dark straw.  
Albumin, negative.  
Sugar, negative.  
Sp. gr., 1030.  
Solids, 58.80 gms.  
Urea, 2 per cent.+  
Heavy clay water sediment.

Microscopic, large uric acid crystals and concretions.  
Sodium urate in excess; amorphous form.

Phosphates, 1.38 gm.  
Nitrogen, 7.76664 gm.  
Albumin, faint trace.  
Sugar, negative.  
Urea, 6.9 gm.  
Bile, negative.  
Indican, small amount.  
Nucleo-albumin, traces.

Prover, Miss W.  
After taking drug.

Vol., 720 cc.  
Color, light amber.  
Sp. gr., 1031.  
Sediment, very slight.  
Solids, 49.104 gm.  
Acidity, 50 cc.  
Chlorides, 7.05 gm.  
Sulphates, normal.  
Phosphates, 1.674 gm.  
Nitrogen, 12.7844 gm.  
Albumin, minute trace.  
Sugar, negative.  
Urea, 12.96 gm.  
Bile pigments, trace.  
Indican, small amount.  
Acetone, trace.  
Nucleo-albumin, minute trace.

Prover, Mrs. D.  
During proving.

Vol., 1080.  
Color, dark straw.  
Albumin, negative.  
Sugar, negative.  
Sp. gr., 1024.  
Solids, 60.48.  
Urea, 2 per cent.+  
Heavy clay water sediment, but less than before.

Microscopic, uric acid plates and lozenges.  
Sodium urates, amorphous form.

Prover, Mrs. D.  
One month after proving.

Vol., 1260 cc.  
Color, straw.  
Albumin, negative.  
Sugar, negative.  
Sp. gr., 1018.  
Solids, 50.92.  
Urea, 1.9 per cent.  
No sediment at present.  
Microscopic, uric acid crystals in moderate numbers only.

Prover D. Before proving.	Prover D. During Proving.	Prover D. One month after proving.
Vol., 1080 cc.	Vol., 1260 cc.	Vol., 1200 cc.
Color, dark straw.	Color, dark straw.	Color, straw.
Albumin, negative.	Albumin, negative.	Albumin, negative.
Sugar, negative.	Sugar, negative.	Sugar, negative.
Sp. gr., 1032.	Sp. gr., 1024.	Sp. gr., 1026.
Solids, 80.64 gms.	Solids, 60.56 gms.	Solids, 70.80 gms.
Urea, 2 per cent.+	Urea, 2 per cent.+	Urea, 2 per cent.+
Sediment, heavy clay water.	Sediment, brick dust at bottom of chamber.	Sediment, brick dust at bottom of bottle.
Microscopically, sodium urates in excess. Uric acid plates and concretions in large numbers. Diagnosis, Lithemic urine.	Microscopically, sodium urates in excess. Uric acid lozenges and concretions.	Microscopically, large uric acid plates and concretions in abundance.

#### Male Sexual Organs.

Sexual desire lessened or absent for one month, while taking drug. 6x.

Three weeks after cessation of drug taking, sexual desires stronger than usual. 6x.

Had emission with sensuous dreams at night. 12x.

Had two nocturnal emissions. 12x.

Had emission in afternoon, while sleeping. Woke up feeling weak and drowsy.

Had emission with dreams. 12x.

Slight pain in left spermatic cord when walking. 12x.

After taking dose of 6x two emissions with dreams during night. 6x.

Emission with dreams. 6x.

Two emissions with dreams. 6x.

Extra emissions with dreams. 6x.

Extra emissions; does not remember having had nocturnal emissions for years. 12x.

Increased sexual desire while taking drug.

Sexual desire became normal a few weeks after cessation of drug taking. 12x.

Previous to taking drug had slight phimosis which was aggravated during drug ingestion; head of penis itched and burned; by washing with warm water, phimosis has now improved and is better than before taking drug. 12x.

#### Female Sexual Organs.

Aching pains in abdomen over pubes when flow came on (an unusual occurrence), the pains lasted during the night, a constant ache. Flow was copious first two days, then stopped gradually.

Free from headaches during flow, usually have same. Menses had stopped, came on again with slight discharge of blood and continued for a whole week; no pain; discharge was slight; bright red in color. 6x.

Slight vomiting with menstruation, but no nausea. 12x.

Cold sensation internally all day; chilliness with chattering of teeth until noon; late in the afternoon these symptoms ceased. 12x.

Flow very slight first and second day, usually it is profuse for first two or three days. 12x.

Menstrual flow diminished on third, almost ceased on fourth day, stopped on fifth day; usually it is profuse the first two or three days and lasts five or six days. 12x.

Awakened at dawn with severe pains in abdomen, especially over the pubes, hips and limbs, was conscious of all my bones and could not stay in bed. Moving about did not relieve much. Menstrual flow came on after the usual warm bath in morning and felt better, although bones ached all day more or less. Flow profuse and bright red, with no headache, which is unusual (the prover usually has severe headache when flow comes on and is depressed). In good spirits all day. (Unusual on first day of flow). 6x.

Second day—Flow profuse; excepting for itching of skin, especially on chest and arms, no symptoms today. 6x.

Flow lasted only three days this time. 6x.

Leucorrhœa seems curdy and cheesy. 30x.

Leucorrhœa white and scanty. 12x.

Menstruation delayed three days after usual time. 12x.

Began menstruating at noon; first flow very pink; no pain.

Flow during night very copious and dark red. Experienced some discomfort in lying down part of the night, but succeeded in sleeping after two o'clock. Upon arising and before had lots of bearing down pains in the back. Flow very abundant all day.

Felt unusually cold and chilly. 12x.

Next day felt well all day. Flow very scanty; dark red. 12x.

Practically no flow during night and very little during day.

Next day continued slow menstruation; dark color; no pain.

Next day, flow still continues. 12x.

Next day (6th day), no symptoms. 12x.

Sore muscles over right breast, sore to touch; relieved by hard rubbing; nodules plainly felt by rubbing. 12x.

Menstrual period again delayed three days. Flow very heavy during first two days; then amount dropped to less than normal and continued to flow scantily for two days longer than normal with periods of complete cessation for some hours. 12x (one month after taking drug).

#### *Respiratory Organs.*

Eleven days after taking drug (6x) had sensation of sore throat (no tonsillitis discovered). This stopped in twenty-four hours. Then a dry, spasmodic cough developed. Tickling in larynx, worse lying down, worse after going to bed at night. Could not stop coughing after cough started. Could not suppress it; somewhat better in open air. Tickling in suprasternal fossa, very pronounced, with cough.

Aversion to sweets during cough, especially ice-cream, of which ordinarily very fond. After three nights of this cough same was controlled by *Rhus tox.* 12x. Mrs. D. 6x.

Dry, spasmodic cough occasionally during the day, but of short duration. Mrs. D. 6x.

Tickling, irritating sensation in throat, with constant desire to expectorate and clear the throat. Little strings of mucus, hard to raise, < smoking, > eating. McD. 12x.

Dry, spasmodic cough, < smoking, < indoors, > eating, > out of doors. McD. 12x.

Throat feels dry and raw, relieved by swallowing and drinking cold water. M. 12x.

Pain in left thoracic region, sharp pain which comes and goes; stays a minute or two, then goes away for a minute, then comes back. M. 12x.

Tickling in throat which feels very dry, > after drinking cold water. Throat feels sore when swallowing, like a stitch. M. 12x.

Throat still sore on swallowing, like a stitch. M. 12x.

Constrictive feeling of throat. Miss H. 12x.

Tickling in throat with sharp cough. M. 12x.

Throat feels very raw. Expectoration of white froth; better in the open air. M. 12x.

Throat feels sore with tickling in throat and hacking cough and expectoration of white mucus. Better in the open air. M. 12x.

Very sore throat on right side. M. 12x.

Slight tickling in throat with hacking cough with frothy expectoration. M. 12x.

Feeling of lump in throat and constriction. M. 12x.

Throat still sore. M. 12x.

Throat still sore on swallowing. Chest still feels constricted.

Coughing in morning with a whitish discharge; sometimes it is thick and tenacious. M. 12x.

Hacking cough with whitish expectoration. M. 12x.

Tickling in trachea, as if something had dropped into it causing a dry, hacking cough, at end of cough raised small amount of whitish or yellowish mucus. The cough was better in the open air, worse in the house. S. 6x.

Dry throat, feels congested, though no appearance of a cold. F. 30x.

Throat dry and congested, more so on right side, no soreness, feeling as if smoked too much. F. 30x.

Stopped smoking, but the dryness and congested feeling continued. F. 30x.

Feeling in throat as if drinking or eating food highly seasoned with red pepper, a warm, slightly smarting feeling on right side. F. 30x.

Throat feels hot and peppery. F. 12x.

Occasional dry paroxysms of coughing with sensation as if dust had reached the larynx or bronchi; relieved by coughing. F. 12x.

Sore throat at bedtime, right side slightly inflamed. Mrs. F. 12x.

Throat still sore on right side; slightly inflamed with greyish center. Mrs. F. 12x.

*Chest.*

Developed a succession of little pimples on forehead and chest; they were raised and red and when punctured exuded serum, blood and a little pus. E.

Red rash between shoulder blades which itches. Miss W. 6x.

Severe itching in left breast during day; at night a large red area in the center of left breast, which is raised at that point and sore to pressure. Miss W. 6x.

Redness on left breast has disappeared, though it still itches; there is merely a small pimple left, the top of which is drying. Miss W. 6x.

Wandering pains in right thoracic region running around the ribs. McD. 12x.

Thorax feels very much constricted. Feeling of a lump in thorax and every time swallowed seemed to rise and cause stitching pain. M. 12x.

Constricted feeling in chest continues for some days. M. 12x.

Red papules one-fourth inch in diameter (3-4) on anterior surface of chest near sternum, both sides. S. 12x.

Bruised sore feeling in thorax behind sternum and even beyond it. S. 6x.

Small, red papules on face and chest. S. 12x.

Beating pain at right of sternum, < at end of respiration. F. 12x.

Sore muscles over right breast, sore to touch; relieved by hard rubbing; nodules in breast plainly felt by rubbing. Mrs. F. 12x.

*Heart—Blood Vessels—Blood-Pressure.*

Tight constricting sensation about the heart, > in open air; the sensation causes anxiety and a desire for air. W. H. D. 6x.

Systolic blood-pressure before proving, 140 cm.

Three days after taking drug, 120 cm.

Two weeks after taking drug, 120 cm. W. H. D. 6x.

Constricted feeling in chest. M. 12x.

Sharp pains in region of the heart. S. 6x.

Sharp pains in region of the heart, passed off after walking. S. 6x.

Many dreams during night; awoke in midst of one panting as though had been running and with the heart pounding like a hammer. Was kept awake about one hour with tendency to dyspnoea and rapid and full heart action; sound in ears of rushing water; finally, by lying on my face with right arm under body, the overaction of the heart passed away. There was a tendency to rapid action when arising, but it passed away during forenoon. F. 12x.

Beating pain at right of sternum over heart, < at end of respiration. F. 12x.

Palpitation of the heart during afternoon, also dizziness. Vertigo and palpitation of the heart during afternoon. Mrs. F. 12x.

Several other instances of vertigo, but of short duration. Mrs. F. 12x.

Systolic blood-pressure before proving, 110. Mrs. F. 12x.

Systolic blood-pressure after proving, 105. Mrs. F. 12x.

Systolic blood-pressure before proving, 120. F.

Systolic blood-pressure after proving, 110. F.

Systolic blood-pressure before proving, 130. S.

Systolic blood-pressure after proving, 110. S.

Systolic blood-pressure before proving, 120. M.

Systolic blood-pressure after proving, 120. M.

Systolic blood-pressure before proving, 135. Mrs. D.

Systolic blood-pressure after proving, 120. Mrs. D.

The action of radium on the blood vessels applied locally in *massive doses* is to produce endarteritis with supervening sclerosis and atheroma and a subsequent contraction and closure of the lumen of the blood vessels and capillaries. This action is utilized in treating birthmarks, angiomas, port-wine marks, keloids, and fibroids, the resulting tissue change producing contraction of the parts treated, with a pure white area, the area having no pigment, so that it appears lighter and whiter in color, than the neighboring normal skin.

## Blood Examinations.

Prover McD.	Before proving.	After proving.
Hæmoglobin (Fleischel).....	92 per cent.	85 per cent.
Red cells.....	4,464,000	5,000,000
White cells.....	9,000	8,000
Polymorphonuclear neutrophiles	58.4 per cent.	69 per cent.
Small lymphocytes.....	36.8 " "	24.5 " "
Large lymphocytes.....	3.6 " "	4.5 " "
Eosinophiles.....	1.0 " "	1.0 " "
Basophiles.....	0.2 " "	1.0 " "
Abnormal white cells.....	None.	None.
Morphology of red cells.....	Good.	Fairly good.
Abnormal red cells.....	None.	None.

Prover S.	Before proving.	After proving.
Hæmoglobin (Fleischel).....	85 per cent.	85 per cent.
Red cells.....	5,676,000	6,000,000
White cells.....	6,000	6,000
Polymorphonuclear neutrophiles	60 per cent.	70 per cent.
Small lymphocytes.....	33 " "	20 " "
Large lymphocytes.....	3 " "	5.5 " "
Eosinophiles.....	3 " "	4.0 " "
Basophiles.....	1 " "	0.5 " "
Abnormal white cells.....	None.	None.
Morphology of red cells.....	Good.	Good.
Abnormal red cells.....	None.	None.

Prover F.	Before proving.	After proving.
Hæmoglobin.....	93 per cent.	87 per cent.
Red cells.....	5,750,000	4,800,000
White cells.....	9,000	6,000
Polymorphonuclear neutrophiles	45 per cent.	57.5 per cent.
Small lymphocytes.....	42 " "	33.5 " "
Large lymphocytes.....	9 " "	5.5 " "
Eosinophiles.....	3 " "	2.5 " "
Basophiles.....	1 " "	1 " "
Abnormal white cells.....	None.	None.
Morphology of red cells.....	Good.	Good.
Abnormal red cells.....	None.	None.

Prover M.	Before proving.	After proving.
Hæmoglobin.....	84 per cent.	90 per cent.
Red cells.....	6,492,000	5,500,000
White cells.....	9,500	15,000
Polymorphonuclear neutrophiles	59 per cent.	72 per cent.
Small lymphocytes.....	36 " "	21.4 " "
Large lymphocytes.....	4.0 " "	4.4 " "
Basophiles.....	0.0 " "	0.8 " "
Eosinophiles.....	1 " "	1.4 " "
Abnormal white cells.....	None.	None.
Morphology of red cells.....	Central depression slightly increased.	Negative.
Abnormal red cells.....	None.	None.

Prover Miss W.	Before proving.	After proving.
Hæmoglobin.....	80 per cent.	90 per cent.
Red cells.....	4,000,000	5,500,000
White cells.....	7,500	10,000
Polymorphonuclear neutrophiles	54.6 per cent.	67 per cent.
Small lymphocytes.....	37.4 " "	26.2 " "
Large lymphocytes.....	2.6 " "	3. " "
Basophiles.....	0.4 " "	0.2 " "
Eosinophiles.....	5.0 " "	2.8 " "
Abnormal white cells.....	None.	None.
Abnormal red cells.....	None.	None.

Prover Mrs. F.	Before proving.	After proving.
Hæmoglobin.....	85 per cent.	90 per cent.
Red cells.....	4,488,000	5,500,000
White cells.....	6,500	6,500
Polymorphonuclear neutrophiles	59 per cent.	62.2 per cent.
Small lymphocytes.....	34 " "	33 " "
Large lymphocytes.....	5 " "	3.6 " "
Basophiles.....	0.5 " "	0.6 " "
Eosinophiles.....	1.5 " "	0.6 " "
Abnormal white cells.....	None.	None.
Morphology of red cells.....	Good.	Good.
Abnormal red cells.....	None.	None.

The deductions made from the changes in the blood of the provers examined are as follows:

1. Hæmoglobin shows increase of 5, 6 and 10 per cent., in three cases, remained stationary in one and showed diminution of 6 and 7 per cent. in two cases.

2. Increases in erythrocytes are noted in prover McD., approximately 500,000; S., 324,000; Mrs. F., 1,012,000; Miss W., 1,500,000; F., shows a loss of 950,000, M. a loss of 992,000.

The women provers show a gain of over one million and one million and a half, respectively. Two men show a gain of about one-half million each, while two men lost approximately one million each.

3. One point of definite interest was the increase in the leucocytes in provers Miss W., and M., both having distinct leucocytosis, while prover F. has slight leucopenia; the others showing practically no change. In the differential count the greatest value of the proving was found, for all provers, without exception, show a marked increase in polymorphonuclear neutrophils of from 15-25 per cent.; the small lymphocytes in all cases showing a diminution of from 10-30 per cent.; the large lymphocytes an increase in some, a loss in others.

The absolute scientific fact which stands out clearly in the proving and which can unquestionably be attributed to the drug is the marked increase in the polymorphonuclear neutrophils.

These so-called policemen of the blood corpuscles are the ones which attack the invading bacteria and destroy them and the administration of *Radium bromide* appears to have distinctly stimulated the organism in the elaboration and increase of these protecting organisms.

It is realized that during the short periods of these tests (60-90 days) no greater changes than noted above could be observed in the blood stream. The workers in the mines of pitchblende, the employees of radium factories and the nurses and physicians attached to clinics and laboratories will furnish more definite cumulative effects of radium. *Anæmias* of various degrees are a recognized sequel to continued radium ray action. Spleno-medullary leukæmia is relatively common in the workers of the radium mines as compared with the contiguous inhabitants. Tre-

mors of various kinds affect these workers and several physicians have been obliged to give up their work with radium owing to various hæmatopoietic and nervous developments.

One of the provers a short time after the proving developed a generalized pustular eruption on *both hands* which required hospitalization. The pustules were very numerous, like small-pox eruptions, the size of buck-shot, hard to the touch and contained the staphylococcus albus. These small pustular eruptions still recur, especially on the hands, from time to time and are attributed to the continued handling of radium in massive doses. This prover has had an attack of erysipelas, attacks of carbuncles, small ones, on several occasions and a multiple carbuncle at the classical location in back of the neck (*pure staphylococcus aureus* culture) quite recently. It may be proper to ascribe this condition of non-resistance to the above infections to continued *radium contact*.

#### Neck.

- Inflated feeling in back of neck, on left side, as if swelling.
- E.
- Itching back of the neck and upper part of both arms. Miss W. 12x.
- The parts are somewhat red.
- Dull throbbing sensation on right side of neck, posteriorly. S. 6x.
- Sharp pains in back of neck on right side. S. 6x.
- 3 p. m. felt a catch in the right sterno-cleido mastoid. E. 12x.
- During evening pain in left side of neck; stiffness of muscles of that side; wore off. F. 12x.
- Slight aching in back of neck. F. 12x.
- Pain and lameness of cervical vertebra; < by dropping head forward, > by standing or sitting erect. F. 12x.
- Left sterno-cleido mastoid muscle feels lame. F. 12x.
- Red spot on left side of neck on arising; this disappeared and later a similar one appeared on right side of neck. Mrs. F. 12x.

*Back.*

Dull backache lower lumbar region, > after exercise, it wore off. E.

Awoke with dull aching pain in lumbo-sacral region, which is all that is left of severe aching all over the body experienced during the night. Rest of body feels tired, but aching has ceased. Mrs. D. 6x.

Severe lumbar and sacral backache all day; the aching > after a hot bath. Mrs. D. 6x.

Severe backache confined to lumbo-sacral region, continues with dull occipital and vertex headache. Mrs. D. 6x.

Severe aching pain in back, lumbo-sacral region; pain appears to be in bone; not in muscles, not improved by heat, nor by rubbing; somewhat better after cold rubbing. Worse stepping upstairs. W. H. D. 6x.

Sharp, shooting pains in lumbar muscles, which pass away after continued exercise. W. H. D. 6x.

Dull pain in lumbo-sacral region, > exercising. W. H. D. 6x.

Dull backache, lumbo-sacral region, > continued exercise. W. H. D. 6x.

Pains like electric shocks in lumbo-sacral region; disappear after continued exercise. W. H. D. 6x.

In afternoon had severe pains in left side and small of back, which seemed relieved from pressure, by putting my hand to left hip and leaning to that side I had some relief. The pain came on suddenly, but severely and lasted for fifteen or twenty minutes; heat did not feel good. Miss W. 6x.

Late in afternoon had backache in lower part of back; it felt good to press and lean to the left. Pain was deep and aching. Heat did not feel good.

Pain in sacral region, > by continued motion; a little motion does not relieve. M. 12x.

Pain in lumbo-sacral region, > by much motion and from cold. M. 12x.

Very severe pains in lower back, which extended upwards, but disappeared after going into the open air and exercising. M. 12x.

Dull pain in back, which starts at sacrum, and runs up the back to shoulder, > from exercising. M. 12x.

Pain in back at sacral region, which extended up the back to between the shoulders, > from exercise. M. 12x.

Soreness of left latissimus dorsi near shoulder. S. 12x.

Soreness of both latissimi dorsi; felt weak all over. S. 12x.

Soreness of both shoulders. S. 12x.

4 p. m. a sharp knife-like pain for ½ minute; between 3-4th lumbar vertebrae, about ¼-inch from center of spinal column to the left; the point was sensitive or sore to touch, the sensitiveness remained after pain ceased. F. 30x.

Weakness and slight lameness of whole lumbar region. F. 30x.

Lameness in lumbar region; 1:30 p. m. sharp pain at same location as yesterday (above), lasted but a moment. F. 30x.

8 p. m. noticed catch in spine between last cervical and first dorsal vertebrae. F. 12x.

On awakening pain between 6-7 cervical vertebrae, > on motion. F. 12x.

Lameness in left lumbar region; also lameness in left hip and left elbow; passes away after exercise. F. 12x.

1 p. m. lameness in muscles over left sacro-iliac synchondrosis. 6 p. m. lameness increased; muscles ache and throb; pain passes away at bedtime. F. 12x.

In afternoon severe tearing and bearing down pain across lower part of back; sometimes more severe than others and coming through to the abdomen. Mrs. F. 30x.

Distinct triangular swelling over sacrum, base upward, about 3½ inches high; the swelling was whiter than the surrounding skin; there was heat in the swelling not relieved nor aggravated by rubbing, but during afternoon was relieved by lying down with something hard pressing upon this region. Mrs. F. 30x.

Back conditions continue during morning, noon and evening; sometimes more severe than others and reaching through on each side of the abdomen to the crest of the ilium. Produces a drawing sensation and feels like a plaster. Mrs. F. 30x.

Swelling over sacrum was slightly tender and pain in lower



back continues, but not so severe, excepting at long intervals. Mrs. F. 30x.

Pain in back was quite severe during evening; about 11 p. m. was nearly prostrated by a catch in the right lumbar region. Mrs. F. 30x.

Great flatulence in morning and pain in back continues, but not quite so severe. Mrs. F. 30x.

After two days, back conditions gradually disappear. Mrs. F. 30x.

After remaining away one week backache returns (after taking 12x) while standing; gnawing sensation in bone as if it might be knitting. Mrs. F. 12x.

Backache between shoulders and lumbo-sacral region, > after walking. Miss H. 12x.

#### *Extremities.*

During the night very severe pains in all limbs; whole body involved. Mrs. D. 6x.

Awoke at 4 a. m. with such pains in all limbs that I could not stay in bed. Muscles not sore to touch, but had a desire to rub limbs. Could not keep them quiet. Walked about a little, then back to bed, but could not get rested. After a warm bath felt better. Miss W. 6x.

During the afternoon had pains in all my joints, but especially in the knees and ankles. Miss W. 6x.

Late this afternoon had pains in all limbs again, but they did not last long. Miss W. 6x.

Had pains in all joints, particularly knees and ankles. Could not walk and had to lie down; my feet gave out. Miss H. 12x.

#### *Upper Extremities.*

Sharp pains in second and third fingers of left hand which disappear soon. Mrs. D. 6x.

Dull pains in whole of right hand; all fingers affected, particularly the distal phalanges; > from rubbing, > from continued exercising. Mrs. D. 6x.

Sharp pains in joints of fingers, better after prolonged exercise. Mrs. D. 6x.

Sharp pain in right shoulder joint, not better on moving, but gradually wore off. W. H. D. 6x.

Pain in right shoulder joint, < motion, > heat. W. H. D. 6x.

Lame sensation in right arm, forearm and hand, > exercise, > warmth, the pain and lameness wore away gradually. Sharp, stitch-like pain in left shoulder joint, which wore off. W. H. D. 6x.

Small pustule on center of dorsum of right hand. W. H. D. 6x.

Itching in upper part of both arms and back of neck; the parts are somewhat red. Miss W. 12x.

Arms feel heavy; soreness of both shoulders; soreness of latissimus dorsi; feel weak all over. S. 12x.

Biceps feel bruised. S. 12x.

Left wrist had bruised sensation. S. 12x.

Catch in left shoulder joint, > on exercising; pain wore off. F. 30x.

Lameness in left shoulder joint under deltoid. F. 12x.

Twice during day lameness of left shoulder under deltoid. F. 12x.

Lameness of left shoulder, passes off on motion. F. 12x.

Pain and lameness of wrist while holding a book. F. 12x.

Lame left shoulder and stiffness of spine at last cervical and first dorsal vertebrae, during late afternoon and evening. F. 12x.

Lameness of left arm, biceps and deltoid feel sore; wore off after exercising. F. 12x.

11:15 a. m. catch in right wrist, lasted a moment. F. 12x.

Left shoulder sore and lame all day; < after exercise. F. 12x.

Right elbow stiff and slightly lame after writing. F. 12x.

Right shoulder joint lame, after dressing. F. 12x.

Cracking of right shoulder joint when raising right arm over head. F. 12x.

Lameness of left thumb joint following holding of book, > after active motion. F. 12x.

In morning, twinging pain in left elbow. Mrs. F. 30x.

Severe crick under right shoulder, pain lancinating in character.

Drawing, cramping pain in left elbow 7 p. m. Mrs. F. 12x.

Sore biceps in left arm. Mrs. F. 12x.

Sharp, sticking pain under left shoulder blade through to front of body; it caught my breath as if I could not raise the diaphragm. Mrs. F. 12x.

Very lame right arm and sore muscles over right breast. Mrs. F. 12x.

Severe drawing pain in flexor muscles of left arm. Mrs. F. 12x.

*Lower Extremities.*

Sharp pains in left great toe, < motion; better from continued exercise; passed over quickly. Mrs. D. 6x.

Numbness of both great toes, improved during sleep. Mrs. D. 6x.

Numbness in both great toes, > after exercise. Mrs. D. 6x.

Pain in great toes of both feet, < moving about, > after continued exercise. Mrs. D. 6x.

Dull pain in right knee joint, < motion, better after continued exercise. W. H. D. 6x.

Sharp, arrow-like pain; lightning-like pain in left anterior tibial surface as if in the periosteum. W. H. D. 6x.

Sharp pain in calf of left leg—pains sharp and darting in character; come on suddenly and disappear quickly. W. H. D. 6x.

During evening and night had sharp pains under big toe of right foot; the toe aches when moved. Miss W. 12x.

Every little while have a pain in and around big toe of right foot. Miss W. 12x.

Had shooting pains in my joints, particularly in my knees, ankles and toes. Miss W. 12x.

Excepting for a few shooting pains in body and an itching of the skin all over, have felt fine today. Miss W. 6x.

During the afternoon had pains in all my joints, but more in the knees and ankles. Tonight my toes ache badly. Had the desire to keep moving, but it did not relieve the pain; felt easier after a hot bath. Miss W. 6x.

All the afternoon had severe pains in limbs again; tonight

toes feel very sore; desire to move them, which does not feel good; very hot water makes them feel better. Miss W. 6x.

Have had pains in limbs off and on all day and during afternoon more especially in toes. Miss W. 6x.

These pains continued to manifest themselves for three weeks after the last administration of the drug. Miss W. 6x.

When crossing legs they became "asleep" in a little while. A few days later noticed difficulty in going upstairs, the lower extremities felt very heavy. McD. 30x.

For the last three days corns and feet have been over-sensitive. McD. 12x.

Dull pain in calf of left leg. McD. 12x.

Pain under left patella relieved when foot was still, < walking and moving; also dull, aching pain in left big toe joint after dancing. Never had it before. McD. 12x.

Dull pain in right big toe; tarso-phalangeal joint. Had desire to contract foot to relieve it, but had no relief. McD. 12x.

Dull pain in hip joint located at head of femur; nothing would relieve it and it irritated terribly; also pain under left patella. McD. 12x.

Dullness and weariness of legs, which go to sleep easily upon being crossed. McD. 12x.

Kink in right hip joint, > after walking for a time. McD. 12x.

Pain in right hip, > after exercising. McD. 12x.

Pain in popliteal spaces, just like a tired feeling, relieved after exercises. M. 30x.

Pains in knee joints and popliteal spaces better after exercise. M. 30x.

Pains around the borders of the nails of the feet; better with rest; worse on pressure and motion. M. 30x.

When walking dull pains in popliteal spaces. M. 30x.

Better resting and legs extended.

Dull, tired pains in popliteal spaces at knee joint; better after exercise and in open air. M. 12x.

Pains in popliteal spaces, > by exercise. M. 12x.

Very severe pains in knee joints, very deep, as if in the joints and muscles, > from cold, > exercise. M. 12x.

10 a. m. pain in knees, > after exercise, < remaining quiet. M. 12x.

Pain in legs beginning in knees and running down the legs, > after exercise. M. 12x.

Pains shifting to hip joint and knee joint, dull aching in character, > by exercise and cold. M. 12x.

Dull pains in back and both legs running upwards to shoulders. M. 12x.

Pains in legs and back on rising, > after exercising and in open air. M. 12x.

All forenoon very weak, too tired to walk. S. 12x.

Pain in left great toe for a minute or so; great burning as if acid had been poured on it and then spread. S. 12x.

Soreness in thighs and calves. S. 12x.

11 p. m. sensation of needles pricking on the two middle toes of right foot with a little burning. S. 12x.

Bruised feeling in calves of legs. S. 12x.

Slight catch over left crest of ilium and tired feeling in lumbar region. F. 30x.

Pain in big toes of both sides; pains are sharp and stabbing; better after walking; they pass off; pains also better after hot bath. Miss H. 12x.

Left groin aches in both thighs; seemed lame on beginning to move; passed off after walking. F. 30x.

Lameness on both groins after sitting and first beginning to move. F. 12x.

Lameness and catch in right ankle while descending stairs, passed away after continued exercise. F. 12x.

Lameness in left ankle and catch in small of back with a beating pain lasting but a short time. F. 12x.

Lameness in both groins after continued sitting, > by active motion. F. 12x.

Beating pain in right hip, while sitting at desk writing, remaining only while sitting, > on beginning to move. F. 12x.

Upon arising, ankles and feet seem lame and stiff, could hardly stand or walk; after five minutes this passed away. F. 12x.

Twinges in left thigh muscles in morning. F. 12x.

Left thigh feels lame. F. 12x.

Both thighs feel lame. F. 12x.

Beating pain in left great toe joint lasting ten minutes. F. 12x.

Arose feeling very stiff and lame. Muscles of legs and hips sore. Relieved much by vigorous rubbing with flesh brush. Mrs. F. 30x.

Sore tendo Achillis of right foot. Felt it while climbing stairs. Mrs. F. 12x.

Muscles in antero-exterior part of right leg lame, < from walking and rubbing. Mrs. F. 12x.

Sharp, sticking pain in arch of right foot. Mrs. F. 12x.

Sharp, sticking pain in right knee. Mrs. F. 12x.

Severe drawing pain outside of right knee. Mrs. F. 12x.

Soreness and pain in both knees, which feel as if the bones would protrude. Miss H. 12x.

#### *Skin.*

Succession of small pimples on forehead and chest; they were raised and red, when squeezed exuded serum, blood and a small amount of pus. E.

Small pustule on center of dorsum of right hand. W. H. D. 6x.

Red, large papule on chest. W. H. D. 6x.

Scaly eruption about size of ten-cent piece on anterior surface of right thigh, < scratching, > heat. W. H. D. 6x.

Scaly, circumscribed eruption on flexor surfaces of both forearms which bleed on being scratched; slight itching, < scratching, > dry heat, > in open air, < bathing in either cold or hot water. W. H. D. 6x.

Red, papular eruption on right eyelid with slight itching, > dry heat. W. H. D. 6x.

Scaly eruptions below left eye, size of pea. The scale, when removed, caused a few areas of bleeding, no distinct sensation in eruption. W. H. D. 6x.

Swelling of the tissues about the left orbit with slight itching, > in open air. W. H. D. 6x.

Both hands of prover have been covered with evidences of

chronic radio-dermatitis (x-ray and radium), which had resisted treatment for several years. There were occasional improvements after the use of supposedly indicated remedies or the use of physical agents, but the lesions would constantly recur. The lesions consisted of eczematous eruptions, cracks and fissures, scaly excrescences, verruca-like outcroppings with almost constant itching and burning. After the proving of radium these skin lesions gradually disappeared and have, at this writing (60 days), not reappeared. W. H. D. 6x.

This condition has not recurred since (1928) although skin is not normal. W. H. D.

Itching all over the body at night. Miss W. 12x.

Itching over back of neck and upper part of both arms; the parts are somewhat red. Miss W. 12x.

Itching of skin, especially chest and arms on second day of menstrual flow. Miss W. 6x.

Red rash between shoulder blades, which itches. Miss W. 6x.

Severe itching on left breast during day; at night a large area on the center of left breast, which is raised at that point and sore to pressure. Miss W. 6x.

Redness on left breast has disappeared though it still itches; there is merely a small pimple left, the top of which is drying. Miss W. 6x.

Corns and feet have been over-sensitive. McD. 12x.

Small, isolated, tender pustules, especially on back and sides of neck; one on arm. McD. 12x.

Red papule on surface of right chest, about one-half inch in diameter, slightly raised. Lesion gradually lost its red color, there was no pain, except when the lesion was squeezed, when it exuded sebaceous material (sebaceous cyst). M. 12x.

Red papule on right side of mouth. S. 12x.

Red papules (3-4) one-fourth inch in diameter on anterior surface of chest near sternum; both sides. S. 12x.

Two red macules, size of twenty-five cent piece ( $\frac{3}{4}$ -inch) on right and lower abdomen, slightly itching. F. 12x.

Macules also on chest and two on back below scapulæ; all were slightly itching. F. 12x.

Several red spots on legs, thighs and chest, which itch and

are < by scratching; these spots disappear during the night. F. 12x.

Itching all over body; burning of skin, as if afire. After hot bath felt as if afire; this was followed by a papular eruption on both buttocks; several papules the size of a pea. These papules burn and itch and pass away after an hour or so. Miss H. 12x.

Red spot on left side of neck noted upon rising; this disappeared and later a similar one appeared on the right side of neck. Mrs. F. 12x.

The action of radium bromide applied locally in mild doses causes dermatitis, with redness of skin, burning and itching—these symptoms gradually appear in from 2-4 days, and gradually disappear in from two to four weeks, leaving a slightly pigmented area.

If the dose is a heavy or prolonged one (4 hours or more of a plaque or a tube of pure radium bromide) the dermatitis is followed by blebs, exudation, swelling and formation of scales and crusts when the former subside. These crusts may form and reform a number of times and eventually contraction of tissue is noted with bleaching of parts and formation of a white, thin scar. If the dose has been excessive, or a heavy dose has been repeated too soon (within one week), necroses of tissue will supervene the primary dermatitis, simulating in many ways a rodent ulcer or epithelioma. This lesion will resist regeneration for many months and when scar tissue formation has been secured a milk-white scar will result. In many cases of over-dosing, telangiectases similar to nævi and birthmarks will be caused.

#### *Sleep and Dreams.*

Restless during night. Kept moving about in bed, which relieved the aching pain. Mrs. D. 6x.

Dreams of passing urine. 6x.

Shock passed through body during sleep like an electric shock. W. H. D. 6x.

Sleepiness with lethargy 4-5 p. m. This recurred for one week during the proving, > after an hour's rest. W. H. D. 6x.

Irresistible sleepiness 4-5 p. m., > from sleep. W. H. D. 6x.

Slept soundly, but had dreams about fires; it is unusual for me to dream. Miss W. 12x.

Slept well, but dreamt very vividly about being in a fire; I awoke towards morning very excited, dream seemed so real; took some time to pull myself together and glad it was only a dream. Miss W. 12x.

Dreams of committing suicide in some ridiculous way; awoke early feeling much excited and glad to know it was morning. Miss W. 12x.

Had a very restless night on account of dreams, which awakened and frightened me during night. When I finally awoke I was so dazed and confused it took me some time to find my bearings; all day subsequently I felt as if something was going to happen. Miss W. 6x.

Slept well all night, but dreamed badly again; awoke with a fear of being alone and wished for some one. The dreams were vivid and it took me a long time to realize that I was dreaming, things seemed so true. Do not want to be alone. Miss W. 6x.

Restless all night with bad dreams; low spirited the following day; wish for things and have great desire to be with people. Miss W. 6x.

Slept very restlessly all night, and felt heavy this morning. Dreamed all night, but do not remember what it was; in good spirits as the day progressed. Miss W. 6x.

Awoke in morning feeling drowsy and weak; feel better after going out into the open air. M. 30x.

Feel sleepy during the day, but am well otherwise. M. 12x.

Feels tired and drowsy. M. 12x.

Felt very tired on retiring. F. 30x.

Restless and wakeful part of night. F. 30x.

Sleep well, but get up tired. Desire to stretch. F. 30x.

After taking drug again had a night of many dreams (an unusual occurrence). F. 12x.

Another night of dreams; nothing alarming, but busy dreams. F. 12x.

Many dreams during night, awoke in midst of one panting as though running, with the heart pounding like a hammer; was kept

awake about one hour, with tendency to dyspnoea and a rapid and full heart action; sound in ears of rushing water. F. 12x.

Very sleepy during evening. F. 12x.

Busy, active dreams at night. F. 12x.

Restless night with disturbing dreams, awoke feeling quite well however, and the following two days felt very well, no symptoms. F. 12x.

#### *Fever and Chills.*

Cold sensation internally all day; chilliness with chattering of teeth until noon; late in afternoon these symptoms ceased (during menses). 6x.

Felt hot all over body, so that had to take off the bed covers. Mrs. D. 6x.

Internal chilliness followed by sensation of heat, as of fire, of the skin (no perspiration); usually perspire freely, now I do not perspire; instead my urine, which is usually scanty, now profuse. Miss H. 12x.

Internal chilliness associated with many movements of the bowels and flatulence. Miss H. 12x.

After injection of radium gelatine in malignancies the writer noted in numerous cases the following sequence: (Injections of gelatine alone did not produce these phenomena.)

From fifteen minutes to one hour after the injection severe chill, with chattering of teeth in some cases, followed by rapid action of the heart and gradual rise of temperature after 15-30 minutes of the chill. The temperature in cases where large doses (one ounce) were injected, rose as high as 105 degrees F., with smaller doses 102-103 degrees F., was the usual reaction. This fever would keep on in some cases for three days; in others from one to three weeks; in one case for six weeks. The higher the fever and the more prolonged the pyrexia the better was the resulting action on malignant tissue. All successful cases had prolonged fever and subsequent shrinkage of malignant tissue with supervening fibrosis. Subsequent reinjections produced the same result; indicating that febrile processes appear to have inhibitive action on malignant cells and explaining why different injection

methods (Coley, Alexander) have earnest advocates based upon apparent success obtained following injections. The injection of radium into malignant tissues was abandoned after *one year's trial*, as it was found a dangerous procedure for the patient as well as the operator.

The writer has studied the action of the administration of potencies of *Radium bromide* sufficiently long to make comparisons with other drugs. As the symptoms are gone over *Rhus tox.*, *Rhus ven.*, *Pulsatilla*, *Sepia* and other polychrests are called to mind and a study of the differentiation of these and other drugs from *Radium bromide* is invited.

Dr. J. H. Clarke suggests *Rhus venenata* 3x as an antidote to *Radium bromide*, and the writer has employed this drug and *Rhus tox.*, particularly to relieve the dry, persistent cough produced by *Radium bromide*.

A study of this proving will indicate the use of radium in potency in various skin lesions, in nephritis, in glandular hyperplasias, in sexual debility, and in arteriosclerosis and high blood-pressure if the drug symptoms can be matched with the symptoms of the patient.

It should prove to be one of the most useful remedies for *gouty and rheumatic conditions*, for the provers without exception, developed symptoms of muscle and joint pain in various parts of the anatomy. These pains were *worse from motion* but gradually disappeared after exercising. Most provers developed an air-hunger. The writer remembers being impelled to open the windows and breathe the fresh air for relief of symptoms induced by the drug. This symptom can be readily explained when it is recalled that radium is the greatest oxidizing agent thus far discovered. The patient *therefore* feels better when in the open air and thus satisfies his craving for oxygen. The symptoms of the alimentary tract were definite and should find application in colitis, especially.

The urinary tract evidenced increased elimination of solids, particularly of chlorides (improvement of auto-toxæmia) and five provers developed *albuminuria* and one of these had *granular* and *hyalin casts*, indicating tubular irritation and inflammation.

The male and female sexual organs were also affected by the administration of this remedy, and the claim of the dominant school that it exerts stimulating effects upon the sexual sphere can be scientifically tested.

Verifications of the symptoms of *Radium bromide* were soon received after the publication of the proving.

The following symptoms were verified by a number of colleagues:

1. Severe aching pains all over the body with restlessness. Better on moving about. Pains gradually subside after continued exercise and are better in the open air. (Polyarthritis, muscular pains.)
2. Burning sensation of the skin, itching, excessive. (Pruritis.)
3. Severe vertigo.
4. Dryness of mouth—after etherization this symptom is often noted.
5. Colicky pain in abdomen, passing of foul flatus.
6. Catarrhal nephritis and croupous nephritis especially if associated with rheumatic constitutions.
7. Irregular—delayed menstruation.
8. Dry, tickling cough, worse at night while lying in bed.
9. Dull backache, lower lumbar region, better after exercise. Lumbo-sacral pain was produced in nearly all provers and the writer has received verification of this pathology in a number of instances.
10. Sharp pain in the small joints, dull pain and soreness of muscles. It is in rheumatism and gout that verified symptoms have accumulated, thus proving the claims of the dominant school to be strictly homœopathic. Several patients with polyarthritis are reported cured with this remedy, after years of suffering. Eight provers developed 135 symptoms referable to painful muscles and joints. The symptoms were sometimes sharp and at other times dull and aching, which gradually wore off after moving about. The pains were worse at night in most cases and in some provers were referred deeply to the periosteum of bone.

The particular point of improvement in the *open air* should not be forgotten, as the patient craves oxygen and walks about if he can, for the exercise gradually improves his condition.

At the present writing considerable data is accumulating, particularly in European medical literature, as to the remarkable value of *small doses* of the *x-ray* in many *infections* and *inflammatory conditions*, the small dosage showing diametrically opposed results from the many well known pathological lesions produced by *excessive x-ray exposure*. To the initiated it is quite apparent that in this powerful agent the homœopathic principle is again receiving *unofficial recognition*.

### CASE OF HYSTERIA.

R. N. PRASAD, M. B., Jehanabad, Gaya, India.

Rai Hari Shankra Kuman's daughter, a widow aged about 18 years, suffering from hysteria since the death of her husband. Two years before she was strong and stout and in good health when her husband was alive. First of all she was under the treatment of the old school; then she turned up under my Hahnemannian treatment on the 5th of September, 1927. I made a perfect inquiry about her complaints. She told me that she had megrim just before an attack; anguish and oppression of the chest; sense of suffocation; constant motion of the hands during fits and that music was distasteful to her and caused her to jump out of the bed and that there was pain all over the body; there was great sleepiness but could not sleep on account of fear; menses were irregular, scanty and painful. The first day I prescribed *Ignatia 30*, two globules No. 20 in 4 drams distilled water, first dose to be taken on empty stomach, but to no effect. After a fortnight I prescribed *Tarentula cm* and in the course of a few minutes she got rid of the fit and was as cheerful as before.

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WANTED—Jahr's Mental Diseases and Kent's Homœopathic  
Philosophy. The Homœopathic Recorder.

## DEPARTMENT OF HOMŒOPATHIC PHILOSOPHY

Editors:

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

THE PREDISPOSITION—*THE SIMILIMUM*.\*

ALFRED PULFORD, M. D., Toledo, Ohio.

### *The Predisposition.*

Through the courtesy of Dr. C. E. Wheeler, London, we are in receipt of a complimentary copy of *The Problem of Chronic Diseases* and have enjoyed it very much.

Dr. Wheeler states on page 2, paragraph 2, that: "It may save time if I face here and now the inevitable discussion as to how far germs of disease—so-called—are final causes of disease, etc. But is the predisposition itself the disease, etc.?"

Disease is something unseeable, unknowable and resists all our senses. It enters our bodies unannounced, unbidden, unwelcome, for it is inborn. All that any of us know of it is its out-speakings or symptoms. As Kent said: "All that is knowable of disease is expressed in symptoms." Disease is determined, judged, classified and named from its external manifestations solely and treated solely therefrom by our allopathic brethren. There is but one *fact* regarding the matter and that is, the *predisposition* is the very root of the disease, hence the disease itself.

The assertion that "*germs* cause disease" is perhaps the most ignorant and fallacious statement ever made on a cause of disease. Healthy human beings can and have eaten so-called "germs of disease" with impunity, and this for two reasons, viz: Either there is no predisposition (disease) present, or, if present, it is inactive.

If, as is contended, germs cause disease, then the burden of proof, of why *all* who are exposed to a given disease do not come down with that particular disease, is on the contender.

Natural immunity is the absent or latent predisposition and this immunity can never be brought about by any artificial,

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physiological or suppressive measures, as: Sera, vaccines, anti-toxins, etc. In two families, having twins in each family, one of the twins in each family had a case of malignant scarlet fever. Both the parents and the well twins were anxious that the well twins should have the scarlet fever at the same time, so as not to be separated when the sick twins should be well enough to go back to school again. In order to try to bring this about I had the well twins eat, play and sleep in the same room and bed with the sick twins, but neither one of the well twins took the disease. Just this year I tried the same experiment with a case of measles with the same result. Then if the contention is true that the germs cause the disease there could have been no escape for those two twins, for if the germs of malignant scarlet fever in direct contact could not reproduce the disease in children whose predisposition was either absent or latent the assertion that germs cause disease is idle speculation, the result of lack of knowledge.

Bechamp refuted Pasteur in every way and denounced his misjudgment and distortion of the truth as "the greatest silliness of the age." Commercially Pasteur was a great success, but his "blighting and cursing humanity down the ages," as Dr. Lawson puts it, puts Pasteur in a very unenviable light, and if that is true makes the results of his labors more destructive than all the wars, floods and pestilences combined and present trends point that way, for there can be nothing more serious than the ruining of one's health, a thing easy to lose but hard, if ever, to restore, and health cannot be bought at any price, our misguided allopathic brethren to the contrary notwithstanding.

When the predisposition is active then direct contact may bring the disease to the surface but not otherwise. This is well illustrated in a case where a man cuts himself many times with a knife and the cut heals up rapidly, but perhaps the next time he cuts himself a predisposition unknown becomes active and presto!—blood-poisoning ensues. Certainly in this case if the germ had been the cause of the trouble it would have occurred before. I had another case who had blood-poisoning every time he cut himself until the predisposition was removed, since then he has had no more trouble. Personally, I have been bitten by both dogs and cats several times without paying any attention to the bites and

have never suffered any evil effects while I have had to prescribe for others bitten by the same animals.

All there is to the curing of disease is the freeing of the pent-up predisposition. The remedy acts as a key to the door that would free that pent-up predisposition, and that door needs to be unlocked but once, hence when you have the *similimum* that fits the lock a second unlocking is rarely necessary. After the door is unlocked the predisposition escapes at once if the potency is just right and all that is then necessary thereafter is to wait until Nature in her own good time clears away the debris or external manifestation. It is this waiting that tries our skill and patience. All that *we* can apparently sense is the sight of that external manifestation; it is *that* that we consider the disease instead of the real disease—the *predisposition*—hence we must repeat and repeat until that external manifestation has disappeared which is bad for the patient. This physiological process brought about by these frequent repetitions debilitates Nature so that the process of elimination is stopped before all the debris is eliminated and carried off, and thus while all that is visible has cleared away and the patient experiences great relief for the time being and both you and he consider his case cured, all the debris has not been eliminated. The result of all this is, that that which remained is still there to complicate other conditions that may arise later, and all the time this retained debris is slowly but surely and insidiously breaking down the natural bodily defenses. We, as intelligent physicians, must look below the surface and remember that Nature will not be forced even to accommodate the best of physicians. If the *similimum* is a myth and the term cure a myth and we are not going to try to find the *similimum* or to cure our cases why waste our time, paper and work on homœopathy? Why not go back to the old school?

If I am wrong in my belief will some of my more enlightened brethren kindly demonstrate to me beyond question that germs cause disease?

#### *The Similimum.*

May I kindly ask you to enlighten me where the authority is gotten for placing the second "I" in *similimum*? I cannot find it



and I think the matter should be settled right here and now that we may be a unit on the matter.

The *similimum* seems to be a sort of an enigma to most of us, a sort of an illusion or myth, a thing to be striven for yet unattainable, especially by our British brethren. In the *British Homœopathic Journal* its editor, Giles Forward Goldsbrough, M. D., has this to say of it: "We imagine some readers of these lines exclaiming that according to the foregoing statements we can never be sure of prescribing homœopathically at all, and that all the talk about the *similimum* is of very doubtful validity." The present writer (Dr. Goldsbrough, A. P.) would answer: "Yes, that is so. The *similimum* is a pure ideal, and to state that it had been found had implied all the process of thought and judgment indicated, as previously exercised, and the fact that the patient's recovery is not necessary proof that the *similimum* was found, because quite possibly all the conditions of recovery, such as ultimate variations in dynamic, are not known, etc."

In analyzing Dr. Goldsbrough's statement as given we quite agree that: "It is no proof of one's undertaking to be able to confirm what one pleases, but to be able to discern that that which is true is true and that which is false is false, this is the mark and character of intelligence."

That the *similimum* is, *in toto*, simply a "pure ideal," presumably unattainable, is purely empty speculation. To be able to attain the *similimum* should be the ideal of every physician worthy of the name. To attain the *similimum* is his imperative duty if he is true to his calling. That the *similimum* can and is being constantly found is an established fact. Since we have given up the completing of homœopathy and lain down on the job how can we expect to find a *similimum* in an unknown product or even in those products we already have which are only partially proven? If we are to continue finding the *similimum* our materia medica must be enlarged, expanded and amplified, not abridged. We are surprised at such men as Dr. John H. Clarke advocating abridgment. If we are to find the *similimum* in each and every case that is baffling us now and which in our ignorance we are pronouncing incurable, we must bestir ourselves, for homœopathy is no method

for a lazy man to espouse. No, the *similimum* is not simply "a pure ideal" only to be merely contemplated and dreamed about but is an established fact and its attainment discerned in every disease whenever it is found from the most simple to the most severe and complex.

What is the *similimum*? It is that remedy that covers every phase of the disease in which it is indicated; that remedy that will carry the case through from start to finish without aid from any other remedy no matter how chronic that case may be. The leading symptoms of any drug are the same in every individual but as the individual characteristics differ in each individual so will the symptoms elicited by that drug vary in different individuals in the minor points, so that no one patient will ever produce every symptom listed under any given remedy. Until every remedy is proven to its limit the *similimum* will never be a mathematical certainty before prescribing.

How may we know when we have found the *similimum*? This seems easy to answer. In any remedially curable disease from the most simple to the most severe and serious or complex whenever the *similimum* is found and applied the result will be prompt and continuous. No matter what the disease, it will be arrested at once and the patient started on the road to recovery, and if you are a good and an acute observer the remedy will rarely need to be repeated if your potency is not too low. Many remedies may be apparently similar and the unfinished state of homœopathy will find us in almost 90% of our cases in that quandary but in the final analysis the fault is ours. The farther away we are from the *similimum* the more we must either repeat or lower the potency in order to do by physiological means what our lack of knowledge has prevented our doing by curative means. It is this lack of knowledge that has brought this expedient about, *viz*: "If this or that remedy or the supposedly well-chosen remedy fails to hold or to complete the cure then give this or that remedy and bring about a reaction or indications for some other remedy." All this amounts to what? Simply the fact that we have had at no time the true *similimum* though at all times we may have had a supposedly similar remedy or near *similimum*. All that our *Sulphur*, etc., have done have been to remove some of the symptoms and

those left may or may not appear like those of some other remedy. We have simply spoiled our case and while we may have seemed to have downed one trouble we have laid the foundation for a deeper one. The *similimum* does not cure the disease, it is simply a means to an end, like the key it merely unlocks the door, it does not open it; Nature attends to that. Other methods than the *similimum*, such as surgery, etc., merely remove or eliminate the effects, they cure nothing and remember it is always better to do nothing than to do the wrong thing. Instead of going ahead and completing the unfolding of homœopathy and rendering ourselves in a position to do real artistic work, we are droning along content to do mere patchwork, a stigma on our intelligence.

#### *The Intercurrent.*

Dr. F. E. Gladwin asks in the *March Recorder*: "What is an intercurrent, when is it called for and how should it be selected?" Our reply would be: An intercurrent is a filler remedy only needed on the one hand because we had failed to find the true *similimum* or as we are pleased to express it, "When the well-chosen remedy fails to hold or to cure," or to counteract the effects of a cold or other intervening state. When needed it should be selected on the totality of the symptoms with special attention to its relationship to the preceding remedy. A case receiving the true *similimum* should never need an intercurrent. My own experience has been that whenever I had the true *similimum* no matter how acute and severe or how chronic and severe the disease the true *similimum* has never had to be assisted by any other remedy.

#### DISCUSSION.

CHAIRMAN HAYES: This was a very excellent paper that deals with the unseen to a considerable extent, but we must remember that the unseen may be as real as the actual.

I would suggest that we postpone the discussion on the intercurrent remedy part of the paper until Dr. Gladwin's paper has been read. The paper is open for discussion.

DR. WRIGHT: I should like to ask the speaker to explain what he means by the *similimum* being able to cure morphology.

DR. HUTCHINSON: I should like to refer to a detail in Dr. Pulford's admirable paper in what he says about the spelling of the *similimum*. I am very glad to have that pointer that the second "l" should be omitted because I probably have forgotten about my first information concerning it. I had an impression that it was necessary, that the Latin termination demanded it. No doubt Dr. Pulford is right, and I hope the matter will be settled.

DR. BOGER: Mr. Chairman that was a wonderful paper. There was one striking sentence in it to which I want to call attention: "How do you know when you have found the *similimum*?" Now the doctor's argument there is *a posteriori*. How do you know when you have found the *similimum*? Unless you know it before the results of the election have come in you don't know anything about it.

Just to prove the point I will tell you a recent experience. The husband of a woman came to me complaining about his wife and from his description she had inflammation of the sheath of the tendo Achillis. She had swelling, heat, redness, and so forth. Now the number of remedies that show inflammation of the sheath of the tendo Achillis is not very small. I looked them over and saw *Kali bichromicum*. As soon as I saw that I knew that her general condition answered to a *Kali bichromicum* case. When the keynote of the case fits into the general picture, then you know that you have found the *similimum*.

DR. CUSTIS: Mr. Chairman, I want to say something about this because of disease business. We all know and we all agree that we have got to have a predisposition to have a disease. If that weren't true none of us would live a year, we would all be dead before we had a chance to grow up. But no matter how fertile the soil, you cannot grow wheat without a wheat seed, and it is the same thing with disease, you have got to have your predisposition. You cannot grow wheat on rocks, but you also cannot grow it in the best circumstances without the seed of the wheat.

DR. COLEMAN: May I ask one question? These various animals that bit him, the dogs and cats—I get bitten once in so often,

sometimes they set the dog on me—I want to know whether these were rabid animals that bit him or just ordinary dogs that were not sick, and if they were rabid animals whether he did anything or took the Pasteur treatment.

DR. PULFORD: Mr. Chairman, about 999.9 of the rabid animals never were rabid. We have in our town, and you are having all over the United States, a scare of rabies for commercial purposes, commercial only.

I have been bitten by some animals that have had their heads cut off. I have never done anything about that condition. I was bitten by a cat a little while ago, but I forgot it, and if the average person would forget it there would be no trouble, although I did have one or two cases that were bitten by the same animal that I had been bitten by. While I am on my feet, I will try to answer Dr. Wright's morphology problem. My idea of morphology is simply this, that nature will brook no standardization—none whatever. Nature made man individual and we are all different. You couldn't make men all alike if you took all the morphologists in Christendom. In those conditions that are brought about by disease there are certain diseases that will stunt the growth and will change the structure; and those diseases, like suppressed eruptions, or suppressed syphilis, will bring about a different state in the succeeding generations. That is what I mean by morphology.

The fact that Dr. Boger here is a little bit shorter and a little stouter than I am doesn't make him any different as a human being, and the remedy wouldn't make any difference to him. You cannot prescribe for a man because he is fat nor because he is thin; but if that man was made fat or thin by some disease then it would change his morphology, and that is what should be taken into consideration when you are prescribing for the man.

Where these men have had so much to say about morphology—I don't see that they have made any better cures—we don't take the measurement of our patients, we don't care whether they are ten feet or ten inches.

DR. BOGER: I want to take exception to "we don't take the measurement." I take the measurement of everybody who comes in. I measure them with my eyes.

DR. NELSON: The point Dr. Pulford makes is that disease determines morphology, and not the morphology the disease.

DR. STEVENS: Dr. Pulford spoke of the *similimum* doing all the work without any other aid whatever, would he therefore ignore diet?

DR. PULFORD: Mr. Chairman: the diet is one of the greatest considerations in homœopathy. We never speak of it because it is fundamental. I don't find it necessary to speak of the fundamental every time I speak of a remedy. It is to be understood that the diet is the greatest thing of all.

DR. JOHNSON: The doctor says if you get the *similimum* you need nothing else but that, and you don't need to repeat it in chronic cases. I was criticized by Dr. Taylor shortly after a case I reported in Chicago and I would like to ask him now how he could cure such a disease with one remedy.

In this case, they were going to take him to Cook County Hospital and operate on his hip. The bone was swollen out, it was honeycombed, (I found that out in cases that I have since had, and I have cured) and it was just as hard as a rock. He couldn't move the hip. He kept the neighbors awake crying at night with the pain. It came on in the evening. I thought I had my remedy when I gave him *Syphilinum*; it didn't have a bit of effect. I doctored that young man for a month and finally cured him with *Syphilinum*, but before I gave my *Syphilinum* again I had to prescribe for his tubercular diathesis. (His father had died with it). I had to prescribe for a gonorrhœa which he had had suppressed and for suppressed syphilis, although he said that had nothing to do with the disease I had to work with. After all that my *Syphilinum* came up very clear again. I was sitting there one evening and he said, "I hate to see night come, I used to love to see a moonlight night, now I dread it from darkness to daylight, it is hell on earth."

I gave him one powder of *Syphilinum* CM and went home. When I came back the next afternoon I had brought the syphilis back in every stage in 24 hours, the rash, the mouth full of ulcers and even the chancre. How could I have cured him with my *Syphilinum* the first thing? I had to undo all that had been done before, the drugging, and the gonorrhœa and then came my

*Syphilinum*. Could one remedy have cured it all? You get a tree so big sometimes you can't cut it down with one stroke.

DR. PULFORD: Mr. Chairman, Dr. Wells made the assertion that the indicated remedy would act through hell fire and in fact it does. It will do, and the reason that we have to zig-zag these cases around is because we have never at any time had the true *similimum*. Before the advent of *Cadmium* you were zig-zagging your cases with *Arsenicum* and *Bryonia*. Before the advent of *Ferrum phos.* you were zig-zagging with *Aconite* and *Belladonna*, but you never had the *similimum*. The moment you had the *similimum* you could discard the lot.

I am not saying that this can be done every time. It cannot until homœopathy is fully unfolded. You will never be able to make it a mathematical certainty beforehand, until after it is unfolded. The doctor didn't have the true *similimum*, she jockeyed the case around and finally got rid of something. You have got to cure the predisposition before you can cure the case.

DR. JOHNSON: I gave *Syphilinum* at first and it didn't do a bit of good, but after I treated the drugging and the gonorrhœa and gave *Syphilinum* again he was walking.

DR. PULFORD: *Syphilinum* is a slow-acting remedy and you must wait patiently, watchfully. Watchful waiting is as great in homœopathy as it is in politics.

DR. JOHNSON: I waited one month.

DR. PULFORD: You will find that as a general rule, if you will give the *Syphilinum* and give the right potency you will get results and immediately. Dr. Dayton Pulford gave a dose of *Sulphur* 200 to a moribund case and never had to repeat that remedy at all, and the child, in three weeks was up and in perfect health, and as full of life as could be. The tendency two or three times was to change the remedy, but better judgment prevailed and the child is in the best of health, is better looking and the most vigorous child that I have ever seen, a child dragged right out of the grave with the one dose.

CHAIRMAN HAYES: Anything more on this subject? If not I will ask Dr. Pulford to say whatever else he has in mind.

DR. PULFORD: Mr. Chairman, I think I have said enough.

## POINTERS.

### THE SIMILIMUM AND POTENCY.

If a CURE is to be expected it will be necessary to draw a fine line between the similar remedy and the TRUE *similimum*. A similar remedy may apparently cover all the symptoms but the TRUE *similimum* must not only explicitly cover all the symptoms but the proper potency also. The proper potency is as much a part of the TRUE *similimum* as the remedy itself.—A. P.

All forms of substance, organic or inorganic, are but gas in various stages of density holding in check latent Divine power. This can be freed only by subdivision, hence the triumph of homœopathic medication.—A. P.

Nycturia in the aged—*Puls.* 1 d. and no repetition.—c. g. w.

*Pulsatilla* is the fastest worker I know of for constipation, hæmatoma and earache; 1 d. and no repetition.—c. g. w.

Most of us have no faith or we believe only what we can see; even though what we see is not the beginning but the end and the end is too late, for the doctor at least. To rely solely on pathological states as do our old school friends and many modern homœopaths is to attempt to cure a dead man. This is the reason for our failure to cope with disease; for in the end we must have that first knowledge on which to base our prescriptions and faith to wait for what may be expected of it after administered.—A. P.

The greatest trouble with us homœopaths, the greatest drawback to our continued progress is that even our best prescribers have yet to learn that they are working with but few perfect tools, more imperfect tools and mostly no tools at all; jockeying their cases around by carrying them as far as they will go under one remedy then searching for the next nearest similar remedy.

The public thinks, most of the modern homœopaths think, that homœopathy is a completed product. The public have naturally accepted it at their own valuation and condemn it accordingly. If the public could comprehend it as it is and be led to see its possibilities and judge what its full development may be by

what its partial development has already done, homœopathy would grow rapidly without having to go the round about and useless way of argumentation.—A. P.

Several cases of pellagra have been cured for me with *Kali bi.* 1 d. and no repetition. Let them scratch and get well. It has the summer aggravation of the eruption, red tongue and loose stools. Study *Kali bi.*—C. G. W.

Some of the most valuable remedies even of developmental use have come to us or come back to us from eclectic sources.—H.

To relieve the pain of soft corns place a wad of toilet paper between the toes.—D. T. P.

We have verified this comfort of paper on corns and excoriations many times. Cloth of any kind is aggravating.—H.

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## EDITORIAL.

### IF EVERYONE HAD THEIR CHRONIC REMEDY—

It is a common saying that there is no absolute on this earth and therefore no norm of complete health. Those who are familiar with Hahnemann's theory of the chronic miasms have some basis for understanding why this is so. A new-born baby carries the cumulative load of ill health of all its ancestors, and the adult adds to this the weight of the results of drugging, bad hygiene and habits and the sequelæ of whatever diseases he has had, including the physical and emotional resultants of mental stress. Let anyone who is financially or mathematically minded figure out the sum total of these liabilities which have been compounding over many years, and they will be appalled at the apparently insoluble bankruptcy as to health of every human being. Sensible living, sociological and emotional adjustment, abidance by the laws of spiritual life, and the correct cure of acute diseases by homœopathic remedies, will do something toward alleviating this condition, but these measures will be palliative and preventive only

if they are not connected with chronic constitutional medication in accordance with the law of similars.

What do we mean by the *homœopathic, chronic constitutional remedy*? We mean that substance which is similar to the totality of symptoms, spiritual, mental, emotional and physical, of our patient. We must take into consideration not only the present status, but also all shocks, illnesses, crises and tendencies in the life of our patient and in so far as we can ascertain it, in the parents and ancestors. We must review the whole career of our patient from the time of conception. With all this complicated history, can we reasonably expect to find one remedy which will be similar to such a galaxy of symptoms? In many patients, yes. We will clearly see how the appalling headaches better by binding up the head, from which our patient suffers today are the logical outcome of his condition in childhood with his terror of thunder-storms, his fœtid foot-sweat, his dislike of milk, his lack of stamina. In such a case, one dose of *Silica* in moderate potency (2 c or 1 M) may turn our patient into order *from within outwards, from above downward and in the reverse order of the symptoms*, the habitual headaches giving place to the return of perspiration which in turn disappears, leaving our patient better balanced, more resistant and less likely to have future illness of any sort. In the majority of cases, however, it is not so simple. One must, as it were, "peel the onion" and work back through layer after layer of engrafted and inherited disease by means of a series, not only of potencies of the same remedy but of several remedies often related, *seriatim*.

This is the age of prevention, of organized effort to get the children early and protect them. Let us make a special effort to prescribe fundamentally for all the children in our practice and to merit and obtain positions as physicians to schools, orphanages, etc. If we could treat the children of three or four generations by profound constitutional homœopathy, our world would be a different place from the standpoint of health, crime and human happiness.

Will not those of you who use mainly acute remedies look into this matter of chronic treatment, study your Hahnemann's *Chronic Diseases*, Von Grauvogl's *Text Book of Homœopathy*,

Kent's *Lectures on Homœopathic Philosophy*, and realize the tremendous value of giving every child and most adults their *chronic constitutional remedy*, one dose, repeated at long intervals when the self feels worse and symptom progress in accordance with Hering's three rules has ceased.

The scales are before your eyes, in one balance the cumulative tendencies to disease including excessive temperaments, in the other balance one little high potency homœopathic powder of the true *similimum*. Slowly sometimes, at other times swiftly, the balance will fall on the side of the weighty imponderable.—E. W.

### COMMUNICATIONS.

The Editors assume no responsibility for the views or opinions of this department.

#### A SUGGESTION

Editor *The Homœopathic Recorder*:

Through your courtesy, we would like to offer a suggestion to the members of the I. H. A.

It was stated a short time ago that: "There should be no *Honorable Seniors* in the I. H. A.; that each member should pay as long as he could, as some of the seniors are better able to pay than some of the younger members." With that we heartily agree.

Now here comes my suggestion, which we think is a sound piece of business policy. Each present member, *Honorable Seniors* included as far as they are able, should, if able, pay into the treasury the sum of one hundred and twenty-five dollars (\$125). Each new member on coming into the Association should pay a like amount. The sum accruing therefrom should be invested in tax-free bonds drawing not less than 4% interest, which would amount to five dollars (\$5) per member. In this way the member's dues would be paid for life, he would be exempt from further payment of dues and the Association would have a steady income without further worry and eliminate delinquency. At death the amount could be returned to the member's estate or if the member chose to donate the amount to the Association it

could go toward swelling the Association's treasury. Thus the member would not be embarrassed when old age cut off his earning powers, and he could attend the meetings without feeling himself under obligations to any one as in pauper fashion.

Homœopathy has always been the *leader* in medical advancement and the I. H. A. would be the first medical association to put itself on a firm financial basis.

Let each member study it over, then discuss it at the Montreal meet, they have nothing to lose and the Association has everything to gain.—A. PULFORD.

### CARRIWITCHETS.

Sit Down, Doctor, and Write Us Your Answers to These Questions. It Will Only Take Five Minutes.

*First Question*—Coldness of the nose and profuse sweat under the chin every time she sews making her very nervous, only symptoms. Anyone able to give us a remedy?—A. P.

*Second Question*—Asthma whenever one is around or near horses. Patient was vaccinated some time ago but has never had any feeling. Can anyone give a clue to a remedy or remedies controlling this condition?—A. P.

*Third Question*—Given an old cardiac who has been on digitalis for some time, do you stop the digitalis and substitute your homœopathic remedy or do you taper off the digitalis or continue it while giving the remedy? If the latter, how much does it interfere? What results have you had in obstinate decompensation cases with the purely homœopathic remedy?—E. W.

*Fourth Question*—What remedies are suitable in severe auricular fibrillation?—E. L.

*Fifth Question*—Cramp about six inches up in rectum anywhere from 2 to 4 a. m. wakening them from sleep. What remedy or remedies cover this state? We note Kent's 3rd Ed. Re-

peritory makes no distinction between Rectum and Anus, which we think is a serious error. He also refers Cramp under Rectum to Constriction. Cramp and constriction have quite a different meaning to us and we think they should be separated.—A. P.

*Sixth Question*—Has anyone a letter written by hand from any of the masters of homœopathy that they would be willing to lend the *Recorder* to be published in facsimile?—Ed.

Answers to question in previous issue will appear next month.

### BOOK REVIEWS.

PRACTICAL MATERIA MEDICA, by Dr. Gilbert Charette, (abridged from a review by Dr. R. Picard, tr. by Ed.)

Writing for novices to whom everything must seem new and strange in our therapeutics, Dr. Charette warns all his readers that he has wished to make a primer of homœopathy where only the chief remedies are studied, those that one employs daily and the knowledge of which is absolutely indispensable. These drugs, which number 104, are as follows: Acon-nap., Act-rac., Aesc., Agar-m., Aloe, Alum., Anac-orient., Ant-c., Ant-t., Apis, Arg-n., Arn., Ars-alb., Arum-t., Aur., Bapt., Bar-c., Bell., Berb., Bor., Brom., Bry., Cact., Calc-c., Calc-fl., Calc-ph., Camph., Cann-sat., Canth., Caps., Carb-v., Caust., Cham., Chel., Chin., Cina, Cocc., Coff., Colch., Coloc., Con., Crot-t., Cupr., Dig., Dros., Dulc., Ferr., Gels., Glon., Graph., Ham., Hell., Hep., Hydr., Hyos., Ign., Iod., Ipec., Iris-v., Kali-bi., Kali-c., Kreos., Lach., Led., Lil-t., Lyc., Mag-c., Mag-p., Meli., Merc., Merc-cy., Nat-c., Nat-m., Nat-s., Nit-ac., Nux-m., Nux-v., Op., Petr., Phos-ac., Phos., Phyt., Plat., Plb., Podo., Puls., Rhus-tox., Rumx., Sab., Sang., Sec., Sep., Sil., Spig., Spong., Stann., Staph., Stram., Sulph., Tab., Thuj., Verat-a., Verat-v., Zinc.

In his introduction Dr. Charette sets forth very clearly the fundamental principles of the homœopathic doctrine: Proving of remedies on healthy men; the law of similars; dosage. Then he sets forth the principles of homœopathic pharmacology, explains

what our dilutions are, and the choice of the dose and its repetition, the aggravation, the duration of action and the changes which one may have to make in the course of treatment. He then passes to the study of each drug giving a resumé of its botany, chemistry or zoology together with the pharmaceutical preparation, its physiological action, the type and modalities, including the predominant laterality. Then follows under the rubric *characteristics*, the particular indispensable symptoms, the principal indications and the habitual dosage. He then covers in a few lines in the manner of Boericke what one must remember and concludes with two or three observations with commentaries, and mentions complements and comparisons. In the course of several chapters he has reproduced the fundamental tenets of the *Organon*. He has left out all that seems bizarre and confuses the student who is beginning. It follows that his characteristics are incomplete. The only objection that can be made to this work is the fear that its facility will cause novices to hold only to this book, although the author recommends them to complete their study in other treatises such as Chiron's *Materia Medica* or the older one of Jousset.

### CURRENT HOMŒOPATHIC PERIODICALS.

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

#### ALLGEMEINE HOMŒOPATHISCHE ZEITUNG, LEIPZIG (In German)

Band 176: 89-184 (July) 1928

<i>Arsenicum</i> : Its Toxicological, Pathologico-Anatomical, Pharmacodynamic Action	
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H. Hartung, M. D., Berlin.....	123
<i>Ipecacuanha</i>	
G. Charette, M. D., Nantes (Tr. H. Balzli, M. D.).....	128
*Query-Serum and Syphilis	
Dr. Kiepke, Leipzig.....	136
American Homœopathy—III: Comments on the History and Worth of Kentianism	
F. Donner, M. D.....	148



Thoughts on Dr. L. Grabert's *The Homœopathic Situation*

F. König, M. D. .... 170  
 "The Similar is No Degree of the Same; but Something Entirely  
 Different from the Same"

J. Aebly, M. D. .... 173  
*Query-Serum and Syphilis*: This article is by a non-homœopath and as it deals with a serum which is to be injected intramuscularly it belongs by right in a journal of general medical information rather than in a homœopathic one, but it has one extremely interesting and homœopathic bearing. Dr. Kiepké states that before Metchnikoff gave out the "dogma" that the spirochæta pallida caused syphilis, in March 1905, a Dr. L. C. Query of Paris had given a paper: *On the Polymorphism of the Syphilis Exciter*. Kiepké quotes a large number of authorities, including Ehrlich and Noguchi, in support of the polymorphic theory. If this be true it would account for the fact that certain syphilitic cases react satisfactorily to the orthodox treatment to which they are similar, and others do not. Also why various homœopathic remedies are suitable in different cases, or, to make the statement more homœopathic, it would show that the different individual constitutions elaborate different forms of bacteria in the same disease. Even this point, however, is less interesting to us than the fact that Kiepké quotes many authorities to the effect that although primary syphilis may be apparently abolished by salvarsan treatment a much larger proportion of neurosyphilis results from this handling than was formerly the case. One author even states that the quicker and more efficient is the salvarsan treatment, the swifter and more deadly is the onset of neurosyphilis. This is a clear example on the part of many regulars, of the homœopathic principle of suppression.

## DE DOKTER IN HUIS, ZWOLLE, HOLLAND

(In Dutch)

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(In Bengali)

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*Autobiography of a Remedy*: Dr. Mitra is giving a series of puzzle pictures of drugs. No key is published, one must guess at the answer. We will quote some of the beginning of his picture of *Causticum*: "I am a brunette, dissipated—and I show it, wiry, with a yellowish complexion. My failing memory troubles me less than the bad thoughts that haunt me. I am very nervous and afraid to go to sleep in the dark. My own weaknesses have made me very sympathetic. I feel as though there were an empty space between my brain and spine and I am often dizzy and aggravated by light. I keep hearing my own and others' footsteps. When I cough, I cannot raise. I am hoarse and talking increases the cough. I have pain in my bones and am worse in the evening. They find lithic acid in my urine. I cannot begin to tell you about the pains in my stomach and rectum." Judging by our own psychology this is an admirable way of insuring the reading of a didactic article.—Ed.

## THE HAHNEMANNIAN MONTHLY, PHILADELPHIA

Vol. LXIII: 561-640 (August) 1928

## Man, and His Physician

James C. Wood, M. D., A. M., F. A. C. S., Cleveland.....	561
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A Study of <i>Bryonia Alba</i> : This article is in schematic form, recalling Gross' <i>Comparative Materia Medica</i> . Dr. Seibert divides his chart into five columns: the name of the remedy, adjectival symptoms, adverbial symptoms, concomitants and characteristics, and lastly differential hints. The remedies he takes up are as follows: <i>Bry.</i> , <i>Phos.</i> , <i>Rumex</i> , <i>Kali-bi.</i> , <i>Hep.</i> , <i>Calc-c.</i> , <i>Acon.</i> , <i>Kali-c.</i> , <i>Caust.</i> , <i>Nux-v.</i> , <i>Bell.</i> , <i>Hyos.</i> Most of the symptoms are the familiar ones, a few are rare and valuable hints, such as the cough of <i>Phos.</i> from excitement, and its trembling with the cough. The fact that <i>Bry.</i> refers its cough often to the stomach; <i>Rumex</i> has pains in the left lung; <i>Kali-bi.</i> has cough aggravated undressing; <i>Hep.</i> has empyema where <i>Bry.</i> has pleurisy with effusion; <i>Acon.</i> worse from tobacco smoke; <i>Kali-carb.</i> cough is better after breakfast, it is often suitable after <i>Bry.</i> ; <i>Causticum's</i> cough is worse on expiration like <i>Acon.</i> (worse inspiration, <i>Spongia</i> ).	



**HOME & HOMŒOPATHY, CALCUTTA**

(In English)

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W. H. Roberts, M. D., Dublin.....	210
<i>Homœopathy and Children</i> : Dr. Woods holds that there is no such thing as a naughty child and that the wilful, disobedient, destructive, malicious child is a fit subject for homœopathic treatment. The following suggestions are made: 1. <i>Stramonium</i> and <i>Lycopodium</i> for violent temper. 2. <i>Chamomilla</i> has a special affinity for early childhood. 3. <i>Chamomilla</i> is almost a specific for fractious, teething babies. 4. For slow teething babies use <i>Calcarea carb.</i> or <i>Calcarea phos.</i> 5. For crooked limbs use the same. 6. For the school child who worries about his lessons, <i>Lycopodium</i> . 7. For the child with fears, <i>Phos-</i>	

*phorus*. 8. To offset the long continued ill effects of vaccination use *Thuja*. 9. For chronic effects of acute illness use *Sulphur*, *Tuberculinum*, *Influenzinum*. 10. In children base the choice of the remedy on the mental symptoms, the appearance, and the cause of the illness. 11. A young child always has a very good reason for a craving or an aversion. Aversions are to be more respected than cravings. Unusual cravings are a valuable guide to the remedy.

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E. G. Jones, M. D., Buffalo, U. S. A., (tr. from *Leipsiger Populare Zeitschrift für Homœopathie* 1922)..... 78
- \*Goitre Epidemic  
H. Sauer, M. D., Breslau (tr. from *Deutsche Zeitschrift für Homœopathie* 1927) ..... 79
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- On the Treatment of Goitre: Dr. Jones recommends in early cases of goitre *Phytolacca decandra* or *Iris versicolor*. He suggests that tincture of *Phytolacca* half and half with water be applied on compresses locally. In certain very early cases whose symptoms he does not differentiate he suggests the use of *Calcarea iodata*. For soft goitres which are much ameliorated by warm water he suggests *Iodum*, and for the very hard, knotty ones, *Calcarea fluorica*. For the old hard goitres, with sensation of suffocation in the throat, worse after midnight, small but distressing, he suggests *Spongia*. For pale people with cold, moist extremities, *Calcarea carb.* will be suitable. If the main symptom is pressure in the throat-pit *Natrum phos.* will help. If the goitre is particularly venous he mentions *Carduus marianus*, and finally he suggests that all women with goitre should have pelvic examinations as there will often be concomitant ovarian trouble. (We protest against the suggested alternation of remedies and are particularly grateful for the hint about *Carduus marianus*.—Ed.)
- Goitre Epidemic: Discusses the cause and geography of several goitre epidemics. In his last paragraph he states that he has found *Kali arsenicosum* and *Spongia* particularly useful, also *Ferrum phos.* where flushes of heat are part of the picture. If the thymus is involved *Iodum* preparations are contra-indicated and high potencies of the *Calcareas* should be considered.

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- Magnesium Phosphoricum*  
A. W. Slaughter, M. D., Des Moines, Ia..... 807
- An Examination of Certain Pharmacodynamic Effects of *Secale Cornutum*:  
The purpose of this interesting study is: "1. To point out the value of investigation of the historical background of a drug. 2. To emphasize the necessity of proper orientation of drugs to each other in order to understand effects. 3. To emphasize the necessity of investigation of active principles of drugs, possible methods of utilization and the necessity of standardization of drugs. 4. To emphasize the necessity, not so much of learning many symptoms, but of understanding the mechanism of the development of the symptom, (italics ours) because a vast majority of therapeutic failures are due to the failure to stress this point. 5. To emphasize certain phases of homœopathy as the relatively small dose, elective affinity, reversibility of action. 6. To suggest new uses for *Secale cornutum*, or rather to suggest the re-introduction of some old uses which were discarded not because of lack of facts but because of erroneous explanations. 7. To indicate what would be possible in homœopathic materia medica if sufficient funds were available for research."
- Orientation: Ergot, a drug obtained from rye seeds infected with the fungus *Claviceps purpurea*, is compared to *Ustilago maydis*, the corn smut or corn fungus, and to shepherd's purse, *Capsella bursa-pastoris*, which owes its activity to infection with the fungus *Cystopus candidus*. The author speaks of the lack of orientation in most text books of materia medica, and says "unless drugs are properly oriented in a scheme of a fundamental nature their actions and symptoms must forever remain a hodge-podge." Active Principles: This is a fairly thorough description of the action of ergotoxin (ergotamine) and tyramine. Histamine is not considered, but the fact that it is destroyed in the gastro-intestinal tract and is, therefore, of no use by mouth, brings up the question of how many drugs are overlooked because we restrict ourselves to mouth medication. The fact that ergot deteriorates rapidly, due to the presence of a fixed oil, suggests the need of proper preparation in order that our homœopathic drugs may

be active, and careful standardization. *Therapeutic indications:* A wide field of use is opened up as the mechanism of the action of these active principles is described. Many indications are spoken of, and others suggest themselves as one reads.

*The Pharmacology of the Homœopathic Drugs. Fourth Series:* This study gives the action of *Pulsatilla* and *Sepia* on the isolated intestine, bladder, uterus and heart; of *Rheum*, *Sambucus*, *Sanguinaria*, *Staphisagria* and *Terebinthina* on the isolated intestine and bladder; of *Rhus tox.* and *Veratrum album* on the isolated intestine, bladder and heart; of *Veratrum viride* on the isolated intestine and heart; of *Thuja* on the isolated intestine and uterus; of *Rumex* on the isolated intestine, bladder and uterus; and the effect of all the above drugs and *Uranium nitrate* on the heart, blood-pressure and respiration. Doses used varied from 0.1 c.c. to 3.0 c.c.

### THE JOURNAL OF OPHTHALMOLOGY, OTOLOGY AND LARYNGOLOGY, N. Y. C.

Vol. XXXII: 205-240 (July) 1928

College of the New York Ophthalmic Hospital

### LEIPZIGER POPULARE ZEITSCHRIFT FÜR HOMŒOPATHIE

(In German)

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<i>Intestinal Tuberculosis:</i> Dr. Becker begins with the general discussion of secondary intestinal tuberculosis in adults and primary in children, and states categorically that by homœopathic remedies he considers the first stage curable. He recommends first, by way of treatment, oat-gruel and barley-gruel mixed with egg white and in cases with obstinate diarrhœa he uses <i>Salp</i> gruel, and secondly gum tragacanth. Following the administration of one or the other of these he puts the patient on a diet of milk mixed with gum arabic (one level teaspoonful to the pint, powdered and cooked in the milk). As an adjuvant, he suggests olive-oil baths in marasmic cases. As to purely homœopathic remedies he finds <i>Ars-alb.</i> , <i>Ars-iod.</i> or <i>Calc-carb.</i> most frequently indicated: The first where the stools are dark and putrid with vomiting and great thirst, with excessive under-nutrition; the	

last in diarrhœa alternating with constipation. He suggests *Calcium acet.* in white mucoid diarrhœa; *Calc-phos.* in diarrhœa with only occasional constipation; *Bism-nitr.* or *Kali-nitr.* with marked digestive failure; *Iodum* in extreme emaciation with ravenous appetite; *Petr.* in under-nutrition due to diarrhœa in the daytime only, not at night; *China* and *Phos.* in the last stages when cramps set in. In addition to these it may be a case of *Sulph.*, *Baryta-carb.*, *Lyc.*, *Cupr-ars.*, *Hæmatoxyton*, *Rheum.*, *Carb-s.*, *Geranium maculatum*, *Rhus glabra*, *Zingiber officinale*, *Acetic acid*, or *Verat-alb.*

He goes on to speak of diet in adult patients, farinaceous food, meat, bouillon, eggs, sweet milk and spiced or fat food are forbidden. In contrast he recommends potatoes in their skins, with salt herring, red wine with cinnamon, oatmeal groats, nuts, fruit, barley, rice (unpolished), acorn cocoa, yoghurt, raw onions with graham bread. As remedies in the worst diarrhœas he suggests *Cortex quercus* and *Tormentilla*. *Ratanhia* is one of the strongest anti-diarrhœotics, and *Calcium lact.* as well as *Calc-carb.*, also as a general tubercular remedy *Teucrium scorod.*

### LEIPZIGER POPULARE ZEITSCHRIFT FÜR HOMŒOPATHIE

(In German)

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<i>The Treatment of Calcification of the Arteries and Increased Blood-Pressure with Chlorophyll:</i> Witzel calls to our attention <i>Chlorophyll</i> , the green coloring matter of plants as a remedy for high blood-pressure. He points out that it used to be made by extracting grass or spinach with alcohol. Now, however, it is being made by chemists. It contains no iron, but abundant magnesia; but its physiological and therapeutic action resembles that of iron. It has been used in early tuberculosis. It was first recommended for blood-pressure by Prof. Burgi of Berne. The chlorophyll contained in salads and vegetables does not have the same effect as that extracted with alcohol. Witzel gives no proving of this drug although he uses it in the 12th and 30th potencies, but clinically he has found it helpful in dizziness, black	

spots before the eyes, forgetfulness and fainting. (We would strongly recommend that this valuable substance be homœopathically proved. —Ed.)

**MID-WEST HOMŒOPATHIC NEWS JOURNAL,  
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**Vol. 1: 1-48 (August) 1928**

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- How to Select and Administer the Indicated Remedy*: In selecting the remedy for the patient Dr. Royal uses the following as guides: "1st, The make-up of the patient, physical, intellectual, spiritual. 2nd, The tissue or organ involved. 3rd, Whether the involved tissue or organs be irritated, inflamed, functionally changed or structurally changed. 4th, Personal history. 5th, Family history. 6th, The modalities of the symptoms. 7th, 'The Totality of Symptoms' as determined by the six foregoing findings.  
"Select that remedy from that class of drugs which the provers have demonstrated possess the following: 1st, the strongest 'elective affinity' for the affected tissue or organ; 2nd, the power of producing any of the four conditions found in the affected tissue or organ; 3rd, which has the ranking subjective symptoms and modality of the individual patient.  
"Administer the selective remedy according to the following rules: 1st, use the same preparation which produced the symptoms on the provers, giving a higher potency than that used by the prover; 2nd, the repetition of the dose should be determined by the condition of the patient and what is expected of the remedy; 3rd, the active principle of the remedy should be liberated by a solvent or other means and of sufficient quantity to reach the cells of the affected tissue.  
"The auxiliary treatment should be: 1st, supply the deficiency of phos., iron and lime in the patient's body; 2nd, secure a proper amount of fresh air and sunshine; 3rd, secure a proper amount of exercise, rest and recreation."

**PACIFIC COAST JOURNAL OF HOMŒOPATHY,  
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- Cases from my Practice: Pyloric Adhesions, Gonorrhœa, Headache, (tr. from *Hom. Recorder*)  
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- Syphilinum*: Dr. Chiron gives the symptoms of *Syphilinum* by regions. He does not tell us whether his work is a compend of the various provings of *Syphilinum* in the literature or whether he himself has elicited a new proving. Most valuable is the page of comparisons at the close of the article which we quote in full:
- A.—*Vertigo on looking up*:  
*Kali phos.*: Vertigo looking up, rising from lying, standing from sitting, with fear of falling. *Nervous depression*.  
*Puls.*: Vertigo in looking up as though he would fall. *Vertigo of gastric origin*, worse afternoon and evening.  
*Granatum*: Very persistent vertigo 'on looking into the air' with *nausea and salivation*.  
*Silicea*: Vertigo on looking into the air, aggravated by movement, accompanied by nausea.
- B.—*Night headaches*:  
*Aurum met.*: Violent pain in the head, worse at night, congestive headache with pressure from within out. *Syphilis*.  
*Bovista*: Stupefying headache in brow and vertex, *worse after midnight*, on raising the head, by pressure. *Sensation of enlargement of the head*.  
*Mercurius*: Burning pains in the temples, *worse at night*, better standing and on motion.  
*Ptelea*: Headache with pressive pain from within outward, extending from the brow to the root of the nose. *Worse at night*, from motion, noise, and rubbing the eyes. *Liver troubles*.
- C.—*Fissured tongue*:  
*Anantherum*: Tongue fissured as though cut at the borders. Severe pain in the root of the tongue as if cut, *Abundant salivation*.

*Ailanthus*: Tongue fissured, dry as if burnt, brown center with bright red borders.

*Baptisia*: Tongue cracked, very sensitive, dry, yellowish-brown center with bright red edges.

*Lycopodium*: Tongue cracked, dry, dark, swollen, constantly oscillating.

D.—*Leucorrhœa, worse at night*:

*Ambra grisea*: Leucorrhœa only at night, of bluish-white mucus with pricking (*picotement*) in the vagina before the flow.

*Causticum*: Abundant leucorrhœa, having the same odor as the menses, coming only at night or worse at night. Discharge clear, stringy (*filamenteux*), acid, causing itching and pricking.

*Merc-sol.*: Leucorrhœa more frequent at night with itching, burning, searing (*cuisson*), discharge green, corrosive.

*Nitric acid*: Leucorrhœa worse at night, watery, brown or flesh color, fetid and very irritating.

*Acute Articular Rheumatism*: For those who have not Stauffer's valuable book we would mention the remedies he particularly stresses for this frequent malady. At the outset he states categorically that the homœopaths should not use salicylates, unless of course *Salicylic acid* is indicated by the law of similars. His chief remedies with their indications are: *Acon.*, (onset from north wind, chilling, with agonizing pain); *Chin-s.*, (worse motion and touch); *Ferr-phos.*, (pain worse by motion, at night, continued fever); *Bry.*, (with gastric or biliary trouble, epistaxis and serous involvement); *Benz-ac.*, (with turbid, hot, alkaline, ammoniacal urine with urging, periodic pains and swelling, appears to prevent cardiac complications); *Merc-sol.*, *Merc-cor.*, (long adynamic type with scanty yellow, nocturnal sweat which does not relieve, tearing bone pain, better by day and heat and rest, albumen). As lesser remedies he suggests *Apis* (onset of cardiac trouble with œdema); *Colch.*, (sub-acute cases, pain in tendons and ligaments, dark urine with sediment); *Cham.*, *Gaultheria*, (persistent pains of the sub-acute type); *Puls.*, (wandering pains, better uncovered, and from gentle motion); *Rhus-tox.*, (after wetting or chill with skin eruption); *Dulc.*, (summer cases, after chill or wetting, with urinary trouble and urticaria or erythema); *Arn.*, (stretching pains as if strained and paresis after effort, valuable in streptococcus infection); *Caul.*, (fugitive pain in small joints in women with rigidity, high fever, nervousness); *Nitrum*, (palpitation, better sitting up, great weakness); *Nux-v.*, *Chel.*, *Card-mar.*, (if stomach, liver, intestinal or urinary disturbances predominate). He also suggests *Abrot.* in persistent cases.

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# HOMŒOPATHIC RECORDER

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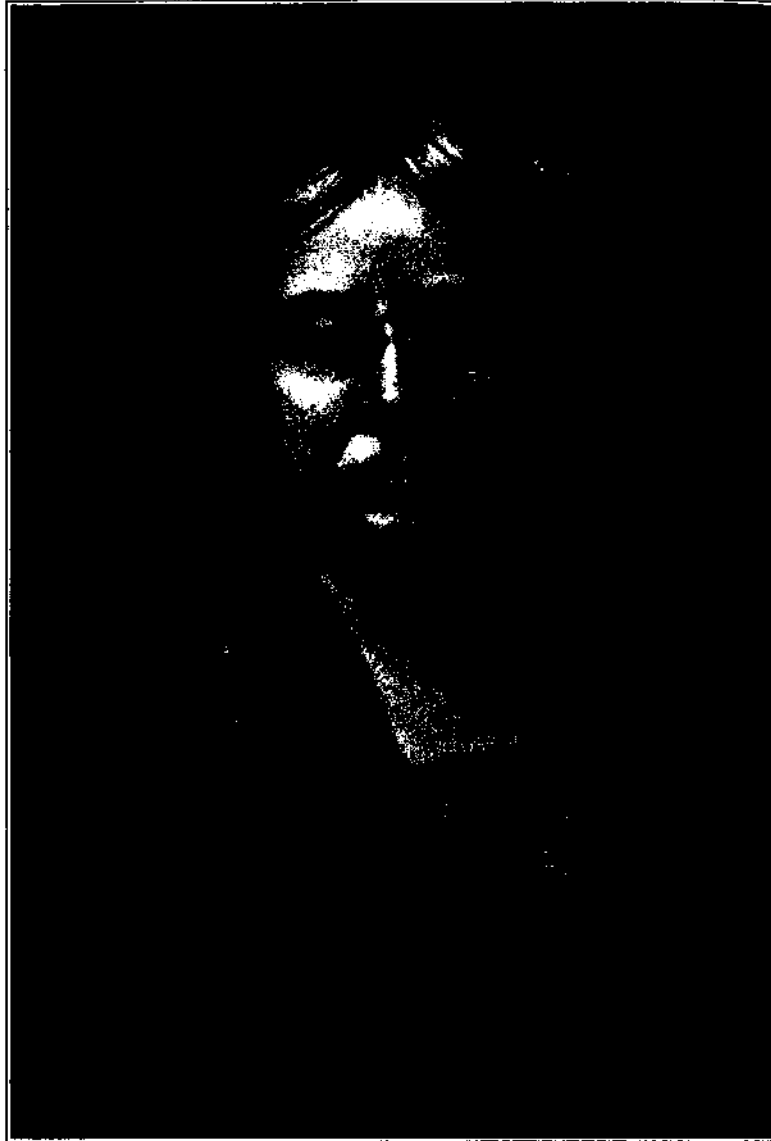
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JULIA M. GREEN, M. D.  
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# THE HOMŒOPATHIC RECORDER

VOLUME XLIII. DERBY, CONN., NOV. 15, 1928. No. 11.

## STUDIES IN HIGH DILUTIONS.\*

GUY BECKLEY STEARNS, M. D., New York City.

The term high dilution is intended in this paper to apply to the dilutions used in homœopathy that have been made to the point where no physical method detects any of the original substance. This applies to dilutions above the 30th centesimal. Hahnemann considered his discovery that there is some form of energy in high dilutions one of the most important discoveries of his time. The proof of this energy, which he called the "spirit-like force in drugs," has been dependent on data concerning experiments on human beings where subjective evidence must be accepted in part as proof. The subject of high dilution is involved in the homœopathic method of therapy and the controversy concerning this system of medicine has inhibited unbiased investigation. Therefore Hahnemann's observation in connection with high dilutions has never been universally accepted. Even the majority of the followers of the homœopathic school have been reluctant to endorse the reality of positive action of high dilutions, and no systematic system of research had, up to a few years ago, been directed to the subject. Because it is the most controversial factor in homœopathy, homœopathic research should have been concentrated on the subject instead of avoiding it. It deserves the widest attention of all medical investigators. To any reasonable mind, the evidence of provings and of cures made by high dilutions should be sufficient proof that there is present in a high dilution some force identified with the original qualities of the diluted drug. However, the fact that this proof depends on individual susceptibility and that the possibility of suggestion can-

\*Read before the I. H. A., June, 1928, Bureau of Homœopathic Philosophy.

not always be ruled out makes such proof scientifically inconclusive. Obviously, the only method of investigation for getting around this difficulty is one that eliminates the personal equation. This can be accomplished in two ways. One, through experiments on the so-called lower forms of life and the other, by some form of chemical or physical experimenting.

#### *Experimental Evidence Concerning High Dilutions.*

In 1920, the Foundation for Homœopathic Research was founded for the purpose of investigating homœopathic problems. Two sets of experiments having to do with homœopathic dilutions have been supported by this Foundation at the New York Homœopathic Medical College.

#### EXPERIMENTS WITH GUINEA-PIGS.

Experiments with guinea-pigs were conducted in two series during two years. Reports of these experiments appeared in the *Homœopathic Recorder* in 1922, in the *Journal of the American Institute of Homœopathy* in May, 1925 and September, 1925. In these experiments two hundred and twelve animals were used, sixty-five being used as controls and one hundred and forty-seven for the experiments. The substance used in all of the experiments was dilutions of *Natrum mur.*, ranging from the 30th to the 2,000th. These dilutions were made in the college laboratory in accordance with the rules laid down in the *Homœopathic Pharmacopeia*, with the exception that the dilutions were run up in distilled water instead of in alcohol. This means that 2,000 vials were used to make the 2,000th dilution. The experiments were made with groups of fifteen animals, each group consisting of one male for each four females. The control-animals were in separate pens, but all groups were cared for under identical conditions except that the controls were given plain distilled water every time the proving-animals were given a dilution of *Natrum mur.* Each proving-group was given a certain dilution of *Natrum mur.* and the same dilution was repeated daily until all symptoms that followed its administration had ceased; then the animals were given a rest, after which another dilution of *Natrum mur.* was given. This second dilution was continued in the same way as was the first. The change from one dilution to another was

always a wide jump; for instance, the 30th would be followed by the 200th, the 200th by the 400th, the 1,000th by the 1,200th. In every instance effects were observed. The history of a group of sixty provers with twenty controls illustrates the full extent of the experiment. The groups were placed in five pens, the provers in four groups of fifteen each, and the twenty controls in a single pen. The arrangement of all the pens was as nearly as possible identical. The experiment was begun by giving the first group the 30th dilution, the second the 200th dilution, the third the 400th dilution and a fourth the 1,000th dilution, three or four drops daily. The control-group was given three or four drops of distilled water each morning. In every other way the controls and the provers were under the same care and conditions. The first signs of proving-effect were on the fifth to the seventh day. The effects began to wear off about the twenty-second day and, by the thirty-fourth day, all effects apparently had ceased. The animals were then given a rest for ten days, when a new series of "potencies" were given 200 dilutions higher. With the second series of dilutions the first effects occurred from the eleventh to the fifteenth day and it was not until the fifty-fifth day that all effects of the proving seemed to have ceased. The third series began with two hundred dilutions higher for each group. It was nineteen days before any effect was observed here and the gross effects were not as marked as they had been in the first and second provings, although they dragged out much longer. The most pronounced obvious effects were from the second series of potencies, though the most profound and subtle effects appeared to result from the cumulative effect of each succeeding dilution. The obvious effects were such as would be observed by an animal-dealer. There was lessened appetite, relative loss of weight with less alertness, diminished glossiness of hair, watery and lack-lustre eyes, and a general appearance of not being in good condition. The more far-reaching results had to do with the reproductive function and the progeny. The time between pregnancies was increased and there was a corresponding lessening of the number of young. The average weight of the young was markedly reduced while the mortality was increased. All of the progeny of both the controls and provers were retained and kept in the pens in which

they were born, excepting as the increase necessitated new pens. At the end of six and one-half months, the controls had increased to 76, while the provers had decreased to forty-four. This brought the experiment into the summer-vacation period but it was continued through the summer. Soon after the close of the college, the college officials deemed it necessary to reduce the experimental animals to the number necessary for clinical use in the hospital and, through an error, the seventy-six controls were all disposed of, so that the remainder of the experiment was carried on without any controls. However, at the end of three and one-half months more, the proving-group was reduced to twenty-five provers, ten males and twelve females with three new-borns whose sex was not noted. No further experiments were conducted, but the proving-groups were retained for observation for six and one-half months longer, at which time there were seventeen remaining and, toward the end of that time, one more set of young was born, consisting of twins. At this time, the experiment was concluded through a mistake, a new janitor sending these observation-animals to the laboratory for clinical purposes. Summing up the result of this experiment: sixty guinea-pigs living in family groups of four females to one male, including all progeny born during a period of sixteen and one-half months, were reduced to seventeen by giving dilutions of *Natrum mur.*, ranging from the 30th to the 2,000th dilution. Twenty control-animals in seven months had increased to seventy-six. This ended the most elaborate experiment ever conducted for the purpose of ascertaining whether normal animals react to the highly diluted substances used in homœopathy and is conclusive proof that they do.

Corollary: There is some quality inherent in *Natrum muriaticum* when diluted in distilled water to the 2,000th dilution that affects living organisms. This dilution is expressed mathematically as 100 to the minus 2,000th: 100-2000

In so far as modern biological methods of experimentation are concerned, Hahnemann's observation concerning high dilutions has been proved and their use is scientifically justified. This does not mean that scientific proof is necessary to justify the use of any therapeutic measure. The practical observations of careful men teach the use of measures generations before science can ex-

plain the reasonableness of their use. Science can become nearly as dangerous a fetish as superstition.

#### EXPERIMENTS WITH FRUIT-FLIES.

This experiment had to do with a strain of fruit-flies. The experiments were not undertaken for the purpose of determining if high dilutions would affect this insect, but to determine if an effect could be produced on a lethal hereditary characteristic. The strain of fruit-flies used was the *Drosophila melanogaster* lethal No. 7. This strain is tumour-bearing, the tumours occurring, in accord with the Mendelian law, in every fourth fly. The males are the only ones affected and those that bear the tumour die in the larval stage; thus only one-half of the males survive. These tumours have the characteristics of cancer. Dr. Mary Stark, who discovered the nature of the tumour which kills these flies, is a world-renowned genetist. She herself does not claim that they are cancer-tumours but simply calls attention to the fact that they are composed of the same kind of cells that constitute cancer. It was because of this cancer-characteristic and because of the inevitable death of all those that inherited the growth, that an experiment was undertaken to determine if any change could be induced by the administration of drugs known by homœopaths to have had a controlling influence in any cancer-cases. Dr. Mary Stark carried out the experiments herself and to her is due all the credit for the labour involved. A mere recital of the result of the experiment conveys no idea of the enormous amount of work entailed. To appreciate this, one must have visited her laboratory and observed the hundreds of colonies, each colony (consisting of about one hundred and fifty adult flies) occupying its own special glass fruit-jar. These flies had to be counted and examined microscopically, individually, so that each colony as it came out was accurately tabulated. Each adult colony would have amounted to approximately two hundred except for the fact that one-half of the males died in the larval state. In order that part of the experiment might parallel the prevalent vaccine-line of experimenting, a trituration of the tumours themselves was made. They were triturated with sugar of milk up to the 6th x and, from this trituration, dilutions up to the 200th were made.



Among the remedies which homœopathists know have influenced cancer, *Arsenicum* was selected and, at the suggestion of Dr. Boger, *Mercury nitrate* was selected as a third drug. The potentised drugs were put in the agar-banana food-supply that was placed in the bottoms of the jars. Special precautions were taken to prevent any possible contamination of the cultures. Cultures of the flies were treated with 6 x trituration of the tumours without any obvious change, the same ratio of tumours appearing as before. Later generations were treated with the 30th and then with the 200th dilution. This resulted in a culture where the tumours did not develop as formerly and subsequent cultures from this showed only a few with tumours. This indicated that successive doses of the 6x, 30th, and 200th had had a permanent effect upon the development of the tumours. In other words, high dilutions of the tumour itself had in some way apparently modified the hereditary factor which caused the tumours. *Arsenicum* 30th and 200th were given to other colonies. With the 30th followed by the 200th in the third generation, a culture came through, with the tumour eliminated. This experiment with *Arsenicum* was repeated twice with two other colonies, showing the same effect; one in the fourth generation and one in the sixth generation escaping the tumour inheritance. *Mercury nitrate* in the 30th caused at first a stimulation, for the colonies receiving it were abundant and vigorous, but no other effect was caused. Altogether, in this set of experiments, two hundred and eighteen cultures were made. This experiment is reported here because of the fact that the drugs used in the experiment were all in high dilution and it proves that flies, as well as guinea-pigs, are affected by high dilutions. Another even more important significance is that the effects are so profound that hereditary characteristics are modified. Both this and the guinea-pig experiment indicate that it may be necessary to give a succession of dilutions in order to bring about the most profound effects.

#### EVIDENCE OBTAINED FROM THE ABRAMS PHENOMENA.

The evidence obtained from the guinea-pig and the fruit-fly experiments is all biological and suggests no other method for investigating high dilutions. With one exception, all clinical and

physical methods had, up to the time of these experiments, failed to show any evidence of the original substance in a 30th or higher dilution. The one exception was where a 60 x trituration of *Radium brom.* caused fogging of a photographic plate.\* The peculiar properties of radium make it possible that only the group of elements whose atomic structure undergoes disintegration will impart radioactivity to high dilutions. The above experiments were not carried beyond the 60 x, this being the same as the 30th centesimal. One of the results of the investigation of the Abrams phenomena is the opening of a new avenue for the investigation of high dilutions. The committee appointed by the International Hahnemannian Association has in its three reports acquainted the Association with various experiments having to do with the Abrams phenomena.

From the scientific angle the most important of these have been conducted by Dr. Wm. E. Boyd of Glasgow. He was investigating the problem of high dilutions under the auspices of the Beit Foundation for Homœopathic Research and prior to the appointment of the I. H. A. committee became interested in the claims of Abrams. His experiments were productive of positive results and he reported these results to the British Homœopathic Association. He claimed in his report to be able to cause certain reactions on the abdomen of a subject by means of a specimen of blood from a patient and to be able to neutralize these reactions by bringing a vial containing a suitable homœopathic remedy in a certain relation to the subject. His tests required the intervention of a certain apparatus between the blood-specimen and the subject, the same apparatus serving for both the remedy and the patient's blood. At this time, the British Air Ministry became interested in Abrams' claims and investigated the work of some of his disciples to determine if there was anything that could be utilized in the Air Service. They could not find any use for his work, but some of the investigators felt that, because of certain presumptive evidence, further investigation should be undertaken. A group of scientific men were appointed as a committee under the chairmanship of Sir Thomas Horder, Bart.,

[\*Some years ago the French physicist, Gustave Le Bon, demonstrated that NaCl in 1 M potency sprayed into a vacuum, will show a Na band in the spectrum.—Ed.]

M. D., B. Sc., F. R. C. P. As none of the users of the Abrams method could show any acceptable scientific evidence, and as Boyd's work was along scientific experimental lines, the committee utilized his work as a basis for its investigation and report. Their investigation was carried out for nearly two years and all of the committee-members were thoroughly familiar with the details of Boyd's work. A final crucial test was arranged, consisting of eight demonstrations. In this series, a high potency of *Sulphur* was used as the test-material and in every test its presence was determined without error. The chances of accidental success ranged from 1 in 9 in the simplest to 1 in 33½ millions in the most complex. By means of this demonstration Boyd was able to prove that there are certain radiations of a very delicate character inherent in highly diluted substances and that these radiations cause reactions in the body that can be detected. The fact that a human subject was necessary for the experiment left the problem still in the biological field. It may be that some biological factor will always be necessary for detecting the energy of a high dilution. To make the scientific test that Boyd made requires an enormous amount of practice and apparatus elaborately protected from outside influences. However, anyone can, by a very simple experiment, detect the energy in a high dilution by means of a subject. The experiment requires a high dilution of some remedy and three persons, one of whom is to act as the subject. The subject may be anyone, regardless of sex or state of health. The only skill out of the ordinary that is required is a very slight degree of skill in percussion. Anyone who can percuss a chest for diagnostic purposes or even a non-medical man who can play the piano, can carry out this simple test. The person making the test has the person who is to act as the subject stand facing either east or west, wearing the usual clothing. Now percuss over the chest at the border of the heart or at the outer edge of the lung near either apex. The purpose is to percuss over the border-line between dulness and resonance. The third person should be across the room with the homœopathic dilutions convenient for picking up. Now begin continuous percussion, with the strokes at a frequency of from one to two a second and have the third person pick up one of the remedies, holding it toward

the subject, and approach. At some point, anywhere from across the room to three or four feet from the subject, the percussion-note will change. It will be found that different remedies cause the change at different distances, showing the variable susceptibility of the subject to different remedies. The remedies need not be diluted to produce this effect; even flowers and plants will do the same thing. If the third person in the experiment approaches the subject without any remedy, the reaction changes when he comes within two or three feet. The energy that radiates from an individual does not affect the subject as much as the energy from a drug or a plant. The fact that different remedies act at different distances is the basis for a test that has been devised for finding the remedy to which an individual is most susceptible. There are various modifications of the use of the phenomena just described. In principle they are all the same; the one described is the simplest of all. If a remedy to which the subject is very sensitive is selected, other effects can be observed. Such a remedy can be found by the usual symptomatic method or it can be found by an elimination-test, utilizing the phenomena just described. Such a remedy will affect the reactions for a long distance and the energy from the remedy passes through ordinary substances, such as walls. When the vial containing such a remedy is touched to the patient's body, it causes an effect which can be observed on the skin by touch and, under favorable conditions, it can be seen on the superficial veins and, by transillumination, on the small vessels and the capillaries. It causes at the instant of contact a change that can be observed in the pulse by palpation and that can be heard in the heart-beat with a stethoscope. To observe this, the vial must be brought suddenly to the body; if brought up gradually, the reaction takes place gradually and cannot be observed. By means of the fluoroscope effects on the heart can be seen. In order to observe any of these changes, a remedy must be selected to which the individual is very sensitive. The reaction described at first is the most easily observed. It has been demonstrated and observed by a great number of individuals who have carried out the procedure described, without having any idea of what they were expected to observe.

*Rationalizing High Dilutions.*

The first step in any science is to establish by investigation and experiment a basic fact and the law relating to that fact. The next step is to utilize the fact and its laws as the premise from which to draw conclusions. In this way concepts are developed. It must be kept in mind that a concept that fits a new discovery may be paradoxically related to older accepted concepts. If the fact is actual, all paradoxes are cleared up in the end for, as Milliken says, "Experimental science at least never takes anything back. It is an ever-expanding body of truth." At one period of human experience, the concept of a flat world accorded with the facts as then known. Land was measured and still is measured in accordance with such a concept. It is only as travel brought humanity into wider contacts that the world was discovered to be a globe and new concepts were established. There need not be hesitancy in developing concepts to fit the fact of high dilution, no matter whether they are consistent with existing theories of matter or not. The fact is established that in high dilutions there remains some quality of the original substance. From this fact two deductions can be drawn as to the ultimate quality of matter. One is that matter can be infinitely subdivided. The other is that matter, when highly diluted, imparts some of its quality to the diluting element. There are certain facts which give plausibility to the latter concept. Radio-active substances have the power of imparting to other substances radio-activity, but analysis of this phenomenon shows that, in part at least, this radio-activity is the result of disintegration of its own substance and that this disintegration has to do with definite time-periods and definite quantities of the disintegrating material. Mathematically, the end of any such activity is reached long before the proved activity of high dilutions has been reached. The concept of infinite divisibility of matter comes in conflict with the quantum theory. This concept supposes the existence of atomicity in the universe. Anent this theory, Gilbert Newton Lewis says, in *The Anatomy of Science*: "It is my belief that further discontinuities will be discovered in the physical world that have not yet been suspected. Nevertheless, it seems likely, . . . that we shall

return eventually to the continuous types of physics and mathematics." Many of the deepest philosophers, both experimental and abstract, have conceived the ultimate form of matter to be in the field of pure energy and believe that, under certain conditions, matter can be transformed into energy and energy transformed into matter. Arthur Stanley Eddington describes in his book, *Stars and Atoms*, such a condition as existing in the stars.

Let us approach the question of high dilutions by studying matter in its ordinary forms. Under the conditions of temperature and pressure on the earth, matter appears in three forms, solid, liquid and gaseous. These forms are thus designated simply as a convenience to the senses because, if looked at from the angle of the abstract, the three forms of matter represent only a slight difference in density. The parallelism between the laws that govern gases and the laws that govern substances in solution gives some light on the question of high dilutions. One of the gas-laws is that, at constant temperature, the volume of gas is inversely proportional to its pressure. The parallel law of solutions is that osmotic pressure increases in direct proportion to the molecular concentration of the substance in solution. Without complicating the point by figures, it can be seen that the negative side of the law governing gases and solutions must be alike; that is, the characteristics of a high dilution must have some of the characteristics of a high vacuum. The difference between the two is that a vacuum in gas can only be carried to a certain point; in fact, even in inter-stellar space, there is not supposed to be a perfect vacuum for, at least within the confines of the known universe, there is supposed to be an atom in an emasculated form in each cubic inch of space. Solutions of substances become ionized at a certain degree of dilution. The particles of matter in inter-stellar space are in a state of ionization. When attenuation reaches a certain point, it is not difficult to conceive of the form of matter assuming a fourth state, that of pure energy, comparable to what takes place in the stars, because pure energy is the only conceivable thing that can be infinitely diluted. The radiant quality in high dilution as indicated by the experiments with the Abrams phenomena supports this concept. Dilution of food material is an essential factor in the process of assimila-

tion. This is pointed out by Jacques Loeb in *The Organism as a Whole*, where he compares the differences between growth of a crystal and growth in a living body. A crystal grows and will, if broken, repair itself in a supersaturated solution. Growth takes place in living organisms only from material in dilute solutions. It is proved that life-processes are profoundly affected by the highest dilutions. When matter has been sublimated into the state of pure energy by means of infinite dilution, its profound effect on living processes makes possible another concept—namely, in the same way as the interrelation of matter makes a living body, the interrelation of the energies of matter in the fourth state make up the substance of life itself.

#### DISCUSSION.

CHAIRMAN HAYES: This interesting subject is open for discussion.

DR. WRIGHT: I would like to ask Dr. Stearns to explain why personal energy affects the percussion on the subject less than the energy from the remedy, or even from a bunch of flowers.

DR. STEARNS: I will answer this now: I don't know. I don't know anything about it. But I have this concept of the reason: in the first place the lower forms, the plant forms are simpler in their physiology and all their processes than are the higher forms, the human beings. Then there is another possible factor, the skin of the body is one of the finest insulators known, it has an enormous resistance and I have an idea there is a reason for that. Ordinary electric currents are not supposed to get through into the body, we are supposed to be protected from them, and I have an idea that probably these energies in some way are not allowed to radiate out. You see human beings are made more economically than are plants, only a few are born in any family, the number of babies that can be born to any one person is limited, while it is unlimited in plant life, so they don't have to protect themselves as much. There is a purpose in all of these phenomena that we don't know about, and we can have all kinds of concepts. I try to keep as far away from them as I can.

DR. HUTCHINSON: Mr. Chairman, I think we ought to be very grateful to Dr. Stearns for these experiments he made of

dilutions on the guinea-pig. I found his paper most interesting and informing, and I think it opens a vista that we couldn't otherwise get. I consider it very valuable work and work that we ought all to be thankful to him for giving us a report on.

DR. UNDERHILL: In Dr. Stearns' experiment on flies in regard to tumours, the hereditary tendency in regard to tumours proves the constitutionality of cancer and practically disproves the theory of local inception as held by old school medicine.

DR. OLDS: Mr. Chairman, I want to call attention to the report of the Horder Committee Dr. Stearns referred to, as being the first scientific acknowledgment that there was something in our high potencies.

CHAIRMAN HAYES: Dr. Stearns will close the discussion.

DR. STEARNS: I said all I had to say in the paper, but there is one thing I wish you would all try to do: I wish you would all undertake that little experiment that I described for detecting the radiation or whatever it is, the energy of remedies at a distance. That is an easy thing to do, any of you could do it with a little practice. If you don't succeed the first time do it a few times and you will get it. Just orient yourselves in a particular type of experimenting which if things eventuate as I expect, will bring this matter to the fore before many years anyway, if not before many months.

DR. UNDERHILL: I think that Dr. Stearns' experiments are not only intensely interesting but they are opening up tremendous possibilities for homœopathy. I think if homœopathy is to be put over in our day some new step has got to be taken in order to do it. If Dr. Stearns can in his experiments ultimately eliminate the personal equation as I think probably he can, and can devise means of amplifying his reactions so that anyone can detect them easily, or recording them on some cylinder or tracing of some kind, I think it knocks the props right out from under the old school. All the remedies could probably be evaluated and tabulated so that we could have a definite ohm value or some other kind of a value for each individual remedy. It might then be possible to take a blood specimen from a man and get the value of that blood specimen and find out the remedy in harmony with it, which should then be the homœopathic remedy for that patient.

A STUDY OF *FERRUM PHOSPHORICUM*.

THE DES MOINES HOMŒOPATHIC SOCIETY.

Reported and Arranged by GEORGE ROYAL, M. D., Des Moines.  
MAKE-UP. (Personality).

Anæmic; weak; the two extremes of life, i. e., children and old age; neurotic; pale, sallow complexion; sensitive and emotional.

LOCATION. (Tissues and Organs). In the order of the frequency of their use;

- 1st, Respiratory organs.
- 2nd, Brain and nervous system.
- 3rd, Thermic centers.
- 4th, Blood, including the circulatory apparatus.

## SYMPTOMS.

A. SENSATIONS. These were sub-divided into;

- 1st, PURE SUBJECTIVE, *viz.*, aching, acute, buzzing, chilly, dizzy, fulness, heaviness, hot, pinching ringing, shooting, soreness, sticking, stitching, throbbing, tickling, vertigo, weakness and weight.
- 2nd, PURE OBJECTIVE, *viz.*, conditions of the blood, e. g., hæmoglobin, number of cells, color, variety of cells, percussion and auscultation, sound, etc.
- 3rd, MIXED, *viz.*, the high temperature, the peculiar flushing of the face, the peculiar pulsations of the blood vessels, the expectorations, the character of the vomiting, the pallor of the skin and mucous membranes, the night sweats, the character of the cough, etc.

B. MODALITIES.

- 1st, WORSE FROM: Warm drinks (toothache); at night; in the open air; touching the larynx (cough); by standing, (frequent desire to urinate and pain in the bladder); by violent motion (pain in shoulders and arms); every touch or jar aggravates; from 5 to 7 a. m. is the time of aggravation.

2nd, BETTER FROM: Nourishing food, heat and rest. These are the three items which most frequently and effectively help *Ferrum phos.* patients. The above statement needs some modification. The act of eating aggravates the pain in the stomach. Gentle motion ameliorates the pain in the bladder, as does also micturition. The irritability of the bladder is relieved by lying down.

## CONDITIONS.

The conditions (diseases) which the remedy most frequently cures or improves are the following:

Under Respiratory Organs are: Bronchitis, both acute and chronic; cough; croup, false (laryngitis); pleurisy; pneumonia—lobar and catarrhal (influenza);\* pulmonary congestion; also aggravation of pulmonary tuberculosis.

Under Brain and Nervous System are: Anæmia and hyperæmia of the brain; apoplexy; blushing; cephalalgia; embolism; epilepsy; mental depression; mental irritability shown by loquacity, and delirium of fever; vasodilatation; and vertigo.

Under Thermic Centers are: High temperature, 104-105 at the beginning of all inflammatory processes; sub-normal temperature in chronic anæmic patients.

Under Blood and Circulatory Apparatus are: Anæmia; congestion of tissues and organs; dilatation, especially of the arterioles and venous radicals; hæmorrhages of bright red blood from the bladder, lungs, nose, rectum, uterus and wounds; pulsations in all parts of the body, but marked in the chest; rapid pulse, in all febrile conditions and exophthalmus.

## GROUPS OF SYMPTOMS.

1st, RESPIRATORY ORGANS.

In *acute bronchitis* we have: A dry, short, spasmodic cough with sharp pains—cough and pain aggravated by inhaling cold air; a rapid tense pulse; high temperature; flushed, i. e., a normally pale sallow face becomes bright scarlet red. This stage is usually of short duration.

\*Every member who took part in the discussion was enthusiastic in praising *Ferrum phos.* for this condition.

*Chronic bronchitis*, so-called, may follow when you have the history of the symptoms given under the acute, plus mucous rales, expectoration of bright red blood or blood-streaked mucus, the expectoration fairly free and containing hæmolytic streptococci. Accompanying symptoms are frequent and marked urging to urinate, and spurting of urine with cough.

In *pulmonary congestion* the group is a peculiar swishing sound, over the affected part, like the sound of light waves against the sides of an anchored boat; marked dyspnoea; scanty blood-streaked sputum; the peculiar characteristic flushed face and rapid pulse; and marked restlessness.

*Lobar pneumonia* presents the same symptoms plus heaviness, a load on the chest; dulness or absence of resonance; the presence of the pneumococcus; the peculiar cough of the remedy; and the leading modalities of time of day and from motion.

*Influenza pneumonia* has the same group as lobar pneumonia, and in addition the symptoms of both varieties of flu, *viz.*, the catarrhal and nervous, i. e., sneezing with discharge from eyes, nose and throat; the aches and pains in every part of the body with extreme restlessness.

In *pleurisy* we have the make-up of the patient plus the pathognomonic signs of the disease, *viz.*, dry cough; rapid pulse; high temperature and the friction rub.

In *whooping cough* the group is: The "whoop," hoarseness or complete loss of voice; vomiting with blood; frequent nose-bleed; rapid pulse and flushing of face during the paroxysms.

In *croup* the symptoms at the very beginning are high fever; rapid pulse; flushed face; and aggravation of all symptoms when anything touches the throat.

#### 2nd, BRAIN AND NERVES.\*

In *anæmia of the brain* there is a violent throbbing headache with extreme sensitiveness of the scalp, worse from touch, pain worse from noises and light. The brain is full of blood, but the blood is watery, a pseudo-congestion.

In *t.b.c. and neurotic diatheses*: The patient's skin and

\*For this location see Royal's *Homœopathic Therapy*.

mucous membranes are pale but become scarlet red under the least excitement; the hæmorrhage has been from the lungs, uterus or, perhaps, from the stomach; the stools are yellow, watery, or may be lienteric; the pulse is very rapid and weak. An acute, spasmodic, tormenting cough is present in a majority of the *Ferrum* cases. Give the 12th or 30th four or five times daily.

In *hyperæmia of the brain* the *Ferrum phos.* patient differs from the *Belladonna* patient in that he is not plethoric, but anæmia; not robust, but weak and nervous. This condition is determined by the pale lips and mucous membrane and the anæmic murmur. The scalp is extremely sore. There is usually vomiting of undigested food with the headache. Frequently there is epistaxis, the blood being bright red. The color of the face is of a brighter red than that of *Belladonna*, but the redness alternates with pallor. Give the 3rd or 12th.

In *apoplexy, embolism (cerebral hæmorrhage)*, *Ferrum phos.* differs from both of the above, *viz.*, *Opium* and *Belladonna*, in that the patient is always anæmic while the others are plethoric. This fact is determined by the pallor of mucous membranes, the alternating flushed and pale face, the red being a scarlet bright color. The pulse, however, is the ranking determining symptom, rapid instead of slow, like *Opium*; wiry, thready instead of full and bounding like *Belladonna*. *Ferrum phos.* has controlled the rapid pulse and thus checked the hæmorrhage in several cases for me. I give it in the 3rd and repeat every 20 or 30 minutes.

In *cephalalgia (headache)* the symptoms are the same as given above for anæmia and hyperæmia of the brain.

In *epilepsy* I use *Ferrum phos.* 30th for patients whose make-up is just the opposite of *Belladonna*, i. e., anæmic, weak, nervous; face very bright red, alternating with very pale; mucous membranes pale; pain in head same as that of *Belladonna*, but better from heat applied to head. Give as directed for *Belladonna* for immediate results, but continue for an interval of weeks, giving 5 drops t. i. d. and a forced diet rich in iron and phosphorus.

The *vasodilatation* picture is illustrated by the following

case: A young girl of 17, light complexion, junior in high school, tuberculosis on father's side. Was always weak and nervous, also subject to colds and cough on least provocation. Had measles at 11; small-pox at 15; matured at 14; menses always too early and too profuse, with much pain the first day and great weakness the last two days and a few days after. She came for relief from "too rapid and severe pounding of the heart and blushing face." The pulse was 142, soft and weak, but regular. You could see the chest movements caused by it. The blood count was less than 2,500,000 and 8,000, hæmoglobin 65%.

Her face was bright scarlet red; her eyes sparkling and prominent. When asked what made these symptoms worse, she said, any excitement, like being called on to recite or spoken to by a stranger or by young men. "At such times," she said, "my feet and hands get icy cold." She also admitted that at such times there was a frequent, almost constant, desire to urinate. "I have suffered worse for the past two weeks with this condition than I did the two weeks I was so ill with the small-pox." She was put upon *Ferrum phos.* 3rd, five tablets three times daily, and a diet containing iron and phosphorus, fruits and vegetables; also 2 drams of Hagee's cordial of cod liver oil after each of her three meals. At the end of three months she called herself well, i. e., there was no more blushing. But examination showed the red blood cells still a little below four million and the white cells 9,600. She was then given *Ferrum phos.* 30th, one dose daily, before breakfast. This completed the cure.

In *vertigo*: *Ferrum phos.* has cured the vertigo of light complexioned, florid young women and girls who were anæmic and whose muscles were flabby; whose faces flush a bright red during the attack; who have a violent headache; who can feel the pulsations of a rapid heart. Being startled by the slamming of a door or window or being spoken to or surprised by a visitor, puts them in danger of falling. Give 3rd or 30th.

3rd, THERMIC CENTERS.

In *chill*: As a rule the chill is not severe. It is present

chiefly in conditions of the respiratory organs and the so-called "nervous chills" of anæmic patients. Some of our reports show that 1 p. m. is the time-period of the chill. This symptom should not be confounded with cold, i. e., patients greatly affected by cold air, cold weather, etc.

In *high temperature*: Not only does this reach a high point, 104-106, but it reaches that point in a very short time. The heat, as a rule, is general and is the leading one of our mixed symptoms. It is most frequently found in diseases of the respiratory organs. The heat is dry. The one exception is in cases of chronic tuberculosis, which have suddenly become worse. In such cases there may be profuse night sweats. Very rarely we have moisture of the skin with heat in non-tubercular patients who are very weak from anæmia. The high temperature is nearly always accompanied by a very rapid, regular, semi-soft pulse. In addition to diseases of the respiratory organs the high temperature and rapid pulse are found in carditis, endo- and pericarditis and cardiac arteritis.

The two notable conditions in which the high temperature and rapid pulse are not present are exophthalmus and profound anæmia, either simple or pernicious. As a rule there is no high temperature in these conditions.

4th, BLOOD AND CIRCULATORY APPARATUS.

In *anæmias*, whatever the variety or cause. As time will not permit giving the group in detail, only the most frequent will be given.

In *chlorosis*: When girls of the *Ferrum phos.* make-up have the t.b.c. or neurotic diathesis; girls who have been overworked, overstimulated, overexcited in school or society. Hæmorrhages, acute or chronic, or loss of other fluids as cause are the ranking symptoms. To these should be added the peculiar pulsations and tachycardia of the drug caused by the least excitement or overexertion; the pallor of the skin and mucous membranes; "terrible" headaches, worse at time of menses; vertigo; vasodilatation; variable appetite; frequent vomiting; insomnia or sleep disturbed by dreams; scanty, irregular, light colored menses; and last, but by no means least, the characteristic mental symptom, *viz.*, "clear

up on the heights, or way down in the depths," the latter worse at time of the menses.

In *acute hæmorrhagic anæmia*: Some or, all of the above, plus the history of either external or internal hæmorrhage, will be the group.

In *chronic hæmorrhagic anæmia*: We have the above plus the findings of the blood examination. One case with hæmoglobin below 40 and the red cells less than 2,000,000, with other elements in proportion, was restored to normal in a little over nine months. Treatment was 5 drops of the 30th morning and evening; a diet which was rich in iron and phosphorus; ten hours of the twenty-four in bed; no school work and no social functions.

In *pernicious anæmia*: Only one case was reported as receiving marked help from the remedy. She is living after twelve years. In that case there was a marked increase of the hæmoglobin, i. e., 95%. The other symptoms, especially the mental and menstrual, are given above.

In *congestions*: The two organs most frequently congested are the lungs and brain, occasionally the kidneys. The symptoms for the first two groups are given under pulmonary congestion and hyperæmia of the brain.

Under *dilatation of the arterioles and venous radicals* are found the vasodilatation and pulsation so frequently mentioned in all parts of the body. For the symptoms of the former we have the same group as given under "Brain and Nerves."

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#### "REPERTORY OF FOOT-SWEAT."

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

In the September *Recorder* there appeared an article from the pen of Olin M. Drake, M. D., reprinted from the *Homœopathic Physician*. This is a valuable contribution if all the additions have been verified. Its only drawback is that it is neither full nor conveniently arranged for quick reference, neither are the relative values of the remedies given. To do away with



the first drawback we have combined the list of Drake with that of Kent. The arrangement of both has been changed for the second and as for the third, while not daring to presume our ability to grade Drake's additions, we have merely put his remedies in in parentheses, Kent's remedies being put in in their proper grade. Remedies of Drake not in Kent, therefore, appear in parentheses and remedies of Kent not in Drake appear with (\*) before them. Kent's *Repertory*, 3rd ed. used.—A. P.

FOOT-SWEAT IN GENERAL: Acon., Am-c., Am-m., (Anan.), Ang., \*Apis, \*Arn., *Ars.*, *Ars-i.*, (Ars-m.), (Arum.), BAR-c., \*Bar-m., Bell., Benz-ac., \*Brom., Bry., CALC., (Calc-p.), CALC-s., (Calend.), \*Camph., Cann-s., *Canth.*, (Carb-ac.), Carbo-an., CARB-s., CARBO-v., *Caust.*, (Cench.), Cham., \*Chel., (Chlol.), (Cimic.), COCC., Coc-c., Coff., COLOC., \*Croc., *Cupr.*, Cycl., Dros., Euph., Fago., (Farfa.), *Fl-ac.*, GRAPH., (Hæm.), Hell., Hep., Hura, Hyper., (Iber.), Ind., IOD., Ip., Jab., \*Kali-ar., *Kali-bi.*, *Kali-c.*, Kali-p., \*Kali-s., Kalm., Kreos., *Lac-ac.*, Lach., (Laur.), \*Lact., Led., (Lil-t.), LYC., *Mag-m.*, Mang., Med., MERC., (Merc-sul.), Mez., Mur-ac., \*Naja, \*Nat-a., Nat-c., *Nat-m.*, \*Nat-p., Nit-ac., (Nux-j.), Ox-ac., (Ped.), *Petr.*, Phos-ac., *Phos.*, Phyt., Pic-ac., Plb., (Podo.), *Psor.*, PULS., Rhus-t., \*Sabad., Sabin., (Sal-ac.), Sanic., Sec., \*Sel., SEP., SIL., *Squil.*, *Staph.*, SULPH., \*Tarent., (Tell.), (Thea), THUJ., Verat., (Verat-v.), (Wies.), ZINC.

LOCATION: FEET: LEFT: Cham., Nit-ac.  
Vesicles, moist, painless, between toes:  
(Hell.)

RIGHT: Dry, left foot remaining quite: (Plect.)  
Night: (Sulph.)  
Profuse of, so that hose was completely soaked: (Plect.)

HEEL: Thuj.  
SOLE: Acon., AM-M., Arn., \*Calc., \*Chel., Fago., \*Hell., Kali-c., *Merc.*, \*Nat-m., NIT-AC., *Nux-m.*, (Oxyt.), Petr., Plb., \*Puls., Sabad., (Sanic.), SIL., *Sulph.*, (Wies.)

LEFT: Cold, on: (Sulph.)  
Excoriating, raw and sore, making soles: (Bar-c.), *Calc.*, (Nit-ac.) (Petr.), (Sabad.), (Sil.)

TOES: Acon., Arn., \*Clem., \*Kali-c., Lach., *Phyt.*, *Puls.*, Sep., \*SIL., Squil., Tell., *Thuj.*, Zinc.

BETWEEN: Acon., \*Anac., Arn., \*Bar-c., \*Carbo-v., Clem., Cob., Cycl., Ferr., \*Fl-ac., Kali-c., Lyc., \*Nit-ac., *Puls.*, Sep., SIL., Squil., Tarax., *Thuj.*, \*Zinc.

UNDER: Phyt., Tarax.

TIPS: Swelling of, with redness and foetid sweat: (Thuj.)

TYPE: CLAMMY: \*Acon., \*Cann-i., \*Pic-ac., \*Sep., \*Sulph.

COLD: Acon., Ars., \*BAR-c., Bell., Benz-ac., CALC., \*Calc-s., *Canth.*, \*CARB-s., CARBO-v., \*Caust., Cimic., *Cocc.*, \*Cupr., \*Dig., Dros., Fago., (Farfa.), \*Graph., *Hep.*, Hura, \*Ind., Ip., \*Kali-c., *Kali-p.*, *Kali-s.*, \*Laur., *Lil-t.*, LYC., \*Mag-m., Med., *Merc.*, Mez., MUR-AC., Nit-ac., Ox-ac., (Ped.), \*Phos., \*Pic-ac., Plb., \*Psor., PULS., \*Sanic., \*Sec., \*Sep., \*Sil., Squil., STAPH., \*Stram., *Sulph.*, \*Thuj., \*VERAT., (Verat-v.)

- CLAMMY, AND: (Calc.), (Laur.), (Merc.), (Pic-ac.),  
(Sanic.), (Sulph.), (Thea)  
Evening: (Pic-ac.)  
Cold feet, damp followed by very:  
(Ped.)  
Hot feet, followed by very: (Hura)  
Hot, one foot, the other cold: (Hura),  
(Lyc.)  
Knees, clammy up to: (Laur.)  
Sticky and: (Calc.)  
\*SIL., \*Thuj.
- CONSTANT:  
DESTRUCTIVE:  
See EXCORIATING.
- EXCORIATING: *Bar-c.*, *Calc.*, *Carbo-v.*, *Coff.*, \*FL-AC.,  
*Graph.*, \*Hell., *Iod.*, *Lyc.*, *Nit-ac.*,  
\*Ran-b., *Sanic.*, *Sec.*, *Sep.*, *Sil.*,  
\*Squil., *Zinc.*
- Destroyed, corrosive, or, so much so  
that hose and shoes are quickly:  
(Sec.)
- Raw and sore, making feet: (Calc.),  
(Cham.), (Graph.), (Lyc.),  
(Nit-ac.), (Petr.), (Sabad.),  
(Squil.), (Zinc.)
- Soles: (Bar-c.), *Calc.*, (Nit-ac.),  
(Petr.), (Sabad.), (Sil.)
- Toes: BAR-C., *Carbo-v.*, (Coff.),  
*Graph.*, *Nit-ac.*, \*Sanic., *Sep.*,  
*Sil.*, *ZINC.*
- Between: \*BAR-C., \*Carbo-v.,  
\*Graph., \*Nit-ac., \*Sanic., \*Sep.,  
\*Sil., *ZINC.*
- FÆTID: See OFFEN-  
SIVE.
- MOISTURE rather  
than sweat: (Calc.)  
Fœtid: (Petr.)

- ODOR: Carrion-like: (Sil.)  
Fœtid, sweat, without: (Graph.),  
(Sep.), (Sil.)
- ODORLESS: (Graph.), (Lac-ac.), (Merc.)
- OFFENSIVE: Am-c., Am-m., Anan., \*Arg-n., \*Ars.,  
\*Ars-i., Arund., BAR-C., \*Bufo.,  
*Calc.*, \*Calc-s., Carb-ac., \*Carb-s.,  
(Chlol.), \*Cob., Coloc., \*Cycl.,  
\*Fl-ac., GRAPH., KALI-C., Kalm.,  
(Lac-ac.), LYC., Nat-m., NIT-AC.,  
(Nux-j.), Petr., Phos., Plb., Psor.,  
\*PULS., *Rhus-t.*, *Sanic.*, *Sec.*, *Sep.*,  
*SIL.*, \*Staph., *Sulph.*, \*TELL., THUJ.,  
(Wies.), *Zinc.*
- Cheese, smelling like old: (Plb.)
- Eggs, rotten, like: Staph.
- Moisture rather than sweat: (Petr.)
- Sole, leather, smelling like: Cob.
- Sour: *Calc.*, Cob., Nat-m., \*Nit-ac.,  
\*Sil.
- Evening: *Sil.*
- Urine, smelling like: Canth., Coloc.
- Soles: Fœtid: *Petr.*, *Plb.*, *Sil.*  
Cold: \*Acon., \*Sulph.  
Offensive: See Fœtid.  
Sour: (Nat-m.)
- Toes, between: Offensive: \*Bar-c.,  
\*Cob., Cycl., \*Kali-c., \*Lyc., \*Nit-  
ac., *Puls.*, \*Sep., *SIL.*, *Thuj.*, \*Zinc.
- PROFUSE: Ars., (Ars-m.), Arund., Carbo-an.,  
\*Carb-s., Carbo-v., (Cench.), Cham.,  
Coloc., Fl-ac., *Graph.*, Ind., \*Ip.,  
*Kali-c.*, Kreos., Lach., *Lac-ac.*, LYC.,  
\*Merc., NIT-AC., Petr., Phyt.,  
(Plect.), \*Psor., Puls., Sabad.,  
Sal-ac., \*Sanic., *Sec.*, *Sep.*, *SIL.*,  
Staph., *Sulph.*, *Thuj.*, *Zinc.*

Right foot, of, so that hose was completely soaked: (Plect.)

Wet through, which was, obliged to change hose: (Sulph.), (Thuj.)

Winter, the feet being cold in, and sore in summer: (Sil.)

Wring the, can almost: (Cench.)

## SUPPRESSED:

\*Am-c., Apis, Ars., (Awa Samoa), Bad., BAR-c., *Bar-m.*, \*Cham., Coch., Colch., *Cupr.*, *Form.*, \*Graph., Hæm., *Kali-c.*, \*Lyc., \*Merc., \*Nat-c., *Nat-m.*, Nit-ac., (Nux-j.), \*Phos-ac., \*Phos., \*Plb., *Puls.*, Rhus-t., \*Sel., SEP., SIL., \*Sulph., *Thuj.*, ZINC.

## WARM:

(Ars-m.), *Led.*

## MODALITIES AND CAUSES:

DAYTIME: Pic-ac.

MORNING: \*Am-m., \*Bry., \*Coc-c., (Euph.), \*Lyc., \*Merc., Sulph.

Bed, in: Bry., Lach., Merc., Phos., *Puls.*, Sabin.

Toes: Lach.

Rising, after; Am-m.

FORENOON: \*Fago.

AFTERNOON: \*Graph., \*Lac-ac.

EVENING: CALC., \*Cocc., (Coc-c.), Graph., \*Mur-ac., \*Pic-ac., *Pod.*, (Plect.)

Cold and clammy: (Pic-ac.)

Sour: *Sil.*

Toes: between: Clem.

Bed, in: \*Calc., (Calend.), Clem., Mur-ac.

Suppressed, icy cold feet and legs: (Sil.)

NIGHT: Coloc., *Nit-ac.*, *Sulph.*, *Thuj.*

11 p. m.: \*Hura.

2 a. m.: *Ars.*

Right foot: (Sulph.)

Rising, on, sensation of cold sweat trickling down feet: (Croc.)

Waking, on: (Mang.)

BATH, FROM: Suppressed: (Bar-c.)

COLD, BY A: Suppressed: (Apis)

## MENSES, BEFORE AND

DURING: *Calc.*

MENSES, DURING: Pain, from severity of: (Verat.)

MENSES, AFTER: *Calc.*, \*Lil-t., \*Sep., \*Sil.

Offensive: *Sep.*, *Sil.*

PAIN: From severity of, during menses: (Verat.)

SITTING: Sitting in a: (Mez.)

ROOM, WARM: (Bell.)

Room, warm, in a: (Mez.)

STOOL, AFTER: \*Sulph.

SUMMER: (Cham.)

Profuse sweat, feet sore in, cold in winter: (Sil.)

WAKING, ON: \*Mang.

WALKING, WHILE: Carbo-v., Graph., Nat-c.

Toes: Graph.

WET, GETTING: Suppressed: (Colch.), (Sil.)

WINTER: \*Arg-n., Med.

Profuse sweat, feet cold in, sore in summer: (Sil.)

## CONCOMITANTS:

BURNING, WITH: *Calc.*, (Calend.), *Lyc.*, Mur-ac., Petr., *Sep.*, *Sulph.*, *Thuj.*

CHILL, DURING: \*Cann-s.

COLD AND CLAMMY: Cold feet, damp followed by very: (Ped.)

Hot, one foot, the other cold: (Hura), (Lyc.)

Hot feet, followed by very: (Hura)

COLD: Feet and hands in typhoid fever:  
(Carbo-v.)

DIARRHŒEA, DURING: Sulph.

INJURY OF SPINE, IN: NIT-AC.

ITCHING, WITH, OF SOLES: SIL., Sulph.

LEFT FOOT: Vesicles, moist, painless, with, between toes: (Hell.)

MENSES, DURING: Calc.

Pain, from severity of: (Verat.)

PAIN: Severity of, from, during menses:  
(Verat.)

Tearing, in feet and hands, with:  
(Graph.)

RIGHT FOOT: Dry, left foot remaining quite, with:  
(Plect.)

SORENESS: Nails, at ends of, with: (Merc-sul.)

SWELLING: Of feet, with: Graph., Iod., Kali-c.,  
Kreos., Lyc., Petr., Phos-ac., Plb.,  
Sabad.

SUPPRESSED: Angina tonsillaris, followed by:  
(Bar-c.)

Appetite lost, with: (Sil.)

Chorea, with: (Form.)

Excitement, nervous, with: (Zinc.)

Eyes, affections of, with: (Sil.)

Icy cold feet and legs, with, worse  
evenings in bed: (Sil.)

Lameness, with: (Bar-c.)

Palpitation, with: (Ars.), (Hæm.)

Paralysis, feet, of, with: (Zinc.)

Toothache, with: (Sil.)

SOLES: Callosities on the soles, with, which  
are painful on walking: (Bar-c.)

Exfoliation of skin of soles, causing:  
(Thuj.)

Itching, with: \*SIL., \*Sulph.

Raw, making soles: \*Calc.

Tender feet, with: (Petr.)

TENDENCY: Rheumatic, in persons with, offensive  
foot-sweat: (Rhus-t.)

TOES, BETWEEN: Corns, with; softens the corns so that  
they can be taken out with the  
finger-nails: (Lyc.)

Rawness, with, and causing: \*BAR-C.,  
\*Carbo-v., \*Graph., \*Nit-ac.,  
\*Sanic., \*Sep., Sil., ZINC.

TOES, TIPS: Redness and fœtid sweat, with swelling  
of: (Thuj.)

#### SENSATIONS:

SWEAT, OF: And the hose soaked full: (Lac-ac.)  
Cold, trickling down feet, at night on  
rising: (Croc.)

damp stockings, as if one had  
on: (Calc.), (Saponinum)

SOLES: Sticky, molasses, as though one had  
stepped into; the hose sticking to  
the feet: (Sanic.)

Water, as though one had stepped in  
cold: (Sanic.)

Wet, always, and without feeling:  
(Nux-m.)

#### SYPHILINUM.\*

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

Hahnemann's *Sulphur* has amply justified itself as the greatest of antipsorics; but greater cleanliness has lessened the need for it considerably. On the other hand our recent moral let down has increased the demand for an equally effectual anti-syphilitic.

Swan gave us the nosode *Syphilinum* and later Abrams reinforced the argument, but like other isopathic remedies it has not taken a very strong hold on the profession; probably because

\*Read before the I. H. A., June, 1928, Bureau of Materia Medica.

the provings are notably fragmentary and weak and also for the reason that its use rests too largely upon presumptive evidence, being in fact almost entirely empirical.

*Mercury*, *Syphilinum* and 606 each at times yields almost startling results, but at others fails miserably. All specifics have the habit of doing this, because they are only occasionally indicated. There can be no greater fallacy than to choose remedies for the basis of diagnosis and percentage; yet this is very largely the general custom.

Disease never runs exactly true to form. The variations from case to case contain the very incidents which enable the prescriber to choose the curative similar. This one remedy and this only will again restore vital harmony in the very best possible way; all others modify sickness only, and no more. Provings which decidedly portray disease forms are the very ones that betray us into suppression if not skilfully used. This accounts for many false cures that have often deceived both patient and doctor. The true *similimum* often redevelops these disease pictures; an impossibility had there been a genuine cure.

The manifestations of tertiary syphilis multiply as our information increases; so that for the purpose of final, individual differentiation we must perforce fall back upon the personal elements of each case. Fortunately these are the very ones needed to build up a correct clinical picture of the remedy which will cure.

Usually luetic patients have suffered many abuses before they fall in with good homœopathy; then unless some one drug is clearly indicated, it is well to give this nosode to clarify and put in order the confused symptom array. Then it is that an unexpectedly long reaction often follows; but it always stops short of actual cure, which can only be accomplished with the aid of the patient's constitutional antipsoric remedy.

#### DISCUSSION.

CHAIRMAN UNDERHILL: Dr. Boger's paper is now open for discussion.

DR. OLDS: In relation to *Syphilinum*, I want to tell you a new symptom. A little over a year ago I took a dose of *Syphilinum*

10M., and following that for a period of, I should say, three months I had the most terrible vertigo that anyone can imagine, vertigo almost under any conditions, but particularly worse rising up suddenly from bed, turning over in bed or going into the prone position, on lying down and also on stooping. Another symptom that accompanied the vertigo was easy fatigue, great weariness in the limbs, perhaps without the exercise that would ordinarily bring it on. This persisted with the vertigo for a period of, I should say, about 3 months.

I also gave that same potency to a patient with somewhat similar results, though not as marked as in my own case.

DR. PULFORD: Mr. Chairman, I was very much pleased to hear this paper. It teaches us one or two things that no remedy, no serum, no vaccine, no nothing is homœopathic unless it will produce on the healthy or near-healthy human being those symptoms from which it is called to rid the sick.

I think that was brought out very nicely, that any remedy is homœopathic only inasmuch as it is not the same but similar.

CHAIRMAN UNDERHILL: Dr. Boger, will you close the discussion?

DR. BOGER: I don't think there is anything to add to the paper. It was produced under rather high pressure, I am afraid a lot of my work is produced the same way, and it is time to let down the pressure a little bit.

#### MALARIA AS A CAUSE OF FACIAL NEURALGIA.\*

HARRY B. BAKER, M. D., Richmond, Va.

In my experience malaria is by far the most frequent cause of facial neuralgia, especially where it is of the intermitting type. Very often the malaria may have been acquired years before, and entirely forgotten by the patient.

I have frequently had patients deny ever having had malaria, but on close questioning admit that they did have chills when a child, but that was thirty or forty years ago and could not possibly have anything to do with the present trouble.

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Malaria has the faculty of lying dormant for almost any length of time, and for that reason it is very difficult to know when you have eradicated it, and I sometimes think that once thoroughly in the system it is doubtful whether it is ever entirely eradicated.

Of course most of the cases that we come in contact with have been treated with heavy doses of quinine and suppressed, and it is very possible that the neuralgias resulting later on are more drug symptoms than disease ones.

A very frequent malarial symptom is a frontal headache which is often mistaken for a sinus condition and sent to the specialist for treatment which does no good. I had an excellent example of this last fall when a former patient of mine who is now living in Cambridge, Mass., developed a frontal headache which her physician there could not relieve. He wanted her to go to a specialist for sinus treatment, but she told him that she did not have any sinus trouble, that it was only malaria as she had it before. He had her blood examined and told her that it could not possibly be that. However, she did not believe him, but wrote to me and I was able to clear it up with a few prescriptions. She was pregnant at the time which probably caused the dormant trouble to light up.

Now if we select the *similimum* for the case we will probably clear up the neuralgia whether it is based on malaria, syphilis, or what not, but it is a great satisfaction to know the cause of the trouble and patients like to know that also. In addition while any remedy in the materia medica may be indicated for any condition, still certain conditions are apt to fall in certain groups of remedies and a great deal of time is saved in that way.

I find that these facial neuralgias which are due to malaria are very apt to call for *Arsenicum*, *Nux-v.*, *Natrum muriaticum*, *China* or *Spigelia*. *Sulphur*, *Sepia*, *Kali-c.* and some of the other deeper acting remedies are often needed. I have found *Spigelia* very frequently indicated in tic douloureux. I had a case of this some years ago in an old lady who when she came to me had been under opiates for three months, and in intense pain whenever they wore off. I stopped them at once and gave her *Spigelia* which relieved her pain and kept her in comfort as long as she lived,

some two or three years. I mention this case because remedies will not always act so promptly when a patient has been doped for such a long time. I do not remember giving her any remedy but *Spigelia* for the facial condition. Of course I used several different potencies.

#### DISCUSSION.

CHAIRMAN DIXON: The paper is open for discussion.

DR. GREEN: Sometimes neuralgia seems to baffle all kinds of remedies that are prescribed for it on the symptoms of the attack, and when we forget about it and prescribe for the chronic condition of the patient, the patient gets well.

I was discouraged about an old lady, a patient of mine, who had a terrible facial neuralgia on the right side. The pain in her jaw was so distressing that she could not swallow, and ran down hill for lack of nourishment. The pain shot up into the temple region, and then to one part of her head, which became so sore that she couldn't touch it. The whole right cheek was so sensitive that she couldn't even wash her face.

I remembered that when she was a patient of mine three years before, I gave her *Sulphur* on her chronic symptoms with good results. Dose 10M. I haven't repeated it, (this was a month ago) and now my patient is getting well.

DR. ROBERTS: Mr. Chairman, I was pleased to have Doctor Baker refer to the case of pregnancy in connection with malaria. It is a fact that pregnancy will bring out old latent malaria. It may not come until after the delivery, but you will get some hair-raising signs in these old latent cases of malaria after the delivery. They will shoot a temperature very quickly.

Another thing is the time when the homœopathic remedy can be guaranteed, if it is carefully chosen, to eliminate the fundamental dyscrasia, that is found in a patient when they have once had a very severe malarial attack. I have repeated that several times, and after the first pregnancy and the delivery there is no more of the chronic malarial condition.

DR. BOGER: Mr. Chairman, this idea of suppression is a monster of hideous mien. It takes on many phases, you can't tell beforehand what phase it will take. I had that very well demon-

strated not long ago. Within the past couple of years a woman aged 55 came to me with a very well-marked case of arthritis deformans, and a successful prescription in those cases is, as you know, very, very difficult. Aside from what the x-ray showed, her wrists were drawn back, and it was with a great deal of difficulty that she ascended the steps into my office. Under a few doses of *Pulsatilla* she seemed to make a little headway. She was satisfied with it but I was not. After a while I discovered that she had been born and raised in Missouri. I think she had a very bad case of malaria as a child. I found out all I could about that, gave her a dose of *Arsenicum*, MM potency, and the improvement for five or six months now has been enormous, past all belief. She comes up the steps without any trouble at all, moves along very freely. Of course the old distortions are still there, but she is a happy woman where previously she was very much distressed nearly all the time.

Now, how much coming back nature can do in such cases is really wonderful. I had that illustrated not long ago in the case of a burn. A woman got her finger into potash and burned it almost down to the bone. The bone was practically in sight, and she went to an allopath who put on mercurochrome. It was not doing well at all. I took off everything, put on a little *Calendulum*, gave her a dose of *Arsenicum*, and today you can hardly find the seat of that burn.

As I say, you cannot tell how much restoration nature will do. Many years ago Dr. Haines of Indianapolis published a paper in which he claimed a finger, I think it was, had grown back.

DR. OLDS: A nose.

DR. BOGER: Nose—and showed the picture. I cannot substantiate what Dr. Haines said, but I am ready to believe a lot about restoration.

CHAIRMAN DIXON: If there is no further discussion, Dr. Baker will you close?

DR. BAKER: I will just mention one other case that came up just before I left home. This patient, when she first came to me several years ago, had patches on her legs like mercuric patches. *Sulphur* cured that up. Later on she developed a bleeding from the right breast. There was no malignant condition, just a bleeding

from the right nipple. That cleared up with *Crotalus horridus*. Now she is complaining of trouble with her nose, she says she "smells" her nose, and that it gives an odor in the room. I don't think it does give an odor in the room, but evidently she is sensitive to a peculiar condition there. I cannot see any pathology. I didn't find out until just the day before yesterday that she had had, when she was a child, what they call "yellow chill." She was from Halifax county, in North Carolina. "Yellow chill" is probably malaria with symptoms very similar to those of yellow fever. At one time down there the mortality of yellow chill was 9.95%, but they do a little better now. She said she had had three of those attacks, the first time they thought she was dead, the kidneys had ceased to act at all. They finally put her in a tub of hot water and she pulled through that attack. Evidently that was a blood condition—malignant malaria has knocked her blood into a cocked hat. It would be very interesting to get some blood studies on this case, but I don't think it would really help me in treating it.

QUESTION: Did she have much quinine?

DR. BAKER: She says they used to pour it into her hand and she would take it.

QUESTION: Would that have any influence on the condition of the blood?

DR. BAKER: I think it is the malignant malaria that did that.

#### NOTES ON LAC CANINUM.\*

GRACE STEVENS, M. D., Northampton, Mass.

This remedy has a place in history dating from the beginning of the Christian era. Dioscorides, a Greek medical writer of the first century, used it successfully. Pliny the Elder—a Roman writer of natural history—also of the first century, claimed that it cured ulceration of the internal os. It was at that time used as an antidote to many deadly poisons. Rhasis, an Arabian physician of the tenth century, writes of it. He, as well as Dioscorides and Pliny, recommended it for the removal of the dead

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foetus. Sextus of the third century and Sammonicus praised it in affections of the eye and ear, notably photophobia and otitis.

About the middle of the last century Reising of New York, while traveling in Europe heard *Lac caninum* praised as a remedy in throat diseases and on his return used it successfully in an epidemic of malignant diphtheria. On his recommendation Bayard, Wells and Swan studied and tried it. Reising had potentized it to the 17th centesimal and from this the higher potencies of Swan and Fincke were prepared. Swan devoted himself to the study of the remedy and published an article on its use in 1875. We are indebted to him for the careful provings (arranged by Bertridge), which were published in 1888 in his (Swan's) *Materia Medica of Nosodes and Morbific Products*. These provings were made from the 30th, 200th and higher potencies.

Hering gives a long list of authors who have recorded their use of the remedy, among them, Biegler, Hiller, Lippe, Payne and Wesselhoeft.

The action of *Lac caninum* is analogous to that of several of the animal remedies, especially *Lachesis* and the other snake poisons. It is especially adapted to nervous, restless, highly sensitive organisms. The symptoms are erratic, and pains fly from one part of the body to another, as in *Kali-bi.*, *Puls.* and *Tuberculinum*; especially characteristic are pains and inflamed states that change repeatedly from one side of the body to the other. For instance, the soreness of the throat is apt to begin on the left side, then going to the right and back again to the left.

Several remedies have a sore throat beginning on one side and going to the other—as *Lach.*—beginning on the left and going to the right; or *Lyc.*—beginning on the right side and going to the left; but so far as I can ascertain, *Lac caninum* is the only remedy which has the repeated change.

And while we are speaking of the throat symptoms, we will add several more that are individual: Sore throats and cough are apt to begin and end with menstruation. There may be yellow or white patches in the throat, and painfully swollen submaxillary glands. The external throat is sensitive to touch, like *Lachesis*, and the pain internally is worse for empty swallowing, like *Baryta-carb.*, *Kali-carb.*, *Lachesis* and several other remedies. The con-

stant inclination to swallow, even though it is *very* painful, is like *Mercury*. The pain on swallowing extends to the ears like *Hepar.*, *Ign.*, *Kali-bi.*, *Merc.*, and *Phyt.* The mucous membrane of the throat, also the diphtheritic membrane or the surface of ulcers has a glazed, shining appearance.

The mental symptoms of the remedy include restlessness—lack of concentration, failure of memory, shown especially in mistakes in writing (again, like *Lach.* and *Sepia*). The patient is very absent-minded; makes purchases and walks away without them. (There must be many people needing the remedy!)

He is despondent, hopeless, *chronically blue*, everything seems dark. This suggests *Lyc.*, *Puls.*, and *Psor.* Another mental symptom is irritability. The child cries and screams all the time—especially at night—like *Jalapa*, *Nux-v.*, and *Psor.* The grown-up has attacks of rage with cursing and swearing and is generally ugly and hateful. Fear, too, comes in for its share: fear of death, of being alone, of becoming insane, and of falling down stairs. This last fear reminds us of *Borax*.

Under Sensorium we find an unusual symptom: A person when walking feels as if walking on air; and when lying, as if he did not touch the bed, as if his legs were floating. This sensation of gliding through the air is found also under *Asarum Europæum*, *Calcarea arsenica*, *Camphor*, *China*, *Rhus-t.*, *Spigelia*, and *Thuja*. *Lachesis* has the feeling of not touching the bed. The stomach has an empty sinking sensation with a hunger that is not relieved by eating.

*Lac caninum* has produced and cured some interesting symptoms in the female sexual organs. The breasts are swollen and painful before and during the menstrual period, as in *Conium*. They are so heavy that any jar causes pain, and the patient instinctively holds them firmly on going up or down stairs. The remedy given to a nursing woman who had an ulcerated throat, cured the throat but nearly dried the milk, and it has proved useful in many cases where it has been necessary to stop the flow of milk. It is said also to increase or renew the flow when it has disappeared without any known cause. This is like *Lac defloratum*.



There are ovarian pains, alternating sides, or only one-sided. The abdomen is sensitive to pressure of the clothes and the pain is relieved by a bright red flow—two more symptoms like *Lachesis*. As a rule the menses are early and profuse; flowing in gushes, bright red, viscid and stringy, but we find also the symptom of scanty menses with much pain and great mental irritability.

Dr. Wm. P. Wesselhoeft reported an interesting case of a man who had been impotent for nearly ten years. As he himself did not succeed in helping the patient, he sent him to Dr. Lippe in Philadelphia, who discovered that the trouble followed an attack of diphtheria which changed from side to side of the throat, and that when he had an acute cold, it was characterized by shifting pains and change of location. *Lac caninum* CM cured the patient.

In the back and extremities we find many pains. The spine which is very sensitive to pressure, aches in its whole length from skull to coccyx. A very intense pain across the super-sacral region extending to the right hip and sciatic nerve, is worse from rest, and on beginning motion. This last accompanied a severe, right-sided sore throat.

The nape of the neck is stiff and sore, with wandering pains. It aches and the patient wants to stretch the head forward to relieve the pain.

Change of location, shifting from side to side, characterizes the pains in the limbs. The remedy has proved very useful in rheumatic fever when the inflammation attacked joints first of one side and then of the other, going back and forth—from side to side, and joint to joint. In a case of my own, the joints were extremely sensitive to touch and motion, but better from firm binding—not better from heat. They were red and shiny, but not much swollen, and the pain was aggravated at night. However, under *Lac caninum* the time of aggravation may change from night to morning or may be in the evening.

The sweat of a rheumatic-fever patient needing *Lac caninum* is sometimes very rank. Nichols wrote that this remedy acted best in a single dose; if repeated, it should be given at exact intervals—e. g., every 24 hours.

## DISCUSSION.

CHAIRMAN UNDERHILL: The paper is now open for discussion.

DR. CLARK: Throat symptoms are worse at times or before menstruation. I would like to speak also of *Sulphuric acid*, something we don't often use. Sensitiveness of the spine is a particular symptom for which I use *Lac caninum*, and often *Natrum sulph.*

About forty years ago I was called to see a little girl five years old, with eczema she had had since birth. It took me a year and a half or more to cure that up, during which time I was trying to get in touch with the mother. She had had a confinement some fourteen years before and a milk leg developed, to which the doctors made a considerable number of applications, but left the leg about twice the size of the other.

I studied her case very carefully and it seemed to me that *Nitric acid* was her remedy. I spoke to the late Dr. Perkins of Boston and I said: "I have given the high and the low, no potency in *Nitric acid* helped her."

"Well," he said, "you know we are told to give *Lac Caninum* if *Nitric acid* doesn't do the work." No, I didn't know that. I went home and looked up my *Lac Caninum* and I said: "I have the whole business." I gave her a dose of the 200, on Thursday night another dose, on Saturday night and Sunday morning she sent for me. She was broken out from head to foot and as she weighed about 275, it was quite some eruption. She said: "What are you going to do for that?" I said: "Nothing but let you alone." In the course of a week the leg began to sweat and the eruption began to fade away. She would lift the leg and the water would drop from it. In two weeks she buttoned her boots for the first time in 14 years.

Now I want to give you that idea that Dr. Perkins gave me—don't forget it, it isn't in the repertory. When *Nitric acid* seems indicated and doesn't do the work, after hearing Dr. Stevens' paper, I want to say that you should give *Lac caninum*. When you are studying *Nitric acid*, study *Lac caninum* by all means and you will probably go from *Nitric acid* to *Lac caninum*.

DR. DIXON: I want to go on record about getting in trouble by repeating the dose of *Lac caninum*. Two years ago, I think it was, I gave a paper or illustrated a case with an intense aggravation from repeating a dose of *Lac caninum*. Perhaps I gave it too high to start with, but it gave an intense aggravation that was bothersome. I have learned to give one dose and wait, not repeat *Lac caninum*.

Another point that Dr. Stevens didn't bring out in the remedy that I think is well worth remembering, is that it is useful in your enuresis cases, nocturnal enuresis, especially in those children who have grown up to adolescence and kept this habit. I have learned to always refer to *Lac caninum* in those cases and see if I could not get other corroborative symptoms. It is amazing how many of them you can get, and what fine work the remedy does.

#### SOME POSSIBILITIES OF THE MATERIA MEDICA.\*

EUGENE UNDERHILL, JR., M. D., Philadelphia, Pa.

In the mineral kingdom man may find his remedy when sick, so in the vegetable and animal kingdom.

It is possible that the product of the serpent may be everything needed for the healing of man. Extend this to the whole animal kingdom and it is probably so. There seems to be everything existing in one kingdom that exists in another. The lowest is the mineral, the next the vegetable and last the animal kingdom.

If we had a perfect knowledge of any one kingdom we could probably cover the entire scope of curative possibilities, but we have a knowledge of a few remedies in each kingdom.—Kent's *Materia Medica*, 3rd Edition, page 716.

What possibilities are here suggested?

When adequate investigations and provings are made and some further sound basis for classification and grouping of remedies arrived at, it is possible that all curable cases of disease, of whatever type or description, can be successfully treated by the properly selected mineral drug, and that the same may be true in respect to the vegetable and animal drugs.

It is indeed possible, and even probable, that each great kingdom of nature enfolds within itself all the essentials of life and

\*Part of a lecture given at the Summer School of the American Foundation for Homœopathy, August, 1928.

health and likewise all those of disease and death. Granting equal and sufficient skill in his own field it is possible that three physicians, one using only mineral drugs, the second only vegetable drugs and the third only animal drugs, would average approximately the same curative results.

It is striking to note the marked resemblance of remedies in one kingdom with those in another. Compare *Phytolacca* with *Mercury*, and *Pulsatilla* with *Kali sulph*. Again compare *Pyrogen* with *Calcareo sulph*. and *Tuberculinum* with *Calcareo carb*. and *Calcareo phos*. Many other comparisons could be cited. These relations may have a more profound significance than may first appear and may furnish one of the keys with which to unlock and unravel the vast materia medica.

Schuessler by confining himself to the twelve tissue remedies as a cure for all the ills of mankind and employing them often on insufficient homœopathic indications has prejudiced the minds of some physicians against these great remedies.

In speaking of *Ferrum phos*., Kent says: "It could not be less than the *Ferrum* and the *Phosphoric acid* that form it," and a similar statement could be made concerning the other double remedies in the Schuessler series. Certain it is that these twelve remedies enfold tremendous curative possibilities. We need revivings of them and a full understanding of each and every one before passing final judgment on Schuessler's selection.

In the present state of our knowledge we cannot do without *Calcareo carb*., *Kali bichromicum*, *Kali carb*., *Natrum carb*. and other double remedies. Nor do we have to do without these or any other medicines in the materia medica.

As to depth and length of action, the minerals stand first. Next come the animal drugs, and some physicians believe these to be just as deep-acting as a class as are the minerals. Most physicians will agree that the vegetable drugs are not as a class as deep nor as long-acting as the other two groups.

The minerals and metals are many times suited to deep, and often inherited, constitutional disorders and chronic life-long complaints. The nosodes and animal remedies will often meet violent septic states, and will also rouse reaction in chronic con-

ditions which have developed on a psoric, syphilitic or sycotic base "when the symptoms agree."

For acute conditions, or for certain phases or aspects of a psoric state the vegetable remedies will often produce most gratifying results, but in the majority of chronic cases upon prescribing one of the vegetable remedies it will be subsequently found that while marked improvement in many particulars has occurred, a deep remedy, and usually a mineral or a nosode, will be needed to completely eradicate the chronic state.

However, with the development of new and more accurate means of detecting energies and measuring their values, we may yet find that the homœopathic materia medica embraces three or perhaps more complete and sufficient materia medicas, any one of which properly and intelligently used will cover all cases from infancy to old age, and from the least departure from health to the gravest maladies known to man.

Such evidently was the vision Kent had when he penned the lines quoted as a preface to this paper. The correct remedy and the exact potency will some day become matters of mathematical precision. Perhaps not in our day, but let us not be so sure of that. The old refrain "it can't be done" is long since out of date.

Truth is forever and unceasingly broadcasted from that inexhaustible fountain of all truth, but only those in tune with it can receive it. Hahnemann tuned in and gave homœopathy to the world, and so with every real advance in whatsoever line of endeavor.

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WANTED—Jahr's Mental Diseases and Kent's Homœopathic  
Philosophy. The Homœopathic Recorder.

## DEPARTMENT OF HOMŒOPATHIC PHILOSOPHY

Editors:

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

### SYMPTOM-BAITING

We are yielding to temptation to say something about our individual method of symptom induction. We say "individual" because while all consistent adherents of the Hahnemannian method must perforce use the same general scheme individual tactics may vary and sometimes, for one reason or another, may fall short of the perfect usage.

We believe that the individual should perfect his own peculiar nuances in the art so as to bring that mutual adaptation of patient to prescriber which will be in accord with his own temperament and the types of people attracted to him. This belief is a detail of the larger belief in being individual or nothing, that is, as individual as possible whether like anyone else or not; and in the variation of any art according to individual needs. Variation is the product of the natural reaction of individuality with other elementary principles and from it the complexities of development proceed. Complexity and individuality of mind and feeling are the flowering of life and its best justification of existence in an objective world.

It is to be expected then, in the supposedly difficult art of homœopathic practice, that better success is attained if the individual will study himself and his milieu along with the general rules of practice. This develops the way of doing things in harmony with individual peculiarities of temperament and environment and accentuates both. Such personal attainment brings better success than anything which can come purely by imitation or adoption.

We imagine that prescribers might be compared to two kinds of musicians one of whom might have manual ability, while another with less, who had sounded the depths within himself or of experience, could stir the sentiments and emotions. Some musicians have not the possibility, apparently, of expressing sentiment

through music and it may be possible for the prescriber to devote a long time in stuffing his case through the requirements of methodology and even become fixed in the habit. This is intended as a hint to the wise young prescriber.

There is no comfort here, though, for the casual homœopath, for he who merely dabbles with the medicines and does not make and keep full symptom records cannot do connected or consistent work. If he cannot do that in both acute and chronic work he will have to depend on other resources to gain apparent effects and make the day's pay. This involves the inevitable stumbling through critical places, and stumbling homœopathically is like knocking over the furniture in a strange dark room; once lose your bearings and it is more difficult to regain them than to prescribe for a new case.

The first requirement is pen and paper within immediate reach, simple and unnecessary as this may seem until we speak further. The second requirement, though seldom needed, is to know how to keep the sharp points of the patient's tale in mind if something prevents wielding the pen while he is talking. The third requirement, if the prescriber be not a stenographer, is to know how to catch the complete uninterrupted tale with the pen.

What is the profound fact behind these simple pre-arrangements? It is that nothing can possibly come between the patient's first outpouring of feelings without impairing or obscuring it as a photograph of the pathological consciousness. It is a reason for sorrow and a cause of it that so much time and energy is spent in the study of disease and pathology and so little of the life of consciousness, for in the latter is usually mirrored the distinctive and special remedy for the individual.

As to general differences, the clientele of different prescribers and in differing locations varies accordingly. Here in the East where life is more tense, the sensibilities are more acute and there is more lively expression. The people of more southerly latitudes are especially expressive and give a lively account of their sensations. If we follow the rule never to divert or obstruct the flow of expression from the first moment of meeting until the last bit of information is drained out of them, especially if they come, as often happens, charged with expectancy derived from the repu-

tation of the wonderful sugar pills, it requires a certain method and skill to get that consciousness on the paper intact. One must be quick and at times be writing several symptoms behind while they are reviewing, and keeping in mind what is said.

There is an easy way of accomplishing this. Simply write one or two significant words or parts of words of each symptom in a column down the left side of the page as a momentary memorandum, leaving space to fill in the modalities, etc., expected. In this way one may receive faster than any patient can talk.

If it so happens that we are caught with an outpouring while locating a record or making an examination, etc., we memorize for the time the most significant points or descriptive words in each sentence and number them as they come along, 1, 2, 3, 4, 5, and so on until we have a chance to jot down the notes. This is very important for not two per cent. will give as good a picture of their sensations a second time, or in parts, or if interrupted, or in reply to questions, as with the first natural unimpaired expression. The writer makes it his sacred purpose to secure just that, during the first crucial moments of the patient's presence. It is the psychological moment, which means simply that the impulse to tell is right on the surface. Most new patients who come to the direct prescriber are urged by news of favorable results, the hope or expectancy of similar experience with the new alliance and the promptings of their discomforts. Anything not strictly negative or receptive, anything which tends in the least to interrupt or slacken the rise of sensation and events in the patient's recollection, speech or expression, is a diversion from the sequence and relative value of the symptoms and leaves a blur on the picture, perhaps on a vital part of it. Any question or suggestion for the purpose of qualifying or amplifying, even for necessary information, is deferred for later resurrection. The patient's own description with all its incompleteness and defects is more significant as a basis for further investigation, if not for prescribing, than anything else. Here even the common symptoms may be determinative because of their highly individual setting in relation to a known exciting cause.

Even this is not enough. The prescriber's attitude should be such that the patient's story shall come out in full and unimpaired.

Whether the patient is one of the units of obscurity, one with a fiducial complex, expecting to make a state affair out of the interview, one who has come for "a thorough examination" or one who says, "You must tell me what's the matter with me," counts for exactly zero, for each one must liquidate solely from his own resources of expression.

The best cue usually is silence. Silence, the attentive ear and the ready pen brings out everything. Silence is the most valuable hint to keep on. The stronger the negation the fuller the tale of woe. Silence is potential of understanding, secrecy, confidence, expectation of help. It drains the patient's mind of subjective symptoms. The embarrassment of a pause is the patient's altogether and the best hint to go on. It restarts the flow and brings out a fuller tale. Rarely do we have to say "What else?" which is usually the only suggestion we permit; but when forced to it we say it persistently until the patient can recall no more. It is remarkable how much more significant information can be gained this way than with any other.

After this is accomplished the prescriber may qualify, modify or amplify, but never until then. This should come next, however, while the preceding is fresh from its source. After that observation and diagnosis as much as desired.

We do not mean to imply that the crux of a remedy selection may not be revealed by diagnosis or even in tissue pathology, but more rarely. The patient's symptomatic consciousness must be protected from distortion or blight, it must be secured first if it is to be full and clear.

This initial unburdening process is itself a benefit to patients in several ways. The spirit is lighter after the story has been told in this way. They know that it is rational, therefore that it is more promising of benefit, and a bond of understanding and co-operation is established at the start.

Some patients are diffident in expression concerning themselves, but the negative attitude even with such people is the most effective. How often reticent people come expecting attention to some part only, and describe their whole feelings, counteracting influences and domestic history besides: even those of other people!—R. E. S. H.

## POINTERS.

The Pointer editor hailed the news in Dr. Freeman's article in the July *Recorder* with "exceeding great joy." For a long time he has longed to be delivered from some of the twitching at the professional coat-tails so that he might see about some other things that are always beckoning his interest from the outskirts of his solar system. Electronic homœopathy may make this possible. Soon the psoric, syphilitic and sycotic as well as other miasms may receive their death wave with push-button simplicity, perhaps while at the automatic (or acrobatic) lunch, while resting comfortably in the beauty chair or maybe in a slot-machine chair where one may nap a minute and wake up cured with shoes polished, hair combed and a lighted cigarette in the right place. It may go even better than that if the gracious hand of bureaucracy once gets hold of it. Then we may all expect to be sprayed with vibrations from Washington, the individual reacting, of course, to the specific vibrations that will make or preserve him as a good citizen so that every man may do his duty as expected of him and nothing else.

Without dilating further on this phase of it we hasten to repeat that we may have to wait awhile for this Utopian ideal in medicine to be realized. Meanwhile it is to be wished that critics of homœopathic methods and the materia medica would take the temperamental and personal factor into consideration in their estimate of its deficiencies. We have all seen the small boy at the piano, hair tousled, corners of mouth drawn down, eyes restless and wandering, his system needing a drink of water or its exit frequently, etc. It seems that a few homœopaths take this attitude toward the materia medica. There appears to be faulty accommodation to symptomatic perspective, the pupils dilate at the complexities, there is shrinking from any little flicker of "moonshine" however illuminating, the horrible spectre of voluminosity pursues the contemplations, the abdominal facies passes over the visage at the mention of method and as to the results of others a "taint so" attitude is assumed.

No one will deny that there are initiatory difficulties in attaining a high degree of efficiency with materia medica but that

they should be permanent or insurmountable is flat nonsense. Where there is permanent difficulty the trouble is temperamental ineptitude, the mental energy slowed down prematurely or there is something else in the wind. Of the first two we may draw our own conclusions in silence. The third kind may be divided into those who are always expecting to find a snappier way or something supposed to be more remunerative is taking the place of homœopathic practice. We are forced to discount the judgment when these elements are present; and such critics cannot ethically judge the Hahnemannian method or infer the quality of work or results of others by their own defections or failures either specifically or *in toto*.

The symptom "difficulties, inaccuracies, voluminosity, unauthenticity, etc.," always excites suspicion of a lack of sustained effort to master the method and attain the momentum of usage. Such symptoms are always stronger the more the interest is polarized in something else than homœopathy and is strongest in those who have decentralized their interest in it to stimulate increment in some other special way.

Anyhow this will all be changed now and the rank, the file and the fillers in, industrial nurses and all, however feebly grounded or superficial in homœopathic vision will rush up to wield the can-opener and everybody should be satisfied. As to the writer he is thinking of moving out further somewhere in the cosmos where things are still unsettled, where we may still quarrel over ways and means, where there may still be rivalry in effort and perfection, where the creative instinct may still find fertilization in the potent womb of mental and psychic possibilities.

While we are waiting we suppose we will have to stay around awhile to help grind out the pointers. Here is one, for the younger generation especially: Keep the artistic faculty always clear and always testing; cultivate its sensitivity to both pleasure and pain for only by these contacts may its growth be continued.

Next!—H.

Four years ago a little girl about a year old, born of syphilitic parents and badly handled at a venereal clinic was brought

to us covered all over with syphilitic ulcers. The only two symptoms that we could get were that "every time she was moved or touched she would jump as though stuck by a pin," and the other that the genitals had the ammoniacal odor of a stable. She received three doses of *Nitric acid* 30x. She has had nothing since. She is a beautiful blonde girl with a clear skin, perfect teeth and is as healthy appearing a child as one could find anywhere.—A. P.

After the baby is born everything goes nicely until, perhaps the third day, the mother develops a temperature, the lochia slows up or stops entirely. Don't get panicky and start intra-uterine douches or a superficial treatment. Go back to causes. One dose of *Sulphur* 200th or higher will clear up the whole picture for your next visit.—C. A. D.

We have seen such a condition with temperature 106, flying pulse, copious sweat, tremulous prostration, sinking and losing flesh by the hour, cut short with one dose of this remedy.—H.

It is a great mistake for a physician to "give" the missing element to patients in the belief that they will be accepted by the body. Nature has her own way of preparing and supplying these elements, a way which no man may duplicate. Those things which the organism can assimilate are already supplied in abundance in air, food and water.—A. P.

For verification: Two cases of difficult speech or stammering especially worse from excitement were restored by *Agaricus* 30x. The only remedy given in Kent's *Repertory* for that aggravation is *Causticum*.

A case of bloody seminal discharge during coition was restored by *Fluor-ac.*, not mentioned in Kent's *Repertory*.

A case of reddish-brown seminal discharge also restored by *Fluor-ac.*

A case of extreme fear of water faucets relieved by *Lyssin*.

A case of extreme fear of wind relieved by *Thuja*.

None of these is mentioned in the Kent *Repertory*. If verified further so as to become positively reliable they would make valuable additions to our repertories.—A. P.

*Thuja* is the antidote to massive doses of arsenic.—J. E. E.

Spring lassitude is due to a toxic substance in the energy of the atmosphere.—J. R.

When a case calling for *Silica* has too brief an amelioration and repetition of the dose makes matters worse, with a tubercular family history, study *Tuberculinum*.—E. W.

In scabies think of *Crot-tig*.—B. W.

Advise your anæmia patients to buy Kosher liver. It is cheaper and fresher.—D.

Try Marmoreck serum, potentized, in early acute t.b.c.—L. V.

The syphilitic miasm has a way of coming up unexpectedly during the course of chronic treatment assuming some common form of acute disease or as a new or unexpected turn during an acute disease. We always observe such outbursts in chronic patients with suspicion of this miasm for it is often an opportunity to effect a radical improvement of the general vitality.—H.

Says the homœopath: an ounce of cure is worth sixteen pounds of prevention when you are in trouble.—H.

A would-have-been remarkable case: Sensation of leaping and scratching inside ear with squeaking, whining and barking noises followed by impetuous tappings on tympanum. Intuitively we diagnosed *Echinohipporyncuss gigas hominis* and contemplated having an *echohippopotomy* done on ourselves; but it turned out to be only a piece of vermicelli.—H.

*Erratum*: In "Pointers" for September, 1928, p. 570, line 8, "Monday morning" should read "Sunday morning."—P.

## COMMUNICATIONS.

The Editors assume no responsibility for the views or opinions of this department.

### INTERNATIONAL HOMŒOPATHIC DIRECTORY, 1929.

Data specifically required:

1. Complete list of all doctors practising homœopathy, together with their addresses, membership in societies, college of graduation, degrees accorded, languages spoken (other than native). Names of doctors not members of societies should also be included.
2. Names and complete official addresses, photographs, dates of foundation, chief officers or secretaries, of all colleges.
3. Names and addresses of your societies and all homœopathic journals published in your country including dates of foundation, editors, etc.
4. Names and addresses, photographs, number of beds, dates of foundation, Superintendents of all hospitals in your country wherein homœopathy is practised.
5. Complete list and addresses, governing bodies, dates of foundation, number of cases treated annually, of all *public* (not private) homœopathic dispensaries and clinics.
6. Statistics of death percentages in homœopathic hospitals or private practices, giving names of institutions or hospitals issuing this information.
7. Complete list of names with addresses, dates of foundation, of all *special homœopathic pharmacies* in your country.
8. All available information as to the *legal status* of homœopathy, in your country, whether or not the government directly aids any hospitals or asylums by money grants, and if so, which ones and to what extent; whether or not the government provides any Chairs of Homœopathy in any college or university, and if so, in which ones, giving detailed information if possible.
9. Are there any hospitals for the insane under homœopathic control in your country? Are any aided by the Government?
10. Complete list of names and addresses of any semi-professional or lay organizations for the propagation of homœopathy.

Dr. Richard Haehl of Stuttgart can give you particulars of the lay societies in Germany. This country has organizations with a membership of over 50,000, and these aid legislation in favor of homœopathy by means of their voting power.

11. All other information deemed important as affecting homœopathy in your country, or in surrounding countries, as conditions may be known to you.

12. History of the first introduction of homœopathy into your country, including the names of the pioneers, and dates.

13. Names and addresses of veterinary practitioners in homœopathy.

14. List of standard publications on homœopathic therapeutics, published in your country.

From the foregoing it is apparent that the International Homœopathic Directory of 1929 will be of great scope and importance. It will really be a history of homœopathy, in print and illustrative material. It will be of great value as a moral support to those of our colleagues who are working in isolated places.

A special feature will be the statistics of death rates.

Please write very plainly, typewriting if possible, so that we may have the exact, accurate spelling of all foreign names and addresses.

The AMERICAN INSTITUTE OF HOMŒOPATHY is financing this issue of the Directory. *Credit will be given all correspondents who so kindly labor and sacrifice their time in giving us the data requested.*

As "time" is the essence of this request, may we ask you to begin work immediately in securing the data for your country?

Yours sincerely, for homœopathy,

E. PETRIE HOYLE, *Compiler,*  
International Homœopathic Directory, 1929.

DEAR EDITOR:

I want to thank, through you, the physicians who gave such straightforward classical answers to my question. It was a joy

to read them. I feel that I owe them a little more knowledge of the case upon which my question was based.

The patient had been in the hands of a good homœopathic prescriber for years but the homœopath had died and there was no way of finding out what remedies he had given nor in what way the case had changed under his treatment. The patient could tell me that he was oversensitive to *Merc.* and *Rhus-t.*—he always proved one dose of either—that was all. Twenty-one days before he fell into my hands he had been ill and in the hands of a homœopath. The case had been diagnosed hoof-and-mouth disease or stomatitis. In the twenty-one days he had received in the order that I give them:

*Merc-sol.*, *Hep. 2c*, *Merc-v.* 5c, *Phyt.* 30 five doses, *Hep.* 30 six doses in water, *Hep.* 5c one dose, *Pyrogen* 30 one dose, *Kali-bi.* six doses in water, *Ars.* 2c two doses, *Ars.* 5c two doses, *Sil.* 30 two doses, *Sil.* 5c two doses, *Bapt.* 30 two doses in water, *Lach.* 2c six doses in water, *Kali-mur.* 30 six doses in water; two days later *Kali-m.* 30, *Carb-v.* 30 six doses in water, *Merc-v.* 300 in water, *Ars.* 2c one dose, *Ars-i.* 500 one dose, *Merc-v.* 500 and two kinds of mouth wash. In the 21 days he had had two physicians and three consultants.

The patient was growing worse all of the time but each dose of *Merc.* caused a marked aggravation and when I saw him he was the worst case of salivation that I had ever seen. In working out the case *Merc-sol.* and *Sulph.* ran through the symptoms almost parallel. *Sulph.* 10M was given and the next day a marked improvement was observed. *Sulph.* cleared up the salivation, ulcers, and everything, even his teeth, tightened again. He went through the different potencies of *Sulph.* to the millionth with much benefit. *Nit-ac.* held and helped him for a long time going through the potencies to the highest then we went back to *Sulph.* 10M and found benefit but the *Merc.* symptoms are always returning, possibly with less violence and possibly fewer each time but they are always there obscuring the case. I have never been able to find a history of syphilis in this case. The physician (a man) who handed him over to me said he was above suspicion; as far as I could find out he had not been dosed with crude mercury though he had had some amalgam fillings which had been removed. Has



he a mercurial miasm that will last his lifetime? We must take these cases when they come to us, because we can relieve their suffering even though we cannot cure them.—F. E. GLADWIN.

WANTED—To help our abstract department: Editor's name and address, Business Manager's name and address, proper title of journal, how often published, date and place of publication of the following journals:

Calcutta Journal of Medicine, Calcutta.  
 Deutsche Zeitschrift für Homöopathie.  
 Handelingen de Hom. Geneesheeren in Nederland.  
 Homöopaten.  
 Homöopathic Mirror, Calcutta.  
 Homöopathic Rundschau.  
 Homöopatiens Seger, Sweden.  
 Indian Homöopathic Reporter.  
 Journal of the Faculty College of Homöopathy.  
 Journal of the Medical Institute of Homöopathy.  
 Neue Homöopatische Zeitung.  
 Practical Medicine, Delhi, India.  
 Revista de Medicina Homöopática, Yucatan, Mexico.  
 Revista Homöopática, Brazil.

## EDITORIAL.

### THE INTERNATIONAL DIRECTORY.

The world today is a very much more compact place than it was but a few years ago; with the increase in facilities for travel and the rapidity with which news in one part of the world is transmitted to another part we are all familiar. This brings united interests in the same great movements which people all over the world hold in common.

Among the physicians throughout the world there are frequent calls for references to other physicians in different sections of the earth. This journal goes to key men in forty-five different nations of the earth. We are therefore appealing to you to co-

operate with us as much as possible by answering the questionnaire of Dr. E. Petrie Hoyle which is listed under "Communications" in this issue.

You, as a subscriber, are in a position to give this valuable information that is so much needed to make reference work more complete, and so be a party to the advancement of the cause of homöopathy throughout the world. There are many laymen and veterinarians among our readers who can add very much to the required information, both in regard to veterinary and lay work.

—H. A. R.

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The next best motto to *similia similibus* is *festina lente*. Homöopathic physicians are relatively few in any community and their practices large. Moreover, they must do double work; all the diagnosis and scientific investigation of the up-to-date physician, and the careful research and study into modalities and the depths of chronic disease in addition. For them life is even busier than for the average successful practitioner, and as they believe in the primary importance of the mind and spirit they must be integrated, replete with power, centers of radiation of health, emotional and physical. How to be and do this in the pressure of modern civilization is a vital question. Often even the merciful, recuperative Sabbath is filled with duties, but the true physician should keep at least half that day for non-medical replenishing occupations.

On the Continent, in some parts, they have the charming habit of "little Sunday," usually Thursday afternoon. Where week-ends are so popular as they are with us, it would seem better to hold "little Sunday" on Wednesday.

Do this, fellow-practitioners, as a spiritual investment, which is cumulative, convertible. Make it an ironclad rule not to do your usual hectic routine on "little Sunday" afternoon, but to save that time for synthetic thinking, original writing, meditation, solitary contact with nature, or play along these lines with your proverbially neglected families. *Festina lente* on all days, but especially at the mid-week. Let "little Sunday" be a refreshing oasis amid the strenuousness of our doctorial desert.—E. W.

## CARRIWITCHETS.

Sit Down, Doctor, and Write Us Your Answers to These Questions. It Will Only Take Five Minutes.

*First Question*—In the article on *Sepia* in Hahnemann's *Chronic Diseases*, first French edition, 1832, appears the following statement which Hempel's English translation in 1845 omitted:

*Sepia* has the advantage that it may be repeated two, three or four times if the case requires it, taking care not to give these doses one after the other because it (*Sepia*) is homœopathic to several states of chronic maladies, which is never the case with diverse other antipsoric medicaments.

In Hahnemann's *Chronic Diseases* translated by Bigel, 1832, appears the following which may throw some light on the above:

I cannot strongly enough advise the avoidance of haste and impatience during treatment in passing from the administration of one remedy to that of another. The criterion is the continuation of amelioration of the patient, however slow it be. This impatience, shared by the patient, will be satisfied despite my warning. Experience alone can correct whoever is not afraid to admit the commission of this fault, as it has corrected me. It is only when amelioration stops and you see several symptoms reappearing even though with some difference in their form, and when they appear to be aggravated over a period of a couple of days; it is only then that one is assured that the remedy has worn off and that one can think of giving another.

A privilege of this medicinal substance, (*Sepia*) is to be repeatable several times, but not in an immediate manner in the treatment of chronic diseases. It owes this privilege to the great analogy of its symptoms with a large number of pathological states with which it finds itself in homœopathic rapport, which cannot be said of many other antipsoric remedies.

Can any one explain the meaning of these quotations and throw any light on the repetition of *Sepia*?—PIERRE SCHMIDT, M. D., (Geneva).

## ANSWERS TO QUESTIONS IN SEPTEMBER ISSUE.

*First Question*—What is the difference between an acute and a chronic remedy?—F. E. G.

—There is no difference between an acute and chronic remedy. Some remedies act longer and deeper than others and are referred to as chronic remedies. They may be equally useful in acute conditions and any remedy may cure a chronic case.—J. W. K.

—An acute remedy is one similar to the immediate symptoms of a patient suffering from an acute illness or disease. A chronic

remedy is one similar to the underlying constitutional state which was present before and remains after the acute trouble occurred.

A patient on a chronic remedy will seldom require an acute or intercurrent medicine, and patients who have been for some time under correct homœopathic treatment will become largely immune to acute conditions.—E. U., JR.

Is F. E. G. trying a subtle leg-pull? There is no difference at all between an acute and a chronic remedy. Each and every remedy may be used at one time as a constitutional, at another time as an acute, except that it cannot be utilized for acute disease in the same patient to whom it has already been given as a constitutional, unless one is perfectly certain that both aggravation and amelioration from that dose are completely worked out.

Once, in conversation with the late Dr. Gibson Miller of Glasgow, reference was made to his booklet *Relationships of Remedies*, and he asked me if I had found the last column, "Duration of Action," useful.

I answered, "Well, you give the duration of action of *Rhus tox.* as from one to seven days. I have used it in a single dose as a constitutional and found its effect maintained for three or four months." "Oh, yes," he said, "I know; I think that column is not right."—C. G.

—I did not know there was a difference between an acute and a chronic remedy. We use the remedy which is a true *similimum* in both acute and chronic diseases, knowing acute troubles are the outbursts of chronic miasms largely.—A. E. A.

*Second Question*—Why are there not more than three chronic miasma?—A. W.

—Perhaps there are more than three. Possibly there are only two. This question is by no means a settled one. Hahnemann recognized three chronic miasma, namely, psora, syphilis and scabies. It is possible that tuberculosis and other disease entities could be added to the list and still leave psora fat and flourishing, for psora seems to be a general dumping ground for anything, and everything. Certain it is that psora has a far deeper and wider range than its mere relation to suppressed scabies. Any

and all suppression of disease manifestation is detrimental and the very antithesis of curative action.

In Hahnemann's time it was not realized that syphilis and gonorrhœal sycosis could be transmitted not only through one or two but probably several generations, and that in the last analysis probably the entire human race is more or less syphilitic and more or less sycotic. In most inherited conditions these diseases have lost their identity, and the term psora will do as well as any other in naming the innumerable manifestations of these truly hydra-headed monsters—monsters created by man long millenniums ago under conditions of filth, ignorance and lust, and still perpetuated by him under those same conditions.—E. U., JR.

—Go ahead and name more than three chronic miasms.—  
J. W. K.

—There may be, why worry about it! Taking every symptom of your patient most carefully and working it out with your Repertory will cover everything that is there. This is the Master's method and good enough for me.—A. E. A.

*Third Question*—In a case of whooping-cough, if you have given a partially similar remedy which has helped temporarily but the cough has returned and you now see the true *similimum* which you should have given in the first place can you give it now?—J. O.

—Under these circumstances, by all means give the remedy at once.—E. U., JR.

—Whenever you see the true *similimum*, no matter what you have given previously, by all the gods give it.—J. W. K.

—When I give a remedy and it helps, why change? Rather repeat until I am positive it has done all it can do. Then one could again use the *similimum* if in going over the case you have found it. Strive always not to mix your cases.—A. E. A.

*Fourth Question*—How do you select the homœopathic antidote?—E. C.

—I select it from Hering's *Guiding Symptoms* or from Dr. R. Gibson Miller's little book *Relationship of Remedies*.—A. E. A.

—There are several ways in which to antidote a remedy. One

is to give a much lower potency of the same remedy, which will often cut into the cycle of action and stop the unfavorable aggravation.

Another method is to give a remedy quite similar to that prescribed, and if possible this should be an antipsoric and given in a lower potency.

If *Tuberculinum* produces a fearful aggravation *Calc-carb.* or *Calc-phos.* in a lower potency may check the effect. A severe aggravation from *Pyrogen* can probably be checked by *Calc-sulph.* which is quite similar and a deep antipsoric. *Phosphorus* may often be antidoted by *Psorinum*.

A complementary remedy or the next in the series of a rotating group may prove a satisfactory antidote. For example: *Sulphur* is often indicated after *Arsenicum* and will sometimes take care of a severe arsenical aggravation.

*Sulphur*, *Calcarea* and *Lycopodium* form a rotating group. If *Sulphur* produces a dangerous aggravation, *Calcarea* may correct it. These are offered only as suggestions and by no means as rules of practice.

When your remedy fits the patient like a glove take no chances especially if structural changes have taken place. Give a fairly low potency—not above the 30th, and the aggravation will usually not be alarming. It is probable that more efforts at antidoting medicines are made than is either necessary or desirable. Find the *similimum*. That is where the effort is generally needed.—E. U., JR.

#### ANSWERS TO QUESTIONS IN THE OCTOBER ISSUE.

*First Question*—*Mang.*, SULPH.

*Second Question*—*Pothos foetidus*.

*Fifth Question*—*Berb.*, KALI-C., Merc.

All of these answers are found in the Kent *Repertory*, third edition, if you "read between the lines" of the symptoms.—F. E. G.

*Third Question*—Stop giving the digitalis at once and give the suitable homœopathic remedy as soon as possible. Give *Sac. Lac.* until you decide on the remedy. I have not seen any cases

where tapering off the digitalis was at all necessary. The sooner the patient is freed from the toxic effect of this drug, the better. I have had excellent results in decompensation but such a heart cannot stand an over-strain of any kind and there will always be danger of recurrence should such a strain occur.—E. UNDERHILL, JR.

—In old cases of cardiac trouble, treated with physiological doses of digitalis, I am compelled to think that the undertaker will soon have a job. If compensation is not broken I stop the use of digitalis at once, go over the entire case—its etiology, symptomatology, and pathology—and prescribe strictly homœopathically. The cause and symptoms point to the indicated remedy. My experience has taught me that the truly indicated homœopathic remedy is the patient's only salvation. The remedy most frequently indicated in such cases is *Aur-mur.* or some form of *Aur.* in medium or high potency. If complicated by dropsy of limbs or torso, *Adonis vernalis* may be indicated. Emphasis must be placed on CAUSE and MENTAL STATE in selecting the curative remedy.—G. E. DIENST.

—Twenty years ago an unmarried woman, thirty years old, was brought to me suffering from poisoning effects of digitalis, which had been taken, on prescriptions, steadily over a period of many months. The patient seemed near death: bloodless, emaciated, dyspnoëic. The pulse was thirty-six. Digitalis was stopped immediately and permanently. The lady is alive today in comfortable health and engaged in active professional work. Her pulse never exceeds sixty, she has received only the homœopathic remedy, usual in the thousandth potency, as occasion has required.—J. HUTCHINSON.

*Fourth Question*—For a case of auricular fibrillation select the homœopathic remedy on the same basis as for any other condition, paying particular attention to the general symptoms preceding the attack. The tendency is to pay too much attention to the outstanding pathological symptoms and thus exclude from consideration many deep remedies in which these symptoms may not have been conspicuous in the provings, for it is rare that provings are carried to such an extreme extent as to bring out this type of symptom. As an illustration of types of remedies which have

a particular affinity for the heart, and which if the symptoms agree may be indicated in cases of auricular fibrillation, compare the following: *Ars-alb.*, *Cact.*, *Carbo-v.*, *Crot-h.*, *Gels.*, *Kalm.*, *Lach.*, *Naja* (in fact any of the small ophidia), *Phos.*, *Scp.* Many more remedies could be suggested.—E. UNDERHILL, JR.

—In severe auricular fibrillation, almost any remedy that has a marked affinity for the pneumogastric nerve or the vegetative nervous system may be indicated. Each and every individual must be prescribed for on his or her individual idiosyncrasies.—G. E. DIENST.

## BOOK REVIEWS.

E. BACH and C. E. WHEELER, *Chronic Disease—A Working Hypothesis*. London: H. K. Lewis & Co., Ltd., 1925. Pp. vii, 142. \$3.00.

The cumulative effect of bacterial poisons, absorbed from the intestinal tract, as a cause of chronic disease, is one of the old, well-recognized problems of our present day civilization. Bach and Wheeler have reviewed this problem in a most interesting manner. They are to be congratulated for the results they have obtained in these cases which, at their best, are long drawn out, baffling, and discouraging. A brief summary of the book follows:

The ordinary, so-called normal, stool "varies from hard masses of soft, even semi-solid material" and is "more or less dark, foul-smelling and alkaline in reaction," as is, also, the large bowel. Cultures show a free growth of many organisms, chief among which are: *B. coli*, streptococci, spore-bearing bacilli, and other Gram-negative bacilli of the non-lactose-fermenting group. Foulness and alkalinity are the two more important factors. Alkalinity favors the growth of the abnormal organisms, especially the non-lactose-fermenting type, and inhibits the growth of the lactic acid bacilli. "The compounds that cause the foulness are notoriously poisonous if absorbed in any quantity into the blood." Bowel stasis and retention favor this condition. One of the most

common results of the effect of intestinal poisoning is a deadening of the reflexes with inertia of the muscle and the establishment of a vicious circle which is most difficult to break.

They recommend a special diet, largely uncooked, consisting of raw fruit, good quantities of nuts, vegetables, salads, dairy produce, wholemeal bread, cereals, milk pudding, water, weak tea, milk, and wines. After a diet of this kind for a variable length of time the character of the fæces will change. "They become bright yellow, soft, semi-solid, entirely odorless and acid in reaction," more frequent in number, and there is a marked diminution in all organisms that thrive on an alkaline medium. Of the utmost importance is the reappearance of the lactic acid bacillus.

The permeability of the bowel wall plays an important part in the rate of absorption of toxins. An impermeable or slowly permeable wall is a real barrier even with a high degree of stasis and retention. The more permeable the wall the sooner the symptoms of poisoning, with which we are all familiar, appear, but sooner or later the signs of chronic disease will manifest themselves.

As it is probably impossible to remove these organisms, when they are once firmly established, by diet alone, some further form of treatment has been necessary. This has been by bacterial vaccines. Both stock and autogenous vaccines have been used with success.\* Following the first dose there has frequently been an aggravation. This is probably an indication that the initial dose was too large. The usual initial dose is about two million. This aggravation lasts a short time and is followed by an increase in the number of organisms in the fæces and a period of general improvement. With cessation of improvement the dose is repeated but this must not be too soon. Careful watch of the bacteriology of the stool throws some light on the response to the vaccine. "The object of the vaccine therapy is to enhance the resistance power," to set in motion the natural machinery and make it effective against the invading organisms. It has been observed that other local infections have been relieved by this treatment as well as the intestinal condition.

[Dosage by injection has worked much less brilliantly than that by mouth in potentized form, one of the authors tells us.—Ed.]

The authors have made a study of over 500 cases, treated by diet and vaccine therapy alone, all observed over six months and a majority much longer. This clinical study has taken about ten years. The results have been tabulated as follows:

Excellent results .....	14.3%
Good results .....	66.1%
Moderate results .....	14.5%
Failures .....	4.9%

Diseases treated are tabulated in Appendix C at the end of the book, according to disease, number of cases, and results: excellent, good, moderate or none. The diseases treated were: Chronic skin diseases—eczema, psoriasis, acne, urticaria, erythema nodosum—anaemia, bacilluria, chronic rheumatism, gout, lumbago, fibrositis, rheumatoid arthritis, sciatica, neuritis, epilepsy, chronic headache, neurasthenia, hysteria, insomnia, mania, Grave's disease, general debility, hyperpiesis, alcoholism, chronic gastritis, chronic colitis, constipation, cholecystitis, chronic catarrh of upper air passages, chronic bronchitis, emphysema, malignant disease.

The authors feel that chronic intestinal infection predisposes to other diseases and that this is of great importance in regard to tuberculosis and rheumatism; they even go so far as to say that "enough evidence has been accumulated to make it highly probable that poisoning from the alimentary canal is a factor of importance" in the causation of malignant disease. *B. proteus* is often associated with epilepsy, stammering, and recurrent "nerve storm."

Some of the causes for failure in treatment are suggested as follows: 1. There is no power of response to the stimulation of the vaccine in some cases. 2. There is some influence which hinders the response, such as secondary foci of infection. 3. Too large doses. 4. Too frequent doses. (These last two tend to immunize the patient). A lack of patience on the part of the doctor or patient may account for the frequent doses; this lack of patience on the part of the patient may be a very serious handicap to treatment. Impatience means failure.

A long list of case histories is given in Chapter IV. Appen-

dix A at the end of the book gives suggestions for diets; Appendix B gives the method of preparing vaccines from the Gram-negative non-lactose-fermenting bacilli, the dosage and method of giving, and the types of polyvalent vaccines; Appendix C gives the diseases and results of treatment.—E. B. L.

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<i>Homœopathic Antidotes</i> : Vannier states that a homœopathic antidote con- forms to the law of similars and not the law of contraries, and that it is picked out like any other homœopathic remedy. The homœopathic antidote, he continues, is the remedy which rapidly neutralizes the ef- fect of the previous remedy. The indication for the homœopathic antidote is a progressive drug aggravation, the swift curative medici- nal aggravation followed by amelioration should not be antidoted. The homœopathic antidote is that remedy whose characteristic, patho- genetic symptoms correspond to the exaggeration of the signs habit- ually produced by the substance to be antidoted. There follow two pages of antidotes:	
ACON.	Acet-ac., Coff.
ALUM.	Bry.
ANT-C.	Hep., Merc.
ANT-T.	Ip., Op.
ARG-M.	Merc.
ARN.	Ip.
ARS.	Hep., Ip., Nux-v., Sulph.
BISM.	Calc-c.
BRY.	Rhus-t.
CALC-C.	Bry., Nit-ac., Nux-v.
CANTH.	Puls.
CAPS.	Cina
CARBO-AN.	Ars., Nux-v.
CARBO-V.	Ars., Lach., Spir-nit-dulc.
CAUST.	Cham.
CHAM.	Acon., Cocc., Coff., Ign., Nux-v., Puls.
CHIN.	Arn., Ars., Bell., Carbo-v., Ferr., Ip., Puls., Sulph., Verat.
CIC.	Arn.
CINA.	Caps., Chin.
COCC.	Caps., Ign., Nux-v.
COFF.	Arn., Cham., Ign., Nux-v., Puls.
COLCH.	Bell., Cocc., Nux-v., Puls.
COLOC.	Coff., Staph.
CROC.	Acon., Op.
CUPR.	Bell., Camph., Chin., Hep., Ip., Merc., Nux-v.
CYCL.	Coff., Puls.
DIG.	Camph., Nux-v., Op.
DULC.	Caps., Ip., Merc.
FERR.	Arn., Chin., Ip., Puls., Verat.
GRAPH.	Ars., Nux-v.
HEP.	Bell., Cham., Sil.

HYOS.	Bell., Chin., Stram.
IGN.	Arn., Camph., Cham., Cocc., Coff., Nux-v., Puls.
IOD.	Ars., Bell., Chin., Coff., Hep., Phos., Sulph.
IP.	Arn., Ars., Chin., Nux-v., Tab.
KALI-C.	Camph., Coff., Spir-nit-dulc.
KREOS.	Nux-v.
LACH.	Ars., Bell., Merc., Nux-v., Phos-ac.
LYC.	Acon., Camph., Cham., Chin., Puls.
MERC.	Bell., Carbo-v., Chin., Hep., Lach., Mez., Nit-ac., Op., Sep., Sil., Staph., Sulph.
MUR-AC.	Bry.
NIT-AC.	Hep., Mez., Sulph.
NUX-V.	Acon., Cham., Cocc., Coff., Ign., Puls.
PETR.	Nux-v.
PHOS.	Nux-v.
PLAT.	Puls.
PLB.	Bell., Hyos., Op., Plat., Stram.
PULS.	Cham., Coff., Ign., Nux-v.
RHOD.	Bry., Clem., Rhus-t.
RHUS-T.	Bell., Bry., Sulph.
SABAD.	Puls.
SAMB.	Ars.
SEL.	Ign., Puls.
SENEG.	Ars., Bell., Bry., Caust.
SIL.	Hep.
SPIG.	Puls.
STANN.	Puls.
STRAM.	Bell., Hyos., Nux-v.
SULPH.	Acon., Camph., Cham., Chin., Merc., Puls., Rhus-t., Sep., Thuj.
SUL-AC.	Puls.
THUJ.	Merc., Puls., Sulph.
ZINC.	Hep., Ign.

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<i>The Blood, Its Power as a Remedy</i> : Dr. Roy's premise is that everything is curative within the same field where it is harmful. First he dis- cusses bacteria, whose virulence does not originate in the life of the microbes but is "inducted into them by the unhealthy energy of their host, be it man or animal." He discusses the current views of sero- therapy (passive immunization) as a cure by contraries, and of vac- cinotherapy (active immunization) as a cure by similars. He holds	



that both serums and vaccines are isopathic, and in accord with the law of similars, *re* antidiphtheritic serum he claims serum sequelæ such as paralysis are similar to the sequelæ of the disease itself. The power of the serum is therefore due to homœopathic neutralization. He lays their successes to their toxic qualities similar to those of the disease. He makes a strong plea for the discontinuance of their use, citing cases in inoculated animals and in humans showing serious deleterious effects. Immunity is not the only desideratum, for idiots and the insane have an immunity to pulmonary t.b.c. and cancer, which does not imply that their vital force is healthier than that of sane people. His plea is that the vital force be protected from the prophylactic administration of toxic products and states that there is but one true immunity (aside from innate health), which consists in a perfect cure either by nature or homœopathy. He then takes up the technic of isohæmotherapy. He suggests a method of "mixed isotherapy" using a culture of the microbes of the patient, whether intestinal or cutaneous, and the patient's own blood serum. In his conclusion he gives a fascinating metaphysical discussion, placing the action of the blood on a vitalistic basis.

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Important Homœopathic Characteristics of the Usual Phosphorus Compounds: Gottschalk gives us a most interesting and compact review of the different preparations of Phosphorus used in homœopathy. We quote his brief repertory: "Acne—Phos-ac.; Anæmia—Calc-p., Ferr-p.; Back ache—Kali-p.; Bone diseases—Calc-p., Ferr-p.; Conjunctivitis—Ferr-p.; Cæcal irritation—Ferr-p.; Cholera—Calc-p., Ferr-p.; Colds—Ferr-p.; Colic—Mag-p.; Cough—Mag-p.; Diabetes—Phos-ac., Calc-p., Ferr-p.; Diarrhœa—Phos-ac., Calc-p., Ferr-p., Nat-p.; Gout—Ammon-p.; Head-ache—Phos-ac.; Insomnia—Ferr-p.; Melancholy—Phos-ac., Kali-p.; Neuralgia—Mag-p.; Otalgia—Ferr-p.; Pneumonia—Ferr-p.; Rheumatism—Ammon-p., Ferr-p.; Sore Throat—Ferr-p.; Stomach trouble—Calc-p., Nat-p.; Teeth—Calc-p., Ferr-p.; Tuberculosis—Calc-p.; Worms—Nat-p." Gottschalk then epitomizes the leading indications for the seven compounds of Phos. which he has chosen as follows: 1. Phos-	

ac.: A. Exhaustion of the nervous system. B. Watery, painless, non-exhausting diarrhœa. C. Mental and physical apathy from psychic strain. 2. Ammon-p.; chronic gout. 3. Calc-p.: A. Headache in the cranial suture region. B. Relaxation of the abdominal wall. C. Angina pectoris. D. Non-union of fractures. 4. Ferr-p.: A. First stage of inflammations. B. Inflammation of the throat of singers and speakers. C. Respiratory complaints. 5. Kali-p.: In melancholy, mania, hallucinations, somnambulism and delirium tremens. 6. Mag-p.: Cramping, darting pain, better by warmth and pressure. 7. Nat-p.: Stomach trouble with thick yellow coat on the back of tongue. He then gives a list of the antidotes: PHOS-AC.: Acon., Arn., Camph., Cocc., Coff., Nux-v. Also white of egg, milk and soap suds. AMMON-P.: Bry., Calc-c., Calc-p., Camph., Hep., Hydr-ac., Lach., Nit-ac., Nux-v. Also vinegar and Cit-ac. FERR-P.: Arn., Ars., Bell., Chin., Ip., Puls., Verat. KALI-P.: Ammon-m., Ars., Chin., Rhus., Sulph. MAG-P.: Ars., Camph., Cham., Merc., Nux-v. NAT-P.: Ars., Apis, Camph., Carbo-v., Spir-nitr-dulc. Lastly he gives a page of further symptoms of these remedies. This is a valuable and interesting form of presentation of our materia medica, taking the compounds of a chemical element as you would the members of a botanical family.

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Susceptibility is only a name for a state that underlies all possible sickness and all possible cure. Now when a person becomes sick, he becomes susceptible to a certain remedy, which will effect him in its highest potency; while upon a healthy person it will have no effect.

Susceptibility exists in the Vital Force, and not in the tissues.—Kent.

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EUGENE UNDERHILL, JR., M. D.  
Philadelphia, Pa.  
1st Vice President of I. H. A.

# THE HOMŒOPATHIC RECORDER

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## RESEARCH IN POTENTISED REMEDIES.

GUY BECKLEY STEARNS, M. D., New York.

When Hahnemann first discovered that, by reducing the quantity of a drug, he increased its curative power, he still thought in terms of dosage as that is usually understood. When he discovered that a drug can be diluted in minus centesimal progression hundreds of times, and still retain its curative power, he was obliged to find a term to express this unsuspected inherence and he designated it "potency".

Hahnemann's observations concerning the presence of drug-activity in a high dilution which is consistent with the drug's original curative powers, have been verified by incontrovertible evidence. This evidence includes provings made with potentised drugs on hundreds of human beings and the pragmatic evidence of hundreds of thousands of patients who have been cured during the past 130 years. The above evidence has been reinforced by experiments conducted under modern laboratory control conditions, under the auspices of the Foundation for Homœopathic Research, on guinea-pigs and on fruit-flies.

From the standpoint of homœopathic research, it is not enough to prove scientifically the fact of potency in infinitesimals. In practice, the use of high dilutions requires a finer understanding of materia medica and of homœopathic principles than science comprehends; it requires art and art transcends science.

The Masters of homœopathy, who gave us the worthwhile and permanent parts of our literature, used high dilutions. They were men of superior intellect, endowed with an especial awareness of the principles underlying homœopathy and they were impelled by the artistry within them to practice according to the

laws of homœopathy. All of their writings are permeated with the subtleties of the homœopathic understanding. Researchers in the field of potentised drugs must include, as a background of their work, understanding of the special awareness and technique of the homœopathic Masters; otherwise, the unparalleled cures made by them will not be brought into the field of science but will remain possible only in the hands of those endowed with actual genius.

Any symptom which serves as an indication for a homœopathic prescription or any technique in the use of a remedy is a compelling fact for scientific research. Homœopathic literature abounds in records of cures which represent this special understanding. The following case, reported by Kent in his *Lesser Writings* illustrates the point:

Some years ago, when hunting in the southwest, it was rumored among the people of that country that a city doctor was in the land, and I was frequently approached for remedies, as they rarely had such a chance among the ranches. One young man who came to me aroused my pity. Not having time to take his case with care, or paper upon which to write out his symptoms, it was only possible to make a good first guess and then hope for the best. Describing the young man from memory would give but a faint picture of the real case. He was a constant taker of all the drugs "for the blood" that he could procure cash to buy. He had taken all the roots, barks and leaves which grew in that wild part of the world. His face was red and chapped and lips and eyelids were checkered with fissures. Green discharges from his eyes, which were hideous from ectropion. Green, thick discharge from the nose. The extremely thick skin of the inside of his hands was chapped, cracked and bleeding. Acrid tears had burned roads down the cheeks. During the preceding five years, he had had morning diarrhœa. In spite of these sufferings, his appetite was good and he could keep his place in the saddle as a cowboy should. It was whilst in the saddle that I gained this information, and then I asked: "Are you happy and do you enjoy life?" He answered: "Doctor, you do not know how hard I have worked to keep from blowing my head off with this thing," (a six-shooter hanging at his belt). Before he made this remark, it had not dawned upon me what his remedy was. In fact I could only see *Sulphur* in what had appeared. Now, *Natrum sulph.* came in view, and taking from my case a 500th potency, I put one dose on his tongue. I never expected to see him again, but he asked me for my address. I gave it to him, and some time afterward he wrote for "more of that wonderful medicine." It was never changed. Some two years later, he ceased to ask for it. His last letter showed a perfect cure of the eruption, the ectropion, the diarrhœa, and finally, of the man.

This case again shows the importance of mental symptoms in the cure of deep-seated conditions. Eversion of the lids has been cured by *Sulphur*, but not before by *Natrum sulph.*, although *Natrum mur.* frequently has shown curative action in this relation. *Natrum sulph.*, when handled properly by a homœopath, will do more than Schussler ever dreamed of.

To the physician whose therapeutic point of departure is pathology, everything in the above narrative is meaningless, except the vivid description of the patient's condition. Anyone, however, can acquire full appreciation of Kent's artistry in the above case who will study Hahnemann's *Organon*, reinforced by Kent's *Lectures on Homœopathic Philosophy*, and then study the materia medica as developed by human provings. In addition, he will experience a revelation which gives new meaning to the whole science of medicine. This revelation was described by a recent post-graduate as "something unexpected and fine."

Since homœopathic artistry consists of such subtle factors and since its tools are substances diluted beyond the accepted concepts of the ultimate qualities of matter, science must try to comprehend the same factors or its work will be inadequate. At best, science explains only a part of that which artistry accomplishes.

#### THE NATURE OF POTENCIES.

The first reaction to the potency problem is the question of its reasonableness. No true scientist considers reasonableness, for, to him, the *fact* is the one important thing. The fact of potency is established. The problem of potency is to determine the nature of that which remains when matter has been diluted to the minus 2000th and higher powers, and how such an attenuation can affect living things. Matter in solid, in liquid and in gas forms is familiar to our senses, but the ultimate nature of matter is only conjectural. Certain chemical and physical properties have given rise to concepts of its ultimate nature, but these concepts have been subject to frequent changes. Each concept has been satisfactory for the facts which were known at any given period, but each change has been a forced adjustment to newly-observed facts. For the convenience of chemical and physical science, the ultimate in matter has been conceptually reduced, by successive stages of corpuscular subdivisions, through the molecule to the atom, and finally to electrons and protons. Captain T. J. J. See has conceived of a still smaller subdivision, which he calls the aetheron, and he mathematically proves this further subdivision. Such corpuscular hypotheses may be true and yet

they may not represent the ultimate in matter, for electrons and protons may represent matter only in certain of its phases.

A scientific hypothesis is something to be accepted only as long as it completely and satisfactorily explains all phenomena related to it.

The phenomenon of effects caused by the 30th and higher potencies is not explained by the hypothesis that the electron is the ultimate subdivision of matter, because the number of electrons in a given substance can be computed, and it can be shown, by ordinary mathematics, that in dilutions above the 30th not a single electron of the original substance can remain.

It is not to the credit of homœopathic researchers that they have not insisted on a hypothesis of matter which includes the facts of high dilutions.

To account for the action of a dilution above the 30th, matter must be infinitely divisible or it must impart its own quality to the liquid in which it is diluted. The hypothesis that the substance in solution imparts to the liquid in which it is diluted its own quality, is not acceptable, because no one has ever seen proof that any substance imparts its own identity to another substance. For example, catalysers, in very small amounts, produce marked chemical changes, without, in any way, imparting their own qualities to the end-product; and when elements unite in a chemical compound, the effect of each element is due to its presence in a definite proportion; whereas, in a high dilution, the original substance is continuously diminishing in geometrical progression.

The more natural hypothesis is that matter is susceptible of infinite dilution. Study of certain manifestations of matter gives weight to this concept. The ordinary states assumed by matter depend upon temperature and pressure. Atoms in solid form are in different relationship to one another from atoms in the liquid state; and in gases they have still another relationship. In water, for instance, in the solid (ice) form, the molecules of  $H_2O$  are supposed to be attracted to one another in groups of three; in the liquid state, the molecules of  $H_2O$  are supposed to be attracted to one another in groups of two; while in the gaseous state, the  $H_2O$  molecules are supposed to repel one another and to scatter uniformly.

When a substance is dissolved in a liquid, its molecules are dissociated and repel one another uniformly through the solvent. Thus a substance in solution and a gas are in analogous states. The difference between a gas and a dissolved substance is that the molecules of gas are mutually repellent enough to hold them in suspension in a certain volume, whereas a solid or a liquid in solution requires the affinity to the molecules of the solvent to hold them in suspension in a given volume. There is also exact analogy between substances in solution and gases, as regards their density. The density of a gas is in direct proportion to its pressure, temperature being constant. In a solution, osmotic pressure is in direct ratio to the density of the dissolved substance. These ratios hold true for negative pressure as well as for positive pressure. In gases, negative pressure is known as a vacuum—therefore, when a substance is diluted, the counterpart of a vacuum occurs, with an added factor of the affinity between the molecules of the substance and those of the solvent.

We can, therefore, study the problem of high dilutions by studying the qualities existent in a vacuum. We have come to accept matter as being in its normal states when these states are those with which we are familiar on the earth. As a matter of fact, the infinite of space is a vacuum. It has been computed that, in the space between the sun and the earth, there are atoms of matter at intervals of about every inch. These are not complete atoms, but are atoms which have lost one or more of their electrons until the atom has become light enough to ride on a beam of light. This state of matter is just as normal as are the three states with which we are most familiar.

Within the past year, it has been demonstrated that the electron which, for a long time, has been conceived to be a solid particle, expands when projected against crystals, thus indicating that it has a complex structure. This breaks down the hypothesis that the electron is indivisible. Under suitable conditions, matter thus may become continuous instead of corpuscular. A dilution can be carried to such a degree that the material in the dilution is finally reduced to a state beyond the corpuscular.

It is possible that the vacuum induced by diluting the substance to a high degree, in connection with the molecular attrac-



tion of the solvent, may actually cause a dissolution of the electron-proton factors, thus bringing matter into a fourth state, probably the state of pure energy. When matter reaches this state, it is fair to suppose that it has radiating qualities and it has been demonstrated that high dilutions radiate some form of energy. Within the stars, matter reaches a temperature of millions of degrees and exists as emasculated atoms, part of the electrons being stripped away. Matter, at these high temperatures, is in a very rarefied state—in fact, so rare as to represent a high state of vacuum. This is not comparable to the state of vacuum induced by dilutions, because it is due to the high temperature, while the dilution is made at ordinary temperature and the drug-virtue of a high dilution is destroyed by only a moderately high temperature. Not only that, but matter in the form known to us, cannot exist in the hottest stars. The star-material in these hottest stars consists of a prototype of matter, and, in stars of lesser temperature, different elements condense out of this prototype material. In the universe, there are stars of all degrees of temperature. When a proper degree is reached, every element can condense and reach a stable form. There is a definite temperature at which each element can be born; another at which it can become liquid and another at which it can become solid.

The conditions under which primordial unborn matter exists are vastly different from those involved in a high dilution.

It is to be expected that matter in diluted form will follow the natural laws governing its state, just as matter in the three states which are more familiar to us follows the laws of the form which it happens to assume.

Whatever hypothesis proves the true one regarding the nature of high dilutions, we know that some inherence continues through an indefinite number of dilutions; that the quality which persists causes in living things an action consistent with that which is caused by the original substance.

#### HOW DO LIVING THINGS RESPOND TO HIGH DILUTIONS?

The five senses—touch, taste, smell, hearing and sight—represent five methods of response to outside influences. In recent times, three other senses have been recognized: two body-

senses which keep us aware, to a certain extent, of the "skeletal and visceral machinery of the body" and an eighth sense which Dr. Tilney calls "the sense of hurt," which warns us against injury such as extreme heat, crushing, pressure or a cut. Recently, it has been surmised that there is a ninth sense which experiments now under way at Columbia University indicate may prove to be a magnetic sense that is located in the retina. To this sense is attributed the ability of birds to make their way with absolute accuracy in their night-flights during migration.

In the human body there is an effect caused by changes of position in relation to the points of the compass which was probably first recognized by Dr. George Starr White, and it may well have been from White that Albert Abrams first learned of this effect. The fact that the methods of these two men have not met with approval of the so-called ethical group of physicians has nothing to do with the *fact* of this fundamental discovery. The real scientist is honest, and, to him, the only important thing is *FACT*, regardless of its source. Anyone who can percuss a chest can easily demonstrate the presence of this orientation-effect.

Let the experimenter have a person stand facing east or west; then let him percuss this person's chest, just at the edge of heartdulness. He must percuss continually as the subject slowly turns into the north-south direction and then he will observe the change of the percussion-note. Careful observation of this phenomenon appears to indicate that it is the geographical and not the magnetic north and south which determine the reflex. Whether this reflex is an unspecialized reaction inherent in all the cells of the body, or a reaction which is dependent on some centre which transmits, by means of the autonomic nervous system, the effect to certain cells, has not been determined. If the reaction has to do with any relation to the earth's axis, it may bring it into the field of gravitational force; however, other factors cause the same sort of reaction.

The percussion-note is of higher pitch when the subject is facing east or west than when he is facing north or south. When the individual is in east-west position, the percussion-note at the border of the heart changes when a living plant or a potentised drug or a crude tincture is brought within a certain distance of

him, the distance for different substances varying with different individuals. This fact of discrimination of response enables those who have mastered a suitable technique to select curative remedies by means of this reflex.

The effect caused by the radiation from drugs is not confined to changes of resonance but can be observed in other ways, such as the size of the pupils; the calibre of minute veins which can be seen to change; and the capillary circulation which can be observed to change; also, there is sometimes a momentary change in the pulse and sometimes a skin-reflex. One of the most striking effects is an alteration in the amplitude of the heart-contraction and this can be seen by means of the fluoroscope.

In experimenting with these phenomena, much practice is required before one can bring them under uniform control. This is because of the factors which enter into the phenomena, *viz.*, a stable radiating energy of extreme delicacy, the detection of which depends upon two labile factors: the human subject who registers the energy, and the experimenter who observes their effects.

The human factor involves the laws governing visceral response to external influences and the control of external influences, so that the visceral response to this delicate energy can be distinguished from all others.

It also involves accuracy of technique and perception in the one conducting the experiment, as well as the ability to concentrate, and freedom from distraction. If one is to succeed in controlling these phenomena, one must work in accord with their laws.

By elaborate screening and exquisite mastery of technique, Boyd of Glasgow convinced the highly critical Committee from the Royal Society of Medicine of the validity of these radiant phenomena.

These effects point to the likelihood that the autonomic nervous system is the part of the body affected by the energies, although some one centre may be an organ of reception and the autonomic fibres may be the conveyors of the effect. A study of these phenomena should remove from biological science the term, "instinct," as applied to various actions of animals. These phenomena point to a response of living organisms to the north-south direction and to other influences such as localities, sub-

stances in dilution and living things. The function being a discriminatory one, it is probable that certain organisms respond to locations to which they have become very sensitive and to which they can find their way back by means of a purely automatic mechanism. This explains why horses which are born in the wild always wander back to the place where they were foaled. A cat confined in a sack and carried miles away will, when released, immediately start back in the direction of its home. Probably eels and other migrating fish have mechanisms responsive to the place of their birth or the place where their parents spend their adult life. All of these phenomena belong in the field of physics, even though not formerly recognized and though not yet classified.

#### MECHANICAL DETECTION OF THE RADIATION FROM DRUGS.

Thus far, no practical machine has been devised for the detection of the radiations from drugs. The human factor enters into every device that has been produced. Boyd of Glasgow, who probably has done more scientific work in connection with the phenomena than anyone else, still uses a human subject. He has, however, invented a new apparatus which he calls "a static detector," which registers minute electrical changes and the presence and movement of objects or of people. Whether or not this apparatus or the principles involved in it will lead to a mechanical detector of the energies, thus doing away with the subject, has not yet been determined. Whatever Boyd does commands respect and from it can be expected anything that he claims for it. In our country, certain mechanisms have been devised which, it is claimed, take the place of the human subject, but the principle involved is obscure and the use of these mechanisms depends upon the human factor, so that, until more is known about them, their virtue cannot be discussed in a paper of this sort. Lately, the writer of this paper has observed a new set of phenomena which, in so far as he knows, never have been published or observed; their possibility was indicated to him by a man who suggested a possible apparatus for detecting the energies. These phenomena have to do with the discovery that certain non-magnetic materials (perhaps all) are affected in a detectable way by their relation to the north-south line. Furthermore, they are affected by the pres-

ence of a person when in a certain relationship and by changes which occur in that person, such as changes that are caused by the radiation-effect of drugs.

The difficulties in the way of registering this effect are numerous, although they do not seem to be insuperable. Many hundreds of experiments have been conducted in connection with these phenomena and their validity is established. But time and circumstances are not yet proper for publication of details.

In these newly-discovered phenomena may lie the explanation of all that has been discussed in this paper.

Everybody who has undertaken research appreciates the difficulties which beset him when he enters unknown fields. The establishment of a basic fact is sometimes the work of a century. The individual worker is oppressed by this element of time; his life is saturated with the subject of his research and he makes countless experiments without apparent progress—then suddenly, one simple happening brings illumination, so that a few rapid steps are taken. Then another long period of accumulating experience and another illumination comes. We are now at one of these spots of light and only time will reveal how far along we are on our way.

#### MANAGEMENT OF THE LATTER MONTHS OF PREGNANCY FROM A HOMŒOPATHIC STANDPOINT.\*

J. B. G. CUSTIS, M. D., Washington.

I always hesitate to write such a paper as this because I am conscious of its small value. In it I can only say those things which have many times and in much better form been said before, and the most I can hope for is that I may recall some point which some one of you has allowed to slip into a back room of the brain.

We, like all other physicians, have a paramount duty, which is the corollary of our duty to heal the sick. That duty is to safeguard our patients and neither by acts of omission nor commission to add to the danger of the patient's condition. It is not sufficient for us to take the symptoms and give the homœopathic

\*Read before the I. H. A., June, 1928, Bureau of Obstetrics and Pediatrics.

remedy. It is also necessary to know what are the pitfalls and dangers to which our patient is liable and how best to avoid them. In the treatment of the pregnant woman there are certain things which every physician must do and which of themselves put him in a position more intelligently and effectually to carry his patient through her period of gestation and labor and to return her with her offspring safely to health.

I am going to assume that when the prospective mother has put herself in your care you have done those things. You have taken a careful personal and family history. You have made a careful physical examination during which you have assured yourself that your patient is first of all really pregnant; that the pregnancy is in the uterus and that there is no apparent reason why the pregnancy should be interrupted. Then and then only are you ready to treat the pregnant woman from any standpoint.

The keynote of the management of pregnancy is careful watchfulness and the watchfulness must be the more careful as the pregnancy proceeds. For the first four months it is sufficient to see the normal case once a month, for the next two months every three weeks and for the last three months the patient should be seen every two weeks and a report had every week for in this way we may know of danger at its inception.

The management of the latter months of pregnancy consists in watching for and warding off the dangers which come at that time. The difficulties of the first four months are past and gone. The patient feels well. She feels so well in fact that she rather resents the frequent trips to the office and unless constantly reminded of their importance will neglect to report. When she comes we should have a definite plan to follow. Ask if there are any new discomforts, especially headache, dizziness, nausea; then if there has been discharge of blood from the vagina. Take her blood-pressure and make a record of it, for often a rising blood-pressure is the first sign of trouble, though a ten point rise the last week or two is normal. The urine should be examined for albumin, casts, sugar and urea. Any œdema should be investigated, though a moderate swelling of the feet and ankles due to pressure on the great veins is common. This is routine and in most cases no abnormalities will be found and nothing need be given but en-

couragement and the admonition to pay no attention to the kind friends, neighbors and family who are trying to fill her full of all sorts of fool notions and advice on every possible and impossible phase of her condition. Now also is the time to take care of the nipples, abdominal wall, etc.

As soon as the patient has presented herself you have as homœopaths such a careful record of her general constitutional symptoms and have filled out and used as needed her constitutional remedy. This has usually smoothed the way and there has been no more medicine needed. Occasionally, however, whether because the case has not been seen till late or has neglected to report or for some other reason including our own failure to pick out the right remedy in the beginning, the way is not so smooth and some of the major difficulties of the latter part of pregnancy present themselves.

These difficulties divide themselves into classes. Those due to poisons generated in the mother and causing a general toxæmia and those directly concerned with the contents of the uterus. The latter class usually does not respond to treatment with the homœopathic remedy but must be handled by emptying the uterus. This class of cases has characteristically hæmorrhage, cessation of fetal movements or rapid increase of the size of the uterus as the prominent danger signals.

The other class of cases which are grouped today as the toxæmias of pregnancy and which are ushered in by one or more of the ordinary toxic symptoms such as nausea and vomiting coming on or recurring late in pregnancy, headache, visual disturbance, dizziness, excessive sleepiness, œdema, high blood-pressure, albuminuria, and finally convulsions are particularly amenable to homœopathic treatment and are, I believe, more safely handled in this way than in any other.

Of course it is necessary to put the patient on the best hygienic and dietetic regime possible and to insist upon those general measures of sleep, rest, etc., which are appropriate to the case. Then if the condition does not immediately improve the carefully selected remedy will do more to bring the patient and her babe safely through than all the extreme measures which are so popular, so unnecessary, and of so little avail.

I believe that convulsions should not occur in a case which has been under real homœopathic care and that if they do either the patient herself has neglected the condition or that the physician has failed for some reason to recognize the danger signals.

It seems rather useless for me to mention a list of remedies especially useful in these conditions for we all know that no matter how extensive it would be incomplete. However it seems to me that *Merc-cor.* and *Phosphorus* are the two most commonly needed. I feel about *Merc-cor.* in these toxic conditions of pregnancy as Kent felt about *Naja* in heart conditions—use it unless there are definite reasons for prescribing something else, and usually it will not disappoint you. Next in value is *Phosphorus* with its albuminuria—this albumin boiling out in fine granules rather than in the large flakes of *Merc-cor.*; torpor, dimness of vision, nausea and vomiting with desire for cold things which come up as soon as warm. Other remedies are *Ars.* with its restlessness, pallor and relief from heat; *Cuprum* or *Cuprum-ars.* with cramps, convulsions and blueness; *Apis* with its œdema especially of the eyelids, stinging pains, thirstlessness, stupor; *Terebinth.* with its smoky urine and flatulence; these come to mind either because I have used them or because I have studied them as probably needed if I should have a case of advanced toxæmia, which whether by good luck or good management I have not, to treat.

Of course many other remedies may be needed but I feel that in these conditions we should be very slow to prescribe any remedies but the ones which actually produce tissue change and that we should not be misled by superficial similarities for the consequent loss of time may make the difference between success and failure.

We all have our own plan of treatment which we follow. I am going to give you mine very briefly and you may take it for what you think it is worth to use or discard. I have used it for twenty years in private and institutional practice and in that time I have had no case of serious difficulty from toxæmia except those which have been seen for the first time when they were already gravely ill.

If in spite of careful early care the blood-pressure begins to rise, albumin to appear in the urine or other of the previously

mentioned toxic symptoms come on, the patient is immediately put on a skim milk, cereal and green vegetable diet. If there is constipation enemas are used as needed. If the symptoms get worse or if they do not improve in forty-eight hours the patient is put to bed, and given *Merc-cor.* 30x gr. j. q. 3 hours unless there are definite indications for something else, usually *Phosph.* or *Arsenicum*. Under this plan I have yet to have a case which did not respond and which did not go on to term and have a live baby. This of course does not include cases seen late and already loaded up with poisons, or even with definite kidney degenerations. These cases are another story and require either more skilled homœopathy than I can command or else active radical treatment such as emptying the uterus, saline infusions, blood transfusions and other things as may seem needed.

In this paper I have tried to present this subject as I see it and practise it. Some of you will call it routinism, others by harder names. I will not grant the routinism unless under that head comes a definite basic plan as a guide to keep ourselves from wandering in circles and missing those points that we must check up as our patient goes through her period of gestation.

#### DISCUSSION.

CHAIRMAN WRIGHT: Is there any discussion on this interesting paper of Dr. Custis'?

DR. ALMFELD: I do not know whether you want to take time for discussion or not, but when the doctor was reading his paper, mentioning toxic conditions, and he stated that we should not fool away time with remedies that might be sufficiently indicated on small symptoms, a case comes to mind when I was in Chicago years ago. I didn't see the patient until about the 7th month. She came to me one evening. The next day the husband called up and said, "My wife can't talk." I found her in convulsions. I brought her into a hospital and treated her in various ways trying to eliminate toxins from the body, with enemas and so forth, and nothing had any effect upon her. Then I delivered the baby because sometimes that will relieve the symptoms. This hadn't the slightest effect upon her. At this hospital I had the assistance of the various physicians. They used various remedies, hot

baths; everything, nothing at all affected her. She was unconscious for about 47 hours and I began to think to myself, "If you don't do something here you will lose this patient." There is only one little thing I noticed, whenever she was touched either by the enema tube or the finger she went into convulsions. I went home, looked up the repertory and under the symptom of convulsions from touch I found only one remedy, *Cicuta virosa*. I called up the interne and asked if they had the remedy 200, put a powder on the patient's tongue every five minutes. In less than six hours she woke up out of the coma. When she woke up she didn't know where she was, but it all returned in a few days. She went home in two weeks, as fine as ever.

I want to mention this case because there was only that one symptom, convulsions from touch; I would have lost her if I hadn't looked that up. Sometimes these small key-note symptoms are of immense value.

CHAIRMAN WRIGHT: Last year at the Congress in London Dr. John Weir reported a convulsion case < touch to which he gave *Cicuta* with a similar good result.

#### THE ABIES FAMILY.

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

At the request of the Editor of *The Homœopathic Recorder* the writer will send in from time to time notes on the remedy families, especially those symptoms which run through the family or are very similar.

The Abies Family has but two members of which we know anything to speak of, namely, *Abies canadensis* or Hemlock Spruce, and *Abies niger* or Black Spruce. The former has had less use clinically according to Clarke but seems to be better proved according to the symptom list, in that the effects have been noticed on more parts of the body. Both have been useful in digestive derangements. Clinically under *Abies-c.* Clarke mentions indigestion, disorder of the liver and uterine displacement. Under *Abies-n.*: Hypochondriasis, eructations, dyspepsia, constipation,

cough, malarial fevers, hæmorrhages and the effects of tea and tobacco.

They have the following symptoms in common:

MIND: Restless and nervous, especially at night.

VERTIGO: Vertigo.

STOMACH: Appetite increased.

RECTUM: Constipation.

RESPIRATION: Difficult.

However, they differ greatly as the following will show:

*Abies-c.*

MIND: Quiet.

Careless.

Easily fretted.

HEAD: Tipsy, swimming,  
light-headed.

EYES: Sensation of a  
stye in outer  
canthus of left  
eye.

EARS:

MOUTH: Dryness of the  
mouth.

THROAT:

STOMACH: Gnawing, hun-  
gry, faint feel-  
in epigastrium.

Tendency to eat  
far beyond the  
capacity for  
digestion.

Craves: Meat,  
pickles and  
other coarse  
food.

*Abies-n.*

Low spirited.

Melancholy.

Unable to think or study.

Bad feeling.

Dull headache, often severe.

Hot head with flushed cheeks.

Pain in left external meatus.

Choking sensation.

Sensation of something sticking  
in lower end of œsophagus.

Hungry and wakeful at night.

Appetite lost in the morning,  
but great craving for food at  
noon and night.

Distension of  
stomach and  
epigastrium.

Burning.

Frequent eructations.

Pain always after eating.

After eating food which dis-  
agreed sensation of some-  
thing lodged in chest to right  
of sternum which had to be  
coughed up, but nothing  
came.

Sensation as if everything in  
stomach had knotted up.

Sensation of hard-boiled egg in  
stomach.

ABDOMEN: Sick feeling in  
bowels.

Rumbling in bow-  
els after eat-  
ing with great  
appetite.

Sensation as if  
liver were too  
small.

Sensation as if  
bile were de-  
ficient.

RECTUM: Burning.

URINARY: Urinates fre-  
quently day  
and night.

*Urine* straw-col-  
ored.

FEMALE: Thinks womb  
soft and fee-  
ble (would  
cause abor-  
tion).

Menses delayed three months.

	Sore feeling at fundus on pressure.	
RESPIRATORY:	Breathing labored.	Easily gets out of breath.
	Sensation as if right lung were small and hard.	
HEART:	Action of heart labored.	Heavy, slow beating of heart.
	Increased action of heart with distension of stomach.	Sharp, cutting pains.
BACK:	Pain behind right shoulder-blade.	Pain in small of back.
	Weak feeling in sacral region.	
	Sensation of cold water between shoulders.	
GENERALS:	Hands cold and shrunken.	Rheumatic pains.
	Skin cold and clammy.	Aching in bones.
	Lies with legs drawn up.	Alternate heat and cold.
	Great prostration.	
	Wants to lie down all the time.	
	Very faint, as if top of head were congested.	

Twitching of muscles.

SLEEP: Gaping, drowsy. Sleepy during the day but wakeful and restless at night.

Great restlessness at night, with tossing from side to side. Very bad dreams.

FEVER: Cold shivering all over as if blood turned to ice-water.

Chills down back.

As Clarke has given about as good an account as any in his *Dictionary of Materia Medica* the above material was taken from that source checked up at points where they agreed in Kent's *Repertory*. No grading has been given to any of the symptoms. Both remedies are so scantily proved and so much unlike that too long a perusal of the *Repertory* would be useless.

For *Abies-c.* Clarke gives: "Great appetite with a tendency to over-eat; gnawing, hungry, faint feeling at the epigastrium; distension of stomach with hard beating of heart; feeling as if right lung and liver were small and hard; pain beneath right scapula; lying with legs drawn up; shivering as if blood had turned to ice-water," as the characteristic symptoms.

For *Abies-n.* he gives: "Sensation in the cardiac end of the stomach, or in the œsophagus where it enters the stomach, as if a hard body, as a hard-boiled egg, had lodged there. Feeling in epigastrium as if food were lying there; sensation in lung disease as if there were a hard substance to be coughed up. Wakeful at night with hunger. Distress in head with flushed cheeks. Worse after eating."

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PLEASE NOTE!

We are indebted to SPECULUM for many of the rules cited in 'Rules for Contributors', and for unfailing courtesy and aid".  
—Ed.

## A FEW HIGH POINTS IN THE ORGANON.

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

Samuel Hahnemann was a man of rare courage and ability. His powers of perception, his keen analytical mind, enabled him to see what others failed to see. His was a constructive mind, and, though he built slowly, he built accurately. He was scrupulously careful in laying his foundation, but when laid he erected a superstructure, which has stood the storms of generations.

He was exceptionally well educated in the science of medicine as practised in his day, and beholding its inefficiency, he began a course of analytical study in order to discover the reasons for this inefficiency. Great men preceded him in the supposed art of healing the sick, great men were contemporary with him, but none had the mental ability to perceive the errors of the practice of his day, and none knew how to correct this error, neither had anyone the courage to *expose* this error. He was keenly alive to the situation, for he knew it was one thing to criticise, but quite another matter to replace the errors with truths that were indestructible and immovable, for nothing less would satisfy his inquiring mind, or meet the approval of his thinking colleagues. After years of the most careful study and experiments, he ultimately conceived the idea of putting his discoveries into concrete form and, therefore, wrote the *Organon* on the science and art of healing the sick. Before doing this he also gave thought to the kind of men, in soul and body, who might espouse his cause and practise his system. He saw, clearly, how his colleagues had commercialized, what was to him, a sacred vocation, and universally adopted a routine of practice which was followed without thought as to results. Practically all mistakes, and an unwarranted mortality were condoned on the plea of following the usually and universally prescribed methods. He saw many of his associates in various enterprises, making the healing of the sick a secondary proposition. To him life and health was too sacred to be dealt with in any manner but the most thorough and painstaking care, nor could he think of any one pretending to heal the sick having any other vocation or calling or duty but this one supreme thing. Therefore, when he set about to write

the *Organon*, the first thing that came to his mind was—the physician and his vocation. His first section describes his idea of the true physician for he says: “The physician’s *high* and only mission is to restore the *sick* to health, to *cure* as it is termed.”

In a foot-note, we read of his reasons for this particular section, for he says: “His mission is not, however, to construct so-called systems, by interweaving empty speculations and hypotheses concerning the internal essential nature of the vital processes and the mode in which diseases originate in the invisible interior of the organism, (whereon so many physicians have hitherto ambitiously wasted their talents and their time): nor is it to attempt to give countless explanations regarding the phenomena in diseases and their proximate cause—(which must ever remain concealed), wrapped in unintelligible words and an inflated abstract mode of expression, which should sound very learned, in order to astonish the ignorant—whilst sick humanity sighs in vain for aid. Of such learned *reveries*, (to which the name of *theoretic medicine* is given and for which special professorships are instituted) we have had quite enough—[Even more than enough today.—G. E. D.] and it is now high time that all who call themselves physicians should at length cease to deceive suffering mankind with mere talk, and *begin* now, instead, for once to *act*, that is really to help and cure.”

How pertinently appropriate is this foot-note to conditions as we find them in some of our medical institutions of today! In a brief note to one of the professors of one of our modern medical colleges, I accused the faculty of a wilful neglect in teaching the truth, to which he replied, that “we give so much time to non-essentials that we have no time for essentials.” This being true—who will deny it?—the much lauded progress in medical lore is but an empty boast.

What business has any man or woman pretending to the profession of healing the sick with any other aim or calling but that of healing! Apart from outside interests, looking at the science of healing from a Hahnemannian standpoint, the overwhelming majority of medical practitioners of today are but kindergartners in the art of healing the sick.

In all my research into medical history I have not found a



single system which begins with a saner, more altruistic bit of philosophy than this first section of the *Organon*. It should be placed, in blazing script before every one beginning the study of medicine, and in similar script over the desk of every physician.

Having pointed out the aim and mission of every physician he follows in the second section with his definition of a cure, *vis*:—"The highest ideal of a cure is rapid, gentle, and permanent restoration of the health, or removal and annihilation of the disease in its whole extent, in the shortest, most reliable and most harmless way, on easily comprehensible principles." This is the most comprehensive definition of a cure in the English language. Notice please—"the highest ideal" it must be "permanent." Can you imagine a higher ideal? How different this, from the zig-zagging methods so common in every day practice; how different from the painful procedures, which are often described as worse than the disease; how different this from the palliative measures so common in our work of today, giving the patient the impression that he is better today, but on the morrow he falls back into the same routine of pain.

In all our research in the history of medicine, and medical literature, we find no statement, which in its clearness, its positiveness and unquestionable assurance is comparable to this. Who has a better definition of a cure than this? We feel confident, that we do not jeopardize our idea of a cure when we challenge the world for a better ideal, in restoring the sick to health.

### ACONITE.

(A Monologue).

John, John, wake up quick. *Aconite* has the croup! Yes, he was all right when we went to bed an hour ago but don't you hear that dry, croupy cough? It's suffocating him! Shut the window—temperature has dropped ten degrees in the last hour. He's been in a draft. Hear that awful cough! Turn him on his back. Don't you know that his croup is always better lying on his back? He's burning up with fever. Poor dear, he is so frightened and anxious.

Don't stand there! Do something! Call mother! For pity's sake shut off that radio. Don't you know music always makes *Aconite* worse?

Lard and molasses! Why, mother! Lard is unhealthful—I always use *Krisco* and there hasn't been any molasses in the house dear knows when—would sugar do? Listen to that awful cough. He's in such agony that he can't keep still an instant. John, what are you standing there for? Phone for the doctor! Oh dear, men are so helpless! No, no, mama's little boy is not going to die, he'll be better soon. How red his face is and he's so hot! How hoarse he is!

He wants to cough and can't. Look, he is pointing to his larynx trying to tell us where the trouble is. Do turn on more light, John—you know *Aconite* is afraid of the dark. Oh, doctor, is that you? My little boy has taken a sudden cold, or maybe the terrible fright that he had yesterday is making him sick. I knew he would be sick after that fright. He always is. He is timid anyway. He was all right an hour ago! The cough woke him from a sound sleep at midnight. He thinks he's going to die. See how hot and red and restless he is. He's a sick boy, doctor—I hope you can save him.

You know, he had a sun-stroke last summer. He fell asleep out in the meadow, in the sunshine. He has such dreadful headaches, congestion—his head feels full and heavy, as if everything was pushing out at the forehead.

John, turn off some of that light! Have you forgotten that *Aconite* is sensitive to light? See how blood-shot his eyes are. Doctor, what makes his pupils contract and dilate? He had scarlet fever last winter, doctor, and he was dreadfully sick. The roof of his mouth was all dotted with eruptions and he was burning up with fever, just as he is now. He took cold and suppressed the rash. Then he was very restless and distressed—had to sit up straight in bed to breathe.

John, give him a drink. What if you did just give him one, he wants another. No, don't give him ice water, that makes his cough worse. No, don't give him wine, it might relieve him but it might cause congestion and a hæmorrhage. Don't make him speak to you, John! Speaking makes the cough worse. Did you

ever see such a terrible fever, doctor? No wonder his mouth is dry? See what a strong, hard pulse he has. See how his stomach draws in toward the spine when he breathes and every expiration ends with a hoarse cough.

No, doctor, I wouldn't call him a delicate child. When he is well he is very well. Even so, we have had a hard time keeping him. He was almost asphyxiated when he was born. He is always suddenly falling into some sickness or other. He had bronchitis when a baby, almost suffocated then. He barked his way through measles and when he had pneumonia, he coughed up bright red blood. It came up very easily. There was dulness on percussion. His fever was dreadful, he could hardly stand it. We almost lost him that time.

He isn't so restless now. His eyes are closing. Doctor, do you think he is dying? He's only falling asleep? He is better? Doctor, do you really mean he is better? His fever has gone, his breathing is better, his cough has stopped. It is three a. m., doctor, are you sure he will be all right now? John, you show the doctor out, then go to bed. I'll look after Aconite the rest of the night. Yes, mother, run along to bed. You need the rest.

### THE QUESTION OF POTENCY AND THE REPETITION OF THE HOMŒOPATHIC REMEDY.\*

EUGENE UNDERHILL, JR., M. D., Philadelphia, Pa.

Until your own experience and careful observation show you a better way I would suggest that you lay aside all prejudice and give the following procedure a fair and honest trial. It is the method followed by the majority of the very best prescribers and practitioners of pure homœopathy. Equip yourself with the following potencies of the polychrests.

30th (Centesimal), 200th, 1000th, 10M, 50M and CM.

In the early months or even years of your practice you will rarely need the 50M or CM. Add to your stock of remedies and range of potencies as you need them or as your finances may justify.

\*Portion of lecture delivered at the 1928 summer session, American Foundation of Homœopathy.

Have all bottles labeled and corks also stamped or labeled with both name and potency. I cannot too strongly condemn the practise of some physicians who content themselves with merely having the corks labeled. Some day the corks may get mixed and in a desperate case a life may be sacrificed. Keep your medicines in a safe place, preferably under lock and key, away from curious eyes and meddling fingers, away from too much heat, away from direct sunlight. Keep and care for your medicines yourself. This is not a job for your nurse, secretary or assistant. It is so vital, so essential you had better do it yourself. Careless handling, contaminating or mixing remedies and potencies may defeat all your efforts and study and turn you from success to failure.

Your knowledge, your books, your remedies—where indeed would the homœopathist be without any one of these and the more perfect and complete this trinity the more glorious his success and his service to his fellow men.

Assuming therefore that we have a stock of 30th, 200th, 1000th, 10M, 50M and CM potencies of the polychrest remedies and such other remedies as may from time to time be needed, how are we to proceed?

If the case is acute such as pneumonia or any other acute illness give a single dose of preferably the 200th potency. Follow this with *Sacharrum lactis* as often as the relatives or friends seem to require it to keep them quiet.

If your remedy was correctly chosen and is homœopathic to the case the remedy will act and you will know it. There may or may not be an aggravation that you can detect as such.

If there is a homœopathic aggravation following the remedy give more *Sac. lac.* and wait. Improvement will nearly always follow.

If there is no aggravation improvement will nevertheless occur in curable cases if your remedy was correctly chosen. If the remedy does not act the trouble is not usually the potency used or failure of homœopathy, but your own failure to choose the correct remedy.

In the great majority of cases the patient will get well without repetition or change of remedy or potency. If the patient merely recovers on schedule and the pneumonia or typhoid runs

its full course be convinced you never chose the correct remedy. Homœopathy did not fail. You failed. If the case gets well almost like magic your remedy selection was correct.

The law of similars will always work when all of its conditions are complied with.

If, after the remedy, improvement sets in followed by a relapse or no further gain, what are we to do?

It is probable the remedy given was only partially similar to the case.

Go over your symptoms again and if the same remedy appears to be indicated you had now best give it in the 1000th potency and follow with *Sac. lac.* and watchful waiting. If a different remedy is indicated give in the same potency as the previous remedy—namely the 200th potency.

If more than two doses of medicine are required to pull across an acute case you have probably not had the correct remedy.

If you are not convinced of the power of the 30th and higher potencies to cure after a year's work with them it will simply mean that you still do not know how to find the *similimum*.

In chronic cases you may often begin with the 30th potency although many begin with the 200th.

Give the remedy yourself and follow with *Sac. lac.* perhaps one, two or three times a day. *Sac. lac.* helps to keep patients from taking other drugs and doing some of their own doctoring.

Hahnemann said a physician should have character enough to give sugar of milk.

Stuart Close calls *Sac. lac.* "the second best remedy," and certain it is that *nothing* is usually a safe thing to take and it may be prescribed for what ails the patient and as often as necessary.

• However, do not be too lavish with your use of *Sac. lac.* or it will lose its magic charm. *Sac. lac.* is one of the essential factors in holding the patient and for relieving him of pain, insomnia, nervousness, constipation, diarrhœa, headache, indigestion, etc. Hahnemann called it a "divine gift of God."

When in doubt give *Sac. lac.* and study up your case. When you know you are right then go ahead and give your remedy. In case of an emergency if the remedy is not clear call a consultant.

Don't waste your time and the patient's money on an old school consultant. Get some one who can really help you.

The homœopathic remedy in chronic cases may never require repetition, that is one dose may cure the patient.

Again the more often repetition or change of potency is required the more probable it is that your remedy is wrong. The correct remedy will act in chronic cases for weeks, months or even years. Don't let your conscience trouble you if you haven't given a certain patient a dose of medicine for over a year. If he is still improving why worry, why repeat? Leave the prescription alone.

A graduate from Hahnemann Medical College told me that his conscience wouldn't let him give only one dose of medicine to a sick patient and that in a high potency like the 200th or the 1000th. Now anybody whose conscience is that tender and delicate will bear watching. A physician of this type would give morphine, alternate drugs and behave generally like a regular old school horse doctor and strange to say his conscience would stand the strain.

Now when the remedy ceases to act curatively wait a while and if you are sincere and don't lose your nerve you probably won't lose your patient.

However, don't worry about losing patients when you know you are doing the right thing by them. You will hold the majority of them. No one will hold them all nor can he save them all. If after waiting a few weeks improvement does not begin again you may repeat in the same potency as before and if the remedy is the *similimum* or even a near similar improvement will begin again. As a rule three or more doses of a given potency will all produce results when the remedy is correct. When the fourth or fifth dose becomes necessary you had better give a higher potency. Each time before giving the remedy check over your symptoms and make sure your remedy is still similar to the case. As a general rule I would say that a year for one potency is a short time—usually all too short. Often the true *similimum* will unmistakably continue to act—one dose only at that—for over two years.

The bad effects of vaccination—a single dose will last some-

times for years. "Doctor, he has never been well since he was vaccinated." You will hear mothers say this very thing and they know what they are talking about when they say it. Don't lose any sleep over the single remedy, the single dose or the high potency. Don't jump around like a wild Indian from the 30th to the CM potency then back to the 10M all on the same case. This is one of the ways to spoil a case so you can't tell how things stand. Don't be too sure either that you can spot just the right potency to give a patient. Until you have had a vast experience you had better play safe by adhering for the most part to the plan herewith suggested, which I again repeat: Begin with the 30th or 200th. Give the remedy ample time to act. Don't repeat until you are sure and absolutely convinced the remedy has ceased to act. You may then repeat in the same potency. A third or fourth dose should be given before stepping up to the next higher potency in the series. Each time make sure your remedy is the *similimum*.

No doubt the development and perfection of the electronic methods and instruments will some day not only enable us to select the homœopathic remedy with little or no mental strain but these instruments will also (with the patient's blood specimen) show what potency of the remedy to use. In that day prescribing will be so exact that rarely will a second dose, a change of potency or change of remedy be required. But until that day we must go through with the daily grind and I honestly believe the best results in homœopathic practice today are obtained by those who are in substantial agreement with the procedure as outlined.

#### REPORTS OF THREE CASES.\*

C. GORDON, M. D., Edinburgh, Scotland

Mrs. A. 61.

29-10-26—Pain right shoulder extending down arm to sternum and under arm to right side.  
first noticed six months ago.  
worst above right scapula.  
sometimes causes loss of power in right hand.

\*Read before the I. H. A., Bureau of Clinical Medicine, June, 1928.

< cold weather.

> warm stove.

> warm bed.

> hard pressure on scapula.

Massage, thermogene, Sloan's liniment all tried.

Aspirin relieves pain for 2½ hours.

*Rhus tox. Sil.*

*Rhus tox.* 30 (1)

*Rhus tox.* 200 (1) 24 hours apart.

Up to date, 20-5-28, there has been no return of pain.

R. T. 12.

24- 2-23—Severe coryzas in rapid succession.  
last 6 months.

gradually getting worse.

discharge both nostrils.

makes nose sore.

< warm room.

< morning.

Dark rings under eyes.

Nausea from physical exertion.

Vertigo, falls forward, > open air.

Sleepless before midnight.

sleep unrefreshing.

Growing very fast.

Head-sweating at night, ceased a few months ago.

Enlarged glands left side of neck at age 4 and 7, discharged.

*On examination.*

*Heart.* Aortic systolic bruit, lying.  
disappears standing.

*Lungs.* Very slight comparative dulness right apex,  
outer half of first interspace, and upper  
part of right axilla.

Breath sounds normal, no accompaniments.

OBSTINATE.

EASILY OFFENDED.

Faultfinding.

FASTIDIOUS.

Av. company.

Excitable.

EASILY FRIGHTENED.

" STARTLED.

SENSITIVE.

< COLD WEATHER.

< WET "

< GETTING WET.

Food. Desire FAT, fruit.

Averse sweets.

*Ars., Calc., Nux-v., Sulph.: Nux-v. 1M. (1)*

20- 3-23—Very much better. Cheerful.

No colds.

*Sac. lac. (1)*

9- 5-23—Very well up to 5 days ago.

Then a heavy cold, now going.

Much less tired. Quite cheery.

Appetite good. Putting on weight.

*S. L. (1)*

1-10-23—M. P. a fortnight late.

has always been five-weekly.

Pale and wan; less life and energy.

No vertigo.

Sleeps well, but lately not sleeping soon enough.

A cold now, began with ulcerated throat.

*Rep. Nux-v. 1M. (1)*

14-11-23—M. P. came on 3 days after dose.

absent since.

Well and cheery.

Appetite and sleep much better.

No medicine.

29- 2-24—Well in herself.

M. P. regular last 3 months.

Appetite good.

A cold nearly all month, worst last week.

cough < morning, tickling. *Nux-v. 10M. (1)*

26- 3-25—M. P. regular.

Nasal catarrh during the menses, last 2 months.

Appetite wanting in the morning.

breakfast, nothing but a cup of tea.

*Rep. Nux-v. 10M. (1)*

3-11-25—General health, great improvement.

M. P. Felt miserable for the duration, last week.

Catarrh < before.

Not so well last few weeks.

*Nux-v. 50M. (1)*

5-10-26—M. P. early, last two times.

3 weeks and 2 weeks.

A cold.

*Rep. Nux-v. 50M. (1)*

Patient has remained strong and free of colds up to date,  
20-5-28.

F. C. B., 33. Chief Writer, Navy.

18- 4-27—Fear of something going to happen.

insanity.

all sorts of things.

since January.

Has had arsenic, iron, quinine, biochemic remedies, etc.

Has to make a conscious effort to change the subject  
in his mind.

Does not like to be alone.

Concentration difficult.

Mental confusion.

Frequent depression; may follow excitement.

Slight vertigo.

Headaches.

pain frontal with sharp pain at vertex and occipital  
heaviness.

Averse meat, beer.

Brother and sister both had nervous breakdowns.

" cut his throat.

*Phos. 30 (1), Phos. 200 (1), 24 hours apart.*

16- 5-27—Some aggravation of fear and depression at first.

Distinct improvement towards end of month.

Better and brighter in self.

more able to get above things.

less likely to yield to mental suggestions.

*S. L. (1), S. L. (1)*

29- 7-27—Decidedly better, especially since leaving ship on June 6th.

Suggestions seldom trouble him.  
 Concentration much better.  
 Mental confusion gone.  
 Depression only when constipated.  
 Vertigo yesterday after absence of some weeks.  
 probably due to stomach.  
 No headaches last 3 weeks.

S. L. (1), S. L. (1).

Patient has remained well. I heard from a mutual friend that he has been riding a motorcycle since September.

#### MORE LIVER RECIPES.

##### LIVER CURRY.

8 ounces of liver.  
 1 teaspoonful of curry flour.  
 1 teaspoonful of flour.  
 1 teaspoonful of chutney sauce.  
 2 teacupfuls of stock.  
 1 slice of apple or  $\frac{1}{2}$  stick of rhubarb.  
 $\frac{1}{2}$  teaspoonful of lemon juice.  
 1 onion.

Start by making the curry sauce. Peel, scald and chop the onion. Chop the apple or rhubarb. Blend the flour and curry powder in a little of the stock. Place the rest of the stock over the fire, add the onion, apple or rhubarb, and chutney, and cook 'till the onion is tender. Stir in the flour and curry, and cook two minutes longer. Then add the liver cut in small pieces, and simmer for 15 minutes or 'till the liver is tender. Add lemon juice and serve with plain boiled rice.

##### CREAMED LIVER.

Parboil sliced liver, then cut in cubes and brown slightly with butter in a skillet, stirring frequently. Sprinkle with flour and brown, stirring constantly. Add enough rich milk to make a thick gravy.

#### DEPARTMENT OF HOMŒOPATHIC PHILOSOPHY

Editors:

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#### THE CAUSA OCCASIONALIS.

In Wesselhoeft's 5th edition of the *Organon*, paragraph 5, Hahnemann says: "The physician in curing, derives assistance from the knowledge of facts concerning the most probable cause of acute disease, as well as from the most significant points in the entire history of a case of chronic disease; aided by such knowledge, he is able to discover the primary cause of the latter, dependent mostly on a chronic miasm."

In paragraph 7: "In a disease presenting no manifest exciting or maintaining cause (*causa occasionalis*) for removal, nothing is to be discerned but these alone (with due regard to the possible existence of some miasm, and to accessory circumstances) must constitute the medium through which the disease demands and points out its curative agent."

In the footnote to this paragraph he continues:

As a matter of course, every sensible physician will remove such causes at first; after which the illness will generally subside of its own accord. He will remove from the sick room flowers that may produce faintness or hysteria by their strong exhalations; he will extract irritating particles causing inflammation of the cornea; reapply to a wounded limb a bandage too tightly applied, threatening gangrene; he will avert the danger of a hæmorrhage, by exposing and tying the wounded artery; he will endeavor to expel belladonna berries from the stomach by emetics; extract foreign substances that may have penetrated the apertures of the body (nose, œsophagus, rectum, vulva), crush a calculus, and open the occlusion of the anus of a new-born child, etc.

showing that he had a lively appreciation of the "*causa occasionalis*."

Recently, in going over some letters, records and papers of the lamented Lippe, given me by one of his executors, in the hope that they might prove of some use to the cause of pure homœopathy, I came across a letter from Dunham, written in his fine, copper-plate hand; a letter in which he expresses in his usual clear, analytical way the tendency of the homœopaths of that day

and generation to neglect the observance of these precautions of Hahnemann. It seemed to me to be a plea for greater care and closer observation in the making of the anamneses; for the more active exercise of all five senses; for the more thorough investigation of objective symptoms; and a protest against the carelessness of accepting only those which were subjective.

To the careful student of homœopathy it is easy to perceive the causes which would result in such conditions. Our Hahnemannian patriarchs, zealous proselytes from the ranks of the dominant school, although realizing the weakness of the old and the superiority of the new method, continued to use the best tools of allopathy; diagnosis and hygiene; while depending entirely upon the Law of *Similia* for the selection of the curative remedy. In their discussions, whether written or oral, attention was called to the wonderful success resulting from the application of the newly-formulated law; but part of the process, preliminary to its application, was neglected as common property, and entirely overlooked by those coming later. We, of the present generation, hating anything which smacks of heterodoxy, when studying the records of the old masters, can easily fall into the error of thinking they did not use all of the weapons at hand; and, failing to read between the lines, do not, ourselves, use these potent means. On the other hand, the "scientific" (?) branch of our school in its search for the materialistic and desire for "recognition" fails to take proper cognizance of that "spirit-like dynamis," the "vital force." For the good of our patients and the conservation of our best use it behooves us, as conscientious Hahnemannian physicians, to make neither mistake. We do, as strict disciples, recognize the importance of "eye strain" and improper plastic conditions; of unhygienic living and adverse psychological environment; but does our duty to our patients end here?

It has been my fortune, or misfortune, to have had brought home to me the possibility of easily making the mistake Hahnemann warns us against. Some time ago, in looking over the records of some of my cases that seemed to get only so far, notwithstanding all the care and study I gave them, I was interested to find a history of some traumatism, followed by long-continued tenderness or pain referred to a more or less circumscribed area along

the spinal column: they were conscious of their backs. This led me to make physical examinations of these cases the next time they came into the office, with the result of finding, in every case, a misalignment of the spinous processes of the vertebrae, curvatures; or, as DaCosta has so aptly expressed it, "sub-luxations." These "sub-luxations" involved from one to four, five, and even, in one case, eight vertebrae, covering or divided between the cervical, dorsal and lumbar regions; together with, in the dorsal region, the costal articulations. No region seemed to be involved to the exclusion of the others; but my experience has since been that the greatest number include the occipito-atlantal articulation: owing, perhaps, to the scantier musculature of this region and the ease by which distant shocks are transferred to it.

Resulting reflexive symptoms vary in their nature, intensity and importance, according to the nerve plexi or gangliæ involved, or impinged upon. The intensity is not always commensurate with the amount or degree of sub-luxation; but rather upon the center involved: e. g., a slight lateral displacement of the atlas or axis may produce more serious and uncomfortable symptoms than a much more marked sub-luxation in the dorsal region; even to the extent of a compensated uni- or bilateral curvature. We are all familiar with cases of the latter, long-standing without any apparent discomfort, and escaping notice until attention is accidentally attracted by the posture of the unconscious victim. So we cannot always depend upon the microscopic appearance. On the contrary one of the most serious cases had, apparently, only a slight degree of lateral slipping of the atlas; but the resultant interference of the afferent and efferent nerve impulses threatened the reason and the life of the patient.

This sub-luxation of the atlas is most difficult to discover, owing to the vertebra being minus the spinous process; but a sound knowledge of the anatomical relations of the parts, coupled with the strict attention to detail, such as many of our Hahnemannians observe; and an easily acquired digital education, will enable anyone to discover this important lesion. In the case mentioned above, the replacement of the bones in their correct anatomical position was followed by an early and brilliant result of

the homœopathic remedy, whose action was evidently prevented by the displacement.

It may be argued that I am promulgating mechano-therapeutic practices. This I deny. It is as much "common sense" as it is to "remove irritating particles causing inflammation of the cornea . . . expel belladonna berries from the stomach by emetic . . . crush a calculus, etc.," such as our venerated founder enjoins. There is a vast difference between the principles, and the practice, of the mechano-therapist as I shall show.

In looking to the so-called (for want of a better term) spinal lesions as a "*causa occasionalis*" for the failure of our homœopathically indicated remedy to act, we must not lose sight of two important factors; these same lesions, or sub-luxations are *primary* or *secondary*: causative or resultive; and here the homœopathic physician and the mechano immediately part company.

Under primary causative lesions we can easily differentiate two classes: active and passive. Under active we place traumata: direct blows, strains, sprains, torsions, jars, etc.; under passive: posture, manner of standing, lying or sitting; all of which cause direct results upon the peripheral organs supplied by the nerves thus involved. The secondary or resultant symptoms may be somewhat harder to distinguish, but they are not easily confused if this arbitrary distinction is constantly borne in mind; e. g., a patient sits by an open window and "takes cold," whatever that may be, or mean. Soon we have a "lesion" coming on: wry neck; stiff, "rheumatic" shoulder; a lumbago; or what not. This if not attended to will, through the constant excitation of the muscles, continued contractions and resultant pressure on the nerve ganglia, cause reflexive symptoms in distant organs supplied by these nerves; or else through the constant pulling of the excited muscle cause a slight sub-luxation of its spinal attachment; especially if the opposing muscles are slightly relaxed, as is so often the case. These same conditions may obtain conversely if the muscles are relaxed, allowing the opposing muscles to exert a stronger force. This is not a causative but a resultant lesion and as such can be entirely controlled by the indicated, homœopathic remedy. Any other treatment would be absolutely wrong and harmful, since it would be removing the results of disease.

This differentiation is not recognized by the mechano-therapist; all lesions are lesions to him, and as such must be reduced. If there is any gastric disturbance, from a slight "indigestion" to a severe "gastritis" or "gastralgia," he looks for (and finds) "a hyperæsthesia somewhere between the 4th and 8th dorsal vertebræ, which must be "treated," the amount, or degree of hyperæsthesia, depending upon the severity of involvement of the peripheral organ. In the same way the lungs show trouble between the 7th cervical and the 8th dorsal vertebræ, the heart between the 4th and 5th dorsal; the ovaries between the 10th and 12th dorsal; the uterus, the 5th and 6th lumbar, and so on. All of the organs have their "centers" along the spine; and a marked degree of control of the organ can, undoubtedly, be exercised by the excitation or inhibition of its corresponding "center." Even "chills" have their own centers—7th, 8th, and 9th dorsal.

Parenthetically let me mention, right here, that "hiccough" can be quickly suppressed by pressure on the phrenic nerve as it crosses the scalenus anticus muscle, opposite the 5th transverse cervical process; provided the pressure is firm enough and continued only so long as to inhibit the action of the nerve. Also that severe cases of labor may be controlled by firm pressure on the clitoris. Such procedure does not seem to interfere with the expulsive force of the "pains" but causes the pain to be less active.

For a while it was my custom to send to the osteopath for "reduction" those of my patients in whom I found these primary, causative, lesions; as I fully realized what damage could be done to the exquisitely sensitive and highly important nerve filaments where they escaped from the cord by a clumsy, inexperienced operator and how easy it would be to cause an increase in just the trouble I wanted to relieve. It was not long, however, before new conditions and complications confronted me, and I was called on to figure out why it was that Mr. A. or Miss B. were promptly put into condition so that the indicated remedies took up their curative action again and the case progressed in an orderly manner, along the line of the "three directions," but on the other hand, Mr. X. or Mr. Z. not only did not get better, but new, and perhaps increasingly serious symptoms came on and the pa-



tient got steadily worse. Change of operator did little, if any, good. After a careful study of the so-called osteopathic "principles," covering a quite respectable bibliography, I went back to my anamneses again, with the following results:

In those cases where the results were quick, sharp and brilliant, conditions obtained such as I have outlined under the heading above, of primary lesions. Less qualified successful results were obtained in cases comprising a combination of the primary and secondary. Of these the best were accomplished when I succeeded in getting my patient away from the "bone-handler" before he had found too many things requiring "adjustment" and the indicated remedy took up the work where he left off, with results that were satisfactory to me and the patient. Those cases in which the "treatments" were failures (or worse) comprised those of the secondary class: cases which should not have been referred had it not been for my ignorance of the sharp differentiation required. But when I found it was *results of disease* and not causes he was removing, and that he could not see any difference, as they were all "lesions," I soon called a halt, and was required to find a substitute.

It is not within the province of this paper, inadequately expressed and written under pressure of much delayed work, to go into the details of how I gradually acquired the requisite technique for my modest needs in the reduction of these lesions which are more frequent than is commonly believed. It has been an interesting study and has resulted in a reburnishing and a refurbishing of a rather rusty anatomical armamentarium; and it has also enlarged my knowledge of "what is curable in disease." Neither is it desirable nor necessary for me to urge the exhaustive study of mechano-therapy on my confreres but it is my earnest desire to call attention to the misalignment, displacement or sub-luxation of the vertebræ as a "*causa occasionalis*" to be reckoned with in making up the "totality of the symptoms," feeling sure that such attention and recognition will be followed by more favorable results to those who consult us as strict, honest followers of Hahnemann, Hering, Lippe and Kent, in the application of the law of the "*Similia*."—G. H. T.

## POINTERS.

"He riz rite up," said the mother, describing how her sixteen-year-old boy became delirious.

The Pointer editor "rizes" with *Hyoscyamic* grin to say that we do not want hits, hints, suggestions, observations, recommendations, inventions, conceptions, amplifications, elucidations, clarifications, impressions, interpretations, explanations, expositions, experimentations, allocations, referentations, reflections, verifications, confirmations, rectifications, coordinations, concorporations, commentations, criticisms, contradictions, contentions, notions, commotions, detonations, conflagrations, even prayer or any of the host of individual entities that swell and crowd the intercranial nest until each has successively pecked its way out of the shell or—where were we? Yes, we were about to say that we do not want any, if a major operation on the possessor is necessary to "remove" it.

The editors are not given to buttonholing, they appoint no tag days nor will the morning mail bring any importunities. The Pointer department is self-propelling; it runs strictly on principles of personal gravitation, carried along by the momentum of whatever the readers desire to release from the valency of individual experience and the alchemy of individual ratiocination.

This department is for the diversion and use of the readers. It offers a chance to prove that it is more blessed to receive than to give for here the giver keeps what he gives, but the composite reader cannot receive fully unless he gives fully, not for long, for when the giving ceases the receiving will cease also, the curtain falls, the lights go out and nothing more happens.

Until that time we will continue to watch the mails with interest.—H.

For paralysis after suppression of perspiration: *Lach.*, *Rhus-t.*, or *Gels.*—E. W.

Consider *Lach.* in flooding at the climacteric, also *Aur.* in pre-cancerous flowing.—BURNETT.

In hot flashes do not forget *Kali-bi.*, *Urt.*, and *Ferr.*

For gouty symptoms in women at the menopause, study *Bursa-past.*, and *Puls.*—BURNETT.

In sex difficulties of women at the mid-century *Med.* or *Syph.*; or, if spasms are present and the patient wakes in the night with lascivious thoughts, consider *Lyss.*

In arthritis which has been progressive from the great toe upward and is better from cold, look up *Led.*—C. D. M.

*Calad.* is most valuable in vulvar pruritus.—E. W.

In cases with few symptoms and a marked modality "better lying down," especially in dizziness or flushes, study *Mang-ac.*—G. B.

Complaints which rouse the patient from sleep are often calling for *Med.* and not always for one of the ophidia.

In all cases of retracted nipple in young women suspect latent ovarian disease.

Remember that in whooping cough *Dros.* has a puffy face as well as *Kali-c.*

Drugs often appear to cease their action periodically. Wait! They will often resume and you would only spoil your case by repeating or in any way interfering.

In recording the remedies and potencies given to cases add: Skinner, Fincke, Swan, B. and T., etc., as may be.

Remember that although *Nit-ac.* is a chilly remedy, it is averse to heat and does poorly in a warm climate.

In cases of temper in children, think of *Stram.* and *Lyc.*

Don't forget *Oxalic acid* in backache, better lying down.

*Verat.* has sticky head sweat.

Burnett says he has cured fully half his left-sided sciaticas with *Med.* especially if the patient has acid mouth and filthy tongue early in the morning.

For patients whose only symptom is waking early in the morning and being unable to go to sleep again, think not only of *Sulph.* but also of *Bellis per.*

For the dizziness of cerebral stasis in old people, think of *Bellis per.*

The inherited syphilitic miasm makes people short and ugly, while the inherited sycotic miasm makes them fat. Inherited tubercular diathesis makes them tall and often of a translucent beauty. Always suspect an alabaster complexion of being latently if not blatantly tubercular.—E. W.

### Certain Clinical Symptoms.

Our remedies often remove symptoms which have not appeared in the pathogenesis but have been noted as clinical symptoms in the materia medica or literature. Such symptoms often supervene a condition produced by the drug and are removed only after the symptoms produced in the pathogenesis are removed. Therefore they are credited as clinical symptoms of that particular remedy which removes their base. There is no valid reason why such clinical symptoms should be discredited or expurgated from the materia medica merely because they have not been pathogenetically produced. They often point to the right remedy when the pathogenetic symptoms are masked.—A. P.

### Times of Remedies.

There has been much confusion as to the times of remedies since the changing of clocks to meet the various needs. All or most of our remedies were proved and recorded on sun time. Remedies recently proven should be recorded on sun time or otherwise designated if we are to be accurate and avoid making mistakes in prescribing.—A. P.

### Take the Elevator.

The paragrapher of the Toledo Times says: "Moving in a circle isn't the way to get ahead even though you may move in the best of circles." How applicable this is to the "progress" of modern medicine. Tell it to Fishbein.—A. P.

### Education.

" 'Tis education forms the common mind; just as the twig is bent the tree's inclined." Josh Billings said: "It is better not tew no tew much than to no tew much that ain't so." What a beautiful and beneficent thing modern medicine would be if its espousers knew more of what is so and not so much that is NOT so. This applies also to the majority of our "modern" homœopaths. What they lack in knowledge they more than make up in egotism. In fact we all presume too much and KNOW TOO LITTLE.—A. P.

Dr. A. A. P. writes that his last four lying-in multiparae have been kept free from after-pains by instructing the nurse to compress the fundus frequently, thus preventing the formation of clots and keeping the uterus contracted.

He carries a little bottle of dental floss as handiest, stout and clean, for ligating the cord.

*"Die Milde Macht ist Gross."*

An eight-year-old boy had injured the palmar surface of his left hand at the base of the second finger. It pained severely, shooting to the left axilla and located there; over the seat of the injury was a swelling about the size of a large hazelnut. For three days the pain increased steadily but without fever or discoloration. Believing the nerve injured the boy was given *Hypericum* but during the next three days the lump became purple, fever rose and the boy became quite languid. He was given *Lachesis* 1M., 1d. Before he got home the pain had entirely disappeared, the purple color rapidly disappeared, the lump rapidly diminished and the boy is now normal and full of life.—A. P.

## EDITORIAL.

### THE BABIES' HOMŒOPATHIC ESPERANTO.

Homœopathy can do some of its most brilliant work with babies and other animals, yet these cases can give you no vivid history and picturesque roster of symptoms. The "language of the patient" is not a spoken one. To be sure the anxious mother will deluge you with comments. Give her the same silent attention that you would render an important adult chronic in your office. When she has finished, you *may* already have the scaffolding of your case but what concerns us here is those instances in which her story is of little avail. Often she will merely tell you the textbook symptoms of a disease. If she is not used to homœopathic treatment you must educate her to watch for modalities. If the case needs a remedy immediately, try out your modalities: open the window so that a draft blows on the baby. If it coughs,

you have learned something. If it stops coughing and breathes easier, you would never give it *Rumex*. Uncover it or pile clothing on it to see if it kicks it off; bolster up its head or remove its pillow and watch the signs of discomfort or relief. Turn a bright light on it or shade it from the glare and observe. Give it a drink of water, cold then hot, and note its refusal or avidity; its coughing or its relief; its vomiting; its choking, etc. Pick it up and walk it up and down slowly or fast; touch it and jar its crib; lay it first on one side and then on the other, then on its stomach, and note relief or aggravation. Give it something sour (if, unlike most babies, it drinks it eagerly, think of *Hepar* or *Pulsatilla*). Slam the door to see whether noise aggravates. Nothing is so important as these modalities.

Next inquire carefully into the circumstances just prior to the illness of your baby. What was the role of fright, punishment, anger, wetting, chill, wind, food, foreign bodies in the onset? Was the onset sudden or gradual? Go to see your baby on your next visit at the time the mother tells you it is most aggravated.

Use your eyes. Has the baby one red cheek and the other pale; one hot foot and the other cold? Is its pillow yellow with sweat or its socks drenched? Does it drool? Are its orifices red? Is it puffy over the eyes or white about the mouth? Does it chew like a ruminant or burrow its head in the pillow or arch its back or clench its fists thumbs in; look at all its discharges; listen to it in attacks of coughing, belching, etc.; observe its colic. Note its tongue. Note its attitude towards you and toward the approach of anyone it is usually fond of. Sit and watch it, relaxed, with receptive mind.

If still you see no picture of the remedy, give it *Sac. lac.* and come again soon.

If it is a chronic case without many symptoms, study the parents, particularly the mother. Question her about her pregnancy and its symptoms and the symptoms of lactation. The baby may need what she needed then. Question the mother particularly about suppressed eruptions, suppressed sweat and previous medication. After all of this, you should be ready to *begin* to prescribe!—E. W.

## "IRRITANT THERAPY," II.

In an editorial in the *Recorder* for May, 1928, we noted with pleasure the acceptance by a non-homœopathic journal, *The Medical Press & Circular*, of the first of a series of articles on homœopathy by Dr. H. B. Blunt, entitled "Irritant Therapy." The second of these on page 346 of the issue of April 25th contains a brief and lucid epitome of the fundamental action of our remedies as follows:

The suitable irritant provokes or calls for a response from the system . . . the part of the system where disease cause lies is the deranged vital force or life principle. This vital force is a dynamic energy, that is, energy without substance . . . vital force is immaterial and can only be affected fully by remedies reduced to the same immaterial plane, [raised to the immaterial plane—Ed.] to which crude substances cannot penetrate, though undoubtedly some emanations from them can find their way to the lower planes of the vital force, and act surface deep.

In the issue of May 16th Dr. Blunt quotes from Professor Bier on isopathy and its value in certain acute cases where the homœopathic *similimum* cannot be found. Dr. Bier states, however, that the *similimum* succeeds better in acute cases than the isopathic remedy and in chronic cases its sphere is almost boundless, whereas isopathy is practically helpless.

In the issue of June 6th Dr. Blunt concludes his series on irritant therapy by observations on the relation of such remedies as quinine, mercury, chalk, arsenic as used in the old school to irritant therapy. He brings out the fact that quicksilver in very large doses is inert and so is chalk, yet the two finely triturated together form a very powerfully acting substance in the form of hydragyrum cum creta. Dr. Blunt further brings out the interesting fact that if a list were made of the chief pathogenetic symptoms of mercury, any medical man would suspect syphilis before he was half way through the list. Dr. Blunt concludes his series by saying that irritant therapy is but another name for homœopathy.—

E. W.

\* \* \* \* \*

## RULES FOR CONTRIBUTORS.

In the interest of uniformity, clearness, and economy, the editorial board has adopted the following typographical and bibliographical conventions. The editors would greatly appreciate

the cooperation of the contributors in these simple matters of form.

## A. Manuscript:

1. All manuscripts should be submitted in duplicate, typewritten on one side only of standard-size paper (8¼" x 11") and double-spaced.
2. 1¼" margins should be left on all four sides. (A line of this length will make a line in the *Recorder*.)
3. Particular attention should be paid to the alignment of all tabulations, such as columns of symptoms.
4. Quotations of over five or six typewritten lines should be single-spaced, in separate paragraphs, without quotation marks.
5. The *Concise Oxford Dictionary* will be taken by the editors as the orthographic authority. Diphthongs will be used, as in homœopathy, hæmorrhage, anæmia, diarrhœa, etc.

## B. Bibliography:

In the citation of references, the order of bibliographical items should be as follows:

1. Author's name, preceded by initials and followed by a comma.
2. Title (underscored if of a book or periodical; in quotes if of an article or chapter, followed by a comma).
3. Edition, followed by a comma.
4. Place of publication, followed by a colon.
5. Name of publisher, followed by a comma.
6. Year of publication.
7. Reference to volume (large Roman numerals without preceding "Vol." or "V.") and page (or column).

Items 3 to 6 should be placed in parentheses.

For example:

J. T. Kent, *New Remedies* (1st. ed., Chicago: Ehrhart & Karl, 1926), I, 255.

E. Underhill, Jr., "Diphtheria", *The Homœopathic Recorder*, XLIII, (1928), 244.

Where the reference includes the number of the volume, the abbreviation "p." or "col." should be omitted.

Upon first reference title should be given amply; in succeeding references a conventional or easily intelligible abbreviation may be employed.

The citation of authorities or of related material will increase the value of many articles, and the editors will welcome, on behalf of the readers, corroborative bibliographical references.

All such references should be verified in the completed manuscript before it is submitted for publication.

The variety of homœopathic terminology in the different articles and journals has been confusing to our readers, and has caused actual errors in prescribing. The editors have, therefore, with the collaboration of some of our veteran homœopathic physicians, prepared a standardized list of the names and abbreviations of our remedies, for use in *The Homœopathic Recorder*. This list has been compiled from a comparative study of such classical homœopathic authorities as Kent, Hering, Clarke, and Allen, with reference to botanical sources such as Millspaugh. The Latin forms have been adhered to with the exception of certain terms derived from the Greek.

All homœopathic remedies should be written in full the first time they are mentioned, and the standard abbreviation used subsequently. They should be underscored once in typewritten manuscript, including titles. (Names of remedies not used homœopathically should *not* be underscored). There are two exceptions to this rule: First, in repertory lists where the remedies are graded; second, in an article on a single drug where it is mentioned repeatedly.

For the sake of uniformity it is suggested that the potencies be written 30x, 200c, 1M, 10M, 50M, CM (instead of 30th, 200th, 1000th) and followed by the source, i. e., 40M (Fincke).

## COMMUNICATIONS.

The Editors assume no responsibility for the views or opinions of this department.

DEAR EDITOR:

In the April issue, page 209, a correspondent remarked that he had found "the snake venoms practically useless in potencies lower than the 30x." I have used *Cenchrus* 6x (B. & T.) in chronic ulceration of the ear every now and then with very good results; and *Cobra* 6x once, in my hands, saved a cholera patient from the grave after the failure of saline injections; and *Lachesis* 6x (Lentys) showed effects in my hands. I have no superstition against the higher dilutions. In fact, I usually use higher potencies.

J. N. SARKAR, M. D.,  
Krishnagar, P. O., Nodia, Bengal, India.

*Editor of the Homœopathic Recorder.*

DEAR EDITOR:

We object to the use of the term allopathic for our non-homœopathic colleagues on the ground of its being a sectarian term and also because the run of doctors resent being classed as "-paths." We have been trying to devise a better term. "Non-homœopathic" seems cumbersome. "Orthodox" is inaccurate for no one is more fundamentalist than a dyed-in-the-wool homœopath. One can not say "regular" for that would imply that homœopathy was irregular, which is a slur. The same objection applies to the term "scientific," for we homœopaths should be more scientific in the true sense than current science. "Current medicine" suggests that homœopathy is not in the running, "majority medicine" is a clumsy term and inexpressive. "Organized" is not exact as a differentiation for nothing could be better organized than the American Institute of Homœopathy under its new manager. The expressions "the dominant school" or "usual medicine" are relatively innocuous. Our wit is exhausted. What can any of your readers suggest?

E. B. LYLE, Brookline, Mass.

*Editor of the Homœopathic Recorder.*

We learn from the *Medical Journal and Record* of February 15, 1928, via the Clinician published by the Rio Chemical Company of New York City of the new treatment for general paresis. It is not so new as this pamphlet would lead us to think as it has been used for at least four years. It was originated by Dr. Julius Wagner-Jauregg of Vienna. For this epoch-making discovery he received the Nobel prize for 1927.

Take a paretic and inject him with the blood of a malarial patient. Let him have chills and fever for a few days and "then he is treated vigorously with quinine in order to cure the malaria". How's that for science? At least 50% have shown favorable results the report states. We wonder if the men who go about their work so circuitously are capable of recognizing a favorable result.

Its analogy might be drawn in a defect in an electrical circuit. Instead of replacing the defective part, say a wire, the electrician merely twists the broken ends together and lets the current run through for a few days. He knows such a repair is undesirable and dangerous and then he must come back and solder the wire together for a more permanent holding. But even this is not sufficient for in time that wire must be replaced. What we stand for in medicine we would not tolerate from the electrician. The latter must have sense at once to do radical work.

After the Rockefeller Institute has rid the world of malaria what will the paretics do then, poor devils? Why all this expenditure on preventive medicine when we must keep diseases to cure (?) other diseases? Some day some one will discover the beneficence of small-pox, diphtheria and the like. Was Hahnemann so far off in his theory of two diseases occurring simultaneously in a person? Are those who claim the acute miasms as beneficial so far wrong?

The sad part with the paretic treatment is that this is the result: Patient plus syphilis plus malaria plus a quinine miasm.

For such, men receive the Nobel prize. It should be the "All-bull Prize."  
DAYTON T. PULFORD, M. D.

## ERRATA.

In regard to the proving of *Adaxukah* in the January *Recorder* the author has since discovered that *Adaxukah* is not a single vegetable substance but a patented herbal mixture. This does not, however, vitiate the proving. Any substance, however complex, may be a remedy when it is "proved." In fact, it would be very valuable to have provings of a great many mixed and patented substances.

In the *Recorder*, Vol. XLIII, No. 9, Sept., 1928, page 581, "In Spanish" should read "In Portuguese." Our editorial apologies to our colleagues in Brazil.

In the same issue, page 584, in the abstract of the article on cataracts "*Nat-am.* and *Nat-p.*" should read "*Nat-am-phos.*" this being "*Natrum ammoniacicum phosphoricum,*" which is ammonio-phosphate of soda.

In the same issue on page 539 "*Arg., Nitr.,*" should read "*Arg-nitr.*"

Please turn back and correct these errors to prevent the wrong use of remedies.

## CARRIWITCHETS.

Sit Down, Doctor, and Write Us Your Answers to These Questions.  
It Will Only Take Five Minutes.

*First Question*—How do you account for certain drugs being used by "allopaths" and homœopaths on the same symptoms? For instance, glonoin, ferrum, ammonium chloride, etc.—E. B. L.

*Second Question*—Will someone who has both mercy and genius please suggest a substitute for the phrase "taking the case?"—R. E. S. H.

*Third Question*—If you gave a drug according to the law of *contraries* in high potency what effect would it have?—Ed.

*Fourth Question*—If, as the low potency men claim, a crude remedy when similar, will work, why won't lime water act in marasmic babies as a remedy (in those whose symptoms call for

*Calc.*) as well as a low potency of *Calc.*? If this is too inert a remedy to serve as an example take K. I. or crude sulphur as examples instead.—M. N.

*Fifth Question*—If you have given the *similimum* and during an aggravation wrongly give another remedy partially similar, will it spoil the action of the *similimum*? And if so, dare you repeat the *similimum*?—L. W.

*Sixth Question*—Can anyone suggest a remedy for menstrual pain, steady, located under the navel, relieved only and markedly by sitting on the toilet? Pressure sitting in a chair and moving the bowels do not relieve.—E. W.

*Seventh Question*—Can anyone tell us for what remedy "*Forfa.*" is the abbreviation?—Ed.

*Eighth Question*—Can you give me a list of books on homœopathic remedies in children's diseases?—R. S.

#### ANSWERS TO QUESTIONS IN OCTOBER ISSUE.

*First Question*—*Nux-vom.* 30X—S. P. R.

*Third and Fourth Questions*—Old cardiac cases, with decompensation, especially with a fibrillating heart, offer the hardest problems for strict homœopathic prescribing. Such cases are usually incurable, which makes any therapy only palliative. In some cases, satisfactory results are obtained over a long period of years by straight homœopathic prescribing.

When a patient has had digitalis for a long time, in my practice I stop it and prescribe as closely as I can. If, after careful prescribing, œdema returns or dyspnœa becomes severe, I go back to digitalis for a short time and then stop it and do the best I can with straight homœopathic prescribing. I have never attempted to prescribe homœopathically while the patient is taking digitalis. Severe auricular fibrillation at times thwarts the best efforts of the homœopathic prescriber. The pathology masks exact indications and a palliative may have to be given, in which case digitalis is probably the best remedy.

Certain hygienic measures aid in the care of these cases and may help one to help the patient through very severe symptoms, without resort to toxic medication. The Karel diet, consisting of four glasses of milk in the twenty-four hours, and no other food or drink, is helpful in taking care of œdema. I have found a diet of milk and fruit to be useful at times.

Sometimes, digitalis tincture, ten drops in half a glass of water, and given in repeated teaspoonful-doses every few hours, will act satisfactorily. In such cases, digitalis is fairly close to the *similimum*. Where it is less similar, it has to be given in larger doses.

*Arsenicum*, *Phosphorus*, *Kali-carb.*, *Calc-fluor.*, are sometimes indicated. The most help comes from the remedy that covers the starting-point of the disease. Obtain a symptom-picture, if possible, of past acute illnesses, especially of the one directly associated with the heart involvement. Remember, the true picture of a chronic disease is the picture of all the diseases that the patient has ever had. Forget remedies for heart conditions and find one that covers the whole course of the disease and wonders can be accomplished even in fairly advanced cases.—G. B. STEARNS.

*Fourth Question*—Other symptoms agreeing, *Pulsatilla* ought to help.—S. P. R.

*Fifth Question*—Try *Kali-carb.*—S. P. R.

#### ANSWERS TO QUESTION IN NOVEMBER ISSUE.

—Hahnemann's writings elsewhere speak of the one dose at long intervals and by long intervals in chronic cases it is shown that he meant weeks and perhaps months according to the case. His criterion he expresses in the quotation. The explanation of the rest of the quotation lies in *Sepia* itself. In looking over the symptoms of *Sepia* we see that it has been, or might have been, used in almost every disease to which flesh is heir. Remembering that chronic diseases are made up, in most part, by the suppression of other diseases, and that in the cure of a chronic disease these suppressed symptoms must come to the surface, it looks as though Hahnemann were telling us that, in the unraveling of

a case, when a dose of *Sepia* ceases to act and symptoms have appeared—although they may not be the original symptoms for which *Sepia* was given—*Sepia* will still be homœopathic to the case and will again take up the work of a cure.

I wish someone else would explain this, giving a better explanation.—F. E. GLADWIN.

—*Sepia* because of its depth of action, should not be repeated except at long intervals, and then only if indicated by the totality of symptoms. This covers the statement in Bigel's translation, all of which has been verified by repeated and most careful experience.—G. E. DIENST.

—In the first paragraph quoted from Bigel's translation, considered by itself there would seem to be no ambiguity in Hahnemann's statement, and this is the time-tested method used by the best prescribers, certainly by most of the old masters.

Regarding the special reference to the repetition of *Sepia*, I do not see just why Hahnemann felt constrained to particularize in respect to this remedy as he has done in the two paragraphs cited. Nor do I see that any difference in procedure is really necessary with *Sepia* from that employed for other antipsorics.—E. UNDERHILL, JR.

—The *Organon and Chronic Diseases* have many of these thoughts and statements not in accord with the generals of the doctrines, but it is the generals which should rule. Hahnemann had no series of infinite degrees of potencies with which to work, and this, of course, limited him in his repetitions, so far as getting any curative action from many doses. Law and common sense tell us that while a case is gaining you should let it alone, no matter how long the gain continues. Law and reason tell us to try again the remedy which has helped, when improvement ceases. This applies as well to every other remedy in the materia medica as to *Sepia*. We don't need any light thrown on the repetition of *Sepia* any more than any other remedy, for we have the bright light of all the general doctrines to guide it—and a little horse sense to boot.—F. S. KEITH.

—Regarding *Sepia*, the quotations from the different translations of Hahnemann's chronic diseases are not quite clear. I would prefer that Boger or someone like him answer this question.

My impression is that when the statements were originally made, there was not the range of potencies that we have today and that *Sepia*, covering as it does such a multitude of symptoms, would arouse a reaction when repeated in the same potency several times. We all know how frequently *Sepia* stands very high in repertorial analysis. I have not observed *Sepia* to be any different from any other remedy.

If the remedy covers the case, it can be repeated in different potencies several times but care should be taken that the repetitions are not too frequent.

I was told by the late Edmund Carleton that *Calc-carb.* should never be repeated. Dr. Erastus Case, commenting on that teaching, said that he never hesitated to repeat *Calc-carb.*, although the repetition might not be for six months or a year.

I think the quotations should be interpreted in the light of the accumulated experience of the best prescribers since Hahnemann's time, which would place *Sepia* in the same field as regards repetition as any other remedy covering a chronic condition.—G. B. STEARNS.

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From the History of Medicine: Rademacher and His Empiricism. His School. Its Relation to Homœopathy—I W. Held, Ph. D., Leipzig. ....	374
<i>Physique and Character</i> : This article gives a resume of the history of brain localization from the earliest days through the work of Gall, the phrenologist, to the present time. The author asks the provocative question: May not brain localization be a myth as well as the previous hypotheses of liver, lung and blood localization for the seat of the soul and character? He discusses Carus' <i>Symbolik der Menschlichen Gestalt</i> and Kretschmer's <i>Körperbau</i> and Klages' <i>Physiognomik der Ausdrucksbewegungen</i> . His thesis is that interesting as are all these different hypotheses, we must regard the body as a living whole: " <i>Der Leib ist ein beseehtes Ganzes.</i> "	
<i>Diseases of the Tonsil and their Bearing on Constitutional Diseases—I</i> : This is a very sane general article, stressing the value of early diag- nosis especially in infectious diseases. One of the best ways to catch illness at its inception, the author feels, is by examination of the throat, especially the tonsils, as these are the sentinels on guard at the entrance to the body. If there is any trouble, they show it early. He does not advise their removal. On the contrary he feels that they are vitaly needed as indices to the general health. He recommends their care and hygiene and the instant adoption of general hygienic mea- sures when they show any warning symptoms. In these days of ton- sil panic this is a refreshing and much needed point of view.	
<i>The Distended Stomach and Nux Vomica</i> : Dr. Scholta has coined the term " tympanic stomach" to cover a syndrome with the following symptoms:	
1. The distension of the stomach, especially the scrobiculus cordis with pushing up of the diaphragm and rigidity of the stom- ach, causing delayed peristalsis.	
2. Cardiac troubles with displacement of the apex up and to the left, with pressure symptoms.	

3. Corona vascularis in the diaphragmatic region.
4. Enlarged liver and venous stasis with flaring of the lower ribs.
5. Oppression of breathing.
6. Rigidity of the abdominal muscles with cramps at stool.
7. Pain in the thoracic aorta (which may go down the left arm  
such as appears in arteriosclerosis and aneurysm).

These symptoms, he claims are very similar to those of *Nux vomica*, and this syndrome responds brilliantly to its use. He would suggest studying *Nux vomica* in any vague condition, and in heart troubles, as he considers it near to digitalis in importance for these conditions. He suggests it in low potencies for action on the weak heart, and higher for spasmodic states.

### LEIPZIGER POPULARE ZEITSCHRIFT für HOMŒOPATHIE

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<i>From Carbon</i> : The medicinal substance which we meet most in homœopa- thy and under the most varied forms is carbon, says Dr. Staffelstein. It is an ingredient of all organic substances in the animal and vege- table kingdoms; also, as carbonic acid and as combinations of this with calcium and magnesium in rocks, it is ubiquitous. Two allotro- pic forms of pure carbon, <i>vis</i> : the diamond, <i>Adamas</i> , and graphite are used as homœopathic remedies. He mentions an amorphous form of carbon which is to be found in peat, lignite, anthracite and pit-coal, the anthracite form being used as a remedy. Furthermore, there is lamp black ( <i>Fuligo splendens</i> in homœopathy). In addition to <i>Carbo- an.</i> and <i>Carbo-veg.</i> he mentions <i>Carbo carnis</i> which is made from calves' flesh. He includes among the carbons the two roasted reme- dies <i>Spongia tosta</i> and <i>Coffea tosta</i> claiming that in <i>Spongia</i> the carbon element is strong as well as the iodine factor while in <i>Coffea</i> the coffee predominates largely over the carbon. It is, however, highly suggestive to group these two substances with the carbons. We hope that Dr. Staffelstein will give other articles on the grouping of reme- dies in accordance with their chemistry. He does not mention <i>Car-</i>	

*boneum sulphuratum* nor *Carboneum oxygenisatum* nor *Carboneum hydrogenisatum*. He arranges the nine remedies which he discusses, as follows:

Mineral:	Animal:	Vegetable:
1. <i>Graphites</i>	<i>Spongia</i>	<i>Carbo vegetabilis</i>
2. <i>Anthracinum</i>	<i>Carbo animalis</i>	<i>Fuligo splendens</i>
3. <i>Adamas</i>	<i>Carbo carnis</i>	<i>Coffea tosta</i>

He points out that the first remedy in each of the kingdoms appears as one of the sixty most useful remedies according to Hahnemann. The article concludes with a summary of the diseased conditions in which the first remedies are employed.

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**PACIFIC COAST JOURNAL OF HOMŒOPATHY,  
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*Some of My Experiences with Homœopathic Treatment of Diseases Peculiar to Women S. H. Aurand, M. D., Los Angeles, Cal.....	306

*Acidosis in Infancy and Childhood:* In this interesting article Dr. Boericke first gives a picture of the sick child as seen on entering the room. This is followed by the etiology, prognosis, and symptomology. Under treatment the usual methods are given, including diet, gastric lavage, orange juice, saline solution for dehydration followed by 10% glucose solution, alkali treatment and removal of any apparent causes of the disease. The following homœopathic remedies with their indications are mentioned: *Phosphoric acid:* Patient presents characteristic acid debility, has grown too fast, has been overtaxed by studies, or is convalescent from a recent illness. This child is apathetic, confused, has blue circles around eyes, distress in the abdomen and pain in the eyeballs. There is rumbling and distension, watery, involuntary, painless diarrhœa with much gas; irritability of the bladder with frequent micturition especially at night, phosphaturia; vomiting and retching following all food or drink, with flatus, nothing retained by the stomach, tongue dry, swollen, burning; very thirsty; craves something refreshing, juicy, cold milk. Sour food causes flatulence. *Ipecac.:* This child has constant nausea and painless vomiting. Liquids are vomited as soon as taken yet child is thirsty. Tongue is clean, mouth moist, salivation profuse, sweating marked. Bronchitis and constriction in the chest are frequent. Often there is bright red epistaxis. Frequently the child complains of abdominal pain and cramps centered at the navel, this is accompanied by flatulence and loose stools. *Phosphorus:* Thirst for cold water and food which is ejected as soon as it becomes warm in the stomach. Painful vomiting with bloody mucus; tongue dry, swollen, red and burning; food regurgitated without nausea. Severe pain in stomach. A glance at the child often leads to *Phosphorus;* frail, slender, narrow chested, sanguine disposition. Fair, delicate skin with long silken eyelashes, quick perception, nervous debility, trembling, weakness and prostration characterize this child. *Cuprum arsenicosum:* Violent gastro-enteritis, pernicious vomiting, retching, cramps, even convulsions, violent abdominal pain, cold, clammy perspiration, utter prostration. *Mercurius dulcis:* Flabby ill-nourished children with swollen glands, pale, bloated, flaccid. There may be catarrhal otitis undermining the health. Stool loose, frequent, scanty, with much griping; tenesmus, excoriation of the anus; mucus, blood and bile in the stool; breath and perspiration offensive; tongue thickly coated, mapped, moist; child worse at night, worse from perspiration, always hungry and thirsty for cold drinks which are not tolerated.

*Some of My Experiences with Homœopathic Treatment of Diseases Peculiar to Women:* Dr. Aurand bases his paper on forty years of personal experience. The following drugs and their indications are mentioned: *Aconite:* Disordered, delayed, suppressed menstruation caused by nervous excitement, fear, fright, shock or exposure to cold chilly winds. Typical symptoms of the drug. *Belladonna:* A splendid remedy for certain cases of ovarian and uterine congestion, hemorrhage, neuralgia and general pelvic weakness. Symptoms of the drug characteristic. *Calcarea carbonica:* Very useful in the pregnant state when the mother's calcium metabolism is overtaxed. She suffers from rheumatic aches and pains; cold, damp feet; disturbed digestion; craving for indigestible things such as chalk, coal, pencil, eggs, salt and sweets. She feels uncomfortably chilly, has cramps in the legs, her body puffs, her lips and face swell, and she suffers much with neuralgia and toothache. Cold and dampness aggravate her symptoms and dry warmth relieves them. Also during the climacteric this

drug is very useful. Added to the above symptoms are mental disturbance; profuse menstruation; itching of the surface, especially about the genitalia; cold knees, and general nervous and physical debility. *Caulophyllum*: Aches and pains of the small joints. Useful in obstetrics for all primiparæ, and multiparæ with difficult labor. A real ovario-uterine tonic. A valuable remedy in painful menstruation, habitual abortion, miscarriage, menorrhagia and metrorrhagia. *Cimicifuga*: The author has used this drug in some cases of headache with the following symptoms: gloomy, hysterical disposition; bruised, sore pain; irritable brain, brain feels too large for skull, pressure on top of head. In lumbago in women, *Cimicifuga* is a "sheet-anchor," when the characteristic symptoms are present—some of the above mental or head symptoms, choreic symptoms, jerking, trembling or cramping of muscles, symptoms aggravated by cold and pressure. In pregnancy, when the patient is irritable and sad, and complains of rheumatic pains and aches especially of the lower abdomen and pelvic regions, relief follows the administration of the drug. It is very useful also in threatened abortion, after-pains, irregular menstruation; irregularity of menses in young irritable, despondent girls, and at the climacteric when the symptoms are similar to those above mentioned. *Gelsemium* cured a woman in labor with a severe case of influenza during the epidemic. *Hydrastis can.*: In scrofulous or bilious individuals who suffer with poor digestion and constipation, with uterine difficulties; in erosion or ulceration of the cervix; bloody, mucous discharge; copious menstruation or menorrhagia; and much acrid, corroding, shreddy, tenacious leucorrhœa, this remedy is extremely valuable. *Ipecacuanha* is useful in hæmorrhage from the uterus when there is bright red trickling blood associated with nausea, vomiting, and sometimes cough, dyspnoea or other respiratory difficulties. *Pulsatilla*: The mild, gentle, yielding disposition with tears ready to flow at the slightest provocation; the bland, yellowish mucous discharge, together with the debilitated ovario-uterine function, are valuable guiding key-note leaders. The author adds that it works equally well in the dark-eyed brunette type.

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## LIST OF JOURNALS ABSTRACTED IN CURRENT HOMŒOPATHIC PERIODICAL DEPARTMENT.

JULY-DECEMBER, INCLUSIVE, 1928.

- Allgemeine Homöopathische Zeitung*—Editor: H. Wapler, M. D., Leipzig; Publisher: W. Schwabe, M. D., Quertrasse 5, Leipzig O 29, Germany. (Occasional numbers—in German)
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The abbreviations used to explain in what department the matter indexed appears are as follows: "ab.", abstract; "b. rev.", book review; "com.", communication; "dis.", discussion; "ed.", editorial; "pt.", pointer; "Q.", carriwitchet; star "\*", original article.

One should look for the subject word with the following exceptions: "Book reviews" and "Society proceedings" are indexed under these titles. Matter pertaining to the *Recorder* is indexed as part of the I. H. A. under "Society proceedings".

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