

THE WORLD'S PRESENT-DAY NEED OF HOMŒOPATHY

DR. TUINZING, HOLLAND

I suppose that in this company a high percentage will be well acquainted with the work of Charles Dickens, and particularly his *Pickwick Papers*. Perhaps you will remember the journey of the Pickwick Club to Rochester, during which journey they met the stranger, Mr. Jingle. And how Mr. Tupman and the stranger ended the day at a charity ball at the Bull Inn in the High Street, during which ball Mr. Jingle succeeded in offending Dr. Slammer, of the famous 97th Regiment Hussars so badly, that our colleague drew his card to invite Mr. Jingle to a duel. He shouted: "My name is Slammer, Sir, Doctor Slammer, 97th Regiment, Chatham Barracks. Here is my card, Sir." To which Mr. Jingle replied: "Ah, Slammer—much obliged—polite attention—not ill now, Slammer—but when I am—knock you up."

The moment I saw in the programme that the theme of the Congress would be "The World's Present Day Need of Homœopathy" this scene came to my mind, and after writing out the words of this theme, starting to prepare my paper, I could not help taking my volume of the *Pickwick Papers* from the shelf to re-read the scene and to quote it properly for you.

By which internal connection I saw our Theme and the furious Dr. Slammer under the same angle, and the unmoved Mr. Jingle in the place of the world to which we address ourselves, especially if we are supposed to address ourselves during this Quinquennial Congress to the professional, non-homœopathic world. I fear that: much obliged—not in need now—will be the answer to our challenge. When we proceed to read the scene in Dickens' book we hear Dr. Slammer say: "You shall hear from me in the morning, Sir, I shall find you out!" To which the cool Mr. Jingle answers: "Rather you found me out than found me at home."

And, as far as this parallel goes we must try now to find

our adversary at home, and then speak with him about the theme of this Congress.

The first international Homœopathic Congress I visited was in this same City of London, where in 1911 the eighth quinquennial international homœopathic congress was held.

Forty-five years have passed since then, and I cannot see that there has been much change in Homœopathy during that time. The law of similars guides it just as it had already for a century and a half, and the best of her followers are more and more conscious that to practise Homœopathy successfully, the first rule is to apply exactly the rules of its founder. This first principle, well applied, has given us a big quantity of clinical facts and has been promoted by valuable provings of new medicines, a work in which the British Faculty of Homœopathy has distinguished itself under the eminent leadership of Dr. Lees Templeton. And new discoveries in physics have enabled the late Dr. Boyd and Boiron and Gay to prove that our potencies are not simple dilutions but contain new active elements. There has, therefore, been no stand-still in the practical use nor in the scientific state of Homœopathy and in the meantime nothing is brought forward to overturn its principles. This static position of Homœopathy is in fact our pride. It shows Hahnemann's discovery was a complete one, it enables us to carry on in the way he showed us, it is our pride that in our science things that were true fifty years ago, are as true in the present day.

But, when we suppose that we find our adversary at home and can have with him a quiet conversation on the subject that is the general theme of this Congress he will probably not congratulate us with the static position of Homœopathy during the last half-century.

He will tell us that if perhaps fifty years ago there happened to be some need for Homœopathy in the world this has completely disappeared now. The highly developed diagnostic skill makes it quite unnecessary to give any care to the patient's subjective symptoms.

The sulfas, antibiotics and hormones have proved to be therapeutic agents that can cure diseases that formerly were out of reach of any therapy and that those diseases that cannot

be cured by them are in reach now of surgery, well equipped with modern anæsthetics, hibernation, ganglion-blocking, and artificial heart, able to perform operations which even twenty years ago would have seemed impossible.

During the time that our adversary gives us this paraphrase of the broken sentences : much obliged—not in need now—we will be wise to keep a polite silence. But when he has finished his speech we might remark that the sulfas after their victorious start have met with the fact that many micro-organisms developed refractoriness against their action, and in the meantime showed the disadvantage that their toxic effects were not as rare as was said to be the case at the time of their introduction.

I personally remember a patient who reacted on the administration of a single tabloid with temperatures up to 102° F., i.e. 39° C. And that the application of antibiotics also meets more and more cases of refractory infectious affections and that they often, too, cause unexpected complications. Nobody will deny that both, antibiotics and sulfa drugs enable the physician to cure cases which, before their introduction in practice, had a bad prognosis. But the amount of advertisements reaching our desks every day announcing a new antibiotic or a new sulfa with a patent name, fantastic and hard to recollect, is the best proof that the introduction of these drugs is not such a success that need for another method of curing is wiped away. And in the treatment with hormones one can admit that they can be a mighty help as a substitute, when there is a deficiency in their natural production by the patient's own glands, but that the range of cases really cured by their administration is rather limited.

As an illustration of our reason to speak in this way any one of us could mention cases he had seen and cured which came to him after having followed the best modern treatment available without benefit. For my part I can quote for you some patients I saw after regular treatment had failed.

There was a man who entered my consulting room in December, 1944. Some fifteen years previously I had seen him for a subacute gastroenteritis which had disappeared in a few

weeks under the administration of *Ars. alb.* During the time he was under my observation he had asked me to examine also his eyes. There was a slight myopia of 2.5 D and his eyes were for the rest very normal. The correction with glasses of —2.5 was complete and the ophthalmoscope showed a healthy fundus oculi.

This time, in December, 1944, he came to see me about his eyes. He used the same glasses I had prescribed fifteen years ago, but his visual acuity had gone down in the right eye to 1/60 and in the left to 2/60 no correction with glasses. The ophthalmoscope showed a marked atrophy of the nervous opticus in both eyes.

His history was, that during two years his visual acuity had gradually declined. He was examined by an ophthalmologist, who had sent him to a rhinolaryngologist who could not find any sinusitis; he was then seen by a neurologist who had made a lumbar puncture and a cisternal puncture, but could not find any signs or symptoms of meningitis. So he stayed under the ophthalmologist's observation, but his visual acuity became less and less so at last he had thought of the first optical examination I had made so many years ago and came with the usual bland question the public poses: if I could prescribe him better glasses.

Of course I had to tell him that this was not possible, but that I had to examine him fully. There were some gingivitis and decaying teeth, but the further gastro-intestinal tract, nor the circulatory apparatus, nor the nervous system showed marked abnormalities and the urine had no pathological contents. Arterial pressure and reflexes were normal. Wassermann and Kahn reactions were negative. There had been no abuse of alcohol or tobacco. So we proceeded to the usual conversation to find subjective symptoms.

There was a marked craving for sweets, which explained the gingivitis and decaying teeth. There was a sleeplessness with horrible dreams, there was a tendency to jump out of a window. Headache aggravated by warm room and ameliorated by tight bandaging. Light pressure on the eyes was agreeable, anorexia was present with belching which ameliorated.

As all this fitted nicely into the symptomatology of *Arg. nitr.*, I gave him a dose of the 200th potency which I repeated every fortnight. After a few doses his gastro-enteritis recurred and disappeared slowly in about six weeks' time after three doses of *Ars. alb.* 200, after which his stomach complaints were over, his appetite came back and he started to put on weight so considerably that I had to restrict the quantity of food he took. I resumed the administration of *Arg. nitr.* and noted about 10 months after the start of the treatment that in his left eye the visual acuity started to improve. October, 1945, the right eye had not changed, but the left has 6/30. In January, 1946, the visual acuity of the right eye was 6/30, left eye 6/15. This enabled me to make correct campimetric examinations. For while the fields were fairly normal, for blue and yellow there was a marked regression, and even more for green and red.

In June, 1946, the left eye showed a visual acuity of 6/10, the right eye stayed at 6/30, but in May, 1947, the right eye had gradually improved to 6/20, but there was a small central scotoma in the right eye. Further improvement was steady but slow. It was April, 1953, before the right eye showed 6/10, without central scotoma, and the left eye varied between 6/10 and 6/6. Both, of course, with glasses -2.50. Since then there is no change.

I must apologize that kept I you so long with the story of this one patient. But as the case was so clear in its history of development, and was an ophthalmic one, being therefore clear in diagnostic and prognostic respect I thought it was a good contribution to the theme the World's present need of Homœopathy. But when we put this before our opponent he surely will reply—much obliged—not in need now—this was a spontaneous cure.

Maybe he is right, one never can prove the reverse. The only answer we can give to our opponent is that experience seems to prove that cases with a bad prognosis are lucky when they happen to be taken over by homœopathic practitioners as these obviously see many "spontaneous" cures.

I could mention very shortly a child, two years old, and

suffering since birth from eczema. *Sulphur*, that seemed indicated, only aggravated the complaint and the objective situation. Now, because the child looked so thin and restless, and the mother told me that it was jerking in its sleep and profusely sweating in the night, and there was a marked aggravation in wet weather, I gave it a few doses of *Tuberculinum* 200 with an interval of three weeks. In the meantime I had the opportunity to see the child's father who was a very thin highly intellectual gentleman with two cicatrices of suppurated glands on his neck. This, of course, encouraged me to repeat the *Tuberculinum* dose, till the child showed a marked improvement which lasted for several months. Then a relapse came, the child scratched very much though no eczema was to be seen. It was very chilly in daytime but uncovered itself at night, because of the itching, there was a marked emaciation and an offensive odour around the child, so I gave it one dose of *Psorinum* 200 and waited. Improvement came within a week and continued without any further medication. I have known the family for many years afterwards but there never was a return. Needless to say that the child was in very able specialist hands for two years before my opinion was asked.

A man of 45 years suffering from Hodgkin's disease for four years, with big glands all over the body was treated by well-known specialists during these years, but neither Arsenical cures nor Röntgen treatment stopped the disease. I will not give you the details of the prescriptions but *Aurum*, *Hepar sulph.*, *Carbo animalis* and *Sulphur* were the main remedies that brought him back to his work in four months.

So, surely there is a need for Homœopathy in the world today as well as it was 160 years ago. But now, as then, the non-homœopathic part of the profession waves it away when we confront them with our claim :—much obliged, not in need now—is the answer we may get—as happened to Dr. Slammer when he spoke to Mr. Jingle.

Under these circumstances several activities on our side are possible and necessary. One of them is to show cases, vainly treated with modern non-homœopathic methods, where

the diagnosis was duly verified and the prognosis unfavourable, which made an unexpected recovery under homœopathic treatment.

—*The British Homœopathic Journal, Jan., '57*

AMERICAN HOMŒOPATHY

III. The Golden Age (Contd.)

DR. ELINORE C. PEEBLES, NEWTONVILLE, MASS.

(Continued from page 567 of Vol. XXV.)

JAMES TYLER KENT

Dorothy Cornish

When I was asked to talk about Dr. Kent I was thrilled, because his name means such a lot to all of us through association with him of our own doctors and those of our parents. Dr. Henry L. Houghton, Dr. Frederick S. Keith, Dr. Mary Florence Taft, Dr. Julia M. Green and Dr. Arthur H. Grimmer all were students of Kent, as was also Sir John Weir, who came from England under a scholarship offered by Sir Henry Tyler.

Kent was born in Woodhill, New York, March 31, 1849, and died in Stevensville, Montana June 6, 1916. He graduated first from the Eclectic Medical Institute of Cincinnati and started practicing medicine in St. Louis as an eclectic, but became interested in Homœopathy in 1878, when his wife's illness failed to respond either to eclectic or allopathic treatment. How many times we have found that our greatest doctors turned to Homœopathy under tremendous stress and later became our most remarkable prescribers and teachers! Dr. Kent received his homœopathic degree in medicine from the Homœopathic