

One of my colleagues put them in a hospital and has elaborate tests continually while he uses histamine. Histamine has to be watched very carefully in its action. He gets results, but I get quicker results which are more satisfactory to me and, what is more, to the patient's pocketbook.

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GOLD AND SILVER AS REMEDIES
IN DISEASE

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(Continued from December, 1947.)

DISCUSSION

The CHAIRMAN said that he held a long-standing objection to the President, as President, making the first remarks upon a paper, because frequently it seemed to limit what might be said by other speakers. So he would not say anything at the moment except to protest, as the father of three boys, against the insinuation that he was lacking in character. On the contrary, he had always believed that this only proved that he was a member of the dominant sex!

Dr. W. R. McCRAE said that it was most interesting that *Aurum* and *Argentum nit.* were so very unlike each other. It would have been noticed that the cases quoted by Dr. Fergie Woods in the *Aurum* class were absolutely different from those in the *Argentum nit.* class. That was of interest to those present, it should be of interest to a great many more, particularly those who wished to make a serious study of homœopathy, because it showed how

homœopathy differentiated in such a detailed manner between different remedies.

In emanometer groupings, *Aurum* came into the second group and *Argentum nit.* into the fifth group. It was interesting to remember that in the other groups there were other representatives of the elements. In the first group was *Cobalt* and *Ferrum*; *Aurum* and *Calcium metallicum* in the second group; there was very important element in the third group; *Barium* in the fourth group; in the fifth group there were a number of very interesting elements—*Argentum*, *Cuprum*, *Phosphorus*, *Silica* and *Plumbum*. In the sixth group there was *Antimon*, *Arsenic*, *Bismuth* and *Cadmium*. In the seventh group there was nothing yet; in the eighth there was *Sulphur*, and with that there was a number of others like *Iodine*, *Potassium*, *Manganum*, *Mercury*, *Platinum*, *Radium*, *Stannum* and *Zinc*; in the tenth there was *Osmium*, and *Uranium*, and in the eleventh there was *Thallium*. It was interesting to notice the relationship between *Thallium* and *Uranium*. If the effects of the atom bomb were studied it would be noticed how after the explosion of the *Uranium* many victims very quickly lost their hair, which was a strong indication for *Thallium*: whether *Uranium* changed to *Thallium* as a result of the explosion one did not know, but that might be so, if it were not the effect of the radiation alone.

There was no similarity between *Aurum* and *Argentum* from the homœopathic point of view. He had said that it was of great interest and that it should be of interest to others, especially the orthodox school. Dr. Fergie Woods had advised the orthodox school to give one injection of *Aurum* and watch the effect. The orthodox school could not take that advice, but he would say that they should go on giving *Aurum* until it produced a proving. That would be much more important to begin with, and they could see how characteristic was the poisoning of *Aurum*, and perhaps be encouraged to make use of it in future cases on homœopathic lines. He had had a case of arthritis like Dr. Fergie

Woods's case who was definitely poisoned by over-dosing of *Aurum*. It did not occur quite so often now, because the allopath was more careful in giving *Aurum* for the treatment of arthritis. His patient took a long time to get rid of the neuritis created by the gold injections.

A recent case was that of a senior naval officer who was at Jutland, and after that ordeal he noticed a great failing in his vision. That failing went on and became very troublesome. When he was not well it was a great menace to his safety in the roads and he could not read, but when he was well it did not worry him so very much. It went on until latterly, when he felt he was going quite blind, and it was creating a very deep depression, an irritable depression, a depression of great anxiety, so that he would rise from his seat and walk about the room in an anguish of misery. The patient was given three months ago *Aurum metallicum* 9c, two doses, four hourly, and since that time the vision had gradually returned until now he could see quite well to read the headlines of the papers, and of course the general improvement in his constitutional condition was equally remarkable.

There was another point to which as homœopathic physicians not sufficient stress was paid, and that was the study of characteristic personal charm. The healthy person who was in ill-health had a certain drug picture. In the same way we knew that logically we could visualize a vital and healthy drug picture. When the constitutional *Aurum* patient was healthy, he was a most interesting and fascinating type of individual, he was apart from other people altogether. He was full of radiance and brightness, in fact he had the brilliance of the precious metal itself. These were points which were worth noting, and when one restored an *Aurum* patient to health one felt one had done something worth while, not only for the patient, but for the world in general.

The CHAIRMAN asked Dr. McCrae if he could give the diagnosis of his patient's blindness.

Dr. McCRAE replied that he could not give any diagnosis except that on ophthalmoscopic examination there was the appearance of an optic atrophy in the left eye, with one very dark vein running from the centre of the optic nerve. He thought from memory that it was directly vertical. The left eye had a slight opacity. The right eye was apparently normal. There was no ophthalmologist's report.

Dr. LE HUNTE COOPER said that it was always a great pleasure to listen to a paper containing "cases" carefully described, and Dr. Fergie Woods had included several such in his paper this evening. It had been difficult to follow these fully, but a study of them, when they appear in the JOURNAL, would remedy this.

He thought that most of them in the past had regarded the "*Aurum* Patient" as essentially of a constitutionally depressed type; "depression" being the most marked characteristic of this metal. He recalled an occasion in the past, when seeking in Kent's Repertory for remedies specially related to "keenness of brain", his surprise on finding *Aurum* in large type under the heading "Industrious".

- He doubted if many of them had regarded *Aurum* in that light before, but it might be that Dr. McCrae had thrown light on this, when speaking before him, by calling attention to the different mentality of the individual in normal and deranged health. A cheerful and keenly industrious person might become depressed under conditions of ill-health, and *Aurum* might be quite as well indicated for him as for one normally of a constitutionally depressed type.

He regretted that Dr. Wynne Thomas had not been present with them this evening, as he (Dr. Thomas) had informed him that he had recently greatly benefited, if not fully recovered, from protracted and extremely severe rheumatoid arthritis, by the help of *Aurum* in crude form,

though other well-indicated remedies had failed to give relief.

He had enjoyed Dr. Wynne Thomas's friendship for many years, and had always regarded his temperament as sanguine, and delightfully cheerful; though it is difficult to imagine anyone suffering from extremely severe rheumatoid arthritis without being considerably depressed, especially when it has been of long duration, as it was in his case.

From this, it becomes evident that an *Aurum* patient need not necessarily be a constitutionally depressed person, and that a "keen and industrious temperament" may actually be a strong indication for the exhibition of this metal, especially when associated with great depression consequent on ill-health.

Sir JOHN WEIR said that the difference between the two metals, for those who knew homœopathy, was quite marked. The *Argentum nit.* patient was always in a hurry, apprehensive of what was going to happen. It had a great reputation for dispelling the terrors of anticipation, speech making, etc., and many public men to-day feel they owe their initial success to this remedy.

Argentum metallicum affects more the intellectual faculties. The patient has difficulty in thinking clearly, jumps to conclusions, and is often so tired that he forgets the thread of his conversation; he is mentally fatigued.

Aurum metallicum is suited to the depressed person, where the natural affections are abolished and there is a loathing of life, with suicidal tendencies. Here, in contrast to *Arg. met.* the affections are first affected, the intellectual secondarily. Despair and self condemnation are supreme, nothing can succeed, and they feel they have sinned away their day of grace and want to die.

At a Clinical Society a doctor, giving his experience with gold injections for rheumatoid arthritis, remarked that in most cases there was a blue line in the gums, and Sir John stated that in homœopathic provings it was found

there was great vascularity in the periosteum generally. *Aurum* particularly affected the cartilages, and provings gave these marked congestions. He pointed out that the patients who did best on *Aurum* were the depressed ones, and several of the doctors present said that had been their experience, even with their crude dosage.

Sir John Weir mentioned a case of ciliary blepharitis, where infection was so severe that after pathological investigation it was decided to remove all the eyelashes. A dose of *Argentum nitricum* 200 was given, and improvement was so marked that within twelve hours no surgical interference was necessary, and the patient made a complete and quick recovery.

Dr. JOHN PATERSON said that he was sorry he had not read Dr. Fergie Wood's paper beforehand, but there were two points which occurred to him while reading it to the meeting, and that was the reference to the use of silver in conjunctivitis. He had a vivid experience when on the staff of the Glasgow Public Health Department in charge of ophthalmia neonatorum wards. All knew how distressing that could be and the routine treatment was the instillation of the silver preparation or argyrol, the swabbing and douching of the eyes, and so on, and if that was not vigorously carried out there was bad trouble. When he went into general practice he still had this impression on his mind and yet he had used, and from his experience would say that the condition could be treated by, *Argentum nit.* in potency. He was perfectly certain that these cases responded to homœopathic treatment.

He had been trying to find references to the role of metals in intra-cellular reactions. In the old days iron was given for anæmia in large doses, but he thought it was recognized now that unless very minute amounts of copper were included, the iron would not act. He believed that it was now asserted that the metals could act in very minute doses as activators of enzymes. Going back to the analogy of copper and iron, it seemed that the minute

action of copper was necessary to get the hæmoglobin formation in the cell and a very recent note drew attention to the fact that nicotinic acid seemed to be the activator of insulin, and he wondered whether gold or silver played some part in activating the nerve cell.

Dr. PATERSON thought that was the explanation, and it raised a point with regard to replacing deficiencies in tissues. He would take rickets as his standard example. In his student days every child fed on the bottle got lime water, the argument being that Glasgow had a very soft water supply which did not contain any lime, thus the child lacked lime in its tissues and in consequence developed rickets. Glasgow children were still drinking Loch Katrine water, but they no longer suffer from rickets. It is now accepted that administration of vitamins or exposure to natural sunlight accelerates calcium metabolism. Rickets is still due to a shortage of lime in the bones, due not to a lack of lime in the food, but lack of power of the cell to absorb the lime. *Calc. carb.* in potency can correct this, not by a substitution process, but by a stimulation to normal function.

The same argument applies here, the silver in potency cannot act by substitution or chemical union, but acts by a process of stimulation of the tissue cells of the conjunctiva. Zinc, he believed, was stored in the body, it was found in the liver and caused an acceleration of the action of the thyroid. It was a question of stimulating the cell to absorb the natural salts of the body, it could not be the simple absorption of silver.

The CHAIRMAN: That is presuming that it is the local action of silver on the eye which brings about the cure.

Dr. PATERSON said that was the orthodox view. He presumed that the silver stimulated the cell to act. It was the same with the so-called chemotherapeutic remedies of the present day, they allowed the cell to function more normally.

The CHAIRMAN: About your lime water, are we not getting calcium in the bread?

Dr. PATERSON: Yes! and we are suffering from it!

Dr. LESLIE G. SCULAR asked Dr. Paterson how long it took to cure the cases of ophthalmia neonatorum with *Argentum nit.* Did the babies have their eyes washed out as well?

Dr. Paterson said that he only gave *Argentum nit.* in potency, and it was a matter of hours. An eye could go very bad in a few hours, but taking the point of time, if one saw a child in the same stage one would instil argyrol over a number of days. With *Argentum nit.* the eye cleared quickly and did not require any other treatment.

Dr. SCULAR asked what potency was given to the infants.

Dr. PATERSON said that it was the 30th potency of *Argentum nit.* He had the experience in the Glasgow office of seeing these eyes going absolutely bad, so much so that the consultant had to be called in. What impressed him was that with the routine treatment its various stages had to be kept up most rigorously or the treatment failed, but when he dared to use the homœopathic remedy the eye got better quickly. The rate of deterioration with lack of attention from the orthodox local treatment, so called, was just the reverse of the rate of improvement one obtained from the internal homœopathic method.

Dr. SCULAR asked what organism was isolated, and Dr. PATERSON said that it was the usual organism, the *Diplococci.*

The CHAIRMAN asked if these results had ever been published, to which Dr. PATERSON replied "No".

Dr. SCULAR asked if the eyes were filled with pus.

Dr. Paterson replied that they were cases which should have been notified there and then and treated with the routine treatment, but they were never notified because, under the potency treatment, there was not any need for it. If they had persisted for more than twenty-four hours he

would have been compelled to give notification, but they cleared up so quickly it was not necessary.

Dr. SCOLAR said that if these infants had silver nitrate drops, 2 per cent., they did not develop ophthalmia neonatorum, but if they had argyrol or something similar, the eye might go bad. The effect of the silver nitrate 2 per cent. was to precipitate the superficial layer of the conjunctiva, and the explanation was that this layer giving way brought away all the organisms, and there was a further epithelialization. A possible explanation would be that there was a greater absorption of the silver into the system because of this loss of superficial epithelium caused by the silver nitrate 2 per cent.

The CHAIRMAN asked members to give their experiences of *Aurum* in suicidal cases.

Dr. TATIANA HARDY said that they all had would-be suicides, but if one gave *Lueticum* one did not need *Aurum*; if *Aurum* was given one might need *Lueticum*.

Dr. Hardy said that she had one suicidal case, and she gave him *Aurum* 200, and he committed suicide the following day. She never gave it again. He looked terrible, and he had lost money which was one of the indications for giving *Aurum*.

Dr. PATERSON said that he had just recalled the fact of one case he saw many years ago of a woman who had actually thrown herself in the river and had made several attempts at suicide. She was given *Aurum*, and although he saw her as a patient again recently there had been no return of any attempt at suicide. The remedy was *Aurum* and the indications were certainly mental. It happened in his very early days of homœopathy, and he gave the remedy on the mental indications.

The CHAIRMAN said that Dr. O'Hanlon had been successful with a case in the hospital, whom he had been treating for some time with all sorts of remedies. Dr. O'Hanlon worked out her case when she entered the hospital. The great symptom was depression, she gave

her *Aurum* and she had never looked back, and that is now at least twelve months ago.

Dr. SCOLAR asked how soon after the giving of the *Aurum* the change was noticed, to which the CHAIRMAN replied, within a week.

Dr. SEYMOUR asked whether, to get the most rapid effect with such a drug as *Aurum*, one should give the *cm.* He remembered having such a patient whom he did not know very well, but who was evidently about to commit suicide. A chemist rang him up to say that the man was in his shop and wanted to buy potassium cyanide, did the speaker know him. He did know him, having seen him eighteen months before. He spoke to him and he seemed perfectly rational, and told the chemist that as far as he knew he would be all right. Within an hour the man had taken the potassium cyanide and was dead. Had he been given *Aurum*, in what potency should it be given to affect his mentality?

Dr. PATERSON replied that the higher the "Mentals" the higher the potency; in actual mental cases the higher potencies should be used. That was the working rule.

The CHAIRMAN said that on general principle if one wanted a quick result one must give high potencies. One had to risk an aggravation.

Dr. HARDY said that she had wondered if she had given her patient a high dose of *Aurum* whether she would have saved him. Because of her lack of experience she prescribed *Aurum* 200, and only one dose. Should she have given several doses?

The CHAIRMAN thought yes, that it was comparable to giving the acute remedy every quarter of an hour in cases *in extremis*.

Dr. HARDY said that that was probably right, one dose would aggravate.

Dr. GHAI asked if *Aurum* would be prescribed on one indication of suicidal tendencies.

The CHAIRMAN said No, that this symptom came into many drugs.

Dr. Paterson said that there was one drug—it was mentioned in Clarke—for an attempt to jump from a window, *Sulphur*. He had had cases which worked out to *Sulphur*.

The CHAIRMAN said that even the "methods" of committing suicide were listed under different drugs; one had to differentiate.

Dr GHAI mentioned a case of disseminated sclerosis in which the patient tried to burn herself and despaired of recovery and did not want to live. He gave her *Selenium* 10. The fear of insanity went away, but the other symptoms were still there. A week later he gave *Aurum* 10, and since then she did not want to commit suicide, but did not want to live. Eventually he consulted Sir John Weir, and he suggested *Psorinum*, and he gave her a dose of *Psorinum* 200, and all the symptoms disappeared. *Aurum* helped her some of the way but not all.

Dr. QUINTON asked whether Dr. Fergie Woods had found *Aurum* of great use in the case of the depressed, irritable man with stiff arteries and a high blood pressure, and usually before the full action could be completed that he had to give *Lueticum*.

Dr. FERGIE WOODS replied that he did not think that necessarily *Lueticum* had to follow *Aurum*, or was necessary to complete its action. It happened that in one or two of his cases he gave *Lueticum* chiefly because he had given *Lycopodium* with a certain amount of success, and it had ceased acting. He found that *Lueticum* followed *Lycopodium*. He had not classed *Aurum* patients amongst those with high blood pressure or hardened arteries, but one or two of the cases he mentioned had symptoms of coronary trouble, and he thought that it was likely to be a valuable remedy in cases of coronary or other atheroma if the patient were an *Aurum* patient.

The CHAIRMAN said that he hoped the members in future meetings would continue to talk about their cases. The discussion had been most useful and had brought out the kind of personal contributions they all wanted.

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CRISIS IN HOMŒOPATHIC PRACTICE

Sir,

Through your esteemed monthly paper I wish to draw the kind attention of the West Bengal Government to the following facts:—

- (1) Due to recent order of the Central Government concerning the 95% cut in the existing quota of imported medicines, the Homœopathic pharmacists have to face a unique situation resulting in the strangulation of the whole trade in Homœopathic medicines.
- (2) The Homœopathic medicines are mostly imported as "back dilutions" and out of them the generally prescribed potencies of 6, 30, 200 etc are locally prepared and served to the physicians and the suffering public.
- (3) Roughly 4 to 5 lacs Rupees worth of medicines are imported by the Calcutta pharmacists. They cater to 30 to 40 millions of people.
- (4) The peculiarity and speciality of Homœopathic medicine lies in the fact that out of a small quantity of mother-tincture or "back" potencies of medicines huge quantities of actually prescribed potencies are produced. This is not the case with anyother system of medicine. In-short, minimum quantity of medicines cater to the maximum number of patients.