

## THE MEDICAL LANCET

K. A. McLAREN, M.D.

Show me the physician who at times does not view the results of surgery with disfavour, and I will show you twice as many surgeons who look askance at the physician's handiwork. This is but natural. The surgeon repairs, removes, or alters body structures and tissue, which is to some extent a definite procedure, and in the main the results are good. The physician seeing the poor results, as well as those that are good, is inclined at times to be critical. The surgeon in turn views the poor results of the physician, but rarely sees his good ones; therefore, he is more inclined to be critical than the physician. In fact, he is a little condescending in his attitude to the lowly doctor who cannot show, even in his best work, the sudden and startling results of his art.

This fact was borne upon me very strongly in the case of a girl of twelve, who exhibited many large scars where previous bony exostoses had been chiselled away. There were, however, an equally large number of newer bony lumps still presenting themselves; and her parents were tired of these numerous and useless operations. Within one month after the exhibition of the properly selected homœopathic remedy these tumours began to disappear. Now after two years only one remains.

I mentioned this to a prominent bone surgeon and was told that this was to be expected, for these bony tumours had their origin at the epiphyseal lines and would vanish when growth of bone had reached its normal limits. I was somewhat awed by this statement, especially as I have the highest regard for this particular surgeon, and also, as I cannot recall ever having been taught in college about the presence of an epiphyseal demarcation at the distal end of the last phalanx of the finger and connected by it to the nail root. For strange to say, in this position one of

these bony tumours took its origin and had distorted the nail. Her present nail is perfect. "Live and learn" is a good motto for us both.

It was my lot to be present at a tragic ending to the only case of quinsy I have ever seen in a child of five. This little girl had been ill with sore throat for several days before I was called, and presented what appeared to be a well-defined right-sided quinsy. The tonsil was pushed to the middle line of the throat and she could hardly swallow or articulate. I prescribed *Lycopodium*, then *Mercurius*. She improved, the swelling diminished largely, and expecting a favourable report in a day or two, I was much surprised to receive word that she was much worse. The swelling looked darker upon my return examination and I insisted that we call a surgeon and have the abscess opened. This was done. The surgeon was a very able man and agreed that the abscess should be opened. He, however, stated that a hæmatoma was present. With great care he made a small opening with a blunt scissor. There followed a rush of blood which made one think of a burst water-main. The child died in less than thirty seconds. It was evident that the abscess had eaten into a large blood-vessel, and that this child's life might have been saved had I called the surgeon in perhaps three days earlier.

Now these parents held no animosity toward me, nor to the surgeon, for which I am forever grateful, but they still looked askance at surgery—so much so that they refused to take their three months-old baby girl to the hospital for treatment for a birthmark on its right buttock. This was about the size of a fifty-cent piece, was raw from the contact of urine, bled a little when the diapers were changed and when the baby kicked. I was asked to cure this condition with medicine and felt it was really up to me.

The child was in appearance a *Calcarea* baby, but because of the constant tendency to bleed I decided in favour of *Calcarea phos*. This was given for several months, twice a day in the 10th trituration, and then upped to the 30th,

and finally the 200th potency. The child is now two and a half years old, the birthmark has entirely healed, the centre is white with a minute edge of red at the circumference; whereas it was originally raised slightly about the surrounding normal skin, there is now no difference in elevation.

I was called to see this child May 1946. She presented a dark bluish indurated swelling to the right of and just below the coccyx. This was very sensitive. A few doses of *Hepar sulph.* were given, and the following day discharge had taken place. Whether this is the beginning of a rectal fistula or the result of an injury to these tissues from a fall remains to be seen. However, I have come to the conclusion that there is in this family a serious fault. Samuel Hahnemann would have called it psora no doubt. Times have changed and Mr. Ellis Barker would perhaps be more pleased with an up to date name, but a rose by any other name would smell the same.

To digress a moment from surgery and pursue the elusive psora, I have only to journey from the boudoir of this little Miss to the door across the hall where lay her little brother, age four. He has been a so-called hypertonic child, who when put to bed, constantly rocked in such violent fashion as to disturb the rest of the household. He has had *Calcarea* with frequent doses of *Hellebore nigra* 200, and now I find him with an acute chest; temp. 104, and fanning *alæ nasi*. The right lung has more rales than the left and the cough is constant. *Lycopodium* was given. I returned the following day to find him sitting up playing with his toys and with a normal temperature. The father and mother are in appearance both in need of *Calcarea* and belong to a very rigid religious sect. One wonders if too much religion is a symptom of psora?

About a year ago, a nice strong appearing man consulted me about a hard nodule under the skin of his middle forearm. This had been present for some years; and having read about the danger of cancer from innocent looking

lumps, he decided to see what could be done about it. Well, he was willing to experiment—so was I—he received a dose of *Magnetis polaris Aust.* 10M. once a week. Next time he came in he had some new complaint, but going over the record I mentioned the lump. "Oh that just faded away," he said.

Ten years ago a young woman, Miss A., suffered from a perforating ulcer of the trophic variety in the right foot. This foot had been operated upon for a deformity of the club variety. Quite a controversy over the cause took place between surgeons consulted. She had also a small spina bifida covered with the usual protective pad of fat. Some surgeons of note claimed this to be the cause, while others declared the deformity resulted from undiagnosed infantile paralysis. I favour the latter view as she had a photograph taken at the age of six; both legs were normal and no sign of deformity can be detected. Certainly the spina bifida did not interfere with her having a normal pregnancy and a healthy baby following marriage. I knew her before marriage and prescribed several remedies for the foot condition without any favourable result. The surgeon advised her to have an amputation performed. This was to be seven inches below her knee so that a good pad of muscle could be obtained to cover the bone stump and give a favourable support for an artificial limb. She consented, the operation was performed and in due time an artificial limb was fitted. This proved satisfactory for a few months, when the stump began to give trouble. From any undue pressure, and especially in hot weather, it would become inflamed at one or two spots and would discharge. This was relieved only by rest, but would return again. The artificial limb was altered and adjusted in an effort to remove all pressure. This was only moderately successful. She suffered a great deal of pain and loss of time from this recurring condition. After a period of one year in which the sore did not heal, she was advised that possible further amputation might have to be considered. She came once

more to consult me in January of 1942, and was given *Silica*, *Nitric acid*, *Lachesis* and *Pulsatilla* without any marked relief. In February 1943, she was given *Magnetis Arcticus* 20m. once a month. The stump healed quickly and remained healed. She is now married and has a child of three years. She has a small return of soreness from time to time and when this happens she takes a powder of *Magnetis Arcticus* 20m., which relieves in twenty-four hours. She is wearing the same artificial limb as formerly.

Two years ago a distracted mother brought her ten year old son for treatment. The history was startling. He had already had two operations upon the right kidney and one upon the left for removal of calculi. At frequent intervals he would be seized with severe pain in the right loin with urgent desire to void urine, which sometimes contained gravel. His mother knew that he could not go on having these serious operations without permanent damage to the kidney resulting, and wanted help badly. She was instructed to give him boiled water to drink and *Berberis vulgaris* was prescribed. After two months the remedy was changed to *Calcarea phos.* 10, b.d., later once a day. *Berb. vulg.* 200 was kept on hand in case of a return of the pain. She has never had to have this refilled as the boy only had to take a few doses in the two year period. He is a strong healthy looking boy who engages in all the school activities. The urine examinations are negative for albumen.

A very active, hard working business executive had his left kidney exposed, opened and a very pretty specimen of calculus removed four years ago. About December of last year he again experienced the dull aching pain in the renal region, and went into the hospital once more. Another nice replica of masonry was found to be present and was coaxed and cajoled by diverse methods known to surgeons of the urinary tract. No go! The stone refused to budge and operation was mentioned as a possible out. However, our patient had a good memory for past experiences, and

in the period during which he was expected to be thinking things over, he consulted me. Said I, "Have you anything to lose by trying the little pills?" "Correct, shoot," said he. One month, after a second visit to the x-ray, showed the calculus just on the point of falling into the bladder. During its journey down, there had been no pain. I have not heard from him since, but he must have been both pleased and satisfied as he gave one of my sons a position in the plant office upon his return from overseas.

#### DISCUSSION

DR. GRIMMER: Dr. McLaren's papers always have something that is worthwhile, something generally new, and the application of this remedy, *Magnetis polus Australis*—I have had wonderful results with it in ingrowing toenails but never have used it with wounds that wouldn't heal.

It is a new phase for me and I am glad to get it. The other cases he mentions are really quite typical of what a good prescriber runs against and frequently can prevent many operations on the kidneys if the stone is not too large to pass. The x-ray now tells us pretty well about the size of the stone. I have never had to operate any cases for stones in the kidneys. I refused to take one who had been around and the kidney was nearly full of stone. I told them probably the surgeon was the only thing. I know a homœopathic remedy couldn't take that stone out.

In other cases we have had excellent results with homœopathic remedies. I am glad this society continues to have our surgical Bureau because the surgeon can get so much good from the homœopathic remedy and the homœopathic doctor, on the other hand, as Dr. McLaren has indicated, can get so much benefit from a good surgeon. They must go together. They are only one part of the great healing art we are all interested in.

When a patient has gone so long in his sickness that ultimates have come as a result of his long-time functional disturbance, then the surgeon has to come in. It becomes incurable from remedies.

DR. HUBBARD: May I speak to Dr. McLaren's paper? I like the paper with the Scotch humour in it. (Laughter)

But Dr. Grimmer's remarks about surgery in connection with medicine made me think of a patient of mine who had an operation for duodenal ulcer and two supplemental operations for adhesions,

who had a spinal fusion because of an injury to his back, and who was finally threatened with a gallbladder operation.

He finally came to me in despair. He said, "I have been cut enough. Can homœopathy do anything for me?" He had never been to a homœopath. He was at that time having gallbladder attacks definitely and he was having pains from his ulcer and trying the Sippy diet without much relief. He had such attacks of sciatic distress in the wet weather that he could hardly walk and go about his business.

I found his chronic constitutional remedy was *Nitric acid*. After a dose of that, he has only occasional very slight gallbladder sensations, never a really bad attack, no more pain in his stomach. He has put on eight pounds which he hadn't been able to do in 20 years and he is no longer bothered with his sciatica and carries a heavy salesman's suitcases in all weathers.

He is one of my loudest rooters for homœopathy. I tell that simply because we often have a feeling that operations are hopeless obstacles to the use of homœopathic treatment and, although I dread repeatedly operated cases, I know the high potency will still enormously help even the patient with many operations.

DR. DIXON: I don't exactly want to talk on Dr. McLaren's paper. I am up before you for help because he has set me thinking about the south pole and the north poles ideas. I have an industrial case at home that I have been working on for a couple of months, after going through the hands of several other physicians, resulting from an injury to the ankle. The bones must have been fractured.

I don't know, he didn't say anything to me about that but he came to me because the orthopedic specialist finally advised him to have amputation of the ankle. Previous to that, an x-ray man had burned him severely and, not being satisfied with that, they used radium and got a deep radium burn. I have had him for two months and he is getting better but rather slowly and I am wondering if I hadn't better take him on a Bering expedition. Can you help me?

DR. FARRINGTON: I don't like to talk too much but I agree with previous speakers that Dr. McLaren always has something worthwhile to say. Moreover, he always gives us a little interim of relaxation because of his clear presentation and a nice little poke now and then of Scotch wit.

To me this matter of calculi is exceedingly interesting. I have treated many cases of gall stones. Sometimes I was able to get rid of the stones by having them passed, sometimes not. When they were too large, the surgeon was called in. I have cured several cases of renal and vesical calculi, which may have been



renal in the first instance. They disappeared or passed out through the urethra, in small fragments.

The first one was a preacher who, many years ago suffered so intensely that he took to drink, as that was his only relief. Then he became so ashamed of himself that he went to Canada. (Laughter) Don't interrupt now—he didn't consult Dr. McLaren; in fact he never heard of him. He lived with the Indians and somehow or other they got him over his embarrassing habit.

It was in the days before the x-ray. Two surgeons had used their sounds and said he had one, perhaps two calculi in his bladder, one about the size of an ordinary marble. He had pain in the glans penis, at times quite severe, until he was able to urinate; then it disappeared. Isn't this a symptom due to a mechanical cause? One would naturally conclude that it was produced by a stone caught in the vesical sphincter; relieved when the sphincter relaxed. Yet it is a cardinal indication for *Prunus spinosa*. He was given this remedy in the 200th potency, and in a few days the paroxysms of pain entirely ceased.

In a few weeks my patient went back to one of the surgeons who had diagnosed vesical calculi. After poking around for awhile he exclaimed with astonishment, "I cannot find any stones there now. They must have become encysted!"

Not long after this, while on my way to see a case of tuberculosis in Kitchener, Ontario, I met Clifford Mitchell, the dear old doctor who was our outstanding homœopathic specialist in urinary troubles. He told me that he was on his way to Toronto to get married. This has nothing to do with my story, however. Very gently and with some misgivings, I told him about this case. To my great surprise he said: "Farrington, you did a wonderful thing, but it is easy to explain. Your remedy simply changed the reaction of the urine from acid to alkaline or the reverse; your stones were composed of certain urinary chemicals which were then dissolved by whichever reaction had the power to do it." No doubt the same is true of renal calculi. The only case of this kind that I have failed to cure was that of a man about 36 years old. The entire pelvis of his right kidney, as shown by the x-ray was filled by a large stone, and no urine was being secreted; so my efforts were of no avail.

My last case of vesical calculus was that of a man 78 years of age, who was suffering from recurrent spells of painful dysuria, at times with bleeding. With the dysuria he always had skipping of the heart beat and anxiety, which he was unable to control. As far as I know there is no direct relation between the heart and the bladder, but his general symptoms presented a clear



picture of *Pulsatilla*. This remedy he received from the 200th up to the millionth, over a period of several months. I had urged an x-ray but somehow it was not taken. Each time the remedy relieved both dysuria and skipping heart beat for some weeks; excepting the millionth, which held only two weeks. I then went down to the 6x., which was repeated three or four times at intervals of four weeks, always with immediate relief. Not only did his energy improve, but the white hair on his temples grew darker (his wife noticed this first); a large flat mole on the right temple began to peel off and a conical excrescence on the chest started to contract at the base so as to form a pedicle. Then he had a terrific spell of pain and bleeding with the passing of bits of calculi, some quite small, others nearly a quarter of an inch square and concave, showing that they were parts of the layers of much larger stones. He must have passed over a hundred of these bits and then was entirely free from bladder symptoms. However, in a week or so, he passed many more, but has been free from vesical symptoms now for ten days. I expect to report on this case when the warts are gone.

—*The Homœopathic Recorder, June, 1947.*

---

## INFLUENZA

W. KARO, M.D. (GERMANY)

Influenza, also known as "La Grippe" or "Epidemic Catarrh" is a highly infectious disease. Although occurring sporadically all the year round, especially during autumn and spring, it usually reappears periodically in epidemics, characterized by a sudden invasion, rapid and extensive spread and speedy and complete disappearance. In some of the epidemics, for instance in 1918, the disease spread in about six weeks over the whole of Europe. Millions of people, irrespective of age or condition of life, succumbed to it.

The disease is due to the Influenza bacillus, discovered by Pfeiffer in 1890. This short, rod-shaped bacterium is