Significant conditions in twenty cases.

Debility	12	Skin lesions bleeding ..	3
Suppurations ..	8	Weather change ..	2
Relapses	7	Minus appendix ..	2
Delicate children ..	6	Abortive pus formation	2
Recurrent suppuration	6	Melancholy	2
Retarded growth ..	5	Timidity	2
Cold feet	5	Company aggr. ..	2
Lesions renewing at origin	4	Before storm ..	1
Cracks	4	Craving air	1
Damp weather ..	3	Black crusts ..	1
Winter aggravates ..	3	Red crusts	1
Sickly facies ..	3	Incontinence ..	1
Pallor	3	Full after a little ..	1
Heavy sleep ..	3	Hot feet	1
Cysts out	3		

—*Homœopathic Recorder, July, 1952*

SOME PERSONAL IDEAS OF MODERN HOMŒOPATHIC TREATMENT OF ACUTE—ALSO TROPICAL INFECTIONS

By DR. C. L. W. OVERMAN, of Breda, Holland

LADIES AND GENTLEMEN,

I was delighted with the request to come to London, to lecture for you, for I think it is an honour for me to read a paper for your famous Faculty of Homœopathy, the Faculty where so many Dutch doctors learned the principles of Homœopathy and who are good and well-known homœopaths in Holland now.

That I accepted the opportunity to speak here is not that I think I can teach you a lot, may be many of you are

better homœopathic physicians than I am. But I had the opportunity to practise 12 years in Java and Indonesia, and perhaps I have a little different view on infectious diseases than you, different also from the ordinary conception of homœopathic treatment. In the tropics many infections take a quicker course than here. When you are hesitating in your prescription, you have a good chance to lose the case, by death, or with the Chinese, by another doctor working with quicker results than you.

I will try to give you my ideas of the modern homœopathic treatment of acute infections in a brief summary and then I will give you some experience of infections like malaria, amœbiasis, yaws, abdominal typhoid, para-typhoid and bacillary dysentery. I only hope that you will be able to understand my English and my thoughts.

The device of my lecture should sound: when you will do something in the best possible way, you must first of all be aware of what you are *not* able to do. Let us first see what an infection is. The germ cell is living in the healthy body in perfect harmony with itself, besides the body cell, which is also in harmony with itself and with the germ cell. Every healthy body is the host of most common pathogenic germ cells, but is not ill. Now by some inward or outward cause there takes place a change in the harmony of the body cell, so that the germ cell is no longer in balance with the body cell. The germ takes its chance to multiply, it becomes aggressor. There are developing pathologic anatomical changes in the organ, where the germs are concentrating and the disease has started. Now the healthy body begins to act as a whole to fight the invasion of the multiplied germs. The body is doing this, when the disease is not altered in its vital force, in a distinct and (for every infection) specific way. In case of common infections, the whole mechanism of the body, all organs, endocrine, nervous, hepatic, renal, blood, vascular system, etc., are working, without help of the outside world, along a plan of campaign, to restore health.

in a distinct and (for every infection) specific and different way.

When the body was not healthy before the infection developed, when the vital force was decreased by former diseases, by inherited or juvenile constitutional factors, there will be a quite different way of reaction to the invasion of the germ cells, and, what is very important, the subjective symptoms according to this reaction are quite different too, to the subjective symptoms of the reaction of the healthy body with the same infection.

And here you have the first point: every healthy body is reacting against an infection of the common human germs in the specific way for every germ. And we homœopaths, we are able to know it is the right and specific way of a healthy body, *for the symptoms, subjective and objective of the diseased in that case, are the symptoms of the ordinary homœopathic medicines, we know are able to cure this infection.* I give you an example; when a person has a pneumonia and you are taking the case to find *Bryonia, Phos., Ant. tart.* or *Ipecacuanha* symptoms, then you know this person has the right reaction of a healthy body against the pneumococcal infection.

An unhealthy body is reacting against the infection of common human germs in a quite different and (according to his constitutional faults) specific way, not specific for the invading germ, but specific for his constitution. So when we meet a person with a pneumonia and we find subjective symptoms of *Thuja, Sulphur, Lycopodium* and the objective of pneumonia, then we know that the body is not able to find the right way, the right reaction against the invading germs. We can say "the right reaction", because we know that in most cases of infection with the common human germs, the normal body reaction is able to restore health, without help of the outside world, when the reaction is along the same lines as the drug symptoms of the common homœopathic drugs for that infection.

We know this is right by our practice of treating infectious diseases homœopathically. We homœopaths have obtained a good sense of the possibilities of the body to help itself. We don't know exactly how, but we are observing daily, that when we are helping the body, acting with medicines in the same way the body is reacting against disease, the case will cure smoothly. So this reaction must be the right one and the reason why we have so much success with our similar remedies is even because they are acting along the same paths, the same ingenious and collaborating mechanism, which the body chooses to get rid of this special disease. We must have the respectful and patient mood to observe these laws of nature. We have no fear of symptoms like a diarrhœa, an exanthema, a delirium ; in our line of thoughts there is no place for the intention to suppress these symptoms ; no, we see them as reaction, as an attempt of the body to fight against the aggressor. And when we know medicines that can act in this same way, of which we know they are capable of giving in a healthy person this special diarrhœa, or exanthema, or delirium, then we know the high potency of this medicine will cure the case in a short time.

So out of my first point follows logically the first rule : *when you have a case with the well-known reaction, the ordinary subjective symptoms of a well-known medicine in a common infection, give that medicine in high potency.*

Now the second case, with the unhealthy, the changed constitution, that gives an unspecified reaction on the infection with common human germs. Here we find with case of pneumonia, the symptoms of *Sulphur, Thuja* or *Lycopodium.* When we now give these medicines, we will help the unsuccessful reaction of the body or perhaps reaction of the [illegible] to get rid of its constitutional

Many of you may have had this experience in such case without understanding why the pure pictures drug didn't work. Don't blame Homœopathy for it.

In this case we must try to teach the body the right way of reaction against this special disease and we can do that because we know the mode of action of a healthy body. Let us take the case of a person with a pneumonia and with striking subjective symptoms of *Sulphur*. When we study Clarke's clinical repertory we find under clinical relationships: *Sulphur,* complementary medicines, *Ipecacuanha* and *Antimon. tart.,* which we know are well-known medicines for pneumonia. When we give these two drugs low, *Ipecacuanha* 3 and *Antimon. tart.* 6 in alternating doses every hour, there will be a chance we are teaching the body to find the normal reaction against the pneumococcus. In one or two days we will see the patient is not so ill, he will begin to eat, he will sleep better, the cough will loosen, so the fear for a fatal end will be diminished. When we take the case again, it is possible we find much more pronounced *Sulphur* symptoms, but it is also sometimes the symptoms have changed in the direction of more common pneumonia medicines like *Bryonia* or *Phos.* Even when, as mostly occurs, the objective symptoms of pneumonia have not ameliorated, but the impression of the patient is better, so that we can suppose the body has found the right reaction we can give now the indicated drug, *Sulphur* or *Bryonia* high according to the symptoms. When we were too quick in leaving the complementary medicines and the case is growing worse again, go back to *Ipecacuanha* and *Antimon. tart.* low.

So I will formulate this as a second rule: *when you find with a common human infection, a medicine that is not a well-known medicine for that infection, you ha better give a complement[illegible] or compatible drug of tha indicated medicine, which is known drug acting again that infection and give that dr[illegible] erhaps two at a (alternat[illegible] low potency.*

When the case is not improving in a sho[illegible]me along this way when the person is too old or too weak to get a

reaction, as Dr. Templeton told us in Lausanne, of cases of *Virus A* pneumonia, then there is no other way, you must give an antibiotic. But give it only so long, till the danger is gone, for you must bear in mind the antibiotic is only acting on the germ cell and does nothing to stimulate the vital force, perhaps is even disturbing the beginning of the ordinary reaction of the body. And where we see an infection is beginning with a change in the harmony of the body cell, we must come in as soon as possible with our medicines, acting in the direction of the vital force. And my experience is, that when you are treating under Rule 2 you will seldom use an antibiotic, because you will not need it. There is still another reason not to begin with a high potency of the indicated drug in these cases, that is that such a constitutional medicine in a high potency is able to give such a heavy aggravation, that a case so dangerous (as so often these cases are), probably will end with sudden death.

Until now I have spoken frequently of the common human infections. I must explain now, what was the meaning. I have made a differentiation of the infections of the human body, to use as a guide for the homœopathic treatment of infections. I don't pretend to give it as a dogma, but only to facilitate your behaviour and to make yourself clear, what you can do and what not.

I.—Infections due to mankind, the common human infectious diseases. The healthy body reacts against this sort of infection, as a whole, in a distinct and specific way, with specific subjective symptoms, for each different germ cell. Not only the invaded organ, but the whole body, the vital force, sets in its complicated and collaborating mechanism, it is a total war. And what is very important a war the healthy body mostly will win.

Here I have placed the following infections: pneumo-, strepto-, staphylococcal, Friedlander, influenza, abdominal typhoid, para-typhoid, coli, bacillary dysentery, diphtheria,

whooping cough, cholera, herpes, measles, rubella, parotitis, smallpox, varicella, encephalitis, virus and bacterial hepatitis, and tetanus.

II.—Infections not due to mankind, also well-known infections, but mostly coming to the human body by the intermediary of other living animals, like malaria by the gnat, plague by the flea, sleeping sickness by the tsetse fly. In case of these infections, the invaded organ is fighting against the germs, mostly by trying to localize the infection, but the whole body is not coming into action. There are also very few subjective symptoms, often not specific for the germ cells. And what is important as a differentiation, the body will not win the fight.

Here I have placed: plague, amœbiasis, malaria, dengue, tularæmia, psittacosis, rickettsia (spotted typhus), trypanosomiasis (sleeping sickness), leishmaniasis, filariasis, yellow fever, mycosis and yaws.

III.—Infections due to mankind, but with a tendency to start in a more chronic way, changing the constitution of the affected body, giving clear subjective symptoms, but more on the constitutional side and not causing acute dangerous situations. Here I should place: tuberculosis, leprosy, syphilis, gonorrhœa and rheumatism.

Because this third group has no acute infections I will leave them out.

Of the first group, I have spoken to you already, for all that I said about the common infections is in connection with them. So I may refer to my two rules I gave you concerning these infections and their treatment. I only ask you to bear it in mind that with this first group, you can treat, following my rules, nearly all cases successfully with homœopathic medicines.

Now to the second group. You can see that these are mostly tropical infections. The body does not act as a whole, is only trying to localize the infection. I have the

idea that also the healthy body has no right mechanism to put into action, or a mechanism which is not sufficient to win the struggle. This is also the reason why these infections have no pure subjective picture and therefore it is mostly very difficult to find a pure simillimum. But I think also that it is understandable that a body that cannot find the right way to fight an infection cannot be helped homœopathically. And that is my second point, for which I wanted this differentiation of the infections: *with the infections not due to mankind, do not lose time to find a simillimum, when there is no clear picture give an antibacterial remedy to stop the acute dangerous situation.*

I must add here there are lucky enough exceptions to this general rule. Sometimes and mostly with malaria, you are led homœopathically to deep acting and constitutional remedies as *Arsenicum, Natrum mur., Ipecacuanha,* and in this case you can give it high and wait. But don't think you can stop with one dose the next access of fever. Mostly you will have two or three more, but when you see the whole condition of the patient is improving, you can hope to have given the right drug, and overcome the acute dangerous situation. With low potencies of remedies as *China, Eucalyptus, Eupatorium* etc., you will never succeed with acute malaria. May be there is a temporary relief, but the relapses will be more dangerous and heavier, so there is no cure this way. Also after giving low potencies, there is not, as with the common infections, a new picture coming out, leading to new medicines. And it is clear it will not come for there is no normal and efficient reaction, because the vital force is not coming into action. And I think it is a general rule Homœopathy is so successful because it is working in the same direction as the vital force. Therefore do not hesitate to give *China* in ponderable doses, or atebrin or other new drugs as paludrine with malaria, emetine or terramycin for amœbiasis, salvarsan for yaws.

To give you a general idea of Homœopathy in tropical countries, I may tell you something out of my experience there. With the acute infections there is no time to lose, they take a rapid course and the natives are anxious to be cured in a few hours. There is another difficulty, the people are not accustomed to tell you their subjective symptoms. A Chinaman is thinking as follows: "I pay the doctor to cure me so he has to do the work, not I." So when you are asking him too much he thinks you are not clever enough to find out what is the matter with him and you can be sure he will not take your medicines and will go to another doctor.

With many acute infections you are called when the patient is already too ill to tell you his symptoms. There is also the question of the language. Often you are the second or the third doctor, so you cannot find a pure picture, the patient being drugged before with so many allopathic medicines. Do not forget, in a tropical country you are one of the many different sorts of curing men. You are not asked to help a person because you are a homœopath, but only because some one told the family you cured an acquaintance of his malaria or cough or so. So you have to do successful work in a short time and only when the patient is lying in a hospital can you do some experimental homœopathic work.

As I told you before I do not think you can do very much with Homœopathy in these infections in the acute stages.

It is quite different with the chronic stages. When a malaria case is treated with quinine or atebrin in the acute stage, the blood may be free of plasmodia malaria, but may be you find gameta, in all cases you must be aware of the possibility of a relapse. And so poor as the acute stage of a malaria can be on behalf of subjective symptoms, so rich is often the interval between the suppressed acute access and the relapse. Now you have also time

to take the case and the patient is not so ill, also is not so eager to be cured in a short time. Now you will find some specific remedies as *Natrum mur.* 30 or 200, *Arsenicum* 200 or *Ipecacuanha* 12, which were successful with me. After these medicines you can be so lucky to see no relapses. Sometimes there is no more fever, but every 14 days there are some days of illness, headache, thirst, nausea, etc., and although you cannot find any plasmodia, you know it is an attack of malaria and after taking the case you will find *Sulphur* or *China* or *Eupatorium* cases. Sometimes you see your case come back after some years with neuralgia, mostly of arm or face or groin and here you can cure with *Arsenicum* or *China* high.

Also with amœbiasis you always have many recurrences after treatment with emetine (with terramycin I have no experience). It comes as a colitis, a hepatic disturbance or in the mountains often as a hill-diarrhœa. You can find some cysts in the bowels, but often you even do not find them or the amœbiasis is only an anamnestical item. I gave always after a cure with emetine a homœopathic treatment to diminish the chance of relapse. I often succeeded with *Merc. cor.* 6, *Uzara θ, Ipecacuanha* 3, *Aloe* 4, *Colocynth* 6, according to the indications and I gave it for 2 months.

I think it will be interesting for you when I tell you some details of my experience with hill-diarrhœa, although it is not an acute infection. I think you know hill-diarrhœa is a chronic illness of tropical countries, developing after an acute infection, most of all after amœbiasis. The peculiarity is, that it is found only in the hills, at an altitude of 2,000-3,000 feet and only in European and Chinese people. There is a general weakness, caused by diarrhœa three to ten times a day; watery, painless, full of undigested fat, burning, exclusively in the morning. The tongue is red as a Hunterian tongue of perniciosa, but the blood is not like that, no hyperchromatosis. There

is a hypofunction of the suprarenal glands. There have been described many theories about the possible cause of this disease, but so far as I know, no one till now has been satisfied.

In Bandung, altitude 2,300 feet, we had a good field of investigation, with 25,000 Europeans and 40,000 Chinese living there. I was struck by the fact, that of the Chinese suffering from hill-diarrhœa, no one was living in the Chinese quarter of the city, all coming from the European sector. So I made a map of Bandung and I noted on it all cases of hill-diarrhœa of my practice. Also after an inquiry of the local doctors I put their cases on the map. Bandung has a European sector where nearly all Europeans are living, with some of the better situated Chinese and a Chinese sector where all the shops and the Chinese tradesmen reside. On the map you could see that three-quarters of the European sector was full of cases of hill-diarrhœa, 80 per cent. of all reported cases living there, but a quarter of this sector was practically free of cases. I could not explain the reason why, till I talked one day about this matter to a chemical engineer of the water control. He told me Bandung has two sorts of water supply, one coming from springs in the hills, giving water to the mentioned three-quarters of the European sector and one from wells filled with ground water and flowing to a quarter of the European and the whole Chinese trade sector. I asked him for an analysis of the minerals of these two waters and there was a very marked difference. The water of the springs contained 20 times more iron salts than that of the wells. So it was coming out that the Europeans living in the sector free from hill-diarrhœa and the Chinese tradesmen were drinking water of the wells containing a normal amount of iron, whereas the people living in the sector with a high percentage of illness were drinking water with 20 times more iron. I thought here may be one of the causes of hill-diarrhœa.

So I tried homœopathically to find medicines among the antidotes of iron, giving the subjective symptoms of hill-diarrhœa, and although I was many times successful with *Arsenicum* 30, *China* 6, *Ipecacuanha* 3 or 30, *Pulsatilla* 12 or 30, I must confess I was successful also often with *Capsicum* 6, *Sulphur* 30 and *Natrum Sulph.* 6. Here we see again, the modalities must decide the choice of the remedy, not a theory of causation.

In the case of framboesia, a disease very common in Java, I had a good success with *Merc. aurat.* 12. The acute first and second access is so quickly cured with salvarsan, that I did not try to do it homœopathically. But it is quite normal that after the outward signs of yaws have disappeared, there remains a positive W.R. of the blood. I had a half-cast family with five daughters. The eldest one came to me at the time she would marry and told me she had three series of ten salvarsan injections with bismuth, but her blood remained positive. I gave her *Merc. aurat* 12 for a month three times a day and the W.R. was negative and remained so afterwards. She had three children in the time I was still in Bandung and all three were healthy too. Of the other four daughters there came two with a positive W.R. and without salvarsan were cured with *Merc. aurat.* 12 alone.

Of the other tropical diseases mentioned under infections not due to mankind, I have not enough experience to give my opinion of the treatment.

I think it better to end with some cases of diseases of the first group, due to mankind: abdominal typhoid, paratyphoid (Salmonella) and bacillary dysentery (Shigella) for you have also your experience of these diseases so you can compare your mode of treatment with mine in the tropics.

Likewise I think it better to end with diseases I treated homœopathically, not leaving you with the impression that I did not treat the infections in the tropics homœo-

pathically. All infections due to mankind I treated exclusively homœopathically, only the infections not due to mankind I was not able to cure purely homœopathically in the acute stages.

Of the typhoid cases I will give you only hospital cases, of which I have proof of positive Widal agglutination 1/400 or higher, or a positive gall-blood culture; of the dysentery cases only those with a positive culture from the bowels. I certainly have had more cases, living at home and perhaps not cured by me alone, but I think it better to give you only confirmed cases. So I collected 30 cases of abdominal typhoid, 10 of para-typhoid, and 17 of bacillary dysentery. Of all these cases I had only one death of typhoid and also outside the here mentioned cases I had no more typhoid deaths and only one case of probable dysentery that died.

The young girl that died of abdominal typhoid was 18 years old. I was treating her for menorrhagia with *Millefolium* and she was much better but still anæmic when she got the typhoid. Her general health was not good either, for it was just after the capitulation of Japan. From the beginning she was delirious and her pulse was irregular. I gave her *Baptisia* and also *Hyoscyamus* and *Phos.*, but on the 20th day she got a hæmorrhage from the bowels and died.

The abdominal typhoid cases were complicated: 5 with para-typhoid A, 3 broncho-pneumonia, 2 malaria tertiana, I malaria tropica, 2 pyelitis, I amœbiasis. I had 2 with relapses, 2 with hæmorrhage from the bowels, I with rupture of the small intestine with peritonitis. All these cases recovered except the above mentioned one with hæmorrhage.

When I give you my treatment of abdominal typhoid, I will give it according to my theory I mentioned before. Common homœopathic drugs for typhoid are: *Baptisia, Rhus tox., Ferrum phos., Bryonia,* and when you find

pronounced subjective symptoms of one of these medicines, you can give it high. When you find other medicines look for complementary or compatible medicines among these four or also *Gelsemium, Echinacea, Pyrogen, Nitric acid,* and give it low and often, also alternating may do. When you have no pure picture or the diseased is already in a state of apathy so he cannot give good answers, give him *Echinacea* θ and *Baptisia* 4 alternating every hour till he is not so ill. In case there are lung symptoms also you can give *Phos.* 200 or *Bryonia* 30.

The case of peritonitis I cured with Pyrogen 30 and for the delirium *Hyoscyamus* 4. It was also a girl of 18 years, Widal 1|800 and in the blood typhoid bacilli. The first three weeks she was going rather well with *Rhus tox.* 30, but one day I found her delirious, anxious, visions of thieves. I gave her *Hyoscyamus* and she slept well for some nights, but in the fourth week she had a collapse, the stomach was full of gas, no intestinal rumours, fever mounting to 40·5 C., and a very quick and weak pulse. For this peritonitis I gave her *Pyrogen* 30 once a day and to the astonishment of the nurse, who thought it was a lost case, she recovered and left the hospital five weeks after. I met her recently in Holland and she told me she entered the Japanese camp half a year after her recovery and she is healthy and well now.

The other case of hæmorrhage I stopped with *Sangostop* and *Phos.* 200 and for a light post-typhoid rheumatism I gave *Rhus tox.* which cleared the case.

I can recommend to you also a method I practised with typhoid. I give every day by preference after evacuation of the bowels an enema of 200 c.c. of water of 36° C., with a spoonful of *Bolus alba.* That produces a layer in the colon and prevents the so-feared constipation occurring with this disease.

The duration of the typhoid cases was from 3 weeks to 3½ months, so I think not much shorter than usual.

But interesting was the question an old nurse in the leading hospital asked me: "Tell me, doctor, what is the reason that I have never such typhoid cases from you who are walking out of bed, or with a fine delirium. I have mostly nothing to do for your cases. They are perhaps not quicker cured as with other doctors, but they are not at all ill. Is that from these little pills you are giving them?" I told her it was and I felt happy because these old nurses are observing sharply.

With para-typhoid A I was working with nearly the same medicines: *Baptisia* and *Rhus. tox.* high or *Echinacea* θ and *Baptisia* 4. For the cases where remains a positive culture after recovery, typhoid carriers, you can best of all give *Merc. cor.* 12.

The cases of bacillary dysentery were divided as follows: six times pseudo, six times Y, twice Sonne, twice Flexner and once Schmitz. All cases recovered without complications. I had 2 with relapses. As common remedies I mention: *Merc. cor., Colocynth, Aloe, Ipecacuanha, Bryonia,* but I mostly gave them low and often. Sometimes you can have good results after the acute diarrhœa has stopped with *Phos., Sulphur, Nitric acid* and *Baptisia* high, for the state of debility remaining after the acute attack.

I could give you some key notes to determine the choice of these diarrhœa medicines, very important in the tropics. But you know them already and if not you can find them in a good book. What I give you here comes from my own experience and I thought it would be perhaps of some use for you.

I hope I have given you an impression of the work of a homœopathic physician in the tropics and of my ideas of the modern homœopathic treatment of acute infections.

DISCUSSION

DR. FOUBISTER thanked Dr. Overman for coming so far to give his paper. He found it a little difficult to express an opinion about Dr

Overman's treatment of acute conditions, as his treatment was contrary to homœopathic philosophy. Dr. Foubister had found *Pyrogen* useful in many cases of the non-specific tropical diarrhœa which went under different names in different places, and in a few cases of severe reaction to T.A.B. inoculation *Gelsemium* had fitted the symptoms perfectly.

He had spent three years in India and Assam during the war, but had not nearly so much experience in the treatment of acute tropical conditions as Dr. Overman had. He agreed that in the treatment of severe cases of malaria, quinine, and sometimes intravenous quinine, in cerebral cases was the best method of treatment. In epidermophytosis he had tried the orthodox treatment of Whitfield's Ointment, gentian violet or potassium permanganate to kill the fungus, and this was satisfactory in most cases. When there was an excessive tendency to epidermophytosis and it was difficult to clear up, constitutional treatment had been most effective. *Graphites* and *Silica* had often been indicated.

He had spent over a year on a hill station (Murree) dealing with convalescents from malaria, dysentery, typhoid and typhus mainly. In many cases removal from the plains was all that was necessary; in others constitutional homœopathic treatment had been very useful. There were two remedies he would like to mention: *Psorinum* in cases making a very slow recovery, especially if the well-known mental symptom "despair of recovery" was present; the other remedy was *Medorrhinum*. The metal symptom of apathy, a complete indifference to any form of pleasure was often found in cases needing *Medorrhinum*. When this was coupled with amelioration at the seaside, *Medorrhinum* was strongly indicated.

DR. COOKE said that he was the last man who should speak because he was not a homœopath, he was of the ordinary school, but he was very glad to have heard Dr. Overman and to have had a little encouragement from him when he said that there were allopathic medicines which seemed to act more quickly than homœopathic drugs. There was no doubt at all that advances were being made in the treatment of trophical diseases. The discovery recently by Colonel Short, that the interval in the malarial infection period between the time that the parasites were injected into the blood by the mosquito and then disappeared, and when they re-appeared again in the blood in ten or twelve days was occupied by the parasite in developing in the liver. This explanation of the interval should also explain why, in some patients, malaria remained latent for a considerable time and then re-appeared. Here was an opportunity for Homœopathy to find a drug to deal with the infection in the liver. If that could be done malaria would be cut short much more rapidly.

The question of hill-diarrhœa had always been interesting because one looked upon it very often as the precursor of sprue. Patients with sprue often said that it began with hill-diarrhœa. It was not known what caused hill-diarrhœa but he was glad to hear Dr. Overman's suggestion about the

water supply. Hill-diarrhœa had to be treated symptomatically, but the treatment of sprue had vastly improved.

He had been struck during the last few years with the tremendous improvement in the treatment of bacillary dysentery. He could remember during the first world war having a whole ward in the Hospital for Tropical Diseases full of patients suffering from bacillary dysentery and these unfortunate people went on suffering, for years, from bowel irregularity. The use of sulphaguanidine and other sulpha drugs had totally changed the outlook in bacillary dysentery, now one could promise most of these patients rapid amelioration and freedom from post-dysenteric effects.

Amœbic dysentery was often chronic. It is not often seen in this country in its acute stage but many people suffer from the chronic condition. Recently, however, instead of hospitalizing them he had treated them with dihaloquin or savorquin, and found that this cleared away the cysts from the fæces. It did not in all cases give a cure. It was easy to take, could be taken at home and saved the patient having to enter hospital.

DR. FRASER KERR thanked the lecturer for his stimulating paper. One thing Dr. Overman had said seemed to him to show one simple way of viewing, and possibly solving, that rather difficult problem of the bacteriological theory of disease in contrast with the homœopathic concept of the vital force and Holism. It would seem that the body cells and the microbe cells live in symbiotic harmony during ordinary health, when we receive no harm from the microbe cells and they no harm and probably some good from us. In disease this happy state of balance is lost.

DR. ALVA BENJAMIN said that the only experience he had had was in the first world war when he was not homœopathically inclined but he wondered how far Dr. Overman was justified in making a distinction between the diseases due to mankind and those due to influences other than mankind. In quite a number of diseases due to other causes there was just such a general reaction as in the ordinary infectious diseases passed from one man to another.

He would like to compliment Dr. Overman on his excellent English, that was the only point which might have led to confusion.

He did not quite follow the statement that the patient's reactions to his infection worked out to a drug other than those drugs associated with that condition. Looked at from the homœopathic physicians did as a rule associate any particular drug with any special pathological condition. The drugs one chose for one's patients were not generally based on the pathological conditions. If a drug were indicated why should it not be given? Dr. Overman said that he had proved from his experience that it was best to do otherwise, perhaps he could explain a little more.

The CHAIRMAN asked what was *Merc. aurat.*

DR. OVERMAN : It is a compound of mercury and gold.

A MEMBER said that he had not had much experience of tropical diseases and Homœopathy. He thought the difficulty of getting the remedy in a case of disease in Dr. Overman's second group, that is, the group which came from infection by other living animals, was that patients suffering from any of these diseases produced a typical picture of the disease. It was very difficult indeed to find the symptoms of the patient, which were very much more important to the homœopath. In a case of bilharzia infection, which was common in Egypt and in the Sudan, the patient knew what he had got, he saw the blood in the urine, most of the symptoms were related to the pain in the bladder and the increased micturition. In order to find the homœopathic remedy far more was needed than that. That was where the difficulty arose with malaria, rickettsia infections and so on. The diseases were too overwhelming sometimes to find the proper homœopathic symptoms.

Dr. NEWELL asked whether Dr. Overman gave the orthodox remedy with the protozoal type of infection, and the homœopathic remedy with the micro-organism type of infection.

Dr. MARWAHA asked if the two drugs which Dr. Overman had mentioned had been proved and if so what was the result? What was the basic underlying principle on which Dr. Overman gave certain remedies?

THE CHAIRMAN said that we were indebted to Dr. Overman for reminding us that there were two very important aspects of tropical diseases. His own theory of "natural" and "unnatural" human infections brought out two aspects which interest us as homœopathic physicians. One aspect is the physical and the other is the dynamic. Where parasites quite foreign to the natural flora of the human body are introduced and are very active, something of a physical nature must be employed to deal with them for their immediate and urgent symptoms. Having done so, the subsequent constitutional treatment by homœopathic measures would certainly accelerate recuperation.

The physical aspect had become the arena for modern research in the old school with some quite encouraging results. This was a challenge to Homœopathy. Mother tinctures and very low potencies of proved drugs had not been given sufficient study by our school to show their possible merits. Dr. Overman had given us examples of a very few—there must be very many more. We were indebted to Dr. Overman for reminding us that low potencies can relieve acute states when the drugs employed have strong confirmation of the acute symptoms in their provings. This, of course, was not Homœopathy. It was a method of employing potentized medicines to ameliorate acute symptoms. When these drugs were judiciously selected the state of the patient became safe enough to allow the physician to select the simillimum. Such a procedure required great skill so that over treatment with the palliative potency would not introduce proving symptoms (artificial drug disease) to confuse the issue.

Dr. OVERMAN, in reply, thanked the Chairman for his kind words and said that he was very glad the members had been able to understand him and to give him new ideas. He thanked Dr. Foubister for mentioning his cases in India and Assam. He had some experience of typhoid and malaria but the speaker did not think he had so many acute cases in the hills. It was the same experience he had with chronic cases of malaria, one had many, but there was no time to experiment with the acute cases.

Dr. COOKE had many interesting points to make. The synthesis of the orthodox school and the homœopathic school showed the way they must go in Homœopathy. It must be made understandable to other physicians not accustomed to homœopathic ideas. He had heard that there would be students present who would afterwards be going to the tropics so he prepared his lecture in a more practical way. Perhaps it would be possible to cure many of the diseases not due to mankind homœopathically. Homœopaths had the feeling when they saw the cases coming out of allopathic hands that they must not use penicillin for pneumonia. The fever was gone in three days, but the patient was ib ned for three weeks, six weeks, sometimes after three months he was still not very well. He thought many lives could be saved in this way but when there was a well-defined picture of a homœopathic drug one could do more with it than with an antibiotic. He had tried to put forward a mode of action wherein antibiotics were not needed.

When he said that one must not give an indicated remedy, that was not quite correct; one came to a remedy, looked in the Materia Medica and one found under *Sulphur* "over-protracted cases of pneumonia" and one thought, "this is the first day, perhaps it will be right in the last days of the pneumonia". There were many good homœopaths who had met that experience. One must give the indicated drug but in coming to drugs which were not common for that special infection one felt that it was not the ordinary course of the vital forces of the normal body acting against that special infection, therefore he would say that in that case one did better to give the complementary medicine and not the indicated drug as it was not known as being the drug for the ordinary case of pneumonia.

Dr. Cooke spoke of sulphaguanidine. He had tried it and liked it more than injections of serum of bacillary dysentery but as with other sulpha preparations it was always a long time before the patient fully recovered. The patient came, one made the diagnosis and he had the sulphaguanidine in his pocket, he had bought it and the doctor knew he would take it, so he told him to take it one day and come back the next. One did these little tricks to try to treat the patients homœopathically. He would like to have a big homœopathic hospital in the tropics and then homœopaths could speak in the same way as other physicians.

Dr. Benjamin spoke of the differentiation and said that there were diseases not due to mankind which gave other symptoms. He knew that. As Dr. MacNeill said, the differentiation was that a special part of the body reacted in all patients in the same way so that it was a complete picture of a disease. Sometimes it was easy, but with malaria he had not found a medicine which would cover its special symptoms. With malaria and with most of these infections there were very useful differences in the subjective symptoms, the sweats and chills came in the morning, the afternoon or the evening and this enabled one to try different remedies. One had to be very swift and the patient must be intelligent enough to understand he had to have two, three, four or five goes of fever before it finally disappeared. A good medicine for one case of malaria did not help the next case but when the whole condition of the patient was better one could be sure that one had the right medicine. One had to have courage when the whole family was standing there, say ten persons, round the bed!

With regard to the remark if the differentiation was possibly easier made as protozoan for the infections not due to mankind and bacterial for the infections due to mankind, he could not accept that differentiation. Sure there are many protozoan, but also bacterial infections among the infections not due to mankind. The differentiation has also a deeper sense. All infections due to mankind are connected with bacteria living as normal parasites in the healthy body, so this body has the time and the chance in forming a sort of immunization against these germs, before the specific disease develops. Whereas with the infections not due to mankind, these protozoas and bacteria are not found in the healthy body, so when there takes place an infection by the sting of a gnat or a flea, there is something like the explosion of an atom bomb. The body does not find the good reaction against the invasion, because there was no opportunity to immunize. The body was not accustomed to these kinds of germs.

—*The British Homœopathic Journal, Jan., 1952.*

REPORT OF THE MIDNAPORE HOMŒOPATHIC MEDICAL COLLEGE & HOSPITAL 1952

The Midnapore Homœopathic Medical College & Hospital was started in December 1945 at Midnapore town with the object of providing facilities to the mufusil students for theoretical and practical training of the Homœopathic system of Medicine according to the course prescribed by the Homœopathic State-Faculty, West Bengal