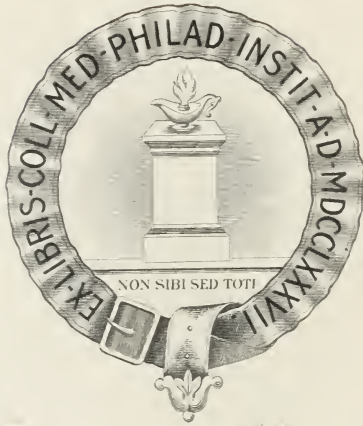




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# THE HOMŒOPATHIC RECORDER

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No. 1.

## “THE SPIRIT OF THE CALCAREAS.”

Geo. E. Dienst, M. D., Aurora, Ill.

The spirit of man—what is it? It is that attribute of the soul which distinguishes one man from another. It is the abode of his desires and aversions, his loves and his hates, and these, rather than his shape, his color and his weight, distinguish one man from another. No matter how nearly alike men may be physically, there is a difference in spirit, no matter how slight, and this difference more than another distinguishes Mr. Brown from Mr. Jones. In all avenues of life the distinguishing feature in man is the spirit which is in man. Men may be similar in spirit but not alike, and we judge them by this similarity or dissimilarity. Briefly, this is the manner in which we individualize—know individuals—differentate one individual from another. This study is as limitless as the human family.

In that other great study—that inexhaustible study of the Homœopathic Materia Medica, we have a problem similar in scope to the study of man. It is not the material, the weight, the color, the size, the taste of the drug which distinguishes one from another—which individualizes a drug—so much as the spirit, which is in the drug. For every drug of therapeutic value has its individual desires and aversions, its loves and its hates, and these attributes of the drug distinguish one from another, and though many may be similar there are no two exactly alike. There is no clear understanding of anthropology which does not emphasize the study of the spirit of man, nor can there be a clear understanding of the Homœopathic Materia Medica which does not emphasize the study

\* Read before the Southern Homœopathic Medical Association, Richmond, Va., Nov. 17, 1920.

of the spirit of the drug; furthermore, there can be no intelligent application of the law of similars in practice which does not include the fitting of a remedy in its desires, aversions, its loves and its hates to a similar spirit of desires, aversions, loves and hates in man. This truth must be emphasized with all the power and clearness we possess. Desires and aversions, love and hate precede pathology and accompany all forms of miasmatic disturbances.

Many families with their blood relatives are known by their peculiar desires and aversions. We often speak of them as possessing some peculiar psychological characteristics. This is also true of drug families, as we shall see in a moment. To make this matter clear let us take for our study the Calcarea group. Of those which have been quite clearly proven we have Calc. Arsenica, Calc. Carb., Calc. Caustica, Calc. Fluorata, Calc. Hypophosphorosa, Calc. Iod., and Calcarea Sulphurica. The parent of this family seems to be Calcarea Carb., and what is said of the parent can be said in part of all the children.

You will observe by a careful study of this family, that the spirit of *indolence*, *indifference* and *indecision* predominates in each member of the family. They appear to be strong; some are inclined to an excess of adipose tissue or aldermanic proportions; some of the youth, especially the girls, have rosy cheeks, but they are indolent and seem to accomplish so little as days go by. They tire easily, the slightest physical or mental exertion tires them and seems to bring on symptoms, which in certain members cause weeping or pouting, and these are followed by indigestion, torpidity of the bowels and loss of appetite.

To be specific CALCAREA ARSENICA suffers much mental depression and anxiety. No matter what the symptoms may be he grows despondent, is anxious about himself and his business, and if temperature arises he grows delirious very easily, even with a moderate temperature. He is also emotional, and the slightest emotion causes palpitation of the heart. As he grows older you will observe that every fourth beat of the pulse omits with scrupulous regularity. He is easily chilled. The slightest emotion or prolonged physical or mental exertion causes creeping chills over the back towards the arms and chest. He must keep himself well protected with warm clothing, or he will chill, take cold and drift into asthmatic conditions. He does not make friends easily, neither is he inclined to be friendly except when he feels good, which is not



often, for he is dreadfully afraid of sickness and injuries. His appetite is always below par. His desires are not marked, but has an aversion to almost all things with a fear that they will cause pain. He has a great thirst and drinks much water, but this causes pain in the abdomen and diarrhœa. He is easily led into drunkenness, but liquors, especially beer and ale, keep him in a state of diarrhœa. He is never satisfied with one stein. He is either full of scrofula or rapidly drifting into a tubercular condition.

CALCAREA CARB.—Dating from its provings, it is the grandfather of all the Calcareas,—a decrepit old grandfather, with a family, most of whom are so indolent that he must support them, when they should provide for themselves. They are predisposed to tissue changes, various forms of skin eruptions, morbid growths, with physical and mental exhaustion. Notice, please, that the mental or physical states are present, are inherent, can be seen and studied before tissue changes and morbid pathology are observable.

Listen! Away back in the early days of infancy certain psychical states—not a condition—but an inherent state is present and should be studied. By a careful analysis of this state you may be able to foresee impending pathology, organic and morbid tissue changes. In the babe there is sadness, unhappiness, and when admonished they cry, whimper and begin to show evidences of fear, are peevish, easily irritated and grow hateful. As they grow older you will observe that the child is easily frightened; shows evidences of cowardice, becomes apathetic, obstinate, and in school grows listless, forgetful, fails to comprehend even the simplest lessons, particularly those requiring analysis or reasoning. Hence always poor in mathematics, for the reason that they can not think coherently. When urged to study, or reprimanded for slowness of thought, they grow irritable, obstinate, cry, get sick and must be excused. Calcarea Carb. finds it *painful to think*, to reason, or concentrate the mind on problems demanding accurate reasoning. Unless this difficulty is corrected in childhood they grow into manhood and womanhood in a mentally passive state. What they learn is by absorption rather than by study or close application of mind. They are not among our leaders, our thinkers, our scholars, nor do they develop into professional experts, rarely become inventors, authors or statesmen. There is a want of comprehension, faulty or inaccurate exercise of volitional powers, hence have difficulty in choosing between right and wrong, truth and error. They are not independent

thinkers, they must be led, and so fall into this or that routine of thought or action according to the force of leadership in control. This continues with increasing danger until they have the delusion that they are growing insane or that people think them insane, they see visions on closing their eyes, every emotion brings physical suffering, and when sick with febrile complications have strange delirium. They respond slowly to mental and physical aid and as time goes on grow into various forms of mania, tissue or organic changes. When you see these psychical phenomena so briefly given here, then you can foresee lymphatic disturbances; enlarged abdomen, acidity, anæmias, depraved appetite, diseases of the bone, pulmonary and respiratory diseases, dropsy, digestive disturbances, diseases of the eyes, brain, skin, teeth, pelvic organs, genitalia and kindred disturbances which are curable if treated in early years.

**CALCAREA CAUSTICA.**—Here again we encounter the fact of "thought very difficult." What would seem an easy problem or lesson to a normal child, becomes very difficult to the one in need of *Calc. Caustica*. The teacher observes this and attributes the very slow comprehension of the child to listlessness, laziness and reprimands the child, who is urged to greater diligence in study, but just as soon as this child exerts itself in study it becomes confused, can not arrange its thoughts, misspells easy words, will say New York when it means Chicago, and the next phenomenon is vertigo, things turn in a circle, there is nausea, pallor and the little fellow must be excused and taken to the open air. This child is always worse in the evening from mental and physical exertion, from excessive use of lime-water in the food in bottle-fed children. When you observe this spirit in the child you can already prognosticate pains of almost every character later in life; in the head, back, feet, **HEELS**, spleen, nape (stiff neck), faulty digestion, faulty elimination, etc. Instead of punishing this child for his slowness in learning, confusion of thought and physical languor it would be infinitely better to give him a dose of the similitum, which, in this instance, is *Calcarea Caustica*.

**CALCAREA FLUORICA.**—In spite of Dr. Schüssler's theory regarding this "bone-salt" and some of the wonderful cures of bony growth reported in our journals, we must look deeper than morbid pathology for a true picture of this remedy. Long before exostosis, fistula, "frog-face," indurated glands, flatulency, and kindred ailments, are found where this remedy may be useful, you will discover,

upon careful analysis, a psychical phenomenon, peculiar to the Calcareas though somewhat different from other members of the family. Here is marked *indecision*. The child seems to have lost, or is suffering keenly from want of the powers of volition. The business man is facing a business proposition demanding positive decision, and he is unable to give it. It is not a matter of ignorance or a want of courage, but he is overcome with fear, causing intense anxiety which has incapacitated him for instant, positive and accurate decision. This member of the family is not concerned so much about himself or his family's physical condition but is disturbed about his business. Though his granaries may be full, his bank account in excellent condition he is fretting about "over the hill to the poorhouse." Don't be surprised if by impoverishing his vitality by undue anxiety you find swollen or ulcerated glands, exostoses, easy dislocations, catarrhal affections, digestive disturbances and a fit subject for a change of climate. He is indeed possessed with the spirit of pessimism. The brevity of this paper demands that we omit the Hypophosphite, the Iodide and Muriate, all of which need more extensive proving, but in which you will find that mental dulness, that indolence and indifference peculiar to the lime-salts.

CALCAREA PHOSPHORICA.—Here we have a member of the Calcareas which is mentally weak. It is not only incapable of connected thought, or analytical study, but he is so weak mentally that he forgets the simplest things he reads, or the simplest lessons taught. Let him read one paragraph and then ask him to repeat it from memory and you will find him confused, forgetting the essential points, or gives an incoherent or disconnected account of what he has read. He is not a good story teller, rarely engages in mirth that demands repartee and when put to the task of study or when called upon for an account of what he has read or heard he is taken with a headache or fails in his examination. You never find them among the brilliant men and women of the schools or colleges, and during a class examination they "go all to pieces." Poor things! they are to be pitied rather than punished for their mental and moral shortcomings, for many of them are as weak morally as they are mentally. No wonder we find as they grow to manhood and womanhood such diseases as anæmia, weak ankles, weak back, brain-fag, chorea, pulmonary tuberculosis, arthritic difficulties, glandular swellings, difficult dentition, etc.

CALCAREA SULPHURICA.—This salt, commonly known as “connective tissue salt,” has much the same spirit as the preceding, but differs in this, that it is much more sensitive to physical pain than its predecessors, though all have this sensitiveness. Though it chills to some extent as the other members of the family, it is relieved of its sufferings in the open air. The most peculiar feature is aggravation of practically all its ailments in damp weather. It is more sycotic than its relatives, hence this frequency of pus, and its great value in diseases “after pus has found a vent.” In this member of the family we encounter abscesses, boils, buboes, carbuncles, glandular swellings, gonorrhœa, hemorrhages, polypi, tumors, etc.

This is but an outline of the research study of this family of remedies. The lesson to be learned is this: When we see this spirit in the child particularly, and understand the results which will surely follow, let us not forget the material provided for the correction of these ills and the prevention of the catastrophe which is sure to come with years. Indolence may be converted into thrift; fear into courage, and incipient aberration of the mind into logical thinking.

### RHUS TOX—POISON IVY.\*

F. L. Juett, M.D., Lexington, Ky.

This being a remedy that has served, not only myself, but the homœopathic profession, so faithfully for the last century, that in my search for some subject to write upon have selected this remedy. Not for one instance thinking I can tell new symptoms or uses for this faithful friend, but hoping to draw attention to some conditions and symptoms that may remind my hearer of some great good this remedy has done for them in many instances forgotten and the wonderful relief given their suffering patients.

Rhus is classed by Nash as one of the very restless remedies, restlessness extends through all conditions, in which this remedy is best indicated. Patient is quiet only for a few minutes at a time, and may, when pain is severe, keep almost continuously upon the move, answering, if asked, that the aching is so great that one cannot keep still.

\* Read before the Southern Homœopathic Medical Association, Richmond, Va., Nov. 17, 1920.



Well do I remember in my early practice being called in to see a patient. Had chill during earlier part of day and temperature  $103^{\circ}$ , pulse 118, and seemingly afflicted with what was then called "Grippe," aching so severe that could not lie still, and saying that he ached so that he could only lie in one position for few minutes, and was relieved by changing position, but only for a short time; and a prescription of this remedy in a very short time relieved him and next day he was recovered enough to be up and about home, and there was early and complete relief of all symptoms and a hurried return to perfect health.

One desire I have is that you will note how this restlessness is an accompaniment of all conditions in which this remedy is indicated.

Considering symptoms of sensorium, there is great vertigo in any position on rising, sitting, standing or walking. The memory is impaired for very facts, nor can one remember what he wishes to write. This obtains mostly in fevers. It is characteristic of *Rhus* on shaking heads or jarring, there is a sensation that the step or the jar concusses the brain.

In the eye conditions profuse gush of tears and intense photophobia may call for *Rhus*. Jaws have a cramped like pain and creak or snap on motion, constant desire to yawn almost as if jaws would break. Tongue is dry with brownish dry coat through center.

Many times you will find this remedy indicated in bronchitis and pneumonia; even in early stages of bronchitis where there is dry cough. Remember one patient who has attacks of bronchitis, when I first began treating would have frequent attacks each year, now three or four years apart, does not call me, but asks for same prescription that I always gave.

In pneumonia I think best indicated in case after patient has taken on somewhat of the symptoms presented in typhoid. One symptom I especially call to mind is in long continued cases that temperature does not fall and patient begin to recover at time he should.

Do not forget that *Rhus* has many skin symptoms, burning and itching with small watery blisters, burning and itching is intense so that as you watch patient he or she will be continuously rubbing or scratching the part afflicted. There comes to mind as I write a case where an elderly lady at the home when I was calling on her grandchild came in with eczema, back of hands and arms up to

elbows, face and neck red and skin thickened and broken out—and how continuously she rubbed this surface. Tongue dry and coated. She was restless and could not stay quiet long. Gave her *Rhus Tox.* and remember how quickly she recovered from the trouble. She had had recurring attacks since womanhood, one slight recurrence in about eight years, and one prescription relieved her entirely in a few days. Some relief is often received by bathing eruptions on skin in very hot water, just the opposite to sulphur where itching and burning are increased by bathing.

*Rhus Tox.*, has many symptoms that would cause one to think of it in erysipelas of the face and nose, swelling and soreness, blistering and dark bluish in color; sore about mouth and around nose. Not only of face, but any part of the body where such an inflammatory condition appears with such symptoms, including restlessness and brown strips through center of tongue and white on sides.

One symptom that Kent especially calls attention to, is paralysis of lower extremity. Children at play will sit on cold, wet ground and show symptoms of helplessness of lower extremities. They will be returned to perfect health with this remedy.

Bretonneau, of Tours, was among the first to use and recommend its use in paralysis of lower extremities succeeding concussion of spinal marrow, but not destroying tissue.

In closing will sum up some of the most typical symptoms for using this remedy. Conditions arising from getting wet, living in damp houses, rheumatism brought on from getting wet, from being in damp places; pain gradually increases until patient must move, and better on continuing to move for a short time; then must rest.

Kent says pain in shoulder and back on lying or sitting down worse on beginning to move, but improved by warming up. Pain in back better by lying on something hard. Sciatica is included in this list of aches and pains from becoming chilled or getting wet, weakened tendons and muscles from sprains.

Restless and general appearance of a typhoid state—aching and soreness and history of better from motion and having gotten wet—will make only a fair picture of the great remedy. As relief for *Rhus* poisoning—Dunham says *Sepia*, but for last ten years I have used *Croton Tig.* 30x exclusively.



## MANY THINGS FOR MANY DOCTORS

Eli G. Jones, M.D., Buffalo, N. Y.

During the past year I have received *very* many letters from doctors of *all* schools of medicine, showing their appreciation of my articles for the RECORDER. "*No man liveth to himself.*" We are in the work to *help* each other, and if I can help a brother physician to be a *better* doctor I know that I am *doing God's work*, and it is *good* work.

Some women will complain of *nausea* all through sexual intercourse, or they may *vomit* after the act is completed. This condition indicates Silicea 30th x, three tablets three times a day. It shows *very* plainly that the *sex* magnetism of the male does not *agree* with the female, and this is one of the *hidden* causes of divorce that are *never aired in court*.

In the study of *pain* in *any* part of the body, it is *best* to begin with the *head*, and study all the *diferent* forms of headache, then, take up the *eyes*, *ears*, etc. In this way follow down the *whole* length of the body. You will find it the most *useful* and the most *profitable* time you *ever* spent in your medical career.

There are two books that will *help* you in your study of pain in *any* part of the body. The first book is "The Prescriber," by Dr. John H. Clarke, one of the *best prescribers* in England. The second book is "Pocket Manual of the Homœopathic Materia Medica," by Dr. Wm. Boericke. This book has a *complete* "Repertory of the *definite* symptoms of *pain* in *any part of the body*. You will find a *gold mine* of information in this book. Both books are for sale by Boericke & Tafel.

In my time I have had several fountain pens but the great fault that I have to find with these pens is that they are either troubled with constipation or diarrhœa. Now what I want in a fountain pen is a happy medium between the two. At times they remind me of a woman, when you want them to go they wont!

I had a letter from a student of mine, Dr. J. F. Morell Brock, Nebraska. He informs me that his practice has reached the "*high water mark*" \$2,000 a month, \$24,000 a year. That is *going some* for a country practice. It shows what can be accomplished by a physician who has *fitted himself to heal the sick*. A doctor of that kind is a *Godsend* in any community.

In prescribing Quinine for the sick remember the rule: The tongue should be *moist* and *clearing*, pulse *irregular*, *weak* and *small*, patient *sweats* from the *slightest* exertion; great *debility* and night sweats *after* an *acute* disease call for Quinine.

*Never* give Quinine when *skin* is *hot* and *dry*, pulse *hard* and tongue *dry*, for if you do you will *make your patients* WORSE!

A sharp *piercing* pain in *right* breast *just below* the nipple, it *hurts* to take a *deep* breath, pain extends down the *right* arm. The above symptoms indicate Sanguinaria 3d x, three every 2 hours.

The best treatment for *acute* arthritis is Ferrum Phos. 3d x, three tablets every hour, and Natrum Sulph. 6th x, three tablets every two hours.

In the *chronic* form give Tr. Urtica Urens, 10 drops three times a day. The more *gravel* that appears in the *urine* the *more* likely you are to cure your patient.

*Natrum sulph.* 6th x is the tissue remedy for this disease and should be given every 2 hours in *either* acute or chronic stage.

In valvular disease of the heart when the patient wakes out of sleep from sense of *suffocation*, *violent* loud cough, and *difficult* respiration the remedy indicated is Tr. Spongia 1st x, 5 drops every hour. It not only *relieves* the paroxysms, but valvular *murmurs* have *disappeared* under its action.

In another case of *valvular* disease of the heart, when the patient can only lie on the *right* side with head very high, the *palpitation* is so violent that it is often visible *through* the clothes, *shaking* the whole chest, there are *loud blowing* sounds, the above symptom calls for Tr. Spigelia 3d x, 15 drops in half a glass of water, a teaspoonful every half hour.

In attacks of asthma that occur *early* in the morning, frequently induced by *indigestion*, Nux Vomica 3d x is the remedy, three tablets every three hours. If the asthma occurs periodically at *midnight* or 2 a. m. Arsenicum 3d x is the remedy needed every 15 minutes until relieved.

Pure *spasmodic* asthma, *spasm* very prominent over the *whole* body, vomiting after *the attack*, then Cuprum met. 6th x is *the* remedy *indicated*, it may be given every 15 minutes until relieved.

When epilepsy is associated with *digestive* disorders, well marked *flatulence* and excessive *belching* of gas, *the* remedy *needed* is Argentum Nit. 6th x, three tablets three times a day.

In myopia (near sightedness) the perception of objects very near

is not *clear*, the tissue remedy for the above condition is Kali Phos. 3d x, three tablets every two hours; *the* remedy indicated in the Homœopathic Materia Medica is Physostigma (Calabar bean) 3d x, 5 drops every four hours.

The treatment of measles seems very *simple*, I expect, to the average physician. Yet how many of our readers can give "off hand" a *definite* treatment for a *very* common disease of childhood?

If there is *restlessness*, burning up with *fever*, great arterial *excitement* with *coryza*, and a hard *croupy* cough, the pulse *hard, full and quick*, Aconite will be the remedy indicated, 1st x dil., 10 drops in half a glass of water, a teaspoonful every hour.

If the face is *flushed*, eyes *bloodshot*, *red* tongue, pulse *full and soft* with *hurried* respiration Ferri Phos. 3d x, is *the* remedy indicated. Put 5 grains in a cup of *hot* water, give a teaspoonful every half hour.

If there is much *chilliness*, child *feverish*, dumpish, *apathetic*, doesn't want to be *disturbed*. There is *watery* coryza which *excoriates* the upper lip and nose with *harsh* barking croupy cough and *soreness* of chest, and *hoarseness*. The patient may have *pain* at base of brain, *aching* in the *limbs*, *itching* and *redness* of the *skin*, give Tr. Gelsemium 3d x, 15 drops in half glass of water, a teaspoonful every hour.

When there is *high* fever and the patient does *not sweat easily*, and the eruption is *slow* about coming out, give the patient

R̄ Tr. Jaborandi .....	ʒi
Tr. Asclepias Tub. ....	ʒi
Aqua q.S. ....	ʒiv
Mix. Sig. Teaspoonful every hour.	

The above remedy will *modify* the cough, *lessen* the fever, and *quiet* the restlessness, and will impart a *coolness* to the skin, as well as to lessen the severity of all congestive symptoms.

For the *obstinate* cough of measles give Tr. Drosera ʒss in four ounces of water, teaspoonful every hour.

When the eyes are *red* and swollen, and *acid* tears stream out of the eyes, dry, hoarse cough, intense *throbbing* headache. If there is a tendency to an accumulation of *sticky mucus* on the cornea, which is removed by *winking*, then *the* remedy indicated is Tr. Euphrasia 1st x, five drops every two hours.

For the epistaxis Tr. Ipecac 1st x is the remedy; if it is *bright red* blood, 5 drops every half hour.

Diarrhœa may be relieved by the above remedy in the same potency.

For *gangrene* in the *mouth* we have a *reliable* remedy in *Kali Chloricum* 3d x, three tablets every hour. For the *otalgia* use equal parts of *Tr. Plantago* and water, drop a few drops in the ear every hour until *relieved*.

In the *malignant* form of measles, *black* or *hemorrhagic*, with *sinking* of strength, diarrhœa, delirium, *restlessness*, *petechiae* and *typhoid* symptoms, you will do well to alternate *arsenicum* 6th x, five drops every three hours with *Lachesis* 30th x, ten drops every three hours.

The *best* medicated bath is Epsom salts, one pound to the usual quantity of warm water in the bath tub; *don't use any soap*.

Use the above bath in a warm room once a day.

For the *glandular* swelling, *deafness* and *sore throat*, the remedy is *Kali mur.* 3d x, three tablets every 2 hours.

## HOMŒOPATHIC PATHOLOGY OF CHELIDONIUM MAJUS

William F. Baker, A.M., M.D., Philadelphia, Pa.

In the further attempt of your sectional meeting to develop and study the materia medica of the homœopathic school, it is my privilege to present the drug *Chelidonium* to you and invite your inspection of the slides in this drug which vary all the way from a simple hepatitis to a necrosis of liver cell and the formation of scar tissue in those specimens where the drug, continued for a while, was interrupted in an attempt to produce artificially a cirrhotic liver. In the last specimen presented you will note the typical hobnailed appearance characteristic of atrophic conditions of the liver and in the early specimens you will notice an infiltration of liver cell which is characteristic of hepatitis. That this drug expends a large part of its force on the liver has long been recognized clinically but what are primary effects in the early administration of the drug to healthy animals. This will be the principal study of the evening and the slides are at your disposal for study and diagnosis.

Read before the Materia Medica Section of Homœopathic Medical Society of the County of Philadelphia, Nov. 17, 1920.

There are several objects in a study of this character to determine:

1. Symptoms of greatest importance.
2. Exciting causes of other symptoms.
3. Order of occurrences of symptoms.

There is no other plausible way to determine the totality, which is the ultimate goal of the homœopathic prescription.

Our aim then is to develop symptoms and a corresponding pathology between the animal and the drug and we will permit you the application to clinical evidence.

These factors are beneficial in proving our materia medica.

According to most writers this drug has been classed primarily with liver remedial effects, and causative, in hepatitis, but our experience with the drug leads us to class it in the gastroenteric sedative group.

You will observe that there is considerable ballooning of the small bowel in this case that has had only a few days' treatment with chelidonium and that it appears as though the liver sequelæ were secondary to this bowel obstruction at the ileocæcal valve as the condition of the bowel is invariably observed first before liver symptoms develop. You will see under the scope various grades of hepatitis to a complete necrosis of liver tissue only after the drug has been continued for a long time.

Your attention is called at once, in the administration of the drug to a healthy animal, that the appetite increases immensely and is associated with constipation which is quite the contrary in the control animals. Following this constipation is a catarrhal mucoid and yellowish discharge from the bowel with odor. Later there is a slight jaundice and great discomfort when the animal is palpated in the region of the liver, so much so that when the animal is handled it utters a shriek similar to the danger signal in these animals when in pain, for ordinarily they are very slow to evidence pain. After the second day abdominal rigidity is marked on the right side and in the right pelvic region.

The kidney soon shows irritation by means of the secretion of jaundiced urine.

With these symptoms developing the animal becomes quiet and seemingly takes on weight rapidly until ascites develops and death.

The effects of chelidonium are to be classed then:

1. Gastroenteric sedative.



2. Hepatic sequelæ.
3. Focal infections having their origin in the liver and intestines.
4. Autointoxications due to inactivity of portal circulation.
5. Dilatation of the small intestine at or around the ileocæcal valve or symptoms correlated in the storm area analogous to appendicitis and typhlitis.
6. Right ovarian and broad ligament infiltration.
7. Gastric ulceration.

In recent years much has been written concerning fecal infections and with elimination of the movement in the upper bowel, so that the bowel cannot empty itself fermentation goes on. It is a good culture medium for such focal infections. Cholecystitis, appendicitis, pancreatitis and various skin lesions may have their origin in such a focal infection. Most important are the various forms of arthritis that cannot be classed as essentially gouty.

The rigidity of the abdominal muscular system in these animals tends to show intraabdominal lesions of various kinds, and not alone the liver. It seems as though the liver were the seat of the greatest number of focal infections arising from the intestines, next the kidney and in two cases a right-sided pneumonic exudate developed.

The examination of the duodenal fluid in these early cases shows interesting changes and bile is usually found in excess giving decided reactions to test. It is usually turbid. The laboratory reports are increase of tryptic power with libase variable. If the remedy is persisted in, the animal dies of autointoxication. If the remedy is discontinued prompt recovery takes place in about 3 days' time. In one rabbit the drug was administered intermittently over a period of 9 months when a resulting liver appears as you see this one, viz: hard and hobnailed showing an overproduction of fibroid tissue.

With the pathology of intestinal stasis established we can by reference to other observers easily outline the therapy and symptomatology of this drug. Sir Lauder Brunton has shown the bacillus coli present in such cases to be a prevalent factor in the production of fatigue toxin. Mantle has shown joint symptomatology. Dr. Langden Brown has shown "the diamines discovered by Barger and Dale to arise in the decomposition of histidine," protein breakdown, therefore is an important step in the production of arteriosclerosis and particularly since the liver is involved we must expect some arterial sclerotic changes similar to those found in men and women of seden-

tary habits. The poisonous substances found in the intestines do not give rise to antibodies and the only solution of bactericidal power lies in intestinal tone. Dr. B. Thorn writing along these lines says, "there are few phases of cardiovascular trouble with which disorder of some part of the alimentary tract is not causatively associated. The great majority are directly associated with alimentary toxæmia."

Why should chelidonium affect the ileocæcal sphincter is more than I am prepared to say yet there is not hesitancy in predicting this result when chelidonium is used in appreciable doses.

A. Lane, of Guy's Hospital, attributes to intestinal toxæmia, inflammations of the gall duct, bladder, gall stones, pancreatitis, duodenal spasm, cirrhosis of the liver and arteriosclerosis. We must not forget that iliac stasis is essential for normal digestion yet when that condition persists for a long period of time we have all class of symptoms due to obstruction. Alimentary stasis is a term that is open to objection but its peculiar aptitude for selecting the right iliac fossa with secondary changes in the liver and kidneys lead us to look upon this "storm area" of the abdomen as being affected by the remedy, hence the pathology would suggest the remedy to be used in potency in these conditions especially the acute non-surgical variety. From my own clinical experience I look upon chelidonium as a greater remedy in many respects than our standard of *nuxvomica* in gastric cases. In gastric ulcer it has given me very good results and also in the symptoms and complaints of sedentary men and women, retired business men and those bordering upon the cardio-vascular stage of middle or advanced life. I consider it to be the best remedy in increasing blood pressures in the obese and in the neurotic conditions with constipation, etc., affecting multiparæ where the abdominal walls are lax. Generally speaking I consider chelidonium to be the greatest gastroenteric sedative in our materia medica due to acute irritating causes.

*Post Mortem Appearances.*—Body of a well-developed rabbit shows abdominal distension and rigidity. Upon incision there is found a small quantity of turbid fluid and the tissues appear bile-stained. The stomach is distended with semisolid food and shows a marked congestion at the pyloric orifice external. Upon rotation of the organ there is seen to ooze a liquid from a small punctate ulceration which had been torn from its adhesion which adhesion had evidently closed the opening. With the escape of a large quantity of gas the stomach lost its distension.



The ileum seemed to push itself up into the wound next and appeared distended with semi-solid and liquid putrefying substances. From this point down to the rectum and colon seemed almost empty, a slightly discolored fluid being pushed out. Above the point of dilatation of the ileum the fæces seemed to be forming normally.

The liver presented the greatest changes in that it was swollen to a remarkable degree, of a bluish red color and with large areas of blood congestions appearing similar to post-mortem changes, yet the animal was killed but a few minutes previous. Upon section the organ seemed surcharged with blood and bile, a typical hepatitis.

The kidney was enlarged and showed marked glomeruli and cortical irritation.

The drug effects thus studied are quite separate and distinct from the recorded efforts of writers in *Materia Medica*, and are produced by the administration of small doses of medicine over an extended period of time to determine.

1. Specific or organic selection of action.
2. Course of the lesions produced.
3. Final pathology or terminal pathology.
4. Associated organic conditions.

At once the method appears different from the ordinary standardization methods that are carried out by proprietary drug houses and laboratories in general simply because they limit the action of the drug in their observations to either organic selection or death. It is not the purpose of these experiments to produce death simply to build up a pathological picture of the whole period of action of the drug in small doses; As the matter now stands only 38 or 40 drugs have been standardized by any attempt near the physiological and yet the philosophy of your practice carries you as a homœopath beyond this initial stage, and in our own school only about 29 drugs have been completely studied. Several questions at once arise: First, are animals to be taken as standard for the human; and this can be answered by pointing to the fact that all modern medicine admits their use for study, taking into account their susceptibilities.

The study of this method is difficult simply because we attempt the problem from the synthetic aspect with a healthy animal as our premise. Heretofore all medical problems were essentially analytic and subject to grave error in preliminary diagnoses. The pathologist has not been as broad in his conception of disease simply because he is looking to an end result only. Until the advent of

bacteriology he must wait for death or surgical procedure to procure a specimen. Proceeding from our premise we study the organs related and become pathological anatomists.

## CHELIDONIUM NO. 20.

*Day Book*

July 26: One young healthy rufus red rabbit was selected for the proving of chelidonium. The rabbit was fed one drop of chelidonium upon 2 ounces of bread daily.

July 30: Sneezing and excess of sleeping.

Aug. 4: The rabbit was found lying upon its stomach unable to move its limbs, rolling its eyes continuously and breathing very slowly. The animal rolled from one end of the cage to the other and finally died.

*Post-Mortem*

Congestion and inflammation of the liver. Some evidence of fatty degeneration. Capsule adherent and strips with tearing. Liver adherent to adjacent structure.

Stomach congested at pyloric surface with an anæmic appearance at cardiac end. Stomach is enlarged. Fæcal mass in the upper intestine, which is swollen, tense and with plastic exudate.

From ileocæcal valve to rectum there is a distention with a clear straw color fæces, but no hard substance. Rectum empty. The stool is compact and formed in large lumps. Slight evidence of jaundice in eyes. Urine shows bile and bile pigments and excess of uric acid.

The next advance in the study of drugs from this viewpoint lies in the observation that diseases with similar physical signs when studied along with the associated symptoms often call for different remedies and yet we are led to believe that they are one and the same general types of infection. It teaches us that no one organ of the body can be singled out in a special pathology and made the basis of an accurate and comprehensive prescription of a drug. Lastly it teaches us that the idealist in homœopathy is not passing out but is rapidly coming into his own in that percentage of cases which can be classed as curable, for the ideal homœopathic view of medicine is the only view which will enable one to look at the synthetic aspect of medical problems as against the one-sided view, viz., the analytic.

Former attempts to reproduce for the purpose of study have been confined to the study of the biological life of a few infections and the standards of a very few drugs, but a continued study of drug effects over an extended period of time such as is consumed in our management of an ordinary case of illness has never as yet been systematically carried out and it is the purpose of these experiments and demonstrations to study the problem of homœopathic practice from this standard, *i.e.*, the small dose repeated often and continued to the completion of action of the drug, for this takes in not only the biological life of all infections but also the study of the resisting forces of nature and their disturbances. The study of the medical problems from the homœopathic view is broader and more comprehensive than a limited study of a special type of lesion. The study of the homœopathic practice of medicine substantiates the materia medica as proven and written from human provings and also opens up a field of pathology as distinct as can be and yet almost totally neglected by our own homœopathic clinicians. Many have gone so far as to deny the existence of a separate and distinct pathology and to those I would urge either a truer statement of the facts as seen or individual work.

With the good laboratory facilities that homœopathic colleges have now at hand it would seem as though the distinctive sectarian view of medicine ought to have at least a fighting chance.

The idealist in therapy is not passing, he has never had a fighting chance.

Reiman in the *New York Medical Journal* of February 28, 1920, really outlines the usefulness of the homœopathic materia medica in clinical research when he speaks of the errors in abdominal diagnosis as seen by the pathologist. Ewing is quoted as saying that there were very few expert pathological anatomists (the government could find few), *i.e.*, the life history of the pathology is more important in a sense than the end result. A simple laboratory test standing alone means little except when considered with the history of the case. A study of pharmacodynamics will enable an observer to start and end pathology, studying its course throughout, including all tissue changes.

One must admit that the greater part of our pathology has been gathered from the surgeon who in the majority of cases is handicapped by a long-lasting lesion complicated with other inflammatory and structural changes and his interest lies in the fact as to its malignancy.

The homœopathic materia medica as studied in the laboratory offers a complete study of tissue changes, almost unlimited and these changes can be studied throughout their entire course.

It is the opinion of the writer that homœopathic medicine and research owes its value to these conditions and possibilities.

*Conclusion.*—It is very evident from this specimen that the pharmacodynamic action of the medicinal substances offers to us a field of study in synthetic problems of medicine as against the analytic and is of far greater value in the study of medicine because it enables one to build up a pathological anatomy, study its course and observe its terminal findings. It is the expressed need of all.

It also differentiates the biological life of the infecting agent and takes into consideration all factors.

The pharmacodynamics offers to the homœopathic student a greater approach to medicine than other forms of research. To doubt it is to reflect upon one's own ability to observe. To substitute is to hinder one's conception of it and to study it is to establish the idealist in homœopathy. The place for such observation is evidently in a homœopathic college.

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### THE REMEDY HOMŒOPATHIC: HOW I FIND IT AND SOME OF THE RESULTS IT HAS GIVEN.\*

Melvin E. Chandler, M.D., Flint, Mich.

I might as well take for an example the history of a case I once prescribed for. The patient was a young woman, aged twenty. She had been menstruating irregularly and very frequently for some time past, and had become so anæmic that she had practically no color at all. Her husband asked me if I could do anything for her. I told him if anybody could, I could. So he told me to call and do what I could for her. The following is the history that I took at that time and I will copy it just as she gave it.

"I have had all the diseases of childhood except diphtheria. From October, 1906, to April, 1907, I was sick in bed with neurasthenia. In childhood, had sick headache once a month until menstruation began. Menses always have been very painful. Ab-

\* Read before the Southern Homœopathic Medical Association, Richmond, Va., Nov. 17, 1920.

domen bloated nearly a week previous to the flow and continues to until flow has been established three or four days. Pain begins with the flow and lasts two days. Discharge is like liver for five days, when it becomes bright for a day and changes to a muddy hue. All through period, flow has a very bad odor; abdomen is tender to touch during first day or two and feels as though it would burst. Constipation is worse during flow and just after. I have to strain, and sensation in the rectum as if stool were made of sandpaper. Flow always has been profuse and clotted. About 1901 I began to flow every two weeks. This continued until October, 1906. I used to soil forty double napkins each period, but now soil only twenty. I always have been irregular and the least excitement suffices to bring on the flow. Always have had leucorrhœa a few days before the period, and also if I am on my feet sufficiently to get tired. Odor is offensive; color an opaque white; thick consistency, and occasionally profuse. Tongue has a brown coat mornings, but partially clears by night. My breath is offensive; flesh sore in spots, chiefly on the right arm and left thigh and between the scapulæ about one inch on either side of the spinous processes. On these sore spots, little vesicles appear in large numbers. They are discrete and leave no scars. I am liable, also, to have cold feet, followed by a drawing under the toes, and a drawing in the posterior muscles of the leg and thigh."

This is the history as she gave it to me. She had treated with Old School physicians, who had given her everything from medical to electrical treatment—all to no avail. She had about despaired of ever being well like ordinary women.

After I have taken the history of a case, I use my Kent's Repertory. Studying up the case in that, find the three or four different remedies that seem to be more strongly indicated than the others; and then study each of these remedies in Hering's Guiding Symptoms, and prescribe the remedy that seems to be more strongly indicated. I continue that remedy until some other remedy seems to be more strongly indicated than the first.

In the case, the history of which I have just given, I prescribed Cham. 3x. I continued her on that remedy one month; then Ignatia 3x for two weeks; Silicea 3x for two weeks; and back to Cham. In three months' time the roses were back in her cheeks, her ears were red, her menses regular and normal, and she was a well woman.

During the first year of my private practice I was called one



afternoon to see a young mother who had recently recovered from a mammary abscess. When I reached her bedside, the first glance suggested acute nephritis. I took the case as well as I could, prepared some medicine and left directions as to how it should be taken, but was very much afraid my prescription was not correct. So I went to the office of a friend who had a set of Hering's Guiding Symptoms, together with Kent's Repertory. There I studied my case and decided to give *Rhus Tox.*, although *Apis* differed from it in only one symptom: that of thirst.

When I decided that her case should have *Rhus tox.*, I went back and changed her medicine, giving her *Rhus tox.* 3x, one drop every two hours. When I first saw her I took a catheterized sample of urine which, when tested, I found to be very heavy with albumen. Within twenty-four hours from the time I first saw her, her eyelids had become so swollen that it was impossible to open them sufficiently to see the eyeballs. She asked me when she would be able to see again. I told her that I would make her no promise other than that I would do everything I could for her.

I continued my prescription in spite of the fact that my patient seemed to be worse. Had I not studied my case, I no doubt would have changed the prescription and thereby lost my patient. But having faith in the homœopathic remedy, and that I had selected the remedy homœopathic to the case, I continued the prescription, with the result that the next morning the edema had sufficiently subsided so that her eyes were nearly open; and in three days from the first visit, another catheterized sample of urine showed no trace of albumen and my patient was perfectly well.

A year or two afterwards I was called to see another woman who had been about a week in the care of an Old School physician. The physician seemed to be making no headway and one of her friends had persuaded her to call a physician of the homœopathic faith. It fell to my lot to take up the burden.

At the time I first saw her she had been unable for three or four days to retain even a drink of water. She complained of the air looking smoky, and while her facial expression was not the same as that of the last patient referred to, I suspected acute Bright's disease. I secured a sample of her urine and when I examined a portion of it under the microscope, the casts were so numerous that they laid criss-cross all over the field, piled one over the other. Again I studied my Repertory and other books and decided to give

her Merc. Cor. The remedy seemed to be well chosen, for in a day or so she began to improve and gained steadily and was well in about a week or ten days.

March 19, 1913, a young man came to my office accompanied by his brother-in-law, who was a patient of mine. He told me that his wife was threatened with puerperal eclampsia. On Easter day, the year before, she had been taken to the hospital and delivered of a seven-months fœtus, after being found in a spasm. She had become pregnant again three or four months later and was about seven months along when her husband first called on me. While the year before she had no idea that there was anything wrong with her until she had had a spasm and was taken to the hospital, this time she recognized the symptoms and consulted a physician. It happened that she consulted an Old School physician and he had been unable to help her in any way, and had advised her to have the uterus emptied at once. That prognosis was entirely displeasing to her and her husband. In talking the case over with her brother-in-law's family, it was suggested that they consult me.

I called up her physician. His history of the case was substantially as she had told me. He had told her that if she preferred to have anyone else care for her, he was perfectly willing, for he felt that the only thing to do was to empty the uterus. He wished me success and said if he could help me in any way to let him know.

I went to see the patient and found her with a normal pulse and temperature, but so nauseated that she had been unable to retain anything at all for three or four days. I gave her Colch. in alternation with Ver. vir., and kept her on that prescription for three days, at the end of which time she began to complain of not being able to see well, and a microscopical urinalysis showed both casts and blood cells in the urine. Then I changed the prescription to Merc. cor. in alternation with Ver. vir. I kept her on that prescription one week, when I discontinued the Ver. vir. and kept her on Merc. cor., one tablet four times a day. I kept her on this for two days. At the end of that time she was feeling fine and was able to be up and around the house. She remained well until about a month later, when I had to prescribe for her again for the same condition. This time, however, she responded in a couple of days to the remedies and had no further trouble until she was confined, at full term, giving birth to a living baby.



Seven or eight months afterward her husband came to me and told me his wife was pregnant again, and wanted me to abort her, as he felt he could not stand the expense connected with another session of illness like she had had. I refused to do the work for him, so his wife came, and then they both came; and still I refused. They said they were moving on to a farm where there was no doctor convenient, and they were afraid it would cost her her life. I still refused, but gave her a vial of medicine and told her to take it if she felt any of the symptoms coming on.

The next I heard from them, they had a bouncing eight-pound boy, and were very glad I had refused them. As far as I know, she never has been threatened with eclampsia since.

During the epidemic of infantile paralysis in 1916 I was called in great haste to see one of my patrons, a young woman who was clerking in one of the down town stores. While walking to work in the afternoon she suddenly fell to the sidewalk and was unable to help herself in any way. An elderly couple walking behind her had been watching her as she walked so unsteadily, and when she fell they called a cab and had her taken home.

On getting the history of the case, I found that she had not been feeling well for a few days, but did not feel badly enough to give up her work. After she fell, she had no use of her legs and was very much frightened because of the prevalence of infantile paralysis. Feeling that the absence of worry contributes to the well-being of the patient, I told her to forget the infantile paralysis stuff and I would have her up again in a few days.

I gave her one drop doses of the Tincture of Gels. every two hours, and told her mother to keep her quiet, allow no visitors, give her a liquid diet, and I would see her again the next day.

The next morning when I called, she was feeling so much better that they had almost decided to tell me not to come. However, I stayed on the case for three days and continued the remedy at longer intervals. She was at work again in a week with no evidence of her trouble.

August 2, 1917, I received a call to see a woman aged sixty-two, who had been under the care of two Old School physicians. Receiving no benefit from them, she was persuaded by a friend of mine to call me. I found her with a pulse of 84, temperature 99.6, systolic blood pressure 175, and loss of sensation of the left side and practically unable to move her leg or arm; thickened speech.

From conditions I found existing, I prescribed Opium *ix*. When I told the patient that she had had a stroke of paralysis she was very much disheartened and felt that she never would be able to walk again. I told her to take the medicine I left, according to orders, and by Christmas time we would have her in normal health, which seemed to cheer her up somewhat.

The next day her blood pressure had dropped to 160; the prescription was continued. The remedies I used in this case were Belladonna, Nux *v.* and Chel., which I prescribed when I felt they were called for. I made eleven calls, the last one being Sept. 1st. Before Christmas she walked into my office, very happy, having the full use of her arms and legs, and was as much surprised as she was happy. She had understood that when one has paralysis they are left crippled.

On the 8th of the following May I was called to see the daughter-in-law of the woman about whom I have told you. She had been down town shopping in the afternoon and, feeling tired, had gone into a moving picture show to rest. When she attempted to leave she found she had no use of her legs. Naturally, this condition frightened her very much and she tried to get me by telephone; but, as I had left my office, they called another doctor. He took her home in his car and prescribed for her. Afterwards, knowing of her mother-in-law's case and how nicely she had recovered from her paralysis, she was very anxious to have me care for her.

When I reached her bedside, she had no feeling in either leg. Was unable to move either leg and was unable even to speak. I first gave her a dose of Glon., to be followed by Causticum 6x, one drop every two hours. I continued the Causticum three days, by which time she had recovered her speech and was able to move the right leg at will and had slight control of her left. At that time (for some reason I do not recall) I prescribed Nux *v.* 3x, which she had for two days. Then I gave her Cact. grand. for two days and went back to Nux *v.*, and then Gels. She was doing so well that she was up and around the house on crutches against my advice to keep quiet. I told her if she was too active she might have a recurrence. She was headstrong and thought she was past her troubles until the 22nd, when they called for me, post haste. My first prescription was a dose of Glon. followed by Caust. This I continued until June 13th, in alternation with Chel., which I gave in the tincture. At that time I discontinued my calls and she has had no recurrence of the trouble.

On the 2nd day of January, 1918, another patient brought her little girl into my office. The child had a discharge from one of her ears, for which I prescribed Graph. The following day, late in the afternoon, I was called to the house to see the little girl. I found her with a pulse of 102, temperature 102.5; prescribed *Belladonna*. The next day her condition was practically the same. On the 5th of January her pulse had dropped to 84 and temperature to 100. I gave her *Nux-v.* (on what indication I do not remember). On the 6th her pulse was 96 in the morning, with temperature of 101.4. From the symptoms I prescribed *Hep. sulph.* in alternation with *Gels.* That evening her pulse was 100, temperature 102, and it was very evident from her symptoms that she had spinal meningitis. She became unconscious, did not know even her mother. Her head was bent back until it was at right angles with her spine. She remained unconscious for three days, during which time the prescription *Hep. sulph.* and *Gels.* was continued. At the end of the third day she began to regain her consciousness and from then on her condition improved steadily.

On the 9th of January I changed the prescription to *Gels. tinct.* and *Sulph. 12x*, returning to *Graph.* on the 14th, which I continued until the 17th, when I changed to *Nux-v.* and *Sulph.* I discontinued my visits on the 21st, leaving my little patient with no evidence of having been sick, other than that she was pale and had lost some weight.

About 4 o'clock on the morning of the 6th of April, 1914, I was called to see one of my patients, an old lady about eighty-two years of age, I got this history:

The preceding evening she had had a very severe chill, lasting about an hour. The chill was followed by a fever and a loud rattling respiration. I found her with a pulse of 120, temperature 103. Mucous rales in both lungs, and expectorating a rusty sputum. I prescribed *Phos.* in alternation with *Belladonna*, and got a nurse for the case. Returning at noon I found her pulse about 100, her temperature 100.3, respiration 27; prescription continued. Returning in the evening her pulse was 100, temperature 99.7, respiration, 24, and rales practically absent in lung. The next morning the pulse was 98, temperature 98.6, respiration 24. In the evening pulse 100, temperature 99.5, respiration 24, and the blood had disappeared from her sputum; prescription continued. On the fifth day I told them they might discharge the nurse, as she was no longer necessary.

I want to tell you of just one more case I was called to see when the epidemic of influenza was on in 1918.

On the evening of Nov. 11, 1918, I was called to see a young woman who they told me had the influenza. When I reached the house I found her in bed with a pulse of 108, temperature 102.3; lungs clear. After I prescribed for her they told me that her husband had had the influenza two or three days before, but had recovered without the assistance of a doctor. Then I thought it best to look him over, and found him with a pulse of 102, temperature 103.3. I learned that he had been wading around in the water in the basement of the house getting his fruit and vegetables out of the water. He had gone from the basement out of doors in his shirt sleeves to pump a pail of water for his wife and had stood there and talked for a time with one of his neighbors.

The next morning I found his pulse was 90, temperature 102.6, and I prescribed Phos. and Belladonna in alternation every hour. The next day I found him with mucous rales in both lungs and raising a rusty sputum. Pulse 120, temperature 104. Prescription of Phos. and Belladonna continued. I felt that his days were numbered. However, I was greatly pleased the following day to find, when I called, that his temperature had dropped to 101 and the sputum was nearly colorless. From then on he made a rapid and uneventful recovery.

I have brought to a speedy end many a case that gave similar evidence of an oncoming pneumonia. I do not wish to give the impression that I have such happy results with all my cases. I have singled out these few because they demonstrate very clearly the possibilities that lie in the remedy homœopathic. I firmly believe that, could we always make a correct prescription, we could always have just as happy results as were had in these few cases.

If I were teaching homœopathic materia medica I would insist upon my students owning sufficient books before they left college so that they might be able to study out the remedy homœopathic to any given case. I think one of the chief troubles with our recent graduates in homœopathy is, that when they begin the practice of medicine they have not a sufficient library to enable them to study a case as it should be studied, consequently, they are at a loss to know what remedies to give, and must, of necessity, revert to empiricism, one form of which is the prescribing of compound tablets, such as (I am sorry to say) all of our homœo-

pathic pharmacies are offering to the doctors. I consider them one of the worst menaces to the continuance of the homœopathic school to-day.

In taking a case, I try to lead my patients on, not by questions that suggest symptoms but by questions that cannot be answered by “yes” or “no;” avoid suggestion and get as nearly as possible the story in their own language.

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### “GRIPPE” AND SOME OTHER THINGS.

TO THE EDITOR OF THE HOMŒOPATHIC RECORDER.

*Dear Sir:* I have written for a medical journal once before, in nearly fifty years’ practice, and this the second time, because I am nearing 70 and have a feeling that amounts to a conviction that I ought to pass on some little things before I go under. Now regarding “Grippe”: in 1878, now 42 years gone, I placed myself under an old man—a Homœopath graduate from the Regular school, through Eclecticism to Homœopathy—to study the “New School.” The first book he gave me was the Organon. I waded through the heretical stuff conscientiously, but was still suspicious of quackery, both in Hahnemann and my old teacher; the next book was Raue’s Pathology. Ah! that suited me; here was some evidence that the new school was “scientific” since it had at least one good work on pathology. In glancing through, one thing that struck my eye was the heading in bold black capitals—the picture of that heading has been with me ever since—GRIPPE, INFLUENZA, OR PNEUMONIA-NOTHA.

Now there was something my allopathic training could appreciate; here was a *name* of a disease to treat, a definite thing; and in my next case of Grippe I looked for “Pneumonia-Notha”—and I found Pneumonia True—and through all of the 40 following years, I have found, and treated, and recognized Grippe for what it always is, true Pneumonia in disguise.

I have treated nearly every winter for all of that time, in different places in America, from Chicago to the Pacific coast, in the mountains and plains, in Alaska, at sea, and now, in Asia; and I wish any who read, to understand that I am speaking plain, condensed, concise, scientifically true English-American language, when I write that I have not lost a single case of Grippe during over 40 years.



And the secret is this: that the drift of pneumonia in grippe in its incipiency is like infantile *apex* pneumonia, hidden sometimes from the stethoscope until the conflagration, the per-oxydization of tissue, has gone far; and since he who can prevent disease, is at least the equal of him who can cure, the physician's duty is to steal a march on the pneumonitis, which is always there from the beginning.

Now we know, that certain remedies when indicated homœopathically, will combat fevers, and that the effect of the action of the pneumococcus is hyperæmia, followed by inflammation (fever); if we catch that action in the hyperæmic stage and check or control it, we neutralize or entirely prevent the "fever." Therefore, in every case of grippe, as soon as called, I immediately give some one of the fever remedies, Ver. Vir.; Acon.; Bell.; Fer. Phos.; or what not, whichever one is indicated, and I give the dose of 10 drops homœopathic tinct. in a glass of water, teaspoonful of the Solution every half hour, if needed.

More often indicated than any other is Ver. Vir.; I thus get ahead of the inflammation stage, which I *know* is there, even if sometimes I cannot get the symptoms right then, but, let me tell the man who says routinist, that I never fail to find them at some stage of the treatment, mild under my treatment, if I have been called early, but *always* there, and recognizable to the trained homœopath. Then, for the after treatment, when the cells themselves are acting wrongly and have become a secondary cause of disease, whether due to the secretions of the germ or whatever it may be, is the field of the high dilutions, and he who knows their field and can handle them, will raise his patient without sequelæ; whether they act on the rebel individuall cell; the unit citizen of the Republic we call an animal, or by the higher police powers of one or the other central nervous systems or ganglia is immaterial, the *fact* that they do so act, is all we need; other generations will know the how and why of their acting, even as Baker has given us the how of the action of our long used boneset in "Malaria." But, if the physician has this prior knowledge of Raue's Pneumonia-Notha and fails to use it, he cannot—in the after hours that come to him, when we think what we might, or should have done—satisfy his conscience with the shibboleth of "pneumonia complications setting in."

D. H. BRIEN, M. D.

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### THE SCOPE OF HOMŒOPATHY

By Stuart Close, M.D.

Accuracy and efficiency in homœopathic prescribing is only possible to those who have a clearly defined idea of the field in which the principle of Similia is operative.

The scope of homœopathy is a subject which has received too little consideration by teachers and practitioners alike. Hazy and confused ideas prevail. As a result we find on the one hand a few sincere but misguided enthusiasts attempting the impossible and bringing ridicule upon themselves, and, on the other hand, the great majority, ignorant of the higher possibilities, missing their opportunities and bringing discredit upon themselves and their art by resorting to unhomœopathic measures in cases which could readily be cured by homœopathic remedies. One believes too much, the other too little. Neither one knows why he succeeds in one case and fails in another.

Haphazard cures do not justify boasting. The cause of homœopathy is not advanced by such work. What we need is clean-cut, scientific work; work capable of being rationally explained and verified; results attained by the intelligent application of a definite principle and a perfected technic in a sharply delineated field.

The therapeutic principle is known; the technic of prescribing has been developed; a large number of remedies have been prepared; but the field of action has not been clearly defined.

In this respect we are like an army which is wasting much good ammunition trying to search out a hidden enemy of whose exact location it is ignorant.

A philosophical aëroplane, sent into the upper regions of the air, may be able to locate the enemy exactly, and enable us to train our guns directly upon him.

Homœopathy as a therapeutic method is concerned primarily only with the *morbid vital processes in the living organism, which are perceptibly represented by the symptoms, irrespective of what caused them.*

In defining the scope of homœopathy it is necessary first to discriminate between disease *per se*, as a morbid vital process and the



material results or products in which the morbid process ultimates. With the latter homœopathy primarily has nothing to do. It is concerned only with disease *per se*, in its primary, functional or dynamical aspect.

Disease *per se*, Hahenmann says, is nothing more than an alteration in the state of health of a healthy individual, caused by the dynamic action of external, inimical forces *upon the life principle of the living organism*, making itself known only by perceptible signs and symptoms, the totality of which *represents* and for all practical purposes constitutes the disease.

It becomes necessary, therefore, in homœopathic prescribing to carefully separate the primary, functional symptoms, which represent the morbid process itself from the secondary symptoms which represent the pathological end-products of the disease.

The gross, tangible lesions and products in which disease ultimates are not the primary object of the homœopathic prescription. We do not prescribe for the tumor which affects the patient, nor are we guided by the secondary symptoms which arise from the mere physical presence of the tumor: We prescribe for *the patient*—selecting and being guided by the symptoms which represent the morbid, vital process which preceded, accompanied and ultimated in the development of the tumor.

If there is doubt as to which symptoms are primary and which are secondary the history will decide. In the evolution of disease as of the living organism, functional changes precede organic or structural changes. "*Function creates the organ,*" is a maxim in biological and morphological science, from which it follows that *function reveals the condition of the organ*.

The order in which the symptoms of a case appear, therefore, enables us to determine which are primary and which secondary, as well as to ascribe reflex symptoms to their source and correctly localize the disease.

For the homœopathic prescriber the totality of the functional symptoms of the patient is the disease, in the sense that such symptoms constitute the only perceptible form of the disease and are the only rational basis of curative treatment. Symptoms are the outwardly perceptible signs or phenomena of internal morbid changes in the state of the previously healthy organism, and are our only means of knowing what disease is. They represent a change from

a state of order to a state of disorder. When the symptoms are removed the disease ceases to exist.

These phenomena result from and represent the action upon the living organism of some external agent or influence inimical to life. With the morbid agents themselves homœopathy primarily has no more to do than it has with the tangible products or ultimates of disease. It is taken for granted that the physician, acting in another capacity than that of a prescriber of homœopathic medicine, will remove the causes of the disease and the obstacle to cure as far as possible before he addresses himself to the task of selecting and administering the remedy which is homœopathic to the symptoms of the case, by which the cure is to be performed.

In thus focusing attention upon the individual and purely functional side of disease, upon disease *per se*, the sphere of homœopathy may be clearly perceived.

From this point of view, the most significant and general feature to be observed about the phenomena of disease is the fact of motion, action, change; change of states, forms and positions; change resulting from the application of morbid force in the living organism; change from a state of health to a state of disease; and the reverse; change of symptoms and their groupings; change of order to disorder; change of form of diseased structures; change of function; change of molecular combination and arrangement; everywhere motion, change and transformation so long as life lasts. In one word, we find ourselves in the realm of *pure dynamics*. This is the true and only sphere of homœopathy, *the sphere of vital dynamics*. In fact, homœopathy might well be defined as the Science of Vital Dynamics. Its field is the field of disordered vital phenomena and functional changes in the individual patient, irrespective of the name of the disease, or of its cause. Its object is the restoration of order and harmony in vital functioning in the individual patient. Its laws are the laws of motion operating in the vital realm, which govern all vital action. Its fundamental principle is the universal principle of Mutual Action. "Action and Reaction are Equal and Opposite."

"The unprejudiced observer," says Hahnemann, "well aware of the futility of transcendental speculation which can receive no confirmation from experience—be his power of penetration ever so great—takes note of nothing in every individual disease, except the *changes* in the health of the body and the mind (morbid phenomena, accidents, symptoms) which can be perceived externally by means

of the senses; that is to say, he notices only the deviations from a former healthy state of the diseased individual, which are felt by the patient himself, remarked by those around him and observed by the physician. All these perceptible signs represent the disease in its whole extent, that is, together they form the true and only conceivable portrait of the disease." (Organon, Par. 6.)

The tangible things which the examining physician finds in the body are not the disease, but merely its effects. It is as impossible, and therefore as futile to try to find a disease in the hidden interior of the organism as it would be to try to find a thought by an exploration of the interior of the brain, the electricity in the interior of a dynamo, or the song in the throat of a bird. Such things are known only by their phenomena. Metaphysically considered, they may be said to subsist in the dynamic realm as substantial entities, or forces, but as such they are perceptible only to the "inner vision," through the eyes of the mind. They are "spiritually (that is, mentally) discerned." The metaphysical conception serves as an aid in the interpretation of the phenomena.

Practically, however, we do not deal with abstractions. We deal with facts and phenomena, with symptoms.

"The totality of these, its symptoms, of *this outwardly reflected picture of the internal essence of disease, that is, of the affection of the vital force*, must be the principal, or the sole means, whereby the disease can make known (its nature and) what remedy is requires." (Organon, Par. 7.)

The removal of all the perceptible symptoms or phenomena of disease removes disease itself and restores health. Hahnemann thus philosophically distinguishes between disease itself and its cause, occasions, conditions, products and phenomena, and in so doing shows clearly that the sphere of homœopathy is limited primarily to the functional changes from which the phenomena of disease arise. In other words, homœopathy is confined to and operative only in the sphere of vital dynamics.

Primarily homœopathy has nothing to do with any *tangible or physical* cause, effect or product of disease, although secondarily it is related to all of them. Effects of disease in morbid function and sensation may remain after the causes have been removed. Removal of the tangible products of disease, if it be too far advanced, may have to be relegated to surgery. Homœopathy deals directly only with disease itself, the *morbid vital processes* manifested by

perceptible symptoms, which may remain and continue after the causes have been removed and conditions changed.

It stands to reason, as Hahnemann says, that every intelligent physician, having a knowledge of rational etiology, will first remove, by appropriate means, as far as possible, every exciting and maintaining cause of disease and obstacle to cure, and endeavor to establish a correct and orderly course of living for his patient, with due regard to mental and physical hygiene. Failing to do this, but little impression can be made by homœopathic remedies, and what slight impression is made will be of short duration.

Having done this, he addresses himself to the problem of finding that remedy, the symptoms of which in their nature, origin and order of development are most similar to the symptoms of the patient, and to the proper management of it, when found, as to size and frequency of doses.

While gross pathological tissue changes, organic lesions, neoplasms and the physical effects of mechanical causes are not primarily within the domain of *Similia*, and therefore are not the object of homœopathic treatment, the morbid processes from which they arise are amenable to homœopathic medication. Homœopathic remedies, by virtue of their power to control vital functions and increase resistance, often exercise a favorable influence upon the tangible products of disease or accident. Thus, the growth of tumors may be retarded or arrested; absorption and repair promoted, even to a total removal of the morbid product or growth; secretions and excretions may be increased or decreased; eruptions, sores and ulcers healed. But all these happy tangible results are only incidental and secondary to the real cure which takes place solely in the functional or dynamical sphere, quelling disturbance, controlling metabolism, antidoting poisons, raising resistance and bringing about cure by the dynamical influence of the symptomatically similar remedy.

Following the exclusion method adopted by Dake, in his "Therapeutic Methods," and using a modification of his phrasing, the sphere of *Similia* may be defined as follows:

1. Homœopathy relates primarily to no affection of health where the exciting cause of disease is constantly present and operative.
2. It relates primarily to no affections of health which will, of themselves, cease after the removal of the exciting cause by physical, chemical or hygienic measures.



3. It relates primarily to no affections of health occasioned by the injury or destruction of tissues which are incapable of restoration.

4. It relates primarily to no affections of health where the vital reactive power of the organism to medicines is exhausted, obstructed or prevented.

5. It relates to no affection of health, the symptomatic likeness of which may not be perceptibly produced in the healthy organism by medical means, nor to affections in which such symptoms are not perceptible.

The class not excluded, the one in which homœopathy is universal and paramount to all other methods must be made up of *affections of the living organism in which perceptible symptoms exist, similar to those producible by pathogenic means, in organisms having the integrity of tissue and reactive power necessary to recovery, the exciting causes of the affections and obstacles to cure having been removed, or having ceased to be operative.*

The sphere of Similia in medicine is thus limited to those morbid functional conditions and processes which result primarily from the dynamic action upon the living organism of morbid agents inimical to life.

The living organism may be acted upon or affected primarily in three ways: (1) Mechanically. (2) Chemically. (3) Dynamically. The causes of disease fall naturally under these three heads.

Under the head of mechanical causes of disease come all traumatic agencies, such as lesions, injuries and destruction of tissues resulting from physical force; morbid growths, formations and foreign substances; congenitally defective or absent organs or parts, prolapsed or displaced organs, etc. These conditions are related primarily to surgery.

The destructive action of certain chemical poisons such as the acids and alkalis is of sufficient illustration of the chemical causes of disease, although all such agents have also secondary dynamical effects, which come within the sphere of homœopathy. Diseases arising from these causes require the use of chemical or physiological antidotes, combined in some cases with measures for the physical expulsion of the offending substances, and followed by homœopathic treatment for the functional derangements which remain or follow.

Entozoa or organized living animal parasites, when their presence in the body gives rise to disease, must be expelled by mechanical measures or by the administration of medicines capable of weaken-

ing or destroying them without endangering the person suffering from their presence. Dynamical treatment on homœopathic principles may be required to remove the functional derangements and restore the patient to health.

The effects of dynamical causes of disease, by which is meant all those intangible and medicinal or toxic agents and influences which primarily disturb the vital functions of mind and body, come legitimately within the sphere of similia. These are very numerous, but they may be roughly classified as (1) mental or psychical, atmospheric, thermic, electric, telluric and climatic, (2) dietetic, hygienic, contagious, infectious and specific—the last three including all disorders arising from the use or abuse of drugs, and from all bacterial agents or pathogenic microorganisms which produce their effects through their specific toxins or alkaloids. Homœopathy successfully treats bacterial or zymotic diseases, such as cholera, yellow fever, typhus and typhoid fever, malarial fever, diphtheria, tuberculosis and pneumonia, by internal homœopathic medicines, without resorting to bactericides, germicides or antiseptics. Such agents have their use only in the field of sanitation, which is environmental, not personal. We disinfect the typhoid patient's excretions but not the patient himself.

Again quoting Dake's admirable exposition, but qualifying his third proposition, and adding a fifth paragraph:

"The domain of *Similia* may be reached by another route. Looking at the various drugs, and other agencies capable of influencing health, and advancing, as before, by the method of exclusion, it may be said:

"1. The homœopathic law relates to no agents intended to affect the organism chemically.

"2. It relates to none applied for mechanical effect simply.

"3. It relates to none required in the development or support of the organism when in health.

"4. It relates to none employed directly to remove or destroy the parasites which infest or prey upon the human body.

"Looking over the armamentarium of the therapist for agents not excluded, one class is found, namely; *those agents which affect the organism as to health in ways not governed by chemistry, mechanics, or hygiene, but those capable of producing ailments similar to those found in the sick.*"

In regard to Dake's third proposition it can and will be shown



that, inasmuch as the development and support of the organism when in health depends upon the principle of *assimilation*, as demonstrated by Fincke, the principle of *similia* does relate to these processes; for assimilation depends upon mutual action, upon action and reaction, and this is the fundamental principle of homœopathy.

To the foregoing propositions as formulated by Dake one more should be added.

5. The homœopathic law relates to no agents or drugs administered for their direct or so-called physiological effects.

Circumstances arise occasionally which make it necessary, temporarily, for the homœopathic physician to use drugs in "physiological" (really, pathogenic) doses for their palliative effect. Although the ruling principle of his medical life is *cure by symptom-similarity*, and that end is always held in view as an ideal, he is not thereby forbidden the use of palliative measures in cases where they are appropriate and necessary.

Hahnemann, after showing the futility of antipathic medication as a curative method, and pointing out the dangers incidental to its use, admits the utility and necessity of resorting to palliation in certain emergencies. In a note to Paragraph 67, he says:

"Only in the most urgent cases, where danger to life and imminent death allow no time for the action of a homœopathic remedy—not hours, sometimes not even quarter hours and scarcely minutes—in sudden accidents occurring to previously healthy individuals—for example, in asphyxia and suspended animation from lightning, from suffocation, freezing, drowning, etc.—it is admissible and judicious at all events as a preliminary measure, to stimulate the irritability and sensibility (the physical life), with a palliative, as for instance, with gentle electric shocks, with clysters of strong coffee, with a stimulating odor, gradual application of heat, etc. When this stimulation is effected, the play of vital organs goes on again in its former healthy manner, for there is here no disease to be removed, but merely an obstruction and suppression of the healthy vital force. To this category belong various antidotes to sudden poisonings; alkalis for mineral acids, hepar sulphuris for metallic poisons, coffee and camphor (and ipecacuanha) for poisoning by opium, etc."

The principle of palliation is here recognized and a new illustration given of its legitimate application in one class of cases. If it is noted that all these illustrative cases are characterized by *shock*,

or collapse, it will be seen that the principle has a somewhat wider application that appears on first consideration of the cases enumerated by Hahnemann. It may fairly be extended, for example, to cover certain cases where sudden and unendurable pain occurs and collapse is threatened by such semi-mechanical conditions as the presence or passage of renal calculi and gravel, or biliary concretions. In exceptional cases of these and similar conditions, analgesics may be used temporarily as anæsthetics are used in surgical and dental operations, and for the same purpose, that is, to prevent or relieve shock.

When all has been said and the scope of homœopathy has been defined as clearly as possible, it is evident that there is a borderland between homœopathy and its related sciences around which it is impossible to draw sharp lines of demarcation. In this region each physician must be governed by his own individual judgment and the circumstances of the case. It follows that there will always be differences of opinion between individual physicians under such circumstances. The physician who is imbued with the spirit of homœopathy endeavors always to keep his mind open and free from prejudice. While striving always to perfect his knowledge of homœopathic technic in order that he may meet any emergency and extend the borders of his art to the farthest limits, he never forgets that the necessities and the welfare of his patient are first. He will not allow either pride or prejudice to obscure his sense of his own limitations, nor those of his art. Circumstances sometimes arise when the strongest man and ablest prescriber, by reason of the great moral pressure brought to bear upon him by the peculiarities of his patient, of the environment, or from lack of time, will be compelled to tide over a period of unendurable suffering by the use of analgesics, or of some other measure to meet extraordinary emergencies. He does this as a charitable concession to the weakness of human nature, his own perhaps as well as others, without in the least degree lowering his standards, or bringing discredit upon himself or his art. He does this knowing, perhaps, that if he had time and the circumstances permitted, he could do better. But time and circumstances are sometimes, at least temporarily, beyond his control. It is possible to violate the spirit of adhering too closely to the letter of the law. Victory is sometimes gained by appearing to yield, which is quite in accord with the principle of *Similia*, a sort of moral homœopathy. A strategic retreat to an-

other line of defence in war often gives a stronger base from which to launch a successful attack.

In cases of renal or hepatic colic, for example: If the physician is firm and calm as well as skillful, and possesses the entire confidence of the patient and his family and friends, he may be able to alleviate the agonizing pain and carry such cases through to a happy termination by the use of homœopathic remedies alone. It has often been done, and when possible, is the ideal way.

But the physician may have been newly called to the case or family and not have had time to gain their complete confidence by the results of his work and teaching. Patients have to be educated in the principles and methods of homœopathy by discussion, instruction and demonstration, and this requires time. When they have felt or witnessed the results of competent homœopathic prescribing they acquire confidence. Some become enthusiastic advocates and propagandists of homœopathy, and are always ready to uphold and coöperate with their physician in demonstrating its methods even in the gravest emergencies. Others are interested only in quick results, caring little or nothing about how they are obtained. The latter are very difficult to hold in such cases and some of them will not continue with the conscientious homœopathician, no matter what he does. Between these two classes exists a third the members of which can be interested in homœopathy to a degree that will enable the practitioner to hold them as patients and retain their confidence and coöperation in homœopathic treatment in all but extreme cases. It is in such cases that the pressure referred to will be brought to bear upon him, and he may be compelled to resort temporarily to palliation to gain time and strengthen his position. Unless he can do this there is but one honorable course left for him to pursue or resign the case and withdraw. In pursuing either of those courses the conscientious practitioner is beyond the criticism of all fair-minded persons. But he is always open and frequently subjected to the attacks of prejudice, bigotry and jealousy, and to these the best defence is silence and a clear conscience.

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**TIC DOULOUREUX—TRIGEMINAL NEURALGIA.**

**S. R. Geiser, M.D., Cincinnati, O.**

Was it a cure, a coincidence or an accident? A woman 63 years of age was brought to the Bethesda Hospital ward in February, 1915, suffering from agonizing pains of an unusually severe type of tic douloureux; having been afflicted for upwards of three years. She had been through many kinds of courses of treatment, and scientific tests in several of our best hospitals. She had practically gone through the "group method" of examination and treatments. All her remaining teeth were sacrificed, her tonsils removed, and a nerve excised by a local surgeon of prominence. In fact attention had been given to all the organs in the body; all reflex errors had been corrected. Elimination and diet had been looked after. In other words, practically all had been done for her relief except the administration of a carefully selected homœopathic remedy.

As a last resort, without much promise of likely relief, owing to her low vitality, emaciated and anemic condition, the removal of the Gasserian ganglion was suggested, but not resorted to.

While Sir Victor Horsley's experience with 200 cases, and a mortality under 5 per cent., characterizes the results as "surely satisfactory enough," and the operation and the greatly improved methods in Gasserian ganglion and sensory root operations perfected by American surgeons in late years are wonderful, and commendable, the remedy selected according to the law of similars in this case was milder, safer and permanent, and without a blemish to the patient.

The agony of the woman was so intense that she disturbed the other patients in the ward which embarrassed her greatly, and she asked to be taken to her home, after a week at the hospital. She lived in the Mill-Creek Valley, among the numerous factories and in the flood district. Her environment was anything but conducive to recovery. Her husband was a drinking man and their financial condition pitiful. When she left the hospital I offered to treat her gratis. I visited her a few times and then her little grand-daughter kept me informed as to her condition. I was very anxious to make an attempt, at least, to mitigate her suffering.

An effort to swallow, speak, or show her tongue, would bring on intense, agonizing, jerky, spasmodic pains, which could only be par-

tially relieved by hypodermics of one half grain doses of codein. These, however, were only given while at the hospital, not after she went home. The severe pains would come on very quickly over the left eye, and infra-orbital region into the cheek bones, involving the left ear and infra-maxillaries. The pains were darting and at times of an intense boring nature. She was never free from pain, though acute exacerbations would manifest themselves suddenly, when the saliva would run from open mouth. After severe paroxysms of pain there would be twitching of the facial muscles and numbness. Warmth seemed to aggravate her condition. *Quiet in a dark room gave some relief.*

In addition to the facial disorder there was intolerable *itching of the skin* of the entire body, *worse in bed.*

The different branches of the trigeminus and the Gasserian ganglion were evidently the seat of intense inflammation. The resection of the nerve caused that side of the face to become partially wasted and incapacitated. Exposure, overwork and depressing influences were likely the causative factors of her illness, and under existing circumstances the injunction of Hahnemann "to remove the cause" could not be followed, and hence there was nothing open but to rely upon the prescription or send the poor woman to the Home for Incurables, which had been contemplated.

The nature of the pain, the parts involved, the time and conditions which ameliorated and aggravated her trouble were suggestive of a remedy that had often relieved similar cases, though not so severe in character (Mezereum). The selected remedy was given in the third decimal dilution, every one, two, three, or four hours, according to the severity of the pain for one week, when there was some improvement. I then gave her a placebo for one week, when the pains returned nearly as severely as before. I repeated the prescription in the same dosage and intervals when a decided improvement was apparent at the end of the week.

I now prescribed the 6x dilution instead of the 3x, giving one or two doses per day according to degree of suffering. When she was comfortable I advised her to take no medicine. She thus continued for three or four months, her condition improved steadily, the attacks came on less frequently and less severely, when she herself came to the office for an occasional prescription. At the end of six months she had gained twenty-five pounds, was attending to her household duties, cooking, washing and ironing, and greatly



improved also in appearance. After that she would occasionally call or send her granddaughter, and leave a small sealed envelope containing two dollars. She is now enjoying as good health as the average individual at 68 years.

Late in the seventies or early in the eighties, I myself took of this drug at regular intervals in sufficient dosage to produce some symptoms similar to those related in this case; not so severe, however. No one knew of this except Dr. T. P. Wilson, then editor of the *Medical Advance*. He asked me for some data relative to the results and some clinical case reports for publication. For various reasons I did not comply with his wishes.

You all are now justified in asking: "How are you proving that the result in the related case is a cure?" I cannot prove by mathematical precision that the cure was a result of scientific prescribing. If by a combined method of injecting vaccine of devitalized Klebs-Löffler bacilli and antitoxin, one hundred consecutive cases of diphtheria recover, we have just and logical reasons to believe that the treatment was effectual, but we cannot prove, however, by scientific methods equivalent to mathematical precision that the results were cures. While the results may not be demonstrable according to the exact sciences, they may be truths just the same whether demonstrable or not. As medicine is *not a fixed science*, it is a matter of impossibility to prove scientifically the results of our administrations.

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## EDITORIAL NOTES AND COMMENTS

### DRUG PROVING.

The subject of drug proving is one which, so far as methods are concerned, is peculiar to the homœopathic school. Hahnemann, that truly great scientist, philosopher and man was the first to experiment in any systematic and extended manner upon healthy humans and to him we are to-day indebted for most of our knowledge of the pure effects of drugs. The provings of Hahnemann and of his coworkers, students and disciples, even though they were made a century and more ago, have lost none of their value for the reason that these experiments were expressed in the simple, natural, every-day language of the time and not in the nomenclature of technical medicine. The effects which provers experienced, the symptoms which they felt, the location of these symptoms, the conditions under which they were modified, all were recorded in plain easily understood terms, of an individual who has been made sick and who, in a simple way, is telling others of his sickness.

Symptoms are the language of disease, whether the latter be naturally or artificially produced. Natural diseases resemble very closely those of artificial origin, as we may witness for example, in the remarkable similarity of cholera to the effects of white hellebore or veratrum album. Hahnemann first observed this during his experiments with cinchona bark and later, when he had definitely formulated the law of symptom similarity, was able to predict with marvellous accuracy the suitable remedies to be used in accordance with this law, in asiatic cholera. Hence we may, without fear of

contradiction state, that the language of disease is at the same time the language of drugs.

If there is one thing more than any other, which, in the philosophy of homœopathy is of paramount importance, it is the fact that individualization in the treatment of the sick, is absolutely essential to success. The recognition of disease depends upon many things—a knowledge of the physiology of life being first in importance, for unless we fully understand the normal, we cannot well recognize the abnormal or pathological. To diagnose disease means not so much the affixing of a convenient label as it does the recognition and perception of what is functionally and organically wrong. In this recognition, physical diagnosis in its widest sense, plays a most valuable part, ably seconded by the diagnostic technic of chemistry, pathology, bacteriology, roentgenology and so forth. But let us not forget that the diagnosis of disease, so far at least as pathology is concerned, means the identification of end-products or pathological ultimates. Disease itself, in its real meaning, constitutes that subtle, indefinable departure from physiologic function which by Hahnemann was described as spirit-like, but which makes that which we call the truly sick man. The sickness of man is not always tangibly expressed in his organs, so that physical diagnosis may fall short of designating that which is actually present in morbid form. We may, therefore, with perfect propriety, separate the symptoms of man himself, from those of his organs. Hence individualization means that the patient is to be dealt with rather than his disease. Homœopathy does not treat diseases, it treats patients. The signs are rapidly multiplying that the advanced thinkers of the O. S. are coming to this selfsame conclusion.

If the foregoing be true it follows, that the language which the patient himself uses to describe his sufferings must serve as the real basis for our therapeutic endeavors and since we have already declared the language of disease to be interchangeable with the language of drugs, it further follows that the law of similars is to be invoked.

The philosophy of homœopathy teaches that the direction of disease is from circumference to center, from the less important to the more important organs, hence from without inward. We die by way of the brain, the heart, the kidneys, the lungs; the obliteration or cessation of function of any one of these noble organs means death. Advanced pathology leads to such obliteration, hence is itself be-

yond the reach of curative measures. Pathologic end-products belong therefore, to the surgeon, although even for him, often beyond his mechanical skill. Homœopathy does not relate to pathologic end-products, which lie beyond its legitimate sphere of action. Cure by homœopathy proceeds from within outward, from above downward, the reverse of disease. Symptoms, where a homœopathic cure is in process, disappear in the reverse order of their coming. Simple recovery from disease does not necessarily follow this order and we must always bear in mind the distinction between recovery and cure. They are two widely different things.

From that which has been said, certain observations with regard to the proving of drugs are pertinent. It may with certainty be stated, that the first requisite in the work of drug proving is the healthy human subject. Failing to secure such a subject, due allowance must be made for those symptoms, either subjective or objective, which such an imperfect prover habitually has and these are to be subtracted from the symptoms produced by the drug to be experimented with. Since modern methods of clinical diagnosis have made such great forward strides, it follows that these methods should be applied in the examination of provers and that furthermore, they should be employed by those most expert in their use. This presupposes a corps of diagnosticians, specialists, pathologists and so on, who may at any time be called upon to assist in the recognition and interpretation of drug effects. Directing and guiding all, must be the conductor or master of the proving, whose training should be along broad lines of experience, wisdom and intelligence. To him will fall the task of observing, coördinating and arranging schematically the many symptoms, chiefly subjective, which the proving has elicited. He must possess a knowledge of human nature, a thorough acquaintance with the philosophy of homœopathy, and a reasonable familiarity with the natural history of disease. He must be tactful, observant and wary, able to distinguish the sham from the real. The success or the failure of a proving, ultimately rests with him.

The records of poisonings both accidental and suicidal, have furnished us with much valuable knowledge of the cruder and final effects of drugs, but such records cannot take the place of provings carefully and systematically made, since the poisonous effects of powerful agents, drug or chemical in nature, are so overwhelming in their severity and suddenness that they too rapidly pass to gross, incurable end-products of artificial disease. Where on the other

hand, such poisonings are of gradual, long continued progress, their gross effects are much slower in manifesting themselves and in so doing, arouse many subjective symptomatic expressions which are of the greatest value in a true proving. It is for this reason, therefore, that a study of industrial diseases is of such immense interest and importance and opens up a wide field of investigation, which we as homœopaths have scarcely, if at all, entered. Industrial medicine has thus far concerned itself with the high and laudable mission of prophylaxis and mitigation of existing evils, but it has failed to take advantage of the great possibilities which relate to curative medicine in other directions.

Drug proving upon animals, so far as homœopathy is concerned, has comparatively little value except to corroborate, amplify and extend the knowledge of the gross effects of drugs. It cannot take the place of provings made upon humans, nor is it intended to do so. As a means of teaching or of demonstrating *materia medica*, it has its rightful place, but here its sphere of usefulness comes to an end. Animal drug proving cannot enrich our subjective symptomatology and in this lies its great defect.

The most successful and productive provings have been made with highly potentized drugs, which alone are capable of calling forth the more delicate reactions. Hahnemann discovered this early in his career as a research worker and his provings of *Natrum muriaticum* and of *Sepia* were made with the thirtieth centesimal potency. Later experiments have shown the same results. In a proving of *Thyroidin*, made several years ago, the most striking effects were called forth by the thirtieth decimal potency and more recently, a proving of *Benzol* has shown the same result, both as to objective and subjective manifestations.

It will be seen, therefore, from all that has now been said, that drug proving bears a most important relationship to the advance and future of scientific medicine. This importance cannot be overestimated, for the very life and continued existence of homœopathy depend upon it. Strangely enough, the homœopathic school, charged with the duty of advancing the very work which called it into being, has been of late years most remiss in its performance. Organized homœopathy has absolutely failed in its plain and bounden duty toward the science of homœopathy. It is doing nothing to attract the scientific interest of the O. S. of medicine, but this school shows signs of doing the very work which organized homœopathy has



failed to do. Let us not deceive ourselves in believing, that we who have been faithless to our heritage, will receive any particular consideration or credit, when once homœopathy has been rediscovered.

**Kali Muriaticum.**—According to Schüssler this remedy is capable of dissolving white secretions of the mucous membranes and plastic exudations; hence is of value in the second stage of inflammation of serous and mucous membranes. Homœopathic prescribers have had frequent occasion to verify this observation. A grayish-white coating of the tongue is a good indication and in simple bronchitis, marked by a practical or entire absence of temperature, with loose, rattling cough, the remedy is likely to be needed. Sputa, if present, will be white or grayish-white and rather tenacious. Absence of marked characteristic symptoms of the more usual cough remedies will serve as a negative indication.

Tonsillitis, with cheesy, grayish-white cryptic exudations, will need Kali mur., after the highly inflammatory stage has gone by. Involvement of the eustachian tube, with sensation of a plug in the ear, deafness of the affected ear and subjective noises will be further indications. These symptoms have been repeatedly verified.

Practically all the Kalis are depressants, hence weakness and absence of temperature are characteristic. Subnormal temperature is, of course, likely to be found in certain pulmonary and cardiac diseases which demand Antimonium tartaricum. The latter is an impure potash preparation. Causticum is also apt to be a feverless remedy and is likewise a member of the potash group.

A loose rattling cough in red-faced, plethoric-looking individuals, better in the cool open air, demands Kali sulphuricum.

Of all the Kalis we have successfully used potencies from the 6x to the c.m. and higher.

**Menyanthes Trifoliata** should always come to mind when coldness predominates or is a striking symptom. In a case of sciatica, gradually improving under Ammonium muriaticum, the following symptoms appeared: marked subjective coldness of the affected left limb, with involuntary jerking of the same. *Menyanthes* 45 m. F. very quickly removed these manifestations.

Under *Generalities*, Clarke in his Dictionary of Materia Medica mentions "jerking (painless) of muscles in different parts (face, thigh) principally during repose." Under Fever he mentions "Pre-dominance of cold—icy coldness of hands and feet."

When, in intermittent fever coldness predominates, especially where quinin has been abused, *Menyanthes* should be thought of. Compare also, *Aranea diadema*.

**Urea.**—Simonson, of New York, in Flower Hospital, recently gave Urea 6th to a woman suffering from urticaria caused by eating salmon. Itching and burning were prominent, relieved by cold air or cold applications. *Apis mel.* had failed to relieve and Fagopyrum prescribed by the editor had also failed. Urea brought about a gradual cure. Food anaphylaxis is an interesting phenomenon and protein desensitization can be brought about by numerous well-proven remedies. At times, unusual ones, such as *Urea* will be needed.

Burnett used both Urea 6 and Uric acid 6 in gouty eczema, "where the gouty eczema has been the cutaneous outlet for the constitution." Asthma and uræmia are also possible fields of usefulness for Urea. Try them out in a suitable case!

The New York Homœopathic Medical College and Flower Hospital, under the editorship of Bertha G. Avery, has recently published a journal of college events, entitled "The Bulletin." We congratulate most warmly Editor Avery upon her attractive and business-like production, which will surely appeal to all alumni of this college interested in the progress of their alma mater.

Educational institutions have, during the past few years of mounting costs, been hard put to it to make ends meet. The homœopathic profession, with an exception here and there, seems strangely oblivious to the fate of its medical colleges and has failed almost entirely to bring that degree of financial support to their aid, which the cause of homœopathy so ably deserves.

It needs but a moment's reflection to realize what must and will happen to our homœopathic hospitals within a few years, should more of our homœopathic medical colleges be obliged to close. The very life of the profession itself will be seriously threatened. Already the passing of some of our homœopathic hospitals into the hands of our old school friends, has been accomplished. Witness the Volunteer Hospital of New York, Grace Hospital of New Haven, Conn., and Grace Hospital of Detroit, Michigan. Several others are about to take the plunge.

To-day it is practically impossible for any homœopathic hospital to secure homœopathic interns only—graduates in O. S. medicine

must be taken, because the supply of homœopathic graduates cannot meet the demand. The handwriting is on the wall, but the profession seems, either cynically myopic or selfishly blind. Surely, in a land of multi-millionaires, altruistically interested in everything which makes for the advancement of the best interests of this country, there must be some who are willing to aid the noble cause of homœopathy. Many of them are the patients of homœopathic physicians; is it not possible for the latter to arouse a real practical interest in some of these patrons so that the future of homœopathy may be assured? All over this broad land are towns and cities in which formerly several homœopathic physicians prospered. In many of these towns no homœopath is to be found to-day, or at best but one or two old men, who soon must retire. Yet homœopathic physicians have never had any difficulty in securing a lucrative foothold wherever they have gone.

In some respects medical colleges have gone educationally mad in their endeavor to raise the standard and quality of their graduates. Colleges or universities which, like Cornell or Harvard or Johns Hopkins, require an A.B. as a requirement for admission to the study of medicine, may turn out a high-class product; but will this product settle in the small villages and towns? We think not. What about the expense of a seven- or eight-year course? Are we not in danger of creating a sort of medical aristocracy, which arrogates to itself all the virtues, as well as most of the privileges, which are so highly prized in our great cities? What about the farmer's boy who seeks to study medicine and who may perhaps, have to work his way through college? Can he spend eight or even seven years in securing a higher professional education? Or is it the sons of rich men only, who make the best physicians and surgeons?

So far as homœopathic medicine is concerned, let us arouse ourselves and that speedily; our mission in the world has not by any means been fulfilled; there is still much work for us to do! Let those of us who in selfishness or ignorance have failed to do any constructive work for homœopathy, determine to help a cause which is enlisted in the noblest work that man can do and which must not, therefore, be permitted to languish and perhaps die, for the want of red-blooded faith and action.

# THE HOMŒOPATHIC RECORDER

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No. 2.

## OBSERVATIONS ON THE TOXIC ACTION OF ASPIRIN.

Benjamin C. Woodbury, M.D., Boston, Mass.

This paper makes no pretense toward being in any sense of the word a "proving" of Aspirin. It merely represents some *a posteriori* deductions from the record of overdosage, thereby indicating in a measure the toxic action of this universally used and abused drug. For detailed information regarding the source, manufacture and chemical data the reader is referred to the remarks of Dr. W. B. Hinsdale in the *Pacific Coast Journal of Homœopathy* (The "Black Death" of 1918-1919),\* relative to this drug, also a study of Aspirin by A. E. Hinsdale, M.D., of Ohio State University,† and finally to a paper by W. A. Dewey, M.D. in the HOMŒOPATHIC RECORDER, April, 1920, "Aspirin a Dangerous Quack Nostrum."

### EXPERIMENTAL DATA

From the experiments of Dr. Hinsdale with the myocardiograph, it was determined that by the application of a saturated solution of Aspirin to the turtle's heart the rate was reduced within a few minutes from 101, the normal, to 74 and finally to 66. It was found that there was a manifest increase of tone, but a noticeable irregularity, with prolonged action of the systole and an imperfect relaxation during diastole. It was further noted that application of atropin  $\frac{1}{100}$  grain was followed immediately by a direct antidotal effect. This fact should prove of significant value in cases of poisoning following its use.

\* Vol. XXXI, No. 8, pg. 298.

† *Journal*, American Institute of Homœopathy, Vol. XIII, No. 4, pg. 311.

## PHARMACOLOGY

*Aspirin* or Acetyl salicylic acid is the acetyl derivative of salicylic acid. It has the chemical formula  $\text{CH}_3\text{C}_{60}\text{C}_6\text{H}_4\text{C}_{60}\text{H}$ .\*

The physiological dosage of Aspirin is from 5 to 15 grains (0.33 to 1 Gm.). It is not to be administered with alkalis, as it is thereby split up into acetic and salicylic acids, causing marked gastric disturbance; nor can it safely be given in combination with quinin sulphate, owing to the formation of a poisonous product to which the term quinotoxin has been applied. It also suffers a partial decomposition in the presence of sodium bicarbonate, with the liberation of acetic acid.

*Physiologically*, Aspirin does not relatively produce as marked gastric disturbances, tinnitus or sweating as does salicylic acid. Experiments upon dogs have shown that the lethal dose is about  $\frac{1}{2}$  grain to each two pounds of bodily weight. Large doses cause temporary lowering of arterial tension, slowing of the pulse; the heart sounds remaining regular except when the dose exceeds the therapeutic limit. There was no change in temperature or respirations. It exerts a decided contracting action upon smooth muscle, particularly upon that of the uterus, whether gravid or non-gravid.

It is widely used as a substitute for salicylic acid.

## PATHOGENIC DATA.

The toxic action of Aspirin should furnish the grosser symptomatology ordinarily found in a proving. These effects are observed in over sensitive subjects or from excessive doses, and are mainly as follows:

“Edema of the face, especially about the eyes, and mouth. The pharynx and larynx may also be involved, exposing the patient to death from edematous laryngitis. The lips and eyelids are usually congested and everted, and there may be severe headache and tinnitus. There may be great dyspnea, difficulty of deglutition, and marked rapidity of the pulse, with cyanosis, involving the entire body. An eruption, urticarial or erythematous, may occur after these symptoms or appear alone.”

*Clinical observations following over dosage* have disclosed: (after

\* This data is mainly compiled from Sajous' Analytical Therapeutics, Vols. II, VIII and IX.



15 grains)\* “marked *swelling of the face*, beginning at the *upper lip*, soon followed by *dysphagia* and *dyspnea*, indicating that the *esophageal* and *tracheal mucosa* were also the seat of *edema*. The use of the drug being stopped, the symptoms gradually disappeared, but an *urticarial rash* broke out over the entire body which soon faded.”

One powder containing a little over 9 grains of Aspirin, was followed within 15 minutes by “*malaise, noises in the ears, dyspnea, vertigo, and vomiting*”; an *urticarial rash*, and marked *edema of the head* and *neck* soon *supervened*. The eyes were *closed* and the tongue became *swollen*. The temperature was *slightly subnormal* and the pulse 150 and filiform.

In another instance following 10-grain doses every 3 hours, “*all the sensory nerves were affected, numbness and anesthesia* resulting, followed by *pain*. The heart was not affected at all, but the drug had a marked *diuretic action* lasting some days. There was also an *acute inflammation* of the *right middle ear, due entirely to the drug*.”

Following 10 grains of Aspirin, a man of 48 was seized within a quarter of an hour with “*violent itching all over the body*, chiefly about the *head*, which he *scratched vigorously*. The skin felt *burning hot and tight* from intense *edema*; especially in the *face and neck*, it felt *drawn up into tight cords*. The tongue swelled so that speech was indistinct, and there was also marked *swelling of the eyelids*, a sense of *great oppression* was felt around the *throat* and over the *chest*, the latter resembling the tightness of *asthma* (to which the patient was subject). He felt as if he were being *suffocated*, and could not speak. When a physician arrived, in about twenty minutes, the symptoms had subsided, so that the *fear of impending death* was removed. The patient felt hot and was beginning to perspire, and soon most of the *edema* had disappeared, the most distressing symptom then was, *intense thumping* of the heart for several hours, which prevented sleep.” The following morning there remained but a few *congestive blotches* about the *neck* and an *itchiness* of the skin. A few years later, however, after a 5-grain tablet, the patient was again seized with similar symptoms in a lesser degree, resembling acute *urticaria* to which he was subject.

Intermittent pulse (70 and very weak intermitting every third or fourth beat) followed the use of 7½ grains of Aspirin every half

\* Italicised words indicate symptoms adjudged to be sufficiently characteristic to indicate their possible pathogenetic relationship.—W.

hour for eight doses: also "*considerable general cyanosis, with cold extremities. The skin was rather harsh and dry. The mind was perfectly clear. There was some nausea, with vomiting at intervals.*"

Two doses of 5 grains each taken at an hour's interval, produced "*Aspirin intoxication*" including edema of the face, congestion of the eyelids, dyspnea, difficult articulation, etc. These symptoms, probably due to idiosyncrasy, disappeared in about three days.

#### PHYSIOLOGICAL THERAPEUTICS

Aspirin has been given in rheumatic conditions of all sorts, articular, muscular and for the so-called "growing pains"; in fevers such as typhoid, in neuralgia, sciatica, acute gout, migraine, and in most varieties of headache. It also has been given in chorea, influenza, cough, dysmenorrhea, menorrhagia and labor pains, and for relief of pain in inoperable carcinoma, painful uterine contractions, chronic metritis and amenorrhœa. In bronchial asthma, to lessen the attack. In the fulgurant pains of tabes, and in gastric cancer.

#### CONTRA-INDICATIONS

Cardiac weakness, depressed stage of influenza and other acute diseases. Sajous states that "it has been recommended in acute infections, but its tendency to depress the heart imposes a certain amount of caution in its use in such cases."

#### CLASSIFICATION

Aspirin is classified as an unofficial salicylic preparation.

It occurs in colorless, crystalline needles with an acid taste. It is soluble in 100 parts water, and freely soluble in alcohol. After it is acted upon by the stomach, salicylic acid is liberated from it in the intestine. Quinotoxin which is developed from mixtures of acetyl-salicylic acid and mixtures of quinin, is a dangerous substance and resembles digitoxin in its action. This action is even more readily developed from mixtures of cinchona and acetyl-salicylic acid, "and also in elixirs and syrups containing quinin in acid solution."

#### UNTOWARD EFFECTS

Among the *untoward effects* of Aspirin still further observed are: *vomiting, followed by a "stiffness"\** in the chest after a patient had

\*Italics our own.—W.

taken one five-grain capsule. "An hour and a half after taking the capsule his face was swollen and cyanotic, the eyelids were edematous and almost closed and the conjunctiva injected, the whole face swollen, the breathing was labored and asthmatic, the nasal mucosa engorged, preventing nasal breathing, the buccal mucosa and pharynx were dark red and swollen, the uvula twice its normal size. The pulse was 120, soft and full, temperature 98. The breathing was such as one might expect with edema of the glottis." No treatment was given, and the symptoms largely disappeared in six hours, followed by a fine, papular rash on the trunk the next morning. A similar experience followed the taking of a 2½-grain capsule about a year before.

In a case in which an *angioneurotic edema* developed after Aspirin, one writer has found the patient to possess a *peculiar susceptibility* to many drugs, such as quinin, atropin, morphin, etc.

Aspirin has been followed by "*edema, the lids and face swelling, the skin puffing up sometimes down as far as the chest.* In some of the cases there has also been a *tendency to urticaria, near the swollen patches* or more diffuse. In some of the cases the *edema involved the mucosa of the nose and pharynx*, in two cases there was *edema of the larynx*. The *edema rapidly reached its height and subsided as a rule in 24 hours.*"

#### ANTIDOTES

The treatment of Aspirin poisoning has been directed toward reducing the arterial spasm by hypodermoclysis, thereby resulting in filling out the vessels, diluting the drug and in diuresis. Sajous recommends the use of local applications of a 1:5000 sol. of adrenalin in impending edema of the larynx to insure contraction of the tissues.

Vasodilators, such as amyl nitrite inhalations, nitroglycerin injection and in mild cases, sweet spirits of nitre.—External heat and strychnin hypodermically, are recommended where there is marked prostration.

The observations of Hinsdale noted above in addition to the susceptibility noted in the case just mentioned, in which quinin, atropin and morphin and other drugs produced such marked symptoms that the physician "never prescribed anything for her when it could be avoided," would also add confirmation to the value of atropin as an antidote.

## PATHOGENIC SUMMARY

The pathogenic symptoms underlined in the above case reports would determine in a general way the basis upon which its similarity in action may be determined. In view of its almost universal usage by the laity and its unofficial sanction in regular practice, this drug should be given a thorough and systematic proving.

Briefly stated its chief physiological effects are: Lowered arterial tension, with slowing of the pulse, but without rise of temperature or respiration, specific contracting effect upon smooth muscle fibre, chiefly of the uterus; heart rate (turtle) lowered from 101 to 66, with increased tone, but resultant irregularity.

## SCHEMA

*Mind*: Mind perfectly clear, malaise. *Fear of impending death*.

*Head*: *Headache, vertigo, tinnitus*, marked itching of the whole body, chiefly about the head followed by vigorous scratching. *Marked edema of the head and neck*.

*Eyes*: Conjunctiva injected, congestion of the eyes, *edema of the face, particularly about the eyes*; eyes closed. *Marked swelling of the eyelids*, congestion of the eyelids and lips. *Eyelids edematous, almost closed*.

*Ears*: Ringing in the ears, *tinnitus, headache and vertigo*. Acute inflammation of the right middle ear.

*Nose*: Nasal mucosa enlarged, preventing nasal breathing. *Edema involving mucosa of the nose*.

*Face*: *Edema of the lids and face*. Lids and face swollen; skin puffing up sometimes down as far as the chest. *Tendency to urticaria* near the swollen patches or more diffuse. *Edema of the face, particularly about the eyes, nose, mouth, upper lip, tongue, uvula, esophagus and larynx*, extending to the neck. Edema, congestion of the lids and lips, face swollen and cyanotic, lids edematous, almost closed, *whole face swollen*. *Swelling of the face beginning at the upper lip*.

*Mouth and pharynx*: Buccal mucosa and pharynx dark red and swollen, *tongue swollen, speech indistinct*, articulation difficult, *difficult deglutition*.

*Throat*: Edema of the larynx, edema reaching its height and subsiding as a rule in 24 hours. *Uvula swollen* twice its normal size. Suffocation: speech difficult.

*External Throat:* Oppression felt around the throat under the chest resembling asthma.

*Stomach:* Nausea with vomiting at intervals. Vomiting followed by a stiffness of the chest. *Loss of appetite without nausea.*

*Abdomen:* Bowels constipated.

*Larynx and Trachea:* *Dyspnea* and *dysphagia*, indicating edematous involvement of the *esophageal* and *tracheal mucosæ*.

*Chest:* *Breathing labored and asthmatic.* Breathing such as might be expected with edema of the glottis; respiration generally not increased; oppression felt around the throat and over the chest (resembling asthma).

*Pulse and Temperature:* *Dyspnea, speech difficult; pulse intermittent:* rate 70, and *very weak.* Intermitting every third or fourth beat. General cyanosis with cold extremities. Pulse soft and full; 120. Temperature 98, or slightly subnormal. Pulse 150 and filiform. *Palpitation:* thumping of the heart for several hours, preventing sleep: *dyspnea, difficult deglutition.* Rapidity of the pulse with cyanosis.

*Back and Extremities:* *Urticaria eruption over the whole body,* the lesions being both large and numerous. Violent itching over the body. *Cyanosis with cold extremities.*

*Skin:* *Congestion blotches about the neck. Itchiness of the skin,* symptoms *simulating acute urticaria.* Skin hot and dry, with tight feeling from intense edema. Erythematous or urticarial eruption with acute toxic symptoms or following the attack; *angioneurotic edema.* Violent itching of the whole body, chiefly about the head. *Cyanosis which may involve the whole body. Fine, papular rash on the trunk.* Tendency to urticaria.

*Nervous Systems Peculiar susceptibility to drugs:* e.g., quinin, atropin, morphin, etc. Vomiting, malaise, involvement of the sensory nerves with numbness and anesthesia, followed by pain. *Cyanosis with cold extremities.*

*Kidneys and Urine:* *Diuresis,* marked diuretic action lasting some days.

*Generalities:* Affects particularly the skin, mucous membranes, heart and circulation, and general nervous system, producing *localized* edema, erythematous and urticarial eruptions; *cyanosis,* rapid and intermitting heart beat, or slow and weak. *Numbness, anesthesia,* and pain are produced by it, also a *hypersensitiveness to skin*



*disorders* (angioneurotic edema) and to certain alkaloidal drugs such as quinin, atropin, morphin, etc.

*Related Remedies:* Apis., Arsen., Arum-t., Atropin, Bry., Chloral hydrate, Kali-c., Lach., Morph., Nat-m., Phos., Quinin, Rhus., Sulph., Urtica-Urens.

*Antidotes:* Adrenalin, Amyl-nit., Atropin, Sweet Spirits of Nitre, Strychnia.

*Duration of Action:* From a few hours to several days (diuretic action).

*Conclusion:* Aspirin is a drug, which, from its toxic action should suggest itself in such conditions as localized edema and cyanosis (from depressed heart's action); various skin disorders, such as urticaria, erythema, angio-neurotic edema, asthma, edema of the glottis, glossitis, diuresis in association with cutaneous or nervous disorders. It should at all events be proven, and the suggestions here given might then be verified or disproven. Careful delineation of its toxic action should certainly serve to point out dangers in its indiscriminate usage.

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## VACCINATION AND THE PUBLIC HEALTH

F. M. Padelford, M.D., Fall River, Mass.

Proponents of vaccination assume that by vaccinating every member of society one or more times in life, mortality from smallpox can be very much reduced, if indeed not eliminated altogether. They believe that this reduction in mortality, effected in this manner, is in every way desirable, and that the general mortality will be correspondingly reduced. But is this a justifiable conclusion? We believe that it is not. We believe that to inflict universally, even a mild disease, is to so lower the general level of health, and to so lower the general level of resistance to infecting agents, that other diseases will be much more liable to occur, and furthermore, that when they do occur, there will ensue from them a fatality-rate appreciably higher than would have been manifested in persons whose health had not been previously tampered with.

To prove this by resort to experiment is difficult indeed, if not impossible. Yet we are confident that were we to vaccinate in a wide territory for a given number of years and then, for a corre-

sponding period, to refrain, other conditions remaining the same, we would observe in the second period, a general mortality decidedly lower than in the first period.

Even were there no deaths as a direct result of the inoculating that has been done, indirectly a great number might occur, from exactly this cause. Occurring in "vaccinated" subjects, such diseases as measles, scarlet fever, whooping cough, bronchitis, pneumonia, tonsilitis, and diarrhœa, we believe would assume a malignancy, which would not be manifested under other conditions.

We know of no well-authenticated instances in which immunity against one disease has been acquired by an attack of another malady unlike it in character. Scarlet fever seems rarely to attack a person a second time. The same is apparently true of measles, whooping cough, and some few other diseases. But scarlet fever does not confer immunity against measles, nor does whooping cough protect against any malady except itself.

But while one disease does not confer immunity against any other, the fact seems established that the existence of one disease of a zymotic type does so lower resistance that invasion of the organism by germs of another character is made more easy. The fatal outcome of a case of smallpox may be due to secondary streptococcic infection. In diphtheria death seems, in some instances at least, to be the result, not of the primary malady, but of the invasion of the tissues by streptococci or other bacteria.

Guinea pigs which apparently are not injured by injection of typhoid bacilli, die quickly of a general infection if, accompanying this first injection another, of a sterilized culture of colon bacilli, is made into the peritoneum.\*

In tuberculosis, a secondary infection with pus-producing microorganisms probably always occurs.

Tetanus seems more liable to develop where already there exists a local inflammation with destruction of tissue—a necrotic area in which the tetanus bacilli find an environment favorable to their growth. If such a pathological condition as this develops in one who happens to be a "carrier" of the germs of lock-jaw, disaster is almost inevitable. This is one of the risks involved in making hypodermic or intramuscular injections of quinin. And obviously there is the same danger when, following vaccination, there develops at the site of inoculation, a considerable slough.

\* Manual of Bacteriology, Muir and Ritchie, p. 178.

A goodly percentage of people probably harbor in or on their bodies, most of the time, microorganisms of various types, not all of which are of a harmless character. Notwithstanding this, however, they continue to enjoy good health as long as they secure a requisite amount of sleep, eat as they should, and avoid exposure to extreme degrees of, or to sudden and too great changes in, temperature.

Any indulgence or exposure which lowers one's resistance to disease is, of course, but an invitation for an attack of illness. This lowered resistance gives to harbored microorganisms an opportunity to develop,

It is quite possible that germs which ordinarily are non-pathogenic may, in the body of a person whose resistance is greatly reduced, acquire the ability, not only to thrive upon living human tissue, but also to induce disease. In this way, maladies of a hitherto unobserved character may come into existence.

When, in the laboratory, it is desired to increase the virulence of a specific microorganism for a given animal, this result is usually achieved by inoculating with this germ a series of animals of the family to which this particular one belongs. This organism, apparently, by a "stepping-up" process, gains in virulence in each body into which it has been introduced.

Altogether too little attention has been paid to the fact that living germs introduced into a healthy body may be harbored there for months, or even years, producing no effects of consequence, until there comes the final explosion. Along this line some interesting observations have been made.

From the tissues of guinea pigs which, for a period of seven months following inoculation with "washed tetanus spores," manifested no ill effects whatever, true tetanus bacilli of a virulent type have been recovered.\*

Pasteur undertook, by inoculating fowl with weakened living germs of chicken cholera, to abolish this disease. For a time the results seemed promising, but ultimately cholera broke out among those supposedly "protected" birds and destroyed them in large numbers. This outcome led to the conclusion that a very chronic form of malady may result from such inoculation, that the germs, apparently remaining for a time localized in certain organs, finally pass into the blood stream and cause cholera of a fatal type.†

\* *Lancet*, May 20, 1911.

† *Lancet*, Nov. 6, Nov. 13, 1880.

Killed tubercle bacilli introduced into the circulation of rabbits have caused to develop in the lungs "numerous tubercle nodules with well-formed giant cells, and occasionally traces of caseation." Furthermore, animals which have been given injections of massive doses of dead tubercle bacilli, afterwards give a positive tuberculin reaction.\* This being true, what may we anticipate will be the final result of injecting into the human body, millions of killed bacilli of typhoid fever?

Whether or not, when cases of a contagious disease appear in any community, the outbreak will assume epidemic proportions will depend, to a very great degree, upon two factors. The susceptibility of the population to this particular contagion, and the virulence of the parasites of the malady in question.

When anything approaching ideal conditions exists, only a small percentage of any large group of people is likely to contract any one zymotic disease. The "inflammable" material, at any given time, is undoubtedly very much less than scaremongers would have us believe. But if, unfortunately, the resistance of a relatively large number of persons becomes considerably reduced, especially where population is congested, any contagious disease which is once introduced is pretty sure to pass rapidly out of bounds. And not only will the number of cases increase, in consequence of the "stepping-up" process already referred to; but also the severity of the cases will steadily increase as well.

Persons who are able to overcome infections mild in character will stand little chance of escaping when exposed to attack by micro-organisms of extraordinary virulence.

The influenza outbreak of 1918 assumed alarming characteristics in the army camps. Whether the disease originated there or was introduced from the outside we do not know. But among the soldiers it spread rapidly. So great a degree of malignancy had it acquired when it reached the civil population, as it was bound to do ultimately, that only persons whose resistance was exceptionally high were able to resist it.

The bacteriology of the disease is even now largely a matter of speculation. Whether the worst cases owed their malignancy to secondary infection with some virulent strain of streptococci, we do not know, yet this appears to have been the case.

As is generally known, with few exceptions indeed, men enter-

\* *Manual of Bacteriology*, Muir and Ritchie, pp. 180, 281, 282.

ing the Service were compelled to submit to repeated injections of killed bacilli of typhoid and para-typhoid fevers, and in addition to this, to inoculation with the non-sterilized bacterial compound, commonly known as "vaccine lymph."

In 1911 specimens of virus propagated in the laboratories of two of the leading manufacturers of such products in the United States, were purchased in the open market and subjected to exhaustive bacteriological and biological tests.

From these specimens twenty-two different microorganisms were isolated. Eighteen out of the twenty-two were found to be pathogenic; six were pyogenic or pus-producing; fourteen were mortal to laboratory animals. One, which resembled the bacillus of malignant œdema, caused the death of a guinea pig within thirty-six hours.

During the course of the experiments, forty-eight animals were subjected to inoculation. Thirty-three succumbed to pathological lesions unmistakably produced by the organisms with which they had been inoculated.\*

One witness, testifying before the Pennsylvania Vaccination Commission, in 1912, stated that he had found, in virus ready for use, "all the pus-producing organisms, the streptococcus, the staphylococcus, the pneumococcus, etc.," and "suspicious' bacilli, which were either "tetanus or pseudo-tetanus bacilli."†

An even later pronouncement on the subject is, that "bovine virus usually contains the pus organisms, the staphylococcus aureus and albus, the streptococcus, and in rare instances the tetanus bacillus."‡

It is not denied by any pro-vaccinationist having a reputation to lose, that vaccine virus does contain adventitious microorganisms of various sorts. The most that is claimed is, that these contaminating bacteria are harmless. But this contention the experiments above referred to should suffice to refute.

In the light of present-day knowledge what should we anticipate if, among men assembled in army camps, there occur cases of a contagious disease like influenza, when, almost without exception, these men have been subjected to repeated injections of massive doses of dead bacteria, together with toxins developed by them

\* *Journal of Osteopathy*, April, May, and June, 1911.

† Report of Dissenting Commissioners, pp. 34, 35.

‡ *Encyclopedia Americana* (1920).



during their growth on culture media, and at the same time, or at practically the same time have also been subjected to inoculation with living, pathogenic microorganisms such as have been repeatedly isolated from commercial "lymph"? If past experience is any criterion and if analogy constitutes a valid basis for judgment, a pestilence of some sort, surely! And from a pestilence the world has certainly lately suffered!

It is true that among the soldiers, the attack-rates from typhoid, para-typhoid, and smallpox, were very low. In some measure, we feel sure this result is attributable to the sanitary precautions which were taken. Yet, discounting this altogether and conceding, for the sake of argument, that the practical elimination of the three diseases referred to was due, not to sanitation, but instead, to the injections and inoculations which had been made, what in reality was gained? Were there fewer deaths in the world than there would have been, had the "immunizer's" syringe and the vaccinator's lancet not been used?

If, in some future war, the medical officers in charge administer, in addition to such injections and inoculations as were made in this last world tragedy, some (for-the-time-being) popular "vaccine" for the prevention of influenza, and it so happens that there occur few deaths from this disease, what new pestilence may we expect to come forth, to plague humanity?

As public health measures, only those practices are defensible which actually reduce the general mortality. No proof exists that universal "disease-causing" has ever lessened, in any discoverable degree, the whole number of deaths that have occurred in any given period, from the various causes which bring to an end, human life.

"Of thorns, men do not gather figs, nor of a bramble bush, gather they grapes."

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**HOW TO STUDY THE REMEDY, ILLUSTRATED\***

R. del Mas. Ph.D., M.S., Hugo, Minn.

The knowledge of the remedy leads to the knowledge of its application. Crude knowledge of drugs begets crude therapeutics, and crude therapeutics obtain crude results.

Man, and not the animal, is fitted to prove drugs. He alone, through speech, can reveal what abnormal thoughts and fears, loves and aversions, delusions and sensations he realizes under the influence of a given drug.

The laboratory that overlooks the physiology of man never gets a total view of drug action; and the therapy that treats the psychology of man and knows not fully the range of action of the drugs used upon the intellect and moral organs of man, can at best be a farce, when not a deadly weapon.

The school of medicine that cannot perceive that drugs should be proven upon the individual it treats, and that diseases affect always the psychology along with the physiology of man is not entitled to recognition and patronage.†

Both animal and man, under the influence of the dynamis of a drug or a disease, are deranged in their bodily organs and functions, and in their mental and sensual organs and life. Unless the scientist and the therapist realize it, their efforts are vain. The dumb creature falls short of revealing the finer action of proven drugs; and, if it be so, how could it serve as a sure guide in their selection at the bedside? To man alone is reserved the right and the duty of experimenting fully upon himself, and discovering the entire range of action of drugs, for he alone is the subject who, in disease, will be given remedial agents to bring him back to health.

The critic familiar with facts will admit that the homœopathic school of medicine alone is intimately acquainted with the virtues of drugs, and that its intelligent followers are the only prescribers in the world who can treat the sick successfully. The success of homœopathy lies in the cures, and not the money, made by its practitioners. It consists in restoring health.

We study a remedy as we study human character, or nature. A proven drug necessarily reveals its nature, its constitution, its character. If it does not, it is but partially proven and partially useful.

\* Read before the Homœopathic Institute of Minnesota.

† Organon, §§ 20 and 210.

The constitution or nature of any given drug is made up of its general symptoms, that is, of such symptoms as pertain to the whole prover. And vice versa, the constitution of the patient is made of what is true of the patient as a whole. When we have studied the nature of the whole, then we are ready to take up what is true of its parts. "First of all, we single out what is general, what may be expected, what belongs to the nature of the remedy, so that, when we see an opposite, we may recognize it and know it is an opposite, as a particular, and as an exception."\* To illustrate: *Phos.* is a cold remedy, yet his congestive headaches and stomach complaints want cold applications and cold drinks for relief.

Of all the symptoms that stamp the nature of a drug, such as relate to the mind head the list, and, of the mental symptoms, the loves and aversions come first.

Loves and aversions are of the will, and relate to the mind proper, the stomach, the whole body and the sexual organs, or express the psychic, the individual and the species that each man personifies.

Let us take *Kali iodatum*: He is a warm remedy, very nervous, or rather anxious. Hence he will want to move in the open air. Sitting in the house, especially a warm house, exhausts him both mentally and bodily, and aggravates all his complaints. He has a natural craving or desire for the open air and motion. That love relates to his body in general. Although  $>$  by the cool open air, if cold things are taken internally they  $<$  him. Therefore he will not want them, and not because he does not like them, but because they hurt him. This is an opposite or exception to his nature.

In disposition *Kali-i.* is very harsh and irritable, even cruel, and his family knows it. He has no regard for the feelings of others. Those that live the closest to him suffer the most from him. But why? Because they irritate him so, and he hates to be irritated. He is abusive, for he would like to crush them, if he could, and, after his spells of harshness, he grows sad. But why? Sadness is but a desire not satisfied, a longing of the mind; and in the evening he is tearful.

Sexually, his desires may be diminished or increased. The symptoms that relate to the species are few.

In his intellect, we discover fear of death, fear of misfortune, of evil, with forgetfulness and confusion. He starts easily. We notice his loquacity and jesting habit. He goes to bed, but cannot sleep.

\* Kent Mat. Med., 1st ed., p. 140.

If he sleeps, frightful dreams haunt him; and he wakes up unrefreshed, full of dread of the trivial things of life.

From his mind we reach his body. What are his complaints in general? His glandular system and periosteum; his ulcerations and catarrhal states point toward syphilis, and toward mercurial poisoning. So much so, that we regard *Kali-i.* as an antidote to *Mercurius.*

*Kali-i.* suffers from caries of the bones, abscesses of glands, atrophy of the mammæ and the testes, bubo, suppurating bubo, chronic painless gonorrhœa, rheumatic complaints, arthritic nosodities, and ulcers bluish and deep, and syphilitic.

But, whenever *Kali-i.* has a discharge, it is green: a green leucorrhœa, a green gonorrhœa, green discharge from the nose in catarrh, a green discharge from the throat ulcers, from the abscesses and from the conjunctiva and the lungs.

*Kali-i.* breaks out in small boils, in pustules, in herpes, in coppery eruptions, in rupia, in syphilitic eruptions, and in urticaria from warmth and exercise.

His pains are pressing from within outward, burning internally, pressing internally, stitching internally, tearing externally; also we find sensitiveness internally. He presents inflammatory swelling in general; hard swelling of glands, often suppurative and very painful; and the bones and the periosteum, tumefied and inflamed, tend to disintegrate. Mucous secretions are increased. Purpura.

*Kali-i.* and his complaints are < rest, a stove and a warm room, and also in the night, morning and evening, and in wet weather. Pressure > or <.

Lying naturally will < his complaints; but especially lying on the painful side; and this characteristic will be shown plainly in sciatica, with < night, lying, lying on the painful side; > sitting, more so from walking, and altogether from walking in the open air.

The above sketch of *Kali-i.* reveals his general character, that is, his constitution, and upon it could we permit ourselves to study his particulars and exceptions, that is, the symptoms that relate to his parts, and the symptoms that deviate from the general make-up of the remedy, or the individual, and are therefore opposite.

What is said here of *Kali-i.* applies to any drug study and proving. Unless we get the general symptoms or the constitution of the drug, we are at a loss to fit the particulars and the opposites. In examining a case for prescribing, we proceed in the same way, from generals to particulars and opposites, from what is true of the pa-

tient as a whole to what relates to his parts. This is the only logical way of looking at a drug or a patient. The constitutional symptoms of the remedy must harmonize with the constitutional symptoms of the patient. And when they do, the prescription is homœopathic to the case, for it embraces the whole sick self; and, as the parts are within the whole, the constitutional remedy will re-establish order from center to periphery, and cure the parts after the general constitution has been reset into order, harmony and health.

The therapy that fails to realize the truth contained in the preceding paragraph is impotent, and all its efforts are but muscular strain and awkwardness.

The therapy that cannot see that derangements outside of trauma, proceed from the innermost of man, and that treatments must all be internal, that they radiate their beneficial action from center to periphery, has but empiricism for law and murder for results.\*

The man in our ranks who, for want of honor or of knowledge, not only upholds the views of the empirical therapist, but adopts his methods and means of treatment, is certainly no credit to the Hahnemannian School of Medicine. It must be his simplicity and ignorance that allow him to remain in our fold, and be a wolf under a sheep-skin, for no character noble and intelligent ever lived a dual life. He has eyes but cannot see that Similia is a law immutable and universal. Our most enlightened contemporaries in the allopathic school, such as Prof. Albert Robin, of Paris, France, have said, that "drugs act through dynamism and not through their masses." Therefore, they must admit that disease causes are dynamical and not material. A professor in the French school of Montpellier has revived the theory of "vitalism." E. Monod-Merzen, a French scientist, stated in the spring of 1914: "The truth stated by physical chemistry corroborates the affirmation of homœopaths, that *the efficacy of a medicine is the function of dilution, and progresses with it.*" André Lancien, the director of the Laboratory of Biophysics of Paris, France, said in Belgium, in 1924, before a body of homœopathic physicians: "The homœopathic solutions are animated and present Brownian and Duboisian movements. They contain colloids; especially so those that are potentized. . . . The potentized drug, when examined with the ultra-microscope, offers grains or particles, endowed with rhythmical movements similar to those found in the fluids of the body. . . . In disease the normal rhythm of the body

\* Read Preface to the Fifth Edition of the Organon by Hahnemann.



fluids becomes pathological; and, if we throw into the organism a similar, compensatory rhythm (furnished by the similar, potentized drug), we seem to reëstablish the harmony of the biological fluid."

I will ask you, was Hahnemann a visionary, or a man a century ahead of his time? His perceptive faculties and experience led him to write the *Organon of the Art of Healing* nearly a century ago, which the science of our day confirms. Truth will always prevail.

I will ask you also, are we familiar with the homœopathy of Hahnemann? Are we, one and all, as scientific and successful healers as Hahnemann was? If not, why not?

### SOME INTERESTING FACTS FOR THE BUSY DOCTOR.

Eli G. Jones, M.D., 1331 Main St., Buffalo, N. Y.

It used to be said that "marriage was a lottery," but not so now. A man can *see what he is getting!*

Dr. P. C. Jensen, Manistee, Michigan, one of the most prominent physicians in the Middle West, reports a case to me that is worthy of notice. A lady came under his treatment "who has had *nine surgical operations in ten years!*"

First, gall bladder operation; second, appendectomy; third, ovariectomy; fourth, hemorrhoidal operation; fifth, resection of varicose veins; sixth, abscess resulting from a badly managed fracture; seventh, removal of the womb; eighth, vesico-vaginal fistula; ninth, uvulotomy.

Can any of our readers beat that? As a result of this *mutilation* of her body she is a *morphin fiend!* This "*horrible butchery*, in the name of science," will continue just as long as women will *submit* to it. I hope God will let me *live* to see the day when it will be a *crime to mutilate, unsex and degrade a woman.*

The average surgeon is weak on *materia medica*, so he *cuts out* what he *can't* cure by medicine. A doctor who has a *mania* for operations is a *dangerous* man in *any* community. Such men should *not be allowed* to practice medicine.

I am often asked for a remedy for impotency. When a man gets about 65 or 70 he begins to "holler" for something to make him young again. He has already arrived at that age when he can say in the words of the poet Dryden—

“ Though old, for ladies’ love unfit,  
The power of beauty I remember yet.”

A good remedy for the above condition is a *one per cent. solution* of “Yohimbinum.” Give 10 drops three times a day. You ought to get it at any first-class pharmacy (Homœopathic).

*Raphanus sativus* (black garden radish) is indicated in diarrhœa when the stools are *yellow, frothy, and profuse*. There is great *distension* of the abdomen. Give Tr. Raphanus 3d x 10 drops every three hours. It seems that a woman prover while taking some of the 30th x of the *above* remedy “developed an almost uncontrollable sexual desire.” My imagination fails me when I think of what might have happened to this poor woman if she had taken some of the *Tincture!*

In occipital headache that extends down the *nape* of the *neck*, and up over the *vertex* to the *left* side of the forehead, the remedy is Tr. Onosmodium 1st x ten drops every two hours.

When menstruation is *late* and too *scanty*, with a *coldness* over the abdomen, a feeling of *weight* and *fullness* in the abdomen, the remedy indicated is Kali Sulph, 3d x every three hours.

You may meet with cases of *persistent* vertigo that do not yield to ordinary remedies; give Tr. Granatum (Pomegranate) 1st x ten drops every three hours.

A good physician should take *good* care of his *hands*, for the *human hand* is one of our best instruments for diagnosis. Be *careful* of the *ends* of the fingers; don’t let them get *burnt, blistered* or *hardened*. The fingers should be kept *smooth* and *soft*, and very *sensitive* to the slightest touch. You should *educate* your hands; have your *eyes at your fingers’ ends*. Many times I have been able to get the *best* of the “other fellow,” in diagnosis and treatment, because I knew *how to use my hands*. When you know *how to read* the pulse, you will find *uncanny* sometimes the things that you find from reading the pulse.

I have often cautioned my students and medical friends against that peculiar condition known as “swelled head.” I have met with same *very* bad cases of it in my time. They had arrived at that happy self-confident state of mind when they *think* “they know it all.” Such men are simply “*skating for a fall*.” For the time *will* surely come when they will be up against the *real thing!* that will show them how *little* they *really* know *about healing the sick*. I am

a patient, long suffering man, with more than the usual amount of resignation and Christian fortitude, but when a doctor tells me that he has a *specific* for a certain disease, it makes me *exceedingly weary*. I have practiced medicine for over 50 years and I have never found a *specific* for *any* disease—from ingrowing toe nail to cancer.

A lady in one of the western states writes me she had a lump come in her breast caused by an *injury*. She went to a doctor and had it examined. The doctor told her to come back in two months and let him examine her breast again. So she did as he requested. Then he told her to come back in another two months and let him see it again. Meanwhile he was “watchful, waiting” for it to get ripe so he could tell *what it was!* The above case shows just how *much* the *average* doctor *knows* about the *diagnosis* of cancer. Why, oh *why*, will our doctors *fool* with something that they *don't* know *anything* about. Why not be *honest* and *manly*, and tell the patient that they “*don't know what it is,*” and refer the sick person to some doctor who *can diagnose* the case and treat it *successfully*? Our medical colleges are to *blame* for turning out students who *can't* diagnose a case of cancer or treat it *successfully by medicine*. The medical students graduated from our medical colleges *should* be *taught how* to treat *successfully any* of the diseases *common* to our country. If they *can't* do *that*, then of what *earthly use* are they?

I have had doctors say to me, “I am a regular or I am an Eclectic or I am a Homœopath.” That is all *good* so far as it *goes*, but what I want to *know* is, “what can you *do* for the sick?” What do you *really know about healing the sick*? This is “the supreme test,” the *acid* test, of a doctor's skill. *Names* don't cut any ice with me; neither do diplomas, degrees, or any of the so-called honors. Every doctor's reputation must stand or fall by just what he *can really do to heal the sick*. The time *will* come when the *main* qualification for a doctor to gain admission to a medical society will be his *ability* to *heal* the sick. Our God, our country, our profession *demand*s the *best* there is *in* us. Are we doing it or just drifting with the tide? My *best* wish for *every* reader of this Journal is that God may *help* you to be a *PHYSICIAN*, for that is the *greatest honor* that *can* be conferred upon man or woman.

## EULOGY TO ELI G. JONES

WILKES-BARRE, PA., November 29, 1920.

R. F. Rabe, M.D., Editor of THE HOMŒOPATHIC RECORDER.

616 Madison Ave.,

New York City.

*Dear Dr. Rabe:* For many years I have been reading the various contributions from the pen of Dr. Eli G. Jones, of Buffalo, and I seldom read without feeling that I have been benefited. We cannot accept Dr. Jones as a Hahnemannian Homœopath, although as the modern homœopaths size up, I should regard him ace high at that.

Were I called upon to define his status, I should say that he was a qualified marksman shooting at the bull's-eye disease.

A practical old-fashioned observer and interpreter of morbid symptoms.

A doctor with an almost uncanny vision when it comes to the eye, tongue and pulse. The wealth of wonderfully good therapeutic hints and proven materia medica findings given freely to our profession for years by Dr. Jones, is of incalculable value. His last article on "Tumors of the Breast" is indeed a "classic." I have practised nearly fifty years and have practiced along the same lines and know of what I speak. In cancer as well as in tuberculosis the keynote is indigestion.

Dr. Jones is old as we count years, but young and inspiring in his mentality.

I for one, am proud to do him honor while he is still living. Thousands of physicians who have followed his teachings and made use of his suggestions, will I am sure, feel like myself, proud to do him honor, and many thousands who are living and in good health today, unmarred by the knife of the surgeon.

What a great thing it would be for homœopathy, were Dr. Jones twenty years younger, and could be elected to the chair of practice in a homœopathic college.

I take great pride in thus eulogizing this noble physician. I never have had the pleasure of meeting him; but it is something I hope to do before we both rest from our labors.

J. ARTHUR BULLARD, M.D.,

*Class of 1872.*

## PHILADELPHIA COUNTY SOCIETY MEETING

The regular meeting of the County Society was held at the Hahnemann Medical College on December 15, Dr. Theodore J. Gramm being in the chair. Two noteworthy cases of pernicious vomiting of pregnancy were given by Dr. J. H. Caley. In these cases *Amygdalis Persica* in the form of the tincture, 5 drops four times a day, were given. At the same time, the cervix was painted with tincture of iodine. Dr. I. B. Gilbert then spoke well of the *Amygdalis*, had used it for years in fact, and had seen it work finely with vomiting in babies as well. Dr. Gramm spoke of a serious case of a similar nature which he had seen last winter. She had been reduced to a terrible condition. A hospital had been very glad to get rid of her. She had also had a bad inflammation of the cervical neck as well, but for the latter, Dr. Gramm had used nitrate of silver locally. His diet had been mainly, fruit, milk, etc. *Arsenicum Album* in the 3d, worked beautifully. Dr. Gramm thinks the condition entirely reflex, but not solely hysterical as some medical men abroad fancy. Dr. E. T. Shreiner gave a case of a woman of 50 years, who had been a sufferer from intestinal catarrh for seventeen years. When the attacks came on they were very bad indeed. Everything proved very disagreeable to the woman at such times and she was hard to handle because of her emotional state. She had an enlarged boggy uterus and a slight leucorrhœa. There was a tumor in the anterior uterine wall. This actually ruptured and pus began to pour through the cervical canal. The discharge on examination proved to be due to Neisser's organism. The doctor had used *calendula* locally. The whole case was presumably due to the infection caused by gonococcal poisoning. In reply, Dr. Gramm spoke of gonococcal abscesses and their sterility as far as unimpaired organisms were concerned. He referred to the differing conditions met in both the male and the female. Dr. Gramm also spoke concerning the peculiar epidemic now current in the city and neighboring parts . . . cases presenting a brownish red sore throat, critically ill, with a temperature never high, having a remission on the fourth day of the disease. The affection has seemed to have a very deep effect on the whole general system. There seems to accompany the condition an attendant difficulty in swallowing. Dr. Tomlinson thought as many of these cases were hit on the left side that lachesis would probably



fit the cases fairly well. He was accustomed to using it in the 200th potency. Dr. J. L. VanTine and Dr. Gilbert then gave their views on the usefulness of echinacea in septic cases. Dr. Gilbert uses it in tincture form, both internally and as a gargle.

Dr. Tomlinson then read a paper on aconite, with reference to its applicability in neurotic states. He gave cases also illustrating its ability to cure. He also spoke concerning other remedies in a reminiscent way, having been in active practice for about fifty years. Dr. D. Macfarlan then read some observations he had made on aconite in the way of provings. There was one modality which he had found very highly characteristic from the provings and that was a decided aggravation after sleep. Drowsiness only during the daytime, was a symptom often elicited from the provers. None of the provers knew that they were making provings, so nothing was in any sense imagined.

Aconite is a drug which has a splendid field of usefulness. It was a great favorite with the early pioneers, probably the most famous being C. J. Hempel. Hempel's cures with the remedy made a great impression in Philadelphia, in his day. It is sometimes quite a difficult matter not to have predilections for certain remedies in certain diseases. It is a fault which presumably many fall into. The illustrious Adolph Lippe for instance, had a very tender spot for silica.

Before the meeting adjourned it was decided that Dr. Gilbert would read the next month's paper.

DONALD MACFARLAN,  
*Secretary.*

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January 12, 1921.

DR. RUDOLPH F. RABE, *Editor.*  
616 Madison Avenue,  
New York City.

*Dear Doctor Rabe:* In reading the HOMŒOPATHIC RECORDER for December 15, 1920, I noticed a long letter from Dr. Arschagouni and also your brief note in answer to an item in his letter. For the sake of veracity I desire to say that while you are right in your contention that the Five Points House of Industry no longer possesses a hospital, it still has sick children to be cared for. The physician having charge of this work for the past few years and at the present

time is Dr. Charles R. Conklin, a graduate of the N. Y. Hom. Med. College in 1901. He is a good homeopath, one of the attending physicians of the Laura Franklin Hospital and likewise the medical director of the New York Children's Aid Society. I think this information will please Dr. Arschagouni.

Fraternally,

F. M. DEARBORN.

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**"COMMON SENSE IN HOMEOPATHY."**

Geo. E. Dienst, M.D., Aurora, Ill.

Some of the hardest problems in life are easy of solution when solved by the law of cause and effect. To say a thing is wrong, that it cannot be accomplished, that it is inexplicable simply because we do not understand it, is neither reason nor common sense. It is folly based upon ignorance.

Suppose, when you came down to breakfast little Mary, 8 years old, also came down, complained of nausea, vomiting, loss of appetite and feeling quite ill. She wants no breakfast, has no desire for food. You look at her a moment, you see she is ill and you give her a few granules of Ipecac 30x and accompany the family to breakfast, expressing the hope that Mary will feel better soon. Before you have finished your breakfast, to your surprise, Mary comes to the table calls for food and eats a hearty breakfast with relish, and says, "I feel quite well." Was she sick as she said, or was she feigning? Had the remedy anything to do with the recovery? What do you say? The question of Mary's veracity is not at issue, she never did such a thing before. The question of the small dose, its rapid and safe action is neither improbable nor absurd, but a verification of the law of Similia—and an exemplification of the law of cause and effect.

There are many objections raised against the law of Similia. In this particular instance the objection is the inadequacy of the dose and the potency of the remedy, declaiming it inert and incapable of removing symptoms of disease. We are, however, dealing with cause and effect, and it is not sufficient to say that "the patient is certainly better but it is contrary to common sense that so small a dose of medicine can prove curative." Let us study this objection as it will cover the field of homœopathic therapeutics to a marked extent.

First, the objection is merely an assertion.

To say that the dose is inert, the cause is inadequate to the effect is not reason, it proves nothing, is not good sense. Assertions, opinions devoid of proof, are worthless and lead us to certain conclusions, viz:

(a) *Such assertions are made in ignorance.*

What does the objector know of the matter? Nothing. What are his experimental investigations? None. What time and energy has he given to the subject of the small dose and the law of Similia? None. He does not even profess to have studied the subject; would not condescend to do so; calls the practice quackery; says it is humbug; he has too much sense to waste time on the inquiry. Assertions may be based upon various premises, but knowledge must be based upon truth. Would you believe a blind man who says there is no color? Or a deaf man who denies the existence of music? These have not seen, neither have they heard, hence are ignorant of color and sound and their evidence, or rather assertions are of no value because of ignorance. He who has never tried the remedy in potency, watched its course and observed its affects is no judge of the remedy because of his ignorance. To deny, therefore, the action of certain phenomena which man has not seen nor heard is gross ignorance. The discoveries of Galileo were positively denied by many, but this denial did not invalidate the discoveries. This is true of nearly every discovery, and yet it is by these discoveries that truth is made manifest.

(b) Again, to deny the value and the virtue of the law of Similars and the minimum dose is a denial made in *indolence*.

One writer tersely remarks that "every medical man engaged in the actual practice has opportunities of putting both the principle and the dose of homœopathy upon trial every day." Let any practitioner resolve as I and others have done, to look at the questions with his own eyes, and he can immediately do so. Let him begin with those drugs with whose poisonous action he is already well acquainted, and, in fairness, till he has more skill, with the lower dilutions. and when he has become more familiar with their use, give the higher and the highest dilutions."

Such indolence as leads a man to pronounce off-hand sentence of condemnation against a statement largely affecting human interest, because it is novel and startling, admits of no apology, when it is in his power to put the statement to a practical test. Those who

will deny the efficacy of the single remedy in an infinitesimal dose—have you tried it? Do you speak from experience or prejudice? Does indolence control energy and common sense in the proving of this vital matter?

c) To deny or declare false the law and practice of homœopathy without a thorough and impartial trial is folly.

Men who do this remind me of a statement made by an ancient sage—"he that answereth a matter before he heareth it, it is folly and shame unto him." When a man speaks of homœopathy as a humbug it is pertinent to ask: how many months have you given to the impartial study of homœopathy? How many sick people have you treated with the potentized homœopathic remedy according to the strict principles of homœopathy? None? Then you pretend to pass judgment on a law and its practice without proving it. Yes. Then please study Solomon who describes you with accuracy.

(d) Assertions opposing homœopathy are made in *enmity* to the principles it proclaims.

Men refuse to have anything to do with it. The subject is repugnant and the name is exasperating. Why? Hatred based on ignorance, indolence and folly is condemning a thing in anger! Who has not heard such condemnation? and yet, homœopathy is the medicine of mercy; it emancipates the suffering from every disagreeable, harsh, and cruel practice to which the human family has been so long exposed; it professes to be able to cure more quickly, safely and pleasantly than is possible by any other means, and proves it; it promises to the physician himself, the satisfaction of a true scientific method, always dependable, in place of vague and often fatal experiments. In all this it appeals to the common sense of mankind. Permit me to emphasize the fact that no man has a right to condemn or hold up to ridicule the principles of homœopathy until he has given them an impartial and prolonged trial, and without this trial he exposes himself as an ignorant, indolent and foolish fault-finder.

Let us forget for a moment this opposition to a commonsense principle and let us hear what some of the witnesses in its favor say. A witness whose evidence is of value must be first *competent* and secondly the evidence must be *sufficient* to cover the point.

First, a witness of value must be a competent one. He must have the gift of impartial and persistent study, accurate in reasoning and thoroughly acquainted with his subject. The first witness

whom we shall call to the stand is Samuel Hahnemann, the founder of homœopathy. His long study, his conversion from the old school practice, his manifold and marvelous provings of remedies and the law which he made clear make him the most competent of all witnesses. For proof of this statement I invite you to study with care the *Organon* and his Lesser Writings.

The second is another convert from the old school. Dr. Chapman, of London. Hear him: "It happened that during my absence from Liverpool some of my patients had been induced to try the homœopathic treatment. Some of the cures could be explained away, but several of them could only be honestly accounted for by admitting the full efficacy of the treatment that had been pursued. It will be sufficient to mention one of these. A gentleman had been subject to hemorrhoids for some years, and the loss of blood was sometimes fearful. His bowels were habitually and obstinately constipated, and any medicine but the most gentle laxative brought on the hemorrhoidal flux. Astringents were of no use during the discharge; they produced mischief when taken internally. He had been under the care of several *eminent* men of London, and had tried many medical men in Liverpool. His condition was made rather *worse* than *better* by the efforts of all and each of us to relieve him. His life was a misery. Two or three months after he had been under homœopathic treatment I met him one day in the street, and was astonished at the alteration in his appearance. From being emaciated he had grown stout, and was altogether in excellent condition. I asked him what he had been doing, and thereupon he told me of his having swooned away in London, from the loss of blood; that a homœopathic physician had attended him; and that he had suffered no loss of blood since; that his bowels were regular, and that he no longer suffered any inconvenience from the trying, and, in his case, dangerous complaint he had suffered a dozen years or more. This and several other concurrent cases of my own patients successfully treated by this method at the same time, induced me to lay aside my prejudices against the apparent absurdity of the doses, so far as to test by actual experiment their efficacy and value. I was immediately convinced that the doses were efficacious and conviction of the truth of the doctrine followed. Many urged their eager remonstrances, but my duty was plain so soon as I became convinced; and it was the sincerity of my conviction which gave me the courage to persevere."



A common sense procedure converted a strong opponent. He speaks of "eminent" physicians of London and Liverpool who could not cure a hemorrhoidal flux. Then, in what were these gentlemen eminent? In their failure to cure? They all made this man "rather worse than better" by their efforts. Again we ask, in what were they eminent? And here is proof that a despised homœopath did in three months what "eminence" in London and Liverpool could not do in twelve years—cure a case of hemorrhoids and convert Dr. Chapman.

Listen to just one more. Hear Dr. H. V. Malan in the following account: "After having lived for some years in the house of a homœopathic physician in Germany, and seen his practice and heard him speak and teach I went to Paris in 1840 and located myself near Hahnemann's residence; I called on him almost the next morning, and told him at once that I had come to him with the desire and intention to study and know thoroughly homœopathy, in order to write, if possible, the best book against it. He received me and listened to me most kindly, and immediately put me in the way of the best studying, but he added, with his usual benevolent smile—'*you never will write your book.*' Most generously he directed my studies for more than a whole year, and I need not add his word was true—I *never wrote the book*, though I had begun it and laid materials down for it, before seeing Hahnemann.

"My conversion was not an easy one; I was fresh from the allopathic benches, and flushed with the victory of allopathic honors. In adopting homœopathy, I roused the whole faculty of my native city (Geneva) against me and caused no small uproar."

Some of the reasonings against homœopathy remind me very much of the story told of a backwoodsman who, when told of a locomotive engine said, "such an engine is impossible, no man could ever make one." To convince him that such a machine did exist he and his wife Mandy were driven to a railroad station where an engine under full steam at the head of a train of cars was standing. He looked, was convinced; he said "there is such a machine but they can never start it." The engineer was in the cab, his hand on the throttle which he opened gently and slowly, the wheels began to turn, the engine began to puff and gather speed and soon the train was in rapid motion, and as it passed out of sight around the curve he turned to Mandy and said, "There is such a machine, they can start it, but by gosh, Mandy, they'll never stop it."

DEPARTMENT OF HOMŒOPATHIC PHILOSOPHY.

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POTENTIATION AND THE INFINITESIMAL DOSE.

Stuart Close, M.D.

Homœopathic potentiation is a mathematico-mechanical process for the reduction, according to scale, of crude, inert or poisonous medicinal substances to a state of physical solubility, physiological assimilability and therapeutic activity for use as homœopathic healing remedies.

The primary object of potentiation is to reduce all substances designed for therapeutic use to "a state of approximately perfect solution or complete ionization, which is fully accomplished only by infinite dilution." (Arrhenius.)

The greater the dilution, the higher the degree of ionization, until at infinite dilution, ionization is complete, and therapeutic activity conditionally greatest.

For the reduction of minerals and inorganic substances and certain other substances, Homœopathy employs mechanical trituration of one part of the substance with nine, or ninety-nine parts of pure crystalline sugar of milk, according as the decimal or centesimal scale of dilution is used. This process is continued long enough and in such a manner as to reduce them to an approximately impalpable powder, soluble in water. These, and all other soluble substances, it reduces to liquids, or tinctures, which it still further reduces by dilution with water or alcohol, in the same proportions of drug to vehicle (one to nine, or one to ninety-nine) to any degree determined upon, recording and numbering each step of the process, in order that the numerical degree of dilution and potentiation of each preparation may be known. The resulting products of these operations are known as "potencies" or "dilutions," bearing the name of the medicine and the number of the dilution.

Originally all homœopathic remedies were prepared by hand, using the ancient and time-honored mortar and pestle, and the ordinary glass vial. Hand-made potencies are still regarded by some as most

reliable; but the products of time-saving triturating and diluting machines, which have been invented and improved from time to time, are used by the majority of homœopathic pharmacists.

By this process, the most virulent and deadly poisons, even the serpent venoms, are not only rendered harmless, but are transformed into beneficent healing remedies. Substances which are medicinally inert in their crude natural states, such as the minerals, charcoal, or lycopodium are thus rendered active and effective for healing the sick. Other drugs, more or less active in their natural state, have their medicinal qualities enhanced and their sphere of action broadened by being submitted to the process.

Arithmetical enumeration of the particles into which potentiation is supposed to divide a given quantity of the drug is insufficient and misleading. The facts go to show that the result of the process is not only a division of the matter into particles, *but a series of differentiations and progressions by which successive reproduction or propagations of the medical properties of the drug take place.* The power and qualities of the drug are progressively transferred to the diluting medium. Recognizing this fact, Garth-Wilkinson proposed to call them "transmissions."

Fincke explained the action and efficiency of infinitesimal doses by applying the "law of the least quantity," discovered by Maupertuis, the great French mathematician and accepted in science as a fundamental principle of the universe. That principle is stated as follows: "*The quantity of action necessary to effect any change in nature is the least possible.*"

"According to this general principle," says Dr. Fincke, "the decisive moment is always a minimum, an infinitesimal. Applied to our therapeutics it will be perceived that the least possible dose is always the highest potency sufficient to bring about reaction and effect the cure, provided always that the selection of the remedy is homœopathically correct. The Law of the Least Action (*Maxima Minimis*) appears to be an essential and necessary complement of the Law of Similars (*Similia Similibus*) and co-ordinates with it."

"According to this principle the curative properties and action of the homœopathic remedy are governed by its preparation and application; in other words; *the quality of the action of a homœopathic remedy is determined by its quantity.* Consequently, the law of the least action must be acknowledged as the posological principle of Homœopathy."

Potentialtion and the minimum dose is a subject upon which it is exceedingly easy to form hasty and incorrect notions—no subject in Homœopathy more so. It is one of those subjects upon which the average medical mind seems to have a peculiar natural bent for forming opinions without due knowledge and examination—in one word, prejudice. It may be said, however, that when the philosophy of Homœopathy is understood, and its method of selecting the curative remedy has been mastered, decision as to the matter of the dose may be left safely to individual judgment, based upon observation and experience. The whole range of potencies is and should be open to every man. The beginner need be no more afraid of a thirtieth potency than of a third when he has decided upon the similar remedy; for he may be sure of this—*Neither will cure if not indicated*. No one can make up his short-comings as an accurate prescriber by increasing the size or frequency of his doses.

The idea of potentialtion, or dynamization, as it is sometimes called, did not, like Minerva, spring “full armed and grown from her father’s brain”: Nor was the idea, like Minerva, “immediately admitted to the assembly of the gods.” It was a gradual growth, a development. In some other respects, however, the idea was like Minerva. “The power of Minerva” we are told, “was great in heaven; she could hurl the thunders of Jupiter, *prolong the life of men, bestow the gift of prophecy*, and was *the only one of all the divinities whose authority and consequence were equal to those of Jupiter*.”

The greatest and keenest minds in Homœopathy, the minds which have possessed insight in the highest degree, have always recognized the vital importance and fundamental relation of the doctrine of potentialtion to Homœopathy. It is at the same time the most vital and most vulnerable part, the very heart of Homœopathy.

To quote only one of many authors, Prof. Samuel A. Jones of Ann Arbor: Nearly fifty years ago (1872), as editor of the *American Homœopathic Observer*, he wrote these prophetic words, which have since been literally fulfilled. “Let us guard our homœopathic heritage most jealously. The provings on the healthy, the simillimum as the remedy, the single remedy, the *reduced* dose, may be, and will be, filched from us one by one, and christened with new names to hide the theft. What will become of Homœopathy? It will live, despite them, *in Hahnemann’s posology*. The very infinitesimals which many are so ready to throw away *are all that will save us*.”



This is only the recognition that, in its highest aspects, the doctrine *and the fact* of potentiation is one of those "mysteries of the faith" which have ever been the strength, and at the same time the weakness, of every great church, or school of thought; the strength, because in their highest and broadest reaches they exercise the highest powers of the human mind; the weakest, because they are the most liable to misunderstanding and perversion.

We may always rely upon our enemies to discover and attack the most vital and weakest part of our defenses. The proof of this position lies in the fact that the doctrine of potentiation and the infinitesimal dose has always been the central point of attack upon Homœopathy by its enemies.

Homœopathy was not created by the discovery of the law of similars. Many before Hahnemann, from Hippocrates down, had glimpses of the law and some had tried to make use of it therapeutically; but all had failed, because of their inability to properly graduate and adapt the dose. The principle of *similia* was of no practical use until the related principle of potentiation and the minimum dose was discovered; and that was not until Hahnemann, anticipating by a hundred years the modern conceptions of matter and force, hit upon the mathematico-mechanical expedient of preparing the drug by *dilution according to scale in a definite proportion of drug to inert vehicle*. Homœopathy became practicable at the moment that discovery was made, and not before. But for that Hahnemann would have progressed no further than Hippocrates.

The tremendous scope and importance of his invention did not dawn upon Hahnemann at once. For a number of years, in his ordinary medical practice, he had used drugs in the usual form and in ordinary doses. But as soon as he began applying medicine in such doses under the homœopathic principle, he found that aggravation and injury followed their use. Naturally this led him to reduce the size of the doses.

"Naturally," we say, although no one up to that time had ever thought of so simple and apparently obvious an expedient to overcome the obstacles to successful homœopathic practice. Finding that he obtained better results he continued to reduce the dose.

Hahnemann's idea at first was simply to reduce the "strength" or material mass of his drug, but his passion for accuracy led him to adopt a scale, that he might always be sure of the degree of reduction



and establish a standard of comparison. Under certain conditions he found, perhaps to his surprise, that instead of weakening the drug he was actually increasing its curative power. In reducing the density of the mass he perceived that he was setting free powers previously latent, and that these powers were the greatest and most efficient for therapeutic purposes, *when the remedy so prepared was applied under the principle of symptom-similarity.*

Struck by the idea of the development of latent powers through what he had at first considered merely as dilution, he ceased calling the process "dilution," and named it "potentization" or "potentiation," which it truly is—a process of rendering potent, or powerful, that which was previously impotent.

The trend of modern scientific thought is away from the crudely materialistic notions of the early physical scientists, toward a higher conception of the constitution of matter.

Describing his conception of the infinitesimal nature and constitution of matter, Sir Isaac Newton led the way when he quaintly said: "It seems probable to me that God in the beginning formed matter in *solid, massy, hard, impenetrable, movable particles*, of such sizes and figures, and with such other properties and in such proportion to space as most to conduce to the end for which he formed them; even *so very hard as never to wear or break in pieces*; no ordinary power being able to divide what God himself made one in the first creation."

To Newton, light consisted of a perfect hail of these minute material atoms, thrown off from the light-producing body. In the exercise of his scientific imagination he saw these infinitely little particles of matter flying off, in every direction, at incredible speed.

Later came the conception of the luminiferous ether. Physicists think now of a ray of light as the pulsation or vibration of *an intangible substance*, which acts like a solid, but which lets ordinary matter pass through it without resistance.

The marvels of electricity, as developed in such inventions as the dynamo, the electric motor, the electric light, the telegraph and telephone, and later the X-ray and the wireless telegraph, have done much to incline men toward the acceptance of a more spiritual interpretation of the universe. He who accepts without question the operations of this invisible, intangible substance, the real nature of which no man knows, to say nothing of the phenomena of radio-activity, gravitation and chemical affinity, should not stumble over

the homœopathic high potencies, which he may make and demonstrate for himself any day.

Carl Snyder, in *New Conceptions in Science*, points out how many advances in science and the arts have been made possible by the discovery of a *new mechanical appliance*. That Homœopathy was thus made possible has not heretofore been recognized.

Snyder says:—"The phrase, 'mechanical appliance' is used broadly, as including all that may contribute to exact measurement and to the extension of our primitive senses in any direction. In this sense the calculus, or the reactions of the chemist's test-tube must be reckoned as mechanical no less than the thermometer, the microscope or the balance. It also includes such aids to calculation as the use of the zero (or, more strictly speaking, a decimal system of counting), algebra, the invention of fluxions, logarithms and the slide rule.

"We have all heard the story of how Archimedes detected the alloy in King Hiero's crown; how a certain weight of gold had been given by the King to an artificer to make over into a crown; how the King, suspecting a cheat, asked his friend Archimedes if he could tell whether base metal had been put in with gold; how Archimedes, sorely puzzled stepped one day into his bath, observed how the water ran over, forgot everything and ran home naked through the streets of Syracuse shouting, Eureka! Eureka!

"Archimedes' discovery was simply this; that a body in water displaces a quantity of water of *equal weight*, and not according to its bulk, as one might believe at first thought. With it he established the idea of specific gravity.

"By this he not only exposed the cheat of the goldsmith, but was led to all sorts of investigations, and finally to the discovery of the lever."

In a similar way Hahnemann, groping about in his study of the action of homœopathic drugs on the healthy human organism, perplexed by the aggravations resulting from ordinary doses, seeking to find a dose so small that it would not endanger life and desiring to accurately measure his degree of dilution so that he might repeat or retrace his steps, invented or adopted *the centesimal scale of mensuration*. Immediately he found ready to his hand the means of solving the problem in which so many others before him had failed.

He had devised a process, simple in the extreme, by which, with

nothing but a mortar and pestle, a series of small glass vials, and a small quantity of sugar of milk, or of pure water or alcohol, he could not only modify toxic substances so that they were rendered harmless without destroying their curative powers, but develop and measure the inherent latent medicinal energy of inert substances to any extent desired.

Substances which were entirely inert in their natural state, such as the minerals, charcoal and lycopodium were by the newly invented process of trituration, solution and subsequent liquid potentiation, developed into remedies of remarkable power.

Homœopathy, as a practical art, thus became possible, and Hahnemann passed on, leaving Hippocrates, Galen and all the other competitors in the race far behind.

And this was all brought about by the invention of a simple mathematical scale of measurements. It is so simple that only very few, even yet, begin to grasp its tremendous significance. Long ago, one of the greatest physicists who ever lived, after reflection upon it, said that the Hahnemannian theory of potentiation would ultimately lead to an entirely new conception of the constitution of matter. And so it has. Newton's "hard, massy, material atom" and even the atom of later physicists, is no more as an ultimate conception. It has given place to the intangible, but substantial electrical corpuscle, or electron, infinitely smaller and more active than the atom, and back of this lies the interatomic ether, of which it is but a mode of vibration.

Historically, homœopathic potentiation is a development of very old and very common pharmaceutical processes. The mortar and pestle are as old as medicine. Minerals and inorganic substance are commonly prepared for therapeutic use by methods not only closely analogous, in its first stage, to the homœopathic method, but having their origin in the same fundamental necessity, namely: the necessity for rendering such substances soluble, capable of being taken up by the absorbents and appropriated by the sentient nerves of the living organism. Metals like mercury, lead and iron are entirely inert medicinally until they have been submitted to some process, physical or chemical, by which their mass is broken up and rendered soluble, and their latent medicinal energy thereby set free. It matters not by what name we call such a process, it is essentially a potentiation; and homœopathic potentiation is nothing more or less than a *phys-*

*ical process by which the dynamic energy, latent in crude substances, is liberated, developed and modified for use as medicines.*

Hahnemann, recognizing that the therapeutic action of a drug is the direct opposite of its physiological or toxic action, saw the possibility and necessity of extending this process, by perfectly simple, reliable and accurate means, so that it shall not only release the latent energy, but render it available for the higher purposes of healing by depriving it of its destructive or toxic action, while at the same time developing its purely therapeutic qualities and broadening its field of action.

It is perhaps not quite fair to imply that the allopathic school has not recognized such a possibility. That it has done so is evidenced by its attempts to prepare certain morbid products, mostly of animal origin, for use as therapeutic agents by submitting them to a biological process which may be regarded as somewhat analagous to homœopathic potentiation. I refer to the process by which the various sera and vaccines are prepared. The old-time vaccination in which the patient was inoculated directly with the so-called "humanized" vaccine virus, represents its first attempt in this direction. So many evils arose from the practice that it was soon discontinued, and the more modern method devised. By this method, an animal, usually a calf, was inoculated with pus from a fully developed human small-pox pustule. After the ensuing disease thus set up in the animal had developed, serum or pus from one of the resulting pustules was again inoculated into another healthy animal to undergo the same or similar organic modifications. This process having been repeated a varying number of times, through a series of animals, the final product was used to inoculate human beings. With many technical modifications and extensions this is essentially the process used to-day in the preparation of the sera and vaccines.

The basic idea is to modify a primarily virulent animal virus, toxin, or other pathological product, that it may be used safely for therapeutic or prophylactic purposes. In that respect it may be regarded as a crude analogue or imitation of homœopathic mechanical potentiation.

Considered as a technical process such a method is highly objectionable because it involves so many uncertainties. The living organism is an infinitely complex thing, when we consider the almost innumerable mechanical, chemical and vital processes going on within



its constantly changing fluids and solids. Many of these processes are very imperfectly understood. There is no means of accurately registering and measuring all these activities; no means of determining exactly what these changes are; nor how they are modified by the introduction of the foreign morbid substance used.

In comparing this method with the Hahnemannian process it is only necessary to point out:—

1. The Hahnemannian process is purely physical, objective and mechanical.

2. It does not involve any uncertain, unseen, unreliable nor unmeasurable factor; a vehicle, consisting of sugar of milk, alcohol, or water, in certain quantities and definite proportions; manipulation under conditions which are entirely under control and so simple that a child could comply with them.

3. The resulting product is stable, or may easily be made so; in fact it is almost indestructible; and the experience of a century, in its use under homœopathic methods and principles has proved it to be efficient and reliable in the treatment of all forms of diseases amenable to medication.

4. The process is practically illimitable. Potentiation of medicine by this method may be carried to any extent desired or required.

To argue about a question which can be settled promptly by the actual test of experience is a waste of time and energy, for nothing is gained by it, and we must come to the test of experience in the end. To rehearse the theories, speculations, mathematical computations, illustrations from analogy and comparisons with similar processes used in the allied arts and sciences put forth by authors and disputants in discussing the pros and cons of the potentiation theory since it was first propounded by Hahnemann might be interesting to some, but probably no one who has allowed himself to become prejudiced against homœopathic high potencies would be convinced by all the arguments thus stated.

But when a sincere investigator sees an expert examine and prescribe for a case under the methods and principles taught in the *Organon* and witnesses the therapeutic effects of the various potencies, he has seen a demonstration which he can repeat for himself until he is convinced that Hahnemann was right when he said (*Organon*, par. 279): “Experience proves that the dose of a homœo-



pathically selected remedy cannot be reduced so far as to be inferior in strength to the natural disease and to lose its power of extinguishing and curing at least a portion of the same, *provided that the dose, immediately after having been taken, is capable of causing a slight intensification of symptoms of the similar natural disease.*"

The results of the use of potentiated medicines have led careful students of the principles and conscientious practitioners of the methods of Homœopathy, to gradually rise in the scale of potencies until many have come to use most frequently the higher potencies. It is because they are found to act more gently, more deeply, more rapidly and more thoroughly than the crude drug, or the low dilutions, in the great majority of cases; and because it is impossible to cure certain forms of disease without them.

We have already seen how the idea of potentiation was made practical by the invention of what was essentially a new mechanical appliance, the centesimal scale of mensuration, just as the mechanical performance of the mathematical processes of addition, subtraction, multiplication and division was made possible by the invention of the slide rule.

Unfortunately, when this discovery was first announced, attention was immediately focussed upon the subject of *quantity* rather than upon *quality*, *proportionality* and the *laws of relation*, under which homœopathic medicines act. Objectors at once began to make arithmetical calculations of the quantity of the original drug to be found in the various potencies and to be staggered by the size of the denominators of the vulgar fractions which were supposed to express that quantity. To arithmetically express the fraction of the original drop of the "mother tincture" contained in one drop of the thirtieth centesimal potency requires a numerator of one, over a denominator of one, with sixty ciphers added!

That such an infinitesimal quantity of medicine could have any effect was for some, unthinkable. Thus, merely because of a *seeming improbability*, based upon *a priori* reasoning, without experiment, opposition to the new doctrine arose.

It never occurs to such minds to study the *laws of relation*, nor to ascertain experimentally whether such a potency really does act when brought into proper relations with the living organism. They refuse to submit it to the actual test of experience. To a scientific mind such an objection is not worthy of consideration. The objec-

tion of "improbability," in matters of fact, is always childish. On such grounds every notable invention of the last century would be rejected. What more improbable than the assertion that a man, sitting in his office, could audibly converse with his friend three thousand miles away across the continent? But there stands the telephone, on his desk, ready for the demonstration. The efficiency of homœopathic potencies is not to be determined by calculation, but by actual trial upon the living organism. If one desires to be convinced that there is power in the thirtieth potency of arsenic, let him put ten drops of it in a half pint of water and begin taking table-spoonful doses of it every three hours. Convincing proof of its power will be experienced inside of three days.

To the mind of the mathematician, the astronomer, or the modern physicist, accustomed to think in the terms of the infinitesimal calculus, such quantities present no great difficulties; but to the unscientific mind, with its crude conception of the constitution of matter, they are unthinkable and incredible. It did not occur to the objectors to view the subject from the standpoint of the *laws of relation* under which such powers and quantities act, nor would their prejudices permit them to submit the matter to the simple test of practical experiment by which it could have been settled at once. Homœopathy, therefore, almost from the beginning, found its progress opposed by a prejudice based merely upon a seeming improbability.

The discovery of spectrum analysis, which revealed the presence of the drug as far as the twelfth centesimal potency, lent to the infinitely small quantities a significance not yet fully recognized in its bearing upon Homœopathy; but even this, while it confirmed the *fact* of the presence of the drug, could not explain the *relation* of imponderable substances to the living organism.

The fact, as pointed out by Ozanam, is that Hahnemann, by his discovery of potentiation, raised Homœopathy to a level with other natural sciences, since he created for it a method which is analogous to the infinitesimal calculus of mathematics, upon which is based the atomic theory of chemistry. It illustrates and harmonizes with the theory of the interatomic ether of space; the theory of the radiant state of matter, the theory of the electric potential of present day physics, and the chemico-cellular theory of physiology and pathological anatomy. It agrees with modern bacteriology in its ex-

planation of the action of pathogenic micro-organisms as being due to infinitesimal quantities of their secreted poisons. It is also in harmony with the latest conclusions of modern psychology respecting the relations of mind and body and the agencies which influence them.

*(To be continued)*

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## EDITORIAL NOTES AND COMMENTS.

*Verbascum Thapsus*, or *Mullein*, is best known as a remedy useful in neuralgia, particularly facial neuralgia, when associated with earache. Neuralgia of the dental nerves comes within its province, as does deafness. *Mullein* oil has been more or less of a household remedy in earache and deafness, catarrhal in character. The remedy is probably overlooked by physicians many times, when it should be prescribed.

A recent verification of its neuralgic symptoms will be of interest. Miss E. B., age 18 years, office nurse and assistant to a dentist, was taken with a drawing pain in the left temple, extending to the lower jaw. The difficulty had begun on the right side a few days before, and was associated with earache, when the pain extended to the right shoulder; but the right side was now entirely free from pain. This was constant, > by warm applications, < from eating and < in the cold open air. The teeth and gums on the left side felt sore, as though deep down in the roots. The pain was < from any change in the weather. Examination failed to reveal any actual dental trouble. Six powders of *Verbascum thapsus* 200 were given, a powder to be taken every three hours. Relief was prompt and complete within twenty-four hours, with no return.

**Silicic Acid in Tuberculosis.**—Kühn emphasizes that not enough attention has been paid hitherto to silica which forms such a large proportion of fibrin, the main factor in the healing of a tuberculous process in the lung. Human hair contains from 2.61 to 29.3 per

cent. silica, according to Gonnermann's table; the suprarenals from 7.44 to 16, and fibrin from 16.28 to 30 per cent. Kühn succeeded in rendering guinea-pigs immune to tuberculosis by injection of colloidal silicic acid, and 400 tuberculous persons under his directions have been taking for four years a silica tea, that is, a decoction of certain herbs which Gonnermann found contained from 43 to 272 mg. of silicic acid in the three cupfuls which formed the daily dose. The herbs are *Herba equisiti min.*; *Herba polygon.* and *Herba galeopsidis*. The number of cases in which great improvement is evident is too large to be attributed to chance. He mentions parenthetically that the disease seemed to be most dangerous and hardest to influence in the young, and he queries whether the lesser silica content of certain organs in the young may not have some influence in this respect. In some cases he gave the silicic acid in colloidal form by intramuscular injection.

The above abstract from the *J. A. M. A.* for Jan. 8, relates to an article by A. Kühn in the *Zeitschrift für Tuberkulose*, Leipzig, Germany.

Every homœopath will give cordial assent to Kühn's observations, which this author could easily extend, much to his own enlightenment, were he to drop into the Homöopatische Apotheke of Willmar Schwabe in Leipzig and pick up a copy of "Die Chronischen Krankheiten" by one Samuel Christian Friederich Hahnemann. Volume 3 of the 1828 edition, contains the proving of *Silicea terra*, *Kieselerde* or *Silica*, and Hahnemann's symptomatology well portrays the actively tuberculous case.

Silica is an antipsoric remedy, as we all know, of the highest rank, hence of great value in the treatment of tuberculosis. The Silica patient lacks mental and physical grit or stamina, literally he lacks sand, is extremely sensitive to cold and damp and takes cold easily. Glands are prone to swell, to become indurated and then break down and suppurate. Long lasting suppuration and fistulous tracts are characteristic of this remedy, conditions be it said incidentally, which should not be turned over to the surgeon. Evil smelling foot-sweats are characteristic also. In short, this remedy is deeply acting, constitutional in nature, related to conditions which reflect malnutrition and malassimilation and must, therefore, bear a distinct clinical relationship to tuberculous processes.



**Post-diphtheritic paralysis.**—This condition usually requires either *Gelsemium*, *Cocculus indicus* or *Causticum* for its cure. Of the three, *Cocculus* is probably the most important, although several other remedies may have to be considered in some cases. Where the throat is involved and the muscles of deglutition are affected, *Lachesis* lays claim to the first place in importance.

For *Gelsemium* to be of service, the general state of this remedy will have to be in evidence—the weakness and trembling of body and limbs, the general lethargy and dulness of mind, etc. In *Cocculus* we expect to find, in addition to the paretic state of the muscles, numbness, weakness, jerkings, vertigo, nausea, prostration and nervous exhaustion. *Causticum* will be needed in the typical *Causticum* patient, one who shows a more or less weakened state of the entire muscular system—urinary incontinence for example, due to a paretic state of the bladder muscles. Cough with inability to raise the sputum; in the female, spurting of urine during cough. Mentally the patient is sad, depressed, irritable.

*Lachesis* has its own well-known indications and is frequently the curative remedy during the attack of diphtheria itself. The cyanotic appearance of its inflamed or affected parts, the aggravation on waking from sleep, the intolerance of external constriction or pressure, the left-sidedness of its symptoms are all characteristic. Likewise the aggravation of its throat symptoms from hot drinks and from empty swallowing; the return, on swallowing, of fluids through the nose are further indications.

The nosode *Diphtherinum* is still another valuable remedy, not to be overlooked. Some years ago a young woman who had come to Flower Hospital, developed diphtheria and was immediately transferred to Willard Parker Hospital for contagious diseases, where she was given antitoxin and made an uneventful recovery. She was, however, left with a post-diphtheritic paralysis of the legs and of the throat, all food was rejected and fluids forced through the nose. The paralysis of the throat had appeared first, followed by that of the extremities. Indications for the usual remedies were lacking upon the patient's re-entry to Flower Hospital. She was given *Diphtherinum* 30th, a dose every 4 hours. The legs were the first to improve, so that she could soon walk without support, the throat symptoms followed next, thus indicating a true homœopathic cure, to wit: symptoms disappear in the reverse order of their coming. Post-diphtheritic paralysis usually affects the throat first.

This case is of particular interest because of the fact, that a toxæmia (diphtheria) was neutralized by its antitoxin and that the toxæmic sequelæ of the disease, were themselves cured by an infinitesimal amount in potentized form of the toxin of the same disease. We have, at present under way, an experiment which will be followed with close interest and attention. Four positive reactors to the Schick test are taking *Diphtherinum 30th*, four times a day. Symptoms of a possible proving will, of course, be watched for. Later, another Schick test will be made and the results reported. A negative reaction to this test means immunity to diphtheria. If *Variolinum* is capable of conferring immunity to smallpox, it would seem as though *Diphtherinum* ought to be capable of doing the same thing for diphtheria.

**What's in a name?**—Much sometimes, but as the immortal poet Shakespeare says: "A rose by any other name, would smell as sweet." The tendency of this age is to abolish narrow sectarianism, to view life in a much broader way, to break down prejudice and provincialism, to accord to others the same honesty of purpose, as we ourselves like to claim.

In medicine, men have become more tolerant, less bigoted, less prejudiced, although Heaven knows, there is still much pettiness in the medical profession. Physicians are groping for more light, seeking to solve the puzzle of disease, and while far too many stop short at the threshold of diagnosis, there are still many more who are honestly endeavoring to find a cure. To such it matters little what name the means may bear, so long as the means are based upon a firm, demonstrable foundation of principle.

Homœopathy offers such a principle, the only true one in curative medicine. Allopathy has nothing to offer in curative medicine, which is not in reality based upon the homœopathic law. Witness the use of antitoxins and of vaccines, for example. Yet *contraria contrariis curantur* is also a principle not to be despised, it has its place in the realm of applied therapeutics. It represents the important field of palliation and of direct stimulative or so-called physiologic medication. He who denies the occasional rightful necessity for morphin for example, is either wilfully blind or woefully lacking in practical experience.

Homœopathy has its wonderfully large field of application, based

upon a thorough understanding and interpretation of its philosophy, but this field has its proper boundaries and there lies much of truth beyond. Hence the perpetuation of the homœopathic principle should not and cannot depend upon the continued existence of a so-called homœopathic school of medicine, which after all has nothing but a therapeutic principle of drug therapy, to differentiate it from the old school. The science of homœopathy is in truth, representative of a therapeutic speciality, the importance of which must not blind us to the existence of other therapeutic measures. No college of medicine for example, can to-day afford to omit from its curriculum adequate instruction in pharmacology. Every educated and intelligent physician must have a knowledge of the properties, therapeutic uses, doses, toxic effects, of such drugs as strychnin, morphin, etc. No college of homœopathic medicine can deny its students such instruction.

Aside from the department of *materia medica*, homœopathic medical colleges scarcely differ from those of the old school. Practically, the burden of teaching homœopathy, its philosophy, *materia medica* and therapeutics falls upon this one department. Such a department could, therefore, just as well form an integral part of any old school college. This is actually the case in California. After all, homœopathy must win adherents, not by assertion of its superiority, but by demonstration. If the teacher of *materia medica* in a homœopathic college cannot convince his students of the truth of homœopathy, he has no business to teach and should resign forthwith.

Why then, in the light of the foregoing, continue the incubus of a sectarian title to our homœopathic medical colleges? Why handicap our homœopathic graduates by branding them as separate and distinct from the great body of physicians? Why fear a possible contamination at the hands of the allopaths? Why have any fear at all, if we know that our system must compel serious attention by virtue of its impregnable position in the science of medicine? Truth cannot be killed, it lives in spite of all malevolent endeavors and, in the end, prevails.

We believe that the time has come for the trustees of our homœopathic medical colleges to abandon the sectarian title; we believe that by so doing the respect and the active support of the alumni of our various colleges will be secured. We believe that such a step will secure for homœopathy a far firmer position than is now accorded it, a greater influence in the world of medicine and the cer-

tainty of enlisting those in its support, who now hesitate to ally themselves with a minority body, whose boundaries of activity are sharply circumscribed by petty sectarian considerations.

It is for us as homœopaths to prove homœopathy to the world, the failure to do so can only be ours, the fault must rest with us. In Boston, sectarianism was thrown overboard by the Boston University Medical School, yet homœopathy continues as an important part of its curriculum. How successful this experiment will be, depends entirely upon the ability, knowledge, earnestness of purpose of those who are charged with the duty of instruction in homœopathy and also upon the whole-hearted support of the rest of the faculty. Failure does not mean that the plan is wrong, but failure must be laid at the door of the homœopathic fraternity itself. The latter is by no means showing anywhere in the United States the constructive interest in the cause of homœopathy which it should. As homœopaths we have ourselves to blame!

Hahnemann Hospital of New York has, in combining with the Laura Franklin Free Hospital for Children, chosen the new but doubtfully euphonious name of Fifth Avenue Hospital, a name which means nothing, stands for nothing, and which might with equal propriety adorn a commercial establishment. The name Hahnemann stands for a scholarly, scientific, research worker, a philosopher, linguist, chemist and great humanitarian. It does not stand for narrowness or sectarianism, unless principle be so regarded. Hence there would seem to exist no good reason why the name of Hahnemann should be abandoned by any hospital, college or other institution.

The term "homœopathic" on the other hand, stands in a different category, its omission will do more to make us really big in the best sense of the word, than anything which we as a profession, can do.

**Purpura from Iodoform Poisoning.**—“Aperlo dressed with iodoform gauze a tuberculous fistula in the lumbar region of a girl of three with tuberculous spondylitis. When the dressings were changed the seventh day, the temperature began to go up, and indicanuria and tube casts with edema indicated nephritis. On suspicion of iodoform poisoning, the medicated gauze was changed for plain gauze and conditions improved for three days but then symptoms of hemorrhagic purpura developed, in both skin and bowel. The patches of purpura were restricted to the face and labia majora.



The child had been under iodo-iodid treatment for three months, and was probably saturated with iodine and its salts, but immediate removal of the iodoform gauze warded off the fatal termination of the iodine poisoning, such as four Italian clinicians have reported."

The above, taken from the *J. A. M. A.*, is of interest to homœopaths. Iodoform has been used clinically in tuberculous meningitis with alleged cures. Allen's Encyclopædia, volume V, contains a proving by Underwood, made in 1870. The Guiding Symptoms also contains this proving and Clarke's Dictionary of Materia Medica has an excellent account of the known effects of iodoform; but the occurrence of purpura is nowhere recorded. Under Iodine however, purpura is found. The mental and head symptoms are certainly suggestive of meningeal inflammation. Drowsiness, hebetude, nausea and vomiting, headache are all of moment.

Among surgical cases, iodoform poisoning from iodoform powder or gauze is now and then met with and drowsiness seems to be a marked feature. Scarlatiform rashes have been produced by the drug. The symptoms appear to be aggravated by warmth, such as a warm bath and are correspondingly ameliorated by open air or uncovering. This modality is, of course, highly characteristic of Iodine itself, which should never be prescribed when this symptom is lacking.

The evident deleterious effect of iodoform upon the kidneys and the production of indicanuria, may be of use to homœopathic prescribers. The drug needs more extensive proving, especially in the higher potencies.

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### BOOK REVIEW.

**Text-Book of Homœopathic Materia Medica**, by George Royal, M.D., Professor of Homœopathic Materia Medica and Therapeutics of the State University of Iowa; senior, ex-president, chairman of the Council of Medical Education of the American Institute of Homœopathy, etc. Published by Boericke and Tafel, 1920. 391 pp. Price \$3.50.

The subject of materia medica is always a difficult one for students, since no matter how presented or taught, much of the knowledge to be gained is a matter of mere memory. Pathology explains a great deal relative to the action of our remedies, the whys and



wherefores as it were, of their pathogeneses. Given an elective affinity for a certain tissue and a definite action upon this tissue, it is fairly easy to determine the logical sequence of events. But no one has explained why *Lycopodium*, for example, should have a four to eight p. m. aggravation, or why *Calcarea carbonica* fears that insanity is impending and that this is observed by others. Such symptoms are a question of memory, yet any plan or way of presenting materia medica which will simplify the retention of this vast subject by the student and physician, is to be warmly commended and welcomed.

As an enthusiastic teacher of many years' experience, Dr. Royal has evolved his own method of teaching homœopathic materia medica, one, be it said, which presents certain distinct advantages over ordinary methods of teaching this subject. He emphasizes the make-up of the patient as it relates to the remedy and lays stress upon localization, modalities and the uncommon, peculiar, characteristic symptoms or leaders. In short, he does what every homœopathic prescriber strives to do,—individualize both patient and remedy. Homœopathy is after all, in great part, an art which has to do with individualization—homœopathy treats patients, not diseases.

Materia medica may be studied from various angles, all important and appealing to different students, in different ways. To the student it is wise to have the subject presented from as many angles as possible and Dr. Royal's method is one of these angles. As we are all students, or should be, of materia medica, throughout our professional lives, Dr. Royal's book is bound to be of much value to us and will, therefore, take its place in the library of every homœopath.

An index of remedies is a handy feature of the work, as the remedies are not arranged in alphabetical order. A clinical or therapeutic index and repertory is added and has some value in a suggestive way; it cannot, however, be used for the purpose of repertory analysis and is not so intended.

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## ON GONORRHŒA IN ITS CONSTITUTIONAL ASPECTS; WITH SPECIAL REFERENCE TO THE SYCOSIS OF HAHNEMANN.\*

J. Compton Burnett, M. D., London.

For years past I have thought it would be a very desirable task to be undertaken, to investigate afresh those diseases that give the groundwork of the biopathology of the Seer of Cœthen, and I have often wondered that the vigor and enterprise of some of our number of this generation have so long left this field of research comparatively untilled—that is, untilled in this generation. For, in our gropings after truth, each succeeding generation gains a little on its predecessor, by the general progress of knowledge, and by the slow movings of the human mind toward as much of certainty and of finality as seems attainable for the limited and finite.

And then, whether we believe in psora, syphilis, and sycosis or not—that is, as they are taught by Hahnemann—a large part of the work done by the homœopathic school during the past fifty years is more or less tinged with these doctrines; and, moreover, anything taught by so able an observer as was Hahnemann deserves serious investigation at our hands. And, whatever may be said of the therapeutics of general medicine, positive diagnostics has distinctly advanced during the past decade, and I submit that it is desirable that our own position should be reviewed in the light of this advance.

When I had given the First Hahnemannian Lecture, known as "*Ecce Medicus*," I certainly thought one of my followers in the

\*Resurrected from the June, 1889, issue of *The Homœopathic Physician* as worthy of reproduction and introduction to homœopaths of the present day.—EDITOR H. R.

orator's chair would have tackled the Cœthen phase of Homœopathy, and exhibited it in the light of modern research and experience, so as to determine for us of this generation how much of it still holds good, and what part, if any, must be considered as no longer tenable. But, thus far, the work has not been done since then, and I, therefore, will proceed to consider the subject in part here.

Mr. Punch is a great authority for us in this country of spleen and gravity, and, as we all know, his reiterated advice in regard to things to be done is that if you want them done well, do them yourself.

Hahnemann, as is well known, spent his younger and more vigorous days in demolishing theories and hypotheses; indeed, he threw them all right out of his mental window, and made a fresh start altogether with medicine sans pathology, sans theories, sans everything, in fact, but the therapeutic law of similars, which is still for many a very filmy theory indeed. However, the law of likes is no more theory for us; for us it is the one thing common to our body; outside of the law we practically agree about nothing, and yet, notwithstanding this almost general disagreement amongst us, our friends, the enemy, will have it that we and the medical profession at large are not *solidaire*; surely the fact that we disagree about almost everything that is of vital importance should offer them sufficient internal evidence of their and our solidarity.

But, as I said, we agree on our fundamental law, except, indeed, that some of our number of late have had sad searchings of heart about the law also! It is a rule, they say, not a law! Or, again, it is a method. So that, as a matter of fact, we do not quite agree about anything whatever! Therefore, we may at any rate claim to be very professional to the full extent of the proverb, that "doctors differ."

And as to whether we should speak of the idea of similars as a law or as a rule, the contention that it is a rule rather than a law is, I submit, quite groundless. But as some have been captivated by the reasonings of those who pose as the champions of rule as against law, it might not be amiss to point out that the whole contention for the rule is based upon the poor grammar of the disputers. I have, thus far, never known of a German or a Frenchman to go in for "rule," and that for the very sufficient

reason that they understand the use of the subjunctive mood, which cannot be said of all Britishers, no matter how learned they may be. In order to really understand Hahnemann on this point, it is absolutely essential that one understand Latin and German composition, more particularly in regard to the subjunctive. Those who contend for "rule" had better scuttle out of their position as quietly as they can, lest some one, some of these fine days, take the trouble to pour out a vial of wholesome ridicule upon their "rule." The same remarks apply in regard to the question of the noted formula of the homœopathic school—viz., whether should we say *similia similibus curantur*, or *similia similibus curentur*? Of course, the reply is that both are correct, they both express precisely the same thing, only one is in the indicative and the other in the subjunctive. I do not admit that it is in the imperative. In some of the old Hermetic works you will find it put *similia similibus curari*, which is, of course, precisely the same thing, only in another mood. You will also find *simile a similia curari*; hence, it is really, in more ways than one, merely a matter of mood.

However, everything in this world is comparative, and, comparatively speaking, we do agree that like cures like; and be it notion, principle, law, rule, or method, we so far agree to admit that these words, *similia similibus curantur*, express something positively demonstrable in clinical life. All this falls within that phase of the development of Homœopathy anterior to the sojourn of Hahnemann at Cœthen. And this part has been really almost completely exhausted, so let us go over to Cœthen and hear the oracular pronouncement that all chronic disease is primarily due to three somethings—*psora*, *syphilis*, and *sycosis*.

When a man comes out of the land of darkness to school teachings, and throws over school physic (I do not mean brimstone and treacle, which was *my* school physic), and passes into the comparative glare of Hahnemannic therapeutics, he is generally considered perturbed by the violent change of climate—*i. e.*, from darkness to light. He requires some time to acclimatize. At first he usually has an acute attack of homœopathic enthusiasm, a veritable fever that yields neither to Aconite nor to Pyrogen, and he makes a *tabula rasa* of everything, and a good deal besides.

But when a few failures have sobered him down a wee, he goes

back into himself, and finds out a few things for himself. He finds that *Belladonna* will cure the delirium of tuberculosis of the meninges, and other of its symptoms, but the patient in the end dies all the same. He gives *Baptisia*, *Arsenicum*, serpent poisons, acids, etc., in low fevers, but his patients are very apt to die in the end, all the same. He has a patient given to picking his nose, or things in general, and after considering the merits of *Arum triphyllum*, *Conium*, *Helleborus*, *Lachesis*, *Scelenium*, *Stramonium*, and the like, and exhibiting them, he finds—the worms live on still!

In fact, he learns to discriminate, and to differentiate between true initial and all-along-the-line similarity, and that which is ultimate and superficial only. When a man in his homœopathics arrives at this stage of his development process, he is apt to do one of three things, viz.: he may, 1st, throw your Homœopathy clean overboard; or, 2d, admit the limitedness of its sphere of application; or, lastly, he may set about procuring a pathology to fit his therapeutic doctrine. I have gone through all these stages myself now, and am beginning to understand the Cœthen ætiologic phase of Homœopathy. If space would allow, I would seek to encompass this ætiologic phase of Homœopathy in its entirety; but, as it will not permit of this, I have chosen only one of the three Hahnemannic, chronic, so-called miasms for consideration, and that sycosis.

I have a special reason for choosing sycosis. I mean the sycosis of Hahnemann, and not the *sycosis autorum*, viz., our knowledge on the subject has much increased of late years, for science has been shining upon it.

Now, leaving syphilis and psora quite out of consideration, I propose to inquire into the Hahnemannic doctrine of sycosis in the light of modern science and experience.

First of all, I would make a preliminary observation in respect of the word *miasm*, which is current in homœopathic literature in a very peculiar sense. Hahnemann himself calls the supposed causes of chronic diseases *miasms*, and his translators carefully and conscientiously translate the word by itself!

Now, in English *miasm* means an infection floating in the air; the effluvia or fine particles of any putrefying or noxious bodies rising and floating in the atmosphere—in fact, exhalations. Therefore it is hardly accurate to use the English word *miasm*, or its



pure Greek form *miasma*, as the English equivalent of the word "miasma" as used by Hahnemann, or if you do, you must carefully define the use of the word first, for our word miasm, being derived from *μίαινω* to soil, to defile, to pollute, to dirty, might etymologically stand as the translators of Hahnemann have it, but *τὸ μίαισμα* means not only a defilement, a soiling, a befouling, but also an impure exhalation, in which restricted sense only it has come into use in English. Miasm in our vernacular means impure particles or effluvia in the atmosphere, and nothing else. What Hahnemann meant when he used the Germanized *miasma* was not at all what we understand by miasm, but was rather what we now understand by *virus* when applied to the primary form of a disease, and *taint* when used to denote the latter phases. If in speaking English in these days we talk of the syphilitic virus or taint, the gonorrhœal virus or taint, the virus of itch, the itch-taint, we are expressing ourselves, so far as the words are concerned, accurately, and everybody knows what we mean, but when we speak of the miasms of these diseases we are really, as I must submit, using jargon, and so gratuitously mystifying ourselves. Ague is supposedly due to a miasm, syphilis to a virus. So much, therefore, for the word miasm, as wrongly used in homœopathic literature. I say wrongly, because it tends to obscure, and in all conscience the thing is obscure enough without any verbal mystifications.

Now, let us go on to inquire what Hahnemann understood by sycosis. The highest English authority on the exegetics of Homœopathy is, I think all will admit, Dr. Dudgeon, and he says (*Lectures on the Theory and Practice of Homœopathy*, 1854, p. 300): "As regards the third of Hahnemann's chronic miasms sycosis, or the condylomatous venereal disease, the notion of its independent nature has been considerably contested, not alone by allopaths, but also by some of our own school. The disease always arises in consequence of impure coitus, and appears in the form of dry or nasty-looking, or soft spongy excrescences in the form of a cockscomb or cauliflower, easily bleeding, and secreting a fetid fluid, and sometimes accompanied by a sort of blennorrhœa from the urethra. Their seat is the glans or fore-skin in the male, the vulva and its appendages in the female. Their removal by the ligature or cautery, actual or potential, is, according to Hahnemann, followed by similar growths on other parts of the

body or other ailments, the only one he mentions being shortening of the flexor tendons; particularly of the fingers.

"It is, Hahnemann alleges, the rarest of the three chronic miasms, and, as I before observed, it is very doubtful if it be a peculiar disease, and not rather a form of syphilis. The secondary effects Hahnemann describes as arising from it must certainly be rare, for I can state from my own experience that I know several persons who have had such venereal condylomata burnt off many years ago, and who have never had the slightest trace of those after-effects Hahnemann alludes to; though at the same time I am bound to admit that I think I have observed a connection of certain pseudo-rheumatic affections and inveterate gleans with the fig-wart disease." Thus far Dr. Dudgeon.

So the *only* after-effect of the fig-wart disease mentioned by Hahnemann is a shortening of the flexor tendons, particularly of the fingers, and yet Dr. Dudgeon speaks of "those after-effects Hahnemann alludes to"!\*

It can thus hardly be maintained that Dr. Dudgeon puts sycosis before us in a very clear light, although his remarks in regard to gonorrhœal rheumatism show the accurate observer, and John Hunter had observed the same thing long ago. That people do get venereal warts admits of no doubt whatever; that they are a form of syphilis, as stated by Dudgeon, is not now generally admitted.

Hahnemann very clearly differentiates between syphilis and sycosis, because he found *Mercurius* helped to cure syphilis but not fig-warts, and modern experience and science are seemingly on Hahnemann's side on this point. Dudgeon very properly objects to consider diseases as sycotic simply because they can be curatively modified by *Nitric acid* and *Thuja*. But then we cannot entirely ignore the aid obtainable from this source; for instance, a very bad chronic ulcerated sore throat that yields straightway to full doses of the *Iodide of Potassium* tells a tale we all understand without any commentator. I have long been puzzled with Hahnemann's divisions of drugs—*i. e.*, how he arrived at them—and I am beginning to suspect that he made them largely by an appreciation of the *ex juvantibus et nocentibus* teachings. And a number of his indications are, beyond any doubt, derived from the time-old *signaturæ rerum naturalium*. *Thuja* to wit.

Now, I complain that the great exegete of Homœopathy, Dr. Dudgeon, whom we all delight to honor, devotes too little attention to the doctrine of sycosis; he neither establishes it nor does he demolish it. Dr. Dudgeon mentions it in passing, throws doubt upon it, and then leaves it. Dudgeon's doubt as to the separate nature of the condylomatous venereal disease is based upon his observations that he had known persons in whom the condylomata were burnt off many years ago, and yet the flexor tendons of their fingers had never become shortened! I can say the same, and, no doubt, we all can, but we have equally seen plenty of people who had syphilis many years ago, and who have never had any later manifestations of the disease, but that in no way militates against the specific nature of late, later and latest manifestations of syphilis where they do occur.

Dudgeon speaks with no great respect of those homœopathic practitioners who have regarded ordinary warts as evidence of sycotic infection, because Hahnemann distinctly declares such warts as of psoric origin. This looks like a formidable indictment, one which vanishes when more closely examined. It is quite true that Hahnemann puts common warts, encysted and other tumors, down to the very large account of psora, but he does not say "all" warts, only some. And herein lies *des Pudels Kern*, as I will proceed to show.

Let us now go to Hahnemann's own account of sycosis and see if it tallies with Dudgeon's. Turning up the *Chronische Krankheiten* we come upon the chapter devoted to the subject, and find it is just as scant and unsatisfactory as Dudgeon's exegesis of it. Hahnemann only devotes one small chapter of four pages to it, and Dudgeon's account of it is quite correct, except that he fails to point out the strange statement by Hahnemann that sycosis is an epidemic affection, "*Nur von Zeit zu Zeit herrschend war,*" and ever getting more and more rare.

Common gonorrhœa, Hahnemann says, does not appear to penetrate the whole organism, but only to irritate the urinary organs locally.

His remedies for sycosis are a few globules of *Thuja*<sup>30</sup> and *Nitric acid*<sup>30</sup>. His remedies for the common clap are a drop of fresh parsley juice, if there is much urging to urinate, and *Copaiva balsam*; about one drop of the mother tincture when

there is less inflammation, and if these do not do the trick, why you get a gleet which is *psoric*.

According to Hahnemann, therefore, there are two kinds of gonorrhœa, or clap; the one with condylomata, which is constitutional infecting, and in which the urethral flux may occasionally but not often be wanting, and which constitutes his sycosis, and which must be monoposically cured by *Thuja*<sup>30</sup> and *Acid nit.*<sup>50</sup>, leaving each from twenty to forty days' time of action.

I would here remark, with some emphasis, that Hahnemann very distinctly differentiates between local irritation and an organismic evil in regard to the dose; when he wants to treat the organ or the part, *topico*—specifically he uses the mother tincture—or simple juice of the plant—and when he wants to treat the organism he uses the higher dilutions; and I may say that my own observations tally with this view exactly, with this difference, viz., that for the topic action the small material dose has to be often repeated. Before we go any further, let us note that Hahnemann uses the word *miasm* for the cause of the common non-condylomatous clap as well as for the other.

Let us now resume for a moment. According to Hahnemann there are two kinds of clap, the condylomatous, which is constitutional, and is to be cured monoposically by *Thuja* and *Nitric acid*; and the common clap, which is a merely local affection of the urethra, and is to be cured by the juice of *Petroselinum sativum*, monoposically also, if much urging to urinate; or a drop of the alcoholic solution of the *Balsam of Copiava* when there is less inflammatory irritation.

This is, practically, all that Hahnemann tells us about his sycosis and his common gonorrhœa.

We have now considered Dudgeon as exegete and Hahnemann as the originator of the doctrine of sycosis, but we have herewith not overmuch light, and conceptions not too clear. During the past forty years there have been very numerous authors who have written on Hahnemann's sycosis. Bœnninghausen, Wolf, Grauvogl, Hering, H. Goullon, and many others, and it would be very interesting to follow these thinkers in their yearnings and groping after truth, in their desire to harmonize the facts of science with their veneration of the master.

But I am afraid the task is too great, and, moreover, I prefer another plan. I suggest that we take, first of all, Hahnemann



himself, as likely to know most of his own mental offspring. I suppose the majority of us feel that we know most of our own children after the flesh, and a man may fairly, I should think, be considered an authority on his own mental offspring also.

I quite agree with the principal exegetists of Hahnemann that it does not follow that because *Thuja* and *Nitric acid* may cure a complaint that therefore said complaint is of a sycotic nature, as Hahnemann understands it; but, inasmuch as we conclude that grave ulcerations, which readily yield (at least temporarily) to the *Iodide of Potassium*, are in all probability of a certain specific nature, so in like manner it may fairly be conceded, at least for the sake of study and argument, that what can be cured by the two grand antisycotics may very probably be of a sycotic nature.

Let us take merely the standpoint of probability, that much may be safely conceded without any great danger to scientific truth. Therefore, I invite you to consult Hahnemann on the subject of sycosis under the headings of *Thuja* and *Nitric acid*.

Well, the Hahnemannian pathogenesis of *Thuja* does not help us a bit, and, oddly enough, *Nitric acid* is classified by Hahnemann as what? as an antipsoric! So we see that Hahnemann classifies *Nitric acid* as an antipsoric after having mentioned it as second in order for the radical cure of sycosis. Then, again, although he classifies *Nitric acid* as an antipsoric, he mentions warts (of the psoric kind?) and also condylomata and inguinal adenomata as curable by *Nitric acid*, while the symptomatology of this acid clearly portrays gonorrhœa (S. 375 to 389).

Hughes tells us that our only pathogenesis of Nitric acid was first published in the second edition of the *Chronic Diseases*, containing 1426 symptoms. This cannot be correct, for my edition is the first, 1828, and it contains a pathogenesis of Nitric acid, with 803 symptoms.

Well, with all this we get no clear conception of Hahnemann's sycosis, as an adequate basis for the huge structure which some of his disciples have built upon it, and which is the sycosis of the homœopathic authors, but I am not satisfied that it is Hahnemann's.

I propose now to consult Ameke's *History of Homœopathy* on the point, and on page 138 of Drysdale's Translation, read "Besides this 'psora' there were other fundamental causes, viz., 'sycosis,' the phenomena connected with gonorrhœa and 'syphilis.'



Though there may have been some substratum of truth in these views, Hahnemann nevertheless far transcended the limits of probability, and fell into a great error." Here, then, according to Ameke, as translated by Dr. Alfred Drysdale, and edited by Dr. Dudgeon, we find sycosis defined as "the phenomena connected with gonorrhœa." So, according to this, sycosis and the clap disease, the *Tripperseuche* are identical. This positive statement of the identity of the gonorrhœal disease in its entirety and the Sycosis of Hahnemann so surprised me that I turned to the original and find the translator has interpolated the definite article *the*, which makes all the difference. Ameke's words are "*ausser dieser Psora blieben noch als Grundursachen übrig die Sycosis, mit dem Tripper zusammen-hängende Erscheinungen, und Syphilis,*" and these mean "sycosis, phenomena connected with clap," not *the* phenomena.

The words of Ameke, viz., "there may have been some substratum of truth in these views" (of Hahnemann) really pretty nearly epitomize the actual attitude of the homœopathic practitioners of the world at large. Speaking broadly, you to whom these words are addressed do *not* accept the ætiologic phase of Homœopathy, and yet almost every man of you is daily, almost hourly, influenced by it in his modes of thought, of practice, and of writing and speaking. You do not accept the doctrines of psora, syphilis, and sycosis, and yet you do not quite reject them; you seem to think there is something in them after all.

Now, to keep within the bounds of my plan, viz., of sycosis, surely we ought to be able to *know* whether the doctrine of sycosis is true or false. Indeed, I think it about time sycosis were elevated from the position of a scholastic doctrine to that of positive demonstration, at least clinically, or else cast out altogether; for it must be manifest that there either is, or there is not, a condylomatous venereal disease which we call sycosis.

At this stage of our inquiry we are encountered with a difficulty, for to my mind it is very questionable whether sycosis and the entire gonorrhœal disease are identical. We have seen that Hahnemann differentiates two kinds of clap, the one a local affection of the urinary organs, and the other sycosis, in which there may be no urethral pyorrhœa or blennorrhœa at all. And this quite coincides with what we no doubt have all seen over and over again, viz., condylomata, or *verruca accuminata*, in persons

who have had no gonorrhœa at any time; but in all the cases which I have ever observed, impure coition had probably taken place (the hereditary ones in children always excepted), and hence these warts are certainly venereal; but are they always gonorrhœal? To say that the principal exegetes of Homœopathy and the pro-sycosis writers, such as H. Goullon, and the various and numerous authors quoted by him in his admirable prize essay on *Thuja and the Lues Gonorrhœica*, accepts syco-sis as synonymous with the whole gonorrhœal disease, which Autenrieth and other writers before and at the time of Hahnemann fully recognized and proclaimed as due to a constitution-infecting virus, and which they termed *Tripperseuche*, or clap disease, and which they also ascribed to a miasma or virus, as did Hahnemann. To say this does not satisfy my mind that Hahnemann thought the gonorrhœal virus the primary cause of fig-warts and other constitutional ailments. I think everything must hinge upon the answer to this question. I have weighed the matter carefully, and have come to the conclusion that syco-sis for Hahnemann was the *condylomatous venereal disease* indeed, and nothing else, and *not* the *Tripperseuche*, or clap-disease, of Autenrieth in its entirety.

If you will take the trouble to read the greater medical writers of Germany of the first four decades of this century, you will find (and I am sure Drysdale, Dudgeon, Hughes, H. Goullon, to name no others, will all agree with me) that gonorrhœa was considered by very many of them as a *Seuche*, or constitutional affection, and as the prime cause of many specifically gonorrhœal ailments or manifestations, only one of which is the condyloma.

The clap disease, *die Tripperseuche*, was a recognized prime cause of chronic disease years before our founder promulgated his syco-sis, and if you admit that syco-sis and clap-disease are synonymous terms, then syco-sis is not the mental property of Hahnemann at all; this much is certain, either syco-sis and clap-disease are not the same thing, or else if they are, there is no such a thing as syco-sis to be attributed to the genius of the founder of Homœopathy.

We must not forget that Hahnemann differentiates two kinds of clap, the common variety and that of the condyloma, so he evidently did not include the whole clap-disease in his syco-sis.

It is seemingly no use for us to hunt about in Hahnemann's

works for any real enlightenment on the subject of sycosis, as they contain none; and why? Simply because Hahnemann himself had but very little knowledge on the subject, as he practically admits on page 63, of Vol. I, of his *Chronische Krankheiten*. I should not be surprised if he had set aside sycosis for study and consideration in a future time, but apparently that time never came—that is, it never came so far as we know; possibly the Paris MSS. may contain something on the subject.

We are then brought face to face with this primary question, Is the sycosis of Hahnemann identical with the gonorrhœal disease of Autenrieth? If so, then it is not the property of Hahnemann; and if not identical, what is it? syphilitic, gonorrhœal, chancroidal, or a separate and independent disease *sui generis*?

These points being settled, we could proceed to a comparison of gonorrhœa in its constitutional aspects, with the sycosis delineated in the original works of Hahnemann. For I for one cannot admit that the *sycosis autorum homœopathicorum* is the sycosis as painted by Hahnemann himself.

## TREATMENT OF PAIN IN THE HEAD.

By Eli G. Jones, M. D., 1331 Main Street., Buffalo, N. Y.

The most *common* form of headache we have to treat, especially when we *know how*, we can be of *real* service to them. To treat successfully the different forms of headache, a doctor must *know* Materia Medica, he must know *how* to read the *face*, *eye*, *pulse* and *tongue*.

The most *common* form of headache we have to treat, especially in women, is the "nervous headache." In nine cases out of ten, they will complain of the following symptoms: The head feels *sore*, on the *top* of it. The head feels *confused*, it feels *bigger* than it *ought* to feel. The face is *red*, pupils dilated and blood shot. The pulse is a *full bounding* pulse, with a *globular* feel to the artery as it strikes against the fingers. It indicates Tr. Belladonna 1st x. five drops every hour until relieved. We have another patient inclined to be *plethoric*. The face is almost *purple*, a *dull* expression to the eyes, *red veinlets* in the whites of the eyes. The pulse is just the kind of a pulse we should *expect* to find, a *full bounding* pulse with *tension*. It is the pulse of Tr. Veratrum Viride 1st x. Give five drops every hour, until relieved. It is not necessary to ask such a person if "they have a headache." For the *face* is a perfect *picture* of that *kind* of a headache. You may meet with patients that have a *tired* headache. From studying, shopping or traveling, the *brain is tired out*. They can't think or talk, it is a "world weary brain." This condition points like a finger board to *one* remedy, Kali Phos. 3d x. three tablets every hour until relieved. Remember, the pulse indicating the above remedy, it is *frequent*, *small*, *intermittent*. Kali Phos. is one of the chemical constituents of the grey matter of the brain, from which we receive our *intelligence*. A deficiency of the above salt gives us the *tired* feeling in the *brain*. When there is a *burning* headache, head feels *heavy*, hot, *bursting*, as if brain was moved by *boiling water*. Then Tr. Aconite is the remedy, the pulse will be *hard*, *full* and *quick*. The *kind* of pulse indicating *that* remedy. Give Tr. Aconite 1st x. 10 drops in half a glass of water, one teaspoonful every hour until relieved. There is another form of

pain in the head, a *bursting* headache, as if it would *split the head open*, aggravated by *sleeping, coughing, ironing, moving the eyes*. The pulse is *hard and quick*.

The above symptoms call for Tr. Bryonia 1st x., ten drops in half a glass of water, teaspoonful every hour.

There may be *severe* pains in the head, *pressing outward*, as if the *top of the head would fly off*, or the pain may settle in the *occiput* and *shoot down the neck*. The tongue will be *pointed and trembling*, the pulse *slow, irregular*. The above symptoms indicate Tr. Cimicifuga 3d x., five drops every hour until relieved.

We may have a *hot, heavy* feeling in the head, *worse* in *warm* room, *worse lying down*, with *stabbing pains* in different parts of the head. The pulse is *small, hard and frequent*. The above symptoms call for Tr. Apis mel 3d x., 10 drops in half a glass of water, a teaspoonful every hour.

When the pain in the head extends from the *occiput*, all over the head, there is *agonizing* distress, *pale* face, *extremities, cold and livid*. The kind of headaches women have at the *menopause* and the headache of *drunkards*. Give Tr. Secale (Ergot), 5 drops every half hour until relieved.

When the *throbbing* headache seems to rise from the *neck*, and the *throbbing* of *carotids* can be seen, face a deep *red*, pulse is *full*, the radial artery seems *full of blood*, the kind of headache may be caused by *delayed* menstruation, or they may have that *kind* of headache *instead* of the menses. That kind of a headache is also the *warning* symptoms of *puerperal convulsions*. Add 10 drops Glonoin 2d x. to half a glass of water. Give one teaspoonful every 15 minutes until relieved.

Headaches that begin at the *base* of the brain in the morning and spread over the head, locating in the *eye* of the *left* side with *flow* of tears, calls for Tr. Spigelia 3d x., 15 drops in half a glass of water, a teaspoonful every 15 minutes until relieved.

A headache with *crushing weight* on vertex, in the nape of the neck and occiput, made *worse* by motion, relieved by *lying down*. The legs *tremble* and are *weak*, patient indifferent to the affairs of life. The above symptoms indicate Phosphoric acid dilute, add 15 drops to four ounces of water, give a teaspoonful every two hours.



In that form of *congestive* headache, when the headache begins in the *occiput* and extends *over* the head, causing a *sensation* of *bursting* in the forehead and eyeballs, the patient wants to lie with head *low* on the pillow, waits to be *quiet* and left *alone*. This form of headache is *relieved* by *profuse* *urination*. Give Tr. Gelsemium 3d x., 5 drops every half hour until relieved.

There is a *kind* of *headache* that is very apt to come from *injury* to the head, from a blow or a fall, *mental trouble* may arise from such an *injury*. There may be violent pains, at base of brain, as if *crushed in a vise*, or something *gnawing* there. The above symptoms call for Natrum Sulph. 3d x., three tablets every two hours.

A lancinating pain shooting from *right* frontal bone through brain to occiput, *pain* in *right* *eyeball*, as if it would burst, calls for Tr. Prunus Spinosa 3d x., five drops every hour until relieved.

A patient may have a periodical headache, once a week, with a *dull, heavy* pain over the eyes, *dimness* of vision. The pulse is *large, full, quick, soft, compressible*. The tongue has a *yellowish* white coating and a *foul* odor to the *breath*. The above symptoms indicate Tr. Gelsemium, 10 drops in half a glass of water, one teaspoonful every hour.

It sometimes happens with the headache there is a sensation as if something was *drawing* the *head backward*, as if a *string* was *pulling* the *eyeballs back* in the head. This symptom indicates Tr. Spigelia 3d x., 15 drops in half a glass of water, a teaspoonful every 15 minutes until relieved. Hepar sulph. and Croton oil have the *same* symptom.

If there is a pain in the head as if a *nail* was driven *out* through the *side* of the head, patient lies on the *affected* side, it calls for Tr. Ignatia 1st x., 10 drops in half a glass of water, teaspoonful every hour.

A patient may have a periodical headache. The pain is concentrated in the *right* temple and of a *boring* nature as if a *screw were being driven in*. Preceding the pain there is a *burning* sensation at pit of stomach and *bitter* taste in the mouth. The above symptoms call for Natrum Sulph. 6th x., three tablets every two hours.

A headache may be *right-sided*, coming on every day at 9 a. m.

and lasting until noon. The pain is so *severe* the patient has to drop every thing and go to bed. Give Tr. Cedron 6th x., 10 drops every hour until relieved.

A headache or neuralgia that drives the patient *wild*, so he wants to thump his head against the floor, the face is *very red*, the headache is *relieved by nose bleed*. Give Tr. Melilotus 1st x., five drops every hour until relieved.

There may be an *agonizing* pain in the head, and a feeling as if the top of the head was *opening and shutting*, or as if the *top* of the head was *being lifted up*. Give Tr. Cannabis Indica 1st x., five drops every hour until relieved.

There is a form of headache where the face is *pale* and the patient *sleeps into the headache*. The headache extends into the *nose*, it comes mostly in acute catarrh, especially if the discharge has been *suppressed*. This kind of headache is often found in hay fever with frequent and violent *paroxysms of sneezing*, that is *worse after sleeping*. The above symptoms call for Lachesis 30th x., 10 drops every three hours.

There is also a form of headache as if *bruised* all through the *bones* of the head, and down into the *root of the tongue*. With the above kind of pain there is *persistent* nausea that *vomiting doesn't relieve*. The above symptoms call for Tr. Ipecac 3d x., five drops every two hours.

There is a kind of headache that begins in the occiput, goes over the head and *settles* down over the *right eye* with *profuse flow of tears*. It calls for Tr. Chelidonium 2d x., five drops every two hours.

A headache produced by nervous exhaustion may begin in the occiput, pass over the vertex and settle over the *right eye*. The pain is a *throbbing* one, as if the head would *burst*. The patient likes to have the head wrapped up to *keep out the cold*.

There are other remedies for pain in the head, but time and space will not allow me to mention only the most common forms met with in every day practice. I have referred to the treatment of sick headache in a former article.

The most of us know that the average man can't *stand pain*. With a *woman* it is different, she seems to have more patience and endurance. Did you ever see a man with the toothache? Just notice the groans and contortions he goes through. Everybody in the house, and most of the neighbors, know he has the

toothache. Even the dog *howls* in sympathy with him. If any one suggests the idea of having that tooth "*out*" he nearly goes into convulsions. He tells his wife that "*she* doesn't know what *pain* is." After much coaxing, and after the family is worn out for lack of sleep he finally consents to go to the Dentist. But this trip to the Dentist is a *serious* matter with *him*, he tells all his friends and neighbors about it and makes his will. He wants his wife to go with him, to *hold his hand* while the Dentist commits assault and battery on that tooth. He starts for the "chamber of horrors," the dental office, with a look on his face like a man who is *going to be hung!* When he gets in the dental chair he wants to be etherized or chloroformed, so he won't *feel* the pain. The Dentist grabs his forceps and jams it down on the most *tender* place, and says "Cheer up, the worst is yet to come."

Now with a woman it is *different*. She happens to notice that some of her teeth don't look *good* to her, so she decides to have them removed and have some store teeth replace them. She starts for the Dentist as calmly and *cheerfully* as if she was going to buy a new hat or a pair of corsets. "It is all in a day's work" *with her*. She sits calmly down in the dental chair and lets the Dentist *lift out seven or eight* teeth without a *sigh*, or a *murmur*. And they say "Women are the *weaker* sex."

## THE BABY.

By W. A. Yingling, M. D., Emporia, Kansas.

- Affectionate, extremely, manifested by kissing, Puls.  
 Anger of mother or wet nurse, injury from, Acon., Opi.  
 Angry and has spells of rage, Acon.  
 Apathetic condition, lies in and, now and then sighing, and reaching with trembling hands to its head, Hell.  
 Awakens, cries of discomfort with, or soon after, Acon.  
 Awakens, fear with, in brain disease, Zinc.  
 Awakens, frightened, looks around bewildered, then drops to sleep again; after short time repeats the same, Lyc.  
 Awakens, frightened and in confusion, Æscul. hip.  
 Awakens, kicks off the covering and behaves in an angry manner, Kali-c., Lyc.  
 Awakens night, and remains unusually bright and playful, and evinces no desire to sleep again, Cyrip.  
 Awakens, piercing cries and trembling all over, with Ign.  
 Awakens, screaming and holding on to the sides of the cradle without apparent cause; very sudden, Borax.  
 Awakens, screaming and imagines someone is going to hurt her, Kali-brom.  
 Awakens, suffocation and anguish, with; able to inhale but not to exhale, Samb.  
 Awakens two hours after going to bed at night in a tantrum, kicking, crying and refusing to answer a question; strikes at the attendant and even says, "no" when asked if she wants to urinate, but when put on the vessel will then go to sleep readily, Thuya.  
 Awakens unamiable, very, Lach., Lyc.  
 Awakens, weeps and tosses about, Bell.  
 Bite on something hard, desire to, Phyto.  
 Biting and grinding its teeth (in meningitis), Bell.  
 Breathing ceases when crying without being angry, Cupr.  
 Breathing difficult, suffocative attacks after being lifted from the cradle, after nursing or after crying, Calc-ph.  
 Carried about and held upright, seems better when, Ant-tr.

- Carried, cries all the time, but ceases when carried quietly; cries when nurse stops and becomes angry, Cham.
- Carried, cries piteously when, Cina.
- Carried continually, wants to be, Ant-tr., Cham., China, Kali-c., Stann.
- Carried crying ceases when, Cham.
- Carried, dizzy when, seizes hold of nurse, fearing to fall, Gels.
- Carried, mother and no one else, wants to be by its, will scream if any other person approaches or touches it, Ant-tr.
- Carried, point of nurse's shoulder on, and will be quiet in no other position, Stann.
- Carried quietly, cries unless; cries when nurse stops, and becomes angry, but can be comforted by rapid rocking, Cina.
- Carried quicker and quicker, wants to be, Bell.
- Carried quickly and even to be shaken, wants to be, Verat-a.
- Carried quickly, and says, "run run" in croup, Brom.
- Carried rapidly, wants to be, Ars., Brom.
- Carried slowly, wants to be, Puls.
- Cerebral disorders, incipient, when child is sleepless, laughs and plays at night, Cytrip.
- Choking from drinking fluids; can swallow solids easily, Kali-brom.
- Chews and swallows in sleep, frequently, Bry., Calc-c.
- Colic, with constipation, Sil.
- Colic, crying from; relief obtained by carrying it with belly on point of nurse's shoulder or pressing firmly against it, Stann.
- Colic, eat, at every attempt to; cries when nursing, Calc-ph.
- Colic, eating, immediately after, Graph.
- Colic, full of wind, Senna.
- Colic, Motion relieves, continuous, Gels.
- Colic, night, during the; rests all day, Jalap.
- Colic, noise like animal croaking in abdomen, Thuya.
- Colic, pressure, relief from, or carrying on the shoulder point, Stann.
- Colic, urinating, while, Cham.
- Colic, worse by uncovering an arm or leg, Rheum.
- Colic 5 p. m., may be well all day, but comes on at; walls of abdomen retracted and hard, Kali-brom.
- Constipation, straining to pass even a soft stool, Alum.
- Constipation, painful stool, with, Verat-a.



- Convulsions, laughing and playing after excessive, Coff.
- Convulsions, nursing at 11 a. m., immediately after, Calend.
- Convulsions, ten days, every, Lach.
- Coughing spells come on when getting angry, Ant-tr.
- Coughing and gapping consecutively, Ant-tr.
- Coughs, cries every time it, as though it dreaded it, or even before coughing, Arn.
- Cries. Compare Anger, Shrieking, Screaming.
- Cries all day and all night, Psor.
- Cries all day and sleeps all night, Lyc.
- Cries all night and sleeps all day, Jalap.
- Cries all day, especially from 4 to 8 or 9 p. m., draws up knees to abdomen; sleeps well at night; stool straining, hard, seldom. Colocyn.
- Cries all night, about daylight goes to sleep and sleeps all forenoon, Calc-c. (Luesinum).
- Cries, birth, much soon after, Luesinum, Medor.
- Cries, cause, without any discernable; only pacified by rubbing or taken into cool air, Sulph.
- Cries, colic, as from, Æthusa.
- Cries, colic, as from, and calls for water frequently, Cina.
- Cries, colic, or common bellyache, Cupr.
- Cries, flatus, seems full of incarcerated; turns blue all over, Senna.
- Cries, frightened from seeing hideous objects, as if, Stram.
- Colic, hands to back of head, putting and boring head into pillow, Bry.
- Cries, hand to lead it terribly if taken by the, Cina.
- Cries, least thing, from, Caust.
- Cries, moved, if, in fever, Bry.
- Cries, nursing, cries and squirms for an hour after, Nux-v.
- Cries, nursing, while, Calc-ph.
- Cries, put it down into cradle, on attempting to, takes hold of things near, as if afraid of falling, Borax.
- Cries, refused the least thing, pitifully when, Cham.
- Cries, spoken to kindly, when; obstinate, Sil.
- Cries suddenly and ceases suddenly, appearing as if nothing had been the matter, Bell.
- Cries, whines, and seems afraid to breathe, Bell.
- Delirium, calls for mamma and papa, though present and consoling, Stram.

- Delirium, fever all night, with very hot, Bell.  
 Delirium, jerks, twitching moaning, with, Bell.  
 Delirium, merry (in brain disease), Stram.  
 Delirium, scarlet fever, with, Ailanth.  
 Delirium, tossing and anguish (meningitis), Ars.  
 Delirium, visions of dogs and cats, Æthusa.  
 Delirium, wild, strange look, red face, muttering, picking at bed clothes (brain disease), Hyosc.  
 Demands various things with vehemence and weeping, Rheum.  
 Development insufficient; late learning to walk; big-headed babies who do not get teeth are pot-bellied, Calc-c., Calc-iod.  
 Dirty, with glutinous moisture behind ears, tendency to same sticky, eczema in groins, Graph.  
 Disobedient without being in bad humor, Lyc.  
 Dizzy when carried, seizes hold of nurse, fearing to fall, Gels.  
 Dreams, fear of sleeping on account of frightful, Nux-v.  
 Drinking, biting glass or spoon when, Cupr.  
 Drinking hastily and eagerly, Bry.  
 Ears, bores fingers into, Chin-sulf.  
 Eyes sore with sanious discharge, Kali-sulf.  
 Flatulency, rumbling in abdomen, in nervous children, *Passiflora*.  
 Flatus, soils diaper every time it passes, Oleand.  
 Face, aged expression, Abrot., Æthusa, Hydr. ac.  
 Face, anxious expression, Æthusa, Bell., Cupr.  
 Face, bewildered expression, Plumb., Stram., Zinc.  
 Forehead wrinkled, screaming spells, Hell.  
 Fretful and anxious until he eats, which relieves for the time being; grows thin in spite of food eaten, Iod.  
 Fretful, nervous, when teething or from heat, even of feverish, and when, Acon. and Coff. fail, Hydrobromic acid.  
 Fretful, peevish, stupid, fretful, Calc-ph.  
 Fretful, peevish, does not wish to be looked at or touched, Ant-cr.  
 Fretful, peevish, does not wish to be touched, Cina.  
 Fright, after a, weeps and moves arms and hands about, Samb.  
 Gas in abdomen, full of Senna.  
 Genitals, rash about the, with hard dry stools, Medor.  
 Genitals smells of fish brine, even after washing, Sanic.  
 Gnaws at its fists; stool hard and difficult, Acon.  
 Grunts frequently during restless sleep, Lyc.  
 Grunting noise as in stooling, but only passes wind, Calend.

- Hairs, pulls at its, during cerebral trouble, Bell., Dig.
- Head drops on left shoulder, Sulph.
- Head hard and compact when born, with no sign of sutures or posterior fontanelles, Sanic.
- Hernia, cries much and will not be quieted except by pressing on left inguinal ring, or flexing left thigh, Thuya.
- Ternia, umbilical or inguinal, Nux-v.
- Hiccough, jerking, after nursing; empty belching, Marum-v.
- Hides in corners, feels hurt and takes everything amiss, Camph.
- Ill humor, cries for things which are petulantly thrown away, Staph.
- Indigestion associated with sharp pains, sudden screaming out and bending backward, Bell.
- Indifference to everything; all the senses except hearing seem dull, Calc-c.
- Inactive, loses its accustomed brightness, becomes quiet, Lyc.
- Irritable, amounting almost to mania, Marum-v.
- Irritable, desires all sorts of things and throws them away, Kreo., Staph.
- Irritable and fretful when spoken to, Ars., Cham., Gels., Iod., Natr-m., Natr-s., Nux-v., Rhus-tox.
- Irritable, nervous, hard to please, Apis.
- Lap, wants to lie on the, will not remain in bed, Cupr.
- Laugh, does not, is not inclined to play or amuse itself, Hepar.
- Laughs and plays at unwonted hours; is wakeful, and laughs even in sleep; morbid irritation of brain, Cypridium.
- Laughs one moment and cries the next, Coff.
- Let alone, wants to be strictly irritable, Ant-c., Ars., Cham., Cina.
- Lime water, when digestion has been spoiled by, Calc-c.
- Listless, very; wants nothing and cares for nothing, Phos-ac.
- Looked at, will howl and cry if; very irritable on awaking, Ant-tr.
- Looked, spoken to or touched, does not want to be, Ant-c., Cham., Cina.
- Lumps and excrescences on scalp, uneven, Calc-fluor.
- Marasmus, above downward, emaciation spreads from, Cenchrus.
- Marasmus, aphthous sore mouth in, yellow spots, Sulph-ac.
- Marasmus, below upward, from, Abrot.
- Marasmus, depression or sinking of the occiput, Magn-c.
- Marasmus, diarrhœa, after suddenly suppressed, Abrot.

- Marasmus, emaciation of little children, Marum-v.
- Marasmus, emaciation great, skin hangs in folds, face of an old person, shriveled, large belly, mushy stools; herpes, aphthæ, Sars.
- Marasmus, glands enlarge, body dwindles while the, Iod.
- Marasmus, loses flesh while living well, Iod., Natr-m.
- Marasmus, neck, especially, muscles of the, Calc-ph., Natr-m., Sanic.
- Marasmus, neck and thighs, wasting more marked in, following diarrhea, Sanic.
- Milk, intolerance of in nursing children, Sil.
- Moans a great deal as though it gave partial relief from suffering, with drowsiness, Bell.
- Moans in sleep with half closed eyes, rolling the head, Podo.
- Moans at 3 a. m., Kali-c.
- Moans in latter part of night, Rhus-tox.
- Motion, carried about and kept almost constant, wants to be, (brain disease), CINA (Rhus-tox.).
- Motions day and night, wants to be in constant, Sanic. (Rhus-tox.)
- Motion, downward, afraid of, Borax.
- Motion, sideways, cannot bear, Coff.
- Motion, wants to be kept in almost constant, to be rocked, carried about (brain disease), CINA (Rhus-tox.).
- Mouth, blue-white about the, Cina, Saba.
- Mouth, nursing sore, Varonica.
- Navel, oozing of watery, bloody fluid at, Abrot., Calc-ph.
- Nervous, excessively, so that the slightest noise, the mere rattling of paper, or distant heavy noise, will arouse and frighten, Borax.
- Night terrors, Kali-brom.
- Night, awakens from sound sleep screaming with fright, Kali-brom., Kali-ph.
- Nipple, suddenly lets go the, and cries as if out of breath; seems better when held upright and carried about, Ant-tr.
- Nose, bloody mucus discharge from (acute), Calc-c., Sulph.; (chronic), Sil.
- Nose and eyes, rubs the, on awaking, Sanic.
- Nose stopped up, cannot nurse, Kali-bi., Nux-v.
- Nose stuffed up, breathes through mouth or a peculiar rattle in nose, Lyc.

Nurse all the time, wants to, yet loses flesh, Sanic.

Nurses, cries during and after, Ars.

Nurse immediately after child cries for water, which is at once thrown up, Arn.

Nurse, refuses to, or makes a great fuss about it, but as soon as its mouth is moistened it nurses energetically, Bry.

Odor, sour smell even after washing, Hepar, Magn-c.

Odor, like bad cheese about child, persistent, Sanic.

Old look, dirty, greasy and brownish, emaciated, Sanic.

Pot bellied, Sanic, Sil.

Penis, pulls and elongates the, Merc.-v.

Quieted, will not be; the more friendly persuasion and petting the worse it gets, Cina.

Restless from 6 p. m. to 6 a. m.; by rubbing, patting, tossing, only a few short naps are obtained, Kreo.

Restless sleepless, averse to heat and covering, involuntary stools, Secale.

Restless tossing to and fro, and very weak, worse after midnight, Ars.

Restless, tosses about all night; drinks little and often, Sanic.

Rheumatism, infantile, Phos.

Scratches its head on awaking, Calc-c.

Screams. Compare Anger, Crying, Shrieking.

Screams, aggravation by persuasion to be quiet, Calc-ph.

Screams day and night (whooping cough), Stram.

Screams, earache, from, Aur.

Screams, grasping with the hands and, Calc-ph.

Screams hour after hour without known cause, Bell.

Screams, kind words, worse from, when refused the least thing, Bell.

Screams, nurse, at the, Aur.

Screams, sleep, during, and awakes clinging to nurse as if frightened by a dream, Borax.

Screams, spells every day at 5 p. m., very hard, Calc-c.

Screams, sudden, Anacard., Carbo-v., Hyosc.

Screams, urinating, before, Borax.

Satisfies for a moment, nothing, Cina.

Seize hold of nurse from fear of being separated, Cupr.

Shrieks, piercing, Cupr.

Shrieks, sleep, during, Cina.

Shrieks, spells, in violent, at longer or shorter intervals, Apis.



- Skin on abdomen and thighs hard in places on, quickly increasing and gets harder, in new born; at times with redness spreading all over; tetanic spasms, bending backward, Camph.
- Sleep, awakens from, with ill-humor, Ars., Kali-c., Lach., *Lyc.*
- Sleep, cries out during, after being cross and irritable, and if awakened expressions of fear, Zinc.
- Sleep, cries, starts, jumps, during; rolls head from side to side, Zinc.
- Sleep, chews and swallows in, frequently, Calc-c. (Bry.)
- Sleep day or night, will not, but worry, fret and cry, Psor.
- Sleep, piercing cries, screams out suddenly and sharply, during, more at night; when asked what hurts it the reply is "nothing," Apis.
- Sleep, rocking, will not without rocking, Cina.
- Sleep, shrieks out during, Cina.
- Sleep, starts and jumps in, with muttering, lamenting, whining, Sulph.
- Sleep, tosses about and weeps in, Kali-c.
- Sleeps for 20 to 30 seconds, then awakes with start, and screams, Ipecac.
- Sleepless, day and night, Psor.
- Sleepless, frets and worries, not cross, Coff.
- Sleepless, restless, then sleep, Coff.
- Sleepless sleep, then restless, Opi.
- Sleepless, twitches in sleep, cries out and trembles and awakes frightened, then, Hyosc.
- Spasms, cries or laughs with, Ign.
- Spasms, moon, which returns at change of, Sil.
- Spasms, screams before or during, Opi.
- Spasms, teething, from, or from disordered bowels, Scutellaria.
- Strikes its head or face with its fist for relief, Ars.
- Strikes its head against the wall or floor, Rhus-tox.
- Stupor, brain affections, with, Cupr.
- Stupor, ceases to make its wants known except by motion, Stram.
- Stupor, delirium, restless tossing, turning and twitching, Cupr.
- Stupor, eyes fixed, Opi.
- Stupor, motion of one arm and leg, constant involuntary, Apocycan.
- Stupor, vacant, staring, drowsy, answers no questions, Hyosc.

- Stupor, when questioned loudly, opens eyes, gazes stupidly and steadily, answers slowly, Phos-ac.
- Talk, slow in learning to, Natr-m.
- Tears, absence of, in four months old infants usually denotes fatal disease.
- Teeth, biting or grinding its, Bell.
- Tongue and mouth very sore, high color or skin and many red dots or papules on face, Eupat-aromat.
- Touched, cannot bear to be, cries when, Ant-c., Cham., Cina.
- Touched, starts suddenly as if in alarm when, but does not scream, Kali-c.
- Trembling all over with screaming and weeping, Ign.
- Tumor, blood, on parietal bones of head, Calc-fluor.
- Umbilicus, oozing from, Calc-ph., Sacch-lac.
- Umbilicus protrudes and grows red and sore; cries much, Thuya.
- Urination, cries before always; frequent, hot and pungent odor, Borax.
- Urination, fright before, feels a kind of, Alum.
- Urination, inability even with full bladder; from nursing after mother had a fit of anger, Opi.
- Urination, retained or difficult, Acon., Apis.
- Urination, screams and cries before; relief after, Lyc.
- Urination, screams before and after, Borax, Lach., Sars.
- Urination, spasmodic, least excitement will cause it to pass urine in little jets, Stram.
- Vomits all food in a gush, shortly after nursing, and drops off into a stupid sleep, Sanic.
- Vomits, eating or drinking, after, and then will neither eat nor drink, but sleeps well, Ars.
- Vomits liquid, within ten minutes after taking any; otherwise is well, Phos.
- Wakes suddenly at night, terrified and trembling, with cold, clammy sweat, Actea-race.
- Walk, slow in learning to, Calc-c., Sil.
- Walk and talk, slow learning to, Agaric.
- Walk and talk, unable to (aged 2, cured by), Nux-mos.
- Washed, aversion to, utter, screams and fights, on account of eruption on head, Hepar.
- Washed, aversion to cold water, but little objection to warm, Ant-c.

Washed, dislikes to be, Am-c., Ant-tr., Sulph.

Weak and broken down as a result of syphilitic or sycotic inheritance (Farrington), Staph.

Weeps when spoken to, Medor., Natr-m., Sil., Tuberc.

Wind, full of, Senna.

Worms in pot-bellied infants, with colic, Staph.

Yawn all the time, spasmodically, yet is not cross; awakes screaming and trembling, Ign.

REPORT OF THE PROCEEDINGS OF THE MATERIA  
MEDICA SECTION OF THE PHILADELPHIA  
COUNTY HOMŒOPATHIC MEDICAL  
SOCIETY.

The regular monthly meeting of the Section on Homœopathic Materia Medica and Therapeutics was held at the Hahnemann Medical College on Wednesday evening, January 19th, with Dr. Theodore J. Gramm in the chair.

Dr. Henry P. Webb, of Fox Chase, spoke concerning the possible unfavorable reaction of the organism to *Lycopodium* when indicated in disease, at times. Dr. Webb gave as an example, the case of a child of fifteen months which, when he first saw her, responded well to treatment. The child at the time was in collapse and had a night cough, but recovered, however, although a week later a broncho-pneumonia developed with slow breathing, and flapping of the *alæ nasi*. *Lycopodium 200* was given; the child responded, but soon after died.

Dr. I. B. Gilbert thought that broncho-pneumonia particularly in infants, is a very deadly disease, and that on no account could *Lycopodium* be blamed for this death. A disease of this kind is a very serious one, in either extreme of life. With this view Dr. T. H. Carmichael agreed; Dr. Gilbert stated that he seldom used *Lycopodium* in pneumonia, as he had found other remedies decidedly more useful.

Dr. Theodore J. Gramm next spoke upon the futility of the present classification of diseases as demanded by the health authorities. The Doctor then recited an interesting case of a young girl who had eaten some creamed chicken, but which was undoubtedly tainted. The diarrhea which followed, together with marked restlessness, called for *Arsen. album* which was given hourly, in the 3x. potency. The gastric symptoms rapidly improved, but the next day a typical colitis developed, the stools containing blood and mucus. This diarrhea was aggravated in the morning and after eating. *Aloe 6x.* was prescribed and improvement on the next day was noted; but on the fourth day the patient was obliged to go to bed; upon careful questioning the patient admitted that straining with all stools was present, also some colic pains. The tongue was red and took the im-

pressions of the teeth. Mercurius corrosivus 6x. thereupon was given and acted in a particularly pleasing manner. Dr. Carmichael observed that a moist tongue is strongly indicative of the salts of mercury. He also mentioned Cuprum is an important remedy in severe diarrhea.

Dr. Macfarlan spoke of the custom in British India, of those who are exposed to cholera, of taking Cuprum aceticum 3x. internally and wearing about their necks a piece of copper sheeting.

Hahnemann had wisely pointed out that the workers in copper mines seemed to be immune to cholera.

Dr. Gramm next recited a case of a partially breast-fed infant, which was constantly nervous and which suffered from very offensive diarrhea. Two pills of Asafœtida, in the 6th potency, given every hour while the infant was awake, an average of six doses per day, cured promptly.

Dr. I. B. Gilbert read the formal paper of the evening, and this was greatly appreciated; it was an account of the varying experiences of the Doctor's career, which had led up to his present method of practice and he spoke of the use of the loose-leaf index system with reference to medical work, especially its value for quick work, in the routine of every day practice. He observed that many writers should be consulted, in order to get a gist of things, so far as *Materia Medica* is concerned.

Dr. O. S. Haines commented upon the value of Dr. Gilbert's paper, and considered the use of the loose-leaf method and of typewritten records, as the best possible one. He likewise observed that where records are typewritten, more data seem to be included, rather than when the system of ordinary longhand record-keeping is employed.

DONALD MACFARLAN, M.D.,  
Secretary.

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December 18, 1920.

R. F. RABE, M.D., *Editor* THE HOMEOPATHIC RECORDER,  
616 Madison Avenue,  
New York.

*Dear Doctor Rabe:* In the last twelve years I have devoted a good deal of time to the study of what might be termed the Jennerian chapter of medical history. This is indeed an astounding



record of professional credulity and willingness to suppress and distort such evidence as would tend to create in the public mind a doubt as to the value of vaccination.

I make no charge of intentional dishonesty. But when men write, in text-books, in medical journals, and in pamphlets designed for general circulation, what they ought to know is untrue, and what they would know is untrue had they consulted original publications and paid some attention to the dictates of common-sense, they certainly are deserving of censure.

The case that can be made out for vaccination fails absolutely, in my opinion, to justify any compulsion in the matter. If we submit to compulsion here we may well anticipate that in the not distant future we shall be compelled to submit to other inoculations and injections which officialdom may regard as essential to the public health.

A stand must be made somewhere. In my judgment it should be made here and now. Except we do make a stand we shall have imposed upon us State Medicine with all the evils that such a system entails.

Men who would have legislatures enact laws making submission to vaccination compulsory should make no complaint when these same legislatures, responding to the demands of some other group, seek to make of physicians mere agents of the State.

Coercive legislation at the instigation of one class in a political democracy is the entering wedge of autocracy. We must have one thing or the other: Either the rights of all must be preserved or we shall by and by find ourselves in a state where none is free. The class that would deny to some their liberties must expect that ultimately their own will be taken away.

I wish that in some way physicians could be made to realize that in this problem much more is involved than the doing away of compulsion in the matter of vaccination; that political liberty is really at stake.

Sincerely yours,

F. M. PADELDFORD,  
Fall River, Mass.

Victoria, B. C., Jan. 11th, 1921.

THE EDITOR, THE HOMŒOPATHIC RECORDER,  
616 Madison Avenue,  
New York.

*Dear Sir:* I beg to notify you that "The Homœopathic League of Western Canada" was recently formed by a band of ardent professional and lay homœopathists, for the purpose of the dissemination of the knowledge and practice of homœopathy; by correspondence, lectures, formation of local societies, publication or distribution of tracts and books on homœopathy, introduction of homœopathic physicians to communities needing them, and the opening of homœopathic dispensaries and hospitals, and to protect the interests of homœopathy generally.

As the operations of the League will extend over a stretch of territory of some 2000 miles, special regulations were framed to enable it to carry on its transactions by correspondence and by the formation of local branches in districts where a few homœopathists live close enough together.

A local branch for the city of Vancouver was subsequently formed, and it has already had one or two very successful meetings.

We shall be pleased to receive from sympathizers with our cause items of interest suitable for propaganda work, tracts, books, donations, etc., and also the names of persons desirous of joining the League or helping in any way.

Believe me,

Dear Sir,

Yours faithfully,

A. WHITING, *Director-General.*

## DEPARTMENT OF HOMŒOPATHIC PHILOSOPHY.

Stuart Close, M.D., Editor, 248 Hancock St., Brooklyn, N. Y.

## POTENTIATION AND THE INFINITESIMAL DOSE.

(Continued.)

The researches of modern physical science have confirmed in a remarkable manner the century-old teaching of Hahnemann in regard to solution, dilution, potentiation and the power of the infinitesimal.

Hahnemann's use and advocacy of the infinitesimal dose in medicine was the outcome of logic and experience, but as a doctrine, it has its foundation and finds its confirmation in the truth embodied in the modern scientific doctrines of the Conservation of Energy and Matter and the laws growing out of them, especially the laws governing solutions.

In the doctrine of the Conservation of Energy physical science teaches that the sum total of the energy of the universe neither diminishes nor increases, though it may be transferred and transformed endlessly. The law of the Conservation of Matter teaches that matter is indestructible and that its total quantity in the universe remains the same, regardless of the innumerable transformations it is constantly undergoing.

Theoretically, no limits can be assigned to the divisibility of matter in solution. Dilution may be continued indefinitely without loss of identity. The smallest conceivable part will always contain some of the original substance and conditionally retain all of its essential powers and qualities.

Practical experience with infinitesimal doses of drugs in the treatment of the sick confirms these fundamental postulates of science. The highest potencies ever made by the Hahnemannian process of dilution, or by any modification of that process, have been shown to be capable of bringing about a curative reaction in the sick, when the remedy was homœopathic to the case and the potency adapted to the susceptibility of the individual.

Hahnemann taught, over a century ago, that "*the effect of a homœopathic dose is augmented by increasing the quantity of liquid in which the medicine is dissolved preparatory to its ad-*

ministrations." Recent scientific study of solutions, working out in the laboratory the theory of *dissociation of molecules*, has verified the observation, and amplified the theory of Hahnemann. The Ionization Theory is the modernized form of the Hahnemannian potentiation Theory.

According to the latest theory of the Dissociation of Molecules, a chemical, when dissolved, is dissociated into parts smaller than the atoms of which it is composed. These particles are called Ions. It has been proved that *the more dilute the solution, the greater the number of ions, the fewer the atoms and the more rapid the reactions between electrolytes. Complete ionization and absolute dissociation are possible only in infinite dilution.*

The following statement was made for the author by Mr. J. D. Burby, Chemist of the Electrical Testing Laboratories of New York:

"The theory of electrolytic dissociation or, simply, the ionization theory, was proposed in its completed form by Arrhenius to explain irregularities in the osmotic behavior of certain substances, notably inorganic acids, bases and salts. The theory is briefly that:

"All substances belonging to the class which in water solution conduct electricity are, upon being dissolved in a dissociating solvent, dissociated into ions.' Such substances are called electrolytes. It is to be particularly noted that the passage of an electric current through such a solution is not the cause of the dissociation, but rather, that dissociation takes place when the substance goes into solution, and it is because the solution contains the ions that it will conduct electricity.

"Regarding the quantitative side of the theory, it need only be said that the degree of dissociation or ionization is a function of the dilution. *The greater the dilution the greater is the degree of ionization, until at infinite dilution ionization is complete.*

"Further, the reactivity of electrolytes in dilute solution is measured by the degree to which they are ionized. Each substance has the property of dissociating to a definite extent when the solution has a certain concentration. Thus if equi-molecular solutions of hydrochloric, nitric, sulphuric and hydrofluoric acids are compared as regards the speed of reaction with a second substance, it will be found that the order in which they stand

in this respect will be a measure of the degree to which they are ionized.

“It would seem from this that *the velocity of all reactions between electrolytes is greater, the greater the dilution*, and this is so with certain restrictions. Theoretically, the relative reactivity is greatest at infinite dilution because then the degree of ionization is greatest. Practically, however, there is a limit to this, because after a certain degree of dilution has been reached, the actual reactivity becomes too small to be of moment.”

It would be well if homœopathic students who are skeptical about high potencies and infinitesimal doses were introduced to the great chemists and physicists, who fairly revel in the infinitely little and exhaust the resources of rhetoric and metaphor in their attempts to convey their conception of these things to the public.

A very moderate amount of reading along this line should make the average sceptic ashamed of the ignorance which led him to ridicule the dosage of homœopathy.

In Chemistry a molecule is defined as the smallest part of a compound substance that can exist separately and still retain its composition and properties; the smallest combination of atoms that will form a chemical compound.

In Physics, the Structural unity (molecule) is distinguished from the atom and applied to particles of gases (in the Kinetic Theory), independently of their relation to the chemical molecules.

Lord Kelvin illustrates the size of a molecule as follows:

“Imagine a rain drop or a globe of glass as large as a pea, to be magnified up to the size of the earth, each constituent molecule being magnified in the same proportion. The magnified structure would be coarser grained than a heap of small shot, but probably less coarse grained than a heap of cricket balls.”

The smallest material thing in the world, the last in the series of little things known to modern science, is the *electron*, or electric corpuscle. It is supposed that the chemical atoms are composed of collections of electrons having orbital motions in a sphere of positive electrification. The electron is conceived to be billions of times smaller than the atom. Becquerel, the French scientist, compares the electrons in the atom to gnats in the dome of a cathedral.

We are reminded by this of the remark of the great physiolo-



gist, Valentin, who said: "The extreme minuteness and the immense quantity of the ultimate elements, everywhere engage our attention. *Nature works everywhere with an infinite multitude of infinitely small magnitudes, which become appreciable to our comparatively dull senses in their ultimate masses only.*"

It was formerly supposed that the atom was the smallest component part of matter. For a long time the atom had only a theoretical existence, its existence being assumed in order to account for the chemical combinations which take place between different elements in certain proportions. Even the Ultra-Microscope, which enables us to see and count particles of gold in ruby glass averaging six millionths of a millimeter in diameter, failed to reveal the atom. It remained for Rutherford, studying radium with his Electroscope to identify and count individual atoms.

Zeeman, of Amsterdam, studying light through the Spectroscope, split the spectral line of a flame, by holding the flame between the poles of a powerful electro-magnet, proving that light is an electric phenomenon and showing a close relation between the activities of atoms and the origin of light itself.

Langley, of the Smithsonian Institution, invented the Bolometer, which measures variations of temperature of one hundred millionth of a degree. This represents a change of temperature about equal to that produced by a candle five miles distant.

*Light*, traveling through space at the rate of 186,000 miles per second, has been found to *exert a distinct push or pressure*. Hence, Radiation, the force opposed to Gravitation, must be considered in studying the movements of matter in a state of infinitesimal subdivision. This pressure force is measured by the Radiometer, invented by two American physicists, Professors Nichols and Hull. It is used in connection with the Bolometer, in measuring the rays from radio-active substances.

Pfund, of John Hopkins University, in 1913, perfected a still more sensitive instrument said to be capable of measuring a degree of heat equivalent to that given off by a candle, sixty miles away.

Finally, the Ether, the all-pervading, space-filling entity, is regarded as something which is neither matter nor energy, but which serves as the medium through which both matter and energy are transmitted. Science regards the ether as an in-

tangible or immaterial substance, which acts like a solid, but which allows ordinary matter to pass through it without resistance or disturbance. When it is caused to vibrate at a certain speed or rate it becomes visible as light. Light is defined as "an electro-magnetic disturbance of the ether." Ordinary light is defined as "the result of electric oscillation (or vibration) in the molecules or atoms of hot bodies, or sometimes of bodies not hot—as in the phenomena of phosphorescence."

Lodge says:

"The waves of light are not anything mechanical or material, but are something electrical and magnetic—they are, in fact, electrical disturbances periodic in space and time and traveling with a known and tremendous speed through the ether of space. Their very existence depends upon the ether, their speed of propagation is its best known quantitative property."

Speaking of the ether, Lodge says:

"The ether has not yet been brought under the domain of simple mechanics—it has not yet been reduced to motion and force, and that probably because the *force* aspect of it has been so singularly elusive that it is a question of whether we ought to think of it as material at all. \* \* \* Undoubtedly, the ether belongs to the material or physical universe, but it is not ordinary matter. I should prefer to say it is not 'matter' at all. It may be the *substance* or substratum or *material of which matter is composed*, but it would be confusing and inconvenient not to be able to discriminate between matter on the one hand and ether on the other." He further says:

"We do not yet know what electricity or what the ether is. We have as yet no dynamical explanation of either of them; but the past century has taught us what seems to their student an overwhelming quantity of facts about them. And when the present century, or the century after, lets up deeper into their secrets, and into the secrets of some other phenomena now in course of being rationally investigated, I feel as if it would be no merely material prospect that will be opening on our view, but some glimpse into a region of the universe which science has never entered yet, but which has been sought from far, and perhaps blindly apprehended, by painter and poet, by philosopher and saint." (Lodge—The Ether of Space.)

As a summary of present knowledge, Lodge defines the ether

of space as "a continuous, incompressible, stationary, *fundamental substance*, or perfect fluid, with what is equivalent to an inertia-coefficient  $10^{12}$  grammes per c. c.; that *matter* is composed of *modified and electrified specks, or minute structures of ether*, which are amenable to mechanical as well as to electrical force and add to the optical or electric density of the medium; and that elastic-rigidity and *all potential energy are due to excessively fine grained ethereal circulation*, with an intrinsic kinetic energy of the order  $10^{33}$  ergs per cubic centimeter."

In this connection it is interesting to note that in 1865, forty-four years before the publication of Lodge's book, Dr. B. Fincke, the greatest scientist and philosopher of the homœopathic school, published views of the ether almost identical with those of Lodge, now generally accepted.

Dr. Fincke said:

"The hypothetical ether is, possibly, *infinitesimally comminuted matter, forming, as it were, the reservoir of the high potencies required for the Universal Assimilation of Homœosis, which is continually going on and mediating all life in the world.*"

Wilford Hall, Founder of the Substantial Philosophy, maintained as early as 1875, that all the fundamental forces of the universe, including mind, life, electricity and the ether of space, are *substantial entities*, incorporeal, intangible and invisible, but capable of being perceived, measured and weighed.

Modern science has practically accepted this conclusion, for today we have Sir Oliver Lodge, the greatest living correlator of the conclusions and interpreter of the facts of science, defining the ether of space as the most tenuous and refined *substance* known to science, and submitting mathematical computations of its physical properties.

As to the relation of life and mind to the ether we have a hint of what Lodge thinks in the following paragraph:

"The universe we are living in is an extraordinary one, and our investigation of it has only just begun. *We know that matter has a physical significance, since it can constitute brain, which links together the physical and psychical worlds.* If any one thinks that the ether, with all its massiveness and energy, has probably no psychical significance, I find myself unable to agree with him."

The earliest conception of the ether regarded it as simply a

medium for conveying radiation. Faraday's experiments and investigations led him to believe that it had other, perhaps more important, uses and properties. He conjectured that the same medium which is concerned in the propagation of light might also be the agent in electromagnetic phenomena, and this conjecture was amply strengthened by subsequent investigations.

Lodge now says:

"One more function is now being discovered; *the ether is being found to constitute matter.*"

Prof. Sir J. J. Thomson says:

"The *whole* mass of any body is just the mass of ether surrounding the body which is carried along by the Faraday tubes associated with the atoms of the body. *In fact, all mass is mass of the ether; all momentum, momentum of the ether and all kinetic energy, kinetic energy of the ether.* This view, it should be said, requires the density of the ether to be immensely greater than that of any known substance."

It is clear that the difference between Dr. Fincke's conception of the constitution of the ether and that of Faraday and the later scientists is mainly verbal. There is no appreciable difference between Fincke's conception of the ether as "matter in a state of *infinitesimal fineness of division,*" and Lodge's definition of the ether as the "substance of which matter is composed." Comprehension of either idea depends upon the ability to understand the meaning of the word infinitesimal as used in the mathematical sense. "Infinitely small," denotes a quantity conceived as continually diminishing as to become *less than any other quantity having an assigned value.* There is no limit assigned nor conceivable. It is finite thought carried to the utmost limit "and then some." It makes necessary the concept of an intangible or incorporeal primary substance, or unity, of which all things are composed and into which all things may be resolved.

The philosopher, the physicist and chemist, each in his own way analyzes, divides and subdivides matter until he can go no farther, and then finds himself confronted by a mystery, incapable of solution by physical means. Shall he stop there and hush the question that will arise in his mind when he has penetrated thus far? Something within him rebels at the arbitrary limitation of thought. Aspiration, intuition, reason, analogy, the logical faculty, all urge him forward. Up to this point his investiga-

tion has revealed what can only be regarded logically as secondary causes. The ultimate cause eludes him. The physician and pathologist also has his mystery. The microbe, the bacillus, the bacterium, all forms of micro-organisms and all other proximate causes of disease, carried back even to the formless bit of protoplasm or living matter, must themselves be accounted for. That which lies beyond cannot be seen by the microscope. At this point, it is necessary to substitute the telescope of intuitional perception for the microscope of physical demonstration.

In these conceptions and conclusions of modern physical science the Hahnemannian finds not only a soothing ointment for the wounds he has received in battling for potentiation and the infinitesimal dose, but a better explanation of the nature and mode of action of potentiated medicines and infinitesimal doses than he has been able to think out for himself. He needs no longer to apologize for his beliefs, his principles or his practice. Scientifically, he is in the best of company. By long, roundabout ways, science has reached the heights of thought attained by Hahnemann a century ago.

Having verified the theory and conclusions of the chemist and physicist by testing infinitesimal doses of drugs upon healthy as well as sick living subjects and obtained reactions in both, the followers of Hahnemann are in a position to maintain with authority, that the specific powers and properties of drugs are not lost when they are diluted to such a degree that a dose represents an amount of actual drug substance so small as to be practically an unassignable quantity—in other words, an infinitesimal quantity.



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## EDITORIAL NOTES AND COMMENTS.

CHIROPRACTIC.—A Pennsylvania physician sends us some advertising leaflets issued by a “chiropractor” in his vicinity. The leaflet is one of those that are printed by the hundred thousand and sold to individual chiropractors, having the purchaser’s name printed on the leaflet to give a personal touch. Our correspondent comments:

“I am enclosing an example of the flagrant nonsense which the public is being handed and is accepting. The man whose name is printed on this circular as the chiropractor was a school-mate of mine. He finished his education in the grammar school, while I kept on, not earning a penny until I became twenty-four years of age.

“On the day I left my home and office in July, 1917, for the Army this man, who is now a ‘chiropractor,’ was perched on a ladder across the street painting a house. Six months later, in camp, I received my home newspaper containing his noisy advertisement. He had acquired the prefix ‘Dr.’ and was flourishing. At the present time he boasts of two offices, a flourishing ‘practice’ and an automobile. In my home town of 50,000, five more chiropractors have established offices within the past three years and are doing business.”

We are not sure that any comment is necessary; the letter is an editorial in itself. However, it may be worth while to point out that the profession that is devoted to the relief and cure of human ailments is the only one that will permit men without technical knowledge to ply their vocation with impunity—provided these ignoramuses speciously plead that they are repre-

sentatives of a new "school" of healing. It is not conceivable that a man whose only training was a six months' correspondence course would be put in charge of a locomotive. It is equally inconceivable that a man with a few weeks' reading of law would be admitted to the bar and entrusted with cases that might involve large financial interests. But a street cleaner or a garbage collector can take a six months' "course" in "chiropractic" and be permitted by the Commonwealth to hold himself out as competent to treat the most complicated piece of mechanism known—the human body.—*J. A. M. A.*, Jan. 15.

To all of which we say amen! But—and there is a "but"; it still remains true that there are thousands of people who have obtained and are obtaining, relief from the so-called chiropractors, after medical men have failed. And so it will continue *ad infinitum* until medical men are big enough to accept truth, no matter from whence or from whom it comes. There is an atom of truth in all the drugless systems, or they could not survive. The humbuggery in all of them, nevertheless, does envelope an element of principle, of which even the most rabid devotees are often blissfully ignorant. Established medicine, orthodox and organized, is responsible for this state of affairs and has itself to blame. There should be no "schools" of healing. All men or women who essay to treat the ills to which human flesh is heir, should be compelled to qualify themselves in the fundamental sciences pertaining to the human body— anatomy, physiology, pathology, chemistry, etc. They should likewise be taught every principle of therapy which is founded on fact, whether this principle be one which deals with drug action, psychology, mechanics or what not. Let each one then develop the particular field of therapy in which he shows the greatest promise, for his knowledge of the fundamental principles of medicine will guide him into sane channels of rational procedure. A little knowledge is indeed a dangerous thing and the large majority of the so-called irregular schools, are shining examples in this respect. Much of the difficulty in this great country of ours, springs from the fact, that broadly speaking, our educational system is largely characterized by glaring superficiality. Any Freshman medical student furnishes convincing evidence of this fact. There is much to be said upon this important point alone.

So far as sects and sectarianism is concerned, Hahnemann himself never intended that there should be a "homœopathic school," so-called. Sectarianism was forced upon him when his persecution by established medicine began. It is today a reality that we as followers of Hahnemann, are in a separate class, as it were—distinct and by ourselves; the more so when the majority of us are homœopathic in name only.

What we need to fight for is the wider and firmer establishment of a therapeutic principle, not the mere flaunting of a sectarian name, which after all, may mean little or much, but too often means the former. Our O. S. friends will listen to principle, their lamentable weakness in drug therapy is only too evident; they are groping for something which will promise real help and they can be led to our principle, if properly approached. The approach must be along broad lines of fact and scientific reasoning, but not based upon hysterical abuse of the dominant school as such, or distrust of its motives. Too many in the homœopathic camp assume a "holier than thou" attitude toward their allopathic brethren, an attitude hard to maintain indefinitely, harder still to justify and leading only to bitterness and strife.

We shall not advance in the homœopathic school until we are big enough and bold enough to "carry the message to Garcia." To do this, we still have much to learn.

**MORE ARSPHENAMIN FATALITIES.**—The regular correspondent of the *J. A. M. A.* reports under date of December 22, 1920, from London, the results of certain investigations into several cases of fatal jaundice, following the administration of arsphenamin. These cases occurred in military hospitals during the war, and Prof. S. Macdonald suggested that arsphenamin produced jaundice by rendering the tissues, particularly the liver, liable to bacterial invasion. The *Journal's* correspondent goes on to say:

"Dr. Ainley Walker, lecturer on pathology in the University of Oxford, carried out a research for the council to determine whether arsphenamin or neo-arsphenamin has influence on the development and persistence of immunity in rabbits as measured by the agglutinins. The rabbits were immunized by intravenous injections of standard cultures of the enteric group, and the arsphenamin was given before injection, during the period of

rapid rise of agglutinin, during the period of rapid fall and during the later period of expected gradual fall. Dr. Walker found that arsphenamin did not prevent response to infection as measured by agglutinin production. On the contrary, it appeared to induce fresh and sometimes prolonged activity in agglutinin production at a time when the response would otherwise be on the wane. His results are therefore opposed to the hypothesis that arsphenamin jaundice is due to infection. This is borne out by an investigation by Prof. H. M. Turnbull on the minute morbid changes in eight fatal cases. The liver was much more affected than the rest of the body by severe degenerative and necrotic changes. In only one case were bacteria found, and these were gram-positive bacilli with the appearance and distribution of the microbes often present in tissues that have not been removed and fixed without delay. *The hepatic lesions differed from those produced by infection and resembled those induced by chemical poisons, such as phosphorus, trinitrotoluene and tetrachlorethane. The problem still remains unsolved why arsphenamin administered according to rule to strong, young patients sometimes proves a virulent poison. It may be remembered that Ehrlich and his followers made exaggerated claims as to the efficiency of the preparation and persistently underrated its dangers. When fatalities occurred which obviously were due to arsenic poisoning they exhausted ingenuity in suggesting all sorts of causes, such as organic disease in the patient and errors of technic. All these explanations have been discredited. So also is this latest attempt to deny toxicity by suggesting an indirect effect of the toxic influence of the drug.*"

All of which, including our own italicized statements, is most interesting. Why not, gentlemen, recognize arsenic poisoning when you see it? And why not do as Hahnemann did, reduce mathematically your doses to safe limits? Perhaps you will then find the real sphere of usefulness of arsenicum album, without sacrificing human life; for there is an easy way to find out just what any drug is capable of doing, and this way is the old Hahnemannian method of drug proving. Use the 30th, the 6th, the 6th decimal potency and try them all out on healthy humans. You will soon be interested by the effects produced and shortly you will know *when* and *when not* to apply Arsenicum, or for that matter, Arsphenamin.

PROVING THE CHOICE OF A REMEDY.—There are many kinds of prescribers among homœopathic physicians; those who prescribe in strict accord with Hahnemann's instructions, being in the great minority, if we may be pardoned the seeming contradiction of terms. Probably all, however, arrive at some kind of a result, not necessarily a cure, although the average doctor fails to distinguish between a cure and a mere recovery. Those who resort much to repertory analysis must of necessity be good case-takers and a case well taken is often one half cured. Repertory study and analysis maketh a man a good prescriber and renders him a keen judge of symptom values. The more one uses the repertory, the less one needs it, another seeming paradox or contradiction, which needs no explanation. O. S. physicians who are interested in homœopathy, frequently make the best prescribers and strive to become expert in the use of the repertory. The latter can often be used to check up one's work, as it were—a sort of post-mortem of one's knowledge of materia medica. The following case illustrates this use of the repertory nicely: Mr. X, age 46, presented this history. Both parents dead; mother died at 68 of bronchial trouble; father at 74 of some stomach disorder. More exact knowledge unobtainable. The patient's early personal history was negative; at 18 years he had typhoid fever. He has had much indigestion and believes that he has inherited his father's weak stomach. Two sisters died of pulmonary tuberculosis. Six weeks before presenting himself for examination he "caught cold," felt sore in his chest and in the bones and began to cough. He took various remedies to break up his cold, but without result. At first he felt very weak, but at the time of his examination was a little stronger. His cough was loose, caused by a tickling in the right side of the chest especially, also from tickling under the manubrium and in the left side of the chest posteriorly. The cough was < at night on lying down; < from 3 to 4 a. m.; < in the cold, open air; < lying on the left side. The sputa were yellowish brown, thick; at no particular time. Sweats during sleep. Appetite poor at first, is some > now; craves fruit. Bowels constipated, uses enemata of olive oil. Desire for sweets of late; no < in thirst. Always feels > in general after eating. General < from cold; likes plenty of heat. No other weather modalities. Sweating of head and feet (old symptom).



Physical examination showed involvement of left apex, with crackling râles on deep inspiration. Urine negative; examination of sputum failed to show tubercle bacilli. The X-ray report read: "Marked cloudiness of both apices; left hilum shows a mottled, thickened area characteristic of a post-influenzal inflammation or old unresolved pneumonia. Several small calcified spots are present in this area. A tuberculous tendency is strongly suspected."

November 8, 1919, the patient was given one dose only, of *Sepia 10 m Skinner*; sac. lac. q. 12 hrs.

November 15.—Feels much  $>$  and cough growing less each day.

December 2.—Feels fine and has practically no cough.

January 21, 1921.—He has been in excellent health ever since and feels  $>$  than for years. He has gained twenty pounds in weight.

We now made a repertory analysis to check up and verify the original prescription. Here it is—

General  $<$  from cold.

General  $>$  after eating.

Loose cough.

Cough  $<$  lying on l. side.

$<$  early a. m. 3-4 a. m.

Desire for sweets.

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Cold  $<$  — *acon. agar. alum. am. c. ant. c. apoc. aran. arg. m. ars. aur. bad. BAR. C. bell. bor. bov. bry. CALC. P. CAPS carb an. carb. s. carbo. v. CAUST. cham. CHIN. chin. a. cic. eist. cocc. coloc. con. cycl. dig. DULC. ferr. GRAPH. hell. helon, HEP. hyos. HYPER. ign. ipec. KALI a. kali bi. KALI C. kalm. kros. lac. d. led. LYC. mag. c. MAG p. mang. merc. mez. MOSCH. mur. ac. nat. a. nat. m. nat. p. NIT. ac. nux m. NUX v. petr. PHOS. ph. ac. PSOR. puts. PYROG. RAN. B. rhod. RHUS T. rumx SABAD. SEP. SIL. SPIG. stann STRONT. sulph. sul. ac. therid, tub. zinc.*

Eating  $>$  — *bry. ferr. graph. hep. ign. nat. p. PHOS. puls. sabad. SEPIA stront.*

Desires sweets—*bry. sabad. sep.*

Lying on l. side  $<$  — *sep.*

From this analysis it will be seen that those symptoms which were predicated of the patient himself (generals) were used

first, followed by the particular symptom, viz., (cough) < lying on the left side. As the desires and aversions of a patient are always important, the craving for sweets (a late symptom) was included in the analysis. *Sepia* has both "< lying on the left side" and "cough < lying on the left side," an instance of a particular symptom agreeing with a general. Kent's Repertory, second edition, was employed. *Quod erat demonstrandum.*

THE MALARIAL CASE.—Intermittent fever of plasmodial origin frequently presents a difficult and troublesome problem to the homœopathic prescriber who is conscientiously endeavoring to cure his patient and not to merely suppress his disease. If there is one thing in the old school of medicine, nihilistically inclined though it be, which is regarded as certain, it is that quinin is specific in malaria; yet for those who have eyes to see and ears to hear, the human wrecks who have been tossed to pieces upon the treacherous rocks of orthodox, antimalarial quinin therapy are only too painfully evident.

There is but one kind of malarial fever which quinin will or can cure and that is the type portrayed by the pathogenesis of quinin itself, as revealed by the Hahnemannian proving of *Cinchona officinalis*. Unless the disease in its symptom picture corresponds exactly with the *Cinchona* pathogenesis, quinin in any dosage, potency or form of administration, will fail to cure.

To the weak-kneed, to those of vacillating faith, it is no doubt a great temptation to give a massive dose of quinin and at one stroke check the disease. This, however, is far from being always possible and when it does succeed, lays the firm foundation for future ill health and invalidism. On the contrary, where a homœopathic cure has been made, the disease quietly takes its departure, leaving no traces or scars behind. An intermittent malarial fever, which has either been partly suppressed or badly prescribed for, will give the physician much trouble in bringing order out of chaos. Here, remedies such as *Ipecac*, *Natrum mur.*, *Pulsatilla* and *Sepia*, are likely to be needed, though naturally each case must be individualized and studied in the light of its individuality. The latter must, of course, not only include the symptoms of the paroxysm itself, but also those of the apyrexia, of the prodrome, and above all else, of the patient himself.

A recent case will serve to illustrate. A gentleman of fifty-four had been ill upwards of four weeks, with intermittent fever contracted in the Hudson Valley. He had never had malaria before. An examination of the blood showed a hæmoglobin index of 35, instead of the normal of 90 to 100. The red blood cells were reduced from the normal of 5,000,000 to 1,736,000, while the leucocytes had dropped from the normal of 8000-10,000 to 4400. The plasmodium malarixæ was present in large numbers and of the tertian type. The further report of the pathologist stated "these findings would indicate a very decided degree of secondary anæmia but bordering on the pernicious type.

The plasmodia were all old forms, indicating an infection of long standing. The urine showed a faint trace of albumin without casts or renal cells, a finding usually seen in hydræmic blood conditions. Weakness, marked pallor, antepoising paroxysms, thirst and anxiety were among the more pronounced symptoms. Upon his own initiative the patient, as a layman interested in homœopathy, had previously taken China 1x., Pulsatilla 3x., Byronia 3x., Phosphorus 3x., Nux vomica 3x., Gelsemium 3x., and China 1x. in frequently repeated and alternating dosage.

*Arsenicum album* now appeared to be the best choice and nearest similar to a condition sadly muddled. Accordingly one dose was given and in the 3000 potency of Jenichen. The response was distinct, though by no means complete. The weakness and pallor improved and the œdema of the legs disappeared. Eight days later the remedy was repeated in a single dose of the 50,000 of Skinner. Frequent studies and repertorial analyses were made, in which H. C. Allen's Therapeutics of Intermittent Fevers and Kent's Repertory figured. Changing conditions brought us to Natrum muriaticum and then to Nux vomica. The latter we now believe to have been poorly chosen. A few doses of Ignatia 200, followed, but the tertian attacks still continued. A retaking of the case showed yawning and stretching before and during the chill; marked thirst during the latter, but no thirst during the heat. Morning paroxysms 8.30 to 9.30 as a rule, and sweating stage absent. One dose of Sepia cm was given, the night before

an expected paroxysm. The latter appeared as usual, but much milder. The next one was scarcely noticeable and was the last. Rapid convalescence followed and the patient has remained well since.

This case was a tedious as well as a difficult one, but the happy curative end justified the slow progress at first made.

PNEUMONIA.—The January number of *The Charlotte (N. C.) Medical Journal* contains an article by Dr. Stuart Mann, of Moyock, N. C., upon his personal observations and experiences in pneumonia. Under the heading of treatment, Dr. Mann says: "It is agreed that pneumonia is one of the most dreaded diseases and we should direct our treatment to everything that will aid and assist our patient through the attack. *Treatment is necessarily empirical*, yet we must place the treatment on as *rational a basis* as possible."

The italics are our own, but serve to call attention to the Doctor's admission that the so-called "regular" treatment is not only empirical, but also, necessarily so. With this statement we are in full accord and so heartily agree. Hence we are fully justified in asking why, if physicians of the regular school know their treatment to be empirical, they do not seek some other form of treatment which is not empirical, but which is based upon a scientific law. This law is not unknown to them, on the contrary, is very favorably known to many of them who have tested it and found it workable. The rational basis which the Doctor advises is to be found within the operation of this law.—*Similia similibus curentur*.

LEST WE FORGET.—"It should be remembered that in syphilis the patient must be treated as well as the disease and in the laudable attempt to cure the latter, one must have regard for the former.—*Jay F. Schamberg, M. D.*"

No, gentle reader, H. C. Allen did not write this, neither did Farrington, Lippe, Hering, Hahnemann, or a score of others. This *pronunciamento* was penned by a physician of the O. S., in the very shadow of the U. of P., near the banks of the stately Delaware and those of the picturesque Schuylkill. Are our O. S. friends rediscovering Hahnemann's principles? In the patois of the day, we'll tell the world they are! More power to them!

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## PSORA—ITS NATURE.

Frank W. Patch, M.D., South Framingham, Mass.

*Mr. Chairman and Members of the Banningshausen Club:*

It is with considerable hesitation that this modest paper is presented to the members of the club tonight, not only on account of a vivid memory of the the valuable contribution read at the last meeting, but also with a certain awe of the magnitude of this subject which the revered Hahnemann spent so many years in elucidating, and which he finally left imprinted at every line with the image of his vast intuitive and empirical knowledge.

At best I can only endeavor to lay before you a condensed picture of the position which this miasm occupies, theoretically and practically, in the mind of the homœopathic physician of today as gleaned chiefly from the writings of Hahnemann and his co-workers.

Since his time so little has been added to the literature of the subject, and so many of his self-styled followers have drifted from even a knowledge of the first principles of the doctrine as taught by the master, that we find it hardly worth the time needed to con the general homœopathic writings of our present period in the expectation of securing anything of value.

At the outset let us inquire into the nature of our subject. What is its genesis? in fact, what are we to understand by the term psora?

The ancient Greek writers define it as "any cutaneous disease attended with abundant exudation, pustulation, and crusting." Hahnemann classes it as a "chronic miasm," yet Foster defines "miasm" as "a morbidic emanation which affects individuals directly—*i. e.*, not through the medium of another individual."



This, however, we do not understand to be always a condition of psora. Hahnemann evidently held a different view of the meaning of the term in question. He distinctly states that he designates the name psora, "a general term" (*Chronic Diseases*, p. 21, Vol. I), intended to apply to the "internal enemy" or "disease"; "a sort of internal itch, which may exist either with or without an eruption upon the skin."

After long observation and study of the nature of disease, Hahnemann concluded that all chronic disease originated in the three miasms, syphilis, sycosis, and psora, the last being the fountain-head of all chronic, non-venereal ailments except those caused by bad medication or the fumes of certain minerals.

It seems evident that Hahnemann found that far back in the early time, long before the history of mankind began to be recorded, there had sprung up on earth what might be termed the spirit of virulent, self-developing miasmatic disease, known only by its successive groups of symptoms, and changing with each cycle of its appearance.

This disease essence or ego had, throughout all time, perpetuated itself in varying forms, yet always with the same death-like grasp had held its numberless victims.

At one time the dynamic disturbance had manifested itself as a malignant itch, at another as leprosy; again, "the plague," small-pox, and so on. In Hahnemann's own time the itch was its most prominent form, and who shall say that the recent epidemic influenza is not the latest evidence of the hold which this hydra-headed monster still has upon the inhabitants of earth.

To this disease ego Hahnemann has applied the name of *psora*.

This seems to us the broadest interpretation which it is possible to apply to the term and the one most strongly borne out in the writings of our esteemed master.

The fact of the non-acceptance of Hahnemann's theories of chronic disease by so great a part of the homœopathic world today may be, in part, due to the somewhat general feeling that his teachings refer solely to the itch, which a superficial reading of his writings might imply, as the source of the multitude of non-venereal chronic symptoms met with in practice.

That Hahnemann did not so intend to teach we feel most confident, and that the time of his birth may have had some-

thing to do with the prominent position which the itch occupied in his theories of disease is more than probable. During, and for many years prior to his time, scabies was prevalent to a great extent among all classes of people. It was considered by the majority of physicians then, as today, a purely local skin disease (*Chronic Diseases*, p. 130, Vol. I) now thought additionally, to have its source in the acarus and to end with the extinction of this offender.

The presence of the parasite has been so easy of demonstration, so very evident to all observers, that the anti-Hahnemannian here found one of his most bland arguments against the dynamic origin of *all* diseases as elucidated by our first teacher. To those who elect to follow his lead, however, this seeming mountain proves no stumbling-block, for would we not as soon seek the true cause of gonorrhœa in the gonococcus as that of scabies in the acarus? This point of view illustrates the value of a working basis of natural law, in that each of these affections falls into our well-known channels of knowledge without confusion or debate.

We all understand, it is true, that the animal parasite, the acarus, is a nearly constant accompaniment of the disease in question, but as a result rather than cause, and it is equally true that the death of the parasite by germicidal methods is *not* the end of the disease, monstrous authority to the contrary notwithstanding.

Hahnemann announced his discovery of *Similia* in 1796; published his *Organon* in 1810, but it was not until 1827, in his seventy-third year, that he announced to his followers what he considered his most important discovery—the “Theory of the nature of chronic disease.” Indissolubly incorporated with this discovery was the doctrine of *psora*. Instead of, as is often told us, this discovery being an hallucination of his second childhood, it would seem to the impartial student of his life that it was the product of his ripest years of thought and experience, being a direct succession to the production of the *Organon*. The causes leading to this discovery may be gleaned from his writings, as when we read that “Ever since the years 1816 to 1817, I had been employed day and night to discover the reason why the homœopathic remedies which were then known did not effect a true cure of the above-named

chronic diseases (non-venereal). I tried to obtain a more correct, and, if possible, a completely correct idea of the true nature of those thousands of chronic ailments which remained uncured, in spite of the incontrovertible truth of the homœopathic doctrine" (*Chronic Diseases*, p. 18, Vol. I).

Hahnemann observed "that a previously existing itch was the cause why many diseases that appeared to be separate and coherent maladies should not be cured by homœopathic treatment." "All the subsequent sufferings were dated from the time when the psoric eruption had manifested itself."

"These circumstances, coupled with the fact that psoric eruptions which had been removed by evil practices or by some other cause were evidently followed in otherwise healthy persons by chronic ailments having the like or similar symptoms, left me no doubt about the internal enemy which I had to combat in my medical treatment" (*Chronic Diseases*, p. 20, Vol. I).

Hahnemann arrived at this conclusion after years of study and application, and the repeated observation of the failure of the ordinary homœopathic remedies to effect satisfactory cures in the host of chronic non-venereal diseases.

He says: "I observed that the non-venereal chronic diseases, even after having been repeatedly and successfully removed by the then known homœopathic remedies, continually reappeared in a more or less modified form, and with a yearly increase of disagreeable symptoms. This proved to me the fact that the phenomena which appeared to constitute the ostensible disease ought not to be regarded as the whole boundaries of the disease—otherwise the disease would have been completely and permanently cured by homœopathic drugs, which was not the case; but that this ostensible disease was a mere fragment of a much more deep-seated, primitive evil, the great extent of which might be inferred from the new symptoms which continued to appear from time to time. This showed me that the homœopathic practitioner ought not to treat diseases of this kind as separate and completely developed maladies; nor that he ought to expect such a permanent cure of these diseases as would prevent them from appearing again in the system, either in their original or in a modified and often more disagreeable form. I became convinced that the first condition of finding out one or more homœopathic medicines which should cover all

the symptoms characterizing the whole disturbance was to discover all the ailments and symptoms inherent in the unknown primitive malady. The medicine being found out, the physician would then be able to conquer and completely to extinguish the whole disease, together with its successively appearing groups of symptoms. This primitive disease evidently owed its existence to *some chronic miasm*" (*Chronic Diseases*, p. 19, Vol. I).

"Psora," he says, "is the oldest, most universal and most pernicious chronic miasmatic disease; the oldest history of the oldest nations does not reach its origin." "Unless it is thoroughly cured, it lasts until the last breath of the longest life. Its secondary symptoms have become innumerable. All chronic ailments now existing, which have not been produced by bad medical treatment, or by the fumes of quicksilver, lead, arsenic, etc., originated in psora as their fountain head." Hahnemann finds records of psora among the annals of the oldest peoples. The "Israelites," the "Greek barbarians," and the "Arabs" were infected in one or another manner. The uncivilized peoples of the Middle Ages were not less diseased, and the frightful plagues that visited Europe at different periods and from varying causes, malignant erysipelas, leprosy, etc., etc.—he attributes to the rage of the same disease force.

Now, in the light of our present knowledge, just what conclusions are we to reach concerning the application of this term "psora"? a name that meant so much to the first Hahnemannians, and that plays so important a part in our nomenclature of today. Frankly, we deem that the word conveyed a far broader meaning to the mind of Hahnemann than a simple symbol for the acarus poisoning, as some of our friends would fain have us believe, or even the result of the repellence of the itch. For instance, he says at one time that "the psoric eruption which appeared after infection had taken place, and which, in civilized countries, had been reduced to a simple manifestation of the common itch, was easily driven from the skin by all sorts of contrivances." Again: "During the centuries when the psoric eruption was first known in the form of leprosy, patients, though they suffered much in consequence of lancinating pains in the tumors and scabs and the vehement itching all around, enjoyed, nevertheless, a fair share of general health" (*Chronic Diseases*, p. 26, Vol. I). And further: "The

milder forms of psora which appeared again during the fourteenth and fifteenth centuries in the shape of the itch infected a far greater number than the leprous patients were able to do, whose frightful appearance caused them to be avoided by everybody" (*Chronic Diseases*, p. 27, Vol. I). In speaking of the comparative results of leprosy and the itch Hahnemann says: "There is another disadvantage, which is this, that the essence of this reduced psora (the itch) is unchanged; that it is equally formidable as before, and that, being more easily repelled from the skin, it appears so much more imperceptibly upon the inner surfaces. The chief symptom, which is the external eruption, having been suppressed, it produces an innumerable quantity of secondary chronic ailments" (*Chronic Diseases*, p. 27, Vol. I).

In his long observation of chronic diseases, Hahnemann learned that some undiscovered principles underlay the whole subject; that a natural law, more far-reaching than any yet taught, governed the appearance and disappearance of chronic complaints. He saw in the successive inroads of plague after plague during the previous centuries a connecting influence of causation which rendered it impossible for him to accept each as a passing circumstance.

In Hahnemann's time and for the previous half-century or more, scabies was a very prevalent disease in Europe. All physicians found ample opportunity for observation of its characteristics. Hahnemann, in common with others, noted the evil effects of suppression of the eruption, and details many cases in proof.

But he alone connects the itch disease with other manifestations of the so-called psora which had existed from time immemorial in varying forms.

Judging from several passages in the *Chronic Diseases*, we feel that Hahnemann recognized a difference between the prevalent "common itch" of his own day and that which he mentions once or twice as a "malignant itch" occurring in ancient times, though this difference was but in degree, as he elsewhere states that "names are of no consequence here, since the essence of this miasmatic itch is everywhere the same" (*Chronic Diseases*, p. 25, Vol. I).

We cannot understand that Hahnemann intended to teach that all secondary or latest psoric symptoms were the direct result of



the suppression of the itch disease, as witness what Grauvogel says on this subject :

“Whoever made clinical studies at a time when the itch was to be found spread over all parts of the cutaneous surface, except the face and genitalia, and had only been suppressed by external means, has observed very frequently, even during this external treatment, the sudden occurrence of fatal inflammation of the brain or lungs, diffuse gout, dropsy, etc. At the same time, no other cause could be found for this than the change of all the functions of the cutaneous surface by the itch, and its injurious treatment.

“Thus, he had even the sensible perception thereof, yet thought as little of pronouncing the itch mite the *only* cause and condition of these diseases as he would declare the operation for rectal fistula as the only cause and condition of the tuberculosis following it” (*Text-Book of Homœopathy*, p. 272).

Physicians of this vicinity see, at the present time, comparatively little of the itch, nor have they for many years; yet there is no apparent subsidence of psora. It seems that at certain periods of earth's history psora has presented what might be termed *grand* manifestations. These upheavals vary according to the conditions of the life and environment of the time, both as regards character and severity. As examples of this theory, we would mention leprosy, which Hahnemann classes as a psoric disease, and which he says was so prevalent in the year 1226 that there were in France about two thousand houses for the reception of patients. Again, we have small-pox, at one time the most prevalent disease. At the period in which Hahnemann lived the itch was the centre of attention, and it is probable that we have recently passed through still another minor *grand* period of psoric eruption, as before stated, in the character of the epidemic influenza of the past five years.

These prominent periods of disease would seem to correspond in nature somewhat to other phases of evolution, a cogent example of which may be seen even in the animal kingdom, where we find a continual change going on as time proceeds.

There was a period, we are told, when egg-layers were the predominant animal race; then came the marsupials, overrunning the earth in great abundance, and, still later, the saurians, Now, at the present day egg-laying animals are reduced to a

few families, but, at the same time, have evolved into another branch—the bird family. Of the intermediate group, the marsupials, we have left only the kangaroo, while the saurians also are nearly extinct, and so on; yet there are *still to be found*, even at this late day, examples of each of these ancient periods of prominence, just as we find remnants of past races in the Zuñi and like peoples left behind in the whirl of evolution. The point we desire to illustrate is this: that after any great periodic upheaval of psoric disease we are not to expect comparative disappearance of the particular disease in question under a long period of time, nor complete immunity under a great many years, if at all.

That certain diseases are now prevalent is not an argument against their psoric character or their periodic position in the cycle of disease.

Even now we have on earth examples of animal families practically extinct long before the beginning of the history of man, just as we still meet examples of disease which were at their zenith of psoric disturbance before the history of medicine was thought of. These are not seen at present, however, in great or epidemic prevalence, but as sporadic cases, limited epidemics or endemic to certain localities. Just what proportion of influence in the disappearance of the *grand* manifestations of psoric disease is due to police regulations and boasted discovery of peculiar methods of causing artificial immunity, and what to the fact of the subsidence of the telluric or other dynamic disturbance that created them, would be most interesting to know.

Our great mistake in the study of disease as a whole is, as Hahnemann often pointed out, the separating of its very manifestation as well as its greater consecutive nature and successive development. We attempt to cure the particular condition in hand, having little regard for the spiritual ego, without which the disease would be *nil*.

What a subtle connection is there binding together the seeming vagaries of the life force! We know that all disease originates in the vital centres, not only because Hahnemann said it, but because, when we stop to think, we know that everything on earth is dynamic in origin, and that dynamic laws control every vibration of life from the atom upward. What we need is to discover the action of these laws if we would

reach the seat of disease, instead of wasting time on less important questions.

Psora, the "mother" of all chronic non-venereal diseases, as stated by Hahnemann, is always, in its original attack, accompanied by an eruption or other manifestation on the surface of the body which appears within a few days after infection; if it take the form of the itch disease, it may, we are told, be speedily cured with one or two doses of homœopathically prepared Sulphur. But if the internal disease is neglected, and attention directed simply to suppression of the eruption by harsh, external measures alone, which in this case may easily be done, we have brought about a condition of "latent psora" which stands ready at all times to break forth into a long line of secondary symptoms or diseases, which often keep up a sort of hide-and-seek with health as long as life lasts. The exact character of these symptoms is governed chiefly by the constitution and environment of the patient, and it is from among their number that most of the chronic diseases which are met in daily practice are drawn.

This matter of the evil results of suppression seems to be an axiom of disease life. Its gravitation toward the surface of the body can be disturbed no more than that of steam in a boiler, as is evidenced not only in the *grand* periodic upheavals of psoric disease, but also in those miasmatic troubles classed as secondary psoric conditions by Hahnemann. This is the case with intermittent fever, which, he says, will never attack a person not under psoric influence. We know, moreover, that the same law holds good in the acute diseases characterized by eruptive processes, and also that the evil results following such suppression are often prolonged for many years, rivaling, in severity and depth of disturbance of the vital forces, psora itself. And yet, strange as it may seem, we are still taught that in *chronic* diseases suppression is the chief end to be sought, and this state of affairs will probably hold sway until it is possible to institute investigations and compile statistics covering long enough periods of time to prove these facts to the mathematical majority of the profession.

The patience of a Hahnemann is as essential today as ever if we expect to see our tenets become the recognized law of all. In searching for outside reference to Hahnemann's theory of

chronic diseases, some interesting remarks by Grauvogl were brought to light, in which he complains of the "schemata" of Hahnemann, in that "these form too much of a chaos, they lack that precision of form which would enable one to infer the law underlying them. But," he goes on to say, "that here these phenomena *are* controlled by a natural course of events from given elements, admits of no doubt." The same versatile author says that Dr. Reuter, of Nuremberg, "declares he has observed in chronic diseases, during his practice of many years, stages, like those which mark acute diseases, in the various forms of the reciprocal action of the acarus poison within the organism. He gives the following characteristics as regards the succession of stages in diseases arising therefrom, provided that up to the last stage no medical aid had been sought: 1. Gastroses; 2. Catarrhs; 3. Hemorrhoids; 4. Sweat of the feet; 5. Hoarseness; 6. Headache and toothache; 7. Diseases of the eyes; 8. Diseases of the ears; 9. Prurigo of the trunk, Furnuculosis; 10. Swelling of the cervical glands; 11. Rheumatisms; 12. Swelling of the axillary glands.

"His experience indicates to him an aggravation of the general constitutional status, if, after a disease from among those named under these numbers, had passed by, another of a higher number makes its appearance.

"The whole series, for the most part, refers to adult age; and if, for example, one suffered from chronic inflammation of the eyes, it was highly probable that the chronic ailments from 1 to 7 had been present in previous years.

"In like manner he takes it to be an extension of the acarus disease; if, after that inflammation of the eyes, even though it had been cured, there should subsequently appear diseases of the ears, prurigo, rheumatism, or swelling of the cervical or axillary glands" (*Text-Book of Homœopathy*, part II, p. 228).

The same author further says:

"Since I am, moreover, obliged for the easier comprehension of chronic diseases to mention those thereof which, according to Hahnemann, contain the productive stage of his psora, and because Hahnemann simply enumerated them without any grounds of classification, I am induced, by Reuter's observation, to introduce them according to the above-named succes-

sion for it contains, at any rate, a leading principle for further investigation.”

That there is some basis of fact in these observations of Reuter and Grauvogl is more than possible, and they may sometime serve as a beginning of further investigations along the same line.

It would seem as though the case records of those who examine patients according to the rules laid down by Hahnemann should throw much light upon the subject.

The glory of Homœopathy in general, and the fame of any Hahnemannian in particular, must ever rest in great part on superior results in the treatment of chronic diseases, and we should push ahead in this field with all vigor.

One of the chief arguments of those who oppose the doctrine of psora is that “Mr. Blank never had the itch; we *know it.*” Granted! Yet we contend that he may be a victim of psoric poison, for the secondary symptoms of this dread condition seem to be directly transmissible through we know not how many generations.

The point is not only whether a given patient has ever been treated by external, violent measures for scabies, or had a leprosy sore suppressed, but is he afflicted with psoric disease, as evidenced by any chronic, intractable ailment or group of secondary psoric symptoms laid down by Hahnemann in his masterly work on *Chronic Diseases*. If so we may feel very confident that our patient either in his own person or that of some progenitor has been a victim of one of the periodic grand manifestations of ancient psora, the most persistent miasm of which we have record. Knowing this, if we value our patient's future condition of health, and our own professional reputation, let us endeavor to give him the benefit of the best antipsoric treatment of which we can attain knowledge.



SUPPLEMENTAL DATA ON THE PATHOGENESIS  
OF ASPIRIN.

By Benjamin C. Woodbury, M. D., Boston, Mass.

## PATHOGENIC DATA.

A case is also on record in which the urine of a physician who had been taking acetyl-salicylic acid freely showed *sugar, albumin, tube casts* and *blood corpuscles*. The urine of thirty soldiers who had been given from 2-4 gms. (30-36 grains) all responded to the Trommer test for sugar.\*

Aspirin causes an increase of 6.1 per cent. in CO<sub>2</sub> output and in heat production, *i. e.*, the basal average in five subjects was increased to 40.3 calories per square meter per hour, in contrast to the average of 37.8 in the same persons. Control experiments showed the average change in temperature to be -0.08c. and after the drug +0.03c. The respiratory quotient and pulse rate were unaltered. Aspirin has been found to possess a marked antipyretic effect in 1 gm. (15 gr.) doses.

One case of anaphylaxis of the alimentary type has been reported, lasting for a period of nine years. Desensitization was accomplished in this case by the administration of the drug in doses of from  $\frac{1}{12}$ - $\frac{1}{2}$  gr. at first, increased to 4-8 grains, repeated 13 times in 6 weeks.

## UNTOWARD EFFECTS.

Numerous cases were encountered during the influenza epidemic of *severe stomach disturbances* with *hematemesis, melena* sometimes being the first indication of the gastric hemorrhage. Some of the cases were very severe with syncope, the symptoms returning in one case after but three or four tablets had been taken.

\*Italics our own. W.

N. B.—This added data is compiled from Volume X of *Sajous' Cyclopaedia*, and as the volume has just been issued, was received too late to be incorporated in the original paper.

## CHRONIC ASPIRINISM.

A case of chronic aspirinism has been observed in a woman aged 50, suffering from rheumatoid arthritis, who had taken 10 grains of aspirin twice daily for seven years. During the first six years there were no symptoms, the first untoward signs being the sensation of "sand in the eyes." Marked *hyperemia* of *palpebral* and *ocular conjunctivæ*, with *chemosis* and *lachrymation* developed. A week later an *urticaria* appeared; and within a few days "a typical *urticaria major*" with *circumscribed edema*, and elsewhere a severe *urticaria bullosa* were in evidence. There was *insomnia*, *weakness*, *massive edema* of the tongue and *fauces* with marked *dysphagia* developed, and a tracheotomy was averted only by the use of ice and ice water and astringent gargles. *Vision* was obstructed by an extreme *palpebral edema*. Urine showed *salicyluric acid*. After active physiological treatment the symptoms abated and the *urticaria* had vanished after seven weeks, and the urine was again normal.

The interesting fact is, however, that although the Aspirin was discontinued, "all traces of the rheumatism beyond the bony deformities had disappeared."

The case is reported of a man suffering from periostitis and osteitis of the tibia, who finding that a 5-grain tablet of Aspirin gave relief, decided to take the drug, whereupon at first one or two tablets kept him comfortable, but he had to increase the dose to from 5 to 12 tablets, with the result that its use was followed by "obstinate constipation, slight digestive disturbances, and a rather low blood-pressure."

## ANAPHYLAXIS.

Desensitization was obtained by administering small but gradually increasing doses in anaphylaxis.

## SCHEMATIC ARRANGEMENT OF ADDED DATA.

EYES: Vision obstructed by *extreme palpebral edema*. Sensation of sand in the eyes. *Hyperemia* of palpebral and *ocular conjunctivæ*, with *chemosis*. *Lachrymation*.

MOUTH AND PHARYNX: *Massive edema of the tongue and fauces*.

THROAT: *Dysphagia*.

ABDOMEN: *Diarrhœa and vomiting.*

PULSE AND TEMPERATURE: Lowered heat production, lowered blood pressure.

SKIN: *Urticaria major, circumscribed edema, urticaria bullosa.*

SLEEP: *Insomnia.*

NERVOUS SYSTEM: *Great weakness.*

KIDNEYS AND URINE: Urine showed salicyluric acid. Urine containing sugar, albumin, tube casts and blood.

## CASES FROM PRACTICE.

Lawrence M. Stanton, M. D., New York.

I select the following cases to report, as some of them emphasize symptoms in the provings which are not overfamiliar, while others, perhaps, will show familiar symptoms in some new aspect or combination. All of them are examples of the efficacy of the high potency in single dose.

The potencies used are Dr. Fincke's.

### I. AORTIC INSUFFICIENCY.

A lady sixty-six years of age has for many years suffered from heart trouble. On auscultation this proved to be a very pronounced case of aortic insufficiency.

She had recently had an attack of bronchitis, and this together with tincture of *Digitalis*, prescribed by her physician, brought on the condition in which I found her.

Heart very feeble, irregular, intermittent, rapid—now fast, now slow.

Respiration rapid, shallow, with decided dyspnœa. The heart and respiration very much worse lying down. At night she had to be propped up in bed and slept only in snatches. She could not take a few steps in her room without very much increasing the heart's action and becoming faint.

Throbbing here and there throughout the body, especially marked in carotids, where it was painful, and in left hypochondrium. The heart was worse during the night and especially toward morning.

She was often troubled, on falling off to sleep, by the sensation of saliva trickling down her throat, and this apparently was the case.

Prostration was extreme and it seemed death was not far off. Kali-carb.<sup>10m</sup>, one dose.

Improvement began at once, the symptoms rapidly disappeared.

She soon slept as she had not for weeks, sometimes without once waking, and there was no longer the need of being propped up.

She walked about her room without palpitation or discomfort, and soon was able to get out of the house.

The remedy had to be repeated once or twice subsequently, in the same potency.

With such a valvular lesion the patient is not a well woman, but this was a year ago, and I recently heard that she was living in a smaller city and doing well, going out and about.

The symptom "has only been able to sleep sitting up, otherwise saliva would run down the throat," will be found as quoted under Heart, in Hering's *Guiding Symptoms*.

I have not been able to find that throbbing of carotids or in neck was distinctly characteristic of Kali-carb. But pulsations and ebullitions are common enough under this remedy, and Hering gives "painful throbbing in clavicle."

## II. CORYZA.

The patient, a woman.

Nose very much stopped; severe headache in forehead, which was a bruised feeling, and was very much worse on motion. Tickling in pharynx, causing an almost constant cough.

Rumex <sup>10m</sup>, one dose.

The headache—this bruised feeling—began to disappear in a couple of hours. Violent running from the nose and sneezing appeared, which, together with the tickling cough, soon vanished.

Lee, in his Repertory, gives four remedies that have bruised feeling in the head, worse on motion: Caps., China, Rumex, and Tellur. Hepar has bruised pain in the forehead, worse on moving the eyes.

In this case the constant tickling cough, so like Rumex, came from the pharynx, instead of from the usual situation—the supra-sternal fossa.

### III. CORYZA.

For the past six weeks this patient, a woman, has had the following symptoms: Every morning, beginning when getting up, there has been profuse running from the nose, clear discharge, like water, with much sneezing.

This continued until 10 o'clock, when the running and sneezing would entirely cease, and the nose become very much obstructed, and remained so for the rest of the day. Each day was the same; at 10 o'clock the same change of symptoms.

R. *Natr-mur.*<sup>10m</sup>.

The following day there was decided improvement; then the day after an aggravation, which lasted twenty-four hours, when the whole condition disappeared.

The remedy in this case produced an amelioration at once; then a day of aggravation, to be succeeded by the cure.

### IV. FLATULENT DYSPEPSIA.

A child, six years old, has suffered for the past two years from flatulent indigestion.

Abdomen enormously distended, rumbling in the abdomen, and almost constant passing of large quantities of wind. This was so incessant that the parents were ashamed to go anywhere with the child or have any one come to their home.

The boy suffered so from this drum-like distention that he would lie, often for the greater part of the day, upon his belly on the floor or bed.

The bowels were irregular. Occasionally he would vomit.

*Carbo-veg.* was, of course, the remedy, and one dose of the 4M potency cured speedily.

There has been so far not the least return of his symptoms, now six months since the remedy was given.

This case had been under allopathic treatment two years without beneficial result, and a specialist, one whose name is known throughout the land, could advise nothing better than to introduce the stomach-tube and wash out the stomach. The advice was not followed.



## V. CORNU-CUTANEUM.

A case that is interesting, principally, on account of the curative action of the homœopathic remedy, but also owing to the rarity of such horns in the human being. In the lower animals they are sufficiently common.

This horn occurred in a lady of about fifty-five years of age, and was situated on the end of one of her fingers. The growth measured nearly half an inch in length; in form it was conical; in consistency hard and dry. Every now and then there would be considerable inflammation about its base, with shooting pains here, and running up the hand. The inflammation often resulted in suppuration, and several times the finger had been lanced.

There was much pain and inflammation when I first saw the finger, and the lady feared the growth would have to be removed with the knife.

*Silicea*<sup>cm</sup>, one dose.

In two weeks the horn had entirely disappeared.

This was three years ago, and there was no reproduction.

## VI. HOUSEMAID'S KNEE.

This occurred in a man, an expressman by occupation.

It had resulted from the habit of bearing the weight of a trunk or box upon the patella of his right knee, and lifting the load thus into his wagon.

There was no swelling of the knee-joint proper. The swelling was between the integument and patella, and the bursa in this situation was undoubtedly the seat of trouble.

The swelling was marked, and looked like a large pad upon the knee. It extended far beyond the upper and lower borders of the knee-pan. The only subjective symptoms were a feeling of distention and weakness of the knee.

The village doctor said he would have to tap the swelling and draw off the fluid. *Arnica* was given, but with no effect.

There were few subjective symptoms upon which to prescribe, and thinking of the action of *Apis* on serous and synovial membranes, I gave one dose of this remedy in the 5 M potency. There was a sharp aggravation followed by a speedy disappearance of the dropsy.

The knee still remains sound, and it is more than a year since it was cured.

**ADENOIDS; THEIR PATHOLOGICAL POTENTIALITY; THEIR REMOVAL.**

By Carl H. Rust, M. D., Cleveland, Ohio.

In 1868, Mayer called attention to the marked influence adenoids possessed in causing deafness.

Adenoids are frequently found in connection with suppuration of the middle ear.

In those cases where there is an excessive amount of adenoids present, we may find in the nasal passages congestion, relaxation and infiltration of the tissues; partly due to the interference with the circulation and partly to the lack of the stimulatory effect of the atmospheric pressure. In some cases one may also find the typical facial changes mentioned by all writers on the subject.

These facts are known to all and need no elaboration, so I will devote my remarks to that part of my subject which deals with the relation existing between adenoids and the irregularities we find in children's teeth.

An excessive amount of adenoids will cause mouth-breathing. Mouth-breathing must in some cases be considered a factor in the cause of irregular teething; the altered position of the tongue may have a great deal to do with the narrow development of the superior maxillæ.

Some investigators are very positive that mouth-breathing causes narrowed arches on account of the muscular tension, but in reality the muscles are relaxed and not tense.

Thumb-sucking will not produce a general contraction, for all of these structures are made for sucking, and the temporary effect upon the teeth is soon remedied, sometimes with no treatment whatever, if the habit be stopped.

A thumb-sucker is not a mouth-breather and has a very small amount of adenoids.

In a great many cases the habit of mouth-breathing ceases as soon as respiration is re-established through the naso-pharynx; in others the dental correction must be made before good results are attained.

I can positively state that a large number of serious irregu-

larities exist, in which the nasal space is practically sufficient, and neither mouth-breathing, adenoids nor diseased tonsils are present.

A child may develop facial deformities and deficiencies of any of its immediate ancestors. In a great many cases the tendency to irregular teeth is inherited, exactly the same as nasal spurs. I have removed from father and son spurs exactly alike in size, shape and location.

These inherited conditions may be aggravated by malnutrition, developed in utero in the majority of cases. In most of these children I have found a history of malnutrition showing itself in the first few weeks of life.

The thumb-sucking is an expression of inability to get the necessary nutrition from the food, and he is still searching for it. This becomes a habit which may be carried on for years, one case was still sucking her thumb at the age of twenty-five years. There are cases where thumb-sucking is merely in imitation of other children, but even in these cases there is a probable deficiency.

My experience teaches me that adenoids always express a constitutional deficiency, and I am sure the great majority of these cases of irregular teething express the same thing.

Various pre-natal conditions are responsible, but I do not think we appreciate the great part played by gonorrhœa, syphilis and tuberculosis in causing this underlying dyscrasia.

Therefore we have a constitutional deficiency developing in utero and in some cases standing alone; in others this deficiency is engrafted on an inherited irregularity which of itself might have been of small moment, but when augmented by the underlying malnutrition soon expresses itself in thumb-sucking or adenoids and mouth-breathing. A condition has now developed which demands the best efforts of the internist, the rhinologist and the orthodontist, and to get results they must understand each other and work together.

At the four periods of molar eruption, two, six, twelve and seventeen years, we are very sure to have enlargement of the tonsils and adenoids which will return to normal after the eruption of the teeth. I do not doubt that a great many unnecessary operations have been performed at these periods.

These secondary infections take place through the lymphatic

system. A rhinitis will cause an infection of the cervical glands. A blocking of the cervical glands will cause an inflammation of the oral and pharyngeal tonsils.

As some children are born with adenoids so large that they are unable to take their nourishment in the natural manner, the condition must have developed in utero. These are exaggerated cases of this same condition. In many cases it is so slight as to escape notice and that period passes in which a little medication would do the greatest good. Later the child is taken to the physician with a fully developed case and it must be analyzed with great care if he would get results. He should not inform the parents that the child will outgrow it. A careful study of the researches into the distribution of the lymphatic system will give us a better understanding of these cases, including that dangerous type, *Status Lymphaticus*.

To successfully treat these conditions, we must carefully study the patient, not the adenoids.

We must inquire into the condition of the child at birth; its food; the various derangements of digestion; diseases of childhood and conditions resulting therefrom. Also the condition of the mother during pregnancy and a history of both father and mother in regard to adenoids, tonsils, enlarged glands, tumors and skin diseases. With the assistance of this history the appropriate remedy can be given.

The removal of adenoids should not be considered a cure. After the surgical treatment the remedy indicated by a careful study of the patient should be given.

862 Rose Building.

OBSERVATIONS ON TUBERCULOSIS AND  
SCROFULOSIS.

Geo. M. Ockford, M. D., Ridgewood, N. J.

The difference between Scrofulosis and Tuberculosis should be known by every doctor.

The child affected with Scrofulosis is dull and heavy; the skin is thick and muddy. The complexion is doughy; the upper lip is thick; the nostrils wide and alæ of the nose are thickened. The lymphatic glands, especially about the neck, are swollen and large. The abdomen is tumid; the ends of the bones are generally large—the glands often form abscesses early in life. Ozena and Ophthalmia are often present.

The children of tuberculous diathesis cut their teeth early, their skin is clear; complexion clear, and the veins on the surface are distinct. The eyes are bright, the pupils large, limbs straight, the throat long.

Tuberculosis never makes scrofulosis. But tuberculosis may be chronic or acute. When acute, the danger is the rapid course of the disease and death occurs. When chronic, death may occur in the 22nd year. When chronic, the patient is listless; the hands are hard, and the palms are dry. These patients are subject to rickets, coryza, bronchitis, catarrh and diarrhœa.

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THE VALUE OF DEFINITE THERAPEUTICS.

By Eli G. Jones, M. D., 1331 Main St., Buffalo, N. Y.

I have heard physicians say to me, "This prescribing for the sick is more or less guesswork and uncertainty"—I can say, most *emphatically*, "It Is Not."

When we prescribe a remedy that is *clearly* indicated in a *given* case we may *expect good results* and we usually get them. In a certain case there is a special symptom presented or a group of symptoms may be present. Then the question naturally arises: *What* remedy is *indicated* in this case?

That is where a practical knowledge of *Materia Medica* comes in. For *with* that knowledge of the *definite* indications of *rem-*



*edies*, we can *select* the remedy or remedies needed in that *particular* case. The allopath is governed by *no* law of Therapeutics. He simply prescribes a certain remedy or combination of remedies, because he has read somewhere or *heard* that it is "*good*" for that disease, he is apt to *change* his remedies every day or two for he is not *sure* of anything. In his mind there is always the element of uncertainty, he *hopes* for the best, but it is mostly guesswork and experimenting on *his* part.

If you should *pin* him right *down* to the *point*, and ask him "to give you an *intelligent* reason *why* he gives that remedy. What is the *indication* for it? What do you *expect to do*?" He could not give you an intelligent reason for his prescription. The regular school of medicine of today is as it has been for 100 years past. Weak, yes, *very weak* on Therapeutics. No man knows this *better than I do*.

They are also *very weak* on the *definite* treatment of the *most* common diseases of our country, yet they would if they *could prevent* physicians of *other* schools of medicine from healing the sick. By their *vicious laws* in most of the States they have made it a *crime* to heal the sick, unless it is done by a *licensed* physician (no matter how *little* he may really know about *healing* the sick).

The rank and file of the profession are *wearry* of so much guesswork and experimenting on the sick. They are weary, *very* weary, of so much *needless* surgery, to *glorify* the surgeon and add to his bank-roll.

They *strongly* object to having the serum treatment *forced* upon them by the powers that "would be" They are *anxiously* looking for something *better*, something more *definite* than what they have been *taught* in *their* medical colleges.

When the epidemic of influenza swept over this country in 1918 it found the regular schools *unprepared* to treat it, because they had not been *taught how to cure* it in *their* medical colleges. It has been the *same* with *every epidemic* that has visited this country, the regular doctors were *unprepared*, and as a result they went *down to defeat*, with a *frightful mortality*.

We speak of the *thousands* of *brave* men who sacrificed their lives on the soil of France in the cause of human liberty, but what of the 500,000 victims who died from influenza in 1918, have you forgotten them, and that the *great majority* of them

were treated by *regular physicians*? It has given *that school of medicine* a "*black eye*," from which they *will never recover*. It has become a *part of medical history*, as the record is *made so it must stand!*

The Eclectics and the Homœopaths had been *taught in their medical colleges how to treat influenza successfully*, so that when the epidemic came in 1918, it found them *PREPARED to treat it and cure it, with a mortality of less than one per cent.!*

The people of our country are not devoid of common sense, and they have seen the *results of the old and new schools of medicine*, and from that they have drawn their *own conclusions*, and it is certainly *not flattering to the regular school!* To make the blow still *worse for the regular school* that the Drugless Healers during the epidemic of influenza in 1918, throughout the country (without giving any medicine at all) reported a mortality of *less than one per cent.*

Surely this should make any *regular physician blush for shame* at such a *disgraceful record*. While *thousands of people were dying* all around us from the influenza, the regular physicians instead of *studying the Materia Medica to find remedies that were curative in the disease* they became almost *hysterical in their fear of the disease* and rushed to the laboratory to find a *serum or specific that would cure all cases of influenza*. Did they find it? They did *not*, for the simple reason that there is *no such a thing as a specific for any disease*. To *claim to have a specific for any disease is the very worst form of Quackery!* The *new school physician treats the patient, not the disease*, he is *prepared to meet any indication that may arise*, he does not *fear the disease (influenza)*, because he *knows he can conquer it!* Any doctor who is *afraid of a disease will never conquer it*, for *fear clogs the brain and weakens the nerves*.

Every doctor who expects or wants to succeed in his profession must first of all settle this question.

"Is disease to be my *master*, or is it to be my *slave*?"

Definite Therapeutics is derived from the word "*definite*," which means having a fixed distinct limit." Thus we say in Definite Therapeutics that "*a remedy has a fixed, a distinct action.*" It occupies a place *no other remedy can fill*.

When we *know the definite indications for each remedy*, then we know just *what we can do with it*, and we can get *all the*

*efficiency* out of the remedy. Such remedies become a *mighty power for good* in the hands of the *skillful* prescriber. There are *bright*, intelligent, physicians in *all* our large cities from Maine to California who have a *working* knowledge of the *Materia Medica* of *all* schools of medicine. They are *broad-minded* men who want the *best* there is in medicine, who have *made* their reputation by the *cures* they have made. All *honor* to such men, and personally I consider it a *great* privilege to become associated with such distinguished men—the world at large is *sick* of so much *guesswork* and *experimenting*, so much *needless* surgery. The demand of the people is for *physicians*, men who *know how to heal the sick*.

It doesn't make very much difference *what* a doctor may *call* himself, but it does make a world of difference about his *ability to heal the sick*.

It has been the ambition of my life to be a *PHYSICIAN*. I *ask* for no *greater* honor, I can *receive* no *greater* honor than to be *accepted* by my profession as a *physician*.

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### NITRIC-ACID.

The lustreless sunken eyes of Nitric-acid suggest also Sulphur. The cornea are similar to Calcarea-carbonica. The paralysis of the upper eyelids remind us of Phosphorus and Causticum. Drooping of the upper eyelid is Dr. Guernsey's key-note of Causticum. His expression is: "Her eyelids are so heavy she cannot keep them up; they seem paralyzed, Causticum."

The discharge of pus from the ears suggests Pulsatilla and Carcarea-carbonica as well at Nitric-acid. The echo in the ears of one's own speech suggests Causticum. The redness of the tip of the nose suggests Aloes, Carbo-vegetabilis, and Sulphur.

The following are additional comparisons.

Nose red in young women. Borax.

Nose of copper-red color. Cannabis-indica.

Tip of the nose red and knobby. Aurum-metallicum.

Itching of the tip of the nose. Silicea.

Eruption of pimples upon the tip of the nose. Causticum.

Crawling sensation in the tip of the nose. Moschus.

The child rubs the nose with the fist or on the shoulder of the nurse. Cina.

The child wakens at night and rubs the nose so much and so long that the parents are frightened. It won't stop rubbing its nose. Lycopodium. (*Guiding Symptoms.*)

Nitric-acid has sneezing during sleep.

Nitric-acid has coryza, hoarseness, and sore-throat. The nose is stopped up, and yet it runs water. Head feels like a board, and the patient feels beaten and bruised all over.

Dr. Lippe spoke of the peculiar coryza of Nitric-acid. He said that Nitric-acid is almost certainly the remedy where we had the three symptoms together, coryza, hoarseness, and sore throat. That the running of water from the nose, which is at the same time stopped up, is characteristic of Nitric-acid.

Scurf in the nose is under Calcarea-carbonica as well as Nitric-acid. Sticta-pulmonaria has the characteristic, the secretions from the nose dry up so rapidly that they form crusts upon the entrances to the nostrils. Complete obstruction of the nose is characteristic of Nitric-acid, but also occurs under Lycopodium and Silicea.

Nitric-acid has mucus dropping through the posterior nares. This is the great characteristic of Kali-bichromicum.

The soreness of the throat in coryza, under Nitric-acid, is a stitching soreness.

Petroleum has fluent coryza and hoarseness.

Nitric-acid has bloated condition around the eyes on waking early. This is similar to Apis.

Nitric-acid has swelling of the lips. Calcarea-carbonica has swelling of the upper lip. Apis has the same symptom.

Nitric-acid is useful in painful swelling of the submaxillary glands. This is similar to Calcarea-carbonica.

Pain in hollow teeth, especially after the abuse of Mercury, indicates Nitric-acid.

Under Nitric-acid the gums are white, swollen, and bleeding. This is similar to Mercurius. Dryness of the mouth with thirst indicates Nitric-acid and Natrum-muriaticum.

Nitric-acid has ptyalism, like Mercury. Phosphorus has bloody ptyalism.

Sensitive tongue, with smarting sensation, even from mild food, indicates Nitric-acid and Natrum-muriaticum. A white, dry tongue indicates Nitric-acid and Apis.

Violent thirst in the morning in those suffering from sup-  
puration of the lungs, indicates Nitric-acid. This, according to  
Dr. Lippe, is a clinical observation of Hahnemann.

Perspiration during and after eating indicates Nitric-acid and  
Natrum-carbonicum.

The Nitric-acid patient gets water-brash from drinking fast.

Pain in the cardiac orifice of stomach on swallowing food in-  
dicates Nitric-acid. It also indicates Phosphorus, Alumina, and  
Bryonia.

When the Nitric-acid patient takes cold it generally settles in  
the abdomen and causes colic. This is characteristic of Nitric-  
acid.

Incarcerated flatulence in the upper abdomen indicates Nitric-  
acid. Aloes and Lycopodium also have it, but under Lycopodium  
it is worse at night.

Nitric-acid has stitches and pricking in the rectum, with  
tenesmus after stool.

Nitric-acid is indicated in children who are troubled with in-  
continence of urine, and so is Causticum.

Nitric-acid is particularly useful in inflammation of the  
prepuce with swelling and phymosis. Mercury and Sulphur are  
also indicated. In the Nitric-acid patient the testicles hang  
down too low.

Under Nitric-acid the menses are too early, like Calcarea.  
During menses there is colic, and this also indicates Natrum-  
carbonicum.

Nitric-acid has dry tickling cough on lying down, so also has  
Calcarea-carbonica.

Cramp-like pain in the chest under Nitric-acid also suggests  
Cocculus.

Nitric-acid has soreness of chest from deep breathing and  
coughing. Calcarea-carbonica has soreness of the chest when  
touching it. This is an excellent indication for Calcarea.

The stitching pains in and between the shoulder-blades, the  
pain in the small of back from taking cold and the swelling  
of the glands of the neck and axilla, are indications for both  
Calcarea and Nitric-acid.

Nitric-acid has falling to sleep of the hands, especially in the  
morning in bed. Pain as from tension in right hip-joint. Ac-  
cording to Dr. Malcolm Macfarlan, one of the great character-  
istics of Nitric-acid is soreness. There is soreness of the corners



of the mouth; soreness of the inside of the nostrils; soreness of the shins. The shins are so sore the patient wishes to cover them with wet cloths.

Nitric-acid has a great characteristic of sticking pains or stitches, as if from needles or splinters. In this it is similar to Hepar. There are stitches in the heels when stepping; the patient feels as if stepping on needles.

Nitric-acid has offensive foot-sweat, and so also has Silicea. The Nitric-acid foot-sweat causes soreness between the toes.

Nitric-acid is the remedy for bunions with swelling and with stinging pains. Nitric-acid, said Dr. Lippe, is almost a specific for bunions.

Nitric-acid has sore pains of internal organs. Emaciation of the upper extremities is an indication for Nitric-acid. Nitric-acid is a great remedy for syphilis after the abuse of Mercury. It also follows Mercury, homœopathically given, in syphilitic cases.

It is like Thuja, a great remedy for syctic condylomata.

During sleep there is bleeding of the nose, and this is similar to Mercury. Coughing and sneezing during sleep is another indication for Nitric-acid.

Continuous chilliness is a symptom of Nitric-acid, and also reminds us of Pulsatilla.

Nitric-acid has perspiration at night on the side on which he lies, whilst Silicea has perspiration on the side on which he does *not* lie. Symptoms like this are liable to be overlooked, yet if kept well in mind are invaluable in selecting the remedy. Chill, heat, and sweat following one another suggest China and Pulsatilla as well as Nitric-acid.

Nitric-acid and Apis have nettle rash, with burning, stinging pains.

Nitric-acid has large blood boils like Arnica. The great characteristic of Nitric-acid in boils is the pain like *splinters*.

Painless swelling of the glands is the indication for Silicea. Nitric-acid has swelling of the glands with pain as if from splinters.

Hahnemann's keynote for Nitric-acid is that the drug is suitable after alkalies for lean persons with dark complexion, black hair and eyes.

Nitric-acid has aggravation after breakfast, in warm air, after

lying down, after perspiration, and in the erect posture. Sulphur also has aggravation in the erect position. In fact, in some conditions the Sulphur patient is totally unable to stand erect, but must bend over.

Nitric-acid has amelioration from drawing clothing tight around the waist. This is the reverse of a number of remedies.

Dr. Guernsey's keynotes for Nitric-acid are as follows:

Leucorrhœa of mucus, which can be drawn out. It may be flesh-colored, greenish, cherry red, and fetid. Violent pressing downward, as if everything were coming out of the vulva, with pain in the small of the back, through the hips and down the thighs. Very painful stools with profuse discharge of blood, the pain lasting a long time and exhausting her. The urine is very strong, like horse urine. Sleeps badly the latter part of the night. Suitable for cases that are suffering from mercurial poisoning. Stitches in the vagina from without inwards when walking in the open air. Tumors, with much itching and stitching pains. Itching of the parts when walking, or otherwise irritating them, when they feel very sore. Pricking pains prevail. Violent itching of the vulva, always toward evening.

Swelling and burning itching of one side of the vulva and vagina. Dry-burning heat of the vulva. The urine is very offensive. Patient always worse after twelve o'clock at night. Violent cramp-like pains, as if the abdomen would burst with constant eructations. Hard knots in the mammary glands of mercurialized women. Constant eructations during the menses. Menses too early and too profuse. Metrorrhagia after confinement or miscarriage. Much nausea and gastric trouble, relieved by moving about or riding in a carriage. Constant nausea, with heat in the stomach extending to the throat. Fat food causes nausea and acidity. Hard, difficult, scanty stool. On going to stool pain in rectum, as if something were being torn away, or else twitchings in the rectum and spasmodic contractions of anus for many hours afterward. Smarting more in the rectum than in the anus immediately after stool and continuing many hours afterward. Sometimes prolapse of rectum and discharge of blood. Pain before and after stool as from a fissure or anus.

Much swelling of the internal ear. It is nearly closed. There is much pain in it. Much restlessness after midnight.

## WARTS AND FIGWARTS.

Olin M. Drake, M. D., Boston, Mass.

Having been for some time engaged in preparing a repertory upon warts and figwarts, the thought has occurred to me that perhaps a few personal experiences in their treatment would be acceptable.

Like "the peculiar people" we read of in *Punch*, warts have odd ways of their own, often disappearing as mysteriously as they originally appeared, or, in the words of the old woman, "without rhyme or reason."

As is known, their removal will occasionally follow all kinds of expedients, wise or otherwise, including charms, incantations, etc. My most intimate playmate during my boyhood days had two or three large seed-warts, which resisted many so-called infallible "cure-alls." They finally yielded to the following procedure: He rubbed them freely with a piece of raw beef which he stole from a butcher's cart and subsequently buried in the earth. If the beef had not been stolen the remedy would have been ineffectual, and the same failure would have attended the effort if the beef had not been put into the earth afterward. N. B.—Do not overlook these details when you try this treatment.

Having a large seed-wart myself on the second joint of the thumb of the right hand, I resorted to the same procedure, but strange as it may seem to some, I was not cured. I next tried the application of pure Nitric-acid, and later the ignition of the phosphorus of a common lucifer match over the wart, but the enemy continued "to hold the fort" with a vigor which shook my faith in such methods. But even then I began to manifest some of that obstinacy which my friends say that I possess in no small degree, and victory soon perched upon the banner of my efforts. Bits of rolled spider-webs burnt over the wart worked the miracle. After the last spark of this slow match had gone out the wart was found perfectly white, and it easily rolled out of its bed, leaving a clean and smooth surface behind. Ulceration afterward followed, painful indeed, but I was rid of my wart, though I carry to this day a cicatrix which re-

minds me of this incident in my youthful life. If the removal, however, had been accomplished by the homœopathic remedy, no scar would have been left. He who runs may read his own inferences from this.

I have cured many cases of warts, and with the homœopathic remedy alone. No event in the earlier days of my professional life, gave me a better start in the confidence of the people of the district I was living in at the time, than the cure of a large troublesome seed-wart upon the end of the middle finger of the left hand of a master bricklayer. This wart obliged him to wear a glove during his work, for every time the wart was rubbed it would break open and bleed, and become inflamed, preventing the man from working at his trade for several days afterward. His physician ligated it, cauterized it, and even excised it, but it would sprout up again with renewed vigor, to the disgust and concern of both physician and patient. The wart vanished after he took several doses of *Causticum* <sup>200</sup>.

After this cure I had many applicants for the treatment of warts, and for a while I had quite a "rushing business" in this line. I cannot recall one single failure to cure when the patient could give me subjective indications. In the case of an isolated wart of long standing, with no, or few subjective symptoms, and the patient otherwise in good health or "symptomless," a cure would be difficult, and I fear, often impossible, but I should like to try the case before absolutely committing myself to the theory of a cure not being attainable.

When "I gird my loins" to "tackle" the enemy wart, I note down his election of domicile, the kind of "frills" he wears, or, in other words, the objective symptoms, and more especially the subjective indications. Having selected a remedy to cover all these symptoms, I give a dose of it once or twice a day for a week, and follow this with *Sac-lac.* for three weeks. If at the end of this time there is no improvement, and no new indications, I repeat the remedy, but in a higher potency. At the expiration of another month, should there still be no change, I seek for another remedy. Very often I have struck the bull's eye at the first shot, but not by any means invariably. If I were a better prescriber I should bring down the game each time, but alas! I am not. I must confess I have even had cases where all my efforts proved futile and the enemy came out triumphant.

How I do hate to see myself thus worsted! Not only on my own account do I regret it, but for the sake of the good name of Homœopathy, the cause and success of which is so dear to myself and all Hahnemannians.

As I write there comes up to my mind the case of a "down-Easter" who had come miles to consult me. His first salutation was: "Doctor, can you do a little surgical operation for me this morning?" In reply to my inquiry as to the nature of the operation he was seeking to have performed, he stood up, unbuttoned the fly of his trousers, passed in his hooked forefinger and pulled out about six inches of a well-portioned "life-of-man root," laid it across the palm of his left hand, and requested me to take a look at it. I had no difficulty in discovering the source of his trouble, for upon the upper surface of the glans penis was a large wart, nearly the size of a medium white bean. Its surface was split, and each individual seed was armed with a sharp point, as hard as a porcupine's quill. I could easily imagine what a formidable implement that might prove to be, if used in the performance of the patient's marital duties. And soon the man "made no bones" of confessing that whenever he used it, he and "his woman" had a regular "cat fight." It appeared that the difficulty between them had reached its grand climax only the day before. In the tussle she had bitten his left ear nearly off, scratched his face, and flatly declared that "never, never, so long as she had any breath in her body, would she consent to have her bowels rasped out with such a tool again." I could readily believe that that kind of "curetting" would not be likely to lead to harmonious relations between a married couple, and the wife's protests, under the circumstances, were not unreasonable. I soon convinced the man that it would be best to try internal treatment, before resorting to an operation, which I did not believe would be necessary. I administered Thuja <sup>200</sup> internally and touched the wart with the tincture of the same remedy. The wart soon began to shrink about its base and it continued to wither until it dropped off—about six weeks after the beginning of the treatment. If both those people do not think of me in their prayers, they are very ungrateful.

I was requested some years ago to prescribe for a little girl seven years old, whose hands were covered with a colony of warts, varying in size, numbering fifty-seven, by actual count.



I prescribed Causticum<sup>200</sup>. I did not see her again for four months, when the warts had increased to seventy-five. I then gave her Dulcamara<sup>200</sup>, and in six weeks I repeated the same remedy in the 3000th potency. Two months later the warts were nearly all gone, but I gave one more dose of Dulc. in the same potency as the last, when the remaining ones soon afterward disappeared. Years later I saw this same girl and she had had no return of the warts.

Many years ago I prescribed for a Shetland pony, upon and around whose vulva was a mass of figwarts which would have filled a quart measure I verily believe. I gave her Thuja internally and told her owner to apply to the parts an infusion of Thuja buds. In the course of five or six weeks the figwarts had decreased two-thirds; and I have no doubt that a complete cure would have resulted, but the pony was sold to people who took her to a distant State and I lost sight of her.

Last summer, during my summer vacation, I was consulted by a female copyist for a seed-wart located on the inner side of the little finger of the right hand, along the side of the nail. She felt stinging pains in the wart, extending toward the finger, outer side of hand, up wrist, and occasionally ascending to the arm. The wart was very sensitive to the touch. She also had another wart upon the outer side of the ring finger, just opposite the one upon the little finger, which interfered with her bringing the fingers together. Cauterizing and cutting had not done any good. Thuja<sup>200</sup> was given without effect, but Causticum<sup>200</sup> removed both warts in a few weeks.

I could relate many more similar cases, with identical results, but these will suffice.

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KOZHANCHERY P. O.,  
TRAVANCORE, S. INDIA.  
5th November, 1920.

Dr. R. F. Rabe, M. D.,  
Editor THE HOMŒOPATHIC RECORDER,  
616 Madison Avenue,  
New York.

Dear Sir:

An English friend of mine sent me a copy of your blessed monthly "Homœopathic Recorder," and I was so very thankful

for it. I dare say such work will create a real longing for further copies and I shall be quite thankful if you will very kindly ask Messrs. Boericke & Tafel to place my address in their mailing list. Will be glad to get a catalog as well.

We are here in a Native State and the Government Hospitals and doctors are against Homœopathy but people flock in to us finding that we have very few fatal cases in Cholera, Typhoid, Typhus fevers, influenza and other epidemics. Pneumonia is very common here.

We were quite unaware of so many new and useful publications and we had only a few works of the old with us. Our supply from Germany was cut off during the war and other supplies were so very limited and yet the Lord in His grace supplied one and all our need in a most wonderful way. The great loss in exchange was another trouble but that is improving now a little. Our labour of love is among the poor low caste and downtrodden ones of the State and we find homœopathy a great help. We charge nothing for the practice and in most cases we administer drugs free.

We now contemplate to open a larger dispensary and we will be more than thankful if you will very kindly place our address in your mailing list under the kind of notice of any of your sympathetic and kind-hearted staff to mail us any old copies of your monthly, any homœopathic literature or books, etc., etc., and we will have a very profitable use of them, in this field of our Master.

There are very few homœopathic hospitals and dispensaries in South India and it will be good indeed to do anything to encourage the profession.

We will send our subscription for the "Homœopathic Recorder" soon.

Hoping this will find you in the best of health and with our Xmas and New Year greetings, I remain,

My Dear Sir,

Yours in His Service,

C. JOHN THOMAS.

NOTE.—We hope that there may be those among our readers who will send Mr. Thomas useful books and journals, to aid him in his work.—EDITOR.

## DEPARTMENT OF HOMŒOPATHIC PHILOSOPHY.

Stuart Close, M. D., Editor, 248 Hancock Street,  
Brooklyn, N. Y.

Small doses and Homœopathy are commonly regarded by the Public as synonymous terms. If they who have such an idea of it are favorably inclined toward Homœopathy, it is as likely to be because they have heard that the medicines are "pleasant to take" as for any other reason. While such an impression, taken with what it involves, is not altogether undesirable, a broader basis of judgment should be furnished by those whose duty it is to instruct the public in the principles of Homœopathy.

It is not to be denied that the subject of the dose in Homœopathy is a very important one. The three essential elements of the system are the *principle*, the *remedy* and the *dose*; and the three are of equal importance. Hahnemann's posology, and the related subject of potentiation were the subjects of so much misunderstanding, discussion and controversy in the early days of Homœopathy that the profession, after being divided into two opposing camps, grew tired of the subject of the dose. It came to be regarded as a kind of "Gordian Knot," to be cut by each individual as best he could with the instrument at his disposal. Hahnemann himself at one time, in despair of ever being able to bring his followers to an agreement on the subject, cut the knot by proposing to treat all cases with the thirtieth potency. Following this suggestion, some adopted a dosage confined to one, or a very limited range of potencies. The materialistically minded rejected the dynamization theory *in toto* and restricted themselves to the crude tinctures and triturations, or the very low dilutions. Others ranged a little higher, while another, smaller class, of metaphysical tendency, used only the highest available potencies, but each according to his personal predilection.

Such a state of affairs is unfortunate. Assuming the necessity for individualization in treatment; that there is a difference in the action of the various potencies and doses of medicines; and that a series of potencies or preparations of the different medicines has been made available for use; it follows that the entire

series should be open and that every practitioner should be competent, willing and ready to select and use the most suitable potency or dose of the remedy in a given case, intelligently and without prejudice. If he arbitrarily confines himself to one or two potencies, be they low, medium, or high, he is limiting his own general usefulness and may be depriving a particular patient of his only means of relief or cure.

Under homœopathic principles, any potency may be required in any case. It is as unreasonable to expect to cure all cases with any one or two potencies as it is to expect to cure all cases with any one or two remedies.

The selection of the dose is as much an integral part of the process of making a homœopathic prescription as the selection of the remedy, and often quite as important. A well-selected remedy may fail utterly, or even do injury, because of wrong dosage. Dose, as well as remedy, must be adjusted to the individual patient's need.

The homœopathic doctrine of dosage, like the law of cure, is based upon *the bio-dynamical conception of disease* and the discovery of the *opposite action of large and small doses of medicine*. It is another application in medicine of the Law of Reciprocal Action—the third Newtonian law of motion—"Action and Reaction are Equal and Opposite." Every one at all acquainted with the action of drugs, knows, for example, that Ipecac in large doses causes nausea and vomiting, and in small doses, under certain conditions, will cure the same; that Opium in large doses will cause a deep sleep, or narcosis, and in small doses, under certain conditions, will cure the same.

Closely allied to this is the so-called primary and secondary action of drugs, in which we see many drugs, in the first or primary stage of their action, producing one group of symptoms, and in the second stage a directly opposite set of phenomena; as when the deep sleep of the primary action of crude Opium is followed by a much longer lasting wakefulness. This action is most noticeable when drugs are given in tangible form and considerable quantities, in what are called "physiological doses," although it is observable even when small doses or potentiated drugs are given.

It is to be understood that "physiological doses" are never given for therapeutic purposes. This statement is true, even in

those cases where the low reacting power of the patient sometimes requires the use of material doses of the homœopathic remedy. It would perhaps be more accurate to say that in homœopathic therapeutics drugs are never used for their *physiological effect*.

The word "physiological," as used in this connection, is misleading and should be abolished. It has a reassuring sound, seductively suggestive of something normal and healthy. Its use tends to obscure the fact that the kind of drug action so designated is really a toxic action and therefore injurious.

Let it be clearly understood that the "physiological action" of a drug is not its therapeutic or curative action. It is exactly the opposite of a curative action, and is never legitimately employed in homœopathic practice for curative purposes. The use of the word "physiological" by homœopaths in this connection is a euphemism tending to mislead the unwary and justify the use of measures which are unhomœopathic.

Inasmuch as the "physiological dose" is always used to arbitrarily produce a definite group of drug symptoms, for other than directly curative purposes, that fact should be clearly expressed in the name, in order that there may be no misunderstanding.

The word "pathogenetic" (Gr., *pathos*, suffering, and *genesis*, origin, "producing suffering") properly describes the character of such drug action, and therefore is the word which should be used.

Pathogenetic doses are given in homœopathic practice only for experimental purposes, to healthy persons, in making drug provings or tests. In treating disease homœopathically, the object is not to *produce symptoms*, but to *remove them*. By means of the similar remedy in the minimum dose it is possible to do this in a direct manner, without producing drug symptoms. It is not necessary to resort to the indirect, antipathic or allopathic method of producing drug symptoms in one part to remove a disease of the same, or any other part, and therefore it is not necessary to use "physiological" or pathogenetic doses for therapeutic purposes. The homœopathic cure is accomplished without suffering, without the production of any drug symptoms, in a positive and direct manner, by the action of sub-physiological or sub-pathogenetic doses; in other words, by the *minimum dose*,



which is a dose so small that it is not capable of producing pathogenetic symptoms in the patient when used therapeutically.

Homœopathy requires that the therapeutic dose of the similar remedy shall be so small as to be capable only of producing a slight temporary aggravation or intensification of *already existing symptoms*, never of producing new symptoms. Only the similar remedy, in the minimum dose, is capable of bringing about this highly desirable result. By this means no physiological disturbance is produced, the patient's strength and vitality are conserved, his suffering quickly reduced to the lowest possible degree, and a true cure brought about, if the case has not passed beyond the curative stage.

It is not to be understood from what has been said that infinitesimal doses are not capable of producing symptoms in healthy susceptible persons; for that is not true. Infinitesimal doses will produce both primary and secondary symptoms in certain highly sensitive persons, and many of our most valuable provings have been made with more or less highly potentiated medicines. Indeed, no remedy can be regarded as having been thoroughly proven until it has been proven in the potencies, as well as in crude form.

In ordinary usage a physiological dose means a dose of a drug, empirically selected, of sufficient quantity and strength to produce a definite, predetermined effect or group of symptoms. Practically it amounts to the maximum dose consistent with safety. A physiological dose of Atropine or Belladonna, for example, is one sufficient to produce dilation of the pupils, dryness of the mucous membranes and flushing or turgescence of the skin. The action of the drug is carried to this point irrespective of any accessory symptoms that may be produced and without regard to whether it is curative or otherwise. No other kind of action is looked for or expected, and as a rule it is not recognized if it occurs. The intent is to produce a direct, pathogenetic effect. That other effects not desired nor needed are produced incidentally, does not matter to the allopathic physician. They are left to take care of themselves and he does not consider that they complicate or prejudice the case if they occur.

In attempting to predetermine arbitrarily the size and strength of the physiological dose, allowance is made only for difference in the age of the patients, who are roughly divided into two classes,

infants and adults. If a patient is unable to take the usual dose without serious results, it is considered to be a case of idiosyncrasy or hypersensitiveness, and some other drug is substituted.

Unlike the homœopathic physician, the allopathic practitioner is not trained to observe the concomitant symptoms and the finer, more delicate action of drugs upon the living organism and he does not, therefore, recognize the symptoms expressing such actions when they occur. From this point of view such symptoms, so long as they are not serious, are of no importance and no use.

In considering the reasons why the dose of the medicine chosen homœopathically is necessarily smaller than the physiological dose of the antipathic prescription, we meet first the fact of *organic resistance*.

Every living organism is endowed with an inherent, automatic power of reaction to stimuli. By means of this power the organism offers resistance to everything which tends to injure or destroy its integrity, or disturb its normal functioning. Resistance is manifested by suffering, pain, fever, inflammation, changed secretions and excretions, etc.,—vital processes by means of which noxious agents are modified or destroyed.

This power is displayed when drugs are administered because drugs are inimical to health, in proportion to their power and the size of the dose. In order for a dissimilar drug to produce its so-called physiological effect, therefore, the dose must be large enough to overcome first, this general bodily resistance, and second to develop its specific pathogenetic action.

When the similar or homœopathic drug is administered in diseases, little or no resistance is encountered, because the sphere of its action has already been invaded and its resistance overcome by the natural disease-producing agent. The effected organs or tissues are open to attacks from without. Susceptibility to the similar drug is thereby greatly increased.

The homœopathic drug acts upon the identical tracts involved in the disease process, in a manner similar to the action of the disease-producing cause itself. In order that the suffering of the affected organs may not be increased and the patient injured, a much smaller dose must be given.

The homœopathic dose, therefore, is always a sub-physiological or sub-pathogenetic dose; that is, a dose so small as not to produce pathogenetic symptoms; for we desire, not to

produce more symptoms, but only to remove and obliterate symptoms already existing. It must also be given in a dose so small as not to produce a severe aggravation of the already existing symptoms.

Another reason for the small dose lies in the fact that disease renders the affected parts abnormally sensitive, as we see in an inflamed eye, which is painfully sensitive to a degree of light to which it reacts normally in health.

A third reason is that the homœopathic drug is always given singly, so that its action is complete and unmodified by other drugs. Homœopaths do not say, vaguely, that medicines in infinitesimal doses act upon the living organism and cure disease unconditionally. The proposition is that medicines act curatively in infinitesimal quantities, *when given in cases to which they are homœopathic*. And they still further qualify this statement by laying down three necessary requirements for such action:

1. The development of special virtues in medicines by a peculiar process of preparation, or potentiation.
2. The increased susceptibility to the symptomatically similar medicine produced by disease.
3. The selection of the similar remedy.

They affirm, and stand ready to demonstrate, that an infinitesimal dose of medicine *has power*, and that it acts as a *force*; but in order that the force should be medicinal, or curative, a *condition of application* is necessary; namely, that it be applied in accordance with the homœopathic law of symptom similarity.

Force, to be effective, must be applied not only in proper amount, but in the proper direction and at the proper time.

The proper amount of a drug to be administered in a given case can never be settled by *a priori* reasoning, but only by experience; and thus it has been settled. They who hesitate to try the infinitesimal doses of Homœopathy on the ground of improbability, should be reminded that an infinitesimal quantity is a quantity. It cannot be thought of as nothing. Hear Hahnemann's reply to those who railed at the infinitesimal dose as "Nothing" and "Absurd."

"How so? The smallest possible portion of a substance, is it not an integral part of the whole? Were it to be divided and redivided even to the limits of infinity, would there not still

remain *something*—something *substantial*,—a part of the whole, let it be ever so minute? What man in his senses would deny it?

And if this be in reality an integral part of the divided substance, which no man in his senses can doubt, why should this minute portion, as it is certainly *something*, be *inactive*, while the whole acted with so much violence?"

Hahnemann's final views and practice in regard to the dose, were arrived at gradually, through long years of careful experiment and observation; at first, even for some time after the promulgation of the law of similars and the method of practice based upon it, he used medicines in material doses and in the usual form. His discovery of the principle of potentiation came about gradually as he experimentéd in the reduction of his doses, in order to arrive at a point where severe aggravation would not occur. Gradually, by experience, he learned that the latent powers of drugs were developed by trituration, dilution and succussion. Thus he arrived at his final conclusion that *the proper dose is always the least possible dose which will effect a cure, and that dose is found to be an infinitesimal.*

(To be continued.)

# HOMŒOPATHIC RECORDER

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## EDITORIAL NOTES AND COMMENTS.

SCIENTIFIC NUTRITION.—Mouriquand, in *Paris Médical*, has an interesting article on diet and discusses the evil effects of too long prolongation of special diets for transient conditions. He speaks of the pallor and asthenia of adults who have been placed upon restrictive diets and of their neurasthenic manifestations. He then goes on to tell of the happy results which follow a change to an ordinary diet in which both quantity and quality are increased, and concludes by saying: "The modern views on alimentation are a return to the traditions of good old French cooking, with variety in the strictest diets, especially when prolonged."

Trés bon, Monsieur Mouriquand! say we. "Good old French cooking" has a delightful sound, and we smell the delicious aroma of a table d'hôte at the Café Lafayette particularly when, as in the days of old, accompanied by a bottle of ruby Chateau Latour '96. Perhaps we Americans will after a while get back to safe and sane dietaries and cooking, together with a little of the cup that cheers and also aids digestion. Perhaps, too, as Professor William Henry Porter, M. D., in his wonderful little book, "Eating to Live Long," says, we will cease to indulge in "a ridiculous worship of the great god Calorie, and all his functions and attributes." Let us fervently hope so!

INFLUENCE OF IODIN ON OVARIES.—"Jastram experimented on young dogs beginning with doses of 0.006 gm. of iodid of potassium per kilogram weight and increasing the dose to 2.0 per kilogram, three doses each day. The effect was uniform in



sixty-four animals, each receiving a total of 200 gm. of potassium iodid: a development of dense rigid elements of connective tissue amidst the ovarian epithelia. The epithelia themselves showed a distinct poverty of nuclei. No visible influence upon the follicular elements could be ascertained. This result proves the deleterious effect of iodine on the sexual glands, which has been now and then asserted, but hitherto without proof. J. A. M. A."

Here we have a verification of homœopathic data relative to iodine. Induration and atrophy of glands, is an effect of iodine well known to homœopathic prescribers. Not only the ovaries, but also the testicles and mammae become affected. But and here is the point—we can make use of this knowledge only when the patient is of the iodine type—to prescribe upon the pathology alone is a waste of time. The iodine patient, it may be said in passing, is thin, in spite of an excessive appetite, of dark complexion and eyes and abnormally fond of the cold, open air, which gives great relief to his complaints. He always feels better on a full stomach, hence while eating, is relieved.

POTASSIUM CHLORATE POISONING.—"In Zuccola's case 6 gm. of potassium chlorate had been taken with suicidal intent, and a destructive action on the blood followed, with profuse hemorrhages from the digestive tract. Under transfusion of blood, conditions materially improved each time, but acute insufficiency of the kidneys developed after the fourth transfusion in the course of a week, and it proved fatal. J. A. M. A."

Potassium Chlorate or Kali chloricum, is a dangerous drug, as clearly shown above. Its destructive action upon the kidneys has been pointed out in the pages of THE HOMŒOPATHIC RECORDER before. It would appear to be useful, when given in potency, in cases of croupous nephritis and in hæmoglobinuria, also in diseases marked by asthenia, with destructive ulceration of a semi-malignant type such as is found in ulcerative or gangrenous stomatitis.

TREATMENT OF POISONING.—"Cheinisse comments on the progress realized recently in the treatment of poisoning. The old habit of giving an emetic has been abandoned for lavage of the stomach which may prove useful even after six to twelve hours, with certain poisons. As some poisons are liable to stick

to the wall of the stomach, the rinsing process must be thorough, using from  $\frac{1}{2}$  to  $\frac{3}{4}$  liter of water each time, and repeating till the stomach has thus been flushed with about 20 liters. This should be followed with animal charcoal to insure the absorption of the poison left in the body. This takes the place of the old antidotes, although there is nothing to hinder any of the usual antidotes being added to the water for the rinsing procedure. Adler published at Prag in 1912, 7 cases of phosphorus poisoning, 3 of morphin and others of poisoning with mercuric chlorid, arsenic, absinth, etc., a total of 30 cases in 22 of which the outcome would most certainly have been fatal without this absorbent action. Klemperer advocates in every case of poisoning of not more than two hours' duration to begin with the lavage and then introduce into the stomach two tablespoons of finely pulverized animal charcoal, combined with 30 gm. of magnesium sulphate. If too late for the lavage, he gives this mixture at once in  $\frac{1}{2}$  liter of water by ingestion or through a tube. Klemperer advises to give a saline purge at the same time, but Cheinisse recalls Lubenetzky's statements that castor oil is a better purge under these conditions, as the accumulation of fluid in the bowel is liable to prove injurious. Be this as it may, Klemperer up to October, 1920, had a record of 25 grave cases of poisoning with mercuric chlorid, arsenic, lysol, phosphorus and cyanid of potassium, without a single fatality, under this treatment. The heart should be supervised, but the charcoal is the only antidote to rely on. In conclusion Cheinisse reiterates that the charcoal is liable to prove as effectual against autogenous toxins as against the exogenous, especially in enteritis, diarrhea, etc.; from 20 to 30 gm. of the charcoal may ward off serious injury. Cheinisse adds that the above does not refer to corroding acids or alkalis; these, of course, require neutralizing with magnesia or with dilute acetic or citric acid. J. A. M. A."

Thus does our old friend Carbo veg., tried and true, come into his own again. Applied to foul ulcers, charcoal will purify them and as an absorbent, will evidently nullify the action of poisons. But its greatest use is found in its application in potentized form, when indicated by the law of symptom similarity. Then does it show its great power against autogenous toxins, as hinted above.

Do not forget Carbo veg. in otitis media following measles,

when a yellowish purulent otorrhœa is present. In whooping cough it is also a valuable aid, in clearing up an obstinate case which has yielded but partly to the usual remedies. Carbo veg. arouses reaction, hence brings to a termination lingering conditions, caused by lowered resistance and vitality.

Carbo veg. is complementary to Lycopodium and must often be compared with China. It frequently follows Pulsatilla, especially in digestive disturbances caused by fatty or rich food. Carbo veg. China and Lycopodium are a flatulent trio. Eructations of gas relieve the first, but not the second. The third, may or may not obtain relief from belching. All three have a desire for sweets, but more particularly China and Lycopodium. Carbo veg. and China suit conditions in which depletion is characteristic; when from loss of bodily fluids, China is especially to be thought of. Carbo veg. shows oxygen or air hunger and wants to be fanned; China is sensitive to the least draft of air or to light touch.

A comparative study of these remedies is profitable.

JAUNDICE AFTER ARSENICAL TREATMENT OF SYPHILIS.—“Policard and Pinard report the case of a man of 28 who developed acute yellow atrophy of the liver, fatal in six days, several weeks after a course of neo-arsphenamin treatment for old syphilis. Necropsy showed  $80\frac{0}{1000}$  mg. of arsenic in 100 gm. of liver tissue, while the normal proportion is at most  $5\frac{1}{1000}$  mg.

Milian comments on this case that the jaundice did not develop until fifty days after the neo-arsphenamin had been given in three doses to a total of 1.05 gm., and he thinks that the jaundice could not possibly be attributed to the drug directly. He says that there is no known instance of a mineral or organic poison waiting for several weeks before manifesting its effects. In ten years of experience and large numbers of cases he has found that renewed treatment with the drug cured the jaundice in such cases when given at once. He has had sixty cases of the kind in the last two years, the jaundice developing several weeks after the arsenical treatment. All were rapidly cured by renewed administration of the drug. A strange poison, he adds, which lets the patients get well when it is being administered

and which lets them die when there has been an interval since its administration. J. A. M. A.”

Yes, quite so; but we respectfully commend to Milian's attention Hahnemann's method of testing drugs. Were he familiar with this method, as well as with the philosophy of homœopathy in general, he would understand the late untoward and even disastrous effects of such a drug as Arsenic. Incidentally, why not study such drugs as Nitric acid, Stillingia, Aurum met., the several forms of Mercurius, Hepar sulphur, etc., etc., in the treatment of syphilis. They are all valuable and each has its proper place. There may be a royal road to “getting” syphilis, but there is no royal road to “getting” cured, as many have found to their cost. The fatalities due to arsphenamin continue to multiply, yet the great medical profession continues to pile human offerings upon the sacrificial altar. The gods of ignorance and darkness have not yet been appeased.

IRON IN SEVERE ANEMIA.—“Sonne gives the detailed history under five years of observation of a case of severe anemia in a woman of 38. Arsenic never seemed to influence the hemoglobin percentage, and the organic preparations of iron also failed to benefit, in marked contrast to the benefit from inorganic ferrous sulphate and reduced iron. There was pronounced achylia. The case teaches that chlorotic conditions are best treated with inorganic iron, increasing to doses larger than those in general use, even up to 10 cg. of reduced iron. This, he adds, is not only the cheapest but probably the best of all preparations of iron. J. A. M. A.”

Ferrum sulphuricum is probably not used by homœopathic prescribers as often as it deserves to be. In general, it resembles and has the characteristics of Ferrum metallicum, but in addition partakes somewhat of those of Sulphur. Like the latter, Ferrum sulph. has an inclination for the cold, open air and a corresponding aggravation in a warm room. When indicated, it need not be given in the large doses recommended by Sonne; the potencies are entirely sufficient and may be given without fear of causing needless aggravations.

So far as the therapeutics of anemia are concerned, let us not forget that strict individualization of the patient is absolutely necessary to success. Hence, we have such remedies as Natrum

muriaticum, Pulsatilla, Kali carbonicum, Sepia, etc., to consider. One will not do the work of the other, even though the pathologic findings may be similar. The Pulsatilla case is one thing, the Natrum mur. case, quite another. Arsenicum is valuable, but only when indicated and then a potency of it will be best. No drug can be made "more" homœopathic by increasing its dose or crudeness. Either it is, or it is not, homœopathic to a given case. The law of similars is quite inexorable upon the point.

EXTIRPATION OF SUPRARENAL GLANDS IN TREATMENT OF EPILEPSY.—"Brüning, influenced by H. Fischer's theory that by the reduction of the substance of the suprarenal glands of an animal the tendency to convulsive seizures is lessened, has tried removing the left suprarenal gland in nine cases of epilepsy. He describes the technic in detail. The experiment was not successful in every particular, but an improvement was effected in all cases and in some instances amounted to a practical cure. Two of the patients were entirely freed from epileptic attacks. The cases that were unsuccessful were perhaps not carefully selected owing to lack of experience. Brüning does not wish to be understood as claiming that all cases of epilepsy can be cured in this manner. He simply regards the operation as pointing to a new method which will make it possible in a certain number of cases to relieve in a measure the main symptoms of epilepsy, the convulsions."

The foregoing from J. A. M. A. is of interest to clinicians and, of course, suggests that epilepsy may be caused or aggravated by adrenal substance plus. This possibility, in turn suggests the therapeutic use of this endocrin substance in small doses, such as the 3rd decimal, 6th decimal and higher potencies. It would be of value to know the blood pressure records of the cases treated by Brüning; no doubt they were above the normal.

The endocrins offer a fascinating field for investigation, particularly in relation to their homœopathic proving. It is a pity, that instead of indulging in petty fraternity politics, our medical societies do not get down to scientific endeavor and do something really worth while.



WHAT IS A HOMŒOPATHIC PHYSICIAN.—The simplest definition of a homœopathic physician, without frills, fancies or convenient loopholes is a “physician who practices homœopathy.” A physician who practices any other form of healing, therapy or system of healing, is obviously not a homœopathic physician. Hence, whenever a homœopathic physician gives, advises or prescribes, a cathartic, an opiate, a so-called tonic, or does any other thing in an endeavor to alleviate or cure disease and suffering, which is not in strict accord with the laws of homœopathy, he ceases, for the time being at least, to be a homœopathic physician. No amount of sophistry can alter this fact. Practically, every homœopathic physician at one time or another, does un-homœopathic things. Truly, therefore, there are no strictly homœopathic physicians. After all, we of the medical profession are simply physicians seeking as best we can, to make sick folks well—to cure disease when possible, to make it more bearable when impossible. Some of us, believing in the wonderful science called homœopathy, make more use of the laws of this science than do others; but the plain, unvarnished truth remains, that we are still physicians and ought to be proud of the title, without attempting to gild it with a sectarian appellation.

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### PERSONALS.

Opening for a homœopathic physician in Ottawa, Canada. Any homœopathic physician of ability as an internist and prescriber, capable of securing a Canadian license to practice, will do well to communicate with Mr. J. S. Chamberlin, P. O. Box 415, Ottawa, Canada.

Dr. A. H. Collins, the widely known physician of Henryetta, Oklahoma, has succeeded to the practice of the late Dr. J. H. Peterman, of Ardmore, and taken up his residence in this town.

Dr. Hyman Lischner has recently established a large tubercular sanatorium at Alpine, thirty miles east of San Diego. In addition to Physiotherapy, the medication will be principally homœopathic. Situated in the foot-hills it is an ideal spot for the care

of tubercular cases. If interested, write the Alpine Sanatorium, 452 Spreckels Building, San Diego, California.

Dr. L. Hoopes, of Manette, Washington, reports a good opening for a homoeopathic physician in Bremerton, a city of 13,000 inhabitants and of which city, Manette is a part. Fees are good. Any physician who is interested, may write the doctor at Manette, P. O. Box 174, enclosing self-addressed, stamped envelope for reply.

# THE HOMŒOPATHIC RECORDER

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No. 5.

## THE PLACE OF PALLADIUM METALLICUM IN GYNÆCOLOGY—A SUMMARY OF ITS INDICATIONS.

Fernando Aguilar, M. D., Albany, N. Y.

Palladium (A. W. 106.5) first separated from Platinum by Wollaston in 1803, is found mixed with rare metals of the same group called Platinum, Osmium, Iridium, Rhodium, and Ruthenium, respectively. It was proved in dust form by Hering in 1850.

It can be said at the outset that in Palladium we have an ovarion remedy of the first magnitude. Its sphere of action is limited to a definite pathological condition within the female pelvis, usually involving the right half of the pelvic contents, exclusively, and its center of attack is the right ovary. The greater number of the symptoms recorded in its pathogenesis is traceable to the disturbed anatomical relations and altered physiology of the pelvic organs created by its toxic action. Its influence on relaxed uterine and utero-ovarian ligaments is positive and conclusive.

Where the pelvic disease involves the uterus and its adnexa on both sides, but originally began on the right side, or it is found that the right appendage is more severely compromised, Palladium—other points in the symptomatology agreeing—is still the similimum. Where the uterus and its allied organs are affected equally on both sides, Aurum Mur. Nat., Sepia, Murex, or some other remedy will most likely be indicated.

Taking the most striking deviations from the normal in its pathogenesis, as given in Clark's "Dictionary of Materia Medica" we observe the following:

*Mind.*—Weeping mood. Feels mentally “gone.” Love of approbation. Irritability. Keeps up brightly when in company, much exhausted afterwards and pains are agg.

*Head.*—Pain across top of head from ear to ear.

*Eyes.*—Pain in and behind l. eye. Pain in r. eye, temple and ear. Blue half circles under eyes.

*Stomach.*—Nausea; tasteless eructations which do not amel.

*Abdomen.*—Pain and soreness in liver. Pain in region of spleen. Violent colic in abdomen agg. right side. Shooting pains from navel to pelvis. Swelling and hardness in r. side of abdomen (r. iliac region). Distention of abdomen from flatulency. Sharp pains, as darts with a knife in abdomen.

*Urinary Organs.*—Frequent micturition. Painful weakness of the bladder. Pressure in bladder, as if very full.

*Female Sexual Organs.*—Heaviness, like a weight in pelvis. Bearing down pain. Prolapsus uteri. Swelling and induration of r. ovary with soreness; agg. from exertion and while standing, amel. pressure (rubbing) and lying on l. (unaffected) side. Leucorrhœa transparent like jelly, or mucopurulent; agg. before and after menstruation. Pain in r. hip, tired feeling in back.

Generalities.—Wm. Boericke, in his “*Materia Medica and Repertory*” sums up thus: “Sub-acute pelvic peritonitis with right sided pain and backache, attended by menorrhagia.”

*Modalities.*—Gen. aggrav., exertion of any kind; amel. after sleep.

amel. By touch (headache).

amel. By pressure (kidneys and ovary).

amel. By rubbing (pain in ovary).

amel. Rest.

agg. Motion.

Lying on left side amel. abdominal symptoms.

Keeping thigh flexed amel. pain in groin.

Every step causes pain in groin.

*Complementary.*—Platina.

Compare: Right Ovary:

Apis

Graphites

Podophyllum

Platina

Left Ovary:

Arg. Met.

Thuja

Xanthox.

Magnolia Grand.

The picture here presented is one the physician is called upon to treat almost every day. It is a faithful representation of a sub-acute, or chronic disorder of the female pelvis, originating, and manifesting greatest intensity in the right ovary.

In speaking of Palladium as an ovarian remedy I am timidly conscious of being understood to mean that it is an agent capable of relieving pain in a congested, or slightly inflamed, ovary. Were this the limitations of the drug under discussion I assure the gentlemen and ladies present I should be loath to take up your time in listening to paltry considerations of this sort. I speak here of the power of this agent to grapple successfully with a diseased ovary whose pathology is palpable. Such being the assumption, the question naturally arises, What are the diseases of the ovary susceptible of being cured by this substance?

For convenience the diseases of the ovary are tabulated below.

Diseases of the Ovary

- |                  |   |                    |   |               |
|------------------|---|--------------------|---|---------------|
| (1) Oophoritis   | { | Acute              | { | Cystic        |
|                  |   |                    |   | Hypertrophied |
|                  |   | Chronic            | { | Hyperplastic  |
|                  |   |                    |   | Cirrhotic     |
| (2) Prolapse     | { | Primary            |   |               |
|                  |   | Secondary          |   |               |
| (3) Hernia       |   |                    |   |               |
| (4) Hemorrhage   |   |                    |   |               |
| (5) Hydrocele    |   |                    |   |               |
| (6) Solid Tumors | { | Fibroma            |   |               |
|                  |   | Myoma              |   |               |
|                  |   | Sarcoma            |   |               |
|                  |   | Benign Papillomata |   |               |
|                  |   | Carcinoma          |   |               |
|                  |   | Cysts              | { | Follicular    |
|                  |   |                    |   | Corpus Luteum |
|                  |   |                    |   | Glandular     |
|                  |   |                    |   | Dermoid       |

*Acute Oophoritis.*—This condition is more frequently secondary to purulent salpingitis, or septic endometritis and conse-



quently the symptoms of the latter overshadow and obscure those of the former and may not correspond in any manner whatsoever to Palladium. Primary acute ovaritis is self-curative, usually in a week.

*Chronic Oophoritis.*—Hypertrophic, Hyperplastic, Cystic (follicular)—with, or without Prolapse. The symptom-complex offered in these, the most common ovarian disorders we encounter in daily practise, is a classical image of Palladium, even to the mental symptoms and the modalities. It is pre-eminently the field of choice of the drug. Administered here by the trained Homœopathist positive assertion can be made that it will not disappoint. For just as certain as the moderately prolapsed and retroverted uterus returns to its normal position—where there is no mechanical impediment—when the size and weight of that organ have been reduced to normal, so a prolapsed ovary gravitates to its former habitat for the same reason, eminent gynæcologists to the contrary notwithstanding.

*Solid Tumors.*—Regarding solid tumors of the ovary, their symptomatology may simulate the pathogenesis of Palladium only while the tumor is small, the ovary enlarged and perhaps prolapsed; while, conversely, when the growth has attained a large size, or has become malignant, the symptoms complained of by the patient will be those caused by pressure on adjacent organs, or those resulting from the malignancy. And these may, or may not, bear any relation to Palladium. To be more accurate, symptoms due to mechanical pressure, or to the presence of foreign bodies, are not, as a rule, amenable to drug treatment.

Furthermore, elementary knowledge of medical practise dictates that where a complete transformation of ovarian tissue into fibrous, sarcomatous, or carcinomatous elements has occurred, or where a necrotic process has entirely eliminated the original cellular elements of the gland, a regressive transmutation of any of these grotesque masses into a functioning ovary is clearly beyond the realm of possibility by any known means of our time. We have here not ovarian disease, but ovarian destruction.

The remaining diseases tabulated are purely surgical in character and should be dealt with surgically.

Because of the emphasis laid on the pathological aspect of the matter under discussion, I do not wish to be understood as advocating homœopathic prescribing on the pathological similitum of a case, as against the symptomatic; for this is not the object of this paper. I do so because it is my belief that that fraction of any given disease which is accessible to our senses must necessarily form a salient part of the totality of symptoms, constituting, as it does, that entity which can be logically termed the "objective symptoms."

Again, it is usually the gross pathological findings of a case which are more apt to frighten and discourage the inexperienced homœopathic internist and seriously weaken his faith in the curative power of drugs, especially so when the latter are administered in infinitesimals. The lesson I wish to drive home is that the internist *must know* the limitations of the therapeutic weapons he wields. A lack of this knowledge hampers his ability to determine the prognosis with precision, while he exposes himself to disappointment and, perhaps, future ridicule.

It is, of course, assumed that by physical examination the diagnosis of ovarian disease has been clearly established before exhibiting the drug. There are not a few diseased conditions which have as their "point de depart" the right iliac region and these may, under certain circumstances, mimic the symptoms of Palladium to such a degree that the prescriber, unless he eliminate them, is apt to be led astray. It is my firm belief that a drug in order to be curative, must not only conform to the symptomatology of a derangement of health, but must be able to act upon the part, parts, or centers which are responsible for the symptoms.

*Conclusion.*—Palladium, in my hands, has achieved results gratifying to many patients and, at times, amazing to myself. Observation during its use has persistently suggested greater possibilities, if these were only ascertained. Let us then, by animal experimentation determine accurately to what extent it can injure the structures for which it has a predilection and we shall have in Palladium Metallicum a force whose homœopathicity approaches the ideal.

## SUMMARY.

(1) Palladium pre-eminently an ovarian remedy, exclusively right-sided.

(2) Its pathogenesis a classical reproduction of the symptom-complex of Chronic Oophoritis, as given in modern text-books on Gynæcology, even as to the modalities.

(3) It is curative in those conditions where the parenchyma of the gland is not totally destroyed.

(4) It does not overcome such mechanical obstacles as adhesions, or transmute degenerated tissue into normal glandular tissue.

(5) Further observation and experimentation will enhance its usefulness.

(6) It is indicated in that gynæcological condition where the disease had its inception in the right ovary, the uterine prolapse and retroversion, the sub-acute pelvic peritonitis and concomitant symptoms being secondary.

N. B.—Treatment is usually begun by me with the 12x tab. trit.

Dose—Tab. iii t. l. c. A. C.

Later, when the condition shows itself to be under control, I prescribe the 30x potency Tab. vi once daily and less frequently.

## “THE ELECTRONIC REACTIONS OF ABRAMS.”

Contributed by Dr. J. W. King, Bradford, Pa., U. S. A.

After a year's daily use of the “Electronic Reactions of Abrams,” in the diagnosing of disease, as taught me at the Physico-Clinical Laboratory of Dr. Albert Abrams, of San Francisco, California, and after the examination of several thousands of patients for physicians or in my own practice, and the crucial test—TIME—to note the effects of the treatment based on these diagnostic tests, I can give you full information on this work.

During the past year many physicians visited my laboratory to see the work done, or for the purpose of studying the method, in order to do the work themselves. By *invitation*, the demonstration of these reactions was made at a convention of the

American Association for Medico-Physical Research, Medical Societies, to members of the faculty of the Ohio State University (Homœopathic Department), and to many physicians seeking various information, the subject was fully explained, insofar as writing could do it. The *Electronic Reactions* should interest every homœopath for reasons given in the SUMMARY following the general outline of this work, and related subjects.

In reviewing the events of the past century, many notable achievements in science are to be seen. Medicine as a healing art has been greatly advanced through such discovery as the X-ray, radium, currents of high potentiality, the displacement of the atomic theory, and the "birth" of the "*Electronic Reactions of Abrams.*"

The atomic theory received a severe "shock" when Professor Thompson, of Cambridge, England, presented his theory of the electrons in 1916, thereby winning the Nobel prize. The discovery of the electrons dates back some forty years. It provided physicists with the means to better understand Matter, and with Thompson's contribution to the subject, the world received the greatest gift ever made to scientific knowledge.

Matter is composed of molecules, atoms and electrons and the *latter* consist of three physical entities: matter, ether and energy. The electron has so far solved the ultimate structure of matter. No known means have been found to disprove the nature of an electron.

Electrons pervade all space and all things, animate and inanimate. Nothing is dead! Live and "life-less" bodies have certain motions or modes of action which are never destroyed! Electrons in their endless activity produce motion, force, or energy. In the end-product, we have the phenomenon, known as radiation or vibration.

In disease, the abnormal rate of vibration must be transformed into the normal rate, or the patient with the disease, perishes: drugs or physical measures may restore a patient to health. Doctor Abrams has constructed a machine for treatment purposes, electrical in character, which furnishes constructive and destructive forces—vibratory rates.

In all matters-medical, the archaic cell-doctrine is no longer countenanced; it has been superseded by the electronic theory. The cell is a necessary unit, as a superstructure; it is the "bee-

hive" in which physico-chemical forces are activated. The doctrine advanced by some, namely, a fourth state, or an immaterial, invisible substance, is not different in nature from a molecule, atom or electron. It may be endowed with a special vital or "biotic" energy, but it *will be found* to have a *kinship* to *physical energy*.

Through the correlation of the electrons and the "Reflexes of Abrams," he constructed a diagnostic method second to none in the recognition of disease.

Heretofore, the *old* pathology was expressed through signs and symptoms (often, not at all) or it was not known until anatomical structure was involved. The latter then, usually made recognition of disease easy. It will be shown later, that the *new* pathology mirrors the disease in the blood, and that it is not dependent upon symptomatology or structural destruction to make us cognizant of disease-conditions. This new pathology informs us of latent or quiescent states, fundamental factors of *pre-diseases*, which are unknown to clinicians depending upon the old pathology to inform them until these culminate in disease-processes; disease must be regarded as processes and not structures. Abrams' methods will diagnose the very *beginnings* of disease, long before clinical findings reveal it. It never leaves us in doubt "Whence disease came and whither it goeth."

In the elicitation of the reactions and in their interpretation as disease-processes, bioplasmic matter is employed. This formative, living matter (cellular-life), is the most sensitive substance for exhibiting the phenomena of energy; and when this matter is subjected to a stimulus, it induces a "kick," or as it is scientifically known, a "reflex." The manner in which Doctor Abrams arouses a reflex (notwithstanding the figurative "kicks" against Abrams and his co-workers by empirical scientists!), is herewith briefly described:

The physician selects a healthy person in whom there is no abdominal dulness (gas, constipation, etc.), when the abdomen is percussed. Such a person for the work in hand is known as the "subject." At all times the subject must give resonant or clear tones; the reverse obtains in disease. A normal subject may have momentary dulling in the ventral areas, which must be removed by calisthenic measures; likewise, a diseased-subject can be used for examination purposes by "grounding" the dis-



eased state. Everything being equal, the subject is "grounded" (this intensifies the reflexes) by standing each foot on a separate sheet-iron plate, which with an insulated cord is connected to a water and a gas line; and he *faces* the *true west* (a surveyor rather than a compass will give you the geographical west in your locality). An expert in the elicitation of the reflexes does not depend upon either in properly placing the subject). The physician is seated in front of the subject's bared abdomen, with one foot on the plate on which the subject has his. The blood specimen to be examined ( an amount equal to a twenty-five cent piece placed on clean, colorless blotting paper, free from writing or printing) is placed in a box, called the dynamizer (which intensifies the reflexes), which is then connected with a machine, called the reflexophone or Ohmeter; the latter by means of a cord, is connected to the subject's forehead. Percussion is then executed over various abdominal areas, ever remembering that the percussed middle finger at first joint is deeply imbedded in the tissue and the lightest blow is given it by the middle finger of the opposite hand. The physician will note the following: Has the patient (whose blood is examined by the aforesaid means through the subject): syphilis, cancer, tuberculosis, streptococci infection or a colisepsis? In the absence of these *five cardinal diseases* or affections, many other conditions may be ascertained in various ventral areas.

With the means cited, a diagnosis may be made in a few minutes. The reflexophone or Ohmeter serves a triple function; namely, (A) as a means for differential diagnosis; for instance, acquired or congenital lues has a vibratory rate of 55 and 57, respectively; carcinoma, 50; and sarcoma, 58; tuberculosis, 57 (but not in the same area where congenital lues is located); streptococci infection, 60; colisepsis, 6. (B) what tissue or organ is affected. Take syphilis for the illustration: the various species of spirochetæ attack different anatomical structures, viz., the eye, nervous system, cardiovascular and digestive apparatus, etc. These specific areas are accurately defined in the Atlas. (C) and the strength of the disease. For instance, cancer showing but one or two ohms, is an incipient case. When the ohmic resistance is on a sliding scale, it speaks for weal or woe. This information has a two-fold value, namely, if the patient is getting better or worse under the treatment. To know a disease's

ENERGY is of paramount value to the physician and the patient. Usually, under proper treatment, the ohmic resistance grows less and less; and conversely, should the second examination of the patient show an increase in ohms over the preceding examination, the patient is growing worse.

Dr. Constantine Hering, that eminent homœopathic philosopher and matchless therapist in the selection of the *right* remedy, was wont to say (perhaps not in the same words) the following: "If one has three legs to a stool, one can sit on it with perfect confidence, and if one has three clear-cut symptoms of a patient's illness, it will not be difficult to find a remedy having three 'Key-Notes' to fit the patient, with curative means."

These two illustrations will serve the purpose of showing that with these "Reactions," we have, likewise, three confidential means or examinations (as well as others) with which to check up our work, namely, a Splanchnovascular examination conveys the energy (patient's illness resident in the blood and transferred to the subject) from the forehead to the subject's abdomen. A Pulmodiagnostic examination conveys the energy from the anterior portion of the head (top) to the posterior thorax. And an Enterodiagnostic examination conveys the energy from the vertex, top of the head, to certain areas on the abdomen. These *three examinations* giving identical results are as *accurate in diagnosis* as a mathematical process is in arithmetic. These Psychometric areas and measurements are not difficult to follow as they are artistically worked out in the Atlas published by Doctor Abrams.

Under certain circumstances, it is better to examine the patient than a blood specimen. In this case, the examination is conducted with or without the aid of the subject. If the examination is made through the subject, the patient also stands on separately grounded metals and faces the west. The patient holds an electrode in the right hand and brings it to the abdomen below the liver region but does not touch the body. This electrode is connected with the dynamizer and thence to the subject's forehead *via* Ohmeter route, and then the examination is made as with a blood specimen. For exact localization of a lesion or where a lesion is "walled-in," this subject-patient examination is preferable. If the patient alone is examined (as in the absence of our assistant, the subject), one can make it directly,

and such an examination is known as an autoelectronic test. As the technic is complicated and difficult to make, no reference to it will be made here. After one has acquired the preceding methods, it will not be difficult to learn the autoelectronic.

The acquisition of the methods just described, requires diligent patience and practice after acquiring the IDEA from some competent instructor—a matter of several weeks; and when properly understood, it will prove the most fascinating work, and will astound the most skeptical. This skepticism will gradually fade away, however, as proof after proof is adduced in support of what is alleged in substantiation of a process which is uniform through mathematical demonstration.

Medical statistics show that every disease (some 2300, according to Williams' classification) is curable. The cures are in proportion to our ability to recognize the *cause* of disease; our therapeutic structure is no greater than our diagnostic foundation.

The diagnostic jugglery performed by the "cream of the medical profession" in one of our largest hospitals in this country, making 57 mistakes out of a hundred as the autopsies showed, is a disgrace to *Modern Medicine*—as it is called. "In a lighter vein," it is extremely ludicrous because it fits Dr. Oliver Wendell Holmes' *Stethoscope Song*:

"He shook his head;—there's grave disease,—  
I greatly fear you all must die;  
A slight *post-mortem*, if you please,  
Surviving friends would gratify."

This appalling state surely leads to chaos and therapeutic destruction. Doctor Osler was a great diagnostician, and perhaps, a great therapist, after all! when he said: "I know of only two remedies, nux vomica and hope, and I am not sure of the former."

A correct diagnosis in many important diseases falls below 50 per cent. and in some below 25 per cent. Neither the many *bald-pates* of the "high-brows" nor the ones "too narrow between the eyes," must deceive themselves in *thinking* their non-hirsute state came about *through* Wisdom! Chagrin rather, was the predominating factor, on *learning* the truth of their mistakes at the necropsy!

No wonder then, that millions of sick people become adherents of the drug-less methods, fads and cults, as they learn of the diagnostic fakes, and often, of uncertain treatment (for all Doctors of Medicine prescribe remedies!), which often are no better than "helpless" *nux vomica*. It is infinitely better to administer "hope" because it is a better therapeutic agent than a wrong selection of a remedy, lacking diagnostic certainty.

Gentlemen of the medical profession, you can win back the misguided and mistreated patients referred to, if you will make yourselves acquainted with Abrams' methods, and then treat patients on common-sense methods. Your OLD *Materia Medica* will show you a better way than the *false-gods* offer you.

Too often the inexperienced physician is inveigled by bacteriologists, serologists, diagnosticians and therapists, many of whom are more often wrong than right in their respective fields. But the rank and file follow them because it is the medical-fashion of the day!

Perhaps the most objectional remedy given by physicians is "606" or its "off-shoots." Recently a physician wrote me to make an electronic diagnosis for a patient of his, who had received 34 *Neosalvarsan injections*. The last one had laid him up for twelve weeks, and he was expected to die. He survived not because of the treatment but in spite of it! But he was *worse* off than with his *untreated* syphilis. The symptomatic sequela of the treatment was horrible to note. Time and again I get similar reports. After making the diagnosis in the patient with the "34 injections," who still showed 39 ohms, electrical resistance, which is about a 4 plus Wassermann, I could offer nothing in the way of therapy in such a severe case, *complicated as it was under Neosalvarsan*, and that he should soon expect death in the patient. But this "606" dope is popular and profitable (among certain ones) as shown by the following, quoted from a letter of recent date received from a Philadelphia physician:

"I sent you a paper containing the account of the liberal donation, \$500,000.00, for a research laboratory in this city, the donor being Dr. —, and two associates; this money having been earned as a result of their making salvarsan under a government license during the war. They are reported to have sold to the government during that period over two million tubes,



and at about half the price of the German supply—the price charged before the war.” The Wassermann Laboratories must have been working “overtime,” as the surgeons had found so many infected with the disease.

Of course, the government at *that* time was worried and had no time to consider what the *New York Medical Journal* had published on this subject shortly before our entry into the war. The *Journal* quoted a foreign journal, which had collated over 8000 cases treated with salvarsan, and had found only two or three who had been cured, and strongly advised physicians against using such a dangerous, and practically, worthless treatment.

A few days ago a circular-letter informed me that “you are, of course, using the Wassermann test as an aid in the diagnosis of syphilis; but have you considered a Wassermann on that chronic medical case? Our largest medical hospitals show that between 20 and 25 per cent. of chronic medical cases yield a positive Wassermann.” My answer to this will be: “No, Doctor —, I am not using a Wassermann test because it is as often wrong as right. I have a better method, giving me nearly 100 per cent. accuracy. Nicolas, a distinguished French clinician, in a recent communication (January, 1920) concludes: ‘The Wassermann is present in the absence of syphilis and absent in the presence of lesions. It is a DANGEROUS test, because we treat those who are not syphilitic and fail to treat those who are.’ Another observer comments on the Frenchman’s communication: ‘The same fate is destined for the reactions of Abderhalden, when one-third of all MEN yield the test for pregnancy!’ Another eminent authority states, ‘that physicians of prominence no longer rely on the Wassermann test.’

“You are quite right, Doctor, in your statement, viz., that chronic disease is grafted on a syphilitic base but your estimate is *too* low. It is often more than three times over your figures. It is more or less the warp and woof of chronic diseases, often only in an attenuated state, later to crop out as a cancer, tuberculosis and other chronic diseases; all these are strongly rooted in the ‘god-father,’ syphilis, the ‘King of Destroyers!’”

That the bi-products of “606” have often shown brilliant results in skin-lesions is admitted. But the effect for the most



part is only "on the surface," figuratively and literally. Wait! The "sleeping lion" will come out of his "lamb" state bye and bye, and the deeper lesions, which Salvarsan cannot *reach* and *cure*, should teach the advocates of this treatment, that the lauded method is only "skin-deep," and such are curable by other safer and saner means. It is not a miracle to credit the cure to "606," *because*, it has restored some insane patients; any severe *shock* has done the same thing, and in not quite a few, without either means. At this very moment a visiting physician at my laboratory stated that, "just recently a representative of one of the manufacturing houses making salvarsan, had informed him that the Medical Department of the United States Navy, which had *had* such poor results with the use of this preparation, that they were considering its discontinuance."

#### SUMMARY.

Hahnemann was a great diagnostician and his work on CHRONIC DISEASES—psora, syphilis and sycosis—was not a myth. His *perception* of disease was seldom equaled. For the most part, physicians have only an ocular "sight" in the realm of diseases; *they* do not *perceive* with the *understanding*. The adoption of the Abrams' methods will give the physician a keen perception of disease, and with the aid of the ORGANON as a "repertory," there will seldom be a condition of the patient that is not intelligible to him.

From a homœopathic standpoint the "reactions" will give you a *drug-proving*. For instance, Bacillinum 30th produces a "reflex" in the specific area where tuberculosis is located, in one-third less time than a culture tube "reacts." Rhus tox. "reaction" is much slower than the 30th attenuation, and so on; all homœopathic remedies can receive an "electronic-proving," and what is still more interesting is this: That Hahnemann's attenuation of drugs was not a theory, but a verity, proven by the "reactions." Even the high potentization of radium, which Boericke & Tafel showed was *potent* in the 60x attenuation as demonstrated by photographing a bunch of keys on sensitized paper—*was crude*—when compared with the sensitiveness of the retina, which is 3000 times more sensitive than the camera; thus showing the marked superiority of the reflexes, which surpass in sensitiveness the most impressible scientific instruments. All

this being *true*, the writer hopes that the scientists studying *drug-action* along homœopathic lines, will make use of these reactions; the means will serve the end, namely, it will do *more* to bring homœopathy into greater favor than with all other means.

And now a final word as to the treatment based on the electronic diagnosis. Having made use of these tests for more than three years by sending blood specimens to Doctor Abrams before making these tests myself, and my own now one year, there have been no failures in bringing about cures, or in greatly benefiting patients in whom nothing was expected beyond a certain point. The various chronic diseases were treated. In many no treatment was offered because the diagnosis showed that the disease in those patients was not curable (the Ohmeter is a reliable guide to that end); those who were treated, are not as yet, recorded in the *Necrologist's Journal*.

Physico-Clinical Laboratory, Bradford,  
Pa., U. S. A., April, 1921.

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### SOME THINGS WORTHY OF NOTICE.

By Eli G. Jones, M. D., 1331 Main Street, Buffalo, N. Y.

A grand *healing* combination for those who have been knocked down, run over, or otherwise *maltreated* and *lacerated* is

℞ Succuss Calendula ʒii  
Glycerine ʒi  
Aqua ʒiii

Mix. Sig.—Apply to the effected part on gauze or soft linen cloth three times a day. Several years ago Radium (locally) was all the rage for the cure of cancer, but as it did *not* cure the disease, it became obsolete, like *very* many others so-called "cures" for cancer.

I have seen in my time 100 cases of cancer, where Radium has been used locally as a cure and *proved to be a dismal failure*. Dr. J. S. Niederhorn, Versailles, O., a very eminent physician of the Eclectic School in Ohio, has reported to me an *interesting* case he cured.

"Lady, age 35, has eczema, both hands, *all* of the hands up to the wrists. She had been under treatment for three years by different doctors, but they did *not* help her any—not even to relieve the *intense itching*. Both hands were intensely *red* on palmar and dorsal surfaces, in patches dry and scaly. Other patches cracked and bleeding. And still other patches covered with crusts and discharging a semi-fluid, creamy-looking secretion. I noticed her nose, it was covered with something that looked like *oil*, a *greasy* appearance. The *greasy* appearance of her nose led me to prescribe for her case Tr. Iris Versicolor (Lloyd's) 10 drops 4 times a day.

"The above treatment was carried out for two months, Carbenzol ointment applied locally. At the end of the above time, received a letter from her, in which she says: 'Praise the Lord, and God bless you, doctor. I am nearly cured, can wash the dishes, and last Monday did most of our laundry; everyone is amazed that my cure should come so quickly.'"

Echinacea has been condemned by the A. M. A. When *they* condemn a remedy I have always found it *worth* investigating. If the regular medical colleges would teach their students *definite* indications for the use of Echinacea, they would get *better results* from the action of the remedy, and be better qualified to give an opinion of the *curative value of the remedy*. There are at present 30,000 doctors (of *all* schools of medicine) in the United States that are using Echinacea in their practice, with such a "cloud of witnesses" to testify in behalf of the *curative* value of the remedy. We need not worry about the opinion of the little council of the A. M. A. They have *very much to learn* about the *curative* value of some of our most *valuable* remedies. It sometimes happens that our old-school friends prescribe a homœopathic remedy and don't get any *good* results from it. There is one thing very hard for the old-school doctors to understand, and that there is such a thing as an *indication* for a remedy, and that it should *not* be given unless the symptom or symptoms *clearly indicate that* remedy. They are so used to prescribing for disease by the *name*, and they give a remedy or combination of remedies, because they have heard or read that it is "*good for that disease*." They have *no* law of therapeutics to guide them. They are constantly *changing* their remedies and plan of treatment. The treatment in vogue this year may be *obsolete* next year, so they are *drifting* on a sea of guess work and uncertainty.

In reading the text-books of the regular school, you can see

an element of *uncertainty* all through the book. You get the impression that the author is *not sure of himself*. He does not tell you *definitely how to cure anything*. It should be remembered that our medical text-books either *help* our doctors to *heal the sick* or they *help* make medical Nihilists or drugless healers.

Do the authors of our medical text-books *realize* what they are *doing*, or *not* doing for the profession? It is *not* enough for a doctor to know the *diagnosis* of a disease, but he *must* have a *definite* treatment for *each* disease, or else the book is of no *earthly use to him*. One of the most prominent Homœopaths in England was converted from the regular school to Homœopathy by the *action of Aconite* as prescribed by the above school of medicine. If an old-school doctor prescribes an eclectic or homœopathic remedy, he must prescribe in the *same way they prescribe it*. If he expects to get *good* results, and *not* according to his *own* notions.

Each remedy has an *individuality* of its own, it has a *certain* work to *do*, and it *does it*.

Some remedies work better in lower potencies and some in the higher.

I am and always have been a "low potency man," and I am *well satisfied* with the *results that I get*. It may interest some of our readers to know that I am a member of the American Institute of Homœopathy. I am often asked the question, "Doctor, how would you treat that disease?" (mentioning some *new* disease.) My reply is, "I would read the face, eye, pulse, and tongue, and find the *indicated* remedy or remedies." There is a good deal of *mystery* and *fog* thrown around some of the *new* diseases, where all a doctor needs is a little "*horse-sense*" to get at the *cause*, and find the *indicated* remedy. Dame Nature often warns us what *has* taken place in the body of our patient and what *may* take place in the near future. To the *average* doctor in this country such *warnings* pass *unheeded*, because he was never *taught* them in the medical college, where they teach young men and young women *about everything* but *how to heal the sick*.

Dr. L. N. Klove,, Chokio, Minn., a regular physician, reports to me some *good cures* he has made from new-school remedies. He says:



"I have saved several cases from an operation, and also a few lives. Two cases of appendicitis cured by Ferri Phos. and Kali Mur. Several cases of pneumonia cured by Ferri Phos., Kali Mur. and an onion poultice. All of them brought to a crisis in from 15 to 48 hours. Two cases threatened with apoplexy prevented and completely cured by Ferri Phos., Kali Mur., Veratrum Vi., Cimicifuga and Kali Phos.

"One of the cases was a man, 60 years old, afflicted with diabetes. He is now a *well* man. Another case of a man who had neurasthenia. He had been treated for syphilis with 606 (for something that he *never* had). A few doses of Kali Phos. put him right on his feet.

"One of the most pitiable cases I ever had was a woman in confinement, where everything went lovely except a slight piece of membrane remained in uterus. I did not consider it advisable to curette, so I gave Ferri Phos. as a preventative, but in 36 hours puerperal sepsis set in, with *cessation of lochia* and high temperature. I gave the treatment as given in your book, 'Definite Medication,' (see page 105), 'Puerperal Peritonitis,' with the result of complete detachment of membrane in 18 hours. The temperature *abated*, and the lochial discharge *established*. She flowed *more* than she ever had before. *Never* in my life have I *ever seen a lochial discharge resumed* under regular treatment after *sepsis had set in*. This patient made a *good recovery*."

The above is a *sample* of several hundred letters I get during the year from regular physicians who have learned to know the *real curative value* of the *new-school* remedies. They *believe* in them for the simple reason that they know *how to use them*.

Doctor Klove has a *big* practice, and is *doing things* in his profession. He reads the RECORDER and thereby accumulates wisdom.

Dr. Charles E. Moores, Seattle, Wash., a student of mine, reports two very *good cures* that he made.

"I have now a very wealthy Chinese lady, who was told by several of our best, old-school doctors that unless she was operated upon for cancer of the stomach that she would not live more than three months. Like all Chinese people, she was afraid of the surgeon's knife. She appealed to me, but with little faith. I found her confined to her bed and suffering *terribly*. After a careful diagnosis I accepted her case, and the third day she walked down stairs with me, and two weeks later she began calling at my office, and today, after four weeks' treatment, she tells me that she *feels perfectly well*, but I advised her to continue the treatment for some time longer.



"Another case, May 12th, 1919. I was called one night about 9 P. M., to a patient of one of our leading physicians and surgeons, as he had advised the family, after a consultation with five other doctors, 'That nothing in the world could be done, as *death was inevitable*."

"I found her in a semi-delirious condition, suffering *untold agony* with what the other doctors had pronounced gall-stone colic and other complications, following an operation for tumors and rectal troubles. They had two years before kept her on crutches for eleven months, or in bed. She had taken on 90 pounds of fat. From a bright, active woman she had become a physical and almost a mental wreck. She had lost *all faith* in medicine. There were several of the old-school doctors in her immediate family. I had *very hard work* to get her *confidence*. After a few days she began to show improvement under my treatment, and today, after two years, she is almost like a reincarnation. She has not only regained *perfect health*, but seemingly has gone back 15 or 20 years in her *looks*. All the surplus-fat has gone with regaining health."

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## CLINICAL CASES.

Translated by Dr. F. H. Lutze, Brooklyn, N. Y.

BOILS.—Miss Anna S. —æt, 21 years, had boils all over her body wherever it was possible for one of these to form. She had been under old-school treatment for more than a year, but for the past last year had taken a solution of Epsom Salts every day, hoping to cure the boils in that way, but the only result was that she had become very much emaciated. She could give no symptoms, the stools were very loose from taking the salts daily, appetite, sleep, menses, etc., were all right, the boils were red, not painful to touch, but large, and did not aid in selecting a remedy. Belladonna, Hepar sulph. and Sulphur caused some general improvement, but the boils remained the same. After a few weeks of treating her, I asked her all the questions I had asked at the first visit, to see if any change had occurred; giving symptoms to aid in the selection of the homœopathic remedy. Then I learned that she was just now menstruating and always suffered much pain with each period and the only relief she could get from this was by violent motion, as in running, jumping, dancing, and she must resort to this now to relieve the pains<sup>s</sup> she

had at present. After she had exercised for some time and had sat down again somewhat relieved, she said that she perspired very easily and had no pain during the night, and could sleep well. When asked why she had not mentioned this before, she said she thought that was all right, for her mother, now an invalid, had been afflicted in the same way during the menses when a young girl.

*Sepia 200* caused an immediate improvement in the boils and after a month she was entirely free from them, had gained in weight and her menses were painless and perfectly normal.

HÆMORRHOIDS.—Mr. S— had suffered with hæmorrhoids for over 30 years and was now 55 years of age. He had been treated for them a long time, also had them injected with something, but all without avail. They did not trouble him now, he had no pain in them, but knew that they should not be there, and he stated that he would give me two years in which to cure them. He could give me no symptoms, feeling all right. This was in November. Under *Nux vom.*, *Sulphur*, *Aesculus*, *Arsenicum*, etc., there followed a general improvement, but the hæmorrhoids remained unchanged. The following March he came, complaining of a severe cough, which troubled him a great deal. Disregarding the hæmorrhoids, questioning him for symptoms of the cough, he said it was worse in the morning, and with each cough he felt severe sticking pains in the hæmorrhoids. I gave him something hard to sit on, so as to press directly on the hæmorrhoids, and when thus seated, he had no pain in them when coughing. *Kali carbonicum* cured the cough as well as the hæmorrhoids, and they remained cured, to my knowledge, for several years.

BOILS ON FACE, PALPITATION AND EPISTAXIS.—John B.—*æet* 14 years, had been four weeks under old-school treatment when I was called to attend him. His face was full of bluish-looking boils, which discharged a very offensive pus, and the mother told me that his nose bled every night, and his heart beat violently during the day. His temperature was 102, respiration 39. I gave him *Carbo veg. 1000* in water, to take 2 teaspoonfuls every 2 hours. Improvement was noticeable in a few days, and he was perfectly well in two weeks.

VARICES.—Mrs. W. *aet.*, 52 years, had suffered ever since the birth of her first baby with varicose veins of the left leg, but of late they had increased in size and number and had become highly inflamed. She had been treated by two old-school doctors, each one of whom prescribed an ointment to be rubbed on the inflamed veins, but this only caused a severe aggravation of the pain. When I saw her first, every vein of the left leg was distended to the utmost and fiery red with inflammation. The old-school doctors had looked upon this as a local disease, never thinking that it was due to a paralysis of the vasco-constrictor nerves and an irritation of the spinal cord. She had a great desire for cold, fresh air; was worse toward evening, and when lying on the painful side. I gave her *Pulsatilla* 200 in water, to take 2 teaspoonfuls every 2 hours. When I called the next day, the inflammation and pains had all disappeared and the veins were somewhat smaller and blue in color. FLUORIC ACID 200 in water, 2 teaspoonfuls every 2 hours. Three days later the only sign of the varices remaining was a knotty condition at the site of the valves in the veins and this disappeared in a week without any further medication.

TWO CASES OF TOBACCO POISONING.—Mr. W. *aet.*, 35 years had been treated by a number of old-school doctors without receiving the least relief, and I had treated him for a number of weeks with no better results, when he again sent for me. His most prominent symptom had been great weakness. Besides this, I found him in a cold perspiration, with much nausea and occasional vomiting and other symptoms, indicating *Veratrum alb.*, and this I gave him, assuring him he would be very much better in a few days. When he called at my office a few days later, he admitted that he felt a little better, but added: "Neither you nor any other doctor can ever cure me while I am using tobacco." I answered that I had never noticed any signs of smoking tobacco on him and did not know of his habit. Then he answered: "No, I never smoke, but I chew tobacco. I have it in my mouth day and night." Then I said: "You do not need a doctor; all you need to do is to stop chewing and you will get well in time." He said that he could not do this, he had tried it very often and sworn that he would never touch tobacco again, but it would not be long before he would have it, not only in his mouth, but

also a supply of it in his pocket. I gave him *Tabacum 200*, at first a powder every two hours, then less often and ordered him to stop chewing. Improvement began at once and he needed no other remedy.

CASE 2.—Mr. McK. had consulted very many old-school doctors to be cured of sleeplessness until each of them told him that he did not dare give him any more medicine, and that he could not be cured. He had had not a wink of sleep for forty nights. I told him that I dared give him all the medicine needed to cure him and that I would do this. Two months had passed without any relief, when I noticed the odor of tobacco on his breath. Then I said: "You smoke." He admitted it and said: "I often get up at night and light my pipe, thinking that it may help me to sleep, but do not get a wink of it; have not slept for forty nights." Then I said: "Now I can cure you, but you must do what I tell you," and he promised to do anything I asked. I told him that he must stop smoking altogether and at once, and he promised to do so. *Tabacum 200*, a powder every two hours at first, then less often, cured him in two weeks and he could thereafter sleep soundly all night.

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### TEXT BOOKS.

S. R. Geiser, M. D., Cincinnati, Ohio.

We have long since been told that "Of making books there is no end." For a time there was seemingly an end of making homœopathic books. Only a very limited number have appeared during the past three or four years from this particular school of medicine.

First, Dr. C. E. Wheeler's "Case for Homœopathy" came to our notice, an excellent book, one that should be read by every progressive student of medicine, regardless of school.

Later an introduction to the "Principles and Practice of Homœopathy" by the same author, appeared; a splendid exposition of the principles of homœo-therapy, and a masterly demonstration of the indications of about thirty drugs.

It is not only an exceedingly interesting, but an instructive book.

It is a privilege to read and study a book of this type.

Dr. Cartiers' "Therapeutics of the Respiratory Organs," translated by Dr. Williams, of St. Petersburg, Florida, is an acquisition to our homœopathic literature; practically every drug useful in the management of respiratory disorders is mentioned and the indications all reliable.

Now I have on my table Dr. R. F. Rabe's "Medical Therapeutics for Daily Reference," a valuable book and, as the author says, for those "who have not had the opportunity of acquiring this knowledge during their medical course." Even those who have been students of homœopathy can obtain much valuable information from this little volume.

When an O. S. doctor or an intelligent patient asks, "What is the real difference between the old and the new school," refer him to Dr. Rabe's book.

The latest to appear is that of Dr. George Royal. Dr. Royal is too well known to the homœopathic profession to require an introduction.

The book was dedicated to his wife and daughter.

We too often fail to acknowledge the inspiration and assistance given us by our wives and daughters in the performance of our arduous duties.

This is a book to be read not "curiously," but "wholly," and with "diligence and attention," as Bacon says "*some few should be read.*"

So long as our drugs have not been *re-proved on human beings in co-operation* with the laboratory, it is a difficult task to write something absolutely "*new*" (for which the medical world is clamoring in *materia medica*).

While Dr. Royal's book is to a degree a compilation, it is nevertheless a reflection of the author's own work, his personality and opinion.

The data used are obtained from hospital experience, clinics and from the author's own private experience.

I can verify Dr. Royal's results relative to the usefulness of Magnesia Phos. in allaying the pains of cancer, after operation, and Radium in this disorder; the use of Magnesia Phos. will aid in keeping within reasonable limits the dose of morphine.



Dr. Royal's "Materia Medica" does not by any means replace the other books on this subject, but is unquestionably an indispensable adjunct.

With the aid of the books here mentioned and Dr. Boger's *Synoptic Key*, even a non-adept in homœopathic therapeutics can prescribe with reasonable accuracy.

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WM. JEFFERSON GUERNSEY, M. D.

4620 Frankford Ave.

Philadelphia, Penna.

April 11, 1921.

EDITOR OF THE HOMŒOPATHIC RECORDER.

Dear Sir:

While the allopaths with their usual roundabout methods are hunting for the germ of Encephalitis lethargica, we homœopaths should show the truth of our natural law by presenting a remedy that is capable, in a crude form, of causing similar symptoms, and therefore, of curing sleeping sickness. If the bite of the *Tsetse palpalis* is the cause of African lethargy, why would not a potency of this poison answer the present purpose? I am not an entomologist, but a one hundred per cent. homœopath, and would like to see Boericke & Tafel have the credit of demonstrating the truth of our great law.

WM. JEFFERSON GUERNSEY.

NOTE.—Doctor Guernsey, although modestly disclaiming the title of entomologist, has a real "bug" for homœopathy and has himself done much to demonstrate the truth of the law of similars. Perhaps Boericke & Tafel can delegate to some African scientist the job of capturing the *tsetse fly*. Why not ask some doubting Thomas to do this? There are plenty such in our own camp, to whom the experience might prove of benefit.—EDITOR.

Salem, Oregon, February 22, 1921.

CLARK W. WILSON.

Dear Sir:

I am a reader of *THE HOMŒOPATHIC RECORDER*, and have read your article on the need of homœopathic propaganda. We most surely need more homœopathic physicians and literature sent out among the public. Now, here in Salem, capital of Oregon, the city is full of doctors. But they are all allopaths, not one single homœopathic doctor here that one can call on in times of sickness, and the result is that the people employ osteopaths, scientists, practitioners and all kinds of drugless healers in order to avoid the allopathic medicine, which is all too often followed by crepe on the door. The people are heard to say, "No, we never call in a doctor any more, for we are afraid to, for fear something might happen." Just think, afraid to call help in time of sickness! Instead, those that do not believe in the drugless system go to the drug store and get some patent medicine. Now, as to my writing to you, as you are a homœopath, I ask you if there is a place to write to, where one might be able to get a good homœopathic doctor to come out here to Salem to locate. Here is a large field for a good physician. We used to have four good homœopathic doctors here, but they were old and so they have passed away one by one, till now for the last fifteen years, we have had no one we could call in when sickness came in the family. If you should know of anyone that would like to come to Salem, Oregon, as you are a physician, I thought you might be able to help the crying need of the sick and suffering people to get a good homœopathic physician here.

I will enclose a stamp for reply.

Very respectfully,

W. STONEBRINK.

R. 4, Box 18, Salem, Oregon.

NOTE.—The above letter, sent by Mr. Stonebrink to Dr. Clark W. Wilson, of Canastota, N. Y., tells the old familiar and lamentable story. The dearth of physicians, not only of the homœopathic school, but also of the O. S., particularly in rural communities, is yearly becoming more serious. So far as homœopathy is concerned, the matter is one which will require the best thought for its solution.—EDITOR.

WILLIAM F. KAERCHER, M. D.

1425 North Eleventh Street

Philadelphia

Philadelphia, April 6, 1921.

Dear Doctor Rabe:

Your Sepia case, HOMŒOPATHIC RECORDER for March, page 140, and its cure (for which you deserve praise and congratulation) again demonstrates the vital necessity of working out in repertory study all symptoms from the Generals to the Particulars, and arriving safely at the Similimum. It is immaterial whether the elimination method is used or the checking method from the first to the last symptom; either will give the indicated remedy in the final analysis. However good the old Böenninghausen repertory worked, even with the improvements made by Dr. "Tim" Allen in the Third American Edition, yet in your case Sepia would not have been the Similimum according to repertory analysis made with Allen's Böenninghausen. The Böenninghausen study shows CHINA, KALI CARB., NATR. CARB. and RHUS TOX., covering every symptom, but PHOS. stands highest in number of points, with KALI CARB. and RHUS TOX. of equal value, and SEPIA coming as No. 4 in points. Only a master prescriber would have discovered Sepia as the similimum according to the Böenninghausen repertory. The average prescriber would never have cured your case, and our polypharmacists and crude drug prescribers in the homœopathic fraternity would have made the patient's last estate worse than the first. But you had the "horse sense" to use THE only safe and reliable repertory in existence—Kent's—and with paper, pencil, and elimination, you found the remedy, gave it to the patient in a tabooed potency (as viewed by our materialistic friends), and presto, your patient is cured without recourse to a tuberculosis sanatorium.

Yours fraternally,

WM. F. KAERCHER.

## DEPARTMENT OF HOMŒOPATHIC PHILOSOPHY.

Stuart Close, M. D., Editor, 248 Hancock Street,  
Brooklyn, N. Y.

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## HOMŒOPATHIC POSOLOGY.

(Continued)

The homœopathic doctrine of posology flows naturally and logically from the bio-dynamical theory of disease and the law of reciprocal action upon which the homœopathic system rests. Potentiation and the infinitesimal dose are necessary corollaries.

When Hahnemann defined disease in the terms of bio-dynamics as "virtually nothing but a morbidly changed state of health of the healthy living organism" (produced by the action of some agency inimical to life); as "a morbid process of the abnormally deranged vital force"; and proclaimed the law of reciprocal action or "similars" as the law of cure; he established at the same time, as a logical sequence, the proposition that the remedies required for the restoration of health, or physiological equilibrium, must be of such a nature, so prepared and given in such doses as to act in a manner similar to the agencies which produce the morbid change. The remedy must be similar as to dose as well as to symptoms.

Like causes produce like effects and, *per contra*, like effects have like causes. When we view the symptoms which represent a case of disease we know that some agent inimical to health has been at work. We may or may not be able to trace down, isolate and identify the particular morbidic agent in the case, but we can form a pretty good idea of it; for, with the records of drug action contained in our materia medica, we can find a very similar agent, and experience has proved that such an agent, rightly adjusted as to size and frequency of dose, will restore the patient to health, if the case be not too far gone.

It follows that when we have ascertained the quantity of the similar medicine necessary to effect a cure we have found the measure of the quantity of the morbidic agent which caused the disease, and *vice versa*. They must be similar in the very nature of things.

The matter is thus reduced to an experimental basis and is comparatively easy of determination. "The sole and simple question," says Grauvogl, "can only be what quantity of a substance is necessary, in order to induce that chemical or physical counter-motion in any diseased part of the organism, which is equal in intensity, and opposite in direction, to that which is induced by the morbid cause, in order to check this latter forthwith, or, at least, to delay it, and then, by repetition, to remove it? Hence the task is only to discover *the equivalent of motion* between the amount of reaction excited by the *morbid matter* and the amount of motion which we have to oppose to it by some drug; *for the amount of force is the effect, nothing else!*"

"To the solution of this problem," says Grauvogl, "we have then the natural law, according to which the quantity contains the measure of the motion and counter motion; and hence, for the purpose of Therapeutics, *the right dose must and can be nothing else than that amount of the force of the cause of the disease, and qualitatively runs counter to its course and motions.*"

We thus possess, as Grauvogl points out, in the very dose, or quantity of the morbid cause, the measure for the quantity of the dose of the drug to be used in order to check the motions of that morbid substance, and *vice versa*, no matter whether those motions are chemical or organic.

No matter how frightful the symptoms of a disease may be, we know that the efficient cause of that disease cannot be greater in quantity or essentially different in quality than the doses of the remedy which cures it, whether that remedy be given in the third, the thirtieth or the thirty thousandth potency.

This easily demonstrable and incontrovertible fact is calculated to lead some of us to revise our ideas of quantity as related to pathology and therapeutics. How much poison is secreted by the single streptococcus pyogenes which, conceivably, initiates the deadly process of that deadliest of micro organisms? (Has anyone measured or computed it?) As much, perhaps, as the 200th potency of Lachesis or Arsenicum contain of their original substances, with which its effects have been cured many times, and no more!

Having now a general view of the principles underlying the subject of the dose, and a general standard by which to test results, it is desirable to try to formulate some rules, based upon



experience, to govern us in the selection of the proper dose for a particular case.

The question seems more complex now than it was in Hahnemann's day, but really it is not so. The same principle applies now as then. For the greater part of his life Hahnemann had only what we now call the lower potencies; namely from the first to the thirtieth; although in his later years he was enabled to procure and use some of the higher potencies. Bönninghausen wrote that Hahnemann had repeatedly stated to him that he generally used the sixtieth dilution, and that he often used much higher ones with great satisfaction, Bönninghausen also states that Hahnemann, in correspondence with him, was much interested in the experiments of Bönninghausen and Gross with still higher potencies, and heartily approved of the same. It was repeatedly stated that Hahnemann would deal with this subject in the forthcoming sixth edition of the *Organon*, a work which was selfishly withheld by his heirs until the recent war, when necessity compelled them to moderate their exorbitant financial demands and led to its sale to Drs. James W. Ward and William Boericke, of San Francisco, by whom it will soon be translated and published for the profession.

Since Hahnemann's day the potency makers have been busy and we now have potencies ranging up to the millionth centesimal, and even higher. Men with the confidence, courage and zeal to experiment with these altitudinous preparations and publish their results have not been lacking. Physicians of unquestioned honesty, ability and experience, have testified that they obtained curative results from the use even of the very highest potencies. It is not for us to impugn this testimony until we have put the matter to the test ourselves. In the light of experience and of recent revelations in other departments of science of the power of the infinitesimal, there is nothing inherently improbable about them, and it is unquestionably to our advantage to have as large an armanentarium as possible.

The great bulk of the work of the profession, however, is done with the lower and medium potencies, and these, if accurately prescribed and wisely managed, will give satisfactory results in the great majority of cases. The third, sixth, twelfth and thirtieth potencies with a set of the two hundredths to "top off with" gives a good general working range. When the young practi-

tioner can afford to add to these a set of Boericke & Tafel's hand-made five hundredth and one thousandth potencies he will be well equipped indeed. The rest is "velvet," but if anybody should offer him a set of Fincke's fifty thousandths and one hundred thousandths, he should not let his modesty nor his prejudices prevent him from accepting and trying them. Hundreds of practitioners, including the writer, have used them with great satisfaction.

Now is there any teaching which will help us to choose the best potency for a given case? There is little teaching but many opinions. Practitioners who publicly proclaim their "liberality" on this subject, will too often be found, on more intimate acquaintance, to practice an obstinate exclusivism in the use of some particular potency, generally a very low or a very high one. This is unfortunate, because such practitioners deprive themselves and their patients of many means of cure which are easily within their reach.

The series of potencies has been compared to the gamut in music. "A skillful artist may indeed construct a harmony with the various vibrations of the same chord; but what a more beautiful and perfect harmony might he construct by a proper combination of all the sounds that can be elicited from his instrument."

In general it may be stated that any curable disease may be cured by any potency, when the indicated remedy is administered; but that the cure may be much accelerated by selecting the potency or dose appropriate to the individual case.

Five considerations influence us in the choice of the dose:

1. The susceptibility of the patient.
2. The seat of the disease.
3. The nature and intensity of the disease.
4. The stage and duration of the disease.
5. The previous treatment of the disease.

*Susceptibility of the patient.* This is generally and rightly regarded as the most important guide in the selection of the dose. It is important to have some means of gauging, at least approximately, the susceptibility of a patient.

Susceptibility to medicinal action is only a part or phase of the general susceptibility of the organism to all stimuli. By

analogy, as well as by experience, we are led to a consideration of the main factors which modify and express susceptibility in general.

Susceptibility varies in different individuals, according to age, temperament, constitution, habits, character of diseases, and environment.

The susceptibility of an individual to a remedy at different times also varies. Idiosyncrasy may exist as a modifying factor. Homœopathicity must always be considered.

*The more similar the remedy, the more clearly and positively the symptoms of the patient take on the peculiar and characteristic form of the remedy, the greater the susceptibility to that remedy, and the higher the potency required.*

The "Indefatigable Jahr" has very lucidly and beautifully illustrated this point: He notes a marked difference between the action of the low and high potencies, which consists, not in their strength or weakness, but in the *development of the peculiarities of the remedy, as we rise in the scale of potencies*. This is based on the well-known fact that provings of the tincture and lowest potencies of a drug, as a rule, produce only the more common and general symptoms of the drug, not very sharply differentiated from other drugs of its class. It is in the provings of the medium and higher potencies that the special and peculiar character of the drug is revealed by its finer and most characteristic symptoms. Jahr illustrates this by a geometrical figure, consisting of a number of concentric circles, with radii drawn to represent remedies in different stages of potentiation.

In the first to the third potency, as shown in the innermost circle where the radii lie close together, similar or related remedies, like Ars., Rhus., Bry., and Sulph., have a great many symptoms in common; but the higher they progress in the scale of potentiation, the more the radii recede from each other, so that each appears more and more distinctly in its peculiar and characteristic features.

All narcotics, like Bell., Stram., or Opium, for example, in crude and massive doses, act in a manner equally stupefying, causing death by apoplexy or paralysis. All drastics produce vomiting and purging. It is only in small or potentiated doses that their most characteristic differences of action become apparent.

“By continual diluting and succussing,” says Jahr, “remedies get neither stronger nor weaker, but their individual peculiarities become more and more developed”; in other words, *their sphere of action is enlarged*, as represented by the concentric circles.

The practical bearing of this on the selection of the potency or dose, according to Jahr, lies in this: In a given case, where the symptoms are not clearly developed and there is an absence or scarcity of characteristic features; and where two or three remedies seem about equally indicated, susceptibility may be regarded as low. Give, therefore, the remedy which seems most similar, and give it low—“third to twelfth potency.” But when the symptoms of a case clearly indicate one remedy, whose characteristic symptoms correspond closely to the characteristic symptoms of the case, give the high potencies—thirtieth, two hundredth, thousandth, or higher, according to the prescriber’s degree of confidence and the contents of his medicine case.

We may slightly modify Jahr’s advice by suggesting the clearer and more positively *the finer, more peculiar and more characteristic symptoms of the remedy appear* in a case, the higher the degree of susceptibility and the higher the potency.

This rule covers more points of the requirements to be stated later, than appear at first glance. The class of cases (to be described later) which require low potencies for their cure, do not as a rule present the finest and most characteristic shadings of symptoms which characterize the cases requiring high potencies, so that we may pretty safely judge the degree of susceptibility of the patient by the character and completeness of the symptoms.

Allowance should be made, however, for the varying ability of examiners. One man, keen of perception, accurate, painstaking, conscientious and well trained, will see many things in a case which another, not so qualified, will fail to see.

*Susceptibility is modified by age.* Generally speaking, susceptibility is greatest in children and young, vigorous persons, and diminishes with age. Children are particularly sensitive during development, and the most sensitive organs are those which are being developed. Therefore the medicines which have a peculiar affinity for those organs should be given in the medium or higher potencies.



*Susceptibility is modified by Constitution and Temperament.*

The higher potencies are best adapted to sensitive persons of the nervous, sanguine or choleric temperament; to intelligent, intellectual persons, quick to act and react; to zealous and impulsive persons.

Lower potencies and larger and more frequent doses correspond better to torpid and phlegmatic individuals, dull of comprehension and slow to act; to coarse-fibered, sluggish individuals of gross habits; to those who possess great muscular power but who require a powerful stimulus to excite them. Such persons can take with seeming impunity, large amounts of stimulants, like whiskey, and show little effect from it. When ill they often require low potencies, or even sometimes, material doses.

*Susceptibility is modified by habit and environment.* It is increased by intellectual occupation, by excitement of the imagination and emotions, by sedentary occupations, by long sleep, by an effeminate life. Such persons require high potencies.

*Susceptibility is modified by pathological conditions.* In certain terminal conditions the power of the organism to react, even to the indicated homœopathic remedy, may become so low that only material doses can arouse it. A common example of this is seen in certain terminal conditions of valvular heart disease, where *Digitalis* is the indicated remedy, but no effect is produced by any potency. The patient will respond, however, to tangible doses of the pure tincture or a fresh infusion of *digitalis*, and sometimes make a good recovery from a condition that seems hopeless. Although such doses judged only by their amount, might be regarded as physiological or pathogenetic doses, the nature of the reaction in such cases is not pathogenetic but is plainly dynamic and curative, as I have witnessed in several cases. The nature of the reaction complies perfectly with the requirements of cure as to order and direction of the disappearance of the symptoms and nature of the result.

Quantity alone does not constitute a pathogenetic dose. Quality and proportionality, or the susceptibility of the patient, are also factors. What would be a large, injurious or perhaps dangerous dose for a highly susceptible patient, would have no effect whatever upon one whose power to react was very low by reason of the existence of gross pathological lesions, or of long existing, exhausting chronic disease and much previous treatment. *It is*



solely a question of approximating the quality and quantity of the dose to the grade or plane of the disease, according to the law of similars. If the grade of the disease is low, and the power of reaction low, the remedy must be given low. Thus we find, in such cases, that the symptoms of the patient are usually of a low order; common, pathological symptoms; organ symptoms; gross terminal symptoms; symptoms that correspond to the effects of crude drugs in massive toxic doses. The finer shadings of symptoms belonging to acute conditions, in vigorous, sensitive patients, do not appear. Potentiated medicines will not act. The case has passed beyond that stage, and the finer symptoms with it. Yet these symptoms that remain, and the almost hopeless conditions they represent, are still within the scope of the homœopathic law; and they sometimes yield to its power, when the related law of posology is rightly understood and applied.

So-called "pathological symptoms," when they exist alone, are as significant and characteristic in their way, and may be as clearly indicative of a remedy, homœopathically, as the earlier, finer grades of symptoms. Whether they are as useful to the homœopathic prescriber or not *depends upon the existence of similar symptoms in the Materia Medica*. We can only prescribe on symptoms which have a counterpart in the *Materia Medica*. From the records of poisonings, over-dosing, and some extreme provings, as well as from clinical experience, we have knowledge of some drugs whose symptoms, thus derived, correspond very closely to that class of pathological symptoms under discussion. In the list of such drugs we may find one which fits our case. If that is not possible, a study of the early finer symptoms of the case, if they can be elicited, may lead directly or by analogy, to the remedy needed. When a case has reached a stage where none but gross pathological symptoms are present, it is, as a rule, incurable, but it is not necessarily beyond help by medicine homœopathically selected, even if no results follow the use of the ordinary small doses or potentiated medicines.

*In terminal conditions, therefore, when the patient does not react to well-selected remedies, nor to intercurrent reaction remedies, given in potentiated form and small doses, resort to the crude drug and increase the dose to the point of reaction.*

When reasonably sure of the remedy, give the tincture, or a low trituration, first in moderate, then in increasing doses until the dosage is found to which the patient will react, even if it be the "maximum dose" as set down in the books. The "maximum dose" may be the "minimum dose" necessary to bring about reaction sometimes. It takes more power to drive an automobile up a hill than it does on the level; and if the hill is very steep the driver may have to go backward on the road a ways and take "a running start" in order to gain momentum enough to carry him up. When he gets to the top of the hill he can shut off power and "coast" down the other side. That is what the homœopathic prescriber has to do sometimes, in the kind of cases under discussion.

# HOMŒOPATHIC RECORDER

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## EDITORIAL NOTES AND COMMENTS.

EFFECT OF COD LIVER OIL ON RICKETS.—The experiments made by Shipley and his associates afford evidence of the specific beneficial effect of cod liver oil on rats suffering with experimental rachitis, in that some substance or substances in the oil cause calcium to be deposited in the same fashion in which deposition occurs in spontaneous healing of rickets in man. Moreover, they prepare the way for the elaboration of a new test for the determination of the calcium-depositing potentiality of any substance in terms of cod liver oil units. It is especially interesting to note in the present experiments with rats that calcium was deposited in the cartilages following the initiation of the cod liver oil treatment, in spite of the fact that in some cases the calcium intake was far below normal.—*J. A. M. A.*

These experiments are of interest to homœopathic prescribers, who well know the use of calcium in rickets. Both *Calcarea carb.* and *Calcarea phos.* have a wide range of therapeutic usefulness in the nutritional diseases of infancy and childhood and their particular indications are, of course, well understood. Holt, in his book, "Infancy and Childhood," speaks of the early diagnostic sign of rickets—sweating of the head, a symptom which finds its counterpart in *Calcarea carb.* especially, and this remedy has proved itself a boon to many a rachitic child, as all can testify.

Cod Liver Oil, although a household remedy and one of undoubted value in properly selected cases, has rarely been prescribed in the potencies; however, it too, has an important sphere of usefulness with which it will repay us to become acquainted. In Jahr's "Symptomen-Codex" we find a proving of this remedy,

or rather, an account of some of its pathogenetic effects by Doctor Neidhard, under the name *Oleum Jecoris Morrhuae* or *Oleum Jecoris Aselli*. The remedy is recommended for scrofulous and rachitic ailments, also for "tubercles in the lungs and abdomen."

Clarke, in his "Dictionary of Materia Medica," gives a very complete account of the remedy, refers to Neidhard's proving and gives an extended pathogenesis. From this it would seem as though *Oleum Jecoris Aselli* is too often overlooked in a common class of diseases, scrofulous, rachitic and tuberculous, in which it ought to be much more frequently employed.

FOREST CONSERVATION.—Gifford Pinchot, commissioner of forestry of the State of Pennsylvania, in a letter to newspaper and magazine editors, calls attention to the increasing scarcity of paper due to the diminishing supply of wood pulp and the wasteful methods prevalent in lumbering, throughout this country. He urges the greatest care upon the part of everyone concerned, to aid in the prevention of forest fires, and among other things states:

"In Pennsylvania the root of the whole trouble has been and still is the unmitigated curse of forest fire. Fire has destroyed more growing and prospective timber than all land clearing and cutting put together. Forest fires keep down production. Every acre of soil not needed for purposes more important should be growing trees. To do so they must be made secure against fire."

This injunction applies with equal force to every State in the Union, and we as enlightened physicians, interested in the highest welfare of our country, should take a deep interest in this question. That deforestation influences both climate and rainfall and leads to destructive soil erosion, is known to all intelligent observers. In China, where for centuries the hills and mountains have been denuded of their natural growth of trees, we find the worst floods, tremendously destructive of life and property and seriously affecting the agricultural prosperity of that famine-stricken country. The Chinese government, under the guidance of its ablest men, educated in foreign countries, is now undertaking the truly gigantic task of reforestation. We in this country, with our national vice of thoughtless extravagance, will

do well to pay heed to the warnings of those who are giving earnest thought and study to this problem. From a health standpoint alone, the latter is worthy of our most careful consideration.

POISONING FROM SHOE DYE.—F. Neuhoff, of St. Louis, has an article in the *Missouri State Medical Association Journal* for February, with the above caption. Shoe dye contains a large amount of nitrobenzol, which is an intermediate product formed in the manufacture of anilin from benzene. Taken internally, seven drops have caused death. It is also poisonous when inhaled or applied to the skin.

It is used in the manufacture of explosives and anilin derivatives. Workmen who inhale too much of it, or spill it on themselves, are poisoned by it, death even at times resulting. The symptoms of poisoning come on several hours after the application of the poison to the skin and are favored by perspiration. They are cyanosis, anxiety, vomiting, formication, ringing in the ears, disturbed coordination, low blood pressure. The blood becomes a brownish color. In fatal cases there may be jaundice, convulsions and coma preceding death. The treatment recommended is blood letting, artificial respiration, inhalation of oxygen, and stimulants, but no alcohol.

In addition to calling attention to these interesting toxic symptoms we are led to observe, that even praiseworthy economy has its dangers. No longer must the ubiquitous Greek or smiling Italian nabob of the great American "shoe-parlor" be permitted to persuade us, that our shabby shoes of yesterday can be metamorphosed by the black arts of the synthetic chemist, into things of pedal beauty and distinction. Better walk on our ragged uppers, than absorb from our highly polished and camouflaged brogans, the insidious stream of Death. Particularly, as alcohol is useless to deflect its fatal current.

CALCAREA PICRATA or calcium picrate, is an extremely useful remedy in that very painful affliction, furunculosis of the external auditory canal. We have relieved numerous cases with it and know its worth, yet many of our aurist friends seem to know it not, if we may judge by their eagerness to apply the ever-ready knife in these cases.



Boils appear in those of lowered resistance whose vitality, therefore, is more or less depleted; hence prostration is a characteristic and Picric acid most assuredly produces this. In combination with calcium  $2 (C_6 H_2 (NO_2)_3) OCa$  it becomes a valuable aid in building up resistance, by increasing the antibodies in cases marked by pus formation of the kind and character found in furuncles.

Houghton, away back in 1885, called attention to *Calcareo picrata* for perifollicular inflammation of the external ear. Houghton believed in and taught the use of remedies in the treatment of diseases of the ear and was a materia medicist of no mean skill. In these modern days of specialism, the materia medica of our fathers has very largely been lost sight of. More's the pity!

THE MODERN TREND.—Time was when the programs of homœopathic medical societies concerned themselves with things homœopathic, primarily. In the days of long ago such programs evidenced the fact that the papers read had to do with homœopathic therapy or with philosophy and materia medica. Even the papers which dealt with surgery or other specialties had a homœopathic flavor, but the latter is conspicuous by its absence in these ultra modern days.

The New York State Homœopathic Medical Society held its annual meeting on April 12th and 13th, the program presenting an array of thirty excellent papers. Of these, however, but two could be considered as having anything to do with homœopathic materia medica or therapy; one, a paper upon Palladium; the other, an essay upon the action of the chloride of gold and soda in high blood pressure. No more convincing argument of the waning influence and importance of homœopathy in our homœopathic societies could be presented than this sad showing. All the other papers might just as well have been read before an O. S. society and would no doubt have had a larger audience. Certainly these papers in no way differentiated the homœopathic from the allopathic physician. If the designation *homœopathic* as applied to physicians, is to mean anything, it is clear that such physicians must be homœopathic in fact, as well as in name. Why not have the moral courage to call a spade a spade and not a garden implement to be used upon rare occasion? We confess to an

abhorrence of camouflage in anything; hypocrisy is not in our line; we seek truth and fear it not; we believe that the law of similars as formulated by Samuel Hahnemann is the greatest force in the reformation of medicine, which the world has ever known; we believe that this force will continue until it has compelled, as it already is commencing to do, the acknowledgment of scientific physicians everywhere. We believe that this acknowledgment will come all the sooner if petty considerations are brushed aside. We also believe, so far as the homœopathic school is concerned, in organization, but we believe that principle must dominate organization and that the reverse will lead to ultimate disintegration.

When an organization becomes a machine in which personal interests and ambitions are put before principle, we cease to have regard for organization. Homœopathy is suffering at the hands of its own exponents, too many of whom are proving to be false friends. Its paramount interests have been lost sight of; constructive efforts are feeble and few and the things which should be done have not been done. A few are making the fight for homœopathy, but their support is half-hearted or lacking entirely. To wave the banner of homœopathy from the oratorical house-tops upon every occasion may fool the multitude for a time. It does not deceive those who think for themselves and who are not led blindly by some political bell-wether with a personal axe to grind.

Homœopathy, the principle, will survive in spite of such false leaders and even were all organization wiped out of existence, there would still be those who would faithfully bear the torch of progress, upward and onward.

PITUITARY POLYURIA.—“In concluding the long study of diabetes insipidus, Schulmann and Desoutter list among the direct causes traumatism, intoxications, infections and emotions, besides tumors. They state that 85 per cent. of the cases on record were in the young under 20. Cozzolino has reported a case in a babe of 2 months and Deluca in one of 3. The pituitary seems to be peculiarly unstable during childhood and at puberty, but diabetes insipidus has been encountered also in the elderly. Lancereaux has published eleven cases of hereditary transmission of diabetes insipidus, and van de Heidjen ten cases. Marañon

has reported a family in which the father had acromegaly and the son diabetes insipidus and glandular insufficiency. Extract of the posterior lobe of the pituitary is unquestionably the most effectual treatment at our command to date, they reiterate. But it probably does not definitely modify the prognosis of diabetes insipidus. It reduces or abolishes completely the two most distressing features of the disease, the tormenting thirst and the indefinable malaise which prevents sleep. The harmlessness of this treatment allows it to be kept up a long time, possibly giving it by the mouth for a week or two occasionally in place of the intramuscular injection. Pituitary treatment may likewise act on other manifestations of secretory insufficiency, and it may sometimes be usefully reenforced with thyroid or suprarenal extract. They condemn any reliance on dieting or on drugs to act on the nerves.

“Winslow reports two cases of diabetes insipidus in which treatment with a pituitary extract gave immediate and favorable results. One of the patients had had encephalitis four months previously and the author ascribes the polyuria to involvement of the pituitary gland by the encephalitic process. In the second case the onset was slow and except for a chronic tonsilitis, pyorrhœa and abscessed teeth, no abnormalities were present. The pituitary extract was given daily, 1 c.c. to the first patient and 0.5 c.c. twice daily to the second.”

The abstracts from *The Journal of the American Medical Association*, given above, are herewith presented because they throw some light upon the interesting field of endocrine therapy in which all homœopathic physicians, or better still, all physicians who believe in the law of similars, should be interested.

It is through the open door of endocrinology that physicians of the O. S. will walk into the storehouse of Hahnemann's principles—the similar remedy, the single remedy, and the minimum dose. So let us swing wide the portals of this house of therapeutic treasure and with a free hand, give cheerfully to all who come.

POSTERIOR PITUITARY GLAND.—This preparation has been used in the third decimal potency with marked beneficial effect in a number of cases. The following is one which will illustrate a certain field of usefulness of this endocrine substance:

Miss H., age 34 years, five years ago had the right ovary removed, together with a dermoid cyst. Following the operation, symptoms of ovarian insufficiency appeared as evidenced by numerous climacteric manifestations. *Lachesis* modified these to a considerable degree and *Ovarian 3x* also seemed to be of assistance. *Thyroidin* in the 1x and 3x at various times produced a beneficial change, while *Lycopodium* and *Sulphur* were needed also. Continued increase in weight, however, in spite of care in diet, suggested a disturbance in the pituitary function. *Pituitary 200th* was given in one dose, but with no appreciable effect. The patient, of medium height, now had reached a weight of 206 pounds and complained of dyspnoea from any exertion. Her pulse was 98; systolic blood pressure, 152; diastolic, 108; pulse pressure, 44. Menses very irregular, very scanty, and for a few hours only. She complained of a congested, hot sensation; no hot flushes; frontal headache, mornings especially. Face constantly red. Feels heavy and dull.

*Posterior Pituitary Gland 3x* was now given, one tablet t. i. d. Marked benefit followed, with a lowering of the blood pressure within one week to systolic 138; diastolic, 108; pulse pressure, 30. The pulse had dropped to 80. Under the continued administration of the remedy, two weeks later, the systolic blood pressure was 132; diastolic, 100; pulse pressure, 32. Pulse, 76. The patient felt decidedly better in every respect and the remedy was now continued twice a day, morning and evening only.

The result is of sufficient importance and interest to warrant its publication. The pressure readings were carefully taken, using a mercury "Baumanometer" instrument, with the patient in a sitting position and the stethoscope over the bifurcation of the brachial artery.

ADDITIONS TO THE "THERAPEUTICS OF FACIAL AND SCIATIC NEURALGIAS."

F. H. Lutze, M. D., Brooklyn, N. Y.

The publishers tell me that there will be no second edition of this book. I therefore send this to THE HOMŒOPATHIC RECORDER, that those who have the book may insert these additions and have the benefit of them.

Facial Neuralgia: Location page 197, Side left, Add: Bryonia (see page 34, line 3); from below. This was overlooked in the original proof-reading.

Aggravation, add page 153, from anger: Cham.; Coloc.

Page 153. Bed on getting warm in: add: Ferr., Magn. phos., Merc. v., Sulph.

Page 155. Cold from, add: Ars., Caust., Hep. s.

Page 157. Motion: add: Arn., Ledum, Ran. b.

Page 157. Mercury, abuse of, add: Argent. nit., Guarea, Hep. s., Magn. Nux v., Mez., Nitri. ac., Sulph.

Page 158. Add: Quinine abuse of (or malaria), Ars., Cedron, Lach., Natr. m. Nux v., Puls., Sulph.—Pregnancy: Puls., Sepia.

Page 159. Temperature change of: Ars., Ran. b.

Page 161. Touch: Cham., Lyc., Nux v., Sil., Spig., Verbasc.

Page 161. Warmth: Merc. v., Sulph., Aranea., Calc. c., Nux m.

Page 161. Weather windy: Phos.—Pressing teeth together: Rhus t.

Page 161. Weather wet: Aranea, Calc. c., Magn. m., Acon, Hep. s., Nux v. Rhus t.

Page 162. Amelioration: Applications cold: Apis., Puls. Applications warm: Ars., Bry., Calc. c., Caust., Hep. s., Nux v. Rhus t.

Page 164. Pressure: Natr. m., Plb. m., Puls., Sil.

Page 165. Water cold holding in mouth: Bry., Ceba., Coffee., Natr. sulph.

Page 168. After paroxysms: itching and tingling of parts: Mez.

Page 169. Before paroxysms: itching: Mezereum.

Page 186. Wasting of affected part: Caust., Rhus t. (Wasting of a concomit).



Page 186. Concomitants: Walk about must: *Ars.*, *Rhus t.*

Page 193. Canine, upper left: *Mez.*—page 195, Eyes: *Puls.*—*Gums: Apis.*

Page 198. Nose ala, left: *Mez.*—page 200, Tongue: *Apis.*, *Spig.*

Page 201. Boring in lower: *Merc. v.*, *Mez.*—Boring in bones: *Merc. v.*, *Mez.*

Page 201. Boring: *Arg.*, *Bell.*, *Bry.*, *Merc. v.*, *Plat.*, *Ran. b.*, *Sil.*, *Spig.*, *Tub.*

Page 201. Cold, affected parts feel: *Calc. c.*, *Lachn.*, *Led.*, *Mosh.*, *Natr. m.*, *Plat.*, *Puls.*, *Secale c.*

Page 201. Bound as if: *Aur.*, *Ing.*, *Stann.*

Page 201. Burning: *Acon.*, *Caps.*, *Lach.*, *Magn. mur.*, *Merc. v.*, *Phos.*, *Sulph.*

Page 202. Crawling as of insects: *Calc. c.*, *Rhus t.*, *Secale c.*

Page 202. Sensation as of enlargement of parts: *Acon.*, *Bell.*, *Nux. v.*, *Phos.*, *Sulph.*

Page 202. Pains come and go gradually: *Mez.*, *Stann.*, *Sulph.*

Page 202. As if flesh was loose from bones. *Bry.*, *Rhus t.*

Page 204. Periodical: *Cedron.*, *Gels.*, *Magn. phos.*

Page 204. As if nail was driven in: *Ign.*, *Plat.*

Page 207. Sticking pains: *Acon.*, *Apis.*, *Bell.*, *Bry.*, *Calc. c.*, *Con.*, *Gels.*, *Ign.*, *Merc. v.*, *Nitr. ac.*, *Phos.*, *Puls.*, *Ran. b.*, *Rhus t.*, *Staph.*, *Verb.*, *Zinc. m.*—Splinter like pains: *Nitr. ac.*, *Hep. s.*

Page 207. Too short: *Caust.*, *Coloc.*, *Lach.*

Page 208. Throbbing: *Bell.*, *Glon.*—Sudden appearing: *Bell.*, *Spig.*

Page 208. Tearing: *Acon.*, *Arn.*, *Kalm.*, *Ledum.*, *Nux. v.*

Page 209. As if cold wind blew into parts: *Aurum m.*

*Sciatica:* page 279. Numbness: *Mez.* Page 280, Burning in left thigh: *Lach.*—Page 290, Leg: *Nux. v.*—Page 291, Right side: *Nux. v.*, *Phytol.*

*Facial Neuralgia:* page 182, concomitants: page 207, Pains and sensations: Sit up must with the pains: *Ars.*, *BRY.*, *Puls.* Location.

Page 194. Eye, over left, extending over head: *Bryonia*—over right: *Spigelia.*

Page 194. Eye over left and extending over head: *Bryonia.* Eye over right: *Spigelia (Bell).*

**PERSONAL.**

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INTERNATIONAL HAHNEMANNIAN ASSOCIATION.

*Fellow Members:*

The time is fast approaching for the convening of the forty-second annual session of our Association.

As passed upon at the last session, this year we shall meet at Washington, D. C.

Arrangements have been made to meet at the New Willard and we shall follow the same procedure as last year, meeting in the same building with the American Institute and selecting the last three days of their week, Thursdays, Friday and Saturday, June 23rd, 24th, 25th.

The hotel rates are:

Single room (running water)	3.00, 4.00
Double room (running water)	5.00, 6.00
Room (2 single beds, running water)	6.00
Single room and bath	5.00, 6.00, 7.00
Double room and bath (double bed)	7.00, 8.00, 9.00
Double room and bath (2 beds)	8.00, 9.00, 10.00, 12.00, 15.00
Two single rooms and 1 bath	10.00, 12.00
Two double rooms and 1 bath	14.00, 16.00, 18.00, 20.00
Double and single room and 1 bath	12.00, 14.00, 16.00, 18.00
Parlor, room and bath	15.00, 17.00, 19.00, 20.00, 22.00

It would be wise to make reservations as early as possible.

The Secretary is pleased to report that he has finally gotten an estimate for the printing of the 1919-1920 Transactions that is within the financial possibilities of the Association, and the matter is now in the hands of the printers with the promise of the books being ready for distribution in May.

Estimates received of \$1600,-\$1900 and \$2100 for our edition of 200 volumes were considered by the Publication Committee as beyond our possibilities. Our present estimate is for 200 volumes of possibly 450 pages each at \$1.75 per page. On this estimate the Publication Committee thought best to get out the work.

At the last session of the Association a resolution was passed, levying an assessment of \$5.00 on the membership as a Publication Fund in lieu of an increase in dues. Your enclosed bill will contain the assessment item as well as the dues owed by you and the Secretary-Treasurer will be pleased to have an early response as the printers of the Transactions will have to be paid on completion of their work.

Some of our members are quite in arrears for dues and we should be glad to have settlement, as Transactions have been printed for all such and are accumulating at a great rate on the hands of the Secretary-Treasurer.

Dr. Rushmore, our Necrologist, has reported to me the death of our friend and member, Dr. Samuel Kimball, of Boston, which occurred about Christmas time. If members of the Association hear at any time of members passing away, the Secretary will appreciate being notified of such occurrence that the records of the Association may be kept straight.

Also the Secretary would appreciate being notified of changes of address of members that addresses in our Transactions may be kept as nearly up-to-date as possible.

The chairmen of the Bureaus are at work soliciting papers for the convention and we expect a very profitable time.

Make your hotel reservations early and so be assured of being with us.

Last year we added some ten new members to our list and we hope for many additions this year.

Come with us to Washington.

MILTON POWEL, New York City,  
*President.*

WM. W. WILSON, Montclair,  
*Sec'y-Treas.*

# THE HOMŒOPATHIC RECORDER

VOL. XXXVI. PHILADELPHIA, PA., JUNE 15, 1921.

No. 6.

## ENDOCRINOLOGY.

(Thymus Gland.)

Augustus Korndoerfer, Jr., M. D., Philadelphia, Pa.

It has been deemed timely to present to this society an essay dealing, in part broadly, with the subject of Endocrinology, and specifically with the Thymus Gland, one of the least understood glands credited by some with the fabrication of a so-called internal secretion.

ORGANO-THERAPY, in its crudest form, as is well known to all, existed and was practiced in remote antiquity. The Chinese, Egyptians, Greeks, Romans and, in fact, almost all primitive peoples resorted to it in one form or another. Slightly more refined it persisted down to the days of Hahnemann as "Isopathy." Arthur Biedl, in his monumental work (*Internal Secretory Organs*, 1913) specifically indicates that it was due to Hahnemann, and his reforms, that this chapter of medicine was brought to a close.

Although extremely interesting, it is not for us tonight to employ ourselves with historical detail; but one cannot pass on without calling attention and giving praise to the names of such men as J. Müller, Berthold, Claude Bernard and Brown-Sequard figuring so prominently among the early investigators. Nor can we neglect to write in upper case letters the names of Gley, Biedl, Langley, Schäfer, Falta, Eppinger and Hess, and the whole Vienna School, Starling, Laignel-Lavastine, Sajous, Batty, Shaw, Cushing and Blair Bell, around whom the modern science of Endocrinology is built, and by whom it is being developed into a science indeed.

In order to be clearly understood, it is logical for us to accu-

rately define just what is meant by the term ENDOCRINOLOGY, the endocrine glands or organs. Sir Edward Schäfer<sup>1</sup> says, "By the term endocrine organ we imply an organ which is known to form a specific chemical substance within its cells and to pass this directly or indirectly into the blood stream." He continues further in a footnote, "It must be clearly understood that although this passage of a specific substance into the blood is an essential of the doctrine of internal secretion, the definite proof of such substances in the blood has only been furnished in a very few cases."

One must not lose sight of the fact that the production of an internal secretion is not limited to the so-called Ductless Glands. This v. Mehring and Minkowski<sup>2</sup> in 1889, conclusively proved, when they demonstrated that the pancreas besides being of great importance as an external secretory organ concerned with digestion, was also an organ possessing an internal secretory function. The epithelium of the duodenum is another such example. But possibly the most important organs, illustrating this dual action, are the generative organs of the male and female (testicle and ovary).

While some authors and investigators deem it advisable to rule out from the category of endocrine glands or organs, those possessing both internal and external secretory functions, it is believed that the weight of evidence and experimental fact perfectly justifies us in accepting the dictum of Schäfer. He classifies the following as having cryptorrhœic function: Thyroid, Parathyroids, Thymus, Pineal, Suprarenals, Pituitary, Pancreas (dual). Alimentary Mucous membrane, Male and Female Generative Organs (dual). Biedl<sup>3</sup> adds to the list the Internal Secretion of the Kidney, and Gley<sup>4</sup> the Internal Secretion of the Liver, Choroid Plexus Myo-metrial Glands, Breasts and Placenta. It is certain that none of these glands or secreting substances should be ruled out of the class until such positive facts, other than those which we now possess, shall prove our present attitude incorrect.

None feel more keenly than I, the numerous sources of error that must be guarded against in the reading and interpreting of clinical endocrine results and endocrinous theories. Enthusiasm is prone to lead, if not properly checked, to false conclusions. Laignel-Lavastine<sup>5</sup> summarizes as sources of error the following: "Coincidence; general action on the organism and its metabolism by simple pharmaco-dynamic effects; variability of the organo-



therapeutic extracts according to the method of acquisition, preparation, conservation, age, mutation, dose, avenue of introduction, frequency of dose; difference of their action and that of normal gland; uncertainty indeed of the syndrome being in line with the endocrine disorder."

One must also consider as has been suggested by Gley<sup>6</sup> tachyphylaxis and crossed tachyphylaxis. These facts, I believe, it is wise to call to your attention, not so much because you are likely to be placed in a position to check and cross-check symptoms and syndromes and causes and effects (either immediate or remote), but because I wish to leave the impression with you, that those of us who are working seriously in this subject are not crass cranks nor yet charlatans, neither are we gross incompetents or wilful deceivers. We are honest in our endeavors to come to some truth. Organo-therapy and the study of endocrinology are being put to as rigid tests as possible; even more rigid tests than many therapeutic means which have been freely used and widely exploited. One feels justified in stating that Endocrinologic research work has established certain conclusions.

As is well known, the external secretory organs produce a substance or enzyme of the nature of a ferment which is destroyed by heat and boiling. What, then, is the nature of the secretion of the endocrinous organs? Worthy investigators have made it clear that the secretion, or rather the active principle of the internal secretory organs, is not destroyed by heat in boiling, is dialysable and, some at least, permit of the isolation of a crystalline substance. Further the active principle of the Suprarenals permits of synthetic preparation. It is pointed out that the action of enzymes is slow or gradual, while the product of the organs of internal secretion acts immediately on introduction into the blood stream, in a manner similar to that of the active principle of some vegetable drugs. Then, again, like the alkaloids of some vegetable drugs, some act as excitors or stimulators of cell function and others as depressors. Starling<sup>7</sup> calls this something a HORMONE. However, he does not limit the term to the organic principle of an endocrinous nature. His extended use of the term hormone does not now concern us.

Because the action of these substances resembles that of alkaloids of vegetable drugs Schäfer<sup>8</sup> has coined the word AUTOCOID

(Autos, self and ákos, a medicinal agent or remedy). He defines an autocoid as "A specific organic substance, formed by the cells of one organ and passed from them into the circulating fluid to produce effects, upon other organs, similar to that produced by drugs." Such effects are either in the direction of excitation, in which case the endocrine substances producing them are "excitory autocoids" and would come under the expression HORMONS or in the direction of restraining or inhibitory autocoids and would be classed as "CHALONS."<sup>9</sup> While we see the term Hormone widely used, very frequently loosely and improperly used, little reference to or use of the term Chalon is found.

We must distinctly bear in mind the method of action of the autocoids. It is imperative for us to know, that under certain circumstances, the same autocoid may act as an excitor and under other circumstances as a depressor.

It is appropriate to note, here, that objections, to the above designated explanation of the action of the products of the internal secretory organs, are offered by that careful investigator Noël Patton.<sup>10</sup> While there is not a uniformity of belief, the consensus of opinion, at the present writing, tends toward the theory of Schäfer as above described.

Even a superficial knowledge or understanding of demonstrated facts will convince one of the wonderful fields for study, experimentation, observation and application opened up before us. Brodley Scott<sup>11</sup> says: "We begin to get a glimpse of the innermost secrets of life—of those marvelous agencies which maintain the physiological equilibrium of our bodies, and which, under varying circumstances enable us to fight this good fight of vitality versus decay." The more we study and the further we analyze, the firmer we are convinced, that the surface of the subject has only been scratched.

F. T. Robeson<sup>12</sup> makes the following statement: "I may be pardoned, however, in stating that certain conclusions have been arrived at, and have been confirmed time and time again." He summarizes these conclusions as follows:

"(a) Briefly stated the life of every individual is dominated largely, if not wholly, by his ductless gland chain.

"(b) Certain of these glands assume a preponderating influence on the morphology, physiology, and pathology of the individual.

“(c) Certain tropisms are existent, so that we have a pituitary, thyroid, adrenal type.

“(d) Certain diseases, both of an acute and constitutional character, are welded, as it were, with the glandular tropism and belong to them and are part of their distinctive pathology, either functional or organic. This is not only true of acromegaly, Addison's disease, Basedow's disease, but of many other diseases as well.

“(e) Glandular influence having so much to do with the physical make-up of the individual gives evidence of the glandular constellation under which he lives and has his being.

“(f) Within certain limits if the previous history of the individual be known, his physical appearance and future pathological state can be predicted.”

This synoptical postulation while not ceded by all endocrinologists in full, is, nevertheless accepted in part. The further we inquire, the more we accept. To me, personally, it seems proven fact, and not supposition or theory. However, we must not allow our vision to be clouded—too much must not be accepted lightly. We must not, as someone has aptly said, “allow the endocrines to become the maids of all work of the clinicians and psychopathologists” without challenge.

That Biedl in the bibliography of his work (*The Internal Secretory Organs*) refers to 3200 names of articles (roughly estimated by me); that Falta<sup>13</sup> a pioneer in ductless gland diseases, in his work devotes 68 pages to literature, surely indicates the great scope of the work being done. The very magnitude of the studies already completed and the constant stream of incoming investigations gives some intimation of the difficulty encountered in the study of the subject.

How shall we study this branch of medicine, Endocrinology, and how shall we obtain a working knowledge? This is the important question to many of you present tonight.

With this thought before me it will be my endeavor and pleasant task to submit for your consideration and discussion a scheme which has proven most useful to me and which I think will facilitate your work along the lines of Organo-Therapy.

First, the attempt should be made to verify and confirm all data bearing on the various glands. Second, the proven and probable deduced facts should be systematized in a logical manner. Without this one flounders around in a chaos of stated facts and data

which produces naught but confusion and uncertainty. After some three years of special study I have determined upon a method which I offer to you. The subject has been approached from five aspects:

1. The physiology and the physiological action of the particular glands and their active principle, when known.
2. The inter-relationship existing between the particular gland and the various other glands of the endocrinous system.
3. The Morpho-physiologico-psychic characteristics indicating a dyscrinism or endocrin imbalance. The so-called "trope" or type.
4. A tabulation of the various signs, symptoms and syndromes definitely associated with a so-called "Hypo" or "Hyper" activity, of the various glands, after a definite plan or method (anatomical and physiological).
5. Clinical evidence and experience (duly checked).

The THYMUS gland has been selected for illustration of this method. This I have done with malice aforethought. The thymus is possibly least known to both you and me of the ductless glands, and, therefore, lends itself well to a short essay such as this. It is my desire, therefore, to learn from the criticism and discussion of the paper, and I hope, also, that you, seeing what is possibly a new method of approach to a tedious subject, may be aroused sufficiently to assume part of the task of developing it. Once commencing it, you will find it as absorbing as the chess habitue does his chess and its problems.

*First.*—The Physiology and Physiological Action of the Thymus Gland and its active principle.

We can shortly dispose of the latter part of this by saying that, as yet, there has been proven no active principle of the thymus. Parenthetically I may say that the position of the Thymus as a cryptorrhœic gland has not been ceded by all. The physiology may be investigated along three general lines of experimentation.

(a) The changes taking place after the removal of the gland; (b) feeding the gland and noting changes and symptoms; (c) injecting glandular extracts into patients and carefully observing reactions, and deducting therefrom probable dyscrinisms. We should also not lose sight of symptoms and syndromes aris-

ing during the course of a known disease of a specific endocrine gland. It is possible that some of the changes attributed to the removal of the thymus may be confused by the inter-relationship existing between the thymus and another or other glands of the endocrine chain. After weighing the evidence pro and con, it appears as certain that the thymus has to do with CALCIUM METABOLISM, either directly or indirectly. While there is dispute as to the rationale of this metabolic change following thymectomy, the important fact is, that calcium metabolism *is* changed.

Bash, Klose & Vogt<sup>14</sup> give us these facts, namely, "Following thymectomy there develops, after a dormant period, a spongy condition of the skin (Pasty Habitus); growth is stunted on account of long bones failing to grow; bones become flexible; ossification is delayed; callus formation is poor after fracture; mineral ash in the bone is lessened; dentition is delayed; stadium adipositas develops; cachexia appears; and in spite of increased hunger there is progressive loss of weight; muscular tremors appear; hemoglobin is decreased; there is indolence; disturbance of co-ordination; and death comes on in a coma-like condition." Most interesting is the observation of König.<sup>15</sup> He found that a child nine months old whose thymus was removed on account of dyspnoea was promptly relieved as far as the breathing was concerned; but the child passed into a Rachitic-like condition and did not learn to walk until between four and five years of age.

Matti<sup>16</sup> notices marked changes in the bones due to deficient calcium, changes in bone marrow and deficient lymphocytes. Patton, Biedl, Renton and Robertson,<sup>17</sup> do not fully concur with the above expressed opinions, yet I think that the statements must be borne in mind and considered as *facts* until they are conclusively disproven. Schäfer,<sup>18</sup> while recognizing the sparsity of accurate knowledge about the thymus, feels that the well-established relationship between the thymus and gonads places the thymus in the category of endocrines of known equation.

Nöel Patton,<sup>19</sup> with many others, finds that castration delays the involution of the thymus, and Tandler declares the thymus in eunuchs is hyperplastic. Klose and Vogt note an increase in the ovaries and testicles when the action of the thymus is interfered with. And Klose himself establishes the finding that there is mental degeneration or abnormality where the thymus functions abnormally (Thymo-privic Idiocy).



Biedl<sup>20</sup> says: "It seems probable that the thymus exercises an inhibitory influence on the development of the testicle and the appearances seem to show that the involution of the thymus is dependent upon the development of the genital organs or glands."

Feeding the gland and injection of the extract of the thymus have proved disappointing save in establishing a relationship between the thymus and thyroid; and in some few experiments on lower forms of animal life, thymus feeding has in all probability exercised an inhibitory influence on metamorphosis.

Ott and Scott<sup>21</sup> appear to have proved that injecting the extract of thymus causes an increase in the secretion of the lacteal glands. My own experiments in the maternity department of the Children's Homœopathic Hospital of Philadelphia give me some hope of proving, that, to a certain extent, the thymus gland may be useful as a galactagogue.

A synoptic analysis of the data given above formulates the following:

(a) The Thymus has to do with calcium metabolism or possibly as Blair Bell<sup>22</sup> says, "with the retention of calcium" in the system. This alteration of the calcium equation giving rise to the bone changes.

(b) The Thymus inhibits the development of the generative glands, and may be associated with premature or precocious puberty.

(c) The Thymus has an established relationship with certain types of mental abnormality (Deficient mental development, Idiocy, Thymo-privic Idiocy).

(d) The Thymus excites the secretion of milk or at least has something to do with the endocrine balance which controls milk secretion.

These conclusions I think may be conceded.

*Second.*—The inter-relationship existing between the Thymus Gland and the various glands of the endocrinous system. Various investigators have established the following:

1. The thymus hypertrophies after removal of the ovaries.
2. The thymus hypertrophies following the removal of the testicles after sexual maturity.



be usually associated with changes in the other members of the endocrine system. In course of such a chart I believe great aid is afforded in the analysis of the individual case and in this respect I regard the solution of the triglycer theory.

**Notes**—The changes—physiological—hormonal characteristics underlying a fixation or exclusive incidence of the symptom. The term "long" is descriptive.

Under the caption there are strong signs to us as to the nature of the case and including symptoms such as symptoms and characteristics of drugs, describing certain patients under certain drugs and holding up our drug theory of the individual disease condition as long as we can thoroughly as to the case.

For some of the material contained under the heading I am indebted to Dr. Oscar Levin of New York and my colleague Dr. Ernest L. Smith of Philadelphia. The Trigonometry presents one or more of the following characteristics:

1. Soft connective tissue with fine hair (lungs, liver, pancreas and other organs). (The trivalent must be borne in mind.)
2. Hair development slight (above joint or joint a week).
3. Hair not coarse, it becomes assuming thin type.
4. Teeth small, some in order, rather poorly developed, with lack of uniformity of development and retention in size. In well-developed cases the central incisors are larger than normal, the incisors smaller than normal and unerupted.
5. The epiphyse show a lack of proper ring character, the cutting edge being more flat in nature.
6. Lower jaw easily permitting longer extension and flexion than up to the point of self-limitation. (Hyal-line)
7. Softness in most articulations.
8. Lack of size of osseous tissue fibers.
9. Deficiency of genital apparatus (Hypogonadism).
10. Frequent appearance of hair in females, genital function and lower development abnormally early.
11. The hair being fine (Figured or Wolff's).
12. The Trigonometry may appear gonococcus normally, with evidence may be observed and easily observed as to the way may be rendered and corresponding and may have other features.

Thus, then, by studying our case and carefully noting characteristics can we build a picture giving us definite indices pointing to the present existent or antecedent thymic endocrinopathy.

*Fourth.*—An orderly arrangement of the various signs, symptoms and syndromes definitely associated and identified with a so-called “hypo and hyper” activity of the thymus gland in an orderly manner. For this purpose we will group these signs, syndromes and symptoms under various anatomical and physiological headings.

Research physiologists and clinicians concerning themselves with the cryptorrhœic glands all recognize that the prefixes “hypo” and “hyper” used to describe dyscrinisms are inaccurate and unscientific. I, personally, in an essay on the Pituitary Gland, presented to the Clinico-Pathological Society of Philadelphia, have taken exception to such use. However, I believe, that in the present status of endocrine nomenclature and knowledge, there is still some virtue in the continuance of the terms for study purposes, although the use of “trope” is rapidly displacing them.

Under this anatomical and physiological arrangement we have:

#### ANATOMICAL AND PHYSIOLOGICAL NOTATIONS OF HYPO AND HYPER THYMIC ACTIVITY.

*Hypo-activity.* Anatomical notations.

1. Skin and Appendages: Loss of hair; hairlessness of face and head; ulceration of skin; skin soft and smooth. Edema.
2. Muscles.
3. Brain and Nervous System.
4. Viscera: Spleen enlarged.
5. Special Senses.
6. Bones and Joints: Soft bones; flexibility, fragility, friability of bones; stunted growth of long bones; deficient calcium (phosphorus?); delayed calcification of the epiphyses.
7. Reproductive Organs: Gland enlarges after removal of genitals (Testicles and Ovaries).

*Hyper-activity.* Anatomical notations.

1. Skin and Appendages: Scanty hair; pasty skin; pigmentation.

2. Muscles.
3. Brain and Nervous System.
4. Viscera: Cardio-aortic aplasia; enlarged lymph glands; lymphocytosis. Adenoids.
5. Special Senses.
6. Bones and Joints.
7. Reproductive organs: Deficient Genital development; mal-development.

*Hypo-activity.* Physiological notations.

1. Brain and Nervous System. Deficient mental development; discerning power diminished; somnolence; backwardness; apathy; acro-parasthesias; idiocy; thymoprivic idiocy.
2. Muscular System: Asthenia; sensation of weakness.
3. Blood and Lymph: deficient lymphocytes; hemoglobin deficient; lymphocythemia.
4. Circulatory System.
5. Respiratory system.
6. Digestive System: Voracious appetite; unusual hunger; craving for queer things.
7. Reproductive System.
8. Urinary System.
9. Skin and Appendages: Cachexia.
10. Special Senses: Slowness of hearing.

*Hyper-activity.* Physiological notations.

1. Brain and Nervous System: General nervousness.
2. Muscular System: Asthenia.
3. Blood and Lymph: Hypertrophy of lymph tissue; adenoids; tonsils; spleen.
4. Circulatory System: Pulse increased; blood pressure decreased.
5. Respiratory System: Dyspnea; cough harsh intermittent.
6. Digestive System.
7. Reproductive System: Mal-development; loss of instinct; lacteal glands stimulated.
8. Urinary System.
9. Skin and Appendages: Skin pale.
10. Special Senses: spasm of larynx.



## GENERAL CHARACTERISTICS OR KEYNOTES.

*Hypothyria.* Deficient development of osseous system; deficient stature; mentality low; low lymphocyte count low; characteristic teeth (large central incisors, small uneven lateral incisors, and the canines have lost their fang character and are more like incisors); precocity (genitally); disturbed nutrition.

*Hyperthyria.* Tall in stature; underdeveloped mentally; infantile genitals; shortness of breath; asthenia; myasthenia gravis; pigmentation (pituitary and adrenals).

While our knowledge of the thymus remains as it is, or better stated, until this gland is better understood, any arrangement which might be made in this direction is bound to be more or less unsatisfactory as well as unscientific. Still it classifies certain data methodically and to that extent is of service to the student of endocrinology.

I must repeat that it is rare that we find the thymus alone incriminated in any endocrine disturbance; we have to deal with a pluri-glandular dyscrinism.

*Fifth.*—Clinical experience and evidence.

There is very little verified and properly checked data to be brought forth. At the same time there appears considerable in literature which we dare not ignore. Personally, I can only call to your notice Rheumatoid arthritis; a rachitic-like condition; and two cases of seeming improvement in the milk secretion in nursing mothers.

Grouping together the various pathological states selected from the literature at my disposal, which are reported to have been favorably influenced by thymus gland therapy we have: Progeria; goiter (simple and exophthalmic, toxic and non-toxic myxedema; osteomalacia; idiocy; thymo-privic idiocy; rickets; hemophilia; rheumatoid arthritis; lymphantism; delayed or deficient calcification; marasmus; tetany; paralysis of head and trunk (Laignel-Lavastine); intermittent paraplegias; pseudo-paraplegia-myasthenia-gravis; and according to Browning Stammering, Mors Thymica. Falta associates the thymus in dysfunction in acromegaly; asthma thymica, Addison's disease, Basedow's; Cretenism; Eunuchoidism; mors thymica; Status Lymphaticus. The gland itself is subject to malignant involvement. An interesting case of

Sarcoma of the Thymus and associated carcinoma of the adrenals is reported.

I believe we have been able to develop clearly a rather comprehensive knowledge of the thymus in this study—the application of the thymus therapeutically holds promise, but is, by no means, as definitely understood as the other glands of the endocrinous system.

The organo-therapist and endocrinologist must limit himself to certainties and probabilities. These may be approached and attained through careful analysis and synthesis directed along the lines of :

1. Study of character.
2. Study of temperament.
3. Psycho-analysis.
4. The endocrino-syndrome (Basedow's, etc.).
5. Ordinary symptoms, such as headaches, insomnias, anxieties, sweats, blood pressure, etc.
6. Glandular tests.
7. Pharmaco-dynamic tests. (Sympathetico-vagatonic examination.)
8. Familial heredity.
9. Determination of type or "trope."

This tabulation is practically the arrangement of Laignel-Lavastine.

Perhaps I would err should I claim that the first two and last two of the above numbered statements are the most important. Nevertheless, I am constrained to say that in our present day of knowledge of Endocrinology and Organo-Therapy, they figure with extreme force. (Study of character, study of temperament, familial heredity, and the determination of the type or "trope.")

Following the above method establishes the various symptoms, symptom-complexes and syndromes—proper classification and analysis of these determines the ENDOCRINO-DIAGNOSIS, and from this it is but a short step to intelligent ORGANO-THERAPY.

Some, here, I fully appreciate may be skeptical; others again may be cynical; some others may see naught but are moved to ridicule. The skeptic we wish to interest and move; the cynic had best be left to time, as time alone will convert him (he has little

in common with reason); and as to ridicule, it oft times only arouses a strong suspicion of ignorance.

In conclusion I must risk being considered unscientific. That famous founder of the Cartesian Philosophy, Descartes, was responsible for the statement "that the brain glands were the seat of the soul." Were he living today and should he say that "the endocrine glands (at least in a physical sense) were the seat of the soul," I fear I would be forced to weigh the statement very carefully. I am almost persuaded that I would say—I believe.

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## DISCUSSION OF DR. KORNDORFER'S PAPER.

Dr. Oscar L. Levin, New York.

Mr. Chairman and Members of the Homœopathic Medical Society of the County of Philadelphia, I wish to thank you for the courtesy extended me to discuss the interesting and instructive paper read by Dr. Korndoerfer.

My interest in endocrinology was brought about by attempts to find some etiological factors which may be associated with the causation of some obscure skin diseases of unknown origin. Also, in the search for new therapeutic agents for the treatment of dermatoses, which are known to run prolonged and obstinate courses. One is at first skeptical of the possibilities, but after study, there is a tendency to enthusiasm, perhaps over-enthusiasm, but if one is conservative and combines judgment with knowledge much may be gained.

As pointed out by Dr. Korndoerfer there are several fundamental facts to be emphasized. Endocrinology is the study of dynamic phenomena rather than of statics; no single gland is the culprit in the production of the symptomology of a complaint; the function of a gland occurs in unison with those of other glands; for the present it seems advisable not to speak of hypo and hyper function of a gland, but to refer to the tropism; the extracts of a gland are very potent and should be administered in small, homœopathic doses; the extracts are not affected by the gastric juices, acids or alkalis, and may be administered by mouth.

In studying a case from an endocrinological viewpoint one must make use of every little detail obtainable by a very thorough history, a careful physical examination, and the aid afforded by the laboratory. The history is most important and the investigator must go into every detail of the family, the pre-natal, the past and present. In the family history the attempt should be made to discover evidence of endocrinopathies. In the pre-natal history questions should be asked as to the condition of the mother during pregnancy, the presence of shocks, accidents, toxiemias, etc., during this period. The character of the labor and the appearance of the secundines. In the past history such occurrences as the diseases of childhood are of importance. The thyrotrope may give the history of measles, sore throat and respiratory diseases; these

individuals usually die from diseases of the respiratory tract, like pneumonia. The Adrenotrope gives a history of scarlet fever and diphtheria and is the type of individual who succumbs as a result of cardio-vascular, renal diseases or sarcomatosis. Syphilis is the pituitary disease. Mumps is generally known to affect the gonads. The menstrual history should be taken with much detail. Inquiry should be made as to the time of onset, the character of the first period, the frequency and regularity or irregularity, the presence of dysmenorrhœa, the time when pain is present, the site and character of such pain; the duration of the flow, the quantity. The occurrence of headaches, the periodicity should be determined. Especially characteristic is the bi-temporal headache of the pituitrope.

The physical examination must be completed. No defects should be skipped over. Note should be made of all structural defects or deviations from the average. The pituitrope may be short or tall, may show defects in structure, such as cleft palate, hare-lip, asymetry, skeletal disproportion. The Adrenotrope shows pigmentation and moles. The TEETH are important indicators of tropism. Teeth which are small, resembling milk teeth, with fine cutting edges, are the Thymotrope. The Thymotrope may also show very long upper middle incisors and short lateral incisors with short canines, showing an absence of the pointed fangs. The teeth of the Thyrotrope are fine, pearly in appearance and evenly spaced. The good thyrotrope shows strong healthy teeth, while the poor thyrotrope shows teeth which are very carious. Spaces between the teeth especially between the upper middle incisors indicates a pituitary type of individual. Adrenal teeth are dark, may show browning pigmentations, and the good adrenotrope usually has long strong canines. In the gonadotrope the teeth, mainly the lower, are twisted and crooked. Absence of small lateral incisors usually indicate an infantile uterus with infantile or absent ovaries.

The distribution, the amount as well as the color and character of the hair aid in classifying the types. The thymotrope has a poor growth of hair, shaves infrequently, has very little hair on trunk, sparse axillary and pubic hair, and in the case of the male the pubic hair may show an upper horizontal line of demarkation as in the female. The Adrenotrope is covered with a thick growth



of heavy hair, dark in color, and it may be as to suggest the hairy coat of an animal. He usually shows epaulets of hair on the shoulders. It has been said that the high temporal growth of hair indicates the thyrotrope, and the low down growth over the temporal region and forehead characterizes the pituitrope. Sparse and absent outer third of the eyebrows go with the poor thyrotrope according to Levi-Rothschild.

Certain skin phenomena are valuable. Sergent's White Line accompanies faulty condition of the adrenals and a flushing of the skin over the thyroid and upper chest an excessive functioning of the thyroid.

Time does not permit me to dwell any further on this phase of the subject. It is emphasized, however, that a careful search for stigmata is pertinent. The laboratory is to be employed and such tests as the carbo-hydrate tolerance of the individual, the determination of the rate of basal metabolism, the urea content of the blood, the application of methods to determine the presence or absence of acidosis, etc., aid in diagnosis.

The life of an individual may be divided into three periods; each is controlled by a gland which works harmoniously with the other glands. The first period extends to puberty and is dominated by the thymus and to a less extent by the pineal. This is the period of growth and development. The thymus keeps the gonads in abeyance and promotes the growth of bone. The main functions of the pineal is to aid the thymus in holding the gonads in abeyance and to regulate the growth and development of muscle. The second period extends to the prime of life. It is under the guidance of the gonads. It is the period during which the individual is engaged in the struggle of the survival of the fittest. The third period extends to death. This last period is characterized by degeneration with the adrenals fighting to maintain life. When the adrenals become exhausted and cease functioning death ensues. The other glands co-operate with those already mentioned. The thyroid is the great regulator, and with a good thyroid the individual shows the signs of a good average human being. The pituitary controls dimensions in structure (short or tall man, large or small chin, prominent molar bones, long or short fingers, etc.), and dominates that which shows periodicity (periodic headaches, pains, etc.). The adrenals are the great activa-

tors; the good adrenotrope is a fighter and very aggressive; the poor adrenotrope lacks ambition, shows lassitude, and the extreme type is seen in the asthenia of Addison's disease.

Dr. Korndoerfer has given us an excellent review of our present knowledge of the Thymus Gland. In discussing the cycle of life of the thymotrope it may be divided into various stages. The first period, which extends from birth to puberty, is characterized by certain generally recognized conditions designated as "hyperthymismus," status lymphaticus or thymolymphaticus, thymic asthma and mors thymica. Dr. Korndoerfer has given an excellent description of this stage. In the next period, which extends to twenty, usually, the phenomena result from tardy development of the gonad as result of thymic subinvolution. The individual assumes the appearance of one of the opposite sex, there is a lack of the development of the secondary sex characteristics, there is marked fatigue, and the extremities are out of proportion as compared to the length of the trunk, the carbohydrate metabolism is disturbed and the thymus appears enlarged in radiographs of the chest. If the patient does not succumb to infectious condition we begin to see evidence of attempts at compensation on the part of the other glands, especially the adrenals and the pituitary. The blood pressure becomes increased, fatigue is less marked, the individual assumes the structural characteristics of the acromegalic, there is a low carbohydrate metabolism and the secondary sexual characteristics develop. Headaches are a frequent complaint and may be bi-temporal or of a boring character. These headaches result from pressure of an enlarging pituitary gland, or there may be destruction of the clinoid processes, or a small sella with the clinoid processes approaching one another and crowding the pituitary gland, or there may be destruction of the clinoid processes and of the floor of the sella.

With the establishment of glandular compensation the individual tends to show an apparently normal development, but at times failure of compensation may ensue. In those where decompensation occurs another phase appears. The patient shows a poor resistance to infection, shows marked fatigue, low blood pressure. Sergent's White Line may be observed, symptoms of a mild or fruste Addisonian Syndrome may develop or even a typi-

cal Addison's disease, and the patient succumbs to a mild shock or from anæsthesia, or from an infectious condition.

Timme has pointed out differential signs to distinguish thymic from pineal subinvolution. In the thymic individual a fold of scrotal skin may be observed encircling part or the whole of the base of the penis.

The effect of thymic dysfunction on the skin is the indirect rather than the direct. In certain individuals with persistence of the thymus and an exudative diathesis, like Czerny's diathesis, eczema, seborrhœa, urticaria, prurigo, erythema may occur. In those cases with poor thyroid function we may see skin infections like impetigo, furunculosis, papulo-necrotic tuberculids, infiltrating conditions like scleroderma, and keratodermata like ichthyosis and pityriasis rubra pilaris. Thymotropes with acidosis show a tendency to ache, seborrheic eczema, psoriasis, pilo-sebaceous diseases, and urticaria. In cases of decompensation of the synergistic glands pigmentary changes, erythemas, and pruritis are common. Dr. Korndoerfer has already described the skin of the thymotrope which is soft, velvety smooth, with sparse hair in the usual sites and faulty distribution, as a secondary sex characteristic.

As for treatment thymectomy, Roentgen-ray therapy and radium have been recommended. Various drugs like atropine, iodides, quinine hydrobromate and ergot have given results according to definite indication. Pituitary gland, thyroid and the adrenals have also been in service. The gonads, spermin are also of value. In closing I wish to emphasize the fact that it is not necessary to use large doses of the gland in organo-therapy, and there is a tendency to homœopathy by many endocrinologists.

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### A CASE OF PERNICIOUS ANÆMIA.

Dr. Frank A. Benham, Elkhart, Ind.

Man aged 50; weight, 160; accustomed to vigorous physical exercise, in spring of 1920 complained of increasing and extreme debility without any apparent reason so far as he could determine; he was indifferent to his business interests; he just wanted to lie down or sit down and be left alone; didn't want anyone to bother

him on any account; no ache, no pain; good appetite; but the more he ate, the weaker he became. Dyspnœa on slight exertion; hyperidrosis on any exercise—just wanted to lie down and be left alone.

In the summer of 1920 he had been under care and treatment of a competent and well-known Chicago physician, who properly recognized his condition; but after months of treatment was unable to improve it and said to patient:

“It’s not necessary for you to go to the expense of a trip here and consultation (which was \$35 for about 20 minutes of the doctor’s time) as I can just as well send medicine to you by mail.”

This statement of the doctor was regarded by patient as a confession of weakness or doubt and he did not again see him.

An examination of patient’s blood on November 26, 1920 revealed this condition:

Erythrocytes	1,180,000
Size and shape	Poikilocytosis
	Polychromatophiles
Hæmoglobin	40%
Leucocytes	5,600
Polynuclears	52.5%
Small lymphocytes	15%
Large lymphocytes	30%
Easinophiles	2.5%
Color Index	1.67

This patient was first given Thuja 60x., one powder every second day, because he said he had patches of discolored skin on legs that came on after a vaccination 25 years previously, and which he said, had bothered or worried him ever since, and of which he expressed a fear.

After two weeks’ time he was given Calc. Ostrear 3x., two doses a day for two weeks and Thuja was continued a powder every third day.

From this date, December 30, 1920, he was given intercurrently Lycop. 60x., Sulph. 60x., and after two or three weeks reported very great improvement.

On January 29, 1921, a second blood examination revealed this condition:

Erythrocytes .....	4,400,000
Size and shape .....	Normal
Hæmoglobin .....	.70%
Leucocytes .....	8,600
Polynuclears .....	.70%
Small lymphocytes .....	.7%
Large lymphocytes .....	.20%
Easinophiles .....	.2.5%
Color index .....	1.2%

At this date May 1, 1921, the patient considers himself cured. Weight, 200 pounds; sleeps all right; works (a manufacturer) all day; eats heartily.

Any criticism of above diagnosis or treatment urgently solicited.

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### A RECORD OF PASSING EVENTS.

By Eli G. Jones, M.D., 1331 Main St., Buffalo, N. Y.

This year is the *golden opportunity* of the Homœopathic School of Medicine. It is their *one* chance to put Homœopathy on "the map" in this country. The drugless healers have spent money *LAVISHLY* in educating the people to do *without* medicine. The regular schools of medicine have been telling the public in the newspapers what *wonderful* things they are doing to *prevent* diseases common to our country but they have *neglected* one very *important* item, they have *failed* to tell the dear people *how* these diseases *may be cured*. The time is ripe for the Homœopaths to *show* the public what they can *do* to heal the sick; statistics should be published comparing the *results* of *their* treatment of the sick with the *old* school method of treatment.

The public must be educated, they must be taught what Homœopathy really *is* and what it will *do* for them when they are sick. All the books and articles for the journals on the *Theory* of Homœopathy will *never* convert *any* regular physician to Homœopathy. They have had *enough* of *theories*, they have been "fed up" on theories for the past fifty years. What *they* want is facts, *results*. When you can *show* them by reports of cases cured in your journals and in the independent medical journals, when you can show them by *actual statistics*, that you can do *more* for the sick than *they* can do with *their* remedies. This will do *more* to



convince them of the *real* value of Homœopathy as a *curative* agent. I have often had old school doctors say to me, "what we want is *results*," and I showed them *how* to get *results*!

Lord Byron said: "There is a tide in the affairs of men which taken at the flood, leads onto fortune."

This year is the "*flood* tide" of Homœopathy in America, and if they are *wise*, they will grasp the *golden* opportunity, and *make* Homœopathy *known* to the profession and public.

I had a report from Dr. William Hendricks, 6143 Bishop Street, Chicago, Ill., a very eminent regular physician of that city. He says, "he had a patient, a fat man (a contractor), afflicted with the asthma"; he received from me all sorts of remedies, regular and irregular, and he finally appeared to be cured. Some months after that he returned *worse* than ever gasping for breath. I had read in some journal of Natrum Sulph. 6th x. for asthma. So I prescribed three tablets every two hours. In two weeks he was *cured* and there had been no return of the trouble. Dr. Hendricks has a big practice, he prescribes for about fifty patients a day at his office.

He says he "has used Natrum Sulph. 6th with *good* results in *all* cases of hay fever."

Dr. Benj. A. Bradley, Hamlet, Ohio, reports "a case of splenitis that had been diagnosed as *cancer* by *three* surgeons, he cured the case with R̄ Tr. Polymnia 5iss., Aqua 5viii, Mix Sig. Teaspoonful after each meal and at bedtime. He applied Lloyd's ointment Polymnia locally over the spleen twice a day."

Dr. Bradley is an Eclectic, and a *very* good one, too.

I had an interesting report from Dr. J. T. Keene, Fort Meade, Florida. He says "he has treated over three hundred patients within the past two years (mostly *hard*, chronic cases), and *no* deaths.

"One of his patients, a young lady, had been treated by thirteen different doctors. They *failed* to help her any, they acknowledged *that they could not cure her*.

"As a result of my treatment the girl is *well* and riding around in her Ford car."

It is exceedingly gratifying to me to get letters like the above from men who are *doing things* in their profession.

Dr. W. H. Bernhart, Elk City, Kansas, has practiced medicine

sixty years. He writes me that "he has *splendid* success in following the teaching in my book D. M." He mentions a case that he has "a lady, was vaccinated nineteen years ago in her left arm, and she has had *pain in that arm ever since*, and now the arm is swollen to the ends of her fingers."

It would seem that the lady is suffering from Vaccinosis, the *after* effects of Vaccination. The eclectic remedy for the after effects of Vaccination is Tr. Phytolacca, the Homœopathic remedy is Tr. Thuja, the Biochemical remedy for the above condition is Kali Mur. So you see we have three remedies to select from, and I would treat the above case with Tr. Thuja 30th x., 10 drops every three hours, in alternation with Kali Mur 3rd x., three tablets every three hours; locally I would apply compress to the arm wet with epsom salts, one ounce to the pint of warm water. Keep compress *constantly* wet with the above wash.

I should expect *good* results from the above *treatment*.

It sometimes happens that more than one disease may be present in the system of your patient.

In reading the pulse of your patient remember this fact, that the most *active* disease will *show* itself in the *pulse*, while the *other* disease or diseases may be *mastered* for the time being, when you have the *most* active disease under *control*, then the *other* disease will *show* itself in the pulse.

For example, to illustrate my meaning, in a certain patient I found on reading the pulse a *well* marked *tension* in the pulse of *both* wrists. In a few days, under the influence of Magnesia Phos. 3rd x., every two hours, the tension *relaxed*. When I read the pulse it was *entirely* different. Instead of the *tension* and irritability of the pulse from the hystero-epilepsy, found a *weakness* to the pulse, and a *well-marked interval* between the pulsations of the radial artery. This showed me that I had the *active* disease under *control*; then the *other* condition showed itself in the pulse. The patient had an attack of apoplexy, and it *showed* itself in the pulse *three years after the attack*.

Dame Nature is our good friend, and she often times *warns* us not only of what *has* taken place in the body of our patient, but what *may* take place in the near future. So if we will only *heed* her warning, we can sometimes "stave off" a serious trouble to our patients and give them a *longer* lease of life.

To the average doctor the above is all *Greek*, for he has been taught to *count* the pulse, *not to read it*. He counts the pulse of one wrist, he doesn't know that the pulse of the *other* wrist *may be entirely* different, and point to *another* condition in this patient. Thus it is on such a "snap-shot" diagnosis of a case he proceeds to prescribe for the patient. If he knew *how to read* the pulse, and would read the pulse of BOTH wrists and would *compare* them, it would enable him to get right at the *real* condition of his patient, and then he could prescribe *intelligently* for the patient, and get good results from the treatment.

I saw an old lady who had been sick sometime, they had several doctors, and also tried drugless healer, also the "Scrum treatment"; but they all *failed* to make a *diagnosis* of the case or to help the patient in *any* way.

I read the pulse of *both* wrists very carefully, and found a *well-marked interval* between the pulsations of the radial artery of *both* wrists. I said to the daughter: "Your mother has had a shock of apoplexy, she is liable to have another within a week, and that will cause her death." It all came out just as I said. She had another "shock" and died within the week.

There was a time when we could tell considerable about the condition of a sick person, but the *vitality* of the patient was an almost *unknown* quantity; but now when we look at the eyes and they have a clear, *bright* expression to them, and we find the pulse of *both* wrists *full, strong* and *regular*, we know from this that the *vitality* of *our patient* is at the *normal point*. We *don't* want to know how many *times* the pulse beats, but we *do* want to know its *character* and *quality*, what *impression* do you get from the pulse, how does it *feel* to you?

I sat beside a lady and read her pulse, it had an *intermission* of the pulse every *third* to *fourth* beat. I said to her, "you have enlargement of the liver." She complained of a *soreness* and *tenderness* over the region of the liver; the reader will remember that indicates Tr. Chelidonium, five drops, three times a day. A few days later the lady reported, "no pain, no soreness." We know that the system of our patient is *responding* to the action of the Chelidonium, because the *intermission* to the pulse is *further* apart, may be every fifth of sixth beat.

If our doctors would only get *out* of the *foolish* notion of *counting* the pulse and try to *read* it, it would be a *thousand* times better for *them*, and for their *patients*. Remember, the rule in definite diagnosis, a certain *kind* of pulse will have *certain* symptoms go *with* it. With *certain* symptoms we may expect a certain *kind* of pulse.

We don't have to ask the patient a *lot* of questions (mostly to gain time), for the eye, face, tongue and pulse tell the *whole* story, and *very* few, if any, questions will have to be asked.

The patient *may* try to *deceive* you, and they often *do*, but the pulse will tell you the *truth every time*.

Dr. James W. Ward says in the *N. A. American Journal of Homœopathy* for March: "Do you know that Hahnemann published his first *Materia Medica* in the Latin language? Do you know that in various languages throughout the century there have been forty-seven editions of the *Organon*?"

"Do you know that Homœopathic journals have been published in twenty-eight cities in eighteen countries?"

"Do you know that during this Homœopathic Century there have been close to five hundred Homœopathic periodicals in many languages? Do you know that the Homœopathic Library of the University of Michigan contains four thousand Homœopathic volumes?" Yet we have heard it said that "Homœopathy *was dead!*"

There are some of the leaders of the regular school who wish it was, for the "wish is father to the thought." Dr. Ward uttered a *great thought*, when he said:

"Let me emphasize to you that the most *powerful* agent for the progress of our school today is the evidence of *cures* made, based upon *clear* remedial indication."

The little book by Burnett, "Fifty Reasons Why I Became a Homœopath," will make more *converts* to Homœopathy than all your books on the Theory and Philosophy of Homœopathy.

## DEPARTMENT OF HOMŒOPATHIC PHILOSOPHY.

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*(Continued.)*

The use of tangible or massive doses in certain cases, previously referred to, does not violate the principle of the minimum dose. The principle of Similia as applied in the selection of both remedy and dose is universally true. It is as true in terminal conditions in chronic disease, marked by gross pathological lesions and symptoms, as it is in any other kind of cases. When such a case does not respond to potentiated medicines, the homœopathic physician falls short of his duty if he lets his patient die or pass into other hands without resorting to tangible doses; or if he weakly yields, abandons the principle of similia and resorts to mere routine palliation. Occasionally an allopathic physician is called in, who gives so-called "physiological doses" of some common drug and restores the patient. He merely does empirically what the homœopathic physician should have the discernment and common sense to do scientifically—namely, give the drug that is *really homœopathic to the case*, but give it in the doses required at that stage of the case to excite the curative reaction. He does what the homœopathic physician is perhaps too timid, too ignorant, or too prejudiced to do. Result: the allopath gets the honor, the family and the emolument; the homœopath "gets the laugh," and Homœopathy "gets a black eye." The occasional successes of allopathic physicians in such cases are nearly always accomplished with drugs which are homœopathic. The homœopath who habitually uses high potencies is apt to forget or overlook the fact that a terminal case may reach a point where the symptoms call for material doses because the susceptibility is so low that it will react to no other, but will react to them.

Such a case occurred in the practice of the writer. It was a case of valvular heart disease, of many years' standing, which had reached the stage of fibrillation in a man about sixty years of age. In a previous crisis it had responded to potentiated medicines. In this instance, however, potentiated medicines, selected with the greatest care, had no effect. An effort was made to arouse the dormant reactivity with potentiated intercurrent remedies, as recommended by homœopathic authorities.



All efforts failed, and the case rapidly progressed toward dissolution. Tachycardia, arrhythmia, edema, ascites, hydrothorax, congestion of the brain and liver, delirium, suppression of urine and coma foretold the rapid approach of the end. For a period of over three weeks the symptoms had positively and unmistakably demanded *Digitalis*; but doses ranging from the forty thousandth potency down to drop doses of the tincture produced no favorable change.

At this point, by advice of an eminent allopathic specialist, who was called in at the request of the family, full doses of a special preparation of *Digitalis*, and a salt-free liquid diet were given. Within thirty-six hours the patient was passing over one hundred ounces of urine in twenty-four hours. Brain, lungs and liver rapidly cleared up and the case which had appeared absolutely hopeless progressed steadily to a good recovery.

The action of the medicine was clearly curative. No drug symptoms of any kind appeared, for the copious urine was distinctly a curative symptom. Only six doses of the drug were given, at intervals of twelve hours, and it was discontinued as soon as its full therapeutic action was established.

About one month later, it was necessary to repeat the medication in smaller doses a few times for a slight return of some of the symptoms, due to overexertion.

This patient was not cured in the sense that his structurally damaged heart valves were restored, for that is an impossibility. But the action of the indicated drug was curative in its nature, as far as it went, his life was prolonged, and he was restored to a measure of comfort and usefulness, when, otherwise, he would have died.

*Digitalis* in material doses was homœopathic to his condition, symptomatically and pathologically, and no other drug or preparation could take its place at that stage of the disease. No other drug or medicine of any kind was given.

In contrast to this case, and in further illustration of the necessity for being prepared to use the entire scale of potencies, the following case from the practice of the writer is presented.

The patient was a girl, eighteen years of age, in the late stages of incurable heart disease. She had been under allopathic treatment for over a year, steadily growing worse. When first seen

by the writer, she was confined to a chair, unable to lie down or remain in bed. General edema, ascites and hydrothorax existed. Urine was almost entirely suppressed, only about four ounces being passed in twenty-four hours. Tachycardia and dyspnoea were most distressing and death seemed imminent. The history and anamnesis of her case revealed unmistakable Calcarea symptoms. She was given a single dose of Calcarea carb., C. M., Fincke. The reaction to the remedy was surprising. Within forty-eight hours urine began to be secreted copiously. For several days she passed from one hundred and twenty to one hundred and fifty ounces per day. Dropsy rapidly disappeared, and she was soon able to lie down, and sleep comfortably. In about four weeks she was able to go out for a ride, and not long after was out walking. She lived thirteen months in comparative comfort and happiness and then died quite suddenly of acute heart failure, after a slight overexertion.

These two cases represent the extremes of therapeutic resources open to the homœopathic practitioner.

*Susceptibility is Modified by Habit and Environment.*—People who are accustomed to long and severe labor out-of-doors, who sleep little, and whose food is coarse, are less susceptible.

Persons exposed to the continual influence of drugs, such as tobacco workers and dealers; distillers and brewers, and all connected with the liquor and tobacco trade; druggists, perfumers, chemical workers, etc., possess little susceptibility to medicines, and usually require low potencies in their illnesses, except where their illness is directly caused by some particular drug, when a high potency of the same or a similar drug may prove to be the best antidote.

Idiots, imbeciles and the deaf and dumb have a low degree of susceptibility, as a rule.

There is no rule without its exceptions, and this is especially true in this matter of the homœopathic dose. Contrary to what one would expect, persons who have taken many crude drugs of allopathic, homœopathic or "bargain-counter" prescription, often require high potencies for their cure. Their susceptibility to crude drugs and low potencies has been exhausted, and even massive doses seem to have no effect, as where cathartics or anodynes have been used until there is no reaction to them. Such cases will

often respond at once to high potencies of the indicated remedy; in fact, they often require the high potency as an antidote. The high potency is effective because it acts on virgin soil, invades new territory, as it were.

When the old "Chronics" begin to come in to see the New Doctor—"old rounders," upon whom the contents of the drug shops and the medicine cases of his tincture and low potency competitors have been exhausted in vain—"an' he be wise," he will get out his *little high-potency case and prescribe from that*. The results will surprise them, if it does not surprise him. It should not surprise him, because he has been told beforehand.

*The Seat, Character and Intensity of the Disease Has Some Bearing Upon the Question of the Dose.*—Certain malignant and rapidly fatal diseases, like cholera, may require material doses or low potencies of the indicated drug. Hahnemann's famous prescription of Camphor in drop doses of the strong tincture, given every five or ten minutes, with which so many thousands of lives have been saved, is an illustration. Later after reaction has been established, and other remedies, corresponding to the symptoms of later stages of the disease are called for, the higher potencies are required.

Generally speaking, *diseases characterized by diminished vital action require the lower potencies; while diseases characterized by increased vital action respond better to high potencies*; but this again is modified by the temperament and constitution of the patient. Uncomplicated, typical Syphilis, in its primary stage, the chancre still being existent, may be cured speedily by Mercury in medium or high potencies, if the patient is of the nervous or sanguine temperament, and especially if he has not already received treatment. If he is of the sluggish type, however, Mercury in the second or third trituration will probably be required. If the patient presents himself later, having already received the conventional large doses of Mercury and potash until the characteristic dynamic and pathogenetic symptoms of those drugs have been produced, low potencies will be of no avail. Either susceptibility has been exhausted, or a drug idiosyncrasy has been developed. The drugs must be antidoted and the further treatment carried on by higher potencies. These remarks apply not only to Mercury

and Syphilis, but to practically all other diseases and drugs. It is not to be inferred that Mercury is the only remedy for Syphilis; for in Syphilis, as in all other diseases, we must individualize both case and remedy if we expect to cure our patients.

What has been said of the use of higher potencies in cholera, after reaction has been established by Camphor tincture, is applicable in many other diseases of malignant character and rapid progress. In the beginning, when torpor or collapse indicate the dangerously low vitality and deficient reaction, a few doses of a low potency may be required, until reaction comes about, after which the potency should be changed to a higher one, if it is necessary to repeat the remedy. The question is entirely one of susceptibility. The higher the susceptibility, the higher the potency. We must learn how to judge the degree of susceptibility if we would be successful as homœopathic prescribers; and this applies not only to the normal susceptibility of the patient as evidenced by his constitution, temperament, etc., but to the varying degrees of his susceptibility as modified by the character and stages of his disease, and by previous treatment. At one stage he may need a low potency, as already pointed out, and at another, a high potency. The man who confines himself to the use of a single potency, or two or three potencies, be they low or high, is not availing himself of all the measures of his art, and will frequently fail to cure.

Attempts have been made to lay down rules governing the dose based upon a pathological classification of diseases; as, for example, that the lower preparations should be used in chronic diseases with tendency to disorganization of tissues, and in acute diseases; or that the high potencies should be used in purely functional and nervous affections; but these classifications are not reliable. They only serve to confuse the mind of the student, and distract his attention from the main point, which is *to determine the degree of susceptibility of the particular patient at a given time.*

Thus the whole matter of the dose, like the selection of the remedy, resolves itself into *a problem of individualization*, which, as a principle, governs all the practical operations of Homœopathy. Looking at this subject broadly, and having the highest degree of success in view, it is seen that it is as necessary to individualize

the dose as it is the remedy, and that the whole scale of potencies must be open to the prescriber.

Occasionally a case will be met which is not at all susceptible to the indicated remedy. In such cases the temporary insensibility to medicine may be traced to the previous abuse of medicine, or to an exciting regimen. If time and the exigencies of the case permit, it is sometimes best to cease all medication for a few days and carefully regulate the diet and regimen. Then medication may be resumed, using, according to the temperament and constitution of the patient, either a low or a medium potency.

Hahnemann has recommended in such cases, the administration of Opium, in one of the lowest potencies, every eight or twelve hours, until some signs of reaction are perceptible. By this means, he says, the susceptibility is increased, and new symptoms of the disease are brought to light. Carbo veg., Laurocerasus, Sulphur and Thuja are other remedies suited to such conditions. They sometimes serve to arouse the organism to reaction, so that indicated remedies will act.

Remedies used in this way are known as "Intercurrents." The Nosodes, Psorinum, Syphilinum, Medorrhinum, Tuberculinum, are also to be remembered in this condition, in cases where the latent miasms represented by these medicines are present, as shown by the symptoms or by the history and previous symptoms of the case. A single dose of the appropriate nosode, in a moderately high potency, will sometimes clear up a case by bringing symptoms into view, and make it possible to select the remedy required to carry on the case successfully. Such use of remedies must be based upon a careful examination and study of the history of the case, and not merely upon empirical assumptions. Here, as elsewhere, individualization and the law of similia must guide.

*Repetition of Doses.*—It remains to speak of one more important matter connected with the general subject of Homœopathic Posology—the repetition of the dose. The management of the remedy in regard to potency and dosage is almost as important as the selection of the remedy itself. The selection of the remedy can hardly be said to be finished until the potency and dosage have been decided upon. These three factors, remedy, potency and dosage, are necessarily involved in the operation of prescribing.



Not one of them is a matter of indifference, and not one of them can be disregarded.

The first question which confronts us is whether to give one dose or repeated doses. The second question is, if we give one dose, when shall we repeat it? Third, if we give repeated doses, how often shall we repeat the doses, and when shall we stop dosing?

Many expert prescribers begin treatment of practically all cases by giving a single dose of the indicated remedy and awaiting reaction. This is an almost ideal method—for expert prescribers. Of course, we all expect to become expert prescribers, and will therefore accept that as our ideal.

Hahnemann's latest teaching, the outcome of his long and rich experience, was to give a single dose and await its full action. The wisdom of this teaching has been amply confirmed since his day by many of his followers. The duration of action of a remedy *which acts* (and no other counts), varies, of course, with the nature and rate of progress of the disease. In a disease of such violence and rapid tendency toward death as cholera; for example, the action of the indicated remedy might be exhausted in five or ten minutes and another dose be required at the end of that time. In a slowly progressing chronic disease, like tuberculosis, the action of a dose of a curative remedy might continue for several weeks. Between these two extremes are all degrees of variation.

The only rule which can be laid down with safety, is to *repeat the dose only when improvement ceases*. To allow a dose, or a remedy, to act as long as the improvement produced by it is sustained, is good practice; but to attempt to fix arbitrary limits to the action of medicine, as some have done, is contrary to experience.

Young practitioners, and many old ones, too, give too many doses, repeat too frequently, change remedies too often. They give no time for reaction. They get doubtful, or hurried, or careless, and presently they get "rattled," if the case is serious. Then it is "all up with them," until or unless they come to their senses and correct their mistakes. Sometimes such mistakes cannot be corrected and a patient pays the penalty with his life. It pays to be careful and "go slow" in the beginning; then there will not be so many mistakes to correct. Examine your case carefully and sys-

tematically, select your first remedy and potency with care, give your first dose if the single dose is decided upon, and then watch results. If the remedy and dose are right, *there will be results*. I have no doubt on that score. You cannot give the indicated remedy and potency, even in a single dose without *some* result, and the result must be good. Generally speaking, it may be taken for granted that if there is no perceptible result after a reasonable time depending upon the nature of the case, either the remedy or the potency was wrong.

One of the most difficult things is to *learn to wait*. Three things are necessary; wisdom, courage and patience. "Strong doses" and frequent repetition will not avail if the remedy is not right.

In paragraph 245, Hahnemann gives this general rule: "*Perceptible and continued progress of improvement in an acute or chronic disease, is a condition which, as long as it lasts, invariably counter-indicates the repetition of any medicine whatever*, because the beneficial effect which the medicine continues to exert is rapidly approaching its perfection. Under these circumstances every new dose of medicine would disturb the process of recovery."

In the long note to paragraph 246, however, which should be carefully studied, Hahnemann qualifies this statement, and indicates the circumstances under which it is advisable to repeat the doses of the same remedy, using the action of sulphur in chronic diseases as an illustration.

In paragraphs 247-248, Hahnemann says: "These periods" (marked by the repetition of doses) "*are always to be determined by the more or less acute course of the disease and by the nature of the remedy employed*. The dose of the same medicine is to be repeated several times, if necessary, but only until recovery ensues, or until the remedy ceases to produce improvement; at that period the remainder of the disease, having suffered a change in its group of symptoms, requires another homœopathic medicine."

Study also paragraphs 249-252: The single dose of the indicated remedy, repeated whenever improvement ceases, as long as new or changed symptoms do not indicate a change of remedy, is adapted to all cases, but especially to chronic cases, and to such acute cases as can be seen frequently and watched closely. The

nature and progress of the disease will determine under this rule, how often the dose is to be repeated. Cases may present themselves, however, which cannot be watched as closely as we would like. We may not be able to visit the patient frequently, nor remain with him long enough to observe the full period of remedial action. In such cases, it is permissible, and indeed necessary, to order a repetition of doses at stated intervals of one, two or three hours, until improvement is felt or seen, or perhaps until our next visit. In such cases it is well to direct that the medicine be stopped as soon as the patient is better, giving some simple instruction to the nurse as to what constitutes a reliable sign of improvement, according to the nature of the case.

If a patient is so gravely ill as to require doses at intervals of less than one hour, it is the physician's duty to remain with the patient and judge of his condition and progress for himself, unless he is *absolutely sure of the remedy* or is in telephonic communication with the case.

The next point to be considered under the general subject of Homœopathic Posology is *The Effect of the Remedy*.

After we have selected what we believe to be the indicated remedy, and administered it in proper potency and dosage, it is our duty to observe the patient carefully, in order that we may correctly note and intelligently interpret the changes that occur; for upon these changes in the patient's condition, as revealed by the symptoms, depend our subsequent action in the further treatment of the case.

The first thing to be determined is whether the remedy has acted at all or not. If it has not acted, we have next to determine whether the failure to act is due to an error in the selection of the remedy, or to the selection of the wrong potency of the remedy. If, in carefully reviewing our symptom-record we find the remedy rightly chosen, we change the potency to a higher or lower potency, as circumstances may require, after a reconsideration of the patient's degree of susceptibility.

In deciding the question whether the remedy has acted or not, we must be careful not to be misled by the opinions or prejudice of the patient or his attendants. Some patients, having all their interest and attention centered upon some symptom which they regard as all-important, will report that there has been no change;

that they are no better, or even worse than they were before they took the remedy. Accept these statements with great caution and proceed to go over the symptom-record, item by item, with care. Do not antagonize the patient by gruffly asserting that he must be mistaken, but express regret or sympathy, and then quietly question him as to each particular symptom. You will frequently find that the patient has really improved in many important respects, although his pet symptom (often constipation) is as yet unchanged.

The action of a remedy is shown by changes in the symptoms of the patient. Upon the character of those changes depends our further course of action. A remedy shows its action (1) by producing new symptoms; (2) by the disappearance of symptoms; (3) by the increase or aggravation of symptoms; (4) by the amelioration of symptoms; (5) by changing the order and direction of symptoms.

1. An improperly chosen remedy may change the condition of an oversensitive patient, by producing new symptoms not related to the disease, and detrimental to his welfare. These are pathogenetic symptoms. Their appearance indicates that the remedy is not curing the patient, but merely making a proving. Discontinuance and an antidote is demanded.

2. A correctly chosen remedy, given in too low or sometimes too high a potency, or in too many doses, may cause an aggravation of the existing symptoms so severe as to endanger the life of the patient; especially if the patient be a child or a sensitive person, and if a vital organ, like the brain or lungs be affected. Belladonna in the second or third potency, given in too frequent doses in a case of meningitis, for example, may cause death from overaction; whereas the thirtieth or two-hundredth potency, given in a single dose, or in doses repeated only until some change of symptoms is noticed, will speedily cure. Phosphorus 3rd or 6th, in pneumonia, under similar circumstances may rapidly cause death. The low potencies of deeply acting medicines are dangerous in such cases in proportion to their similarity to the symptoms.

The more accurate the selection of the medicine, the greater must be the care exercised not to injure the patient by prescribing potencies too low and too numerous. Stop medication on the first

appearance of such aggravations. Antidote if they do not speedily diminish. The careless prescriber rarely notices such aggravations. If he does, he attributes them to the natural course of the disease and calls it a "complication."

3. A slight aggravation or intensification of the symptoms, appearing quickly after the remedy, and soon passing away, is a good sign, and calls for a suspension of medication until the following improvement ceases or the symptoms change again. It is the best evidence of the curative action of a well-chosen remedy.

4. A prolonged aggravation, with progressive decline of the patient is sometimes seen in chronic, deep seated disease as a result of the over-action of a deeply acting anti-psoric or anti-syphilitic medicine, given in too high a potency in the beginning of treatment. If the potency is too high, its action may be too deep and far-reaching, and the reaction too great for the weakened vital force to carry on. Such remedies as Sulphur, Calcaria, Mercury, Arsenic and Phosphorus, given in the 50 M. or C.M. potencies, have sometimes hastened tubercular or tertiary syphilitic cases into the grave. In beginning treatment of suspicious or possibly incurable cases it is better to use medium potencies, like the 30th or 200th, and go higher gradually, if necessary, as treatment progresses and the patient improves.

Very high potencies of the closely similar remedy, are merciless searchers-out of hidden things. They will sometimes bring to light a veritable avalanche of symptoms which overwhelm the weakened patient. The disease has gone too far for such radical probing. If the disease has not gone so far, long and severe aggravation may fortunately be followed by slow improvement. That patient was on the "borderland," with the beginning of serious structural change in some vital organ.

In these homœopathic reactions and aggravations we distinguish between changes occurring in vital organs, and changes in superficial tissues and non-vital organs. When old eruptions reappear, old ulcers break out again, old fistulæ re-open, old discharges flow again, old rheumatic joints inflame, swollen tubercular glands become inflamed, break down and suppurate away; the patient's heart, lung, kidney, liver, spleen or brain symptoms in the meantime improving, then we know that both remedy and



dose were right, and that a true cure is in progress. But if we find superficial symptoms disappearing and vital organs showing signs of advancing disease, we know we have failed.

*The Direction of Cure is From Within Outward, From Above Downward in the Reverse Order of the Appearance of the Symptoms.*—By this test we may always know whether we are curing or only palliating a disease. The last appearing symptoms of a disease should be the first to disappear under the action of a curative remedy.

In sub-acute and chronic diseases it is not unusual for preceding groups of symptoms to successively reappear as the later symptoms subside and cure progresses. This orderly change of symptoms should never be interfered with by repetition of doses nor change of remedy, so long as it continues. When old symptoms reappear and remain without change it is time to repeat the dose.

5. The change following the administration of a remedy may be a *quick short amelioration followed by a relapse to the original or a worse condition*. This may be because the remedy was only partly similar, or insufficient as to dosage; but where this occurrence is observed several times in succession and lasting improvement does not follow carefully selected remedies, it means that the case is incurable. There is not vitality enough to sustain a curative reaction, and dissolution is imminent.

6. In functional diseases, or in the beginning of acute organic diseases, accompanied perhaps by severe pain, the administration of the appropriate dose of the indicated remedy may be followed by rapid disappearance of symptoms without any aggravation. This is a cure of the most satisfactory kind, pleasing alike to physician and patient. Remedy and potency were both exactly right.

# HOMŒOPATHIC RECORDER

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## EDITORIAL NOTES AND COMMENTS.

VARICELLA IN ADULT.—The following abstract by the *J. A. M. A.*, of an article which appeared in the journal of the Missouri State Medical Association, is of value to our readers:

*“Varicella in Adult.*—In the distribution of lesions a marked difference is observed in the adult. While it is unusual to find many lesions on the face of the active child, quite the reverse is true in the adult; often the face, as in variola, carried quite as many lesions as other portions of the body. Even the palmar and plantar surfaces may have their quota. A markedly different appearance will be observed between the lesions occurring on the face and extremities and those found on the trunk. The cases observed by the St. Louis Health Department have shown this as typical varicellous lesions. In fact, so marked has this condition been that strict orders are issued forbidding the final diagnosis unless the patient is stripped. The varicellous patient will show entirely different types of lesions on the trunk, thus easily establishing the diagnosis between varicella and variola. It must always be borne in mind, however, that the lesions of varicella are at all times multiform, while those of variola are uniform.”

These observation we can verify from personal experience with both variola and varicella and the statement “that the lesions of varicella are at all times multiform, while those of variola are uniform,” is a most important one. In no case should a positive diagnosis of either disease be made, without a careful inspection of the trunk. Clifford Allbutt, in his “System of Medicine,” gives a most excellent dissertation upon the differential diagnosis of these frequently puzzling diseases.

THE SIGNS OF ENDOCRINE STIGMATA.—For practical clinical purposes says Blumengarten (*New York Medical Journal*,

February 1, 1921), we may group the symptoms characteristic of each endocrine syndrome merely under the gland in connection with which they occur, irrespective of whether they indicate hyperactivity or hypoactivity. These symptoms, which we may call stigmata, may be used as indicators of the specific glandular influence. We can thus develop guides for organo-therapy, but again the determination of whether the glandular disturbance is the etiological of the associated factor depends upon the general clinical consideration of the case and good clinical judgment.

#### THYROID STIGMATA.

##### *Symptoms of So-called Hyperactivity.*

Exophthalmos	Irregular breathing
Wide palpebral slits	Scanty and frequent menstruation
Tachycardia	Emaciation
Nervousness	Periodic loss of flesh and strength
Tremors	Mild hyperthermia
Stelwag's sign	Increased basal metabolism
Von Graef's sign	Lymphocytosis
Anginoid attacks	Eosinophilia
Hyperidrosis	Increased coagulation time
Deformities of the nails	Increased emotional irritability
Dryness of the mouth	Ideas of reference and persecution
Excessive salivation	Manic symptoms
Vomiting attacks	Bluish white teeth
Diarrhoea	High hair line
Hourglass contraction of the stomach	

##### *Symptoms of So-called Hyposecretion.*

Precocious graying of the hair	Scanty eyebrows
Drowsiness	Cold, bluish, moist hands
Anorexia	Tendency to chilblains
Small stature	Irregularly developed teeth, which decay easily
Puffiness of the face	Defective development
Sallow complexion	Dry, thick, scaly skin
Scanty hair	Acrocyanosis
Deep set eyeball	Localized transitory edema
Dull and listless cornea	Urticaria
Hard, brittle nails	

PARATHYROID STIGMATA.

Intermittent cramps	Tetany with associated symp-
Twitchings of the hands	toms

PITUITARY STIGMATA.

Greatly thickened nose	Increased interdental spaces
Prominence of superciliary ridges	Enlarged sella turcica
Tendency to increased tufting of terminal phalanges	Hypertrophied, thickened skin
Coarse, heavy, overhanging eyebrows	Hypertrophied nails
Protruding thick lips	Short, square hands
Prominent hypertrophied lower jaw	High carbohydrate tolerance
	Amenorrhœa
	Visceroptosis
	Increased sugar tolerance

*So-called Deficiency Symptoms.*

Adiposity	Sluggish mentality
Fat pads around the malleoli	Mononucleosis
Increased development of the mammary glands	Eosinophilia
Deposits of fat around the buttocks and the neck	Leucocytosis
Alabaster-like skin	Short stature
Irregular menstruation	Child-like voice
Subnormal temperature	Bitemporal headache
Wide intercostal angle	Supraorbital headache
Slow pulse	Fatigue
	Sterility
	Infantile uterus

ADRENAL STIGMATA.

Aggressive type of individual	Masculine type of female and
Increased growth of hair on body	<i>vice versa</i>
	Prominent canine teeth

*So-called Deficiency Symptoms.*

Asthenia	Fatigue
Low blood pressure	Pigmentation
Muscular pains	Sergent's white line

## THYMUS STIGMATA.

Very long stature	General glandular enlargement
High palatal arch	Abnormally long thorax
Infantile epiglottis	Visceroptosis
Lymphocytosis	Eosinophilia

## GONADAL STIGMATA.

Hermaphroditism	Sparse eyebrows
Pale, anemic, waxy skin	Dull, lethargic mentality
Flushes in the female	Characteristic pyramidal pubic
Scanty growth of lanugo-like hair	hair in males and flat in females

*Symptoms of So-called Gonadal Hyperactivity.*

Precocious sexual activity	Marked fecundity
Jolly, gay disposition	Menorrhagia or metrorrhagia

*Symptoms of So-called Hyposecretion.*

Infantilism	Menorrhagia
Small atrophic testes	Dysmenorrhœa
Infantile uterus	Deficient lateral incisors
Nervous constipation	Sterility
Late menstruation	Absent lateral incisors

## PINEAL STIGMATA.

*(Occur Only in Children.)*

Precocious sexual and mental development.

The above classification, for which we give due credit to *American Medicine*, will be of use to readers of THE HOMŒOPATHIC RECORDER, who are interested in endocrine therapy.

RADIUM.—Two fatal cases of pernicious anæmia were recently reported in workers, in one of the great foreign Radium institutes. These deaths occurred in spite of the utmost precautions, which are in force wherever Radium is employed. Workers in such establishments are given frequent rest periods or change of occupation, and a check is kept upon them by means of frequent examinations of the blood. Radium dermatitis of the fingers, as well as trophic changes in the finger nails, are common



ailments in those who are obliged to handle Radium, and comparatively little attention is paid by these zealous people to these slighter manifestations. The occurrence of two deaths, however, although details are thus far lacking, is a tragic warning of the lethal power of this marvellous agent.

To homœopaths, the interest lies in the fact that their own potentized preparations of the salts of Radium have immense therapeutic possibilities, of which as yet but little use has been made. Potencies of Radium, from the 60x. to the 10,000 and higher, have done some remarkable curative work in chronic rheumatic arthritis. Also in inoperable cancer, potencies have been of undoubted aid in relieving pain. We have at present under treatment an unmarried woman of thirty-seven years, who has a carcinoma of the left breast, of six years' duration. This patient refused operation five years ago, when the diagnosis was first made by her physician and when she already plainly showed the typical earmarks of the fatal cancer cachexia. Under homœopathic prescribing for the past five years, the cancer not only has *not* progressed, but the patient herself is in most excellent health. An ulcer, two and half inches in diameter, marks the location of what was once a normal nipple; but the ulcer has a healthy appearance; no odor; discharges greenish pus and bleeds slightly. The edges show a fair degree of healing. A daily dose of Radium bromide 1000, keeps this woman free from all pain. Her facial appearance is that of a woman in the best of health, with ruddy complexion and clear, bright eyes. Her cachexia is assuredly not in evidence; her appearance belies anæmia.

William H. Dieffenbach, of New York, some years ago proved Radium and read an account of this proving before the American Institute of Homœopathy. The paper was later published in the *North American Journal of Homœopathy*. This proving is a most valuable one and should be in the hands of every homœopathic prescriber for reference. It would seem as though the greatest therapeutic usefulness of Radium is to be found in the field of its homœopathic application, rather than in its character of a local tissue destroying agent of such terrifying power. In chronic rheumatism we have in a previous issue called attention to its principal characteristics, which are—Amelioration of pains by heat, locally applied; amelioration in general, in the cool open air;

aggravation on commencing to move; amelioration by continued motion. Aggravation in damp weather. We thus have, as it were, a combined Pulsatilla and Rhus tox.

POSTERIOR PITUITARY GLAND.—In the May issue we reported certain curative results of this remedy in the third decimal potency. Since writing upon this case we have again examined the patient and have found still further improvement in her general condition, as well as in the blood pressure findings. The patient has likewise lost ten pounds of her superfluous weight. Her menses, formerly irregular and scanty, have now become more regular and normally copious. The pulse is now 72; systolic pressure 124; diastolic 92; pulse pressure 32. The same mercury instrument has been used as at previous examinations.

Certainly the favorable results from such small doses as one-thousandth of a grain (3rd decimal potency) are of interest. To quote the founder of homeopathy, "Die milde Macht ist gross!"

THUJA OCCIDENTALIS IN NEURITIS.—A medical student had been ill with a simple influenza, which yielded rapidly to a few doses of *Eupatorium perfoliatum* 200th. A day or two after going out, he was taken with severe pains in his feet and in the tendo achilles. These pains were described as excruciating in character and ran along the sides of the feet. There was slight redness along the course of the pain. Heat gave some relief, but more because the burning displaced the unbearable neuritic pains. General symptoms were negative, except the following, elicited by careful and judicious questioning: *Sweat during sleep, on head and face, also on hands.* We interpreted this as *sweat on uncovered parts.* One dose of *Thuja* c. m. Fincke, was given, with immediate lessening of the pain and stoppage of the sweats. The latter had been the last symptom to appear. Three days later, *Thuja* was repeated, one dose of the 5 c. m. Fincke, with relief of all pain and no return.

Neuritis is so painful and stubborn a disease, that the immediate relief and rapid cure in this case is most striking. That it was a cure, is attested by the fact that the symptoms disappeared, not only promptly, but also in the inverse order of their coming. Furthermore, it is of interest to note, that *Thuja* is not commonly re-

garded as a neuritic remedy and that the symptoms which led to its choice were those of the patient and not of his disease. Pathognomonic symptoms are of little help in prescribing, as a rule. Had we been swayed by the diagnosis and by the apparent relief from heat, we would in all probability have given *Arsenicum album*, *Rhus tox.* or some similar remedy, more or less related to nerve inflammations. Treat the patient, not the disease!

**MEDORRHINUM.**—This nosode, prepared from gonorrhœal pus, has at times disappointed us in its action; but the disappointment has been due to faulty prescribing and not to the remedy.

Sycosis is the mother of catarrh, rheumatism, gout, and no doubt, of many other diseases. The same may be said of psora and of syphilis, which have both brought forth an enormous brood of wretched offspring. Their combinations have likewise caused much misery in the world which, not content with all its trouble, adds more in the form of crude vaccines and sera. We prevent typhoid or say we do, but Heaven knows what other evil we breed in its place. We vaccinate with cowpox-vaccine, the nature of which is known to no one, and we promptly lay the foundation for future trouble. Medicine today studies end-products or bacteria, but nobody studies life. The microscope is focused upon pathological waste, disease results, dead matter; but no one cares much about living matter and its reactions. To diagnose too often means to recognize pathology and to *cinch* it with a diagnostic label. The cinch often slips and the pathological rider is unceremoniously thrown—ludicrously so, at times.

The beginnings of disease are commonly overlooked by those who regard diagnosis as the great god to be worshipped at the shrine of medical science and nomenclature. Too many medical men have no use for symptoms, unless these are directly concerned with diagnosis; forgetting that symptoms, however slight, have a meaning and an explanation and are in fact the language of disease. Many medical men seem to be quite content to have a patient die—so long as he dies in a perfectly correct and orthodox manner, with a diagnostic label tied to his big toe. In this we are reminded of the elderly man who, after a life of material success in the whirl of the great city, returned on a short visit to the small-town scenes of his boyhood days and accosting one of his early

acquaintances on Main Street, asked him about the whereabouts of crabbed old Cy Perkins, only to be told that Cy had joined the angels some few weeks before. His next inquiry voiced the natural thought, "What was the complaint?" "Oh, no complaint," said his loquacious companion—"everybody's satisfied!" And so, the alert and enterprising undertaker, closes the scene.

Medorrhinum is to be thought of when gonorrhœa long since suppressed, lurks in the misty background or when parental influences of a sycotic nature manifest themselves in the innocent children. Obstinate nasal, post-nasal and pharyngeal catarrh will often need this remedy, especially when Sepia, Natrum carb., Natrum sulph., Thuja and other antisycotics, have fallen short of cure.

Headaches, chronic and with no particular reflex cause to explain them, will, when there is a history of former gonorrhœa treated by injections, often yield to Medorrhinum. Of course, the same may be said of chronic arthritis. Some of our modern O. S. friends now warn against too early, intra-urethral treatment, and contend that the disease is made more obstinate and infinitely more difficult to cure than if nothing at all is locally done. Keyes, of New York, states: "*All local treatment of urethral gonorrhœa implies a certain mechanical violence. Even the gentlest injection or irrigation of the canal implies a trauma to its walls.*" The italics are, of course, ours, and serve to emphasize the point we wish to impress upon our readers. How much better, therefore, to treat the gonorrhœal patient, rather than the gonorrhœa.

Allen in his "Keynotes and Characteristics" of the homœopathic materia medica, gives an extensive pathogenesis of Medorrhinum, and among many other things, observes that a daylight to sunset aggravation is characteristic. This we have verified, but with his statement "*Amelioration in damp weather,*" we are not so sure that we can agree. In our experience the reverse has more often been true; but others may have a different experience to relate.

Tenderness of the heels and balls of the feet, we have verified and regard it as a reliable indication. Thuja has a similar symptom.

There are numerous mental symptoms of interest, a "hurried feeling" being one of importance, also difficult concentration and

forgetfulness. Melancholia with suicidal thoughts is another valuable symptom.

Medorrhinum should most assuredly not be despised as a remedy on account of its origin, and of it we may say, as Bell says in his "Therapeutics of Diarrhœa," when writing upon Psorinum—"Whether derived from purest gold or purest filth our gratitude for its excellent services forbids us to inquire or care."

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### PERSONAL.

#### **Wanted: Fifty Homœopathic Doctors in Oklahoma.**

There is a great crying need for homœopathic doctors in Oklahoma. Three homœopathic doctors have died in Oklahoma cities with over ten thousand population in the last six months, and no doctors to take their places. Cities of eighteen thousand and fifteen thousand population, with former patrons of Homœopathy and no homœopathic doctors to meet the demand.

At the sixtieth annual session this April of the Oklahoma Institute of Homœopathy, the Society through its officers and a special promulgation committee will make a special effort to assist in locating reputable homœopathic doctors in Oklahoma.

Oklahoma is one of the rich young States of the Union, and on account of its great oil fields, rich coal fields, mineral deposits, fertile farms and fruit districts, it is now sixteenth in wealth. Oklahoma sweeps the United States, as more broom corn is grown in Oklahoma than in any other State in the Union. Oklahoma is third in cotton raising, and ranks high as a wheat and corn-producing State.

The school system of Oklahoma, with public schools and universities and colleges, is marvellous for a State only fourteen years old.

The climate is fine with mild winters and splendid drinking water.

Oklahoma is one of the wonder States on account of its fast growing population from all parts of the United States, and its constant and rapid increase in wealth. Last year, in income tax it ranked seventh in the United States.



Any homœopathic doctor interested in a good location in Oklahoma, will please write the following officers or promulgation committee:

Dr. W. LeRoy Bonnell, President .....Chickasha, Okla.  
 Dr. L. DeVasher, Vice-President .....Muskogee, Okla.  
 Dr. C. W. Baird, Secretary .....Lawton, Okla.

PROMULGATION COMMITTEE:

Dr. W. W. Osgood .....Muskogee, Okla.  
 Dr. A. Phelps .....Oklahoma City, Okla.  
 Dr. D. W. Miller .....Blackwell, Okla.  
 Dr. S. D. Spees .....Tulsa, Okla.

At Zumbrola, Minn., 24 miles from Rochester, is an opening for a homœopathic physician. At one time the Drs. Hall had an excellent practice in Zumbrola, but have now gone to their last resting place. The nearest homœopathic physician at present, is in Redwing, 22 miles away. Within 8 miles of Zumbrola are four small villages. Information will be cheerfully given by writing to Mr. Levi Woodbury, Zumbrola, Minn.

# THE HOMŒOPATHIC RECORDER

VOL. XXXVI. PHILADELPHIA, PA., JULY 15, 1921.

No. 7.

## CLINICAL CASES.\*

R. Del Mas, Ph. D., M. D., Hugo, Minnesota.

### GANGRENE OF LEFT FOOT.

September 4, 1917. Mrs. L. B. R., æt. 55.

On August 28, tip of big toe and whole of little toe of left foot were black. From the little toe the discoloration extended to the heel. She felt terrible pains in foot. Cramps and chills in left lower limb when she went to the hospital, where she spent four days. The nurse told her they had found sugar in her urine.

Today left little toe is numb. No pains felt.

Black little toe of left foot. Gangrene.

Bloody vesicle yesterday on toe. She punctured it. Oozing.

Desire for open air.

Toe < warm applications.

Varicosities on left lower limb.

*Sscale 1 m.*

September 13, 1920.

She wrote little toe much better.

Very nervous.

September 22, 1920. Came to office.

Toe healed and of normal color and feeling.

Nervous, restless.

Sensitive to noises.

Sleepless before midnight.

*Carb-veg. 10 m.* She is still well today.

\*Read before the Session of the Minnesota State Homœopathic Institute, held in Mineapolis, May 18-19-20.

## ECZEMA.

May 1, 1918. E. P., married man of 60.

Vesicular eczema on left hand. Began about ten days ago on the right little finger.

Eruption spreading; itching; with induration of skin.

Intertrigo between nates in summer.

*Graph. 1 m.* cured in a few days.

## RINGWORM.

September 16, 1917. M. S., æt. 21.

Herpes circinatus facialis since last Monday. Got it from his horse.

Scabs here and there where he scratched.

*Tuberculinum 10 m.* caused scabs to fall off immediately, and cure was perfected in a very short while.

## ECZEMA.

February 20, 1919. L. O. S., æt. 59.

Dry, scaly eruption on left leg, began about two or three weeks ago.

Itching < evening, after undressing.

Scratches till part is raw; from 10 to 15 minutes.

Itching < scratching.

Smarting after scratching.

Yellow discharge follows scratching.

Lack of vital heat.

History of chronic alcoholism.

*Ars. 1 m.* cured the man.

## ECZEMA.

April 27, 1919. Ona P. S., æt. 29 months.

During first or second week of life troubled with "thrush."

Whooping cough at four months.

Broncho pneumonia—as a sequel of whooping cough.

Convalescence slow.

Began to walk at 16 months, with tendency to show knock-knees, left especially.

Sores on chin at 16 or 18 months. Began as a small vesicle that would peel off and leave a raw spot, which spread till a large area was covered. Scabs would form, and these she would get rubbed off. This lasted several weeks.

In spring and summer cheeks under eyes look rough, with several red raised spots on each cheek.

Skin chaps easily.

Now, chafing of skin on hips and buttocks.

Eruption on bends of knees and elbows, red, rough and scaly; also a spot on left side of neck.

Pimples, small and scattered over entire back.

Eruption itching in bends of joints of legs and arms.

Stool formed, but difficult. Constipation. Hard stool.

Knotty nails in each small toe.

Tendency to "hammer toe."

Sometimes cries in her sleep as though frightened, *with* difficulty in awakening her at these times.

*Graph. 10 m.*

June 30, 1919.

Straining at stool is now the most prominent symptom, with slight tendency to prolapsus ani.

Bowels move daily.

Stool softer.

There is now no repression of the stool as formerly.

Slight secretion on edge of eyelids in the morning.

*Graph. 10 m.*

February 2, 1920.

I was to report last August or September, but the child was so well in every way that there really was nothing to report. She has been well all winter, and there was no sign of that roughness of the skin until a few weeks ago, when she had a round, rough and red spot on her face for a short time. A few other small spots appeared on different parts of the body at different times and disappeared.

Bowels regular, and no more straining at stool.

Still walks knock-kneed, and at times loses her balance.

Looks well, rosy cheeks and full face, bright eyes, and a happy disposition.

*Graph. 50 m.*

## OVARIAN CYST.

July 6, 1919. H. F., æt. 19, single.

A St. Paul surgeon, on May 10, 1919, removed from her a small ovarian cyst in left side; also the appendix.

Before the operation:

Aching pain in left ovary.

< walking.

< lying on right side.

< pressure.

< windy, stormy weather.

< change of weather.

> lying on left side and back half-way.

Burning pain in left ovary.

Leucorrhœa since age of eight to ten years.

“ yellow, yellowish green.

“ offensive and copious.

“ thick and bland.

“ < daytime.

*Since the operation:*

Pains in left ovary are the same, and

Leucorrhœa is <.

Menstruation began when 16 years old.

Weakness during first day of menses.

General < crowded room.

“ < summer heat.

Subject to sore throats, formerly extending from left to right.

*Lach. 10 m.*

July 20, 1919.

Burning pain in left ovary absent for awhile.

Sore, aching feeling in left ovary absent now for a week.

Leucorrhœa yellow, instead of green.

“ not so thick, nor so copious.

Appetite >.

General >, she says.

Bowels were loose two or three days last week.

August 10, 1919.

Pain in left ovary, burning in character, was felt a couple of days, some time ago. Now absent.



Leucorrhœa seems to have returned, and be the same as before, except that it is not so thick as it was.

Feels hungry all the time.

*Lach.* 10 m., followed by pains in liver.

November 2, 1919.

Burning in left ovary felt once in a while the last few days.

Leucorrhœa scanty.

*Lach.* 50 m.

Pains in left ovary are now absent. Patient feels well.

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#### METRORRHAGIA.

March 29, 1918. Mrs. M. P., æt. 39. Sterile.

Has seen many doctors, and some quite prominent, for her present condition, but to no avail.

Metrorrhagia since January 12, 1918.

No menses from November 1, 1917, till January 12, 1918.

Nasal polypi removed in May, 1916.

Flow painless: blood red mixed with clots.

< flatus.

< constipation.

Mouth dry, yet thirstless.

Appetite wanting.

Desire for open air.

Sensation of heat.

Dyspnœa in a crowded room.

Dyspnœa in a close room.

Desire for open air.

Sleeplessness.

Night sweats.

Falpitation of heart on first lying down.

Desire to stretch constantly.

Wandering, stitching pains, felt only lately.

Starting easily.

*Puls.* 1 m.

Improved at once. Flow diminished same afternoon.

April 25, 1918.

Menses returned lately; are like brown water.

Menses only in the daytime.

*Puls.* 10 m.

May 12, 1918.

Menses red with small clots.

Thinks she passed a small polyp last night.

Appetite >.

Wakes up frequently.

Sleepless after waking.

Dreams of things that have happened.

*Calc. c.* 10 m.

July 11, 1918.

Had her menses in June, and lasted seven days. Flow was brown, and none at night.

Sleep good and refreshing.

Appetite good.

Leucorrhœa stains yellow; scanty; intermittent, and bland.

Craving for milk. Drinks much of it.

*Calc. c.* 10 m.

October 21, 1918.

Metrorrhagia again for a week or longer.

Stretches up again in bed.

Sleepless after retiring.

*Puls.* 1 m.

Menses returned several times after that date, and at regular intervals, but lasted only a few days every time. Stopped treatment in January, 1919.

Woman has been well since.

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## SYPHILIS.

July 28, 1913.

A man of 37, married, no children, except an adopted boy of 4 years of age.

Presented mucous patches on both sides of the tongue.

Sticking pains in ulcers; < inhaling cold air.

Ulcers in mouth since September, 1912.

The child, 4 years old, has an ulcer on the tongue, and also at the anus, with sticking pains.

The wife, 34 years old, has never borne a child.

She had ulcers on the palate; last winter she even developed ulcers around the anus.

She also had sticking pains in her palate ulcer.

*Nit. ac.* given them in different potencies, and at long intervals, cured them in less than a year. During the course of the treatment, the woman developed four ulcers on labia majora.

This family has remained well to this date.

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### INFANTILE PARALYSIS (?)

On March 1st last, this female child of 15 months of age, was feverish, irritable, sleepless and had no appetite. She could walk only a few steps without falling. Could not get up alone.

On March 2nd, she could not walk at all. If put on her feet, she would fall. Very thirsty for water and breast.

On March 3rd, urine was dark. Same symptoms.

On March 4th, a doctor was called. Temperature, 102. The doctor treated her three days. Thought she had teething trouble. Advised to take her somewhere else.

On March 7th, a doctor of St. Paul was called. Patient had then been moved to St. Paul. On next day, the advice of a specialist in children's diseases was sought. He diagnosed the case as "Infantile Paralysis," and prescribed for her.

On March 3rd, child began to pick her hands and pull her fingers.

On March 5th, child also began to pull or pick her face, and rub her lower lids with the forefinger in a sweeping motion from nose toward temple; and she also stuck her fore-fingers in her eyes, so much so that the lids turned black and blue.

On March 9th or 10th, feet were oedematous, and left lower limb was swollen up to her side.

On March 11th, night screaming started; that is, child would sleep 10 to 15 minutes, then wake up in a scream, and *draw up her left leg*; and do so all night long. Coxalgia (?)

March 14, 1920. Temperature,  $100\frac{1}{5}$ .

Child cross. Wants to be walked up and down the floor.

Crying and whining almost constant: > motion.

Aversion to being touched. Unable to stand on feet.

Capricious. No appetite. Nurses.

Picks her face, her hands; pulls her fingers; pokes into her eyes: sweeps finger over face.

Lower limbs swollen. Urine brown.

*Cham.* improved her case very much. Temp. normal on March 23rd.

March 30, 1920.

She now stands on her feet. Rises on her knees only. Swelling of limbs gone. Urine clearer.

*Tub.* 10 m.

April 6, 1920.

Child began to walk on April 3rd.

Constipation. Appetite lost last three days. Bashful.

*Lyc.* 10 m.

April 13, 1920.

Child fat again and well. Runs. Now able to rise when down on her knees.

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## VERATRUM VIRIDE.

Dr. H. Farrington, Chicago.

*Veratrum viride* is a member of the Melanthaceæ—all more or less poisonous and useful as medicines. Its common name is the American White Hellebore, and this, together with the fact that the botanical title includes the word *viride*, or green, has led to some confusion and even to errors in compiling its pathogenesis. An accidental proving of *Helleborus viridis*, or Green Hellebore, crept into the records of the *Veratrum* in Allen's Encyclopedia.

Two features stand out prominently in this remedy—Suddenness and congestion. It belongs to the list of emergency remedies, those that are indispensable in violent and acute conditions, conditions which if not relieved promptly soon pass on to

a fatal issue, or at least to very serious diseases. It is in relieving these violent congestions that the drug has won most of its laurels. Many cases of incipient pneumonia, meningitis, eclampsia, sun-stroke, apoplexy have been restored to health by its action alone. But it must be remembered that the congestions of *Veratrum viride* are not the active type characterizing Aconite, Belladonna and Glonoin, for they are due to a vaso-motor paralysis and engorgement of the capillaries. Thus we note fulness and heaviness of the head; buzzing in the ears, flushed face, at times bluish; constriction of the chest, oppression as from a heavy load, resembling Phosphorus, etc.

The regions mostly affected appear to be the head, especially the occiput, the spine, the chest and the stomach; and wherever the congestion may be, it is almost invariably accompanied by faintness, vertigo, nausea, even to vomiting, and in severe cases, syncope. These symptoms are induced by any sudden motion, such as rising up from bed. In fact this group may be the first indications of illness. The patient, apparently well the night before, almost swoons on raising the head from the pillow in the morning. *Veratrum viride* will afford almost instant relief in these cases.

The pulse may be soft and flowing, but is more characteristically full, almost incompressible with high fever and a condition simulating arterial excitement. But if death is imminent, it is soft, weak, intermittent, with hippocratic countenance, coolness, profuse sweat and great prostration—a true picture of cardiac paralysis.

Unfortunately the provings and the majority of clinical confirmations were obtained with the tincture and cruder potencies and, undoubtedly, there are many peculiar symptoms that have never been discovered. There is one, however, which is more or less constant and has been considered a "key-note," a yellow-coated tongue with a clean band of red down the center. Its absence should not prevent your giving the remedy. The writer was once called to see a man of about fifty-five years of age who had been chilled the day previous while walking against an icy wind. He said that he did not feel quite himself and as he had important business on hand, thought it best to call a physician. He walked briskly from one room to another and, in fact, to all appearances, was in good health. He had a trouble-



some cough, with glairy, amber-colored expectoration, mixed with a little blood. The stethoscope revealed crepitant râles through the entire left lung and lower lobe of the right, his pulse was 90 and hard as a whip cord, and he had a temperature of 103.4 (F). This was a pretty high temperature for a man of fifty-five, who was rather stout and flabby, and therefore, not the kind of a patient who would do well in pneumonia. He was put to bed and given a single dose of *Veratrum viride* cm. Next morning his fever was down to 101. By evening it was 99, and in another twenty-four hours it was normal, with entire subsidence of all clinical findings. His tongue presented a *thin, pearly white* coating, with no suggestion of a red center. He had had a slight spell of nausea, followed by diarrhea the day previous.

The books tell us that *Veratrum viride* is especially suited to the robust and plethoric. But note the following case in an old lady of seventy. She was suddenly taken with fever, marked dyspnea, and faintness on rising up in bed. There were râles through the lower lobes of both lungs, her pulse was rapid and like a bar of metal, her face was dark red and bathed in cold sweat, and there was a well-defined streak of red down the center of her tongue. Here was a typical case. In spite of her age and decrepitude, she went back to normal in twelve hours, after three doses of the cm. potency in water.

Nash warns us not to give this remedy in cases with weak heart—meaning especially in pneumonia, but he refers to the giving of it in appreciable doses and empirically. Many a case of pneumonia has been hurried into the grave on account of the paralytic effect upon the heart mentioned above. In endo- and pericarditis, the curative action of *Veratrum viride* is remarkable, if the potency is not too low and enough of characteristic symptoms are present. These are nausea, faintness on slight exertion, violent palpitation, dull burning in the cardiac region, pricking pains, oppression of the chest and sudden increase with gradual decrease of the pulse rate; orthopnea.

The burning in the region of the heart is an example of a general feature, for we note burning in the pharynx and esophagus, the stomach, the spine, under the sternum and of the skin as if hot water were poured over it. Burning and fulness almost to bursting in the head. Belladonna, Glonoin or Opium are given in many instances where *Veratrum viride* is the remedy.

In sun-stroke, apoplexy or meningitis, unless you study the symptoms closely you may make this mistake. The patient is dull and stupid, the pupils dilated, pulse slow and hard, and if sufficiently conscious, he complains of ringing in the ears, throbbing carotids, dim vision, nausea and faintness on rising up from the bed. Or he may be comatose, bathed in cold sweat and the pulse soft and intermittent.

Many interesting things may be written about this remedy, but it is impossible to include them all in a short paper. The sudden onset, the violent congestion and the concomitant group of nausea, faintness on quick motion, the hard, whip-cord pulse and red-streaked tongue are the guiding symptoms, no matter what the name of the disease may be.

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## OBSERVATIONS ON THE PATHOGENESIS OF ANILINE.

By Benjamin C. Woodbury, M. D., Boston, Mass.

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### INTRODUCTORY NOTE.

The wide prevalence of poisonous effects from the various aniline dyes previously imported or from those at present being manufactured in this country is suggestive at least of the possible and very probable relation of these irritants to certain acute and chronic manifestations of disease.

In addition to the symptoms commonly described as anilism, there are also its incidental effects when taken internally. When we consider the extensive use of these substances in the coloring matter of confectionery and certain food products, it must at once become evident that at least this relationship should be investigated, with the purpose of remedying in so far as possible a rapidly increasing menace to health.

### PHARMACOLOGICAL CLASSIFICATION.

Anilin: Anilobenzene.

$C_6H_7N$ .

*Phenylomine*.—Formed in the dry distillation of bituminous coal, bones, indigo, isatin and other nitrogenous substances. Com-

bined with chlorine, the chlorates, and hypochlorites, it yields the various aniline dyes known by the names of a. purple, a. green, a. black, a. blue, etc. It is used in chorea and epilepsy in  $\frac{1}{2}$  gr. (0.03 gm.) doses.

*Anilism.*—An acute or chronic disease produced in workmen in aniline factories by the poisonous fumes. The symptoms are debility, vertigo, gastro-intestinal disturbances and cyanosis.

#### ANILINE POISONING.

Sajous states (Vol. IX, p. 183, *Analytic Cyclopaedia*) that aniline poisoning was not common in this country prior to the world war, when with the rapid development of the aniline industry, this occupational disease has become an important factor. Workers in aniline, in rubber work, and in the use of washes for printing press rollers are those mainly affected by it. Aniline (pure) is itself not poisonous, but it is not used in industry. Mixtures are used, however, of aniline and metatolindin, paratolindin, orthotolindin and xylidin in varying proportions.

Unlike most volatile poisons it gives no warning and it is toxic in smaller doses than benzine, chloroform or carbon disulphid.

The following symptoms are reported<sup>1</sup> as the result of the use of a French hair dye, "*goute a goutte*," namely, *vertigo*, *diplopia*<sup>2</sup>, asthenia and exfoliative dermatitis. "It is well," says the writer, "to be suspicious of artificial Titian red hair and all the darker shades up to jet black," as personal susceptibility varies.

*Prophylaxis.*—There are in general three classes of complicated poisonous compounds, as for example: (Alice Hamilton, *Monthly Labor Review*, December, 1919) "1. The aromatic series made up of benzene or coal tar and its derivatives (nitrobenzenes, nitrochlorbenzenes, aniline, phenol, similar derivatives of toluene, etc.); 2. the so-called aliphatic series of which alcohol is a member, including acetic acid, formaldehyde and others; 3. inorganic compounds, heavy acids, the caustic alkalies, and certain oxidizing agents of which bichromate of potash and peroxide of lead are the most important.

<sup>1</sup> Sajous, Vol. X, Index Supplement.

<sup>2</sup> Italics our own.

The effects of inhaling benzene fumes have proven fatal after only a few minutes' exposure, or it acts rapidly upon nervous centers, controlling respiration, the heart action and upon heat production. Chronic poisoning is manifested by "nervous symptoms such as *headache, weakness, dizziness* and in *profound changes* in the *blood and blood vessels.*"

In England and Germany dinitrobenzene has been found to be responsible for much "*troublesome dermatitis and systemic poisoning.*"

Dinitrochlorbenzene is known to cause "more troublesome skin eruptions than dinitrobenzene, but less serious general symptoms."

"Slow onset of symptoms and rapid development of poisoning under the influence of alcohol are common to all the nitro and amido compounds."

In Germany dimethyl sulphate has caused *respiratory troubles*, while in England more *caustic action* on the *skin and eyes* has been observed. No cases of phosgene poison have been reported in England while in the United States several have occurred. "The occurrence of *chrome ulcers* in aniline workers has been reported around the *lips, nostrils, eyelids*, or on the fingers, and if there are pools of chromate solution on the floor, *ulcers may form on the feet.*"

*Hydrogen Arsenide* fumes as the result of the action of a heavy acid on metals, carrying arsenic as an impurity in dosage of about "one hundredth of a milligram" has been reported in England.

Among the various methods in use for the prevention of toxic effects in dye plants may be mentioned the prevention of dust, odors, vapors and gases. Proper feeding is also considered a *sine qua non* and especially the substitution of the hot noon meal which is provided in many English plants for the cold, soggy sandwich luncheon. Medical supervision and frequent inspection are also carried out as a preventive measure.

#### TOXIC SYMPTOMS.

Its symptoms are those common to the whole group of nitrobenzene and its derivatives. "The first is *weariness or sleepiness,\* flushing of the face, sense of fullness in the head* and even slight

\*Italics our own.

mental confusion, dryness of the throat and difficulty in swallowing. As the intoxication increases the color of the face changes from red to livid blue or even to deep purple. The pulse is rapid and weak, the temperature subnormal. Headache comes on early and is often violent with dizziness and nausea, and in more serious cases decided dyspnea, increasing mental confusion and sometimes loss of consciousness, which may occur suddenly sometimes after one has left the poisoned atmosphere." In milder cases the patients usually recover promptly but severe cases may incapacitate a man for several weeks. Some seem to establish a tolerance, preventing a second attack. The poison may enter by the skin or lungs, or both. The principal pathologic action as a blood-poison is the formation of methemoglobin, and later symptoms are caused by elimination of the poison." The danger is aggravated by hot weather, heated rooms and poor ventilation. Young men seem more susceptible than elder ones; blondes than brunettes, and drinkers rather than the temperate."

#### FURTHER OBSERVATIONS.

A remarkable production of warts or warty eczema on the hands of four persons has been produced; also granulation and epitheloma-like excrescences have been produced when the various dyes have been rubbed into the inner surface of the rabbit's ear.

In a case of poisoning from hair dye containing aniline (paraphenylenediamin)<sup>3</sup> the patient's head was washed repeatedly to get rid of the dye and hexamethylenamine and bromides were given for a period of three months. The symptoms were photophobia, spasm of the lids and epileptiform seizures resembling Jacksonian epilepsy, and the patient was thereafter able to sit up and bear the light. Improvement continued, but there was marked tendency to depression. Cyanosis, headache and vomiting, pulse 90, accelerated respiration and some delirium developed in a young man just before an athletic contest. Aniline poisoning was suspected and an examination of his gymnasium slippers, which had been dyed black the day before, disclosed the fact that the symptoms developed within an hour and a half after

<sup>3</sup> The use of this dye is prohibited in Germany, Austria and France.



the slippers were put on. *Stimulants, fresh air and cold water to the head* brought gradual recovery.

A case in a healthy young man has been reported from wearing a pair of *russet shoes which had been dyed black*. In two hours he became *livid, cyanotic, lips bluish, ears purple, nostrils retracted*, respiration 29, pulse *small but regular*, rate 120; *skin chilly*, but no *nausea, dizziness, syncope* or *collapse*.

Newly dyed shoes put on without socks in the case of a young man who started out on his bicycle, produced within fifteen minutes *nausea*, so that he fell in *syncope* from his machine. The symptoms abated after five hours but the *weakness* persisted for three days, with *incapability for the least physical or mental effort*.

A third patient developed *pallor* and *dizziness* in the afternoon on several occasions from wearing *green stockings*. Also ten cases have been reported of similar poisoning from *russet shoes dyed black*, all occurring in children.

A lady while sharpening an aniline pencil got considerable dust in her *right eye*; after washing out a few fine particles the remainder was dissolved and *stained the conjunctiva* most deeply in the *nasal* half of that of the *lower lid*, but to some extent throughout the *lower lid* and *lower half of the globe*. After five days the color had disappeared but the *conjunctiva* was left *congested* and *swollen* and the lid was *red* and *raw* as after a *burn*. Two weeks later the *conjunctiva* of the *lower lid* was covered by a *sloughing membrane*, and within two days of this *necrosis* appeared in the nasal part of the lid, continuing for three weeks without apparent infection, and final subsidence of the inflammation. During this time there was much pain, preventing sleep. Final result was a *cicatricial adhesion* of the *lid to the eyeball* with *erosion* of the *nasal half* of the lid, requiring operation. Quite a number of similar cases have been reported from even trivial injuries.

#### ANTIDOTAL MEASURES.

Washing out of aniline matter. Ten per cent. solution of tannic acid. Aniline acts as a caustic and its treatment in addition to cleansing and the use of *tannic acid* is that of ordinary burns of the eye.

## SELECTIVE ACTION OF ANILINE.

In the September (1920) number *Homœopathic Recorder*, Dr. R. F. Rabe comments upon an editorial in the *J. A. M. A.* for July 31st on dye workers' cancer, as follows:\*

"The great importance of this subject to homœopaths it is unnecessary to emphasize. In aniline we may have a remedy for vesical cancer; at any rate provings of this dye are in order and should be most carefully made, both upon humans and upon animals. Cancer is so generally beyond our reach that nothing that promises even a faint ray of hope should be neglected. If it is true, as stated, that aniline produces cancer of the bladder only, we have another illustration of George Royal's<sup>4</sup> idea of drug localization or tissue affinity. The more knowledge we can gain of these peculiar drug affinities the easier will our tasks as helpful physicians become. The field of industrial medicine offers abundant opportunity for valuable investigation."

"Investigation of coal tar, pitch, soot, naphthalene, etc., aniline dyes, petroleum grease, tobacco, betel nut, Roentgen rays and radium rays, arsenic and manure as causes of cancer, by H. C. Ross, *Journal Cancer Research*, October, 1918, showed that mechanical injury *per se* can play only a minor part in the predisposition to occupational cancer. All the agents seem to bring about the predisposition to malignancy in a somewhat similar manner, viz., by becoming impacted in the tissues, where, by giving rise to cell proliferation they produce a warty condition, then a sore with epitheliomatous margins."<sup>5</sup>

## PATHOGENIC DATA.

(Allen's *Encyclopedia of Pure Materia Medica.*)

*Anilinum* (Amidobenzene)  $C_6H_5NH_2O$ . Lailler (*Gaz. Heb.* 1873). (M. H. Rev., JI., 1873.) Local applications of 10 per cent. solution of the hydrochlorate to psoriasis caused in an

\*The substance of this editorial is to the effect that aniline dyes seem to have a certain predilection for the production of cancer of the bladder in workers in dye manufacture. The period of occurrence, however, may be between ten and fifteen years and has been known to be as long as twenty-eight years. This occurs usually at about the cancer age, but even as it is the incidence is low: Most of the victims being between thirty-four and forty-seven years old; while it is generally conceded that aniline and benziden are probably the important agents, one authority is responsible for the opinion that aniline alone is responsible. "Cancers outside the urinary tract are not observed among dye workers with any noticeable frequency."

<sup>4</sup>Also championed by earlier writers such as Hempel, Hughes and Hale.

<sup>5</sup>Sajous' *Cyclopedia*, Index Supplement, Vol. X.

hour and a half vomiting; repeated fifteen or twenty times during the night; incontinence of urine, with a little tenesmus; night restless; the next morning the face and nearly the whole body cyanotic; pulse 116, small, regular; slight rales in chest; severe pains in heels and calves. A second application (afterward) of a 5 per cent. solution caused in two hours, headache, irresistible drowsiness, coldness and dyspnea. Cyanosis very marked; voice very feeble.

In another case a solution of 2 per cent. caused, in four hours, loss of consciousness (lasted fifteen minutes), deep cyanosis (lasted five hours); respiration regular; cyanosis, followed by great paleness and cold sweats; following night sleepless; urine high-colored.

A boy, cleaning an aniline vat, inhaled the fumes and was suddenly seized with giddiness and became insensible; the face and body became cold, pulse slow and almost imperceptible, action of the heart feeble; respiration heavy and labored; after rallying a little he complained of pain in the head and giddiness; his face had a purple hue, as also his lips, mouth and nails; the blue color (like a patient in last stage of cholera) continued the next day.

*Case related by Mr. Knagg, of Huddersfield, Hom. Obs. (Eng.)*  
I, 64:

James K., aged 39, of average health, was directed, about noon, to empty four carboys of nitrate of benzol into a still. By mistake the last one contained aniline. On lifting it he struck it against the edge of the still and it was broken, the whole contents pouring over him; none entered his mouth, but the fumes were freely inhaled. About an hour afterward "he broke into a sweat and felt quite giddy and weak in the head and stomach." At 11 P. M. he presented the following appearance: face and whole body of livid, leaden hue; lips, gums, tongue and eyes of a corpse-like yellow; gasping for breath as though it was his last. There was no convulsion and he was perfectly sensible and able to give a correct account of his feelings; pulse extremely small and irregular. The only pain of which he complained was in the head and chest. He recovered under the free use of brandy, ammonia, chloric ether and cold affusions to the head and mustard sinapisms on legs and thighs."

*Anilinum* (Boericke: *Materia Medica*, 6th Ed.).—Marked giddiness and pain in head, *face has a purple hue*, pain in penis and scrotum, with swelling. *Tumors of the urinary passages*. Profound anemia with discoloration of skin, blue lips, anorexia, gastric disturbances. Swelling of skin.

*Anilinum*.—(Clarke's *Dictionary of Homœopathic Materia Medica*.)

*Characteristics*.—The symptoms of anilinum have been observed on workpeople poisoned by inhalation of the fumes, and on persons who have worn aniline-dyed articles next to the skin. The symptoms are in many respects like those of *arsenic*; these are vomiting, purging, bursting headache, epileptiform attacks; cyanosis is very marked, swelling and irritation of the skin. In old school practice injections of aniline blue have been used with some success to destroy cancerous growths. Aniline having marked affinity for cell nuclei hence its use in staining microscopic specimens. In poisoning cases evacuatants, the inhalation of oxygen, the free use of stimulants—have been used with success.

*Clinical Uses*.—Anemia, cancer, cholera, eczema rubrum.

*Anilinum* produces among other symptoms "eyes irritated—burning, injected—lower lids puffed. Intense burning in stomach and head, and especially upon the skin. Vesicular eruption forming a bracelet around wrist—eczematous eruption affecting both knees—swelling, redness, intolerable itching of skin; eczema rubrum."\*

#### SCHEMA.\*

References in the Schema are as follows:

- (A) Allen's *Encyclopedia*.
- (B) Boericke's *Materia Medica*.
- (C) Clark's *Dictionary of Materia Medica*.
- (S) Sajous' *Cyclopedia of Practical Medicine*.

*Mind*.—Clear; perfectly sensible and able to give a correct account of his feelings. A. Slight mental confusion. S. Incapability of the least physical or mental effort; increasing mental con-

\*These symptoms resemble the effects of *Eosin*.

\*The subject matter of the Schema has been compiled from Allen's *Encyclopedia*, Clark's *Dictionary*, Boericke's *Materia Medica*. The toxic symptoms are gleaned from Sajous' *Cyclopedia*.

fusion; sometimes loss of consciousness (sudden) after leaving poisoned atmosphere. S. Mental depression. S. Delirium. S.

*Sensorium.*—Loss of consciousness. A. Sudden giddiness followed by insensibility, vertigo. A. Marked giddiness. B. Vertigo, nausea and in serious cases increasing mental confusion; loss of consciousness occurring suddenly (after leaving poisoned atmosphere). S. Dizziness. Syncope or collapse. S. Nausea so that he fell in syncope. S.

*Head.*—Sense of fullness in the head. S. Headache coming on early; often violent with dizziness and nausea. S. Headache; pain in the head. A. Weakness and giddiness. A. The only pain was in the head and chest. A. Pain in head. B. Bursting headache. C. Burning in head, stomach and especially upon skin. C. Marked giddiness. B.

*Eyes.*—Conjunctiva of lower lid covered by a sloughing membrane. S. Necrosis of the nasal part of lid without apparent infection. S. Much pain in the eye, preventing sleep after subsidence of inflammation. S. Resultant cicatricial adhesion of lid to the eyeball, with eversion of the nasal half of the lid (requiring operation). S. Ill effects of even trivial injuries to the eye. S. Conjunctiva of the right eye stained most deeply in nasal half of the lower lid; to some extent throughout lower lid and lower half of the globe. S. After color disappeared conjunctiva left congested and swollen; lid red and raw as after a burn. S. Sloughing of conjunctiva. Eyes of a corpse-like yellow. A. Eyes irritated, burning, injected. C. Lower lids puffed. C. Photophobia. Spasm of the lids and epileptiform seizures resembling Jacksonian epilepsy. S.

*Ears.*—Granulation and epithelioma-like excrescences (rubbed into rabbits' ears). S.

*Nose.*—Nostrils retracted. S.

*Face.*—Cyanosis of face and nearly the whole body and face and body cold. A. Face purplish hue, lips and mouth. A. Face and whole body livid hue, lips, gums, tongue and eyes of a corpse. . Face has purple hue. B. Flushing of the face. S. Color changes from red to livid blue or even to deep purple as the intoxication increases. S. Face livid, cyanotic; lips bluish, ears purple. S. Pallor and dizziness. S.



*Mouth.*—Leadens hue about the mouth, lips and gums. A. Blue lips. B.

*Throat.*—Voice very feeble. A. Dryness of the throat and difficulty in swallowing. S.

*Stomach.*—Vomiting repeated fifteen to twenty times during the night. A. Weakness in head and stomach. A. Anorexia, gastric disturbances. B. Vomiting. C. Intense burning in stomach and head. C. Nausea and syncope with falling. S.

*Stool.*—Purging. C.

*Urinary Organs.*—Incontinence, with slight tenesmus. A. Urine light colored. A. Tumors of the urinary organs. B.

*Sexual Organs.*—Pain in penis and scrotum with swelling. B.

*Chest and Respiration.*—Rales in the chest. Dyspnea. A. Marked cyanosis. A. Deep cyanosis lasting five hours. A. Respiration regular. A. Respiration heavy and labored, gasping for breath, as though it was his last. A. Pain in chest and head. A. Cyanosis, headache and vomiting. S. Accelerated respiration and delirium. S. Respiration 29, Pulse small but regular, rate 120. S.

*Pulse and Temperature.*—Pulse 116, small, regular. A. Pulse slow and almost imperceptible. A. Heart's action feeble. A. Pulse extremely small and irregular. A. Pulse rapid and weak; temperature subnormal. S. Pulse 90, accelerated respiration and delirium. S.

*Extremities.*—In general, severe pains in heels and calves. Coldness, cyanosis. Cyanosis followed by cold sweats. No convulsions. A.

*Upper Extremities.*—Blueness of the nails (like patient in the last stage of cholera). A. Vesicular eruption forming a bracelet around wrist. C. Eczema of the hands. S.

*Lower Extremities.*—Eczematous eruption affecting both knees. C.

*Sleep.*—Restless at night. A. Irritable drowsiness, sleeplessness. A. Weariness or sleepiness. S.

*Perspiration.*—An hour after inhaling fumes, cold sweat and giddiness. A. Weakness in head and stomach. A.

*Skin.*—Chilly, but no nausea. S. Pallor and dizziness in the afternoon (after wearing green stockings). S. Cyanosis. A. Profound anemia with discoloration of skin. B. Cyanosis very marked, with irritation of the skin. C. Burning especially upon the skin. C. Vesicular eruption around wrist. C. Eczema of the knees. C. Swelling, redness, intolerable itching of skin; *Eczema rubrum*. C. Warts or warty eczema on the hands. S. Granulation and epithelioma-like excrescences (rubbed into rabbits' ears). S. Swelling of skin. B.

*Nervous System.*—Persistent weakness with incapacity for least physical or mental effort. S. Epileptiform attacks. C. Epileptiform seizures resembling Jacksonian epilepsy; patient thereafter able to sit up and bear the light but marked tendency to depression. S.

*Tissues.*—Action as a blood poison is the formation of methemoglobin. Later symptoms caused by its elimination. S. Young men more susceptible than elder ones. Blondes more than brunettes; drinkers rather than the temperate. S. Has been used with some success to destroy cancerous growths, it having a marked affinity for cell nuclei. C. The poison may enter by the skin or lungs or both. S. Principal pathological action upon the skin, blood, central nervous system and upon the heart and respiratory organs. Tumors of the urinary passages. B.

*Generalities.*—Profound anemia. B.

*Clinical uses.*—Anemia, cancer, cholera, eczema rubrum.

*Relations.*—Compare arsenic, in many aspects to which it bears resemblance. Antipyrin; also eosin, methylene blue. Pyrogen (pus absorption).

*Modalities.*—Worse in hot weather, heated rooms, poor ventilation.

*Antidotes.*—Stimulants, brandy, ammonia, chloric ether. Cold affusions to the head. Fresh air and the inhalation of oxygen.

Washing out of foreign matter (from eye). Tannic acid 10 per cent. sol.

Treatment as of ordinary burns (of eye).

*Duration of Action.*—From a few minutes to several weeks (chronic symptoms).

## SUMMARY.

In addition to the above clinical uses the pathogenic data are suggestive of its relationship upon the *basis of similia* for conditions in which vertigo, syncope, pallor of the skin are prominent features; also choleraic conditions, the results of food intoxication or the inhalation of noxious vapors.

Its therapeutic relationship may well be investigated in connection with a certain type of chronic inflammation ultimating in malignancy, *c. g.*, from localized irritants. It may be found to have a direct relationship to malignant disease, particularly of the bladder; warty growths and other excrescences on the skin; and finally to chronic irritation, sloughing and necrosis, particularly of the eye from apparently trivial injuries.

The relationship between its apparent affinity for certain biological cells (cancer) as evidenced by staining, and the corresponding types of cells and morbid processes it is known to produce in toxic dosage should be investigated and finally the various anilines should be investigated with relation to their distinctive color reactions as a possible reason for their specific tissue proclivity.

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## IRON AND ITS SALTS.

Thos. H. Carmichael, M. D.\*

Iron is a very important, if not the most prominent mineral constituent of plant and animal life.

It is necessary to the formation of the chlorophyll of plants and as the chlorophyll enables the green plants to feed upon purely inorganic substances and as the green plants are necessary to the existence of all other living beings on the earth the importance of Iron can hardly be overestimated.

As it forms the chlorophyll so it also forms the coloring matter of the red corpuscles of the blood, and Nencki and Marchlewski by producing hæmopyrrol from Chlorophyll have shown the close relation between hæmoglobin and chlorophyll.

It is probable that Iron is absorbed through the action of the

\*A brief lecture delivered before the Section on Materia Medica of the Philadelphia County Homœopathic Medical Society.

epithelial cells of the intestine and carried by them to the leucocytes or else directly to the blood stream, and it is stored in the hæmoglobin, the spleen, liver and bone marrow.

Bunge (see Murlin) explained the value of Iron in Chlorosis on the hypothesis that inorganic Iron compounds in some way protect the organic compounds from decomposition in the intestine and thus prevent the Iron in them from being split off.

It is probable that the administration of inorganic iron in the finely divided preparations of homœopathic pharmacy afford the easiest method for its absorption and it is equally probable that much of the ordinary iron medication is a waste of material (to say the least)—for illustration, the administration of Ferrous Carbonate (Blaud's Pills) in 5- and 10-grain doses.

Iron (according to Murlin) is eliminated from the system mainly through the bile and the mucous membrane of the stomach, cæcum, colon and rectum. Elimination into the intestine appears to be accomplished by emigration of leucocytes and desquamation of epithelial cells.

I have selected Iron for my talk tonight mainly because of its abuse in the old school and its disuse in our school, for it is my opinion that the too free use of iron in the past has developed many cases of latent tuberculosis into activity, and on the other hand that the neglect of this remedy (comparatively speaking) by homœopaths has deprived them, sometimes, of the best results.

As you know, I believe that every lecture on a remedy should be preceded by its pharmacy, and our ordinary basic preparation of Iron is reduced Iron—*Ferrum Metallicum*—a fine, dark grey, lustreless powder, permanent in dry air, but in dampness it oxidizes, becoming Ferric Oxide. *Ferrum Metallicum* is obtained by reducing Ferric Oxide by H. at high temperature.

It is prepared in trituration from the 1x upward. In addition to this basic preparation of iron our H. P. U. S. recognizes ten salts, the most used of which are *Ferrum Aceticum* (and from this salt many of our iron symptoms were derived). *Ferrum Iodatum*  $\text{Fe I}_2$  (which in its action upon the pelvic organs somewhat resembles *Pulsatilla*) and *Ferrum Phosphoricum* a Ferroso-ferric phosphate (to which attention was strongly directed by Schuessler as a tissue remedy). Ferric Chloride ( $\text{Fe}_2 \text{Cl}_6$ )

or as we call it, Ferrum Muriaticum, may be noticed for the comparative infrequency of its use. In the old school it was formerly routine treatment in cases of Erysipelas, but in this disease we have much better remedies in Apis, Bell., Graph., Rhus and some others.

In addition to the ten salts there are two compound salts given in the H. P. U. S., viz., Ferri et Quinæ Citras and Ferri et Strychninæ Citras and here again we see the divergence of the two schools, for in speaking of these two combination salts, Blair says they "are valuable salts, but too disagreeable to dispense in extempore prescriptions. In our small dosage,  $\frac{1}{10}$ ,  $\frac{1}{100}$  or  $\frac{1}{1000}$  of a grain with Milk Sugar, their disagreeable features are eliminated.

To the old-school physician, Iron at once suggests Anæmia, and much has been written about how Iron enters into the system, and as one writer says, "We have had altogether too much ultra-scientific pseudo-science about iron."

Its first effects are improvement in the quality of the blood, increased appetite and improved vigor, but the secondary effects from its long continuance, which were carefully noted by Halmemann, are weakness of single parts of the body or of the body as a whole, and this weakness may almost simulate paralysis; violent pains in the limbs, abdominal disturbances of various kinds, vomiting of food in day-time or at night, pulmonary ailments, often with spitting, deficient vital warmth, suppression of the menses, miscarriages, impotence in both sexes, sterility, jaundice and cachectic states.

We have thus a picture of anæmia and it may be Oligæmia or Oligocythæmia, for we differentiate it not so much on these general pathological conditions as upon other symptoms. In homœopathy, when we speak of Anæmia we think not alone of Iron, but of China, Arsenicum, Calcarea Carb., Calcarea Phos. and Phosphorus, and we must differentiate between at least these remedies. Fortunately this is not always a difficult matter, and this may account for the fact that to the homœopathist Anæmia has a larger therapy than Iron.

These are some of the symptoms of Anæmia caused by Iron—pale mucous membranes, cheeks flushed as if in good health—a kind of pseudo-plethora, easily fatigued, breathlessness. It



causes determination of blood to the head and headaches described as hammering, and is therefore a remedy for passive congestive headaches and in pseudo-hyperæmic headaches after loss of blood (here compare China, which has a similar condition). Richard Hughes prefers Ferrum to China in these headaches.

For recurrent Epistaxis, Doctor Cooper (and this is corroborated by Doctor Hughes) uses the 1x trituration of Ferrum Phos.

When there is a loss of the solid constituents of the blood plasma compare Arg. nit., Calc. Phos., Natrum Mur., Plumbum and Zinc.

In order to develop these symptoms of Iron it must, of course, be given in larger quantity than can be taken up by assimilation of food.

In the provings of Löffler with Liq. Ferri Acetici Rademacheri (1 to 30 gtt.) the blood was examined before and after its use and the watery part was increased and the dry residuum diminished, and while at first the general condition and appearance of the provers was improved after 8 to 14 days this gave way to debility and hydræmia.

We are justified in saying that in small doses, 2x, 3x and higher, Ferrum acts as a stimulant to the blood-making parts and thus enables them to increase the manufacture of red blood corpuscles. Two drop doses of 2x dil. of Ferrum Acet. have acted better than larger quantities.

It is a remedy for Oligocythæmia not so much from failure of the Iron supplied in food or of deficiency of iron in the corpuscles, for those present may contain a normal amount of iron. It is rather a failure of corpuscles themselves.

There is a peculiar or characteristic symptom in the Anæmia calling for Iron, viz., that in spite of his breathlessness and weakness, the patient is better when walking, even though his weakness compels him to stop and lie down.

Ferrum is useful in simple chlorosis from retarded puberty (here Ferrum Iod. would probably be preferred).

In more advanced cases of Anæmia such as Progressive Anæmia or Pernicious Anæmia, Iron is usually superseded by Arsenic or Phosphorus.

Iron causes digestive disorders—cramp-like pains in the stomach, which are worse at night, also vomiting at night or im-

mediately after a meal, and there is usually great intolerance of eggs. There is also a diarrhœa which comes on when beginning to eat. This is a characteristic symptom.

The stomach felt sore in all the provers, and there was a sore, bloated condition of the abdomen. Stools are undigested, painless and worse at night (here compare China which, however, has more flatulence).

Ferrum has caused hypertrophy of the spleen, which suggests its use in ailments which involve enlargement of that organ, such as some of the Zymotic diseases.

It also irritates the urethra and neck of the bladder and has even caused suppression of urine with uræmic-like head symptoms, and Ferrum Muriaticum has found successful employment in urinary irritation, vesical catarrh and gleet, and Fer. Phos. 1x or 2x trit is a favorite remedy with some for diurnal enuresis and irritability of the bladder, causing incontinence of urine when standing, and for incontinence of urine during coughing, laughing, etc., we have Ferrum Met. 6 or Ferrum Mur. 3x (comp. Causticum, Scilla and Yerba Santa, also Phos. and Hyos.). Nocturnal enuresis was caused by Ferrum Iod. in three provers (here also compare Bell., Equisetum, Rhus Aromatica and Causticum).

Iron acts specifically on the uterine mucous membrane, causing a glassy albuminous leucorrhœa, and also a milk-like vaginal secretion. It congests the uterus with a tenesmus of the cervix, which is similar to the tenesmus caused in the bladder. Its tendency to cause bleeding is shown here in Menorrhagia.

Ferrum Iod. is used for debility of the sexual organs resulting in displacements of the uterus (compare Puls.).

The six men who proved Liq. Ferri Acetici all had oppression of the chest, with cough and expectoration of bloody mucous, as well as pain in the larynx and hoarseness, so we use Iron for Hæmoptysis, especially where there is tickling cough and bloody mucus, and if we add to these symptoms our rosy-cheeked Iron anæmic patient, we have a pretty full exhibition of Phthisis Florida. In Hæmoptysis with dark, clotted blood, Ferrum Mur 2x or 3x or Ferrum Acet. or Fer. Phos.

Ferrum Phos. is to be preferred for localized hæmorrhages from nose, womb or kidneys. (In Hæmaturia comp. Hamamelis, Thlaspi bursa Pastoris and Mangifera Ind.)

The patients in whom these local congestions are liable to occur are, of course, pale, weak and anæmic. We have already spoken of the use of Ferrum Phos. in Epistaxis.

In all of these hæmorrhagic conditions we must also think of China, not, indeed, as the remedy for the hæmorrhage, but for the condition of depletion that is its sequence, and it is here that I fear that we sometimes use it when Iron would give us better results. China is superior where the anæmia is from loss of other fluids.

Ferrum causes pain in the shoulder joint and deltoid muscle, especially the right shoulder, and so-called Rheumatism of this joint has been cured by small doses of tincture of Ferri Acetas. Ferrum Iodatum also has a rheumatic-paralyzed feeling in the upper right arm and shoulder. The arm is weary and cannot even be used in writing.

In Ferrum the very head of the articulation pains (Phos. has pain around the joint with lameness and weakness in the arm). Rheumatism of the elbow (where the radius and humerus join) has also yielded to Ferrum.

Ferrum Phosphoricum is an important salt to the homœopathist. Our H. P. U. S. uses the Ferroso-Ferric Phosphate—the Ferri phosphas of the U. S. P. 1860, which is a bluish-gray powder, not the Ferri phosphas of U. S. P. 1890, which comes in thin, bright green, transparent scales. Dr. John C. Morgan, of Philadelphia, proved Ferrum Phos., using the hydrated salt, and Clarke in his Dictionary of Materia Medica, records it separately as Ferrum Phosphoricum Hydricum, and then says that the symptoms resemble those of Ferrum Phos. Alb. and the other Ferrum preparations, so that they may be used intercurrently. Ferrum Phos. occupies a peculiar position in our Materia Medica, in that, in addition to its use for the general iron symptoms it has acquired favor along the lines of use pointed out by Schuessler in his Tissue Remedies, where he makes it the substitute for Aconite and other remedies which cause disturbances of circulation.

The similarity or correspondence of symptoms with our knowledge of Iron has led to the gradual merging of Schuessler's work so that we use Ferrum phos. largely upon his indications. Schuessler says Iron will cure "1. The first stage of all inflammations; 2nd, Pains; and 3rd, Hæmorrhages, caused by hyperæ-

nia, and 4th, Fresh wounds, contusions, sprains, etc. as it removes the hyperæmia."

Ferrum phos. suits the leuco-phlegmatic temperament—those with venous engorgement or weakness. It seems to suit the first stage of all inflammatory affections of the respiratory tract in patients of that temperament who have a softer pulse than in Aconite, and who lack the restlessness and anxiety of this remedy. In other words, the Pulsatilla, Calcarea Carb. or Graphites patient when attacked by inflammatory disorders requires Ferrum Phos. and not Aconite before the stages of exudation. Therefore, it would be the remedy for the first stages of Otitis and Tonsillitis, etc. It has been found to be efficacious in Epistaxis, especially in children, and experience has shown that it is frequently efficient in Bronchitis and Broncho-Pneumonia. The pains of the Fer. Phos. are <from motion> from cold and tend to shoot upward.

We shall have less to say about the other salts of Iron. The Iodide Ferrum-Iod. causes scrofulous conditions, such as enlarged glands and other swellings (compare Calc. Iod. and Arsen. Iod.). A prominent symptom was sweet-smelling urine. It caused an alternate constipation and diarrhœa—a feeling in the rectum and anus as if compressed or constricted or twisted—as if worms were in it or drops of water were flowing down it.

Ferrum Iod. suggests the Pulsatilla patient of a more chronic type (also Sepia), but in whom the anæmic weakness is more marked. We have already mentioned its effect upon the uterus.

Ferrum Aceticum has as a characteristic symptom, the Ferrum Rheumatism of the right Deltoid muscle. It is useful for anæmia and debility in thin, pale, weak children who grow tall rapidly and are easily exhausted. They are subject to Epistaxis or Hæmoptysis (for anæmics of this type do not forget to compare Phosphorus).

Next a few words about tincture of the Chloride of Iron (probably the most-used preparation by the old school in anæmia). It is our Ferrum Muriaticum or Ferric Chloride  $\text{Fe Cl}_3 + 6 \text{H}_2\text{O}$  and is prepared (H. P. U. S.) by taking 264 cc. of U. S. P. solution of Ferric Chloride and adding sufficient Alcohol to make 1000 cc. of tincture. If taken in the tincture or low dilutions it is important to rinse the mouth with soda water after each dose to prevent action upon the teeth.

In addition to the ordinary symptoms of Iron in Anæmia it causes Neuralgia and headache on the right side, and the same kind of rheumatism of the r. shoulder, for which Ferrum Phos. was indicated. It is a hæmorrhagic remedy causing Hæmoptysis with dark, clotted blood, and Hæmaturia. It is useful in Pyelitis and for Gravel (here compare China for gravel like discharge in Anæmic patients).

It departs from its elective affinity for the right side to affect the spleen, causing pain in the region of that organ. It has the same antipathy to eggs and general aggravation from eating that belongs to other Iron preparations.

There is another Iron preparation, the Ferro-Ferric Oxide ( $\text{Fe}_3\text{O}_4$ ) which we call Ferrum Magneticum, which acts on the urinary organs, causing much red urine, which becomes clay-colored on standing. It causes red, burning spots on the inside of the thighs and pricking in different places > scratching.

The patient falls asleep when lying and sitting (for Sleeping Sickness Chloral hydrate 3x trit.).

In addition to these there are Ferrous Arsenate, Ferrous bromide, Ferrous Carbonate, Ferrous Lactate, and Ferrous Sulphate mentioned in the Homœopathic Pharmacopœia of the United States, and besides these Clarke, in his Dictionary of Materia Medica, gives Ferrum Pernitricum, of which Cooper gives as a characteristic symptom, "Cough with a florid complexion." Also Ferrum Picricum, which although improved, has, according to Cooper, proven of value for multiple warts, especially on the hand, and Blair says: "They use (meaning Homœopathists and Eclectics) one salt of iron we do not employ, the picrate, claiming that the second trituration cures senile hypertrophy of the prostate. That is a fairly reasonable proposition."

It is a good remedy for the overpowering effects of fatigue and for the results of sexual excesses and loss of blood.

Clarke also notes Ferrum Pyrophosphoricum and Ferrum Tartaricum.

So much for the various salts of Iron. I have not attempted to give their detailed symptomatology.

The underlying condition upon which all or nearly all of its symptomatology exists is what we have called Anæmia.

A weakness which in iron is accompanied by an erethism and a false plethora—the patient looks well; a rosy redness shows



through his white cheeks and he feels better when walking, even though his weakness forces him to lie down. He has dilated veins, a more or less excited circulation with sensation of heat and tendency to hæmorrhages from various parts of the body.

It has excessive irritability of tissues and this extends to the mental state, which resembles that of China and Arsenic, and it antidotes both of these remedies. As Clarke points out, "it is one of the best remedies for overdosing with Quinine and hence the favorite old-school combination of Quinine and Iron is so far a wise one."

In thus briefly calling to your attention this valuable remedy I would again suggest that its place as a remedy for constitutional weakness should be studied in comparison with Arsenicum, Calcarea Carb., China, and Phosphorus.

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## HONOR YOUR PROFESSION AND YOUR PROFESSION WILL HONOR YOU.

By Eli G. Jones, M. D., 1331 Main Street, Buffalo, N. Y.

There is no civil, military or literary honor that can be bestowed upon a doctor *equal* to the *high* and *honorable* title of PHYSICIAN. For the healing of the sick is the *noblest*, the *grandest* profession in the world.

The Roman orator said: "IN nothing do men come so near the Divine as in giving *health to their fellow-men*."

Let us then *honor* our profession, that our profession may honor us.

I have been *more* than surprised to see some of our *new* school physicians *fail* to *cure* Prolapsus Uteri without a *surgical* operation when there are so many valuable remedies of the new school, that can be *depended* on to *cure* such cases.

In over fifty years' practice I have seen a great *many* cases of Prolapsus Uteri in the old and young, and I have yet to see a case that would not yield to *proper medical treatment*. The use of the X-ray *may* be a valuable aid in diagnosis in some surgical cases, but as an instrument for diagnosis in medicine its *real* value has been *overestimated*.

In consultation with regular physicians in one of the Southern

States, after I had examined the patient, they said to me: "What is your diagnosis?"

I said: "Cancer of the liver."

They brought me an X-ray picture of the case. I judged from their talk that they thought that the X-ray picture *confirmed* my diagnosis.

The picture showed a *dark* spot over the region of the liver, but no mortal man could tell from the PICTURE, whether it was cancer of the liver, engorgement of that organ or cirrhosis of the liver.

Certainly, no intelligent physician would form a diagnosis by such *flimsy* evidence as that.

I have seen an X-ray picture of a woman supposed to have fibroid tumor of the uterus. The picture (X-ray) showed a *dark* spot where the uterus ought to be, but no man could tell if it was cancer, fibroid tumor of uterus, or enlargement of that organ.

I would very much rather trust my *hands* and *eyes* for diagnosis than any X-ray machine in cases mentioned above.

When *will* our doctors learn the *fact* that there is *no* instrument that can be devised by the mind of man so *delicate* and so *sensitive* in the *diagnosis* of disease as the *human hand*.

The average doctor if he wants to know if his patient has high blood pressure, straps an instrument on the patient's wrist. Why doesn't he use his *hand*?

Place your fingers on the radial artery and if it feels *round* as a *cord*, and if there is a *fullness* between the pulsations of the artery, that almost amounts to a *double* pulsation, you can be *sure* that you have a case of high blood pressure. You get a feeling of *pressure* from the pulsations.

When a doctor can *read* the pulse and detect the *slightest* variation of the pulse, and to *know* what it *means*, and what *remedy* it indicates, he is an expert in *diagnosis* by the *pulse*.

This method of diagnosis should be *taught* in *all* our medical colleges, for that would be of *real practical benefit* to the doctor in *everyday* practice. Doctors often press too hard upon the artery when counting the pulse, that gives an *unpleasant* feeling to a *delicate, sensitive* patient. It would seem by the *way* they press upon the artery that they were trying to *stop* the flow of blood entirely.

The good physician should be a gentleman, that is *gentle* in *all* his examination of a sick person.

With your fingers on the pulse, make a *gentle* pressure. Think of what you want to *know*, *concentrate* your mind on what you are *doing*.

You don't want to know how many *times* it beats, but you *do* want to know its *character* and *quality*. How does it *feel* to you? What *impression* do you get from the pulse? The normal pulse is *full, strong and regular*. Look out for a *variation* from the above, for it may mean *disease* in some part of the body.

In Arabia the sick person sticks her hand out through a hole in the tent, and the physician is expected to make his *diagnosis* and give his *treatment* of the case from *reading* the patient's pulse. I always bear that in mind, and for many years I have *forced* myself to make a *diagnosis* principally by *reading the pulse!*

At one time they had an Irishman, as a member of the Board of Aldermen in New York City. His education was rather limited, but he was *strong* on *economy*. They were discussing the question of buying some gondolas (pleasure boats) for the lake in Central Park. It was suggested that they purchase a dozen gondolas. The Irishman said: "Mr. Chairman, I make a motion that instead of buying so *many* gondolas (he had no idea what a gondola was, I presume he thought it was a bird or an animal), we buy a *mule* and *female* gondola."

A new disease has been discovered, or an old one under a new name. It is SINUSITIS.

There is a muco-purulent discharge following coryza. If it is a *frontal* sinus the patient feels *relieved*, the muco-purulent discharge *diminishes* with Tr. Hydrastis 3d x, ten drops every two hours. The regular physicians are constantly adding *new* diseases to the list of diseases, when they can't *definitely* cure any of the *old* ones.

Let us try diligently to *cure* some of the old diseases before we *discover* any more new ones.

A student of the University of Washington out on the Pacific Coast, who is studying medicine, heard a lecture given by a prominent surgeon of Seattle. In that lecture the surgeon said: "That *not ten per cent.* of the patients were ever reached by *drugs*, but that surgery was the *only* remedy, *not drugs*. That time was *wasted* when spent on *drugs*, unless it *pertained to surgery*." When that kind of *stuff* is handed out to our young men in the regular medical colleges, is it any wonder that their students are

*ignorant* of *Materia Medica*? Is it any wonder that medical nihilism is *alarmingly* on the increase in our country? Now suppose General Foch, the Commander of the Allied Army, had sent his soldiers into battle without any *arms* or *ammunition*? What would have been the result?

These young men and women are being turned out from regular medical colleges ignorant of the *definite* action of drugs, they are *ignorant* of any *definite* treatment for the diseases they will meet with in *everyday* practice.

They are like a soldier going into battle *without* arms or ammunition.

After four years spent in a high school, four years in a literary college, four years in a medical college, and two years in a hospital, what have they got to *show* for all the years of study? *WHAT DO THEY REALLY KNOW ABOUT THE SICK?* They are like a man sent out to sea *without* compass, oars or rudder.

In May, I had a visit from Dr. W. J. Morgan, of Manchester, Ohio; he is an eclectic, and a *very good* one, too. He *believes* in definite medication and has built up a *fine* practice as a result of *careful* and *correct* prescribing. Like all *good* eclectics, he wants the *best* there is *in* medicine, and he seems to think that the writer may be able to teach him *some things that he doesn't know*.

I had another doctor from Ohio in the month of May, Dr. A. D. Woodmansee, Washington Court House, Ohio. He did his bit in France in the World's War as a First Lieutenant M. C., and gained the respect and confidence of his associates.

Dr. Woodmansee is one of the *rising* young men in his profession, and is bound to make his *mark* in the world.

I am very *proud* to acknowledge him as a *student* of mine. During the past five years he has treated 200 cases of smallpox, and *no deaths*.

The doctor is a genuine "dyed-in-the-wool" Homœopath; he reads *THE RECORDER* for the good of his soul.

In 1918 I wrote an article for several medical journals of *all* schools of medicine in the United States, Great Britain and India. It was copied from one journal to another. The title of the article was: "What do you really know about healing the sick?"

In the article were *seventeen* test questions, *not* "catch questions," on a par with "How old is Ann?" or the "Fifteen Puzzle,"

but *plain, simple* questions about the treatment of diseased conditions as we find them in *everyday* practice.

As a result of that article appearing in so *many* journals, I had some 600 letters from doctors of *all* schools of medicine in different parts of the world, the writers of the letters acknowledged that they could *not* answer the questions in the article, the only exception was Dr. Geo. W. Ramsey, Harrisburg, Pa., a Homœopath. He claimed to be able to answer *all* the questions correctly, as he is a *skillful* physician and a *good* prescriber, *I took his word for it.*

Dr. A. H. Collins, Ardmore, Oklahoma, answered several of the questions *correctly.* It was good evidence to me that he was a *bright* man and knew *more* about Materia Medica than *most* physicians.

The doctor is a Homœopath, and the *right* kind, for he wants the *best* there is *in* medicine.

In all the letters I received from so *many* doctors, they wanted to *know* the answers to *those* questions. I sent the answers to many of them, and the answers were published in several medical journals. The article aroused a *deep* interest in the study of Materia Medica. I believe the seed sown has fallen on *fertile* ground and will bring forth *good* fruit.

As a result of the article appearing in a prominent *regular* journal, I had *300 orders* for my book, "Definite Medication," in *one month.*

They wanted to know, HOW DO YOU DO IT to find a *definite* treatment for *any* disease is a *new departure* in regular medicine. It was a *revelation* to them. The letters I often get from regular physicians shows me that the *seed* sown by me *years* ago, is bearing *good fruit today.*

Several years ago a young married lady came under my notice, she had been under an X-ray examination, which developed a *fearful* condition of her system. One of her kidneys was floating around somewhere in her abdomen, like one of the lost tribes. The liver was playing tango with the spleen, her bowels had "fallen from grace," and were somewhere down in the lower part of her abdomen. In this *frightful* condition nothing but an *operation* would *save* her, and that would cost her \$250. They had the woman *scared stiff.*

I explained to her that she did *not* need an operation, and that



there was nothing to be *alarmed* about. She is alive today, and was *never* so *well* as she is *now*. When I hear about an X-ray examination I think of what Bret Harte said about the Chinamen: "For ways that are dark, and for tricks that are vain, the heathen Chinese are peculiar."

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## A PROVING OF OLEUM-ANIMALE.

C. L. Olds, M. D.

On November 10th, 1894, at 11 A. M., took *Oleum-animale* <sup>50m</sup> (Swan), one dose dry on the tongue.

November 14th, 9 A. M.—Sensation as if sore throat would come on—for a short time only.

November 15th, 11 A. M.—Throat sore on left side; aggravated by empty swallowing; ameliorated while eating or drinking; causes much hawking and swallowing; has not had a sore throat or cold for several years; much mucus in throat; eyes ache.

November 16th.—Throat very sore and raw in centre; aggravated by empty swallowing; ameliorated by food and liquids; much white, frothy mucus in; constant desire for food.

November 16th, 5 P. M.—Thirsty; throbbing headache, aggravated by motion.

November 17th, forenoon.—Sore throat disappeared in the night; headache, dull, aggravated by shaking head; drawing, pressive pain at root of nose; increased sexual desire (mental); lascivious thoughts. Afternoon—Headache, throbbing, involving only right side of head and right eye, aggravated by lying down and stooping; slight cough; dripping of watery, excoriating mucus from left nostril when in a warm room, ameliorated in open air; much sneezing.

November 18th.—Large quantities of thick, yellow mucus detached from low in throat with difficulty; head stopped up in house, clear in open air; chilly in house, but cold symptoms, ameliorated in open air; lips feel very dry, sensation of white of egg dried on them.

November 19th, 7 A. M.—Large quantities of yellowish mucus detached from throat; 8.30 P. M.—Headache, right side only, involving right eye: pains dull, pressive from occiput to right eye; symptoms of the cold about gone.

November 20th.—Small boil, not very sore, but itchy, on inner aspect of left thigh.

November 23d, 8 P. M.—Mucous membrane of buccal cavity seems much relaxed; can hardly keep from biting it when eating; aching in legs, as though cold was coming on.

November 25th, 8.30 A. M.—Throbbing, lancinating pain in internal right ear for a few minutes.

December 1st.—Soreness and burning in spots of roof of mouth; easily irritated for several days; appetite normal during forenoon, but in afternoon, no matter how large a dinner he ate, has almost constant craving for food—no kind in particular; eats an enormous dinner, and then eats something about every fifteen or thirty minutes during afternoon.

December 2d, 3 P. M.—Sharp, knife-like pain, starting in left side of occiput and going through into left eye—for a short time only; 8 P. M.—Under part of tongue, left side, sore as after taking too hot drink.

December 4th, 10.30 A. M.—Sharp itching pains in lower hypochondrium and left lumbar region at every deep breath—for a few minutes only; 8.10 P. M.—Sore, drawing pain extending from right external abdominal ring down spermatic cord to right testicle on walking; testicle felt as if pain would cease if it was suspended.

December 5th.—Dull aching in small of back in morning before rising, and at 10 A. M. while sitting, passing away on walking.

December 8th, 11 A. M.—Took *Oleum-animale* <sup>cm</sup> (F.), one dose dry.

December 10th.—Little appetite for breakfast; during entire afternoon burning sensation in stomach; burning eructations; load in stomach as if food did not digest; 9 P. M.—Sharp knife-like pains in right side of occiput.

December 12th.—Restless at night.

December 13th.—Restless at night; irritable; sharp, piercing pain over left eye, off and on; dripping of a yellowish water from the nose, especially on stooping.

December 17th.—Restless at night; dreamed that he saw a man drown but was not at all concerned, but watched him go down with scientific interest only; irritable, slightest thing makes angry; dull, aching pain in back; aching-drawing in both groins.

December 21st.—Restless nights; dull aching in thighs and legs, better by motion; restless, feels as if he must move or keep working rapidly; easily irritated; ejaculation too soon during coition.

December 30th.—Dreamed that he was being tried for murder, and later that the executioners were preparing to hang him, but a great army of mighty snakes so terrified them that they ran away; woke with aching in small of back; aching continued nearly all day; dull and stupid in morning; worse in morning; better afternoon and evening.

#### SYSTEMATIC ARRANGEMENT OF SYMPTOMS.

*Mind.*—Lascivious thoughts; irritable; slightest thing makes him angry.

*Head.*—Throbbing headache, aggravated by motion; dull headache, aggravated by shaking head; throbbing headache, involving only right side of head and right eye, aggravated by stooping or lying down; dull, pressive pains going from right occiput to right eye; sharp, knife-like pains starting in left occiput and going to left eye; sharp, knife-like pains in right side of occiput; sharp, piercing pain over right eye.

*Eyes.*—Aching in eyes.

*Ears.*—Throbbing, lancinating pain in internal right ear.

*Nose.*—Drawing, pressive pain at root of nose; much sneezing; dripping of yellowish water from the nose especially on stooping; dripping of watery, excoriating mucus from left nostril when in warm room, ameliorated in open air; catarrhal symptoms, ameliorated in open air.

*Mouth.*—Lips feel very dry; sensation of white of egg dried on them; mucous membrane of buccal cavity seems much relaxed, can hardly keep from biting it when eating; soreness and burning in spots of roof of mouth; under part of tongue, left side, sore, as after taking too hot drink.

*Throat.*—Sore throat, left side; causes much hawking and swallowing; aggravated by empty swallowing; ameliorated while eating or drinking, with much thirst and desire to eat constantly; much white, frothy mucus in throat; profuse, thick yellow mucus, detached with difficulty.

*Appetite, Thirst.*—Thirsty for cold drinks; almost constant craving for food in afternoon, although he ate heartily at dinner; eating or drinking relieves the sore throat; poor appetite for breakfast.

*Stomach.*—Burning sensation in stomach; burning eructations; feeling of load in stomach as if food did not digest.

*Abdomen.*—Sharp, stitching pains in left hypochondrium and left lumbar region at every deep breath; aching-drawing in both groins.

*Sexual Organs.*—Increased sexual desire, with lascivious thoughts; ejaculation too soon during coition; sore, drawing pain extending from right external abdominal ring down spermatic cord to right testicle on walking; testicle felt as if pain would cease if it was suspended.

*Cough.*—Cough better in open air.

*Back.*—Dull aching in small of back in morning before rising, and at 10 A. M. while sitting, passing away on walking.

*Limbs.*—Aching in lower extremities, as if cold was coming on; dull aching in thighs and legs, better by motion; small, itching boil on inner aspect of left thigh.

*Rest, Motion.*—Restless at night; restless, must move or keep working rapidly.

*Sleep, Dreams.*—Restless sleep; dreams of seeing man drown, but was not concerned, watched him with scientific interest only; of being tried for murder; of being executed; of snakes.

*Generalities.*—Worse in the morning; better afternoon and evening; in open air; after eating.

## DEPARTMENT OF HOMŒOPATHIC PHILOSOPHY.

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## IDIOSYNCRASY AND DRUG DISEASES.

*In paragraph 30, Organon, Hahnemann says that medicines appear to have a more powerful influence in affecting the health of the body than the natural morbid agencies which produce disease, inasmuch as suitable medicines overcome and cure disease.*

*In paragraph 31, he remarks that natural disease-producing agencies have only a conditional power of action, depending upon the disposition and degree of susceptibility of the organism. They do not act (perceptibly?) on every one at all times. Of a thousand persons exposed to smallpox, for example, perhaps not more than one or two would be infected, and these only if they happened to be in a susceptible condition at the time of exposure. He implies that the remainder are entirely immune by virtue of natural resistance.*

*In paragraph 32, he somewhat unguardedly asserts that it is otherwise with drugs that they act unconditionally. Every true medicine, he says, acts at all times, in all persons, under all conditions producing distinctly perceptible symptoms "if the dose be large enough." He here establishes at least one condition. No man in his normal condition is entirely or absolutely immune to a dose of arsenic, or strychnine or quinine, nor to the bacilli of cholera or tuberculosis. *The extent of its action in either case is conditional.* The violence, extent and duration of the effects will be proportionate to the size of the dose, and the susceptibility of the individual as influenced by constitution and environment, *but it always acts.* Strictly speaking, every action in the universe is conditional.*

One of the problems that frequently confronts the homœopathic physician is how to deal practically with those peculiar and puzzling cases, which present the phenomena of what is commonly called idiosyncrasy.

By idiosyncrasy we mean a habit or quality of the organism peculiar to the individual. It is a peculiarity of the constitution,



inherited or acquired, which makes the individual morbidly susceptible to some agent or influence which would not so affect others.

To the allopathic physician it ordinarily means merely an oversensitiveness to some drug. He is called upon, for example, to treat a case of intermittent fever. After giving what he regards as a moderate dose of his favorite quinine he sees his patient quickly become violently delirious; or perhaps develop a violent attack of vomiting and go into collapse; or have a hemorrhage from the kidneys, or lungs, or into the retina. All these grave conditions have been reported of quinine and some cases with fatal results; or what is nearly as bad, with permanent loss or impairment of function, as blindness, or deafness.

Again he meets a case which seems to require opium. He administers the usual dose and sees it produce dangerous congestion of brain, lungs or intestines. He explains such experiences as being due to idiosyncrasy, substitutes some other drug and lets it go at that. Such experiences do not teach him much, and he goes on in the same old way afterward. There is much to be learned from such cases, however, if we view them aright.

Other patients manifest a morbid susceptibility to agents and influences not classified as medicinal. For example, a person cannot eat some common article of food without suffering. Apples, peaches, strawberries, fish, shell fish, onions, potatoes, milk, fats or butter, etc., affect certain people unpleasantly in a most peculiar fashion. Then there are the idiosyncrasies of smell. One cannot bear the odor of violets; another of lavender; another of any flowers when he is sick.

One of my patients always gets an attack of hay fever and asthma if he rides behind a horse. The odor and exhalation from a perspiring horse are noxious to him. A woman hay fever victim has a fit of violent trembling and aggravation of all her symptoms if she comes in contact with a cat. These examples of idiosyncrasy are quite distinct from hysteria and the general oversensitiveness found in neurasthenics and broken-down constitutions, where every little annoyance seems a burden too great to be borne, and every sense is painfully acute.

Without pausing here to set forth the modern scientific explanation of these phenomena we may say that idiosyncrasy, from the standpoint of the homœopathic prescriber, is often the key to a

difficult case. Viewed as modalities, these peculiarities, which are merely vagaries to the average practitioner, take on a certain degree of importance as indications for a remedy. Properly interpreted and classified, they sometimes rank as "generals," expressing and representing a peculiarity of the patient himself—of the case as a whole. They aid in individualizing the case, and differentiate between two or more similar remedies. Thus, in a certain puzzling case, the symptom, "aggravation from onions," discovered only after the case had baffled me for several weeks, led to the selection of Thuja, which cured the case.

Idiosyncrasies are inherited and acquired. They represent a morbid susceptibility to some particular agent or influence. Of their morbid causes there is little to say, except that the drug idiosyncrasies, both inherited and acquired, appear sometimes to be due to the previous *abuse of the drug*, to which a morbid susceptibility now exists, and that the remainder have their origin in what Hahnemann called the *psoric constitution*. Many persons who have been poisoned by a drug, are afterward hypersensitive to that drug—a condition known as anaphylaxis. A familiar example is the susceptibility to Rhus or Ivy poisoning of those who have once been poisoned, especially if their initial attack was treated topically, by external remedies. Such persons are poisoned by the slightest contact with the plant, or even by passing in its vicinity without contact. In such cases the disappearance of the original external manifestations of the disease is followed by the setting up of a constitutional susceptibility which renders them peculiarly vulnerable, not only to the particular drug concerned, *but to the diseases to which that drug corresponds homœopathically*. They are illustrations of metastasis, which is regarded by some as being due to a suppression of the primary form of the disease by injudicious topical or palliative treatment. This view is based upon direct observation, and is sustained by analogy with the well-known serious results of the accidental or incidental disappearance or repercussion of external symptoms in the acute eruptive diseases, such as measles and scarlet fever.

Where the initial attack is perfectly cured homœopathically by internal medicines, such results never follow. Investigation shows that some cases of inherited idiosyncrasy and morbid susceptibility to drugs are traceable to the abuse of those drugs by parents or ancestors. This relation has been observed particularly in the

case of two drugs, Sulphur and Mercury. A case occurred in my practice in which such a violent and sudden aggravation followed the administration of a high potency of Mercury that the patient's life was endangered. He afterward asked if he had been given Mercury, and said that he had never been able to take Mercury in any form. He had been salivated by Mercury, in youth, and his father and mother before him had been heavy users of the drug. Cases occur in which even amalgam fillings in teeth cause symptoms of mercurial poisoning, from absorption of infinitesimal quantities of Mercury.

It has been held that the homœopathic correspondence of Sulphur to such a vast number of symptoms and diseases is partly due to the widespread abuse of Sulphur by preceding generations, in other words that the commonly found Sulphur symptoms which make it curative in so many conditions, represent a vast *proving* of Sulphur upon the human race, pursued for several generations, which has created a general morbid susceptibility to the drug. The same might be said of many other drugs, but such an idea, interesting because novel and practically suggestive, should not be given too much weight, lest it lead us astray into the realm of speculation.

In the closely related subject of "drug diseases," we are on safer ground. The subject of drug diseases has a particular and perennial interest for the homœopathician, because his professional life is devoted largely to the observation and study of the phenomena produced or cured in the human organism by drugs. It comes before him at every point in his career, and he, more clearly than any other, realizes its importance. The homœopathic *Materia Medica*, from which he derives his knowledge of the remedies used for the cure of disease, is made up principally of collections of symptoms derived from healthy persons who have intentionally taken small doses of drugs and carefully observed and recorded their effects under the direction of trained observers.

Every proving is the clinical record of an artificial disease produced by some drug. Every case of sickness demands its corresponding drug, which is found by comparing the symptoms of a patient and the symptoms of drugs. For every disease arising from natural causes there has been found, or may be produced by some drug, a similar artificial disease, symptom corresponding with symptom, often to the minutest details. This similar corresponding drug, once found and administered in the proper dose,

proves to be the curative. Upon this easily demonstrable fact is founded the homœopathic healing art. From this fact was deduced the healing principle, which is the scientific basis of Homœopathy.

Acceptance of the idea that disease may be cured by drugs is quite general, but the truth of the related idea that drugs also *cause disease*, and each drug its own specific disease, although partially recognized, is by no means as clearly recognized as it should be. The alcoholic, the drug addict and the "dope fiend," have long been regarded as "victims of a *disease*," by some regarded as a peculiar psychological disease, and by others in other ways; but only very recently has it dawned upon a few of the "regular" profession, that the mysterious, indefinite disease from which the addicts suffer is, in each case, a definite, specific *drug disease*, caused by and representing the action of the particular drug to which he is addicted; that the opium addict suffers from the *opium disease*, the "coke fiend" from the *cocaine disease*, etc.

Homœopathy should have taught them this long ago. Few seem to realize that a very large part of the disease met with in ordinary practice is the result of what may be called involuntary poisoning. Symptoms are constantly appearing in our clinical records, which are the product of drugs, either self-administered or ignorantly prescribed by that class of physicians who are forever prescribing for the results of their own drugging without knowing it. There are many, even in the homœopathic school, who do not realize this fact, and who fail to see that the problem before them is as often one of antidoting a drug as of curing a true natural disease. This has a very practical bearing on the case, for the first step in such cases is to seek out and stop the use of drugs and antidote them, rather than to blindly proceed to give more drugs. Nature unaided will often remove many of the symptoms in such cases if the dosing is stopped and a little time is given. The remainder becomes the basis of homœopathic prescribing under accepted homœopathic principles, and the case as a whole affords an opportunity for the discerning physician to impart some wholesome instruction in the rules of right living.

(To be Continued.)

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## EDITORIAL NOTES AND COMMENTS.

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TREATMENT OF POISON OAK DERMATITIS.—“Alderson and Pruett report thirty-four cases in which treatment consisted of the injection of 1 cc. poison oak extract into the gluteus or deltoid. Almost invariably one intramuscular injection is followed by great relief of the local symptoms; swelling and itching particularly begin to subside within twenty-four hours. There is not much local irritation as a rule, but at times where some of the fluid has worked its way along the track of the needle, a painful indurated nodule appears and is slow in subsiding. Some of the patients seem to have become immune.”

The above abstract from *J. A. M. A.* is simply another example of the frequent resort by old school physicians, consciously or unconsciously, to the law of similars. Frank Jay Schamberg, of Philadelphia, some months ago published his method of producing immunity to poison oak by giving graduated doses of its tincture, internally. We commented upon this at the time. Homœopaths are, of course, well aware of the value of potencies of *Rhus tox.* in the treatment of poison oak or ivy, dermatitis.

The point of the whole question is simply this, that such cures or immunities are due to employment of Hahnemann's law of homœopathy, no more and no less. Then why not place the credit where it belongs?

HIGH BLOOD PRESSURE AGAIN.—Another illustration of the beneficial action of one of the endocrines, is furnished by the favorable effect of *Anterior Pituitary Gland 3x* trituration, given t. i. d. in a case of high blood pressure, in a man of 49 years. On May 14th his systolic pressure was 164; diastolic, 110;



pulse pressure, 54; pulse rate, 72, and he complained of getting out of breath more easily than formerly. He was conscious of his heart, felt that it beat more vigorously than he had theretofore noticed, and he also complained of an occasional fullness in the head.

On May 22d the systolic pressure had dropped to 154; diastolic, 100; pulse pressure, 54; pulse rate, 88. The urine showed a trace of albumin, no casts, an excess of indican, specific gravity, 1025. The remedy was continued.

On June 15th the systolic pressure had dropped to 144; diastolic, 104; pulse pressure, 40; pulse not counted, but apparently of normal rate. The general state of the patient was better and the subjective symptoms previously complained of, had disappeared. No change in habits, diet or work had been made and the examinations were made at the same time of day upon each occasion and under the same conditions.

In the HOMEOPATHIC RECORDER for May we presented a somewhat similar effect upon high blood pressure of *Posterior Pituitary Gland 3x*. Whether the effects of both these preparations of the pituitary are identical, we are not prepared to say. Possibly the potentized preparation of the entire gland, will meet all requirements equally as well. We shall be glad to publish experiences of our subscribers, with these endocrine substances.

DANGERS OF INTRASPINAL TREATMENT.—“In del Valle’s case four intraspinal injections had been given in the course of a month. Mercury was used for the first two, and neo-arsphenamin for the last two. The latter were followed by complete paralysis of the legs, and incontinence of urine and stools. The treatment had been given for old syphilis which had been inducing pains at various points, especially in the head, for four or five years, with weakness of the legs. No benefit was realized with revulsion to the spine, or strychnin, but the paralysis improved under daily ten minute applications of galvanic electricity.”

And still they come, as this abstract from *J. A. M. A.* so ably sets forth. Such a little incident as paralysis of the legs following intraspinal injections of neo-arsphenamin, are all in a day’s work apparently and must not be emphasized or taken too seriously. Besides, the victim was an old syphilitic who, in these ultra modern days of moral uplift, has no right to any consideration.

Perhaps it is after all just as well to give our remedies in safe and sane doses and via the usual channels of administration. Of course, by so doing, we run the risk of losing our manual dexterity in shooting the spinal canal with a Luer syringe and the old-fashioned way lacks the element of dramatic effect and theatrical realism.

LYCOPodium IN TONSILITIS.—That clubmoss can have so powerful an effect upon the economy when used in accordance with Hahnemann's law and in highly potentized form, seems at first glance incredible; but to those who really know Lycopodium, there is nothing incredible about it. Why this remedy should select the right side of the body upon which to exert its first effects, we do not know; but such is the case, and as we all are aware, Lycopodium symptoms proceed from right to left, which is to be sure, the direct opposite of Lachesis. This line of direction holds good in tonsillitis for example, in which affliction the throat feels sore upon the right side first, together with a sensation of a lump, over which the tortured victim is obliged to swallow. The right tonsil presents a dirty, pseudo-membranous exudate, or even ulcers ragged in outline. The crypts are quite commonly filled with a yellowish, cheesy deposit. The pain is relieved by *hot drinks*; again the opposite of Lachesis and of Phytolacca as well. Exceptionally in Lycopodium, other symptoms agreeing, cold drinks will be found to give relief.

Chronic hypertrophy of the tonsils will yield to this remedy, provided that it is indicated by symptoms in general. We once witnessed the rapid reduction of the right tonsil in such a case, without any effect whatsoever upon the left tonsil, nor could we reduce this left tonsil by other remedies, subsequently given.

Do not forget that Lycopodium has a characteristic time aggravation from 4 to 8 P. M., which will often manifest itself and make the choice of this wonderful remedy more certain as well as easy. And, finally, let us remember that this remedy is a flatulent one, the pains of which are often remotely or more directly caused by intestinal gases and that Carbo vegetabilis is its near relative and complement.

ROLE OF ENDOCRINE GLANDS IN ACNE.—“In cases presenting increase in metabolic activities, Hollander prescribes, in addition to regulating the patient's habits, enforcing dietetic and

hygienic measures, cleansing of the skin with hot fomentations at night and frequent washings during the day, aseptic removal of comedones and opening pustules, and suprarenal gland substance, 5 grains, three times a day. In cases of the opposite type—lazy, plethoric, overnourished, closely bordering on lowered thyroid gland activity the patient is instructed to carry out the measures mentioned and he receives thyroid gland substance, one-fourth grain three times a day. Hollander is impressed with the correctness of the conception that the underlying etiologic factor in acne is somewhere in the domain of the endocrine glands—probably in the gonads. In a good many instances the endocrine administration described is supplemented with ovarian or testicular extract administration. The administration of dry gonad extracts has proved unsuccessful.”—*J. A. M. A.*

The above extract is of interest to homœopathic prescribers, who well know the obstinate nature of acne. Remedies such as Sulphur, Sepia, Hepar sulphur, Kali brom., etc., naturally come to mind, but treatment will depend as usual, entirely upon the patient, whose general state, rather than the acne, must be considered. Many cases, however, are rather negative in character, so far as subjective symptoms are concerned and it is in such that potentized preparations of the endocrines may be of help. Hollander's observations are therefore of value to us.

FATAL ACUTE UREMIA AFTER NEO-ARSPHENAMIN.  
—“Lesné was treating a woman or thirty-eight with syphilis, of six years' standing, apparently extremely benign. He gave her three series of intravenous injections of neo-arsphenamin in doses of 15, 30 and 45 cg., all well tolerated, in the course of the year. A new injection of 15 cg. was followed by anuria with acute uremia and death the eighth day. In the discussion, de Massary reported a similar fatality after a series of injections of arsphenamin. The third week, an injection of 60 cg. was followed by toxic symptoms, including those of aplastic pernicious anemia and meningitis with fatal coma the fourteenth day. No lesions could be discovered at necropsy, but there was much congestion in the meninges. No arsenic was found in the organs. Netter referred further to two fatalities of which he knows: in one case the arsphenamin treatment had been given on a mistaken diagnosis at the

beginning of epidemic encephalitis. It had evidently aggravated the condition, with fatal outcome."—*J. A. M. A.*

This time the injection of neo-arsphenamin was intravenous; but whether intravenous or intraspinal, this popular drug gets in its deadly work just the same. Comment seems superfluous, except that the forward march of science (?) must go on.

PITUITARY HEADACHE.—"Redwood has seen eleven patients whose sole or chief complaint was headache of pituitary origin. All cases showing positive Wassermann reactions, urinary findings indicating nephritis, and reflex cases, such as pelvic disease in women, have been eliminated. All cases with any associated disease that could possibly have a bearing on the headache are not included. Some of these patients had other complaints, for instance, convulsive attacks or diabetes insipidus, but all of them had headache. Seven had very small sellas, closed in by the clinoids, and four had sellas normal in size, but the clinoids enclosed the fossa. Six had headache every day, three every two or three days, and two once a month. One patient had been troubled with headache since he could remember; the other patients from six months to seven years. In eight cases the headache disappeared entirely or has been greatly relieved; two cases of long standing have not been benefited in the slightest, and one patient has not been heard from in several months. The treatment consisted of the administration of pituitary extract."—*J. A. M. A.*

We print this abstract, merely to throw further light upon the endocrines in their relation to the law of similars. In the cases cited, it would seem that the favorable action of pituitary extract was not homœopathic in character, but more in the nature of supplying a deficiency. Under the anatomical conditions described, a permanent cure seems unlikely.

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## THE FUTURE OF DRUG THERAPEUTICS.

T. H. Carmichael, M.D., Philadelphia, Pa.

Fifty years ago the medical profession was the sole repository of the Healing Art.

Today, to almost one-third of the population of the United States (about thirty-five millions of people) the Healing Art suggests—not the Medical profession—but various drugless cults that are entirely without its pale, and which even repudiate various kinds of knowledge considered by physicians essential to the practice of the Healing Art.

The armamentarium of the physician fifty years ago consisted of drugs and surgical measures and these comprise about all his resources at the present time, for recent enactments in some States to regulate the practice of one of the newer cults (Chiropractic) have provided that physicians cannot use such methods without special preparation and examination by a Chiropractic Board. The medical profession has thus lost its opportunity of including Chiropractic and Osteopathy within its pale.

While Surgeons, Dermatologists and Neurologists to a certain extent use the X-ray, Radium and Electricity as part of their resources, the use of drugs remains as the distinctive prerogative of the medical profession. It is their part in the Healing Art. Indeed it is not too much to say, that the future of the medical profession depends largely upon the future of drug therapeutics. If this be true, then how important is the role of *Materia Medica* and Therapeutics in the education of the physician. They should stand out pre-eminently in the curriculum as the great objectives of medical study.

In many matters we may with some degree of assurance predicate the future upon the past, but in drug therapeutics this would



presage a gloomy outlook and the first part of this paper based as it is upon the author's observations may seem decidedly pessimistic; with the exception of two minor so-called schools of medicine, flourishing mainly in the United States, the use of drugs by the medical profession at large has been mainly empirical. Therapeutics has been a chaotic mass of crude knowledge of the effects of drugs. They have been mixed together in combinations which defied all knowledge of their individual actions, and which from time to time have made therapeutics a shining mark for well directed shafts of ridicule. Physicians of the highest reputation have used drugs without real knowledge of their properties and frequently with injurious rather than beneficial effects. In one of the early epidemics of Grippe a new drug made from coal tar, Antipyrine, was responsible for many deaths from its depressant action upon the heart—yet so impressed was the profession with this new drug that a prominent druggist informed the writer that it was incorporated in almost every prescription that was filled in his store. It is needless to ask where is Antipyrine now, for mainly from its positively dangerous character and also from its worthlessness, it has practically disappeared from use.

In the late Influenza epidemic the same history was repeated in the use of Aspirin and Salol by highly educated physicians whose knowledge of the art of treating the sick was in inverse ratio to their scientific attainments in medicine.

During another Grippe epidemic, a distinguished physician informed the writer that he was treating all his Grippe patients in a large hospital by injections of pure Carbolic Acid. In view of such facts is it any wonder that a man with the breadth of view of the late Sir William Osler should declare to a crowded audience of physicians in the old Pennsylvania Hospital, that there are only five drugs whose action is so definitely known that therapeutic reliance can be placed upon them, and is it any wonder that the eminent Richard Cabot, of Harvard, should lately have expressed a similar belief?

The fact is that all the knowledge of drug action obtained by laborious laboratory experimentation has not prevented the best minds in the profession from drifting into a therapeutic nihilism, which is damning the medical profession and driving its clientele into the ranks of the drugless cults (and is there not some danger

of the Homœopathic School wasting some of its time and resources upon the same kind of work)?

Is it a presumptuous statement to say that the trend of medical education has been along mistaken channels—that its ideal is unattainable by its present efforts? That ideal should be perfection in the Healing Art as it may be attained by the use of drugs, because it has already been shown, that this is all that is left to the medical profession. Its ideal cannot be what is called preventive medicine, because there it plays a minor part; engineering, providing proper drainage and water supplies, architecture, providing proper buildings with light and heat, hygiene, sanitary science and chemistry all contribute as much as the medical profession can ever do, towards the prevention of disease.

Now the trend of modern medical education is to make scientific physicians (whatever this term may be understood to mean) and to this end branches of a scientific character have been added to the curriculum until at the present time in the United States it requires two years more of study than in Europe before a man can begin the practice of medicine. Do these extra years in a medical college make him more proficient in the art of prescribing drugs? Not at all! When the medical college course was not over two or three years it is safe to say that the University of Pennsylvania and Jefferson Medical College turned out better prescribers than they do at the present day, and we know that the men from Hahnemann Medical College had a better practical knowledge of the Homœopathic *Materia Medica* and enthusiasm for Therapeutics than they have in these latter days. The reason is that formerly the whole medical course tended toward producing good prescribers—toward the development of medical art. Now therapeutics is subordinated to the attempt to make all-around scientific physicians.

Lack of proficiency in the art of treating the sick has been quickly noticed by the laity, who are deserting the medical profession and seeking outsiders who are without the scientific training of physicians, but who know how to apply their art successfully. The peculiar condition is thus presented of increased preparation in the scientific branches of medicine for the doctor's degree, not only not commending the profession to the public as being more efficient, but apparently producing the opposite effect

and the reason is, in the ordinary terms of the street that "the medical profession can no longer deliver the goods!" Instead of raising the standards of medical education, the efficiency of the practitioner has been lessened by almost every addition that has been made to the curriculum.

At the present time, after four years in a medical college and one year as intern in a hospital, what can the new physician do? Without much if any faith in drugs, he may either turn entirely to the mechanical measures of surgery, or he may resort to the more or less crude method of injecting serums and vaccines for diseases. As before remarked, this does not satisfy the laity, who are deserting the medical profession in increasing numbers and unless the profession soon finds its bearings, it will be wrecked beyond hope of recovery.

Fortunately, however, for the future of therapeutics and therefore for the future of the medical profession, for over a hundred years there has been within it a small minority who have steadfastly believed that "the physician's highest and only calling is to restore health to the sick, which is called Healing." Although ostracized and persecuted by their colleagues these men have preserved therapeutics as an art and have developed *Materia Medica* upon a great principle or method which enables drugs to be applied, for all time, with success to the ailments of men. They may be interested according to temperament, in the other branches of medicine, but with them *Materia Medica* and Therapeutics are the important studies in which all must be proficient and to which all else in medicine is secondary and is to be valued only as it aids in the accuracy of the art of prescribing. The knowledge of the action of a drug acquired before it is used on the sick—the use of a drug in accordance with that knowledge and in a dosage smaller than was originally employed in the determination of its pathogenesis—these comprise the essential factors of this therapeutic art. In their adoption lies the future of drug therapeutics and with it, the future of the medical profession. This method of regarding *Materia Medica* and Therapeutics has been the special feature of the Homœopathic and (to a less degree) of the Eclectic Schools of Medicine, and it is certain that they contain the vital principle in the life of the medical profession.

A CONFIRMATION OF THE PRINCIPLES OF HOM-  
ŒOPATHY AS EXEMPLIFIED BY ACONITE  
AND SECALE.\*

By Wallace McGeorge, M.D., of Camden, N. J.

Hahnemann, our Leader, in his *Organon*, Section 1, says: "The first and *sole* duty of the physician is to restore health to the sick. This is the true art of healing." In Section 26 he writes: "A dynamic disease in the living economy of man is extinguished in a permanent manner by another that is more powerful, when the latter (without being of the same species) bears a strong resemblance to it in its mode of manifesting itself."

When we realize that the dynamic power of a drug is greater than the result obtained by giving material doses of the crude drug we are getting on higher ground and will be more successful in curing our patients. This dynamic power is best seen after the similar drug is given in the higher potencies.

Let me illustrate. Aconite is a wonderful remedy and a quick-acting one. In the crude state, if given in material doses, it is dangerous. For a fever or fresh cold Aconite 3 may be given and good results follow its use. In mental cases I invariably use the high potencies and always obtain lasting results.

Let us take a mental symptom, "*Fear of Death.*" Many of our remedies have this symptom more or less strongly marked. You will find it under Aconite, Agnus castus, Arsenicum, Belladonna, Cactus, Cannabis indica, Cimicifuga, Coffea, Digitalis, Gelsemium, Hellebore, Hepar, Ignatia, Lachesis, Moschus, Nitric acid, Platina and Secale. Let me individualize a few.

Arsenicum has fear of death with restlessness and of being left alone.

Cactus has continuous fear of death.

Cimicifuga with the fear of death; thinks she is going to die.

Digitalis patient is constantly tortured with fear of death.

Gelsemium with the fear of death has no courage and is afraid to die.

Kali carb. patient fear she will die if left alone.

Lachesis has dread of death, fears to go to bed.

\*Read before the New Jersey State Homœopathic Medical Society, at Asbury Park, May 26, 1921.

Aconite has fear of death and predicts the day of his death. "Doctor, I shall die; I know I shall die; I shall die today." Aconite is the only remedy curing these symptoms. Let me illustrate.

Twenty years ago a man came into my office for help, if there was any. "Doctor," said he, "I am dying. I shall never see my family again." He certainly looked worried and his heart's action was rapid and tumultuous. His pulse was 180. He had Essential Paroxysmal Tachycardia. Reaching to my case I took out Aconitum 30, put a dose on his tongue, told him to draw a long breath, and sit down and I started to take a record of his case. In one minute, he stood up, looked at me and said: "That's gone, I can go home all right." I listened to his heart and found it beating normally. I had him wait a few minutes in case he had another attack, gave him a small vial of Aconite 30 to take if he had a return, and dismissed him. Seven years afterward I saw him, and reaching into his vest pocket he took out the vial I had given him and said: "I haven't needed a dose of it yet, doctor."

Fifteen years ago while I was attending to my clinic in the old hospital in Camden a woman rushed in with her daughter, a girl about fourteen years old, and said: "Doctor, she is dying." I looked at the girl, felt her pulse; it was about 160; saw her frightened look and that she was speechless. I sat her down, went and got some Aconite, gave her a dose and told her to shut her eyes and rest. Then I went on with my clinic. When it came her turn I examined her more particularly. She opened her eyes, talked to me, said she felt all right and wanted to go home. Next clinic day her mother brought her back for me to see and she said she was all right and her heart was beating normally.

Thirty-five years ago a young woman was in labor with her first child. The pains were slow in coming and she felt her strength giving away. "Doctor, I shall die, I shall never live through it," she exclaimed. I did not laugh at her fears, nor make fun of her, but took Aconite 30 out of my case and gave her a dose. The next pain she shut her mouth and bore down nicely. In ten minutes after the hot and dry condition of the vagina changed to a moist and normal condition. She bore down with each pain and in thirty-five minutes her child was born. One dose was all she needed. The fear and gloom changed in less than one hour to joy and cheerfulness because Aconite was the similimum.



In all these cases the mental condition was the keynote or guiding symptom that pointed unerringly to the remedy. The quantity of the drug was infinitesimal. In one dose of the thirtieth potency there is a decillionth of a drop of the mother tincture.

Now let us turn to another condition, where there are pathological lesions and to another remedy, *Secale cornutum*. I will admit that in my early practice I was prejudiced against *Secale* because I had seen and heard of so many cases where *Ergot* had been abused. I cannot recall a case where I had given *Secale* as a Homœopathic remedy prior to this time.

About thirty-five years ago a colleague, one of the founders of this State Society, was very sick at home. From too high living his stomach got in a bad way, and he was confined to his bed. He could keep nothing down and belching and vomiting were persistent. An eminent professor from Hahnemann College had been called to see him, and prescribe for his condition. But the prognosis was bad. Hearing how sick he was, I went to see him. He told me, and his wife told me, his symptoms. One objective symptom that impressed me most was the fact that though it was a cold day he kept throwing off the bed clothes and pulling up his nightgown so his stomach and abdomen could be bare. This was the modality in his case. He was taking *Arsenicum*, but derived no benefit from it. He had the burning and vomiting of *Arsenicum* but he did not want the affected part to be covered. That contra-indicated *Arsenicum*. In Allen's Encyclopedia under *Secale*, symp. 695, we read: "Patients were afflicted with grievous internal pain, which was greatly increased by heat, whether of the bed or atmosphere, but abated somewhat when exposed to a cooler atmosphere." This patient had the window open and he threw off the bed clothing too. *Secale* has amelioration from uncovering and *Secale* covered his other symptoms.

As I bade him good-bye his wife followed me to the door and asked me if I could not suggest something to relieve him. I was not his physician and ethically, I suppose, I should not suggest anything. But saving life is the duty of the true physician. I told her if she would bring in some water in a tumbler I would show her one of his medicines that would relieve him. She got the water, pulled out his drawer of medicines. I took out *Secale* 6, and at her request put a few pellets in the tumbler and told

her to give him a dose every hour till he was better, then less often. In a few hours he ceased vomiting and went to sleep. He woke up better next morning, sat up a little while that afternoon; in four days he was well enough to see his patients and lived several years after.

If I had not seen him throw off the bed clothes so his abdomen could be bare I should not have thought of *Secale*. Observation is very helpful to us in treating our patients. In this case it pointed out the Homœopathic remedy that restored this man to health.

Let us take another pathological condition. A few months ago, while attending to the practice of a brother physician who was sick, I was asked to see an elderly man suffering with Raynaud's Disease. This was an interesting case. His toes were black, part of the heels were black and above the ankles the skin was shrivelled and scaly. He had been sick five years with this disease. His doctor had given him *Secale* tincture once in three weeks, and *Secale* 3 once every day. This had eased his pain and prolonged his life. Patients of his age with Raynaud's Disease are given two years to live. Under the ministrations of his family doctor, a good Homœopathic physician, he has lived five years, and he is much more comfortable now than he was when he called this good doctor in. If you recall the gangrenous symptoms of *Secale*, particularly of the toe, you will readily see why this remedy is given.

Fourteen years ago, in June, 1907, an apparently blind man was led to my office. He was twenty-seven years old and looked as if he was in the early stages of consumption. But he did not come for that. He came to be treated for his eyes. The trouble began in his left eye September, 1906, in the right eye, March, 1907. He had been under an eye specialist since September and had been taken by him to Jefferson College in Philadelphia. His trouble was diagnosed as Detachment of Retina from Effusion. Both doctors told him nothing could be done for his eyes. Then a Homœopathic eye specialist examined him, shook his head and would not take the case.

June 15, 1907, he came under my care. Pulse, 107; temperature, 99.1; respiration, 24. The man was thin, anæmic and run down physically. The effused blood in eyes was readily seen. I

advised him that his physical condition must improve before we could do much for his eyes. Arnica 30 every three hours was exhibited and nourishing food and rest for his eyes brain and body strictly enjoined upon him.

June 27, can see a little better out of outer corner of both eyes and scarcely anything in front of eyes. Arnica 30.

July 9. Not much change. A good medical friend to whom I had mentioned the case suggested Secale if Arnica did not absorb the blood. Secale appealed to me. It covered many of his symptoms. It is good for passive hemorrhages. It lessens the coagulating function. Oozing of black liquid blood, oozing when there is no inflammation is characteristic. It thins the blood, until the patient becomes anæmic. What I wanted was a remedy to absorb this bloody fluid. Sulphur promptly absorbs fluids in the chest and abdomen after acute diseases. Arnica will absorb blood from blows, bruises, strains or violent attacks of coughing in the outer eyeball. My good friend told me Secale would absorb or remove blood from the inner chambers of the eye. I gave him Secale 30, a dose every three hours.

July 24. Is improving physically; feels better, looks better. Pulse, 96; temperature, 98.3; respiration, 20. Examination of *right* eye shows retina bulging in centre, less to on sides. Can see my image in right eye, but not clearly. *Left* eye pupil contracts more when lens is held before the eye, but this eye is not as clear as the other. Advised him there was general improvement. Secale 30, every four hours.

August 6. Improvement continues. Gave Sulphur 30 every four hours for four days; then Secale the same way.

August 15. Thinks he saw more improvement from Secale than Sulphur. Sulphur bound up his bowels. Prescribed Secale 30, a dose every four hours.

September 3. Bowels have been regular, once every day; sometimes twice, which is a wonder to him. Can walk better; can stand on heel now; last month it would give away. Can see a little plainer out of the front of his eye, but black spot is there yet. He can see my face, but not so as to distinguish my features. Holding his hand at outer left eye can see his fingers open and shut. He can see them move in front of left eye. Right eye, can see his fingers if he holds them down below his eye, but not in

front. This shows vision is not destroyed, but that there is some obstruction in both eyes, which prevents clear vision. The detached retina in right eye can be seen moving about. General condition of health shows improvements. Continue Secale 30.

December 28. Decided improvement. Can see more. Can see panes of glass in window and see his ring on his finger. Taking down my Test Card, I gave it to him to look at. Looking straight at it he could not read the letters, but holding the Test Card horizontally and looking at it with the side of his eyes he made out the letter B, and very happy and proud was he. General health pretty good. Renew Secale 30.

January 27, 1908. Improvement continues. Can see D, E and T. B, R, second and third lines on Test Card.

February 27. Reads first, second, third, fourth and fifth lines today. Feels better every way. When he has headache Belladonna quickly relieves it.

April 22. Can tell the letters on sixth and seventh lines today. Can tell colors, red, green, yellow, blue, white so much better. This improvement continued through the spring and summer. Can see better with the left eye and on a dull day. Gave Sac Lac most of the time so as to ease up on Secale.

September 18. Condition continues to improve. Can read large letters better and quicker; can see better when he is walking; can see the curbstones now; can tend in the store and do up packages.

October 14. Improvement. After several weeks' rest gave him Secale 30 to take one dose a day.

January 29, 1909. Stomach out of order, offensive breath, mist before eyes, little worse towards night. Gave Merc. Sol. 30 for bad breath. Crocus sativa 30 for mist before eyes.

February 6. Crocus helped the eyes very much. Renew.

March 18. No mist before eyes now; left eye is best eye and that is improving all the time; can see in front of *left* eye; when he looks at anything with his *right* eye he has to look at it sideways. Continued Crocus 30.

About this time a kind friend invited him to go to Philadelphia with him and took him to a celebrated eye specialist. This man was expert in his line, but did not think much of Homœopathy. After a thorough examination this specialist said the trou-

ble was due to a hemorrhage, advised an operation and said if he was not operated on he would go entirely blind.

That was in March, 1909. He was not operated on, but returned April 1, told me what had occurred and asked me to continue treating him. He came back twelve times that year.

In 1910 he came to see me three times.

January 7, 1913. Another cold, both eyes inflamed, winks a great deal. Gave him *Agaricus* 30. •

January 13. Eyes are better; looks better, less winking.

June 30, 1916. Eyes are inflamed, but don't affect his sight; dull headache.  $\mathcal{R}$  *Acon.* 30. *Nux* 3 for headache after eyes improved. In August took fresh cold. Renewed *Aconite*.

March 6, 1917. Eyes trouble him; head and stomach also affected. *Acon.* 30 and *Nux* 3 set him straight.

April 10, 1921. I saw this man and his wife coming home from church. He looked up, saw me in my carriage, waved his hand to me and went on. Evidently he was not blind, and he has not been operated on yet.

Today he looks better, weighs more and can do more work than he ever did. He can see out of both eyes, but has only partial vision. He can read the head lines of the papers and the printing in large type on the packages in his store, but he cannot read newspaper print.

This man, declared by four eye specialists to go hopelessly blind many years ago, has been restored to good health, partial vision and a useful and happy life through perseverance in the use of Homœopathic remedies. The grateful looks he and his wife gave me when I last saw him a few days ago, repaid me for all the time I had spent in studying out his case.



"WHY I AM A HOMŒOPATH."\*

By Amon T. Noe, M.D., Pacific Grove, California.

1. Is the practice of medicine an art?
2. Who has the art?
3. Who gives medicine?
4. What is medicine?
5. How do you know what medicine to give?
6. How much do you give?
7. What do you give it for?

If the practice of medicine is an art, then before a man becomes an artist he must study the tools of his profession. He must know what each tool is created for, what its purpose is, and how and when to use it.

Each tool is designed to fill a certain requirement, and that demand must be familiar to the artist. When he becomes acquainted with his equipment then his results tally in accordance with his skill.

*Why is medicine an art, and the physician an artist?*—Do you ever consider the many pictures you have to examine in a day? Each human being individualizes the Supreme force according to his vision. His vibratory rate of seeing and understanding is his own. The physician is called to correct his functioning when it has become disturbed. Many a disturbance, or disease, has fatally wiped out the individual's life picture because the artist who examines him has lost his grasp. Some doctors, skilled in the art, would vision the man's mistakes at a glance and with the right brush sweep in the fading colors that restore the invalid's normalcy.

You know you cannot be an artist in a day, or a week, or a month. One is never through studying. In examining the pictures of the sick you must be familiar with that part of his organism that you do not see. In other words, you must look through the material, and beyond it, to sense the real disturbance in the life force. Naturally, the deeper your insight, the finer your work. This is where Homœopaths excel in the practice of medicine. As

\*Read before the California State Homœopathic Society, May, 1921.

Homœopaths we learn to individualize. We become first-hand detectives! We study the picture of the drug in its provings, we sleuth after the sick man's symptoms. With our perfected skill we often catch the culprit, handcuff and prosecute him. Ever widening successes reveal our claim to a place among the masters.

*What is Medicine?*—"The science or art of preserving health, and preventing disease—the Healing Art," says Gould.

Let us see if this is true. You are called to examine a patient. You take his history and symptoms. On these the average physician diagnoses his case and prescribes his remedy. He labels the patient's disturbance with a name. Does that appeal to you as skilled art? The better painter looks further. He thoroughly examines for any mechanical obstruction to nature's forces, then he follows further with an inspection of the upper and lower orifices for any leaks in physiological disturbance. The functional reflexes are sought, together with a complete symptomatic picture of the individual. Then you should somewhat sharply have his color vibrations, and your corresponding drug photograph is seen. This, according to Hahnemann, would be scientific in following natural law. This, makes the practice of medicine an art.

*How do you know what medicine to give?*—Only by making comparisons between the symptomatic picture of the disease, and the drug-proving picture. The two would individualize so similarly you could not tell them apart. In other words they are twins. Surely, most of the men at this convention recall a paper in the December issue of the *N. A. Journal of Homœopathy* by Dr. Chapman, of Watsonville, entitled "Who Are the Regulars?" in which he sharply shows the unvarying law in the use of medicine practiced by Homœopaths, and the scattering shot used by allopaths on the same case. He asks why the allopaths insist on arrogating the use of the word "Regular" when he discovered by a simple test the irregularity of their method. He sent to twenty M. D. V.'s, ten of each school, one and the same case, carefully diagnosed, asked for a prescription and enclosing a fee. The Homœopaths, to a man, came back with one and the same remedy, and the allopaths differed to a man.

*The amount to give.*—Hahnemann tells us to give the smallest dose and wait for results. If improvement or aggravation occurs wait until the old symptoms return or new ones appear. If new

ones come up, re-study your case, hunt for its double, and keep on with the recurring ones until the harmonized results are yours.

For more than one hundred years the medical world, in organized allopathy, has disputed the value of Homœopathic medicine. If it were used in the hit-or-miss fashion of their drug prescribing it would be a rank failure. They have no law to guide them. They simply cut and experiment at the sick's expense. Experience is our safest teacher and guide. When we can, by drug-proving on healthy persons, cause a disturbance in their vital force registering a certain unchanging series of effects, we know we have a grasp on symptomatic law.

The road of experience is toilsome, but full of promise. At every turn of the path a fresh outlook awaits us. We must not too closely attend to the obstacles lest we miss the inspirations. We must stop and look over the widening landscape. It may hold countless new suggestions for us. We must stop and investigate. We must try out new discoveries in tools. At any moment, beside our ascending path, a precious gift may lie hidden. The keener our observation, the clearer our vision, the finer our sense the sooner we see it.

Dr. Wheeler, of London, England, says: "Drugs and drug therapeutics are to some extent under a cloud of suspicion in these days, and apart from their Homœopathic use the follower of Hahnemann sees little reason to dispel the shadow which orthodox experience has cast on them." Therefore, test your drugs as you would your stringed instrument to find its correct pitch. Get the vibratory rate of the human body—the individual body—and the similar rate in the drug provings. Be observant concerning the patient's errors in diet, because in a healthy, sensitive tissue, the finest responses occur. Then, with the single remedy, and the minimum dose, you achieve your results in a uniform law. You march on to the victory Hahnemann taught in his recognized text of "*Similia Similibus.*"

I am proud that I know as much of Homœopathy as I do—proud to be a Homœopath. The road is so clear, the scenery so beautiful, the journey so endlessly constructive in its ascent.

I thank you.

**BURSA-PASTORIS (SHEPHERD'S-PURSE).****J. H. Allen, M. D.**

This wonderful remedy, which we find growing by the way-side in most civilized countries and belonging to the natural order of *Cruciferae*, and known by the common name of Shepherd's-purse, receives but a page and a half in Hering's *Guiding Symptoms*. It was brought to our attention by the earnest efforts of Dr. B. Fincke, of Brooklyn, in a very fine proving made by and under his instructions in 1894 and 1895, and published in the International Hahnemannian proceedings of a meeting held at Narragansett Pier in June, 1895. In Hering's *Guiding Symptoms* it is known under the name of *Thlaspi-Bursa-Pastoris*, but in his proving Dr. Fincke has simplified the name to *Bursa-Pastoris*. His attention was first called to this remedy by Dr. Anton Hoffman, of Frankfort, Germany, who told him of its wonderful hæmostatic powers. He says a bunch of it held under the arms will stop nose-bleed immediately. His provings are preceded by extracts from old books giving records of the observations of older physicians, and of some cures made by more modern physicians based upon them; also his own proving by the strong tincture, the 30th and 1000th centesimal potency; also a proving by Dr. Malcolm MacFarlan with the 9000th potency. The proving of Dr. Fincke was made with great care to avoid anything that might interfere with the purity of observation. Hippocrates mentions its use in hæmorrhages of the uterus, and, according to Plinius, the seeds were used to purify the bile, to promote menstruation, for the removal of internal ulcers and abscesses, and it was known by Dioscorides to kill the foetus. It is also mentioned by Paracelsus as curative in dysentery or flux and in menstrual hæmorrhages, nose-bleed, and spitting of blood. Many others have mentioned wonderful cures by this remedy, especially in the old school of medicine. The following are the symptoms of

**BURSA-PASTORIS:**

*Mind*.—Great excitement, with red face and ebullition of blood; melancholy and inclined to weep; excitable and angry the whole day (like *Nux*); lassitude, with disinclination to work

(like *Sepia*); disagreeable, scolding disposition (*Sepia*); very nervous, irritable, cross; feels like fighting; precise, particular, and exacting; the future looks dark and gloomy; indifferent to life; nervous and excitable, with indifference to life and constant depression of spirits; desperate, discouraged; thinks she must destroy herself, especially when left alone.

*Sensorium*.—Vertigo with sensation as if drunk and with contraction of the brain, as if it was rising out of top of head. Stupefied and dull, as if she had not slept enough. Dizziness, leans on her head with eyes closed, or as if suspended in the air, vertigo worse from rising from a stooping position. Dizziness in the forehead, like sea-sickness, passes off after walking and resting.

*Head*.—Pressing in forehead toward the right side, into right eye, with heaviness in it. (A sensation.) Stupefying pressing pain in forehead. Headache, with great fullness. Headache beginning in the middle of left eyebrow, running up and over top. Violent headache, lasting all night and worse toward evening; frontal headache worse toward evening.

*Eyes*.—Pressure in forehead toward right side. Sensation as if the ball was pressed inward, with waning of sight in myopia, aggravated by glare of sun. Unpleasant feeling in the morning, as of dust, after sewing or using eyes. Sensation as if swollen.

*Ears*.—Under this rubric we have many symptoms, but I will give only a few of the most prominent ones: Spasmodic drawing from right ear to right lower jaw. Dry eruptions behind the ears; small vesicles, with yellow points, above right ear. The eruptions come and go frequently. Scaly eruptions behind ears, with fissures in the fold. Sensation as of an insect entering the left ear, making a buzzing noise, and relieved by boring in the ear with fingers.

*Nose*.—Gnawing in nasal bones and soreness in nose, with tenderness on touch. Dryness of nose, preceded by sensations of bleeding. Bruised feeling each side of bridge, with bleeding from nose.

*Face*.—Face feels parched and dry, miserable countenance, dusky eyes, shiny, and with dilated pupils.

*Mouth and Tongue*.—Scratchy feeling in the palate. Tongue and palate feel as if scalded. Feel raw, as if from smoking



strong tobacco. White-coated tongue, mouth cracked in right corner, and sore. Upper lip cracked.

*Teeth.*—Drawing in right upper molar and in hollow teeth, worse from cold water (reverse of Pulsatilla), the pain in the teeth is of a dull nature.

*Throat.*—Dryness of fauces, with sensation of constriction of the throat, also with dry sensation and scraping. Violent sore throat. All-night chills, with wakefulness and slight diarrhoea, with swelling of tonsils. Sensation as if the throat was laced together.

*Appetite and Taste.*—Great longing for food, and while eating, is disgusted with the food, with emptiness in the stomach. Canine hunger; food tastes good, but can eat a very little. Hungry two hours after eating. (Sulph., Ign., Sepia.) Desire for bread and butter, which does not taste good. Aversion to potatoes; voracious appetite, with either constipation or diarrhoea; even water tastes bad, also milk. Oat cakes are eaten with a relish. Bitter, slimy taste, with dryness of mouth and white-coated tongue. Nausea in the forenoon; on walking, nausea with loathing of food. Vomiting and purging, with great debility. Better toward evening and after strawberries; worse after eating. Sour rising, like heartburn.

*Stomach.*—All food causes pain and lies heavy on stomach; empty feeling, with bad, bitter taste. Spasm of stomach with nausea; thirst for cold water. Worse after drinking; worse in the forenoon. Sharp pains in lower bowels with an uneasiness in the rectum as of diarrhoea, sometimes with nausea, pains sharp. Bloating after eating, with loud emissions of flatus; bowels feel as if drawn down and out.

*Stool.*—Slow and difficult, obstinate slow stool with severe pressure and urging without effect, nine P. M. Hard, difficult, dry stool, leaving anus sore (stool in small balls at times), bleeding after hard stool. Diarrhoea mushy, brown, dark, urgent, and sometimes with nausea, yellowish color, troublesome itching, and protrusion of piles.

*Bladder and Urethra.*—*Female.*—Heat and irritation in urethra with dryness, surrounding the parts, relieved by application of cold water; urine somewhat scant, urine foamy, light colored, or clayey, and under it a brownish, red deposit.

*Genital Organs.*—*Male.*—Stitching in penis, running through to anus. Soreness of prepuce with intense itching or cold sensation (Agar.).

*Female.*—Bearing down in uterine region on rising, relieved by cold water. Weakness in uterine region on rising. Stitch-like pain on right side of uterus, *sore pain in womb on rising*, great weakness on going up-stairs. Weakness in genital organs with pain in back, also accompanied with stiffness in back; pain in lower abdomen with much weakness after dinner, stiffness and weakness in uterine region with the same condition of stiffness in the limbs, worse standing; prostration after pain in uterine region. Bearing-down pressure very low from brim of pelvis, with weakness as before delivery of child, worse on rising in the morning. Pressure in pubic region better by lying down. Pressure in pubic region on rising until eleven A. M. Pressure in vagina in morning, worse on standing, remained until she had lain down two hours, returning after standing, with prostration. Pain in lower back through womb before rising A. M.; pain in womb after coughing or sneezing. Cramping pain across womb on getting out of bed. Weakness in lower abdomen and also in womb, must lie down, better after eating. Since cessation of menses, weakness of womb and pain in back on rising. Weakness in womb relieved by bathing. Weakness of womb at menses, scanty and pale at first, then profuse.

*Leucorrhœa.*—Transparent and followed with prostration. The menses were accompanied with bearing-down pain; scanty and brownish, lasting four days; or bright color and watery, not profuse, with weak feeling in womb, worse from standing. *Coryza*, sneezing, running from nose, cough with hoarseness and oppression of chest, and dull pain over eyes; cough is better in open air.

*Cough.*—With irritation behind sternum, as of something tearing away; fits of coughing as if the sternum pressed inward with pain in it when drawing a deep breath; accumulation of phlegm in chest at lowest part of sternum, inducing convulsive cough; relieved as soon as phlegm is loosened; pain, uneasiness, and pressure behind the sternum.

*Heart.*—Stitching pains at the apex; palpitation worse in the

morning in bed; palpitation ending with cough; pain left side of apex, running down to short ribs, region of apex of left heart; sensitive to slight pressure.

*Back.*—Morning backache; awakened with violent pain between the shoulders, with great weakness; awakened at four A. M. with violent pain between the shoulders, extending to lower part of body, in sympathy with womb; passed off on rising; pain between shoulders, extending to waist; weakness between shoulders on rising; continued pain in small of back.

*Upper Extremities.*—Strained pain in right shoulder; gouty pain in arm; tearing, gnawing pain from elbow to throat; rheumatic pain in left arm and shoulder-blade, extending to throat; hands tremble when holding anything; swelling of veins of hand and arm; tearing, wrenching pain in left wrist; redness around root of nails; lame feeling in right forefinger; pain in the periosteum.

*Lower Extremities.*—Drawing pain in left thigh like gout; weariness in lower limbs; can hardly stand, with severe pain and stiffness in right knee-cap; tearing, gouty pains left leg, worse in forenoon.

*Sleep and Dreams.*—Restless tossing about; frequent awakening; ebullition of blood and great heat all over; much fatigue toward evening, with sleeplessness; could not get to sleep before twelve o'clock at night; pain under left shoulder-blade kept her awake; sleepy after eating, or falls asleep while eating; confused and unpleasant dreams when asleep.

*Chill and Fever.*—Chill at nine A. M., or from seven to nine P. M.; worse from lying down; chilly when uncovering during heat; worse from going into warm room during fever; skin dry, hot, even to burning; continued fever with quick pulse: hot, dry skin; red cheeks; scanty urine; sweat profuse at night; worse after sleep.

*Generalities.*—Distunement of whole organism; lassitude; disinclination to work; much weakness; can scarcely hold herself up; tremulous; feels like fainting; susceptibility to cold; prostrations; worse toward night; better by cold bathing and open air.

## A CLINICAL CASE OF HAHNEMANN'S.

Translated by Dr. F. H. Lutze, Brooklyn, N. Y.

Report of Count N——, April 17, 1831, to Hahnemann.

"The homœopathic cure was interrupted by an accident; on a trip into the forest to overlook some work, he was attacked by hungry wolves, fell out of his sleigh and lay helpless in the snow, clad in fur garments. Fortunately the wolves followed the horse. However, finally, and in a fainting condition, he reached home."

At the head of the letter, Hahnemann remarks:

"The fourth prescription: No. 1 Sepia, Lycopodium, Calcarea carb and Sulphur. Also here as well as in another place of the correspondence instead of the later classic order: Sulphur. Calcarea carb., Lycopodium."—Reported by Dr. Emil Schlegel, of Tuebingen, Germany.

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 FOR THE BUSY DOCTOR.

By Eli G Jones, M.D., 1331 Main Street, Buffalo, N. Y.

From '87 to '97 I lived in Paterson, N. J. Drs. T. Y. and Porter S. Kinne were the leading physicians (Homœopathic) of that city. They had a *big* practice, which included the best families in Paterson.

At one time I had an attack of neuralgia in the face. I suffered *tortures* with the pain and no medication seemed to do *any* good.

I asked Dr. Porter Kinne to prescribe for me. His treatment seemed to be just what I *needed*, for I could *feel* the pain *leaving* my face.

That was twenty-five years ago. I remember the weeks of *torture* from that neuralgia and I shall always feel grateful to Dr. Kinne for the *quick relief* from his remedies.

The following is an extract from an article by Dr. George Starr White entitled "Inside Facts" published in *Truth Teller*. It should be *read* and digested by every reader of the RECORDER because it gives the *inside* facts about the "Radium treatment."

"Only a few years ago a doctor in New York City wanted to

experiment with some radium and he arranged with a surgeon of nation-wide reputation to do the operation and the novice was to plant the radium in the liver. This was to be done so that the effects upon the system could be studied, although there was nothing the matter with the patient to call for such a hazardous operation. A reporter was engaged and a full report was written by the would-be radium specialist, signed by the surgeon and handed to the reporter for him to fix up in reporting style.

"This article was put in one of the largest dailies in New York City and took up between two and three columns telling of the wonderful results following the implantation of radium in a person's liver for the cure of cancer or anything else. The patient was dead the morning the article came out.

"Similar occurrences have taken place in some of the largest radium-boosting institutions in America as the result of the wide publicity given to this novice. He was hailed as a famous specialist with radium and the business that was sent him enabled him to own a great deal of valuable real estate. He retired and took only 'big' work that brought enormous fees.

"With the last three years I asked a well-known radium specialist if he could tell me just what radium was good for in the treatment of disease. He told me that he would tell me confidentially that he did not think it was worth a damn for anything except skin cancers. I then asked him if there were not plenty of modalities for curing skin cancers other than radium; he said there were but that radium brought in the most money. I asked him why he was exploiting radium in a certain institution for the treatment of all sorts of ills, and he told me it was because, through *Printer's Ink*, the public had become hypnotized with the idea that radium was a cure-all, and therefore demanded it, and that he saw no easier way to make a lot of money than to get a thousand dollars for a treatment without any risk of the radium ever wearing out. He told me, also, that if I wanted to get rich fast I should use radium, and the newspapers would give me plenty of publicity."

From the above we can see the *real* reason *why* radium has been *exploited* in the journals and public press as a *cure* for cancer.

During the month of July I had a visit from Dr. R. F. Strayer, Pittsburgh, Pa. The doctor is a "live wire." He is making a reputation in the "Smoky City" by the *cures* he has made.



In a letter I received from Dr. H. A. O'Neal, Brookville, Penna., a regular physician, he says, "I would like to know more about Homœopathy. The more I read of it the more I like it. It appears to have no bottom."

How *true* it is and how *comparatively* few doctors have sounded the *depths* of Homœopathic Materia Medica. It is the study of a life-time.

In my experience if you want to find *diamonds* and *precious jewels* you will have to *dig* for them. You won't find them on the *surface*.

I have found *some* in my time and my students got the benefit of them.

Dr. William Hendricks, Chicago, Ill., reports a case to me as follows. He had a letter from a lady in Indiana. She says "I am suffering from backache, dizziness, headache, very nervous, urinate often. I have had an operation eighteen years ago for appendicitis; another one four years ago (left ovary and tube removed) curettment and shortening of round ligament. Now I have pain in left side and limb. At times suffer intense pain in abdomen where the incision of the operation was. Have never felt well since."

The above is only another instance of a woman *mutilated*. Dear reader, how would YOU like to have YOUR wife, your mother or your sister mutilated *and left in that condition?* How long do you suppose the women of this land will stand for that *kind of business?* When they *do* get "waked up" the surgical carpenters will be *out of business*, or *be compelled* to study the Materia Medica and learn how to cure the ills of women *without an operation*.

The surgeon of fifty or sixty years ago was *conservative*; his work was mostly *mechanical*. In these modern times he has invaded the realm of medicine and operated whenever there is *any* possible excuse for it.

A lady complains "of *burning* in the *throat* and a *sour stomach*. That indicates Natrum Phos. 3d x three tablets every two hours and it helped her.

It is about twenty-six years ago. I had a lump come in my left breast. It was about two inches in diameter. There was at times pain in it like a *needle* thrust into it.

It had a *nodulated* feeling to it, and so very *tender* I could *not* lie on left side or have my clothes touch me. There could be no doubt about the *diagnosis* (cancer) for I have examined *too many* cases of cancer of the breast to be *deceived*. I knew what I had and I knew *how* to cure it.

The remedy was Calcarea Fluorica 3d x three tablets every three hours. Under the above treatment, without *any local* treatment, in about six weeks, I got entirely *rid* of the cancer, and the breast has been *perfectly well* up to the present time.

Several doctors have written me and asked me to write something about the treatment of appendicitis. In this case as in all others I make it a point to treat the *patient* not the disease.

If the face is flushed, eyes blood-shot, pulse *full and soft* with *soreness* and *tenderness* over the *right* side, I give Ferri Phos. 3d x five grains in half a glass of hot water; two teaspoonfuls every half hour; apply hot flaxseed poultice over the *painful* part; use pulverized flaxseed and wet it up with warm Saleratus water (one drachm Saleratus to the pint of warm water). Apply this kind of a poultice every three hours. It makes a *splendid* application for appendicitis, typhoid fever and inflammation of the bowels, for it maintains an *even heat* over the bowels and will *help* you to *cure* your patient. If it is necessary to have a movement of the bowels use an injection of warm water one pint with common salt one drachm, or use warm olive oil.

If there is a *deep-seated* pain just *inside* the ilium on a line from the crest of the ilium to the umbilicus, then Kali Sulph. 3d x will be the remedy. In the first stage of the disease when there is *severe* pain in ileo-cæcal region, where the slightest *touch* cannot be *borne*, worse from *jar*, motion of bed or turning of body, and patient *lies on the back*, Tr. Belladonna is the remedy. A *full, bounding* pulse with *no tension* makes the indication for Belladonna still stronger.

If the bowels are *filled* with *gas*, and *gripping, twisting* pains, Tr. Dioscorea is the remedy, one half a fluid drachm in half a wine-glass of hot water every fifteen minutes until *relieved*.

You may have a patient with *dull* pain *right*, ileo-cæcal region, considerable *flatulence*, shifting flatus, *tenderness* on pressure, *persistent* vomiting. The above symptoms call for Natrum Sulph. 3d x three tablets every hour. Swelling, hardness, induration with

grayish white tongue indicates Kali Mur. 6th x given every half hour. When the patient lies on the *back* with *knees* drawn up, great *sensitiveness* all over the abdomen and *stitching* pains from the seat of the inflammation backward and downward to the thighs, will indicate Lachesis 30th x ten drops every three hours.

In *VERY* nervous patients where an operation *has* been performed and *no relief* has resulted, or in those who become *very nervous* from *any abdominal pains*, Tr. Ignatia 30th x will be *the* remedy needed, ten drops every hour until relieved.

A regular physician had heard that Lachesis was "good for" appendicitis. He had been wrestling with his appendix for about six months. He kept *ice* constantly applied over the region of the appendix. I don't know whether his idea was to *freeze* the appendix or to *preserve* it in ice.

He wrote me about his case and about the Lachesis. I wrote him the latter was "snake poison" and *bad* medicine for doctors to *fool* with unless they knew the *indications* for it.

Two Irish women were talking; one said to the other: "Have you heard the news about Mr. McCarthy?" The other woman said "No; what is the matter with Mr. McCarthy?"

"He has got to lose his appendix."

"Now ain't that too bad and him *loving children so well*."

I had a letter from Dr. A. D. Woodmansee, Washington C. H., Ohio. He says he has learned the importance of *tension* of the pulse, what it *means* and what *remedy* it *indicates*. He says "he would not take a *thousand dollars* for the course instruction he received from me."

It is the *kind* of instruction that doctors *don't* get in the medical colleges.

Twelve years ago, when I first met Mrs. Jones she had a cancer in the right breast. She had it for two years. The history of the case was as follows:

In reaching up after something on a high shelf she felt something "*give way*" on the inside of the right arm about two inches from the axilla. A *sore* formed at that point and attached itself to the muscle of the arm.

The parts around the sore became *indurated*, and this induration spread until the *whole* of the right breast became full of a Cancerous tumor. The lump in the breast was quite hard and

*nodulated*, with *shooting* pains through the breast. I gave her Sulp. Strychnia, gr. 1/40 before meals and at bedtime, also Calcareo Fluorica 3d x three tablets every three hours. In addition to the above I gave her one Double Sulphide tablet (Burgess) after each meal and at bedtime.

Locally I applied Iodide Cadmium one drachm to ten drachms Cosmoline; had the above *thoroughly mixed* and rubbed in the breast night and morning.

This was the treatment, and in two months I *knew* I had *conquered* the cancer. About a dozen physicians and surgeons *well known* to the profession have examined her breast and they *all* agreed that it was *undoubtedly* a cancer and that it was a *wonderful cure*.

As this happened *twelve* years ago and there has been *no* symptom of a *return* of the cancer we may conclude that it is a *permanent cure*.

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### "VACANT ROOMS."

H. G. Bond, M. D., Concordia, Kansas.

Yes, Brother Eli Jones, I can "Beat That," I believe.

About a year ago a young widow thirty years of age came to consult, or rather insult, me in regard to a small goitre.

I told her I could cure goitres without operating, and told her of many people here who are well known, who had been so cured, all of which she promptly assured me was at the very least a base prevarication.

She said she had just come from the office of our "leading surgeon," and he had told her "it couldn't be done."

She had been a prosperous young widow for ten years.

The operation she had "performed" the day after she called on me was number fourteen in ten years.

There is no need for her to carry around a sign, "Vacant Rooms," as it was a very obvious fact that there was plenty of space in the upper story.

Another woman came from a nearby town seeking relief from backache.

I suggested an examination. She said "she did not need an

examination as she had had her womb removed a short time ago."

After prescribing a couple of times without getting desired results I again suggested a thorough examination, and on doing so, was somewhat astonished to find the entire uterus in situ.

"Why," the woman exclaimed, "we paid \$300 to Dr. ——— to remove my womb." Nevertheless, there it was, and I told her she ought to be so glad he cheated her that she would be willing to go back and pay him \$5000 more.

What a travesty on human nature that what man loves the most he seeks to destroy.

Where are the mothers of the future to come from?

We hope and trust that men like Dr. Eli Jones will be spared many years of life to go on with their splendid work.

Materia Medica is king over all arts and sciences.

Long live the king.

## THE POWER OF THE INFINITESIMAL QUANTITY IS STILL TRUE AND CAN BE DEMONSTRATED.

A. S. Ironside, M.D., 571 Benson Street, Camden, N. J.

In our days as of old, when new lines of treatment of the sick, and new theories of cure are constantly advocated, it is well to refresh our minds with some of the positive discoveries of Samuel Hahnemann.

The title of this paper naturally draws our attention to Section 20 of the *Organon*, where it says:

"Neither the spirit-like power concealed in drugs, and shown by their ability of altering the health of man, nor their power of curing diseases, can be comprehended by a mere effort of reason; it is only through manifestations of their effect upon the state of health that this power of drugs is experienced and distinctly observed."

That we may be better able to grasp the subject of infinitesimal quantities, I will refer to a few facts.

1. The vegetable growth known as algæ developed so fast in one of the reservoirs at Boston that they were often clogged. It became a question of how to destroy this plant. It was found that a small bag of sulphate of copper towed through the reservoirs



killed them, or later still if even some copper plates were drawn through the water they were killed, and yet the plates were insoluble.

2. Again, in the recent war when T. N. T. was in great demand, our chemists were handicapped in its manufacture, for the Germans had the secrets of its preparation.

One big shipment was made, which contained only one part in 60,000 of impurity, but when this lot arrived upon the wharves it exploded and caused that frightful havoc at Black Tom, Jersey City, where the amount of glass alone destroyed amounted to over \$50,000.

The war was raging, the need for this explosive great, and again after much care another shipment was sent, which contained but one part impurity in 250,000. This lot got as far as Halifax, where the boat was jarred and that city was nearly blown off the map.

Now, that explosive had to be made, so these bright and eager men held meetings until one of their number, suggested that all impurities be excluded through crystallization; just as snow water is the purest of all waters, so if a process of crystallization could be discovered, the material could be handled with safety. This was discovered, and an abundance was produced without another casualty. This incident vividly recalls to our minds one of those questions the Lord asked Job. "Hast thou entered into the treasures of the snow or hast thou seen the treasures of the hail, which I have reserved against the time of trouble, against the day of battle and war."

So to, the infinitesimal quantity in our potentized remedies is beyond our ken, but its presence can be demonstrated, not by destruction but by healing, as the following cases will show.

1. Several years ago when attending a case of confinement I was asked to prescribe for the mother of the patient, a lady some sixty-five years of age, who was afflicted with a weak, intermitting heart. During the following days two remedies were given without benefit. Finally I asked the lady how long the saliva had been running down over her chin, which I had observed she mopped away every few minutes. She replied, "It is the distress of my life, and I am so ashamed of it. It has been so for over a year."

Well, I concluded that this stream could be stopped, if I could

not cause the heart to beat regularly, so I gave her *Nat. Mur.* 200 and in two days her chin was as dry as the Sahara Desert, and behold her heart fell into line and ticked as fine as any one could desire, and every five or six months she would send for some of that remedy whenever her heart started to intermit.

Case 2. Mrs. S., aged 58.

Hands and fingers full of deep cracks, upon the backs and palms, a sight to behold.

Hands have been so cracked for four years.

Cracks in hands aggravated in summer, as soon as spring opens.

Hands itch so she could almost rub them until raw.

Cannot put hands in water without becoming much worse.

Nails deformed.

Vertigo in bed, worse on turning over, worse toward morning.

Feet cold occasionally throughout the day; cold to the knees.

Wears night slippers.

Sacral backache.

Jumps in her sleep.

Constipated all the time.

Mother died of cancer at the age of 52.

*Petrol.* 30 was given.

Ten days after receiving the remedy she reported.

Hands much better.

Vertigo very much better, only light attacks.

Still constipated, but sleeps better and dreams but little.

Has some shortness of breath, a tiredness through the chest.

I continued the remedy and it cleared the whole case for seven months, when her hands started to crack again.

A repetition of the same remedy promptly corrected the whole trouble.

Here arises a question. Is there any connection between the constitutional condition causing her hands to crack and that condition called cancer which caused her mother's death?

Case 3. Mrs. W., age 39.

March 29, 1921. Presented herself and stated that she had a sensation as if her eyelids caught over the pupils. This distress had persisted for three months and annoyed her upon opening or closing the lids. Now, here, was a new symptom to me, never heard of it before. How is it to be cured? How is the remedy to be found? Was I to try *Euphrasia*, *Pulsatilla*, *Silicea* or a

dozen other remedies that have distinct action upon the eye in other conditions? Or anoint with salve daily, or wash with a solution of Boric acid? No, one has to fall back upon the philosophy of the *Organon*, and go right down through the patient combing for symptoms. So we found:

Constipation, rectum seems powerless.

Menses twice a month and too free.

No appetite for breakfast, but hungry and weak between 10 and 11 A. M.

Headache in forehead, worse when shopping.

Headache better in a hot house, and when in bed wants many covers.

Itching often in various parts of the body.

Pains low down in the sacrum.

Yellow sand in the urine that sticks to the chamber.

*Sulphur 200.*

April 11, 1921. Reports the eye trouble completely gone; constipation better, appetite good, headache with menses as usual, but cramps not nearly so bad, no itching, still sediment in the urine.

In reviewing these cases we find ourselves prescribing upon lines that are scientific, that is, lines where our knowledge enables us to strike out after conditions, unknown to us, with full confidence. Just as Hahnemann anticipated in advance the remedies *Camphor*, *Cuprum* and *Veratrum album*, which successfully combated Asiatic cholera.

Our knowledge is based upon the action of medicines upon the human body as a whole. This information is curative when similar conditions are found in the sick, and where sickness has not extended to organic changes, health is restored.

It is a very doubtful conclusion to claim that the potentized remedy will cure any growth or condition where cellular changes have occurred. Our field as physicians is to observe and cure changes in the health of people before malignant or organic conditions develop. To this end how essential to know the history of the parents and relatives, and to link the symptoms of childhood and youth with those of old age. To advise in matters of diet as well, so that a properly balanced ration may prevent nervous diseases in the early part of life or the hardening of arteries and uncontrollable conditions in the aged.

## CLINICAL CASES.

Dr. S. C. Bose, Calcutta, India.

*Case I.* Miss ———, aged 6. Anglo-Indian girl. Suffering from Leucorrhœa for three months. Discharge yellow and acrid, as on examination the parts were found red and excoriated. Obstinate, perspired most on the head and fond of eggs. A dose of Sulphur 30 followed by a few doses of Calcarea Carb. 30 gave quick relief. A couple of doses of Calcarea Carb. 200 were given afterwards. A few weeks after the discharge reappeared. Caulophyllum 30 stopped it. Some four months after this I saw the child in good health, as her rosy cheeks told, and her mother told me that she was all right.

*Case II.* Mr. ———, aged 45. Englishman. Mining engineer. Mild temperament. Right testicle considerably enlarged and was in this condition for three years. Previous to this he had an attack of gonorrhœa. The discharge disappeared under Allopathic treatment. At first the testicle was painful. Application of Belladonna ointment, etc., made the pain subside. An eminent English doctor of the old school advised him operative measures. He received from me the following treatment :

August 19, 1920. Pulsatilla 30, two doses, the second dose to be taken two days after taking the first one.

August 29th. The patient saw me and said there was no perceptible improvement. Pulsatilla 200, two doses. I warned the patient that if the gonorrhœal discharge reappeared he should not be afraid.

September 14th. No improvement. As the patient used to go often to coal districts to inspect coal mines, I gave him now a dose of Sulphur 200 and repeated a dose of Pulsatilla 200 on 17th of September.

September 23d. Examined the patient. The testicle was smaller. Patient said that he felt it to be less heavy. Pulsatilla 1000, one dose.

October 3d. Patient saw me and was very happy to say that the testicle was now of the normal size.

No gonorrhœal discharge reappeared.

*Case III.* Miss ———, aged 8. My daughter. It was in the early days of my practice. Had catarrhal jaundice. There was

slow fever with the usual yellow conjunctivæ. Without the clear indication of any other medicine I gave *Mercurius Dulcis* 6th x. No improvement followed. I do not remember what other medicine I gave, but the patient grew worse. The temperature rose and the yellow discoloration spread to face and other parts of the body. A week thus passed when one evening on going to her bedside I asked how did she feel. Though awake she kept silent. Similarly when questioned for the second time there was no answer. To my third question she answered in a snappish way, "Don't talk to me." So there was aversion to talk and snappish reply. This suggested to me the one medicine that has such a characteristic mental symptom. But as I am never a key-note prescriber I went over the case again and consulted my books of *Materia Medica* and found that the medicine suggested by her mental symptom was quite suitable. So I gave her that night *Chamomilla* 12. The next morning temperature was almost normal. I repeated the medicine twice or thrice and afterwards a dose of *Chamomilla* 30. The patient completely recovered in a week. Nowadays I usually begin treatment of *Chamomilla* cases with the thirtieth potency of the drug and I think with better results.

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### EPITHELIOMA.

By Dr. Frank A. Benham, Elkhart, Ind.

Man, aged 60, inveterate pipe-smoker, had a favorite slot on the right side of his mouth into which the pipe fitted and was held by three or four blackened teeth.

A sore developed on the right lower lip, exactly in the place where the pipe fitted. He complained about this sore place, which he thought was an obstinate cold sore because it hurt and the pipe stem seemed to make it worse. In size it was 4 or 5 MM. in diameter with just a denuded skin and mucous membrane. There being no convenient anchorage on left side he was compelled to forego the use of his pipe entirely, but the sore did not get well—in fact, it grew. He used all sorts of soothing and healing applications to no avail and the sore continued to grow.

After eight or ten months he came to me. The sore now was about 10 MM. in diameter and perhaps 2 in depth. Frequent



applications of *Calendula Succas* were useless after a month's time. *Arsenicum* 3d x internally and locally seemed for another month to hold the growth in check, but it then acquired new momentum and reached a size of 12 to 14 MM. three months later.

Extirpation was discussed and advised by influential friends, but he reaffirmed his faith and told me to go ahead.

*Thuja* 6th x, *Phyto.* 3d x, *Sulph.* 60th x occupied about a year. Once during that time the sore seemed to recede for a month or so, but then took on new life.

After another six months, more through desperation than method, he was given two doses of *Thuja* 200th x to be taken a week apart, and, when he came to use the second dose the sore was about healed. He reported and I told him to wait and in another week the sore was gone and is still gone now, five years later.

The tendency of epithelioma is always to destruction and never to construction unless something happens.

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### IRIS VERSICOLOR IN INCIPIENT CANCER OF THE STOMACH.

Editor, THE HOMŒOPATHIC RECORDER,

It may be that the idea which I am about to set forth is already found in Homœopathic literature; however, it is original with me. If it be in our literature, I shall be glad to know where it is.

A number of cases of apparently incipient cancer of the stomach have come under my care and a majority of these have, at one time or another had the following symptom: Severe burning from the mouth or throat down through the stomach and in one case as far down as the rectum. In one case this symptom was so severe as to render the patient temporarily insane and rather violently so. Indeed, the patient was so violent that the family insisted that he be sent to the State Hospital.

This patient, however, at my earnest request, was kept at home on my promise that in less than two days his mind would more than likely be normal. This prediction came true in less than twenty-four hours. The reasoning was that the severe burning, from which he had suffered many weeks while under the care of

twelve different physicians, was responsible for the mental state and that a few doses of "*Iris versicolor*," would restore the normal mind by curing or getting rid of this symptom. It so proved!

In another case this same symptom had been present for fourteen weeks although the patient was under the care of two different physicians who had called in six different specialists. This symptom was entirely abated within two hours and by the use of two doses of the same remedy. The third potency was used in this case—ten drops in one-half glass of water with directions to take a teaspoonful each hour. This remedy was continued, in this manner, for several weeks with no recurrence of the symptom. It did recur, however, during a short period of discontinuance of the remedy. It was again abated and at once by the remedy.

This "preamble" may seem rather long, but might be much longer. Other cases will not be mentioned. Now for the EXPLANATION. It is very evident that in the cases mentioned there was the formation of certain poisonous non-physiological products which resulted in the symptom (severe burning) mentioned. What then did the remedy do? The answer is self-evident. It prevented the formation of these poisonous products and the same material which resulted in them was formed into physiological (non-poisonous) products. "How come?"

The answer to this also should be easy to the Homœopath. The delicate particles of matter which were given as medicine (we may call them "corpuscles," or "ions" or by some other name if we wish) started the molecular grouping of the symptom producing matter into molecules of another kind. These ions prevailed over some other ions which had started the grouping along wrong lines. In other words the activating energy of the remedy was more powerful than the activation energy of the disease or symptom-producing or perverting ion.

Some such reasoning, it seems, must account for the remarkable change which the remedy mentioned will always produce when it is indicated. However, this same reasoning may not always apply in every case of every kind which yields to Homœopathic (capital "H" always) therapy. And yet this same reasoning may, without any far-fetched conditions being imposed, explain all the Homœopath does.

This leads us to another and still more interesting question and

it is this: How does it happen that a remedy indicated when given in massive or molecular doses produces the same symptom? Or why does our great "law of cure" hold? Apparently the remedy given in molecular doses must produce molecules of very similar nature. Whether they be identical we do not know! They must be similar and the question is WHY?

It is not necessary for any Homœopath to answer this question and it is not the intention of the writer to attempt it now. He wishes to call attention to the interest which a correct answer to this question would elicit. At some future time the writer may give the RECORDER an idea or two along this line if the Editor so desires. This letter is already long enough!

Very sincerely yours,

C. M. SWINGLE, M.D.,  
8203 Wade Park Ave., Cleveland, Ohio.

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#### OBITUARY.

Dr. George M. Ockford, of Ridgewood, N. J., a practitioner of this town for many years and an old subscriber to THE HOMŒOPATHIC RECORDER, died on June 26, 1921, aged 76 years. He is survived by two children, Florence M. and John W. Ockford. Dr. Ockford will be greatly missed by many loyal patients and warm friends.

## DEPARTMENT OF HOMŒOPATHIC PHILOSOPHY.

## IDIOSYNCRASY AND DRUG DISEASES.

By Stuart Close, M.D., Editor, 248 Hancock Street,  
Brooklyn, N. Y.

(Continued.)

Hering said: "The last taken drug affords the best indication for the next prescription." The experienced homœopathic physician, therefore, gives particular attention in the examination of cases to ascertaining what drugs have been previously used, with a view to stopping their use, and to antidoting such as have been most influential in producing disorder, as revealed by a study of the symptoms.

Over-dosing, and too frequent changing of remedies in homœopathic practice often leads to the confusion of the prescriber and the damage of the patient.

This was exemplified in a case seen by me in consultation with a young physician. The patient was an infant about eighteen months old, which had been under treatment for two weeks. The diagnosis was indefinite, because the nature of the initial disease was obscure. It did not at first seem serious, and probably was not, but the child was now obviously very sick, and there had been no signs of improvement. The young physician exhibited his up-to-date card record of the case, very neatly kept. It contained the symptoms of the first examination, quite fully and clearly taken, with temperatures, pulse and respiration carefully charted. The first prescription was Belladonna 3x, which manifestly as to remedy, if not to dose, corresponded closely to the symptoms, as recorded, and was a good prescription. But the record showed that on his visit the following day, finding his patient slightly worse, he had changed the prescription and given two other remedies, also in very low dilutions, in alternation. From that time on the prescription was changed almost daily, two remedies in alternation being given each time, and presently palliatives and adjuvants, cathartics, stimulants, etc., began to show on the record. In the two weeks of treatment some twenty different medicines had been given, in strength ranging from mother tincture

to 3x dilution. The result, of course, was inevitable. Given the sensitive organism of an infant, acted upon by such a number of medicines but slightly removed by dilution from the crude state, each one being capable of exciting more or less toxic reaction, and one could surely foretell the result—"confusion worse confounded." *Every drug given had produced some effect*, if not the effect desired. The resulting symptom picture was of the well-known "composite" character, blurred and indefinite, with little or no character. Hardly one clear-cut, definite symptom could be found—much less that group of consistent and co-ordinated symptoms which is required in making an accurate homœopathic prescription. It was a clear case of getting lost in a very small patch of woods. If the doctor, after making his first prescription of Bell. 3x had known how to rightly interpret the fact that the patient seemed somewhat worse the next day instead of better, as he had expected; if he had then discontinued the remedy without giving anything else except placebo, and awaited the curative reaction, he would have found his patient much improved on the following day. Without knowing it he was then witnessing that "slight aggravation of the symptoms" following the exhibition of a well-selected remedy of which Hahnemann warns us. Better still would it have been if he had given the Belladonna in the thirtieth or two hundredth potency in the first instance, instead of the 3x. There would then have been no aggravation, the patient would have been better on the second day, and would probably have gone on to rapid recovery. Instead of this, however, the doctor misinterpreted the facts, thereby doing himself, his patient and homœopathy injustice. Believing that he had made a wrong prescription, he changed it. In his beginning confusion he further departed from sound principles by giving two medicines in alternation, thus multiplying the sources of error and confusion. From this point on, like a man lost in the woods, he was simply "walking circles around himself"—hopelessly lost so far as his own efforts were concerned, until somebody came and guided him home.

The toxic effects of drugs, prescribed in the ordinary routine of practice are commonly overlooked. In spite of a popular delusion to the contrary, a drug loses none of its power in being prescribed by a man who writes M. D. after his name. Today, as in the dark ages, there are physicians who give drugs as if they believed that



each of them at their behest, would find its way through the devious channels of the body, and perform the exact task assigned to it. Unlike the chemist and the pork packer, they do not see the "by-products," nor make use of them.

It was said of the pork packers that they had learned to utilize every part of the pig except his squeal. Then came an enterprising phonograph firm whose agents invaded the slaughter house and actually recorded the squeals for reproduction, thus completing the work of salvage.

It is different with the doctors. If the patient recovers after his dosing all is well and the doctor is confirmed in his faith. If the patient gets worse, or new symptoms arise, all is still well, medically speaking. It is merely a "complication" for which he has a ready name and a convenient pathological classification. If the patient dies there is no lack of causes assignable on a pathological basis, and the requirements of the Health Department are easily met in filling the blanks in the death certificate. Thus "science" is vindicated and the doctor felicitates himself on his diagnostic and pathological acumen. His faith in drugs is not shaken.

Rarely does it occur to the prescriber that the "complication" is but the symptomatic reflection of the drug or drugs he has previously given. Sometimes he does seem to have faint glimpses of that unpleasant truth, as when tetanus, trismus or acute Bright's disease speedily follow vaccination; or when hemorrhage in lungs, kidneys or retina quickly supervenes upon the administration of massive doses of quinine; or when he happens to recognize one of the "puzzling eruptions" said to be caused by one or more of the twenty-nine drugs named by Glentworth Butler, in his work, "The Diagnostics of Internal Medicine." But such flashes of insight are rare and accomplish little in stemming the tide of drugs which is engulfing so many victims. Though such a physician may be as keen on the scent of the last new bacillus as Buster was on the trail of Bunny Cottontail, his nose is singularly dull when it comes to trailing the *most common of all causes of disease*—the preceding drug.

In the rank and file of medicine the old ideas on pharmacology still obtain, in spite of vaunted progress. A drug, or combination of drugs, when administered to a patient, is supposed to have no other effects than those assigned theoretically to the class to

which it belongs. The "other effects," which are sure to arise, are attributed to the natural progress of the disease or to some theoretical "complication."

When we come to examine these allopathic drug classifications from the standpoint of that knowledge of drugs which is derived from actual observation of their effects upon the healthy, as recorded in homœopathic provings, we find them to be of the crudest character, based upon the most superficial knowledge of drug action. The gross toxic effects of the drug, as observed accidentally in men or animals or as guessed, are set over against equally crude generalizations of diseases, usually on the antipathic principle, where any principle at all is discoverable.

For although the allopathic school of medicine of the present day repudiates any law or principle, it is plain that the rule of contraries still dominates it. One has only to take down any standard allopathic work on *Materia Medica* to find its drugs arranged in some twenty-five or thirty classes, the names of which either begin with "anti" or imply the same thing, as pointed out by the late Dr. Conrad Wesselhoeft, of Boston. Thus we find anti-toxins, anti-spasmodics, anti-periodics, anti-pyretics, anti-acids, anti-septics, anthelmintics, alteratives, tonics, counter-irritants, etc. Manifestly the appellation "Allopathy" holds good today, as it did a hundred years ago, when Hahnemann applied it.

As long as drugs retain their power to make well people sick, and as long as doctors continue to make such generalizations as these, so long must both be recognized and dealt with as causative factors in the production of human ills. And so as our allopathic neighbors and our homœopathic brethren with allopathic proclivities remain as yet in a large majority, there will continue to be plenty of work for the real followers of Hahnemann to do in dealing with the results of their medical obtuseness for some time to come. True it is that if the use of crude drugs could be entirely done away with, the sum of human ills would be greatly reduced; or, as Dr. Oliver Wendell Holmes wittily said: "If all the drugs in the world were dumped into the sea, it would be better for mankind *and the worse for the fishes.*" In either case probably two-thirds of the existing ornaments of the medical profession would shine in other spheres with at least equal radiance.

This phase of the subject is important from a practical standpoint. Cases will frequently present themselves which are puz-

zling, and resist all efforts to cure until they are recognized as "drug cases." The trouble may be entirely due to drugs, or there may be a combination in varying proportions, of drug and disease symptoms.

It should be a matter of routine, in making first examinations, to ascertain what drugs have been used. In chronic cases this investigation should extend back through the whole life-time of the patient. The diseases from which the patient has suffered, and the drugs used in their treatment should be ascertained if possible. The patient may not know all, but he will usually know some of the most common and powerful drugs he has taken, and a search of the druggists' files may reveal the rest. The key to a difficult case may be the drug or drugs which have "cured" some acute disease, perhaps early in the patient's medical history. Antidoting the drug clears up the case.

Frequently, for example, will some chronic disease of the liver, kidneys, spleen or lungs be traced back to an initial attack of malarial fever checked by massive doses of quinine or arsenic. The patient has "never been well since." The seemingly indicated remedies do not act. A few doses of the appropriate antidote, perhaps Arnica, or Ipecac, or Pulsatilla, or even of Arsenic or Cinchona—the abused drugs themselves, in high potency—will clear up the case and either cure or render it amenable to other symptomatically indicated drugs.

It is a fact that the high potency of a drug is sometimes the best antidote for the effects of the crude drug.

It is not unusual in the treatment of such cases for the original symptoms to be reproduced. I have seen a full-fledged, typical attack of intermittent fever reproduced in a case which had become tubercular, within a week after the administration of an antidotal dose of Arsenic in high potency. The patient made a rapid recovery. The initial attack of intermittent fever, in the case referred to was five years before.

In a case variously diagnosed as "chronic gout," "chronic articular rheumatism," etc., unsuccessfully treated by many physicians, including European specialists, I witnessed the reappearance of a discharge from the urethra fifteen years after the original gonorrhœal discharge had disappeared under the influence of astringent injections. With the establishment of the discharge the patient's "rheumatic" symptoms began to rapidly improve and a perfect

cure resulted. This was a case of chronic gonococcic septicæmia, or so-called gonorrhœal rheumatism, in reality, metastasis of the original disease caused by the use of injections. The key which unlocked the door and released the imprisoned disease was Thuja, the typical "anti-sycotic" remedy of Hahnemann.

Drug symptoms and complications often arise in the most unexpected and surprising ways, and baffle all but the most acute and experienced examiners. Hair dyes and tonics, complexion beautifiers, dentifrices, medicated soaps, antiseptics; borax in baby's mouth to prevent sprue, and carbolic acid in mama's douche to prevent babies; innumerable ointments and lotions; to say nothing about the equally numerous patent and proprietary nostrums which fill the shelves of the corner drug stores and find their way "down the red lane" into the human system, all play their part in creating susceptibility, idiosyncrasy and drug diseases, and in making work for the doctor.

These are some of the things to look for among the possible causes of disease. They are things very generally overlooked by that type of physician who either does not know their importance, will not take the time and pains to find out, or does not care. The patients of such physicians are fair game for the man who does know, who will take the time, and who does care; and he will not be in practice very long before he bags his share of them.

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## EDITORIAL NOTES AND COMMENTS.

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THE SIXTH EDITION OF HAHNEMANN'S *ORGANON*.—In a recent letter from Dr. Richard Haehl, of Stuttgart, Germany, we are informed that the sixth edition of the *Organon* has now been published in a limited edition in Germany and that a copy of this fine edition has been sent to the Editor of THE HOMŒOPATHIC RECORDER for review. Among other interesting things, Dr. Haehl tells us that he has completed his biography of Hahnemann and that this painstaking work will be published in the Fall. The amount of labor which Dr. Haehl has put upon his work is stupendous, especially so when we stop to consider that this untiring writer has carefully read thousands of Hahnemann's case reports and records. Dr. Haehl informs us that, in his later years, Hahnemann, in his treatment of chronic diseases, repeated his remedies daily. This fact is certainly a revelation to many of us who have waited upon the action of a single dose for days and even weeks. No doubt the sixth edition will have other surprises in store for us. We understand that Professor Boericke, of San Francisco, is translating the work into English. American and British Homœopaths will be under great obligation to Dr. Boericke for his labor of love.

The Editor of THE HOMŒOPATHIC RECORDER will sail for Europe very shortly and hopes to visit Dr. Haehl at his home in Stuttgart. During the Editor's absence abroad, Dr. Stuart Close, Editor of the Department of Homœopathic Philosophy, will take over the entire editorial management until Dr. Rabe's return on October 1.

The Editor of THE HOMŒOPATHIC RECORDER at the close of the college year, resigned as dean and as a member of the faculty and medical board of The New York Homœopathic Medical College and Flower Hospital. This college has been in a highly precarious financial condition, but it is hoped that through the energetic endeavors of the president of its Board of Trustees, Colonel Howard



C. Smith, ample funds will be secured with which to carry on the work of this institution. For the success of these endeavors, THE HOMŒOPATHIC RECORDER offers its best wishes.

“SULPHUR IN DERMATOLOGY.—Pautrier reports striking results in treatment of alopecia and psoriasis after intramuscular injection of 1 or 2 cc. of a 5 per cent. oil solution of sulphur. He adds cholesterin to the oil as this increases the absorbing power, his formula being 8 parts sulphur to 80 parts of the,cholesterinized oil and 20 parts eucalyptol. The injections are repeated twice a week. He comments on the losses of sulphur in certain cases of alopecia. This sulphur treatment acts on the papilla. In one case the hairs grew again after total rebellious baldness. Cod liver oil or the oil from horse kidneys has special advantages in this formula. The proportion of cholesterin is not stated.”—*J. A. M. A.*

This is good news—especially to some of us whose massive domes are unadorned by Nature’s locks and tresses. However, if memory serves, one Samuel Hahnemann called attention to the curative value of Sulphur considerably more than one hundred years ago. Pautrier might do well to investigate the use of this great remedy in accordance with the law of similars and in the doses advised by Homœopathic practice, such as the thirtieth potency, for example.

The use of the oil of horse kidneys is of interest and is reminiscent of the pioneer days of rattlesnake oil on the Western prairies. Thus does modern medicine return to the usages of our forefathers.

WHAT DO THEY KNOW OF THE CURE OF DISEASE?—Our indefatigable monthly contributor, Dr. Eli G. Jones, of Buffalo, has asked this question frequently, in reference to recent graduates of medical colleges and rightly so. Medical colleges do not necessarily turn out competent doctors, although the dear public may think so. Much that is learned in college must be unlearned later as many a graduate has found to his chagrin. Certain prescribed courses must be followed by college teachers, whether or no, and students must be crammed with these, regardless of their practical bearing on the cure of disease. Hours and hours are thus spent upon subjects which have a theoretical value only. Surgery is commonly emphasized at the expense of medicine and students are drilled in the technic of operations which most of them will never perform.

Those who have the responsibility of molding the college curriculum know these things full well, but being weighed down by tradition and bound by the mandates of a self-appointed national authority, in the shape of the Council on Medical Education of the American Medical Association, are powerless to change matters. In the meantime, the country at large and particularly the rural districts, is crying for old-fashioned doctors who can cure the sick. With all our boasted advance in the science of medicine, we have largely neglected the art of cure—hence Christian Scientists and numerous other drugless healers continue to flourish and to do things which medical men too often appear to be unable to do. Homœopathy offers physicians an opportunity to learn what to do for the sick and to answer Dr. Jones' question in the manner this veteran physician seeks to have it answered.

“SILICA IN TREATMENT OF ARTERIOSCLEROSIS.—This communication relates the details of a few out of the hundreds of cases of arteriosclerosis treated with silica by mouth or vein or both. The writers say that this treatment is harmless and may prove effectual after failure of other measures, the patients throwing off their dizziness and headache, the tendency to insomnia growing less, and menstruation becoming normal. Some of the patients who had been confined to bed were restored to active life. The dose is 0.01 gm. of sodium silicate by the vein at two or three-day intervals, plus 0.6 gm. by the mouth. From four to twenty intravenous injections were given in these cases.”

This abstract from *J. A. M. A.* is confirmatory of much that is known to Homœopaths concerning Silica. The action of this great antipsoric remedy is slow, persistent and deep, affecting the life forces themselves and bringing about changes in the tissues of the body, which are far reaching in their effects. Arterio-sclerotic processes will, therefore, find a frequent counterpart in the action of Silica, but the remedy can only be used when it corresponds to the symptoms in general, of the patient himself. These symptoms or characteristics are striking and can be easily recalled by reference to the *Materia Medica*. In this connection a study of *Alumina silicata* or *Kaolin*, first published by Kent many years ago, will be of benefit. This is also a deeply acting remedy as indeed its component parts, Alumina and Silica would suggest. In addition to its sphere of action in laryngeal and tracheal diseases which may be diphtheritic in nature, *Alumina silicata* is clinically related to para-

lytic conditions of spinal origin and we have seen it do good work in such connection.

“POISONING BY RHUBARB LEAVES.—In certain parts of France it is a common practice to cook rhubarb leaves and to eat them in place of spinach. This custom is not entirely devoid of danger, and the *Bulletin des sciences pharmacologiques* mentions several serious cases of poisoning by rhubarb leaves. The symptoms of poisoning manifest themselves within a few hours after the meal, and are marked by pains in the stomach with a burning sensation, vomiting, sanguinolent diarrhea, and passage of cloudy urine of mahogany color. The urine contains albumin in large quantities, numerous epithelial cells, red blood cells, etc. Several similar cases, one of which ended fatally, have been reported in Switzerland. It is probable that the poisonous effect is due to soluble oxalates contained in the leaves and stems of certain species of rhubarb. It would be interesting in this connection to determine what varieties and species of the plant, what soils and what other external conditions play a part in the poisoning.”—*J. A. M. A.*

During the World War several cases of poisoning from eating rhubarb leaves occurred in England, where people had, from motives of economy and on account of the food scarcity, eaten rhubarb leaves in place of spinach. Several of these cases ended in death which was attributed to oxalic acid poisoning.

Rhubarb is rich in oxalates, more especially the leaves. Most berries, pineapples, apples, oranges and some other fruits contain oxalic acid in small amounts. For patients who are suffering from oxaluria these fruits should be forbidden. Oxaluria is frequently found in neurasthenics and such patients are apt to complain of lumbar backache and mental depression. If the urinary sediment is placed under the microscope, beautiful “letter envelope” crystals of calcium oxalate will be found. The calcium of the body combines with oxalic acid to form oxalate of lime.

Remedies for oxaluria are *Oxalic acid* itself, in potency of course, and *Kali sulphuricum*. If this condition be treated upon the basis of chemistry, ten drop doses of dilute nitro-muriatic acid may be employed, given three times daily. Diet and other possible underlying causes must be corrected. Of course, under any circumstances, the patient himself must be prescribed for rather than his oxaluria.

A CLINICAL CASE illustrating the action of *Eupatorium perfoliatum* and *Thuja occidentalis*.

S. L., man, age 24 years, was taken ill with a simple catarrhal fever—influenza; temperature 103.4. He complained of the severe aching pains throughout his body and limbs and described his suffering “as though every bone in my body were broken.” He was thirsty and restless, without relief from a change of position. Of course, *Eupatorium perf.* was given and in the 200th potency, a few doses at intervals of three hours, with prompt relief of all the symptoms.

A few days later, anxious to be about and at his work and no doubt venturing out too soon, he was taken with excruciating pains in his feet and ankles. These pains followed the course of the nerves along the outer side of the feet and also along the heel tendons. Sensitiveness to touch was marked and slight redness was visible.

Heat was agreeable and gave some relief. There was no increase in temperature or pulse rate. The diagnosis was that of neuritis. General symptoms were lacking, except sweat upon the face and head during sleep, *i. e.* upon the uncovered parts.

*Thuja occidentalis* cm. F., three doses at intervals of two hours, was given with immediate beneficial response. A few days later the remedy was repeated in a single dose of the millionth potency and ended the attack. The first symptom to disappear was that of the sweating upon uncovered parts.

Comment: The selection of *Eupatorium* was, of course, easy and illustrates the great keynote or characteristic symptom of this remedy, *viz.*: “Pains as though the bones are broken.” It is interesting to observe that the language used by the patient was the exact counterpart of that used by the original provers. The symptom of restlessness without relief by changing the position, is also a verification of interest and differentiates *Eupatorium* from *Rhus tox.*

The action of *Thuja* in neuritis is sufficiently remarkable to be worthy of comment. Neuritis follows diseases such as influenza, is notoriously stubborn and persistent under treatment, particularly orthodox and is extremely painful. The selection of *Thuja* was based upon the symptoms “sweat during sleep” and “sweat upon uncovered parts,” symptoms which incidentally are not pathognomonic of the disease in question. Hence, we have here another illustration of the Hahnemannian rule, to prescribe for the

patient and not for the disease. We also have the verification of two great characteristic symptoms of Thuja. Under the rubric "inflammation of nerves," in Kent's *Repertory*, Thuja is not found.

The *Symptomen-Codex* mentions under Thuja numerous pains in the feet and also speaks of a pain, stitching in character, in the tendo Achilles.

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PERSONAL.—Dr. Rudolph F. Rabe, Editor of THE HOMŒOPATHIC RECORDER, sailed July 23d for Europe. He will be absent about three months. During Dr. Rabe's absence Dr. Close will occupy the editorial chair.

THE FORTY-SECOND ANNUAL MEETING OF THE INTERNATIONAL HAHNEMANNIAN ASSOCIATION.—This meeting held in Washington, D. C., June 23, 24, 25, 1921, is considered to have been one of the most successful held in many years. The attendance was large, the meetings were well attended and a high degree of interest was manifested by the members in the papers presented. Chairmen of the various bureaus suffered from an embarrassment of riches. More papers were received than could be read by members present and several were read by title or in epitome. Discussions were necessarily limited in time, but gained in snappiness what they lost in length.

Many of the papers presented will be published in THE HOMŒOPATHIC RECORDER, as usual, during the coming months. The first installment appears in the present issue.

It is a consoling reflection that we may generally rely upon kindly old Father Time to obliterate the disagreeable impressions that somehow get mixed up with the pleasant ones in so many of our experiences.

When the committee of arrangements for the annual meeting of a small society like the International Hahnemannian Association selects the largest, most popular, central, crowded, noisy and expensive hotel in the City of Washington; when that hotel is also the meeting place, at the same time, of a very large society like the American Institute of Homœopathy; and when the week of the meeting happens to be a record-breaker for heat and humidity, there are sure to be plenty of disagreeable impressions to erase. With a temperature ranging from 95 to 105; with the atmosphere almost at saturation point; and the only available meeting room



on the first floor at the front of the house, the only mitigation possible was either to open the windows and be deafened by the roar of traffic and the crashing of heavy street cars over a nearby crossing, or close the windows and enter into a vocal contest with a half dozen humming electric fans. Nay, there were one or two other mitigating circumstances which helped to relieve the tension.

When Dr. Eloise O. Richberg, always wise, witty and womanly, sensing and voicing the sentiments of her sister medicos, rose and asked that the men remove their coats and be as much at ease as their lightly clad sisters, her request was received with applause and granted with alacrity. Some other thoughtful person had a small table, a large water cooler filled with ice water, and a box of Lily Cups brought in and placed in the center of the room, easily accessible to every one. Thenceforward existence under the Volstead Law was more endurable. These, with Krichbaum's jests and sundry other little amenities, are among the pleasant impressions which will linger.

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The International Hahnemannian Association, during the forty-two years of its existence, has been one of the most influential agencies in the world for maintaining the spirit and standards of classical Homœopathy.

Organized originally as a protest and defence against the drift of the American Institute of Homœopathy into scepticism, materialism and politics and to create an organization which should more truly represent the ideals, principles and methods of scientific Homœopathy as set forth in the *Organon*, it gathered around its standard many of the best minds, strongest characters and ablest prescribers of the period. It limited its activities to the field of theoretical and applied Homœopathy, becoming thereby virtually an association of specialists. Its roster has contained the names of men nationally and internationally famous for the ability, loyalty and zeal with which they maintained the principles of Homœopathy. To mention only such names as H. C. Allen, Edward Bayard, J. B. Bell, E. W. Berridge, J. A. Biegler, Clarence Willard Butler, Alice B. Campbell, Edmund Carleton, Erastus E. Case, Olin M. Drake, Adolphus Fellger, B. Fincke, R. R. Gregg, T. S. Hoyne, Walter M. James, J. T. Kent, Samuel A. Kimball, E. J. Lee, Adolph Lippe, A. McNeil, E. B. Nash, G.

Pompili, Thomas Skinner, R. L. Thurston, P. P. Wells, William P. Wesselhoeft and T. P. Wilson, all of whom have entered into the larger life, is to bring a thrill to the heart of every true Homœopathist and especially to those who remain who, like the writer, knew and loved and were inspired by these incomparable men.

Never a large society (its average membership has been about two hundred) it has always been strong in its singleness of purpose, its concentration of effort upon the vital things of Homœopathy and the character of its members—maintained in part by a high standard of eligibility for membership, but more by the atmosphere of earnestness and enthusiasm for Homœopathy which has always characterized it.

In its three principal bureaus, Homœopathic Philosophy, Materia Medica and Clinical Medicine it has kept alive in full vigor, the highest ideals, finest traditions and most efficient methods of the school, and at the same time has kept abreast with the most advanced thought of modern science as related to Homœopathy.

The I. H. A. has always had a goodly proportion of young men and women in its membership who reacted to the inspiring influence of such associations, and modelled their professional lives accordingly. They have gone into its meetings with the modest product of their own best thought and experience in carefully prepared papers, and submitted to the always keen but kindly criticism and discussion of their elders. They have listened and learned; have taken to heart what they have learned and returned to their homes to become radiant centers of therapeutic light. They have been ardent propagandists of Homœopathy because they have had convictions and lived up to them.

The spirit of loyalty, fraternity and co-operation has always been strong in the I. H. A. Few indeed are the societies in which personal relations and good fellowship among members have been so intimate. It has been like a large family. Individual self-seeking and political wire-pulling have always been conspicuous by their absence. Society honors and preferments have been spontaneously bestowed. Election to the presidency has more than once been unanimous and by acclamation. Recognition of worthy accomplishment by the humblest and youngest members has always been prompt and generous.

Membership in this society is of incalculable value to a young physician, and he who possesses a complete set of its transactions is to be envied.

S. C.

# THE HOMŒOPATHIC RECORDER

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## HAHNEMANN'S SIXTH EDITION OF THE "ORGANON."<sup>1</sup>

By William Boericke, M. D., San Francisco.

Ever since I obtained possession of the prized volume of Hahnemann's interleaved copy of his fifth edition of the "Organon," which he used and converted into the sixth by changes, annotations, additions, and so forth, I have been much impressed with the need of a correct rational attitude on the part of the school towards this final literary work of Samuel Hahnemann. We are in danger to expect too much with the inevitable result of disappointment. A correct estimate of the historical background and recognition of the remarkable, rounded, practical completeness of even the first edition of 1810 will, however, curb any unreasonable expectation of a too optimistic discipleship.

Remember that, from the very beginning of the school, we had a few of his followers who were inclined to look upon him more as a revelator from on high rather than as the patient scientific investigator; men who idealized and idolized him and looked upon his doctrinal edifice as perfect and final. And this element of our school did much to build up the *Materia Medica* and practice unhesitatingly by the light of his philosophy. We owe indeed very much of the success of the school to their labor and faith.

Again, the "Organon" itself has the unique distinction of perennial vitality. It is published in all languages and though five editions were issued by Hahnemann, the essential, fundamental root Principles of Homœopathy are found in the first

<sup>1</sup> Bureau of Philosophy, I. H. A., 1921.

almost as perfectly and positively stated as in the sixth. It seems then that the "Organon," like Minerva from the brain of Jupiter, came forth practically perfect as a guide to the theory and practice of Homœopathy.

These two facts we must bear in mind to understand the conditions dependent on them :

1. The loyalty, devotion to and idealization of the Master was extended to all his works and especially to that mountain of Therapeutic light, the "Organon"; and every edition was accorded greater authority—so when it was known that a sixth edition was prepared and really ready for the press, the publication of it seemed to the whole school the one thing needful for its perfect development. Hahnemann himself had apprized several of the preparation of another edition, as seen, among others, in a letter to Boenninghausen, his most appreciated follower and intimate friend. Writing to him from Paris, he states: "I am at work on the sixth Edition of the 'Organon,' to which I devote several hours on Sundays and Thursdays, all the other time being required for treatment of my patients who come to my rooms." And to his publisher, Mr. Schaub, in Dusseldorf, he wrote in a letter dated Paris, February 20, 1842, "I have now, after eighteen months of work, finished the sixth edition of my 'Organon,' which has been made as perfect as possible, (*welches nun die möglichst voll-kommene geworden ist*)." He expresses the wish to have it printed in the best possible style as regards paper, perfectly new type and in short he wants its appearance to be unexceptionally fine as it would most likely be the last.

The desire for possession of the last recorded teachings of Hahnemann, based on the experience of the last dozen years of his intensely active professional life in Paris, reacted on the heirs who were in possession of the literary remains and they put extravagant demands on the manuscript, which made all efforts to obtain it impossible.

Time and death of the nearer relatives, and at last the dire suffering of the Great War brought the opportunity to get the book to the man who had studied the situation for over fifteen years—Dr. Richard Haehl. It is now in the publish-

ers' hands in Stuttgart for a German Edition, while the English Edition will appear in a few months in this country.

2. The other point, the practical completeness of the "Organon" from the first Edition, *so far as practical application of Similia is concerned*, not involving any essential changes throughout the different editions, precludes the idea that any *vital* changes could be found in the sixth. Whatever changes, additions, and so forth he made would, in the very nature of things, be most likely in the way of corroboration, verification, illustration and explanation. And so indeed I find it to be. At first this is disappointing. Whether expressed or not, some of us could not get away from great expectations. But in view of my second point, this was unreasonable. We have in this final edition a review of every single paragraph; a repolishing of it as shown by changes in phraseology; some notes entirely eliminated and a few entirely rewritten, but not changed in essentials.

He added a long note to paragraph II, entirely new, explaining his term of *Dynamis*, which I herewith append:

#### "HAHNEMANN ON DYNAMIS.

"(From the sixth edition of the 'Organon,' now being translated.)

"In a note to paragraph II of the 'Organon,' Hahnemann gives the following explanation of his use of the word *dynamis*:

"What is dynamic influence—dynamic power? We perceive our Earth by virtue of a hidden invisible force causes the moon to revolve around her in twenty-eight days and several hours and how the moon alternately in definite established hours raises our northern ocean to flood tide and again correspondingly to ebb with certain difference at full and new moon—our senses not perceiving how this is produced. Evidently not through material agency, not through mechanical contrivances, like in human works. And so we see numerous other events around us as results of the action of one substance on the other without recognizing a sensuous connection between cause and effect. The educated man, trained in abstraction and making comparisons, alone is able to form



a sort of supersensual idea which suffices to keep away from his thoughts everything material and mechanical. He calls such action dynamic; *i. e.*, such as follow one another through action of absolute specific, pure force. Such is the dynamic action of morbid agents on healthy human beings, as well as the dynamic power of medicines upon the life principle for restoring health—nothing else but infection, thus not at all material, not at all mechanical, but similar to the force of the magnet that draws to itself forcibly a piece of iron or steel. We notice that the piece of iron is drawn to one pole of the magnet, but *how* it is done, is not seen. The invisible force of the magnet, in order to draw to itself the iron, requires no mechanical or material aid, no hook or lever. It draws the object to itself and acts on the piece of iron or needle of steel by means of a purely immaterial spirit-like, specific power, *i. e.*, “dynamic.” It imparts to the needle of steel the magnetic force—invisible dynamic—and furthermore, the needle even without actual contact with the magnet can be magnetized at a distance from the magnet and transmit to other needles the same magnetic (dynamic) properties that were received at first from the magnet. Just as a child infected with smallpox or measles imparts to healthy child without contact, in an invisible dynamic way, smallpox or measles without anything material passing from one to the other or that could possibly so pass, any more than anything material passed from the pole of the magnet to the needle. Only a spirit-like, specific influence imparted to the child the same variola or measles and to the nearby needle the magnetic force of the magnet. And in a similar manner we must interpret the action of medicines on the living organism. Substances that are used as medicines are only such so far as they possess a distinctive specific power to alter the state of health of man by virtue of a dynamic, spirit-like influence (exercised through the living sensitive fibres) upon the controlling life principle. The medicinal element of the natural substances that we designate, in a restricted sense, medicines, is related solely to its power to bring about alterations in the condition of the animal life. It is upon this spirit-like vital principle alone that the health-changing spirit-like dynamic influence is exerted, just as the

nearness of a magnetic pole to steel can communicate magnetic force alone by means of a kind of infection, but not other qualities, not, for instance, mere hardness or ductility. And thus the state of health is changed by every special medicinal substance by means of a kind of infection in a manner exclusively peculiar to itself and not like that of another medicine, just as the nearness of a child with smallpox can communicate smallpox only to a healthy child, and not measles. It is dynamic as happens through infection and such action of medicines upon our state of health takes place without imparting material particles of the medicinal substance. The smallest dose of the best kind of dynamized medicines which, according to calculations that have been made, only such minute material quantities can be contained that their smallness cannot be conceived or grasped by the best arithmetical brain, yet this manifests far more healing virtue in a proper case of disease than large material doses of the same medicine. This smallest dose can, therefore, contain (embody) only the pure, freely exposed spirit-like medicinal power and can only dynamically produce such great action as can never be produced by the crude medicinal substance even when given in a large dose. It is not the material particles of these highly dynamized medicines or their physical or mathematical surface, an assumption with which the higher powers of the dynamized medicines still continue to be materially accounted for, but in vain.

“More likely, there lies invisibly in the moistened globule or in its solution an unveiled, liberated specific medicinal force contained in the medicinal substance, which acts dynamically through contact of the living upon the whole organism, and this without, however, imparting anything material, no matter how attenuated, and acts more powerfully the more immaterial and freer it becomes through dynamization. Is it then so wholly impossible for our celebrated generation, rich in enlightened and thinking men, to think of dynamic power as something immaterial, since we daily see phenomena that cannot be explained in any other way? When you see something nauseating and are inclined to vomit, do you then have a material emetic in your stomach that produces this anti-

peristaltic action? Is it not the dynamic action of the nauseating sight alone on your imagination? And when you raise your arm, does it take place by means of a material visible instrument, a lever? Is it not the spirit-like dynamic force of your will alone that raises it?"

In this latest edition he lays even greater stress on the most painstaking care and accuracy in preparing potencies and especially in administering the remedies, and finally withdraws his former advocacy of the single dose in favor of *repeated* doses, *but in varying potencies*. He does not uphold the continuous repetition of the *same* potency. This change is based on his large experience in the latter part of his professional life in Paris, where he again undertook to see patients suffering from acute diseases. However that may have been, this was his final teaching.

Following the teachings of the fifth edition, he holds fast to the doctrine of the universal sway of the vital force, the term now changed invariably to "life principle." Just why he did so is not very apparent unless perhaps he eliminated a possible mechanical association inherent to the word force and perhaps more foreign to the term life principle. In one place he speaks of the "vital force of the life principle."

All disease and all drug action is a disturbance of the orderly normal flow of this Life Principle. An interesting minor yet important addition to the "totality of symptoms" is the special recognition of *modalities* and of the *etiological factor* so far as this can be ascertained. But this is not new, of course. It is interesting to see how his later experience tallies with that of the school in these directions. Very few of us, and those very seldom, have remained steadfast to the single dose, and all students of *Materia Medica* have learned the important value of modalities of drug action and the high clinical value in their application.

The school as a whole has never followed Hahnemann in his dogmatic directions as to the method of preparing and administering potentized remedies. They certainly will not endorse or adopt his even more emphatic position as given in this sixth edition. In his pedantic insistence upon merest detail we must certainly differ; for we know from our ex-

perience and experiments in potentizing that very different methods will produce equally effective preparations. I need only call attention to the Fluxion potencies of Fincke, Skinner, Swan and others, prepared without Hahnemann's succussion or ratio and Jenichen's and Dunham's preparations by means of most powerful physical aid. But listen to his own words:

"According to my first directions one drop of the liquid of a lower potency was to be taken to 100 drops of Alcohol for higher potentiation. This proportion of the medium of attenuation to the medicine that is to be dynamized (100:1) *was found altogether too limited to develop thoroughly* and to a higher degree the power of the medicine by means of a number of such succussions without specially using great force, of which wearisome experiments have convinced me.

"But if only *one* such globule be taken of which one hundred weigh one grain and dynamize it with one hundred drops of Alcohol, the proportion of *one to fifty thousand* and even greater will be had, for five hundred such globules can hardly absorb one drop for their saturation. With this disproportionate higher ratio between medicine and diluting medium many succussion strokes of the vial filled two-thirds with Alcohol can produce a much greater development of power.

"But with so small a diluting medium as one hundred to one of the medicine, if many succussions by means of a powerful machine are forced into it, medicines are then developed which, especially in the higher degrees of dynamization, act almost immediately, but with furious, even dangerous violence, especially in weakly patients, without having a lasting, mild reaction of the vital principle. But the method described by me, on the contrary, produces medicines of highest development of power and mildest action, which, however, if well chosen, touches all suffering parts curatively.

"In acute fevers, the small doses of the lowest dynamization degrees of these thus perfected medicinal preparations, even of medicines of continued action (for instance Belladonna) may be repeated in short intervals. In the treatment of chronic diseases, it is best to begin with the lowest degrees of dynamization and when necessary, advance to higher, even more powerful but mildly acting degrees.

“This assertion will not appear unlikely if one considers that by means of this method of dynamization (the preparations produced I have found after many laborious experiments and counter-experiments to be the most powerful and at the same time mildest in action, *i. e.*, as the most perfected), the material part of the medicine is lessened with each degree of dynamization *fifty thousand times* and yet incredibly increased in power, so that the further dynamization of one hundred twenty-five and eighteen ciphers reaches only the third degree of dynamization.

“The thirtieth thus progressively prepared would give a fraction almost impossible to be expressed in numbers. It becomes uncommonly evident that the material part by means of such dynamization (development of its true, inner medicinal essence) will ultimately dissolve into its individual spirit-like essence. In its crude state, therefore, it may be considered to consist really only of this undeveloped spirit-like essence.”

Then his new views on Dosage, departing from the single dose of a potency to one changed by further succussion so “that the degree of every dose deviate somewhat from the preceding and following.”

Let me quote note 1 to paragraph 246:

“In the Fifth Edition of the ‘Organon,’ in a long note to this paragraph in order to prevent these undesirable reactions of the vital force, I said all that the experience I then had justified. But during the last four or five years, however, all these difficulties are wholly solved by my new, perfected method, changed since then.

“The same selected medicine may now be given daily and for months, if necessary, in this way, namely, after the lower degree of potency has been used for two or three weeks in the treatment of chronic disease, advance is made in the same way to higher degrees.

“We ought not, even with the best chosen homœopathic medicine (for instance one pellet of the same potency that was beneficial at first) to let the patient have a second or third dose, if the medicine was dissolved in water and the first



dose proved beneficial; (for) a second or third and even smaller dose from the bottle standing undisturbed, even in intervals of a few days, would prove no longer beneficial; (not) even though the original preparation has been potentized with ten succussions, or as I suggested later with but two succussions, in order to obviate this disadvantage, and this according to above reasons. But through modification of every dose in its dynamization degree as I herewith teach, there exists no offense, even if the doses be repeated more frequently, even if the medicine be ever so highly potentized with ever so many succussions. It almost seems as if the best selected homœopathic remedy could best extract the morbid disorder from the vital force, and in chronic diseases to extinguish the same, only if applied in several different forms.”

Does not our larger experience by thousands of capable unbiased observers for seventy-five years since he penned these last directions justify us, not to ignore them, but to recognize that he placed undue emphasis on means and methods which may vary and on his latest views on potentiation forgetting the great value of his own former methods that appeal to most of us by their simplicity and rationality and their practical serviceableness.

In our renewed interest in Isopathic remedies and their exploitation by the old school, it may interest us to hear what Hahnemann had to say.

“To attempt to cure by means of the very same morbid potency (*Idem*) contradicts all normal human understanding and hence all experience. Those who first brought Isopathy to notice, probably thought of the benefit which mankind received from cowpox vaccination, by which the vaccinated individual is protected against future smallpox infection and, as it were, cured in advance. But both, cowpox and smallpox are only similar, in no way the same disease. In many respects they differ, namely in the more rapid course and mildness of cowpox and especially in this, that it is never contagious to man by mere nearness. Universal vaccination put an end to all epidemics of that deadly, fearful smallpox to

such an extent, that the present generation does no longer possess a clear conception of the former frightful smallpox plague. Moreover, in this way, undoubtedly, certain diseases peculiar to animals may give us remedies and medicinal potencies for very similar important human diseases and thus happily enlarge our stock of homœopathic remedies."

Of course he expects such nosodes to be proved on the healthy as Psorinum, Hippozæninum, Lyssin and so forth, have been, and perhaps used intercurrently, as clinical experience has seemed to justify, on their general homœopathicity to the underlying disease; but certainly not as exclusive remedies for their respective diseases, like the Tuberculin treatment of the old school.

But after all, the changes and annotations of this Sixth Edition, whether important or valueless in our sight, matter not at all in view of the fact that here in our hands we have the very book handled by Samuel Hahnemann. Every sentence of it he pondered over, rearranged, changed or erased; and thus, as a literary treasure, it will be for all time of the highest distinction in the medical world. And when you think of the contents, the creative force which has produced the outward, organized Homœopathic School with its literature, hospitals and colleges and millions of adherents, our wonder and our veneration of that genius is unbounded.

In this last Edition Hahnemann lays more stress than ever on the importance of the Vital Principle as the prime, causative factor in the production of disease and in the action of remedies. Surely we, his disciples, will hesitate to refuse acceptance of this doctrine, especially in view of the discovery and utilization of all similar, inner, unseen, great forces of Nature that have come into daily useful service and created a new modern world of Health and Wealth.

Was not Hahnemann the Pioneer in his own field in the recognition of these creative forces?—Modernism in Medicine!

Go back to Hahnemann! And the "Organon"!

THE ENDOCRINES AND HOMŒOPATHY.<sup>1</sup>

P. E. Krichbaum, M. D., Montclair, N. J.

At the present moment the study and application of organotherapy is engrossing the attention of the medical world. Literature on the subject is multiplying so rapidly, with all the accompanying optimism of those enthusiastic members of the profession who entertain very definite hopes of the great benefit such therapy will confer as a remedial or corrective agent, that I have felt a twinge of the old urge to line up Homœopathy with these latest exploited therapeutic adventures, just to see whether, to my way of thinking, we homœopaths have anything to gain by joining the Endocrinology procession.

I have heard it said that some students of the subject see in it a definite and plausible plank for the two schools of medicine to use to cross over into each other's respective domains. I have ventured about two-thirds of the way myself. What I have heard and seen, however, does not tempt me to remain. In fact I have retreated, back to the *terra firma* of Similia.

From this vantage ground, with your permission, I want to call to your attention two or three factors in this latest allopathic development, wherein I feel that the homœopathic method of treating the sick still SCORES. To appreciate that the most ardent and best fitted exponents of Endocrinology have by no means solved all the perplexities attending the establishment of any fixed or stable indications for the actual administration of these glandular products to their patients, you have to read the latest pamphlets or essays on the subject.

Dr. William V. P. Garretson, of New York, in an address on Endocrinasthenia, recently delivered, sounds this warning to his *confreres*: "Enthusiasm is an excellent attribute, but without balance of judgment and knowledge of fundamentals relating to a subject, great harm may occur in creating a group of extremists, the optimistic enthusiasts on the one

<sup>1</sup> Bureau of Homœopathic Philosophy, I. H. A., 1921.

hand, who see in Endocrine therapy a panacea, and the pessimistic iconoclasts on the other, who view it as a passing fad. The many radical changes from groove-ridden medical thought, which have been the outcome of recent endocrinic interpretations of physiology, pathology, and therapeutics, are certain to create some degree of readjustment instability, until the new order of things approaches a balanced level."

As homœopaths, we have all grown familiar with the propensity of our old school brethren to make new discoveries. Their late contribution, the new physiology, embodying as it does, such brilliant and valuable data on the marvellous part which these internal glands are now known to play in the human subject, has certainly aroused our unqualified admiration; but when we pursue the subject still further, with any thought of getting down to a real neighborly examination of the practical employment of this accrued knowledge in the treatment of the sick, we stumble over the fact that the modern Endocrinologist still holds to the old conception of the patient as a being, with a physical organization, the pathological aberrations of which, all lie within the jurisdiction of his powers of physical manipulation for remedial effects. According to such a formula the whole gamut of induced chemical and physiological reactions may be resorted to; tissues changed, blood currents speeded up, glandular secretions and excretions increased or decreased, *debris* and waste rushed through their appointed channels of exit or absorption, nerve fibres stimulated or soothed; all at the direction of this man of science. The patient and his functions are certainly *acted upon*, and the Endocrinologist often views the spectacular effects of his efforts with great complacency; but here, as in the old familiar meddling, where a diseased and over-burdened heart is artificially stimulated and a pretty good imitation of normal action induced for a brief period, the head engineer of the human machine, variously named in our homœopathic literature, as the Vital Force, etc., seriously resents such interference. This engineer never removes his hand from the throttle while life endures.

Each among the whole family of internal glands, it has recently been discovered, is susceptible to stimulation or de-

pression at the hands of the modern glandular therapist. A deficient thyroid, under artificial prodding, often does give evidence of refunctionating; but any such re-establishment of activity is as artificial as the means employed to secure it, unless the power back of the original deviation from the normal has the process under direction.

Of course in studying the Endocrines, we often come upon statements that warm the cockles of our hearts. They have a familiar sound. For instance, A. S. Blumengarten, in the *New York Medical Journal*, says: "The more we are confronted with the phenomena of disease, the more we appreciate that extraneous factors, bacteria, irritants, etc., play only one role in abnormal biology. The *individual himself* plays an important part owing to his individual variance." Such declarations verge pretty close to the homœopathic notion of the cause of disease, as well as our oft ridiculed propensity to study the patient *with* the disease, instead of the *disease with the patient thrown in*.

Dr. Bandler in his very interesting book on the Endocrines, further amplifies this new phase of observing sick people. In a section of his work, labelled Observations, he brings out many curious points and arbitrarily, perhaps, classifies them. "A poor development of the outer half of the eyebrow," he says, "implies a lack of thyroid. Shaggy and heavy eyebrows attract attention to the anterior pituitary, and the adrenals. A good bridge to the nose means a good thyroid. Regular teeth imply balance between the anterior and posterior pituitary. High arch and crowded teeth suggest over activity of the post-pituitary. Yellowish color of the teeth calls attention to the adrenal cortex. Absent or abnormal or small lateral incisors speak for abnormal or poorly developed gonads or internal genitalia."

Again to quote from Dr. Garretson, who declares that "Organ-therapy dates back to remote antiquity. In the days of Confucius, concoctions of toads, frogs, lizards, and spiders were credited with marvellous medical powers." "These," he goes on to say, "were but solutions containing the hormone of the cutaneous suprarenals, which the skins of these animals and insects contained." Possibly; but when I look at my little



vial of Lach. or Elaps, Cimex, or Bufo, I own to not a brass farthing's worth of interest in the "*hormone of the cutaneous suprarenals*" of these creatures from which such remedies come. I only pray for knowledge of when to use them as medicines.

Dr. Garretson naively asserts that "it is unwise to ridicule a procedure which produces results, because there is no positive scientific explanation of its effects," and I heartily agree with him. For twenty-five years, Lach. has done yeoman service for me before I ever heard of a hormone.

Many members of our school, I have no doubt, feel that Organ-therapy is, in some obscure way, related to Isopathy, and any allopathic investigation along this line, shows the "handwriting on the wall." But Isopathy is not Homœopathy. Then you have but to read of the enormous impedimenta with which they surround their efforts to find the curative sphere of these glandular extracts. Their old ambition to drive a tallyho and six through a poor patient's economy, giving to each suspected gland an animating pat or prod as they proceed, tends to keep me on my side of the plank. Illustrative of this point, let me quote once more from Dr. Bandler. "We know," he affirms, "what many of the gland extracts will do, but we have not yet solved the question as to how many various elements enter into the secretions produced by any of these glands. For example, it is claimed that ovarian extract is a drug which must be used for a long time and one which must be judiciously combined with other drugs." I think it would require a pretty long plank to make any landing for a good homœopath at this angle of contact.

To conclude, personally I salute the honest Endocrinologist. I am deeply indebted to him for a decided increase in my appreciation of the marvellous intricacy of the human machine. He has taken me into many strange corners, and has shown me how "the wheels go around."

As homœopaths, it is surely up to us to study each and all of these various extractives. We have a rule of procedure for this purpose. Our *Materia Medica* is already big, top-heavy, and perhaps full of dead timber, but time will always make room for Truth. It is eternal.

## THE NEWEST ASPECTS OF BACILLINUM.

E. Wallace MacAdam, M. D., New York.

The nosode Bacillinum has been in use as a curative remedy against tuberculosis for many years. In a previous communication to this society I have mentioned a somewhat broadened field for its use and the importance of the subject urges me to bring the matter again to your attention, together with some additional observations, the result of further study and experience.

Bacillinum is a remedy for tuberculosis; and when we use it more commonly than has been the custom in the past, its wider range is due, not to any change in its sphere of action, but rather to our larger knowledge of the clinical manifestations of this disease. Other writers have laid emphasis upon the history of tuberculosis in the family or upon some evident reason for suspecting infection. I urge consideration of the pathology of the disease and of the early clinical history of many thousands of carefully studied cases.

The citation of a few cases may illustrate in what manner we may apply the discoveries of other clinical investigators to the advancement of our own curative art.

Case I. A man of about 40 was referred to me by another physician because of swelling of the liver. There was some fever and physical examination pointed to fluid in the right pleural cavity; pleurisy with effusion was diagnosed. Paracentesis was performed, about two quarts of clear amber fluid was withdrawn and the liver slipped back into place. No tubercular family history was obtained, yet Bacillinum 200 one dose was prescribed. The man made a happy recovery and gained forty pounds in the next few months.

It is generally recognized that the majority of all cases of pleurisy are tuberculous. Of 300 uncomplicated cases of pleural effusion in the Massachusetts General Hospital, followed by Dr. R. C. Cabot, the subsequent history was ascertained in 221; followed five years until death or phthisis, 117; well after five years, 96.

*Bacillus tuberculosis* is present in a very large proportion of all cases of so-called idiopathic pleurisy. The exudate is

usually sterile on cover slips or in culture, but when a large amount of the exudate is used for inoculation purposes, the result proves more than half of the cases tuberculous. One investigator, Le Damany, has demonstrated this fact in all but four in fifty-five primary pleurisies (Osler).

We have therefore a good basis for prescribing Bacillinum somewhere in the course of every pleurisy, and it is my practice to use this remedy very early.

Case II. A well-nourished, pleasant-faced woman of 50 is ill with what appears to be Influenza; there is fever, rapid pulse, cough, aching, chilliness; congested feeling in nose and throat; some nosebleed; thick, yellow, bland discharge from nose; the cough is worse talking and lying on the back. The appetite is poor, there is no thirst although the temperature is 101½. She is not constipated, having two normal stools daily. She likes summer better than winter and when well has an aversion to fats. Four weeks ago she had a similar attack while in Boston, which was followed by catarrhal inflammation of the throat and a slight cough, from which she has not recovered. Physical findings were normal.

Pulsatilla was prescribed with immediate relief, but in a few days she was ill again, this time with fever of 101, sore throat and headache. Pulsatilla was prescribed again, but she derived no benefit from this; the tonsils are swollen, she is chilly if she moves about in bed; she has pain in the head worse from cool air; she sweats a little and desires to be covered up. She is running a slight fever each day—99 to 101 2/10. Silica 200 is given.

Five days later there was discovered localized sibilant rales posteriorly in the upper right lobe. Silica has given some relief and is repeated. Three days later there is no improvement, the fever continues, the cough is distressing. There is no history of tuberculosis in the family, the sputum is negative for tubercle bacilli; a careful X-ray study is negative for any pulmonary disease.

Bacillinum 200 one dose was prescribed with rapid improvement and cure in about three weeks.

This illustrates another common type of case. Pathology teaches that obstinate bronchitis is chiefly due to one of three

causes: Failing heart, failing kidney, or tuberculosis. The heart and the urine of this woman were both normal. If we can eliminate asthma and rare conditions such as syphilis and cancer of the lung, bronchitis due to foreign irritants (dust, teeth in the bronchi) the probabilities are strongly that such a condition is the very beginning of pulmonary tuberculosis, and if it is not checked before many weeks have passed, demonstrable lesions will be evident.

Although the remedies Pulsatilla and Silica were both well indicated, they did not go deeply enough.

Case III. A boy, 15 years of age, has had a cough for nearly three weeks. He works in a dusty second-hand book store. The cough is loose, rattling with scanty, thin, whitish expectoration. The cough is worse indoors, relieved outdoors. Appetite, bowels and sleep are normal. Physical examination reveals nothing abnormal. There is no tuberculosis in the family.

Bacillinum 200 one dose was given and the cough disappeared in a few days—"as if by magic," his sister reported.

This illustrates still another class of cases frequently seen—a cough with no remedy clearly indicated. By far the greatest number of cases of chronic pulmonary tuberculosis begin with a bronchitis or as the patient expresses it, "a neglected cold." He may have had several colds during the winter but has paid no especial attention to them; now there is a cough and even after a few weeks it seems not to abate. Physical examination at this time may be negative, and there are no tubercle bacilli in the sputum. The cough, however, grows worse, and finally a little area of moist rales is discovered in one apex and a few weeks later the bacilli are detected under the microscope.

That is, a grave disease of the lung usually has its onset in an insidious, painless and apparently trivial ailment. If we regard all such trivial ailments with distrust, and treat them in the light of many thousands of histories, we will undoubtedly cure many cases of incipient tuberculosis.

A case such as I report may progress in two directions; it may get well of itself, because it is essentially benign or it may develop into frank tuberculosis because it is a true infection.

We cannot know at the beginning which way it will go. If it is a benign case, Bacillinum will not hurt the patient. If it is not benign, this remedy will cure practically every time.

#### CONCLUSION.

The reason for giving Bacillinum is the same for each of these three cases, a suspected tubercular diathesis. And the suspicion is based not on the physical findings, nor upon the family history nor upon the X-ray, but upon what we know of the pathology and early clinical history of countless unfortunates. I urge that the time to cure tuberculosis is before it can be diagnosed; before there are any physical signs; before tubercle bacilli appear in the sputum; before you can do more than suspect the danger. I urge accusation rather than proof. After the case is proven tubercular Bacillinum may still be used, but its most brilliant work has been done for me on suspicion.

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### TORULA CEREVISIA.

By W. A. Yingling, M. D., Emporia, Kansas.

*Torula Cerevisia*, the common yeast plant that the bakers use in bread-making, is the remedy under consideration and a very useful remedy it is proving to be. It was first called to the attention of the profession in potency form in the I. H. A. transaction, 1916, page 452, by Doctor Lehman. It has become quite a fad among some people to eat it raw at meal time for the digestion and other complaints. The manufacturers of yeast are making the most of the fad and are advertising it extensively. Of course, as in all such cases, there is some foundation for the claims of the faddists.

When I read Dr. Lehman's article I at once secured a cake of Fleishman's yeast and covered a piece of it with alcohol, leaving it macerate for ten to fourteen days with frequent shakings. I then potentized it to the 4<sup>th</sup>. With these potencies, mostly with the 200<sup>th</sup>, I have had very encouraging success and in some cases most brilliant. I have had sufficient experience with *Torula cerevisia* (pronounced *Tor-u-la*, accent on first syllable), to war-



rant reporting it to the profession. I include all the *cured* symptoms of Dr. Lehman. These cured symptoms I considered reliable, as have our best and ablest prescribers, especially when the one remedy has been used and the result is marked and prompt. I have selected the Latin name for yeast as the best one to be used, in fact, the only one, as it is the scientific name of the yeast plant. As *Torula* has not been proved the symptoms are nearly all clinical, but notwithstanding that, they are reliable so far as verified. It is a remedy of wide range and I feel confident it will be of the utmost use to the profession. Give it a careful trial and report results.

Miss H., aged 38, came to the office with a very severe headache, pain in the left temple involving the eye, across the left side of the head to the occiput. When she pressed on the occiput the pain in the temple was much worse. She also had a very profuse yellow vaginal flow before the periods. Belching and deranged stomach. *Torula* very soon relieved all this. In about two years she came back with a similar headache, but not near so bad. *Torula* again gave relief.

Mrs. O., aged 29. Headaches all her life. The past two or three years has had sick headaches. Pain on one side at temple, usually right side, or maybe the left side; passes backward to the side of the occiput and nape of neck on the side it began on. Now goes down further into the shoulders. Aching, strong pain, some throbbing, never shooting. Usually starts in the morning, growing worse during the day and lasting twenty-four hours or more. Head hot and feverish. Pain mostly behind ears and down nape (more severe I suppose). Wears glasses but sees no change from them. Comes at no particular time; four times the past month. Great weakness all over and soreness of the whole body. Menses irregular the past few years. Headaches seem to check the flow, which is scant and of short duration; very dark and sometimes clotty. Was operated on for invisible goitre, which ameliorated the choking feeling, but the heart trouble was the same as before the operation. Constipation since a child; has used physic since childhood. Worry, over-work, nervousness and the like brings it on, yet may come without apparent cause. Worse from constipation also. During the past three years has nausea and vomiting of bile, yellow, slimy, sometimes white mucus, very bitter; bad taste.

Feels irritable, cross and nervous. Eyes feel heavy and burn. Dizzy with the headache, < rising up. Has fainted several times, < noise, walking, rising up. Sometimes > from pressure. < from any jar, touch of bed; wants to be real quiet. June 14, 1919, she received *Torula 500* (Y).

July 16, reports a headache just before menses on right side, but not so severe as usual, and lasting only seven or eight hours. Not so constipated as before. Repeat *Torula*.

October 13, writes me: In August had a breaking out on head and the local doctor said it was from the stomach, prescribed locally and gave soda for the stomach. Following this more headaches and more severe. The last two began on the side of the head and went to the vertex, not as before to the occiput. *Torula 900* (Y).

October 29. "No headache since starting to take the last medicine though had the period in twenty-five days, but no headache." *Torula 900*, one dose.

November 12. On October 31 and November 1 had a dull heavy feeling on top of head, but never had to stop for it as formerly. Sometimes has an itching; if she rubs it white spots will come; mostly on ankles, a few on hips and arms. Gaining in flesh and feels fine.

November 25. Menses in twenty-four days; three days after got up with headache starting in right eye and going to top of head, got worse during the day and by night it was so bad she took the extra powder (*Torula 900*) with quite prompt relief. *Torula 900* (Y).

December 11. No headaches. Menses in thirty days. Evening of third day pain started in right eye, went to back of head and down neck. Gaining flesh. Less costive. No late report.

Mrs. F. L. M., aged 50. Had something like the flu last fall, slow recovery, settled in lungs. Heart very weak. Sleep poor. Digestion poor. Bilious dysentery till a few weeks ago and not all right yet. Twice the past month laid up with bilious attacks, cramps in stomach, tongue coated in patches and after an attack tongue feels swollen and sore. Menopause; period in September and February, rather light brown. Extremely nervous, goes almost crazy. Some nights sleep very poor, and nights frightful, could lie in no one position five minutes. Eighteen years ago had

a similar sickness which "ran into ulceration of the stomach and bowels." Was very ill for a year. Blood pressure 110.

Owing to excessive crude drugging she was given *Nux vom.* 20m (F. C.).

March 27, 1919. Dysentery, blood and mucus; piles. Much gas in bowels, rumbling. Pain under scapulæ. Sort of hot drawing pains on left side of body—"these seem the most trying." Will go around the square to miss seeing a good friend. Don't care to talk to any one. Has lost fifteen pounds in the last year. Repeat *Nux vom.* 20m.

April 11. First few days after medicine felt almost well, but on the fourth day got up with bad taste and a stiff neck and diarrhoea. Neck trouble next day went to small of back; if she got down it was hard to get up. Hunger, but nothing tastes good. Can't sit in one position long. Pain through bowels, which is usually the forerunner of gas, followed by dysentery. *Torula* 500 (Y).

June 21. Medicine helped very much. Digestion is better. Pain through lower back and bowels almost gone. A little gas occasionally, but it is not to be compared to what it was. Pain under shoulder blade about gone; feels it sometimes if she sits long in one position. Only complaint is poor sleep. Is drowsy, but the minute she goes to bed her back begins to crawl and it seems impossible to keep legs still, they move in spite of her, lasts from two to six hours. Getting up and sitting in chair does not relieve. "Dysentery much better." Disposition and color improving. Repeat *Torula*.

August 21. Bowel trouble seems all right. "If I am worse again will write for sure." No word since above.

Mrs. S. W. G., aged about 30. This has been a patient of mine for the past fourteen or fifteen years, and has a checkered career, now much better, then down again, very nervous and stomach easily upset. Such remedies as *Sulph.*, *Nux vom.*, *Lyc.*, *Bry.* would control matters for a month or two. As she lived in a neighboring city I could not get full particulars as needed. October 30, 1919, she wrote me that she was suffering from her old dizziness or swimming of the head. Pain under ribs of left side in the evening, none in the morning. Urine scant. \*Such an uncomfortable feeling in the stomach as if food did not digest. *Torula*

500 (Y). December 2. Soreness in bowels. Dizzy spells, especially on the streets. Sore spot on left side of back from waist down. Such uncomfortable feeling about the heart, with difficult breathing, < from exertion. *Torula* 500 (Y).

June 9. Has been unusually well, but lately stomach troubles some. Dizzy spells, sudden attacks lasting four or five minutes, followed by a suffocative feeling. Belching gas. Heart beats fast, going up and downstairs. *Torula* 900 (Y).

June 17, 1920. Weak, exhausted, depressed. Pressing down of uterus. Limbs feel so heavy, < on feet. Pain across back, wakens her early in the morning, < while in bed, > when she gets up. The great exhaustion and weakness being the main features this time, and from past experience, I gave her *Echinacea* 200 (G).

July 3. Exhausted feeling much better. Dizziness is worse, spells more frequent and after effects worse. \**Such a soreness in stomach, like a lump.* Pain over left eye. Menses just over, was very bad odor. Can hardly wait till bed time. *Torula* 900 (Y). I have had no word since. From her past faithful reporting I feel sure she is doing well.

G. W. E., aged 62. In 1905 he had a severe cough and marked decline which was entirely relieved by *Bacilinum* 6m (G). November 15, 1919, he writes: For a year on awaking in the morning feels very queer and dizzy, with nausea. Lump in throat pit that wants to come up but will not. Better chewing gum. Belches food, sour at times, or watery and not so sour. Some bloating and rumbling in abdomen. Passes flatus both ways, up and down. Breathing hard. Gets hot with nausea and sweats and chills; after vomiting two or three times gets some relief. May be several hours before he can walk about from the dizziness. Bowels nearly normal, may be two or three stools a day. Ringing in the ears, < right, from the blood pressure as he thinks; heart beats hard and fast from the spells. Eats well and nearly always ravenous appetite; sometimes cannot get enough to eat. Gradually worse, spells coming more often. *Torula* 200 (Y).

November 26. Stomach better. Not bothered with lump in throat. Sour stomach better, only a touch every two or three days. No bad sick spells since medicine. Has been a little dizzy three or four times. Bowels regular. Ears rings nearly all the time. *Torula* 200 (Y).

December 25. Only has dizzy spells about once a week, lasting only a few minutes. Lump in throat remains much better. *Torula 200* (Y).

January 2, 1920. Had a little dizzy spell and one next day, but feels well since. *Torula* relieved him of all his complaints except the dizzy spells and as they kept coming back I gave him *Merc. dulc. 9m* (Y), repeating as needed, which wound up the case.

Mrs. S. H., aged 42. Had the flu in October. In following February began to feel very nervous, which affected throat, filling up for a while and then better. Gas in stomach and abdomen, passing down and up. No distress. No bloating. Dull pain above left groin in flexure of colon. Constipated, and has taken much physic. Has lost thirty pounds. To start the case *Nux vom. 9m* (F).

September 1, 1919. Less gas, but left side of abdomen pains. Some rumbling. No pain. Menses six weeks past due. Cramps in calves of legs. Constipated. *Torula 500* (Y).

September 18. Pain in left side of abdomen by spells, not so continuous as formerly. Gas in abdomen rumbles about. Bowels sluggish only at times. Menses came in six weeks at the last period. No cramping in calves now. *Torula* repeated.

October 1. Doing well. No bad spells. Feels better generally. Side bothers less. Sometimes a kind of pain in stomach (abdomen?), but less. Less gas than before. Bowels move better also. *Torula 900* (Y).

October 14. Doing well. No bad spells. Bowels gradually better. *Torula*.

October 27. Menses in three weeks, very profuse. Doing well otherwise. Side better. Some gas, but less. *Torula 900* (Y).

November 21. Doing well. Menses in three week, much less flow, no pain. No bad spells. Bowels sluggish. *Torula 900* (Y). These repetitions are usually one dose in the potentized form. I begin the treatment with four doses, one night and morning. If worse after beginning treatment I give four doses.

December 17. Left side bothers a little after breakfast only at times. No bad spells. Menses in three weeks as before. Very little gas or belching. *Torula 2m* (Y).

January 27. Getting along well. Side better. Stomach better. She reports about the same with an occasional single dose of *Torula*.



July 7. Doing well. Some more pain in left groin. Bowels regular. *Torula 4m* (Y). Continues doing well with an occasional single dose.

Mr. W. W., aged 70. Eczema on legs from knees down, much worse about the ankles, for more than 25 years. Has often been suppressed. Has been on the elbows and end of spine. *Itching, oozing* water when bad. Lumps under the skin. Rubbing inflames and causes itching. Has been suppressed lately and is now much worse about the ankles. Has used Radium water as a wash which seemed to dry it up, but it promptly returned on the ankles. In consequence of the seeming relief from Radium water I decided to try *Radium* in potency and gave him the 200 (EK). Being no better I gave him *Natrum phos., Chelidonium, Rhus rad., Sulphur* at various times, but failed to get good results. *Natrum phos. and Rhus rad.* especially are called for in this eruptive trouble about the ankles, but failed in this case.

November 6, 1920. *Torula cer. 12* (Y) on pellets, three times a day.

November 16. Legs very much better. No itching. Eruption almost gone. The only application allowed to satisfy his mind was hot water and olive oil.

December 26. Was about cured up, but is coming back again, but not near so bad, just showing a little. *Torula 12* on pellets.

January 4, 1920. Gradual change for the better. Condition was better with slight changes at times for the worse, though never as bad as before. In March reported "improving right along in every way." I have not seen this case since March 22, but as he was improving right along I feel sure he would come back if worse again. The action of the remedy was good considering the age of the patient and that he had no experience in Homœopathy, would not follow directions and kept doing what he ought not to do. If he returns I shall put him on the higher potencies.

Mrs. C., aged about 80, a great grandmother, came to the office the afternoon of May 5, 1921, short of breath, panting and said she feared she had heart trouble as she was so short of breath, could hardly walk to the office. She had great misery and distress in the left side about the short ribs, fullness and pushing up from accumulation of gas which affected the heart. Some belching and rumbling of gas. I gave her *Torula 500* (Y). The next morning

she 'phoned me that she "just had to let me know that she was entirely relieved of her distress and was feeling all right." She said the first dose relieved her very promptly and was now "feeling just fine." This very prompt action of the 500th potency shows that the remedy is active and reliable and should be further proven and tested.

Mrs. W. S. H., aged 69. April 21, 1921, asks for relief from severe bloating of stomach and abdomen, causing shortness of breath and such a tight feeling. Bloat always present, but < some days. Rush of blood to head so often. *Torula 200*. On May 11 writes that she is greatly improved.

Mrs. R., aged 77. May 6, 1921. Great shortness of breath on rising in the morning. Seems to be mucus in the lungs, with whistling. Dyspnœa, < walking, < exertion. Swelling about the ankles and above, < left one. Stomach much out of order. Much gas in bowels with rumbling. *Torula 30 (Y)*, six powders twelve hours apart. On May 13 reports ankles better, stomach much better, gas better. Bowels move better. Cough remains, but she can now expectorate much easier, "the medicine loosened it up." Cough now only in the evening; does not prevent sleep. Breath very short on exertion and on arising in the morning, but wears away sooner. Made the trip to the office, six blocks, with less difficulty and breathing not badly affected.

A Mrs. L., whose husband had the smallpox and she was the only nurse though about eight months pregnant. The baby came near full time, but had been dead for some days. She became very weak, emaciated and depressed. All food she ate went right through her. Old School doctors could give no relief. She began taking yeast cakes, three a day, which entirely relieved her and now she has robust health and is vigorous. I am unable to give particulars as I did not see the case.

I will add a plan I have used for many years and which I find to be very useful as well as convenient for the use of the new remedies. New symptoms and indications of old remedies and the salient features of the new ones I put at once into the repertory, and add to the margin of the *Materia Medica* the new symptoms of the old remedies as they are revealed. For the convenient use and study of the new remedies I make a complete Schema *a la* Hahnemann on my Hammond as an insert to be placed at the

proper alphabetical place in the *Materia Medica*. By this means the new remedies are at my command and are not useless from the want of memory. Those who trust to the memory for the use of these new remedies will fail to remember them after a few weeks or months and even the place where they can be found. Thus they lose all the benefit to be derived from them. The time required for such work is but little, while the benefit derived from it is very great.

I use the asterisk "\*" to call attention to a few salient features as probably highly characteristic of *Torula Cerevisia*.

SCHEMA.

*Mind*: Irritable. Restless. Hysterical. Worries and is worn out. Nervous tension at night, can't sleep. (Will go around the square to miss seeing a good friend. Don't care to talk to any one.)

*Head*: Aching in back of head and neck. \*Headache and sharp pains all over body. Severe pain in left temple, extending to left occiput; pressure on occiput < temple pain; gas, stomach deranged. \*Nausea. Aching in left or right temple, extending all over side of head it began on and to the occiput; and down shoulders at times. (Dull, heavy feeling in vertex.) Head hot and feverish. (Headache, < from constipation.)

*Eyes*: Red and watery. Itch and burn. Lids stick in the morning. Neuralgia around eyes and teeth.

*Ears*: Otitis media of right ear. Buzzing. Disease of ear, even suppuration.

*Nose*: Catarrhal discharge from post nares into fauces. \*Sneezing and wheezing constantly while baking bread.

*Face*: Acne, pimples.

*Mouth*: Awful bad taste. Tongue coated brown on posterior part. Catarrhal discharge from the pharynx, coming from the post nares. Tongue feels swollen and sore. Coated in patches.

*Throat*: Clutching feeling at the throat. (Lump in throat pit that feels like it wanted to come up, but will not.)

*Stomach*: Thirst. \*Sour. \*Disturbance of the digestion (sycotic) with pain in stomach and abdomen. Pain in stomach and abdomen one to two hours after eating. (Bilious attacks.) Appetite much impaired. \*Digestion poor. Cramping. \*Belch-

ing gas; food. Soreness like a lump. \*Gas in stomach and abdomen after eating. Nausea with pain in left side of head and occiput. Uncomfortable feeling as though the food did not digest.

*Abdomen:* Great soreness all over abdomen, especially in region of right ovary. Severe neuralgia of the organs of the abdomen, pain shifts to different parts of the abdomen during the twenty-four hours. Uncomfortable feeling of largeness around abdomen. \*Much gas. Sense of fullness. Gastrointestinal catarrh. Rumbling.

*Rectum and Stool:* \*Constipation. (Bilious dysentery; blood and mucus.) (Piles.) Passing flatus.

*Urinary Organs:* Urine scanty.

*Sexual Organs:* Pain in left ovary. Conscious of ovary; disappears suddenly. Terrific pain in region of right ovary. (Abscess from gonorrhœa.) Leucorrhœa yellow, fetid. Continuous discharge from vagina; acrid; before menses. Severe burning in vagina. Menses scanty, greenish, very offensive. Lochia suppressed by vaccines. Suppressed sycotic discharges. Gonorrhœa of three months, yellow; bad, offensive odor like mould.

*Respiration, etc.:* Asthma for some years with gluey expectoration. Generally < by expiration, may be the reverse, \* < baking bread (Lyc.). Breathing hard.

*Chest:* Heavy. Sore.

*Cough:* Every morning. Expectoration yellow.

*Back:* Severe backache. Drawing sensation in muscles of back, especially the neck, head and down the back. (Pain under scapulæ; especially if sits long in one position.)

*Extremities:* Hands cold like ice. Hands go to sleep easily. Arms tired and weak from elbows down. \*Brownish spots on left arm. Limbs feel like a burden. Tired and weak from knees down. Flesh sore on thighs and back of limbs. (Itching, especially on ankles, white spots come after rubbing.) Eczema from knees down on legs, and much itching. Eczema, especially around the ankles.

*Sleep:* Very poor, disturbed by great restlessness. (Is drowsy, but the moment she goes to bed her back begins to crawl and it seems impossible to keep legs still; they move in spite of her,

lasting from two to six hours; rising to sit in chair does not >.) Poor rest if goes to bed on empty stomach.

*Skin*: Tinea versicolor, covering whole chest. \*Eczema. \*Eruptions. \*Boils. Carbuncle. \*Recurrent boils in most places.

*Generals*: General coldness, needs warm wraps in warm weather. Sycosis and its results Sour, acrid, yeasty, mouldy odor from discharges. Burning sensations. Does not feel clean after a bath. Sycotic discharges. Sycotic remedy in all stages, acute subacute and chronic. Anaphylactic states produced by protein and enzymes from lower order of life, especially from sycotic conditions. Numbness. Extremely nervous, goes almost crazy. Restless, could not lie in one position but a few moments, preventing sleep.

< by baking bread. Sneezing and wheezing < from dust of any kind. < at full moon.

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### CLINICAL CONFIRMATIONS.<sup>1</sup>

By Benjamin C. Woodbury, M. D., Boston, Mass.

The following cases are not reported with the idea of their being in any degree significant as examples of accurate homœopathic prescribing, yet it is sometimes from simple details that the basis for more complete data may be obtained.

#### CALCAREA FLUORICA.

H. N. C. A man of 74 years, first seen September 11, 1920, a week before had suffered from an ulcerated tooth, with some involvement of the antrum right side. Has since had an aggravation of old bronchial symptoms. Has had asthma for a period of twenty-five years for which he has used "Green Mountain Asthma Cure."

Now has a severe cough with expectoration which is profuse and yellowish. Loss of taste; takes Nujol for his bowels. Prolapsus recti after stool, which is aggravated after coughing; cold feet; asthmatic breathing, with Dyspnea; sleeps with two pillows; complains also of bladder irritation;

<sup>1</sup> Bureau of Clinical Medicine, I. H. A., 1921.



urine thick, and is expelled with a sudden gush, slow in starting. Numbness of legs, cramps in the calves. Abdominal distress from gas and after stool, relieved by rubbing. Varicose veins. Likes to drink, but water distresses him. Dark brownish coated tongue.

*Physical Examination:* Fairly well nourished; fauces red; sensitiveness over right antrum; ears negative. Heart slightly enlarged. *Lungs:* Diffuse rales heard over chest; hyperresonance from emphysema. *Abdomen:* Double inguinal hernia extending into scrotum on right side. (Wears an imperfectly fitting truss.) There is also a moderate sized epigastric hernia. Reflexes normal. Ganglion on left wrist. He received Cal. Fluor. 200, 2 p. September 11th and September 16th. He was seen by Dr. H. E. Maynard the following week in my absence, and was sent to the hospital, where a subsequent report confirmed the physical findings above given. After a stay of five weeks in the hospital, where the treatment so far as medicines were concerned was practically nil, he was removed to a home for aged men. From November 8th to March 4th he received from time to time Sac Lac, Bry. 30 and 200 (for acute colds); and Cal. Fluor. 30, 200 and 90 M. The interesting point in this case is that he has, so far as I know, never since had recourse to the asthma powder to which he had been so long inured. He has not yet been able to obtain a satisfactorily fitting truss, and the condition of his health does not admit of operation for radical cure of the hernias.

#### HEPAR SULPHUR-LACHESIS.

Mr. C. F. C., son of case just cited, was first seen on the afternoon of August 22d. He was found to be suffering with a sore throat, which had begun a week previously, on return from his summer vacation.

*Physical Examination:* Showed marked swelling of the left side of throat, salivation, sticking pains, some relief from cold applications locally, but likes to be well covered. Soreness of right side, mapped tongue. Tongue feels hot and burning; hurts him to talk. Generally worse in the late afternoon; gets nervous and discouraged. He received at this time

Hepar Sulph. 1000. One powder. The developments during the next three days included rapidly increasing swelling of the throat, and enormous edema of the uvula. There was general aggravation after sleep and marked difficulty in swallowing, and even on taking a deep breath. Apis 200 was given without relief. The edema was now so great that the patient was not able to drink water even, and no food was swallowed for four full days. Careful repertorizing using the following rubrics: *Suppuration of tonsils; swelling of the uvula, edematous (Apis, Kali bi. Lach.), suppuration of tonsil left, and mapped tongue.* Are all covered by Lachesis together with the difficulty in drinking and suffocation on going to sleep. The regurgitation of fluids through the nose also suggested this remedy, which was given in the two hundredth potency. On Wednesday, August 25th, abscess spontaneously ruptured with immediate relief of all symptoms. The temperature, which at its highest reached 102, came down to normal within forty-eight hours. Two doses of Hepar were given when there was a slight return of swelling and temperature, and the patient was completely restored and has since taken on flesh and felt better than for a long time.

## LACHESIS.

May 25, 1920, I was consulted by Miss A., a patient of the late Dr. Samuel A. Kimball, who presented a well-defined membrane beginning in the left tonsil with pain and swelling, dark red face, thirst for cold drinks, but unless taken warm fluids cause nausea. Worse empty swallowing, or swallowing saliva. Heat in flashes with slight chills and sense of nausea. Temperature 101.6, pulse 100. She was somewhat improved the following day, but membrane had extended to right side. There was hoarseness and pain on speaking, and dyspnea on waking from sleep. Yellowish color of membrane, bad odor from mouth and badly coated tongue. Culture report taken the previous day was positive. Lachesis 1m.

May 27th, membrane more marked on right side; membrane slightly diminishing; feels better. Sac Lac.

May 28th, but one small spot remaining on right side; two small ones on left. Sac Lac.

May 30th, throat clean, tongue clearing. Sac Lac.

June 2d and June 3d, two negative cultures were reported by the City Board of Health, the first but eight days from the date of reporting the case. So speedy was this result obtained that the visiting nurse remarked that the Board of Health could not understand how it could have been an actual case of the disease.

LYCOPODIUM.

B. P. N., aged 9 years, a nephew of the above patient, was convalescing from diphtheria when his aunt became ill, and had just gotten release cultures from the Board of Health. On June 14th, he had a sharp chill followed by fever temperature 100.2, pulse 120. Very tired. Beginning deposit on tonsils especially right, less marked on the left side; desire to pass water, without result; yellowish discharge from nose; desires hot or cold drinks; dilated nostrils when breathing through nose which is very nearly stopped up. He was given Lyc. 1000 B. & T. 1 pd.

In talking with Dr. Kimball I found that he had had this same remedy at the beginning of his illness, and later the 50m (Kent). He was accordingly given the 50m two days later and made a good recovery, but no positive Klebs Loeffler Baccilli were found. Both of the cases received only fruit juices until the throat and tongue began to clear, and the temperature reached normal.

*(To be Continued.)*

## DEPARTMENT OF HOMŒOPATHIC PHILOSOPHY.

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## THE PHILOSOPHY OF SIMILIA.

By C. M. Boger, M. D.

Intensive study of detail seems to narrow the mental horizon, cripple the faculty of association and weaken the power of co-ordinating related phenomena.

So it comes about that we speak of voluntary and involuntary action just as if every one knew precisely where the one ends and the other begins; not realizing that this centre of control is a shifting one, a sort of flexible governor which constantly adjusts the surge and resurge of vital power.

Sickness is first felt as a disturbance of this governing centre, which if not too violent and no terminal interference arises, soon subsides into its accustomed play again. These purely dynamic forces can be held in leash only by a more or less synchronously acting power, while irremovable terminal obstruction surely makes for death, by just that much.

It is here that we enter the arena of the age old struggle between the realistic and the idealistic or dynamic schools of thought. For us it is between surgery and therapy; everything depending upon our breadth of mind and point of view. The realist leans toward material and mechanical means, while the philosophically inclined works out his problems from the dynamic standpoint; all of which tells why the law of similia does not appeal equally to every one and why quite a few homœopaths don't fit very well into homœopathy.

For many centuries past the acts of medicine have, perhaps, not always been edifying. Like Omar it has mostly come out of the same door through which it went in, and over whose portal is graven the fateful word, Materialism. Once within its noisome precincts the student is intoxicated more and more at every step until the supersensible side of nature becomes to him but a vague, indefinite thing, unworthy of serious consideration. That the material is but the visible side of the less palpable, but more permanent, does not come up

for consideration and ultimately it becomes to him a dark enigma.

Although continually struggling along material lines medicine is always arriving on the borderland of the immaterial and infinitesimal, with its law of similia. Incredulity and unbelief, ultimately based upon purely materialistic conceptions, have, however, thus far been sufficient to keep it from venturing into the domain of the seemingly intangible. Yet we need not be disturbed, for general science and philosophy is slowly but surely forcing the issue, in spite of the side-stepping opportunities which the victories of sanitary science afford.

Homœopathy, springing from and preserving the vitalism of the ancients, is *nolens volens*, the leaven of modern medicine. Its victories have, more than once, saved medicine from utter rout and shameful defeat. While pathologists have placidly hunted microbes amidst the myriads of dying, homœopaths have calmly cured the sick with infinitesimals.

Of "the powers within" ordinary medicine has no just conception, hence no philosophy and no means and methods. If it knew as much of curing as it does of anatomy, diagnosis, etc., we might indeed speak proudly of the "science of medicine"; but as the matter now stands, aside from recoveries due to the recuperative powers of nature and homœopathic cures, so-called cures are in reality a sorry joke, with often a tragic ending.

In this day we hear much about the near approach of science to the discovery of methods by which greater energy may be liberated and thus the whole material world revolutionized and benefitted. Discovery is actually moving rapidly in this direction; but its consummation may after all not prove an unmixed blessing. Meanwhile we as homœopaths hold in our hands the golden wand with which we may transform and conduct almost unlimited stores of native energy into healing channels. This being the case, why is it that every homœopathic physician is not also a homœopathic healer, whose work will far outclass that of the ordinary physician? Perhaps it is a large question, but failing to grapple with it will not bring the correct answer.



If we look back over our history and mark well the mental equipment of those who have left their impress upon our development, we cannot fail to observe that it has been the mind of larger grasp that has prevailed. The mind capable of laying aside preconceived ideas, willing to take facts as they come and for what they are worth and capable of drawing correct deductions therefrom.

True homœopathy is not the thing that comes out of the mouth of its false prophets, that has grown by establishing hospitals or by fattening on privilege and position. No! These things are self destructive in their very nature. Homœopathy lives and exists in the inner conviction of its votaries that nature cures likes by likes; hence it follows that it is our duty to acquaint ourselves with every means by which we may develop and facilitate curative reaction.

Such a study may at times seem to take us far afield, but if we always keep with us the lamp of pure philosophy and wisdom, and always act from the point of pure disinterestedness, the way and means will gradually become clear and the truth will prosper gloriously.

Under the guidance of a few devoted souls this association was born at a time when the pathologic materialistic idea had already revolutionized old school medicine and was fast permeating the whole homœopathic organism also. Sensing the danger, they banded together for the preservation of a purer and better homœopathy; and now, after a lapse of forty years and having passed through many critical vicissitudes the society is what you see it today. Do not think that it has done but little more than preserve the traditions of glories that are past and gone. Its moral influence has always extended far beyond the limits of its membership, so that in these days, when homœopathy in general is undergoing a most severe moulting process, this organization stands as the rallying point around which all of its true adherents may foregather and feel the joys incident to a common interest.

Its archives hold many treasures of which it may well be proud. Not only are there records of cures of unsurpassed brilliancy, but there are provings not otherwise available, philosophical dissertations of great acumen and debates which

throw light upon many a moot point in practice. Dull is the man who can read them and fail to feel the inspiration for nobler and better work in the relief of suffering and weak humanity.

If I stand before you and tell of the wondrous results of the application of similia, it may look brilliant, but unless it stirs up in you a desire to know how you may also do the like, my effort smacks of vaingloriousness and the fruit thereof is dead.

If I would cure I must perforce arouse a similiar reaction. If I wish to excite you to emulate the fathers in homœopathy I must appeal to your humanity, that you may awake and strive to find the straight and narrow path presided over by the genius of self sacrifice in which they walked in the light of similia.

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## HUMANISM AND SCIENTISM.<sup>1</sup>

By Royal E. S. Hayes.

Two general methods of acquiring knowledge have been used by man; in ancient times philosophy, in modern times, science. The purpose of this sketch is to delineate the effects of philosophy and science (especially the effects of the domination of science on common life and on medical usage), and to direct attention to a more potent quality of thought which must prevail if mind is to continue to light the path of organic and spiritual evolution. A consideration of these things necessarily deals with some conditions outside of medicine. At least a glance at the general trend of life in relation to knowledge is necessary before we may effectively apply criticism to the conditions of medical knowledge and usage.

In the latter part of the Pre-Christian Era philosophy was dominant. It appears to have reached its culmination with the work of that radiant star of human thought, Plato. Since then the light of philosophy has gradually faded; it is said that nothing new has been added by philosophy alone to the common stock of knowledge.

<sup>1</sup> Bureau of Philosophy, I. H. A., 1921.

Before and during Plato's time knowledge and learning dealt mainly with the instinctive productions of mind such as dramatics, dialectics, ethics, poetics, politics, etc. The principles of these comparatively abstract subjects were hoisted out of the mine of general human experience by the reasoning process. They were circulated among those who would receive them, as the currency of wisdom. This kind of currency had quite free circulation when the sun of Grecian glory was at its height.

The effect of philosophy on life was never so much material as intellectual and artistical and in the human sense of the word spiritual. Thin coatings of this culture were spread over the masses of those days, as the veneering of scientific and religious culture blinds our own masses to their true condition today.

After Plato's time the process of differentiation appeared and the usage of clearly defined philosophy based on human fundamentals began to disappear. Students began to think in terms of material analysis and classification. In this way man dealt more directly with the world outside himself and made it work for his bodily needs and desires. This process has progressed more and more, pressing the material stamp irresistibly on the common range of thought and ideals. Now, more than 2000 years since the star of philosophy stood still, it would seem that the application of coarse material science has brought a climax. Material power has become so great, and at the same time so blind, that a more vital humanistic science must come and pierce the clouds that now darken the future or our race may gradually break down and resolve into the darkness and silence of its beginnings as other races have done.

The effects of modern science are not only largely materialistic but inhumanistic. The spirit of man is being battered and flattened by the very machine he has built up. Modern man, especially the city man, has become a mere cog, or, perhaps a wheel, in the huge industrial-commercial machine that grinds out dollars for the pocket, conveniences and luxuries for the body, but almost nothing for the spirit. Moreover, the process is carefully guarded by monopoly with its ruthless

twin servant, political militarism, who perform their murderous onslaughts on the races as their greedy necessities require. Even the best of steel must crystalize and break up with continued vibration and tension and so will our modern civilized structure, unless science becomes vital and humanistic enough to act as balance-wheel to the engine.

With the exception of three or four branches or sects, medical science has lagged behind all the others. There have been flashes of inspiration in spots, but from a humanist point of view so-called "Regular" medical science is still pugilistic in treatment, fragmentary in conception and without guiding principle. Therapeutically, its followers put on ready-made treatments of varying adaptations and styles, but they do not fit exactly like the paper on the wall and the result is to cover up instead of to cure.

At the present time modern science has attained much prestige among professionals. There are two reasons for this. One is because of the flat-sided minds produced by our sardine box system of education; the other is the precision and success of science in certain activities outside of man. It has come to pass that professional men, especially medical men will not accept or even investigate anything that does not exhibit the stamp of materialism and the totem of authority. Yet not one of them can tell the inner nature of the materials he uses or even realize that there is one. He may refuse to listen to a still, small voice that is as obvious as the air he breathes yet swallow a whole stuffed camel-full of religious say-so.

Science, with all its security and certainty in mechanics and material physics has made but a surface palpation of life itself; it has scarcely concerned itself with anything but the outside world. With the exception of, first, the philosophy and science of vital action and reaction, which includes homœopathy, articular adjustment and perhaps electricity; second, the beginning of a revival of the ancient knowledge of planetary magnetic influence, and with the possible exception of the budding science of economics, I know of no science that is truly humanistic.

What is the significance of this to progressive minded

homœopaths? It is this; Homœopathy has the triple foundation of reason, material verification and vital application. Now, the most important thing about this is not homœopathy itself. The most important thing is the method and the mental attitude that goes with it. They are more important because they can be applied to other activities of life where the magnetic contact between material and immaterial function occurs. One science especially that is ready to be illuminated in this way is diagnosis. Diagnosis of modes and causes of disorder in the functions and parts by interpreting the ultimates of planetary magnetic action is already an established fact. It can be verified oftener than the effects of homœopathic prescriptions. The diagnostic finger is put exactly on the sensitive spot. The method is almost instant in application. It needs but extended correlation and notation to develop it as a practical art.

Men who have the perception to work sincerely with the vital principles and invisible agents of homœopathy should have the courage and the spirit to investigate other sciences dealing with vital principles. A homœopath may be just as wilfully blind to the unfamiliar as the most hardened "Regular," but he should not be. Some homœopaths walk right over "moonshine" without knowing how to value it, but when they see a little pathological bait they will go for it with the swiftness of a peccary on roller skates.

The vital life is the link between the material being and the psychic being. The continuity must be as perfect as the transition from shadow to sunshine. This new region, the vital and psychic life of man and its relation to creative magnetic influence is the region to be explored if science is to become humanistic, if it is to reveal the way of freedom from the narrow confines of his present stage of development. This is the direction for study if life is ever to be explored or explained, or even its immediate mysteries illuminated.

The time is at hand. The way will soon be clear. Vital-magnetic science will illuminate the way so that we may walk and feel the solid earth beneath our feet. The only limitation of results are the laws of forces themselves and the boundaries of perception, intelligence and will.



**BERNARD SHAW INDORSES TWO LONDON  
PHYSICIANS.**

(From *The Tribune's* European Bureau.)

London, March 26.—George Bernard Shaw is republishing all that he has written from time to time on medicine. It will not please the doctors, for Shaw has no use for them. He distributes acid drops all round, and just two sugar plums. The plums go to two men who in British law are not doctors at all. They are H. A. Barker and Raphael Roche. Mr. Barker's case is notorious. He is the bloodless surgeon who has healed a host of soldiers, politicians, doctors and others. Recently a large number of members of both Houses of Parliament asked the Archbishop of Canterbury to exercise his right of declaring that Barker is a surgeon. They were unsuccessful. The Prince of Wales, who has won everybody's heart but has never mended anybody's limbs, has been made a fellow of the Royal College of Surgeons, but Barker has no registrable qualification.

Who is Raphael Roche? His concern is not surgery, but medicine. He has studied it in the medical schools of France, Italy, Germany and Switzerland, and he has practiced for forty years. In his consulting room one may see documentary evidence that he has cured cancer (which takes toll of 30,000 lives every year), consumption, epilepsy, diabetes, colitis, neurasthenia, and even rheumatoid arthritis, which is perhaps the stiffest propostion of all.

**CASE OF RAPID CONSUMPTION OF BOTH LUNGS ARRESTED.**

One remarkable letter is from a young girl who developed a rapid consumption of both lungs after shock in an air raid in 1918. She had been treated at the Brompton Hospital, London; in a sanatorium and by tuberculin injections. Nothing arrested the complaint. "The health inspectress of the London County Council told my mother," she writes under date of March 4, "that the Brompton Hospital report was that I was not expected to live beyond March, 1920. I am agreeably surprised at being alive." Later in the letter she declares herself "much better."

Among the literary men is Robert Hichens, who says that after several London doctors had failed to do him any good, Mr. Roche cured him of a nervous complaint. "I feel very grateful to him," writes Hichens, "and am glad to testify to his extraordinary ability."

Business men like H. W. Randall, of the Royal Worcester Corset firm, who was cured of diabetes, add their testimony.

Miss Adeline Edwards, the Alpine climber, testifies to a cure of a young officer suffering from endocarditis, of which Professor Goldman, of Freiburg, declared: "This is the only case in the history of medicine that has been cured."

An army officer says Mr. Roche cured him of cancer of the tongue. But most striking is the pile of letters from legally qualified doctors, who say that they have been cured, and, in some cases, send their families for treatment. Not one of them would dare allow his name to appear in print in connection with his statements. He would be a ruined man, convicted of "abetting quackery."

#### CONFINES HIS ATTENTION TO CHRONIC INCURABLES.

Why doesn't Raphael Roche take his degree? It is necessary to explain what qualification means in Great Britain. A qualified doctor means an allopathic doctor. If a homœopath wants to practice his system he must first satisfy his examiners that he understands another system of medicine in which he does not believe and which he never intends to practice. Having proved this, he settles down to practice homœopathy or any other kind of medicine he likes without interference.

Now, Mr. Roche is not a "homœopath" any more than he is an "allopath." He has his own system of medicine, and he is kept fully occupied with his large clientele. He has not felt inclined to waste several years of his life in acquiring irrelevant knowledge and useless diplomas. The inconveniences of his position are not as great as they would be if he now devoted himself to acute diseases. For several years he has confined his attention to chronic incurables. Nobody is treated who can say that he is deriving any benefit from medical treatment. There are enough doctors about and there is no need to do what they can do.

Raphael Roche finds himself sufficiently occupied at the things they can't do. This makes his cures the more remarkable and it limits him to the only field in which evidence is of much value. Acute sufferers recover or die in the course of nature and it is never possible to say if medicine has had any effect.

Receiving sufferers at their last gasp in this way, Mr. Roche has the additional advantage that his cases are diagnosed for him. His claim to have cured cancer, consumption, epilepsy and the rest of it would have little value as evidence if we had only his word for it that they were cases of these diseases. But they all come with certificates from the most eminent physicians in the British Isles. The medical profession can only get out of the facts at its own expense. It comes to this: If Roche can't cure, Harley Street can't diagnose.

The case for the cures is irrefutable, as everybody admits who has studied the evidence. How is it done? Diet? Roche will have none of it. The doctor's business is to make a man tolerate ordinary food, not to take away food, he says.

"Suggestion!" cries the medical critic. Roche smiles. "How is it," he asks, "that I can work faith cures when Harley Street, with all its prestige, fails? People who go to the specialist with a long string of degrees believe he can do anything: He fails. They come to me as a last resort, a kind of off-chance. I tell every patient that I never guarantee to cure anybody. Not much suggestion about that."

Moreover, the cure of cancer of the tongue by suggestion would be something new in medicine. Suggestion is the way the doctor explains the other fellow's cures.

Roche's business is neither diet nor suggestion, though he studied hypnotism under Liebault at Nancy, and doesn't think much of its medical value, but simply medicine. He believes in drugs. Tell him that this or that is not a case for drugs and he will reply: "Every case of illness is a case for drugs, as every case in health is a case for food." But he administers them in his own way. He has two points in common with the homœopath—the doctrine of similars and the use of infinitesimals. He rejects much of Hahnemann's theory and differs in practice from Hahnemann's disciples in being much

more individualistic. Though he knows pathology better than the average general practitioner, he ignores it in practice.

He has no use for the conventional classification of drugs and diseases. They don't make for cure, says Roche. Doctors are concerned with the likenesses between cases and between drugs. So you get a whole ward full of cases called diphtheria, and a whole class of drugs called purgatives, astringents, diuretics, and what not.

Roche is concerned with differences. He says every case of so-called diphtheria or influenza is different, and will want different treatment. Three men sit in a draft. One gets a sore throat, another a running nose, the third a stiff neck. It isn't the draft that matters, but the effect on the patient, and it isn't the germ that matters, but the symptoms of the sufferer. Hence, he has no cure for any scheduled disease as such. His system rests on a life study of the specific action of drugs—not their chemical action, not their physical action, not their germicidal properties, but their effect on the vital force.

WEDDED TO NO THEORIES; MERELY OBSERVES RESULTS.

"Vitalism," sneers the materialist. Raphael Roche will not quarrel about words. He says he is the most thoroughgoing materialist of all. He is wedded to no theories, merely observes results. Science is not a matter of believing, but of knowing, he says.

The living body is not an affair of chemistry as we know it, or we should all decompose. Something that restrains the free play of chemical action disappears when we die. It is not a matter of machinery, for no machine tries to put itself right when it is out of sorts. Smash a sewing machine in one place and it will not compensate in another. Throw a dead body into cold water and it won't respond with a warm glow, as a living one will. Punch a dead man's head and you won't raise a lump on it. Call it vital force or what you will, there is something unique in the living body. You can neutralize acids in a stomach—or in a test tube. That is chemistry. You can treat a relaxed throat with astringents, as you treat a hide in the tanyard. That is physical action. If you make the stomach secrete the right amount of acid, that is medicine.

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## EDITORIAL NOTES AND COMMENTS.

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OBLIGATIONS THAT GO WITH THE NAME.—Speaking generally, our Homœopathic societies are not living up to their obligations. If they maintain their membership and medical activity it is more because of their interest in other departments of medicine and surgery than in Homœopathy itself. Many small, local societies have gone out of existence, through deaths, removals or loss of interest. The large societies, State and national, have drifted therapeutically so far away from Homœopathy that the name has become almost a misnomer. The ordinary run of papers and discussions are not concerned with Homœopathy at all. A few papers, nominally Homœopathic, are presented; but too often their contents would bring a blush of shame to the face of the Hahnemannian who was forced to listen to them. Occasionally a good Homœopathic paper finds its way into the Transactions—an altogether inadequate bit of yeast to leaven a big batch of dough.

That subjects other than Homœopathic should receive a large measure of attention by general Homœopathic societies is freely granted. Members of the Homœopathic school are physicians first, members of the great, living body of medicine. As such they are vitally interested in everything that pertains to general medicine. It is their duty and privilege to keep abreast with the advances of modern medical science. But physicians of the Homœopathic school are supposed to be something more than “physicians”—using the term in its ordinary sense. To their knowledge of general medicine they are supposed to have *added something* which, without taking them out of the general category, puts them in a special class. That “something” is special knowledge *and acceptance* of the general pharmo-therapeutic law



formulated and systematized by Hahnemann. Thereby they become pharmaco-therapeutic specialists, or general practitioners with special knowledge of Homœopathic pharmaco-therapeutics.

Many seem to overlook the fact that special knowledge and the assumption of a denominational name entail special duties and responsibilities, as well as special privileges. The Homœopathic physician, while maintaining his organic relations with the body of general medicine and availing himself of all the privileges which such relations afford, is under a moral and scientific obligation not only to treat the sick Homœopathically by approved methods, but to correlate and harmonize with Homœopathic science every pertinent fact and every real advance or attainment in its related sciences which comes to his attention, to the best of his ability. This he owes to himself, to humanity and to science.

In listening to papers and discussions on general medical or scientific subjects the Homœopathician should always ask himself these questions:

“What bearing has this upon Homœopathic therapeutics?”

“What light does this throw upon the problem of the cause and cure of disease?”

“Does this illustrate or elucidate the theory and principles of Homœopathy?”

“How can I use this in improving or perfecting my methods of selecting the curative remedy or in gaining a clearer comprehension of the problems of life, health and disease?”

Viewing the subject from this standpoint and actuated by these principles the Homœopathic physician is “true to label” and fulfils the high obligations which rest upon him. If he does not do these things nor wish to do them, he should reform his practice or drop the honorable name he bears.

The same principle is applicable to Homœopathic societies, colleges and hospitals. No science can be taught or applied independently of its related sciences. The only justification for the assumption of a distinctive, denominational or “sectarian” name by any institution is to set forth the fact that its special purpose *and practice* is the correlation of the department represented by the name with its related departments in the general field. So

long as it does this intelligently and sincerely it may carry its "sectarian" name without criticism or opprobrium. This is the object of its existence. When it ignores or loses sight of this object, drifts away from its bearings, or abandons its principles and loses itself in the crowd of pseudo-scientific fads, it should drop its distinctive name.

S. C.

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DROPPING THE NAME.—Every little while we hear of controversies between representatives of Homœopathic institutions, about dropping or retaining their distinctive, so-called "sectarian" names. The motives back of these discussions are conflicting, the assigned reasons various and often inconsistent.

On each side we find individuals actuated by principles, policies and opinions entirely variant and disagreeing among themselves—another illustration of the old adage: "Politics makes strange bed-fellows."

The contestants may be roughly divided into two classes, those who have a sincere regard for the thing signified by the name and those who do not. The first would be governed by the rule of consistency, the second by the rule of expediency.

Among those who favor dropping the sectarian name of any particular institution (not for themselves individually) will be found a few radicals, who would if they could, compel every Homœopathic institution and physician to be "true to label"; who believe that when a hospital, college or society, nominally Homœopathic, neglects, perverts, abandons or nullifies Homœopathic principles, it should either mend its ways, voluntarily drop the name or be deprived of it.

Side by side with these doughty warriors, will be found some who never had any deep conviction of the truth of Homœopathy, who have lost what little faith and interest in it they had and drifted farther and farther away into routine or allopathic practice. They have found more congenial surroundings in the old school and would carry the institution with them over into its ranks.

Both of these groups are frank, honest and consistent. Both are pessimistic about the continued existence of Homœopathy as an institution.

There are others (more's the pity) governed by selfishness, duplicity and expediency, who virtually "trade upon the name," assuming or discarding it to suit the company they are in. They are like that curious species of lizards, the Chameleons, who change their color with their surroundings. Another peculiarity of the chameleons, naturalists tell us, is their power to "puff themselves up and seem much larger than they really are," in which respect they again afford a good simile for our medical opportunists.

There remains a class of sincere and competent teachers and practitioners of Homœopathy who take a charitable attitude toward the failures, sins and shortcomings of their fellows and a more optimistic view of the future. They do not condone offenses against Homœopathic "law and order" nor wink at therapeutic crimes, but they recognize the frailty of human nature and are not vindictive: They do not believe in compulsion as a means of bringing men into a knowledge of the truth. They believe that nature draws its own lines of demarcation. They believe in education and practical demonstration. They believe in the enlightening influence of a consistent, upright, well-ordered professional life. They believe in work and accomplished results. They believe that good results—the only results which count for success in the long run—are only attained by the intelligent and systematic application of right principles. They believe that such a course of action will vindicate and establish Homœopathy in the end and patiently bide their time.

They believe in the eternal law of progress, but they know that progress is not in a straight line. Progress is by curves—upwards, downwards, in waves, small or great, but always forward. They are not, therefore, unduly depressed when things look dark for Homœopathy—when many discordant voices are heard arguing for or against this or that proposition. They are rationally optimistic.

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We shall never get rid of the name, Homœopathy. We may reject it, deny it or protest against it, but it will come back to us and it will stick. It stands for something which rises up in judgment, for or against us, at every crisis in our medical lives, as individuals or associations. It represents a principle, a law of nature, a system, a method and a spirit which can never die. It

is a living principle, functioning through many organisms and many parts. Its external forms or embodiments are subject to change—to growth, development, transformation, decay—but the internal, living, formative principle is unchangeable.

Homœopathy, as an institution, is now passing through momentous changes, incidental to its period of development. It has outgrown its old clothes and is casting them off. Several of its colleges have been closed. Some of its hospitals have passed into the hands of the old school. Many of its smaller societies have gone out of existence. More of each will follow into the limbo of discarded forms and vestures. Reorganization of those which remain and the establishment of new relations must and will come. New educational institutions, methods and policies are being devised to supercede those which have become obsolete.

The *morale* of both schools must be raised. Sectarianism—that ugly, selfish, hypocritical, intolerant spirit, which has torn the medical profession asunder—must be exorcised. Homœopaths must take their rightful and natural place, as individuals, with their progressive brethren of the old school, who stand with outstretched hands ready to welcome them and work with them for the advancement of therapeutic science.

Many signs point toward the attainment in the near future of the ideal of a reunited, reorganized, harmonious profession. Homœopathy today is one of the most interesting and widely discussed subjects in the old school. The scientific investigation of Homœopathy recently begun by the Pasteur Institute of Paris may mark the beginning of a new era in medicine. Much prejudice remains to be overcome, in both schools, but it is rapidly growing less. Obstacles still stand in the way, but they are not insurmountable. The movement in this direction is not yet organized and fully articulate, but it is clearly perceptible in many quarters and is rapidly gathering momentum. Meanwhile, in sentiment, in feeling, in mutual sympathy and understanding and in aspiration and desire for better things, especially in therapeutics, members of both schools are quietly drifting together.

In the general reunion and reorganization which is about to begin, Homœopathy will come into its own. The new Homœopathy will always have its own special chairs, schools, hospitals, foundations, journals and societies, like other departments and specialties

in medicine, but they will stand in a normal relation to medicine as a whole and be differently organized.

Homœopathy will be recognized and accorded its rightful place as an integral part of the medical structure. It will then no longer stand apart, struggling to maintain a fictitious independence and attempting, in its colleges, to cover the entire field of general medicine. It will not do so because it cannot do so. Hitherto, in this respect, it has bravely attempted the impossible.

Homœopathy will not much longer be compelled to drive its flivver over rough and rocky "detours." Repairs on the main road are nearly finished and the barriers will soon be removed.

S. C.



# THE HOMŒOPATHIC RECORDER

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## THE VALUE OF CLINICAL RECORDS TO THE PRESCRIBER, TO MEDICAL AND GENERAL SCIENCE.

By Julia M. Green, M. D., Washington, D. C.<sup>1</sup>

I am prompted to express a few thoughts concerning records because recently several widely differing things have emphasized their importance. No pure homœopath can practice without records. We have our own ways of keeping them. If their value were only to the compiler, each one could work out his method unchallenged. But the daily clinical records of the pure homœopath can be useful to many besides the one who makes them; therefore I think the subject should be discussed. I know of no medical school which trains its students carefully in record-making and I think this matter should receive more thought than has been given it hitherto.

Many details of the record do not matter and may be left to the individual worker, but there are certain broad requirements which to my mind make uniformity necessary. What, then, are the essentials?

*First.*—Schematic form. By this I mean indentation writing so that each symptom reported will have a line of its own and all the modifications, aggravations, concomitants of that symptom will be recorded under it on lines further indented, so that in glancing down the page the reader may see co-ordinate statements under each other with the same indentation and be able to read the whole at a glance.

<sup>1</sup> Bureau of Clinical Medicine, I. H. A., 1921.

I have seen many clinical records which were a confusing mass of symptoms written all over the page, often on lines so close together that it would take a distinct effort and an appreciable time to find one particular symptom wanted.

Those who have practiced for many years and never had training in note taking in schematic form would find it hard to make records in that form, but let us train our students to take notes of this sort in class and then require them to make all clinical records the same way. It becomes easy with practice.

I find I have acquired a reputation for a phenomenal memory for the symptoms of my patients. It is because I have them before me in such form that one look at the record under the last date or two will give me all the information desired on which to base questions. One day recently a physician in a lawsuit case came to question me about the nervous condition of the plaintiff whom I treated in 1910 and 1912. In response I took out her record and read him the nervous symptoms from it. He was amazed, asked me if I could do that for any patient and said, "Isn't that fine!" It did not seem fine to me at all; it was just an essential of the day's work. Later an attorney on the defendant's side came to say I would probably be summoned and he wanted me to bring that record to court. When I told him my conclusions from the record would be for the other side and not his he went off and I was not summoned.

These things tend to make clinical medicine more nearly an exact science, and they are important. First, then, the schematic or tabulated form.

*Second.*—An entry for each date, giving changes in old symptoms and new ones in fullest detail.

*Third.*—A separate column for dates and prescriptions so that one may see easily the remedies given and the intervals between them. These things are too often incorporated into the body of a record so they must be hunted out if wanted.

*Fourth.*—A separate column for diagnosis and laboratory reports so that a summary of these may be seen opposite the symptom lists relating to them and the whole case made more comprehensible to the allopaths and general scientists.

With so much attention paid to the making of good records, the next requisite is their preservation in such a way that they are easily accessible at any time. Filing alphabetically in groups of one to five years would seem a good plan.

The records of a lifetime practice can be made most useful to generations to come if they are in good form and properly preserved. One serious objection to such use is the feeling that the dealings of a physician with his patient are strictly confidential and no one should be allowed to see the record of such dealings. It seems a tragedy that valuable work should be lost and continuity of treatment broken. There are ways to make clinical records anonymous. The patients who would object to medical and other scientific use of records if name and address were destroyed, are few. I have instituted manila paper covers for records, bearing the name and address of the patient and also a serial number. This number alone appears on the first page of the record itself. It will be easy to destroy these covers and leave the record unidentified. I have an index which is an identifying key to be kept in case it becomes important and quite ethical to restore the name.

The importance of clinical records is much greater perhaps than hitherto contemplated. A summary of uses to the prescriber, might include the following advantages:

The list of symptoms in a case, reported at any one time, is ready for instant reference.

A comprehensive view of a case is easy in spite of all the detail recorded.

Prescriptions are read at a glance with the intervals of time between them.

The relation of the clinical picture to diagnosis, laboratory examinations and prognosis as used by the allopaths, is ready for reference, making easy a real comparison of the two methods with convincing merit on the side of the homœopath who is able to prove his points by his records.

Cases may be grouped according to their diagnoses so that the prescriber can gather quickly all the cases of a certain disorder he has treated and compare them for the benefit of himself, his colleagues and his allopathic friends. This would be a powerful

weapon of defense and a mighty proof of the superiority of our method of treatment.

Prognosis as gathered from the symptom lists and as stated in the books of the other school may be compared and cases watched to learn the wonderful things done under homœopathy in doubtful and desperate cases.

In a retrospection after five, ten, twenty, thirty years of practice, the records furnish much food for thought. For instance, statistics might be gathered to show the far greater number of patients required to make up a good practice for a homœopath, because, in chronic conditions each one is seen so seldom and in acute conditions so very few visits are necessary. It would be interesting to compare the number of different patients treated by a homœopath and an allopath after ten years, both starting practice at the same time in the same place and under relatively the same conditions.

Then there are the patients who leave after one interview, or two, or three. Why? Was he cured with the first prescription? Did he expect too much at first and so need more education in the ways of homœopathy along with his medicine? Were there too many persuasions in other directions? Did he spoil the action of his remedy by taking other drugs and so decide homœopathy, or at least this particular prescriber of it, to be a failure? Or was the work done poorly and was the prescription a failure? So many of them are with all of us. Such analyses of results with the aid of good records would help much in avoiding these blunders and errors.

Later reports from patients who fled after one or two prescriptions and the return of some of them after fruitless quests for health with other methods of treatment, make new comparisons and conclusions necessary to help us do more careful and better work as the years go by.

Adequate filing of records would show quickly for reference the number of deaths and the proportion of these under pure homœopathy from the start compared with those coming from other methods of treatment with diseases too far advanced for cure or vitality too much depleted. Causes of such depletion could be shown by concrete cases and the people taught to avoid them.

Illustrations of quick cures would convince the doubting that homœopathy is not slow.

The work of curing chronic patients could be brought out clearly by comparison of apparently widely differing cases to evidence the scope of homœopathic treatment in chronic conditions.

In short, constructive work could be done toward proving homœopathy to the world and thus helping the prescriber as well as his patients.

The value of all this to medical science in general would be seen in the direct comparison which could then be made between the clinical methods of the homœopath and those of the allopaths and the drugless cults. Diagnosis and prognosis based on the experience gained from questioning patients and recording symptoms could be lined up with the diagnosis and prognosis based on laboratory tests and the use of crude drugs. The relation of chronic work in homœopathy to the health of the community in one generation and then through many generations, to epidemics, to contagious disorders, to industrial medicine could be determined by the study of records properly kept and filed. Lastly, medical students of the future might have ready to hand a vast store of valuable information and experience. The work of the good prescriber need not die with him and each new one need not begin entirely at the beginning. He could be turned loose in such a file of records and learn untold amounts of valuable things, even without systematic teaching.

To general science such records would provide the means of investigating the only truly scientific method of healing the sick. The Pasteur Institute, in its proposed study of homœopathy, ought to have access to a large file of such clinical material. It would afford comparison with discoveries in physics, chemistry, progress in psychology, in social development, eugenics, etc. It might well be found to supply missing links in lines unthought of up to the present time.

I would make an earnest plea for better records, for their proper filing in a suitable clearing house by paid workers, for really constructive work in clinical medicine based upon them, which would put homœopathy where it belongs, in the lead of present-day scientific work.



## USING CUPRUM IN "FLU," ETC.\*

By Royal E. S. Hayes, Waterbury, Conn.

I sometimes think that the romantic descriptions of Kent may be responsible for rather one-sided views of some remedies. His way of making certain features stand out clearly is perhaps unapproachable and the purpose admirable. Nevertheless, medicines have much more in them than is practicable to include in this kind of description. Probably they contain much more than is included in even thorough provings. Therefore the prescriber may expect to occasionally find a workable entity in the patient's symptomatology that does not include the striking features that were so well polished up by Kent. This is especially notable in the symptomatology of epidemics. Probably many Cuprum cases were overlooked in the great epidemic. The writer himself is not without heartfelt regrets.

Waterbury was one of the hardest hit towns in the country. "Black" cases and swift ensuing deaths raged in certain neighborhoods as if struck by overwhelming fate. Cuprum was the genius of the "Spanish" strain of influenza here and often turned the vitality streaming back where the apparently indicated Bryonia had not availed.

Cuprum was adapted to all kinds of cases. It was the most similar in its occult relation, the most like the epidemic from beginning to end. It caused reaction in nearly all the ordinary conditions within twenty-four hours, overcoming the infection quickly and completely without prolonged convalescence or complications. Most patients who had Cuprum felt better after the attack than for a long time before. Cuprum cured most of those anomalies of mental or nerve function observed, the obscure or localized conditions. It cured the cases which presented shifting sets of symptoms perhaps like Bryonia one day, Lyc. the next, Sul. the next, Hyos. the next and so on. It cured practically all of the malignant or fulminating pulmonary œdemata if used before the serous bubbling became extensive. It cured a substantial proportion of the cases which had advanced so far that the bub-

\*Bureau of Clinical Medicine, I. H. A., 1921.

ling was audible at a distance, if the patient could be watched closely and the remedy manipulated closely. It smoothed out the pains and mental agony of moribund cases and, I believe, prevented or modified the terminal convulsion which may occur in these sudden and shocking cases.

Those cases which after a day or two develop the rhoncus, sink and rattle their way out of the world in two or three days, or those who go along the usual course a few days, then suddenly develop thoracic œdema and call the attendant to a halt if he is conscientious, to do some personal and individual thinking. You might as well leave your "personality" at home when you go to such a case. The wonderful powers of suggestion which the regulars suppose we possess will have a rather cloudy background of success if we do not have the courage to apply the principles of selection and repetition to these cases, and stick to it. The patient must have the correct remedy in suitable potency and it must be manipulated accurately besides.

A word about potency in these cases. The 1 m. was futile in my hands, the 10 m. not dependable; the 40 m. and cm. in single doses, used on demand, did wonderful work.

The writer lost two malignant cases right at the start of the epidemic and had a third going, which necessitated a halt in the rush to find out why men in the prime of vitality should go down almost as if struck by lightning without response to his efforts. The first case was known to be a Cuprum case—after the patient was dead. The second case got Cuprum in time to palliate the wild delirium, causing sleep after each rather frequent dose, but not in time to cure. The first case was so typical and inclusive not only of the entirety of the *genus epidemicus* but also of Cuprum that its course and symptomology deserves description.

October 10. Mr. D., *æt.* 50, short, fleshy, dark-skinned and dark-eyed, the old-styled lymphatic temperament. This is the type which succumbs quickest to malignant influenza. Had been ill two days when first seen. Besides extensive areas of pulmonary consolidation he presented the usual symptoms of the epidemic. Frontal headache, muscular pains, prostration, mental dullness, painful cough, dizziness when rising, chilliness, sweat. All these symptoms were so aggravated by motion that he refused

to move except when urged. Bryonia was, of course, given and on October 12th he was bright with pulse and temperature about normal. The physical signs were much improved. Contrary to advice he arose and went about the house. By afternoon his fever was up and tubular breathing had returned with extensive mucous rattling in the left. From then on he sank rapidly and died on the 15th. His symptoms were significant, but because of the rush and delays the remedy was apparently too late. This will look familiar to those who have studied the provings of Cuprum and its salts:

Sudden effusion of fluid into the air spaces of the lungs, coarse rattling, intense dyspnoea, jerky respiration, shooting pains through sides of the chest but soon disappearing because of exhaustion, respiratory motions of the *ala nasi*, intense thirst for cold drinks, drenched with sweat; at first refused to move, later throwing himself about the bed partly to find a cool place. Cold sweat on hands, feet and forehead; would not remain covered: intense mental anguish, premonition of death, constant groaning, cried out repeatedly, "Wait a minute"; thought he was going to be stabbed, shrinking to a corner of the bed in terror, could not be appeased, staring as at some object in terror. Stabbing pain in epigastrium, drenched with cold perspiration, cold breath, running tongue out quickly to lick lips like a snake, eyes brilliant, complexion ashy and dark, lips white, later bluish, frequently escaping from bed in spite of attendants. Convulsion began suddenly with cramps in feet, then legs, then all over, the face last, muscles rigid but quivering; thumbs turned in at first, then snapped out; cyanosis, then sudden agitation of face and neck muscles and death. Cuprum was not given because of my absence in the rush. These later symptoms were obtained from the nurse.

Another case that died: Mrs. C., 27, same type. Had been ill five days when first seen. T. 105.6, P. 130, R. 40. Hunger during fever; craving cold drink; copious sweat; expected to die: thought her mother had died out in the yard. Consolidated areas in the lungs, mucous rales in the lungs; the true remedy was not recognized. Phos. was given. A few hours later sudden delirium, supernatural strength, restrained with difficulty, tried to "go home," constant chattering and screaming, eyes brilliant, countenance sunken, dark, ashy countenance, lips purplish, Dr. D. was

sent for in my absence and injected  $\frac{1}{2}$  gr. Morphine with no effect whatever. Cupr. met. cm. in water every one-half hour, gradually lengthening the doses until twelve hours had elapsed. Became quiet before the second dose was given, remained quiet and rational all night and slept considerably. Next morning P. 120, T. 101. The Cuprum was discontinued. I was delayed in seeing patient, all symptoms became aggravated and death occurred a day later. The palliative effect of Cuprum was striking. Had it been used differently the patient might have survived.

Some pleasanter experiences: Mr. T., *at.*, 34, same type. Sore throat, headache, which cough aggravated, moves about the bed, thirstless (fever), dizziness on rising, some ordinary remedy was given. P. 80, T. 102. October 15th, no change. Next day, coarse rattling in tubes, areas not recorded but extensive, tracheal rhoncus audible in the adjoining room, restless tossing, eyes brilliant, staring as if at something frightful, escaping from bed, fear of death, dark, ashy, sunken countenance, copious sweat, sleepless. P. 112, T. 104, jerky, distressing. Cuprum cm. 1 d. Next day, no delirium, small area of moist rales at base of right only, uninterrupted convalescence, no other medicine used.

A striking cure: Edw. W., 39, same type, except fair skin, light, fine hair and blue eyes. Influenza began October 17th; lung involvement suspected but not detected until the 20th, then consolidation and many moist rales. No response from Phos. or previous remedies. October 21st, prostration had rapidly increased, strange quivering sensation all over, trembling with anxiety like delirium tremens, spells of thirst, cough hurt the head, headache aggravated by motion, dizziness when moving, sweating spells, lying on the back only, rattling in trachea, countenance darkened, ashy; abject sunken expression, skin doughy and relaxed. Dreams of crashing accidents, of the house being pushed over, of some one about to be hurt. Cupr. met. cm. 1 d. Next day improved and the day after much improved. Then sudden but mild delirium. He arose at 1 A. M. and went downstairs, refused to return to bed saying it was wet, wanted to "go home." speech indistinct, confused and interrupted. Staring blankly at whoever entered the room, lies long with motionless staring, rising in bed looking intently and moving arms slowly as if seeing

something that appeared queer. Pulse and temperature low. Hyos. 1 m. 1 d. was given. Four days later was found much worse. Had been out and around house and outdoors all night, there being no one to restrain him, bluish countenance, lips and nails, pulse too feeble and quick to be counted. Cupr. cm. 1 d. Next day unconscious, incontinence of urine, but pulse full, 80, T. 99. Ten hours later P. 100, T. 104, mind clear, resting. No further medication was needed.

We met scores like this: Influenzal fever with or without sweat; with or without sweat or spells of thirst, with or without perceptible lung involvement. Frontal headache aggravated by motion, hurting with cough. Cough tearing or scraping or causing sharp pains. Muscular pains aggravated by motion. Dizziness, nausea or faintness when rising or moving. Aggravated entirely by moving and desire to keep perfectly still. Is this Bryonia? No. Bryonia would act, but would seldom act well. It usually had to be repeated, perhaps several times, the patient making a slow, prostrated recovery with slow pulse, later rapid, and slow return of strength. *Searching further*, especially for slight but peculiar mental, nerve or dream symptoms, Cuprum is then found to be the remedy; the patient is found to be much improved next day with pulse and temperature nearly normal and strength is recovered rapidly as in other acute diseases.

To illustrate with a real case: Mrs. M., 43, tired out caring for others. Chilliness aggravated by cold drinks (the opposite in large type in Kent's Repertory, not found elsewhere in *Materia Media* or toxicology). General soreness, head heavy and dull, nausea, hard cough, tightness in chest, all symptoms relieved by quiet and lying down. P. 112, T. 101. Cuprum 10 m. 1 d. Fourteen hours later felt better than in several days. P. 78, T. 99.

Son of same, *at.*, 11. Headache ameliorated by cold applications. Thirst for cold one day, thirstless the next; chilliness when moving; dizziness when rising; cough that hurts; strained pain in the back: wanted to be quiet—all like Bryonia—but also, pain in epigastrium; respiratory dilating of *alæ nasi* (verified with Cupr. many times). Fidgety, delirium, went out of bed, said a man was in his room. Cupr. 10 m. 1 d. Improved that same evening and almost normal next day.

A striking cure. Boy, *at.*, 6 years. October 25th. Projectile



vomiting, bloody; sweaty and flushed all over. Beating frontal headache ameliorated by holding it with the cold hand. Averse to touch or motion. Delirium about his play; appears wild. Dozing and starting; escaping from bed. P. 144, T. 103. Bellad. 1 m., 1 d. (was not then familiar with Cupr.). That evening: Active delirium, great muscular strength, could hardly be held down by two strong women, constant attempts to escape, constant stream of talking and screaming, tears running down face, drenched with sweat; insatiable thirst, but taking only small drinks; pain in epigastrium, rapid running of tongue out and in, gnashing teeth, right lung involved. T. 106, P. about 160. Cupr. cm., 1 d. at noon. Next day his temperature was 100 and he was sitting at the table eating soup, notwithstanding which he made a rapid recovery. His mother said that she could see him improve each hour until at night he fell asleep.

Cuprum made the most brilliant and sensational cures of severe or prolonged cases besides curing the mild ones at every turn. It is difficult to resist the temptation to report them, but we will close by reporting one or two actions of the remedy in sequelæ, or imperfect recoveries.

Mr. K. went through a combination of influenza and coal gas poisoning and after getting N<sub>xv</sub>, then Lach. was about the premises nicely in six days. Then a rapid weakness of the lower extremities developed, especially in the calves. The muscles suddenly became flaccid and emaciated; sleepiness day and night. Dreams of working and being very busy, dreamed the bed skidded every time he turned in it. Stupid, mental prostration on waking, "big head," could determine objects only with difficulty, everything appeared strange. He appeared wild when getting awake, staring with congested eyes harder and harder with astonished expression. Oppressed in house, wanted more room, craving fresh air. Too sensitive to odors, they having an "overwhelming" effect. Taste was gone. Partial motor paralysis of legs, almost falling when attempting to walk, had to be supported, arms strong as usual. Had to pitch forward to get up slight grade, had to shift feet on floor to turn around, like a feeble old person. Legs cold and the hairs stood out stiffly, causing such an amusing appearance that it partially compensated for his disability. Cupr. 10 m. 1 d. cured right away.

Mr. S., after getting through three weeks of influenza with another homœopath, was brought with soreness and tenderness of the right calf and the leg fixed at right angles to the thigh. This contraction had appeared gradually as he was convalescing from the acute attack. Cupr. 10 m. 1 d. was given. In five days he was walking.

There were many cases of debility persisting weeks or months after allopathic treatment presenting more or less clear symptoms for Cuprum and the remedy acted quite satisfactorily.

Since the epidemic of 1918 up to the present time occasional gripe and pneumonia cases occur, either mild or severe, which need Cuprum.

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## THE CURE AND PREVENTION OF DISEASE.

By Alfred Pulford, M. D., Toledo, Ohio.

Hahnemann said something to the effect that: "The physician's only aim is to cure"—pleasantly, speedily, safely and effectively. Also something to the effect that: "When one has to do with an art whose end is the saving of human life any neglect to make himself thoroughly master of the same becomes a crime." But nowhere in all his writings have we ever found any injunctions to "allow our better judgment to be blinded by the fee or by political preferment," nor "try surgery first and should it fail, then try medicine." Neither do we find any injunction to "Cease proving remedies and ape Modern Medical Science (?)," for Hahnemann knew that a man could never rise superior to the one whom he apes.

Hahnemann beat the modern scientists to their goal. Science reached and passed the molecule, the atom, the ion, respectively, and has now arrived at the electron, but has by no means reached the goal, for there is much beyond that which Science has not even dreamed of. Science up-to-date is merely veiled empiricism. Hahnemann sensed what lay beyond the electron when he advised potentizing our remedies. Kent saw still farther than Hahnemann when he advised going on up the scale. The late H. C. Allen knew well what he was talking about when he said: "The strongest potency is the highest potency." None but an ivory-

headed individual will take exception to what Allen said. The reason I know is because it is only a short time ago that I started to emerge from the ivory-headed stage.

Disease has its origin in the ultra-microscopical cells, and a remedy is effective only as a curative or preventive agent insofar as it is capable of entering into and influencing the most minute cells of the body. Crude drugs, sera, toxins, vaccines, etc., and low potencies, because of their crudity and semi-crudity, are unable to reach these ultra-microscopical cells; therefore they become either inert, counter-irritants, or obstructions, thus tending to break down the human body. They should be, and are, studiously avoided by carefully thinking men.

In my thirty-six years' experience I have seen diseases subside, apparently cured, by external applications, crude drugs, sera and low potencies, only to find that the supposed cure was only a temporary suppression or diversion of the trouble into other and more dangerous channels by the physiological action of the therapeutic agent used. Like the majority of others, I used to be afraid to trust a high potency, just as though the low potency would be more homœopathic simply because it was low. I remember how shaky I was when I climbed to the "dizzy heights" of the 12x, yet up to that time it was the most pleasing result I ever had. Now, thanks to my son, who is and has been a student of real homœopathy for the past five years, I *very rarely* prescribe below the 30x. Whenever I used to take a cold I would go to my Aconite 3x; it always reached the subacute stage requiring other remedies. Now I take Aconite 30x, c., or cc., and the cold rarely ever fails to yield to the third or fourth dose.

I read an article in the *A. I. H. Journal* by Dr. Mary Hanks, of Chicago, ridiculing Lac. caninum. I have just cleared up a case of rheumatism with this wonderful remedy. The lady, about 55 years of age, had a pair of legs that were swollen out of all proportion. She had received the best that Modern Medical Science (?) could give, together with a good sprinkling of Modern Homœopathy (whatever that is), but her case was pronounced hopeless. The sudden shifting of the pains from side to side and the dreaming of snakes pointed so strongly to Lac. c. that I concluded to study the remedy. It covered the case so thoroughly that in a week's time she came to my office unassisted,

and has just returned from a long journey, having enjoyed every minute of it. I would have given five hundred dollars to have seen Dr. Hanks cure this case by any other remedy than this much despised (by her) Lac. c.

THE PREVENTION OF DISEASE. As disease originates at the source of human life, its origin is therefore in the ultra-microscopic cells. This is why the symptoms appear long before the disease is observable by either the eye or the microscope. This being true, how can we positively know that we have prevented a disease? Knowing the origin of disease and knowing that crude drugs, crude sera, vaccines, toxins, etc., can neither reach nor penetrate that origin, we can conscientiously cast them aside as absolutely worthless as disease preventives. A preventive agent must be something that is capable of penetrating the most minute cells of the body. For this purpose then the very highest potencies are the only available agents. All other agents can only suppress or divert since they are not capable of reaching the source of the trouble. So far as we know the real cure and prevention of disease are the same. In both cases these cells must be righted or restored, for normal cells neither contract nor originate disease. Disease always begins when these ultra-microscopic cells fall below par or normal. If the cells are normal then your preventive remedy is both useless and superfluous. Therefore, the preventive agent, if effective, is so as a cure in disguise.

Lastly, just a word "in memoriam." Homœopathy is to be buried, so those who have the A. I. H. in charge have apparently decreed. The I. H. A. is the only organization that can save it. Will it do it? It is a shame and a disgrace that the only system of medical healing that is actually capable of *curing* the ills that human flesh is heir to must be buried to satisfy political ambition. The politico-medical grafter has combined with the prohibition grafter under the pretense of protecting the unfortunate to deprive us of that true and reliable divisor and preservative of our potencies—*Alcohol*. Thus must thousands upon thousands of lives be sacrificed annually to gratify medico-political greed, ambition and revenge. Oh, human life, where is thy value!

## DELIVERY BY HOMŒOPATHY.\*

By John Hutchinson, M. D., New York, N. Y.

It is unnecessary to examine the many affirmations concerning the normal condition of the expectant mother. That child-bearing is physiological and that it should be accomplished without undue suffering and with maximum safety may hardly be contradicted.

There may be cases in which normal delivery is accompanied by non-interference of any kind, but hospital technique and the material aids of the delivery-room have instituted a routine that has sometimes over-shadowed certain higher and better considerations. The homœopathic remedy when markedly indicated and demanded is too often overlooked. Not to take any time for considering the manifold instances in which the correct internal remedy lacks employment, because it is not even known that there is any such remedy, it may be well to insist on that remedy, homœopathic to the case or the situation, with all patients who welcome it.

This involves an important understanding. It will be necessary to inform the patient or the family that homœopathic prescribing is a most essential factor in the conduct of delivery. It matters not if a surgeon is retained, there should be also the medical man who knows his *Materia Medica Pura* and who will use his knowledge and skill in applying it as may become desirable. The pity of it, that this need should not *always* be heeded!

A mother whose first child was delivered by forceps after protracted labor, in which abundant symptoms received no remedial recognition, was in due time delivered of her second child, in which instance labor was apparently interrupted. The surgeon anticipated a repetition of the previous experience. However, there was no repetition. Gelsemium was plainly indicated by the whole state of the patient at the time, and it promptly brought about speedy and normal completion of labor, as comfortably as possible.

\*Bureau of Obstetrics, Forty-second Annual Meeting, International Hahnemannian Association, Washington, D. C., June, 1921.



In another case of ineffectual progress the mental state of the sufferer was so antagonistic and obstinate—quite unlike the usual make-up—that Chamomilla produced immediate response and a normal delivery.

A third case of labor appeared not to progress after many hours, and while no remedy was given “high forceps” were used. The head was badly bruised, and this child died in convulsions in less than forty-eight hours—a perfectly formed, beautiful girl. This was the second child. The first birth to this same mother had been perfectly normal with no mechanical aid whatever. The mother is of good physical and mental type in every sense.

A first baby was delivered by forceps, and there was much deep bruising of the head, which remained conspicuous for many weeks. After the age of learning to walk and play the child developed rapidly unpleasant traits of behaviour with her playmates. She would become suddenly cross and vindictive without reason, showing hateful spite most ingeniously. Her parents were given much pain in consequence, they being by habit and breeding unusually considerate and gentle. Their physician was quite ignorant of the birth history, through a series of misunderstandings, until after he had succeeded in removing *completely* by well-indicated remedies the unpleasant disorders undoubtedly occasioned by brain trauma. Fortunate the child suffering from such abnormal legacy, when recognition is followed by cure!

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## ECHOES FROM MY WORKSHOP.

By Eli G. Jones, M. D., 1331 Main St., Buffalo, N. Y.

At the above address is my headquarters. Some would call it an “office,” but I like to think of it as my “mental workshop” where I grind out material for the medical journals on both sides of the Atlantic.

Dr. Woodmansee, Washington Court House, Ohio, sends me a *good* remedy for “hemorrhoids” with a great deal of *pain* and *sticking* sensation, also bleeding. Give Nux vomica 3d x two tablets every two hours in alternation with Ratanhia 3d x two tablets every two hours.

Dr. Howard B. Kay, of New York City, reports some very

good cures. While they may not appear to be remarkable cures, yet they teach us a lesson of the *dynamic power of the indicated remedy*.

He says: "The young man I told you about that had the *violent nose bleed*, was in to see me. I had him on Ferri Phos. for two weeks. It not only stopped the nose bleed, but he has *gained fifteen pounds*."

A lady of my acquaintance, a masseuse, told me her husband was laid up with a bad pain in his *back*, which did *not* hurt at night or when he was *lying down*.

A lady physician, homœopathic, had prescribed for him, but it did not do any good. Then she advised him to have an X-ray taken, and that he be taken to a specialist of her acquaintance.

I learned that he had fallen on his back a short time before the trouble. I suggested Arnica 12th x as the remedy needed, and he took it. In a few days I called the lady up on the telephone and she said: "Her husband had gone to work"—something he had not been able to do for two months.

An old lady, 72 years old, had broken her knee bone. It was so *painful* that it confined her to the bed. The bone *refused to heal*. I advised Calcarea Phos. 200, a dose every seven days, and to rub the parts with Tr. Symphytum (Comfrey). The first dose *relieved* the great pain, and soon after this poor old lady could *walk* and do her own work.

Another lady complained to a friend of mine that her feet *burned* so much at night she had to bathe them in cold water. I noticed that the lady had *vermillion* red lips, was thin and *stooped*. Of course I gave her Sulphur. In three days she was so much improved that she slept all night. *No* burning of the feet.

I have kept in close touch with Dr. Kay for the past seven years and I know of *very* many cases that he has treated, and in all that time I have *never known* him to *fail* to find the *indicated* remedy. That is a *splendid* record that *any* man may be *proud* of.

Some of the readers of THE RECORDER remembered my birthday (71 years) July 26th, and I take this opportunity to *thank* them for their *kind* good wishes.

Dr. Kay sent me a very graceful tribute on my birthday. It is so *good* I want to share it with my friends, the readers of THE RECORDER. He says:

"I trust you are keeping well and vigorous. Your birthday soon occurs, so I take this opportunity of wishing you the choicest of happy birthdays, befitting your extraordinary life of sacrifice for humanity and truth. I consider it a high honor to be called your friend and a rare privilege to have come in close contact with your truly master mind. You have done your duty in the face of ridicule and slander of those who make these two parts of the intellectual underworld, a life-long practice. You have seen them, too, masquerading in better men's clothes, your own often, heard them lauded for work you had yourself created.

"You have stood by your guns—your medical ideals—when to do so meant relative obscurity and poverty, but God has lengthened your days, so that your spiritual victory has been decisive, and as time goes on will be even more so.

"You are a PHYSICIAN, God's symbol of the perfect union of heart, intellect and spirit, and in spite of *all* your heavy sorrows and handicaps. You have been a *man, my son!*"

This is the time of year when people in the country get poisoned by poison ivy. Mrs. C. K. Brown, of the Homœopathic Pharmacy, informs me that "people going to Erie Beach or into the country to spend the summer always lay in a stock of *Kali Mur*, 3d x as a good remedy for the effects of poison ivy." This is a "new one" on me so I am giving it to my readers.

I probably prescribe *Kali Mur* *more* frequently than *any* other remedy. I have learned to love it for the *cures* it has made. I would advise my readers to get well acquainted with the above remedy.

The most prominent veterinary surgeon in Buffalo uses it in his practice so he must *know* the *value* of it.

Dr. M. L. Adams, North East, Penna., brought me a cancer patient in the month of July. The doctor is a *deep* student of Materia Medica. When he meets with a difficult or obscure case he keeps *digging* away in the Materia Medica until he finds the *indicated* remedy. He has built up a *big* country practice by the *cures* he has made. When any of the other doctors in town go away for a vacation they leave their practice in Dr. Adams's

care. From this you will see that they have *confidence* in him as a *man* and as a *physician*.

It is a *great pleasure* to me to meet with men who are *doing things* in their profession.

Dr. A. C. Clifford Williams, Indiana, came to study with me in July. He is a convert to homœopathy from the regular school. He has learned the *real* value of *pure* homœopathy.

You may meet with a patient who complains that the *tip* of the *coccyx itches intolerably*. This symptom calls for Bovista 3d x.

Patients that complain of *stumbling* when they walk need Kali Phos. 3d x three tablets every three hours.

The biochemical treatment for diphtheria is Ferri Phos. 6th x every hour alternated with Kali Mur. 6th x three tablets every hour. A better way would be to give ten grains of the trituration in cup of hot water. Teaspoonful every hour in alternation.

Benzoic Acid 3d x is indicated when there is pain, swelling, dryness or cracking of *right* knee. Dr. A. O. Reppeto, Banks, Oregon, wants to know why it should not be good for the *same* symptoms in the *left* knee. He says he has used it for the *same* indications in *left* knee with good success.

For *fatty* tumors, wherever they may be, I like Calcarea Carb. 30th x three tablets night and morning, also Tr. Phytolacca 1st x ten drops three times a day.

When there is *soreness* and *tenderness* over the *whole* body with a *red* tongue Ferri Phos. is the remedy *indicated*.

The three leading indications for the use of Anacardium are: First, *loss of memory*; second, the feeling of a *plug* in different parts of the body; third, a disposition to *curse* and *swear*. A senior in a medical college has very well expressed the above three indications in one paragraph. He says: "When a student goes up for examination he is very apt to be troubled with *loss of memory*, but if he keeps *plugging* away in the end he will make a *darned* good doctor."

The following taken from *Jim Jam Jems* is too good to be lost: "A neighbor of ours had a cute little girl who bumped her head on the screen door the other day and said just what her Dad said when he kicked at the cat and hit his foot against the couch. Of course the mother was shocked, so she sent the little

girl upstairs to say her prayers and ask God's forgiveness for saying such a naughty thing. After a while the little girl came down and mother, smiling sweetly, inquired: "Did you tell it to God?" "No, I didn't," answered the naughty little girl. "I told it to *Mrs. God* and I suppose it is all over Heaven by this time."

When you want to give your brain a *rest* and change the current of thought read *Jim Jam Jems*. It is a "*Live wire!*" Get it from your news dealer.

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### ACONITUM NAPELLUS.\*

By Donald Macfarlan, M. D., Philadelphia, Pa.

For some time now I have realized that if a series of many re-provings were tabulated with reference to numerical superiority, a short but *very* valuable picture of the drug's sphere in the dynamic state may be arrived at. I have worked this out for a low potency, the 3d of *Aconitum Napellus*. None of the provers knew they were proving, so there is nothing fancied. I have not ceased making observations, but what I have already got I submit.

The following arrangement is a record of descending importance. Number I is seen more often than any other symptom, for instance.

Of course the third potency is very low. A series with the thirtieth is being made, in order to compare. The mental symptoms will come more and more into view the higher we go.

#### ACONITUM NAPELLUS, 3D.

- No. I. An aggravation from any movement (act of coughing, breathing, walking) of any bodily part.
- No. II. Sleeplessness in forepart of night (unable to fall asleep before midnight).
- No. III. Thirst from 6 A. M. until midnight.
- No. IV. Chilliness, least often from 6-12 A. M.
- No. V. Drowsiness only during daytime.

\*Bureau of Materia Medica, International Hahnemannian Association, Washington, D. C., June 23, 1921.



- No. VI. An aggravation after sleep on arising in morning.  
No. VII. Expectoration most frequently thick, then yellow, then green.  
No. VIII. Generalized asthenia between 6 A. M. and noon.  
No. IX. Frontal headache. Most often dull, then intermittent, then constant, and then sharp.  
No. X. Sweating at night.

In order to get the time modality I have divided up our day into four periods: 6 A. M. to 12 noon; noon to 6 P. M.; 6 P. M. to midnight; midnight to 6 A. M.

#### DISCUSSION.

Dr. Hutchinson, New York: Studies of major remedies that have already been proved may be continuously illuminated, as Dr. Macfarlan shows. Certainly Aconite, with its great range of power in both chronic and acute disorders, must have within its various potencies much that is undiscovered. In any case, the reprovings with different potencies will serve to acquaint more fully with the older, original and established symptomatology that has served with increasing utility for so many years. Personally, I am convinced that Aconite is a much neglected selection for many of our cases to which it is applicable as the homœopathic simillimum.

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#### A. PROVING OF DIPHTHERINUM, 10m.

By J. W. Waffensmith, M. D., H. M., Santa Fe, New Mex.

The following is a proving of Diphtherinum 10m., Sk., one powder every three hours, three doses, *viz.*:

Mrs. P., age, 55 years.

Symptoms developed next day after taking.

Chilliness, followed by heat.

Desire for cold.

Restlessness.

*Desire for cold air to pass down throat.*

Small, grayish-white patch on left tonsil.

*Faint feeling in stomach, amel. from milk, sipping small quan-*

*tities of milk* (likewise in another case after having taken the remedy for prophylaxis).

Internal trembling.

Yellow, thick discharge from nose (also presented in another case).

Aching, breaking sensation in all joints, amel. lying.

Dryness of palms; *feet withered*; hot to touch.

*Drawing of muscles, then a sudden snapping.*

The four underlined symptoms were prominently mentioned by patient without questioning.

R—Merc. Binioidide 200 cleared up the symptoms promptly.

This case one month later developed a malignant type of diphtheria, on left side and passed from under my care, and was given antitoxin by another and finally recovered.

## CICUTA VIROSA, A PATHOGENESIS.

By E. V. Ross, M. D., Rochester, N. Y.

*Tonic and clonic convulsions.* Convulsions begin with dilation of the pupils; twitching of right side of lips, or muscles on right side of face.

During convulsions eye-balls and head turned to the *right* side, involuntary urination, jaw clenched. Tonic spasms of extensor muscles *continuous*, but greater at times.

*Convulsions end with a long sighing respiration.* Violent spasms of the neck. *Muscles of jaw remain firmly contracted after relaxation of the other muscles.* Lockjaw.<sup>200</sup> During convulsions surfaces of body cold, pulse scarcely perceptible, pupils dilated, teeth tightly clenched. Jerking and twitching of arm with insensibility. *Right arm and hand clonically convulsed.* Convulsions beginning on *right* side and pass over to the left.

*Convulsive attacks that first begin on one side, stop, and then pass over to the other.* Unconsciousness with perfect rigidity of body. (CENANTHE.) Spasms with swelling of tongue.

Bites tongue during spasm. Spasm of muscles of throat on swallowing.

Body bent over backward like an arch. (Opisthotonos.) Com-

pare STRYCHNINE. Jerking, twitching and trembling of the muscles. Involuntary jerking of the right foot.

Eruption yellow-colored, crust resembling honey-comb, with burning and itching.

On lifting the eye-lids the eye-balls stare upward.\* Compare *Ænanthe Crocata*, *Strychnia*.

#### ABSINTHE.

Excessive *hyperalgesia*† all over the lower extremities and hypogastrium. Tickling the foot (sole) is so painful that the patient twinges and twists about in the bed. (*Plumbum met.* produces paralysis of the lower extremities with excessive *hyperesthesia* of the skin. Cannot bear to be touched anywhere. it hurts so.)

Nightmares.

Vertigo in the morning; would fall if not supported.

Nausea and vomiting of a thick glairy mucus.

Lower extremities livid, toes sweat.

Planter reflex highly exaggerated.

Stitches and itching in the feet, with the sensation as if a thousand needles pierced the toes, which often become so numb that they are not felt.

Sleep restless on account of frightful dreams. Wakes up unrefreshed.

Disgust for meat.

Vomits food when coughing.

Pressure on the abdomen causes not only excessive pain, but also twisting of the head, contraction of the facial muscles and torsion of the trunk, as in hysteria.

Tingling, burning, stitching pains, worse by the heat of the bed, so that the sufferer often cries out at night and prevents all sleep.

\*(Only the more prominent given.) Eye-balls turned upward: *Cicuta, cupr., glon., hell., ænanthe, op., zinc.* Eye-balls turned downward: *Aethusa = cyn., cicuta.* Eye-balls turned to the right: *Cicuta.* Eye-balls turned to the left: *Amyg = amara.*

†“When a painful sensation is more acutely felt than normal, it is called hyperalgesia.”—*Da Costa.*

Sensation of oppression and constriction about the sternum as if weight would crush the chest.

Feeling of lump in throat (*globus hystericus*).

*Trembling of hands*, *Muscæ volitantes*; sees sparks, luminous objects, red, yellow, black, opaque, swimming before eyes so that reading is impossible.

Amblyopia.

Symmetrical paralysis, beginning in the feet and progressing upward, so that it may even affect the respiratory center.‡

Hallucinations terrifying.

Hears voices day and night.

Memory fails.

All intellectual labor becomes impossible.

Laughs or weeps without cause.

Paralysis of sphincters.

Epileptic attacks occurring in rapid succession, but short duration. *Petit mal*. (*Sulph. D. M. M.*).

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## POISON IVY.

By Thomas E. Reed, M. D., Middletown, Ohio.

Almost every medical journal we pick up has something to say about *Poison Ivy*. The cures (?) recommended are almost as numerous as the articles.

We expect the old school doctors, who are in the dark, to prescribe only empirically; but homœopaths who have light should select the remedy intelligently; yet we regret to say that, with few exceptions, our school is fast becoming about as inefficient as the others at the bedside. I claim that this is due to the lack of thorough drilling in the *Materia Medica* in our colleges during the last twenty-five years, where they have permitted surgery to displace clinical medicine. This was not the case fifty years ago, when the writer was in college. We were taught the *Materia Medica* and to cure diseases, instead of operate, which does not cure, often kills, and more often ruins.

‡A remedy to be considered in *Acute Ascending or Landry's Paralysis Comp.: Lathyrus*.

Let us return to the subject, *Poison Ivy*. The best antidote for a poison is another poison with an action most like the first. If it be a *vegetable* poison I think it better to select an *animal* or *mineral* poison to meet it, and *vice versa*.

For *Poison Ivy* we first think of *Cantharis*, which has an action very similar, and this remedy never fails me in treating Rhus poisoning.

My method is as follows: Add in proportion of one-half drachm *Tincture of Cantharis* to one quart of soft water, apply on the eruption often and let dry. A cloth saturated with the solution may be applied at bed-time. Caution should be taken not to have this solution too strong, or it will aggravate the case. I have found the above proportions about right, but it is better for it to be too weak than too strong.

In addition to this I medicate a small vial of pellets with the 3x or 6x potency of the same remedy and give internally every two hours. In twenty-four hours the eruption will be found wilting and fading and the cure well under way. I have successfully treated some severe cases of Ivy Poisoning by this method. A few years ago I was called to see a man badly poisoned with Rhus Tox. whom physicians preceding me said would not get well; but with the above treatment he soon made a good recovery.

In treating cases of poisoning, homœopaths should study the symptoms and select the remedy as though it were a disease in order to find the best antidote and secure curative results.

(*Editor's Note.*—In many cases even better results will be obtained by using the 30th or 200th potency of the indicated remedy internally.)

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## CLINICAL CONFIRMATIONS.

By Benjamin C. Woodbury, M. D., Boston, Mass.

(Concluded)

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### NATRUM SULPHURICUM.

A patient at the Out-Patient Department of the Massachusetts Homœopathic Hospital, who had been undergoing intensive treatment at the Genito-Urinary Clinic for syphilis, presented the following symptoms: A peculiar cough with constant irritation day and night for which Phos., Spongia



and other remedies had been given without relief. So persistent was this irritation that possible involvement of the peribronchial glands was considered. Saliva was profuse, tongue heavily coated especially at the base, and there was diarrhoea with griping pains in the abdomen. The stools were more profuse in the early morning, coming on shortly after rising, and there was a very prominent aggravation of the cough and asthmatic breathing in damp weather or in damp surroundings. Natrum sulph., was given, two doses of the 30th. This was repeated about one week later; and finally two powders of the 200th were given, with complete relief of the diarrhoea, and cough and gradual betterment of the dyspnea. At this time the patient left Boston for another locality, but came to let us see her before taking leave.

In addition to Arsphenamin this patient had been receiving the routine intramuscular injections of Salicylate of Mercury. Kent gives as the principle remedies for abuse of mercury: Aur., Carb. V., Hep., Kali. I., Lach., Nat. S., Nit. Ac., Staph., and Sulph. The general and particular symptoms seeming to correspond it was apparently called for and the results seemed to justify its selection.

#### ARSENICUM.

Mr. R. H. B., aged 73.

I was called to this patient at 10.30 P. M. on Feb. 12, 1921, who had been given up by his physician. His history was as follows: He had had an acute illness beginning December 23d, and lasting about three weeks, from which he had recovered sufficiently to get out of doors, and had been about as usual since that time, although he has had increasing difficulty of sight for some time, so as to prevent reading or more than partial vision for distant objects.

P. H. Always fairly well until December last, although has been addicted to alcohol more or less for many years.

P. I. Began one week ago with nausea and vomiting followed by constipation. Has had great distress in breathing and has had to sit up to breath; urine very scanty; retained during the past twenty-four hours, was catheterized this A. M. and has been given hypodermics over the heart to relieve his distress.

P. E. Shows fair development, but undernourished condition of the body. Skin sallow, moderate cyanosis of lips and finger tips. Heart's action slow (depressed). Rate 48, suggestive of heart block, size and position apparently normal. No rales heard in the chest. This was not an encouraging situation, but the only assurance I could give was that the patient would at least not die that night. There was great distress about the waist and dyspnea on slight exertion, nausea. Worse motion. Thirst for small amounts. Perspiration after straining at stool or on attempting to urinate. Rx. Opium 200, ts. every two hours.

February 14th, a more comfortable night. Obtained a specimen of urine by catheter which showed a trace of albumin, no sugar, or acetone, or diacetic acid; indican slightly increased, glycuronic acid present. The sediment contained blood, very much pus, bladder and kidney epithelium, and hyaline, granular and epithelial casts. The amount was insufficient for specific gravity.

February 15th, a fair night, but a good deal of restlessness and nausea, dyspnea very marked on exertion. He was given Dig. 200 in water and a specimen of blood was obtained from which an auto-hemic potency was made according to Dr. Rogers' technique.

At 2.30 P. M. I was called by telephone as the patient was in extreme distress. As I could not get to him for at least an hour, owing to the distance, I advised their calling another physician who had seen him two days before (Dr. Piper, of Lexington) who left him some medicine, which had not been given when I arrived as he had been relieved by heat, rubbing, etc. I saw him finally at 6.30. At this time he was given a small high enema of olive oil and warm water and the sixth potency of auto-hemic was begun. This was given in dessertspoonfuls every three hours for the three following days, until Friday P. M., the tongue becoming somewhat clearer, meantime the bowels and urine poured off their contents, and there was more general comfort, and some sleep at intervals.

February 16th, showed a rapidly rising respiratory rate from 14 or 16 when first seen to 30-32; with a pulse rise from 44-48 to 90. The blood pressure was 130/90.

The auto-hemic was continued in increasing potencies to the 9x, until February 23d, when the pulse was 82, respiration 26. There then began to be noted more dyspnea, so that it was impossible to lie down again, and edema began to appear in the feet, worse on left side, and a reddened, angry-looking excoriation on the right thigh (decubitus) surrounded by a very scaly appearance of the skin. At this time the indications for a remedy now becoming clear, Arsen. 200 was given a powder dry on the tongue.

February 25th. The patient had a very bad night with a marked aggravation between 1 and 2 A. M. There was great pressure of gas and more edema of the feet and hands, accordingly Arsenicum was continued but in the thirtieth potency.

February 26th, a much better night and better day. R. 22; P. 84, heart's action irregular, but stronger. Skin of hands looks wrinkled, edema of feet worse.

February 27th, more comfortable, but very weak.

February 28th, feels much better, especially on waking from sleep, swelling less. Ars. 30th continued.

March 2d, much more comfortable. The diet has been chiefly orange juice, a little buttermilk and mush. Beef broth now added. P. 72, R. 22. Has been able to sleep in bed on two pillows, edema improved, is becoming hungry.

March 4th, great improvement. P. 80, R. 18, swelling of feet practically gone, is able to walk a little about the room. Rx. Arsen. 30, when needed.

March 6th, complains of ringing in the ears, and examination showed an enlargement of the impacted cerumen which when removed readily brought relief. Decubitus much improved. Urinalysis March 27th, showed specific gravity 1.017. Pronounced trace of albumin, no free blood, much less pus, and hyaline and fine granular casts.

March 13th, pulse and respiration normal. edema entirely gone. Has gained some flesh.

March 20th, P. 62, R. 16. Clothes on and out of doors for a few minutes; does not distress him to ascend a long flight of stairs.

April 12th, urinalysis showed trace of albumin, leucocytes and pus, bladder epithelia but no casts.

May 3d, urine still showed a trace of albumin and some pus cells, but there were no casts, and at last report, patient was doing well.

## PSORINUM.

Frances M., aet. 10 years, October 31, 1920.

Has two brothers, aged 9 and 5, who have been similarly afflicted just prior to the beginning of her illness.

Became ill two weeks ago, sudden onset, woke in the morning saying her leg hurt her, and was "asleep." Temperature following day 102; diarrhoea for two days. Woke the following morning with a start and found she could not lift herself from the bed, complained also of pain in left temple extending to back of head to cervical region, head heavy; delirious at night, wakes with a start. Thinks she is alone and on waking pounds the bed or scratches with her fingers; quiet during the day. There has been no sore throat or rash. Difficulty in motion of left arm and in moving muscles of left side of the chest. The treatment up to present date has been Gels. 30 and Lach. 30, prescribed by Dr. Richard S. True.

P. E. W. developed child, skin clear, light complexion, red cheeks, light hair, tongue fairly clean. Heart and lungs negative. No loss of sensation. Motor paralysis left lower extremity, grip nearly equal, slightly diminished left side. Pupillary reflex normal, left K. J. absent. Tem. 98.4, pulse 104. Moderate edema of left leg, no pain but marked sensitiveness on touch or pressure. Cannot raise leg from bed, or raise herself in bed without help. Is able to sit up for short periods. Lach. 50m.

November 11th, improved. There is no restlessness at night; can stand alone for a short period. Less swelling and cyanosis of affected leg. Reflex has returned in right side, moderate degree of foot drop is present. A Cabot wire splint was applied at this time to be removed when leg became tired or much swollen.

I am indebted to Dr. J. W. Enos, of Chicago, for the suggestion of using psorinum in infantile paralysis. This remedy, he informs me, he discovered some years ago to be *the* remedy for this disease. The recommendation of it, however, had for

the time slipped my mind, and I was led to it by the appearance of a peculiar eruption, which now appeared about the mouth and chin, not only on this patient, but upon both of her brothers, to whom Psorinum was also given, on one of whom it appeared after the remedy was administered.

It is true that there was not much else in this case to suggest the remedy except perhaps a thickened, dark brown and very disgusting looking callous which soon covered the entire soles of the feet, particularly the affected side. There was to be sure a good deal of restlessness of the feet, which is noted in the guiding symptoms somewhat similar to Rhus (in fact a dose or two of Rhus was given before the Psorinum). Accordingly this remedy was given on November 28th and to avoid reiteration and superabundance of details, I may note that of December 14th, after being on her feet a little too long, there was a good deal of swelling and protrusion of the left hip due to the relaxation of ligaments and atrophy of muscles in the neighborhood of the hip joint. She was given Rhus tox. 1m and kept in bed for a few days.

January 6th, she contracted an acute catarrhal cold, for which she was sent Euphrasia 200.

January 23d, much improved; can walk with a cane and even alone. Pulse somewhat irritable (104) after very great exertion. Muscle tests show weakness of muscles of the back; can raise herself with difficulty when lying on a table. Extensor muscles of leg and calf much involved. Was given Psorinum CM. 1 powder, and at this time was put upon a course of exercises such as outlined by Wilhelmine G. Wright, in her excellent brochure on "Muscle Training in the Treatment of Infantile Paralysis." (Miss Wright is a graduate of the Boston Normal School of Gymnastics, 1905, and assistant to Dr. Robert W. Lovett, of Boston.)

The special exercises were for the flexion of the thighs on the trunk; of lower leg on the thigh; extensors of the thigh on the trunk; adductors of the thigh; inward and outward rotation of the thigh; plantar flexion of the foot on the lower leg; dorsal flexion of the foot on the lower leg, supinators of the foot and flexors of the toes.

April 15, 1921, the last time I examined her this patient was found to be so greatly improved that she easily walks to the



distance of nearly half a mile; uses her cane for safety, but can walk a crack or line on the floor, and easily overcomes the tendency to abduction of the foot by "toeing in." She has gained flesh and has a rosy, healthy color. Has eaten no meat and no sweets, with the exception of a small amount of honey.

Dr. Enos has a special potency of Psorinum the 11 dmm., a powder of which was given at this time.

Her mother writes me on June 1st that she has made wonderful improvement during the last few weeks, and can now walk up stairs, with her paralyzed leg leading, which would show that the toe-drop is fast improving. The knee reflex had not returned in the paralyzed side when last examined.

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### IN MEMORIAM.

By Wallace McGeorge, M. D., Camden, N. J.

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#### DR. JACOB G. STREETS.

Fifty-two years ago last month I met Dr. Streets at the State Society meeting in Newark, when he was elected a member. In that meeting President Emlin urged the members of the State Society to meet in their respective sections and organize local or district societies. Dr. Mandeville and a few earnest workers had already organized the Homœopathic Medical Society for the Eastern District of New Jersey.

On our way home in the train Dr. Wilkinson, of Trenton, Dr. Hunt, of Camden, Dr. Streets, of Bridgeton, and the writer, then practicing in Hightstown, decided to call a meeting in Camden and organize a district society. I was selected to issue the call, and make the arrangements. On Wednesday, May 18, 1869, the Homœopathic Medical Society for the Western District of New Jersey was organized, and Dr. Streets was chosen treasurer. That name was too long for our dear old friend, Dr. Cooper, and he soon had it changed to West Jersey Homœopathic Medical Society. From the organization of the West Jersey Society till Dr. Streets died, the friendship begun in this society in April, 1869, was unbroken.

In 1886 and 1887 he was elected vice-president, and in 1888 we chose him for our president. At the time of his election no doctor south of Camden had ever attained that high office in this society. He served as censor for eight years and frequently on the bureaus.

In one particular Dr. Streets's caveat was unique. He had finished his course of studies in the old Homœopathic College in Philadelphia in 1865, had successfully passed all his examinations and was entitled to his diploma, but one thing he lacked. He was not 21 years old and he could not legally be granted his sheepskin.

He went to Bridgeton to assist Dr. Ralph Moore, one of the founders of this society, and remained with him till he received his diploma at commencement in 1866. He liked Bridgeton and the Bridgeton patients liked him, and he stayed in Bridgeton till he died in the fall of 1919. All his medical and social life centered in Bridgeton and its vicinity from 1865 till 1919, over fifty-four years.

Dr. Streets diagnosed his cases before prescribing for them. A good many of us prescribe for the symptoms we observe; many delay making a diagnosis; some cure their patients and discharge them without naming the disease. Not so Dr. Streets. He examined and questioned till he was satisfied he knew what ailed his patient, then he treated the disease the patient had. For this reason, in the West Jersey Society, we always had him on the Bureau of Practice. Whatever he did he did thoroughly. He mounted the head of a tapeworm for me in 1875, and that mounted specimen is in good condition today. The head, sucking cups and a few segments of the neck I could see distinctly with my reading glasses.

Dr. Streets made hosts of friends, and he kept them, too. In the spring of 1916, a few of his intimate friends, all of them members of this society and the West Jersey Society wanted to give him some token of their esteem as a reminder of his half century in active practice. We could not give him gold, for that he did not need. I made a trip to Bridgeton, and after a pleasant chat I found he would like a medal that he could carry in his pocket, and when he looked at it would remind him of his friends that gave it. So we got him a gold medal, had it suitably inscribed,

and his life-long friend, Dr. Howard, gave it to him at one of the West Jersey Society meetings in the West Jersey Hospital. Tears came in our eyes as we listened to his acceptance of this loving tribute.

Dr. Streets was not well then and he gradually failed from some brain lesion, passing away in September, 1919. His professional brethren in both schools tenderly laid him away.

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#### DR. HENRY KNOX STEWART.

Dr. Stewart was elected a member about 1893, a censor in 1899 and 1901, and vice-president in 1898. Although he practiced over fifty years in Philadelphia he was born a Jerseyman, and kept his summer home in South Westville, near Woodbury. He was a classmate of mine in the Homœopathic College in Philadelphia, graduating one year after me in 1869.

He had much to commend him. He served his country as a soldier in the war with the South, remaining in the service till the war was over. To study medicine he needed money; to earn money he worked at his trade, salesman in a hat store. He was a pleasant talker, could soon persuade customers to buy, and he sold them good hats.

He matriculated in October, 1867, and graduated in March, 1869, and at once located in Philadelphia.

He was a great society man, belonged to the G. A. R. and was in great demand at camp fires for the war stories he told, and the war songs he sang. The last time I saw him and heard him was at the one hundred and fortieth anniversary of the Battle of Fort Mercer, National Park, October 22, 1917. After his comrades of the Grand Army saluted the flag, he made a wonderful address, and by special requests sang for them one of his war songs. He died in Philadelphia in 1920.

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#### FRANK NICHOLS, M. D.

In the death of Dr. Frank Nichols, of Hoboken, N. J., this society loses its oldest member and its senior ex-president. After life's fitful fever he sleeps well.

Our late colleague came of Puritan stock and was born at

Sturbridge, Massachusetts, March 20, 1833. His father was a farmer and he spent his early life on his father's farm, and went to school in his native village, in the Wesleyan Academy, and State Normal School at Bridgewater, graduating there in 1856. Then he became principal of the Reading Institute, at Reading, Pa., where he taught two years. In 1858 he matriculated at the Homeopathic Medical College of Pennsylvania, my own *alma mater*, and graduated in 1861, in the same class with Pemberton Dudley.

He began practice in Grafton, Massachusetts, and remained there two years. Turning his face towards New Jersey, he spent a few months in Somerville, finally settling in Hoboken in 1864, where he remained in active practice over fifty years. In 1878, from overwork, he was compelled to rest for a time, and made a trip to Europe where he recovered his health.

He married Miss Mary A. Barton, of Worcester, Massachusetts, in 1857. By this union he was blessed with four sons, three of whom followed in the footsteps of their parent and became physicians, two practicing with their father in Hoboken, and one son in Pasadena, California. Dr. Nichols went out to see this son and remained in California till his death, December 18, 1917, at Manhattan Beach. But his remains were brought back to his old home, and he was buried in Hoboken Cemetery, mourned by thousands to whom he had ministered. To his son, Dr. G. Louis Nichols, who succeeded his father, and still practices at 723 Washington Street, Hoboken, I am indebted for this data.

In this society Dr. Frank Nichols was well known by the older members. Co-operating with Dr. J. J. Youlin, of Jersey City, Drs. S. B. Tompkins and Laban Dennis, now president emeritus, both of Newark, and Dr. Daniel McNeil, of West Hoboken, my first preceptor. Dr. Nichols helped to reorganize this society in February, 1868.

In 1868, 1869 and 1870, he was elected vice-president, and in 1873 he was chosen to be our president, succeeding our jolly old friend, Dr. Walter Ward, of Mount Holly. He served the society several years as censor, guarding the portals of our society from unworthy applicants. He was our necrologist in 1878, and in

1887 he was associated with Dr. Isaac Cooper and the writer on the Legislative Committee.

Dr. Nichols was one of the committee of nine appointed in 1869 to secure a charter for our society and his name appears as one of the incorporators in February, 1870.

One legislative day in January, 1870, all of this committee met in Trenton and made a combined attack on the legislature. Drs. Youlin and Nichols from Hudson County, Drs. Mandeville and Rockwith from Essex County, Dr. Bailey from Union County, Drs. T. F. Kruse and Macomber from Passaic, and Drs. Wilkinson, Worthington and McGeorge from Mercer County, met in the Trenton House and after a good dinner with several of the Assemblymen as our guests, got down to business. Hon. William H. Barton, one of the Monroe County Assemblymen, presented our claims for incorporation so forcibly that we all went home happy. Victory perched upon our banners, and we won our charter. Dr. Nichols played a prominent part that day.

When the annual meetings of this society was held in Hoboken in 1904, Dr. Nichols was very happy and showed his appreciation of our visit to his home city. It seemed to me he was everywhere on the night of the banquet, doing what he could to make us all feel welcome.

In banking circles he was the pioneer. He was vice-president of the Hoboken Savings Bank many years before the banking bee got in the bonnets of so many of our West Jersey members.

Personally, Dr. Nichols was a pleasant man to meet in consultation. Thirty years ago I consulted with him in a green stick fracture of the thigh. He was good to the poor and many can rise up and bless his name. Though dead, his good works do follow him.



## DEPARTMENT OF HOMŒOPATHIC PHILOSOPHY.

Stuart Close, M. D., Editor, 248 Hancock Street,  
Brooklyn, N Y.

## GENERAL PATHOLOGY OF HOMŒOPATHY.

Human pathology is the science which treats of diseased or abnormal conditions of living human beings. It is customary to divide the subject into general pathology and special pathology. *Special pathology* is divided into *medical pathology*, dealing with internal morbid conditions, and *surgical pathology*, which deals with external conditions. *General pathology* bears the same relation to special pathology that philosophy bears to the special sciences. It is the synthesis of the analyses made by special pathology. It deals with principles, theories, explanations and classifications of facts.

While the findings and conclusions of modern pathology are accepted in large part by all schools of medicine, and serve as the common basis of the therapeutic art, there are enough variations and differences, particularly in general pathology, arising from contemplation of the subject from the homœopathic point of view to justify the creation of a special field or department, called Homœopathic General Pathology.

Homœopathy differs with regular medicine in its interpretation and application of several fundamental principles of science. It is these differences of interpretation and the practice growing out of them which gives homœopathy its individuality and continue its existence as a distinct school of medicine.

These differences are primarily philosophical. They have to do mainly with the interpretation or explanation of facts upon which all are agreed, and which all accept. These differing interpretations arise from differing view points. Modern science in general, and medical science in particular, regards the facts of the universe from a materialistic standpoint. It endeavors to reduce all things to the terms of matter and motion. No valid objection could be raised to this if its definitions of these terms were broad enough to include all the facts. But failing in this, and deliberately closing its eyes and refusing to see certain great, funda-

mental facts which are not covered by its definitions and of which, therefore, no explanation can be made, medical science formulates systems and methods of practice which are not only inefficient, but positively harmful.

Homœopathic medical science views the facts of the universe in general, and medical facts in particular from a vitalistic substantialistic standpoint; that is, from the standpoint of the substantial philosophy, which regards all things and forces, *including life and mind*, as substantial entities, having a real, objective existence. In homœopathic philosophy life and mind are the fundamental verities of the universe.

Upon the recognition of this basic fact rests Hahnemann's doctrine of the Vital Force as set forth in the "Organon" about which there has been so much discussion. All doubt as to Hahnemann's position is removed and the subject is placed beyond controversy so far as he is concerned, by the final sixth revised edition of the "Organon," which is at last accessible to the profession. In this edition Hahnemann invariably uses the term, *Vital Principle* instead of Vital Force, even speaking in one place of "*the vital force of the Vital Principle*," thus making it clear that he holds firmly to the substantialistic view of life—that is, that Life is a substantial, objective entity; a primary, originating power or principle and not a mere condition or mode of motion. From this conception arises the dynamical theory of disease upon which is based the Hahnemannian pathology, *viz.*: that disease is always primarily a dynamical or functional disturbance of the vital principle; and upon this is reared the entire edifice of therapeutic medication, governed by the law of *similia* as a selective principle.

As this view leads to a radically different method of practice, the necessity for a special consideration of general pathology in its various departments is evident.

In formulating his "Theory of the Chronic Miasms," Hahnemann did for pathology what he had already done for therapeutics; he reduced a great mass of unsystematized data to order by making a classification based upon general principles.

This classification of the phenomena of disease led to the broadest generalization in pathology and etiology that has ever been made, and greatly simplified and elucidated the whole subject.

Hahnemann's generalization was based upon his new and far reaching discovery; *the existence of living, specific, infectious micro-organisms* as the cause of the greater part of all true diseases.

The history of the progress of natural history shows how men first approached Nature; how the facts have been collected, and how these facts have been converted into science by successively broader and broader generalizations, leading to the discovery of basic laws of Nature.

The work of Hahnemann in pathology may be compared to that of Cuvier in zoology, who reduced the entire animal kingdom to four fundamental classes, based upon the general characteristics of their internal structure: Vertebrates, Mollusks, Articulates and Radiates. Until Cuvier's time there was no great principle of classification. Facts were accumulated and more or less systematized, but they were not arranged according to law.

Hahnemann reduced all the phenomena of disease according to their causes to four fundamental classes, Occupational or drug diseases, Psora, Syphilis and Sycosis.

Taking the entire mass of morbid phenomena, he first eliminated all of the numerous symptoms and so-called diseases which are merely local, temporary and functional, in persons otherwise healthy, due to non-specific causes, such as indiscretions in diet or regimen, mechanical injuries, undue exertions or indulgences, emotional excesses, etc. Such conditions are not true diseases, but mere indispositions, which disappear of themselves under ordinary circumstances when the cause is removed, or yield easily to corrective hygienic, dietetic, moral or mechanical measures. They ordinarily require no medicine. In this class of cases are included many of the so-called occupational diseases, caused by exposure of healthy persons to noxious influences incidental to the environment or the vocation, such as unsanitary dwellings, exposure to fumes and emanations from chemicals, absorption of minerals such as lead or copper, etc.

The treatment of such conditions involves merely the removal of the cause, and, in some cases, antidoting the poisons, chemically or dynamically.

This removed a large part of the mass of phenomena from the category of diseases and cleared the way for further new classification of the remainder.

The next step consisted in collecting into a class all the phenomena known to be due to those ancient, widespread and malignant scourges of mankind, the venereal diseases. Syphilis, already recognized as the fundamental cause of a large number of symptoms and as a complicating factor in many diseases, had been studied quite extensively. A careful review and collection of all the known phenomena of syphilis was made, greatly enlarging its scope.

Gonorrhœa, as a constitutional disease, was but little known, but Hahnemann's keen mind had detected its relation to many evil consequences following the suppression of the primary discharge by local treatment. He had also observed the evils arising from the mechanical treatment of the anomalous venereal condition variously known as *Sycosis*, or the "fig wart disease," condylomata, ficus marisca, atrices and warts. (London Medical Dictionary, 1819.)

Certain forms of condylomata were regarded by some authorities as due to syphilis. Although it was known that the tumors were sometimes of venereal origin and accompanied by a kind of gonorrhœal discharge from the genital passages or the rectum, they were not recognized as the manifestations of a distinct disease, differing in many important respects from syphilis, nor were they necessarily connected with gonorrhœa.

Condylomata were not regarded as having any connection with the large number of peculiar constitutional symptoms which are present in many cases. Hahnemann made extensive researches in the phenomena presenting in such cases and came to the conclusion, first, that they constituted a definite and distinct infectious, constitutional venereal disease, clearly distinguishable from syphilis on the one hand, and the simple, non-specific urethritis on the other; and second, that it was due to the presence of specific, living micro-organisms.

To this newly recognized pathological entity he applied the generic name *Sycosis*, using the Greek term commonly employed in his day to designate the typical, but not always physical manifestation, the "fig wart." His researches in the general subject of syphilis and gonorrhœa, conducted by the inductive method in science, resulted in throwing a flood of light upon a previously obscure subject, more clearly defining and greatly broadening not

only the sphere of the venereal diseases, but the scope of all subsequent research. He was thus the precursor by more than fifty years of Noeggerath, who called attention anew to the importance of gonorrhœa as a constitutional disease and demonstrated the gonococcus as its specific proximate cause.

There still remained the vast number of symptoms constituting the non-venereal diseases, acute and chronic, which afflict mankind. These for the most part, had been or were being classified in the most arbitrary and whimsical manner.

Classifications and nomenclature were being changed constantly according to the varying opinions and theories of individuals, none of whom were guided by any general principle. The situation was exactly like that which confronted Cuvier in natural history and Linnæus in botany.

Into this wilderness of conflicting names, theories and classifications Hahnemann began to blaze his way, guided by the compass of logic encased in the inductive method of Bacon. His search was now directed to the discovery of the fundamental causes of the non-venereal diseases. Having found that so large a number of symptoms and diseases had a venereal origin in Syphilis and Sycosis, it occurred to him that it might be possible to find a common, general or primary cause for all, or at least a great part of the remaining symptoms of disease and thus to make a final generalization. To this end he directed his efforts. Rejecting existing classifications; searching, collecting, comparing, grouping similar and naturally related symptoms in the light of history, logic and experience; tracing the relations between similar diseases and their antecedents, and tracing recognized proximate causes to their antecedent causes as far back as possible, he gradually narrowed the field of general causation until he arrived at one primary cause, which accounted for and explained the greater part, if not all of the phenomena with which he was working.

The determination of a primary cause opened the way for a consistent reclassification of the secondary causes, and the correction of many errors of grouping and nomenclature of diseases. It obliterated at one stroke a large number of fictitious diseases which were in reality named from merely single symptoms. (Hydrocephalus, fever, diarrhœa, hydrophobia, jaundice, diabetes,



anæmia, chlorosis, pyorrhœa, otorrhœa, catarrh, eczema, etc., all of which belong to the general class of infections.)

As Cuvier's work showed that the animal kingdom was built on four different structural plans, so, by singular coincidence, Hahnemann's work showed that diseases were built, as it were, on four different plans, according as they arose from four different causes; namely, Occupational or Drug diseases, Syphilis, Sycosis and Psora.

#### RELATION OF BACTERIOLOGY TO HOMŒOPATHY.

This brings us to a consideration of Hahnemann's epoch-making discovery of specific, living micro-organisms as the cause of infectious diseases such as cholera and the venereal diseases, and of the relation of bacteriology to homœopathy.

The great practical value of Hahnemann's Theory of the Chronic Diseases has never been fully appreciated because it has never been fully understood.

Hahnemann was so far ahead of his time that his teaching, in its higher phases, could not be fully understood until science in its slower advance, had elucidated and corroborated the facts upon which he based it; and this science has done in a remarkable manner. For the suggestion of bacteriology as the basis of a rational, modern interpretation of Hahnemann's Theory of the Chronic Diseases we are indebted to the late Dr. Thomas G. McConkey, of San Francisco. His paper, "Psora, Sycosis and Syphilis," published in the December, 1908, number of *The North American Journal of Homœopathy*, laid the profession under a deep obligation to him. The critical insight, originality, open-mindedness and evident comprehension of the deep significance of the facts of the case displayed in that brief but suggestive paper, add poignancy to our regrets that he did not live to work out a fuller exposition of the subject himself.

It is perhaps less important that Hahnemann should be accorded the just recognition due him for his remarkable contribution to medical science, than that the world should be given the benefit of the practical teaching included in his Theory of the Chronic Diseases.

Modern bacteriological science, by long independent research, slowly arrived at the goal Hahnemann reached more than half a

century before in regard to the nature and causes of certain forms of disease. It has accomplished much in the way of prophylaxis, sanitation and hygiene through the use of that knowledge; but the profession at large has failed to follow his logical and practical deductions in regard to the *cure of these diseases*, or to discover a means of cure for itself. In this respect modern medicine is no further advanced than it was in Hahnemann's day. It is obliged to confess, and does confess, when driven to the wall, that it has no reliable cure for any disease.

Vaccine treatment, for example, the latest, most general and most widely adopted theory and practice growing out of bacteriology is now acknowledged by the highest representative authority of regular medicine to be a failure.

The *Journal of the American Medical Association* (No. 21, 1916), presents, as the leading article of that issue, a paper by Dr. Ludwig Hektoen, on "Vaccine Treatment," and devotes to it a page of editorial comment.

The editorial opens as follows:

"Looking backward over the development of active immunization by vaccines during the last fifteen years, we appear to be at the termination of one epoch in the therapeutics of infectious disease. In this issue Hektoen traces the stages by which vaccines which were first employed with attempted scientific control have come into indiscriminate and unrestrained use, with no guide beyond the statements which commercial vaccine makers are pleased to furnish with their wares. Already most physicians are realizing that the many claims made for vaccines are not borne out by facts, and that judging from practical results there is something fundamentally wrong with the method as at present so widely practiced. As clearly shown by Hektoen, 'the simple fact is that we have no reliable evidence to show that vaccines, as used commonly, have the uniformly prompt and specific curative effects proclaimed by optimistic enthusiasts and especially by certain vaccine makers, who manifestly have not been safe guides to the principles of successful and rational therapeutics.'"

It is not fair, and certainly not ingenuous, as that keen critic, Dr. E. P. Anshutz, then editor of *THE HOMŒOPATHIC RECORDER* pointed out, to put the blame for this failure upon the manufacturer, since "*Vaccine therapy was born in the innermost chamber of laboratory science.*"

The editorial concludes as follows:

“The fact that much time and effort of the past ten years appear now to have been wasted, so far as positive results go, should make us doubly cautious in accepting a new and somewhat similar procedure until opportunity has been afforded for its verification under conditions favorable for scientific control.”

Confronted with demonstrations of cure by homœopathic medication in such bacterial diseases as cholera, typhoid, typhus and yellow fever, croup, diphtheria, pneumonia, rheumatism and even tuberculosis and cancer, the dominant school of medicine has thus far declined to consider them, denied both the cures and the principles upon which they are accomplished, and continued to follow its traditional course. It still pursues the ancient “will o’ the wisp” “Specifics for Diseases,” ever failing and refusing to see that cure is always *individual*, in the *concrete case or patient*, never in the generalized disease; and that such a thing as a specific cure for a disease does not, and in the nature of things, cannot exist, since no two cases, even of the same disease, are ever the same. Realization of such failures, and bacteriological confirmation of the teaching of Hahnemann in respect to the nature and cause of certain diseases, taken together, should at least create a presumption in favor of the truth of his teaching in regard to the cure of those diseases and lead to a scientific investigation of his method.

Dr. McConkey, viewing Hahnemann’s theory from the standpoint of bacteriology, pointed out, first, that we have inherited from preceding generations, a false and misleading interpretation of what Hahnemann really taught in regard to *Psora* as the cause of chronic non-venereal diseases.

(To be Continued.)

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## EDITORIAL NOTES AND COMMENTS.

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THE PASTEUR INSTITUTE INVESTIGATION OF HOMŒOPATHY.—The scope of the investigation of Homœopathy by the Pasteur Institute has not yet been made clear. In his original letter, as published in the May number of the *Journal of the American Institute of Homœopathy*, the Preparateur states that he is “actually studying, in view of a publication, the scientific value of *the facts on which Homœopathists ground their theme.*” (Is “theme” a misprint for theory?)

In the absence of any precise definition of the “theme” in mind, the natural inference is that the Preparateur refers to the doctrine commonly known as “The Law of Similars,” and expressed in the maxim, *Similia, Similibus, Curantur.*

In the June issue of the same *Journal*, however, we are editorially informed that “Inquiry at Paris reveals that Prof. Bertrand and Dr. Dejust *are studying various actions of infinitesimals*”; adding, (what must be disquieting information to the guilty parties), that “their attention has been attracted by reports in medical journals from America that homœopathic attentuations of certain medicines *have been destructive to the lives of experiment animals!*” (“The S. P. C. A. ’ll git y’u if y’u don’t watch out!”)

There seems to be some misunderstanding here. To those who do not realize how important the homœopathic doctrines of Potentiation and the Infinitesimal Dose are it will seem improbable or even ridiculous that the Pasteur Institute should confine its investigation to “infinitesimals.” But to those who have more deeply studied the scientific phases of the doctrine of infinitesimals and who are aware of the researches in this field in other de-

partments of modern science, other considerations will present themselves.

In the absence of more precise information it may be well to point out that, while the limitation of the investigation to *objective, measurable phenomena*, "such as variation of temperature, of the pulse, arterial tension, hematologic formulæ, urinary composition, etc." (see letter), is scientifically necessary, it may not afford a basis broad enough to do full justice to Homœopathy.

Dealing only with objective phenomena it may be difficult, if not impossible, to establish the principle of similia to the satisfaction of the Pasteur investigators, especially if the drugs are tested on human beings and used only in "homœopathic," that is, infinitesimal doses. It will depend upon their mental attitude.

Very small, or even infinitesimal doses, in properly selected, susceptible human subjects, will undoubtedly produce phenomena which are objective and qualitatively and quantitatively measurable, but it is doubtful if the quantitative measures in human test subjects will conform to the lethal standard suggested by Dr. Dejust.

In his original letter, Dr. Dejust said: "As a sample of such work I shall *quote (sic)* the work published in the HOMŒOPATHIC RECORDER, August 15, 1920, on the action of Benzol, Iodine and Kali Bichromicum (Dr. R. F. Rabe)."

In that article will be found the remarkable statements which appear to have startled Dr. Dejust and his confreres, as they doubtless startled others on this side of the water who read them with due attention and which are alluded to editorially in the *Institute Journal*.

That tests made with the 2x, 3x, 6x, 12x and 30x potencies should "have been destructive of the lives of experiment animals," and that the first animal to die was the one which had received the 30x potency is indeed startling.

With our lately acquired scientific knowledge (relatively slight though it be) of the tremendous latent power of the intra-atomic forces, there is nothing inherently improbable in the statement that the 30x potency of a drug, "fed" to such a delicately susceptible little creature as a guinea pig, set up a morbid vital process which ended its life in a few days.

Such experiences tend to prove not only that the living body is



the most delicate reagent in the world, but that Hahnemannian mechanical potentiation, by trituration, solution and dilution according to scale is a highly efficient method of releasing latent atomic energy. It would be unreasonable, however, to expect the 30x potency to produce a lethal effect upon a human being (except possibly in an abnormally susceptible individual) and it would be absurd to make death, or even the production of a serious organic lesion in a human being, the only criterion of homœopathic medicinal action.

Nevertheless this arbitrary standard and the mental bias it reveals has existed in the past, and may still exist. The refusal to regard a medicine as homœopathic to pneumonia, for example, unless it has actually produced the gross physical lesions of pneumonia experimentally in a healthy subject; the refusal to use, or to accept as true reports of curative effects from the use of any drug beyond the 11th potency, are evidences of the existence of this narrow and unscientific frame of mind in many men of our own school. Does the reference to lethal action by the 30th potency show a similar bias in the minds of Dr. Dejust and Prof. Bertrand?

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In this connection we are reminded that the great new laboratory made possible by the munificence of Mr. Charles F. Kettering, himself a scientist of the highest standing in the electrical world, will devote a large part of its time and resources to research on the action of infinitesimals.

Profound thinkers and many lesser minds of the homœopathic school have always recognized the fundamental character and paramount importance of Hahnemann's teaching in regard to potentiation and the minimum dose, in which the doctrine of infinitesimals is contained.

There have been those who held that Homœopathy must eventually stand or fall on the doctrine of infinitesimals as Dr. Samuel A. Jones, of Ann Harbor long ago predicted? In 1872 Prof. Jones wrote: "Let us guard our homœopathic heritage most jealously. The provings on the healthy, the simillimum as the remedy, the single remedy, the *reduced* dose, may be and will be filched from us one by one, and christened with new names to hide the theft. What will become of Homœopathy?"

"It will live despite them in Hahnemann's posology. *The very infinitesimals which so many are ready to throw away, are all that will save us.*"

It is an occasion for rejoicing among loyal homœopathists that physical scientists have reached a point in the progress of science where they too realize that the subject of infinitesimals is fundamental. The whole trend of science for the past quarter of a century has been toward this point.

S. C.

RECOGNITION AND SERVICE.—It has come to pass that the old school as a body is perfectly willing to recognize and associate with reputable homœopathists who are legally qualified physicians in good standing, *as individuals*. In fact, many old school societies are making a special effort in the interest of general professional harmony and solidarity, to induce reputable homœopathists to join their ranks and co-operate with them, medically, scientifically and politically. There are good reasons for this which have nothing to do with Homœopathy as a system of therapeutic medication.

Old school societies are not concerned today with a man's private therapeutic beliefs and methods any more than they are with his religious beliefs. From their present point of view, that is a matter for the exercise of individual judgment and discretion. They will grant to the homœopathist who becomes associated with them the same rights and privileges in that respect that they claim for themselves, providing of course that he shall conduct himself with due regard to the amenities and proprieties of professional intercourse—like a gentleman.

Recognition of Homœopathy, in the larger sense, is another matter altogether, not so easily disposed of.

Recognition is more than a mere passive concession, a pat on the back, or an empty honor, patronizingly bestowed upon individuals. Recognition of an institution or a system is a formal acknowledgment and acceptance of the thing presented.

Recognition is something to be won by merit and maintained by continued effort. It is like happiness, in that we do not get it by seeking for it. It comes to us as a result of duty well performed, of work well done. The way to get "recognition" for Homœopathy is to forget it and go to work, or keep on working.

healing the sick by scientific homœopathic medication. We must continue to demonstrate, in appropriate cases, by genuine accredited cures, that the pharmaco-therapeutic system we advocate and employ is the only true and scientific method of treating disease by medication.

Homœopathy is not an automatic device but an everlasting struggle. It means work.

Homœopathic cures are not made (except by accident) by haphazard, lazy, slovenly prescribers. No physician can fool either the medical profession or the people very long by botch-work and misrepresentation. Nothing but clean-cut, accurate, systematic work counts in the long run. Such work can only be done by the intelligent, conscientious, systematic application of definite principles.

The old school medical profession knows what the essential principles of Homœopathy are and when they are applied, and the people are gradually learning. When they see a professing homœopathist do unnecessary surgical operations; write prescriptions for the drug store; give combination tablets or two or three medicines in alternation; make cursory examinations or no examination at all worthy the name; keep no clinical records; make snap-shot diagnoses and generally manifest no interest in the case except to keep the patient coming and collect his fees, it does not take them long either to classify him as a pretender or condemn the system he professes to practice as a fraud.

When every homœopathist devotes as much time and effort to perfecting his technic of prescribing as the pathologist devotes to perfecting his technic of blood chemistry, for example, and carries it out as scrupulously, he will not only get results as uniformly and as certainly as the pathologist does but he will get recognition.

S. C.

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## TOXIC DERMATITIS WITH SPECIAL REFERENCE TO PRIMROSE POISONING.\*

Franklin H. Cookinham, M. D.

The position occupied by skin diseases in the field of work of the general practitioner is usually one of minor importance. This probably depends mainly upon two causes. First, insufficient knowledge of both diagnosis and treatment, and second a lack of interest in the subject. There is always a feeling in the mind of the average patient that skin diseases and uncleanliness are more or less synonymous and lurking in the recesses of the brain of many practitioners is to be found the same thought. Of course there are many skin conditions that may bear some relationship to lack of cleanliness, but in a large percentage of cases this is not true. If a lesion on the skin that may be examined both macroscopically and microscopically, touched and handled by the diagnostician, presents such difficulties in diagnosis, it is no wonder that Sir James McKenzie stated in a recent article, that, of the vast army of afflicted, only a small per cent. (5 to 10) are capable of being diagnosed with any degree of accuracy. Sir James makes a plea for the reawakening in symptomology that is strikingly near homœopathy in its scope and application. It is not the intention of the writer to hold a brief on the diagnosis of skin diseases, but two recent experiences have forcibly drawn his attention to the field of toxic dermatitis, and upon reviewing the literature there was found a remarkable paucity of articles, especially upon Primrose poisoning. It may be stated briefly that the

\*Read before the San Francisco County Homœopathic Medical Society, October, 1920.

Primula or Primrose is a flowering plant used by many in their homes as a floral decoration, is frequently the cause of dermatitis of more or less severe degree, a fact not sufficiently recognized by the medical profession.

In this country attention was first called to the poisonous properties of the species known as "Primula Obconica" by J. C. White, in 1889, shortly after the plant was imported from China in 1888. With the exception of several case reports by American writers, there have been no further contributions to the literature, and the latest dermatologic textbooks scarcely mention it. The writer searched at least twelve homœopathic books on "diseases of the skin" without finding a reference to Primula Dermatitis. The first homœopathic proving was made by the Reverend Brett in 1892, which is reported in the *Homœopathic World*. A short proving is given in Anshutz, and the report of the proving is given as stated before, in the *Homœopathic World*, 1892. The characteristic eruptions of the drug are given as eczema and papular eruptions. Eruptions between the fingers resembling scabies, is given as one of the prominent symptoms. The principle modality is aggravation at night and the general characteristic is that of itching, and less prominent is burning. This is characteristic of Arsenicum, Anacardium, Rhus Tox., etc. The source of irritation was originally thought to be the fine hairs that are found abundantly on the flower and leaf stalks of the plant. It was concluded that, since these hairs are pointed, they might produce a mechanical irritation, but later investigations have proven that these hairs are not easily detached and that there is a secretion in the hairs which is the irritant. The hairs are all glandular and exude a greenish-yellow material which forms brownish-yellow masses that are readily detached by the slightest touch. The type of the dermatitis varies, and apparently depends upon the degree of personal idiosyncrasy. Those possessing a well marked idiosyncrasy respond with an intense inflammation, erythemato-vesicular in character, at times with the formation of bullæ, and accompanied with more or less swelling. Others develop an erythemato-vesicular eruption of a less acute type, with considerable infiltration, after repeated attacks, and scaling continued over a long period. Again in others an intensely itching or burning sensation, confined to the pulps of the



fingers, which are puffed, tense and slightly reddened, may be the only evidence of reaction. The eruption is most often found upon the hands, forearms and face, and remains limited to these parts, which come directly in contact with the plants or to which the irritating principle is transferred. This limitation is in marked contrast to that seen in Ivy Poisoning, in which the areas of the skin remote from the point of original contact are frequently severely affected. The first symptoms usually observed are intense burning and itching without visible change in the skin, this is however soon followed by a reddening of the skin and some swelling; small vesicles follow soon after the primary stage of itching and burning. Constitutional symptoms, *e. g.*, sleeplessness, anorexia, and general nervous instability may be observed and can be accounted for by the intense itching and burning. In country practice the cases are noted as acute cases in the months of April, May, June, July, when the primrose flowers are budding and in bloom. The subacute and chronic cases begin in spring, and an acute exacerbation occurs each succeeding spring. It is not at all infrequent in districts where primrose flowers grow abundantly, to see chronic cases extending over a period of 10 to 15 years. The most common diagnoses are eczema and dermatitis, cases of either the acute or subacute or chronic types are readily cured by removal from the district where the primrose grows. The degree of reaction observed and the immunity of others, suggests the existence of an immunity, although Nestler states that no one is entirely immune and suggests as a preventive measure, that florists should acquaint prospective purchasers of the *Primula Obconica* and *Primula Sinensis* with the irritating properties of these plants, and thus assist in not only decreasing the number of cases of dermatitis, but in arriving at a correct diagnosis and early recognition of their cause. The writer desires to report the following cases:

Case 1. This case did not come under my personal observation, but was reported by the patient's daughter-in-law. The plant was purchased in October and was placed in the window of the front room. The patient, an elderly lady, was in the habit

of sitting by the window during the afternoon, and in separating the curtains to admit more light, it was necessary to reach over the primrose. A short time after, there appeared an eruption on the anterior portions of the wrists and lower third of the forearm and also on the fingers. Marked itching and prickling were first noted and when the irritated area was scratched, a vesicular eruption appeared. Local remedies, *e. g.*, compresses of baking soda, were used, but had little effect in allaying the itching. Several days after this, in order to fully regale herself with the exquisite perfume of the plant, the patient leaned over to smell the flowers, this was followed in about three hours by burning and itching of the upper lip, this was likewise followed by a vesicular eruption resembling poison oak. A period of time elapsed, during which the habit of sitting by the window was not indulged in. This was followed by a remission of the eruption, to be followed by a recrudescence whenever she again handled the plant. After this had happened several times, the attention of the patient was centered upon the plant as the offender, this resulted in the banishment of the plant to the basement, with consequent cure.

Case 2. This case was by no means as clear cut, nor was the diagnosis so readily made. The patient, Doctor A, consulted the writer on July 28, 1920 complaining of a rash which began first upon the dorsum of the hands and was chiefly on the web between the fingers and the lateral surfaces of the fingers, the papules were small, red in color, discrete, nonindurated base accompanied by intense itching which was < by scratching < at night < use of water on the hands. After scratching, the papules were changed to vesicles and scratch marks were found in number on the dorsum of both hands; the areas of the eruption were accompanied with swelling. A diagnosis of scabies had been made by a skin specialist in this city, and the usual treatment had been followed out faithfully, with no result. There was an area of dermatitis the size of the palm, on the left side of the back of the neck. This did not vesiculate as did the eruption on the hands, but had the same burning and itching, the

patient described the itching as the nettlerash. The first prescription given was *Urtica Urens* 2x, this was given for a week, with no improvement except possibly slightly less burning, but no change in the intense itching. On August 4th, after reviewing the case, *Rhus Tox.* 3x was given. This was given on the following indications: papules, small red, intense itching, after scratching burning, vesicular formation, nightly aggravation. The *Rhus Tox.* was continued for three weeks, changing the potency from 3x to 6x then to 30x with an occasional dose of Sulph. 30x at night. The condition improved, the area became smaller, the itching disappeared, but burning remained. During this period the most puzzling feature present was the appearance on the face of small patches resembling those on the hands. The patch would appear at the outer canthus of first one eye, then the other, to be followed by a small area about the nose or forehead, each appearance lasting three to five days and then disappearing; there was always considerable itching, but no vesiculation on the hands, the area on the neck had completely disappeared. On August 25 the areas on the hand and a small area on the left forearm remained, there was no rash, but a redness instead, with itching and prickling. There was a slight scaly desquamation on the areas (warmth of bed or artificial heat). *Nat. Mur.* 30x was given, and in ten days most of the eruption had disappeared. On September 11 the patient came to the office and stated that during the past six months she had had a potted primula on her desk, and in retrospect, each exacerbation or extension had followed the removal of dead leaves from the plant or after watering it. Removal of the plant completed the cure. After discovering the cause of the eruption the patient was asked if she would be party to an experiment, that of taking *Primula* 30x and still keep the plant upon her desk. This was agreed to, but the *Primula* 30x was not obtainable. One of the most interesting features, was the gradual but steady improvement of the lesion in spite of the constant care and handling of the plant. If one may draw conclusions from drug provings, *Primula* should be of great service in cases of eczema, dermatitis, or *Rhus* poisoning which present the characteristic lesions and modalities.

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EDITOR'S NOTE.—Dermatitis caused by handling primroses has been cured with *Fagopyrum esculentum*, (buckwheat), a fact reported by the editor in previous issues of THE HOMŒOPATHIC RECORDER. The indicating modality was the *Symptom*—*itching > by washing in cold water*. See *Allen's General Symptom Register*, page 674, line 24.

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OUR MATERIA MEDICA; A STOREHOUSE OF  
 CERTAINTIES.\*

A. S. Ironside, M. D., Camden, N. J.

In reviewing a paper read at our last meeting entitled "Homœopathy Vindicated by Modern Research," one is depressed with the openly avowed lack of faith in the curative power of plants or minerals, though such persons are compelled to acknowledge they have the power to destroy life.

Why does this fact exist? Are the unreasonably long years of medical courses robbing the instructors of confidence in that which our Creator gave for the healing of the nations?

What has produced such hordes of drugless systems of healing?

Is there no way of brilliantly condensing vast quantities of medical knowledge, just as a schoolboy can see in one hour at a picture show the whole story of one of Dicken's works called "A Christmas Carol," and comprehend it much better than in a three months course of study in the orthodox school method? Or just as the old manner of nail-making at an anvil, has been

\*Read at the October, 1921, meeting of the N. J. State Homœopathic Medical Society.

superseded by those machines which eat up strong iron wire into nails by the ton every day.

Is it not fresh in our memories how the farmer cradled his wheat, and with great effort he made little progress, but it was the best known way until the inventive powers of man produced the reaper, then the binder and now the grain is cut and threshed at the same time where farming is done on a large scale.

Let us earnestly look forward to some system of instruction through modern devices, that our medical students may be enthused with the fruitfulness of our remedies, and the long wearied training in learning to cure the sick may be abbreviated, for it is now a sin before God and an outrage upon man.

To those present who through many years of practice have gained confidence in medicines, the study of our remedies familiarizes one not only with the symptoms caused by each drug, but also with the nature of each one; just as the country boy knows what kind of bird built each nest he finds, by the materials used and the various locations where the nests are placed. The materials may be mud, twigs, hair, etc., so each plant mineral or substance used as a medicine, modifies the health in a definite manner, selecting various parts of the body in a logical way, and producing signs and symptoms peculiar to each one given.

The results are always definite upon the persons taking them. No matter who the person is, when it is taken, nor where the individual may live.

Let us illustrate this subject a little by reviewing the potash family:

They all produce a lowering of the vitality, consequently such persons are then chilly and their distresses are worse in cold weather. They lack resistance. The mind and body become similarly affected. There is weakness of memory, and the muscles have no snap; so we find heart action feeble, slow or intermitting; circulation poor which favors catarrhal conditions.

Now these are general conditions pertaining to that family, but each member has individual characteristics, just as one bird builds its nest of mud upon a board near the top of the barn; another will build one near by of twigs plastered most wonderfully together with gums, while a third selects the delicate branches of a tree, winding in hairs and grass to form its home.



In examining one of this group, *Kali bichromicum*, as to its action upon the human body, we find it produces emaciation, an anæmic appearance and general weakness. There are no rushing fevers incident to its presence in the system, nothing comes on in a hurry. Things just slow down, and after a time manifestations of an undermining of the constitution are not wanting. Catarrhal conditions in the nose, throat, stomach or bowels may occur.

The first case I ever treated of catarrh of the nose and throat calling for this remedy had thick, yellowish, green mucus, very offensive, and the breath was a real penetrating stench. This honest Irishman was an inveterate chewer and smoker of tobacco. He also believed in occasional drinks of whiskey. And here I would confirm the words of Kafka that alcohol, tobacco, salt, and high seasonings hinder the cure of catarrhal patients, and would also add a suggestion that cold drinks and cold foods of all kinds aggravate catarrh of the throat and stomach, while hot drinks sipped slowly are very beneficial. After three weeks of treatment I was satisfied that *Kali bi.* was absolutely no good for him, that it was praised for work it could not do, so I corked the bottle up and never used it for over five years, when another case having a similar catarrhal state was given the same remedy for over five weeks, when improvement started and resulted in complete relief. It was then I awakened to the nature of *Kali bichrom.*, that it is a slowly acting remedy in meeting the needs of chronic catarrhal patients.

This experience prepared me to meet a case which came in March, 1907 having the following symptoms:

Hoarseness during the past two years and at times talks in whispers.

Hoarseness originally followed a cold contracted during a menstrual period, from sitting on cold damp ground.

At first she had spells of choking coughs.

Had a hacking cough; all the time trying to clear the throat; nose always stuffed, a tight feeling at the middle of the nose.

Nose very sore by spells, and feels raw.

This patient was very fat and had a fair complexion.

Shoulder blades are cold.

Headache across the forehead each month, before the menses.

Throat red, raw looking, and the soft palate had a number of red spots in it.

Takes cold easily.

Three sisters had died of consumption.

Previous to two years ago was treated for bronchitis.

Mucus from the throat is hard to raise and leaves a raw burning sensation.

Kali bich. 200 was given, and in seven weeks could talk clearly, though it was several weeks more before her voice got strong. The cough disappeared and she has had no chest trouble since.

Another patient: contracted a grip cold, and had a most violent persistent cough.

Several visits to her bedside, utterly failed to relieve the coughing. Finally in searching for symptoms, I found two small ulcers upon the soft palate, at each side of the uvula, clear cut punctures. Here was an opportunity to do some good, if I could not cure the cough.

Such ulcers are singularly characteristic of Kali bich. She was given the two-hundredth potency, next day I was cheered with the words, "You hit it this time, there was only one light attack of coughing through the night."

Here the chromic acid in the Kali bich. was true to its nature, for it is apt to eat deep into the tissues and those who labor in chromic acid factories are liable to have such ulcers upon their arms.

Recently I heard of a good man, a clergyman and his wife who had taken to drinking the water in which potatoes had been boiled, these dry times. However, it was not so much with the object of cheering the heart as it was for curing rheumatism. It is wonderful how some people find out things, they knew the water cured rheumatism but did not know it was the potash salts in it that did the work. This substance is found just under the skin of the potato, usually in peeling the potato before cooking we throw away the peelings, rob our systems and pave the way for tubercular troubles.

Now these potash salts have an effect upon the muscles and bones. The lower part of the back is a favorite locality and a couple of cases may illustrate their line of action.

Mrs. H., aged forty-three, sought advice, last June concerning a pain at the coccyx. She gave a history of a severe fall upon the end of her spine over a year ago, and that some months after the accident, she had a portion of the coccyx removed, as it was bent far forward. Still a hard pain continued to return if she rode any distance in an automobile. Also after stool she would have pain in the rectum for one to two hours. Kali bich. 200 completely relieved her in ten days.

The other patient was a constant sufferer, since the birth of her babe, fourteen months ago, from a painful aching across the upper part of the sacrum. She was assured by the physician who attended her in confinement that time and some local uterine treatments were necessary, but not certain of any prompt relief. Kali carb. 200 which is a wonderful remedy in such cases of strain following child birth, removed every trace of her distress in one week.

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### A BAPTISIA CASE.

Volney A. Hoard, M. D., Rochester, N. Y.

The patient, a robust man, forty years of age, who never had been sick, by occupation city salesman for a large wholesale grocery house, there was no apparent exciting cause, unless it may have been overhauling his automobile which was done evenings, he working until eleven or twelve o'clock after a strenuous day's work, and perhaps dampness of the garage was a factor. He came to my office March 23, 1921, saying there was nothing wrong with him. His wife, who came with him, saying he did not seem right, was inclined to be drowsy, had no interest in things, and a general negative condition. His temperature, pulse, and bowels were normal. At this time gave him bryonia.

Three days later was called to the house to find temperature was  $99\frac{1}{2}$ , slight confusion of mind, slow at answering questions, would forget to finish a sentence, face slightly flushed, sleeping all the time; gave opium. The following two days the symptoms were more pronounced: continued the opium. On the 28th the face was more flushed and his forgetting to finish a

sentence was more pronounced; gave arnica. On the 29th in consultation with a nerve specialist of our own school, because of motions of arms, picking at bed clothes, a chewing motion of the mouth, etc., we gave hellebore.

The following day there being no improvement, and continued muttering about his business, returned to bryonia. From this time until April 3d, the twelfth day of the disease there was little change of symptoms, the muttering, tossing of arms and lethargy continued to increase, with little if any rise of temperature. On this day some of the relatives thought they would like to have an old school nerve-man see him, which I was very glad to do, and he confirming the diagnosis of Lethargic Encephalitis, recommended Sodium Salicylate. During this visit his wife told me that for a day or two he kept talking about his bones getting separated, and he was trying to get them in place, and that he had just put back into place his kidneys which he said were displaced.

These symptoms suggested Baptisia and I felt that this keynote was indeed a key that opened wide the possibilities of a cure in this case. With Baptisia in mind, I found that it also had in marked degree the drowsiness, besotted expression of face, falling asleep when answering questions, the muttering delirium, etc., so notwithstanding the prescription of the consultant, I told the wife of my opinion, and she being a strong believer in Homœopathy, told me to try it, which I did, giving Baptisia Thirtieth. From that day, April 3d, there began a gradual amelioration of symptoms, he became more quiet, less muttering, and had a more natural expression, and until April 23d, had no other remedy.

On the 23d, for some lack of muscular co-ordination, I gave Gels. and on May 19th gave Ruta for some symptoms of eye-strain which finished the case, and in six weeks from the onset of the disease, he returned to his work well.

The blood counts and urinary analyses were normal all through.

It was an interesting case in many ways, it was the first of the kind I had ever seen. Some of the family and the members of his firm were unbelievers in Homœopathy.

It demonstrated what a chance observation will help in the selection of a remedy, for had not the wife noticed the symp-

tom of feeling scattered about the bed, I probably would never have known of it.

It shows the value of keynote prescriptions at times, for afterward in looking it up in Kent's "Repertory" did not find Baptisia mentioned in a degree that would lead me to prescribe it.

After recovery the patient said that during his sickness he had continually the sensation that he was behind a high wall and although he recognized my voice and that of his wife, he could not get from behind this barrier, and that as he improved this wall gradually disappeared.

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"IN NOTHING DO MEN COME SO NEAR TO THE  
DIVINE AS IN GIVING HEALTH TO THEIR  
FELLOW MEN."

Eli G. Jones, M. D., 1331 Main Street, Buffalo, N. Y.

The *best*, the most *definite* treatment for Infantile Paralysis I have ever seen may be found in the August number of *Iowa Homœopathic Medical Journal*, Des Moines, Iowa. It was written, I presume, by Dr. George Royal, who is about the best prescriber in the West.

Dr. C. M. Boger, Parkersburg, W. Va., reports a case of Cancer of left breast *cured* by Nitric Acid. This woman had been *operated* on and the Cancer had *returned*. As this cure was made twelve years ago, and the patient is still *living*, we may conclude that it is a *permanent* cure.

In a letter received from Dr. L. E. Rauterberg, Washington, D. C., he presents the following interesting case. "A young lady had been under my treatment for various minor disorders with perfect results for some time, when I suddenly lost track of her. Last spring she again called to see me in company with a man she introduced as her husband.

A few weeks before she had been seized with violent, sharp pains in both ovaries, and the first doctor consulted, after blistering and using ointments and Iodine without relief, called a consulting physician and they both agreed upon an immediate operation. A removal of both ovaries, as the only means of relief.



They kindly communicated with a surgeon and arranged for a minimum charge of \$250 for the operation, owing to the limited circumstances of the patient.

Upon examination I found the ovaries swollen the size of an orange, intensely painful to contact. The menses formerly regular were now overdue. Close questioning and further examination yielded no further information. I selected *Apis* as the most promising remedy, and directed her to call in a week's time and report results.

As the couple were leaving my office I heard the woman exclaim, 'Why, John, be more careful, or you will trip me again as you did before when you caused me to fall down stairs!' I called them back and was informed that up to the time of the *fall*, she had had no pain and felt well.

The soreness and pain developed the next day *after* her *fall*. In my previous examination of her nothing was said about a fall. I now reclaimed my prescription, *Apis*, and gave instead *Arnica* 6th x. In one week later the patient reappeared and exclaimed, '*I am perfectly well.*'"

The above cure was a *splendid* one and I am impressed with the idea, that the good doctor showed *excellent* judgment in his prescriptions.

I have always contended that Cancer was the *local* manifestation of a *constitutional* disease. Some of the leaders in the profession have come around to my view.

#### SURGERY IS NOT CURING CANCER.

In a vigorous attack upon the prevailing habit of treating Cancer by cutting it out, addressed to the *Medical Record*, Dr. L. Duncan Bulkley writes:

"A careful study of the United States yearly Mortality Tables would convince any one of the futility of such a proceeding. Under wise and careful medical treatment the mortality of tuberculosis has fallen nearly 30 per cent. since 1900, while that of Cancer, under surgical management, has actually risen nearly the same 30 per cent. in that period.

"It is a lamentable fact, also disclosed in the same tables of statistics, that in the year 1915, which directly followed the crusade of certain overzealous surgeons throughout the country, propagating such ideas, that there was a rise in Cancer mortality which

was actually more than double the average rise during the preceding five years! There could hardly be any other cause that could produce such a result in a single year.

"It is strange indeed that such blindness should affect the medical profession, and through them the laity when it is acknowledged now by the surgeons that 90 per cent. of those once attacked by Cancer die therefrom. A recent study of the death statistics of the Board of Health of New York City has revealed the really alarming fact that during the period from July 1 to December 31, 1920, the deaths from Cancer had actually exceeded those from tuberculosis by twenty-two—2691 to 2669, and this in spite of radium aiding surgery. Is it not time to call a halt and see if we are on the right track in regard to our understanding and treatment of Cancer?"

"Led by honest, industrious, intelligent and capable pathological laboratory workers, clinicians have regarded Cancer as a local disease, whereas it has been abundantly shown and declared by any number of good clinical observers, surgeons as well as physicians, that it is a constitutional disease, quite as much as are gout and many other affections."

I am of the opinion that it is the *little* things, the *simple* things in every-day practice that are a pretty good *test* of a physician's *ability* to heal the sick. Dr. A. O. Reppeto, Banks, Oregon, has proved his *ability* to heal the sick by *very* many *good* cures of what some may call very *simple* cases. He writes me: "A mother brought her baby to me a few weeks ago to have me treat it for colic. Her doctor and nurse had failed to relieve it, and nearly starved the child by a restricted diet. The baby was a greedy little pig and after watching it nurse I concluded that it sucked in *too much wind*. I gave them some Magnesia Phos, 3d x and told them how to use it. I also told the mother to eat plenty of good, plain food, all the cooked fruit she desired, (they had denied her fruit). When I came home yesterday she reported 'Everything O. K.' In my old Latin Grammar, I remember the sentence, 'Little things are little things, but to be *faithful* in little things is *great*.'"

I have had letters from doctors in different parts of our country. They report cases of Infantile Paralysis, they ask me for my treatment of the disease.

In a former number of THE RECORDER, published during the

epidemic of that disease I gave a treatment for the above disease that proved successful in the hands of many physicians.

I had a lady come to consult me with a severe cold. She had a sore throat and had *lost her voice*, could not speak above a whisper. I gave her Kali mur. 3d x and told her to add 15 tablets to a cup of hot water and take one teaspoonful every hour. In three days she reported over the telephone, "My sore throat is all well and I can *talk* as well as ever."

The reader should remember that Ipecac. 6th x is the remedy for *loss* of voice from *congestion* of the vocal cords, 10 drops every half-hour until the patient can *talk*. If you have a patient (no matter what the disease may be called) with face *pale*, *pinched*, *ghost-like* appearance, *sub-normal* temperature, and *weak*, *rapid* pulse *Arsenicum* 6th x will be *the remedy indicated*. A dose three times a day.

Dr. P. F. Price, Milo, Iowa, reports a good cure he made of a little child near death's door. He says: "A boy 4 years old was suddenly seized with an attack of muco-enteritis, the vomiting, griping, and purging was alarming; he passed at once into a coma, with high temperature. I put him on Magnesia Phos., Kali Mur., with Aconite and Gelsemium. There were brain complications with bright eyes, flushed face, contracted pupils, small and wiry pulse. The vomiting and diarrhoea were *controlled*, but he sank deeper into a coma, with *head drawn back*. In about twelve hours the condition of the child's brain was so much *worse* that *convulsions* ensued. I tried different remedies to control this condition but did not, so finally I put 10 teaspoonfuls of water in a glass. I added one teaspoonful of Lloyd's Tr. Gelsemium and two teaspoonfuls of Lloyd's Tr. Lobelia. Of this I gave one teaspoonful every half-hour until I gave all of that mixture. After I gave the second dose, he quieted down, but fever ran high and was quite nervous. I prepared another glass of medicine the *same as before*, and gave a teaspoonful every hour. He had no more spasms and in twelve hours the coma passed away and the temperature subsided. At my last visit, the child was doing well. Will recover nicely."

It is such *cures* like the above that help to *make* a doctor's reputation in a community. It is the thing that *binds* the people more *closely* to you. In some of the *cures* reported in my ar-

ticles for THE RECORDER, while the treatment may *not* be strictly Homœopathic, yet we must acknowledge that "*they deliver the goods!*" and that to *my* mind is very much *more important* than all your "isms" and "pathies."

Dr. E. C. Cowles, Lakeside, Neb., formerly of Cleveland, Ohio, has built up a big practice in that part of the West. He says, "Therapeutics is a lost art in this neck of the woods." The doctor reads THE RECORDER and gets much good out of it. I saw a little child a year old, she had cough mostly at night. The mother said the cough was spasmodic; had a "whoop" to it. I prescribed Tr. Aconite 3d x 15 drops in half a glass of water. To that I added 15 drops Tr. Ipecac. 2d x, and give one teaspoonful of the above mixture every hour.

If you have a case of a little child where the cough does *not* yield to ordinary remedies, and if there are any cases of whooping cough in the neighborhood, you may *suspect* the child has whooping cough. Then the above mixture will be just what the child needs, and it *may* be all the remedy needed in the case. When the cough becomes *spasmodic* with the "whoop" to it, Magnesia Phos 3d x will be a good remedy to give the child for for the cough.

In the above case I prescribed the above remedy for the child 3 tablets *after* each *coughing spell* in a teaspoonful of hot water. In four days the cough was *all gone*. It was one of the prettiest cures I ever made. Now, I am *not* sure that it *was* a case of whooping cough, but I believe in "*playing safe*." If it *was* whooping cough it was just the treatment needed for that *condition*. If it was *not*, the whooping cough it *would not* do the child any harm; on the contrary, it would "break up the cold" and *cure* the cough. I have always made it a rule *never* to give a sick person any remedy that *might do harm*. My patients all *understood* that fact, and I had their entire *confidence*. The year 1921 has been a *great* year for our profession. Some *wonderful cures* have been reported to me from all parts of our country. It would seem that our doctors are taking a deeper interest in the study of materia medica. They seem to understand the *true* and *definite indication* for their remedies, and as a result of this knowledge they are having *better* success in *healing* the sick. May the coming year of 1922 give us *greater victories* over diseased conditions than *ever before*.

## CLINICAL CASES.

Dr. Mary Senseman-Harris, Monticello, Ill.

Malandrinum—Appendicitis.

Henrietta B. Age 15 years.

July 7, 1921.

Temp. 100.4. Pulse 76.

Tender over entire abdomen. Very tender over appendical region.

Restless, but feels best if she can be very quiet.

Pain relieved by lying on right side.

Thirst for cold drinks.

No nausea. Bowels moving normally.

*Bryonia* 200. All food prohibited.

July 8.

No pain. Very little tenderness. Temp. normal.

A few hours after the *Bryonia* the patient began to perspire freely, and improvement was rapid.

Sac. lac. Remain in bed. Broth or fruit juice.

July 10.

Felt well until 5 P. M. on this date.

Temp. 102. Pulse 100.

Extreme tenderness over appendix.

No bowel movement. No nausea.

Restless, felt bruised all over.

I feared operation was inevitable, but it was late in the evening and patient would have to be taken considerable distance to a hospital. Besides, drugs are so much wiser than physicians or surgeons, and it is not fair to the patient to put her on the operating table because the doctor is attacked with hysteria.

I gave *Pyrogen* 200, expectantly rather than on clear-cut symptoms, for we lacked that disproportion between pulse and temperature characteristic of this remedy.

July 11.

Temperature 100.6. Pulse 80.

Very tender over abdomen.

Had been vaccinated Feb. 13, 1921. Wound suppurated for three months.



*Maland.* 200.

July 12.

Temp. and pulse normal.

Wholly free of pain and tenderness.

Sept. 7.

Has remained well.

Phosphorus—Cholera Infantum.

Helen T. Age, 11 years.

July 10, 1921.

Parents asked me for medicine. Said child vomited yellow fluid, was cold, wanted to be covered, even when perspiring.

*Nux v.* 6x.

July 12.

Child still sick, but had vomited no more.

Thirsty for cold drinks. Seemed to have fever.

Stools loose.

*Bryonia* 6x.

*Bryonia* has been the epidemic remedy in this locality for affections due to the intense heat.

July 13.

Called to see patient. She looked as though she would die within twenty-four hours.

Skin dirty lemon-yellow color. Dark rings around eyes.

She had started to vomit again. Vomit dark green, thick, odorless, looked like soft stool.

*Unquenchable thirst for cold water.*

Complained of feeling hot all over.

Excruciating pain in stomach and bowels, relieved by vomiting.

Bowels moving frequently, thin, offensive.

*Last bowel movement was involuntary and child was unconscious of it,* though not delirious at the time. Some delirium the night before.

Pain in region of sigmoid during stool.

Tympanites.

Temp. 102.6. Pulse 128.

*Phos.* 200.

July 14.

Stools still thin, but not frequent. Voluntary.

No pain in region of sigmoid.

No vomiting.

Child rested well.

Moderate thirst.

Temp. 100.6. Pulse 100.

Sac. lac.

July 15.

Temp. 100.6. Pulse 96.

Patient had made no movement since previous day, but was apparently no worse.

*Thirstless, even during the fever.*

*Copious perspiration during heat.*

*Nosebleed, from left nostril.*

Tympanites. Stools soft, brown, offensive.

*Sulph. 200.*

July 23.

Called at office. "Does not feel as if she had been sick. Wants more food than she had wanted for a long time."

Aug. 14.

Stools loose during forenoons, last few days.

*Sulph. 1m.*

Sept. 7.

No further trouble.

*Impetigo Contagiosa.*

Mrs. S.—and son.

June 16, 1921.

Both patients had ulcers on faces that looked like burned areas. Thin crust in middle.

Ulcers spread at circumference.

*Intense burning.* Very slight itching.

Poisoning by some plant was suspected. Learned that the boy went swimming in river daily.

*Rhus tox. 6x.*

June 17.

No change. *Burning* continued.

*Ran. bulb. 6x.*

June 18.

Ulcers healing.

Recovery was soon complete, Mrs. S. later reported.

Irma M.—Age 11 mos.

July 28, 1921.

Left side of neck, from ramus of jaw to clavicle, was red and denuded as if burned. Ulcers were oval or circular, having at one side a distinct crescent or water-like crust.

Thin, white exudate on denuded surfaces.

Similar areas in axillary line of left chest.

Crusted crescents more marked on chest.

Each raw area had started as a blister.

Evidently there was no itching.

History was that the child's uncle had had an eruption of same character on his face, and had played affectionately with the baby.

Eruption was of only a week's duration on child. A salve had been applied, but seemed to aggravate.

Child's general health was excellent.

The crescents were so striking that I gave *Syph.* 200.

July 30.

Grandmother stated that, July 29, baby's neck was so raw, inflamed, and moist with exudate that the little one could not turn her head without turning her body. Today no inflammation, no exudate, crusts falling off, baby feeling fine.

Sac. lac.

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## MODERN SCIENCE AND HOMŒOPATHY.<sup>1</sup>

Daniel E. S. Coleman, Ph. B., M. D., F. A. C. P.

Ten thousand years ago the Earth revolved around the Sun, the apple fell to the ground when the pyramids were being built, governed by the same law which caused it to fall in the year of 1921. The truth of Homœopathy established by Hahnemann in 1796 is as true today as it was then. The wonderful cures made by the pioneers of our school were achieved because of the intimate knowledge of drugs these master minds possessed.

The great advancement in medicine within the past few years can in no way influence the curative action of remedies,

<sup>1</sup> Bureau of Homœopath'c Philosophy, I. H. A., 1921.

diseases curable by them fifty years ago are curable today. Our present knowledge of pathology, laboratory technique, X-ray diagnosis, electric, radium, serum and vaccine therapy, while adding greatly to the general advancement of therapeutic knowledge, can in no way influence the efficiency of Homœopathy.

We often hear that pure homœopathic prescribing is out of date, that the newer methods have replaced it to a considerable extent, and that our colleges do not obtain the necessary financial support because the public in general have come to understand that modern medicine has displaced sectarian and more or less obsolete therapeutic methods.

While I do not believe that sectarianism in its narrow sense has a place in the mind of a true scientist, nevertheless he can at least believe in the efficiency of a certain law of cure and base his treatment upon it. Such belief and practice is in no way confined to the homœopathic prescriber, many physicians of all schools have their own pet therapeutic measures which they believe to be superior to all others.

The apparent waning of competent homœopathic prescribing and support is not the result of external influences or modern advances in medicine, but comes from within our own ranks. It is true, too true, that some of the leading homœopathic medical colleges are not graduating sufficient homœopathic prescribers or obtaining adequate financial support. If we are to eradicate the present downward trend of homœopathic nihilism, we must attack the obstructing causes at their very roots and eliminate the weeds which clog our advancement. There is no reason on earth why, with proper management, decaying colleges cannot be placed on a sound financial footing and organized in such a manner that competent homœopathic prescribers can be graduated. It is not within the province of this paper to point out just how this can be accomplished, but that such can be achieved must be apparent to any competent business or professional mind.

Another cause for the lack of interest in Homœopathy and for the inadequate prescribing too much in evidence today, is premature specialization. In former years it was the custom to enter a specialty only after a number of years' experience

in general practice. In this way only can one become thoroughly competent. A young man just out of college can have little real understanding of practical medicine, and possess only an outline of homœopathic *Materia Medica*. True knowledge can only come with study and experience. The premature specializer never acquires proficiency in homœopathic prescribing and the law of similars receives another "headlock."

It needs no extensive examination into the facts to show that the development of modern medicine can in no way influence the efficiency of Homœopathy, but should with proper organization and teaching, enhance its progress. Our knowledge of modern pathology cannot diminish the curative action of the homœopathic remedy. Such pathological study is of value in showing what can or what cannot be cured by medicinal therapeutics; it can guide us to more accurate understanding as to the diagnosis, development and prognosis of individual cases, and it can establish the necessity for operative measures, etc. Knowledge always helps the truth, and the truth of Homœopathy will be established upon a firmer base and be received with greater confidence if we can say, "Bryonia will not cure this patient; he needs an operation at once;" "This patient cannot be cured because pathological changes have advanced too far;" "No known remedy will cure this condition."

Bacteriology can place no obstructing hand upon what is curable by the law of similars. The discovery of the tubercular bacilli does not in any way influence our selection of a remedy. For example, one patient 54 years old with decided physical signs and the presence of tubercular bacilli in sputum, which were found upon repeated examinations, applied for treatment after a number of months' unsuccessful administration of kreosote and similar drugs. His weight was 139 pounds. The symptoms pointed clearly to the homœopathicity of Phosphorous. He gained rapidly in weight, the cough disappeared, the sputum became negative and the active lesion healed. His name was removed from the Health Department tubercular file. Today he seems in perfect health, weighs over 150 pounds, more than ever before in his life, and shows



only a healed pulmonary lesion as the sole evidence of his former trouble. I gave Phos. in the 30x and 30th c. Another case, male, aged 62. Marked physical signs, tubercle bacilli present in the sputum, weight 120 pounds. In this patient Hydrastis was indicated upon the symptom of thick, yellow stringy mucus and other characteristic indications. He gained rapidly, the sputum became negative and his name was removed from the Health Department file. He increased in weight from 120 pounds to 155 pounds. I gave Hydrastis tincture, gtt X in one-half glass of water, drams II, four times daily. This was discontinued from time to time when improvement was marked. Similar cases could be given, but these are enough to show that the discovery of the presence of bacilli did not influence the curative action of the homœopathically acting remedy. The bacilli disappeared under the reaction of the body to the action of the drug.

X-ray, of use chiefly for diagnostic purposes, is really homœopathic in its therapeutic use. For example, it has produced epithelioma in the healthy, similar to those which it is capable of curing. Such facts should strengthen our belief in Homœopathy.

Serum therapy is in reality Homœopathy. The field at present is limited to six more or less efficient serums, anti-diphtheritic, antistreptococcic, antimeningitic, antitetanic, antigonococcic and antitubercle. Antitoxins are not really drugs as we understand them, but antibodies formed within the organism of man or the lower animals. Nature will form its autogenous antitoxin if there is sufficient vital force. The homœopathic remedy, acting through the law of reaction, stimulates this power. In serum therapy we inject the antibody directly; in homœopathy we cause it to be formed autogenously. The philosophy is the same.

Vaccine therapy has found its way into general medicine of today. It is only a modification of the method taught by Xenocrates and introduced later through the homœopathic school by Dr. Lux in 1823 under the name of Isopathy. Hering, Swan, Burnett and others did much along this line. Hering proposed the employment of the diluted saliva of a rabid dog for hydrophobia in 1833, antedating Pasteur. Swan ante-

dated Koch in the discovery of tuberculinum. Koch introduced tuberculin in 1890. Burnett began his work with this remedy (under the name of bacillinum) in 1885 and obtained results never dreamed of by Koch. The secret of Burnett's success lay in the infrequent repetition of the dose. This gave the body a chance to react. Infrequent repetition is the successful method of treatment by isopathy, or vaccine therapy, today. The part played by the homœopathic school in the introduction and development of vaccine therapy (isopathy) should be kept constantly before our minds when we try to establish the truth and efficiency of our method of cure.

The use of the internal secretions belongs to the field of palliative medicine. The use of medicines affecting the secretions of the ductless glands, as recommended by Sajous, needs further clinical verification.

Biochemistry is simply a matter of dietetics. It consists in adding the various inorganic salts, silica, calcarea phos., etc., supposed to be deficient in individual diseases. Much sickness could be avoided if the proper attention were given to diet and demineralized foods were discarded. The refining of flour and other articles of food should be forbidden by law.

Instruments of precision, like the electrocardiograph, are more valuable as aids to diagnosis and prognosis, although according to Sir James Mackenzie, and which I believe to be absolutely true, the real prognostic indications in heart conditions lie in the subjective symptoms. The efficiency of the heart muscle is measured by the sensations. The value of sensations, so well understood by the homœopathic school, was appreciated by this great English physician.

The discovery of the *spirochæta pallida* has not altered the relationship of mercury to syphilis. The discovery of the *plasmodium malarie* in no way influences the truth of Homœopathy. China is truly homœopathic to many cases of intermittent fever regardless of the cause. The discovery that mercury would cure syphilis was one of the greatest achievements in the history of medicine. Careful examination into the pathogenesis of this metal and its combinations cannot fail to point out the homœopathicity. It has the rheumatoid pains in the muscles, aching of the bones, especially the ulna

and tibia, feverishness, hemicrania, and aggravation from heat of the bed characteristic of the prodromal stage of syphilis. We find a perfect homœopathic relationship in the lesions of the skin and mucous membranes, the throat symptoms, the enlargement of the lymphatic nodes, certain eye conditions (keratitis and scleratitis), ptyalism, anaemia, etc.

Dr. Allen wrote in the "Hand Book": "The long bones are attacked rather than the flat ones (opposite of syphilis). The iris is never affected." During the tertiary state the flat bones are affected by syphilis, but at this time mercury is losing much of its curative properties, and other remedies, like aurum, iodine, etc., become indicated. In the secondary stage, when the therapeutic action of mercury is at its height, the pains are in the long bones. Iritis is only one of the many symptoms and is not a constant manifestation of syphilis. It is significant that mercury is not of great value in the stage where the symptoms do not correspond notwithstanding that syphilis still exists.

The discovery of salvarsan and neosalvarsan was heralded with a blast of trumpets. Syphilis was to be cured with ease and rapidity. As knowledge accumulated belief in the rapidity and ease of the cures diminished. Salvarsan is now used to control the symptoms and mercury has resumed its place as the great antisypilitic. It is worthy of note that Arsenic was used in the treatment of syphilis years before the introduction of salvarsan and neosalvarsan.

Much more could be said on this vital subject, but I do not wish to burden you longer. The object of this outline is to stimulate the exchange of ideas. We are facing a critical time in the history of our school, the strongest, broadest and most determined men must be at the helm to guide the ship of homœopathy to the haven of universal acceptance. Personal likes or dislikes, special privilege, desire for gain or power must be crushed. Better homœopathic teaching is essential. The Chair of Homœopathy and Materia Medica should be the strongest in a Homœopathic college, it should be manned by those possessing conviction, force, determination, breadth, receptiveness and wide clinical attainments.

Lastly, more frequent meetings devoted to the discussion of Homœopathy and *Materia Medica* should be held. Belief, courage, study, liberality, fairness, honest discussion and respect for the opinions of others are the qualities that make for the progress of Homœopathy in its broadest sense. Modern science will help the cause of Homœopathy if the homœopathic physicians will take advantage of their opportunities.

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### A PLEA FOR THE STUDY OF A-TYPICAL PROVINGS.<sup>1</sup>

H. A. Roberts. M. D., Derby, Connecticut.

The specialist in homœopathic *Materia Medica* and therapeutics makes many friends among the proven remedies which we recognize readily by their characteristics. This is a most fascinating study and we soon become fairly expert upon the family type and many of the details of each individual member of the family; so that we are able to prescribe many remedies intelligently. Then we meet with individuals in the study of the provings who are not like the major part of the provers. This reaction to the remedy differs in different provers just as much as the provers of the disease react in a dissimilar manner when attacked by disease. So while we are expected as specialists in *Materia Medica* to be able to differentiate the typical proving we cannot be said to be proficient in the Hahnemannian sense until we are able also to differentiate the a-typical provings.

To illustrate: Many of the provers of *pulsatilla* were women, yet the reaction of the male to *pulsatilla* is none the less to be noted. Again in the same provings of *pulsatilla* the major number of the provers produced fever without thirst, yet some few had fever with thirst. Again we are prone to regard *Nux vomica* as only applicable to the dark complexioned male, yet some of the provers were light complexioned and of the female gender.

<sup>1</sup> Bureau of *Materia Medica*, I. H. A., 1921.

Again we find that some of the remedies which are right-sided in the majority of the provers, become left-sided in a few and vice versa—the same as a majority of people are right-handed, yet some small per cent. are left-handed.

I trust I have said enough to bring out the need of more frequent and deeper study of the individual provings, for in so doing we will be able to select the correct remedy in many cases where the characteristic typical symptoms are overshadowed in the a-typical cases.

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### ARALIA RACEMOSA.\*

John Hutchinson, M. D., New York, N. Y.

Dr. Samuel A. Jones made the first proving of this remedy, a proving of unique excellence. He reasoned that a medicine used so extensively for coughs as a domestic remedy (Spikenard, often called "Spignet") must have real value. Accordingly, he gave it to himself and forgot it. He had reason to recall the incident, however, as that same night he suffered a most distressing attack of asthma. But he was subject to asthma, and the significance of this attack was, that it was wholly unlike those to which he had become accustomed.

Doctor Hale, in the year 1867, records the Jones proving in the several volumes of his *New Remedies*; Doctor Clarke gives a summary of it in his *Dictionary of Materia Medica*; Doctor Farrington refers to *Aralia racemosa* in harmony with the same proving; in the supplement of *Allen's Encyclopædia of Pure Materia Medica* (p. 323) the Jones proving is quoted from Hale, and other authorities have welcomed the accurate symptomatology for which we are indebted. Again, there are indications cited here and there for the remedy, but it must be admitted that not all our repertories have utilized its characteristics. Perhaps Lilienthal has given most in the successive editions of *Homœopathic Therapeutics*. There is a curious lapse in editing, however, as the current edition omits an important wording, which

\*Written for the International Hahnemannian Assn., Washington, D. C., June, 1921.



I will refer to later, since it illustrates so well what is fundamental.

Without doubt the pathological groups in which *Aralia* has place will be increased in number as we become better acquainted with the range of power of this remedy, particularly in its effects on mucous membrane. We may be quite prepared to accept a very much larger and more profound record of this power than has yet been published, remarkable as are the attributes already discovered.

In order to present the material I have gathered concerning *Aralia racemosa* it will perhaps be best to describe a case in which several similar remedies were selected, which, by their similarity to the case, and it may be said their *close* similarity, accomplished much, seeming in fact often to be, one after another, the very simillimum. It was a case of sub-acute laryngitis, persistent, painless, with occasional hoarseness, slight, gelatinous expectoration, sometimes absent for days. The patient said the local sensations would sometimes extend down the trachea, as if a fibrinous exudate clung and tickled, causing a momentary cough. This began in midsummer. The man was of apparently good health, aged fifty-nine. He was irritated in mind by consciousness of illness and by the persistence of symptoms. These were not troublesome except by the fact of their existence and the mental impress they made as belonging to the abnormal.

Conditions progressed without much change till the colder days of fall and early winter. As prescribed for at different times they were improved or so seemed to be. During the winter, however, there were exacerbations. The cough came oftener, mucus of a salty taste increased, the irritation extended more persistently downward. Later, there was an attack of asthma. It yielded to *Arsenicum*. A second attack was controlled by *Ipecac*. Again, after a time there were more attacks. They increased in severity until a very severe one kept the patient in bed several days. At last, when there had been moderate quiescence, the condition settled into a night cough. Prominently associated with the cough were these symptoms: On lying down, patient complained that the walls of the throat seemed to relax and rub together, causing an incessant tickling at some point. The larynx felt loose. Respiration was loud and whistling. On inspiration there was dis-

truss from sense of impending suffocation. There was a feeling that air could not be got quickly enough. While air hunger was great, cold air or draft could not be tolerated.

Finally, at about two o'clock one night, the patient declared he could get no relief from coughing constantly to detach the tickling mucus from his trachea. Much of it seemed to come from down low, though there was not the slightest soreness or constriction of chest. At no times was there absence of whistling, rattling, squeaking, or a combination of really musical sounds *on expiration*. It will be noted that in the proving it is stated these sounds were prominent on inspiration, which in this particular case was not so. While I will not take the time here to enlarge upon it, I should like to say that this variation in itself gives me confidence that, in the light of what occurred later, the remedy Aralia possesses a range of great extent in its symptomatology. All our great remedies cover many opposed conditions in different cases, and the selection of any one of them is not governed by this material factor, but by something finer, something more closely reaching the conscious discomfort of the patient, in this case, at least. In other words, it would probably have been quite an indifferent matter to him whether the wheezing sounds came on inspiration or on expiration as far as any choice of his might go. The leading note was altogether a different one.

It was this: The patient would cough and cough. There would be no relief because the mucus would not detach for a long time. When it did loosen it would reach the mouth without the slightest delay. After a little the cough would resume, and the same cycle repeat.

Lee and Clark's *Repertory of Cough and Expectoration* was within reach. The physician took it up, began at the first page and studied it carefully for two hours, reading it nearly through, or until reaching this symptom: "EXPECTORATION: DIFFICULT TO DETACH. BUT COMES UP EASILY, ARALIA Racemosa."

There was no Aralia to be had at the moment, nor until the next day. That was not far off, and during the following day the patient got the 200th potency of Aralia four times. That evening saw him in bed early and sleeping well. Not until four o'clock the next morning did he waken, having coughed not

once before, and then not coughing at all, but only, as he said afterwards, truly wondering that after what had happened, that after months of nights of cough discomfort he should feel assured that it was all finished. And so it was. He has received a few powders of *Aralia* in the 1000th potency, and he has had no intimation whatever of a return of any kind of asthma. Also it may be mentioned that his health in its totality has never been as good as it is now and has been ever since the *Aralia* was so fortunately exhibited.

It is in the face of such experiences that we feel the worth of available *Materia Medica*. The availability is precious and should never be curtailed, never disesteemed. The details of a faithful proving are most important, and so-called standardization belongs elsewhere, since we know that the single symptom of rare appearance is of first importance, not only as comprising the full individuality of the remedy, but also serving as the most direct guide to it.

It is a pleasure to concur with the suggestion of our President, Doctor Milton Powel, that the size and extent of *Materia Medica Pura* is nothing to complain of. The more of it we have the better off we ought to be. And it is a heavy responsibility to assume to eliminate what may have been voted useless in any recorded proving. I regret to say that the text as veritably recorded in the Lee and Clark repertory has not been given the same just prominence in all other works. That word, "EASILY" exactly as it is placed in the text was the high-light that illumined the remedy. There is something of the phenomenon in a symptom that is highly characteristic, and so it was here—intense inability to detach the mucus, involuntary raising of it. But the language of the prover and the same language of the patient led straight to the cure.

We approach our problems of pathology, if we approach them at all, through the knowledge of the power of remedies to construct, not through their power to destroy. Massive doses of drugs or even small doses of them administered on the anti-pathic or the heteropathic principle bear no resemblance whatever in their mission to the homœopathic simillimum. The statistics of mortality from heart disease, pneumonia, cancer, and tuberculosis leave no doubt in the mind as to the futility of a

false approach or of the systems of scientific control, whatever that may mean in the majority of cases. On the other hand, it may be safely understood that if our *Materia Medica* does not now contain them, it should certainly incorporate in good time the proven remedies it now lacks for meeting these widespread problems of disease now so surely increasing.

*Aralia racemosa* is a remedy of wide sphere, if not, indeed, of many spheres. It is to be thought of in disorders affecting nose, throat, larynx, trachea, bronchi, and lungs, complaints of many phases throughout the respiratory tract. Investigation already promises that *Aralia* is to be studied and used in hyperchloridia, hay-fever, sinusitis, cardiac disturbances, leucorrhœa, cystitis, to mention a few names, which certainly evidences its place of high importance. There is no doubt whatever of its value in some cases of pulmonary tuberculosis.

Homœopathy is mercifully prepared to control the inroads of disease from its earliest inception. Provings illustrate the precise needs of the patient from the very beginnings of his disturbed health, when the vitality gives delicate warnings of what is taking place. This is most reassuring to the clinician, who is able to recognize the true correspondence between the symptoms belonging to the patient and those belonging to the remedy; for *this correspondence is the most wonderful thing in all medicine*. It is the one thing we are permitted to recognize and profit by without the self-imposed task—if, indeed, it were not arrogance,—to solve its mystery and give our mistaken exegesis primary place. Rather, we are permitted to watch that wonderful reaction of the organism back to health by an immutable law.

Sometimes a difficult case sums up its essentials in the latest symptom. It was so in the instance here given. Then it becomes a matter far more delicate than any generalization, pathological or other. It is a problem of keen and particular estimate of very few items, one or all pointing the way to cure. Properly regarded, as with a clear knowledge of the guiding symptom, we shall be able to make sure that not one patient dies of anything but old age.

## CLINICAL MEDICINE.

Thomas G. Sloan, M. D., So. Manchester, Conn.

Case 1. A woman of sixty-five has had eczema of the palms and palmar surfaces of the fingers and thumbs for six months, deep cracks extending in every direction, scabs and extreme dryness. No itching or burning. Condition worse from putting hands in water. Finger joints enlarged. Constipation without any desire for many years, always takes laxative pills. Emptiness in abdomen in the middle of the forenoon and after noon. Gnawing pain in stomach relieved by eating. Rises twice every night to urinate. Yellow or white offensive discharge from left ear off and on for years. General aggravation from warmth, coffee disagrees. Sulphur 30, a dose at bedtime for a week. Two weeks later her hands had greatly improved, her bowels were moving daily, her discharging ear had cleared up, her appetite was good and she felt better in every way. She went out of town on a visit for the first time in six years and while away her hands became worse and she used sulphur ointment. Otherwise she remained well. On her return I stopped the ointment and gave her Sulphur 30, one dose a day for a week.

Eleven weeks after she was first seen, her hands were well except for one superficial crack, her bowels were regular, she felt better than for years and went South for the winter. Incidentally she had been treated by several other physicians without any relief.

Case 2. A stout, healthy-looking woman of twenty-nine has had eczema on the palmar surface of her right hand and anterior side of the fingers and thumb for eight years, there being deep cracks, very painful but not bleeding, no discharge, and much scaling. The scales appear first, then the scales and the skin underneath peels and the crack appears. Her fingers feel very stiff. Heat causes itching, water causes burning. She had diphtheria at fifteen, with antitoxin, intercostal neuralgia at twenty-six, two healthy children. Is fat, good-natured, black hair, and dislikes corned beef. She has been to many doctors,



and was treated with the X-Ray for a year with no improvement.

September 4, Sulph. 30, one dose a day for five days. She continued to improve till January 5, when she was given Sulph. 30 one dose a day for eight days. February 4 she received Sulph. 500 eight doses. April 22. No more cracks except a very slight one. There are still small areas of scaling and roughening. Has discontinued treatment.

Case 3. A man of forty-eight has had a persistent cough since the "flu" six months ago. Several physicians have seen him and he was told he had tuberculosis and should go to a sanitarium. He goes to bed at nine o'clock, gets up to urinate at eleven, coughs for an hour, and wakes again at three and has a long coughing spell. His expectoration is usually bluish, sweetish or soapy and thick. Occasionally he raises bright blood when he begins to cough. Cough worse in wet weather, better sitting up, tickling in the throat pit. Appetite poor, has lost ten pounds, constipated and chilly.

Physical examination did not show anything definite, his sputum did not show any T. B. C. Kali carb. 200 every two hours for six doses. Five weeks later he reported that he had had no cough for four weeks, his bowels were regular and he had gained three pounds.

Case 4. A woman of twenty-seven complains of fainting spells two or three times a week, which always occur when she is working in her warm kitchen. The faints were preceded by hazy vision or blindness and followed by occipital headache. Menses every two or three weeks, dark and fairly free. Irritable, cries easily, noise aggravates, general aggravation from warmth. She has a rough murmur at the apex, blood pressure 120/40. Hæmaglobin 75 per cent.

Pulsatilla 30 one dose a day for a week.

Five weeks later reports being free from fainting spells, but has had two blind spells. Menstruation came in four weeks. Later graphites was given as she became constipated, and as this remedy cured her of a very obstinate constipation several years ago.

Gowanda, N. Y., September 26, 1921.

THE HOMŒOPATHIC RECORDER.

To the Editor:—

I read with a great deal of interest the article of Dr. W. A. Yingling on the homœopathic results with yeast in September 15th issue. In the September, 1910 issue of the *Cleveland Medical and Surgical Reporter* there appeared under my name a paper on "Yeast Therapy" in which I suggested the theoretical action of this old-fashioned remedy as follows:

1. Yeast cells (*saccharomyces cerevisiæ*) secrete enzymes, called nuclein and nucleinic acid, which have the property of stimulating the protective elements of the blood when in a state of lowered resistance so as to successfully militate against pathogenic organisms. That these proteid substances are capable of raising the opsonic index is a logical possibility.

2. When the yeast cell is introduced as a secondary agent into a primary bacterial focus an inhibitory action is influenced. In this way the cells under discussion play the rôle of true phagocytes, as it were.

3. In the sense of a ferment it dissolves unhealthy tissue, progressively by digestion.

4. It is a deodorant.

As to its homœopathicity I said:—

1. The discharge which may be set up by yeast on healthy tissue and then the administration of this remedy in a similar condition to cause a cure, shows the application of the law: *Similia similibus curantur*. The vaccine therapy is based on the identical principle.

2. The reaction or intensification of symptoms which may be brought on by yeast is an excellent illustration of the homœopathic term, "aggravation."

In 1915, an article on the therapeutic uses of a certain brand of yeast appeared in the *Journal of the American Association*. This article was instantly exploited as the original source of information by the manufacturers of the yeast product.

I believe my paper contains the first reference of homœopathic principles to the action of yeast.

Respectfully yours,

F. R. VESSIE, M. D.

**CONSUMPTION AND CANCER.**

Editor HOMŒOPATHIC RECORDER.

Dear Sir:—

The diseases mentioned in the caption are on the increase. I believe the proposition is accepted by statisticians. If the readers of THE RECORDER know anything to the contrary, I shall be glad to see the facts that refute the proposition, published in THE RECORDER or in any other reputable medical magazine. If I am wrong, I am willing to stand corrected. Should any reader agree with me, I shall be glad to see his statement in THE RECORDER, together with any antidotal treatment that is effective against the spread of these diseases so destructive to life.

Yours fraternally,

J. S. WATT,

Falun, Kansas, August 10, 1921.

## DEPARTMENT OF HOMŒOPATHIC PHILOSOPHY.

Stuart Close, M. D., Editor, 248 Hancock Street,  
Brooklyn, N. Y.

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## GENERAL PATHOLOGY OF HOMŒOPATHY.

The primary error consisted in regarding Psora merely as a *dyscrasia* or diathesis, which is directly opposed to what Hahnemann taught, as we now understand it. Instead of regarding Psora as a dyscrasia Hahnemann included several of the dyscrasiæ among the morbid conditions and diseases *caused by psora*.

Such an error could only have arisen in minds already prejudiced by the current erroneous teaching of the day, and not yet enlightened by knowledge which was soon to come as a result of original research in the field of bacteriology. On this ground it is conceivable how the error arose and spread. New truth, quickly grasped by a few alert and open minds, penetrates the average mind slowly. Original investigators themselves, absorbed in their own pursuit, are often reluctant to consider their work in its relation to the work of preceding investigators, even if they are philosophically competent to do so, which, as a rule, they are not.

The exceptional work of an individual forerunner, therefore, may easily be overlooked for a time; but eventually the truth discovered by him will be recognized, as it now has been in the case of Hahnemann.

Hahnemann was the first to perceive and teach the *parasitical nature* of infectious or contagious diseases, including syphilis, gonorrhœa, leprosy, tuberculosis, cholera, typhus and typhoid fevers; and of *chronic diseases in general*, other than occupational diseases and those produced by drugs and unhygienic living, the so-called drug diseases.

Hahnemann held that all chronic diseases are derived from *three primary, infectious, parasitic sources*. "All chronic diseases," he says, "show such a constancy and perseverance \* \* \* as soon as they have developed and have not been healed by the medical art, that they evermore increase with the years and during the whole of man's life-time; and they cannot be diminished by

the strength (resistance) belonging even to the most robust constitutions. Still less can they be overcome and extinguished. Thus they never pass away of themselves, but increase and are aggravated even until death. They must therefore have for their origin and foundation *constant chronic miasms*, whereby their *parasitical existence* in the human organism is enabled to continually *rise and grow.*" (*Only living beings grow.*)

A misunderstanding of the sense in which Hahnemann uses the word "miasm" has deceived many. It was the word loosely used in his time to express the morbid emanations from putrescent organic matter, animal or vegetable and sometimes the effluvia arising from the bodies of those affected by certain diseases, some of which were regarded as infectious and others not.

A misleading distinction was also made between miasma and contagion and between contagion and infection.

Parr's Medical Dictionary, London, 1819, now a very rare book, but the highest authority of that time, article, "Miasma," says: "In the more strict pathological investigation of modern authors they are distinguished from contagion, which is confined to the effluvia from the human body, when subject to disease; yet the contagion, when it does not proceed immediately from the body, but has been for some time confined in clothes, is sometimes styled *miasma*. Another kind of miasma (see contagion) is putrid vegetable matter, and indeed everything of this kind which appears *in the form of air*. Miasma, then, strictly speaking, *is an aerial fluid, combined with atmospheric air*, and not dangerous unless the air be loaded with it. \* \* \*

"Each infectious disease has its own variety, *diffused around the person which it has attacked*, and liable to convey the disease at different distances, according to the nature of the complaint, or to the predisposition of the object exposed to it."

Under "Contagion or Infection" the same authority says: "It has been lately attempted to distinguish these two words, though not with a happy discrimination. We should approach more nearly to common language if we employed the adjective 'infectious' *to disease communicated by contact*; for we *infect* a lancet, and we catch a fever by *contagion*. \* \* \* Contagion then exists *in the atmosphere*, and we know distinctly but one kind, *viz.*: Marsh-miasmata, which probably consists of *inflammable air.*"



The yellow fever of America, epidemic catarrhs, plague, dysentery, scarlatina, Egyptian ophthalmia, jail, hospital and other fevers, smallpox, measles, ulcerated throat, whooping cough, the itch, venereal diseases and the yaws, are mentioned as examples of miasmatic diseases, some of which are regarded as "infectious," and others not. "Other complaints supposed to be infectious are apparently so from their being the offspring of *contagion* (that is, 'ærial fluids, combined with atmospheric air') only."

"People are very variously susceptible to infection. The slightest breath will sometimes induce the disease, while others will daily breathe the poisonous atmosphere without injury."

"Infection is indeed more often taken than is supposed. \* \* \* It is generally *received with the air in breathing.*"

This shows the confused state of medical opinion at the time when Hahnemann was conducting his investigations of the subject, which were to result in his propounding the most startling, revolutionary and far-reaching theory in the history of medicine, namely, the *parasitical nature of infectious and chronic diseases.*

That Hahnemann, in using the word *miasm*, had something more in mind than "an aerial fluid mixed with atmospheric air," is proven not only by his use of the word "parasitical," but by his several references to the "*living beings*" of which his "miasma" were composed.

In a strong protest (1830), against the current, terribly pernicious atmospheric-telluric theory of the nature of cholera Hahnemann stated the infectious, miasmatic-parasitic nature of cholera and described its rise and growth in the following words: "The most striking examples of infection and rapid spread of cholera take place, \* \* \* in this way: On board ships in those confined spaces, filled with mouldy, watery vapors, the cholera miasm finds a favorable element for its multiplication, and *grows* into an enormously increased *brood* of those excessively *minute, invisible, living creatures*, so inimical to human life, of which the *contagious matter* of the cholera most probably consists."

"\* \* \* This concentrated aggravated miasm kills several members of the crew. The others, however, being frequently exposed to the danger of infection and thus gradually habituated

to it, at length become fortified against it (immunized) and no longer liable to be infected. These individuals, apparently in good health, go ashore and are received by the inhabitants without hesitation into their cottages, and ere they have time to give an account of those who have died of the pestilence on board the ship, those who have approached nearest to them are suddenly carried off by the cholera. The cause of this is undoubtedly the invisible cloud that hovers closely around the sailors who have remained free from the disease, composed of probably millions of those miasmatic *animated beings*, which, at first developed on the broad, marshy bank of the tepid Ganges, always searching out in preference the human being to his destruction and attaching themselves closely to him, when transferred to distant and even colder regions, become habituated to these also, without any diminution either of their unhappy *fertility* or of their fatal destructiveness."

"This pestiferous, infectious *matter*," he calls it, which is *carried* about in the clothes, hair, beard, soiled hands, instruments, etc., of physicians, nurses and others," seems to spread the infection and cause epidemics.

Here we have an anticipation by more than fifty years of Koch's discovery of the comma bacillus of cholera. The names, bacilli, bacteria, microbes, micro-organisms, etc., had not been invented in Hahnemann's time, nor had the microscope, with which Koch was able to verify the truth of Hahnemann's idea, been invented. Hahnemann had no microscope, but he had a keen, analytical mind, phenomenal intuition, logic and reasoning powers, and vast erudition. He used the terminology of his day, which he qualified to suit his purpose and thus made it clear that by the word "miasma," amplified by the descriptive terms "Infectious, contagious, excessively minute, invisible *living creatures*" as applied to cholera, he meant precisely what we mean today when we use the terms of bacteriology to express the same idea.

Hahnemann's elaborate and exhaustive studies of the nature and causes of chronic diseases had previously paved the way for his theory of the nature of cholera. In these studies he extended and applied the principle of *Anamnesis* to the critical study of a large number of cases of many different diseases.

First analyzing these diseases into their symptomatic elements, he proceeded to make a new three-fold classification :

"If we except those diseases which have been created by a perverse medical practice, or by deleterious labors in quicksilver, lead, arsenic, etc. (occupational diseases), which appear in the common pathology under a hundred proper names as supposedly separate and well-defined diseases (and also those springing from *syphilis*, and the still rarer ones springing from *sycosis*), *all the remaining natural chronic diseases, whether with names or without them, find in Psora their real origin, their only source.*"

We have thus :

1. Drug and occupational diseases.
2. Infectious venereal diseases.
3. All other natural chronic diseases.

Excluding Classes 1 and 2, he found that all the diseases in Class 3 were related, directly or indirectly, and could be traced to *one primary cause*.

After many years of patient historical and clinical investigation he found that cause to be an ancient, almost universally diffused, contagious or infectious principle embodied in a *living parasitical, micro-organism*, with an incredible capacity for multiplication and growth. This organism and the disease produced by it he named *Psora* (Gr. *Psora*-itch). He did not invent the name, but chose it, first, because he found that originally, the disease manifested itself mostly on the skin and external parts; and second, because the cutaneous manifestations of the diseases which spring from this cause were accompanied, in their original form, by intense itching and burning.

In all such diseases the contagion is conveyed by contact. Research showed that the great fundamental disease thus identified and named, is the oldest, most universal, most pernicious and most misapprehended chronic parasitic disease in existence. "For thousands of years," Hahnemann says: "it has disfigured and tortured mankind; and, during the last centuries, it has become the cause of those thousands of incredibly different, acute as well as chronic non-venereal diseases with which the civilized portion of mankind becomes more and more infected upon the whole inhabited globe."

Hahnemann estimated that seven-eighths of the chronic dis-

eases of his day were due to Psora, the remaining eighth being due to Syphilis and Sycosis.

He taught that Psora, like Syphilis and Sycosis, may remain latent for long periods, "until circumstances awaken the disease slumbering within and thus develop *its germs*." This doctrine of latency was strenuously opposed for a long time, but is now endorsed and taught by the highest authorities in regard to syphilis, gonorrhœa and tuberculosis.

Behring and other authorities on tuberculosis now hold that the infection often occurs in infancy or young life and remains latent until later life. Hahnemann's doctrine of latency is therefore confirmed by modern research in regard to tuberculosis, as it has long been of syphilis, and, for a shorter period, of gonorrhœa.

"The oldest monuments of history," says Hahnemann, "show the *Psora* even then in great development. Moses, 3400 years ago pointed out several varieties. In Leviticus, chapter 13, and chapter 21, verse 20, where he speaks of the bodily defects which must not be found in a priest who is to offer sacrifice, malignant itch is designated by the word *Garab*, which the Alexandrian translators (in the Septuagint) translated with *psora agria*, but the Vulgate with *Scabies jugis*. The Talmudic interpreter, Johnathan, explained it as *dry itch spread over the body*; while the expression, *Yalephed*, is used by Moses for *lichen, tetter, herpes*. (See M. Rosenmueller, *Scholia in Levit.*, p. 11, edit. sec., p. 124.)

The commentators in the so-called English Bible-work also agree with this definition, Calmet among others saying: "Leprosy is similar to an inveterate itch with violent itching." The ancients also mention the peculiar, characteristic, *voluptuous* itching which attended itch then as now, while after the scratching a painful burning follows; among others Plato, who calls itch *glykypikron*, while Cicero remarks the *dulcedo* of *scabies*."

"At that time (Moses) and later on among the Israelites, the disease seems to have mostly kept the external parts of the body for its chief seat. This was also true of the malady as it prevailed in uncultivated Greece, later in Arabia and, lastly, in Europe during the Middle Ages. \* \* \* The nature of this miasmatic itching eruption always remained essentially the same."

(To be Continued)

# HOMŒOPATHIC RECORDER

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## EDITORIAL NOTES AND COMMENTS.

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HOME AGAIN.—With the November issue of THE HOMŒOPATHIC RECORDER we again take up our accustomed editorial duties after an extremely interesting and instructive trip abroad. To our friend and colleague, Stuart Close, editor of the department of homœopathic philosophy, we give warm thanks for his able conduct of the journal during our absence in Europe.

Many interesting things were seen abroad, but the pages of a medical journal are not the place in which to recount them. One experience however, will be of interest to RECORDER readers. In Stuttgart, to which Southern German city we travelled one warm Summer day from Frankfurt, passing on our way that delightful old university town of Heidelberg, famous for its ancient castle and huge wine cask, we were met at the railway station by Dr. Richard Haehl and carried bodily to his charming home, high up on one of the hills which surround on all sides this beautiful city. Here, in the circle of his family, we enjoyed a real German dinner with "Spätzle" and other irresistible dishes.

After this bountiful repast we were ushered into the Doctor's commodious consulting room and were introduced to no less than twenty-five homœopathic physicians who had come from far and near to attend Doctor Haehl's "Hahnemann evening." It was our privilege and pleasure to meet that veteran homœopath, Dr. Emil Schlegel, of Tübingen, who, with his son, had come a distance of forty miles by motor, to be present on this occasion. The Doctor presented us with one of his latest books, containing much valuable information, particularly with reference to the homœopathic treatment of cancer in which he has had much enviable success.



What impressed us most on this occasion was the intense interest shown in the philosophy of homœopathy by all those present, many being young physicians fresh from the universities, hence drilled in O. S. medicine, but displaying a keen interest and strong faith in Hahnemann's teachings. Doctor Haehl himself, who has converted many a young physician to homœopathy, read the paper of the evening, which was then briefly discussed after which all were conducted to the Hahnemann Room in which are displayed the case-books, records and manuscripts of the great founder of homœopathy. Hahnemann's case records testify to his great powers of observation, his painstaking care in obtaining and recording the symptoms of his patients and his attention to detail. The records are in his own fine handwriting, so fine indeed, that a magnifying glass is necessary to facilitate reading. Hahnemann employed a sharply-pointed, unsplit quill pen, which accounts for the extremely fine script.

Doctor Haehl has spent twenty-six years in gathering his wonderful collection of Hahnemann relics, so that his home has now become the Mecca of homœopaths from all over the world. In the early Spring of this year, he finally was able, with the financial help of Doctors Ward and Boericke, of San Francisco, to obtain the original manuscript of the sixth edition of the "Organon." The edition has now been published by Doctor Haehl in a style to resemble closely the early editions of one hundred years ago. An English translation by Doctor Boericke, of San Francisco, is now in course of preparation. We were much interested in the medicine chests of Hahnemann, which contained the various remedies of Hahnemann's day, in potencies from the first to the thirtieth centesimal, all in pellett or globule form and kept in small glass vials. Hahnemann's watch and chain are also a part of Doctor Haehl's collection; the watch still runs and keeps time; to hear it ticking away is almost uncanny. Busts, medals, official documents, letters and papers go to make up the rest of this remarkable collection, which no doubt will some day become the property of the homœopathic profession at large and find a permanent abiding place in a museum.

The following morning Doctor Haehl took us to the new homœopathic hospital in Stuttgart, a well appointed, commodious building of sixty-six beds with X-Ray and operating rooms,

modern in every respect. It was our pleasure to again meet the resident physician and his assistant, both of whom had been present at the meeting on the preceding evening. These gentlemen extended every courtesy and showed much interest in the status of American homœopathy. The hospital is greatly in need of homœopathic books and journals from the United States, and will welcome any such, from RECORDER readers who may have books or magazines to spare. They may be securely packed in small boxes and shipped as freight, addressed to Dr. Richard Haehl, Obere Birkenwaldstrasse 118, Stuttgart, Germany.

Altogether our visit to Stuttgart will remain fixed in our memory as a most delightful experience and one which testifies to the amicable feelings of homœopathic physicians everywhere, quite regardless of the great World War and its bitterness.

HOMŒOPATHY AND THE LAITY IN GERMANY.—A most important factor in the welfare of homœopathy in Germany, is the part played by lay organizations devoted to the perpetuation of homœopathic principles and practise. These societies hold frequent stated meetings, at which matters pertaining to the best interests of homœopathy are considered. The domestic medicine case plays a great part and Doctor Haehl's "Hering-Haehl's Domestic Physician," a translation and amplification of Constantine Hering's "Domestic Physician," has gone through nine editions. Wherever possible, homœopathic hospitals are supported by these societies. It must be remembered that in Germany, homœopathy receives no official recognition, hence is not taught in any of the universities. All homœopathic physicians are of necessity O. S. graduates and embrace homœopathy as a matter of conviction. Homœopaths are not permitted to dispense their remedies, but must write prescriptions for all remedies prescribed. These are dispensed by pharmacies which are under Governmental supervision and regulation.

In Stuttgart the homœopathic pharmacy is housed in a wing of the old royal palace, which has been fitted up in a most practical and at the same time artistic manner.

HOMŒOPATHIC PHYSICIANS IN GERMANY.—Homœopaths are known as such and do not hesitate to state the fact upon their shingles and cards. As with us in this country,

there are several gradations of homœopathic physicians. Some adhere closely to Hahnemannian principles, others are more liberal in their practise. The majority use the lower and medium potencies, rarely going above the thirtieth. Alternation of remedies is fairly common, but the combination tablet evil is unknown. Of recent years many young physicians have investigated and accepted homœopathy, dissatisfied with the futility of established O. S. therapeutics. In Germany no physician is compelled to use antitoxin in diphtheria, he may and does treat his cases with the homœopathic remedy and thereby does not expose himself to the charge of "criminal malpractise" as is only too often the case in America. Indeed there is much less meddlesome interference with the rights and privileges of physicians in Germany, than is the case with us. But then, we Americans are strangely submissive creatures!

THE SIXTH EDITION OF THE "ORGANON."—This long looked for, final pronouncement of the founder of homœopathy, after eighty years of oblivion, is now presented to the homœopathic school throughout the world. Revised, partly rewritten, amplified by Hahnemann during the last years of his active life in Paris, the sixth and final edition represents the last thought and word of the master. There is abundant evidence to prove that this thought was the expression of Hahnemann's mature judgment and not, as some have held, the reflection of a mind already warped by senility.

As in the fifth edition, Hahnemann stands firmly against all violation of his fundamental principles, such as the most similar remedy, one remedy at a time and the minimum dose. The one really striking change in the sixth edition is concerned with the question of the repetition of the dose in chronic diseases. Here Hahnemann departs from his former dictum and advises that daily repetition of the simillimum be practised, provided that the potency be changed every few days, from a lower to a higher one. This injunction was the outcome of his large experience with an enormous number of patients, treated by him during the latter years of his life in Paris. His ideas concerning the three great miasms, psora, sycosis and syphilis remain the same and although

never accepted by all his followers, continue to prove their soundness as time goes on.

The book is bound and printed in the style selected by Hahnemann himself and is similar to the former editions in binding and type. One hundred numbered de luxe copies have been published, in addition to the regular edition. The entire world of homœopathy owes Doctor Haehl a debt of appreciation for his labors in bringing this edition to publication and to Doctors Boericke and Ward, of San Francisco, are due the thanks of the profession for their generosity in making the purchase of the original manuscript possible. Doctor Boericke is now engaged upon the translation of the book and American homœopaths will soon be able to read Hahnemann's last work in their own language.

IS IT PSORA?—A girl of ten has just been brought to us with the following history, briefly recited: Parents healthy; full term child, normal birth. At four months, developed an eczema of the head, face, neck, arms and legs, vigorously treated by O. S. physicians for seven months with ointments and salves. At the end of this time disappearance of the eruption, with a final explosion in the form of an axillary abscess. At four years whooping cough, attack very severe and obstinate, lasting six months and followed by a tendency to take cold easily, with frequent attacks of bronchitis, finally eventuating in spasmodic asthma. Then measles and scarlet fever still later, both severe, the former uncomplicated, the latter producing nephritis, with final clearing up of the kidney condition. The asthmatic attacks gradually increasing in frequency and severity until now they occur weekly and last two to three days at a time. Physical examination shows a barrel-shaped chest and the usual musical râles of a chronic bronchial catarrh. Heart normal. O. S. treatment has been vainly applied throughout all these years, diets have been prescribed to no purpose and the customary reflex causes have been assiduously hunted for.

Without homœopathy there is no possible hope of cure for this child and cure at best may be long and tedious. Whether we use the term psora or not, whether we ascribe the trouble to diathesis, neurosis or what not, the fact remains that in this child sickness

or physiological disorder has gradually and persistently pursued its course, unhindered by the best of therapeutic intentions of men, to whom the philosophy of health and disease is a sealed book. Disease suppression has played its dangerous part, as the philosophy of homœopathy so clearly teaches. Disease proceeds from circumference to center; cure from center to circumference, from within outward. There is no other way. The pity of it is that medical men are so laggard in recognizing and acknowledging this great truth.

THE PARTLY DEVELOPED CASE.—Nothing is more disconcerting than to meet an acute disturbance of no great violence, yet nevertheless distressing to the patient, but in which the symptoms are confused and poorly defined. Prescribing under these conditions is difficult, often impossible and may easily partake of the nature of guesswork. At times a remedy finally stands out and seems to mock us for our failure to recognize it earlier. In such a case we are usually dealing with a flare-up of latent psora and the wisest plan is to review the case in its entirety and in the light of its constitutional aspects. By so doing we are most always able to select a basic, deeply acting constitutional remedy, which will speedily set matters in order once more. To palliate such acute exacerbations by the use of unhomœopathic means, is to deceive ourselves and to invite ultimate disaster to the patient. Palliation should be reserved for purely mechanical or for incurable conditions and when at all possible, which it usually is, should be done with short or superficially acting homœopathic remedies, rather than with powerful analgesic or soporific drugs.

THE NEW YORK HOMŒOPATHIC MEDICAL COLLEGE AND FLOWER HOSPITAL.—This college has reopened its doors for the year 1921-1922 confident in the hope of securing funds with which to assure its future. The Freshman class numbers sixty. As yet no dean has been chosen to fill the position left vacant by the resignation of Dr. R. F. Rabe, editor of *THE HOMŒOPATHIC RECORDER*, but Dr. Israel S. Kleiner, head of the department of chemistry, has been appointed acting-dean.



Dr. Guy Beckley Stearns heads the department of *materia medica*, a position left vacant by Doctor Rabe and has with him in his department Dr. Spencer Carleton, son of the late Edward Carleton, of New York. Both these teachers of *materia medica* are justly most favorably known for their ability as physicians and *materia medicists*, as well as for their devotion to the cause of homœopathy. The New York college is to be congratulated upon their appointment.

BARTLETT'S PRACTICE OF MEDICINE.—The manuscript of a complete treatise on the Practice of Medicine will be ready to go to the press about November first. It is estimated that when completed the work will comprise two octavo volumes of one thousand pages each. Most of the works on Practice of Medicine have been one of two types, either the large systems of four or more volumes, or the single volume type of about one thousand pages. The present is the first two-volume work on Practice issued by any medical house since Pepper's System in 1899, and Goodno's Practice in 1894. The material presented is sufficiently great to give a complete grasp of the subject, and at the same time is not abbreviated to an extent to present mere schematic information. Doctor Bartlett has been ably assisted by the following staff: Dr. C. S. Raue, Diseases of Children; Dr. H. L. Northrop, on Appendicitis, Bowel Obstruction and other Internal Diseases, treatment of which is largely surgical; Diseases of the Ear, Nose and Throat by Dr. Fred W. Smith; Diseases of the Auditory Nerve, Vertigo and the Barany Tests, by Dr. Gilbert I. Palen. The price for the advance sale will be \$9 per volume. The publishers are The Harper Press, 1012 Chancellor Street, Philadelphia, Pa.

# THE HOMŒOPATHIC RECORDER

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## ORIENTATION IN HOMŒOPATHY.\*

Benjamin C. Woodbury, M. D., Boston, Mass.

The title of this paper first suggested itself in conversation with the Chairman of the Bureau of Clinical Medicine, Dr. Guy Beckley Stearns, during his visit to Boston last summer. Its full import was not, however, clear, until beginning in a cursory way the investigation of some of the topics with which it is concerned.

According to definition, orientation is spoken of as "subjective" and "objective"; that is: This relation of subject-object has been the basis of empirical and experimental psychology, and here we are not necessarily concerned with the modern theory of Relativity. In a certain sense all knowledge is relative, that is partial, imperfect and often concerned merely with surface appearances; the full content of any subject being limited wholly to our apprehension or more fully to our powers of true perception. Medicine is perhaps such a subject; we approach it from many angles of vision, some distant, others near at hand. Historically it is clothed for many of us in the vestments of authority and antiquity; to others it is merely prosaic, adventitious, commercial—a mere means of obtaining a livelihood. To all it is or should be a profession of altruism, humanism—in fact one of the highest callings of all the humanities. Each is oriented, therefore, according to his lights.

In its literal sense orientation is applied to the position of a place of worship, so that its altar will face toward the east or rising sun.

We are told that the chief temples of Egypt<sup>1</sup> and probably

\* Chairman's Address, Bureau of Homœopathic Philosophy, I. H. A., June, 1921.

<sup>1</sup> H. G. Wells, "Outline of History."

Babylonia were oriented, *i. e.*, were so constructed that the shrine and entrance always faced the same way. The Babylonian temples were most often placed due east, facing the sunrise on March 21st and September 21st, thus corresponding to the spring and autumn equinoxes. The pyramids of Gizeh, the Sphinx were all similarly oriented but many of the temples to the south of the delta of the Nile faced not due east but to the point indicated by the rising of the sun at the longest day of the year. Some pointed north and still others to the rising of the star Sirius or to that of other auspicious stars. Thus came the association between the various gods and the various fixed stars. One of the chief purposes of this orientation of the temples was that it helped to fix the great annual festival of the New Year.

This traditional idea of orientation is classically portrayed in Romeo's salutation:

"But soft! what light through  
Yonder window breaks!  
It is the east, and Juliet is the sun!"<sup>2</sup>

Probably the first true orientation in medical history—the first ray of light to illumine the dark Egypt of medical tradition was Hahnemann's re-discovery of the Hippocratic formula of *Similia*. Even as the wise men of old, so Hahnemann saw his star in the east and followed it. Thus does each pilgrim to his shrine, thus doth each devotee to the eternal principle of similars follow this same guide to orientation in Medical Science.

In considering the subject of orientation in Homœopathy it is my intention to touch briefly upon some general points of interest about which we should cultivate to some extent at least a better understanding. Following in a general way the outline suggested in the preliminary announcement sent out for this Bureau, may I offer the following observations:

#### THE PRESENT STATUS OF HAHNEMANNIAN HOMŒOPATHY.

Pure Homœopathy stands in relation to the regular practice of today as the extreme right wing of all forward movements toward therapeutic emancipation. On the one hand is arrayed regular medicine, which in six thousand years has never pro-

<sup>2</sup> "Romeo and Juliet," Act II, Scene 1.

gressed much beyond the pale of superstition dogmatism and medievalism unless we except the reign of modernism, with its adherence to serums, vaccines, specific intravenous medication, *et cetera*, known as Twentieth Century Medicine. It is true it has done a good deal of creditable work along the line of preventive medicine, which is in itself more or less a misnomer.

It may be set down as a truth, however, that if the distance from New York to Washington be approximately 250 miles, if one were to set out in a northeasterly direction, and were to proceed in this course for a sufficient length of time, eventually his destination would be reached. If instead of starting in the correct direction our traveler were to start due north, east, west or south, in any other direction than northeast, it is all too obvious that he would probably travel for an endless period, and never reach his destination, unless he were to retrace his steps, or approach his goal, after encircling the whole globe. What then is he to do? There is but one thing to do and that is to retrace his steps, consult the proper guide posts and set his face toward the goal. This is about the situation in regular medicine today. It has been long on its way, has missed the road and is lost in vain search—(re)search for some guide post or law to show the way. Such a guide we believe to be the *law of similia*.

On the other hand, is the host of drugless cults, themselves adrift in hopeless confusion upon the great sea of psychological and metaphysical formulas so helpless in their position that one might almost feel that they are off the earth altogether, sailing an almost uncharted ocean, endeavoring to propel their rudderless craft between the Scylla of orthodox religion and the Charybdis of the dogmatism and fanaticism of modern medical science. They, too, we think, are in need of a governor—a rudder—and such a guide we believe to be the same *law of similia*. To Homœopathy alone is shown the way. The present status of Homœopathy reflects a strange and unwonted indifference on the part of its supposedly trusted adherents. What the future holds in store rests not with the pioneers of the past. We have had our Hahnemann, our Herings, Lippes, Dunhams, Allens, Farringtons, and Kents. They, however, are no longer with us; we must depend upon ourselves. Therefore, their past will soon be ours. The question is this: They have kept the faith—what shall the future say of us?

## THE RELATION OF SIMILIA TO MODERN MEDICINE.

It seems to me that the time has arrived when instead of asking what is the relation of *similia* to Modern Medicine, we can almost ask what is the relation of Modern Science to *Similia*?

Homœopathy today possesses the only law—the law of similars or the law of correspondences by which the relationships of one set of phenomena may be definitely established by inductive science. Thereby may be exemplified the same exactitude in action of remedial agents as the astronomer predicted in the case of the planet Neptune, the exact discovery of which was verified almost to the exact hour; or on the other hand the same precision as can measure the approach and progress of the comet that is soon to visit our earth, or estimate the size of the gigantic star Betelgeuse. We must therefore, conclude that this law of similars, the action and reaction of drug and organism follow a similar law of polarity which admits definitely to a well-recognized law of relativity.

What definitely, more than almost all else we are coming to recognize is that everything in the universe is in a constant state of vibratory activity or action and reaction, and that which we call life is the organized result of the struggle between positive and negative forces; conversely death must represent its opposite relationship.

“This world,” writes Dr. Albert Abrams, of San Francisco, a master magician of medico-scientific phenomena, “the world and all it contains is a mechanism. This Democritean concept of an atomic universe acknowledges no distinction of man and the world machine. . . . The atomic conception of the universe must now be replaced by an electronic concept, thus making matter an aggregation of electric charges. . . . Every natural phenomenon is only a question of a definite and invariable rate of vibration.

“Vital phenomena are dynamic and the actions of organisms should be regarded as processes and not as structures.

“A science may be gauged by the amount of mathematics it contains. Medicine has heretofore been conspicuous by the dearth of this symbolized logic.”

The Law of Correspondences—the Law of Similars, perhaps with a better understanding of the related bearing every phenome-



non in its final analysis has upon its corresponding natural reaction, we may find is identical with an as yet imperfectly formulated law of relativity. With the intricate subtleties of Prof. Einstein's theory we are not especially concerned.

#### POTENCIES AND THE ELECTRON THEORY.

Dr. Yingling states in his paper on "Possible Homœopathic Remedies," that "Radium alone should establish the basic principles of the homœopathic law of potency." Personally, I am of a like opinion. It is the self-emitting power of this magic element that should prove the existence of energy or potentialities in the great storehouse of atomic structure, which, when released from their bonds by the process of potentiation, open up an entirely new world to the atomist. A miniature universe or solar system, in the infinitesimal constellations of electronic particles. Thus there has been bared an entirely new concept, which so strikingly resembles Hahnemann's theory of attenuation that we might almost look upon this medical prophet as envisaging in his conceptions of matter and its subdivisions the whole modern trend in metatomic division (to utilize a somewhat new designation).

We are hearing frequently today the phrase symptom-complex. Dr. Martin Deschere writing in the *North American Journal of Homœopathy*, in 1875, makes allusion to what he terms the "symptom-spectrum," as illustrating the gamut of symptomatic disturbances of low and high vibration incident to the functional or pathological disturbances produced by the various manifestations known as disease.

"There is no need," he writes,<sup>3</sup> "of a force liberated from matter as it was formerly thought necessary; we have nothing to do with an infinite divisibility of matter, with dynamization. Even Hahnemann's explanation, that insoluble matter becomes soluble after the third centesimal trituration (we would like to see proof) is entirely wrong and it is far easier to show that the molecules, at such a stage in vigorous motion, use the vehicle as a conducting medium to produce their full action. All other explanations, contradictory to well-known natural laws, lead astray, and have done immense injury to the spread of our school; the

<sup>3</sup> Reprinted in the *N. A. J. of H.* for April, 1921, p. 323.

action of a potency can only be explained by the same manifestations as we meet in similar processes."

"At any rate," he continues, "*the specific action of a drug on the human organism is only possible in the potency . . . according to the law, Similia similibus curantur, a cure is only possible by a potency, be it the third or the thirty-thousand.*"

It must be recalled that these statements were written during the reign of a dogmatic era of atomism, before the electron, with its innermost components had broken loose from its prison-house in the atom and molecule. Granting that there is no limit, that there can be no limit to the divisibility of the atom or even the electron, there must be a corresponding limitless subdivision in the transmitting medium, but we must still assume some infinitely fine intermolecular or interatomic substance, and this Sir Oliver Lodge, Sir J. J. Thomson and other scientists have designated the ether. There is, however, according to the Einstein hypothesis no such thing as the ether, in fact no such thing as gravitation except in the sense of relativity. If this be true, where do we stand? At all events we are reasonably convinced of the existence of the electron. In fact, its size has been estimated, its units have been counted, and the ion has been weighed and isolated. It is definitely known that the electron is sufficiently tangible to admit of the vibratory rates of the majority of elements being estimated in terms of its smallest unit, the hydrogen atom. It is safe to assume that the electrified particles of a drug substance must have a magnetic field, hence its energy must (if sufficiently delicate instruments are available) be capable of being estimated in terms of electronic potentiality. This is to a certain extent true and has been proven by the experiments of Abrams, extremely elementary as yet in their extent and application. If every aggregate of drug particles possesses its magnetic field, it must therefore be possible within certain definite limits to establish its vibratory rate. Granted that this is possible, may we not reverse the above axiom of Dr. Deschere so that instead of: "At any rate *the specific action of a drug,*" etc. . . . it may read as follows: "*At any specific rate the action of a drug on the human organism is only possible in the potency.*" Thus we establish this statement upon a technical basis that is in strict accord with the electronic theory. The time would seem to be auspicious for the

presentation of the whole theory of dynamization upon a thoroughly modern basis in fact. This, in my opinion, might readily be accomplished were we possessed of sufficient financial endowment in homœopathy to establish and maintain a properly appointed laboratory for the scientific investigation of the theories propounded by Hahnemann in the "Organon" one hundred years ago.

ELECTRONIC DIAGNOSIS AND ITS RELATION TO THE  
HAHNEMANNIAN.

By electronic diagnosis I am referring to the method established by Abrams, of San Francisco, by means of which the various forms of infection, neoplasms and various acute and chronic dyscrasiæ are definitely determined by a pre-established vibratory rate and specific quality of reaction, as utilized in this perfected method of diagnosis. Without entering into a discussion of its technique at this time it suffices to say that there are certain definite advantages to be derived therefrom apart from its reliability as a means for apprehending many subtle and obscure forms of disease. This method, it may be explained, is based upon the sensitivity of the vagal reflexes as elicited by digital percussion over definite abdominal and pulmonary areas yielding normally varying degrees of tympanitic resonance. In brief, these reflexes are determined on a subject (a male individual) with very thin abdominal walls, in whom there is a uniformly tympanitic note on percussion.

Definite areas have been charted on the abdomen and in the pulmonary zones in which dullness is obtained by the interposition of pathological entities of definite vibratory rate and potentiality.

The electrical energy necessary to neutralize or abolish these reflexes measured in ohms or fractions of an ohm by means of an interposed rheostat designates the specific energy of the disease.

In this way malaria, streptococcic and staphylococcic infection, gonorrhœa, cancer, tuberculosis, colisepsis and syphilis in its hereditary, congenital and acquired forms are readily determined.

An electronic reaction may properly be described as a change in electrical polarity, as manifested through the visceral reflexes upon the healthy subject. In this respect, *i. e.*, the use of a normal

individual as the basis of experiment this method may be said to resemble Hahnemann's method of proving.<sup>4</sup> If then we can measure the electronic polarity and energy of the visceral reflexes, may there not be an analogy between these reactions and those commonly designated as symptoms, and produced in the healthy subject through the pathogenic action of a given drug? Similarly disease may be regarded as disturbed function or dis-polarity. In this sense a symptom must represent a functional or tissue reaction; its direction or polarity is, however, subject to other factors. Hering's "Guiding Symptoms," in a foot-note thus records the following which is an excellent example of an electronic reaction or change in symptomatic polarity.

"If piles disappear after bleeding, it is a pathological symptom; if they bleed after disappearance, it is therapeutical."

Everything in nature has its own distinctive negative-positive or neutral polarity, as for example: "Reichenbach proved the existence of the odic force by exhibiting the flames in a dark room, and even photographing them. The positive pole gave a blue light, while the negative red. Water which has been magnetized with the positive pole is pleasantly sour; whilst water magnetized with the negative pole is bitter."<sup>5</sup>

Thus we progress step by step from the visible world to the world of the invisible, from mass to molecule, from molecule to atom, from atom to electron, and electron to its latest analytic division the quantel.

Says a recent writer,<sup>6</sup> "What if the electron, the latter-day atom of the erstwhile atom, be but the base of that ladder whose summit is lost in the boundless azure of Deity? There is abundant

<sup>4</sup> In fact Dr. J. W. King, of Bradford, Pa., a student of Dr. Abrams, states that: "From a homœopathic standpoint the reactions will give you a drug-proving. For instance, *Bacillinum 30th* produces a 'reflex' in the specific area where tuberculosis is located in one-third less time than a culture tube reacts." *Rhus Tox.* "reaction" is much slower than the 30th attenuation, and so on; all homœopathic remedies can receive an electronic proving, and what is still more interesting is this: That Hahnemann's attenuation of drugs was not a theory, but a verity, proven by the "reactions." (*HOM. RECORDER*, for May, 1921.)

<sup>5</sup> Mr. F. W. Richardson, *Trans. International Swedenborg Congress*, 1910.

<sup>6</sup> "Hom. Physician," Vol. X, pp. 15-16.

room for the God-inspired sciences of psycho-chemistry and psycho-physics, and Swedenborg's philosophy of 'Influx and De-grees' points that way."<sup>7</sup>

#### POTENCIES AND MODERN SCIENCE.

It is too early to make predictions with regard to the extent to which modern science will eventually acknowledge the scope of Hahnemann's researches in potentiation. It is true, however, that many of the substances now utilized for diagnosis and treatment by the regular school are fast transcending the crude background of their origin; *e. g.*, tuberculin, which from the lethal dosage advocated by Koch, and soon acknowledged to be dangerous to health, was gradually reduced to the milder dosage of Trudeau. Yet, how crude are these to the Bacillinum of Burnett and the Tuberculinum Bovinum sanctioned by Kent. Just as did Hahnemann progress further and further away in his beginning from polypharmacy and the crude drug, to infinitesimals, so of the progress of the regular school. It is only a difference in degree after all; merely let us say, a matter of therapeutic relativity.

I have referred above to Abrams' tests in proving the relative increase in drug potentiality through the process of dilution. It has long been known that Hahnemann advocated the use of medicines by olfaction;<sup>8</sup> and this means was also used in conjunction with that of touch in the experiments conducted by Prof. Jaeger, of Stuttgart in the early eighties. This was the method known as neuralanalysis by means of which potencies as high as the 2000 decimal (1000 centesimal) were successfully detected. It is further stated that Dr. B. Fincke, of Brooklyn, claimed to be

<sup>7</sup> Certain experiments performed recently with homœopathic remedies of known or supposed negative and positive actions; or affecting specifically the male and female organisms, *e. g.*, *Nux vomica* and *Ignatia*; and likewise *Lachesis*<sup>2</sup> and *Lycopodium* as examples of remedies affecting the right (positive) and left (negative) sides of the body have been made with a string-ball attachment, embodying the principles of gyroscope, which would seem if it were possible to carry them out upon a purely scientific basis (free from mental influence of the operator) to offer a further means of testing the polarity of homœopathic remedies. Further evidence or conclusions upon this interesting subject are not possible at this time.

<sup>8</sup> Abrams states that the sense of smell surpasses the most impressible scientific instrument and the retina is 3000 times as sensitive as the most rapid photographic plate ("Review of Electronic Reactions," p. 20).



able to diagnose the polarity of a remedy when held in the negative or positive hand; based no doubt upon its action as a right, left, or alternating acting medicine as marked out by Hering.

As a further extension of this idea Dr. J. W. Enos, of Chicago, has recently classified about ninety or more drugs as electronic remedies, and claims not only to determine the locus and nature of the disease by electronic reactions, but to determine the appropriate homœopathic remedy from examination of the pulse alone. Following out this line, he makes use of many of the little known and almost forgotten remedies of the *Materia Medica* as well as many nosodes and glandular products, such as psorinum, anthracinum, buboninum, etc., as well as Pituitary gland, spinal fluid and Pineal gland, many of which he has potentized to an almost unheard of degree, and which he claims will do marvelous things. For example, he recommends the use of psorinum in the 11dmm potency, spinal fluid in the 16dmm potency, and pineal gland 124dmm which he claims is undoubtedly the highest potency in the world.

#### THE QUESTION OF DOSAGE.

This naturally brings up the question of dosage. It can in all truth be stated that the time is fast approaching when we shall recognize, with Deschere, whom I have previously quoted, that the so-called low dilutions may well be used as nutrition remedies, but as performing really homœopathic cures, potentiation rapidly supersedes mere dilution, and remedies act upon the basis of *similia* only in potentized form. The potency of the drug, especially upon the electronic basis has to do not with its mass or molecules, but with its atomic and metatomic or electronic action. Thus we may in the future create a new orientation in dosage.

#### THE RELATIONSHIP OF REMEDIES.

It is interesting to follow out the analogy of remedies upon their purely chemical basis; *e. g.*, the observations of some of our older writers that the painful chancre of syphilis more closely corresponded to *Merc. Iodide*; the painless chancre to Iodine; or the *Iodine* element *per se*. Falling of the hair (growing more luxuriantly on other parts) *Lycodium*. For falling of the eye-

brows, Selenium. For diarrhoea with straining and passage of a little blood in drops, Mercurius; whereas if almost pure blood or mucus, *Mercurius corrosivus*.

Dr. Patch however, will discuss this subject from a rather different aspect—rather I feel sure from a more basic standpoint.

#### HAHNEMANN'S "ORGANON."

It so happens that Dr. William Boericke of San Francisco, has recently come into possession of Hahnemann's own sixth edition so-called, which is really the sixth or last edition, containing annotations in Hahnemann's own handwriting. After a century of guidance by this wonderful book, well may we become more truly oriented not only in his addenda, but with its full text. I am told that there are but a few remaining copies of the Everyman Edition. Might it not be well for us to take account of stock and publish anew this master work of a master mind? Dr. Boericke tells me that he hopes that this work may be in the hands of the profession before the end of the year.

#### HOMŒOPATHIC PHILOSOPHY.

It is undoubtedly safe to say that this is one particular field in which Hahnemannians have generally been proficient; *i. e.*, in correlating and adducing the various tenets of philosophic thought as related to the underlying features of its study and application. There are, however, certain points that are worthy of note in philosophic orientation. Are we not in all probability to see as the years come and go, changes in the recognized thought of the times that will have certain definite bearing upon us as a distinctive philosophic school. Yet, there are certain fundamentals upon which we may well orient ourselves. One of these is our attitude toward the universal administration of medicine, be it the *similimum*, or be it the placebo. There are undoubtedly some patients who not only do not need medicine, but to whom no medicine should be administered pending careful investigation and the removal of what Hahnemann has well termed the "exciting causes" of disease. Among these may be mentioned dietetic indiscretions, surgical conditions, and purely mechanical malformations. Homœopathy is not primarily surgical, nor does it or should it supersede mechanical adjustment when required or proper modifi-

cation of psychic, hygienic or general physical regime that can be relied upon to aid in the restoration of health.

The placebo (*saccharum lactis*) has long been employed as a control in interims between remedial repetitions, and as a preliminary prescription. There are, however, some patients who do not believe in any medicine, not even in Homœopathy, hence it is sometimes the better part of wisdom not to prescribe at all for such persons not even a placebo, until of their own volition they ask for a remedy, when they will better co-operate in taking it.

The majority of such patients come to us from the various cults, from the hands of the osteopaths, chiropractors, and other drugless practitioners.

The value of change of diet and of air were well pointed out by Hahnemann, and emphasized by many of our early practitioners, particularly by Dr. Carroll Dunham, in his "Homœopathy the Science of Therapeutics."

"When we can cure a patient," wrote the late Dr. T. L. Brown,<sup>9</sup> "by sanitary changes what is the use of giving medicine? When exercise or change in food and drink are absolutely necessary, where will be the substitute in the form of medicine be found to cure as well. When medicine can do what nothing else known can do, then it should be used with as much confidence as any other curative measures."

This should be our attitude in this century of medical scepticism. If no remedy or *saccharum lactis* be given in the beginning of every acute case, or at least till the indications are clear, and if, in all chronic diseases the possible hindrances to cure in the way of hygiene be corrected one by one it is surprising how many cases will be cured. The remainder will, when prescribed for by the true similia stand as more convincing cures, because checked up by non-medication or the placebo.

#### MODERN THERAPY AND HOMŒOPATHY.

Modern therapy and likewise modern thought have both been progressively substantiating the teachings and practice of Homœopathy. Physical science, and the cultural arts tend more and more toward an appreciation of detail such as the intricacies of

<sup>9</sup> *Trans. I. H. A. for 1885*, p. 252.

Hahnemann's doctrines inculcate. Whatever of advance modern science may make, it must eventually render homage to these "homœopathic nothings" as the late Dr. Felger, of Philadelphia, called them.

#### ISOPATHY AND NOSODE THERAPY.

Isopathy and Nosode Therapy represent two parallels which have been ever-present factors in the practice of Homœopathy since the days of Lux, who probably may well be called the founder of Isopathy; whereas Hering probably stands out more clearly than any other as the investigator and originator of some of the most widely used nosodes. Swan, on the other hand, carried out this method to probably a wider degree than almost any others, until the revival of a similar practice under the name of auto-therapy. Without entering into a protracted discussion as to whether or not there ever could be such a thing as an isopathic remedy, whatever its origin, one thing is certain that all such remedies have been or are to be used either as stock preparations (somewhat after the manner of the stock vaccine), or given to the individual patient like the autogenous vaccine. Undoubtedly both are legitimate in accordance with the generalizations of nosode therapy; if we employ this term in its widest sense. These two classes then may fall under the general term of nosode and the morbid product given to the actual patient from whom it is obtained will answer to what I have personally termed the auto-nosode.

It matters not whether the preparation be bodily tissue, pus, serum or blood, the autogenous product becomes an auto-nosode when given in this manner. A general classification of this sort would settle the moot question of isopathy, auto-therapy, auto-sero-therapy and even auto-hemic therapy, all of which methods have come forward for discussion.

Lux undoubtedly made use chiefly of stock nosodes, *e. g.*, in his sheep anthrax. He found, however, that not every epidemic responded to the same strain, hence he undoubtedly here arose to the dignity of the auto-therapist, though perhaps somewhat less of an individualist.

Duncan in his method of auto-therapy makes use of the natural toxins of disease, given either orally, or subcutaneously by the

parenteral route; while MacFarlan and Rogers in their use of blood make the patient the recipient of his or her own potentized blood-proteins.

Swan, while listing *Hema* among his catalogue of remedies, does not signify its source, whether human (nosode) or animal (sarcode).

The broadest possible concept would seem to be that these various products of disease when given in dynamization, may, under proper conditions, prove effective as remedial agents, especially in cases of delayed or deficient reaction.

Swan was far-seeing enough to contend as early as 1886 in his catalogue of morbid products, nosodes, etc., that: "*morbific matter will cure the disease which produced it, if given in a high potency even to the person from whom it was obtained.*" Also, "If physicians would remember," he writes, "that the seeds of all diseases, especially those of the great miasms, are latent in every person, they would be more apt to ascertain to which of these a disease may be attributed than to look for external causes." Of the far-reaching value of this form of nosode-therapy, he concludes: "If all Luesitic attacks were not complicated with other diseased conditions, the smallest dose of a mercurial preparation would cure the case, but how many physicians have succeeded in such cases. So it is with all morbid products. Sickneses are all too complicated to be cured with one remedy, the exceptions prove the rule."

It is well known, however, that Swan was not supported in his day by many of the leading Hahnemannians; in fact, men like Dr. Lippe, Dr. Bayard and others were radically opposed to his indiscriminate advocacy of the nosodes. It is true that the use of any morbid substance remains empirical until its proving is made on the healthy unless we accept the dictum of Duncan that the proving is manifest in the symptoms of the patient from whom it is derived; and this too in each individual one, and hence such data may differ in different patients. It is only by repeated confirmations of the action of these products in cured cases that we can arrive at any definite indications. This has been done to a large extent with psorinum, to a lesser degree with syphilinum, tuberculinum, medorrhinum, etc.

Dr. Lippe contended that "a system of cure, furthermore, which only claims to cure infectious diseases can never be regarded



as a universal system of cure—such as the healing art promulgated by Samuel Hahnemann and by him called Homœopathy, which is applicable in all forms of non-surgical diseases.”

This is largely true, yet is it not more logical to include nosode therapy in its various branches in the larger and all-inclusive system of Homœopathy?

#### THE SINGLE REMEDY.

It is interesting to note how universally this fundamental is being observed at the present day in regular medicine. It must, however, cause a great measure of embarrassment to users of drugs in physiological dosage upon no more definite data than can be obtained from gross experiments upon animals, and its uncertain action when given *a posteriori* to the sick.

While our *Materia Medica* is for the most part carefully schematized and recorded there is need of constant care in the preparation of our text-books that we may not constantly be condensing and abridging it, oftentimes no doubt to our detriment. Then there is the problem of our repertories. Since Kent's Second Edition of the "Repertory" in 1908, there have been occasional provings made and reported. What is being done with this new data? We are told that Dr. Kent, himself, following the method of most clinicians made frequent verifications and revaluation of symptoms which are to be found in his personal copy of the last edition. Who can be relied upon to edit a third edition in future years? Personally, I have made an attempt during the past year to make systematic additions to my own copy of the following drugs; insofar as the limited provings of some of them admit: Benzol, Menthol, *Mentha piperita*, *Morph. sulphuricum*, Sarcos-lactic acid, Skatol, Succinic acid and Radium bromide.

Unless such work is carefully and conscientiously done, as new drugs appear the task will soon be almost too great for any but a master, and men like Allen and Kent are gone. Perhaps Dr. Boger can do this for us again. A large number of remedies were added by Dr. H. C. Allen to the Allen-Boenninghausen when he compiled the Slip-Repertory, and Dr. Boger has done a similar work in the Boenninghausen "Characteristics and Repertory."

What we really need is a complete repertory arranged to include practically all our known drugs. This, of course, Kent's last edition aimed to do, but that was already thirteen years ago.

## THE LAW OF CURE.

The Law of Cure still remains supreme in the mind and faith of the homœopathic prescriber. It is a beacon set upon a high hill, a guide for generations, as yet unborn. In its application there are still many ill-illuminated places. The lamented Dr. Case, for example, speaks in his "Clinical Experiences" of what he terms the thirty-six hours aggravation of Phosphorus; is this the reason of its wonderful and clear-cut action in some cases and its well-marked disagreement in others; *i. e.*, failure to await its action? At all events the persistent failure of a well-indicated remedy to hold a patient in a serious and seemingly incurable disease, can undoubtedly be looked upon to indicate a probably fatal termination.

At any rate we should acquaint ourselves of such actions as pointed out by Kent, by Gibson Miller and others. In fact, we should become better oriented upon this and similar subjects.

## MODERN SCIENCE AND HOMŒOPATHY.

Modern science and Homœopathy will be exhaustively dealt with by Dr. Coleman. The birth of the electron theory, with all it has meant to physics and chemistry cannot fail ultimately to vindicate the followers of Hahnemann who alone opened up a new path in the wilderness of a dogmatic atomistic era.

## HAHNEMANN AS A MEDICAL PHILOSOPHER.

Hahnemann as a medical philosopher formulated the vitalism of Hippocrates, Paracelsus and Stahl into a practicable vitalistic hypothesis. He likewise sublimated the Leibnitzian doctrine of substance and force into a practical working dynamism.

As a scientist his doctrine of attenuation and potentiation, based upon pure inductive reasoning and indubitable experience previsited the discovery of radium and the birth of the electronic era.

As a medical prophet he was the Eighteenth Century Moses destined to lead the children of humanity out of the Egypt of medical Mediævalism into the promised land of health and healing.

With the increasing demands of medical instruction many of our inferiorly equipped and insufficiently endowed colleges have had to go. This should not cause an unwonted pessimism in our ranks.

The time was in the history of Homœopathy when there was but one Homœopathist, and he even Hahnemann. Furthermore the time was when there was one homœopathic medical school, the little struggling college at Allentown. From this humble beginning, poor as it was in equipment and financial endowments, it was not lacking in enthusiasm for the cause which gave it birth. This institution was established in the year 1836, and enlisted in its efforts such men as Wesselhoeft, Hering and Detwiller, but unfortunately its funds are said to have been "in the hands of those who were inimical to homœopathy and who secretly undermined its influence, and sapped its very life."<sup>10</sup> Within a few years after the establishment of the Hahnemann Medical School in 1848, the number grew rapidly until there was at one time a total of at least eighteen such institutions. This number has dwindled with the requirements of modern education, till there are at present scarcely eight remaining, some of which are merely special or elective departments in universities devoted to the scientific teaching and clinical confirmation of the homœopathic method.

These institutions are, however, most of them now on a fairly firm foundation, the majority being rated as Class A schools.

Granting that the trend of medical practice has been within recent years rather in the direction of group medicine, *i. e.*, toward generalizing rather than individualizing, or in other words to the treatment of specific types of disease than to individual cases of these types, why should we be disheartened?

The mission of Hahnemann was the inaugurating of the method of similars. He came to lead the way along a new path. It should be our mission—our task—yea, our privilege and duty to safeguard and further this trust.

Hahnemann, the genius and originator, was undaunted in the midst of a prejudiced and derisive world of medical dogma and opinion. He came—the iconoclast, the initiator, the liberator, into

<sup>10</sup> "Biographical Cyclopædia of Homœopathic Physicians and Surgeons," p. 8.

this arena of hostility and persecution, and bore the burdens of medical scorn and political intrigue that we might inherit freedom of medical opinion and right of unfettered action. Such was his accomplishment. Why should we be dismayed, when we number thousands of followers and millions are numbered among our adherents.

Surely the whole body of organized Homœopathy should be as dauntless as was Hahnemann, a single mind!

Truly his life, his energy, his devotion to an ideal may well be our guide in these trying times.

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## CLINICAL CONFIRMATIONS OF MEDORRHINUM.

Harvey Farrington, M. D., Chicago.

Medorrhinum covers a wide range in therapeutics, as is shown by its provings and the clinical data recorded in our literature. It has its own distinctive individuality and may be prescribed unerringly on the "totality of the symptoms." In other words it can be given just as any other remedy in the *Materia Medica*. And yet it is more frequently abused than any other remedy, with perhaps the possible exception of *Psorinum*.

The following cases are presented especially because they are good illustrations of clean-cut cures by this nosode alone, and confirm some of its well known indications and add a few new clinical features. Confirmations of recorded symptoms are italicized.

Case 1. Mrs. A. Z., *æt.* 33. Married twice. Had five children by her first husband, four now living—and one miscarriage, induced by a fall. She was apparently well up to the time of her second marital venture some time in 1917. She suffered very little from the usual inconveniences of gestation and had her babies in from the three to three and a half hours. But soon after her second marriage she began to have profuse, greenish leucorrhœa and burning on urination. This was promptly relieved by local treatments.

About five months previous to her first visit, April 4, 1918, her second husband died of some form of "bad disease," which

she could not name, leaving her with an infant in arms. She now has:

Vertigo at 9 A. M. and 2 or 3 P. M.

Backache, *lumbar region*, < lying on the back.

*Ravenous appetite*; much *thirst*.

*Tongue dry and burning as if scalded*, especially on waking in the morning.

*Soreness of the teeth*; gums dark red and spongy.

Much *belching* of tasteless wind. Constipated.

*Violent burning in pit of stomach*; in regions of both *ovaries*, especially left, which at times, *feels full as if it would burst*. *Breath feels hot* as it passes outward through the nasal passages. Weak and prostrated in warm weather yet cannot stand cold. Menses have returned though she is still nursing her last baby.

*Medorrhinum* 200th (B. & T.).

June 1. She reports burning all through the pelvis; the leucorrhœa returned soon after the first dose of medicine and is now *intensely acrid*, causing much *irritation and itching*. She was better in a general way until a few days ago.

*Medorrhinum* 50m.

There was no word from this patient until July 7, 1919. She had become pregnant. A physician in her immediate neighborhood was consulted, and, in spite of six rapid and easy labors, insisted that the child could not be born naturally and performed Cæsarian section. The result was a blue baby that lived only a few hours and a recrudescence of her old symptoms. In addition she now has——

*Oedematous swelling of lower limbs*, varicose veins about the calves and ankles, *soreness of the balls of the feet*.

The *Medorrhinum* 50m was repeated.

August 6th. General improvement. *Coldness of the ankles* and popliteal spaces, both sides. Her third husband has confessed that he strayed from the marital fold and is suffering from an acute attack of gonorrhœa—certainly no doubt of infection in this case! The husband was taken in hand.

Placebo.

September 13. Burning in the epigastrium.

*Medorrhinum* 50m.

Improvement was uninterrupted, but the coldness and burning



continued to alternate and shift about. October 9th, the feet were hot and the legs cold from ankles to knees.

*Medorrhinum* had to be given October 21st, November 24th, January 7, 1920, and February 13th of the same year.

On March 20th she came and told me that she was pregnant again.

Space precludes a full account of her gestation. Elaps cor. relieved cold feeling in the stomach after drinking and acid vomiting; *Veratrum alb.*, cramps in the lower limbs, icy coldness of the ankles and cold sweat on the forehead; *Bellis perennis*, bruised soreness of the abdominal walls. *Medorrhinum* was given May 21st and September 17th.

She was delivered of a normal male child, October 24th. Labor was painful and tedious, lasting about eight hours. The cause for this was evident after delivery. The placenta refused to budge and had to be removed manually, when it was found that it was superimposed upon and firmly adherent to a fibroid tumor the size of an egg in the fundus of the uterus. Careful examination revealed the fact that the lower third of the anterior uterine wall was firmly fixed in the scar left by the Cæsarian operation, causing flexion of the cervix so that the os pointed up towards the pubis.

The child, in spite of the instillation of nitrate of silver (required by law in Illinois), developed ophthalmia and the copious, yellow discharge was found to be teeming with gonococci. A few doses of *Pulsatilla* cleared it up, but, owing to carelessness on the part of the nurse, reinfection occurred, this time non-specific, however. In order to save money, the mother took the child to a free dispensary and contracted double pneumonia with pleurisy, finally complicated with milk leg of the right side. Some local doctor had the case, but as soon as she could get about again she returned to me. *Lycopodium* cured the phlebitis and *Medorrhinum*, this time the 3cm removed the last vestiges of sycotic infection. She was at my office on June 10th and looked a different woman. Her face was rosy, complexion clear and she had gained fifteen pounds.

Case II. Mrs. C. S., a stout woman of 45. Had rheumatism off and on ever since twelve years of age; diphtheria three times; scarlet fever with abscess of the left ear; chorea at the

age of thirteen. She is now a widow. Twenty years ago she was infected with gonorrhœa by her dissolute husband, resulting in pus-tubes. After seventeen years of suffering, the uterus, ovaries and a chronic appendix were removed, followed by flushes and the usual symptoms of an enforced menopause.

Present symptoms:

Spells of *sadness almost to suicide; difficulty in concentration*; attacks of hysteria with *numbness* in different parts of the body and great *flatulence* in stomach and bowels.

Headaches, vertex and occiput < *before a thunder storm*.

Sudden, very sensitive *swelling of joints*, especially *knees* and joints of the *fingers* of the right hand < *using them*.

*Lameness and stiffness* of the larger joints < change of weather from warm to cold, and from continued motion (possibly a modality carried over from previous non-specific attacks).

*Numbness of the hands while sewing or grasping anything*; *numbness* of the right leg.

Calluses and *great sensitiveness of the balls of the feet*.

Cracks between the toes, at times bleeding—also cracks and soreness in the corners of the mouth.

*Puffy swelling of the feet*. No albumin in the urine.

This patient received six doses of Swan's *Medorrhinum Chronic*, dnm at long intervals over a period of a year and a half. Latest reports show that the cure is complete, even the sore corners of the mouth having been greatly benefited.

Case III. Mrs. C. F. A., *æt.* 32. Married ten years one child three years old; one miscarriage.

*Irritable and nervous; hurried, restless*, especially after lying in bed or sitting for a long time—feels as if she would scream if she could not move; queer "nervous feeling in the abdomen." *Fear of the dark* (as a child would go anywhere in the dark.)

*Memory failing*; leaves work unfinished and starts on something else. Although thin and scrawny, her *appetite is unusual; craves salads, salt things, fruit*; very little thirst; constipated since early childhood; absolute inactivity of the rectum, but bowels are normal during menses. Going too long without action of the bowels results in an attack of tonsilitis; has had many attacks during the past few years.

*Heavy, full feeling* in the stomach after eating; much *belching*, especially after fats and rich foods.

Menses every twenty-six days, lasting four or five days; uterus falls so low as to protrude from the vagina, worse during, better after stool.

*Rheumatic pains* here and there, < *damp weather*.

Varicose veins.

Excruciating pains in the *cervical and dorsal spine*, extending to the shoulders, for many years; *soreness of the coccyx* since the birth of her child, < lying on the back, at night, while sitting and especially when rising from a seat.

Excessive *desire to yawn*.

The treatment was carried on entirely by mail so that the record may not be complete, especially as to the possibility of infection. A dose of *Medorrhinum Chronic* dnm was sent April 22, 1919.

On May 10th she reported improvement in all symptoms, even the bowels showing some signs of renewed activity. A repetition was required, August 27th. On October 21st, she wrote that her neighbors and friends had remarked about the wonderful change that had taken place in her general health and especially in her face, which had rounded out and lost its pale, sickly look. The "dreadful pain" in the spine had almost entirely disappeared. The remedy was repeated January 26, 1920, April 21st, June 15th, October 28th, and February 28, 1921, with constant benefit. She gained in weight and what was especially gratifying to her, her former good memory and clearness of intellect were reinstated.

Case IV. Mrs. M. C. *at*, 59, a widow, who is obliged to keep boarders for a living and works beyond her strength. For a number of years she has suffered from a neuritis of the right arm and shoulder, extending to the occiput and neck, and which one or two good homœopaths have failed to cure. It is worse from cold and dampness. But her most annoying symptom is *throbbing in the lumbar spine*, brought on by any emotional excitement or over exertion and becomes so severe that it "takes her breath."

*Weeping* on the slightest provocation or for no cause at all tears flow while she is telling her symptoms; is relieved by *weeping*.

*Numbness of the hands at night*, even if not lain on.

*Burning of the sole* of the left foot; flushes of heat in the feet at night, wants to put them out from under the covers.

A single dose of *Medorrhinum* almost put her to bed for three days, then improvement began. There was no trace of symptoms at her last visit, June 12th, two months after beginning treatment. There was no evidence whatever, of gonorrhoeal infection or inheritance.

Case V. Mrs. J. W. C., 27 years of age, usually of robust health, married eight years, has two children, like herself, red-faced and sturdy. She suddenly conceived the idea that she had committed the "*unpardonable sin*" and was doomed to eternal perdition. She could neither eat nor sleep and she could not cry. She nursed this obsession for over a week before it occurred to her that medicine might help. One dose of *Medorrhinum* cured in five days.

Case VI. Marshall S., 24 years of age, the son of wealthy parents, somewhat spoiled and pampered. Though always nervous, he seemed in fairly good health until he returned from overseas. During the greater part of his stay in France he was stretcher-bearer and assistant in one of the base hospitals. He was never at the firing line, although he witnessed many horrible sights among the wounded. On arriving home he seemed utterly unnerved. He was *restless, fidgety, hurried* in all his actions and speech, stuttered and showed the peculiar, wild-eyed look of some of the men who served in the trenches, but to a marked degree. The most persistent symptom he now exhibits is *fear in the dark and feeling as though someone were behind him*. In the text we find this symptom in the case of a woman who thought that someone was behind her, heard whisperings and voices and imagined that faces peered at her from behind various objects. Apparently it has never been elicited in a male prover or clinical case. But the case was clearly one for the nosode, which acted like magic showing that as with *Sepia* and other remedies, we are quite safe in prescribing regardless of sex, provided the other symptoms agree. Mr. S. never had any venereal disease.

## STROPHANTHUS.

C. M. Boger, M. D.

Here is a recent experience, illuminative as well as instructive :

An old patient, aged 71, had for months been troubled by awaking about 2 A. M. in great distress from the great accumulation of gas which she belched up with a loud penetrating sound, heard all over the house and accompanied by violent palpitation of the heart alternating with a hard thumping within the head.

Taking it for a case of nervous indigestion I gave several of the ordinary remedies without the least appreciable effect, when all of a sudden I was called, at night, to find her in the agonies of true angina pectoris. The danger was, of course, extreme but *Aconite* saved the day, while a short examination disclosed the presence of a strong mitral regurgitation as well as an extreme degree of left ventricular dilatation.

So much for snapshot prescribing; however, as events turned out the diagnosis would not have led, even remotely, to the really indicated remedy. With a proper correction of the diet and absolute rest in bed we got along well enough for twelve days when she suddenly developed nausea, retching and vomiting accompanied by the inevitable eructations and a suspicious pain extending from the region of the duodenum up into the chest, all worse at 2 A. M. The diagnosis and the remedy were now both plain enough, I thought, and to confirm this view *Kali bichromicum* helped immediately, only leaving her very weak and prostrated, from such a gastro-duodenal crisis, which looked so much like duodenal ulcer.

After this the heart lesions seemed stationary with, however, almost nightly paroxysms, at 2 A. M., of violent throbbing of the heart alternating with hard beating or thumping, as she called it, in the head, accompanied with great alarm and stitches in the heart. A remedy covering the whole symptom picture was not apparent, hence I gave *Glonoïn* on the head and heart symptoms, expecting little and getting no result whatever. In the meantime I had ransacked about all of the literature at hand for this symptom where I might, perchance, find it so combined as to simulate the symptom picture at hand.



At last I was rewarded by finding in the HOMŒOPATHIC RECORDER, Vol. 12, No. 2, page 502, these symptoms: "Felt a pulsation in the head and in the heart, passing soon into a lively perception of the action of the heart. Slight stitches and twitches in the region of the apex. Eructation and hiccough. An undulating sensation in the head and in the whole body." A single dose of *Strophanthus* 12, centesimal, turned the trick and she was entirely relieved for several days. Another dose relieved for about a week, while still later the intervals became two weeks. She has been kept in bed against many protests, until lately; while now and then there are times when no mitral regurgitation can be detected at all and the dilatation is decreasing. How much further the case will go I can't tell but this case has been one of the surprises of my practice, from several points of view.

In passing, several distinctive features of *Strophanthus* may be worth pointing out.

The pulse is alternately rapid and slow.

Very mobile pupils; dilating and contracting alternately (Am-c. Arn).

Blood surges alternately to the head and heart (Glonoin).

Throbbings and undulations.

Nervous excitement.

Loquacity.

Stitches.

Twitchings.

Acts primarily on the heart, stomach and intestines.

## THE TREATMENT OF GOITRE.

Eli G. Jones, M. D., 1169 Main Street, Buffalo, N. Y.

The reader will please notice my *change of address*.

Goitre is a diseased condition that is very common, and our doctors should know how to *cure* it. The Eclectics depend mostly upon Tr. *Phytolacca* and Tr. *Iris Versicolor* in the treatment of the above disease.

In recent cases of Goitre a good plan is to give Tr. *Phytolacca* five drops every three hours in alternation with Tr. *Iris Versi-*

color, ten drops every three hours. Locally you may apply Tr. Phytolacca and water, equal parts; have it well rubbed into the gland three times a day.

In a case of Goitre where the gland has a *soft, doughy* feel, rather than the *hard*, indurated, encapsulated varieties, the remedy will be *Lapus albus* 6th X, three tablets three times a day.

I have made some good cures of recent cases of Goitre with *Calcarea Iodide*, gr.  $\frac{1}{3}$  (*Abbott's granules*), one granule every three hours, for a week; then give *two* granules every three hours.

In the *old, hard* Goitres (chronic cases) where the thyroid gland is *much* enlarged and there is a feeling of *pressure* on the *throat* with spells of *suffocation*, which are *worse after midnight*, the remedy indicated will be *Spongia* 3d X, three tablets every three hours.

In *pale* subjects of *soft fibre* and *cold, moist* feet, the remedy is *Calcarea Carb*, 3d X, three tablets every three hours.

Iodine is sometimes indicated in Goitre when it is recent and *soft*, and when there is an *aggravation* of all the symptoms in a *warm* room.

Give Tr. Iodine 6th X, ten drops every three hours.

In those *hard, lumpy* Goitres I like *Calcarea Fluorica* 3d X, three tablets every three hours.

The *Biniiodide Mercury* is often prescribed for Goitre. 3d X, three tablets every three hours. Apply locally an ointment of three drachms of *Biniiodide Mercury* in a pound of lard. The ointment to be well rubbed into the gland once a day and heat applied by sun rays or artificial heat.

When the thyroid enlargement is due to *venous dilatation* principally, the remedy needed will be Tr. *Carduus Mar.*, five drops three times a day.

In a case of Goitre where the patient complains of *pressure* on the *throat* more than *any* other symptom the remedy needed is *Natrum Phos.* 3d X, three tablets every three hours.

In taking a case of Goitre for treatment it is always best to make *sure* that there is no *uterine* disease as a contributing cause.

If there is anything of *that* kind it must be attended to if we expect to cure the Goitre.

## TWO CASES.

Maurice Worcester Turner, M. D., Brookline, Massachusetts.

Early in January of his year there came a telephone from a brother physician asking, "What do you know about hiccoughs?" Just before that I had seen three cases of hiccoughs and therefore I told him what I could of my experience with them.

Later in the month the doctor came to my office and we went over his case together. He explained that the patient had been hiccoughing, more or less constantly, since the beginning of December; that it followed an abdominal operation, and that hyoscyamus was first given, followed by a number of other remedies, including magnesia phosphorica, with only temporary improvement from any one of them. From symptoms obtained then I suggested that he study *cicuta*.

On February 15th I was asked to see the case. The patient, Miss M. S., a teacher of physical culture, was 23 years old, slender and somewhat emaciated. She had light auburn hair and a fair skin.

About two years before (1919) she had appendicitis with an operation and later another operation for adhesions. On account of some abdominal pain persisting there had been an exploratory abdominal incision in April, 1920. The pain was in the right groin and cæcal region and came at first when she was tired from an unusually hard day's work. An unpleasant business experience, with mental worry, and two attacks of unconsciousness, probably hysterical, completed the history. Whether the loss of consciousness was associated with the abdominal pain I did not learn.

Hiccoughs began in December, 1920, and had been, together with the abdominal pain, quite constant since then. The pain was sometimes worse before the hiccoughs came on.

Since December she had lost twenty-five pounds, doubtless partly because vomiting of food had been common. As a rule her breakfast was retained, though it often returned undigested. There were also sour eructations.

The succession of symptoms each day was as follows: She was worse after eating when there occurred nausea, then vomiting,

and then hiccoughing. The hiccoughs were very rapid—uncountable. Sometimes the symptoms varied and the cæcal pain came first, was severe, when she bent double for relief, then nausea, vomiting and hiccough following.

Remedies had only helped temporarily, though latterly colocynt had given some relief.

She took pills to move the bowels, and as the general time of aggravation had settled down to about five o'clock in the afternoon—when the hiccoughing would be most marked, and continue through the night, preventing any sleep—she had, for several weeks, received morphine, hypodermically, with gradually increasing doses till now a grain was given each night.

Such was the unpromising story I obtained; this was all and it seemed a puzzle, but such as it was it was the totality and must be relied upon and a remedy found which corresponded.

The only repertory at hand was Bœnninghausen (Allen's) and I turned to that for help.

At first glance there appeared to be two groups of symptoms in the case—those relating to the hiccoughs and those associated with the abdominal pain—but on closer scrutiny I saw that this was not so, that the case was one, and that it was a comparatively simple matter—not a major surgical operation—to untangle it.

Setting aside till later the symptom of "hiccoughs" which was the special condition I was called to cure, and which in itself furnished nothing guiding, I felt that there were two things which must be taken into account, first the abdominal pain with its modality, and second the morphine—that is that the remedy selected must be an antidote to opium.

Consequently there were just three rubrics to be consulted. First, "Groins, Cæcum," etc., page 80; second, "Amelioration Lying Bent Up," page 316, and third, "Antidotes for Opium," page 434.

As in my copy of Bœnninghausen the rubrics have been added to I will give these rubrics in detail, without the different type, but with figures indicating remedy values.

Groins, Cæcum, etc.: Agar. 2, Amm. c. 2, Ars. 4, Bap. 4, Berb. 3, Bry. 3, Carb. s. 2, Chel. 3, Corn. 2, Dios. 2, Gins. 2, Lach. 4, Merc. c. 2, Osm. 2, Phos. 2, Pb. 2, Sul. 3, Thuja. 2.

Amelioration Lying Bent Up: Chin. 3, Cimi. 3, Colch. 3, Coloc.

4, Lach. 3, Mag. m. 3, Nux v. 3, Pb. 1, Puls. 2, Rheum 3, Rhus 1, Sul. 3.

Antidotes to Opium: Camph. 1, Coff. 1, Con. 1, Ip. 2, Merc. 1, Pb. 1, Vinum 2, Vanilla arom. 1.

Plumbum is the only remedy occurring in all three rubrics. Further confirmation, that it was the simillimum for this case may be found by consulting these additional rubrics, which are really concomitants, covering the rest of the symptoms: 4, Nausea, page 73; 5, Hiccough, page 73; 6, Vomiting of Food, page 76; 7, Aggravation after Eating, page 279, and also by looking over plumbum in Hering's "Guiding Symptoms."

Plumbum was given in moderately low potency, as far as I know, at first (6x-12x), repeatedly, and in ten days or two weeks there was so much improvement that when an opportunity offered for her to resume teaching at a school in a distant city she at once undertook the journey. Then her physician gave her a bottle of pills of plumbum 30th to take a few doses if needed.

The only moral in this case is one which probably is self-evident, namely, that neither in the telephone about the patient, nor in the discussion at my office was the totality of the symptoms brought out, for without the whole of the case to study, the appropriate remedy could not have been found.

#### CASE TWO.

This is not a long story; on the contrary it is only a short confirmation of a remedy, with a new clinical symptom.

The patient is one who has been under my observation for some years principally because of symptoms which repeatedly recur in spite of help from remedies. The said symptoms being primarily due to mercurial medication—allopathic—and cauterization with nitrate of silver years ago.

Recently she developed, without any apparent cause, symptoms of Ménière's Disease. The vertigo was extreme, from motion, turning, stooping, looking up, etc.

The eyes, that is the glasses which she wore, were found not to be at fault, and the external auditory canals were free, with normal hearing. There was some tinnitus, but no nausea nor vomiting and no disturbance of vision. While lying in bed the vertigo was brought on by turning over from right to left and



also there was aggravation when looking upward—raising the eyes—or downward, or when stooping; with relief from closing the eyes.

Several remedies failed to help—notably conium, chininum-sulphuricum, phosphorus—finally I gave *Granati Cortex Radicis* (Jenichen) 200th, two doses dry, on March 1, 1921. It had to be repeated on March 8 and on March 17—repetitions in same potency and dosage. Since then absolutely free from vertigo and tinnitus.

The peculiar symptom—aggravation turning over in bed, from right to left—I have failed to find under any remedy. I trust it will be of interest.

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## TWO CASES OF ASTHMATIC BRONCHITIS.

Grace Stevens, M. D., Northampton, Mass.

The word Asthma is derived from a Greek word which means "panting," and is applied to a condition of extreme dyspnea, in which, usually, the expiration is especially prolonged and difficult. There is a marked distention of the chest, called emphysema, and the breath sounds are associated with much wheezing and with sonorous râles. Usually, there is cough and a thin, clear expectoration, containing small balls of white mucus called Laennec's pearls.

The dyspnea is due, according to some authorities to a spasm of the muscles in the walls of the bronchioles; others claim that it is entirely the congestion of bronchial mucosa, which causes the suffering. One writer, Dr. O. H. Browne, of St. Louis University, after nine years of study devoted to the subject, has published a book setting forth the theory that "non-passive expiration" is responsible for the congestion and attendant dyspnea, and explains this by the anatomy and physiology of the organs of the chest.

Within a comparatively short time it has been discovered that in many people paroxysms of Asthma are produced by the presence of some foreign protein. This may be from the pollen of some plant, the epidermis of some animal, or from some food which has been ingested. This sensitivity, called Anaphylaxis,

may be demonstrated in the individual by applying to the skin, preparations of the different proteins. A tiny cut is made in the skin for each protein to be tested, and a positive reaction consists in the formation of an Urticaria-like wheal at the site of the test.

Beside the Asthma which is due to Anaphylaxis and which generally follows a pretty definite course of sudden onset, increasing expiratory dyspnea, cough with characteristic sputum, followed by gradual subsidence of the dyspnea, leaving the patient practically normal, there is another type which appears in persons who are subject to colds and chronic bronchitis. They have attacks following severe fits of coughing, or any undue exercise, or a paroxysm comes on at some definite time, especially during the night or in the early morning. This second type of asthma is due, according to many authorities, to some infection of nose, throat or lungs—even the much abused teeth and tonsils are suspected. It is also called a-typical Asthma or Asthmatic bronchitis, to distinguish it from the typical or anaphylactic variety. The dyspnea is chiefly inspiratory and the sputum is usually thick and tenacious, requiring prolonged and violent coughing to dislodge. The expectoration gradually gives relief, but the patient is not free from symptoms even after the acute attack subsides. Signs of chronic bronchitis and emphysema still remain.

Two of my most disappointing cases belong to this variety and I am reporting them only because I hope to learn something from the discussion.

The first patient is Miss D—, a graduate nurse, whose case I reported last year in my paper on "Headaches." She had always had headaches, usually through the right eye—a boring pain accompanied by nausea, < lying with the head low. She had also had for a long time asthmatic breathing, < inspiration, < exercise, especially < exercise after eating, < cold dry air, < lying with head low.

I took the case as carefully as I could and gave her carbo. veg., with very little improvement. Another headache yielded to Sanguinaria, and this always helped the attacks.

Following a coryza, she had nightly attacks of asthmatic breathing which came pretty regularly about 3 A. M.  $\text{R}$  Kali carb. relieved these, but had to be repeated rather frequently.

For a year she was kept very comfortable by taking Sanguinaria for headaches and Kali carb. when the asthmatic breathing developed, and meanwhile, I sought in vain for the simillimum.

Last October the patient had another coryza which was followed by an aggravation of the wheezing and nightly asthmatic attacks. These did not yield to Kali carb. for any length of time, and finally, during my absence from town she had so severe an attack that an Old School physician was called in. He gave her a hypodermic of morphine and later prescribed "Respirazone," which I am told is a mixture of potassium iodide and belladonna.

After this I sent the patient to Dr. Sanford Hooker, at the Evans Memorial in Boston to be tested for Anaphylaxis. He tested her with thirteen different proteins, including the things she had eaten before an attack, but with negative results.

This spring one grippy attack with some wheezing yielded to Phosphorus, but I never felt sure that a remedy was going to hold, and was really glad to have the patient leave town, I was so ashamed of my failure.

The next case—Miss F——, is a college professor. She came to me last November with the following history:

For four years she has had each fall a "bronchial cold" followed by asthma on coming to the Connecticut Valley from a higher altitude. She has a "hypersensitive nasal mucous membrane" and develops a sort of hay fever from any dust, heavy odor, or in damp, foggy weather. Now her respiration is wheezing, and becomes dyspneic from exertion, ascending, < early morning on motion, < change of temperature, cough in frightful paroxysms—loose, rattling, with easy expectoration of much lumpy mucus, which > the cough.

Several paroxysms during the day, and at about 2 A. M.

Nausea and vomiting with cough < after eating.

Face red and hot with cough.

Micturition involuntary with cough.

Urine causes smarting.

For a long time, itching of anus from ascarides. < night.

Very nervous temperament, very sensitive to criticism.

She has had her tonsils removed, her turbinates clipped.

Examination of the chest shows prolonged expiration with

higher pitch and increased vocal fremitus over the right chest in front.

Examination of the sputum was negative.

November 5,  $\mathcal{R}$  Kali carb.<sup>200</sup> and November 11,  $\mathcal{R}$  Kali carb.M. The prescription seemed to cause some improvement at first, but it was not very marked, and the patient became so weak that on December 4th, after farther study I gave her  $\mathcal{R}$  Stannum<sup>200</sup>. This was followed by marked improvement so that the patient seemed almost normal for more than a month.

The last of January she complained of a slight return of cough and of the ascarides, and  $\mathcal{R}$  Stannum was repeated. This time there was no improvement, and as the patient insisted on meeting her classes she grew weaker and the asthmatic paroxysms were worse. Several remedies were given with only slight improvement, but  $\mathcal{R}$  Ipecac<sup>200</sup> finally relieved the asthmatic paroxysms and the patient grew strong enough to be sent to a sanitarium where she had before been able to rest and gain strength. This time the damp atmosphere caused by melting snows renewed the paroxysms of asthma and her doctor sent her to the New Jersey pine lands.

Late in May she came back to one of the hill towns above Northampton, hardly more than a shadow of herself. She had been induced by a friend to try some inhaling apparatus which served to cut short the recurring asthmatic attacks, and she still coughed violently. She was sure that all she needed was rest, and I, certainly, had not been able to cure her with medicine.

## DEPARTMENT OF HOMŒOPATHIC PHILOSOPHY.

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## GENERAL PATHOLOGY OF HOMŒOPATHY.

It is identical, therefore, with the ancient form of leprosy: with the "St. Anthony's Fire," or malignant erysipelas which prevailed in Europe for several centuries and then reassumed the form of leprosy, through the leprosy which was brought back by the returning crusaders in the thirteenth century. After that it spread more than ever. It was gradually modified by greater personal cleanliness, more suitable clothing and general improvement in hygienic conditions, until it was reduced to a "common itch," which could be and was more easily removed from the skin by external treatment.

But Hahnemann points out that the state of mankind was not improved thereby.

In some respects he says, it grew far worse: for although in ancient times the skin disease was very troublesome to its victims, the rest of the body enjoyed a fair share of general health. Moreover, the disgusting appearance of the lepers caused them to be more dreaded and avoided, and their segregation in colonies limited the spread of the infection. This element of safety was lost when the disease assumed its milder appearing form, as the itch, without losing in the slightest degree its infectious-contagious character. The infectious fluid resulting from the scratching, contaminated everything it touched and spread the disease broadcast.

**METASTASIS:** many superficial critics have ridiculed the idea that the itch, known even before Hahnemann's day to be due to a minute but visible animal parasite, the *acarus scabiei* was the cause of any other than a local disease of the skin. They did not consider that even if this were true, it might be the host or carrier of another, smaller, infectious micro-organism, in the same way as the flea and the mosquito are carriers of infection. Witty Dean Swift (1667-1743) could have taught them better:



"So naturalists observe, a flea  
Has smaller fleas that on him prey,  
And these have smaller still to bite 'em,  
And so proceed ad infinitum."

"Psora has thus become the most infectious and most general of all the chronic miasms," says Hahnemann. The disease, by metastasis from the skin, caused by external palliative treatment, attacks internal organs and causes a multitude of chronic diseases the cause of which is generally unrecognized.

Many have been skeptical of the danger of metastasis of chronic external or skin diseases and this skepticism has led to dire results. It would seem that a physician who dreads and fully realizes the danger of a "repercussion" or metastasis of the eruption of acute measles or scarlet fever, with its well-known serious and often fatal consequences in the brain, kidneys or lungs, could not consistently doubt the possibility of the same kind of results from the metastasis of a chronic eruption.

Innumerable facts, observed by competent physicians for centuries past, and confirmed in many cases by modern research, make such a position untenable. Metastasis of disease is today an accepted fact in medical science.

Our knowledge of metastasis rests, scientifically, upon our knowledge of Embolism. "Embolism," says the "American Textbook of Pathology," "rests essentially upon the anatomic and experimental investigation and teachings of Virchow." "Embolism," says this authority, "is the impaction in some part of the vascular system of any undissolved material brought there by the blood current. The material transported in this method is an embolus."

Metastasis is the transference of disease from one part to another not directly connected with it.

Of the several kinds of emboli the "Textbook of Pathology" mentions: "2. Tumor-cells. Emboli composed of living cells, capable of farther proliferation, occur in connection with malignant tumors. In carcinoma and sarcoma isolated tumor cells or cell groups, may reach the blood current either indirectly through the lymphatics or directly when the tumor in its growth penetrates the wall and projects into the lumen of a blood vessel. On lodgement the cells proliferate and give rise to secondary tumors.

3. Animal and vegetable parasites. *Bacteria of various kinds*, as well as protozoa and the embryos of a few large animal parasites may be transported by the circulation and act as emboli."

Hahnemann's teaching is thus elucidated and confirmed by pathology. The infectious, parasitic, primary and typical micro-organism of Psora, driven from the skin by local treatment, finds a ready route to deeper tissues, structures and organs through the capillaries, the lymphatic and glandular systems and the nervous system. Here it develops its secondary specific form and character according to its location and the predisposition and environment of the individual, giving rise to a vast number of secondary symptoms.

"So great a flood of numberless nervous symptoms, painful ailments, spasms, ulcers, *cancers*, adventitious formations, *dyscrasias*, *paralysis*, *consumptions* and crippling of soul, mind and body were never seen in ancient times when the Psora mostly confined itself to its dreadful cutaneous symptoms, leprosy.

"Only during the last few centuries has mankind been flooded with these infirmities, owing to the causes first mentioned" (Hahnemann, Chronic Diseases).

THE IDENTITY OF PSORA AND TUBERCULOSIS:—Hahnemann mentions "*consumption, tubercular phthisis*, continual or spasmodic asthma, pleurisy with and without collections of pus in the chest, hemoptysis and suffocative bronchitis," among the known tubercular chest and lung diseases as *due to psora*. He also mentions hydrocephalus, cerebral and cerebro-spinal meningitis, ophthalmia, cataract, tonsillitis, cervical adenitis, otitis, gastric, duodenal and intestinal ulcers; diabetes and nephritis; rachitis and marasmus of children; epilepsy, apoplexy and paralysis; bone and joint diseases; fistulæ; caries and curvature of the spine; encysted tumors; goitre, varices, aneurisms, erysipelas; sarcoma, osteo-sarcoma, schirrus and epithelioma and other diseases, some of which are now known and others of which are thought to be of tubercular origin.

As practically all the diseases known to be due to the tubercle-bacillus are attributed by Hahnemann to Psora, it follows that the cause is identical, and that the two terms, *psora* and *tuberculosis* are synonymous.

The modern list is growing slowly by additions, from time to time, of other diseases found to be pathologically or bacteriologically related to tuberculosis. It is quite possible that a large part, if not all, of the remainder of Hahnemann's list may ultimately be included in the modern list.

Osler, speaking representatively and with the highest modern authority, agrees with Hahnemann, when he says: "*Tuberculosis is the most universal scourge of the human race.*"

Hahnemann chose Leprosy as the typical form of the ancient protean disease which he named Psora.

Modern bacteriology finds that the bacilli of leprosy resemble the tubercle bacilli in form, size and staining reactions, and that *the leper reacts to the tuberculin test.*

Saboraud said: "*Leprosy is a tubercular disease closely allied to tuberculosis.*"

The same staining characteristics are shown by the bacillus smegmatis, the grass and dung bacilli of Mœller, the butter bacillus of Rabinowitsch and the bacilli from the crypts of the tonsils, described by Marzinowsky.

McConkey, through clinical experience, came to believe and taught that heart disease, with or without valvular lesions, diabetes, rheumatism and cancer were tubercular in nature and origin.

Allen (H. C.) taught the same of typhoid fever. The list might be extended indefinitely.

The writer believes, tentatively, that Acute Anterior Polio-myelitis, etiologically puzzling in spite of the discovery by Flexner of its specific micro-organism, is of tubercular nature and origin.

In considering tuberculosis or psora as a fundamental disease giving rise to many secondary forms of disease, the specific action of the tubercle bacillus must be considered as conditional. No specific organism acts unconditionally. All living germs that propagate and multiply, must have favorable conditions and a suitable soil in which to grow.

Other pathogenic micro-organisms besides the tubercle bacillus, notably the ordinary pyogenic organisms, play their part in the causation and maintenance of the tubercular process. The pyogenic organisms may originate in the teeth, mouth, pharynx, tonsils, nose, ears, or even in the lungs themselves; in the skin, joints,

bones, or in short, in almost any organ or tissue of the body where septic processes or lesions exist. But wherever they originate, they play their part in modifying and conditioning the activity of the specific cause of tuberculosis, the bacillus of Koch, and in giving the case its individual character.

Individualization is the cardinal principle of a true pathology as well as of a true therapeutics.

In the eager quest for the specific bacterial causes of the various diseases the principles of logic have not always been applied, and particularly that principle known as the Law of Causation, which teaches that every effect has *a number of causes*, of which the specific cause is only the proximate or most nearly related in the preceding series. It also teaches that the specific cause may be modified in its action on the subject by collateral causes or conditions affecting both the subject and the antecedent causes, so that no specific cause can be said to act unconditionally.

Applying this principle to the subject of disease we find that while specific micro-organisms are a necessary factor as immediate or exciting causes of the respective diseases attributed to them they only act conditionally, and that many modifying conditions must be considered in assigning them their true relation to individual, concrete cases of disease. It follows that micro-organisms, as causes of disease, are very far from having the high degree of importance which is commonly assigned to them. They are reduced to an equality with several other related, accessory, contributing causes. The tubercle bacillus, for example, ranks only equally with constitution, heredity, predisposition and environment. Environment includes social and economic position or condition of life as regards means of subsistence, food, clothing, light, air, housing, neighbors, occupation, mental and psychic conditions and habits of life and thought. To conduct a campaign against tuberculosis by directing the efforts principally against the bacilli, while neglecting the numerous other equally important factors, is futile and hopeless.

Of still less importance is the micro-organism from a therapeutic standpoint. For the same reasons bacteriology can never serve as a basis for a reliable and efficient therapeutics. Since the micro-organism is only one of the many causes of disease, the

curative remedy for the concrete, resulting disease in the individual must correspond to the combined effects of the various causes. The combined effects are manifested by groups of phenomena or symptoms which vary, more or less, in the various individuals, according to their conditions and circumstances. As the individual cases of every disease vary in their causes and conditions, and consequently in their effects, there can be no specific, general remedy for a disease.

It is at this point that the necessity appears for a *general principle of therapeutics*. What is needed is not a general *remedy* for the disease so long vainly sought, but a general *principle*, applicable to all the varying cases so that the particular remedy needed by each individual may be found. The homœopathic system of therapeutic medication is based upon such a principle, and in that system, combined with rational, moral, hygienic, sanitary and sociological measures is found the solution of the problem.

(*Concluded*)



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## EDITORIAL NOTES AND COMMENTS.

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HYPERICUM PERFORATUM, ST. JOHN'S WORT.—This remedy has been called "the Arnica of the nerves" and in truth, it is that and more. We all recognize its great value in contusions of tissues rich in sentient nerves, such as for example, mashed fingers. Likewise in lacerated nerves, with spasmodic, intense, shooting pains, it is of comfort. Finally, the remedy has undoubtedly cured incipient traumatic tetanus, the result of punctured wounds. Here *Ledum* often precedes it, but if insufficient, *Hypericum* will be required to control the advancing neuritis. Punctured wounds of horses will often require *Hypericum*; but in these days of motor cars galore, such use is but seldom demanded. Punctured tires will not react to *Hypericum*—more's the pity.

Lacerated dental nerves, the result of tooth extraction, will demand the *St. John's Wort* very often. Bruised soreness, where nerves are involved, is a characteristic of *Hypericum* and must not be confounded with a similar bruised soreness of *Arnica*. The latter remedy relates more to muscle tissue, to contusions of soft parts in general, especially when ecchymosis is in evidence. Lancing, spasmodic, lightning-like pains, are characteristic of *Hypericum*, particularly when they shoot along the course of the large nerve-trunks from periphery to centre.

A man in middle life quite recently was taken with intense pain in the right shoulder and arm extending into the deltoid muscle and involving the shoulder joint. Motion was practically impossible, especially extending the arm backwards or upwards. Pressure upon one spot over the shoulder joint would cause the

man to drop in his tracks with intense pain. Evidently the circumflex nerve was involved. The pain was described as a bruised soreness, with violent shooting pain upon the least motion. The deltoid and teres minor muscles were most concerned. The history showed that the man had been exercising his rather spirited horse, using considerable strength in holding him in with both curb and snaffle bit. Diagnosis: Neuritis of circumflex nerve.

*Hypericum* 200, q. 3 hours, brought very prompt relief, with early restoration of function.

MELILOTUS.—Either the *Melilotus alba* or *Melilotus officinalis* may be used in practice. Melilotus is the sweet clover, a legume which is of considerable interest to farmers and which is not only a valuable stock food, but also a great renovator of worn-out soils.

To medical men other than homœopaths, it is not known that Melilotus has any therapeutic value. Our O. S. friends certainly know it not; Bastedo and Cushnay do not even mention it. Dorland's Medical Dictionary speaks of its use as a fragrant and very mild anodyne, in the form of a plaster or ointment, but adds that "it is little employed at present." Just so! To the adjective fragrant we can heartily subscribe, for fragrant indeed is the freshly mown clover field. But, we are especially interested in any curative properties which sweet clover may possess—and it does possess some rather striking ones. Why not? Any protein food, whether animal or vegetable in character, is capable of stirring up trouble when used to excess. And so with *Melilotus*. We think of it chiefly in circulatory disturbances, marked by intense cerebral congestion, accompanied by severe pulsating headache, decidedly flushed face, *all relieved by a copious nosebleed*. The italicized sentence is the all-important point; this modality reminds us of *Lachesis* and *Zinc*, both remedies having the symptom "relief by discharge of blood."

*Relief from lying down* is characteristic of Melilotus, distinguishing it from Belladonna, in which remedy the opposite often holds good. Vinegar applied to the aching head relieves the clover headache, another modality, easy to remember. Congested, red, hot, flushed or almost purple face, are all characteristic of

Melilotus, especially when preceding a hemorrhage from the nose; the blood bright red and giving relief.

We may think of this remedy in conditions of high blood pressure; here, of course, many things must be considered and several remedies are to be compared, as, for example, Aconite, Amyl nitrite, Glonoin, Veratrum viride, etc. The patient as always, must be prescribed for rather than his high blood pressure.

Engorgement of tissues, vessels or organs, characterizes Melilotus and when the head and face symptoms are present, together with an ameliorating epistaxis, this remedy will demand careful consideration.

TUBERCULINUM.—A short while ago, in consultation with another physician, we had occasion to prescribe *Antimonium arsenicosum* in a case of tedious broncho-pneumonia, suggesting at the same time that, should this remedy fail to arouse reaction, *Tuberculinum* would be required.

The patient was a young, married woman, depleted by the nursing and care of a baby but a few weeks old. Cheeks hectic in the afternoon; afternoon and evening rise of temperature; restlessness and irritability; rattling cough; scanty, thick, yellow sputa; thirst for small amounts of cold water at frequent intervals; sweat during sleep. Physical examination showed subcrepitan râles, especially over the base of the right lung and some patchy dullness on percussion. Two days of the remedy produced no change: one dose only, in water, of *Tuberculinum* 10 m. Fincke, was now given, with an initial aggravation in the form of an increased rise of temperature followed by progressive daily improvement. Nine days later the nosode was repeated in a single dose of the 50 m. potency. Recovery was now uneventful and, of course, by lysis.

Cases such as this always are suspicious of a possible tuberculous infection, which in the earlier weeks at least, cannot always be demonstrated by sputum analysis. To the homœopath such a case reveals a deep constitutional condition, psoric or tuberculous, as you may choose to call it. Often a puzzling absence of individualistic symptoms shows the case to be a serious one, one indeed in which pathologic change is marked by imminent breaking down of organs and structure. The more pronounced the

pathology, the less visible are the subjective symptoms apt to be. Look out for trouble ahead! Cure may be beyond your power to produce. Do not waste much time on the superficially acting remedies, but go to the deeply acting constitutional remedy, if you can see the indications. The nosode here comes in and many times will prove to be a life saver. But use it with judgment and discretion; do not overwhelm the patient with it. Coax him back to health; don't attempt to club him back; you may kill him if you do! Even our O. S. friends have made this discovery; why therefore, should we homœopaths ape their earlier mistakes?

KALI MURIATICUM AGAIN.—The use of this remedy in ear troubles is well known; verifications of its favorable action are, however, always in order. The following experience, recited in brief, will serve to illustrate. Miss S., age 27, took quinine for an acute coryza with sudden suppression of the nasal discharge, followed by head pains and an acute purulent otitis media with decided diminution of her hearing power, especially on the affected right side. Symptoms pointed to Pulsatilla, which, in the 30th, given twice daily, cleared up the symptoms partly, but had no effect on the loss of hearing. Politzerization was unsuccessful. *Kali mur.* 200, q. 24 hours, 6 powders, was now given with immediate improvement in the hearing. The remedy was continued a few days more with entire relief.

Deafness due to eustachian catarrh; grayish-white coating of the tongue, especially at the base; white mucous discharges or exudates, are, of course, the indications. All potencies have proved successful in our experience.

TREATMENT OF PSORIASIS.—“To the Editor:—Please let me know through *Queries and Minor Notes* what is considered the ‘latest’ as to the etiologic factors in the causation of psoriasis. Is there anything ‘new’ in treatment?”

G. C. GILES, M. D., Oakland, Iowa.

“Answer.—There is nothing new in the treatment of psoriasis that justifies hope that we have made any advance. The most satisfactory are the old methods of treatment with tar, chrysarbin and ammoniated mercury that have been in use for many years.”

The above communication published in *J. A. M. A.* for October 29th illustrates the therapeutic feebleness of our friends of the dominant school. Tar, chrysarobin and ammoniated mercury when used as advised, can have no other than a suppressive action. How much better to study the patient himself, to regulate his diet, his hygiene, habits of life, etc., and then to prescribe a constitutional remedy for him, which the symptoms of the whole man demand. It is very true that psoriasis is difficult to cure and that homœopathic physicians have their numerous failures also, yet after all is said and done, straight homœopathy can show the best results by far. In this connection and while thinking of *Arsenicum album*, *Kali arsenicosum*, *Lycopodium*, *Psorinum* and others, let us not forget *Thyroidin* in very minute doses, such as are contained in the 3x, 12x, 30x and so on. We have seen this remedy produce some remarkable improvements and several cures. Old Samuel Hahnemann's injunction still holds good: "*Macht's nach, aber macht's genau nach!*"

PYONEPHROSIS WITHOUT SYMPTOMS.—"Marogna reports three cases in which pyonephrosis had developed from the presence of calculi in the kidney but the symptoms did not point to the kidney. One patient was a previously healthy man who complained of vague malaise, and his abdomen enlarged, especially in the right upper two-thirds, and there was albuminuria but no pain. He was losing weight, and the assumption was abdominal tuberculosis or a pancreas cyst. Even palpation and pyelography were misleading, but discovery of a droplet of pus at the right ureter mouth cleared up the diagnosis. An incision revealed a closed pyonephrosis with six calculi and 5 liters of thick pus. In the two other cases there were likewise no symptoms to call attention to the kidney, but the source of the disturbances was traced to the kidney. One patient was a previously healthy woman with seven children, and the other kidney showed signs of severe nephritis. The urine from this kidney soon cleared up after removal of the suppurating kidney. He compares with these a number of symptomless cases from the literature. He removed the diseased kidney as the routine procedure."

There is much of interest for the homœopathic physician in this abstract by *J. A. M. A.* of an article which appeared in *Ri-*



*forma Medica*, of Naples. Symptomless conditions are often fatal, incurable, surgical, or mechanical in nature; but always outside the sphere of homœopathy. Pathognomonic symptoms mean little or nothing to the prescriber, so far as therapeutic and curative possibilities are concerned. It is well to bear this in mind in the treatment of our patients. Pathological end-products are beyond us and belong to the surgeon. Homœopathic philosophy explains the reason why; it tells us to treat patients, not diseases.

INTENSIVE IODIN TREATMENT.—“Boudreau has been treating tuberculosis with iodine for seventeen years, but did not publish his experiences until 1914. He is convinced that iodine is the direct, specific and heroic remedy for this disease, and that it should be given to the limits of tolerance. He adds that not only in tuberculosis but in all infectious diseases, iodine is the most harmless internal disinfectant at our disposal, with the maximum of action and ease of administration. The iodine is given in the form of the tincture added to the milk, wine, teas or other fluids taken during the day. Some of his patients, cured now for ten to seventeen years, had taken up to 400 drops of the tincture of iodine during the day, and these doses have been doubled and tripled in cases cured since 1914, as he gained confidence, he says, in the absolute harmlessness of this medication. It has been applied by Bonnefoy, of Geneva, in malaria, by some London physicians in chronic rheumatism, by Italians in cholera, by Manuell, of Mexico, in tuberculosis, and by Filliol and others in France.”—*Bulletin Médical*, Paris.

This abstract from *J. A. M. A.* verifies what homœopaths have known a long time, even though they can hardly agree with the mode of administration of this remedy. Homœopaths have no need to resort to heroic doses or to push a remedy to the limits of tolerance; they know incidentally, that Iodine in any form or dose, will do no good in a case to which it is not homœopathically adapted. This means that the type of patient is, as usual, to be considered; the *Calcarea* type will not respond to Iodine for example.

The Iodin patient is a swarthy complexioned and dark-haired individual, thin in spite of an unusually large appetite and growing thinner, although eating much. He always feels better on a full stomach, hence while or immediately after eating and also in the cold open air, which is most agreeable to him. Glandular indurated swellings are a feature, likewise an enlarged thyroid and at times an atrophic state of certain glands, such as the testes or mammæ. Weakness is characteristic; a dry cough is common.

Given this kind of a patient, Iodin may be said to be specific, whether the disease be tuberculous or not, provided always, that the accompanying pathologic changes have not progressed too far along the road of tissue destruction.

LEPROSY CURED BY ANTHRAX VACCINE.—“One of Roussel’s cases was a tubercular leprosy with numerous lesions on the face and many on the arms and legs and body, only a few of which were anesthetic. They were mostly tubercular infiltrations forming rather large tubercular masses from the fusion of contiguous tubercles. There were a very few macules which were mostly on her body. There was a pronounced leonine expression and the voice was husky. She was given 0.25 cc. liquid anthrax vaccine on February 25, 1919, and twice a week thereafter in gradually increasing dosage up to 1.05 cc. until April 3, with no apparent effect except a slight sensation of chilliness which occurred about five or six hours after the injection. Two years later she was entirely well. The second case was one of macular-anesthetic leprosy. She was given anthrax vaccine every four days, from March 2 to April 15. Two years later she was entirely well. Roussel does not claim priority for this treatment. The use of anthrax vaccine in leprosy was first suggested by Dr. Campos, of the State of Columbia, who in turn does not claim originality, but who does not disclose the name of the originator of the idea.”—*J. A. M. A.*

The above abstract is taken from an article in the *New Orleans Medical and Surgical Journal* of October, 1921.

If leprosy has been cured by anthrax vaccine as stated, the cure must have been produced by virtue of the operation of the law of similars. The pathogenesis of *Anthraxinum*, the nosode used

by homœopaths, is suggestive of the possibilities of its successful application to cases of leprosy. In this connection, as is known to readers of THE HOMŒOPATHIC RECORDER, Chaulmoogra Oil, in O. S. hands has given good results in the treatment of leprosy.

This remedy, if such it be, should be given a careful Hahnemannian proving. Until then its use must of necessity be purely empirical.

VALERIANA OFFICINALIS is probably not used as often as it should be. We think of it more especially in neurotic individuals who complain of drawing, tensive, neuralgic pains in the extremities, chiefly lower, compelling constant motion so that these patients seem to be eternally wriggling and squirming. Motion relieves to some extent or at least, the pains are made more bearable by motion. Eating gives relief also. In general there is an aggravation at night, more before midnight; also in the cold, open air.

Where mental depression, hysterical tearfulness and fidgety twitching of muscles is present, *Zincum valerianicum* is indicated.

THE HOMŒOPATHIC CHARITABLE DISPENSARY OF FORT, BOMBAY, INDIA.—We have recently received a report of the work of this dispensary, whose chief medical officer is Dr. B. V. Rayakar. It is evident from the carefully compiled statement that this charity is filling a much needed want. Thus during the year under report 5177 patients in all were treated, of whom 2381 were males, 1703 females and the remaining 1093 were children. The caste distribution of patients who attended during the year under report is as follows:

Two thousand eight hundred and forty Parsees; 1876 Hindus, 333 Musalmans, and 128 Anglo-Indians.

The press of India gives unstinted praise, as will be seen by the remarks of the *Advocate of India*, of 11th of June, 1920:

“The Homœopathic Charitable Dispensary, Fort, Bombay, has been carrying on an excellent work amongst the sick for the last three years. It was opened to the public on April 7, 1917, and owes its existence to the charity of a gentleman who has elected to remain anonymous. Since that time thousands of pa-

tients have attended each year and the list is growing. Patients of all classes and creed comprising men, women and children from every part of Bombay are allowed to take full advantage of the dispensary. The third annual report just published shows that during the past twelve months 5314 patients in all were treated of whom 2288 were males, 2131 females and 895 children. The Communal distribution was 3317 Parsees, 1794 Hindus, 112 Musalmans, 7 Anglo-Indians and 74 others. Most of the patients belong to the menial servant class and the backward classes. The medical officer in charge, Dr. B. V. Rayakar, who hopes that in time the dispensary will rank amongst the best charitable institutions working for the relief of the poor and the helpless in Bombay."

It is a satisfaction to followers of Hahnemann to know that homoeopathy is so ably represented in India and other far eastern countries. THE HOMŒOPATHIC RECORDER wishes Dr. Rayakar continued and increasing success and prosperity in the noble work he has undertaken.

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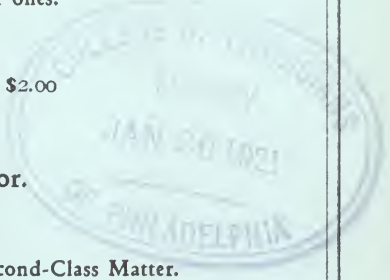
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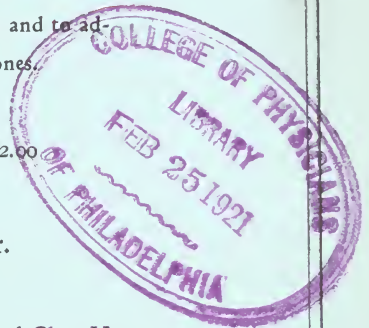
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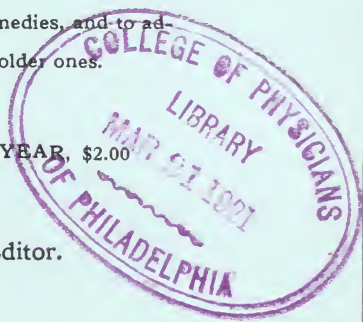
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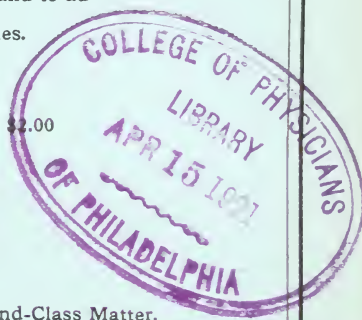
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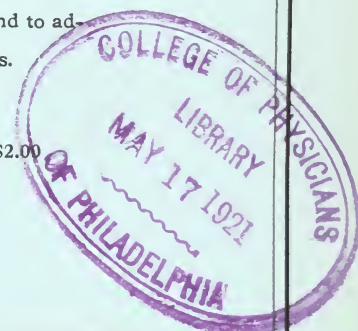
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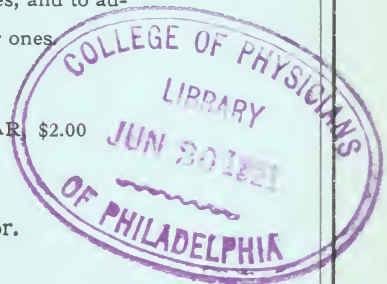
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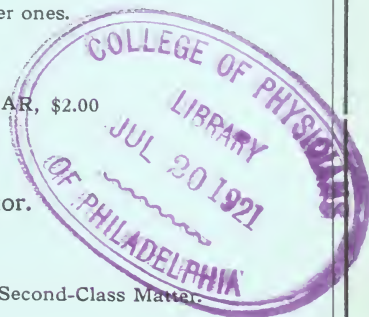
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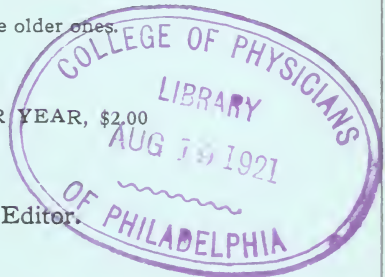
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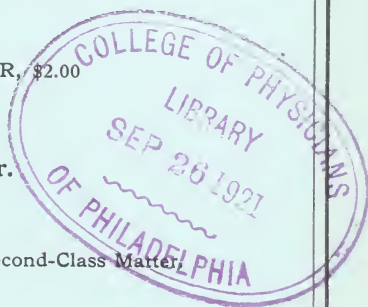
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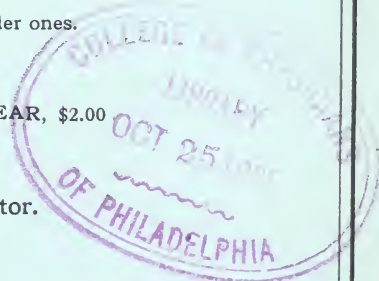
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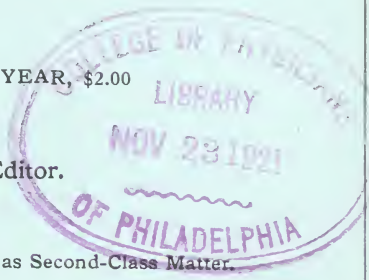
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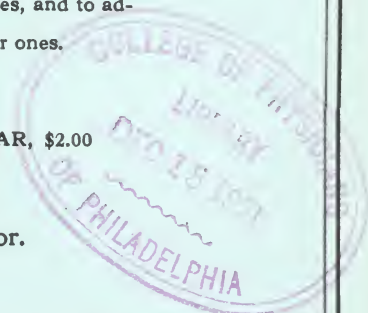
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