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# THE HOMŒOPATHIC RECORDER

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## CLINICAL CASES.\*

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

### RHEUMATISM.

Frank D., married, *æt.* 41.

September 13, 1917.

Rheumatism began when he was 12 years old, after wading in water, in the spring. Knees and ankles were swollen. Mother rubbed him with liniment.

When 24 years old the rheumatism reached the hips, taking the whole of the lower limbs. Rubbing again.

For the last four years spells come and go.

This time, pains began in the back, after digging ditches in cold, damp ground.

Pain has extended to left ilium, the sacro-iliac joint.

< Cold, damp weather.

> Motion.

Stiffness on beginning to move. He is now laid up in bed. Left spermatic cord swollen, with a pulling, drawing sensation in the cord for the last three weeks, since the lumbago began.

Thirstless.

Urine deep red.

Bowels constipated.

Night sweats.

Itchy skin, when wearing flannels.

RHUS TOX. I M.

September 20, 1917.

Appetite has returned.

\* Read before the annual meeting of the Minnesota State Homœopathic Institute, May 17 and 18, 1921.

Thirst has returned.

Night sweats much  $>$ .

Bowels now move daily.

Urine has taken on a normal, yellow color.

Sore soles for a couple of hours, on Tuesday, the 18th.

Piles returned on Friday, the 14th, and left him on Sunday.

On Monday and Tuesday, lower limbs very itchy on taking clothes off. Rubbed them till they bled.

Coldness in left lung felt on inspiration, since Sunday, the 16th.

SAC. LAC.

October 5, 1917.

Feels well. Back well.

Left spermatic cord is now painless and not swollen.

Coldness in left lung on inspiring is absent.

Night sweats occasionally.

SAC. LAC.

November 16, 1917.

Pains in arms and legs from dampness of the ground, through plowing.

More so in the knees, left  $<$  than right one.

Night sweats absent.

RHUS TOX. 10 M.

The patient received several doses of *Rhus tox.* after this, and was later discharged in good health.

#### RHEUMATISM.

Wilfred P., *æt.* 10.

April 18, 1921.

Inflammatory swelling of left ankle began two weeks ago.

Mother used local treatment.

Pain next moved to left shoulder blade, hand and fingers, while left ankle improved.

Finally rheumatism settled in right ankle and left scapula.

Last night mother had to turn him over very often in bed.

Pains got  $<$  at 8 P. M., after two hours of sleep.

First pains were also felt after sleep, one morning, on waking.

Pains seemed to be  $>$  motion.

Appetite diminished.

Last night perspiration with the pains.

Boy has lost much flesh, lately, and color also.

LACH. 10 M.

Child improved at once, and was well in a few days, and returned to school.

#### GALLSTONES.

Mrs. Mary D. B., married, *æt.* 70.

April 22, 1920.

Allopathic treatment has done no good, and has advised an operation for relief.

Dull pain in right hypochondrium, preceded by excruciating pains.

Drawing sensation in right hypochondrium when lying on left side.

Stiffness, tension in right hypochondrium in the afternoon.

Flatulence well pronounced some days ago; not so bad now. Instead of stool would pass only flatus.

NAT S. 10 M.

Patient improved immediately and has remained free from her trouble since.

#### WART.

Thomas B., married, *æt.* 72.

May 9, 1920.

A jagged, brown, flat wart on concha of left ear. Very sensitive to touch, when working the ear.

THUJA 200TH.

June 17, 1920.

Wart crumbling away. Half of it gone already.

THUJA 200TH.

The wart disappeared entirely shortly after.

#### GONORRHŒA.

R. D., *æt.* 19, single.

Gonorrhœa contracted in October, 1918. The case was not mild in character.

Discharge, bloody; green and copious.

Tenesmus vesicæ.

Bubo.

Itching, biting feeling all along the urethra after urinating.

The patient could not keep away from the company of women, from dancing, smoking and hard work, at times drinking a little. The bubo did not disappear till January, 1920. Pain in left heel on walking developed in summer of 1919, but patient never mentioned it till March, 1920, when both heels were sore to touch and pressure. The discharge was still there, the burning also. *Med.* helped the feet for a short while. *Thuja* was given next, with the result that the discharge stopped almost entirely, and the feet got <. This meant suppression. To the mind of the writer it spelled ignorance and incompetence on his part. *Med.* was given again, but to no avail. The discharge was barely perceptible; the little of it was green, offensive like "rotten" milk; and the feet were getting < all the time. The writer wanted to prescribe *Ledum* in March, 1920. But *Ledum* has no green discharge, and *Ledum* had not yet won its laurels in rheumatism associated with gonorrhœa suppressed or active.

On October 16, 1920, better judgment prevailed, and the writer gave *Ledum 10 m.*, on the strength of sore heels from walking, and the gonorrhœal constitution, though very slightly so, of the remedy.

Quite a turmoil followed. The discharge grew <, and the feet also. The other symptoms felt in the urethra the first year or so of the trouble returned also. That was a sure sign the boy was on the right road this time. During the turmoil the patient developed numbness of the two middle fingers of the left hand, morning, after rising, while dressing or washing himself up.

On December 12, 1920, no pains in feet. No numbness of fingers. No burning in urethra. No discharge.

January 12, 1921, pains in feet felt only occasionally.

LED. 10 M.

May 3, 1921. Patient wrote as follows: "I am enjoying the finest of health. I don't know whether I am cured or not, but haven't been bothered with anything for several months."

#### GASTRITIS OF PREGNANCY.

Mrs. Rena L., *æt.* 26.

April 22, 1920.

Last menstruation latter part of February. The "flu" one month ago.



On rising on the 7th of April felt nauseated; vomited green and bitter stuff on that morning and the following morning.

Now vomits at night, whenever she wakes up.

Vomits watery slime.

Thirst unquenchable for large, cold drinks which are vomited one hour or so after taking them.

Salivation; spits phlegm constantly, which accumulates in throat; must spit it up; if not, she will vomit.

Weakness; has kept her abed for about a week. Allopathic counsel has failed to relieve her.

Vertigo on rising from bed.

Everything tastes sour.

Must put vinegar and soda in water in order to be able to drink it, so bad the taste of water is, yet she craves cold water.

Appetite wanting.

Nose dry; with obstruction and a dry, green discharge.

Throat dry and cold.

Desires alcoholic drinks, whisky.

PHOS. I M.

Patient needed no further care; in less than two days, she was well and on her feet.

HAY ASTHMA.

Mrs. Mamie B.

September 8, 1919.

Hay asthma for last twelve years or longer, developed one summer day after eating ice cream, while she was overheated.

Mother died apparently from tuberculosis.

Father has had hay asthma for years.

Her attacks always come on the first part of August.

First she sneezes, only a watery discharge and bland.

Nasal discharge becomes acrid, when it thickens and takes on an amber, yellow color. She says her nose then discharges "caterpillars," or long, yellow plugs.

Smell and taste lost when nasal discharge becomes thick.

Lachrymation sets in about three weeks after the coryza has begun.

Eye discharge is first watery, but becomes yellow and thready later. Eyes are very itchy.

Asthma is felt about one month after the nasal discharge has started and lasts till cold weather sets in.

Very sensitive to heat during her attacks of annual hay asthma.

Very hungry then also. She craves something to eat all the time.

IOD. 200TH.

The medicine did her much good.

July 18, 1920.

In order to minimize, or shorten, the attack in 1920 she was given *Iod. 200th* on the above date; and the results were gratifying; she hardly developed any asthma, except one or two evenings the latter part of August, yet she slept every night. In the preceding years, when the asthmatic stage arrived, she could hardly sleep at night, and she had to lie almost in a sitting posture. In 1920 the nose and eye symptoms were barely noticeable, and were so only for a short while.

One dose of *Iod.* prevented much suffering. The case is not cured yet. It takes longer than that, and higher potencies than the 200th to eradicate the psoric dyscrasia present in hay fever and hay asthma individuals. But under appropriate homœopathic treatment, the attacks are shortened in time and lessened in intensity, till they do not appear again. This case is reported here to illustrate the contention and experience of all close prescribers. If simplicity of means leads to great results, and reveals mastery of principles, can we say the same of all the so-called scientific fads of allopathy for the treatment of hay asthma wherein, as in the treatment of syphilis, we see a fine display of brawn and awkwardness?

About seven or eight years ago I reported before this Institute the case of a young woman whose gastric ulcer had yielded to *Mesereum*. That woman is still alive and doing well, and raising a large family, at times, twins. Fortunately for her, her father refused to let her be operated on by a leading St. Paul surgeon. For, tell me, are all the gastric ulcer cases that to your knowledge were operated on in 1913 still alive and doing well? This is the work of homœopathy, and there is no trick to do it, simply principles.

## GENERAL DEPLETION, A DULCAMARA CASE.

In the latter part of July, 1920, a homœopathic physician in St. Paul advised me by telephone that my third boy, then 17 years old, was apparently suffering from typhoid fever. I went immediately and brought the boy back home.

On that evening his fever was 103.

He had a moist eruption on the scalp. The scalp was swollen, sensitive. His hair was falling off rapidly, more so on the left side of the head.

About midway between his larynx and throat pit and to the right of the median line, was a fluctuating tumor, which, under pressure, emptied green matter into his throat. This had followed upon an attack of sore throat.

A putrid diarrhœa was also present, with

Great weakness, and

Vertigo.

On rising, or standing up, he felt as if he would fall head over heels, and the pounding in his head was almost unbearable.

The boy was lifeless and bloodless. He was put to bed and given *Bry.* 1 m. On the next day there was improvement.

Two days later, the vertigo, the pain in the head and the diarrhœa were the same as when he was given *Bry.*, and also the fever, and the weakness. But one thing was showing itself for the first time in his two-to-three-months-old ailment. It was *herpes on the forehead*.

This peculiar symptom, coupled with the scalp eruption, the diarrhœa and the history of the case, as the boy, being in the employment of Swift & Co., had frequently been in the refrigerators, after coming out of a room that was over 80 degrees, and also he had been camping out the first part of July and during a storm, one night, which swept the tent away, was drenched, all of this was sufficient to clearly indicate *Dulcamara*.

The choice of the remedy was found to be correct, as forty-eight hours later the boy was out, wobbling of course, if he attempted to walk, yet feeling better in every way. His prompt recovery surprised many of his friends—and how would his case have turned out if he had not taken *Dulcamara*?

**THE WASSERMAN REACTION IN HIGH POTENCIES  
OF MERCURY.\*****William F. Baker, A. M., M. D.**

There is no diseased condition of the human system so easily misunderstood as the treatment of syphilis based entirely upon the Wasserman reaction. The Wasserman technique has been covered on most every side. Every laboratory worker has his or her own pet schemes for the technique, using an anti in the form of a sheep, human, goat, fowl antigen and every one of them discusses the toxicity of the mercury used and the early appearance of nervous symptoms, hence, the reason for a paper of this kind and the venturing of a pet scheme in the homœopathic treatment of the condition based upon the Wasserman.

One man goes so far as to write that very little is known of the treatment of the pregnant female suffering from syphilis and the effect upon the unborn and it is this phase of the work that our experiments covered in an attempt to trace heredity. Healthy rabbits are taken and the red iodide of mercury is administered to that animal by moistening a tablet of the I X and crushing it upon 2 ounces of wheat bread and fed to the animal three times daily after feeding. This is continued for a period of seventeen days, at the end of which time the animal usually dies. Wasserman reaction will be complete by the ninth day and be a double near death. Nervous symptoms appear in the form of muscular twitchings and tremor resembling inco-ordination and tabes with paralyse; in other words the toxic doses are quickly fatal. Arsenic in strong Fowlers solution has practically the same effect, except the Wasserman occurs very late and is not so certain, yet the nervous symptoms and collapse are early. Disturbances of the vision are early and optic neuritis has been observed.

Animals differ little in their ability to stand heavy doses of mercury and, therefore, unlike the human whose toxicity varies and to whom at times a maximum dose is necessary and a clinical rule covering these large doses has been that the neurotic symptoms are inversely proportional to the secondary, *i. e.*, given mild

\* Read before the Materia Medica Section of the Homœopathic Medical Society of the County of Philadelphia, Penna., October 19, 1921.

secondaries, untreated, then look out for neurological outbreak, and these symptoms resemble in many ways the toxic conditions produced by an overdose of mercury, especially if that be combined with arsenic. Then the case is referred to a neurologist after the pathologist has failed to heed the warning as outlined in a series of experiments that any one can make and which would prove of value to him in the treatment of syphilis. Our experiments upon rabbits and mice show clearly that a positive Wasserman can be built up as easily as the fifth day when a potency of mercury is used above the third, preferably the sixth and into the thirtieth. The therapy would seem of better standing where the Wasserman maintained without toxicity, therefore, the dose that will produce a positive Wasserman without a toxic symptom is the one to be selected and used, working upon the potency rather than on crude substance and without arsenical admixture. It has been the writer's misfortune to observe many mental cases where the Wasserman was negatized by large doses of mercury without any relief of the nervous symptoms, they in fact, being aggravated, but upon the exhibition of a potentized drug all the secondary symptoms were repeated.

This condition we have observed a number of times in animals where large doses were given, bringing the animal to a paralytic state, quickly stopping the mercury until the Wasserman was negative, then administering a thirtieth potency have all the secondary symptoms return with a decided positive reaction returning.

Thibierge in commenting upon the Wasserman reaction says:

"It must be remembered that this is a non-specific test for the purpose of determining the possible presence of syphilis. As such, it is not surprising that different opinions are held as to its value; but the value of it lies in the fact that its presence does not indicate the severity of the toxic condition present and can be produced more readily by the use of a potentized drug than by a crude drug, hence, in its use in therapy as indicator for increased doses of mercury, one is apt to incur symptoms and not cure syphilis and this is the experience of every neurologist."

This one fact animal experimentation has proven without the shadow of a doubt and it ought to be a caution against the indiscriminate use of Salvarsan and Arsenical combinations. We do know that syphilis, if properly treated, will seldom result in violent nervous symptoms if the case is seen early enough.

Wasserman tests to be of value, should be performed in triplicate and when so done will give valuable aid in the treatment in many instances, but the entire clinical picture should be taken into consideration and ask yourself the question and be the judge of any improvement and change if necessary, the dosage. Too much reliance cannot be placed on the Wasserman test for therapy. If so small a dose as a few doses of the thirtieth potency will produce it, it certainly must be delicate in animals and its therapy likewise would be as delicate. In neurological cases I find much harm done in some cases immediately after large doses have been administered, by using both a delicate antigen and a stronger antigen if no reaction is obtained with the more delicate! The treatment is continued until a cessation of symptoms and even then, we are not sure of all cases. Arguing then for the conservative treatment, then if you please it would seem that treatment should consist in the smallest dose that will control symptoms and that this is distinctly homœopathic; then after cessation of symptoms, if the positive Wasserman become negative, this fact will be a help to us. It would seem to be good therapy to raise the potency and continue with this for a long time, since we know the history of syphilitic conditions as to their liability of contamination.

Another great danger where the Wasserman persists is in kidney complications. These are to be avoided with as much care as the syphilis itself. The early indication being a gradual appearance of traces of albumen in the urine.

As to aids in diagnosis, let me quote a simple method of long use in our laboratory for determining the presence of the *Treponema pallidum*. Make a smear on a cover glass, immerse in absolute alcohol for twenty minutes. To 10 cc. of slight alkaline distilled water add ten drops of azur-eosin stain, place the fixed smear in this solution for three hours, wash well and mount. The blood corpuscles are deep purple or blue, the treponema red and the spirocheta are purple.

Of further interest is the recovery of the mercury from the liver of the rabbit after death and below you will find the report of the chemical findings in this experiment. This shows clearly that the mercury used in many cases is locked up in the liver unchanged, especially where massive doses are used, and that many chemicals flow through the liver unchanged and it would argue that there are also many classes of drugs to which a chemical analysis is suited and this is especially true of the potencies.

LARORATORY REPORT.

Wt. Crucible and Ash of Filter . . . . .	26.1691 g.
Wt. of Crucible . . . . .	26.1627 g.
Wt. of Ash of Filter . . . . .	.0064 g.
Wt. Crucible and Residue (Hg.) . . . . .	26.8975 g.
Wt. Crucible . . . . .	26.8887 g.
Wt. Residue (Hg.) . . . . .	.0088 g.
Wt. of Ash of Filter . . . . .	.0064 g.
Wt. of Mercury found in liver . . . . .	.0024 g.

(Signed) D. C. CANNON.

RED MERCURIC IODIDE.

July 19th—One healthy female rufus red rabbit was selected for the proving of red mercuric iodide. The rabbit was given one-tenth of a grain of mercuric iodide upon two ounces of bread daily.

August 1st—Loss of hair, itching hide and the animal had a drowsy appearance.

August 10th—The animal had a decided loss of appetite. Muscles sore and weak.

August 12th—The rabbit became very weak and supported itself by leaning against the side of the cage. Finally it toppled over and its appendages began to shiver. It took deep breaths, and as it exhaled it shook its entire body. Approximately twenty seconds elapsed between each breath. It moved its head in a rotary fashion and finally died.

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 which 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 in any attempt approaching the physiological and yet the philosophy or your practice carries you as a homœopath beyond this initial stage. In our own school, only about twenty-nine drugs have been completely studied.

In an extensive article on mammalian zoology and its classification, R. W. Shufeldt writes in the *Medical Record* of New York, October 23, 1920.

“The main anatomical points are essentially carried out in all classes with few exceptions, as for instance the pancreas in the bear is perhaps, more complex.”

He states further that in making classifications man is the most complex and it is difficult to know where to draw the line. Every intelligent observer recognizes the fact that man sees his nearest relatives in existing simians, and that he belongs to a distinct class, subject to the law of evolution.

Several questions at once arise. First, are animals to be taken as standard for the human? 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 standpoint 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 toward 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 thereby become pathological anatomists.

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### NEW CONCEPTS GAINED AT DR. ALBERT ABRAMS' LABORATORY, AT SAN FRANCISCO, CAL.

Dr. J. W. King, M. D., Bradford, Pa.

A second visit by the writer at Dr. Abrams' Laboratory during the months of June and July of the present year, convinced him that Dr. Abrams had solved many problems connected with the great work he is conducting. During the coming year Dr. Abrams will give the most convincing proofs to the medical world of the value of his scientific diagnostic methods, known as the "Electronic Reactions of Abrams."

A thing which cannot be demonstrated scientifically is nothing—with Dr. Abrams. Hence, any information given out by Dr. Abrams is reliable. Sincere investigators in his scientific work are always welcome visitors to his laboratory (as well as to my own) and to them will be demonstrated these wonderful diagnostic methods, which not only arouse the keenest interest among the open-minded physicians but to intelligent laymen as well, for instance, his recent work in the establishment of progeny.

With Abrams' diagnostic methods one may elicit the reaction for pregnancy and the gender of the fetus; and by the same means ascertain, whether an individual is destined to beget offspring or not. The writer prepared an article on the subject, "The Control of Sex at Will," in which he demonstrated, that the production of Sex at Will is a simple scientific process. Full details on Sex Control appeared in the September issue of *Physico-Clinical Medicine*, published by Dr. Albert Abrams.

The Electronic Reactions will aid the Courts in dispensing justice in disputed parenthood. It was also the writer's pleasure to

see worked out, another of Abrams' feats, namely, the identity of a handwriting. Thus, the E R A enters other fields than the medical world! By it we may establish the verity of a genuine from a forger's signature.

The Electronic Reactions are transmitted impulses by human (or animal) reflexes. The "birth" of the electronic theory some forty years ago, replaced the atom, molecule and the cellular doctrine. Matter in living or "lifeless" bodies contains an element which possesses motion and force. These qualities are ceaseless in activity, their *being* is energy imparted by innumerable, positively and negatively, charged electrons. Professor Milligan, of Chicago University, has computed that it would take two and a half million people twenty thousand years to count the number of electrons passing through an ordinary electric filament in one second.

The cell is a *necessary* unit; it is a storage battery in which chemical and physical forces are energized. Physicists knew before the advent of the *electronic* theory, that the atom was too gross to be the ultimate-in-matter, and in time tangible evidence would come to show that a much finer state prevailed. Attempts have been made to discredit the electronic theory but, so far, the effort has been futile. For the sake of the argument, let us admit the proposition as purported by the adversaries of the electronic theory, that there is another subtle, invisible substance in matter other than the electron,—be that as it may, our ultimate conception of matter must be *earthly*.

Physicians or laymen are mostly interested in the question: "Has the Electronic theory, under which present speculation is rife as to its claims (in matters medical) enriched the human race?" *It has*. Man has accepted the unknowable in the commercial world. Electricity and wireless telegraphy and many other things are accredited as of value, *because*, we can *weigh*, *measure*, and *assign* to these *space*. Without these *fundamentals*, we have nothing by which we can judge *anything* as to its true value.

Essentially, *electricity*, is known to us only by its manifestations. We know the effect of a battery-cell (the contact of two dissimilar elements.) These artificial means are similar in effect to the ones generated and transmitted by living cells over nerves

to tissues and organs. In health and disease we have two dissimilar rates of transmission of energy for weal or woe. In chronic disease, the Electronic Reactions give us most reliable information as to a patient's *pre-disease*. The *real* disease being often clouded with indefinite or absent clinical signs or symptoms.

The diagnostic methods of Abrams leads the physician to the *true* cause of diseased conditions, which have been nurtured in the cradle of a perverted physiology, and under proper treatment, pathology and chronic disease, may be prevented.

*If the physician does not know the cause of disease, he cannot hope to cure.* Yet in a little while under the old regime, the physician who has been merely "doctoring at disease," will lose the confidence of the people and they will have nothing to do with him, unless he can do better than the following:

Sir James McKenzie, is one of the greatest of the world's diagnosticians. He is ultra-conservative and most thorough in his methods. He presides at the head of St. Andrew's with a staff of picked specialists. Yet only a few months ago when speaking of the science of diagnosis, the *London Times* (which is acknowledged to be the most accurate newspaper in the world), said: "No one will seriously dispute the statement that knowledge of disease is at present extremely defective, that within the last month, Sir James McKenzie and his band of research workers at St. Andrew's, have openly avowed that in *Upwards of Ninety Per Cent. of All Cases Coming for Medical Examination and Advice*, putting aside trivial complaints and minor injuries, they are *Unable to State With Any Degree of Accuracy the Nature of the Patient's Illness.*" . . . Either, climatic conditions or superior medical skill, in one of the best institutions in this country enabled them to make forty-three correct diagnoses out of a hundred as proven by autopsies. (*The Electronic Reactions of Abrams' are nearly one hundred per cent. accurate.*)

Dr. Osler years ago sounded the death-knell to the profession in these words: "It is an astonishing fact what little one needs to know in order to *practice* MEDICINE!" Shall these immortal words of the great Osler go unneeded; and the profession succumb without an effort to raise the standard of diagnosis, which often lamentably falls below twenty-five per cent.! Bear in mind,

please, that under obsolete methods of diagnosis we are enmeshed in a dangerous and chaotic "fall-down." Sure! Many diseases have been undetected until the autopsy revealed the causes.

Hahnemann had the intuitive mind to sense disease from stem to gudgeon, as no fellow before him had. He *perceived* human physical frailty from its beginnings to *its* ultimate. His astuteness in the sciences caused him to assemble the *law of similars*. The facts underlying this law had been noted long before, and were commented upon by Hippocrates. Hahnemann wove them into a homogeneous whole, which was recognized and accepted *when he announced the Principle of the Rule of Similars*, and demonstrated by "Provings" *what "DISEASE CAN BE PRODUCED,"* by the various drugs.

His great knowledge of Chemistry enabled him to fit drug-action against disease-action. He thus brought about great cures and soon largely replaced the empirical methods of the traditional practice of the day. Like all discoverers, he was led into unexplored fields of medicine, and he soon found the *foundation of disease*. He *knew* that normal *structure* must be *reached* and *how* it must be *conserved* from crumbling, provided, however, disease ravish had *not* gained the mastery. He knew a whole lot when he said: "*Know what is Curable!*" Otherwise, his admonition was, "There is nothing doing," to use a homely expression. Now, not *all*, unfortunately, can become great physicians as this old medical philosopher was with the means he used, but we can emulate him by adopting modern diagnostic methods, namely, the "Electronic Reactions of Abrams," and thereby *reach* the *cause* of disease and get a grasp of the *essential* factors surrounding disease. This knowledge will impart to the Homœopath a better understanding of "*Chronic Diseases*," which Hahnemann had so admirably worked out. The Electronic Reactions stand on a par with the "light" given us by Hahnemann in the "Organon." Both, to the student of disease, are what the Concordance is to the Bible student.

Hahnemann's *provings* of Aconite in 1805, and its application therapeutically (in conformity with the provings), brought this drug prominently before the homœopath. The findings, however, were sneered at by orthodox practitioners, until Ringer gave it recognition in 1876. A few years later Bartholow wrote: "I can

quite agree with Ringer in the statement, that Aconite is a very valuable medicine, in the class of cases to which it is applied. The monopoly by homœopathic practitioners of the use of Aconite has aroused a prejudice against it, which has discouraged its employment. Aconite is, however, an antagonist to the fever process; it is not applicable in accordance with the so-called law of similars. It is used by these quacks because it is a powerful agent which will produce manifest effects in small doses, that may be easily disguised." Hahnemann proved the drug in the 30th potency. It was given an *electronic proving* at this laboratory, in the 30th potency which was found to be more *potent* than the *crude* drug—Bartholow's ridicule was hurled against the potentized drug with deceitful attempt to discredit homœopathic usage. There is a huge gulf between Bartholow's conception of homœopathic usage in the attenuated tinctures and the usage of the crude drug.

Bartholow never divorced himself from his early prejudices against the homœopathic "birth" of Aconite. The writer listened to him discourse on this subject many times during his attendance at Jefferson Medical College, from which he graduated in 1889.

Only a novice in the use of homœopathic drugs would use a potency lower than the 3d X. The higher the potency the greater its ELECTRONIC ACTIVITY (the "*spirit of the drug!*") *Authorities* have tried to down homœopathy, but time and time again, it has survived.

"Truth crushed to earth shall rise again;  
The eternal years of God are hers;  
But Error, wounded, writhes in pain,  
And dies among His worshippers."

Most assuredly, the homœopathic physician, with a comprehensive knowledge of pathogeny and his training in drug pathogenesis, produces cures *through* the selection of the corresponding therapeutic resemblance to the disease, *its similar*. Or, as it is better understood, by the selection of remedies which cause symptoms in health, similar to those caused by disease, and which they cure by the *rule of similars*. After the removal of morbid symptoms and the patient is restored to health, the properly selected remedy (*similia*) which brought about the cure is the *simillimum*, in that individual's sickness.

What applies to the Homœopath in assisting him in the diagnosis of disease, will equally apply to *all* practitioners of the healing art. Better diagnosis means a better therapeutic structure, for the latter is no greater in strength than the diagnostic foundation.

Measured by Osler's conception of the practice of medicine, *viz.*, that he "knew of only two remedies, nux vomica and hope, and that he was not sure of the former," should cause one who is not satisfied with "hope" in his practice, to ponder over and seek other means to offer the afflicted ones. Most assuredly if he doesn't do this, *hope alone*, indeed! will make his patient most miserable.

Whatever therapy is employed, cure depends upon an affinity between the remedy and the disease. *Both* must have the corresponding vibratory rates. For instance, Kali Muriaticum (in potency) may overcome the abnormal disease-rates operating in pneumonia, typhoid fever and diphtheria. Mercury, iodide of potash and quinine (crude drugs) have the vibratory rates to oppose those operating in syphilis or malaria. Bacillinum (in potency) is useful in tuberculosis as is the crude drug, gum gamboge in tubercular affections. Applications of the latter will cure incipient tuberculosis in a few months.

Several days ago, the writer examined three medical products which were highly advertised and lauded in the treatment of pneumonia and syphilis. These products were examined by Abrams' Electronic Methods and were found to be absolutely inert in the diseases referred to. The tests were made in the presence of Drs. W. A. Hanor, of Corning, N. Y.; Elnora C. Folkmar, Washington, D. C.; M. L. Puffer, Downers Grove, Ill., and V. K. Jindra, of Paris, France. The Electronic Reactions would serve to eliminate many worthless medical impositions if these tests were applied to them, and would aid in the selection of an efficient remedy. For instance, several days later other preparations were tested in the presence of the same physicians and a prominent drug man of Pittsburgh, Pa., and these were found to be potent and curative in the diseases for which the physicians present could commend them.

The various measures applied to diseased states must be *compatible* (*similar*). The all-wise nature values *incompatibles*, when

these are too dissimilar as noncurative, in the same fashion the alimentary tract into which is introduced incongruous food; embraces only those as *its* likes sway. When these substances become inadequate—which makes man sick—drugs or physical measures may restore the patient to health. We must maintain a proper balance of the electrons to conserve health and life. The permanency of *existence* resides in the *equilibrium* of the *electronic-vibratory* function, otherwise, physical structure succumbs and death of the living state is inevitable. In proof of this assertion is cited this fact: Carcinoma has a disease vibratory rate at zero, 30 or 50 Ohms. (An electrical resistance of the presence or absence of that disease.) Incipient Carcinomas are curable with the means at our command. If the "resistance" shows 18 Ohms, the disease is *inoperable*. Even above this ohmage, a patient may be cured without surgery. But, if the energy measures 56 ohms, it predicates metastasis, and the patient is doomed. No *known treatment* is curative in such a case. This contribution of Dr. Abrams' to Medical Science (and with his positive declaration, as above cited, is reliable), should cause every physician to learn *how* to ascertain the information (easily acquired) which will guide him and save the unfortunate ones, from needless surgery or medical treatment. In time, Dr. Abrams and his co-laborers, will give the profession and the laity *exact* information on *other* diseases, and undoubtedly, a better therapy than the present one in vogue, will come to the aid of the afflicted.

Diseases whose causes are known, are as a rule, easily cured and when the masked diseases become better understood, they too, will be easily eradicated.

Until recently it was not known that syphilis was the primary causative factor for carcinoma, sarcoma, tuberculosis, and many chronic diseases. In the *absence* of hereditary or acquired lues, there would be but few chronic diseases, and the so-called, bacterial diseases would not gain a "footing," because the primitive cause is not in the bacteria; but in the soil invaded by the bacteria. We are more or less infected with congenital lues in an *attenuated* form, and *that* is the *foremost cause* in the production of disease.

Think of the innumerable cases of disease due to vaccination or serum treatment. It can be shown that all vaccine virus sub-

jected to the electronic tests shows the reaction of congenital syphilis. Every vaccination scar shows this reaction, later it may become a breeding focus for constitutional invasion. And it can be demonstrated that *these products are contaminated*, more or less, with *various* "by-products," than the ones intended for the disease to be eradicated by these means, namely, that cow-pox is not a disease peculiar to cattle, that steers are free from this pox, which appear only on the udders of milch cows conveyed there by syphilitics who milk the cows. This is fraught with great danger, namely, the inoculation of bovine lues or bovine tuberculosis. In this way syphilis and tuberculosis are easily conveyed by the so-called scientific practitioners in their well-meaning but dangerous methods as used in present-day practice.

A recent report from Washington, D. C., should also put to an end this nefarious imposition on the public for sanitary reasons. It stated that the calves which had been slashed and the seed virus rubbed in were afterwards sent back to the stock-yards and sold for meat in the market.

If you must vaccinate and use serums, then prevent the subject so inoculated from these various infections by means of prophylactic measures fully recognized, as of value: "1. Exposure for ten minutes of the virus to *Blue* light, (from an electric bulb) destroys the syphilitic, streptococcic and staphylococcic reaction, 2. Exposure for the same period of time to the action of yellow light destroys the tuberculous reaction." These exposures will not destroy the protective factor of the virus, namely, variola virus against small-pox; streptococcic serum against streptococemia, etc., which many contend are of great value in certain diseases. But serums, as used today, are contaminated, more or less, by *bacterial products*, which are as dangerous to the human blood as are those of the disease for which the patient is being treated. The following experiments were conducted at this laboratory (these experiments are in agreement with the one's conducted during my recent visit at the San Francisco Laboratory), in the presence of Drs. A. B. Collins, of Linesville, Pa., H. P. Fahrney, Frederick, Md., (experienced men in the making of reactions); C. A. Stout, Cincinnati, Ohio, and O. O. Sink, Smith-



field, Ohio, (who are more or less familiar with the work), and these *facts* were ascertained after examining four specimens of vaccine virus, prepared by three prominent manufacturers of these products, and purchased at random on the market:

Virus No. 1.

The Electronic Reaction confirmed the label's product, <i>viz.</i> : Streptococcic and Staphylococcic serum. It also showed the reaction of Congenital Syphilis 4 Ohms, (Bovine type) and Tuberculosis 3/25ths Ohms (Bovine type).	After exposure to Blue light: Negative reaction of Congenital Lues. Negative reaction of Streptococci. Negative reaction of Staphylococci. Tuberculosis, reaction present, which was destroyed after exposure to Yellow light.
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Virus No. 2.

Variola Test was positive (potent), Congenital Lues 24 Ohms (Bovine type), Tuberculosis 1 8/25ths Ohms (Bovine type), No Strep. or Staph. Reaction.	After exposure to Blue light: Variola reaction still present. Congenital Lues (no reaction present. After exposure to Yellow light, no T. B. reaction.
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Virus No. 3. (Virus 3 and 4 were made by the same manufacturer.)

Test shows Streptococcic Serum. Also gave a reaction of Congenital Lues, (Bovine type).

Virus No. 4.

Streptococcic serum as per label. Test shows Streptococci. Also gave a reaction of Congenital Lues (Bovine type), and Tuberculosis (Bovine type).

These tests were made last August, and many more since that time, and *all* showed similar reactions. If the physician and manufacturer will not adopt the protective means, as above cited, then the law of "Compulsory Vaccination" should be repealed, as was recently done by the California Legislative body.

ON THE ACKNOWLEDGMENT OF HOMŒOPATHIC  
PRINCIPLES BY THE REGULAR SCHOOL  
OF MEDICINE.

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The writer takes the liberty of collating recent statements made by physicians of the "regular" school on the appreciation of homœopathic principles. The general upward trend in creative chemistry shows that the "law of similars" must be eventually accepted by all scientists.

It is to be regretted that so many impersonators of Samuel Hahnemann have been permitted to identify their burlesque conceptions with the homœopathic school. There is also the iconoclast who sneers at the intensive research work and merits of diagnostic instruments, the precise means of intelligent prescribing.

Current literature convinces us that the law of similars is now very well understood and applied in many fields by the old school. William V. P. Garretson,<sup>1</sup> of the New York Post-Graduate Hospital, in one of his essays on the *internal secretions*, offers this fearless statement to his fellows:

"There was a time when I scoffed and ridiculed such a method of therapy, feeling that results obtained such as I witnessed, were the reactions of suggestion upon the patient as well as myself, but now, after over two years of observation, carried on in both clinical and private practice, I am compelled to admit that doses even so low as one-millionth grain, administered in the dilutions of potency, effect reactions which are so evident that I am forced to accept the dosage principles of Hahnemann as applied to organotherapy."

This is illuminating material to enter into the pages of medical history because Garretson is regarded as one of the leading lights on endocrinology in America.

This question of the *infinitesimal dosage* always has been treated as a waif on the high sea of jokes. In a recent editorial in the *Journal American Medical Association*,<sup>2</sup> there appears an open confession on the subject of homœopathic dilutions. The writer of this article marvels at the very minute traces of bromin

in normal human tissues, "one part per hundred thousand," and concludes with this compliment:

"This is an almost infinite infinitesimal quantity; but these are days in which large results are sometimes associated with small factors."

Arnold Lorand,<sup>3</sup> of Carlsbad, a European authority with a great transcontinental following, believes in the power of minute doses of chemicals in certain foods and argues:

"Though the amounts absorbed are minimal, homœopathic doses, yet they are of no inconsiderable importance in the chemical laboratory represented by our bodies.

"Even the most minute quantities may cause a sudden acceleration in the chemical processes."

The civilized world knows that *vaccine therapy* is founded on a "straight" homœopathic principle and a recognized medical council has yet to go on record as denying the fact. In the *American Journal of Clinical Medicine*,<sup>4</sup> this theory is explained as follows by the editor:

"The discoveries of the last quarter-century and more have demonstrated that this Hahnemannian principle rests on a sound foundation. The pathogenic properties and effects of bacteria that have invaded the human and animal organism can be opposed most successfully by having resort to the biologic processes that take place in the infected organism itself; that is to say, by the stimulation of the self-immunizing mechanism of the body. Such a stimulation is produced by the injection of 'similar' substances, that is to say, either bacterial or immune substances which have formed in the blood serum of immunized healthy and well-kept animals."

In these days we hear a great deal on the street about *psycho-analysis*. A search into the history of this science reveals Hahnemann as the first physician to analyze mental symptoms and interpret faulty habit-formations, hysterical reactions, repressed emotions, etc. The sympathetic treatment of nervous patients was taught by this genius and, in fact, it was his routine practice to *neutralize morbid thoughts*. This fascinating phrase is cleverly expressed by Bennett<sup>5</sup> in this language:

"If Hahnemann's dictum, 'Similia Similibus Curantur,' is true as applied to the uses of *Materia Medica*, it is certainly true as applied to the correlated instincts, emotions and tendencies of mankind which are intangible and undiscoverable save through a mutuality of understanding. How often have we heard the remark: 'He understands me and helps me so much.' There is truth and sanity in that statement and the 'help' comes not simply because he 'understands' but because, by reason of the understanding, he has been able to neutralize the mental toxins of unrest and disproportion and thereby stabilize and clarify the perspective of life. After that we have a clear picture, be the condition simple or complex. The physician should be able to produce a sympathetic antidote for primary emotional ills and thus prepare and cultivate a physiological medium for the germination, growth and ultimate fruition of proper medical therapeutics."

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## POTENTIZATION THROUGH DILUTION AND TRITURATION.\*

Eloise O. Richberg, M. D., Chicago, Ill.

We are not justified in claiming to be Homœopathists unless we follow the teachings and methods of Hahnemann, who originated the term and applied it to his discoveries and philosophy.

Those who adhere solely to the principle of *Similia similibus curantur*, ignoring Hahnemann's method of preparing the substances with which he treated his patients and upon which he based his cures, have no moral claim to this class-term—Homœopathy.

This process through which the active life-principle was generated from medicinal substances and of which Hahnemann proclaimed himself the originator or discoverer must be recognized or Hahnemann's theory, philosophy and practice repudiated.

\* Read before the International Hahnemannian Association, Washington, D. C., June, 1921.

I have attempted in this paper to compile tangible proofs of our contention that those who limit their guidance in medication to *Similia similibus curantur* are not entitled to be classed as Homœopathists.

From now through all future time this distinction should be definite, that there be no doubts in the activities of practitioners, patrons or patients as to what constitutes Homœopathy, its claims and accomplishments; and that those who believe that Hahnemann's methods cannot be honorably nor profitably alloyed by admixture of crude substances, shall know in which direction to turn for co-operation and encouragement.

"Pure Homœopathy, mongrel Homœopathists, mixed Homœopathy and all similar terms formerly in use to distinguish our practitioners, are not dignified, nor do they mean anything.

Hahnemannian physicians are not all "high potency doctors" and many of the unworthy, self-styled Homœopathists do not confine themselves to the lower powers of the drugs.

In supplying certain milestones as guides for the busier practitioners, I have compiled quotations from Hahnemann's writings and from those of his accepted biographers. The exact origin of these quotations I will not read, unless so requested.

Hahnemann wrote: "The curative power of remedial agencies can be recognized only by their effects on living organisms." (Mat. Med. Pura, Pref., Vol. I.)

And from Mat. Med. Pura, Vol. IV: "Minute subdivision of a substance increases its power of medicinal action."

"The Homœopathic system of medication develops for its use—to a hitherto unheard of degree—a spirit-like, medicinal power of drug substances, by means of a process, peculiar to it which has, hitherto, never been tried; thereby they become penetratingly efficacious and remedial, even those that, in a crude state, give no evidence of the slightest medicinal power over the human body" ("Organon," 270).

Those among us who assert their belief that if Hahnemann had lived today he would probably have progressed toward their viewpoint should re-read this and not overlook this undeniable proof of his foresight and understanding genius, through which he had discovered the electron as an all-pervading element of power and not only its radio-energy as recognized today, but the method of

generating this power from apparently inert substances and of applying it discriminatingly for the relief of suffering humanity not yet discovered outside Homœopathy. Who, among our physicians of today will rank his medical wisdom as Hahnemann's equal?

That his discoveries be not warped or mangled by transmission, he detailed minutely the process of potentization to the 30th power incidentally mentioning it as the one in most general use at that time. He advised limiting the succussions to *two* during this process of potentization, stating that the use of many shakings previously employed after each division and dilution too highly dynamized the medicine; in proof of which he detailed:

"I dissolved a grain of Soda in a half ounce of water, mixed with alcohol, in a vial two-thirds full, and shook it continuously for a half hour; this fluid was then in potency and energy equal to the 30th power."

In "Organon," 275, he warns against too strong a dose, though homœopathically selected, "as likely to prove injurious, attacking as it does those most sensitive parts—already affected by disease. The higher the potency and the greater the homœopathicity, the greater the harm—driving to injurious heights the disease, thus uselessly exhausting the patient's strength."

This admonition explains the urgency with which he repeatedly advises the most minute dose applicable to any and all diseases—for remedial effect.

While many of our successful prescribers refuse to recognize the Homœopathic Aggravation as manifesting in *correctly prescribed* medication, Hahnemann apparently counted it as a normal proof that the prescription was correct; he said:

"An incontrovertible axiom of *experience* is the standard of measurement by which doses of all homœopathic medicines, without exception, are to be reduced to such an extent that, after their ingestion they shall excite a scarcely observable homœopathic aggravation" ("Organon," 280).

"Pure experience shows universally that if the disease do not manifestly depend upon a considerable deterioration of an all-important viscus, even though it belong to the chronic and complicated cases,—and if, during the treatment, all alien and medic-

inal influences are kept from the patient, the dose of homœopathically selected medicine can never be prepared so small that it shall not be stronger than the disease, and therefore able to overpower and cure, at least in part, *while it is capable of causing some*, though slight preponderance of its own symptoms over the disease resembling it (slight homœopathic aggravation),”—which in Paragraph 157 he mentions as manifesting after the first hour or after a few hours, adding, “This seems to the patient an aggravation of his own disease, though it is in reality only a similar medicinal disease, with a strength exceeding for the time the original affection.”

Though he mentions this aggravation during the first hours as tending to a favorable prognostication, he also states in Paragraph 159:

“The smaller the dose, the shorter the aggravation.”

Thus Hahnemann devoted so much time and effort to explaining his ideas as to strength and frequency of dose, his students and followers naturally hope that in the some-time-to-be-had sixth edition of the “Organon” he may reveal many clearer viewpoints from his riper experiences.

We also find especially interesting his bits of advice as to the external and internal administration of the homœopathic remedy, it is well to ponder over the fact that he advises the external use of the remedy being administered internally—to healthy, normal skin only.

I found much encouragement as to the dependability, or perhaps enduring power is a more suitable expression, of the homœopathic remedies as potentized, from Hahnemann’s letter to his favorite nephew, Trinius, October, 1829:

“The higher a medicine is refined and potentized the more permanent its efficacy. The powders you got from Neudientendorf, if kept in well-corked vials, will, so far as I know, retain their power unaltered forever. Such being the case, the homœopathic practitioner prepares his medicines to last him all his life.” . . . After detailing the exact method of medicating globules, he repeats his belief that they “will retain their powers undiminished for an incalculable number of years.”

In chronic diseases—preface written in 1837—he describes the best possible means of administering medicines to patients, as follows:

“A small pellet of one of the highest dynamizations laid dry upon the tongue, or the moderate smelling of an open vial wherein one or more such pellets are contained, proves itself the smallest and weakest dose, with the shortest period of duration in its effect. Still, there are numerous patients sufficiently affected to be cured of slight, acute ailments by this means.” (Would they not have been cured as promptly without this dose?) He adds, however, that “The incredible variety of patients, as to their irritability, age, spiritual and bodily development, their vital power and the nature of the disease, necessitates a great variety in the administration of doses.”

As he suggests many cases have been spoiled by much perverse treatment and loaded down with medicinal diseases, he devotes special attention to this class and suggests:

“Give to the patient (in such cases) the potent homœopathic pellet or pellets only in solution, in divided doses; giving the medicine dissolved in seven to twenty tablespoonfuls of water, in acute and very acute diseases, every six, four or two hours, a tablespoonful at a time, or when danger is urgent, every hour or half hour; with very weak persons or children a smaller amount even to a teaspoonful as a dose.

“In chronic cases I have found it best to give this (spoonful) dose every two days, or usually every day.”

It is observed that these preparations of solutions are (usually if not always) advised in vials and warnings given that there be no concussions used in the handling except for the special purpose of raising the potency—“strengthening the medicines” as Hahnemann expresses it. (I wonder if this method is generally employed by his followers?)

“Organon,” 156, Hahnemann dwells forcibly and repeatedly on the advisability of slightly changing the strength or power of the remedy when repeating it—by shaking the solution several times, if nothing more; he does not, however, advise thus *strengthening* the medicine *always*; on the contrary, the impression was left, after careful study and comparison that he decidedly favors lowering its power in the majority of cases because the patient is gradually becoming more responsive to the homœopathicity of



the remedy and therefore a smaller amount should be applied in furthering the cure.

He also urges cessation of all medication for several days or even for weeks, whenever, during the treatment, an aggravation manifests. This doubtless applying to chronic cases only.

In an extensive note—page 295, “Organon”—is found what seems to be a translation of the final conclusions and changes in Hahnemann’s practice; after an explanation of attenuations or dilutions as distinctive from dynamizations, we find in Hahnemann’s words:

“Homœopathic dynamizations are real awakenings of the medicinal properties that lie dormant in natural bodies during their crude state, which then become capable of acting in an almost spiritual manner upon our life—that is, upon percipient and excitable fibres. Such development of the properties of crude, medicinal substances—unknown before me—is accomplished, as I *first taught*, by trituration of dry substances in a mortar, but in case of liquid substances by succussion, which is . . . a trituration of them.

“These are not termed dilutions, although every preparation (in the process of dynamization) must first be attenuated to allow the trituration or succussion to penetrate more deeply into the essential nature of the medicinal substances, thus to liberate and bring to light the more subtle part of the medicinal power that lies still deeper, which were impossible to be effected by the greatest amount of trituration and succussion of the substance in a concentrated state.”

In a note immediately following this last he criticizes in his characteristically terse way “the homœopathic practitioner who fails to secure positive benefits from the higher dynamizations,” and suggests, “Instead of giving a few slovenly shakes, whereby little more than dilutions are produced, he may obtain powerful dynamizations by giving for the preparation of each potency ten, twenty, fifty or more strong succussions, against some hard, elastic body.”

His diluting medium remained from the first unchanged—always sugar of milk for triturations and alcohol for fluid attenuations; and insisting that each dilution be made in a separate vial and that two succussions be given to each.

Again, I cannot resist calling attention to what appears to be overlooked, underrated or ignored by many so-called Homœo-

pathists. In *Mater. Med. Pura*, he reiterates: "The development of power by means of the trituration of dry and the succussion of liquid medicines deserves, incontestably, to be reckoned among the greatest discoveries of this age."

Is any further proof needed that vaccines and serums as used today, even whole tinctures are not applicable to Hahnemannian homœopathy?

In conclusion, I ask you fellow members of the International Hahnemannian Association, are we unreasonably radical that we refuse to endorse the various theories which are being thrust forth to catch the favor of the dominant school and its followers? Theories based upon the sophistical claim that because a toxin forced upon the human body will produce a certain disease, it is according to Homœopathy, curative?

This is certainly degrading Hahnemann's wonderful and perfectly developed revelations and wholly fails to reflect the glorious results of his self-sacrificing life of labor, study and practice.

Let those among us—if there be such—that at times waver in their allegiance, examine results obtained by the real followers of the master and never forget that "*Simile, simplex, minimum*" should be upheld as of equal value and rank in "the greatest discovery of the age," with "*Similia, similibus curantur.*"

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## HOW MY ATTENTION WAS CALLED TO ALFALFA. (*Medicago Sativa.*)

Benj. A. Bradley, M. D., Hamlet, O.

Some years ago I left my city home and bought a farm and gave up general practice and decided to devote my time and energy to a consulting and office practice. Had never lived on a farm before consequently I was a green hand at it, so I subscribed and received farm journals and read them and from the farmers and the journals I learned that Alfalfa Hay was a fine food for cattle, especially for cows, as it enriched their milk both in quality and quantity, and increased their weight. I tried it and found it far superior to ordinary and clover hay. Then it came into my head, why should not it be good as a medicine for

the ills of man and womankind; and I then and there decided to make a proving of it on myself and others whenever I had the chance. So I got busy and made a strong infusion of it as possible, filtered it and added a certain amount of alcohol to keep it from souring and fermenting and then tried it on myself, weighing myself first, and kept a record day by day until I had taken 26 ounces in broken doses of one teaspoonful three times a day before meals and at bedtime. After awhile I got ten people who were willing to try it out along with me, seven men and three women, all seemingly on examination, in usual good health. Had them weighed and gave them a supply—enough to last one month, taking four doses a day, before or after meals and at bedtime, and to write down any symptoms or change of condition and report when the medicine was gone and this is their report: Increased stimulation of bodily functions, more vim, vigor and vitality. Increased appetite, digestion, assimilation and weight, mind exceedingly clear and bright and an unusual sense of well being. The minimum increase in weight was little less than three pounds and the maximum was fourteen pounds. Will in the near future give some clinical cases in which I prescribed this medicine. Would be pleased to hear from any brother or sister physician who has tried this medicine and the results obtained with it.

## DEPARTMENT OF HOMŒOPATHIC PHILOSOPHY.

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## SUSCEPTIBILITY, REACTION AND IMMUNITY.

By susceptibility we mean that general quality or capability of the living organism of receiving impressions. It is the power to react to stimuli. Susceptibility, the capability of reacting to stimuli, is one of the fundamental attributes of the life principle. Upon it depends all functioning, mental and physical, all vital processes, both physiological and pathological. Digestion, assimilation, nutrition, repair, secretion, excretion, metabolism, and katabolism as well as infection, contagion, all disease processes, and immunity therefrom depend upon the power of the organism to react to specific stimuli—in one word, upon Susceptibility.

It follows that the treatment and cure of disease depend upon susceptibility or the power of the living organism to react to the impression of the curative remedy, and that individual susceptibility is a matter of prime consideration for the therapist.

When we give a drug experimentally to a healthy person for the purpose of testing it, or making, as we say, "a homœopathic proving," the train of symptoms which follows represents the reaction of the organism to the specific irritant or stimulant thus administered. Likewise when we give a homœopathically indicated medicine to a sick person for therapeutic purposes the disappearance of the symptoms and restoration of the patient to health represents the reaction of the organism to the impression of the similar remedy.

The "Homœopathic aggravation," or slight intensification of the symptoms which sometimes follows the administration of the curative remedy, is merely the reaction of the organism, hitherto inactive or acting improperly, as it responds to the healing and stimulating action of the medicine. As a piece of machinery, in which the joints and bearings have become dry or rusty from disuse, creaks and groans when it is again started up into action, so the diseased, congested, sluggish organs of the body sometimes creak and groan when they begin to resume activity under

the action of the curative remedy. It is the curative reaction beginning.

All this, and much more, is included in the Hahnemannian doctrine of the "Vital Force." We shall see later how the fundamental principle of Homœopathy, *Similia Similibus Curantur*, is really the statement, in other terms, of the Newtonian third law of motion ("Action and reaction are equal and opposite") operating in the vital realm.

The laws of motion are universal, operating in all realms; but here we are to consider only those actions and reactions which take place in the living organism. These depend upon susceptibility, under the general laws of motion, particularly the third law, known as the law of mutual action.

We shall also see that the quality and kind of reaction to medicines depends not only upon the nature of the drug and the size of the dose, but upon *the degree of susceptibility* of the patient, and that the degree of susceptibility in any particular patient, depends largely upon how the case is handled by the physician; for it is in his power to modify susceptibility or even destroy it with his drugs. Indeed, this power to modify susceptibility is the basis of the art of the physician. If he knows how to measure and modify susceptibility in such a way as to satisfy the requirement of the sick organism and bring about a cure then is he a physician indeed; *for cure consists simply in satisfying the morbid susceptibility of the organism*, thereby putting an end to the influx of disease producing causes and neutralizing their effects.

Vital susceptibility implies and corresponds to affinity, attraction, desire, hunger, need. These all exist normally as states and conditions in every living being, but they may become morbid and perverted and cause disease, suffering and death.

Susceptibility also implies the existence of the wherewithal to satisfy susceptibility; to supply need, hunger, desire, affinity, attraction, normal or abnormal. Foods, medicines and poisons alike have their place and use in the economy of Nature.

It is a well-known fact that the living organism is much more susceptible to homogeneous or similar stimuli than to heterogeneous or dissimilar stimuli. Throughout the entire vegetable and animal kingdom we find the law of development and growth to be *like appropriating like*; that organisms or organs select elements

most similar to their own; that the same law holds good in excretion, each organ excreting or throwing off elements analogous to those of its own structure and composition.

So it is in satisfying the morbid susceptibility which constitutes disease. As hunger demands food so disease demands medicine; but the demand is always consistent with the universal law; *it demands the similar remedy*, because that is the only thing that is assimilable and that really satisfies the morbid susceptibility.

Disease creates, may be said to consist of, a morbid susceptibility to certain stimuli, which it craves and demands. This morbid susceptibility may exist in different degrees toward several different stimuli, the degree of susceptibility depending upon the degree of similarity; but the highest degree of susceptibility always exists toward the *most similar*—the *simillimum* or equal. Hence, a given patient may be cured of his disease, homœopathically, by either of two methods; by several more or less similar remedies in succession, or by one remedy, the *simillimum*. It depends largely upon whether the patient is being treated by a bungler or an expert. The bungler may “zig-zag” his patient along through a protracted illness with several remedies and finally get him well, whereas an expert would cure him by the straight route, with a single remedy, in half the time or less.

The sick organism being so much more susceptible to the similar remedy than the well organism, it follows that the determination of the size and quality of the dose depends also upon susceptibility and the ability of the physician to measure it. A dose that would produce no perceptible effect upon a well person may cause a dangerous or distressing aggravation in a sick person, just as a single ray of light will cause excruciating pain in an inflamed retina, which, in its healthy condition would welcome the full light of day.

Susceptibility, as a state, may be increased, diminished, or destroyed. Either of these states may be regarded as a morbid state, which must be considered from the standpoint of therapeutics—in other words, from the standpoint of the patient.

Morbid susceptibility may be regarded as a negative or minus condition—a lowered resistance.

J. J. Garth Wilkinson, (“Epidemic Man and His Visitations,”) says: “One man catches scarlet fever from another man, but

catches it because he is *vis minor* to the disease, which to him alone is *vis major*. His neighbor does not catch it; his strength passes it by as no concern of his. It is the first man's foible that is the prime reason of his taking the complaint. He is a vacuum for its pressure. The cause why he succumbed was in him long before the infector appeared. Susceptibility to a disease is sure in the individual or his race to be (come) that disease in time. For the air is full of diseases waiting to be employed."

"Susceptibility in organism, mental or bodily, is equivalent to *state*. State involves the attitude of organizations to internal causes, and to external circumstances. It is all the resource of defence or the way of yielding. The taking on of states is the history of human life. Pathology is the account of the taking on of diseased states, or of definite forms of disease, mental or bodily. In health we live and act and resist without knowing it. In disease we live but suffer; and know *ourselves* in conscious or unconscious exaggeration."

We must also predicate a state of normal susceptibility to remedial as well as toxic agencies, which it is our duty as physicians to conserve and utilize. It may be accepted as an axiom that no agent or procedure should be used as a therapeutic measure in such form or manner as will diminish, break down, or destroy the normal susceptibility or reactivity of the organism; because normal susceptibility is one of the most valuable medical assets we possess. Without it all our efforts to cure are in vain. To use agents in such a manner or in such form or quantity as to diminish, impair or destroy the power of the organism to react to stimuli, is to align ourselves with the forces of death and disintegration. This is as true of the power of the organism to react to a toxin, a contagion or an infection, as it is of the power to react to food and drink, or to the homœopathic remedy. It is as normal for the organism to react pathogenetically to a poison, in proportion to the size and power of the dose, as it is to react physiologically to a good dinner through the processes of digestion, assimilation and nutrition.

The problem is one of adjustment to conditions. The main point to be kept in mind is that we are to realize the existence of this normal susceptibility in our dealings with the sick, and do nothing to impair it.

Every remedy or expedient proposed for treatment of the sick should be submitted to this test ; does it correspond, under the law of similars, to the demand of the suffering organism? Does it supply the organic need? Does it satisfy the susceptibility without injury or impairment of function? In short, is it curative? Unquestionably, many remedies, methods and processes more or less popular in this ultra-scientific age, do not and cannot conform to this standard as they are commonly used.

Many substances are used medicinally in such form, in such doses, by such methods and under such principles as to be distinctly depressive, injurious, or even destructive of normal reactivity. They are in no wise curative, but only palliative or suppressive, and the ultimate effect, if recovery follows, is to leave the patient in a worse state than he was before. The symptoms of the existing disease disappear simply because the organism is overwhelmed by a more powerful enemy, which invades its territory and takes violent possession like any other usurper. An artificial drug disease is substituted for natural disease.

Such apparent victories over disease are a hollow mockery from the standpoint of a true therapeutic.

Illustrating this point, Professor Ewing of Cornell University Medical College, in a lecture upon Immunity, (1909), called the problem of the endotoxins "the stone wall of Serum Therapy." He said: "The attempt to produce passive immunity against the various infections by means of sera, may fail in spite of the destruction of all the bacteria present in the body, by reason of the endotoxins thrown out in the process of bacteriolysis resulting from the serum injections. The action of endotoxin of all kinds is similar ; there is a reduction of temperature *but an active degeneration of the organs*—a 'status infectiousus.' Thus 'sterile death' is produced, where cultures from the organs and tissues show that the bacteria in question have all been destroyed ; *but the animal dies.*

This problem of the endotoxins is at present the stonewall of serum therapy."

Professor Ewing cites the case of a patient who received injections of millions of dead gonococci for gonococcic septicemia. The temperature came down to normal but the patient died. He continues: "An animal whose serum is normally bacteriolytic



may, on immunization, lose this power; the bacteria *living in the serum but not producing symptoms*. Thus, a rabbit's serum is normally bacteriolytic to the typhoid bacillus, but the rabbit is susceptible to infection. If, however, the rabbit is highly immunized the serum is no longer bactericidal, *the typhoid bacilli living in the serum* but the animal not being susceptible of infection. The animal dies.

It seems therefore that the effort must be made in the future *to enable the tissue and the bacteria to live together in peace rather than to produce a state where the serum is destructive to the bacteria.*" (Italics ours.)

These are strong and significant words from the highest authority on pathology in America, perfectly in line with the teachings of Homœopathy. In the cases cited by Professor Ewing we see the destruction, partial or complete, of the normal susceptibility or power of the organism to react to the stimulus of either the sera or the bacilli.

In cases of total destruction of the susceptibility death follows. The condition of the patients in whom destruction is only partial may be better imagined than described. A rabbit, or a man, whose fluids and tissues are in such a vitiated state that typhoid, or other bacilli live and thrive in them without producing typical symptoms, and who will no longer act to a powerful serum, is not in a state of health to say the least. It is a condition which reminds us of the scathing words of Jesus: "Woe unto you, Scribes and Pharisees, hypocrites! for ye are like unto whited sepulchers, which indeed appear beautiful outwardly, but within are full of dead men's bones and all uncleanness."

The use of "antiseptics" in the treatment of disease, as well as surgically (in the field of operation) is another means of impairing or destroying normal susceptibility.

(To be Continued.)

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## EDITORIAL NOTES AND COMMENTS.

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THE PREDISPOSITION TO DISEASE.—Theilhaber in this preliminary communication calls attention to the extreme importance of the conditions in the region which invite disease to settle there. Long before cancer or other disease locates at a given point there must have been the development of predisposing conditions. In healthy pieces of tissue taken from organs that had been removed on account of cancer, he found regularly, not only in these pieces of tissue but also in the connective tissue in the vicinity of these organs, a marked decrease of round cells and of fixed cells in the connective tissue; in addition, extensive endarteritic processes, stenosis and obliteration of blood vessels at numerous points; frequently also "benign" misplaced epithelium. Study of these changes shows always impairment of the blood supply as the main primary local disturbance, but this may be secondary to atrophic conditions in the spleen, thymus, lymph glands, or blood producing apparatus. His research has been devoted in particular to tuberculosis, atheromatosis, chronic joint disease and cancer, and he has been applying treatment in all on this basis of transforming the predisposition in the region, regardless of the disease itself.

He thinks the normal connective tissue has a more important share in protecting against disease than has been realized hitherto, and he aims to promote production of normal connective tissue in the region. Nothing facilitates so rapidly the production of new cells and of new blood vessels as an acute inflammation with its superabundant blood supply. This should be our aim in prevention of recurrence after cancer; he strives to accomplish it by diather-

mia applied after resection of the cancer. His experimental research shows that diathermia induces inflammation as well as hyperemia. Liebesny has cured a number of cases of cancer in animals by diathermia alone, and Theilhaber has found that it destroys scraps of cancer tissue left after the operation. It is safer than radiotherapy, and larger areas can be exposed. To induce the curative acute inflammation in the lungs, he has started to have silica dust inhaled, in addition to diathermia applied locally and to the spleen and blood producing apparatus. The diathermia has also been applied in this way in treatment of chronic joint disease, also the mercury vapor light, and other means to stimulate blood production. As adjuvant he gives organotherapy (spleen, thymus and lymph glands). In all the above he also applied venesection to stimulate the blood producing organs, not hesitating to draw large amounts, up to 1200 c. c. Every particle of dust inhaled must induce a little focus of irritation and this strengthens the protecting wall in the lungs; to this he ascribes the different behavior of the child and the adult lung in regard to tuberculous infection. In conclusion he reiterates that not a few of his cancer patients treated on these principles have been free from recurrence for from seven to ten years, including three in whom microscopic scraps of cancer were left behind in the parametrium. Biologic laws, microscopic research and clinical observation all combine, he says, to confirm that the measures he advises reduce the predisposition to many diseases, re-enforce the cellular immunity of the diseased and the threatened tissues, and strengthen the constitution as a whole. But he warns never to forget the principle that while small doses have a stimulating, large doses have a destructive action.

"Predisposition" is, in Theilhaber's interesting article, taken from the *Muenchener Medizinische Wochenschrift*, practically synonymous with the Hahnemannian conception of psora. Call this what you will or eliminate the term altogether, we still must fall back upon a certain something, to account for the occurrence of disease in some and not in others. Theilhaber has seen the light and is evidently coming nearer and nearer to Hahnemann's philosophy, as is shown in his statement that "he has been applying treatment in all on this basis of transforming the predisposition in the region, *regardless of the disease itself.*"

Anything which will do this is to be commended; homœopathy should, therefore, be most highly commended, for it does this very thing, namely, it transforms predisposition into resistance.

Theilhaber's final statement "never to forget the principle that, while *small doses have a stimulating, large doses have a destructive action,*" is simply delicious, causing the editorial mouth to water in anticipation of chewing upon this delightful morsel. This *pièce de resistance* is especially referred to those ultra-scientific gentlemen of our own particular school who are always three jumps ahead of their own crowd and two jumps behind the allo-paths.

TREATMENT OF ANTHRAX.—"The measures of local therapy of anthrax in common use Regan says should be abandoned, owing to the disadvantages or even dangers they possess. These disadvantages include scarring and disfigurement, pain, danger of secondary infection being introduced, liability of spreading the disease locally or into the circulation, prolongation of convalescence and, but most important of all, their lack of any specific effect on the course of the malady and their uselessness when the pustule is voluminous and when a septicemia has originated. The pustule is best left to its own evolution rather than to employ the more radical measures, owing to their tendency to disseminate and generalize the local disease, while the palliative measures exert their effect entirely too superficially for any direct curative value. The value, both prophylactic and curative, of anti-anthrax serum must now be regarded as established by statistics. Its well-nigh specific nature in the therapy of the disease must be recognized. The mortality from malignant pustule will be reduced to a minimum by prompt recognition and early serum treatment. No case of anthrax septicemia should be considered beyond hope until intensive serum therapy has failed. The local injection of anthrax serum into the pustule is apparently the most effective means of local therapy and should always be used as a supplementary measure to the general administration of serum."—*J. A. M. A.*

Regan should receive the applause of all thinking physicians. Homœopaths who stick to their guns, well know the advantage

of the employment of the homœopathic remedy in septic conditions. Anthrax, as well as other septic diseases of bacterial origin, carbuncle, etc., should be homœopathically prescribed for and not interfered with locally. *Arsenicum album*, *Anthracinum* the nosode, *Tarantula cubensis*, *Lachesis* and others, are the powerful weapons which, rightly used, cannot and will not fail us. To deliberately throw them away in the moment of danger, is indeed folly hard to understand.

SERUM TREATMENT OF PNEUMONIA.—“In spite of a more or less intensive study of the problems of pneumonia during the past ten years, particularly by the American research student, Howard says, we must confess that no startling advances have been made. However, even the most conservative are forced to admit that real progress has been achieved, and particularly in the recognition of the various types of pneumococci, and the preparation of a serum to combat one strain, at least.”—*J. A. M. A.*

Honest confession is good for the soul; so the above Jamalian statement makes comforting reading to those who still have faith in the straight homœopathic treatment of pneumonia. He who follows Hahnemann, is not worried about strain, bug or type, so far as his endeavor to cure the patient is concerned; he need not therefore, be alarmed that “no startling advances have been made.” To recognize the various types of pneumococci is a scientific achievement of merit, but when the recognition is a sort of preliminary funeral dirge, with the unctiously solemn, black-frosted undertaker in the background, we are likely to lose interest in the bug and hunt around for real help to drive him out. Such help does homœopathy offer. Why not earnestly seek it?

THE PREVENTION OF DIPHTHERIA.—Just now we read a great deal in department of health bulletins, of the value of toxin-antitoxin injections to confer immunity upon those who by means of the Schick reaction, have been shown to be susceptible to diphtheria. So positive of the value of this alleged immunizing method do the authorities appear to be, that it is to be expected that legislation compelling the employment of this measure in children between the ages of six months and six years, will be forthcoming before long.

It would seem that, before such legislation is passed, two questions at least, ought to be definitely answered: first, is the Schick reaction a reliable indicator of susceptibility to diphtheria? and second, if so, can a case in which a negative reaction has been obtained, be infected with diphtheria? To our knowledge, no such trial, as suggested by question 2, has ever been made. Furthermore, it has as yet not been demonstrated whether toxin-antitoxin is capable of conferring lasting immunity, nor is it definitely known how long such immunity, if it really exists, does last.

We in this country are so childishly prone to jump at conclusions, that it behooves us all, but health officials especially, to go slowly in our endeavors to rid the world of disease. For homœopaths the question of immunity is of immense and vital interest, more particularly since it concerns the very existence of homœopathy in the future. If State Medicine is to prevail, where is this campaign of compulsory immunity, to stop? Are we, our children and our children's children to become walking test-tubes and culture laboratories of every bacterial disease? Is there not great danger that in endeavoring to bring about a pan-immunity, we may at the same time cause the generation of entirely new disease complexes, whose release may, as did the opening of Pandora's box, deluge the world with miseries far greater and much more difficult of control, than those with which we are now concerned?

Incidentally, it may well be asked why experiments are not made with such harmless preparations, as potencies of Diphtherinum, Variolinum and other homœopathic nosodes. Many of us have reason to believe that these preparations have the power to confer immunity to the diseases from which they are obtained. We may, of course, all be mistaken. Is it, however, not the duty of health authorities to investigate these claims? Prejudice seems to prevent such investigation and just so long as prejudice actuates scientific men, just so long do we have the unquestioned right to doubt their sincerity. Unfortunately, prejudice, intolerance and bigotry are only too often characteristic of medical men, especially when political preferment has placed them in position of pompous authority and trust.

## BELLADONNA POISONING FROM EATING RABBIT.

—Bentley in the *London Lancet*, reports three cases of belladonna poisoning which resulted from eating the flesh of rabbits which had been feeding on belladonna leaves. His account of these cases is of interest to homœopaths, hence we offer no apology for its appearance here :

“By Douglas Firth, M. D. Camb., F. R. C. P. Lond., Junior Physician, King's College Hospital; and J. R. Bentley, M. D. Camb.:

“There appears to be some uncertainty of opinion as to whether belladonna poisoning can follow eating the flesh of a rabbit which has been feeding on *Atropa belladonna*; the majority of text-books on toxicology make no reference to the possibility. ‘Blyth’ says<sup>2</sup> : ‘It is the general opinion that rabbits may eat sufficient of the belladonna plant to render the flesh poisonous and yet the animals themselves may show no disturbance in health. But this must not be considered adequately established.’ Another authority, Glaister,<sup>3</sup> states that ‘rabbits may be fed exclusively on the leaves (of *Atropa belladonna*) for days without inconvenience, though it produces a dilatation of their pupils as in man,’ but no reference is made to poisoning in man by this agency. The incident here related seems to prove that the general opinion referred to by Blyth is correct.

“A green grocer, while buying vegetables for his shop, was given a rabbit which had been snared that morning in a district where *Atropa belladonna* is known to grow. Having previously been a fishmonger and poultry-dealer, he prepared the rabbit himself for consumption, noting that it appeared to be in every way in excellent condition. The rabbit was stewed by his wife, and at 1 P. M. these two and their assistant, a girl aged twenty, partook of the dish. After the meal, the girl, while washing up the plates, noticed her mouth was dry and procured a drink of water, being shortly joined by the elder woman in the same plight. Soon afterwards they were greatly alarmed by ‘failing vision,’ and on calling to the man for assistance, found him in a similar condition. One of us (J. R. B.) was then summoned and saw the patients about 3 P. M.; all presented the typical picture of mild belladonna poisoning—pupils dilated, dry mouth, giddiness, and rapid pulse. After the usual procedure in cases of poisoning, inquiries were made for the source of the poison, but the only thing taken in common was the rabbit for dinner. At 9.30 the same evening we saw the cases together. The man and his wife were better, though the pupils were still widely dilated, and a marked scarlatiniform rash had appeared on the girl. We elicited the information that a dog and a cat in the house had been given some of the rabbit, and

an examination of the pupils of both showed them to be dilated and immobile to light. A portion of the rabbit, including the liver, was taken and submitted to analysis. The report on the analysis states that chemical examination of the portion of cooked rabbit showed that a small quantity of alkaloid was present, giving a definite reaction by the Vitali method for belladonna alkaloids.

*“Remarks.*

“The rabbit was fresh and, to an expert eye, in good condition. No green vegetables had been cooked with it. Symptoms of belladonna poisoning followed the eating of the flesh in three human beings and two animals, and belladonna alkaloids were found in the flesh. In spite of the enormous number of rabbits consumed yearly, belladonna poisoning through their agency is far from common; this may be due to the universal prejudice against eating rabbits in the spring, summer, and early autumn, the time when the belladonna plant flourishes and affords the rabbit an article of diet.

“What amount of atropine was ingested by our patients it is impossible to say. Blyth<sup>4</sup> gives  $\frac{1}{8}$  gr. as the dose which may be expected to give rise to toxic symptoms, and seeing that barely half the rabbit was eaten, the whole body must have contained at least 1 gr. of alkaloids, affording a hearty eater the opportunity of taking a fatal dose.”

A lesson to be learned from this report is, that the proving of drugs upon animals, although of value in many ways, cannot take the place of drug proving upon humans, for purposes of homœopathic therapy.

THE INCURABLE CASE.—We have frequently called attention to the earmarks of the incurable case; the subject is of importance and cannot be illuminated too clearly. On this account the following experience will be of instruction and interest. A married woman of twenty-eight had a miscarriage at the third month, with uneventful recovery. Three months later she complained of slight malaise; nothing was at first thought of this, but as the weariness increased a physician was consulted, when it was discovered that the patient had a daily rise of temperature. Careful physical, blood and urine examinations were now made, consultants were called and a final diagnosis of malignant septic endocarditis was made. The *staptococcus viridans* was found in the blood. Treatment was of the orthodox, stimulating and sup-



portive type, but with no effect upon the course of the disease. After ten weeks, we were called into consultation, with the hope that homœopathy might be of service, by the broad-minded O. S. physician in charge. As all diagnostic work had been done, our efforts were directed solely at the problem of therapy. Examination showed a general septicæmia, greenish-yellow countenance, slightly jaundiced eyes, a double mitral murmur, remittent fever with an average morning temperature of 102 and an evening rise of two to two and a half degrees, respirations from 30 to 40, pulse from 110 to 140. There was some thirst for cold drinks, air-hunger due to gradual cardiac failure and cough. In reply to a question as to how she felt, the patient replied that *she felt quite well* and was not suffering. Symptoms of the *patient herself* were therefore, practically absent; symptoms of deep systemic poisoning were, on the other hand, only too evident. *Crotalus horridus* seemed as near to the Simillimum as anything, but its administration produced no change of any kind. *Phosphorus* was the next choice, but also did nothing. Cardiac failure was now increasing and stimulative remedies such as Digitalis, were again resorted to by the attending physician. Death followed soon after.

Our first view and taking of this case showed its hopelessness and determined the prognosis at once. Pathology had swallowed up as it were, individualizing symptomatology and pathology is at best an uncertain guide to therapy. It is true that malignant endocarditis is universally regarded as fatal; it is also true that any septic condition is always grave, but every homœopathic prescriber has conquered sepsis with such remedies as Arsenicum, *Crotalus*, *Lachesis*, *Phosphorus*, *Pyrogen*, *Echinacea*, *Silicea*, *Hepar*, etc., provided that the patient's reaction was sufficient to produce individualistic symptoms. Under such conditions, no case is hopeless to the homœopathic physician, who is then able to treat the patient and not merely the sepsis.

AS WE THINK.—Those of us who have followed closely the philosophy of homœopathy, particularly with regard to that phase of it which deals with the patient himself, are rejoiced to find here and there in the dominant school of medicine, evidence that the minds of some O. S. men are reflecting the truth of what

we have so long been aware of. One of the greatest teachings of homœopathy is that of the importance of individualization—to treat the patient and not merely his disease. Our friends of the other side are beginning to see that there is something in this Hahnemannian dictum after all. Thus Dr. L. Duncan Bulkley, of New York, dermatologist and cancer expert, states in an article in the *Medical Record* for October 1, 1921, entitled, "Cancer a Mutiny of Body Cells." "All surgeons and pathologists claim that we know nothing of the true cause of cancer; but everything has a cause, and careful clinical study and experience now *show abundantly the correctness of the doctrine of a constitutional origin and cause of carcinosis*, and that when taken early the local lesions called cancer disappear and remain absent as long as the casual (sic) elements are kept under control." The italics are ours and serve to emphasize and accent the thought that there is such a thing as the constitutional origin of disease and that furthermore, the patient himself is to be considered and treated if he is to be really freed of his carcinomatous manifestations. Here then, we have a tacit admission by an O. S. physician of wide knowledge and attainments, that the Hahnemannian theories of the doctrine of chronic diseases, particularly psora, and of the individualization of the patient himself, are true.

Another interesting statement, made in the same article, is the following:

"We all know that after the surgical excision of an innocent adenoma, which had been pronounced non-malignant microscopically, true cancer may develop, metastasize, and destroy the patient; and the surgical removal of a true carcinoma will often seem to light up a much more severe and distressing trouble. It is quite logical to believe that, if the nutritional and other errors of system persist, these wild and riotous cells will continue their mad and destructive career, and that they will metastasize, as already mentioned. All this accounts well for the wrong theory of the purely local nature of cancer, which has gained such a wide acceptance."

To which, thinking homœopaths will say "Amen!" So far as cancer is concerned, it may be truthfully stated that "the time to cure cancer, is the time before it begins." Treat the patient, not his disease and remove exciting causes, whenever possible.

TREATMENT OF HORSE ASTHMA.—“Asthma of nineteen year’s standing has been cured in the case described by a few weeks of repeated application for the sensitizing substance, horse hairs, laid on a small scarified area (Walker). This adds another method to the numerous ones already in use for conquering anaphylactic conditions—methods which fail sometimes, and sometimes are surprisingly successful.”

This is a practical application of the old saying, “The hair of the dog which bit you, etc.,” with a vengeance. Really we are somewhat surprised that our superscientifically trained O. S. brothers resort to such crude methods of treatment. Somehow, we cannot help but think of our boyhood days, when, with a feeling of wonderment we used to hang around the raised platform tent of the Kickapoo Indians whose shrewd Yankee manager lauded the amazing virtues of Indian Sagwa at fifty cents a bottle. Somehow we are inclined to think that the poor redskins were nearer the truth and just a bit more scientific, for have they not given the white man the precious *Sanguinaria* and the useful Senega or Snake-root. Why scarify the skin to lay on a few horse hairs, in violation of all the modern principles of asepsis? Every department of health bulletin which comes to our editorial sanctum warns us to look out for germs, particularly those whose favorite hunting ground is animal hair. Are we not admonished to be careful in our selection of shaving brushes, for fear of transmitting some naughty anthrax bacillus? Did not a politician recently die via this tonsorial route? No doubt there are some unkind readers who will say that he deserved to die—for the benefit of groaning taxpayers and a long-suffering public. But we have no desire to enter upon a discussion of political economy, Heaven forbid! The dear public must be protected at all hazards and health departments serve a useful purpose—lucrative in fact, we believe, if we may judge by the activities of some of them.

To conquer anaphylactic conditions we must, therefore, resort to “methods which fail sometimes, and sometimes are surprisingly successful.” Why this uncertainty? Where lies the fault? Is it perhaps that individualization is required? Ought we to be more particular in the selection of the horse? Would the hairs of a heavy horse be more efficacious than those from a

trotter? Or would one of Bill Rogers' bucking bronchos answer the purpose better? At least the bronchos frequently do their own scarifying, as we ourselves from unpleasant personal experience, know. Or, would a mother tincture of horse hair, run up to the infinitesimal  $d\ m\ m$ , give better results? Possibly an A would then have to be inserted between the d and the m. Who knows? Imagination fails us; let orthodox scientists solve the equine problem! We cannot.

A SEPIA COUGH.—Mrs. M., age sixty-seven, had an exhausting, persistent, paroxysmal cough, for which Bryonia and later Phosphorus had been given, but with partial relief only. Re-examination of the case brought out the following complex: Sweats from coughing; must swallow the sputum, seems to be unable to raise it; cough in paroxysms; cough apparently excited by mucous accumulation in the chest. The paroxysms of cough were frequent and exhausting, both day and night. Repertory analysis produced this result:

Sweat from coughing—ARS. *calc.*, *carb. v.*, *caust.*, *cham.*, *dros.*, *ferr.*, HEP., *ip.*, *Kali m.*, *nux v.*, PHOS., *rhus t.*, *sabad.*, *samb.*, SEP., *spong.*, *thuj.*, *verat.*

Must swallow expectoration—CAUST., *dros.*, *sep.*, *spong.*

Paroxysmal cough—*caust.*, DROS., SEP.

Cough from mucus in chest—*caust.*, *sep.*

Kent's Repertory was used and the highest two valuations were employed until the last rubric, giving Causticum 8 and Sepia 9.

Accordingly, a few doses of *Sepia* 30th were given, at intervals of three hours, with rapid improvement and practical disappearance of the cough within a few days.

# THE HOMŒOPATHIC RECORDER

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## ACUTE RHEUMATIC FEVER.

P. E. Krichbaum, M. D., Montclair, N. J.

One of the diseases, which for countless periods of time, has afflicted man, is Rheumatism. The term covers a broad field of many forms, and tortures man from the cradle to the grave. To go into a differential analysis of the many types of the disease, in its chronic manifestations, would occupy too much time. Such data is available on your own bookshelves. I propose here to briefly marshal a few of the remedies, which may serve you when you are confronted with a patient suffering from an attack of the acute phase of this painful malady.

The cardinal symptoms of rheumatic fever are the sudden onset of a polyarthritis, flitting from joint to joint, with fever, and sweats, and the rapid occurrence of anæmia. In children, the arthritic symptoms may be so slight, the endocarditis, which is much more common than in adults, may, in consequence of this lightness, be entirely overlooked. In fact the most common sequela of acute rheumatism is endocarditis, occurring in 25 to 40 per cent. of all cases. The valve most frequently affected is the mitral.

Many theories have been put forth to account for these rheumatic attacks, one of the latest being infected tonsils. We grant that people with enlarged tonsils are most prone to this form of rheumatism. It is further identified with the period of life when the tonsils should disappear. It is just as reasonable to assume, however, that the cause which prevents the tonsils from atrophying, is the same factor which causes the rheumatism. The removal of the tonsils does not eradicate the cause. Still another exciting causative agent lies in a faulty diet; the excessive con-

sumption of sweets and meat. Given a so-called acid constitution and multiply dietetic errors, such as a large indulgence in candy, villainously concocted hyper-syrupy drinks between meals, and the end product, rheumatism, is not hard to predict.

In the acute and febrile stage of an attack, liquid nourishment is indicated. Milk, of course, if it can be taken. Where milk does not agree, soups or broths flavored with vegetable extracts. Milk toast, barley or oatmeal gruel, clam broth, malted milk, or Mellins food, all may be prescribed. During convalescence, farinaceous but not saccharine food should be given. Return to a diet of solid food very gradually, and interdict all indulgence in meats, pastries and sweets. When convalescence is established, eggs, fish, oysters, and white meat of chicken, may be added. Climate does not seem to exercise much influence, as a predisposing element in acute rheumatism. The arctic and tropical regions, according to some authorities appear to offer some immunity. Elevation is not a modifier to any extent. In children, the disease is apt to be septic or syphilitic. No infective micro-organism has been discovered, but of course the tendency is inherited. You will find the victims naturally among the scrofulous and gouty, and you will perceive that almost invariably, they are great sweaters. Dampness and fluctuating temperature are arch enemies, also sudden refrigeration and exposure. Traumatism has been known to excite an acute attack, also some sudden depressing influence in the predisposed. The disease involves the whole tissue of the affected joint. The sheaths of the muscles and tendons are reddened and injected and filled with serous liquid, and sometimes, pus cells. Contrary to popular lay belief, neither the urine or the blood of these patients shows marked acidity. The lesions of the synovial capsule of the joint disappear more quickly than those of cartilagenous structures of articulations, consequently the subsidence of swelling, and disappearance of external signs of inflammation, should not be regarded as significant of complete recovery in cartilagenous and osseus tissue. The parts should be protected from all unnecessary use for considerable time after the subsidence of acute symptoms.

Before touching upon the remedies likely to be called for in acute rheumatism, I want to re-emphasize the fact of its intermittent, or remittent features. This being the case, it naturally falls

into place beside Malaria, Tuberculosis, etc. To continue, if profuse sweating, and anæmia characterize the disease, deep acting medicines are in order.

With this fact in mind, Aconite, which heads Dr. Kent's list of remedies as likely to be called for in this trouble, need not detain us long, for the exciting causes of acute rheumatism do not fit Aconite. However, where you have a case of this kind, in a hitherto robust, healthy, but neurotic subject, with hot, pale or red swelling of joints, shifting about, with the characteristic fear, restlessness, thirst and aggravation from a warm room, with the rapid, wiry pulse, high temperature, and never to be mistaken agitation of this remedy. Aconite should receive your attention, even if you do not administer it.

Acute rheumatism, with gouty trimmings, often points a finger to Ant. Crud. and may lead you to a recognition of this remedy, through its classical gastric symptoms, markedly the nausea, vomiting, and *white* tongue. When Ant. Crud. is the medicine, and the subject is young, you will often see an individual inclined to grow fat. Again, queerly combined, this well covered patient, instead of showing the proverbial propensity to accept even pain, good humoredly, is given to fits of tempestuous anger, is cross if touched or even looked at. A patient with acute rheumatism, where Ant. Crud. is indicated, is a heavy trial to any nurse. There is generally a history of great over-eating prior to the attack, with a weak stomach and stories of canker sores, and an easily disturbed digestion. The thick *milky white coating on the tongue*, of course, is guiding, and so distinctive, it will lead your attention away from the focal point of the inflamed joint, where you have placed your diagnostic stamp of the name of the disease. Minor corroborative evidence will reward your search, for Ant. Crud. has many individual and characteristic symptoms. But a few of them may show up in a case of acute rheumatism, but the modalities are sure to do so; prominently the fact that such a patient cannot bear the heat of the sun; is worse from any exertion *in* the sun, like Glon. Lach. and Nat. Carb. Ant. Crud. is worse after eating and cold bathing, after taking acids or sour wines, or extremes of temperature. When this remedy is indicated, your patient pleads for the open air, accepts gratefully all the rest you prescribe, and will raise no objection to warm water

bathing. There seems to be a sort of stasis in the economy of the Ant. Crud. individual. Look for slow-growing finger nails, unbeautifully horny and sore. The flesh also seems oddly intolerant of pressure, soles of the feet get red and sore, also the heels, if pressed against anything. A shiny red elbow despite its ample covering, runs in the same chain. Graft a real man-size acute inflammatory process on any joint belonging to such a person, and you will have a picture of pain, not easily forgotten by patient or doctor.

A very different scene is shown where that great remedy, Ars. Alb., comes into action. The diagnosis may be the same, also the pathology, but there similarity ceases. We all know the cardinal symptoms of Ars., in whatever disease it may be indicated, but I propose to re-affirm these striking characteristics, where a case of acute rheumatism calls for this medicine. Naturally we look first at our patient and his disturbed area, where this is visible. The swelling of the offending joint or joints, we note, is oddly pale, also the affected part has to be moved constantly almost, in spite of the distress such an action causes. This is Ars. which wants to move, or be moved so long as the human will operate. As we observe further, we detect the profuse general perspiration, and then have explained to us that this same sweating, while exhausting, still relieves the pain. When an Ars. subject starts in to tell of his pain, he will certainly run short of adjectives, if he doesn't first run short of breath, and faint away, as sometimes happens. Burning and stinging sensations then, invariably figure in these recitals, but the Ars. subject seeks to fight fire with fire, and craves heat, external and internal in every amelioration offered him. The well-known hours of Arsenic's aggravation 12, midnight, to 3 A. M., plays its customary part in rendering the nights hideous for your rheumatic patient, where this remedy will be of service.

The call for Bell. in acute rheumatism, has all the spectacular earmarks of such a call in any disease. Every one is up and doing, when Bell. steps into the limelight. All swellings under this remedy, are apt to be very red, very shining, and very painful. The pains are pressing, tearing, cutting, and frequently run from the affected joint along the limb like lightning, coming and going quickly, a true Bell. trick. No one ever makes a second attempt,



without apology, to move an inflamed member, where Bell. is indicated. Motion of any sort, or touch is intolerable. The well-known Bell. loquacity is often subdued in the joint affections under this remedy, because, even talking, is to be avoided. Such pronounced aggravation from motion, suggests Bry. but a very superficial observation of your patient sharpens the differentiation. The typical Bry. pain or pains may indeed become so intense, that the rheumatic patient helped by this great polychrest, may from sheer agony, be forced to move the painful member. This, as a misleading factor, disappears, if you recognize the immeasurable *relief*, with which such a patient settles into immobility after the effort. He will not want you to even straighten out the bed clothes. The dark haired, dark complexioned, slender, nervous individual with an unruly liver, fits best into Bry.'s schema. There never seems to be any excess of moisture about these people. Their mucous membranes are dry, their skin is dry, tongue and lips are dry, cough is dry, even the stool is dry as if burnt. But if there is lack of moisture within, they seek plenty without. The Bry. thirst for large quantities of water, is classical. In inflammatory rheumatism under Bry. the swollen joints often present a peculiar faint redness which streaks out in various directions.

Your nervous, excitable woman patient, with the swollen finger joints, suggests Caul. which remedy often comes in, and does good work in cases of deep and acute joint inflammations. The pains are apt to be cutting, erratic and severe, prohibiting all motion; are often of a spasmodic nature and shift from the small joints to the back of the neck, causing rigidity. The fever may run very high and delirium be present.

The true Cham. victim always make an impression upon his doctor and nurse. (The Cham. infant is a notorious disturber of the family peace.) Thus in inflammatory rheumatism if you feel that this medicine is indicated, you are inclined to prescribe with some haste and decided emphasis. A Cham. subject does not await your remedial measure with any degree of calm. Your patient is snappish, if not very sick, moans, groans and contradicts himself. Pains are shooting, cramp-like, jerking, intolerable and always followed by numbness. This afflicted being swears he cannot lie in bed, and is equally vehement over his inability to

get up. He hates cold, damp weather, and appears to be ameliorated by having every one in his vicinity engaged in ministering to him.

When you find a case with marked œdema, heat, tenderness and stiffness, in inflammatory rheumatism, think of Chel. This remedy is complimentary to Lyc. and often cures when Lyc. seems indicated, but does not relieve. The indications for its use in rheumatism are, when the whole flesh is sore to the touch, with a sensation as though the part was paralyzed. Afflicted areas may be hips, thigh, knees, or elbow, worse on the right side. Pressure relieves some symptoms, and aggravates others. The urine is dark yellow or brown. Skin of face and tongue a dirty yellow. This remedy acts especially on the spleen and kidneys as well as the liver.

The symptomatology of China Off., and inflammatory rheumatism, run strikingly in accord. The outstanding points, *anæmia*, *sweating*, *exacerbations*, pain and swelling, both exhibit to a striking degree. In fact, I have not seen a case of inflammatory rheumatism in the last twenty years, which has not required China some time during the attack. If I was confined to one remedy, I would select China as being the one, upon which I could rely in the greatest number of cases. The pathological picture lines up thus—arthritic and rheumatic hard red swellings—all parts are very sensitive to touch, but relieved by gentle hard pressure. Weakness from loss of animal fluids. Fainting after loss of blood or other animal fluid, with ringing in the ears, cold skin, loss of pulse, cold perspiration. Feels satiated all the time, eructations which do not relieve. Pains in various parts of the body, joints, bones and periosteum, sometimes worse in the spine and small of the back, momentarily relieved by lying down, then experiences distress more violent than ever. Aversion to all mental and physical effort. The slightest draft of air brings on trouble. General aggravation at night. This is China.

Chin. Sulph. may occur to you in inflammatory rheumatism when you detect the quinine cachexia in your patient, betrayed by the complexion, emaciation, ringing in the ears, enlarged spleen, and marked debility. Graft an acute malady upon an individual thus chemically deranged, and you have a bad combination. But if you are able to look back of the rheumatism in such a patient,

and observe these characteristic markings, you will decide upon Chin. Sul. as the remedy.

Every case of inflammatory or acute rheumatism is not equally clear cut as to diagnosis, of course, occasionally we happen on cases with many puzzling omissions of expected landmarks. Colch. may fit in in a case where you find *pain* in evidence, jerking, tearing, burning pain, but no characteristic swelling or redness of the parts. Colch. moreover, is a medicine that is adopted to the rheumatic gouty diathesis, in persons of robust, vigorous constitutions, especially when acute form merges into the chronic, or when during chronic rheumatism, acute attacks set in also. Metastasis to the heart. Under Colch., pains go from left to right like Lach. The sense of smell in the Colch. patient is painfully acute. Nausea and faintness from even the smell of cooking food, especially fish, eggs, or fat. This symptom has received ample verification.

In rheumatic gout, Bry. and Colch. get twisted in our minds at times perhaps, but they may be separated by careful analysis.

Glon. may help you out in a case of acute rheumatism if the characteristic Glon. throbbing throughout the body, with the sensation of fullness and congestion be present. This keynote will often open up, or lead you to observe many other Glon. peculiarities. The Glon. patient complains of this *beating* and *throbbing* in all complaints. When rheumatism settles in the lower limbs, the knees give way. The pain is deep, twinging, pricking, worse from motion, and relieved by straightening out the limb.

Of course Kalmia will occur to you when you think of acute rheumatism, and the indications for the employment of this medicine, are generally easily seen. It has a special affinity for cases of acute neuralgiac rheumatism on a gouty base, particularly where, as a sequela, the heart is involved. This heart complication will of itself, doubtless attract your attention to Kalmia, for the more pain there is about the heart the more you think of this remedy. The Kalmia pulse is slow, often scarcely perceptible. The rheumatic pains go from joint to joint, which last are red, hot and swollen. Kalmia also seems to have an affinity for the deltoid muscle, especially the right.

In wandering rheumatic pains, that shift from side to side, think of Lac. Can. A case of rheumatism beginning in the soles

of the feet, and then flying from joint to joint, and side to side, worse every evening, and from the slightest touch, may call for Lac. Can. This aggravation from *touch* is a marked feature. Lac. Can. cannot bear to have one part of the body touch another; will sit and hold her very fingers apart, so irritating is this sensation of contact (like Lach.). All inflamed surfaces partake of that *glistening* attribute, clearly seen in the throat affections under this remedy. Also in the delirium of fever, queer hallucinations affect your Lac. Can. patient. She will bewail the fact, perhaps, that she is wearing some one else's nose, or that snakes are on her back. Also the periods of aggravation may shift, as do the pains of Lac. Can. and occur one time in the morning, then again rise to the zenith in the evening. The sweat with the rheumatism helped by Lac. Can. has a very rank smell.

Of course under Lach. you might expect to find, and you *do* find, rheumatic swellings of a bluish redness. This is a slight point of differentiation perhaps, but the Lach. patient generally exhibits other very characteristic symptoms, whatever be the disease under consideration. In inflammatory rheumatism, the pain is worse after sleep, nor do they improve after profuse sweat. The left side is, as a rule, the affected one, though, like Lac. Can. the pain may pass over to the right. Lach. has rheumatic pains in the knees and wrist, and fingers; stinging and tearing with a sense of swelling. Contractions of the limbs after abuse of Mercury and Quinine, with irregular heart action, and valvular affections. In fact, any rheumatic symptom which calls for Lach. must receive your very careful attention. Profound systemic disorganization lies behind these acute manifestations.

The tearing pains of Mercury, not relieved by the profuse musty-smelling perspiration, the night aggravation, and the intolerance of the warmth of the bed, are all but slightly idiosyncratic perhaps, but in severe acute diseases, where rapid decisions must be made, these red strands are very valuable, and should be painstakingly sought. Enmeshed may be, in the gross pathology of the case, hidden by the name of the disease, and thus forced into obscurity, yet their detection, and the subsequent study to which they may lead you, many times marks the difference between *curing your patient* or *palliating his symptoms*, a performance no one here needs to have emphasized.

When Pul. is indicated in acute rheumatism, you will probably never entertain any question as to the correctness of your prescription. The Pul. make-up is fairly recognizable. You can look with complacency upon the painful swollen joint, when you *do* see Pul. A Pul. subject never leaves you long in doubt as to the *character* of her pains. She may err in over volubility, and her descriptions may be variable. Pul. *is* variable, but you can get the case, if words and tears, and protestations can convey it to you.

Rhus Tox. by some, is regarded almost as a specific in many forms of rheumatism. In the acute variety, you may take into consideration certain causative factors in an attack, *i. e.*, the inflammation develops after exposure to wet damp weather. Sensations emphasized are stiffness, bruised burning pains in affected area. Aggravation on beginning motion, and from prolonged rest. Craves to have position changed, wants heat, and if parts are not too inflamed, is relieved by rubbing. Rhus Tox. is a great remedy with a wilderness of ramifications. It should be thought of and studied in acute rheumatism for it may help you after other medicines have failed.

Meniere's disease, gastric disturbance and delirium have been produced by over-dosing with Salicylic Acid. It is the only remedy, or almost the only one used by the old school, and the sheet anchor of many homœopaths in rheumatism. But the massive doses employed have evoked so many unpleasant symptoms, that the chemists have been trying to produce an innocent substitute, Aspirin, Acetyl, Salophen, Acetylpara, Salol and Phenol Salicylate are supposed to fulfill these conditions more or less completely. When indicated, however, Sal. Acid is certainly to be used in cases of acute rheumatism. The clinical exhibition is not especially distinctive. The elbows or knees are favorite places for an inflammatory outbreak under Sal. Acid. There is great swelling and redness, high fever, and excessive sensitiveness to the least jar or motion. It has a specific action upon serous membranes, all of which is true of a dozen other remedies. Perhaps, here, as so often happens, the patient himself will, unconsciously assist in the differentiation of medicines for his attack. When Sal. Acid comes in, you will find a melancholy individual who looks the part. He wants to lie quiet, complains of feeling faint, is men-

tally restless, yet very mild and yielding, does not want to talk, answers your questions in monosyllables. When his joints swell they swell enormously, and the accompanying sweat is profuse and sour smelling.

Sang. Can. is another remedy to suggest in inflammatory rheumatism. If the trouble attacks an arm, it is apt, under Sang. to be the right, and may swell, so that the member cannot be raised, but must be moved laterally. There is a sensation of great coldness, which no amount of clothing can remove. The make-up of your typical Sang. patient is arresting; the irritable, florid, bilious-looking individual, whose ailments are all liable to increase and decrease with the sun.

Veratrum Vir. runs its characteristic high temperature in acute rheumatism, as in other troubles when it is indicated. In fact this one peculiarity may first call it to your mind. The tongue here, is also typical. The tongue with the *red streak* through the centre, and the coating on either side. The pulse, as you might expect, is very rapid or it may alternate and become slow. The sweat is cold and clammy. Such are the leaders for Veratrum Vir.

The foregoing, thus briefly touched upon, remedies which are often called for in inflammatory rheumatism, I may liken to suggesting a few letters in a word, presented, for you to guess the *missing parts*. It is an old game, with many of us, but one whose interest does not decrease with time. I have never found all the missing letters in some of my own puzzles, and doubtless never will.

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## APIUM GRAVEOLENS—CELERY.

B. G. Clark, M. D., New York.

This remedy was partially proven by Dr. W. P. Wesselhoeft, and published in the *Medical Advance*, April, 1886. In the "Dictionary of Materia Medica," by Dr. John H. Clarke, was recorded about all that was known of the remedy. It is evident that no female provers were recorded in the above. A patient of mine after eating celery was taken with cramps in abdomen, vomiting and diarrhoea. Menses came on (not due for two weeks). Some six years later she ate some chicken salad which

had celery in it. She was taken ill with vomiting, pain. Menses came on in two hours. An eruption came out all over her body with severe itching. This prompted me to ask the young lady students of the New York College and Hospital for Women to make a proving of the remedy. They were not told what it was, only that it was an article of food which was in common use. Some six or seven students were given the 3d. The next month the same were given the 30th. Later they took the tincture in 10 to 20 drop doses for a week. They kept a record of their symptoms and I saw them weekly but no examinations were made except the urine and the only change in that that was noted was an increase of urea.

These provings were published in the *Medical Advance*, September 14, 1914, and in *Institute Journal* of 1914. A summary of the provings that were not in Dr. Wesselhoeft's proving are as follows:

*Mind.*—Cannot keep from thinking. Energetic, wants to work mentally and physically. Depressed, thinks she has said something to offend her friends, feels that people tolerate her only to be polite.

*Head.*—Frontal headache relieved while eating.

*Eyes.*—Aching in eyes. Redness of conjunctiva, with itching and smarting in inner canthus of left eye.

*Nose.*—Coryza; sneezing; watery discharge from nose not excoriating.

*Mouth and Throat.*—Pharynx and soft palate sore with much sticky mucus; necessitating frequent swallowing.

*Stomach.*—Eructations. Desire for fruit, especially apples. Hunger relieved by eating.

*Abdomen.*—Pains: short stickings, soreness of whole abdomen. Pains as if stool was coming on. (Tincture.)

*Stool.*—Three to five stools a day; (tincture). Sharp pains in left iliac region going over to right. Nausea increases with the pains. Relieved by lying down and flexing thighs. Quite thirsty.

*Urea.*—Increase of urea.

*Female Sexual Organs.*—Sharp sticking in region of both ovaries, relieved by bending over. Could not walk: weak feeling with nausea. Pains relieved by lying on left side with legs flexed; increased by motion; increased deep breathing; cutting pains in ovaries running backward, relieved by pressure and lying down. These pains lasted but a few seconds at a time accompanied with nausea and faintness. Increased in afternoon. Menses delayed. Crampy pains relieved by cold applications and flexing legs on abdomen. Cutting pains in both breasts with tenderness of nipples.

*Chest.*—Feeling of tightness over heart.

*Muscles of Neck.*—Aching: stiffness. Hurts to turn head.

*Skin.*—Eruption in welts over body; fine elevated pimples, itching relieved by scratching.

*Sleep.*—Wakes from 1 to 3 A. M. Hungry for apples. Eating does not help sleep. Is not fatigued by loss of sleep.

The symptoms that were marked in all the provers were smarting in inner canthus of left eye, with some redness.

Pains in abdomen in all, which seemed over ovaries, more on left side; sharp, crampy, relieved by lying down and flexing legs. The pains usually present during menstruation were relieved while taking the 3 and 30. But the tincture did not relieve this. One woman had her normal pains while taking the tincture. All were awakened about 1 to 3 A. M. Hungry, craving fruit, especially apples. Eating relieved the hunger, but did not help them to go to sleep again. This wakefulness was accompanied with a buoyancy of mind and body and the loss of sleep did not cause fatigue the next day.

The tincture caused one prover to have some looseness of bowels, and gave all of them some pain and desire for stool, with some headache. Like all food products, the tincture did not produce as many or as pronounced symptoms as the potencies.



## CASE I.

Miss V.—School teacher. Has always had pains during menses; of late these pains were severe, lasting twenty-four hours, with frontal headache and nausea. Examination revealed a small uterus slightly antiflexed with some decensus. Apium Graveolens 30 was given four times a day for two days before next period, which she passed without pains. I saw this patient in May, 1921, and she said she had menstruated without any pain since taking the remedy a year ago.

This is the type that I have frequently prescribed this remedy for with much success.

A repetition of cases would only consume your time.

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## A LECTURE ON KALI MUR. (POTASSIUM CHLORIDE).

Eli G. Jones, M. D., 1169 Main St., Buffalo, N. Y.

I want to talk to you a little this morning about Kali mur., one of the twelve tissue remedies of Schussler.

In the facial diagnosis indicating the above remedy the face has a *worried, anxious* look, the patient imagines he must *starve*.

He gets *worse* from *motion*, but he must occupy himself, so he plays with his fingers. The tongue has *greyish-white* coating, maybe dry, or slimy, with *protruding* eyeballs. This remedy is indicated in the *second* stage of fevers and inflammation, especially of serous membranes, when the exudation is of a *plastic* or *fibrinous* nature.

The remedy is indicated in sick headache, with *white* coated tongue, and vomiting of *white* phlegm, with *sluggish* liver. It is indicated in chronic *catarrh* of the middle ear. In the *chronic* form congestion and closed Eustachian tubes, with swelling of *glands* or crackling noises on blowing the nose or swallowing. Kali mur. will be the remedy called for in ulceration of the cornea. It is a strong rival of Hepar sulph. to cure this condition. When the eyes have been injured in some way by a blow or a fall, or it may be from snow-blindness. The eyes are *blood-shot*. We must not forget Kali mur., to *clear up the eyes*.

This remedy Kali mur. is indicated in a "stuffy" cold in the head, with *greyish-white* tongue, and *white* phlegm thick, *not* transparent. It often happens when a cold is "breaking up" there will be a *profuse* discharge from the nose of *clear, water*, which requires many handkerchiefs a day. The above symptoms call for Kali mur. You may have a patient with *hissing* noises in the ear, the ears feel *stopped up*, there is an *itching* in the auditory canal. With the above symptoms we think of Kali mur.

In Diphtheria, and Tonsilitis, Kali mur. with Ferri phos., will be the remedies indicated.

It is the first remedy we think of in *sore throat*, three tablets of 3d x every hour until relieved.

A person may have had a bad cold that has left him with a *tickling cough*, and feeling of *soreness*, or *rawness* in the chest. In this case you can *depend* upon Kali mur., 3d x, three tablets after each coughing spell. It is the remedy of all others in the *second* stage of pneumonia, the stage of *hepatization*. This remedy *absorbs* the plastic exudation, it acts as a thermal sedative, it *keeps down the temperature*. It also *takes care* of the *cough*. Put ten grains of Kali mur. 3d x in a cup of hot water, give one teaspoonful every hour.

The kind of *cough* that calls for this remedy is a loud noisy *stomach* cough with *greyish-white* tongue. It is also indicated when there are *whizzing râles*, and *thick milk-like* phlegm.

This remedy is indicated in the second stage of rheumatic fever, when *exudation* forms around the *joints*. It is indicated in nightly rheumatism when the pains are *worse* from motion, and *warmth* of the bed. The pains are *lightning-like* from small of back, to feet. The pain drives the patient out of bed, he must sit up. It is indicated in an obstinate case of eczema, when the dry scabs fall down on the floor like *flour*. It is called for in epilepsy, when some eruption like eczema has been *driven* into the body by some *kind* of salve or ointment.

Some of the leading authorities of the old and new school tell us that in "acute general peritonitis, the prognosis is *fatal*," yet I have *cured* cases with Ferri phos. and Kali mur.

You may meet with a lady who complains of *soreness* and *tenderness* of her breasts at the monthly period. The remedy is

Kali mur., 3d x, three tablets every two hours. It is the remedy for warts, and the *after-effects* of vaccination.

It should not be *omitted* in acute pleurisy to *prevent* effusion, and it should be *continued* as long as there is *any friction sound*.

This remedy is indicated in dysentery, when there are intense pains in the abdomen, *cutting* pains as from knives, an urgent call for stool every few minutes, with *tenesmus*, purging with *slimy* mucous stools.

It is also indicated in indigestion when there is a pain or *heavy* feeling in the right side under the shoulder. The tongue has a *greyish-white* coating, *fatty*, *greasy food* disagrees, and there is vomiting of *opaque* mucus.

We think of this remedy in piles, when the blood is of a *dark*, *fibrinous* character. It is the remedy for constipation, when the stools are *light colored*, from lack of bile, *torpid* liver, *greyish-white* tongue and protruding eyeballs. A dozen tablets, Kali mur., 3d x, may be taken with a glass of water at bedtime.

In women this remedy is *the* remedy needed, when the menses are *late* or *suppressed*, the flow *dark* clotted, *like tar*.

In the first stage of cancer of the breast when the lump in the breast feels quite *soft*, and *doughy*, when *tenderness* of the breast is the principal symptom complained of, Kali mur., 3d x., is the remedy indicated, three tablets every two hours.

It is the *basic* remedy indicated in pericarditis, endocarditis, and myocarditis, and should *not* be omitted *no* matter what other remedies may be called for. It is one of our *best* remedies in *chancre*, also in chronic cystitis. It is the first remedy we think of in acute nephritis, to strengthen the kidney structure by relieving it of the destructive changes going on. It is the remedy *par excellence* for this purpose. Add 10 grains of Kali mur., 3d x, to half a glass of water. Give one teaspoonful every two hours. In the treatment of appendicitis Kali mur. is one of our most reliable remedies.

Dr. Webster, author of "New Eclectic Practice," a careful, conservative physician, under the head of "Appendicitis," page 448, gives us his opinion of Kali mur. in that disease.

It is well worth reading and remembering. "In several cases of the kind I have seen the abdominal tumefactional, obstinate constipation, cæcal pain and elevated temperature, gradually

subside under its influence, when in the opinion of old and experienced surgeons, an operation was urgently demanded." Give 5 grains of Kali. mur., 3d x, in half a glass of water, one teaspoonful every hour.

In the first stage of Infantile Paralysis, Ferri phos. and kali mur. are the main remedies we must depend upon to *arrest* the local inflammatory action that the grey cells of the motor nuclei may be preserved. Here you may prescribe the 3d x.

For the fever in the first stage of Typhoid Fever, Ferri phos. is the remedy. For the *greyish-white* tongue, *looseness* of the bowels, pain and *tenderness*, Kali mur. 3d x, is the remedy needed.

In the treatment of Small-pox Kali mur. is the principal remedy to control the formation of pustules. It is worth trying as a prophylactic of the disease. Take Kali mur., 3d x, three tablets every three hours for ten days.

It should be remembered that vaccination will not "*take*" when Kali mur., 3d x, is given either just before or after vaccination.

In *loss of voice* from a severe cold, Kali mur., 3d x, is a *good* remedy, put 15 grains in half a cup of hot water, one teaspoonful of this every hour.

This remedy is indicated in measles for the *hoarse* cough, for all the *glandular* swellings, with *greyish-white* tongue.

For the *after-effects* of measles, diarrhœa, *deafness* from swelling in the throat. Kali mur. is indicated in *swelling* of the face from cold or injury. In swelling of the glands of the throat, if the swelling is *soft* Kali mur. will be the remedy.

It should be remembered that Kali mur., 3d x, is the tissue remedy for membranous croup.

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## REMEDIES IN PYORRHŒA.

Julia C. Loos, M. D., H. M., Pittsburgh, Pa.

Pyorrhœa is the present-day focal fad, or one of several that are now holding as the object of popular attention, emphasized by the advocates of local, visible, material so-called cause of disease, *i. e.*, the disturber of functions and the basis of inoculation whereby tissues are disintegrated and degenerated (separated from the life-force in consequence of which separation they cease to respond to life-vibrations).

In the view of those who know that suppuration is never the beginning, but, on the contrary, is the ultimate of processes in living bodies, pyorrhœa must be considered an index to point to something which has disturbed the bodily functions, something which is to be changed in the life of the individual. If our mental vision, intelligence, understanding is keen we cannot deny that something of disorder preceded that inflammation which progresses to the stage of cellular destruction, separation of the gums around the teeth exposing that portion of the teeth which nature has protected with clinging firm structure, separation even to the extent of permitting the teeth to move and be loose in the gum when yet firm in the bone, and bleeding from the small vessels normally provided to maintain supply and carry off waste products. These alterations from normal procedure in the body must have been preceded by some vital disturbance which will require something more than local stimulation and mechanical cleansing away of degenerate tissue to eradicate.

Coming to the remedies in Homœopathy whose action on the body brings this sort of effects, we find the most similar are Am-c., canth., carb-a., carb-veg., caust., hep., lach., merc., mez., nat-m., petr., phos., puls., sil. These have suppuration of gums. Consult the repertory to find which of these have detachment of gums, bleeding gums, looseness of sound teeth. Do not be alarmed. I am not going to bore you with the detailed symptomatology of these remedies. Probably some of you could do that more graphically than I. I am asking you to appreciate what these remedies in their action in the body do to the functions which maintain the body a receiving station for the life-vibrations in the vital system of wireless transmission of messages. Look upon the individual who includes pyorrhœa in the symptomatology by which you are to be guided to the remedy to restore his health and determine for each one what has been going on in that individual body and in that individual life to bring about this condition. You will find other testimonies, of course, to combine with this local expression, to make out your complete case. And then it will be clearly evident to the intelligent prescriber that this list of remedies is not one to be applied successively to the same individual but a list from which to select the one most similar to the condition; if one might so express it, sim-

ilar to the course by which that individual has traveled (wandering from the path of healthy activity) to arrive at this condition of body.

When we have a clear image of the Am-c. patient, of the carb-v. patient of the phos. patient, we must be able to recognize pretty well how the metabolism is being performed, what is the condition of the bloodvessels, how the heart is acting and so on and we must know that in the Silica patient Phosphorus will not do much for pyorrhœa, even as Carbo veg. will not in the Ammonium carb. man. But I am asking you to go farther back, and receive the testimony that these symptom images offer in regard to the life of the patients whom we learn to name according to their remedy characteristics even more than we recognize them by their family or Christian names. These are no superficial changes presented by these remedies. They tell of processes that have been operating deeply and through extended periods of time and of experience. They tell of circulation, of intelligence, of wisdom, of metabolism, of blood-constituents, of nerve response, of mental control.

Let us study the characteristics of Ammonium carb., for instance. Let us not lose sight of the fact that what is exhibited in the body and in the functions of the body was preceded by corresponding operations or experiences in the life. Nothing operates in the life that is not first in the thought.

In the Ammonium carb. man, whether prover or patient, one strong characteristic is the blood change; increased watery content and decreased corpuscles; disproportion of elements and perverted quality. The blood is breaking down before it reaches the tissues or is surcharged with waste from the tissues without the needed fresh supply of substances in exchange. Fluids are acrid, blood oozes from relaxed or degenerate vessels. There is not only lack of repair, there is also lack of response to ordinary stimuli, lack of reaction, we say Remedies that appear similar arouse no response. The system does not express its disorders in symptoms, so few symptoms to guide to a selection of remedy. Pallor, mottled color of skin, yellow finger nails—what does it tell of blood and circulatory channels? The blood presents a

zymotic quality. Is it not the accumulating poison from the system—animal poison similar to snake-venom and decaying flesh? The endocrinologist explains that the suprarenals are inactive.

Something preceded that. Something has depleted this system, deprived it of the supply of life-force which belongs to every human being. Something has interrupted the life-vibrations, lessening the response in this receiving station of matter (or substance). This is seen also in the exhaustion at menstrual periods, the sleep aggravation.

There has been internal fever, whether the thermometer reveals it in the externals or not. Lips are dry and scabby, cracks in the corners of mouth and eyes. Acute infectious fevers, of intense zymotic type, erysipelas.

Defective metabolism is revealed by the quality of blood, hemorrhagic tendency, catarrhal discharges, changes in the gums and at the roots of teeth, emaciation, lack of heat and aversion to washing.

Mental control is lessened. Reactions may be somewhat hysterical, depression, weeping inclination and undue sensitiveness to what people say and to the sound of their talking tell that control of self is slackened—another testimony of lessened vital vibration. Irritation from ordinary functions, and normal stimuli, sensitiveness to weather changes further bespeak lowering of mental control.

Asthma and cardiac enfeeblement hint of repressed affections and indifference in the emotional life.

The glandular system is altered and presents lumps and obstructions of the lymph flow, probably one phase of defense from the zymotic inflictions.

In such a constitution Ammonium carb. would be a wise choice as the medicine, but the physician's duty goes further. Instructions in diet to lead the patient to providing constructive materials, to be used with the least burden on the eliminative organs and omitting the depleting elements. That is, meat and highly albuminous foods, acids and potatoes should be omitted while sweet fruits, natural sweets (least possible refined cane sugar), cereals, fats, milk and plenty of green vegetables will constitute the best diet.

Perhaps most important, most interesting, and most delicate

of all, the doctor has the problem to seek out what has been the influence that has brought the depletion. It might be worry and grief, shock, excessive attention to other peoples' demands, under the sense of duty or other form of relinquishing the will to the demands of another, or burdensome tasks performed continuously without joy in the work.

Having found what is the occasion, the patient is not cured until a change in this respect is instituted and carried out in new lines of life that afford opportunity for freedom in expression and loving attentions and exchange of ideas in normal joyous activity.

What could local swabbing, injecting, scrapping do toward curing such a patient of pyorrhœa and other disturbances without attention to the nature of the case?

#### CARBO VEG.

In *Carbo vegetabilis* what a different picture is met. It is the materialization of self-love, indulgence, greediness, fear. Like the man of the parable who gathered his harvests to hoard in his barns, this patient has accumulated so much matter that the economy is overburdened, cannot digest it all nor assimilate what is digested or partially digested, because it holds on to or is too inactive to use up what it previously had stored. Here the sluggish action of the receiving station, the body, interferes with its responsiveness to the life-vibrations and we find lack of response, sluggish mental action, sluggish circulation, life depletion further manifest in the respiratory difficulties. How many expressions are here telling of the excess matter accumulation. Internal burning and external cold, desire for cooling drinks and for warm clothing, fresh air with lack of vital heat. Bleeding, ulceration, catarrhal discharges, many variations of stomach and intestinal disorders or deficient action.

He craves coffee, acids, cooling things containing vitamins and scant building substances. Craves sweets, easy of assimilation without taxing digestion, and salt, to supply more alkaline. He is averse to those foods which are counted usually the substantial and common foods, meat, milk, fats, wines. He is satiated with these. He needs a highly eliminative diet to clear the body of its excess. Abundance of acid fruits and acid vegetables,



potatoes cooked in the skins, plenty of green vegetables with exclusion of proteid, starches, fats until the system has disposed of all this accumulation and has better tone restored in all tissues and reaction in the functions.

Mental deficiency is expressed in failure to control thoughts. Sleep is disturbed by dreams always of self, horrible experiences that bring cold sweat, exhaustion with the fright and anxiety. Indifference in affections, anxiety with dyspnœa, confusion, dullness reveal how the intelligence and the emotions are distorted—lack of mental control.

In addition to diet and the deep-acting potentized carbon, this sort of patient who has pyorrhœa must learn self-denial, first in small things, but persistently and purposefully. Could we assume to free him from the local manifestations if we could not reveal to him what had brought him to it and then direct him to change of habits in such manner as to insure his carrying out the instructions and gradually awaking and strengthening the wisdom and knowledge in his own mind that would bring about better ultimates?

So must the physician investigate remedies and life functions and life experiences to be able to select from the list of remedies in the potentized medicines which is the one for this case of pyorrhœa. So long as a doctor harbors a thought of applying these remedies in succession on the same patient, or seeking the one which has pyorrhœa in highest degree in the provings he may well expect disappointment.

This small group of remedies offers a fine opportunity to study end conditions, ultimates as they are sometimes called, tracing back to the beginnings, following the course by which various sorts of disturbances in that wonderful connection between receiving station and constant, unceasing, infinite source of life-vibration manifest.

The correspondences of bodily functions and organs relating back to the immaterial can make these discriminations very clear and really enlightening. They afford the strongest line of first things for immunity, because they deal with the healthy activity and not with the end products.

Heart disturbances point to the affection, love, devotion to others.

Lungs represent life. In lung conditions seek avenues for less depletion and more life force.

In stomach disorders, investigate matters of intelligence and foster better action there.

In liver disorders, Truth has been neglected. Foster truth in all details, frankness, do away with hiding, deceiving.

When the abdominal organs act not harmoniously and freely, stimulate reliance on and increasing knowledge and wisdom.

In all lack of co-ordination foster mental control, to the end that the individual fixes clearly what he mentally desires and trains his mind to carry out his will, that some suggestion or impulse cannot turn him from it to a course that he really does not wish to follow.

We are masters of our fate only in that degree that we are captains of our souls.

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### CHOLECYSTITIS.\*

Plumb Brown, M. D., Springfield, Mass.

"If I can let into some soul a little light,  
If I some pathway dark and drear can render bright,  
If I to one in gloom can show the sunny side,  
Though no reward I find I shall be satisfied."

I know of no malady, to which flesh is heir where the interdependence of mind and matter is more manifest, nor where the element of hope shining through the roof of faith is of greater value than in Cholecystitis. This truth has been brought very forcibly to my mind in several cases. Two of which will be sufficient for illustration.

A woman of middle life was accused, and I doubt not but with just cause, by her friends of being very eccentric, erratic and morose. If she was not easily angered, she was at least, as Dickens would say, very easily wounded in her spirits. Team work and homœopathy or psychotherapy relieved her of an irritable gall bladder trouble and almost immediately her disposition changed for the better.

"Judge not that ye be not judged."

\*Read before the International Hahnemannian Association, Washington, D. C., June 23, 1921.

Miss R., sixty years of age, was having a severe attack of cholecystitis which very nearly baffled me. I was becoming quite alarmed about her condition, my remedies seemed powerless to cope with the malady. One day when I called she poured her very soul out before me, telling me of domestic conditions over which she had no control but which caused her many times, to use her words, to feel that she must get out in the yard and scream.

Team work was effectual in relieving the extreme nerve tension and a few doses of *Bryonia Alba* very promptly relieved the cholecystitis and to this day, ten years after this experience, Miss R. frequently speaks of her "marvelous recovery from the serious liver trouble."

"Let us help each other as we pass life's way."

In presenting this subject for consideration I come in the spirit of humility seeking inspiration and help rather than the thought of adding anything new or original to the minds of any of you here present. If I am able to stimulate a healthful discussion which will be the means of taking comfort and relief to even one I shall be satisfied, for few realize better than I the pangs, both mental and physical, of liver disorders. The physician "is likewise a preserver of health if he knows the things that derange health and cause disease, and how to remove them from persons in health." Team work or genuine co-operation of physicians and patients as well as the public-at-large has done much and should do even more towards alleviating the tension of life, also improve man's ideas and ideals regarding diet, both as to quantity and quality and manner of eating; sanitation, dress and exercise; thus in this way would we remove one of the chief causal factors of cholecystitis.

Cholecystitis or inflammation of the gall bladder is caused, according to many able men, by the presence of bacteria in the biliary secretions, these bacteria in turn having gained entrance to the system through the tonsils. By some it is claimed to arise as a result of an extension of catarrhal duodenitis or the presence of calculi in the gall bladder. Chronic heart, or lung disease, or pneumonia, may be an etiological factor causing an obstruction which prevents the free out-flow of blood from the liver and

these distended blood vessels in turn pressing upon the bile ducts and preventing a free passage of bile.

In these trying times when our very souls are being tried, when every nerve is drawn nearly, if not quite to the breaking point, I have had many cases of cholecystitis which have seemed to me to be a direct resultant of this high nerve tension.

In inflammation of the gall bladder, jaundice is not usually present but all of the signs of local and general infection such as pain, tenderness, fever and leucocytosis, are present. In acute inflammation of the gall bladder the severe pain is many times located in the region of the appendix or in the epigastric region and it is frequently quite difficult to make a positive differentiation between cholecystitis and appendicitis. The X-ray is in some cases of material aid as a diagnosis means. The difficulty in differentiating between cholelithiasis and cholecystitis is so great that most surgeons advocate the immediate recourse to surgery as soon as a positive diagnosis of gall bladder disease is confirmed. Herein lies the opportunity of the Homœopathic physician, with his varied extended and verified armamentarium, I know whereof I affirm, that many cases of cholecystitis are brought to a favorable termination, not by the knife, but by the homœopathic bullet. Many inoperable cases have been made comfortable for years and when the last summons came the veil was opened with a clear mind and in peace rather than under the influence of strong drugs.

“In peace I will lay me down.”

In section three of the “Organon” we are told, “If we clearly perceive what is curative in medicine—if we know the obstacles to recovery in each case and know how to remove them, then we know how to treat judiciously and rationally.”

I beg your indulgence for a little, while I report seven representative cases. Mr. I., sixty years of age, who has always held a very responsible clerical position and for twenty years has been a neurasthenic and great sufferer from intestinal indigestion. Twelve years ago he developed a typical cholecystitis with greatly distended gall bladder. This, the pre-operative diagnosis was confirmed by the surgeon. The gall bladder was found to be about four inches long and about one and a half inch in diameter

filled with black inspissated bile. The gall bladder was drained with wicking and the patient made a good surgical recovery, but he has required almost constant medical attention since.

Mr. W., forty-nine years of age, by profession a druggist, but for the last ten years a treasurer of a large corporation carrying with his position great responsibilities.

Eight years ago he developed a severe attack of cholecystitis and an operation was advised at once. The pre-operative diagnosis was cholecystitis probably caused by gall stones. The gall bladder was found very much distended with inspissated bile but no calculi. Free drainage was established and the operation with post-operative sequelæ was declared most successful. However, the patient has had a great deal of discomfort, distress and some pain in right hypochondrium ever since which has been only relieved by homœopathic medication. The surgeon advises another operation. The patient says never.

Mr. G., twenty-nine years of age, a draftsman of bilious temperament, excellent habits and negative history. His pre-operative diagnosis eleven years ago was cholecystitis caused by calculi. The operation revealed a slightly distended gall bladder with one small calculus in common duct and a granular condition of biliary secretion. Free drainage was established calculus removed and he too made a good surgical recovery. But in the patients own words, he has had nearly as much trouble since the operation as before. He has been treated medicinally but as yet not cured.

Mrs. G., sixty years of age, has had a troublesome liver for years. A severe and acute attack of pain in right hypochondrium seemed to the consulting surgeon to demand an immediate operation for gall stones. The patient and friends submitted and she was operated upon six years ago. No calculi were present but a moderately distended gall bladder was drained but septicemia developed and despite homœopathic medication and serums the patient died.

Mr. I., sixty years of age, a mute and mechanic by trade; family history good save for scarlet fever which he had at five years of age, at which time he lost both his hearing and power of speech, habits excellent save for use of tobacco. He was taken suddenly with very acute pain in right hypochondrium which at first seemed to respond to medication and treatment. The sixth

day he died very suddenly from a ruptured gangrenous gall bladder. My error, as I did not perceive clearly enough in this case the obstacles to recovery.

Mrs. M., seventy-nine years of age, consulted me for chronic cholecystitis and appendicitis. She brought to me her reports from physicians in Alabama, New York, Massachusetts and California, including one report from an roentgenologist in California. All confirmed each other's diagnosis and to which I feel no one could take exception. An operation was deemed most hazardous and not advised. She complained of severe pain in her right hypochondrium, distress in epigastric region, very weak feeling, loss of appetite with full feeling after eating even a small amount. Great despondency, vertigo, sleeplessness or unrefreshing sleep, pulse slow and weak, she was excitable and erratic.

*Myrica Cerifera* 12x was given. In three days she reported pain in side very much relieved, better in every way excepting the appendix, which was very troublesome and she was having a great deal of intestinal flatulence. One dose of *Lycopodium Clavatum* C. C. was given and she reported in one week that she was entirely cured of her intestinal flatulence and her appendix was not troublesome, but she was having much pain in the right hypochondrium.

She again experienced great relief from *Myrica Cerifera* and in three weeks' time she reported that she was, in her words, cured. I have seen her since and she reports, "no pain and very well."

An inoperable case made most happy and very comfortable by the homœopathic remedies.

Mrs. C., forty years of age, when consulting me said she had been under the care of an allopathic physician for weeks and was, despite of, or on account of calomel, veracolate, epsom salts, sodium phosphates and various other cholagogues—growing worse.

I found her confined to her bed, suffering from great pain and tenderness in region of gall bladder,—palpation outlined a greatly distended gall bladder. She was unable to retain any food and but little water. There was great mental depression, restlessness, some frontal headache, much jaundice, coated tongue, very

constipated and felt that she was very near her end, I first gave her *Nux Vomica* 12x which relieved many of her symptoms but the pain in region of gall bladder was persistent. *Magnesia Phosphoricum* relieved this pain and started a free flow of bile. She has since enjoyed good health, now over ten months.

Mrs. B., fifty-two years of age, consulted me for menorrhagia and cholecystitis. She gave a clear, concise and very characteristic picture of gall bladder disease. Her trouble had been diagnosed and treated by many and various physicians covering a period of something over six months. The pain in the right hypochondrium was, at times, most severe, extending up into the right shoulder—burning and piercing in character. There was much distress and nausea after eating even a carefully regulated meal. *Magnesia Phosphoricum* relieved the pain very much. In about ten days' time she was taken with a severe attack of menorrhagia which required a few doses of *Millefolium*. After this the pain in side returned but was promptly relieved by *Myrica Cerifera*. I saw her a few days ago and she reported feeling very well.

Mr. B., forty-five years of age, history negative save for ten years of misery, with intestinal indigestion caused by a farmer boy's appetite taken into the higher grade educational classroom without the farmer boy's exercise. This attack was followed by bilious attacks so diagnosed. For a period of fifteen years he had been prescribed for at intervals by such men as Dr. H. C. Allen, Dr. W. J. Hawkes and others. When I was consulted he reported as follows: Periodical attacks of sharp, cutting, boring, burning pain directly over gall bladder. The gall bladder seemed distended, about the size of and feeling, of an ordinary electric light bulb lighted. He was depressed at times also generally morose, periodical headache, frontal and temporal; metallic taste in mouth, tongue coated. At times much burning pain in region of gall bladder.

An operation had been strongly advised. In the patient's own words one dose of *Myrica Cerifera* C. C. gave greater relief than he had ever experienced from any medicine prescribed. A few doses of the same drug in varying potencies from 12x to C. C. were given at irregular intervals during the next four years. About ten or twelve hours after taking each dose of *Myrica*

Cerifera the patient reported passing of fully four ounces of inspissated bile.

I am profoundly grateful for the great relief from the attenuated, intangible homœopathic remedy *Myrica Cerifera*.

“The physician’s high and only mission, is to restore the sick to health, to cure—in the shortest, most reliable and most harmless way.”

No one more fully realizes than I do the weight of responsibility for the care of a human life. The cases which I have reported from my personal experience are before you for your consideration and counsel. They have presented to me, personally, lessons for deep thought and study and most solemn deliberation. “When we have to do with an art, the end of which is the saving of a human life, any neglect on our part to make ourselves masters of the situation, is a crime.”

In treating cases of cholecystitis I thank God for the great comfort and tremendous help which we know we receive from the spirit-like power of medicines administered according to the law of *Similia, Similibus, Curantur*.

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### CLINICAL CASES.

**FRANK ERNEST STOAKS, M. D.**

**Marietta, Ohio.**

I herewith submit a few cases which stand out as witnesses to the efficacy of the homœopathic remedy in conditions considered incurable by other systems, and also teach us as homœopaths to disregard the diagnosis and prognosis of even abler(?) men than we are.

**CASE I.** About three years ago I was called to see Richard W., aged eight years, who had been a sufferer for over two years from what was called partial obstruction of the bowels, and had been pronounced incurable by two able physicians and the only hope held out by any of them was surgical measures. I found the boy quite pale and anæmic from under-nourishment, as he could only retain a very light, liquid diet which had to be assisted by frequent enemata. As long as the mother watched him closely



he would get along for some time very well, but the spells of vomiting of fecal smelling ingesta returned as soon as any solid food was allowed. I found by getting the history of the boy, that three years before this time he had been treated for what was diagnosed Infantile Paralysis, which left him with a "limp" for a year, but which was finally overcome; but the bowel trouble, which seemed to date from this infantile paralysis, continued to grow more troublesome as time went on. I did not promise much relief, but prescribed *Nux v.*, in various potencies, but without much change. I was quite satisfied in my mind that this bowel trouble was also associated with the infantile paralysis and so told the parents, who replied that this had not been mentioned before. Was I right? If not, why not? Anyhow I was satisfied that this case would require a very deep acting and carefully selected drug in a higher potency than I had on hand. I made a close study of the case. Abdomen was plainly retracted, radiating colic, pale yellow skin, the evidently paralytic or paretic condition of the intestine at some point that would not allow the passage of solid food, all pointed to *Plumbum met.*, which I gave in the 200th, the highest I had, one dose repeated in one week. I noticed, and so did the mother, an improvement in the action of the bowel. I ordered the *rom* from B. & T., which I gave, and after repeating three times in six months, I pronounced the boy practically well, and now he can take any kind of food without any difficulty whatever.

CASE 2. Luther H., aged eight years, a member of one of my old families, was taken with tetanic convulsions, following an attack of indigestion, sore throat, headache, nausea, but no vomiting, slight jerking of the limbs, red face, swollen eyes, but dilated pupils, for which I prescribed *Bell 6x*, but before morning I was called and found him in a convulsion, perfectly conscious, but eyes glaring, limbs flexed, hands, fingers, feet and toes strongly flexed, jaws set, neck stiff and rigid, could not talk. He remained in this condition for two days except that the jaws relaxed somewhat, and he could take some nourishment, although I had prescribed *Cup. met.*, *Hyos.*, *Stram.*, *Cicuta*, and others, he did not improve. I requested counsel, and a leading old-school surgeon of the parents' choice, was called. He pronounced a spinal tetanus

but did not give any encouragement. I was not satisfied. At this time there was no temperature, pulse normal, took nourishment without trouble except that only liquid could be forced through the teeth. I examined the bowels, and palpation revealed a distended abdomen, which did not have the feeling of gas. The mother informed me that he had very troublesome sleep every night for a long time. This, together with the fact that he always had red cheeks and dilated pupils, lead me to suspect that this child had a bad case of "worms." I prescribed Cina 3x, 20 drops in a half-glass of water, a teaspoonful every hour till relief was noticed, then every two hours. Before I called the next morning there was a wonderful revelation. I had ordered the nurse to give the boy a good dose of castor oil after the medicine had been given twelve hours. This acted in three hours, when a large mass of jelly-like, gray matter, that one could hold in the doubled hands, was passed. The nurse of long experience said she had never seen anything like it. After this, the boy was considerably relaxed. The Cina was continued another twelve hours, followed by another dose of oil, with similar result. After this the boy was completely relaxed, could talk and use his limbs as well as ever, except that he was quite weak. He went on to complete recovery and back in school in ten days.

CASE 3. Wheeler C., aged two years, had been under the care of at least three doctors in as many weeks, given up by all without a decided diagnosis by anyone. When I was called I found the child in a semi-conscious state, strong choreic motions all over the body, abdomen extremely distended like a bladder, very tympanic with rumbling noises and flatulent scanty movements, yeasty in appearance; the skin had a cadaverous, yellow appearance; urine highly colored and scanty with brick-dust sediment. This had been present for some time. The parents informed me that the child had always been worse every afternoon. These symptoms looked to me like a strong *Lycopodium* case and knowing this drug to be an antipsoric, I prescribed it in the 200th, (B. & T.), a dose every four hours. I saw this case again in sixteen hours, and was informed that the child had been entirely conscious for three hours, the choreic motions had considerably subsided, and the tympanitis was reduced. I continued the rem-

edy in same potency every six hours, four doses. This child went on to recovery, and at this time, three years later, the child is a healthy, robust boy.

My treatment of the above cases may be criticised by some, but the results were sufficiently satisfactory to show the superiority of homœopathy in critical cases, even when pronounced incurable by our superiors (?). If my experience teaches me one thing more than another, it is to be deliberate and positive in our prescriptions in critical cases, especially if we hope to succeed in putting homœopathy where it rightfully belongs as a superior system of medicine. Haphazard prescribing, prejudice against the higher potencies, combination tablets and professional laziness have all been inexcusable handicaps to homœopathic advancement.

EDITOR'S NOTE.—These excellent cases illustrate most forcibly and clearly the advantages which homœopathy offers in enabling the physician to prescribe successfully, even though the diagnosis may be doubtful. *Treat the patient not the diagnosis!*

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## ANACARDIUM ORIENTALE vs. RHUS TOX.

A. A. Pompe, M. D., Vancouver, Wash.

Before giving the history and treatment of the following two cases, I wish to state that I do not do so in a spirit of egotism. Some writers in our medical journals are so egotistical that their articles are fairly nauseating and give the readers the impression that these men are of the opinion that what they do not know of medicine is very little, and that they are, therefore, medical authorities and self-appointed teachers of doctors.

During the war we had a second lieutenant boarding with us, who mentioned while lunching at the noon hour, that his superior officer was very sick with hives and that he feared he might commit suicide, as he acted like a wild man, running through his rooms, naked, at times. This was the sixth day and no indications of improvement. On my offering my services to relieve him, I was told that he had five of the army doctors waiting on him, as if that would preclude my being able to do better. "Well," I said, "You can tell him that I expect to be able to relieve him

very quickly." He could not refuse to deliver my message and consequently at supper-time I was asked to visit Lieutenant H.

I found him in his nightshirt and covered with red blotches from head to foot, raised welts, which burned and itched; neither heat or cold seemed to relieve or aggravate, nor did scratching have any effect. He complained of a lump in his throat, or lower down, not affected by swallowing. When I expressed my opinion that it was not hives he had, but something else, he asserted positively that it was hives, and his wife spoke up, saying she had seen a case in the East just like it, whereupon I said that if it was hives, it was of a kind I had never seen before, which was possible, for I did not know it all, but that if it was hives, I would expect to relieve him soon and gave thereupon a couple of powders of *Urtica Urens* 1 m. to take 15 minutes apart and promised to be back at 9 p. m. When I returned I found him not any better and on the point of taking some morphine, as he had done for five previous nights, in order to sleep.

Going into his condition further, I asked him if he had ever had poison oak. Yes, he had this three months ago in the Presidio, Cal. I was further informed on questioning, that this started in left elbow joint, spread up arm, over whole body; that it was cured (?) in four days by the application of iodine. Thereupon I informed them that he simply had poison oak which had been suppressed in California and reappeared through his exertions drilling soldiers in damp weather. Asking where the trouble first started this time, I was informed in left elbow, etc. This, of course, convinced them I might be right. My prescription was two powders of *Rhus Tox.* taken 15 minutes apart and promised him relief in fifteen minutes, and a sound sleep without the use of morphine. I came back early the next morning, at 7 a. m., and was heartily greeted with "Doctor, you saved my life. I have had the best sleep I had for a week!" All blotches and itching and burning were gone, but on inquiry I found that the "lump in the throat" was still there. When I gave the *Rhus Tox.* I had my doubts if *Rhus* had this symptom, and I was sure now he would need a different remedy. Before leaving, his last army doctor came to see him, who proved on getting acquainted to be a homœopath from Vermont. We had a pleasant visit.

On returning at 1 p. m. I was greeted, "Glad you are back. I

am worse and itch again." Having made a study of his case, I then gave him two doses of *Anacardium Orientale* 1 m., for that remedy has the symptom of lump in œsophagus and is one of the best antidotes for *Rhus Tox.* poisoning. At 4 P. M. his wife reported lump going and itching gone, and next day he was entirely cured of his affliction, thanks to homœopathy.

Two years ago a gentleman who was an inveterate smoker, 72 years of age, was brought to me by a friend for treatment. Mr. W. had several red spots as large as nickels and half-dollars on his hands, palmer surfaces and extending up his arms. These spots had the skin raised and loose and looked red; base and skin where loose, silvery. They itched and burned and were better from warmth. He looked dull out of his eyes and had a sick appearance. I gave him one dose of *Arsenicum Alb.* 1 m. on a Wednesday and when he returned next Monday he looked like a different man, all itching and burning had stopped and no more spots had appeared; furthermore he told me it was utterly impossible for him to smoke since he took that powder. This is the first time I ever knew of *Ars.* stopping the smoking habit and indeed perhaps no other patient will ever be affected that way again. *Caladium cm.* has for me several times stopped all craving, in several patients, to smoke. Directions are not to smoke or chew two hours before bedtime and take the powder before jumping into bed. The other day Mr. W. told me he would give \$500 if he could smoke again, and I told him if he ever did smoke again it would kill him.

#### EUPATORIUM CAPILLIFOLIUM.

A few weeks ago I was called to see an old lady of 82, who had a peculiar skin affliction. She had irregular, wart-like elevations in spots on the palmer surface of right arm extending nearly to shoulder. These had a very angry red base round about, with some itching and burning relieved by heat and warm water bandages. In a few days these elevations dried up and came off, leaving a smooth surface and the red spots disappeared. A week later this arm was involved with neuritis on palmar surface, for which condition she wanted an allopath, I was told later. She was given codeine and died in a week.

The first condition appeared shortly, that is within twenty-four hours, after she had pulled up some "dog fennel" near the stoop of the back door and on mentioning her condition to a neighbor woman and wondering if this dog fennel could have caused the trouble, I was assured promptly that it had, for she herself was poisoned some years ago in the same way, after pulling up dog fennel.

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178 COMMONWEALTH AVENUE, BOSTON.

December 28, 1921.

My Dear Doctor:

I am preparing for the Bureau of Homœopathy of the American Institute a paper entitled: "The Problem of Cancer: What Homœopathy Offers Toward Its Solution." For this purpose, I am compiling the statistics of the Homœopathic Treatment of Cancer.

Will you aid in this task by sending me concise but accurate reports of cases that you have treated Homœopathically.

By giving me data as to length of life under Homœopathy alone, or its beneficial effects in cases previously treated surgically.

By giving me the names of those whom you know to have been successful in its Homœopathic treatment.

It will also be of service to establish the mortality rate under strictly Homœopathic treatment.

Please keep this before you until answered and begin your answer at once, as I must have my material ready for compilation early in the year.

Fraternally yours,

BENJAMIN C. WOODBURY.

## DEPARTMENT OF HOMŒOPATHIC PHILOSOPHY.

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

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## SUSCEPTIBILITY, REACTION AND IMMUNITY.

Articles have appeared in leading medical journals of the dominant school, (*Boston Surgical Journal* and the *Therapeutic Gazette*) in which it was pointed out that the use of antiseptics in the treatment of tonsillitis increased the inflammation, prolonged the disease and retarded convalescence. It was explained that by diminishing the number of bacteria in the crypts which were generating toxin, the period required for the formation of the requisite amount of antibodies was unduly prolonged. The writers had just waked up to the fact that the living organism, even if diseased, has its own means of self-protection, and that, other things being equal, the automatic formation of the antitoxins and antibodies in the organism goes on at about an equal pace with the generation of toxins.

The destructive action of antiseptics upon the living tissue cells and phagocytic leucocytes of the host—otherwise the patient—was pointed out by these discerning authorities as contraindicating their use. In destroying these bodies we are destroying the physical basis of life itself. We slay our best friends. The writers further showed that the depression of vitality, thus caused, resulted later in increase of fever and cervical adenitis, due to the increased absorption of toxins. What they failed to point out, however, was *that this increased fever and inflammation were in reality the manifestation, at last, of that delayed and obstructed vital reaction or resistance on the part of the organism which accompanies and leads to the production of the natural curative antibodies and antitoxins.*

Inflammation and fever are not evils *per se*. They are merely the signs of normal reaction and resistance to an irritant by which nature protects herself. They are not enemies to be resisted, but friends and allies to be co-operated with in the destruction of a common enemy, by giving infinitesimal doses of a medicine which acts in a similar manner. Inflammation and fever mean simply

greater vital activity, more rapid circulation and respiration, more rapid combustion, hence more rapid and thorough elimination of waste or toxic substances, and the formation of natural anti-toxins and antibodies. The Homœopathic remedy reinforces and acts in harmony with the vital forces.

Pain, inflammation and fever are not the real disease nor the real object of treatment. To view them as such leads logically and inevitably to mere palliation and suppression of symptoms, than which there are no greater medical evils. It is based upon a false and illogical interpretation of the phenomena of disease which mistakes effects for causes.

Another common mode of impairing, diminishing or destroying normal susceptibility is by the injudicious use of stimulants.

It seems to be pretty well established that alcohol, the typical and perhaps least injurious stimulant, adds nothing to the physiological forces of the body. It takes of what might be called the "reserve fund" of organic force and uses it up faster than nature would otherwise permit. It acts like the whip to the tired horse, not like rest, water and food, which nourish, strengthen, repair and replace worn out tissues. The action of alcohol on living brain and nerve tissue is well known. Many have seen on the dissecting table the characteristic watery, contracted brain of the chronic alcoholic. We know the power of alcohol to harden and shrivel dead tissues, and in that, as well as in its primary and secondary pathogenetic symptoms in the living subject, we have a graphic picture of its influence on susceptibility. Its power to paralyze the vasomotor system is seen in the flushed face, congested capillaries and ruby nose of the inebriate. We are aware of its inhibiting effect upon the sensory nerves, by which it makes its victim insensible to the impressions of heat or cold or pain, so that, in extreme intoxication, he falls on a red hot stove and is burned to death, or staggers into a snow bank and freezes to death without knowing it.

All these things define its nature and measure its power to destroy normal susceptibility.

Less only in proportion to the length of time and the amount used is its power to lessen susceptibility when moderately used as a stimulant in disease. Here, as in all other realms, the law holds good: "Action and reaction are equal and opposite." Stimulation



and depression are equal and opposite. Whip the exhausted horse who has stopped to rest and he will go on a little ways further a few times and finally drop. No amount of whipping will then start him up again. He has reached a point where his susceptibility to that kind of a stimulant is exhausted and he may die. Overstimulate the exhausted patient and the same thing will happen. This is not to say that there is no place for stimulants in the healing art, but only to point out that the place which they legitimately fill is an exceedingly small one and rarely met. Certain rare cases of typhoid fever, diphtheria, and perhaps a few other similar conditions, may occasionally be benefitted by very small doses of pure brandy and tided over a crisis by that means, when they might otherwise die. But the amount of stimulant necessary to accomplish that end is extremely small. More than the necessary amount will assuredly hasten death, because the fund of reserve strength is so small that the least waste, by overuse, may prove fatal. The proper use of stimulants in the type of cases referred to, was illustrated to me once by Dr. P. P. Wells. In a critical case of typhoid fever, which he saw in consultation, the patient had suffered a severe hemorrhage from the bowels, was very weak, nearly unconscious and had a *soft compressible pulse*. Dr. Wells directed that six drops of brandy be put into six teaspoonfuls of milk, and the whole given in three doses of two teaspoonfuls each, at intervals of two hours; to be repeated if reaction did not follow. The effect was surprising. Reaction followed and the patient made a rapid recovery. We may smile at the size of the dose until we recall how many patients in a similar condition have died under large doses of brandy given at short intervals. Dr. Wells knew how to correctly measure a patient's susceptibility, and he knew how to conserve the last, feeble, flickering remnant of vitality in such cases and make the best use of it. He knew better than to waste it by violent measures, as is so often done in cases of shock, when hypodermics of brandy and strychnine are used.

The idea held by many that large and powerful doses and strenuous measures are necessary in such cases, is entirely wrong. The interpretation of symptoms is wrong. The resulting treatment is wrong. The idea of "violence," of the malignity and rapidity of *the disease process*, is forced to the front and dwelt upon until

it seems rational to believe that the remedies must also be violent, active, powerful. How many poor victims have been sacrificed to "heroic treatment" is known only to Omniscience. This is the tragedy of medicine.

Such errors arise naturally from considering the *disease* to the exclusion of the *patient*—an error of which no true physician is ever guilty. *Look at the patient* who is suffering from shock. He is pale, his features are sunken, his skin and muscles are relaxed, he is covered with a cold, clammy sweat, his respiration is feeble, his pulse almost or quite extinct, he is almost unconscious. Everything indicates that life and strength are at lowest ebb. The store of vital energy is almost exhausted. The margin left to work upon is very narrow. There is but a step between him and death. The slightest false move, the least violence is likely to force him across the line which marks the boundary between life and death. If there is any condition which would seem to demand the use of mild, of the very mildest and most delicate means, this is one. Reaction, as an expression of susceptibility in such cases, is like the love of fair women—something to be wooed delicately; not brutally, fiercely and forcibly as among barbarians. The condition of shock, or of extreme exhaustion, is no occasion for heroic doses or strenuous measures, but rather for the greatest gentleness and most refined doses. Let the patient inhale camphor, or vinegar, or ammonia (very carefully) if only these domestic remedies are at hand; or give him two or three drop doses of brandy in a teaspoonful of water; if that is at hand. Teaspoonful doses of hot black coffee may be useful. But as soon as possible, give our potentiated homœopathic Arnica, or Arsenicum, or Veratrum, or Carbo veg. or whatever "shock remedy" may be indicated by the symptoms of the case. The results will be infinitely better than the results of the strenuous method. "Never," said Dr. Wells, "give brandy or any other stimulant with a *hard and wiry pulse*."

Diminished susceptibility, or *deficient reaction*, may exist in a case, or appear during treatment and constitute a condition requiring special treatment. This sometimes occurs in the treatment of chronic diseases, when improvement ceases and well selected remedies do not seem to act. Under such circumstances it may be necessary to give a dose of what is called an "intercurrent

remedy." Boenninghausen mentions as appropriate in such cases, Carbo veg., Lauroc., Mosch., Op., Sulph. To these may be added the typical nosodes: Medorr., Psor., Pyrog., Tuberc., Syphil. and also Thuja. The choice of any particular one of these remedies must be governed by the history and symptoms.

Increased susceptibility or extreme irritability is a condition sometimes met in highly nervous or hysterical patients who are affected by every trifling influence and seem to suffer an aggravation from every remedy, without subsequent improvement. For such a state, Boenninghausen recommends Asar., Cham., Coff., China, Ign., Nux v., Puls., Teuc., Valer., according to the symptoms of the individual.

Therapeutic suggestion is of use to calm and soothe terrified or excited patients or to encourage the depressed or despairing. But in these, as in all other cases, the case and remedy must be carefully individualized.

We see, therefore, that the cure or successful treatment of disease depends not only upon measuring, conserving and utilizing the natural susceptibility of the living organism, but on properly adjusting both remedy and dose to the needs of the organism so that susceptibility shall be satisfied, normal reaction be induced, and equilibrium or health restored.

Immunity which is obtained at the cost of the integrity of the vital organism is too dearly purchased. Facts gathered in following up cases treated by the use of crude animal sera and vaccines by inoculation or injection show that they confer only a spurious immunity by impairing or destroying normal susceptibility. Such treatment results in the poisoning of the entire organism, sets up a depraved condition instead of a healthy one, and leads ultimately to physical degeneration.

The homœopathic remedy of whatever origin, accurately selected upon indications afforded by the anamnesis of the disease as manifested in the individual, (or in the community during epidemics) and administered in minimum potentiated doses, *per oram*, satisfies the morbid susceptibility, supplies the need of the organism, effects a cure and confers a true immunity by promoting *health*, which is the true object to be gained.

(Concluded.)

# HOMŒOPATHIC RECORDER

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## EDITORIAL NOTES AND COMMENTS.

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PERCENTAGE OF ERROR IN DIAGNOSIS.—“Rowand reports on an inquiry made as to what proportion of cases met with in general practice are diagnosed correctly. It is shown that in not more than 38 per cent. is the condition recognized. In institutional practice the percentage is higher than in private practice. In 374 institutional cases a correct diagnosis was made in 38.21 per cent.; whereas in 660 private cases a correct diagnosis was made in 23.48 per cent.”

Startling, to say the least, and of course true, especially as the article was abstracted from the *London Lancet* by *J. A. M. A.* But how will this state of affairs strike the mere layman, who intrust his precious “innerds” to some learned medical adviser; must he take a gambler’s chance and depend upon a “hunch” that his doctor is correct? Suppose the hunch, like many a “sure thing,” be wrong; what then? More than one pregnant uterus has been opened by some eminent surgeon in the belief that a fibroid would be found. The best of diagnosticians and internists are badly fooled and even the X-ray is known to lie.

We poor homœopaths have never been credited by our O. S. friends with much diagnostic sense, but it seems doubtful that even we, irregular as we are, can beat Rowand’s statistics. In the medical game, learned authority to the contrary notwithstanding, one man’s guess is as good as another’s. After all, we homœos are at least good observers, symptom-chasers if you choose and being such, are even a bit more likely to hit upon the truth than our erudite regular friends. If we know as we should, the funda-

mental philosophy of Hahnemann, we understand what is curable in disease and are able to distinguish the curable from the incurable. Since we are by the very nature of our science and art compelled to individualize our cases, it follows that, in treating patients rather than diseases, we must be closer observers, hence more likely to be better diagnosticians in the best sense and not merely, labellers of disease end-products. Diagnosis as commonly conceived, means just that and nothing more, but physicians should know that every organic change has had its beginnings in some remote functional disturbance, however slight. Even slight functional derangement causes symptoms and the latter are the language of disease. Who better than homœopaths, understands this language? They must perforce understand it, or they cannot apply their remedies. To treat therefore, the sick as such and not as interesting pathological exhibits, would seem to be not only in accord with real scientific attainment, but also in sympathy with the highest aims of human endeavor. Let us, on this account, if for no other reason, not worry over the diagnostic inefficiency of the high priests of Regular Medicine; but be content with the simple curative work which, without the blare of trumpets, we have always been able to do.

VACCINATION WARNING.—“The importance of vaccination is brought home to the people of Illinois by an outbreak of a very malignant type of smallpox in Kansas City. Since September 1, according to newspaper reports, 265 cases of this loathsome disease have appeared in Kansas City and 91, or almost one-third, of the patients have died. The virulence of the disease and the number of cases has created a situation serious enough to cause the United States Public Health Service to detail an expert for duty in connection with the outbreak.

In our own State smallpox, in a less malignant form but equally as loathsome, was more prevalent during the last fiscal year that closed June 30, 1921, than during any previous year since morbidity records have been compiled. Statistics show that 10,928 cases were reported for last year against 7807 and 3028 for the two preceding years respectively. This shows that the smallpox incidence has increased over 70 per cent. in three years in Illinois.

There is but one reason why smallpox has appeared in malignant form in Kansas City and there is but one reason why smallpox has increased in Illinois. The reason is that those people who contract smallpox have not been successfully vaccinated and re-vaccinated.

There is but one positive way to prevent the spread of smallpox in Kansas City or in any other place and that is by vaccination. The rapid increase in the prevalence of smallpox both in Illinois and other States is a warning to the public to get vaccinated. With the danger from smallpox growing greater on every hand it seems that the time is approaching when you can take your choice—either vaccination or smallpox.”

This statement of smallpox conditions in Missouri and Illinois is taken from the December, 1921, issue of the *Illinois Health News*, which is the official monthly bulletin of the State Department of Public Health. We may therefore, grant the correctness of the figures presented. The question which however, comes naturally to mind is this, “Why are so many people indifferent to the danger of smallpox and to the alleged prophylactic value of vaccination?” A thing which seldom occurs is not much thought of and smallpox, until within the past two or three years, has not occurred to any large extent; in the eastern States at least, it has not been much in evidence and where it has occurred, the cases have been mild. The figures relative to Illinois, are therefore, disquieting and ought to arouse the attention of the medical profession at least, if not that of the laity.

Homœopathic physicians recognize the fact that vaccination rests upon the law of similars, but many homœopaths are not in sympathy with the method of vaccination as commonly employed. The same may be said of many O. S. physicians and of course, among the laity, there is much opposition to compulsory vaccination. Homœopaths who have had personal experience with smallpox, know the value of such prophylactic remedies as *Malandrinum* and *Variolinum*, but so far as we are aware, no serious attempt has ever been made by those in authority, to refute or establish the truth of the claims made for these two remedies. This is not as it should be and illustrates the usual official intolerance and bigotry, regarding anything which lacks the hall-mark of official sanction. It should be the duty of health departments

to investigate a method of prevention which has enjoyed the confidence of conscientious and able physicians and to settle this vexed question once and for all. If the so-called but misnamed "internal vaccination" is efficacious as many claim, why not adopt it and thus remove at one stroke the opposition which now exists to the official method of smallpox vaccination. Certainly, the internal method is safe and does not bring tetanus or other accidental (?) infections in its wake.

THE UNITED STATES PHARMACOPEIA.—"Many Deletions from the Tenth Revision.—The chairman of the committee on revision of the United States Pharmacopeial Convention has made public a report which includes the following statement:

The Subcommittee on Scope recommends that the following articles official in the U. S. P. IX be not admitted to the U. S. P. X:"

A list of 102 official articles follows, all of which are to be dropped; in looking over the names of these preparations we find twenty-four which are used in the homœopathic school; of the twenty-four, twelve may be said to be quite frequently employed by homœopathic physicians and of the twelve, at least six are of great importance, *viz.*, Arnica, Cimicifuga, Mezereum, Sanguinaria, Spigelia and Staphysagria.

Although our friends of the dominant camp may throw these old standbys overboard, homœopaths would find it difficult to get along without them. Who among us would care to give up Arnica, Cimicifuga, Sanguinaria or Spigelia, for example? If these are of use to us, then why not to the O. S.? Is it possible that the allopaths are ignorant of their therapeutic properties and uses? And if ignorant, is it not about time that they informed themselves? There are numerous works on materia medica which would and can enlighten them. Is not suffering humanity entitled to the benefit of their employment?

Among other drugs destined to be thrown to the dogs, is Strychnina. What will the compounders of wonderful tonics do without this drug and what will the "movie" doctor of facial hirsutic adornment do, unless he can revivify the dying hero, by

injecting a timely shot of strychnin beneath his pallid skin. Sodium glycerophosphate is also slated for the therapeutic toboggan, in spite of the lurid "ads." which fill even official medical journals.

Really this therapeutic housecleaning smacks of "fire prevention day" upon which we are admonished to clean up rubbish and thus protect ourselves against future conflagration. Have the members of this Annihilation Committee this in mind, when they advise the consignment to the scrap-heap, of so many of their own precious drugs?

MENTHA PIPERITA IN COUGH.—Mrs. D. had a dry, unprofitable cough, < raising the arms, < stooping, < in a warm room; discomfort and oppression in chest; occasional stitches in dorsal region. Talking or reading aloud < the cough which caused some pain on the vertex during a paroxysm. No cough at night on lying down. Several remedies were given without the slightest relief until, quite by accident, it was discovered that *tobacco smoke invariably produced a marked aggravation*. *Mentha piperita* 15 was then given, with prompt amelioration and speedy cure.

We have verified the italicized modality on more than one occasion and have referred to it in previous issues of this journal. An excellent pathogenesis of this remedy, which is the common peppermint, will be found on page 180 of volume VI of Allen's Encyclopædia of Pure Materia Medica. Under the rubric RESPIRATORY ORGANS, among other symptoms, Allen gives:

*"Dry cough continues; it is not caused by titillation, nor by mucous accumulations in the bronchi; but merely by the passage of air into the larynx. The least feeling of cold excites a cough; . . . cough excited by reading aloud, exposure to cold, tobacco smoke, and smoke of all kinds."*

It is our opinion that "< from tobacco smoke" should be in italics. Kent in his Repertory, does not so give it, but we believe the remedy to be worthy of this increase in valuation.

Cough > from tobacco smoke, will be found under Mercurius.



PHYSICIAN WANTED IN NEW JERSEY VILLAGE.—  
DR. ROYAL S. COPELAND,  
Commissioner of Health, New York City.

Sir: Can you put me in touch with a young doctor who would consider settling in a small village with about eight or nine hundred people in a mile radius? I had a man who came down three years ago. He did well, but has now gone traveling indefinitely. Shall be glad to hear from someone. No other doctors within three miles.

Respectfully yours,

WILLIAM L. B. CULVER,  
Box 34, Old Bridge, N. J.

The above letter is copied from the *Weekly Bulletin* of the Department of Health, City of New York, for December 10, 1921. It contains food for thought—in several directions. A village of eight or nine hundred people which can do so well for a doctor that he can travel indefinitely, should have no difficulty in finding an eager successor. Even the great City of New York can hardly produce these indefinitely traveling physicians, unless perchance they be found as detail men for enterprising pharmaceutical houses. Of course one is impelled to ask why this man “who came down three years ago” should wish to leave such a lucrative field. Why did he go traveling? Was Old Bridge made too shaky for him or did the celebrated *anopheles claviger* prove too much? Where and how did he travel? To the Orient or has he just gone West, as many another has gone before him. Had the supply of justly famous Jersey apple-jack run out and if so, was there not one enterprising distiller among the eight or nine hundred villagers to make some more. Who knows? Life in Old Bridge is delightful for him who wishes to rusticate and muse upon the philosophy of existence; but without any pomological inspiration who wants to live in Old Bridge or Two Bridges, for the matter of that? Perhaps friend Copeland has inside information; as the editor of a widely read Health Column, he may know.

THE EASTERN HOMŒOPATHIC MEDICAL ASSOCIATION.—This association is the latest to be added to the list of medical associations of the homœopathic school and seems to be the concrete resultant of a wave of homœopathic enthusiasm which for the past two or three years has been steadily dashing against the shores of the profession. Organization is always necessary in order to advance the legitimate interests of any cause and in itself is a great power for good, provided that its activities are directed into the proper channels. So far as the homœopathic school is concerned, these activities should concern themselves chiefly and primarily with the universal establishment and adoption of the fundamental principles of homœopathy by the medical profession at large. Roughly estimated there are some 160,000 physicians in the United States, of whom perhaps twelve thousand are nominally of the homœopathic school. The growth of specialism, as in the dominant school, has claimed and continues to claim a majority of homœopathic physicians and unfortunately, homœopathic specialists are very prone to forget their homœopathy in their daily work and practice. The programs of our national and State societies furnish ample proof of the existence of this tendency. It is one highly dangerous to the cause of homœopathy and must be reckoned with if the future of the school is to be insured. All the specialism in the world will not save us, unless it can be linked up with the philosophy of our science and art. In order that this may be so, our colleges must do far more in the way of materia medica instruction, in the teaching of philosophy and in drug proving than is now the case. There are one or two praiseworthy exceptions among our colleges, but even these show a constant tendency to slide from the path of essential endeavor. Graduates of homœopathic medical colleges too frequently show a lamentable ignorance of the fundamentals of homœopathy. As the late Martin Deschere was once heard to exclaim, "The fact that a man may carry a case of homœopathic medicines, does not necessarily make him a homœopathic physician!"

If the twelve thousand homœopathic physicians are to be materially increased in number, recruits must come from the old school, for it is only too evident that the annual crop of homœopathic graduates is entirely too small to appreciably affect the

situation. That many O. S. physicians are genuinely interested in homœopathy is indeed a hopeful sign and one which points the way towards the goal of ultimate success. To us it seems as though propaganda of a scientific, hence convincing character, should be carried on by organized homœopathy *in the old school itself*. This can be modestly yet effectively done by homœopathic physicians as individuals, who, instructed perhaps by their own organizations, can nevertheless affiliate themselves with old school societies in increasing numbers and within the proper bureaux and committees, gradually arouse an interest in the moribund subjects of materia medica and drug therapeutics. The appalling weakness of the dominant school in these fields is notorious as well as pathetic.

For homœopaths to gather in their own conventions, where they tell each other evident and acknowledged truths, is of course, most pleasant, but partakes too much of the nature of the afternoon tea, a function rather more characteristic perhaps, of gossip females than of scientific men. If homœopathy has anything worth telling, as we assuredly believe it has, let it tell its story where it will do most good. If the Eastern Homœopathic Medical Association, whose annual convention is to be held in the City of Trenton during October next, can contribute to this end, its mission will certainly be justified and deserving of all praise. Its president is an able and indefatigable worker for the cause of homœopathy and his assistant directors of the Eastern States, are all able and conscientious men and women of proved worth. The HOMŒOPATHIC RECORDER wishes them success!

HOMŒOPATHY IN YUCATAN.—We recently received a communication from Dr. Rafael Romer, president, and Dr. Celiano Pérez Vargas, secretary, that the "Homœopathic Medical Society of Yucatan," Mexico, had been formed. We congratulate our Mexican confreres upon their enthusiasm for the cause of homœopathy, which is in a flourishing condition in the country of our southern neighbors. We understand that the two homœopathic medical colleges in Mexico City are both well attended and successful institutions.

We have just learned of the death of Dr. W. J. Hawkes, of Los Angeles, California, but have no details concerning the cause or date of his death. In the passing of Dr. Hawkes another staunch defender of homœopathy has gone to his reward. Hawkes was of forceful personality, fearless and had the courage of his convictions. He practiced what he preached; to him Hahnemannian homœopathy was a priceless heritage to be nourished and defended. He stood for principle throughout his long years of practice and was a source of courage and inspiration to many a younger homœopath seeking the light and truth.

# THE HOMŒOPATHIC RECORDER

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No. 3.

## THE ONE-EYED MAN.

E. Wallace Mac Adam, M. D., New York.

There is a saying among pedagogues that the best teacher of the elements of a difficult subject is one who does not know very much about it. I am therefore well qualified to give you an idea of certain obscure eye conditions which if followed up will add very materially to your ability to unravel many otherwise baffling cases. Although the subject may seem to be more in the domain of the eye specialist than the internist, the conditions I speak of are so common and the oculists have been so neglectful that the faults are often unrecognized and uncured. It is particularly appropriate that the matter be drawn to the attention of the members of this Society, because the main burden of the curative work along this line has been taken up in this country by members of our own school.

There is an old adage to this effect: "In a country of blind men, the one-eyed man is King." On the other hand, in a country of two-eyed men, the one-eyed man is far from King. He may not be Slave, but he is under a distinct handicap; and I can tell you of a woman who, being taught to see with both eyes was changed from Slave to Queen. Any man who does not use both eyes, which is binocular vision, is, in so far as he fails to use both eyes, a one-eyed man.

I will ask you to perform a very simple physiological experiment; close one eye, and then slowly reach out a finger in a horizontal direction toward some object. Stop when you are just about to touch it. You were unable to judge the distance correctly; using both eyes you estimate it accurately.

Artillery engineers figure the distance of an object to be shelled by taking observations at two ends of a known base line, and noting the angle made by the object with the base. This is called triangulation. In the same way part of our estimation of distance is by triangulation, the delicate muscles of the eye giving our brain the impressions which the engineer obtains from his instruments. All our waking moments are filled with activities of the two eyes, activities having to do with judgments of depth of shape, of distance—judgments of perspective. We reach for a pencil, we draw up a chair, we gauge the distance of our friend's hand, we estimate the speed of an oncoming automobile. We do these things constantly, naturally, easily. The one-eyed man is seriously handicapped at every turn in the simplest matters of his daily life.

Many people have two perfect eyes yet fail to use both. The eyes do not react in unison and the brain receives impressions of two images; holding up a pencil, they see two pencils; this is called diplopia. Now any normal man (unless he is drunk) resents seeing two images of one object and he makes one of two efforts: either by great exertion he fuses these two images into the one he knows should be there, or else, failing to do that, he makes his brain disregard, or blot out, one of the images. Both these efforts constitute a large nervous drain, and especially in this, the case where the image is obliterated; because, unless there is a high degree of squint, there is always an effort, more or less baffled, to fuse, and get the perspective. And so we find these patients suffering from headache, nervous and mental and physical fatigue, in varying grades up to extreme weariness and prostration.

The one-eyed men group themselves roughly in my mind in four classes.

(a) "*The glass-eyed man*"—the man who has actually lost an eye. This man is subject to all the handicaps in judging distance, depth and form that I have indicated. He sees everything flat, just as you see a photograph. The two-eyed man sees form just as you do when you look through a stereoscope.

(b) "*The cross-eyed man*"—the man with a degree of squint so high that fusion is impossible and obliteration of the second image

compulsory. He suffers in about the same way as the "glass-eyed" man.

(c) *The man with slow or difficult fusion.* In so far as he uses only one eye, he has the handicap of the one-eyed. But the constant effort to fuse causes a nervous drain which is reflected in headache and fatigue.

(d) *The man with low fusion and partial obliteration of the image.* Here the slightest use of the eyes in his ordinary life involves labor. When he eats his breakfast—when he walks along the street—just as long as his eyes are open—he is under a nervous strain. For sometimes he is able to fuse the two images, and sometimes he cannot, but he is constantly making the effort to do so, and the effort uses up a large amount of nerve force. In the competition of life this man has all the disadvantages of the one-eyed, but in addition he has to struggle with severe headache, profound nervous exhaustion and (because nervous fatigue is physiologically similar to muscular fatigue) to general weakness, sometimes of great severity.

The symptoms of an individual suffering from any of these faults often point to some other organ but usually some friend—his landlady or his barber—has suggested that he have his eyes examined. He goes to an oculist, is tested and fitted with glasses and yet his sufferings are not relieved. He goes to another oculist, his glasses are changed but his symptoms are not. Finally he may happen upon a better trained oculist or upon an internist alert to these conditions, a few simple tests are performed and the diagnosis is made. With a diagnosis tag on him, most oculists can help him.

These one-eyed folk are very common. In the rough and tumble of general diagnostic work in New York, there seem to be more of them than people suffering from diseased tonsils, for instance. It is easy to pick them out. Cover one eye, have the patient look at an object sidewise, uncover the eye. The covered eye should look accurately toward the object. If it does not, when you uncover it you will see it turn quickly toward the object. This means fusion is not easy and natural. Another simple test is to use the stereoscope with specially prepared pictures, such as one with a parrot on one side of the card and a cage on the

other. If the parrot is in the centre of the cage, all is well, there is fusion. But if the parrot is not in the centre of the cage or if there is not seen any cage, or any parrot, then there is lack of fusion or obliteration of the image.

The apparatus is cheap. The tests are easily made, any one of us can make them. Given the diagnosis, almost any oculist, I suppose, can find out how to treat the patient. But just now, the difficulty seems to be in getting the condition recognized by either the general practitioner or the oculist.

A girl was referred some years ago, who had broken down in her high-school studies, and had been compelled to abandon her ambition of being a teacher and she became a servant in the family of a patient. She had sought vainly for relief from headaches. Oculists told her there was no fault with her eyes, her vision was perfect; yet, if she read a few minutes, she had a headache so painful she must desist. A diagnosis of lack of fusion was made. She was given appropriate exercises and in a few months time the young lady gave up her menial work and resumed her studies. From Slave of the Kitchen she became Queen of the Classroom.

A man irritable, pale, nervous, complained of profound weakness. He had suffered a slight attack of the epidemic influenza and his heart appeared to have been weakened, there was some elevation of the pulse, but otherwise he seemed normal. Some months later he appeared again, with the same complaint. Careful search failed to reveal any cause for his trouble until he mentioned his frequent headaches. He had been to many doctors who prescribed various medicines. Somebody (not a doctor) suggested the trouble lay in his eyes, and he consulted in all six different oculists, with some improvement of his vision, but none of his headaches. On the card test, one eye was seen to shift into position inward (exophoria) and he failed to fuse some of the stereoscopic cards.

Armed with this information he was referred to one of our men with a really astonishing result. His headaches disappeared almost immediately and his wife tells me he is a changed man in disposition.

Given the diagnosis can such a patient be cured? I am told the text books state that if fusion is not obtained by the child at



the age of six years, it can never be gained. And for this reason the oculists have failed to trouble themselves about these cases. They are considered hopeless. Yet they are far from hopeless. Homœopathic remedies help, but unaided they will not cure because the cause will remain. The patient must be taught the necessity for fusion and by means of prisms and stereoscopic cards he can be so educated that the fault is speedily overcome, and the patient relieved of what is always a great handicap and at times a serious menace to his usefulness.

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### ILLUSTRATIONS OF CURE.\*

John Hutchinson, M. D., New York.

Dermatology belongs pre-eminently to the homœopathist. Knowledge of the conditions of the skin, its diseases, the meaning and interpretation of them, with their significance in respect to the whole organism "is his by right." But he sees only rarely some cases of skin disease until after they have been fearfully dealt with by specialists, much of whose work has led far afield and remote from cure. As a rule this specialist pursues his unscientific career of drug-proving to the toxic stages, learning nothing by it. This evil will persist until medical men learn that the safety of drug administration is dependent on absolute appropriateness determined by scientific provings.

Here are two serious cases, both of which had progressed into extreme pathology with nothing in sight but distress and incurability.

A man of forty-five had been treated for eczema by the most noted specialist of a great medical centre. He had taken masses of drugs, had been dieted *ad nauseam*, had lost sleep at night for months in succession because of the intolerable itching, and was feeble in every respect. This had gone on over a year, but of late another famous specialist had disagreed with the diagnosis, affirming it to be psoriasis. My opinion was that its treatment had caused it to resemble more than two skin diseases, but that it probably began as eczema.

\* Read before the International Hahnemannian Association, Washington, D. C., June, 1921.

ARNICA was well indicated, not only by a symptom totality, but because these inappropriately-treated cases may demand Arnica on that account, and also there was the symmetrical distribution of eruption over the body. Dr. Henry M. Dearborn, in his first edition of "Diseases of the Skin" calls attention repeatedly to this striking indication as being most valuable for Arnica clinically. In this case, Arnica 6, 200, and 1000—a very few powders of each potency in order—brought complete cure very promptly and there has been no return in over two years now.

Case 88. A married lady of thirty-two presented herself with an eczema which covered most of the body; there were areas of induration, and the face looked as if it were covered with horn-like scales. She had not been idle in securing the best specialists as fast as she could learn of them, but she assured me they had all been most discouraging with their varied prognoses. She was weak, sad, hopeless. She was so ill and her disfigurement was so striking that I could gain no idea of how she looked when well. The lesions occupied both sides of the body with remarkable symmetry. She had swallowed much medicine. How it had helped her was not discoverable. She was sore from head to foot; the soft bed was so hard at night she could not rest, even had the irritation permitted sleep. Arnica helped immediately, the first effect being an entire change of mental outlook, for, as she expressed it a few days later, "I feel like a different person. And, oh, doctor, you don't know how unlike myself I have been all these months. I believed I could never get out of this trouble!" Yet, by virtue of the prescription of the remedy homœopathic she received prompt, comfortable and permanent cure.

It is to be remarked that in both cases friends were industrious in assuring the victims that they might expect a return of the disease every year. What a pity that the laity should have learned from both regular and irregular sources so much of medicine that isn't so in more senses than one.

AMMONIUM TARTARICUM 2000. Dr. Milton Powel sent me this remedy with the following note for its indications: With every cold, or after every cold, she has a little dry, hacking cough; no pain; little or no expectoration. Dry hacking cough left from grippe.

The first opportunity I had to prescribe this remedy, *Amm. tart.*, was for a lady suffering from a severe cold. There was soreness under the sternum from which Phosphorus had given some relief, but improvement was slow. There was an occasional cough, prolonged and teasing for periods. It did not appear well to repeat Phos., and the discomfort persisted despite slow improvement.

One powder of *Amm. tart.* 2m. was given, and in a few hours all the symptoms began to fade, disappearing entirely within twenty-four hours. Improvement was followed by some expectoration for a few hours.

*COCCUS CACTI* 200 and Cm. Foreign body in the eye—in this case imbedded in the ocular or bulbar conjunctiva at the margin of the cornea. It had not been felt by the patient, and only observed by him by chance, so it was not known how long it had been there. It could not be brushed away, and effort to dislodge it with an instrument showed that it had been tightly imbedded for some time. There was no evidence of inflammation around it, and so closely did its color match that of the corneal pigment, some doubt was felt as to its being foreign substance at all.

However, six powders of *Coccus cacti* 200 were provided, one powder a day till something happened. Nothing much happened for a week. Then, a week after the first powder, it was noticed that the form of the object had changed, the outline being less regular (round) and some sign appeared of its working to the surface. But it would not budge when touched. Then one powder of *Coccus cacti* Cm. was given. That same day, some five or six hours later the granule had left the cornea and disappeared from view. Still later it was felt on the palpebral conjunctiva, and then easily removed from under the upper lid. It appeared to be an atom of steel dust.

There was no further trouble, and the spot near the cornea where it had penetrated could not be detected by any change from normal appearance.

*PSORINUM* 300. Gastric Ulcer. Man, aged 38, artist, active in many artistic pursuits not sedentary, attacked by severe pain seemingly caused by gastric ulcer. Colocynth symptoms of great severity, also Arsenic modalities. Both remedies gave relief in turn.

Later, persistent diarrhœa and tenesmus with extreme weakness, though little expelled from the bowels. This condition persisted for several days, becoming less and less severe. While improvement took place, the patient evinced his malady by facial cachexia and an apprehensive mental state.

No remedy having given positive correction—though every remedy prescribed had benefited—Psorinum was considered, and one powder of the 300th gave prompt and absolute comfort, banished all trace of tenesmus, induced peaceful rest at night, and restored the rhythm of the digestive function.

This case is one of many seen by the writer at different times, which have had an operation recommended as the only cure. This patient along with the others was restored to health after what had for long appeared—under gross treatment—to be an incurable medical case.

**SILICA.** An illustration of the logical association of symptoms in some cases where the chronic remedy is and has been discerned as indispensable to the patient. A young man having recovered from the depletion incident to strenuous military service at the front—having recovered much of his health by dint of homœopathic care directed to the obvious discomforts in order of their appearance—finally presented himself as in good physical form, but having the following symptoms, which while plainly felt, were not particularly troublesome:

Drawing sensation, right groin, settling near hip joint.

Same sensation, left groin less often.

(Direction opposite that of *Berberis*.)

Slight urethral heat after micturition.

Vague occipital pain.

Occasional neuralgia from occiput to shoulders.

Angina acuta, superficial, but increasing.

Knowing the patient and his temperament (for over twenty years of his life; he is now 28), the selection of *Silica* is inevitable, and the 1000th potency gave complete correction of the whole condition.

**AMANITA** (or *Agaricus muscarius*) has many significant cough symptoms. This most poisonous fungus, when attenuated into a

remedy of high potency, is rich in its power to reach certain of the most troublesome coughs in patients to whom its proven symptomatology corresponds.

An instance of perhaps an hitherto unrecorded symptom seems important. A dry, spasmodic cough, after starting seemingly within the larynx had annoyed a man of middle age at irregular times for some weeks. It had not seemed important except at the very moment of the spasmodic attack, when its force amounted to extreme discomfort. Then it would disappear, and for an interval of hours or days remain unnoticed, when it might suddenly recur without discernible cause. However, a possible modality was that of, worse after eating, as it was noticed that soon after meals the cough returned. Following this observation was the occurrence of pain in the head while the cough lasted. The pain became intense as soon as the cough started, located at first in the temporal regions, occupying the cranial tissues, and going directly with sudden force to the occiput as a focus of both intensity and final location. *Amanita* was given in the 500th potency and the cough left.

This may serve as a reminder of how great is the importance of the *last* fully developed symptom in any given case.

KOBALT. The dentist stopped a tooth with Ames Oxy-phosphate of Copper, which substance is said to contain when properly set, the basic phosphates of copper, cobalt, iron and nickel. The Cobalt in this compound is said to be arsenic-free (though cobalt is associated with arsenic in nature) and "but little of the cobalt is used."

The patient noticed some weeks later that his gums were getting very tender. They soon became sore, swollen and bleeding. They were so painful that many teeth felt sore also. *Kali iod.* 12x gave some relief. But on learning of the copper filling I advised its removal, after which accomplishment the gums became healthy again.

Kobalt, according to Hering's proving, has "Gums swollen, tender, as if ulcerated, worse from cold air," which this case verified.

Niccolum has "ulcerated gums."

Cuprum has "gums ulcerated."

Ferrum has "toothache," etc.

It is becoming more and more a certainty in our minds that the different metals as used in dental surgery are bound to affect the health of the patient sooner or later. It is a bit strange that this knowledge comes so slowly. There is perhaps no plainer verification to be observed than the positive influence of the minute but constant absorption from the mouth of the medicinal character of substances used in teeth filling.

MERCURIUS SULPHURICUS. The statement is sometimes made—"Yes, the remedy removed those particular symptoms promptly, but the case is about the same." Here is an example of the reverse:

A gentleman applied for homœopathic treatment. He announced that he had looked into the subject and found it difficult to discover a so-called homœopathist who practiced Homœopathy. Formerly he had been drugged *ad nauseam* by the self-styled "regulars." When he turned to Homœopathy he was given in its name everything but the homœopathic remedy. He received pills for his bowels, coal-tar residue for pain, opiates to provide a good night's rest, galvanism, faradism, and the static for only heaven knows what. Being endowed with common sense plus some additional intelligence, he sought further help.

His condition, so largely the result of the effects of drugs strangely mixed, amounted to a nephritis, with all the attendant gastro-intestinal involvement. There were abundant symptoms, and it was not difficult to relieve all phases of discomfort. In reasonable time he considered himself well, though insurance examiners rejected the risk.

His symptomatology became very meagre, particularly on the subjective side. One rather welcome item was unearthed. He spoke of sometimes having a fit of sneezing which appeared to mean nothing but for the time being, and was not followed by taking cold or other discomfort. "What makes you sneeze?" "Why, it always seems to be the direct rays of the sun—is that possible?" "Quite." Merc. sulph. 200, one powder daily for a week was given, later the remedy was given higher. From that time the man has been fit in every sense for his busy life. He applies rarely for any attention, feels perfectly well, and his urine is nearly normal. He still has sometimes a sneezing spell when in sunlight.

AMBROSIA ARTEMISLEFOLIA 200 in Rhinitis Catarrhalis Periodica Chronica. A man of 35 had suffered every season for a dozen years from Hay Fever. (Miss Anna Brackett, the educator, used to say there were many counterfeit hay-fevers but only one genuine, which *she* had and from which she could get no relief except in one certain locality.)

The male patient was given a few powders of Psorinum with no striking result, and none was anticipated at the time, as they were exhibited *before* the appearance of the attack that season.

His attacks seemed to be dependent on pollen as to their severity, although he had the "hay cold" all the time. So confident was he of this cause of aggravation that he avoided country driving. On spending a vacation at the seashore he accepted an invitation for a long motor trip over the country roads. He returned from it in such catarrhal distress that he took a train for New York immediately to apply for relief. He was given powders of Ambrosia art. 200 to be taken infrequently till better. He went home, and on the way met an old-time friend who was suffering "in the same way" with hay fever, so he insisted on offering to him some of his own medicine. This he explained to the doctor later. "But," said the doctor, "it was only intended for you, and might not do him the least good!" To which the patient replied—"but it did do him good; it helped him right away as I found when I saw him again, just as it relieved me."

This was in the summer of 1919. The patient says that he never had an attack of hay fever when living in Europe. However, he is now in America, 1920-21 and has no attack though there have been many times for it.

A letter from a Wisconsin patient just received at this writing reports complete relief from a severe attack of hay-fever (annual) by reason of a few powders of Ambrosia Artemisiæfolia. Further, Ambrosia is seen to be suitable for the cases that develop independent of the time of the ragweed pollen, though such cases sometimes are aggravated during that season. Does not this suggest a marked curative power of the remedy for constitutional cases?

GRAPHITES in Erysipelas. A man of forty had gone through several attacks of erysipelas under old-school treatment, treatment covering many weeks. He was constantly fearful of its

repetition, sought homœopathy, and after some delay found it. It was difficult to estimate the origin of all his constitutional disorders, many of which appeared rather to be the effects of drugs.

After he had experienced the help of homœopathic remedies he forgot his anxiety in respect to erysipelas, but an attack came. The first manifestation was on the nose, where he said it always showed and from which location it spread.

Graphites gave prompt relief and cure. A year later he thought the early symptoms were coming on and Graphites forestalled them, since which time, now some seven years, there has been no sign of return.

CHEESE. A patient whose ears were subject to pain—an ordinary earache—complained that the otalgia was caused or increased by eating cheese, of which she was very fond. *Sepia* corrected this phenomenon and has also held off any otalgia at other times as well.

HONEY—GASTRITIS—NATRUM CARB. A young man fond of honey could not eat it because of the indigestion which followed. *Natrum carb.* corrected this state of things. Which reminds one that some scientist has admitted that the new physiology is biological physiology, not biological physics or biological chemistry. The attempt to analyze living organisms into physical and chemical machines is probably the most colossal failure in the whole history of modern science.

Dr. J. S. Haldane, University of Oxford, has said—By a strange confusion, the idea is abroad that nutrition is a matter of simple chemistry and physics, and that when we estimate food values in calories we are exemplifying this fact. This is enough to make a strong old vitalist like Harvey or Johannes Müller turn round in his grave and laugh.

ENDOCARDITIS following rheumatism in a boy of twelve years, who had been under much treatment and taken many drugs. He was emaciated, choreic, weak and feeble to a degree. His symptoms called for *Arsenic* and *Arsenic* produced much aggravation. *Pulsatilla* had second place and acted favorably over a period of months, the immediate improvement consisting of relief of all the heart symptoms and these being followed by severe pains in many



joints, all of which disappeared in good order under Pulsatilla. Later Arsenic was demanded by both gastric and cardiac symptoms, and then acted curatively.

GLOSSITIS. The tongue swollen, with great sense of dryness, clinging to teeth and roof of mouth, particularly during sleep. Mercurius was given without benefit. On re-taking the case new symptoms came to view and Gelsemium as particularly demanded by general muscular atonicity along with a tolerably complete picture of the remedy cured.

STANNUM METALLICUM. In a married woman of 65 a severe attack of acute bronchitis was immediately followed by sciatica, this supervening almost immediately with pronounced discomfort. The pain was so marked that the patient complained in only one way, that the paroxysms began feebly but increased with steady force till reaching their height, then receding as gradually. What seemed to add to the distress was the mental state of apprehension, due to the fact that sciatica had been a sorry experience to other members of the same family. So it did not seem to mean Aconite. Two powders of Stannum 500 B. & T. accomplished a perfect cure.

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### A CHAMOMILLA CASE.

By Royal E. S. Hayes, M. D., Waterbury, Conn.

About twenty years ago or so the present writer reported to the *Medical World* a case of painless, discomfortless parturition. Not only painless but the laboring lady took an hour's nap, more or less, without any kind of medicine, during which time the second and third stages of labor were completed and the baby washed and dressed. She then woke up and asked if the baby had come yet!

This is not the kind of case we are reporting today. Oh, no! This one contained all the good old-fashioned possibilities of the North of Ireland temperament, well skilled in idiomatic parlance backed up by an undoubtedly well tested system of voluntary kinetics. We have often had parturient women who got into a snare of tormenting pains during the first stage or

got all worked up with agony in the second stage and a dose or two of a well potentized remedy would straighten out the tangled nerves and make them work surely, swiftly and often silently to a smooth and painless climax; we have had many women slump into a do-nothing condition of nerve and uterine atony and given them a remedy, when, after a little delay or sleep, patient and attendants would unanimously take a new interest in affairs and soon all would be over but the congratulations.

But this case was different. It was a breech presentation, the stage of dilatation about half completed and the membranes had ruptured. The baby was "stuck" the woman said, in exactly the same place and exactly the same way as four other babies that had travelled the same path. After I had hung around about an hour in an atmosphere that was getting more and more surcharged with some oppressive but potent portent and digital excursions bringing forth no evidence to the contrary, I concluded that she was right; and I felt the strength of temptation to send for another doctor and take out the instruments and ether as the family said had always been done before and as she declared would have to be done again. A gentle demurrer brought forth a burst of fireworks from the stronghold of operations that left no doubt as to my next move, though I had very shady doubt as to whether the little problem itself would move. The symptoms on record are these: Contractions weak; hypersensitive to pain; throws herself about with temper; criticizes; sweaty, hot and flushed; does not dilate further. The direction of uterine effort appeared to be deflected to one side.

A dose of Chamomilla 1m was given, the contractions began at once to get stronger, the painfulness to lessen, and in less than three quarters of an hour I was on the way home, an important consideration for everybody at the tired hour of 2 a. m. Of five breech deliveries this was the first that had been effected without ether, instruments and plural medical attendance after two or three days' labor.

Sceptics may demand scientific tests, checks, controls and authoritative unction as proof that potencies can have any such effect before they will even condescend to try them but they

cannot talk that way to me. I know whether I have to use instruments and anaesthetics and lose office hours very often or sit around all night. It was the usual experience years ago before knowing homœopathy, but not since.

We do not claim that a potency will produce a symphysiotomy or dissolve away the obstructing angles of a distorted pelvis but we do know that the sufficiently similar remedy will rouse central energy when it is flagging, regulate innervation to the circulatory, secretory and motor organism, causing harmonious functioning, normal muscular leverage and geometrical action. The only reason why I have not given up obstetrics is because homœopathy makes it so easy.

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### VERIFICATIONS.

Thos. G. Sloan, M. D., So. Manchester, Conn.

1. *Arsenicum*. Four-year-old child with repeated vomiting with thirst for cold water which caused severe epigastric pain and vomiting. Diarrhœa and restlessness.

2. *Verbascum*. Boy of twelve with neuralgia over left eye, worse from pressure, comes on at the same time every morning, about nine o'clock. Cured in one day. Previous attacks had lasted two weeks.

3. *Lycopodium*. Adult, diarrhœa, little pain, small watery stools, worse 4 to 8 p. m., and during the night. Much flatulence. Has been sick three days. Had two more movements after the first dose of Lyc.

4. *Colchicum*. Child of four has great abdominal distension, temperature of 103.8, nausea, cannot pass gas up or down. Has had three doses of castor oil without a stool or any relief. When seen ten hours after Colch. had been given had had three stools and the distension had disappeared, together with all the other symptoms.

5. *Belladonna*. Boy of twelve with a beginning peri-tonsillar abscess, right-sided. Tonsil very red and swollen. Cannot swallow. Began to get relief in four hours, and after missing

one meal, ate as usual and had no more pain. A few months earlier he had a similar attack, and the physician he had that time told him there was nothing to do. That attack lasted a week, he could not eat and had constant pain till the abscess ruptured.

6. *Lachesis*. Boy, with a left-sided peri-tonsilar abscess for thirty-six hours, better from cold drinks. Five hours after his first dose of *Lachesis* he felt well enough to go to a ball game. Practically no more pain. Abscess ruptured during sleep thirty-six hours later.

7. *Opium*. A four-year-old girl with convulsions had been put in a hot mustard bath and given an enema before I arrived, with no relief. Very quickly after a dose of opium her convulsions stopped. Three quarters of an hour later she began to twitch again, but another dose of opium stopped this and she had no further trouble.

8. *Nitric acid*. A man of fifty with a grippe infection apparently calling for *bryonia* but not relieved by this remedy, complained the second day that his head was so sore that he could not bear the pressure on his pillow. Nitric acid quickly relieved this symptom as well as the whole disease.

9. *Berberis*. Sharp pains extending from left renal region to bladder, with nausea and flatulence.

10. *Berberis*. Sharp pain from left kidney, down left spermatic cord. Kidney sensitive. Urine negative microscopically. Complete relief in fifteen hours.

11. *Verrucinum*. Numerous warts on backs of hands. No leading symptoms. One case cured in one month, one case in two months.

12. *Sepia*. Headache in one or the other temple, preceded by blindness and numbness in the face and hands which clears up as the headache comes on, accompanied by epigastric emptiness, chilliness all over and a sense of sweet odor. Headaches usually last one or two days. *Sepia* cleared it up in three hours.

## THE DURABILITY OF THE INTANGIBLES.\*

Plumb Brown, M. D., Springfield, Mass.

“The wolf shall lie down with the lamb, and the leopard shall lie down with the kid, and the calf and the young lion and fatling together and a little child shall lead them.” A simple, forceful but intangible truth, yet to be fully realized.

We hear much, very much these days, about the great changes in both conditions and people. The relations of life have changed, man and his environment have undergone revolutionary changes. The theories of digestion and the ideas of disease, their communicability and eradication have undergone great change. We are unwell because we have a lack of vitamins, low calories, an unbalanced diet; a hypo or hyper secretion of glandular extract, etc. Bread is no longer the staff of life. Change and decay in all around we see. Man the four square composite being, mental, moral, physical and spiritual or the cerebrospinal and the sympathetic man, does not live by bread alone but by every word, mental, thought moral, or action physical, prompted by the inmost soul spiritual, of man.

I frequently ask myself, possibly some of you have done the same—ask ourselves after all is there anything or anybody reliable. Yes, a thousand times yes, but nothing save the intangibles are durable. Kindness, that forceful yet intangible power is what we and all the world most sorely need. “I came that ye might have life and that ye might have it more abundantly.” Life and truth both are intangible yet they have been, are, and ever will be the same.

In articles nine and ten of the *Organon* we read, “In the healthy condition of man the spiritual vital force the dynamis that animates the material body, rules with unbounded sway. The material organism derives all sensation and performs all of the functions of life by means of the force which animates the organism.”

Mental science, Christian science, organotherapy and all

\*Read before The International Hahnemannian Association, Washington, D. C., June 23, 1921.

other allied practices which deal solely with mind and matter, one or both, are of necessity transitory, in their effects. In the words of Hahnemann, "Indolence, love of ease and obstinacy preclude effective service at the altar of truth, and only freedom from prejudice and untiring zeal qualify for the most sacred of all human occupations, the practice of the true system of medicine."

We, as homœopathic physicians, are here today in the interest of life and the search for truth. The truth of the principles of homœopathy have thus far proven to be intangible. A medical man of different belief told me recently that there were but three drugs in the *Materia Medica* that were durable, *viz.*, quinine, mercury and the iodides.

A little child can teach us better than that.

In 1889 while studying in my preceptor's office and during the epidemic of Russian influenza I had my first and only attack of influenza. I well remember the course of the malady, how it seized me with a chill followed by burning and freezing, sniffing and wheezing, shivering and quivering, creeping and weeping, sweating and fretting, collapsing and relapsing. Thank God, I was not given compound tincture of benzoin, antifebrin, phenacetin, or antipyrine, but as I was covered with goose flesh, fever without thirst, right-sided headache, flushed face and injected sclera and a thick feeling tongue I was given *Gelsemium Sempervirens* and made a prompt recovery and have never had a recurrence.

Miss H., the postmistress, a most important personage in a small country town, reported one morning in 1889, that she was very sick, that there was no one to take her place, and she must, if possible, have this attack broken up, as she could not be sick. She complained of severe headache, a veritable brainache, severe pain above the eyes and ears, very restless and apprehensive. Her throat was very sore, with phlyctenules dotted over the left tonsil, rapid pulse, slight fever and a general sick feeling all over. A few powders of *Mercurius iodatus ruber* relieved her distress of mind and body, enabled her to continue her work and incidently grounded her faith in homœopathy, which was in that vicinity a depised system of medicine.

Mr. C. consulted me in 1892 for what he termed rheumatism in his right arm. He had been under the care of allopathic physicians for weeks, but his arm was progressively worse. The pain was excruciating, every muscle in the arm was aching, the arm felt heavy, weak and swollen, always worse on motion. One prescription of *Bryonia alba* was promptly effectual, and he too was a convert to the "depised quackery."

Mrs. G., fifty years of age, consulted me for chronic headaches. She had suffered long years from periodical malady and incidently had suffered many things from many doctors. She was of a bilious temperament, dark complexioned. The headaches were frontal and temporal largely, with some pain in the cerebellum, piercing, cutting and splitting in character. Indication of much inward fever, desire for large quantities of water, dry, hard, dark stools. One dose of *Bryonia alba* relieved as if by magic.

Miss N. consulted me for a severe boring, grinding, sickening pain in her knee, which she had had for seven years and for which she had consulted more than a dozen doctors in six different States. She said that she had used by actual count as prescribed by physicians, twenty-three different local applications, fly blisters, iodine, etc. The totality of her symptoms called for a remedy that I seldom thought of in trouble of the knee. One dose of *Carbo vegetabilis* gave her instant relief and she has never to this day had a recurrence.

Mrs. P. consulted me for asthma which had troubled her for nearly twenty years. She had taken all kinds of cures, specifics, inhalations, sedative and narcotic, with nothing but temporary relief. A careful analysis of her symptoms disclosed their identity in *Homarus*: one dose of which, not only relieved her, but cured her, as she has never had an attack since, now, over ten years.

Mrs. G. consulted me in 1897 for post diphtheritic paralysis of larynx of six months' standing. She reported having been under the care of specialists, osteopaths, allopathic and homœopathic medicists with apparently no results. The totality of her symptoms called for *Colchicum*, one prescription of which was all that was necessary for complete restoration of function and health.

Mr. B. had for years been a great sufferer from periodical attacks of sick headache. At the time I was consulted he was having about two attacks each week. Family history was negative and he had always enjoyed the best of health, save for these headaches. He said he was desperate and must, if possible, have relief; he was willing to take or try anything prescribed excepting morphine. The pain was throbbing, cracking, splitting, pounding and caused nausea. Migraine would relieve in a measure, but would not give complete relief until he had slept for a few hours. A careful symptomatic study of the case called for *Bryonia alba*. The result from *Bryonia* in the lower potencies from ix to 12x were about the same as migraine relief, but not complete until after sleep. *Bryonia 1m* would relieve the attack in about fifteen minutes. The attacks grew less frequent and he has not had a headache for over five years.

Mrs. F., fifty-seven years, has not had an evacuation of the bowels for several days. She has used pills, castor oil and enemata with no results; she says she has had on previous occasions very serious times with stoppage of bowels. The entire family feared I was not duly impressed with the seriousness of the case, but I must give her a very powerful cathartic. One powder of *Podophyllum* produced prompt and amazing results.

Some one says these cases were treated years ago, but conditions are different now; there is less difference between the schools of medicine now than then, etc. Very true, but in my belief homœopathy is the same today as then.

Many of us have changed, we do not study our cases as carefully as formerly, we do not take the necessary time. How many of us have read carefully the "Organon" since leaving medical school?

We spend more time in our laboratories, most praiseworthy, making serums, vaccines and extracts, following the popular trend of scientific medicine. In this rush let us not forget the intangible, yet durable, but oft despised homœopathic remedy. He hath chosen the simple things to confound the great things.

In 1919 and 1920, when we were in the throes of Spanish influenza, and when according to an authentic old school jour-



nal, more deaths occurred from too much and too powerful drugs than from influenza, we find as elsewhere that homœopathy stood the test when tried and was found dependable. The same remedies, when carefully selected and administered, gave the same results in 1920 as in 1889.

A recognized homœopathic physician recently told me that by careful observation he found that less than 20 per cent. of his prescriptions were made according to the laws of homœopathy.

In justice and fairness to all and as proof that homœopathy, the intangible, is durable and will work now as then, I beg your indulgence while I report from my books, my prescriptions made during my afternoon office hour on May 16, 1921. I will not burden you with symptoms, simply giving the malady for which I was consulted, the prescription and the results. The potencies used were 3, 6, 12, 30, 200, 500, 1000. My work with results follows:

Mrs. D., thirty-five years of age, consulted me for acute tonsillitis. Belladonna was given with marked results for better, no other medicine needed.

Mrs. R., seventy years of age, wanted a bracer, suffering pruritis, proclivencia, indigestion and exhaustion. Sulphur was given with some relief of all conditions. I hardly expected more.

Mrs. J., seventy-three years of age, has a grip cold which *Gelsemium sempervirens* helped very much.

Mr. H., twenty-six years of age. A grip cold was practically cured by *Eupatorium perfoliatum*.

Mr. W., eighty-nine years of age, received much benefit from *Kali bichromicum* for post-nasal catarrh.

Mrs. C., twenty-six years of age, found *Mercurius corrosivus* just the medicine she needed for chronic nephritis.

Bessie S., twelve years, is improving from chorea under the influence of *Kali phosphoricum*.

Mrs. R., sixty-one years of age, has experienced some relief from *Cimicifuga racemosa* for neuritis.

Mr. H., sixty-five years of age, does not see much change following the use of *Mercurius solub.* for ulcer of right leg.

Mrs. B., fifty-one years of age, has experienced wonderful relief from *Myrica cerifera* for pain in right hypochondrium.

Mrs. S., forty-three years of age, has found some relief from *Eupatorium perfoliatum* for long-standing malaria.

Miss B., thirty-six years of age, found *Asafœtida* a wonderful relaxer for a neurasthenic spine.

Mrs. C., thirty years of age, does not think she need come again, as *Eupatorium perfoliatum* seems to have cured her grip cold.

Mrs. T., fifty years of age, has a jiggling, darting pain in right side, caused by a congested right ovary, which *Cimicifuga racemosa* relieved.

Mrs. B., sixty-one years of age, was greatly benefited by *Rhus toxicodendron* given for rheumatism of left leg.

Mrs. S., forty-eight years of age, found much relief from *Chininum sulphur.* for "hot flushes."

Mrs. M., forty-four years of age, deriving much help from *Collinsonia* for most stubborn constipation.

Mrs. R., fifty-four years of age, has had great relief from *Psorinum* for an attack of bronchial asthma.

Miss L. has received much help, both physical and mental, from the use of *Sepia* prescribed for acne on face.

What then is the trouble?

Our churches are in a state of turmoil, our business is in a state of chaos, our digestion is greatly impaired, our nerves are shattered, and we cry, "Is there no help for us?"

"God is in His heaven; all's well with the world. Be still."

What we need is calm, resolute, courageous men of high ideals, men of vision and convictions, who have the strength and courage of their convictions, all of which are founded on the intangible but ever durable force of firm belief in God, confidence in mankind made in the image of God, and the principles as laid down by Samuel Hahnemann for the prevention and cure of the afflictions of mankind.

Then will the battle for God and humanity be won, if we remain firmly anchored to the foundations of intangible truths and show ourselves of true and sterling worth, by unfolding by hard and faithful work our precious inheritance and adding thereto as much personal energy and force as we can create. Then with those who have gone and who are here present we may sing the grand *te deum*—homœopathy.

## SUCCINIMIDE OF MERCURY.

## I. PATHOGENIC OUTLINE.

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

## II. CLINICAL DATA.

By Martha I. Boger, M. D., Portsmouth, N. H.

## PHARMACOLOGY.

This preparation belongs to the chloride group of mercurials, which includes the mild chloride (calomel,  $\text{Hgcl}$ ), the corrosive chloride (corrosive sublimate,  $[\text{Hgcl}_2]$ , the benzoate  $[\text{Hg} (\text{C}_7\text{H}_5\text{O}_2 + \text{H}_2\text{O})]$ , the cyanide  $[\text{Hg} (\text{CN})_2]$ , the oxycyanide  $[\text{HgO. Hg} (\text{CN})_2]$ , the salicylate  $[\text{C}_6\text{H}_4. \text{Coo. Hg}]$ , the subsulphate  $\text{HgSo}_{44}.2\text{HgO}$ .

According to Sajous<sup>1</sup> the succinimide or imidosuccinate  $[\text{Hg} (\text{C}_2\text{H}_4\text{C}_2\text{O}_2.\text{N})_2]$ , occurs as a white crystalline powder, soluble in 50 to 75 parts of cold water, and in 25 parts of water with the aid of heat. Dose (hypodermically),  $1/5$  to  $1/3$  grain (0.012 to 0.2 Gm.).

The primary object of this paper is to present an outline of the pathogenesis of this form of mercury as delineated by its toxic symptoms when given in overdosage or in susceptible persons. Secondly, to present some suggestions regarding its definite action in some conditions suggested thereby.

## GENERAL OUTLINE.

Sajous<sup>2</sup> refers to the report of Wright and White (U. S. Navy) in "Dental Cosmos," September, 1915, and Copeland's confirmation of this treatment ("Dental Cosmos," February, 1916), for the curative action of succinimide of mercury (1 grain—9.965 Gm.) given weekly by hypodermic injections into the buttocks.

According to Wright, twenty-eight consecutive cases of pyorrhoea were completely cured by this method in conjunction with proper dental surgery. The mercury was given in

<sup>1</sup> Sajous' *Cyclopedia*, Vol. VI, 653.

<sup>2</sup> *Cyclopedia*, Vol. VIII, 35.

the proportion of 1/5 grain (9.913 Gm.) to 4 minims 9.25 C. C. of hot sterile distilled water.

The dental treatment consists in careful expression of pus, removal of calcareous pockets and tartar, extraction of hopeless teeth, polishing of root structure and the local use to the gums of tincture of iodine, tincture of aconite and chloroform. The dosage (initial) in a male patient is 1 grain (9.965 Gm.), in a female from 1/5 to 2/5 grain (9.913 to 9.926 Gm.) less.

Sajous<sup>3</sup> also quotes the report of Kritcheosky and Seguin (*Presse Med.*, May 13, 1918), in which good results were obtained in sixty cases of Rigg's disease from succinimide of mercury injections. In these cases large spirochetes were observed in the pyorrhoeal secretions and were found to disappear during treatment. In 244 cases the organisms were demonstrated in three-fourths of all instances. In healthy mouths but few are found or they are absent. In forty-two patients showing the organisms from six to ten injections of 0.1 to 0.6 Gm. of neosphenamine caused the disappearance of the spirochetes in 29 cases, with clinical improvement.

#### PATHOGENIC DATA.\*

##### *Physiological Therapeutics.*

Wright's investigations with this drug in the treatment of vegetable parasitical diseases dates back to 1905, when he first began the use of it in tuberculosis, but he states that it was not until 1907 that he had an opportunity to try it out extensively.<sup>4</sup>

Wright's observations include its effects in tuberculosis, pneumonia, typhoid fever, paratyphoid, cerebro-spinal meningitis, erysipelas, infections arthritis, chronic articular rheumatism, gonorrhoeal arthritis, acute tonsillitis, epidemic catarrh, acute cystitis (staphylococcal), lymphangitis, cellulitis, mumps (right parotid), Vincent's angina. He has also reported upon cases of broncho-pneumonia, chronic otitis media,

<sup>3</sup> *Cyclopedia*, Vol. Index-Supp., Vol. X, 819.

\*In the arrangement of this data reference has been freely made to Wright's original publications.

<sup>4</sup> *The Treatment of Diseases of Vegetable Parasitic Origin by Deep Muscular Injections of Mercury.*

furunculosis and chancroid, chronic unilateral facial neuralgia, chronic laryngitis, lumbar myositis and myositis of other muscles.

Its use is also suggested in septicemia as a possible means of preventing the development of the septic process.

His dosage in tuberculosis is 1/15 gr. (9.994 Gm.) slowly increased to the point of tolerance. The most efficient dose being that which will just fall short of mercurialization 1 2/5 grains (9.91 Gm.).<sup>5</sup>

Wright bases his use of mercury upon its parasiticide action against vegetable parasites. "For every vegetable parasite," he states,<sup>6</sup> "Mercury is the chemical affinity, and when properly injected into the infected part will cure the specific disease. This is represented by a chemical formula as follows: (vegetable antigen + Hg) + antibody + complement = complement fixation (cure)."

"I now believe that mercury has a dual parasitotrophic action: First, primary or direct, in which the Hg by affinity unites with the organism and antibody, finds complement. Represented by formula as follows: Vegetable antigen + Hg + complement = complement fixation (immediate cure).

"Should symptoms of mercurialization follow, it should be given in smaller doses at succeeding injections or its administration should be stopped and suitable corrective measures applied."

As no provings in the true pathogenetic sense have as yet been made, it is merely the symptoms produced in this specific form of "mercurialism" that we are to make use of as the basis of its schematic arrangement.

Some of the author's observations are of interest, e. g.:

"It seems probable in cases of pneumonia complicated by pre-existing pulmonary disease,<sup>7</sup> more particularly tuberculosis or syphilis and whether active or latent, that the direct immediate curative action of mercury will not take place;

<sup>5</sup> Sajous, Vol. VI, 682.

<sup>6</sup> The Treatment of Diseases of Vegetable Parasitic Origin by Deep Injections of Mercury. *Med. Record*, July 11, 1914.

<sup>7</sup> The Treatment of Pyorrhea Alveolaris and Its Secondary Infections by Deep Muscular Injections of Mercury. *Med. Record*, March 13, 1915.

therefore when such immediate cure does not follow the initial injection in the early days of the infection, the possibility of such complications should be considered.”†

Again: “For every vegetable parasite mercury is the chemical affinity and when properly injected into the infected part will cure the specific disease. . . . Not only this, but it should also cure any secondary systemic infection that might be present, whether caused by the same organisms, as found in the original focus of infection or transmutation, forms of these organisms, the possibility of which has been demonstrated by Rosenow, and later, independently by the Pasteur Institute of Paris, for no matter how changed the physical and specific characteristics of these transmuted organisms, it is a matter of biological impossibility for them to change their class; they remain vegetable parasites.”

SCHEMA.\*

*Mind:* Delirium; classical symptoms of cerebrospinal meningitis. (Cloudy cerebrospinal fluid containing pus, albumin and positive for *diplococcus intra-cellularis*.) Profound toxemia, delirium.

*Head:* Headache, profound malaise.

*Eyes:* Conjunctivitis of both eyes.

*Face:* Bilateral facial neuralgia.

*Mouth and Gums:* Thirst. Gingivitis: Gums spongy, soft, bleeding and retracted. Tender and sensitive.

*Teeth:* Pyorrhœa. Extensive pyorrhœa with gonorrhœal arthritis. Pyorrhœa involving upper and lower central teeth. Looseness of the teeth. Pyorrhœa, upper and lower teeth. Looseness of upper right bicuspid. Calcareous deposit about

†This is probably explainable in the light of Hahnemann’s aphorism that in the presence of two existing *dissimilar* diseases the weaker is suspended by the stronger, till the action of the latter is overcome, when the former will again express itself. Syphilis or pulmonary disease would in this sense be the weaker yet the more fundamental disorder.

\*This schema includes systemic symptoms known to have cleared up after its use in pyorrhœa; symptoms marked with an asterisk represent its observed pathogenic action.

the neck of every tooth, free flow of pus from around all teeth. (Improvement noted before local treatment was instituted.) Perialveolar abscess above upper left first molar, drained and cleansed without improvement till mercury injections were instituted—cure. Pyorrhoea involving processes of all upper teeth; processes of all lower teeth. Processes of all the teeth, with looseness. Pyorrhoea and extensive calcareous deposit and gum recession. Free flow of pus from upper molars and lower central teeth. Calcareous deposit and gum recession. Discharge of pus from around every tooth. Teeth extremely tender and sensitive, calcareous deposit under gums.

*Jaws:* Abscess of right upper jaw and severe bilateral facial neuralgia. (Marked improvement.) Perialveolar abscess above left upper first molar (during treatment)—Wright. Tender and sensitive. Discharge of pus around teeth. \*Marked recession of the gums. \*Severe gingivitis and angioma (in susceptible patient)—Wright.

*Throat:* Frequent attacks of laryngitis and tonsillitis.

*Respiratory Organs:* Advanced pulmonary tuberculosis markedly benefited, associated with pyorrhoea (Wright and Ladd). Bad cough which does not yield to treatment—sputum negative to T. B.

*Chest:* Cough, subcrepitant rales, upper right lobe. Lobar pneumonia. Harsh respiration.

*Heart:* Endocarditis.

*Stomach:* Indigestion and poor appetite (gastric symptoms disappeared). Indigestion and very poor appetite.

*Abdomen:* On the twelfth day following injection, 3/5 gr. *Severe abdominal pain, diarrhoea, and rectal tenesmus.* (Patient evidently having an idiosyncrasy for mercury)—Wright.†

*Stools:* *Bacillary dysentery* from tropical exposure. *Diarrhoea, griping, tenesmus. Blood and mucus in stools.* (Italics ours.) *Frequent passages, fifteen to twenty in twenty-four hours. Painful*

†This is the most marked pathogenic symptom noted.

and *frequent stools*, tenderness over left iliac region. *Blood* and many *pus cells in stools*.

*Genital Organs*: Subacute gonococcic urethritis with discharge from urethra.

*Urine*: Shreds in urine. Gonorrhœal arthritis.

*Extremities in General*: Arthritis of right hip, following bacillary dysentery. Pain and swelling of left knee. Right knee painful, also right ankle with swelling.

*Lower Extremities*: Acute arthritis of right knee with pain and swelling. Right hip and left knee involved swelling of both knees. Polyarthritis both knees and ankles. Gonorrhœal arthritis. Pus exuding from teeth upon being treated for pyorrhœa. "Motion" nearly complete in all joints and function practically restored.

*Lower Extremities*: Pain, soreness and stiffness of feet and ankles, could hardly get out of bed. Chronic infectious arthritis. Pain and swelling of left ankle. Severe arthritis of knee joints (immediate and marked improvement). Right the worse. Unable to bear weight on right knee without pain. Knee slightly swollen. No fluid. Both knee joints involved, swollen, tender and painful. Myositis of lumbar muscles—upon treatment for pyorrhœa cured by five injections (Wright.) Pain in right knee joint extending to left knee. Now both knees swollen and extremely painful and tender; elbow and shoulder joints also involved—acute infectious arthritis secondary to pyorrhœa.

*Back and Shoulders*: Severe pain, soreness and stiffness of shoulder joints.

*Tissues*: Chronic articular rheumatism, all joints involved; partial recovery. Still involvement of feet, severe pain in small joints of the feet

*Skin*: Large patch of eczema on chest for past thirty years disappeared during treatment for pyorrhœa. (Wright.)

*General*: Mercurialism.



## RESUME.

"A single therapeutic agent can be parasitotropic for an entire group of organisms, *e. g.*, arsenic (salvarsan) as a specific cure for syphilis, yaws, relapsing fever, sleeping sickness, etc., it being specific "for the diseases of microorganismal animal parasitic origin," *Sic.* The specific mercurial (the succinimide in diseases of vegetable parasitic origin in which arsenic has no curative action).

The use of mercury, however, is of time-honored origin, and its careful proving and likewise the checking up of its action in syphilis as given below by careful laboratory tests would readily establish its relationship to this disease upon a purely scientific basis.

While Wright so far as our present knowledge is concerned makes no reference to its use in syphilis, we have already quoted the observations of Kritchevsky and Seguin in the demonstration of spirochetes in Riggs' disease.

Lydston states<sup>8</sup> that in syphilis "the newer salts of *mercury* have almost supplanted the Bichloride and calomel for hypodermic use. The *succinimide* and *salicylate* are best, and should be given at intervals of two or three days to a week in doses carefully adjusted to the tolerance of the patient, deeply in the gluteal muscles."

Although laboratory tests have up to the present time given little assistance to the homœopathic therapist in this disease, may it not be that for the most part Wassermann's are made by some homœopaths as a routine measure and by others only in exceptional cases. Few reports have been given of the return of negative Wassermann reports after strictly homœopathic prescribing. This may be partly owing to the fact that as Wright points out prior to the demonstration of the relationship of the Wassermann to syphilis, many conditions treated successfully by mercury were called syphilitic, that are now known not to react to the Wassermann when finally the Wassermann came into general usage, many physicians who had previously treated syphilis in its various manifestations with homœopathic remedies, either abandoned it

<sup>8</sup> Sajous, Vol. VIII, 470.

for the more definite method of salvarsan, or were loath to have Wassermann tests made upon suspected cases.

The faint-hearted homœopathic syphilologist may take heart, however, in the knowledge that so well-known a dermatologist as Ralph Bernstein, of Philadelphia, is responsible for the confession that in a practice of fifteen years, he has made use of salvarsan in syphilis in but two or three cases.<sup>9</sup>

The recent confirmation of the power of Mercurius protoide to produce a positive Wassermann reaction in the blood of the rabbit given us by Wurtz, of Pittsburgh,<sup>10</sup> should stimulate further research along this line.

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Waterbury, Conn.

Editor of the Homœopathic Recorder:

After I had received the first of the two letters enclosed I wrote to Dr. Lehman suggesting that he give the substance of it to the Recorder. His reply, via the second letter, is explanatory. I think your readers will be interested in the Doctor's observations and conclusions.

Yours truly,

ROYAL E. S. HAYES.

February 10, 1922.

I.

Dixon, Ill.

Dear Doctor Hayes:

I have just been reading your interesting article in the HOMŒOPATHIC RECORDER of October, 1921 on "Using Cuprum in Flu, etc." I was struck with the analogy of the symptoms that you treated with Cuprum to conditions caused by an excess of cyanogen in the system. This, I think, explains the call for copper. The idea is quite instructive pathologically. Having tested this out clinically, I find it to be true, not only of influenza and its effects, but also in other serious conditions such as pernicious anemia and certain stages of diabetes. The conditions in question are much aggravated at certain times of the year, when aerial electricity is zero or minus instead of

<sup>9</sup> *Journal of Am. Institute of Homœopathy.*

<sup>10</sup> Merc. Bimiodid and the Wassermann.

plus. It is also worse during the fullness of the moon. At such times there is a more negative state, i. e., more minus electricity in the system. These conditions favor a decrease of ozone in the body and an increase of cyanogen compound.

Please note the similarity of the symptoms of the provings of Hydrocyanic Acid and Copper to the symptoms of the disease itself. I find, that if Copper does not cause immediate reaction, or within a reasonable time, Hydrocyanic Acid or its base of either potash or mercury, should be used in a single dose.

Cyanogen in the system is antagonistic to ferments. Protoplasm cannot absorb oxygen or ozone. The venous blood becomes red like arterial blood. As the poisoning progresses the blood loses its oxygen entirely and becomes black. Cyanogen appears to paralyze the whole endocrine system.

If we put one end of the static current in a glass of water it will soon be charged with ozone. If we put the other end in a glass of water the water will become impregnated with cyanogen. Hence we see the similarity of certain atmospheric conditions to that of cyanogen water. If the subject drink this water he will exhibit all the symptoms of cholera. However, if he drinks from the jar of water containing the ozone he will immediately be cured. Thus we may see how copper aids in carrying ozone into the system.

The symptoms of poisoning with cyanogen are these; the countenance becomes greenish, probably caused by the action of the iron in the system or cyanogen compound. The venous blood is increased. The symptoms resemble ptomaine or mushroom poisoning. The system cannot maintain water in its normal proportion, the tissues being drained and shrink rapidly from loss of water. There is great prostration, failing pulse, cold sweats, slow breathing, loss of consciousness. Convulsions, usually tonic, end the train of symptoms.

In less severe cases the patient becomes cross, angry, he just feels angry, has vertigo, rushing sounds in the ears, the countenance pallid or livid or even blue and bloated. Torturing neuralgia in the side of the face, the lower jaw becomes stiff, twitching of the muscles of the eye and mouth, even aphasia, copious vomiting, sensitiveness and burning in the

upper epigastrium. Bowel movements are constipated and, because the system cannot take up water, the urine is increased. There is diarrhœa or œdema of special organs or effusion into the serous cavities. There is much pain about the cardiac region, fatty heart, etc. The nails become violet-colored, there are livid spots on the extremities, the skin may have a violet hue. All-over coldness is also a prominent feature. There are violent headaches with confusion and dim vision. The mouth and its symptoms are characteristic. The tongue is heavily coated, the mouth very dry and metallic or fœtid or pus-like taste. The mouth is practically always astringent from the effect of hydro-cyanogen acid. All these symptoms point to two conditions which are of interest to every clinician, viz.: the deficiency of ozone and increase of cyanogen. So we might go on but this will, at least, give you my basic idea.

Would be pleased to hear from you if you can add anything further to this outline. I have practically proved it correct by experience. As I am specializing in internal medicine and chronic disease, I did not treat a great many cases of flu. However, I have this to say for the wonderfulness of the homœopathic plan, that I treated something over forty or fifty without a death, some of them coming to me from other hands in rather bad condition. Of course it will be said that I had the light cases. No doubt, had I selected them myself I would have selected the easy ones. As I did not, I got some that were certainly quite difficult.

Very truly yours,

S. W. LEHMAN.

P. S. I have since seen one case having a greenish hue about the outer margin of the cornea. It disappeared with the use of cuprum.

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Dixon, Ill.

Dear Doctor Hayes:

As I am very busy I would prefer to have the letter go from you. . . . I find that Hydrocyanic Acid or any of its bases of Kali, Mercurius or Ferrum will do wonders with the indications mentioned. You probably have these remedies in your

armamentarium. If not you may be supplied with all potencies from the B. & T. laboratories.

I will give you a few symptoms of a patient for whom I prescribed last week giving Kali cynatum (KCN) 5m, one dose. The case was of syphilitic origin and had been terribly drugged with mercury and 606. He consulted me first about six months ago, a nervous and physical wreck, apparently almost ready to commit suicide. He said he could not endure his sufferings much longer. With six months' treatment he has become a normal appearing individual. But during this electrical disturbance he complained of terrible pains through the head, the temples especially. He described it as a fullness and pressure, saying his head felt dead. He was very irritable, restless and chilly. Coppery taste. Joints crackling, grinding and aching. Pain in the bones, especially the bones of the head. Aggravation at 2 a. m. was marked.

After seven days, with one dose of this remedy, ninety per cent. of these symptoms had either gone or were much improved.

Very truly yours,

S. W. LEHMAN.

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Brentwood, Md., February 6, 1922.

Dear Mr. Editor:

Please ask your readers if any one of them has actually cured a case of *Psoriasis Generalis* of eight months' standing, and, if so, with what remedy and what potency and how given. Has *potentized* Berberis Aquifolia been found efficacious? Has later use of the *crude drug* warranted the early outlook for this drug in "Hale's New Remedies"? Has Arsenic *high* actually cured a case of Psoriasis? Has sulphur *high*? (This case has no symptoms, no modalities, no pains, itching, soreness; every organ functions save the skin, which sheds its epidermis daily.)

Yours,

JOHN F. KEENAN, M. D.

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Editor's Note.—Replies to Dr. Keenan's queries will be welcomed by THE HOMŒOPATHIC RECORDER. *Thyroidin* may be thought of in the case cited. It would seem, however, as though this patient must have some guiding symptoms which will lead to the selection of the correct remedy.

## DEPARTMENT OF HOMŒOPATHIC PHILOSOPHY.

Stuart Close, M. D., Editor, 248 Hancock Street,  
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## THE DRUG POTENTIAL.

The homœopathic theory of drug potentiation may be considered as an extension into medicine of what is known in physical science as the "Theory of the Potential," a function of fundamental importance on the Theory of Attractions, under which the greater part of the modern progress in invention has been made.

To give Hahnemann his just dues as an original investigator in science, however, and to place his dynamical theory in its right relation to modern scientific thought, it should be remembered that he promulgated his theory of potentiation long before the Theory of the Potential was announced. It was pointed out even during Hahnemann's lifetime that his experiments, and the theory based upon them, opened the way for an entirely new consideration of the subject of dynamics, and led to new conceptions of the constitution of matter. It would be permissible, therefore, from the chronological standpoint, to reverse the opening statement of this article and say that the modern scientific Theory of the Potential is an extension into physics of Hahnemann's pharmaco-dynamical Theory of Potentiation.

For the clearest and most concise definition of the Theory of the Potential I quote the Standard Dictionary:

"Potential exists by virtue of position, as opposed to motion: said especially of energy."

I. Potential is a condition at a point in space, due to attraction or repulsion near it, in virtue of which something at that point, as a mass or electric charge, would possess potential energy or the power of doing work; in the case of electricity, measured by the work done in bringing a unit of positive electricity thither from an infinite distance against an electrical repulsive force.

2. In any system of attracting bodies, a mathematical quantity having at each point of space, a value equal to energy acquired by a unit mass in falling from an infinite distance to that point.

Potential, regarded as something distributed throughout space, determines, by the difference of its values at neighboring points, the intensity and direction of the force acting through the region. Its variation from one point to another thus constitutes or at least measures force, the law being that a material body always tends to move in the direction of increasing potential and a positive electrical charge in that of decreasing potential. The function in the former case is called *gravitation potential*, and in the latter *electric-potential*, which is taken from the opposite algebraic sign.

Electrical potential, which determines the flow of electricity, has been compared to *temperature*, which similarly governs the flow of heat. The potential due to the earth's attraction in like manner determines *level*, which governs the flow of water.

To this we may now perhaps add that the *drug potential*, due to the attraction of the living organism, determines, in a similar manner, the direction and kind of action of the drug prescribed or taken.

Have we not here suggested in this contribution from an allied science, a possible means of measuring the power and action of infinitesimal doses of medicine in the living organism? In physiological experimentation we have to deal with the life principle—a force akin to, if not identical with, electricity—but one which, in its physical manifestations, is demonstrably governed by the laws of motion. It should, therefore, be measurable by the methods and standards used in physical science.

Here is a suggestion for our research workers. Let them lay aside for a time their unfruitful studies of serums, vaccines and micro-organisms, and devote their attention to the subject of vital energy as manifested in living organisms. Let them learn how to measure the actions and reactions of that fundamental, entitative power and principle called Life in the same way that the electrical scientist measures the force with which he deals in his department.

The idea of a drug-potential, analogous to the electric and gravitation potential, has never been advanced before, as far as I know; but it appears to be one capable of being worked out mathematically by some one who is competent. It is merely presented here as a suggestion which may lead to the discovery of a new means of measuring the dynamic energy and mode of action of potentiated homœopathic medicines.

Something determines the intensity and direction of the force of a drug acting within its sphere in the living organism; and its variation from one point to another, or from one condition or state to another, might be made to mathematically measure its force, if such a measurement were desirable for any purpose.

Does a crude drug, in massive dose, act under the same law as a material body and tend to move in the direction of increasing potential? And does an infinitesimal dose obey the law which makes a positive electrical charge tend to move in the opposite direction toward a decreasing potential, and thus effect cure of disease? We know that the direction of action of the massive dose is opposite to the action of the infinitesimal dose, as we know that the direction of the organic forces of health is opposite to that of disease.

We know that a peculiar affinity or attraction exists between a sick organism and the drug which is capable of producing symptoms in a healthy organism similar to those of the sickness.

The theory of the symptomatically similar medicine as a curative is, therefore, also "a phase of the theory of attractions," of which the theory of the potential is another phase.

A dose of medicine placed on the tongue, in contact with the sentient nerves of the organism, from which it is distributed throughout the entire nervous system, is a "something at that point in space at which there exists a condition of attraction or repulsion caused by its presence there." The dose, according to its size and quality, may be a "mass," or it may be an "ion," an infinitesimal dynamic quantity, comparable to "an electric charge."

The action of a drug upon the living substance is analogous to the action of electricity, and has often been compared to it.



There are some who even believe that life and electricity are identical.

When Hahnemann adopted the plan of proving drugs on the healthy, and thus brought drug action within the category of observable phenomena, he opened up a new field in physical science and made possible the formation of a dynamical theory, by which their action may not only be physically explained, but measured, modified and controlled.

In the scientific sense, then, we say that Hahnemann, through drug-proving and potentiation, was enabled to formulate a dynamical theory, and raise *Materia Medica* to the level of a science. In other words, he might be said to have discovered the *drug-potential*, and brought *Materia Medica* and therapeutics into alignment with the other sciences which are based upon the theory of the potential.

The Hahnemannian theory and process of potentiation makes it possible to modify and govern, as well as to measure, the action of drugs submitted to proving, or prescribed under the principle of *similia*, to any extent required. As the development of the modern sciences of electricity, hydrostatics, and engineering has been due largely to the application of the theory of the potential, so has the development of homœopathy been due to the application of a similar theory in medicine.

The theory of the drug potential appears to be a logical corollary of the dynamical theory of life, the law of similars and the law of potentiation. Taken together they make up the great triad of fundamental principles in the Hahnemannian philosophy. If we view life from the standpoint of dynamics, considering health as orderly, balanced and harmonious action and disease as unbalanced or disorderly action of the life principle, then we must also consider the agents which change or modify the action of the life principle from the same standpoint. Any agent or substance which modifies the action of the life principle medicinally must do so by virtue of its inherent dynamic energy; and that action must be governed fundamentally by the same dynamical laws which govern the operation of the life principle physiologically and pathologically.

These laws are related to all the vital functions, and to all the agents which act upon and modify them. The organs of nutrition, growth and repair; digestion, absorption and excretion; innervation and enervation; respiration, circulation, sleep; intellect, emotion, memory, reason, judgment and will all react to appropriate stimuli under the law of attraction and mutual action, stated by Sir Isaac Newton in the formula, "action and reaction are equal and opposite."

These same laws, in the last analysis, govern all the agents and substances which act upon the living organism. They are related to the germination, growth and reproduction, and the development of the inherent properties of all the plants and forms of vegetable life from which we derive our drugs; to the functional and organic development and existence of all the insects, reptiles, and other forms of animal life which furnish their secretions for our medicinal use; and to the origin, formation and constitution of all the minerals and inorganic substances which make up a part of our materia medica. The embodied dynamic energy of each and all of these becomes available and useful through Hahnemann's discovery of the drug-potential and his invention of the mechanical process of homœopathic potentiation.

The form or manner in which the dynamic energy of any particular substance manifests itself depends upon its physical condition, and upon the condition of the organism in which it acts.

The knowledge that drugs act upon the living organism, and that the organism reacts to drugs; and the further knowledge that the organism reacts in a different manner to each drug, led to the recognition of the specific character of drug action and to the doctrine of specifics. It was seen that each drug had a specific or peculiar relation to the living organism, differing from the action of every other drug.

Prior to Hahnemann's time, with only a very few exceptions, this idea was limited in its application to diseased conditions alone. Drugs were used to modify disease conditions upon fanciful or theoretical grounds, without any knowledge of their action upon the healthy organism. Empiricism reigned in medicine. Deluded and hampered by the idea that disease was an entity, the futile search for specifics for *diseases*

began, and has continued to this day, regardless of the obvious fact that no two persons affected with the same disease are affected in exactly the same manner, and that, therefore, there can be no such thing as a specific for a disease. Disease is not an entity but a process—a constantly changing condition or state. The doctrine of specifics applies to diseases as well as to drugs, but it is limited to the *individual*. It does not apply to the class. The direct, producing causes of disease are entities, but the cause can only become active under certain conditions, and the action of any disease-producing substance is always modified by the peculiar character and conditions of the individual and his environment. This modification must always be taken into consideration in practice. The practical problem is to find the remedy for the individual and correctly measure its power and action.

Hahnemann attacked the problem from a new standpoint when he began to investigate the action of drugs upon the *healthy* human organism. By his tests or “provings” he showed that the healthy organism has an attraction for drugs and that it will react to their influence, under proper conditions, in the production of objective and subjective phenomena, or symptoms. By observing these phenomena the peculiar or specific properties and character of drugs may be definitely determined and measured. Drug action is thus proven to be dynamical and brought within the scope of the general law of attraction.

Knowledge of the existence of this attraction or affinity of the living organism for drugs, and of the phenomena which they produce, taken with the conditions under which they are produced, opens the way for the formulation of a dynamical theory of how they act. The power which they exert, or the power which the organism exerts in reacting to them may be both measured and controlled. Considered from the standpoint of dynamics we have here *quantities* with which to deal, the same as in any other department of physics. Power of a specific kind is generated, applied and expended for a specific purpose—drug or medicinal power for proving or cure. The drug possesses potential energy, or the power of doing work

of a certain kind in the living organism, under certain conditions. The quantities dealt with are assignable quantities and may be measured mathematically or otherwise.

Hahnemann's first great discovery was that *the quality of the drug action is governed by the quantity of the drug used.*

In order to control drug action, therefore, it was necessary to find and adopt a scale of mensuration for drugs which should be both quantitative and qualitative. The centesimal scale of dilution adopted by Hahnemann practically fulfills the requirements for quantitative measurement of drug action and satisfies the pure therapist even as a qualitative yardstick: but for the scientist it leaves something to be desired in accuracy for qualitative measurement.

It remains true, however, that Hahnemann's conception of the dynamic nature of drug and disease action brought their phenomena within the scope of the universal laws of motion and made possible the development of an efficient system of therapeutic medication.

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## EDITORIAL NOTES AND COMMENTS.

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INSTILLING FEAR.—During the months of January, February and March especially, diseases of the respiratory organs are common and physicians meet with the usual number of cases of bronchitis, laryngitis, pneumonia and influenza. The latter, especially since the world-wide epidemic of 1918, has in the minds of the laity at least, come to be regarded with almost superstitious dread and fear. The manufacturers of proprietary remedies have naturally taken advantage of this hysteria and subway cars, elevated trains and surface trolleys constantly remind us, through skillfully worded advertisements, that it is our religious duty to guard against influenza by chewing, imbibing or consuming the delightfully efficacious examples of the pharmacutists' art—always, of course, at so much per box or bottle.

Even our departments of health seem to help along the good work by telling people how, when and where to spit—if they must, and so creating in the minds of the dear public a positive distrust of one another and even at times, an almost ferocious attitude toward each other. To be sure, spitting is a filthy habit, not to be indulged in by polite people, in public at all events, but better reserved for the long winter evenings when, seated about the glowing potbellied stove in the country store at Jackson's Corners, the rural denizens, with marvellous skill, acquired by long and painstaking practice, squirt their tobacco-tinged and colored saliva against the sizzling sides of the radiant heater, or more mercifully allow the ejected, perchance noxious pulmono-nasal secretion, to

describe an arc whose final base rests in the well filled sand-box underneath the capacious stove.

We ourselves, having an unfortunate trait of sneezing at inopportune occasions and always four times in rapid, machine gun-like succession, recently narrowly escaped bodily harm at the hands of an assiduous health crusader, whose misfortune it was to sit directly in front of the editorial dignity in a moving picture theatre. Even now, the recollection of this sternutatory exhibition causes painful regrets, when we stop to contemplate the millions of naughty bacilli which, without warning, must have been showered upon our unsuspecting though peevish neighbor. Of one thing we may be sure—he was no Christian Scientist; the followers of the immortal Mary Baker Eddy, whatever they may be otherwise guilty of, either in sins of omission or of commission, are at least not guilty of the crime of instilling fear, for this seems to be reserved to an allwise medical profession through its duly accredited representatives, official, social or what not.

The profound effect of the emotions upon body functions and secretions, ought to be known to all physicians; the depressive effect of fear most certainly renders its victim more susceptible to disease. Why then increase disease, by encouraging fear?

IS HOMŒOPATHY TOO SLOW?—The relief given by homœopathy, in acute diseases especially, is frequently called slow by those critics who are either ignorant of its principles or wilfully blind to its advantages. In painful conditions, quick relief will naturally depend upon one or more of several factors, so that the homœopathic prescriber is obliged to consider all the conditions which enter into the case to be treated. Thus, he may first of all ask himself the question whether homœopathy applies in a given case or not, for much may depend upon the right decision of this question. The removal of the cause of the painful condition is another matter for consideration. The pathology which may be present, must also be thought of, likewise the type and temperament of the patient himself, for assuredly it is he who is to be treated.

A renal or a gallstone colic may and often does yield to a clearly indicated remedy, but may also be so lacking in char-

acteristic symptoms, so palpably mechanical in nature, as to lie outside the possibility of quick relief by homœopathy. Such a state of affairs should be recognized early by the physician, admitted frankly and treated accordingly. Similarly, a continuously acting cause which can be, but which nevertheless, has not been removed, must be recognized and dealt with, if success is to be gained. The pathology present in a case may be responsible for the symptom of pain, in fact pain usually has some degree at least, of pathology as its causative factor. Is this pathology of so gross a nature as to be classed as a hopeless end-product, to which surgical or mechanical measures alone can apply? Can homœopathy cure here or is it merely palliative and if the latter, how quickly and to what extent? The temperament of the patient may be such, as to at times compel the physician to apply remedial measures, which his better judgment admonishes him to pass by. The physician rarely has the ideal state to contend with. An excitable, hypersensitive patient, may be so intolerant of suffering as to permit no time at all for relief. Here, even Chamomilla or Coffea may not have a chance to exert their undoubtedly calming effects. In this age, speed is the great desideratum, patience is a lost art, philosophy has been scattered by the winds of confusion and the ready-made, the substitute, the short-cut, the easiest way, are in the ascendant. Small wonder that the American public in particular, worships at the shrine of such drugs as aspirin, antipyrin, phenacetin, etc., and fails to see that the ultimate result of such indiscriminate drugging is bound to be disastrous.

It is axiomatic in homœopathic practice that the more severely painful and acute the condition, the more quickly can it be relieved. To be sure, this rests upon the assumption, that the correct remedy be recognized and applied. Here is at once the strength and the weakness of homœopathy, for the inexpert, the careless or the lazy are bound to exhibit the weakness and thus expose the entire principle to unjust criticism or ridicule. Thus, in a recent case of violent neuritis, all kinds of pain relievers, including morphin had been given by a homœopathic physician who openly avows that homœopathy is too slow. Yet *Arsenicum album* 200th relieved

the distracted patient promptly, once her mental anguish, anxiety and restlessness had been observed. So, too, *Silicea* 100th very promptly arrested an advancing infectious lymphangitis of the arm, when the usual and carefully applied surgical measures had failed to stop the dangerous inflammation. Within thirty-six hours the tell-tale red streaks and glandular swelling had disappeared. Likewise, in the case of a colored man who had been hiccupping uninterruptedly for forty-eight hours, *Magnesia phosphorica* in high potency put an end to the diaphragmatic spasms within a few hours. Epigastric pain and pronounced weakness were already showing themselves in this unfortunate individual.

Followers of Hahnemann can duplicate these instances many fold and surpass them; others could do the same if they would but pay greater attention to the materia medica and individualize their cases. Study is demanded and no one who has ever seen the truly marvelous responses to the rightly chosen remedy, can ever call homœopathy too slow.

ACONITE IN HÆMOPTYSIS.—Mr. H. developed a pneumonia of the right lower lobe, which yielded rapidly to *Iodine* 30th. Slow resolution, however, prompted the subsequent administration of a single dose of *Tuberculinum* 10 m. A violent reaction occurred within a few hours, the temperature rising rapidly from the normal, with accompanying increase in the pulse and respiration rate. The cough increased and the hitherto greenish-yellow sputa were suppressed and substituted by a bright red, frothy, bloody expectoration. Anxiety and fear, restlessness and thirst were marked, not only in the patient, but also in the rest of the family. This family drama had been acted all night. In the morning, coarse, bubbling rales over the right lower lobe in the axillary line could be easily heard. *Aconite* 200, in water, a dose every two hours, was given with speedy calming effect and diminution in both cough and hæmoptysis. The subsequent course of the condition was uneventful.

Undoubtedly the nosode *Tuberculinum* should have been given in a lower potency, such as the thirtieth. Possibly it ought to have been withheld entirely. It is often difficult to judge accurately of the reactive ability of a patient; too much



medicine may be worse than none at all. No adjuvant treatment, such as ice-bags, was employed in this case and needless to add no morphin was given.

*Millefolium* has a similar hæmoptysis, but lacks the fear and restlessness of Aconite.

AMBRA GRISEA or ambergris, is a morbid secretion of the whale, which was first proved by Hahnemann and his co-workers. Hahnemann states that ambra grisea is obtained from the intestine of the sperm whale and probably is a fatty excretion of the gall-bladder, "obtained of best quality from the sea, especially after stormy weather, off the coasts of Madagascar and Sumatra. It consists of small, rough, opaque masses, which are lighter than water, of spongy consistence, and can easily be broken up into rough, uneven pieces, externally of a brownish-grey color, internally permeated by yellowish, reddish, and blackish fibres intermingled with whitish, very odorous points, somewhat greasy to the touch, and of faint but very refreshing fragrance." For medicinal use Hahnemann directed that it be prepared by trituration and it is so prepared today. Its duration of action was given as at least three weeks, by Hahnemann.

The remedy is most suitable to high strung, nervous people, oversensitive people who cannot bear the presence of strangers; bashfulness; hysteria. Allen states that it is "useful for persons who are debilitated either by age or overwork, who are anæmic, sleepless, have twitching of the muscles."

Undoubtedly Ambra is often overlooked by homœopathic prescribers when it should be employed. We wish here to call attention to its throat symptoms and a verification of one of them. The *Materia Medica Pura* gives "SCRAPING IN THE THROAT," "SECRETION OF MUCUS IN THE THROAT," "hawking of mucus in the morning" and "when hawking up mucus from the throat, almost unavoidable retching and vomiting." This last symptom we have verified in a high strung Italian patient, who has a chronic pharyngeal catarrh, with involvement of the eustachian tubes. In his case, retching and vomiting each morning after breakfast, when attempting to clear his throat of mucus, was a most annoying symptom. *Ambra grisea* 40m stopped this entirely, with improvement in the throat symptoms generally.

Allen, in the *Handbook of Materia Medica*, gives the symptom under STOMACH as "Retching and vomiting can hardly be avoided when hawking up phlegm. Spasm."

Nervous, spasmodic cough with eructations, inability to fall asleep at night and restless sleep are further symptoms of reliability. The remedy is deserving of careful study.

DIPHTHERIA SHOULD BE ERADICATED.—"Diphtheria is the only acute infectious disease for which we possess a laboratory method of diagnosis, a means for determining susceptibility, a reliable preventive and a specific remedy.

It would seem, therefore, that diphtheria should be of as infrequent occurrence as is smallpox in well-vaccinated communities. Statistics show, however, that the case and death rates for diphtheria have shown a tendency to increase during the last four years. The year 1920 shows a total of nearly 24,000 cases and more than 1900 deaths and a death rate of over 18 per 100,000 in New York State.

The responsibility for this condition of affairs rests in part with those parents who attempt to treat cases of sore throat with home remedies, in part with so-called drugless healers, but most of all with the physician who neglects to make use of the facilities available for diagnosis and treatment.

While the number of deaths from diphtheria in New York State has been reduced from one out of every two cases in pre-antitoxin days to one out of every twelve cases at the present time this latter figure could be much further reduced if physicians would make it a rule to take cultures in all cases of sore throat, to administer antitoxin and isolate all suspicious cases without waiting for the culture report and to immunize all contacts with antitoxin;—actual eradication of the disease will only come by the universal use of toxin-antitoxin in all children who are shown by the Schick test to be non-immune to the disease, a procedure which can be carried out at the present time only by those who are thoroughly trained for the work."

The above communication is taken from *Health News*, the official monthly bulletin of the New York State Department of Health, Albany, N. Y. In the January number of THE HOMŒOPATHIC RECORDER, we have editorially commented upon

the question of diphtheria under the caption "The Prevention of Diphtheria." We need not repeat what was there said; but it is plain that the cause of preventive medicine is steadily advancing along the lines of compulsory serum and vaccine therapy. We do not for one moment question the lofty motive which has undoubtedly inspired this editorial pronouncement in *Health News*, but do homœopathic physicians fully agree with the views therein expressed? Does organized homœopathy, *The American Institute* for example, agree? Is every homœopathic physician willing and prepared "to administer antitoxin and isolate all suspicious cases *without waiting for the culture report*, and to immunize all contacts with antitoxin"? (italics ours). If homœopathic physicians subscribe to this dictum and make it a rule, what about the employment of their own remedies, which have proven so remarkably efficacious as well as superior in "suspicious" cases? What about the indications for *Bell.*, *Merc. i. f.*, *Merc. i. r.*, *Lach.*, *Lyc.*, *Phyto.*, etc., etc.? Are all these remedies to be forgotten in the treatment of throat cases, even though suspicious in appearance? Or are these remedies to be given in addition to antitoxin? We are aware that, in cases of established diphtheria, many homœopaths do this very thing, but is it fair to the antitoxin or to the remedies? Is it scientific or even good practice? Is it not high time that organized homœopathy make some attempt to settle this and other vital questions which concern the future of homœopathy itself, instead of wasting time on matters of comparative unimportance? Or must we wait until the great Juggernaut of Established Medicine has rolled over us and flattened us out in the gray dust of oblivion and inaction? It certainly looks as though Medicine by compulsion, is not far off.

POISONING FROM SPIDER BITE.—"Cavassa reports three cases, all in robust men. The one bitten by the 'luna,' a very small spider, died the fourth or fifth day. The two bitten by the tarantula recovered. The skin was involved in both, the process amounting to gangrene in the arm in one and a general eruption with desquamation in the others, besides the symptoms of grave general toxic action." *J. A. M. A.*

Spider poison is of interest to homœopaths; several different spiders are used as remedies, notably, *Aranca diadema* or cross spider, found in Europe and America; *Tarentula hispana*, a native of South America, but also found in Spain; *Tarentula cubensis*, found in Cuba and Mexico, but a member of the same family as the *Tarentula hispana*. Dr. J. Navarro, sponsor for these last two spider-poison remedies, in 1880 stated as follows: "Although apparently alike, these species differ widely in their pathogenetic and therapeutical effects. The *Tarentula hispana* is a nervous remedy, acting deeply and powerfully on the cerebro-spinal system, and many cases of chorea, hysteria, etc., have been cured by this precious agent."

"The *Tarentula cubensis*, on the other hand, seems to be a toxæmic remedy, acting directly on the blood, and being in this way an analogue of crotalus, apis, arsenicum, etc. It seems to be especially useful in malignant ulcers and abscesses, anthrax and the like."

*Mygale lasiodora* is a large, black Cuban spider used chiefly in the treatment of chorea. One of its indications is the fact that, all choreic movements cease during sleep, but are worse in the morning.

The principal characteristics of *Aranca* are the *periodicity* of its symptoms, *coldness* and a general *aggravation* from *dampness*. Also a sensation of enlargement of various parts. In intermittent fevers of malarial origin, it is a valuable remedy when the above keynotes are in evidence. Coldness predominates and sweat is absent. External warmth does not relieve the chill.

*Tarentula cubensis* is of value in carbuncle and we have seen it do most excellent work in this disease. Prostration, high temperature, delirium, burning pain and a bluish appearance of the affected area are the guiding symptoms. *Lachesis* should be compared.

So far as their destructive effects upon the tissues are concerned, the spider poisons should be compared with the snake poisons.

# THE HOMŒOPATHIC RECORDER

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## A PROVING OF THYROID GLAND.

H. P. Gillingham, M. D., New York.

Early in November, 1917, the Materia Medica Laboratory of the New York Medical College and Hospital for Women, which I have the happiness to direct, began a careful and systematic proving of thyroid gland, at the instigation, and with the financial assistance, of the American Institute of Drug Proving.

Volunteers from the student body of the college were called for. Five were selected, and one other young woman *not* a student at the college, making six provers. These were addressed by Dr. Rabe, who is Secretary-Treasurer of the Institute of Drug Proving, and by Dr. Dieffenbach, Vice-President and Trustee of our college, who impressed upon them the importance and the seriousness of the experimental work they were about to undertake.

I would like here to testify to the conscientious and capable and self-critical manner in which these six young ladies performed their work.

Each prover after signing a general release in favor of the college, was subjected to a rigid general physical examination, first by myself, then by Drs. Emily C. Charles and Sophie B. Scheele. Each was then examined as to urine by Dr. H. Trossbach (our college and hospital pathologist); as to blood by Dr. Lindsley F. Cocheu; as to eyes and ears by Dr. William McLean, as to nose and throat by Dr. Henry Lyding.

Personal and family histories were carefully gone into. Weight, measurements, T. P. R., blood pressures, acuity of special senses, etc., recorded. The provers represented a high average condition of health with such exceptions as will be noted later.

It is needless to say that none of the provers (nor, in fact, anyone except Dr. Rabe and myself) knew the identity of the drug to be proved.

It was ordered that the provers should adhere to their usual diet, but each was required to turn in every day a minute report of all food and drink ingested, qualitative and quantitative, that it might at once be determined whether or not the diet was responsible for any symptom arising. It may be said here that with the exception of one instance, it was deemed that no symptoms could reasonably be ascribed to the diet.

Prover No. 1 (the one from outside the college, 30 years) was an unusually healthy and generally normal woman. She developed *many* functional heart symptoms and many nervous symptoms. She took the 60x (two 1-gr. tablets t. i. d.).

No. 2, aged 21, robust and healthy, save for slight hæmorrhoidal congestion and abdominal pain at menstrual period and occasionally slight menstrual headaches. Had a very slight enlargement of right lobe of thyroid. She took 6x, two 1-gr. tablets t. i. d. till seventh day, after which 12x same dose and rate.

No. 3, age 20, *very* good health, although with an habitually irregular pulse and generally nervous. Took 12x till seventh day, then changed to 30x, same dose and schedule as last prover.

No. 4 had a moderate enlargement of thyroid, being one of six sisters, all of whom have some thyroid enlargement. Not a very good history, but now, seemingly in perfect health. Took 1x, two 1-gr. tablets, q. 2 h. During the first week, while taking placebo, she caught cold, which became worse after starting on the drug, so she discontinued the proving for four days (4th, 5th, 6th, and 7th), during which time she recovered and resumed on the 8th day, taking 1x tablets ij q. i. d., and on the 14th day changed to 3x tablets, ij. q. i. d.

No. 5, aged 21, married, delicate type, poor history, but in good present health. Took 3x, 2 tablets q. 3 h.

No. 6, aged 21, good health, robust. Took 30x, two 1-gr. tablets, t. i. d.

The provers were individually under close official observation for 32-39 days, and under a less rigid observation for six weeks longer.

Matters of interest are, *e. g.*, the irregular pulse of No. 3 became gradually under the drug less irregular and finally became quite regular and has remained so.

No. 4's thyroid became, at first, larger, but midway in the proving began to recede, and is now much smaller than it was before. No. 2's very slight unilateral thyroid enlargement disappeared early in the proving.

In these instances the drugs seemed to be remedial.

The study of the blood pressure observations was interesting. Altogether there were 250 observations made. The most striking result of the conclusion forced on one is that a single reading, or two or three at intervals of days or weeks, has only a very limited value, and this because the variation is so markedly affected by slight and entirely commonplace causes. The time of day, the time and relation of meals, with relation to water drunk, the intensity of the mental work preceding the reading, the fact that the reading had been preceded by a day of rest, menstruation, and the psychic factor—all have a decided effect in modifying the pressure, both systolic and diastolic, and it was found that this variability was as great among the controls as among the provers, and cannot be laid to the thyroid.

Pressures of our provers were, before the actual proving, *low*, the pulse pressure averaging 25. All had markedly cold hands and feet, and heart sounds were too weak. The first and immediate effect of the drug was to raise the pressure considerably (from 10 to 25 mm. Hg.), both systolic and diastolic; then after 2 to 4-days it dropped down some 5 to 15 mm. (systolic), but maintained a better level than before with a pulse pressure averaging 35 mm.

*No. of symptoms:* There were reported results, which, when separated into their component parts, represented over 900 symptoms.

Many of these were repeated in two or more provers—some in all six provers. By elimination of repetition, and of symptoms obviously not due to the drug, the number finally boiled down to 407. These have been arranged according to the Hahnemannian schema of anatomical rubrics.

The greatest number referred to the *Head*, of which there were 44; the *Abdomen* claimed 36; *Stomach*, 28; *Heart*, 27; *Sleep*, 25; *Mind*, 23; *Mouth and Respiratory Organs*, 21 each; *Fever*, 20; *Eyes and General*, 19; and so on down to *Rectum and Anus*, *Stool and Urinary Organs*, four or five each. The *Skin* had 11, and the *Genital Organs* had 9 symptoms, but these last are mostly very comprehensive symptoms, which it was deemed best to preserve as nearly as possible in the language in which they were reported.

A full and minute report has been rendered the American Institute of Drug Proving, who will, I believe, publish the complete proving in the near future. Time will permit now only a most superficial glance at the symptoms. I shall pick out from each of a few of the rubrics two or three characteristic symptoms, which will, perhaps, indicate the general character of the pathogenesis.

*Mind (Emotional Sphere)*: Marked irritability of temper; nervous; apprehensive; depressed; as expressed in these two symptoms.

(1) "Very nervous, fearful and apprehensive. Anxious feeling of foreboding with cold and clammy hands."

(6) "Feel as if I could cry from the least provocation; very much irritated at little things; lost my temper with very little provocation; morose and sulky; wanting to be alone; could have cried from vexation."

On the intellectual sphere it seemed always depressing as in the following:

(3) "Difficulty of concentration, takes twice as long to study or read as formerly; absent-minded."

*Head*: Of the 44 symptoms, all but four or five were of pain,—and of these 30 were located in the frontal region. There was considerable variety among these—one or two will serve to illustrate.

(2) "Heavy throbbing headache worse in frontal region, worse concentrating mind, better out of doors."

(6) "Severe frontal headache, worse on right side, worse in warm room, worse from using eyes or studying, disappearing after taking a long walk in evening."



Most of the head symptoms were associated with sense of fullness, sometimes of high degree, as:

(2) "Great fulness and heat of head, worse at vertex, seemed as though head would burst from engorgement, with throbbing of temporal arteries, redness of ears, feeling of engorgement of eyes and dull stupid mind." (Morning 13th day.) The blood pressure of No. 2 at this time was running around 150 mm., having been affected by the drug more than that of the others.

The headaches were more pronounced in the morning and afternoon than during the evening or at night. They were perhaps rather more inclined to affect the left side. They were almost always worse from motion or exercise of any kind, physical or mental, always worse from heat or indoors, and correspondingly better in the cool, fresh air; often better from external pressure. Vertigo was only reported once.

*Nose:* Five provers developed rhinitis, but I can find no unanimity, either in the character or in the modalities, unless it be the generally expressed dryness of the nasal mucous membranes indoors, and fluent coryza outdoors, the discharge being profuse, watery and bland.

*Face:* Usually was redder than usual—sometimes decidedly flushed. No. 1 developed a queer symptom, *viz.*, "A loose sensation in lips, unable to control them, as though the orbicularis oris was relaxed."

*Mouth:* All provers complained much of bad taste, disagreeable, nasty, slimy, metallic, bitter, sour, sour-bitter, etc. Generally worse in A. M. The tongues of all assumed unusual characters, generally with a heavy white or grayish-white coating in centre, bright red edges or tip. Papillæ almost always enlarged and prominent. Sometimes showing through the grayish white centre; sometimes more conspicuous on the red tip, and margins. Dryness of the mouth predominated.

*Throat:* Dryness of the throat was marked in all provers. Posterior pharyngeal wall, uvula and faucial arch were much congested, red and dry, with rawness and burning in all provers from the 4th to the 24th days.

The posterior nares seems to claim the attention of several provers at times; with dryness and sticking pains there, worse on swallowing. The left side of the throat seemed more affected than the right.

*Stomach:* As usual, there was developed both increase and loss of appetite, but the increase more prominent. For instance, No. 5 for four days in the mid-proving reported "Appetite increased, not satisfied, no matter how much I've eaten." This prover developed an abnormal desire for sweets, though generally cared very little for them. Thirst for cold water was a prominent symptom, especially developed in prover No. 4, whose usual consumption of water is abnormally low. Among the many eructations, perhaps the most noticeable kind was that which relieved the nausea and pressure in the stomach. Nausea was a common and frequent symptom and, though occurring under different circumstances, was conspicuously worse while riding in the car. It was always better on going out into the cool air, as was the headache.

*Abdomen:* Throughout the proving there were many abdominal and pelvic symptoms—for the most part *painful* ones—generally described as "sharp," "cutting," "colicky" and "crampy." Pervading them was a sense of fullness—"as if the stomach (or abdomen) was full of gas, worse on pressure, worse on walking." Pains were generally better "bending forward," or "doubling up," and after the passage of flatus. There was a good deal of distention. There was a marked predilection for an area midway between the umbilicus and the Ant. Sup. Iliac spine on either side, especially on *right* side. (McBurney's point.)

There were developed marked pains—cutting in character, in pelvis, "as though in uterus—shooting downward into thighs." These described as "excruciating." An oft repeated observation concerning the abdominal pains and, indeed, of pains and sensations *anywhere*, was their fleeting character. Many were reported as "lasting only a minute or two," or as "momentary."

Several reports were made on the large quantities of flatus passed from the bowels, and it was often said to have the odor of  $H_2S$ .

*Stool:* The stool does not seem to have been much affected. Two provers reported diarrhœa once each, and one twice remarked on her constipation. The incidence in either case is so small that it seems not worth while to report the specific character.

Only two provers reported any urinary symptoms, and these were not very interesting.

*Genital Organs:* Menstruation.

No. 1. Habitually menstruates q. 31 days—menstruated fifteen days too soon.

No. 2. Habit was 29 days—menstruated six days too early.

No. 3. Usually q. 30 days—came one day too soon.

No. 4. Usually q. 29 days—came two days too soon.

No. 5. Usually q. 29 days—was two days late.

No. 6. Who always allowed 30 to 40 days to elapse between periods, conformed to her usage and reported an interval of 38 days.

On the whole, there was much more pain suffered during this proving—menstruation than is usual with these individuals—though *one* who usually has more or less trouble at beginning of period escaped pain entirely. It was she whose thyroid enlargement disappeared entirely and finally (so far) during the proving. The menstrual experience of each prover will be found reported in full in the published report.

*Respiratory Organs:* Here were developed some very good symptoms, as: The dryness of tickling in the larynx, provoking a dry, hoarse, barking, or whistling cough, sometimes violent and spasmodic, with cough aggravation in the morning, mornings after rising, from coughing, after waking in morning, in cold open air, on entering a warm room, in evening and at night.

A complex symptom developed by No. 1 (the prover who showed so many heart symptoms) and reported by her persistently, in varying terms, I will quote in full, as expressed from the 3d to the 24th day. "Splitting pain in ensiform appendix, with accompanying nervous, sensitive feeling radiating from sternum towards both axillæ—returned almost daily throughout

proving, with sundry variations, as: Sternal region felt sore, as though bruised, sensitive to touch, remaining after splitting pain had left; splitting pain in ensiform, ending with a quick throbbing pain in surrounding region. Splitting pain in ensiform followed by a few throbbing pains in apex of part, and *these* followed by a throbbing pain in left ovarian region (lasting two minutes); splitting pain in ensiform, with, or followed by, a disagreeable rapid thumping of heart and shivering feeling, all ending with one quick sharp pain in apex of heart, splitting pain in ensiform, worse on adducting arms, or on inspiration, worse on bending forward; splitting pain in ensiform was *always* accompanied by a nervous, sensitive feeling in chest, and a bruised sore feeling in lower sternal region, which remained after the splitting pain had left, and the attacks lasted variously from 5 minutes to 14 hours." All provers experienced a sense of fullness in chest—generally with palpitation—with oppression and craving for fresh air.

*Heart:* The 27 symptoms pertaining to the heart were contributed by 5 provers, the only one having *no* heart symptoms being the one whose thyroid disappeared. It should be noted that this prover has been, apparently, benefited all around by the drug, having changed her weight, since beginning the proving, from 124 to 134 pounds.

The heart symptoms were *pronounced* in degree. They were of two kinds: (a) Sharp, sudden, sticking pains, and (b) palpitation, and the latter usually accompanied the former. Both were associated usually with sense of fullness in chest and nervous, apprehensive feeling—and feeling of being under "*high tension.*"

The pulse rate was heightened.

In 4 there was painful swelling of lymph—nodes and *glands*, cervical and submaxillary and parotid mostly, while one of the others had pains of same character (sharp, cutting) in these regions, though the glands were not palpable.

*Skin:* There was much itching of the scalp and skin, worse by scratching and worse after hot bathing.

*Sleep*: All the provers had pronounced sleep symptoms; restless, disturbed, unrefreshing sleep—awakened by least and usual noises,—bad, even terrifying dreams—at night—while in daytime, unusual sleepiness.

Among the temperature symptoms, chilliness and coldness predominated. All contributed. Sometimes the coldness was general—sometimes partial, and then principally hands, feet, upper arms or upper body.

The *heat*—such as there was—was usually in *flashes*. Ascending to face and head, with throbbing in arteries of head and neck.

An interesting sweat symptom was the oily, musty-smelling sweat which a prover had at beginning of menstruation.

This summary will serve only to indicate the wealth of symptoms contained in the proving, and in a vague way to point the general trend of its action. I am sure the published report will repay close study.

Collaterally, a series of experiments were tried on guinea pigs, four being fed thyroid in different strengths. Two received the desiccated gland, and died in 5 or 6 days; another received 1x (that is one-tenth gr.) and died in about two weeks. A fourth received 3x, and, though he became ill, lived until killed after about five weeks of medication.

Each one was autopsied, as were controls. In all cases the adrenals were found affected, enlarged, hyperæmic, hæmorrhagic; and, in one case, burst open and necrosed, as well as very hæmorrhagic.

The spleens were hyperæmic and showed hæmorrhage. There had been arrest of intestinal peristalsis without impaction. The lungs were extremely congested. The right ventricle and *both* right and left auricles were full of black, unoxygenated blood.

There is enough in these findings to indicate the possibility of the drug having depressed the vagal centres.

This is a faithful field for further study.

## PROVING OF THYROID GLAND,

By

The Materia Medica Laboratory of the New York Medical  
College and Hospital For Women.

Made under the auspices of  
The American Institute of Drug-proving.  
1918.

Director of Proving—H. P. GILLINGHAM, M. D.

### *Associates:*

General Physical Examination,	{ EMILY C. CHARLES, M. D. SOPHIE B. SCHEEL, M. D.
Blood Examination,	LINDSLEY F. COCHEU, M. D.
Eye and Ear Examination,	WILLIAM McLEAN, M. D.
Nose and Throat       “	H. W. LYDIG, M. D.
Urinalysis,	HERMAN TROSSBACH, M. D.
Diet Supervision,	ETHEL W. WICKWIRE, M. A.
Test Solutions,	MRS. MAY DAVIS, G. Ph.

### PROVERS.

No. 1. Miss N.; age 30; single; born in Canada of Scotch parentage; graduate horticulturist; 5'3"; 129 lbs.; no abnormal family tendencies; in almost perfect physical and mental health; complexion fair; eyes blue; hair brown; figure full; flesh firm; physical examination disclosed no abnormalities; began menstruating at 14; menstrual history uneventful; menstruates usually every 31 days, lasting 4 days, normal; no leucorrhœa; temperature, 99°; pulse 86; respiration 20; blood-pressure, systolic 130, diastolic 108. Took 60x, 2 one-grain tablets 3 times every day, beginning on second day after cessation of menses, and continued drug for sixteen days (through the following menstrual period). Was under daily observation for 32 days.

No. 2. Miss M.; age 21; single; born in New York of Italian parentage; medical student; 5'3"; 128 lbs.; no abnormal family tendencies, except that her only brother has been "feeble-minded" from his fifth year; in very good health, physically and mentally, except for hemorrhoids occurring occasionally at menstrual period, a heavy dull pain in lower abdomen each month for four

or five hours after flow starts, and sometimes a frontal headache preceding the menses; there is sometimes a slight, bland, watery leucorrhœa just before menses; complexion dark, clear; eyes dark brown; hair dark brown; figure plump; flesh firm; physical examination disclosed no abnormalities except a very slight enlargement of right lobe of thyroid gland; began menstruating at 13; was irregular for first five months, since then usually menstruates every 29 days, lasting 5 days, normal, except for pelvic pain above mentioned; temperature  $97.4^{\circ}$ ; pulse 92; respiration 22; blood-pressure, systolic 122, diastolic 106. Took 6x, 2 one-grain tablets 4 times every day, till the 7th day, when she was changed to the 12x, same dose and schedule. Was under daily observation for 32 days.

No. 3. Miss S.; age 20; single; born in New York of American parentage; medical student;  $5'3''$ ; 101 lbs.; no abnormal family tendencies,—particularly good family history; in very good health, physically and mentally; complexion medium, clear; eyes blue; hair brown; figure of good proportions; flesh firm; physical examination disclosed only the following slight abnormalities: hands cold and damp, more so when nervous; very slight enlargement of thyroid gland, hardly discoverable; nipples undeveloped; heart-action rapid under excitement, with intermittent pulse; began menstruating at 13; menstrual history uneventful; menstruates usually every 30 days, lasting 5 days, normal; very occasionally has a little bland, albuminous leucorrhœa just before menstrual period; temperature  $98.4^{\circ}$ ; pulse 62 (becoming 95 while under examination); respiration 19; blood-pressure, systolic 130, diastolic 110. Took 12x, 2 one-grain tablets 4 times every day till the 7th day, when she was changed to the 30x, same dose and schedule. Was under daily observation for 33 days.

No. 4. Miss T.; age 23; single; born in New York of German-American parentage; medical student;  $5'6''$ ; 132 lbs.; complexion fair; eyes grey; hair light-brown; figure full; flesh firm; physical examination disclosed no abnormalities except a moderate enlargement of the thyroid gland; family history reveals father rheumatic, mother with chronic bronchitis, five sisters living, all with slightly enlarged thyroids, one sister died of cerebro-spinal meningitis; prover had articular rheumatism when 15 years old.

followed by cervical adenitis, one cervical gland suppurating when 19 years old, and thereupon received surgical treatment, drainage continuing for several months, sinus closing spontaneously; at 20 years of age had another (slight) attack of polyarthritis; often has tonsilitis.

At time prover received her preliminary examination and began taking placebo, she seemed in perfect health, but during the eight days before beginning to take the drug (*i. e.*, while taking the placebo), she developed coryza and bronchitis. Began menstruating at 13; was slightly chlorotic at that time; usually menstruates every 28 days, lasting 7 or 8 days, normal, except that sometimes she has pain in lower abdomen during the first two days of the period; usually has a very little white, bland leucorrhea just before and after menses; temperature 98.4°; pulse 88, respiration 19; blood-pressure, systolic 122, diastolic 102. Took ix, 2 one-grain tablets every 2 hours, but the pre-existing catarrhal symptoms (respiratory) becoming much worse, her drug was reduced on the third day of proving to tablets ij, q. i. d., and on the 4th, 5th, 6th and 7th days she omitted the drug altogether (on orders); on the 8th day (7 A. M.) being much better, she resumed the proving (at last dose and interval), but on the 14th day the potency was changed to 3x, tablets ij, q. i. d.

Was under daily observation for 39 days.

No. 5. Mrs. W.; age 21; married six months; born in New York of American parentage; medical student; 5'6½"; 112 lbs.; father (living) was supposed to have gastric ulcer 10 years ago, but is now in good health; mother was operated on 4 years ago for ovarian cyst, now in good health; besides usual children's diseases prover had "Cuban itch" at 2 years; two attacks supposed to be appendicitis at 15 years (not operated upon), and at sixteen years had for one month aphonia, cause unknown; declares her present health to be "better than ever before, in fact, about perfect"; complexion medium; eyes blue; hair light-brown; figure thin; flesh soft, relaxed; physical examination disclosed no further abnormalities except a shallow chest (though capable of ¾" expansion) and cold hands and feet, admitted to be their usual condition. Began menstruating at 13; menstrual history uneventful; usually menstruates every 28 days, lasting 5 to 7 days, usually profuse, of slightly offensive odor, otherwise nor-



mal; often a slight bland, white albuminous leucorrhœa just before menstrual period, usually worse when she is walking and in the morning; temperature  $97.4^{\circ}$ ; pulse 88; respiration 18; blood-pressure, systolic 112, diastolic 88. Took 3x, 2 one-grain tablets every 3 hours. Was under daily observation 38 days.

No. 6. Miss B.; age 21; single; born in New York of English-American parentage; medical student; 5'3"; 126 lbs.; parents living and well; only abnormal family tendency implied in the fact that most members of the father's family die of cerebral apoplexy; besides most of the usual children's diseases has had several attacks of tonsilitis, because of which tonsils were removed one year ago; was chlorotic at puberty; has a mild degree of jaundice occasionally; had severe otitis media suppurativa, right side, two years ago, a slight serous discharge still remaining; is at present in excellent health, and besides the slight aural discharge and a not-quite healed scar in bend of left elbow (was donor for blood-transfusion one month before proving began), general physical examination showed no abnormality; complexion fair; eyes blue; hair light-brown; figure full; flesh firm; athletic habit. Began menstruating at 13; menses usually tardy; (30 to 40 days), lasting 7 days, preceded for a week by sore, swollen breasts, and occasionally with pains in pelvis first two days of period; sometimes has a slight, thin, bland leucorrhœa on walking; temperature  $97.6^{\circ}$ ; pulse 70; respiration 22; blood-pressure, systolic 128, diastolic 104. Took 30x, 2 one-grain tablets t. i. d., before meals. Was under daily observation 31 days.

*(To be Continued.)*

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## PHOSPHORUS.

Dr. Guy Beckley Stearns, New York City.

The following four cases, in addition to showing some of the keynote of Phosphorus and its scope of action, illustrate a method of studying chronic conditions.

A physician, aged 63, fair skin and hair, weight over 250 pounds, complained of throbbing pain in the mid-chest front

and back, with shortness of breath induced by any emotion or exertion. He had swelling of the feet and ankles. Pulse 96. Apex four inches to the left in the fifth space; heart-sounds indistinct and weak. This patient represents that class of cases so aptly described by Mackenzie as "The beginning of heart-failure," due, undoubtedly, in his case, to a fatty heart.

His pains first occurred as a throbbing in the lumbar region if he retained his urine too long or strained at stool or when urinating; later, this pain worked up to the chest with the aggravations as described.

Diagnostically, these symptoms referable to the heart are of first importance; but, in studying for the homœopathic remedy, we allow them temporarily to slip into the background and regard the symptoms which characterize the constitution as the most important.

This man was mentally active and keen but physically sluggish, this sluggishness being due partly to inclination and partly to old un-united fracture of the femur. He was buoyant if all went well but easily depressed by adverse conditions. If awakened after going to bed, he remained wakeful and disturbed for the remainder of the night. He was good-natured, but very susceptible to emotional disturbances. Mental exertion caused occipital headache toward the end of the day. He was neurasthenic and apprehensive, and for two years had been developing a few phobias. He perspired easily; experienced general aggravation before a storm and in wet weather. He had five to eight painless stools daily, the first always waking him at 4.20, after which he did not sleep. All acid fruits passed undigested. He had never been as well since an operation for anal fistula a few years before.

Two prominent characteristics in this patient's case were general aggravation from emotional disturbances and easy perspiration. Repertorially, the most prominent remedies under these two symptoms are: Calc. Carb., Cocc., Gels., Nat. Mur., and Phos.

Mental keenness, susceptibility to weather changes, and chronic painless diarrhœa are all keynote for Phosphorus. This remedy was given in high potency, doses not being repeated as long as improvement continued. All symptoms im-

proved and now, fifteen months later, the anginoid symptoms are gone, there are only two stools a day, and he can do a normal day's work without headache or other distress.

The second case was a man sixty-two years old, stout, blond, taller than average, who for ten years had had periods of exhaustion with shortness of breath, and, for the last three years, had had irregular pulse with occasional extra systoles. For one year there had been anginoid symptoms, sudden pain in the heart extending down the left arm like the twanging of a taut string. Every few weeks, stoppage of the urine necessitated catheterization. Glycosuria for many years. He had spells of mental depression. Constitutionally he took cold easily and these colds always affected the chest. He was a large eater and felt that eating braced him up; was always much refreshed by a nap; better from heat than from cold; perspired easily and felt better from perspiring; was worse in a close room. He was far more active mentally than physically.

This patient's pulse was 84 when he was seated; apex in fifth space four inches to the left of the sternum, second aortic accentuated, heart-sounds indistinct. This complex of symptoms also belongs to Phosphorus, and this remedy, given as it was given in the case just cited, has corrected all the heart and other symptoms.

The next case is a man of 31, tall, dark, slender, aquiline features, long fingers. Harvard graduate. This patient had had three attacks of manic-depressive insanity; the first in 1914, the second in 1915, and the last in 1917 when he was for five months in a hospital, from which he was discharged with a bad prognosis. These attacks began with excited mental state which gradually increased until he became exalted and then maniacal; after a few weeks of this it was succeeded by depression that lasted for several months. He was always subject to alternate periods of elation and despondency.

I first saw this man in December, 1917, three months after his dismissal from the hospital. His constitutional symptoms were: Inability to concentrate because thinking made him restless and uneasy. Sensitiveness to cold and easily induced fatigue. Perspiration of hands and feet, that from the feet

being offensive. Difficulty in falling asleep. Ravenous appetite during the outbreaks. General relief from eating. General aggravation in the afternoon. Occasional headache, better in the open air and worse from stooping or any motion. Depression during cloudy weather. Susceptibility to taking cold. General desire for and alleviation from being in the open air.

Repertorially, considering the local perspiration of hands and feet and the relief in the open air, Fluor. Acid., Phosphorus, Sepia, and Sulphur, present themselves for comparison. Phosphorus covers the entire case and it was given in the same way as in the two previous cases. All the symptoms gradually cleared up including his lack of mental control, and he obtained employment in a bank where he has had several promotions during the past three and a half years.

Kent reported a case of dementia præcox which he cured with Phosphorus, where he discovered the keynote in the fact that the patient wanted all food and drink cold. Apropos of dementia præcox, that remarkable man, the late Joseph Fraenkel, stated in one of his endocrinological clinics that, before he became interested in homœopathy, he had considered dementia præcox incurable but that, since practising homœopathy, he had cured seven cases.

The last of this series of Phosphorus cases was a man of 32, suffering from psychasthenia; medium height, fair complexion and hair, face round but drawn, worried expression. His teeth had been treated for pyorrhœa two years before and he had, as he put it, never felt right since. Eight months before, he had been operated on for appendicitis; had had a slow convalescence and had been nervous ever since. Two months before I met him, he had had a nervous spell of which he had but a hazy recollection, had "talked peculiarly," he said, and ever since had felt strange and everything had seemed to him strange. He had constant apprehension; feared insanity; wondered how he came to be here; everything in the world was wrong; he kept getting in a panic, it seemed, and had been unable to go to his office. This man was in the insurance business.

He feared to be near a knife lest he should commit suicide, yet he was afraid of death; afraid to be alone. He often got impulses to smash things.

Constitutionally, he was always worse from 5 p. m. until bedtime; fell asleep late; had general aggravation on a gloomy day. Often took cold. Highly sensitive to noise. Fidgety. Restless. Sensation of internal trembling. Teeth sensitive to cold.

Repertorially taking into account the three fears, viz., fear of being alone, of death, and of insanity, the following remedies suggest themselves for comparison: Phosphorus and Pulsatilla highest, with Arsenic, Calc. Carb., Kali Carb., Lyc., Nux Vom., and Sepia in lower degree. Phosphorus covered the case and it was given as in the other three cases. This patient was better in a week, went back to work the second week, and, in six weeks, reported "well."

Epitomizing the method of studying chronic cases: First, take the history with especial reference to constitutional symptoms.

Second, compare in the Repertory two or three of the most characteristic constitutional symptoms.

Third, study in the *Materia Medica* the residual symptoms in connection with the remedies brought out in the second step.

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## CORPUS LUTEUM.

Alexander L. Blackwood, A. B., M. D., F. A. C. P.

The ovary is a collection of follicles. It has been estimated that at birth there are from 30,000 to 200,000 of them, many of these atrophy before puberty, and about 400 mature between the age of fifteen and forty-five, about every twenty-eight days one of these follicles becomes filled with liquid, passes to the surface of the ovary and casts off the ripe ovum. The remainder of the follicle becomes a peculiar yellow body, known as the true corpus luteum, providing pregnancy takes place, when it continues in full activity for about two months and then gradually degenerates. Should pregnancy not take

place it grows for about two and a half weeks and then gradually degenerates, contracts and forms a scar and is known as a false corpus luteum. When pregnancy takes place the corpus luteum stimulates the thyroid for the demands to be made upon it during this period, when it is believed to inhibit the maturation and breaking of other follicles.

It has frequently been observed that a few months after pregnancy occurs many women are in better health than ever before, which is probably dependent upon a normal stimulation of the endocrine glands.

The luteum hormone is believed to have a specific influence over the nutrition of the uterus during the reproductive life of the woman, sensitizing the uterine mucosa that the ovum may become embedded and the maternal placenta formed.

As a therapeutic agent it is indicated in delayed menstruation of young girls. In this class of cases there may be a lowered action of the thyroid, when small doses of this gland should be administered together with the corpus luteum. It should not be thought that this agent will be of service when anæmia, unhygienic surroundings, and overwork are the cause of the disturbance.

Older women with delayed and scanty menstruation or amenorrhœa and hypo-thyroidism are benefitted by a pleuroglandular preparation consisting of thyroid, corpus luteum and pituitary.

It is of service in the adiposo-genital syndrome of young women shortly after puberty with overweight and amenorrhœa. They are pale, anæmic, complain of headaches, exhaustion, nervousness, acne vulgaris, constipation and the menses may be absent or scanty.

Again at the climacteric period it is indicated when the flow ceases and there is a tendency to obesity and increased blood pressure. Hot flashes, psychoses and vesical irritation, not alone at the natural climacteric, but in those that are the result of hysterectomy and oophorectomy is it also indicated. The pruritus vulvæ that attends some of these cases has been speedily relieved by it.

It is to be remembered in the neurasthenic woman who complains of headache, neuro-muscular weakness, mental irri-

tability, insomnia and a group of indefinite symptoms that are dependent upon menstrual and ovarian disturbances.

It frequently benefits those women who have had repeated miscarriages and repeated curettages, their general health is much impaired and they are morose, nervous and irritable.

It is of service in certain cases of sterility, when bacterial infection, cervical stenosis and other local causes can be eliminated.

This agent has been extensively employed in the relief of the nausea that attends the early months of pregnancy.

It has been found of great benefit in relieving the pain in the breasts that so disturb some women before and during menstruation.

It should be remembered in increased blood pressure in women at the climacteric period when the usual causes can be eliminated as arteriosclerosis, nephritis. In these cases if it is found that the blood pressure is being reduced too rapidly and palpitation of the heart, nausea, vomiting and mental depression is taking place, it should be stopped or the size of the dose much reduced.

It usually causes the menstrual flow to become normal when there is pelvic pain, delayed menstruation or insufficient flow and clot formation. These cases should all be studied physically as mechanical and surgical cases are not relieved by this agent.

This agent is often administered in five-grain doses. This is too large, and but a fraction of this should be used. Intolerance is indicated by indigestion and headache.

Corpus luteum should be prepared from the ovaries of pregnant animals. It should be administered carefully bearing in mind that the amount required by different patients varies. That the blood pressure should be observed and if the reduction is too great the remedy should be stopped for a time. The patient when first taking this agent may complain of gastric disturbance and vertigo but these usually disappear in a short time.

## SYZYGIUM.

Syzygium is prepared from the seed of the East Indian myrtle plant.

Provings made by Milton Powel, M. D., New York.

Potencies used, Syzygium 3x, 6x, 30., 200., 1000., 9000.

No other remedy was taken after beginning the Syzygium, which yielded the following symptomatology over a period of six months or more. May/December 23, May, 1921—Syzygium was taken every day; t. i. d. 4 days, b. i. d. 4 days, then once daily for two weeks.

Most symptoms began to appear a week after finishing the medicine.

20 August, 1921—Syzygium 6x, and after waiting a week the 30th had been taken.

16 September, 1921—Syzygium 200. had been taken.

18 October, 1921—Syzygium 1000. had been taken.

24 November, 1921—Syzygium 9000. had been taken.

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*Mind.*—Indifference as to condition.

*Sensorium.*—Apprehension of fainting. Had to sit with head resting on arm for twenty minutes. Sense of profound weakness lasting a week.

*Inner Head.*—Aching in both temples worse right, coming in waves, spreading up to vertex (6x, 2d day).

*Outer Head.*—Pain from back of ear (mastoid) shooting up to vertex, covering area as large as palm of hand (3x).

Neuralgic wave over left eye, brief. This the 3d day after 1000.

*Sight and Eyes.*—Lower lids black. Vision as looking through mist. Soon after going to bed at midnight, right eye-ball ached for some time. The next day the same pain but not as severe, at 11 a. m., lasting about fifteen minutes.

*Hearing and Ears.*—Mastoid pain. Pain in right middle ear around drum, disappeared (6x). Return of pain waves, right ear (200).



*Smell and Nose.*—23 October, three weeks after taking 9000.—stoppage of left nostril, with dry mouth and breathing through mouth.

24 November—sneezing and watery discharge left nostril, constant throughout day. Repeated 9000. and nostril cleared entirely. The next day, right nostril discharging somewhat, but not as severe as the left had been. Nose stopped up on side lain on two nights.

*Upper Face.*—Gray pallor. Haggard. Black rings under eyes.

*Teeth and Gums.*—Soreness at roots of lower incisors < touch (for one day after 9m). Bleeding and tenderness of gums less than in years.

*Taste and Tongue.*—Wakens towards morning with very dry mouth and tongue. Three nights (not consecutive) awakened by a severe pain in tongue as if I had bitten it during sleep, which is probable.

*Mouth.*—Mouth stiff. First symptom after taking 30.—Puffy swelling in roof of mouth; two spots, one each side of median line; rugæ smoothed out. Lasted only one day.

*Appetite, Thirst.*—Anorexia. Adipsia. This is unusual, as the prover formerly drank much water.

*Scrobiculum and Stomach.*—No observations.

*Hypochondria.*—Right, bruised soreness at night on going to bed. Soreness under ribs. Also some left side. Worse lying on painful side.

*Abdomen.*—Sinking feeling coincident with attack of weakness or fainting. This sensation seemed to belong to the whole cavity. Distress low down, hypogastric region. Tossing from side to side of bed, at night. No relief unless sitting up. No distention. No gas. No rumbling. Constipated for three days; no desire for stool.

*Stool and Rectum.*—Fourth day of constipation a copious formed stool, after great straining to start. Stool neither hard nor of large caliber. Must strain to start normal stool (3x).

Difficulty in starting stool (6x) (30.). Less difficulty in starting stool (1000.). Two loose stools after breakfast; same after lunch (9000.).

*Urinary Organs.*—Urine golden color. Large amount of indican (3x). Previous to proving there was over 8 per cent. sugar, 60/70 ounces urine daily. Under proving the sugar entirely disappeared; urine reduced to 38/40 ounces. First night on taking 1000. Frequent (hourly) passage of urine all night. Since which time no soreness of bladder. This condition was present under 3x, frequent micturition with aching low in bladder, which disappeared under 3x. Over bladder, tissues cold to touch (6x). Also sore, aching pain over region of bladder, low down, after urinating; better by warmth and pressure (6x) (9m).

Right kidney sensitive as if something wrong. (Renal colic ten years ago). From this seemed to proceed the weak feeling. Later, aching at night over region of left kidney for awhile. Washing hands in hot or cold water causes desire to urinate.

*Heart.*—Conscious of every beat at night, lying down. Pulse regular.

*Neck and Back.*—Soreness of coccyx to touch and pressure. (After 3 doses in 3 days 3x). Soreness in coccyx returned, worse pressure (6x). Aching in dorso-lumbar muscles, worse on turning or twisting body (6x). Left lumbo-sacral region aching, worse rising after bending forward (200. and 1000.). This lasted longer than before under 9000. Soreness of the coccyx after any potency. Soreness to touch and pressure.

*Upper Limbs.*—Aching in bones of forearm early at night, with momentary stinging. Also in left thenar eminence, as if sprained. Also right first finger, first joint. Left arm aching down to fingers supplied by ulnar nerve (6x). Both forefingers, middle phalanx sore, dorsal aspect; worse pressure, but not worse on motion (30.). Both right and left index fingers have pains in second phalanges. Left thenar eminence—or, rather where it joins the palm—sharp pain as from a broad blade, momentary; occurred while shuffling cards

(200.). Pains in forearms, radial side, aching extends down into thenar eminence and thumb (9000.). Pains in thumbs same as recorded. (After 9000. taken over two weeks ago.) Washing hands in hot or cold water causes desire to urinate.

*Lower Limbs.*—Aching bones both tibiae, with restlessness. Right ankle and tarsal bones as if sprained, limping, better motion. Left tarsus sore, external border dorsum. Return of pain in tibiae and forearms early part of night (6x). Pain left patella. Not in flesh, but in bone or periosteum. Evening, for two or three hours. Lame from 8 p. m. (200). Return of pain left patella as from 200. (9000.) Pain right heel as if in os calcis—aching for an hour or two, no modalities. Waves of pain top of right foot, evening. Not from motion. Top of left foot stinging, burning, as if skin scraped off; morning, on waking. Same sensation inner side right ankle (after 9000. second time). Both legs, outer side, pain on walking, as if legs would give out. Awakened sometimes after midnight one night by severe aching in left heel (os calcis). For two or three days when standing and walking, sensation as if lower limbs would give way and let me down.

*Position.*—Worse lying down.

*Sleep.*—Early part of night disturbed or sleepless. Pains wake from sleep.

*Time.*—All symptoms worse at night. Some pains appear after sleep.

*Fever.*—Internal sensation of dry skin as if chill were imminent, similar to grippe invasion. After a few doses of remedy; not again.

*Sensations.*—Faintness. Profound weakness. Consciousness of heart action, which annoyed. Aching in hypochondria. Sinking sensation in abdomen. Pains in limbs. Soreness of coccyx. Stinging pains in joints. Shooting, neuralgic pains, scalp, ears.

*Tissues.*—Bones, Joints, Scalp, Heart, Skin.

*Skin.*—Prickly heat. Miliaria, red, rather purplish. Macular rash, both axillæ, down to waist. Coincident with constipation. Itching in various places, especially over inner edge, both scapular. < right in bed.

*Stage of Life Constitution.*—Age, 67, male. Diagnosis: Glycosuria for past five years.

*Relationships.*—Sulphur, Pyrogen, Mercurius, Helonias, Opium, Pulsatilla, Lachesis.

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### "WHAT MAN HAS DONE MAN MAY DO."

By Eli G. Jones, M. D., 1169 Main Street, Buffalo, N. Y.

A student of mine, located in one of our large Western cities, reports to me what I consider is a *wonderful cure*. He says: "A noted surgeon of this city operated on a boy 5 years old for appendicitis. Results of the operation: The abdomen soon became *full of pus*, greatly distended with *gas*, wound gaping open larger than a silver dollar, and the patient in dying condition. Had nothing but morphine to control the pain and keep him asleep. The father of the little patient asked the surgeon 'why he did not give the boy some medicine?' and he answered, 'that medicine would not do him any good, that it was a surgical case.' The father dismissed the surgeon and I took charge of the case. I had the boy removed to another hospital and began treatment with *internal* remedies, Calcarea Sulph. 3d x, Calcarea Phos. 3d x, Lycopodium 3d x. In forty-eight hours the gas was leaving the abdomen, the wound closing up.

"He had become a morphine fiend and asked for it. This left him after three days.

"He had not been able to keep *anything* on his stomach; after the first three days he suffered *no more pain*, eating and retaining food, and had the first normal stool he had had for *a month*. The discharge from abdomen ceased in two weeks. I left off the Calcarea Sulph. and gave Kali Mur."

A later report from the doctor says: "Boy discharged from hospital *cured* after one month's treatment."

It is *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 him.

I have been asked at different times to write articles for the journals on "diet," but I respectfully declined. I have never been very *strong* on diet. Every intelligent person "must be a law unto himself." *No* man can tell me what will *agree* with my stomach so well as *myself*.

I read a book on diet long ago. The book did not interest me very much until I read on the last page, "Eat and drink what seems to agree with you the best." I said "Amen" to that.

I knew a very good doctor, but he was a "crank" on diet. In his treatment of typhoid fever the patients did *not* die of the fever, but they died from *starvation!*

The editor of *The Medical Times*, London, England, in his editorial for December expresses my own ideas about diet:

"We are devoting considerable space in the present issue to the question of dietetics, a subject which has of late years assumed greater importance than formerly. This is especially the case since the presence of accessory factors in foods has been recognized. Some medical practitioners, like our good friend, Dr. Eli G. Jones, of New York, are not very enthusiastic about diet. Dr. Jones, when a patient asks him, 'What shall I eat?' inquires as to what the patient eats when well and what articles of diet seem to suit best and he then advises the patient to continue this diet, but in smaller quantity. He has never starved his patients and in fifty years he has never had a relapse from any error of diet. This is a very simple method and no doubt it would apply well in a great many cases. A patient certainly ought to know from experience what dietetic regime suits and every intelligent individual should be capable of drawing up a scheme of diet for himself or herself. But few people will take the trouble to do this. They look to their medical attendant to advise them on this matter and therefore every medical practitioner should study the question so as to be able to tender advice if consulted regarding dietetics."

A doctor writes me about injecting the blood of a sheep into a human being. He wants to know "if it would do any harm?"

Now this is a serious question and requires some reflection, but speaking on general principles, I should want to know first

of all whether the blood was from a ewe or a ram, otherwise the patient might suffer from *over stimulation!*

In prescribing Gelsemium it is well to remember two facts that the remedy acts *quicker* when given in *hot* water; it also acts quicker if the patient is lying down after taking the remedy.

In the last of February and first week in March I suffered *tortures* with the Neuralgia, first on the right side of my face and then on the left. I depended mainly on Tr. Gelsemium 1st x, five drops every hour, with Magnesia Phos. 3d x in alternation. It seems to me at this writing that the above remedies will *conquer* the disease.

I received a letter from Rev. C. John Thomas, a missionary at Kozancheri P. O., Travancore, South India. He is a medical missionary and looks after the souls and bodies of the people. He is a diligent reader of THE RECORDER and he says: "We had a case of hernia that had been treated by allopaths and the native physicians for three days and the poor patient was nearly dying when I was called. My treatment was Nux Vomica and Plumbum. My *success* with this case caused a great deal of talk and our dispensary is crowded with patients. The most of the sick are too poor to pay anything for treatment."

This man is doing an immense amount of good and should be *encouraged*.

If my reader has a copy of a Homœopathic Materia Medica that he can spare it would be doing this man a *great* kindness to send it to him for he is very *anxious to know all about the homœopathic remedies*.

In my thirty years' experience in teaching physicians I have learned some of the *weak* points of the average physician. First, his lack of success may have been a *want* of *confidence* in *himself*. Before you can make a man *believe* in himself you have got to make him understand that *you believe in him*.

This is one of the *first* things I do with a student who *lacks* confidence in himself. Second, a doctor may lack *confidence* in his *remedies*, simply because he has not learned the true and *definite* indications of each remedy.

He only has a very *superficial* knowledge of what a remedy will *do* for the sick. For this reason he *fails* to get all the

*efficiency* out of his remedies because he doesn't *know all or definitely* what he can *do* with them.

Third, the average doctor is weak, *very* weak, on Materia Medica. He fails to *realize* the fact that our remedies are the "working tools of our profession" that they are the things we *must* depend on to *heal the sick*.

Fourth, he has *failed* oftentimes to *cure* his patients for the simple reason that he has never been taught a *definite* treatment for the diseases he will meet with in *every-day* practice.

Fifth, he oftentimes *fails* in diagnosis for he still sticks to the *old* method of diagnosis that is only *right half the time*.

As a result of the lack of *definite* diagnosis he *fails* to cure or relieve his patients and they drift into the hands of some other doctor.

The drugless healers have grown and prospered in this country simply because the average doctor is weak, *very weak* in the successful treatment of chronic diseases.

Thus it is that the drugless healers *grow and fatten on our failures*.

Every reader of this journal should undergo a mental analysis of himself; let him have a "heart to heart talk" with himself. What do I really *know* about *healing* the sick?

What do I know about *definite* Materia Medica?

Am I giving my patients the *best* there is *in* me?

Is there *any* way that I can do *more* for the sick than I *am doing*?

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### ALFALFA.

(Medicago Sativa.)

Benj. A. Bradley, M. D., Hamlet, O.

In research work with this drug I find it a superlative restorative tonic, but it does not act as a stimulant after the manner of alcohol, cocaine or other habit-forming drugs.

It rejuvenates the whole system by increasing the strength, vim

and vitality of the patient. In all cases, the ever-marked condition calling for the remedy is despondency, whether the case is one of stomach trouble, such as indigestion, dyspepsia, general or nervous debility, anemia, marasmus, loss of appetite and poor assimilation as shown by loss of flesh and constipation. In bottle-fed infants in small doses in the milk, three or four times daily, it has made many a rosy, plump and cheerful one out of a puny, skinny and fretful one who desired to be carried around all the time. In nursing mothers who do not have the right kind of milk, neither in quality or quantity it increases it in both quality and quantity and increases the peristaltic action of the stomach, bowels and kidneys, with a consequent increase of appetite and flesh, and a more cheerful disposition both to the mother and child. The above researches were made from preparations of the drug made by myself and others who made it for me. In conclusion, I would be highly gratified to hear the experience of others with this most valuable drug.

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### A CASE OF TUBAL PREGNANCY WITH COMPLICATIONS.

Herbert E. Maynard, M. D., Boston, Mass.

Mrs. L., age thirty years.

Has one child, age eleven years, and no pregnancies since. Her general health has usually been very good; she has had no venereal history, seldom any trouble with menstruation except about six years ago, for a period of three months flowed very profusely at each period.

Her last menstruation occurred from July 9-12 and was rather scanty.

On July 22 she had an attack of pain in the epigastrium and below the ribs on the left side, which was followed by vomiting, then diarrhœa, frequent belching with sour taste and general soreness all over the abdomen, which made walking very uncomfortable. For this condition she took soda bicarb. in water several times a day, until she was seen on July 30.



At that time she was feeling much better, but had been flowing for two days, dark and scanty, but with very little pain. Her temperature was 98.6, pulse 78 in A. M.; 99.2 and 78 in P. M. She was quite sensitive over her appendix and there was soreness deep in pelvis, not referred to either side. The urine had a slight trace of albumin and considerable acetone.

On August 2 she had a sudden attack of severe pain in the pelvis, with very profuse uterine flow; several watery stools and she vomited once. Inside of an hour she felt much better, the fluid stopped and all pain left her.

But when I saw her on August 4, the abdomen was sensitive all over, there was some resistance over the right lower quadrant and on pelvic examination a small mass could be felt in right side of pelvis, which was quite sensitive. Her temperature was 98.4, pulse 80. Acetone was present in the urine as before.

A diagnosis of right tubal pregnancy was made with a possible acute appendix and operation was done. A right tubal pregnancy was found which had started to leak, as a few clots were found in the pelvis, also a very large, inflamed, adherent appendix.

Following the operation patient was very comfortable in every way for thirty-six hours; then she began to have frequent belching, sighing, intense thirst for cold drinks, some distension of the abdomen, though flatus was passed freely, and vomiting of sour fluid. Her temperature was 98.8, pulse 110. She still had acetone in the urine. Phos. was given, and that, with the aid of dry toast, apparently rather quickly relieved the condition, and the acetone disappeared from the urine.

After that she was placed on a fairly liberal diet, and for five days was as normal in every way as it was possible for anyone to be. Then there was a rather sudden attack of distress in the stomach, frequent belching, faintness, vomiting, coldness of the lower limbs, with profuse perspiration, and desire for fresh air. It was then noticed that the urine

that morning for the first time in four days contained acetone, in spite of the fact that the diet best suited to prevent such a condition had been used and large quantities of water had been taken.

This time Carbo veg. relieved in a few hours, and there was no recurrence, though her diet was not changed.

A rather unusual thing about this case was that in spite of the fact that the patient had taken a large quantity of alkalis, she had a decided acidosis both before and on two different occasions following operation; the latter two not being prevented apparently by what is considered the most suitable diet in such conditions.

Phosphorus undoubtedly relieved the first attack after operation, but did not prevent a second one. Carbo veg. was similar enough to entirely clear up the condition.

I believe acute appendicitis associated with acute symptoms from a tubal pregnancy is rather unusual. Acidosis may occur, of course, with either condition, and at times has presented symptoms so similar to acute appendicitis that abdominal section has been performed not always to the advantage of the patient.

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### IN MEMORIAM.

Dr. Ernest A. Bradbury, who passed to the great beyond at White River Junction, Vermont, on February 26, 1922, was born in Norway, Maine, on July 12, 1859, the son of Persis Ripley and Henry A. M. Bradbury, whose ancestors were descendants of the Pilgrims and some of whom fought in the Revolution and in the War of 1812.

His early education was obtained in the public schools of Norway, Maine, and his medical education at the Indiana College of Medicine at Indianapolis, Indiana, where he graduated in 1893; thereafter taking a post-graduate course in homœopathy of some two years' duration. He then practised in Maine for a time, when in 1899 he moved to Vermont and was licensed in the spring

of that year. He practised Hahnemannian homœopathy from that time until his death. He was a faithful and diligent student of the theory and practice of homœopathy as taught by the immortal Hahnemann, and ever adhered to this law in his prescribing. He considered it a divine law and, regardless of the ridicule, persecution and poverty, it might cause him to suffer, he was faithful to the end. He had such an exalted opinion of the life and character of the great teacher and promulgator of *similia similibus curantur*, that he named a son for him.

In bidding farewell to this sincere disciple of the faith, we are constrained to make the following remarks:

“This mortal shall put on immortality, the disintegrated mortality shall return to the tongueless silence of the dreamless dust. If infinite law directs the destiny of man, this law must apply to the dwellers of the World Immortal, as well as to the Mortal World. Hence, it may be the destiny of this brother to meet and commune with the soul of the immortal Hahnemann and have the very great satisfaction of receiving from him, the higher lessons, if there are such in the divine law of similars.”

A COLLEAGUE.

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### BOOK REVIEWS.

Homœopathic Materia Medica for Nurses, by Benjamin C. Woodbury, M. D. Second Revised Edition, 1922. Published by Ehrhart & Karl, 143 North Wabash Ave., Chicago, Ill. Price, \$2.

The second edition of this excellent work, comprising 205 pages, is now available. Its author, Dr. Woodbury, is a profound student of homœopathics and of materia medica, whose writings, always of great value and interest, have appeared in this and in other medical journals.

This little book is designed to instruct nurses especially in homœopathic practice, but is well adapted to the needs of physicians as well, particularly those who are seeking a knowledge of homœopathic principles and therapy. The principles of homœopathy are set forth by this brilliant author in clear,

easily understood terms and the subject matter is arranged in convenient paragraph form. The second chapter is devoted to "Homœopathic Pharmacy," which subject is plainly elucidated, while the third chapter deals with "Homœopathic Nursing" and contains numerous observations of great importance to both physician and nurse. The proper understanding on the part of the nurse, of homœopathy and its methods, is of the most vital importance to the homœopathic physician in his successful conduct of a case. Comparatively few nurses have been homœopathically trained, but this work will be sufficient to adequately instruct any serious-minded nurse of intelligence, who is willing and anxious to learn.

Chapter four deals with the more important homœopathic remedies, whose characteristic symptoms are arranged in the usual schematic form, easy of comprehension and study. We feel safe in recommending this book most heartily, not only to nurses, but to physicians and students of homœopathic medicine as well.

"Pocket Manual of Homœopathic Materia Medica," comprising the characteristic and guiding symptoms of all remedies (clinical and pathogenetic), by William Boericke, M. D., First Professor of Homœopathic Materia Medica and Therapeutics at the University of California; author of "A Compend of the Principles of Homœopathy"; translator of the Sixth Edition of Hahnemann's Organon. Eighth Edition revised and enlarged, with the addition of a repertory by Oscar E. Boericke, A. B., M. D.; published by Boericke & Runyon, 200 Sixth Avenue, New York, 1922. Price, \$5, postage paid in the United States.

The publication of the eighth edition of this widely known materia medica, testifies to the steady demand on the part of the homœopathic profession for this splendid manual. And pocket manual it indeed is, in spite of its enlargement and revision. Printed on fine paper, the book contains 1128 pages and is easily carried in the coat pocket or small leather bag. The list of remedies whose pathogeneses are presented, begins with *Abies canadensis* and ends with *Zingiber* and such remedies as Radium and X-Ray are fully treated of. The nosodes

as Psorinum, Medorrhinum, Tuberculinum, etc., are given in every detail, while the endocrines and organic extracts, as Oophorinum and Thyroidin are fully mentioned. In short, any remedy, no matter how little known or used in homœopathic practice, will be found in this work.

A useful repertory, arranged alphabetically and in accordance with the Hahnemannian schema, occupies 286 pages. The rubrics such as "Generalities" and "Modalities" are particularly useful while, throughout the repertorial pages will be found valuable hints of clinical interest.

A therapeutic or clinical index completes the book and serves for quick and ready reference; a list of paged remedies occupies the last few leaves. As with former editions, the book is well printed and bound, making a handsome appearance. It should be in the possession of every physician who employs the methods and principles of homœopathy.

**DEPARTMENT OF HOMŒOPATHIC PHILOSOPHY.**

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**INFANTILE PARALYSIS.**

It is not long since infantile paralysis was metaphorically, if not literally, "in everybody's mouth." The hospitals were crowded with victims of the disease. The city was in a state of panic. Travel between towns, cities and states by children, and in some cases by adults, was restricted or interdicted. Vacations were prevented and sacrificed. Business in general was suffering. The people were inconvenienced.

Sporadic cases are still reported. A consideration of the subject at this time may therefore not be untimely in itself, and serve at the same time to illustrate the Hahnemannian point of view and mode of approach to this and similar subjects in medicine, inasmuch as the Hahnemannian method is always to study individual forms of disease in their relations to other diseases and to the fundamental causes of disease in general.

Dr. Simon Flexner, representing Rockefeller Institute, addressed a large assemblage of physicians and laymen in New York, who hung upon his words. The daily press published his address in full.

Dr. Flexner told many things about the nature, location, relations of the virus of infantile paralysis "to types of the disease," its mode of escape from and entrance into the body, its resistance, routes of travel, fluctuation in epidemics, period of incubation and infectivity, but he did not tell anything about its source, or its relations to other, perhaps parent, micro-organisms, or diseases.

This was the fatal, weak link in Dr. Flexner's chain of knowledge which broke when the burden of prophylaxis and treatment was hung upon it.

The serum, so long labored upon by Dr. Flexner and his assistants at Rockefeller Institute, was admitted to be a failure. All that Dr. Flexner could say in its favor was that "a measure of

success has been achieved in the experimental treatment of monkeys." "Use of the method has been made in a few instances in France. . . . The results are said to be promising" (not fulfilling).

"Unfortunately," he said, "the quantity of the human immune serum is very limited, and no other animals than monkeys seem capable of yielding an immune serum and the monkey is not a practicable animal from which to obtain supplies."

"There exists at present," said Dr. Flexner, "no safe method of preventive inoculation or vaccination, and no practicable method of specific treatment." And we may add, none has been discovered since.

If this is true, we are in sad state indeed.

Two or three drugs, all of them dangerous, were given by members of the dominant school upon purely speculative assumptions as to their possible relation to the disease. One of them, hexamethylenamin, was suggested by Dr. Flexner himself; but again he cautions us that experiments with it have thus far been made only upon monkeys, and that "efforts to modify and improve this drug have up to the present been only partially successful."

Meanwhile, physicians are waiting for the experts (?) to announce a cure, and the terror-stricken laity are wringing their hands in anguish as they see their children taken from them and sent to hospitals which can promise no cure. Several cases of parents going insane from grief and terror have been reported.

The authorities admitted that the number of cases in 1916 was no greater than it was in 1915, although the percentage of mortality was greater. The latter was probably due to psychical causes, particularly the influence of terror and panic, which have a known and powerful depressing influence in that direction. In 1915 little or nothing was done by the health authorities, the newspapers gave it but little attention, and no panic occurred.

Let us not despair. There are resources in scientific medication outside the field occupied and cultivated so ably and modestly by Dr. Flexner and the Rockefeller Institute. It is even possible that there are resources in his own field which Dr. Flexner has overlooked from having narrowed his field of vision too much.

In studying "infantile paralysis" the tendency has been to take too narrow a view of the subject; to limit the diagnostic field too narrowly. In pursuing this course, certain broad, general features of any disease are almost certain to be overlooked. This is especially true in the etiological field, and here is, perhaps, the key to the situation.

Infantile paralysis is a very ancient disease. "From the days of Mephibosheth" (son of Jonathan, son of Saul, B. C. 1068), says Osler, "infantile paralysis has been attributed to the carelessness of nurses in letting children fall."

Its specific cause, although surmised, was unknown until Dr. Flexner succeeded in isolating "a minute, filterable micro-organism which has now been secured in artificial culture and as such is distinctly visible under the higher powers of the microscope."

But this discovery has been of no value therapeutically, and of no special value for prevention, since the special measures recommended and used are only those previously known and used for infectious diseases of the nose and throat generally, and the general measures those used in all infectious diseases.

Infantile paralysis is related etiologically and pathologically to other kindred diseases. In seeking the general causes of similar or related diseases, fine diagnostic distinctions must be put aside. The problem is not so much one of diagnostics as of etiology and pathology, in which one general cause may give rise to many manifestations. The subject must be viewed broadly.

Thus, the fine, diagnostic distinctions between scurvy and rickets, and between both of these and infantile paralysis, to which they are similar in several respects, need not be considered. All three have similar symptoms referable, functionally, to the spinal cord.

The differences of symptoms may be due to different modes and degrees of infection by the same agent, and to individual predisposition.

Infantile paralysis is merely one form of myelitis. (Inflammation of the spinal cord.)

General conditions which apply to myelitis in general apply to special forms of myelitis, since it is an axiom of logic that the general includes the particular.



Myelitis may be classified: 1. Anatomically, according to the seat, extent, or number of the constituents of the cord as seen in transverse section, and according to the region of the cord in which it is found; 2. Clinically and pathologically, according to its intensity; and 3. Etiologically.

Anatomically infantile paralysis is classified as anterior poliomyelitis (inflammation of the anterior horns of the spinal cord), with regional subdivisions.

Clinically and pathologically it is classified as acute, infectious and communicable.

Etiologically it is classified by Dr. Flexner as bacterial, due to "minute, filterable micro-organism."

But Dr. Flexner does not indicate the primary source of this organism, nor its relation to other kindred micro-organisms. Neither does he refer to the causes of myelitis in general.

Apparently infantile paralysis has not been studied, etiologically in its obvious relation to myelitis, in general, nor to tuberculosis in particular.

Myelitis may be caused by many agencies.

"The toxic varieties have been divided, according to Plessner, into four groups: 1. Toxic poliomyelitis; 2. Disseminated toxic myelitis; 3. Pellagrous myelitis; and 4. Ergotinic myelitis, so-called ergot tabes. The micro-organisms that have been found in the myelitis focus (area) are the streptococcus, the staphylococcus aureus and albus, the pneumococcus, a special diplococcus described by Buzzard and Russell, and the *tubercle bacillus*." (The American Text-Book of Pathology, 1901, page 561, italics mine.)

Here is food for thought.

What relation has Dr. Flexner's micro-organism to any or all of the organisms named?

"Acute myelitis results from many causes, and may affect the cord in a limited or extended portion, the gray matter chiefly, or the gray and white matter together. It is met with (a) as an independent affection following exposure to cold, or exertion, and leading to rapid loss of power with the symptoms of an acute ascending paralysis, (b) as a sequel of the infectious diseases, such as smallpox, typhus, measles and gonorrhœa (and

tuberculosis), (c) as a result of traumatism, . . . (d) in diseases of the bones of the spine, either caries or cancer (*or tuberculosis*), (e) in diseases of the cord itself, such as tumors or syphilis" (*or tuberculosis*). (Osler's Practice of Medicine, 1910, p. 944.) Any of these causes may produce infantile paralysis.

Pathogenic micro-organisms exist in families, composed of individuals comparable to parents, children and more or less distant relatives. Bacilli of pneumonia, pleurisy, influenza, tonsillitis, meningitis, and other diseases, for example, are individuals known to be related etiologically and pathologically to their parent, the tubercle bacillus. The same is true of other groups of micro-organisms, although their physical differences may be so slight that their nature can only be recognized by the vital reaction that occurs when they are injected into living subjects.

May not Dr. Flexner's micro-organism of infantile paralysis belong to the tubercle bacillus family?

The New York Health Department, in its weekly *Bulletin*, warns the profession and the laity that the initial symptoms of infantile paralysis are very variable and the disease takes many forms. The issue of July 8th gives Wickman's classification of eight different types, each with its special symptoms, and the simpler Rockefeller Institute classification of three types. The early symptoms are the same as those found in a number of common diseases: "fever, vomiting, slight diarrhœa, listlessness, unusual fretfulness, drowsiness. Later and more characteristic muscular sensitiveness, spinal pain, especially on flexion, apparent or real rigidity of the neck muscles, Kernig's and MacEwen's signs."

Infantile paralysis, it appears, is a complex, protean disease, assuming readily many forms.

This fact alone would suggest its tubercular origin, for tuberculosis is the archetypical, protean disease, assuming literally hundreds of forms in its organic and functional ramifications.

The question is whether infantile paralysis is not tubercular in origin; whether it is not one of the forms of an acute, modified infection by the tubercle bacillus, which is perhaps itself modified in some way. Bearing suggestively upon this phase of the subject is the remark of Dr. William Colby Rucker, of the U. S.

Health Service: "The epidemic of infantile paralysis now prevailing in the City of New York is probably due to infected milk."

Infected with what?

Practically all milk supplied to the city is now pasteurized.

Commercial pasteurization submits raw milk to a temperature of 144° to 150° F. for a period of ten to twenty minutes, a degree sufficient to destroy the germs of fermentation and certain other germs, but not sufficient to destroy the virus of the bacillus of Koch, which is highly resistant.

Bacteria act in the living organism, not by their mere mechanical presence, but chemically and dynamically by their secretions or toxins—whether dead or alive. Dead bacilli have a pathogenic action as well as live bacilli, through their toxins, or ptomaines.

A "dead Indian" may be the only "good Indian" but this cannot be said of a dead pathogenic micro-organism.

Under such circumstances we would not expect typical reactions of the tubercle bacilli, but modified, perverted or increased reactions—the reaction of a "half dead," but none the less malignant organism. The venom of a rattlesnake half dead, or even wholly dead, but not destroyed, is as deadly as the venom of a live reptile.

Pasteurized milk is known, and admitted, even by the Health Department (see *Bulletin*) to cause scurvy in children fed upon it. Scurvy is closely related to rickets, and both are related etiologically to tuberculosis, as predisposing causes. Both are due to improper food, "particularly sterilized, malted and condensed milk."

"It (scurvy) has even developed in cases fed on the carefully prepared milk of the Walker-Gordon Laboratories" (Osler).

Nearly all, if not all, cows in inspected herds from which approved and certified milk is produced, have been tuberculin tested.

Milk from tuberculin tested cows must be regarded with suspicion. The reaction to the tuberculin test represents the actual

setting up of an acute, evil if mild, tubercular process. The animal is actually infected by the inoculation. In a strong, young animal the disease may, and often does, subside and become latent for a long period; but the milk cannot be regarded as free from taint.

The initial and early symptoms of infantile paralysis are similar in many respects to the reaction to tuberculin.

The later paralytic symptoms are similar to those found in tubercular conditions of the cord (anterior horns).

The mode of escape from and entrance into the body, and especially the resistance of the virus, as stated by Dr. Flexner, are exactly the same as with the tubercle bacillus. "It is contained in the secretions of the nose and throat, distributed by coughing, sneezing, kissing and by means of fingers and articles contaminated by these secretions; withstands for a long time the highest summer temperatures, complete drying and even the action of weak chemicals which destroy ordinary bacteria; the dried secretions, converted into dust, are a potential source of infection. The survival of the virus is favored by weak daylight and darkness, and hindered by bright daylight and sunshine. It is readily destroyed by exposure to sunlight,"—all of which is exactly true of the tubercle bacillus.

Monkeys are the only animal source of an immune serum of infantile paralysis. Monkeys are especially vulnerable to tubercle bacilli.

Variations from the tubercular type may be accounted for by the individualizing factors of the bacillus and its host.

It seems probable, therefore, that infantile paralysis is a special form of acute tubercular infection, and that curative and preventive measures governed by this conception, and adapted to the individual case, offer the best avenue of approach to its successful treatment.

In my own experience Tuberculin, in high potencies, has several times proved curative, either alone and directly, or followed by other remedies brought to light by new, individual symptoms which developed after the administration of Tuberculin.

There is no reason to doubt that cases of infantile paralysis will yield to the intelligent application of the same principles of curative medication that have conquered other diseases. Success in treatment in this, as in other diseases, depends, first, upon a clear conception of the nature and broad, general features of the disease itself; and second, upon a careful delineation of the peculiar symptoms which individualize the particular case or patient. This will not fail to reveal a group of symptomatically similar medicines, from which the selection of the one needed to meet the requirements of the case at any particular time is an easy task for the competent student of applied *Materia Medica*.

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## EDITORIAL NOTES AND COMMENTS.

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THE REPERTORY.—Probably the majority of homœopathic physicians do not use the repertory for purposes of case analysis. Many do not even use it as a simple index, maintaining that they are too pressed for time to do so. Undoubtedly there are many excellent homœopathic prescribers who never resort to a repertory of any kind, basing their selections of remedies on a knowledge of materia medica gained by long experience, on intuition and on pathology. So-called pathological prescribers do indeed obtain remarkable results; no two physicians probably prescribe in exactly the same way, yet may arrive at the same conclusion. The greater the knowledge of materia medica, the greater will be the physician's power to heal the sick; any method of increasing this knowledge is, therefore, to be commended. Very few of us can or do indulge in daily reading and study of the materia medica. It would be a splendid training if each physician could read, say two remedies a day, using Farrington, Nash or Kent's *Materia Medica* for this purpose.

We sometimes hear men boast that all their prescribing is done with a half dozen remedies. Such men are usually those with large acute practices; they give each patient a "lick and a promise," as it were, spending a few moments only over the bedside and then flivver on to the next case. But it must be remembered that patients get well without medicine and even in spite of it, we may safely add. Fitting the patient to the remedy is an old story and often salves the conscience of the busy doctor. Recoveries in acute disease are the rule, cures are somewhat rare; deaths comparatively infrequent, fortunately for the busy doctor.

Recovery and cure are two different things; there is often more glory (and money) in the former than in the latter. Cure too often presupposes on the part of the laity a mild case, recovery a difficult one. People love to recover and then to boast about it. Women delight in gossiping about their blood-pressures and no well-informed woman, moving in polite society is ignorant of this important matter.

The use of the repertory such as Kent's or that of von Boeninghausen, in systematic case analysis, leads to an increase in the knowledge of *materia medica* because the user visualizes both symptom and remedy. Both stand out in relief and finally come quickly to mind when wanted, without reference to the book at all. Thus quick and certain prescribing becomes possible; we rather think that for this purpose Kent's Repertory is superior. In chronic cases, the repertory is at times absolutely indispensable if real cures are to be made. Such cases require study and time, which to be sure, many cannot or will not give. Repertory analysis demands careful case-taking without which, indeed, the repertory is useless. Case-taking is an art which few cultivate in these rapid-fire days—yet it pays in the end. The surgeon needs and uses the the finest and most delicate of instruments; the *materia medicist* ought to do the same—but with books instead of steel. Instruments require skill in their handling if good results are to be had. Repertory analysis demands skill and practice, the latter alone makes perfect. Hahnemann said: "When we have to do with an art whose object is the saving of human life, any neglect to make ourselves masters of it, becomes a crime."

THE GENERAL PRACTITIONER.—The good old family doctor seems to be rapidly passing and will soon be as dead as the dodo, if the alarming reports now coming in, in increasing number, are to be believed. In the cities, physicians are running to specialism and the few who do a general practice are more and more serving as traffic officers to shunt the stream of patients to this or that specialist. The successful specialist needs but few patients, comparatively speaking, to net him a comfortable income. In one of the numerous office buildings for physicians, a certain man of large wealth made almost daily visits to his favorite specialist, assisted in and out of his luxurious car

by his ever-present and faithful chauffeur. On one occasion, while limping painfully from the building, he was noticed by a disgruntled general practitioner, who remarked sarcastically: "There goes Dr. W.'s practice!" And no doubt, so it was.

The agricultural journals have of late taken up the subject of the dearth of doctors in the rural communities and *American Agriculturist* for February 25, 1922, states editorially as follows:

"One of the sorry aspects of home life in New York State is the lack of competent medical service to meet every day needs. Statistics show that the younger men in medicine are professionalizing their calling to a great extent, and it is rare indeed to find a young doctor coming to his home county to practice medicine among his fellow men. The cities with their facilities for doing extensive work have taken our country doctors for a career. It is not necessary to turn to statistics for proof of this. A look around practically every county will show a dearth of doctors, even the richer farming sections have suffered almost as heavily as the less sparsely populated rural districts.

"It was recently pointed out in a survey of twenty rural New York counties, that the number of doctors decreased 12 per cent. from 1911 to 1919 and 97 per cent. of the physicians in these rural districts have been practicing for more than twenty-five years. Only 3 per cent. have been practicing five years or less. This is a serious situation and one which can go no longer unnoticed. But what is the way out? Shall the physician's fees be raised to make a more profitable business career for country doctors? The answer appears to be decidedly, No; doctors' fees are already as much as the average farmer can stand.

"The situation comes right down to a community problem. Equipment and central offices should be provided by the community and its gross maintenance need not exceed \$2000 or \$3000 a year. The fees received from patients, providing there is an average of five to ten patients a week, will so reduce the cost to community taxpayers that the net cost for such service should be very small, certainly no more than the service cost for a good community nurse.

"It is not a matter for State or Government aid, except possibly a small bonus in some of the mountainous or sparsely settled territory, but a community problem that usually can be settled reasonably by community or township groups of farmers. Rural medicine can and should be made an attractive field, and there is no question but what the rural death rate would be decidedly lower if competent medical supervision were at hand."



From this it is plain to see what is in the minds of agricultural leaders and what may be in store for the medical profession in the near future. State medicine, so-called, is coming nearer and nearer and the socialization of medicine seems slowly but surely to be taking place. Will the American profession take kindly to English panel practice or to the German *Krankenkassenvereine*, for example? After all, has not the medical profession itself to blame in that it has raised the requirements for medical study so high as to keep out of its ranks hundreds who would be a most desirable acquisition. Although it is undoubtedly true that better sanitation and the wider application of hygienic measures have lessened the incidence of many diseases, can it be truly said that medical men are much better able to cure than were their forbears? What about the O. S. death rate in influenza and in pneumonia for example? And why do chiropractors and Christian Scientists continue to gain in strength and numbers? Would it not be better if our medical colleges turned out good doctors instead of supereducated scientists? Is diagnosis the only end to be sought in the treatment of the sick, or is healing to play a part as well?

These questions may to some seem unwarranted or far fetched, but when one sees the truly frightful therapeutic hodge-podge applied by some of our best and most scientific physicians in the treatment of the sick, or on the other hand, witnesses the therapeutic nihilism proclaimed by similarly learned men, is it any wonder that the incantations of the savages seem sane and rational by comparison? Is it not time that medical colleges once more incorporate the study of materia medica in their curricula and more especially the study of the principles of homœopathy and of its materia medica?

Cut down the time required for the study of medicine, eliminate the theoretical frills and fancies, but teach the great fundamental subjects and honest-to-goodness medicine. Then will once more the rural communities find themselves supplied with worthwhile doctors who can treat the sick.

TUBERCULINUM AGAIN.—Homœopathic physicians may well rejoice in the possession of this nosode, whose use is at once safe and marvellously efficacious. In catarrhal troubles especially,

of the upper respiratory tract, particularly in children, do we find frequent need for this remedy. Persistent nasal catarrhs, suspicious coughs, snuffling noses, recurring colds, should call our attention to it, more especially when such remedies as *Calcarea carb.*, *Lycopodium*, *Pulsatilla*, *Silicea* and *Sulphur* have helped, but have failed to cure. After pneumonia or after influenza Tuberculinum may often be required, but caution is here needed lest by giving too high a potency too severe a reaction is aroused. This is most likely to occur in a patient whose vitality is as yet low. Here it is better to commence with the thirtieth potency, repeated but once a day and stopped as soon as improvement or aggravation of the condition is shown. Adenoids and hypertrophied tonsils come within the range of action of this medicine, as do, of course, enlarged cervical or other lymphatic glands.

CARBO VEGETABILIS IN APHONIA.—In a recent case of acute laryngitis, occurring in a tuberculous patient who had gotten her feet wet, this remedy in the 200th potency brought about a rapid amelioration. The symptoms were *painless hoarseness*, or rather, complete loss of voice. The usual evening aggravation of this remedy was not present. The wet feet served as a causative factor and are analogous to the well-known aggravation from dampness, of *carbo veg.* Painless hoarseness is also found prominently under *Sulphur* and *Calcarea carb.*, but general constitutional symptoms and temperaments will decide.

INFLUENZA BULLETIN.—Dr. Guy B. Stearns, head of the department of materia medica, NEW YORK HOMŒOPATHIC MEDICAL COLLEGE AND FLOWER HOSPITAL, and president of the TRUST FUND FOR HOMŒOPATHIC RESEARCH, has issued a bulletin concerning the most frequently needed remedies in the February outbreak of influenza. Among other observations, he states:

“February, 1922.

“A report from over forty physicians scattered between the eastern seaboard and Chicago concerning the prevailing winter illness and the homœopathic remedies indicated. The reports are quite uniform. The usual types of cases are as follows:

“INFLUENZA: predominantly of the catarrhal type, involving the upper respiratory tract; some with pulmonary and gastro-en-

teric manifestations; occasionally of the lethargic type. The remedies mentioned are:

“Acon., All. cep., Ant. iod., Ant. sul. aur., Ars., Ars. iod., Baccil., Bell., Bry., Caps., Caust., Cinnab., Curare, Dros., Carbo v., Euphras. Eupat perf., Ferr. phos., Gels., Hydrocyanic acid, Ipecac, Kali bi., Kali carb., Merc., Sabad., Sin. nigra, Spongia, Sticta, Variolinum.”

Under “Keynotes” for the many remedies mentioned in the bulletin, the following are deserving of special mention:

“Ars. iod.: Coryza like Arsenic; better in the open air and patient is very hungry; sneezing, coughing, stopping of nose; worse at night; weakness.

“Bacillinum: Recurrent coughs and colds which resist other remedies (see Tuberculinum).

“Cuprum: Influenza, pneumonia. Bad cases with delirium, like Hyos.; lack of reaction. Cramps in calves; Epistaxis, thin blood.

“Curare: Weak legs after influenza.

“Hydro-Cyanic Acid: Weakness out of proportion to the pathology. Dry skin. (Compare Camphor, Verat alb.)

“Quillaya: Profuse nasal discharge with dry, raw posterior nares and pharynx.

“Sinapis nigra: Prostration of Gelsemium; sneezing of Allium cepa. Irritation begins on the wings of the nose.

“Tuberculinum (Koch): Cases that do not react and where symptoms are meagre; old people’s pneumonia.

“Variolinum: General aching, especially if more along the back, not in the bones.”

The reference to Curare is of interest. *Curare* or Woorari, is an arrow-poison and produces “muscular paralysis without impairing sensation and consciousness. *Reflex action is diminished.*” Thus states Boericke in his invaluable *Materia Medica*.

Cushing (*Pharmacology and Therapeutics*, 1918) states: “The chief effect of curara is the arrest of all voluntary movements through an interruption of the connections between the peripheral nerves and the striated muscle fibres. . . . The paralysis is peripheral and not central.” Hence the homœopathic application as above suggested.

*Quillaya saponaria* is the Chili soap-bark. *Coryza with sore throat* seems to be the leading indication.

*Sinapis nigra* is black mustard and produces numerous symptoms of catarrhal inflammation of the upper respiratory tract. *Sweat on the upper lip* is given as a keynote symptom, also *nostrils alternately stopped* (Boericke). Acrid nasal discharge and sneezing are further characteristics.

The observations concerning Bacillinum, Tuberculinum and Variolinum are of value and can of course be much elaborated.

The Trust Fund for Homœopathic Research is in need of support, financial and moral. It lies within its power to accomplish great things for homœopathy, provided that such support be forthcoming. The issue of its bulletin is an indication of its unselfish desire to be of help to the medical profession.

# THE HOMŒOPATHIC RECORDER

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No. 5.

## PROVING OF THYROID GLAND,

By

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Made Under the Auspices of  
The American Institute of Drug-proving.

1918.

Director of Proving—H. P. GILLINGHAM, M. D.

*(Continued.)*

### GENERALITIES:

2. Tired; seemed as though no energy was left in me (17th day).
6. Tired; felt worn-out in afternoon and evening, without sufficient cause (12th day).
6. Tired all day (during a severe cold) (18th day).
5. "All gone," tired-out, sick-as-a-dog feeling in afternoon, disappearing after a brisk walk in the open air (5th day).
5. Tired out, sick all over, all morning, better after walk in cold (12th day).
5. Tired out, don't care for anything, all afternoon, passed off in evening (15th day).
4. Tired and unrefreshed (after poor night) in A. M., but this passed away after being up an hour (20th day).
4. Peculiar sensation of lightness and weakness, especially in legs, lasting a few minutes (afternoon, 11th day).
5. Weakness; tired and nervous (6th day).

4. General feeling of weakness and tiredness, beginning on waking in morning (after a poor night), which passed away at 10 A. M., leaving only headache and eye symptoms (19th day).
1. Faint and slightly nauseated (10 A. M.), lasting  $\frac{1}{4}$  hour, but returning at 4 P. M., and lasted 2 hours (16th day).
3. Nervous; very nervous, hand trembles (14th day).
2. Nervous, creepy sensations, with stitches here and there (first day of menstrual period) (10th day).
1. In evening, at prayer-meeting, became exceedingly nervous, restless and apprehensive, with cold, clammy hands; this soon passed off, leaving me very sleepy, with much yawning (8th day).
4. Nervous, fidgety feeling, can't sit still, always want to be doing something, hands tremulous, (after an attack of palpitation (2 P. M., 20th day).
4. Felt very great restlessness and inability to stay indoors or to keep quiet (4-5 P. M.); felt calm after a short walk out of doors (21st day).
5. Whole body felt tense (3d and 4th days).
1. Unusually sensitive to pain; pain after a slight bruise lasted unusually long (7th and 8th days).
5. Little sharp, needle-like pains deep in various parts of body, as, chest, abdomen, limbs, lasting about  $\frac{1}{2}$  hour (3d and 4th days).

## MIND:

1. Anxious feeling of forboding, with cold and clammy hands (8th day).
1. Frightened feeling on waking with palpitation, at night (5th to 12th day).
1. Very nervous, fearful and apprehensive (12th day).
5. Very nervous, weak and tired, and want to cry (6th day).
2. Intensely nervous, irritable and depressed all day (13th day).
2. Very nervous and irritable (16th day).
6. Irritable, provoked over trifles (4th day).
5. Cross and irritable, don't want to be spoken to (4th day).
5. Snappy and spiteful (4th day).

2. Very irritable, went into a rage, and then wept for no reason whatever (13th day).
3. Cross and irritable, don't want to be bothered, especially in the evening (7th day).
3. Irritable, bothered and annoyed by little things (19th day).
6. Feel as if I could cry over the least provocation, very much irritated at little things; more than usually joyous over pleasurable happenings (9th day); (first day of menstrual period).
6. Lost my temper with very little provocation; irritable, morose and sulky; wanted to be alone; could have cried from vexation (11th day).
6. Very emotional, greatly affected by a sad play, cried, and on going to bed could not sleep, and could not stop crying (during menstrual period; I am never emotional and have never cried over a sad play or book before) (12th day).
1. Felt especially light-hearted and happy all day, though with chilliness, heart and bladder symptoms (6th day).
1. Low-spirited, but at 5 P. M. suddenly changing to light-heartedness (10th day).
2. Depressed towards evening (17th day).
5. Confused, forgetful, absent-minded (7th day).
5. Mind wanders, can not apply myself to work (9th day).
2. Felt dull and stupid; could not think for an hour and a half; during great fulness of head (13th day).
3. Difficulty of concentration, takes twice as long to study or read as formerly; absent-minded (10th day).
6. Momentary loss of memory; have things on tip or tongue and then forget them (8th day).

## HEAD:

1. Slight, dull (indefinite) frontal headache (bilateral) lasting about an hour, coming on after an attack of nervous apprehension (8th day).
5. Frontal headache, morning (4th day).
5. Frontal headache became worse in afternoon (5th day).

6. Frontal headache returning first day of menstrual period, disappearing in evening (9th day).
6. Frontal headache (13th day).
1. Frontal headache extending to eyes (3-5 P. M., 15th day, 18th day).
3. Dull frontal headache over both eyes, better out of doors (8 P. M., 20th day).
6. Dull frontal headache, worse on right side, in morning after rising; worse from motion, especially running (2d day).
6. Frontal headache in evening after walking fast (3d day).
6. Dull ache in forehead over right eye, worse from heat and motion (4th day).
3. Frontal headache while sitting in close room, worse using eyes, better out of doors (5 P. M. 18th day, 24th day).
4. Frontal headache which began last evening, continued through this morning and cleared up about 3 P. M. (19th day).
6. Pressive frontal headache, feels as though frontal lobes were heavy and were pressing on eyes; lasting from rising in the morning until evening (5th day).
6. Frontal headache returned in afternoon, better after eating supper (10th day).
6. Severe frontal headache after using microscope (11th day).
6. Frontal headache pressing down on eyes, with coryza, worse in hot room (14th day, 15th, 16th days).
2. Sudden shooting pains in forehead over left eye, leaving a sensation similar to that when a part has been frozen (4 P. M., 10th day).
4. Frontal headache on coughing, worse reading (3d and 4th days).
4. Frontal headache, which had been constant since beginning the drug, ceased entirely within eight hours after temporarily stopping the drug, and did not return until after she began taking the drug again. (H. P. G.)
4. Frontal headache ("sore ache"), while reading in trolley car (6.30-7.30 P. M.), better closing eyes and sitting quietly; disappeared after late dinner (22d day).



10. Severe frontal headache lasting all day, worse on right side, worse in warm room, worse from using eyes or studying; disappeared after taking a long walk in the evening (20th day).
3. Throbbing frontal headache, pain in eyes (1.30 P. M., 13th day).
3. Throbbing frontal headache, worse bending forward or stooping (14th day).
3. Throbbing frontal headache, worse on left side, worse from jar, better after eating, lasting all day (19th day).
2. Heavy, throbbing headache, worse in frontal region, worse concentrating mind, better out of doors (3-4 P. M., 14th day).
5. Frontal headache with throbbing, and with throbbing in temples, worse bending forward, worse motion, worse heat; better from cold, better from pressure (P. M., 5th day and 7th day).
5. Dull ache in forehead and vertex, with throbbing in temples (4th day).
4. Frontal headache, with soreness and throbbing in left temple (evening, 18th day).
2. Heavy, dull frontal headache, with painful throbbing in left anterior temporal region, all morning (17th day).
5. Frontal headache (2.30 P. M.) dull, with aching, throbbing spot in left temple, feeling as if it would burst out; headache worse on ascending stairs, bending forward, and from heat; better from cold and pressure; during headache left eye-lid twitched violently (twitching not controlled by pressure), was very sleepy, the veins of the hands and arms were unusually prominent, a sense of great fulness in chest, and palpitation of heart; in the evening throbbing in temples ceased on going out of doors, the frontal headache continued, also the fulness in chest; whole body seemed tense.
4. Headache in left temple on waking in the morning, with catarrh (2d day).
4. Pressing pain in left temple, worse reading (5-6 P. M., 2d day).

4. Throbbing pain in left temple, full feeling in head, pressive pain in forehead, with palpitation (11th day).
3. Throbbing pain in right side of head (forehead, temporal and parietal regions), involving right eye, lasting only 20 minutes, relieved by pressure on temples (3d day).
2. Heaviness of head, especially of vertex, extending over forehead, where there was a feeling as of something pressed from within outwards (16th day).
5. Dull pain in suboccipital region, which seemed to alternate with a similar pain between scapulæ and another similar pain in small of back (5th day).
1. Throbbing in head, with throbbing of heart, waking her at night (20th day).
2. Great fulness and heat of head, worse at vertex, seemed as though head would burst from engorgement, with throbbing of temporal arteries, redness of ears, feeling of engorgement of eyes, and dull, stupid mind (morning, 12th day).
3. Throbbing in arteries of head, with flushes of heat to head, worse bending forward or stooping (17th day).
4. Full feeling in head, with flushed face and palpitation 10th and 11th days).
4. Headache (temporal) with catarrh, was better on establishment of free nasal discharge (2d day).
2. Vertigo, with great but painless heaviness of head, nausea, coated tongue, disagreeable taste, better in cool, fresh air; lasted 2 to 3 hours (9th day).
5. Scalp, violent itching of, worse scratching (6th day).

## EYES:

1. Eyes painful, as though muscles were lame, feel heavy, worse moving them, photophobia (8th day).
2. Heaviness of lids, eyes feel tired, with easy watering, better keeping eyes closed (1st to 6th day).
2. Eyes feel heavy and tired, could hardly keep them open all day, better keeping lids closed (13th and 15th days).
2. Eyes tired and tearful, seemed as though eyeballs were covered with a membrane, much better keeping them closed (14th day).

4. Eyes feel tired with burning of margins of lids (19th day).
4. Eyes feel sore on going out of doors (22d day).
2. Eyes feel as if engorged with blood, but are not bloodshot (13th day).
5. Pain in left eye, with frontal headache (7th day).
5. Sharp, shooting pains in eyeballs, needle-like, worse in left, better pressure (12th day and 13th day).
3. Throbbing pain in right eye, better by pressure on inner canthus (14th day).
- 2, 4, 5. Lachrymation; (bland); when cool air blows in face; on yawning.
2. Itching of left lower lid, especially at inner canthus, rubbing temporarily relieved but thereafter itching became worse than ever; looks and feels as if a sty would form (12th day).
2. Itching of lids, especially lower, feel like rubbing them (15th day).
3. Itching of right eye, worse lower lid and inner canthus, better by rubbing (15th day).
3. Same symptoms as last in left eye (16th day).
4. Twitching of left upper lid (7th, 8th, 12th, 13th days).
5. Twitching of left eye-lid, pressure does not control (3d, 11th, 12th days).
2. Twitching of right upper lid (21st day).

**EARS:**

2. Redness of ears during a great sense of fulness in the head (13th day).
4. Tickling in right ear (with catarrh), better swallowing (2d day).
5. Itching in external auditory canals, worse on scratching, better in the cold (10th and 11th days).
5. Same, except better from scratching (15th day).
2. Itching deep in right ear, better rubbing (16th day).
4. Aching pain in right ear extending into throat, worse going out into cold, better from warmth, better from continuous swallowing (4th day).
6. Slight shooting pains in right ear, going towards throat (5th day).

5. Thin, dark yellow discharge from ears (4th day).
6. Left ear, which has felt clogged for several days, discharged a thin, yellow, purulent fluid of disagreeable odor (5th to 19th days), during which time there was no discharge on one day (15th day), and on the 16th day the discharge became thick.  
(The ear symptoms of Prover No. 6 cleared up on the third and fourth days after stopping the drug.—H. P. G.)
6. Hearing in discharging ear much impaired (4th to 20th days).

## NOSE:

6. Spot on septum just within nares, which feels sore and raw (5th day).
4. Small pustule on right side of nose (7th day).
5. Burning, stitching pains in nose, feeling as if starting a cold, sneezing on rising in morning (3d day).
- 4, 5. Coryza, profuse, thin, watery, bland discharge, out of doors, alternating with extreme dryness of nose indoors first two weeks of proving).
4. (A slight, bland, watery coryza existent at beginning of proving became much worse during first four days of proving, so drug was discontinued from 5th to 7th day [inclusive]; on 8th day the prover having recovered resumed the proving, when the coryza immediately returned. Nose symptoms therefor omitted from 1st to 7th day, inclusive.—H. P. G.).
4. Coryza, discharge yellowish-white muco-pus, worse in cold open air (9th to 14th days).
4. Coryza, discharge colorless, albuminous, only on going into cold open air (15th to 17th days).
3. Coryza, discharge profuse, light-yellow mucus (8th day).
6. Coryza, discharge clear, somewhat stringy, worse coming from cold into warm room, with catarrhal fulness in naso-pharynx, and dropping of thick greenish-yellow phlegm from posterior nares (4th to 6th days); Same symptoms—though worse—with now some excoriation of nostrils (6th day to 12th day); Same symptoms—though worse—with now tingling, burning congested

feeling in nose, with much sneezing and more acrid discharge (13th day); Same,—though worse—with now much obstruction of nose, severe frontal headache, pressing down on eyes, and increase of discharge from both anterior and posterior nares, which is now of yellow and stringy mucus (14th day to 16th days).

- 4, 5, 6. Sneezing (throughout proving).
- 2, 6. Obstruction; left side of nose clogged in the morning on waking, better after blowing out much mucus (This was the first catarrhal symptom experienced by No. 6,—on the 4th day,—and was the only nose symptom developed by No. 2.—H. P. G.).
5. Dryness of nasal mucous membrane, especially left side, indoors, alternating with profuse watery discharge out in the cold air (lasted throughout the proving).

FACE:

4. Flushed (with nervous agitation) (afternoon, 3d day).
4. Flushed (with palpitation) (11th day).
3. Hot, cheeks and lips very red; throbbing in temporal arteries, especially in the evening (12th day).
1. Sensitiveness to touch on inner side of malar bone extending over nose (18th day).
4. Aching sore pain in jaws (rami) in evening (2d day).
5. Lips; dry, especially on waking in morning (4th and 9th days).
4. Cold-sore on right side of lower lip (7th day).
6. Crack in middle of upper lip (16th day).
1. A weak "loose" sensation in lips, unable to control them, as though orbicularis oris was relaxed,—lasting all day (6th day).
1. Lips swollen; with feeling of fulness, heat and throbbing (13th day).

MOUTH:

1. Taste, metallic on tip of tongue (13th day).
- 2, 3. Taste; disagreeable in mouth (9th day).
6. Taste; disagreeable, slimy, on waking in A. M. (2d, 3d days).
6. Taste; nasty in early morning (6th day).

6. Taste ; disagreeable, sweetish, in A. M. (4th, 12th days).
5. Taste ; bitter, worse on waking in A. M. (3d, 5th, 23d days).
5. Taste ; sour in mouth on rising in A. M. (8th, 9th, 11th days).
5. Taste ; sour-bitter in mouth in morning (4th, 17th days).
1. Taste ; partial loss of, on eating and drinking (11th to 13th days).
2. Tongue, heavy white coating, with narrow red edges, and an enlarged papilla on each side of under surface, with disagreeable taste in mouth (9th day).
2. Two or three enlarged and inflamed papillæ on under surface of tongue, left side, in sublingual folds, sensitive to touch (18th day).
3. Tongue, papillæ red and prominent, especially on edges and tip (6th day).
4. Tongue, coated white in centre, with red edges and tip (2d, 4th days). Prover No. 5 (7th day).
5. Tongue, coated greyish-white in centre, edges and tip red, papillæ on edges and tip prominent (2d, 3d days) ; and papillæ on right edge sore (3d day).
5. Tongue coated grey in centre, red papillæ showing through the grey, tip and edges red (4th, 6th, 17th, 23d days) ; and Prover No. 3 (9th day).
5. Tongue coated white in centre, grey edges, enlarged papillæ (5th day).
5. Tongue heavily coated white, even edges and tip, red papillæ prominent in morning, but became cleaner during the day (8th day).
6. Tongue coated greyish-white, entire surface, with slimy taste (2d, 3d, 19th days).
6. Mouth, dry in morning (5th, 7th days).
2. Dryness and rawness of hard palate (15th day).
5. A sore, enlarged papule on inner side of upper lip near right angle of mouth (12th day).

#### THROAT :

5. Dry and parched, without thirst (7th and 9th days).
2. Dryness of pharynx and posterior nares, which as it grew worse, extended downwards ; posterior nares worse on

- swallowing, while the lower throat was better by swallowing (7.30 P. M., 9th day).
2. Dryness and burning of pharynx, and especially of posterior nares, worse early morning and swallowing (11th day).
  6. Dry and raw in morning, with lump of greenish-yellow mucus from posterior nares (7th day).
  3. Fauces and posterior pharynx red inflamed, with great dryness, painful on empty swallowing, but must swallow to moisten throat, better while and after swallowing food and drink worse right side (6th to 9th days).
  1. Sore throat, began on waking in the morning, tonsils felt swollen and spongy, posterior pharynx and faucial arch bright red, worse right side (7th day); feels very dry, as though there was no saliva, with sticking in tonsils on empty swallowing, better while and after eating (8th, 9th days); grew worse after 4 P. M., (10th day) and continued sore till she reported;—Throat dry and raspy, feels as if scorched, worse swallowing anything hot (21st day); the same symptoms continuing, became worse on left side (22d day).
  - 1, 2, 3, 4, 5, 6. Posterior pharyngeal wall, uvula and faucial arch much congested, red and dry (4th to 24th days).
  2. Rawness, with dryness and burning, especially posterior nares, worse on swallowing (16th day).
  6. Rawness, worse left side, on waking in A. M., (5th to 18th days).
  6. Raw and dry in morning, with a lump of greenish-yellow mucus from posterior nares (7th day).
  6. Sharp, sticking sensation in back of throat, and slight soreness of left tonsil, for one hour after rising (4th day).
  3. Needle-like, sticking pains in throat (10th day).
  2. Sensation of a splinter set transversely in throat, not relieved by empty swallowing, better swallowing food (13th day).

STOMACH:

5. Appetite increased, not satisfied, no matter how much I have eaten (10th to 13th days).
2. Hungry, but no appetite (17th day).

5. Hunger with the nausea (9th day).
4. Appetite decreased (3d and 4th days).
4. Appetite lost for luncheon (5th day).
5. Desire for sweets (8th and 11th days). (*Generally cares little for sweets.*—H. P. G.).
4. Thirst increased (unusually), (2d and 3d days).
4. Unusually thirsty; very thirsty for cold water all evening, though feeling cold (15th day).
2. Very thirsty all day (17th day).
4. Eructations,—frequent, tasteless in afternoon and evening (2d day).
4. Eructations,—many during evening, with burning in esophagus (11th day).
6. Eructations,—sour, relieving nausea and pressure in stomach (2d, 3d and 23d days).
6. Eructations,—sour, with distress in stomach, and with headache in the morning (17th day).
6. Eructations, voluminous, with heartburn and nausea (23d day).
4. Regurgitations, sour, of food, half hour after eating the evening dinner (10th and 11th days).
6. Nausea; while riding in the car, better from sour eructations; better walking in the open air (2d, 3d 8th, 10th and 19th days).
5. Nausea while riding in the car, better on going into the cool air (9th day).
5. Nausea all afternoon, better drinking cold water, and disappeared during a walk in the cool air, but returned in one and one-half hours after eating supper (9th day).
2. Nausea after eating a meal (20th day).
2. Nausea, with dizziness, and intense heaviness of head, coated tongue, and disagreeable taste in mouth; better in cool, fresh air (9th day).
6. Nausea, stomach felt distended with gas, better from eructations (23d day).
6. Nausea, with heartburn and voluminous eructations, which became worse after going to bed (23d day).
6. Nausea, with faintness in afternoon while operating (8th day).



6. Distress in stomach as from pressure of gas (5 P. M., 2d day).
4. Heartburn in the evening (11th day).
6. Heartburn, with nausea and voluminous eructations (23d day).
5. Pulsating in epigastrium (14th day).
5. Gnawing, empty pain in pit of stomach, better from eating, but soon returns (9th and 11th days).

## ABDOMEN :

## (GENERAL.)

5. Stiffness, soreness and lameness of abdominal muscles, worse on left side, especially in axillary lines, can hardly turn body, worse from any motion (6th, 7th and 8th days).
4. Soreness of abdominal muscles on coughing, worse left side (3d, 4th and 5th days).
6. Distention by gas (15th day).
2. Painful distress in abdomen, worse in epigastric region, feeling as if stomach was filled with gas, worse on pressure and on walking, better after supper (19th day).
2. Great distress in abdomen, which seemed filled with gas which rolled around with gurgling sounds, followed by a loose stool with much flatus, and later by several loose stools during night and early morning (21st day).
1. Any constriction of clothes intolerable (11th day).
2. Colicky, crampy pains, with empty, gone sensation in epigastrium, and with desire for stool, but only flatus passed, after which pains were relieved; pains were better doubling up in the early mornings during the menstrual period (11th, 12th and 15th days).
4. Sharp, colicky pains in bowels (12.15 P. M. and 10.30 P. M.), lasting only five minutes, better by bending forward and better passing flatus (11th day).

## (UMBILICAL REGION.)

2. Drawing, dragging pains across middle of abdomen; feeling as if adhesions were being pulled, worse walking; better sitting down, lasted only fifteen minutes (17th day).

## (SIDES.)

2. Jerking, cutting pain at McBurney's point, lasting two or three minutes, disappearing on pressure (4th day).
2. Dull, cutting pain in McBurney's point, in morning, lasting only a few minutes (17th day).
2. Cutting pain in spot between left anterior superior spine of ilium and umbilicus, lasting only a few seconds (19th day).
2. Cutting pains at McBurney's point, alternating with similar pains at corresponding point on left side; pains on both sides extending into inguinal regions (21st day).
3. Many fleeting, cutting pains, with throbbing, in right side of abdomen at McBurney's point, lasting all day, worse rising from sitting (18th and 21st days).
4. Sharp pains in left side of abdomen, at a spot two inches within and directly opposite left anterior superior spine of ilium, on every hard cough (4th day); this area especially sore as after-effects of yesterday's violent coughing (5th day).
5. Pain in sides of abdomen, between ribs and bones of pelvis (4th day).

## (LOWER.)

1. Sensation of fulness in lower abdomen (during menstrual period), evening (14th day).
3. Cramping pains in lower abdomen, at intervals of about five minutes, with feeling as if must go to stool (but did not) lasting about half-hour, early morning (10th day).
3. Shooting, darting, lightning-like pains in lower abdomen, going down to pelvis, transient, lasting only about three minutes, attacks coming on at intervals (10th day).
3. Same symptoms in two short attacks (6.15 and 9.30 P. M.), the last attack accompanied by expulsion of much flatus, which immediately brought relief from pain (11th day).
3. Sticking, cutting pains in hypogastrium lasting only a few minutes (17th day).
4. Sudden, sharp, stabbing pains in left lower abdomen, lasting only two minutes (15th day).

5. Excruciating griping colic, feeling like a uterine contraction, during defecation (15th day).

(INGUINAL.)

5. Dull aching pain in both inguinal regions, as though in sides of pelvis, extending downward and backward, with backache worse standing and walking (5th and 6th days).
1. Dull pain with throbbing in region of left ovary, lasting about ten minutes, at intervals during first three days of menstrual period; also in region of right ovary (13th, 14th and 15th days).
3. Throbbing pains in left inguinal region, just before menses appeared (13th day); continued at intervals all day (14th day).
2. Cutting pain in right inguinal region, extending to anterior part of hip-joint, lasting only a minute or two (18th day).

(PELVIS.)

5. Dull, aching, bruised sensation in whole of pelvis in morning, passing away in afternoon (8th day).
5. Dull aching through whole pelvis, with bearing-down ache in afternoon and evening, worse walking or riding in cars (17th, 18th and 19th days).
5. Colicky, crampy pains in pelvis, felt like uterine contractions, had to double up, with bearing-down pains, causing desire for stool, but no stool resulted, lasting two hours in the evening (7th day); same symptoms during defecation (21st day).
5. Terrible cutting, bearing-down pains ("excruciating") in uterine region, running down thighs to knees, worse in right thigh, better by lying prone on abdomen (6 P. M., 21st day).
2. Sudden pain in left side of pelvis, as though a bolt had shot through and downward (just before menses appeared, 7.30 A. M., 10th day).
2. Heavy, drawing sensation in pelvis just before menses began to flow (10th day).

2. Heaviness in pelvis, with cutting, penetrating pains which seemed to come from without and went inward and downward through uterus and vagina, and extended through anterior parts of thighs, lasting about a half-hour, early in the morning, during which time there was a little bland, watery leucorrhea (21st day).
6. Shooting pains in pelvis, going downward (7th day).
6. Constant dull ache in pelvis second and third day of menstrual period, better in evening of second day (10th and 11th days).

(*To be Continued.*)

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## CASE CONFIRMATIONS.

By Herbert E. Maynard, M. D., Boston, Mass.

During an epidemic of sore throats in and about a hospital most of which were diagnosed by the pathologist as streptococcus infection, the following symptoms were fairly constant:

The attack usually commenced suddenly with extreme prostration; some aching of the back and extremities, and in almost all the cases marked pain and stiffness in the back of the neck and head, and severe pain on swallowing. For the first twenty-four hours there was very little to be seen in the throat, then in most cases redness of one side, usually left; slight swelling of tonsil on that side followed by the appearance of a pearl-gray or yellowish membrane either on the tonsil, the faucial pillar, or, in four cases, on the posterior wall of the pharynx. In four cases there was extreme puffiness of both the uvula and soft palate; swallowing was very painful, but in 8 out of 17 cases, all starting on the left side, there was considerable relief from hot drinks. One case had severe pain extending from right side of throat up through head to above right eye; glandular swelling was not marked and there was little salivation.

All the cases had chilliness; none were sweaty, and in all except one the temperature remained low; 97.6 to 100, with a very high pulse, 120 to 140. The odd case ran a temperature

of from 102 to 103.5 for four days and never had a pulse higher than 80.

Most of the cases were very uneasy and frequently changed position in bed, usually to get the head and neck into a more comfortable position, which was difficult to do.

In only one of these cases were there any joint symptoms or other complications following.

Scanty urination was common in the beginning of nearly all the cases; most marked in the four that had puffiness of the fauces, but this condition was not long-lasting and in no case was there any pathological kidney condition.

For the treatment:

Of course, all these were bed cases. All were too ill to be about for more than a few hours from the onset. All were on liquid diet for at least forty-eight hours, then put on full diet if they could swallow it.

An ice bag to the throat or back of neck gave most relief, if anything.

For the remedies:

At the start most of the cases had prominent lachesis symptoms, left-sided condition, scanty membrane with little swelling and with more pain than appearance of throat seemed to indicate, and stiffness and pain in the back of the neck. The relief from hot drinks was marked in some, but there was aggravation from same in others.

*Lachesis* helped some.

*Sabadilla* cleared one up rapidly, but did not relieve others with left-sided aggravations and relief from hot drinks.

*Apis* relieved three right-sided cases with puffiness of the throat, but they were all very slow in recovering until pyrogen was given.

*Pyrogen* covered the general aching, prostration, restlessness and decided disproportion between the temperature and pulse, which was marked in every case.

In nearly two-thirds of the cases pyrogen alone was given and every one of these cases recovered more quickly than any of the others. Pyrogen also cleared up the joint symptoms which followed in one case nine days after patient had returned to duty.

Most of these cases were traced to milk, and few new cases occurred after the practice of boiling all dishes was instituted.

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### GRINDELIA ROBUSTA.

Grace Stevens, M. D. Northampton, Mass.

The *Grindelia* belong to the *compositæ*. They are a large genus of coarse, gummy or resinous herbs, having large radiate heads of yellow flowers. They grow chiefly in Western North America and the *Robusta* is found on the Pacific coast and inland on the mountains. The common name is rosin weed.

For medicinal purposes a tincture is made of the fresh herb. This was proved by Bundy and by Hale, and the provings were published in Volume 25 of the *North American Journal of Homœopathy*.

The most pronounced action of the drug is: first, on the pneumogastric nerve, producing a seeming paresis; and, second, on the skin.

In order of appearance the symptoms produced by the proving were as follows:

1. A feeling of intense fullness in the head, as after a dose of quinine.
2. Soreness of the left eye-ball and a pain, rheumatic in character running backward through the eye.
3. A like pain in the right knee.
4. Pain extended from the left to the right eye. Both eyes became injected, the pupils dilated and the pain was worse when moving the eyes.

5. A cutting pain in the regions of the spleen and liver with rheumatic soreness, making the prover so restless that quiet was impossible.

Later there appeared the action on the pneumogastric. Respiration ceased when the prover fell asleep and he was awakened by suffocation. The skin reacted to the poison by developing a red roseola-like rash, with intense burning and itching.

Its action on the eye has led to the use of this remedy in some cases of conjunctivitis and in iritis, either traumatic or due to metastasis of rheumatism. The pain is worse when moving the eye.

In its relation to the skin, *Grindelia* has proved an effective antidote to *Rhus tox.* poisoning, with the intense burning and itching. Boericke says it may be used locally or internally.

Its use in chest diseases is especially interesting. As has been said, the proving itself seemed to show a paresis of the pneumogastric, since each time the prover dropped to sleep, respiration ceased, and he was awakened by a sense of suffocation.

*Grindelia* proved very useful to me in two cases during the past winter. The first case was that of an elderly man with aortic obstruction, mitral regurgitation, and severe bronchitis. Every time he dropped to sleep, respiration ceased and he woke in distress, gasping for breath. *Grindelia* relieved this symptom very much.

The second case was that of a woman about forty-five who had suffered a great nervous shock. Her heart was muscularly rather weak, her blood-pressure less than one hundred. Frequently she was wakened, both day and night by great distress, a feeling that everything had stopped, and a sensation of sinking: she dreaded to go to sleep. *Grindelia* brought almost instantaneous relief and gave her some good nights' sleep.

It is interesting to note in relation to this last case, that the patient came to me in the first place on account of intense pruritis of the vulva, and that in previous years she had suffered much from rheumatic iritis.

## IMMUNITY BY COMPULSION.

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

Recently there has begun an agitation aimed apparently at making the so-called Schick Test a routine public health measure. It behooves us, therefore, in anticipation of possible efforts to have laws enacted making submission to it compulsory, to consider seriously what this operation involves.

The test consists in injecting into the skin a minute quantity of the toxin produced by the germs of diphtheria. In different persons the reaction to this varies. In some, apparently, there is no reaction. In others, there develops, at the site of the injection, a few hours after it is made, a slightly infiltrated, circumscribed, reddened area varying from one to possibly three centimeters in diameter. This is a "positive" reaction. It is supposed to indicate that the individual in whom it occurs possesses so little resistance to diphtheria that in the event of exposure to this disease, he will almost surely contract it. To prevent such a disaster it is proposed that there be injected into the "non-immune" person a mixture of the toxin of diphtheria and the antitoxin of this malady.

We have no reason to believe that immunity artificially established ever exceeds, if indeed it ever equals, that which results from an attack of the natural disease. It is possible that, following an attack of diphtheria, there exists, for a short period, a relatively high degree of immunity. The length of this period, however, is problematical. Undoubtedly it is short. Holt says "It seems to be established by recent observations that the immunity conferred by one attack of diphtheria is of comparatively short duration, amounting probably to a few months only." (Diseases of Children, p. 955.)

It must be remembered that a conclusion to this effect, based on actual observations of second attacks of diphtheria occurring but a few months subsequent to the first *proves* the non-existence of a sufficient degree of resistance to prevent the disease, while the mere failure to observe second attacks proves neither immunity nor the absence of it.



The protection afforded by an immunizing dose of diphtheria antitoxin lasts not more than four weeks, probably, and may last not more than two. Obviously, then, to control diphtheria by the method under consideration—granting, for the moment that it can be thus controlled—the test will have to be applied, and the immunizing doses administered to the same children over and over again.

We know, of course, that the claim is made that the toxin-antitoxin mixture will establish immunity for a long period of years, if not for life. But this assumption we shall do well to discount. It is theoretical only, having as its foundation little else than a few brief years of inconclusive observation.

The end in view of those who advocate the Schick procedure is the prevention of natural diphtheria. That anyone would intentionally inoculate a child with living germs of this disease is inconceivable. But unless such an inoculation is made we can never know, except diphtheria develops, that there has actually been any passage of infectious material from the patient to the person who has come in contact with him. Therefore failure to contract diphtheria by casual exposure proves nothing so far as immunity to this disease is concerned.

So when it is stated that the immunity which is established by the injections which follow a positive reaction to the Schick Test lasts for a specified number of years, what is undoubtedly meant is, that in persons who have undergone these injections the reactions to the test have thereafter, during the period of observation, been negative. Those who argue that this condition will continue during the entire life of the individual, simply assume that such will be the case.

That negative Schick reactions indicate non-susceptibility to the infection of diphtheria is but another assumption. That it is a fact remains to be proved. The laboratory test is of interest, but clinical experience is the court of last appeal.

Clinical experience shows that "diphtheria can occur among children who possess either natural immunity or who have been immunized by the toxin-antitoxin procedure. *An experiment in a carefully supervised orphan asylum has taught us that diphtheria in epidemic form can occur among immunized children,*

etc." (Italics ours.) (Journal of American Medical Association, June 4, 1921, p. 1607.)

Of ninety-two children lately reported as having shown a positive Schick reaction, seven already had had diphtheria. (See Journal of American Medical Association, June 11, 1921, p. 1605.)

In a recently published article, which may be regarded as an official pronouncement on this subject, we read that "Under no circumstances should the mere fact that a person has received the usual course of diphtheria toxin-antitoxin be relied upon as proof that complete protection against diphtheria has been produced. All immunizations should be controlled by subsequent Schick Tests, and all persons reacting positively should be given a second course of injections of toxin-antitoxin." ("The Schick Test and Immunization with Diphtheria Toxin-Antitoxin," Benjamin White, Ph. D., pp. 14, 15.) This is an admission of the necessity for the repeated performance of the Schick Test and for repeated injections of the toxin-antitoxin mixture.

Whenever there is introduced into the human body, other than by natural channels, any alien serum or protein solution, there ensue, apparently, physiological—or pathological—changes whose ultimate results we cannot determine in advance. While the first injection is not altogether devoid of risk, usually there follow from it no immediately discoverable ill effects. But a second injection, made after the lapse of a few weeks or months, is a much more dangerous affair. The phenomena which, in many instances, follow this operation, make it evident that in consequence of the one previously performed there have been going on vital changes, the significance of which, and whose remote effects, it is impossible for us now to measure.

For the "sensitization" induced by the injection of alien products into the body, the term "Anaphylaxis" has been coined. According to Laidlaw, our conception of this condition "begins with the discovery that a harmless protein injected into a dog will so sensitize him that after ten days or so another injection of the same protein will kill him. . . . The widespread use of antitoxin in diphtheria gave

abundant opportunity to study the phenomena of sensitizing a human being with one dose and killing him with another dose of the same thing. The symptoms of anaphylaxis first observed were urticaria, arthritis, and dyspnoea."

"Goodale reports shock (faintness, nausea, vomiting) in two patients following the mere rubbing of a drop of pollen extract into a scratch on the skin." (Hay Fever, G. F. Laidlaw, pp. 77, 104.)

It is evident, then, not only that toxin-antitoxin injections are dangerous, but that a little carelessness in technique in the performance of the Schick Test itself, may even endanger life.

Writing, apparently, to call to the attention of the profession the fact that Optic Neuritis may result from injections of protein solutions, Dr. V. R. Mason says:

"The syndrome that follows the introduction of a foreign protein into the veins or subcutaneous tissues of a susceptible individual has been described by various authors under the heading of 'serum sickness.' These symptoms are usually of short duration and include fever, malaise, urticaria, arthralgia and occasionally slight general glandular enlargement. In the more severe instances of the disease there may be marked albuminuria and cylindruria, and the patient may lie in a semi-comatose condition for days or even weeks." (Journal of American Medical Association, January 14, 1922, pp. 88, 89.)

It should be evident to every thoughtful person that in using bacterins; toxins, food proteins and anti-toxic serums, we are experimenting in a field where little is known beyond the fact that by every injection that we make we jeopardize the health or the life of the person who is intrusted to our care.

Vital to health and to life is the integrity of the blood and body fluids. If these are profoundly altered—and anaphylactic phenomena indicate that such an alteration has taken place—it is only safe to anticipate that a state of perverted nutrition will ultimately come to exist. Perverted nutrition may result in anything from scleroses and consequent degenerations, to new growths of various kinds.

As a public health measure this method of disease prevention is wrong. It is certainly folly to jeopardize the lives of innumerable children that, at the most, the few may be protected in some slight degree from a disease which can be suppressed by, and only by, better habits of living and a wider knowledge of the laws of sanitation.

If individuals are desirous of undergoing inoculative treatments which they have been led to believe will protect them from certain specified diseases, we have no objections to offer. But we do object to having submission to these operations made compulsory by law. And we object also to the publication of official bulletins and reports which, on the one hand, exaggerate both the danger of disease and the value of certain therapeutic agents; and, on the other, understate or ignore altogether the serious objections that exist to the practices that are proposed.

We would have the individual coerced neither by law nor by misrepresentation of facts.

Except somewhere a halt be called we shall by and by be required to turn over to enthusiastic experimenters our corrective institutions, our orphan asylums, and our schools, that into the bodies of our helpless children there may be injected from time to time the serums and the "vaccines" that workers in our laboratories may come to believe are requisite for the public health.

For the seriously minded there is food for reflection in the declaration of Henry George, that "Socialism in all its phases looks on the evils of our civilization as springing from the inadequacy or inharmony of natural relations, which must be artificially organized or improved. In its idea there devolves on the state the necessity of intelligently organizing the industrial relations of men; the construction, as it were, of a great machine whose complicated parts shall properly work together under the direction of human intelligence. This is the reason why socialism tends toward atheism. Failing to see the order and symmetry of natural law, it fails to recognize God."

The world of medicine is, as it were, divided into two camps. Adherents of the one, seeing in knowledge, right living and

liberty the only remedies for humanity's ills, feel it to be the duty of man to discover the natural order and to live in accordance with it. They believe that the human machine can properly perform its functions only where the natural order is recognized and the laws of life obeyed.

Those who belong to the other camp seem to value but lightly human liberty. They are making the mistake which characterizes the thinking of those who would substitute for democracy a socialistic commonwealth. Failing to see in nature the laws of God, they would substitute for the natural order a scheme devised by the wit of man. Instead of seeking good by the elimination of evil, they would do evil, having in mind the hope that good may come. They cherish a delusion.

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Dixon, Illinois, March 29, 1922.

R. F. Rabe, M. D., Editor.

THE HOMŒOPATHIC RECORDER.

Dear Mr. Editor:

Replying to the article of Dr. J. F. Keenan regarding psoriasis, I have treated a number of cases with very good success and as in every other chronic disease, it is often necessary to bring into requisition one's entire knowledge of pathology and curative actions of remedies.

The eruption of psoriasis must be regarded as purely an effect and not a cause; therefore remedies selected only with regard to this one pathological condition will not usually cure the trouble.

In all my experience I have seen very few patients whom arsenic would cure without at the same time establishing arsenical symptoms instead, in fact no remedy will cure the trouble properly, except it be indicated by more symptoms than the pathological eruption.

Cases that come to me second-handed, which have been overdosed with Arsenic, I have found very hard to cure; perhaps among the best antidotes given for Arsenic poisoning in this trouble are *Crotalus Horridus* and *Rhus Venenata*. In the event that

the only symptom is the eruption and there are absolutely no constitutional symptoms, and the patient perfectly healthy otherwise, Phosphorus or Arsenic become a mere guess, treating the symptom and not the cause. In such a case, I would prefer to give sulphur, 30x every four hours for three days and wait for reaction.

Among hereditary conditions are Psora, Syphilis, and Sycosis. Following as secondary pathological conditions are tubercular, alcoholic and scrofulous bases; these people often have goitre, and a hypo development of the reproductive system, their cases are very chronic and they usually have had it since childhood; they are inclined to obesity, with scanty and delayed menstruation, but with patience and perseverance this whole syndrome of symptoms can be cured; but the pathological skin lesion must be largely disregarded.

Among the acquired causes are first: the vaccine base imposed upon the system by cow-pox vaccination or vaccines and serums.

Second: mental or physical shock may be followed by such a skin lesion.

Third: A gouty rheumatic or uric acid diathesis.

Fourth: sycotic conditions.

Fifth: zymotic and septic states.

One of my most brilliant cures was made for a dental student who had had the trouble for a number of years; but unable to get relief, he feared that he must give up his profession because of the terrible patches of scaling on his hands. When he undressed at night a veritable shower of scales fell upon the carpet. I do not remember the prominent symptoms that led to my diagnosis of the vaccine base, as I have lost my notes on the case, but I do remember that the whole condition disappeared almost completely with the use of Thuya and Malandrinum. Of course, if you have such a case, other remedies will suggest themselves to you. I neglected to state that every portion of his body was universally affected, including the scalp and the face. This case illustrates the fact that it is absolutely necessary to know the underlying nutritional states of the system and how to modify and change them back to normal.

In treating the chronic cases, it requires patience as there are usually many relapses.

One of my cases was cured by *Crotalus Horridus*. I will give an outline of that remedy by which one may reason by analogy to any trophic condition which one might meet in this disease. This remedy has a profound trophic action on every organ of the body. It is acid in reaction and therefore antidotal to pathology caused by acids. It is protean in nature and has a profound action on the vegetative vital force of the cells.

Zinc is always a constituent as well. Generally speaking, this disease is caused by a diminution of the vegetative power of organs to keep and preserve their histological formation in their original condition, as for instance old scars that were once healed, break open again; there is a histological reduction in most of the organs and fluids of the body, including the skin. The endocrine system and its functions have been reduced. Autolytic ferments are increased, there is a mouldy odor to the excretions, the tissues are torpid, sluggish and indifferent in a state of acidosis, an increase of Carbon in the system. (I once cured a large papilloma of the bladder, so pronounced by clinical examination with cystoscope, also easily demonstrated by palpation with the fingers. Three years later the patient was examined by a physician in another town. He told her that she never had a tumor in the bladder. This should be evidence enough of the cure. This patient's nutrition was degraded by alcohol.)

The *Crotalus* patient is hungry, craving for stimulants, sugar and alcohol; usually there is aversion to meat, for the reason that it cannot be utilized (systems that are degraded by over-eating, by alcohol, by zymotic or septic poisons have a low endurance and low vitality, they are easily tired, there is aggravation from exertion, bilious headaches). Nutritional trouble of all kinds is remedied by its action. It will act in old age nutritional troubles, when Arsenic no longer acts, and it is a deeper acting medicine than Arsenic itself.

Inflammation of a low type appears in organs and from this, new growths are developed, because vegetative vitality is too low to maintain a normal histological structure. Do not use this remedy below the 30x. The crude antidote to such nutritive changes may be found in *Echinacea* and *Lycopus Virginica*, which is perhaps very much better than the former remedy. Salt and lemon juice is also antidotal to this same pathological condition.

There is one more remedy that I must give a short description of which is equally valuable in such conditions. Namely: Carbolic Acid, a nutritional remedy of very high order and ranking with the former remedy in its nutritional effects; it is likewise antipsoric in its nature. There is decreased vitality of the vegetative system, the same as in the other remedy, affecting the histology of organs through trophic influences. The fluids and tissues of the body show this markedly, by the readiness with which abscesses are produced. The phenols in the system are increased and hence it becomes antidotal to their pathology. It restores histology to tissues, when the vegetative repair is low, following zymotic diseases, septic infection, flu, catarrhal fevers, etc., also hereditary weaknesses from artificial feeding, which causes histological changes the result of decreased vegetative vitality. The internal digestion is much decreased, stools are scanty and there is a foul and offensive odor from the mouth and mucous membrane. The urine is often dark or olive green, there is much prostration and fatigue, fluids have lost their enzymes and fermentation is easy, even vegetable organisms begin to appear in the fluids. There is fermentative dyspepsia and as in the former remedy, due to the interference with histology. Old scars or wounds never get quite well. The outline of these two remedies comprises barely a few notes from my study of these remedies. Time and space forbid me to go into their complete action.

Very truly yours,

S. W. LEHMAN.

Editor of THE HOMŒOPATHIC RECORDER.

Dear Doctor:

Replying to Dr. Keenan for report of cases of Psoriasis I will say, a case in the person of young man, 22 years old, of ten years standing was cured by *Calc. Carb. 200*, one dose a day, on the indications that have always called for the exhibition of this remedy, *vis.*: was a fat, chubby baby with very light skin, light hair, blue eyes, lazy and good-natured with sweaty head. A week or ten days cleared up case entirely.

Yours truly,

FRANK A. BENHAM, M. D.,

March 28, 1922.

Elkhart, Ind.



**AMERICAN INSTITUTE OF HOMŒOPATHY.**

**Annual Session, Hotel Drake, Chicago, Ill., June 18-23, 1922.**

The attention of the members of the Homœopathic profession throughout the country is directed to the program for the annual session of the American Institute of Homœopathy, which is published in the May issue of the *Journal of the American Institute*. This contains the greater part of the program and the scientific contributions which will be presented at the Chicago meeting.

There are several innovations on the program, and it is urged that all the members arrive as early as they can on Sunday in order to secure the benefit of the Sunday afternoon program, which embraces the innovation of addresses by the deans of the various Homœopathic medical colleges reviewing the opportunities in the Homœopathic profession for students in medicine. This appeal is particularly directed to the members in the neighborhood of Chicago, as it is urgently hoped that prospective medical students and young men who are interested in medicine will be informed of this part of our program so that they may avail themselves of the opportunity of getting the message direct.

A similar meeting will be held for the purpose of drawing the attention of young women to the opportunities in the nursing profession at the present time. Interesting addresses will be made by the directors of nursing in some of the largest of the Chicago hospitals.

Contributions by the Surgical and Gynecological Association will include articles on the Gall Bladder, by Dr. G. Forrest Martin, of Lowell, Mass.; The Transverse Incision in the Upper Abdomen, by Dr. DeWitt G. Wilcox, of Boston, Mass.; Pancreatic Cyst, by Dr. H. H. Wiggers, of Cincinnati, O., and several contributions on Goiter Surgery, one by Dr. A. J. Whitmarsh, of Providence, R. I., and another by Dr. H. M. Beebe, of Ann Arbor, Mich.

The Bureau of Dermatology and Genito-Urinary Diseases will present a Symposium on Syphilis, papers on which are to be presented by Drs. Cameron, Melendy, Bailey and Sprague, and a Symposium on Pyelitis, from the standpoint of Childhood, Pregnancy the General Practitioner and the Urologist.

Dr. J. T. Simonson is Chairman of the Bureau of Pedology. The Bureau will present contributions by such authorities as Dr. Sigmund Raue, of Philadelphia; Dr. Reuel A. Benson, of New York City, and Dr. J. P. Cobb, of Chicago.

The scientific program for the meeting this year takes up the entire week, and throughout the entire session there will be a contribution of merit at all times. This does not mean that there will not be ample opportunity for entertainment for those who desire it. Chicago, which is the second largest city on the continent, has many attractions which can be availed of when the mind becomes fatigued from scientific medicine.

Dr. B. E. Kline, of Albany, N. Y., with the object in mind of a State society in every State, reports at this time that organizations have been perfected in Wyoming, Florida, South Carolina, Georgia, West Virginia and Utah.

On Monday, at one o'clock there will be a luncheon of the National Homœopathic Clinic Day chairmen, at which time plans for the ensuing year will be discussed. Invitations to this luncheon are not limited to the chairman. Every one interested in this movement, which has for its aim the presentation in an ethical way to the public of North America of the advances and achievements of scientific Homœopathy, is welcome.

Homœopathic hospital organization is to be carried at this meeting to a state of perfection whereby the forces of the Institute can be of the greatest usefulness to the various integral units of the organization.

From time to time during the winter other attractive features of the Chicago program have been presented to you. Now you have the complete message. Let those who have been in a state of indecision cast aside their doubts and make preparations to take an active part in the Jubilee Session of the American Institute of Homœopathy at the Hotel Drake, Chicago, June 18 to 23, 1922.

ROY UPHAM, M. D.,  
*President.*

## DEPARTMENT OF HOMŒOPATHIC PHILOSOPHY.

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

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## THE HOMŒOPATHIC EXAMINATION.

We take up, in a general manner, the subject of the examination of the patient for the special purpose of making a homœopathic prescription.

At first thought it would seem as if this subject should have been presented before the general subject of Symptomatology, treated in a former article, inasmuch as the purpose of any examination of the patient is to discover signs and symptoms. It is evident however, that we cannot intelligently and logically take up the study of methods of examining patients for a homœopathic prescription until we have learned what symptoms are, from the homœopathic standpoint, and decided upon some adequate form of classification. We shall be more successful in our search for anything if we know what we are looking for.

The story is told of John Burroughs, the late venerable dean of American naturalists, that on one occasion he was visiting the home of an admirer, who lived in the suburbs of one of our large cities. His hostess, professing her great love of birds, bewailed their disappearance from her neighborhood. She had not seen a bird for such a long, long time. The wicked boys and the marauding cats had driven them all away! "Uncle John" looked sympathetic, but said nothing. Shortly afterward he put on his hat, tucked his note book and opera glasses in his pocket and went out for an hour's walk. On his return he invited his hostess to sit down beside him, produced his note book and showed her a list of nearly twenty different species of birds which he had observed during his hour's walk, within a half mile of her home! The difference between Mr. Burroughs and his hostess was simply that he not only knew *what* to look for, but *where* and *how* to look for it; and so he easily found what was hidden from her eyes.

So it is in examining a patient. The student who knows the nature, constitution, forms and varieties of symptoms necessary

for the homœopathic prescription will find many things in a case which another, specially trained perhaps only in pathology and general diagnosis, will entirely overlook; because pathology and diagnosis do not seek for nor take into consideration the phenomena which are most significant from the standpoint of the homœopathic prescriber. The "modalities" or "characteristic conditions" for example, which we have seen to be of the highest importance in selecting the homœopathic remedy, mean little or nothing to the pathologist or general diagnostician. The same might be said of subjective symptoms. Thus we have to separate and classify the various kinds of symptoms revealed by a complete general examination, and vary our methods of examination according to the particular end in view.

The technic of an examination for the purpose of diagnosing the disease is quite different from that of the examination for making the homœopathic prescription.

The diagnosis of disease by modern methods is based largely upon physical signs, tests and reactions, involving the use of many instruments of precision, in which the patient takes no active part, and of which he has no knowledge. The selection of the homœopathic remedy, on the other hand, is based very largely, and sometimes almost entirely, upon the phenomena, or deductions drawn from the phenomena, of subjective, conscious experience, perceived only by the patient, and stated by him to the examiner. Nearly all of the objective phenomena possessing value from the standpoint of homœopathic therapeutics are of such a character that they require the exercise of only the physical senses and ordinary powers of observation by the patient, his friends, or the physician himself. This distinction should be kept clearly in mind. Examinations for the purpose of pathological study and for diagnosis are necessary and important in their several fields; but from the standpoint of homœopathic pharmaco-therapeutics, their importance is relative, not absolute. Aside from the physical and organic localization of disease, they furnish comparatively little that is of value to the homœopathic prescriber in his special work of selecting the symptomatically similar medicine.

Let not the pathologist therefore, criticize the methods or findings of the prescriber, nor the diagnostician assume that his findings are sufficient for the materia-medica, but let each regard

these matters in the spirit and from the standpoint of the *physician*. For the physician, as an ideal, is greater than any medical specialist. The specialities in medicine only exist in order that the ideal of the perfect physician may not die and disappear from among men. However doubtful we may be of the necessity or the real value of the results, it is true that in the vast extension of so-called medical science it has become impossible for any one man to grasp and master it all. Therefore medicine has been divided into so many specialties that we might paraphrase the old proverb, "it takes nine tailors to make a man" into a new medical proverb: "It take nine specialists to make a physician."

The general practitioner, if one dare to follow that ancient and honorable calling, must act in several capacities—as hygienist, sanitarian, pathologist, psychiatrist, diagnostician, therapist, and, perhaps even surgeon and obstetrician; but in each of these departments he may be compelled to fill up the measure of his own technical shortcomings by recourse to the specialists. He is the wise physician who recognizes his own personal and technical limitations and judiciously uses the services of others who are specially qualified in some particular branch. And he is the wise specialist who recognizes *his* limitations—who realizes that, after all, no matter how expert he may be in his branch, he is only, as it were, a part of a physician, in the broad sense of the word. Modesty pays good dividends in the long run.

In this broad and tolerant spirit all co-operate for the best interests of our profession and our patients. This constitutes true "liberality," and in this spirit we can all agree with Hahnemann in the postulate of the first paragraph of the "Organon": "*The highest and only mission of the physician is to heal the sick.*" Every medical speciality is subordinate to that ideal. The work of the homœopathic prescriber, therefore, dealing specifically (as it does) with the application of medicines to disease, according to a definite principle, for the purpose of curing such conditions as are amenable to medicines, must ever remain one of the most important of the functions fulfilled by the physician. Although the related branches of medicine—hygiene, prophylaxis, sanitation, surgery, physical therapeutics, etc., have made great strides, the time is yet far distant when pharmaco-therapeutics will become unnecessary.

It follows that the pharmaco-therapeutist must be a specialist in the sense of becoming scientifically expert in his department, and this, let it be said, is the crying need of the age.

With diagnostic and pathological examinations and symptoms, as such, this article has nothing to do, except to show their general relation to homœopathic prescribing. The purpose of this article is to teach the principles of "case-taking" and how to determine, from the record of an examination of a case, what symptoms are most useful as indications for the curative medicine, under the homœopathic principle. Some points on the method of conducting an examination in such a manner as to discover and develop these symptoms for use in prescribing will now be presented.

In the present state of the science of pharmaco-therapeutics and with our materia medica in its present form, the most important thing to be remembered in examining a patient for a homœopathic prescription is that, with very few exceptions, the most characteristic indications for the remedy are to be found:

1. In those subjective morbid sensations and phenomena which come within the sphere of the patient's own experience; and
2. In those objective signs of disease which are perceptible to the unaided or natural senses of either the patient or others.

For these we must, of course, depend very largely upon the statements of the patient himself. The findings of the thermometer, the stethoscope, the microscope, and the various other diagnostic instruments give us very little, as yet, that is available for the selection of the remedy. Their principal value is in determining the diagnosis and pathology of the case as bearing upon the prognosis and general auxiliary treatment. They also point out or more accurately define the anatomical basis of the prescription and aid us in correctly localizing symptoms.

It follows, therefore, in our special examination, that we should at once endeavor to put ourselves upon such a footing, and in such personal relation to the patient as will best favor a full, frank revelation by him of all the circumstances and conditions that have led up to his illness; and an equally full, simple and frank statement of his sufferings as they seem to him. The problem is here largely psychological. It is well in some cases to

briefly explain to a new patient the special purpose of a homœopathic examination and to point out how it differs from the ordinary examination, especially by including subjective symptoms and certain conditions that are usually ignored.

We must first gain the patient's confidence and relieve him, as far as possible, from the sense of restraint and embarrassment. This is favored, in a general way, by a calm, dignified, but at the same time quiet and sympathetic manner on the part of the examiner; a demeanor confident, but not pompous; simple and direct, but not aggressive; cheerful, but not flippant; serious, but not grave or funereal. Try to put the patient at his ease by adapting yourself to his personality and mood, so far as you can without compromising your own position and principles.

Do not stare the patient out of countenance by a too penetrating gaze at some objective feature which may attract your attention. Learn to observe objective phenomena accurately without seeming to do so. If a patient sees you gazing fixedly at some part of his anatomy, he is likely to become confused and forget other matters which are of more importance to you as a prescriber.

The same is true of the use of instruments and the performance of the various acts of a physical examination. A nervous patient will often be seriously disconcerted by so simple a procedure as listening to his heart action with a stethoscope—some times even by taking his pulse. It is best, therefore, to postpone such examinations until near the close of the examination, or until he has lost his nervousness.

Accommodate yourself to the patient's feelings. Encourage him to tell you his story freely and relieve his mind. Get the history and symptoms of the case from the patient's standpoint first. Make your physical examination afterward when the patient is composed, and when there will be no danger of confusing or prejudicing his mind.

The first part of the examination should be conducted in an easy, semi-conversational manner. You will get the best results, from the homœopathic standpoint, by making him forget that he is under examination. Do not be too formal. One can be painstaking and systematic without being over-formal. The mere thought of undergoing a formal examination is disconcerting to

the ordinary patient. He dreads it as he dreads going to a dentist. He wants to feel, and it is best for him to feel, that he is relating his troubles to a sympathetic friend who has the resources at hand to help him.

Keep the patient talking, but say little yourself during an examination. Let him tell his story in his own way, without interruption, except to bring him back to the subject if he digresses. You may start him in his narrative by asking when and how his trouble began, and you may instruct him to be as definite as possible in relating his history and in locating and describing his sensations. Impress upon him that you want a simple, clear, true statement of his symptoms *as they seem to him*. Do not laugh at him nor pedantically correct his errors.

Do not ask "leading questions," nor "put words in his mouth." Get him to describe and express his feelings and observations in his own way. Afterward, analyze, complete, correct and interpret his statements in accordance with the principles of homœopathic symptomatology as set forth in a former article.

You will, of course, be making notes of his statements while he is talking, but you will do so quietly, without ostentation. Have paper or printed examination blank before you. Begin a new line for each written symptom.

It is well to leave a space between the symptoms as you write them so that, when the patient has finished his voluntary statement, you can glance quickly back over the page, see what has been left out and write it in. Question, then, in such a manner as to complete, as far as possible, each symptom as to location, sensation and modality, and fill in the record.

As a matter of convenience in writing and keeping records it is well to divide your page into three vertical columns—the first for date and remedy, the second for the symptoms, and the third for the modalities or conditions. You will thus have a page that the eye quickly takes in at a glance.

Do not hurry a patient in his narrative. You may quietly keep him to the point and prevent rambling and inconsequential statements, but that is best done, as a rule, by yourself maintaining an attitude of business-like absorption in the medical features of the case.



Keep in mind always, during the examination of a case, our working classification of symptoms—General, Particular and Common. Remember, that in examining a case you are gathering data, facts, particulars, from which you are later to determine the characteristic features of the case by the logical process of generalizing; and that if you are to generalize correctly you must have all the facts and be sure of them.

Do one thing at a time, and all things in order, with an eye to the outcome; first, the analysis—your facts from the patient's statements, the nurse's, relative's or friend's statements, and your own observations; then the synthesis—the review and study of the symptoms and construction of the case, classifying your symptoms as you generalize; then the comparison of the symptoms of the patient with the symptoms of the *materia medica* in your repertory work; and finally the selection of the indicated remedy by the exclusion process.

Practice this method on the simple cases first, in order to become familiar with the technic. The hard cases will come soon enough and try your skill and your patience to the uttermost.

The suggested classification of symptoms is applicable to difficult as well as simple cases; to chronic as well as acute disease. It can be modified and adapted in various ways, but the principles underlying it are always the same.

The form of the examination and the direction it takes should conform to the classification adopted, and one may well have blanks printed to use as a guide and reminder.

Hahnemann devotes twenty-two paragraphs in the "Organon" to the subject of the examination of the case—Paragraphs 83 to 105.

In the footnotes to these paragraphs he gives many suggestions and special directions for conducting an examination. They teach among other things, *how properly to frame your questions*—a very important matter. It is not expected that you will ask every patient all the questions which Hahnemann gives in these important footnotes, but that you will select and apply such as bear upon the particular case in hand. They are for general guidance in the art of questioning.

There is a point in Paragraph 83 that deserves special attention for a few moments.

Hahnemann says: "This individualizing examination of a case of disease . . . demands of the physician nothing but *freedom from prejudice* and sound senses, attention in observing and fidelity in tracing the picture of the disease."

"Without prejudice"! Said quickly it sounds simple, easy, almost trite. It is a "bitter dose" to swallow, nevertheless, when we stop to explore the depths of our own minds. In this respect it is like the old-fashioned bowl of "Boneset tea" I used to have to swallow semi-annually, in the spring and fall when I was a country boy in the middle West. Hot and well-sweetened, to be sure; but bitter! Bitter was no name for it! I can still hear mother say: "Now shut your eyes, son and swallow it *quick*, then you won't taste it—much!" Sounds easy, but—try it.

(*To be Continued.*)

# HOMŒOPATHIC RECORDER

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## EDITORIAL NOTES AND COMMENTS.

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THE HAHNEMANN CLUB OF PHILADELPHIA.—This remarkable club of homœopathic physicians was founded in 1872 by such men as Augustus Korndoerfer, McClatchey, Farrington, Pemberton Dudley, Bushrod James and others. The only surviving charter member is Korndoerfer, that veteran homœopath and indefatigable worker, of incisive speech and commanding personality, who, in spite of his seventy-nine years, continues in active work and practice.

On the evening of April 11, the birthday of Hahnemann, the club celebrated its fiftieth anniversary by giving a banquet at the Union League, where, amidst historic surroundings, some forty-seven members and guests sat around the festive board. Dr. Tuller presided as toastmaster and in a few well-chosen words, introduced the several speakers of the evening, among whom were Dr. Korndoerfer, Dr. Pérez, of Mexico City, dean of the Independent Homœopathic Medical College of Mexico City; Dr. William H. Pearson, dean of Hahnemann Medical College, of Philadelphia; Dr. D. C. Kline, of Reading, Pa.; Dr. W. W. Speakman, Philadelphia; Dr. Desiderio Roman, Philadelphia, and Dr. R. F. Rabe, editor of THE HOMŒOPATHIC RECORDER.

Dr. Pérez spoke in his native tongue and impressed all by his manifest earnestness and sincerity. His speech was later interpreted most satisfactorily by Dr. Roman, who told, among many other interesting things, of the remarkable prosperity of the Mexican college, which has an enrollment of five hundred and fifty students and is of the highest scholastic standing. Homœopathy in Mexico enjoys governmental recognition and has the

ardent moral and financial support of many of the most intelligent and influential Mexicans. Approximately one-third of the population of Mexico (15,000,000 inhabitants) is loyal to the principles of homœopathic practice.

Dr. Speakman, in humorous vein, rounded out the evening festivity and after paying high tribute to the sterling character of Augustus Korndoerfer, presented him, in the name of the members and guests, with a silver loving cup, which the surprised recipient in words resonant with emotion, accepted with much feeling and gratitude.

The Hahnemann Club of Philadelphia may well serve as a bountiful source of inspiration to homœopathic physicians everywhere, to whom it should stand as a beacon of light and devotion to the great cause which it continues to so ably represent.

RACHITIS AS A DEFICIENCY DISEASE.—“Cozzolino's review of recent literature and his own experience testifies against the assumption that rachitis is due to a lack of fat soluble vitamin. Cod liver oil in rachitis is undoubtedly useful, but it does not display the almost miraculous effect of the vitamins in infantile scurvy. Another of his arguments is his success in treating rachitis with phosphorus and calcium, without any cod liver oil.”—(*J. A. M. A.*)

Phosphorus and Calcarea carb. have long been known to homœopathic physicians as valuable remedies in rachitis. The indications, for either are clear cut, characteristic and, if not sufficiently familiar to the physician, may be found in any homœopathic materia medica.

Now that vitamins are in the public eye, Cozzolino's observation is of interest to physicians. We wonder whether Cozzolino recognizes a homœopathic relationship to rickets, in his successful employment of phosphorus and calcium? Perhaps!

HOMŒOPATHY ABROAD.—We have recently received a communication from Riga which is of interest to homœopaths in this country. The letter is signed by the chairman of the Lettland Homœopathic Association, M. Shimmier, and tells how completely homœopathy has been disorganized in the countries of the former Russian Empire. “The reason of this is to be found in the fact

that nearly all homœopathic physicians and chemists had been mobilized during the great war and placed under allopathic control and that the east of Europe was entirely separated from the countries where the science of homœopathy had attained development."

Today, in the city of Riga, with a following of twelve thousand adherents, there is now but one homœopathic physician and three dispensaries. In Russia conditions are still worse, for all clinics and dispensaries have been closed for want of medicines and patients are in consequence deprived of all aid.

In order to save, if possible, homœopathy from extinction, the friends of Hahnemannian principles in Lettland, have formed an association to advance the interests of the school in their own country especially, and if possible, to find a way to relieve the suffering populations of Russia. With these objects in mind, the Lettland Homœopathic Association has resolved to get into communication with their colleagues in England and America and they earnestly beg physicians in these two countries to send them homœopathic literature, books, journals, etc., and also to assist in every possible way in the work of Russian relief, now under way.

In this connection it may be said that the Letts are well acquainted with the conditions in Russia and are on this account ably qualified to take part in the international relief work.

Communications, journals, etc., should be addressed to M. Shimmier, Riga, Latvia, Postbox 238.

FATALITY AFTER COMBINED TREATMENT OF SYPHILIS AND GONORRHEA.—"Vill reports two cases of syphilis plus gonorrhœa in young women who were given a combined salvarsan, mercury and collargol treatment. Both developed hemorrhages in the skin and mucosæ, and the blood count revealed severe injury of the blood marrow, with fatal outcome in less than two months. The syphilis was in the second stage, with skin eruptions in both."—(*J. A. M. A.*)

If they must die, why not let them die of syphilis, instead of killing them off scientifically? Oh, Science, what crimes are committed in thy name! Evidently the old-fashioned shotgun is still employed by scientific physicians—with deadly effect, appar-

ently. There are fool-proof guns, but there seem to be no fool-proof drugs in the hands of medical men, at all events.

When two diseases such as syphilis and gonorrhœa (sycosis) are found in the same subject, one is usually uppermost. Homœopathic treatment may then be most difficult, but is always effective and never dangerous. It certainly does not kill! Why will medical men strive to overwhelm disease by deluging it with massive doses of combined drugs? Disease is a process, not an entity to be forcibly sweated, purged, scrubbed or rubbed out. Disease end-products may need forcible or at least mechanical removal, but the latter by no means signifies that the disease itself has been cured. If cure is possible, it can be brought about in a safe, speedy and gentle manner by the employment of the law and principles of homœopathy. So taught Hahnemann and Hahnemann knew!

UNUSUAL PAROXYSMAL TACHYCARDIA:—“Smith reports the case of a woman, about 55, who complained of repeated and often prolonged attacks of very rapid heart action which began about eight years ago. They sometimes continued for weeks. They were accompanied by dyspnea, but not by pain. They began and ended abruptly. An arterial pulse tracing showed a number of short periods of rhythmical tachycardia, interspersed by a few normal beats mixed with extra systoles. In Smith’s opinion the case is unusual in that it shows such a variability in the same individual, and that it must be differentiated from auricular fibrillation.”—(*J. A. M. A.*)

Therapeutically this is suggestive of *Iberis* and *Thyroid*; both should be thought of in paroxysmal tachycardia. The former is the bitter candytuft, a plant indigenous to Europe and cultivated in gardens on account of its bright, milk-white flowers. It was first proven under the direction of Dr. E. M. Hale. Of course, there are many other remedies useful in tachycardia, the symptoms of the patient must decide the choice.

ETIOLOGY OF RICKETS.—“Hutchison and Shah assert that the results of their investigation show that the most important etiologic factor in the production of rickets is lack of fresh air, sunlight and exercise. Diet did not have any effect in the pro-

duction of rickets in the subjects studied. Therefore, it is concluded that a deficiency of fat soluble vitamin cannot be the principal cause of rickets."—(*J. A. M. A.*).

This Jamalian abstract compels us to exclaim "Oh, Shah!" So fresh air, sunshine and exercise once more come into their own! But fresh air in our crowded cities is becoming more and more difficult to obtain, especially in the teeming tenement-house districts, thanks to our antiquated methods of taxation. Many a room in New York's ghettos never sees sunlight or is fanned by fresh breezes: is it strange, therefore, that disease and death lurk within such places?

ACCIDENTS FROM DOMESTIC ELECTRIC CURRENTS.—"Zimmern urges that notices should be posted by the electric company in bath rooms and kitchens warning of the dangers of taking hold at the same time of an electric appliance and a water faucet, or taking hold of an electric appliance when in a bath. He cites a recent fatality from this cause, and Langlois adds others to the list, including one woman in a bathtub electrocuted as she took hold of the chain of the electric bell, the current only 110 volts. Four such fatalities are on record from a continuous current of from 95 to 120 volts. Renon reported a similar case, a woman in the bath killed as she pulled the chain of the electric bell, and he relates that he once gave himself a sharp shock by this same means. Balthazard reported the recent case of a boiler maker who climbed into a boiler, holding an electric light in his hand, the current 135 volts. Necropsy showed that death was the result of tetanization of the respiratory muscles in this case, and not of fibrillation of the heart."

This comes from Paris, like the latest fashions or Houbigant's perfumes and sends a shudder down our spines. Perhaps it will be better to follow John H. Clarke's advice and eschew bathing altogether. Rather be dirty than shocked! Electric apparatus always inspires us with a wholesome awe, not to say fear! We usually tip-toe around it and touch it not; never in the bath, at all events! The hypnotic buzzing of the high frequency machine enhances our respect for the skill of its medical operator and no doubt assuages the pain of the mystified patient who rises from

the electric chair a moister and a poorer man. Perhaps suggestion does really play a part!

We once, in a moment of foolish bravado, attempted to apply one of those pretty tubes of violet ray to the tender anatomy of a trusting patient. Something suddenly went wrong—a hiss, a puff, a hole in the sleeve and a burn on the operator's arm. We emerged from this experience a sadder and a wiser man. The moral? Cobbler stick to your last or pills, as the case may be!

So beware, gentle reader, of electric and other ensnaring currents, lest perchance, you rashly take hold and then cannot let go!

DR. HIGINIO G. PÉREZ.—The editorial sanctum was recently honored by a visit of Dr. Higinio G. Pérez, of Mexico City, the distinguished dean or director of the *Escuela Libre de Homeopatía* or Independent School of Homœopathy. This medical school, as elsewhere noted in this issue, has a total student enrollment of five hundred and fifty and maintains a very high standard. Its dean, Dr. Pérez, is doing great things for the cause of homœopathy and the graduates he is sending out to every part of Mexico serve as active missionaries in the furtherance of homœopathic principles and practice. Dr. Pérez has written several books which deal with the subject of homœopathic philosophy and it is to be hoped that these will be translated into English before long.

Dr. Pérez is typically Mexican in appearance, with strong and determined features, which stamp him as an active and ardent fighter for the great cause he has espoused. He tells us that in his country all our well-known books, such as Farrington, Allen, Hering, Nash, Dewey, Kent, etc., are freely used and highly prized. Enthusiasm for homœopathy is strong in Mexico; an allopathic dose of it might with great advantage be injected into the medical profession of our own country, especially at a time when our colleges and hospitals are one by one silently dropping from the ranks.

THE MEDICAL SOCIETY OF THE UNITED STATES.—The slogan of this society is "A democratic society among real democratic people." The spirit of 1776 dominates the organization, which stands for a fair and square deal for all and equal



opportunity. Its meetings are characterized by freedom of expression, honesty and frankness and toleration for the opinions of others.

The association is a protest against organized medicine and the domination of the few; against opinionated and self-constituted authority. The medical profession in these United States is suffering from over-standardization and regulation and it is high time that individualism assert itself. Those who are seeking a forum in which free expression of thought is welcomed, will do well to join this association, whose officers are Dr. Charles E. Movess, of Seattle, Washington, president; Dr. Brose Horne, Gas City, Indiana, secretary, and Dr. Eli G. Jones, Buffalo, N. Y., honorary president.

The association publishes a journal and is now seeking new members to widen its field of activity. All qualified physicians in good standing and without regard to school or "pathy" are welcome.

REPERTORY ANALYSIS. MRS. B., AGE 32 YEARS.  
CASE HISTORY.—Mother died at 45 years of pemphigus.

Father alive and well at 62 years.

Patient's early history negative except for hives, chicken-pox and probably measles. Has never had any severe or serious illness.

First menses at 13 years, uneventful.

Married at 20 years, after which menses became painful and she was dilated with subsequent relief. Has never been pregnant, though pregnancy was not avoided. Since her fourteenth year has had facial acne < at present than ever before. Has had much treatment, including vaccine, but without cure.

Appetite good, craves sweets, candies, but has stopped eating them as they seemed to < the acne. Uses acids and salt normally. Thirst normal. After eating, face frequently gets red and feels hot; this lasts for some time.

Bowels usually normal, of late somewhat constipated, since drinking cocoa for breakfast.

Menses regular, except for past two months, when the interval has been twenty-one days. Menses last three to five days, profuse during the first three days. Before the menses, occipital and

vertex headache with severe nausea at times; < of acne; sadness and melancholy with crying spells at times and desire to be alone and quiet. No special symptoms during or after the menses.

Is sensitive to cold in general, likes plenty of heat. Damp cold seems to penetrate.

No abnormal sweats.

Prickling sensations, as though under the skin of the chest. usually noticed after a hot bath. Loves hot baths. The acne pustules are painful, long-lasting and usually suppurate, resembling small boils. Heat and redness of hands at times without sweat.

February 23, 1922. *Lyc.* 30, q. 24 hrs., 10 powders.

March 6. Redness and heat of face after meals is gone entirely. Bowels very good and without cathartics. Menses appeared on March 4, four days early, preceded by marked mental depression. The usual premenstrual headache was less severe. Skin condition has been >. *Lycopodium* 30; q. 24 hrs., 12 powders.

March 20, 1922. Has had a coryza with thick mucous discharge and some nosebleed. In general has been very well; but on the chin has had a rather large and painful pimple, which is now drying up. s. l. q. 24 hrs., 14 powders.

April 3. Menses on March 29, not preceded by mental depression and with less headache. Skin > in general. Feels fine generally. s. l. q. 24 hrs., 14 powders.

The analysis of this case, so far as the necessary remedy is concerned, reveals the following:

1. Cold in general <.
2. < in general before menses.
3. Desire for sweets.
4. Sadness before menses.
5. Redness of face after eating.

Nos. 1, 2 and 3 are to be classed as generals; No. 5 is a particular symptom of high rank.

#### REPERTORY ANALYSIS.

Cold in general < — *acon. agar. alum. am. c. aran. ars. aur. bar. c. bell. bor. bry. calc. calc. p. CAMPH. CAPS. carbo an. CAUST. CHIN. cic. cist. cocc. coloc. con. cycl. dig. DULC. ferr. hell. HEP. hyos. ign. kali. bi. KALI C. kreos. ed. lyc. mag. c. MAG. P. mang.*

*merc. mez.* MOSCH. *nat. m.* NIT. AC. *nu.x m.* NUX V. *petr.* PHOS. PSOR. *puls.* *ran. b.* *rhodo.* RHUS T. *rum.x.* SABAD. *sep.* SIL. SPIC. STROUT. *sulph.* *zinc.*

Before menses < — *am. c.* *bar. c.* CALC. *con.* *hyos.* *kreos.* LYC. *merc. nat. m.* *phos.* PULS. SEP. SULPH. ZINC.

Desire for sweets—*am. c. calc.* LYC. *sep.* SULPH.

Sadness before menses—*lyc.*

Redness of face after eating—*lyc.*

HAHNEMANN'S "ORGANON," SIXTH EDITION.—At last, after many years of effort and waiting, the sixth and final edition of the "Organon" is available to English-speaking homœopaths. The German edition, published in 1921 under the guidance of Dr. Richard Haehl, of Stuttgart, has been translated by Dr. William Boericke, of San Francisco, and is a faithful interpretation of the spirit and letter of this great work. An introduction by Dr. James Krauss, of Boston, presents a masterly exposition of Hahnemann's philosophy and thus adds a chapter of importance, particularly to the non-homœopathic, though earnestly inquiring mind.

Hahnemann's riper experience, gained during the latter years of his life, while engaged in the active practice of his profession during the brilliant years of his Parisian career, caused him to make certain changes and additions to the fifth edition, published in 1833. Of these, the most important is that concerning the repetition of the dose; thus, in paragraph 248 Hahnemann states: ". . . in chronic diseases, every correctly chosen homœopathic medicine, even those whose action is of long duration, may be repeated daily for months with ever increasing success."

This advice will be new to many, especially to the high potency wing of the profession, which has followed the practice of giving single doses at very long intervals. Other changes and annotations by Hahnemann have been incorporated in this final edition, which will now serve as the well-spring of inspiration to every physician who is seeking knowledge of a real law of cure. Every physician should have a copy of this authentic last presentation of the bible of Hahnemann.

The book is published by Boericke & Tafel and sells at \$3.00 per copy; De Luxe Edition, in limp leather, \$5.00.

## OBITUARY.

## THEODORE H. WINANS, M. D.

The funeral of Dr. T. H. Winans, who died Friday night, will be held from the residence, 222 East San Miguel Street, tomorrow afternoon, at 2.30 o'clock. Burial will be in Evergreen Cemetery.

Dr. Winans was born near Owego, N. Y., July 24, 1853. There he grew up, graduating from the Owego high school and going on to the Oswego normal school to fit himself to become a teacher. After his graduation from the Oswego normal, he taught for ten years. His teaching was done at Osceola, Mo. One of his pupils was Miss Kate Lewis, who became Mrs. Winans in 1887.

He later attended the Hahnemann Medical College in Chicago, from which he was graduated in 1888. After receiving his degree of M. D., he entered upon the practice of medicine in Mexico, Mo., and continued to practice there for thirty-one years.

All his life he had been a sufferer from asthma, and on March 25, 1919, he came to Colorado Springs.

He was for some time a member of the American Institute of Homœopathy and later of the International Hahnemannian Association. Of this latter organization he was elected president in 1917, presiding at the meeting held the following year, in Narragansett Pier, R. I.

He is survived by his wife, his four sons, Lawrence Lewis, a highway engineer of Eastland, Tex.; Edwin, now a senior in Missouri University; Theodore and Gibson, juniors in Colorado College; his two daughters, Mrs. Caster Norris, of Fulton, Mo., and Mrs. Lester Miller, of Mexico, Mo.; also by his brother, Ernest Winans, Owego, N. Y., and by his two sisters, Miss Clara Winans, of Owego, N. Y., and Mrs. Charles Dunham, of Weedsport, N. Y.

# THE HOMŒOPATHIC RECORDER

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No. 6.

## THE PITUITARY GLAND.

Alexander L. Blackwood, A.B., M.D., F.A.C.P.

The pituitary body or hypophysis cerebri is located in the sella turcica at the base of the brain. It consists of two distinct lobes with but a single name. The anterior is oblong in shape, and is the larger, while the posterior one is round. Its average weight in the adult is about half a gram, but this varies. Proportionately it is larger in the child than in the adult. The anterior portion or lobe is glandular in structure and in some particulars resembles the thyroid. The posterior lobe consists of nerve tissue and glandular cells; and is connected with the third ventricle by a communication which is more or less patulous and is termed the infundibulum. A colloidal material is frequently found in the cleft between the lobes.

The active principal or hormone of the anterior portion has been termed tethelin and represents the growth producing element of this lobe; while from the posterior and the infundibular part of the gland is pituitrin, an active blood-pressure raising element, which stimulates the contraction of smooth muscle fibers, as of the uterus, in which it produces active contractions when it is dilated. It also acts as an active stimulant to the muscular coats of the intestines and promotes peristalsis.

The function of the anterior lobe is distinct from that of the posterior and infundibular portion. The function of the latter two appear to be similar.

The whole of the anterior lobe cannot be removed without causing death. A removal of a portion is followed by the abnormal deposits of fat, loss of hair, of sexual power, and atrophy of the ovaries and testicles; there is frequently a disturbance of

the urinary secretion; at times a polyuria, at times with glycosuria. It has been observed that pathological conditions of or operations on the pituitary are attended with hypertrophy of the thyroid. Following thyroidectomy, the anterior portion of the pituitary is usually found enlarged. Removal of the posterior lobe and the infundibular portion does not cause death nor produce any definite changes.

Cushing and his co-workers have shown that the removal of the whole gland is attended with a lowered temperature and blood pressure, feeble pulse, slowed respirations, trembling, twitching and finally death.

The posterior lobe is concerned in the metabolism of sugar; if there is a hypersecretion, glycosuria may result; if there is a hyposecretion an undue tolerance to sugar results. If upon the administration of 200 grams of sugar no glycosuria results, the inference is that there is a subsecretion of the posterior lobe.

An extract from this lobe is an active diuretic as a result of its action on the heart and its power of raising the blood pressure. The rise in pressure is not as rapid as that caused by the suprarenal extract, but is of greater duration. A hyposecretion from this lobe may be a cause of diabetes insipidus and the administration of this gland temporarily relieves the polyuria and the thirst.

During pregnancy and before menstruation the gland is enlarged, this may be to such an extent as to cause it to press on the optic commissure and produce a bi-temporal hemianopsia. In certain cases the enlarged gland before and during the menstrual period is attended with the so-called "menstrual headache"; this is usually relieved by the administration of a preparation of the whole gland.

The anterior lobe is enlarged during pregnancy, should it not enlarge, and its activities be increased, there are marked disturbances of metabolism as deposits of fat, puffing of the hands and feet or a derangement of the calcium metabolism, as is observed in the loss of the teeth and hair, brittle nails in the mother and a defective bone formation in the foetus. Such disturbances of this gland are often associated with those of the thyroid and parathyroid; a hypersecretion of the anterior lobe during childhood results in a condition of gigantism, if this condition persists till

the person is twenty or over, the epiphyses of the bone become united and the acromegalic type takes place, when there is irregular bone formations especially in the spine, kyphosis is the most frequent. As a result of bone deposit in the glenoid fossae the inferior maxilla is elongated and prognathism occurs. In connection with the disturbance of bony formation there is increased growth of the hair, warty growth especially on the neck, the skin is thickened, the thyroid is disturbed, often a myxedematous condition develops, the heart's action is weak, the blood pressure is lowered, impotency develops in the male, and amenorrhœa in the female. Many of these cases have more or less headache, which may result from pressure from the enlarging body or from its disturbed secretions. There may be a disturbance of the visual fields due to pressure upon the optic commissure. Many nervous symptoms from epilepsy to insanity have developed in these cases.

From post-mortem findings it may be said that while every case of tumor growth in the sella turcica is not attended with acromegalic symptoms; yet in every case of acromegaly there is disease of the pituitary gland. In these cases, should the posterior lobes become disturbed and hypersecretion result, glycosuria will probably develop, if it should hyposecrete, polyuria and digestive disturbance will result. The blood pressure becomes very low, there is a failing heart and the patient dies asthenic. Associated with the symptoms attending acromegaly are disturbances of the thyroid, gonads, parathyroids, suprarenals and the thymus enlarges and renews its activity. In all these cases of disturbance of calcium metabolism, the administration of an abundance of milk, and foods rich in calcium are beneficial and assist in diminishing the nervous irritability at least.

If there is a hyposecretion of the anterior lobe in young children, the bones do not grow, and the child remains dwarfed, infantilism; if at the adolescent period this condition is present, there is a lack of hair upon the pubes and in the axillae, the genitals and the child remains undeveloped. Should the hyposecretion develop later in life there is testicular atrophy and the male assumes the feminine type.

Hydrocephalus accompanies this condition and is often attended with juvenile obesity; the child is large, fat, has a protuding ab-

domen, scanty hair, dry skin, small genitals, and is often not mentally bright.

In older patients a hyosecretion of the posterior lobe may lead to adiposis dolorosa, Dercum's disease. In this there is probably a disturbance of the thyroid as well as a lowered basal metabolism.

There may be disturbances of the secretions of this gland that have not been successfully managed.

Pituitary headaches have been cured by the whole gland. In stout women with amenorrhœa and this type of headache, it is usually relieved with a combination of thyroid and pituitary, if the pain is not due to a tumor. An extract from the anterior lobe, when combined with the thyroid and ovarian extract in the female; and testicular extract in the male, has been found of service in dystrophy adiposo-genitalis.

An extract from the posterior lobe has been found of great service in obstetrics when  $\frac{1}{2}$  to 1 mil. should be given hypodermatically, under its influence the uterine contractions are brisk and frequent. If it is used too often the child may be asphyxiated from interference with the placental circulation. It should never be used until the cervix is completely dilated and it is known that there is no obstruction to the passage of the child.

In menorrhagia and metrorrhagia when administered by the mouth, the extract is of service, especially if it is of pituitary disturbance, in many cases with too frequent menstruation in young girls, the mammary extract does better.

It is most serviceable in heart failure, and in shock, when the blood-pressure is very low. In these cases 1 mil. of an extract from the posterior lobe given hypodermatically, is of service. While its action may be slower than that of adrenalin, it is of greater duration and increases the activity of the kidneys. When following abdominal operations, intestinal peristalsis is not normal and there is tympanites, one mil. given hypodermatically, is of great service. This may require to be repeated every twenty-four hours for two or three days or until the intestines have regained their normal tone.

In these cases when there is pressure upon the diaphragm and interference with the heart's action due to paralysis of the intestines, a second dose may be given a few hours following the first.



It should be thought of following parturition and laparotomy when the urinary bladder is semi-paralyzed. In many of these cases it acts best if administered hypodermatically. In incontinence of the urine both in adults and children, it has been of service, also in nocturnal enuresis, both when administered by the mouth and injected.

It should be remembered in diabetes insipidus when a preparation of the posterior lobe given hypodermatically, controls the thirst, reduces the amount of urine, its specific gravity becomes higher, and the headache that is usually present, ceases. If this portion of the gland does not become normal, the dose must be repeated.

In the "fatigue syndrome" asthenia, with weakness and neuromuscular pains, also after parturition when the mother remains weak, does not gain her strength and the uterus does not contract normally, an extract of the whole gland is often beneficial.

It should be thought of in epilepsy, especially in the young children and in youths, when it should be studied in connection with the thyroid or parathyroid. The whole gland should be used.

The anterior lobe has a part in the formation of bone and should be remembered in rickets.

It should be remembered that while administering a preparation of the whole gland, joint pains may develop, due to the increased amount of uric acid found. This may occur when the pituitary is indicated.

These preparations are derived from the pituitary of cattle. That from the posterior lobe is a yellowish or gray powder which is not completely soluble in water, its dose is 0.03 gm. ( $\frac{1}{2}$  grain). The liquid preparation of this gland is transparent and is obtained in  $\frac{1}{2}$  and 1 mil. ampules. Tablets of  $\frac{1}{10}$  grain may be obtained.

It should be remembered that depression may follow the administration of these preparations and the patient should be watched and in some cases the dose reduced.

Preparations made from the whole gland and that from the anterior lobe alone, may be obtained either in tablet or in powder form.

The frequency of the dose depends upon the case, as most of them are chronic, a dose once or twice a day is all that is required.

**A STUDY OF AMBERGRIS.**

Royal E. S. Hayes, M. D., Waterbury, Conn.

Ambergris was selected for this bureau, first, because you can learn better by trying to tell somebody something that you do not know much about, and second, because I had used it many times for senile vertigo and had become curious to see what other possibilities the provings might contain. Ambra has been said to be the principal remedy for the dizziness of old people and my own experience has proved the truth of this statement.

Bibliographically, this remedy has worked up through the various works on *Materia Medica* both large and small and has been given the special treatment of Farrington, Clarke, Kent and H. C. Allen, each in his peculiar way. It also has not been neglected by the small repertories of special conditions or regions. Clinically it appears rather neglected. In the old journals, as well as the recent, it is scarcely mentioned clinically. Burnette collated his mass of clinical strikes without a word about Ambra and the I. H. A. jogged along from 1881 to 1917 without clinical reference to it. Looking up the verification reported in 1917 I was surprised to find it my own! Let us investigate the pharmacology and provings and see whether it is worthy of more frequent consideration.

Ambergris had been used from ancient times mostly for its aphrodisiac virtues—or vices—but the enlightened methods of Hahnemann first revealed its true nature in 1827. The substance itself, Hahnemann says, is a product found in the intestines of the sperm whale, probably a fatty excretion from its gallbladder. "It consists of small, rough, Opaque masses, lighter than water, of spongy consistence, easily broken into rough uneven pieces, externally of brownish-gray color, internally permeated by yellowish, reddish and blackish fibers intermingles with whitish, very odorous points, somewhat greasy to the touch and of faint but very refreshing fragrance." Whether physiologic or pathologic has not been determined. In the books it is listed with the nosodes accompanied with a question mark. However, being an excretion exposed to the hot air, sunshine and waters of tropical or warm seas it must be considerably degenerative in its nature and exert a degenerative influence through the ramifications of its ac-

tion. Therefore it would be classed magnetically as a sun remedy, one of those drugs which depresses the general vitality by depressing the central vortex of vitality. To explain, it is the sun's magnetic current which both develops and degenerates. Life develops while he rises in the morning and forenoon of life, at noontime it blazes most fiercely, in the afternoon the sun is receding, and life goes out with the sun at evening. This is the normal process. But when the magnetic contact with the sun is disturbed we may have relaxation, slowing down, even degeneration in youth or infancy. People who speak of being "run down" often need remedies of the sun class. Most degenerative poisons belong predominantly to this class, affecting the vital force especially where it is collected for distribution then spreading along the paths to which according to its nature and the makeup of the person it meets with least resistance.

To differentiate coarsely between Ambra and some other nosodes—Ambra, while affecting the solar plexus predominantly also disturbs voluntary and involuntary nerve function. Psorinum predominantly affects the secretions, Pyrogen the lymph, Anthracinum the red blood cells, Tuberculinum the membranes, Diphtherinum the suprarenal secretion, Syphilinum the connective tissues. This tabulation is tentative. It may and should be subjected to criticism. My excuse for presenting it is that it is good to think. Whether one thinks correctly or not is less important because if one will but think, criticisms and corrections will follow.

Now Ambra not only causes slowing down in the magnetic activity of the solar plexus but it also disturbs the distribution of nerve impulses. This action may be illustrated by something that happened to my motor. While driving, the motor became afflicted with backfires, half-fires, quarter-fires, and cut up all sorts of antics. Examination by inspection revealed nothing wrong. It was the fifth hour of sunrise, a sun hour and a moon day (Monday). "Therefore," said I, "the trouble is in the rotor, in the distribution of the electric current, and there is something out of place." Taking the timer cover off I found that the spring holding the roller in place was broken, letting it flop irregularly as it was whirled around. Here we have the rotor and distribution of force corresponding to the sun action (sun hour) irregular action caused by one of the parts being out of place corresponding to

the moon action (Moon-day). This simple complex resulted in the erratic action of the motor. However, we must not let this fascinating deviation go too far from the original subject. I will stop to say, however, that I can nearly always diagnose my motor troubles instantly in this way as well as many other things in life and prophesy besides, and have done so for several years. I have diagnosed many human troubles with the same method. Magnetic action itself is infallible. The method of interpreting it is limited only by the knowledge of parts and functions dealt with, knowledge of planetary magnetic influence and the ability to correlate the two. Like homœopathic action it deals more with causes and conditions than with names. Prognosing the type of parturition before seeing the case is especially easy. It is a knowledge that will bring more enlightenment to the human race than any science that has ever been brought to our vision.

We have said that Ambra acts like a brake on the solar dynamo and that it interferes with the regular distribution of energy. All through the proving we find symptoms of this combined action; depression and perverted excitation. The misregulation appears to result from deterioration in spots, leaving other areas without the normal balance, something as the action of sunspots disturbs the telegraph, the reflected action of one plexus on another.

This speculative description is all pretty enough as a means of illustrating the most general action of the remedy but, so far as I know, among all the "ologies" and "osophies" and "isms" of our darkened and confused civilization, the Hahnemannian method of testing and selecting curative agents for individual patients, is, with the exception of the more limited science of articular adjustment the only one that can be depended on for specific and direct curative action and results.

Let us, then, study some of the outstanding features of the remedy and we will see that the general action aforementioned runs all through the various regions and functions.

#### MENTALITY.

The memory is slow and defective and the perceptive power feeble; ideas must be repeated several times before he can comprehend; receives impressions with difficulty; feels that the head

is weak and feels as if in a dream and as if stupid. We have all seen old people like that; they ask to have the remark repeated as if they had heard it imperfectly, finally, when they catch the idea the expression lights up with momentary animation and intelligence. With this head condition is a sensation of confusion in the occiput and vertigo, with desire to lie down. Sometimes the vertigo comes on quite sharply and this, together with the confused head, makes the patient think he is disintegrating and the end near at hand. He is quite surprised at the quick and restorative effect of Ambra and often expresses it as "wonderful." The brain action is especially sluggish in the morning. The old lady or gentleman says he is almost sick the first two or three hours in the morning but his "generator" gradually speeds up and he goes through the rest of the day as usual. There is a dissipated, muddled feeling in the head every morning although the conduct each day and night may have been beyond reproach. It is deterioration, not dissipation. For some reason I have seen many more old ladies than men who needed this remedy.

Emotionally, there is melancholy, discouragement, general depression. It seems to be intimately associated with the mental failing and general functional sluggishness. These conditions may seem so hopeless that he becomes disgusted with his own existence. There are also symptoms of irritability and excitement. Loquacity, erratic talk, hurry and impatience. Company aggravates many mental symptoms as well as physical conditions and disturbs nerve regulation of functions, as we shall see later. This disturbed balance is shown by becoming embarrassed in the presence of company, blushing and bashfulness. At night the mind dwells on unpleasant things and sleep comes not or if it does is disturbed by anxious dreams.

#### SENSORIUM.

Vertigo is a most prominent symptom with Ambra. With the vertigo is weakness, desire, even necessity to lie down, accompanied with a weak sensation in the stomach and in the head. It is worse after sleeping and after eating. Music causes rush of blood to the head. Music normally causes a slight increase of blood to a certain part of the head as I used to prove many times. I would sit down and imagine music intently for about ten min-

utes. A spot just above the temples over the phrenological organ of "Tune" would then be found to be so much hotter than it was before that even the most skeptical were forced to admit it. But the surging of blood to the head of Ambra is different. It is akin to the symptoms of protracted excitement after interviews or social activities.

#### HEAD.

Interesting head symptoms are: Pressure in forehead and vertex with fear of becoming crazy. Intense tearing as of the upper half of the brain with pallor and coldness of the left hand. Tearing pains predominate.

#### EYES.

Misty vision. Pressure on eyelids which are difficult to open and pain, especially in the morning as if the lids had been closed too tightly and the eyeballs pressed deeply into their sockets. There are pressure symptoms in other parts of the body which correspond to this, in the same peculiar way.

#### EARS.

As might be expected with a remedy of this kind there is variety of sounds in the ears. One of them is crackling which sounds like winding up a watch, more like the old-fashioned Waterbury watch, no doubt. This reminds me of the case of a man who had a ticking sound in his ear. I could hear it myself, it was an objective sound. The hearing itself is diminished with the Ambra dispensation and is accompanied with a cold sensation in the abdomen. Just what the ear and the abdominal have been doing to each other it would take a clairvoyant to find out. Here is another that skeptics would call a "whopper"—hearing music aggravates the cough. And do not forget that it brings excess of blood to the head.

#### NOSE.

Nosebleed occurs with menstruation, another illustration of how the Ambra patient's functional impulses split up, a part going off in a different direction.

#### MOUTH.

The "Guiding Symptoms" mentions "frog-tongue" as having been cured many times. Proving the remedy itself has caused

painful folds under the tongue like small growths. With these growths were blisters and pain as if burnt or as if the membrane were denuded; painful cracks and smarting. This no doubt gives much encouragement to the pathological homœopath. He hesitates to admit that the physical body is merely the residue of spirit and subject to it. If you suggest it to him he just coughs a little and goes swiftly on his way. Like Arsenicum, Ambra causes bluish lead-colored tongue. Accumulation of saliva in the mouth when coughing, is a peculiar symptom. On waking in the morning the patient finds the tongue, mouth and lips not only dry but numb.

#### THROAT.

The throat has a pain as if some partly cooked spaghetti had lodged there and accompanied by dysphagia, probably a paralytic symptom. Choking when swallowing food. These symptoms are suggestive of diphtheritic paralysis, especially to one who has had it. A characteristic symptom of the vicarious impulses of Ambra is vomiting and choking when attempting to clear the throat. Also in the

#### STOMACH.

coughing and gagging after eating. Another, eructations with cough so insistent as to cause choking. Concussion in the stomach when coughing. There is pressure in the stomach as if the food stuck and would not move. Coldness in the stomach. One peculiar case of coldness in the stomach is on record as having been cured. The coldness resulted from long exposure on a sleigh ride and the man had suffered considerably both summer and winter for fourteen years, getting no relief from any kind of pads or protectors. Ambra cured it in twenty-four hours.

#### ABDOMEN.

The abdomen has a few peculiar symptoms. There are many liver symptoms. In the provings many of these liver symptoms may be read through "Stomach." It should be a remedy for hepatic colic and other conditions in and about the liver. This might well be suspected because of the source of the production of ambergris.

## RECTUM.

The rectum does not escape the erratic reflexes. There is constipation, and frequent urging; there are frequent wireless calls but no answer. *Nux vomica* people get relief even from the effort but *Ambra* conditions are attended by much anxiety at stool and a sense of marked coldness in the abdomen, but not in the disposition. The patient becomes much distressed by the presence of others in the room and it does not need high imaginative visibility to picture the visitors quietly leaving the room at about this time.

## URINARY ORGANS.

There ought not to be pain in the bladder and rectum at the same time while urinating but there is. The patient who dares to have anything which is not in the books or has not been subjected to scientific tests and the implements of precision is a bolshevist and a radical. No wonder his urine smells sour. What could you expect of such a man or woman but that he would pass off three times as much water or beer as had been taken. He gets a dull pain in the region of the kidneys and deserves it, and a sensation of a few drops passing through the urethra.

## MALE SEXUAL SYSTEM.

These peculiar reflex disturbances skitter all through the remedy. An old man attempts copulation and is seized with an attack of asthma. The younger man may have on the one hand a violent morning erection with numbness in the parts and lack of desire, and on the other, strong voluptuous sensations in the interior of the genitals, but no erection.

## FEMALE SEXUAL SYSTEM.

*Ambra* has produced a large number of symptoms in the female genital sphere and there are many hints in Allen's "Nosodes" which are of considerable clinical utility. There is quite a distinct and individual character to the effects in this region and Allen's comments are very instructive and suggestive, but too long to include here. A few of the peculiar symptoms are: Bluish-white leucorrhœa, thick and sometimes worse at night, each discharge being preceded by a stitch in the vagina. The uterine symptoms are aggravated when lying down. There is discharge



of blood between the periods from any little walk longer than usual or with a hard stool or any little accident. Allen's clinical suggestions relating to this region should be studied.

#### RESPIRATORY FUNCTION.

There is a sensation of pressure in the chest during expiration, clinically, perhaps a late degenerative symptom; an accumulation of thick, tough mucus accompanies the hoarseness; oppression is felt in the chest and between the scapulæ. The opposite poles of lifetime are again exhibited by a tendency to asthma in old people and children. Tightness in the chest prevents deep breathing. A desire to yawn is unsatisfied. Children have spasmodic cough and old people follow in their footsteps. Any considerable talking or reading aloud is interspersed with cough, much aggravated if the subject matter is anything incompatible with the large-minded sentiments of the Department of Justice at Washington. Cough is quite a feature of Ambra, as might be expected. It parallels whooping cough in all its aspects. Some of the peculiarities have already been mentioned. There is also cough every evening with pain in the region of the spleen as if something was being torn off; spasmodic cough of elderly people or emaciated persons; old, long-standing coughs; cough worse when many people are present; prayer-meeting cough and cough announcing the presence of the solitary patient in the office waiting room.

#### CHEST.

Ambra got into the "Repertory of the Sides of the Body" partly through the chest symptoms—but we must move on. Asthma, palpitation, flushes of heat, cardiac and respiratory oppression go together. Add to this pressure in the chest like a lump, ebullition and pulsations in the body and we have a fairly good picture of some of the later effects of senile or arterial degeneration. Also when walking outdoors there may be uneasiness as if in the blood and excited circulation, but greater weakness.

#### NERVE FUNCTIONS.

Besides the slowing up and nervous short circuits already mentioned there are jerks, twitches and convulsions, nerve restlessness, fainting, numbness, paralysis, prostration, epileptic and tris-

mus symptoms. Conversation causes fatigue, heaviness in the head, sleeplessness, oppression of the chest, sweat, anxiety, tremor and quivering; general nervousness and irritability.

SLEEP.

Some cannot sleep because of business thoughts and others cannot sleep but know not why. Sleeplessness after 1 A. M. *must* be thought of with other remedies. Sleepy when retiring but as soon as the head touches the pillow is wide awake; continues so for hours, restless, tossing or simply unable to close the eyes. This symptom is very strong.

Atmospheric conditions and heat regulation should be checked up and even the skin is not without peculiar symptoms.

For clinical use Jahr's *Manual, The Materia Medica Pura* and the *Guiding Symptoms* are advised, as varying interpretation of the same symptoms helps. Boger's interpretation of Boenninghausen's *Characteristics* gives still another slant to the aspects and the notation of allied remedies and concordance in the same book may be needed at times. For quick decision Allen's arrangement and suggestions in his *Materia Medica of the Nosodes* is incomparable.

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PROVING OF THYROID GLAND.

By

The Materia Medica Laboratory of the New York Medical College and Hospital for Women.

Made Under the Auspices of  
The American Institute of Drug-proving.

1918.

Director of Proving—H. P. GILLINGHAM, M. D.

(Continued.)

RECTUM AND ANUS:

5. Much involuntary escape of flatus smelling of hydrogen-sulphide (12th, 13th and 14th days).
3. Same (16th day).
6. Severe itching of anus, with some burning, on going to bed at night, and continuing several hours (4th, 5th, 6th, 10th, 16th and 20th days).

6. Itching of anus during day and evening (5th and 6th days).
3. Soreness of anus, worse when walking (13th day).

## STOOL:

5. Soft formed stool of normal color, accompanied by excruciating griping colic in hypogastrium, like uterine contractions, and expulsion of large amounts of flatus having odor of hydrogen-sulphide (15th and 21st days).
3. Profuse watery stool after breakfast, smelling of hydrogen-sulphide (24th day).
2. Diarrhea of dark-brown fluid, beginning at 1 A. M., lasting till 7 A. M., preceded by abdominal distention and borborygmi (21st day).
3. Constipation; stool small, with much urging (16th day).
3. Constipation; stool omitted all day (18th day).

## URINARY ORGANS:

5. Frequent urging to urinate, must hurry, cannot wait; urine increased in amount; colicky pain in hypogastrium when bladder is even slightly distended; burning in whole of urethra during whole of urination (9th to 13th days).
1. Intermittent attacks of uneasiness in feeling of fulness in bladder throughout day, as though over-distended, with urging to urinate, with shivering sensation, as though a cold wind was blowing over her body, worse on back and upper extremities; each attack lasting only a minute or two (6th day).
1. Feeling of fulness in bladder lasting three hours (18th day).
1. Uneasy sensation in bladder, as though relaxed, but with no urging to urinate nor inability to hold urine (8th and 11th days).

## GENITAL ORGANS:

1. Menses fifteen days too early; began with pain in left ovarian region (see abdomen), (13th day); scanty and pale, but increased and became normal in color in even-

- ing (14th day); ceased in evening (16th day); lasted three and a half days.
2. Menses six days too early, but not preceded by the terrific thumping headache nor the leucorrhœa as usual, nor accompanied by the excruciating dragging pelvic pains usual during the first seven or eight hours of the period; lasted four days (10th to 14th days).
  3. Menses preceded by gnawing sensation in uterus, with bearing-down pains extending into vagina, worse from jarring, as in walking, or sitting down suddenly (13th day); menses one day too early, very scanty, lasted only three days; started again after three days' cessation, and lasted twelve hours (13th to 19th days).
  4. Menses two days too early; ushered in at night with a general oily sweat of peculiar musty color, feeling tired, weak and sick, but with no pain; felt better after rising and moving about; flow moderate in amount, bright red, rather more during night than during day, no pain; same oily, musty-smelling sweat second night; flow became darker red toward end of period, and less at night; lasted five days (15th to 19th days).
  5. Menses two days late; first two days—thin, pale and scanty, odorless, painless save for a dull ache in uterus while walking (20th and 21st days); third day—menstrual flow in gushes on arising in morning, stopping when I sat down, but gushed again when I stood up; at about 9 A. M. there began severe contracting pains in uterus, running down thighs, where pains became drawing and constant; these pains continued all the forenoon, coming on every ten to fifteen minutes and lasted two or three minutes; during all this time I flowed profusely; in afternoon had only three paroxysms; in evening had little, sharp, lancinating pains which seemed only about an inch long and shooting in all directions: these pains seemed to be in the broad ligaments and ovaries rather than in the uterus, causing a desire for stool, though defecation relieved neither the pains nor the desire; they were worse on motion, walking, or riding in the cars; better from hot applications, and by

lying flat on abdomen (22d day); fourth day—flow profuse and dark-red (23d day); fifth day—flow dark-red to brown, scanty, ceased; lasted five days (24th day).

6. (She has always been from two to twelve days late.) Menses ten (10) days too late; began with paroxysms of severe labor-like pains in pelvis, bearing down, sometimes worse on left side, continuing for three hours, and then followed by a constant ache in pelvis; later in day were added paroxysms of sharp, shooting, knife-like pains going from either side of abdomen down to vagina, and a hard aching in lumbar region and also in legs from knees down; the flow was profuse, thin, lighter-colored than usual; I was cold, unable to get warm, restless, tired and worn-out all day, and could not sleep at night (first day of period—9th day); second day—flow not as profuse as usual, dark-red, almost black, contains shreds of mucous membrane half an inch long (10th day); fourth day—flow much less, very dark (12th day); fifth day—flow scanty, thick and dark; ceased (13th day).
2. Leucorrhœa; watery, bland (21st and 22d days).
5. Leucorrhœa; profuse, white, yellow, blood-streaked, bland, only in afternoon, only while walking (4th to 8th days).
6. Leucorrhœa; profuse, thin, milky, bland (6th, 8th and 23d days).

#### RESPIRATORY ORGANS:

4. Hoarseness (1st and 2d days).
4. Hoarseness with cough, better from expectoration (2d day).
5. Hoarseness, worse in morning, worse talking (6th day).
4. Larynx feels dry (1st day).
5. Larynx, sensation of oppression or constriction in (11th day).
- 3, 4, 6. Larynx, tickling in, causing cough (at intervals throughout proving).
6. Larynx, soreness of, with cough, worse when pressing on larynx (17th to 19th days).

4. Larynx, pain in, extending to right eustachian orifice (1st and 2d days).
4. Cough; hoarse, dry, caused by tickling in larynx, worse in morning (1st, 2d and 15th days).
3. Same (14th day).
4. Cough, dry and whistling, severe and almost continuous all morning, worse in cold open air, worse in morning after rising, with tickling and scraping behind whole sternum, causing frontal headache, soreness of abdominal muscles, and soreness of chest anteriorly, and posteriorly at inferior angles of scapulæ; "the more I coughed the more I had to cough" (4th, 13th, 14th and 15th days).
4. Cough, violent and spasmodic during whole day, frequent at night, but much worse during day, dry and whistling; every cough causes a sharp pain in left side of abdomen, at a point two inches within and directly opposite the anterior superior spine of the ilium; expectorating a large quantity of yellowish or greenish muco-purulent matter after a particularly severe coughing spell in the morning after rising, which for awhile relieved somewhat the cough and respiration (2d, 3d and 4th days).
6. Cough, dry and tickling, afternoon, worse going from cold into warmth, causing soreness of abdominal muscles (13th to 18th days).
5. Cough, barking, wheezing (4th and 5th days).
4. Cough, rattling, expectoration of thick green mucus; much sneezing (3d day).
4. Cough, rattling, with scraping behind upper sternum; causing headache, feeling of plug pressing in left temple and abdominal soreness, worse on left side (3d day).
4. Cough became loose and less frequent during the eight hours succeeding the temporary discontinuance of the drug (4th day), but returned in a few hours after resuming the drug.—H. P. G.
4. Cough, loose on waking in morning (9th day).
6. Cough, loose, with free expectoration (13th and 19th days).

4. Cough, spasmodic, dry and whistling, with sensation of dryness and scraping behind upper part of sternum, worse going into cold air (16th and 18th days).
4. Cough, with same characteristics, except that it was worse on entering a warm room coming from the cold open air (15th day).
4. 6. Expectoration; thick, yellow, yellowish-green, green, mucus, muco-purulent, profuse, lumpy.

Summary of coughs: Aggravations mornings; mornings after rising; from coughing; after waking in morning; in cold air; on entering a warm room from cold open air; in evening; at night.

CHEST:

- 2, 6. Breasts swollen, tender, painful on pressure (2d to 6th days).
2. Momentary sticking, stitching pains in left infra-clavicular region and anterior axillary region (10th day).
1. Throbbing pain like a beating on a sore spot, at intervals during day and night, sometimes at apex of heart and sometimes to left, towards axillæ (7th day).
3. Throbbing pain to the left of the middle of the sternum, with thumping of heart as though a hammer was hitting back of sternum, lasting only about one minute (8th day).
1. Pain in lower mid-sternal region as if the bone would split or crack, later extending or radiating toward the left as far as mid-clavicular line, worse on adducting arms; painful region sensitive to and made worse by pressure, accompanied by a nervous, uneasy feeling in chest; later from 5 P. M. through evening and night, with restless sleep, frequently waking (3d day).
1. Splitting pain starting and centering in ensiform appendix, but with the nervous, sensitive feeling radiating to the right as well as to the left side of chest (4th day).
1. Splitting pain in ensiform appendix, with accompanying nervous, sensitive feeling radiating from sternum towards both axillæ, returned almost daily through proving, with sundry variations, as—sternal region

feels sore as though bruised, sensitive to touch, remaining after splitting pain had left; splitting pain in ensiform, ending with a quick, throbbing pain in same region; splitting pain in ensiform followed by a few throbbing pains in apex of heart, and these followed by a throbbing pain in left ovarian region, lasting two minutes; splitting pain in ensiform with, or followed by, disagreeable rapid thumping of heart and shivering sensation, all ending with one quick, sharp pain in apex of heart; splitting pain in ensiform, worse on adducting arms, worse on inspiration, worse on bending forward; splitting pain in ensiform was always accompanied by a nervous, sensitive feeling in chest, and a bruised, sore feeling in lower sternal region, which remained after the splitting pain had left, and the attacks lasted variously from five minutes to fourteen hours (3d to 24th days).

1. Feeling of compression in chest, as from fulness at about level of seventh rib anteriorly, causing nervous uneasiness (10th, 21st and 22d days).
5. Sense of fulness in chest, with palpitation, general feeling of tenseness, and bursting, throbbing headache—(Blood-pressure 15 mm. g. higher than usual.—H. P. G.). (3d day.)
5. Chest feels oppressed, craving for fresh air (4th day).
5. Dull, bruised, stiff aching in right pectoral muscles (23d day).

#### HEART:

1. Sharp pains, three, in left side of base of heart, followed an hour later by two sharp, bursting pains in apex (4 P. M., 6th day).
1. Sharp, pricking pain in apex, lasting only a second (15th, 21st, 22d and 23d days).
4. Sticking pains in region of heart, with palpitation, worse after walking fast, or after any exertion (10th, 11th, 21st, 23d and 25th days).
5. Sharp sticking pains in heart seeming to come from under heart, following instantly on a splitting pain between shoulders (2.30 P. M., 8th day).



4. Sticking pains in region of apex, extending upwards toward the base (24th day).
4. Sudden, sharp, knife-like pains in region of apex, lasting only a minute or two, during which time pulse was irregular; pulse 90 (23d day).
1. Throbbing pain in region of apex, like a beating on a sore place, somewhat to left of heart toward axillæ, lasting only a few seconds, at intervals, day and night (7th and 8th days).
1. Slow but heavy throbbing of heart, waking from sleep (11.30 P. M. and 5 A. M.), with weak and cold feeling all over body, nervous, apprehensive feeling, and throbbing in head (17th to 20th days).
3. Thumping of heart, with pain on left side of middle of sternum, as though it were being pounded with a hammer, lasting only about a minute (8th day).
- 1, 4, 5, 6. Palpitation (frequent intervals throughout proving).
1. Felt heart pulsating disagreeably on walking (2 A. M., 6th day).
1. Felt heart pulsating disagreeably while lying on back (2.30 P. M.), with general uneasiness and chilliness, latter worse on rising, becoming a shivering which lasted three hours, with heart palpitating disagreeably meanwhile (6th day).
5. Conscious of heart beating too strongly (4th day).
1. Strong palpitation of heart while resting in afternoon (10th, 15th, 20th, 23d and 24th days).
1. Awakened (2 to 3 a. m.) by fluttering of heart, with a frightened feeling, not relieved by any change of position (7th to 24th days).
1. Fluttering of the heart worse lying on left side (13th and 20th days).
1. Palpitation, causing uneasiness and nervous apprehension, and tremulousness of hands (6th to 24th days).
5. Palpitation, with headache, fullness in chest, general sense of tenseness, and sleepiness, pulse 96, (4 p. m., 6th day. Blood-pressure 15 mm. Hg. above usual. H. P. G.).

4. Palpitation, felt under high tension and very nervous, face flushed, thirsty, pulse 106 to 124, temperature normal (3d to 20th days).
4. Palpitation with sticking pain in region of heart, with fullness in head and flushed face, pulse 106 (10th day.)
4. Palpitation after spasmodic coughing (2d, 3d and 4th days).
4. Palpitation lasting 20 minutes, with fullness in head, pressive pain in frontal region, flushed face, nervous and fidgety, (1.30 p. m.); again, same (10 p. m.), with throbbing in left temple, in bed before going to sleep (11th day).
4. Again, same symptoms (5 p. m., 15th day).
4. Pulse small and irregular, dropping a beat every 20 seconds (evening, 1st day).
4. Pulse irregular and rapid (106) one hour after a chill (2d day).
6. Pulse irregular during afternoon and evening, some beats too strong and others too weak, but could plainly hear every beat in my ears while lying (10th, 16th and 19th days).

#### NECK:

6. Left submaxillary gland swollen and tender, with discharge from left ear (6th and 7th days).
5. Submaxillary glands swollen and hard, sore and sensitive to pressure (6th to 11th days).
4. Cervical glands, both sides, near angles of jaw, enlarged, painful and very sensitive to touch (2d, 3d and fourth days). (Note: This swelling and sensitiveness of the cervical glands became nil during the eight hours next succeeding the temporary discontinuance of the drug. H. P. G.)
5. Small swollen glands under angles of jaw, both sides (10th day).
1. Right cervical glands swollen (15th day).
6. Left parotid gland sensitive to touch, with purulent discharge from left ear (8th day).

6. Right parotid gland palpable and tender (11th day).
2. Sharp cutting pain in both parotid regions extending into ears (8th day).
4. The pre-existing enlargement of the thyroid gland was more pronounced on the 10th to 14th days, but on the 19th day had noticeably decreased. H. P. G.
5. Sides of neck under angles of jaw sore and sensitive to pressure (9th day).
2. Jerking, cutting pain in spot below left mastoid (13th day).
5. Dull aching of back of neck with stiffness, worse on left side, better from continued motion (5th and 10th days).

BACK:

(Scapular Region)—

5. Dull aching pain between shoulders alternating with similar pain in occiput and another similar pain in small of back (5th day).
5. Sudden sharp pain between shoulder-blades as if spine were being split with a chisel, followed almost instantly by a sharp, stitching pain in heart which seemed to come from under the heart (2.30 p. m., 8th day).

(Lumbar Region)—

5. Pain across small of back, with pain in pelvis, worse walking (5th day).
6. Tired, aching in lumbar region (8th, 9th, 11th and 19th days).
6. Aching in lumbar region worse during menstrual period (9th to 12th days).
5. Dull aching across small of back, worse standing and walking, better from pressure (11th day).
2. Transient cutting pains in upper lumbar region, passing from right to left, worse bending forward (12th day).

*(To be Continued.)*

## THE MIRROR.

A. Pulford, M.D.

We had the opportunity of reading, in the J. A. I. H., an article under the caption "Drifting," by David A. Strickler, M.D., Denver, Colo. The title is very appropriate and brings to mind some remarks made awhile ago to the effect that over 2000 years ago there was conceived in superstition and born of ignorance a something that at birth was tied to the stake of amoebic inactivity, and was there left to flounder or drift at will. Each move was labeled progress and the something dressed in a new garb. To-day that garb is named "Modern Medicine."

"Truth crushed to earth shall rise again," yet the truth cuts just the same, but if we are not cowards let us face the truth. Just as religion has lost its ideals in pomp and pageantry, so has medicine lost its ideals in the greed for gain and political power.

We glean from Dr. Strickler's article that the people can be best served by "maintaining a high standard of medical licensure." Hahnemann is reported to have said: "The physician's only aim is to relieve the sick, to cure as it were." Which shall it be in the future, to study a lot of impossible things in order to be able to pass a State Board examination, or to learn a lot of useful things that will enable us to relieve or eradicate the sufferings of our fellow-man without having to hack him to pieces and kill him off on the installment plan? A high standard of medical licensure by a board, whose practical knowledge of curative medicine and other branches they elect to control is practically zero, is a menace not only to the public in general, but to the medical fraternity in particular. It obstructs progress. Until those who compose the medical examining boards possess a working knowledge of all the systems they attempt to regulate, they will be as successful as they who try to change the course of the wind. Dr. Ensign made the trite and truthful remark that: "A good doctor does not need a license and a bad one should not have one." It seems to be a hard lesson for the political doctor to learn that: "Legal force will not displace education." It is not a bit strange that college graduates should support and vote for Chiros, Osteos and C.S.'s. The reason they do will be found in the mirror if the great medical fraternity will look therein.

ALTRUISM.

Altruism, welfare, public health, etc., to date have been only "cloaks." If you do not believe it, Dr. Strickler, let me draw your attention to a few examples, for "By their fruits, etc."

1. Threatening the arrest of Homœopaths because they will not report chicken-pox as small-pox in order to pad the statistics, also trying to belittle them in the eyes of the public and to injure their reputations. Altruistic, Dr.?

2. Putting competitors, who do what we are incompetent to do, out of practice by legal and police power.

3. Compelling victims by law or otherwise to submit to the practices of our impossible fads and fancies regardless, even though they have been proven to be wrong and harmful.

4. Ignoring the warnings of such men as the late Sir William Osler, and denying such men and scientists as Abrams in our greed for the Almighty Dollar.

5. Trying to put out of the race the only really scientific system of curative medicine the world has ever known and refusing to investigate other branches that are accomplishing the very things that Modern Medicine has and is failing to accomplish, all out of pure jealousy.

6. Having quarantine laws passed ostensibly to protect health, then using these laws as clubs to force our faddist theories onto and into the public and should the public refuse our advances, to further use that club to vent our spite and keep it prisoner till it submits.

The above are six working samples of our "altruism and concern for the public" which we ask that public to welcome with open arms and love us for.

Whenever our altruism, etc., become something else than mere cloaks to hide some ulterior motive, the public will meet them by organized welcome, not by organized opposition. By the way, Dr. Strickler, just who is to blame for the League for Medical Freedom, if not the A.M.A.? I am informed that the original reason for the formation of this L. for M. F. was because they believed, as all real Homœopaths know, that external vaccination was polluting the people with "bovine syphilis and tuberculosis," and their belief has recently been confirmed and justified by the latest scientific (no camouflage) research.

The very fact that the medical profession still believes that *crude* drugs, sera, vaccines, etc., will cure or prevent disease shows that with all our vaunted education we are still darkly and densely ignorant of the origin, course, and termination of disease, and no amount of "high standard of licensure" will educate us. We have still to learn that these crude substances are too dense to reach the origin of the disease stream and at best can but dam it up or divert it into other channels. If not diverted, but only dammed, it is bound to overflow, and it is that overflowing that proves to be the real menace, for Nature will clean house in spite of the doctor.

Our much vaunted "high standard of medical licensure" is based solely on germs and pathology, both end products of disease. Medicine based on pathology is medicine based on a dead man. Do we use our remedies on dead men? Hahnemann knew better, he based his medicinal knowledge on the healthy human being. What scientist or geologist would go to the outlet of a stream to study its origin? Yet this is just exactly what the medical profession is doing today in the study of the disease stream, and it is called modern, scientific. How humorous! Yes, and how stupidly intellectual!

The microscope and the laboratory are wonderful things, but at best they are but the limited product of a limited brain and when pitted against the unlimited Natural, they must of necessity fail. As we use medicines in the natural body we get natural results quite unexpected from the artificial produced in the test tube, which accounts for the ignominiously miserable failures of modern medicine.

There is no one in the profession, Dr. Strickler, that has more genuine respect for that profession than I. I am, in writing this article, simply holding up the mirror to let you or the medical profession see how the public sees you, as well as that part of the profession which has been oppressed by its short-comings, men who have made a lifetime study of disease, its source, course, termination, relief and eradication.

What medicine needs today is more intelligent application and less narrow-minded bigotry; more self-reliance and less domination by manufacturers of biological products; more broadmindedness and less legal force and politics. Where narrow-minded

bigotry steps in intelligence steps out, because it is not obsessed by its own ego.

I quite agree with you, Dr. Strickler, when you say: "The Medical Profession deserves much of the condemnation it receives, etc.," also that: "The public is entitled to the truth." But, when the president of an Allopathic Medical Society gloats over the fact that the A. M. A. has been successfully instrumental in keeping the truth from the public, do you consider this altruistic?

It is true, not only of the Allopathic school, but also of the majority of the Homœopathic school that commercialism and greed for wealth, and the great desire for political power and preferment have brought disgrace and public distrust on the medical profession.

Whenever we can go to the public with our "altruism" as a *reality* and not as a "cloak"; and when we can bury our narrowness, bigotry and egotism and open our minds to conviction regardless, then and not until then can we gain again the good will and respect of the people and eliminate the present opposition so distasteful.

Every day I am prouder of the fact that I am a *Homœopathic* physician and not merely "a vociferous exponent of Homœopathy."

Toledo, O.

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WHEN A FACT IS IN YOUR HEAD IT IS YOURS,  
WHEN IT IS IN THE BOOK IT IS NOT.

Eli G. Jones, M. D., 1169 Main St., Buffalo, N. Y.

It is a fact that many of our doctors are too lazy to study *materia medica*, they prefer to "let George do it." The study of *materia medica* is not the work of a few months or a year but it is the study of a *lifetime*. It has always been to me an interesting, a fascinating study.

When a doctor *knows* *materia medica* it enables him to prescribe for the sick *intelligently, rapidly, and successfully*. The "cigarette fiends" are often met with in every-day practice, they have a "tobacco heart," the pulse is *weak, rapid, irregular*. There is *palpitation* from the least exertion, a sensation as if the heart *ceased beating* and then started very *suddenly*. The above symp-

toms point like a finger board to one remedy, Convallaria. I prescribe Tr. Convallaria  $\mathfrak{v}$ ii aqua  $\mathfrak{v}$ iv Nux—Sig. one teaspoonful every hour.

In dilatation of the heart the object of medicine is *increase* permanently the CONTRACTILE power of the heart. There are some remedies that are often prescribed for this condition, like strychnia, digitalis glonoin, nitrite amyl, but their action is only *temporary*.

From my experience with Crataegus, I believe its action is *more permanent*. It not only removes the unpleasantness of extreme dilatation, but it *permanently* improves cardiac innervation, and **power** in the myocardium. It promises to cure some very bad cases when perseveringly tried. The tincture may be given in ten-drop doses once in three hours.

In your cases of prolapsus uteri, dysmenorrhœa, pruritis and leucorrhœa, if your patient has the piles as a complication, Tr. Collinsonia will be the remedy indicated. In your cases of constipation if the patient has the piles, remember that Collinsonia is *the* remedy the patient *needs*. Give Tr. Collinsonia  $\mathfrak{v}$ dx ten drops every three hours.

The following extract from *The Open Door* will give our readers something to *think* about:

"A refined, intelligent, middle-aged woman of York, Pa., related these facts about herself to a very reliable friend of mine.

"A year or less ago, she was living with her married daughter in or near New York. She had some digestive and abdominal trouble, and consulted her physician who advised her to see a surgeon, a specialist; the latter insisted upon an immediate operation.

"His price was \$1,000. As her means were limited, she knew she could not pay this sum, but her daughter's husband being well-to-do, the daughter cheerfully offered to defray this large expense. Mother went to the hospital and the surgeon cut her open.

"After recovering from the ether, the improvement was rapid. The surgeon told her he had cut out a tumor of cancerous nature: that it was a very dangerous condition and if she had delayed the operation, would have meant death; however, she was safe now, she need not worry; it would never return.

"*But*, a few days later, the nurse told her, after requesting her to consider it in the strictest confidence, that the surgeon had performed no operation at all; that when he opened the abdomen, he



found nothing wrong, neither a tumor—as he had expected—nor any other condition requiring surgery; so he had simply sewed her up again.

“The lady sent for her daughter immediately and told her this. The daughter had just sent a check to the surgeon for the \$1,000, but she quickly notified her bank to stop payment on it.

“Result? *Note particularly: The doctor has never asked for payment, nor sent a bill—which is conclusive proof that the nurse’s story is true.*

“It is not known what became of the nurse, but her disappearance argues forcibly that some physician has probably taken good care that her professional career is ruined.

“(Contributed by N. C. W.)”

A few years ago I was called to meet a doctor in consultation in one of the large cities of the middle states. The patient, a lady, had different doctors examine her but they could not make a *diagnosis*. It might be cancer of uterus or fibroid tumor, the abdomen was very much enlarged about like a woman eight months pregnant. In reading the face, eye, pulse and tongue I *discarded* cancer. A vaginal examination revealed the uterus in a normal condition. My diagnosis was ovarian dropsy. A surgical operation confirmed my diagnosis. I have known of several leading surgeons in a case of cancer of the stomach who had to make what they call an “exploratory incision” before they could make a *diagnosis* of the case.

I have been in the practice of medicine for over fifty years, and in that time have met with cancer in *all* its forms, yet I have never had to *cut a patient open* to find out what *ailed* him. If the time ever comes that I am so *stupid* that I can’t *diagnose* a case of *internal* cancer without cutting my patient open, I will get out of the practice of medicine and go to farming or raising chickens.

You may have a patient with a *dry* cough, the throat feels *raw*, there is a tickling in the larynx, *cold* air makes the patient *cough*. The remedy indicated is Tr. Rumex Crispus 1stx ten drops every two hours.

The older a doctor grows *the more* his knowledge, his skill, his *opinion should be worth*. When I was in general practice a man said to me: “‘Dr. So and So’ only charges \$1.00 for a visit where you charge \$2.00.” My reply was, “He knows what his services are *worth* better than any one else.”

When a doctor gives his opinion *free* in a consultation or for fifty cents or a dollar, his opinion is *worth just that much and no more*. When you give your patients the *best* there is in you, when you are giving them the *best* there is in medicine, you should make them pay a reasonable fee for your *opinion* and for your *medicine*. They will have *more respect* for you and will have *more confidence* in you. I have known some doctors that have *killed* their reputation in a community by getting the name of being a "cheap doctor."

The following extract from an article in *National Monthly* is *worth* reading. It will serve to impress upon the mind of the reader the importance of knowing what his *professional services* are *worth*:

"Once a week Mr. S. E. Loveless, vice-president of the Freihofer Baking Company, journeys from Chicago to New York, a distance of over a thousand miles, to receive chiropractic adjustments from Dr. X.

"This trip requires more than twenty hours each way and an expense of at least \$150. What do you suppose causes Mr. Loveless to spend this amount of time and money in coming to New York when there are plenty of first class chiropractors in Chicago?

"The reason is well worth knowing. It is because of the unusual care with which Dr. X handled Mr. Loveless the first time he came for treatment. On this occasion the doctor insisted on rendering *more* service and *better* service than he was paid to render; and this unusual procedure made such an impression on Mr. Loveless, that he decided then and there to trust the care of his body to the man who rendered such service.

"When I heard of this it interested me so much that I interviewed both the doctor and Mr. Loveless to be sure of my facts, because I felt reasonably certain that the incident carried a moral well worth passing on to the readers of this magazine. Dr. X. is selling his professional services, and obviously he is either consciously or unconsciously following the injunction laid down in the second of this series wherein I recommended the habit of performing more service and better service than paid for.

"One of the big advantages of rendering more service and better service than one is paid to render is that this habit starts the Law of Increasing Returns to work in one's behalf. For example, I found out during my interview with Mr. Loveless that not only was he coming all the way from Chicago to New York to patronize a doctor who rendered this sort of service, but he had induced the president of the Freihofer Baking Company to come all the

way from Philadelphia to New York weekly to patronize Dr. X. I also found that he had been instrumental in bringing several other patients to the doctor's office. It is easy for you to see, therefore, why it pays to devote more than the usual amount of time to each patient regardless of the amount the practitioner receives for his services."

Dr. W. E. Bremser, St. Louis, Mo., one of "my boys" and one of the brightest I *ever* had, reports to me some *good* cures he has made.

"A woman crying with pain *within* the head, as if *drops* of *hot water* were falling upon the brain." Cannabis Sativa cured her.

Man suffering from neuralgic pains, in which he dare not *lie down* for fear he would *die*, cured by nux vomica.

Man suffering with pain at *outer side* of each eye, as though he had been successively hit with a *hammer*. I gave him jaborandi because of the excessive *dryness* of his *skin*. It cured him.

I also have an interesting report from another of "my boys," Dr. Charles E. Mooers, Seattle, Washington:

"Patient forty-eight years old, stomach trouble for twenty-five years, not all the time. Could *not* eat many kinds of food, has not been able to eat *meat* for several years. Some doctors ordered teeth extracted, which was done—without any *relief*. They also advised an operation for stomach ulcers, which the patient would not submit to. For several months he had *hemorrhages* from the stomach and would *vomit* every morning. Abdomen greatly distended with gas. I began treatment of his case April 2d. In forty-eight hours the vomiting and hemorrhages had *ceased*. Ferri Phos., 6thx and Natrum Phos., 6thx, were the remedies given. The distension of abdomen went down in a night. Colchicum 30thx and Lycopodium 3dx were given as indicated. In six days from the time I began treatment he says: "This is the first time in *twenty-five* years that his family and friends have seen him sit down to the table and *eat anything* he wanted *without* distress."

I give my students the *kind* of instruction that *all our* doctors need to *fit* them to heal the sick. It is the *kind* of instruction that they *don't* get in the medical colleges. It is *the* thing that *helps* a doctor to DO THINGS, to do *more* for the sick than *ever* before.

The following poem was sent to me by my friend, Dr. Charles M. Stanley, a regular physician of Portland, Maine. Dr. Stanley is a *broad* minded, *liberal* man, one of *my* kind of men. The poem is so *good* that I want to share it with my readers:

"There is lots of sorrow round us,  
 Lots of lonesomeness and tears;  
 Lots of heartaches and of worry  
 Through the shadow of our years.  
 And the world needs more than triumphs;  
 More than all the swords we've drawn.  
 It is hungering for the fellow  
 That keeps cheering someone on.  
 Let us lay aside our pathies  
 And relieve where'er we can:  
 In the end we'll be remembered,  
 As a physician and a man."

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### IN APPRECIATION.

Dr. A. D. Woodmansee, Washington C. H., Ohio.

The desire that other physicians may learn the value of a course of instruction under Dr. Eli G. Jones of Buffalo, New York, prompts me to write this and I trust that it may bear fruit.

Last summer I studied under Dr. Jones and let me state that I have never spent a more profitable ten days. His ideas of diagnosis are quite different from those found in textbooks, he relies largely on the eye, tongue and pulse for a diagnosis. It is truly wonderful what he can do in this manner and any man will be a better doctor by having a working knowledge of his method.

Dr. Jones believes in giving the remedy to suit the case, possibly it may be homœopathic, eclectic or old school. He has had a world of experience in actual practice and from this store of knowledge he teaches, not from theory or books.

As a man he is the ideal physician, firm in his beliefs, but humorous, kind and very human. This, combined with his remarkable knowledge of materia medica, would win the confidence of the most skeptical.

In teaching, a man must know whereof he speaks, not from books, but from experience. What is more essential, he must be able to tell it in such a manner as to prove interesting and be readily grasped by the pupil. Dr. Jones can do this and more, and anyone taking this course will enjoy every minute of the time. It is all practical, something that can be used every day.

Any physician contemplating a course this summer will do well to consider this and get in touch with Dr. Eli G. Jones, 1169 Main Street, Buffalo, New York.

DEPARTMENT OF HOMŒOPATHIC PHILOSOPHY.  
Stuart Close, M. D., Editor, 248 Hancock Street,  
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THE HOMŒOPATHIC EXAMINATION.

Who of us is without prejudice? The prejudice of a materialistic mind; of pathological theories which seem too often to be antagonistic to homœopathic principles; of doubt as to the use of the single remedy or of use of any medicine at all; the prejudice of "a constitutional aversion to work"! Many of us are "born tired." We don't like to work. Laziness, selfishness and an "easy conscience" are responsible for more homœopathic sins and shortcomings than anything else, for good homœopathic prescribing means *work!*

These are our worst enemies, and the worst enemies of Homœopathy. Against these, if we are to succeed in our work, there must be a constant warfare, within ourselves, until they are conquered by the establishment of correct methods and practice and a genuine interest in the work is evolved. No man who is in the grip of settled doubt or prejudice can do good work. The commercial salesman of today, for example, is not regarded as competent, nor in the proper frame of mind to gain success until he is able to "*sell himself*," as the experts put it. That means that he must acquire and hold a thorough belief in and conviction of the usefulness, indispensability and value of the goods he has to sell. For him it means study, effort, personal self-discipline, until he develops a genuine enthusiasm for his goods, his house and his work. Then he will get results.

Nowhere will prejudice show more clearly than in the homœopathic examination of a patient. If one goes to a case prejudiced in favor of some pathological theory his examination will insensibly, but inevitably, be limited by that theory. He will not get the facts of the case, nor properly interpret those he does get; and without all the facts he cannot study or treat the case correctly.

Prejudice and doubt may be overcome by reflection, study, self-discipline and auto-suggestion; by cultivating the scientific spirit;

by returning often to a consideration of and reflection upon the broad general principles underlying our art with the purpose of reforming methods, strengthening morale, and correcting faulty mental attitude, or point of view; all looking toward the development of a more practical, more accurate and more comprehensive technic.

Beliefs and convictions may be strengthened and energy stimulated by reflecting upon the fact that Homœopathy is efficient and successful in medicine because it is based upon immutable law. Mentally recall and restate the law and its corollaries and review the facts upon which it is based; or better yet, write a little essay on the subject. Recall to mind or seek out illustrations and examples of its truth and adequacy. Study the cases and cures reported in our literature by our masters. Think of duty, loyalty to principle, and consistency of practice. Maintain the honor and traditions of our school. Think of success, gained by right methods and without compromise. To *think* success goes a long way toward realizing success.

We know now, in a general way, what we have to do. Our work as physicians involves the performance of a number of related functions, all of which are subordinate to the main function of healing the sick.

As specialists in therapeutic medication we examine for the symptoms upon which the choice of the remedy depends; but as physicians we also examine for the symptoms upon which the diagnosis and prognosis depends. Our aim is to make a complete examination, including all necessary pathological investigations. Having all the facts in hand we determine what features of the case are medical, what are surgical, what are psychological, what are hygienic, what are sanitary, etc. We keep all these departments distinct in our minds upon the case as a whole, realizing that each has its particular relations to and bearings upon all the others; and especially do we seek to realize this of the department of homœopathic therapeutics, which for us is the most important of all, because we know that it is useless to attempt to base the homœopathic prescription upon anything except the symptoms which belong to its legitimate sphere. The generalizations of the diagnostician or the pathologist, be they ever so correct, cannot serve as the basis for the homœopathic prescription.

*The purpose of the homœopathic examination is to bring out the symptoms of the patient in such a way as to permit of their comparison with the symptoms of the Materia Medica for the purpose of selecting the similar or homœopathic remedy.* Every disease has its symptomatic likeness in the Materia Medica. The Materia Medica is like a "rogues' gallery," in which are hung up the portraits of all the pathological rogues in the world. When you catch a rogue, compare his features with the portraits. Then make him "take his medicine!"

Like all rogue-catchers, when on duty our senses must all be on the alert, our minds clear, our logical faculties acute, our sympathies and prejudices held in abeyance. When all the facts are before us, we may sympathize, correct, reassure and encourage as far as seems judicious and wise.

Artifice must sometimes be resorted to in the examination of a case, in order to get at the facts. Many obstacles have to be overcome. Among them is modesty, often on the part of the patient, *sometimes* (rarely, nowadays!) on the part of the physician, if he is young and inexperienced. I often recall with amusement my feelings as I witnessed for the first time an examination of a case of phthisis pulmonalis by my old preceptor, Dr. Wells. The part of the examination which excited my risibilities was that which referred to the character of the sputum. He inquired particularly as to its color, *odor*, form and *taste!* It was the first time I had ever heard such questions and the first time that it had ever been brought home to me that such facts could have any bearing upon the selection of the remedy. I believed that I was not over modest, but such refinement of analysis rather disgusted me. After the patient had been prescribed for and dismissed, I frankly stated my difficulty to the old master. He laughed a little sympathetically at my ignorance, and rallied me on my squeamishness. Then he pointed out that the patient's reply that the sputum "tasted sweetish" had enabled him to differentiate between two very similar remedies and make an accurate choice. He made that the text for some sadly needed instruction in *the necessity for close analysis of all the elements of the case*—instruction which no one ever gave me during my college course.

Here, as an important part of the homœopathic examination, attention should again be directed to the use and importance of

*analysis* in the symptomatic examination of the patient. The clinician analyzes symptoms for the same reason and by the same method that the pathologist analyzes a pathological specimen.

Many of the statements of the patient will be mere generalities. These are of no value to the prescriber until they have been analyzed into their elements. As stated, they are merely common symptoms without individuality. The patient will tell you, for example, that he has a headache. That, and all other similar generalities, must be analyzed so that the elements of locality, sensation and modality are brought out by properly framed questions. The patient may state that he has a discharge of some kind. After locating that anatomically, it should be analyzed into its elements of color, odor, consistency and quality (as bland, excoriating, causing itching, etc.). Similarly with a diarrhœa, so far as the character of the discharges are concerned; but here the act of discharge itself should be analyzed into its elements, and its character and concomitants in time and space fixed, by creating the divisions of "before stool," "during stool" and "after stool." In other words, the patient is asked to describe how he feels and what happens before, during and after the act of defecation. So in intermittent fever, for another example; the disease form is analyzed into its elements; 1. type and periodicity (quotidian, tertian, quartan, weekly, monthly, semi-monthly, annual or semi-annual); and further as to time of day when the paroxysm appears; 2. stages (prodrome, chill, heat, perspiration); 3. Apyrexia. In each of these divisions the phenomena are located as they appear, defining each particular symptom as accurately as possible. Thus to discover and bring out the facts of a case and give them form and individuality, as a whole, is the art of the accomplished homœopathic examiner. It is an illustration of what a former article meant in speaking of the "totality" as consisting of "related facts, having form, coherency and individuality," and characterizing its formation as "artistic."

Although the facts must be gathered from the patient, their form, relations and value depend almost altogether upon the examiner. The patient, unaided, will usually give only rough, disconnected statements, crude generalities, single concrete facts and a few details—a mere formless mass. The trained examiner



patiently and skillfully analyzes and completes the statements, brings out details, connects the whole and constructs the case logically and scientifically, giving it a typical form, according to a preconceived idea. That is art, and true art is always scientific.

As models of analysis is special diseases, and for daily practical use, procure and study Allen on Intermittent Fever; Bell on Diarrhœa and Kimball on Gonorrhœa. In general analysis and synthesis of the entire field of *Materia Medica*, Boenninghausen's "Therapeutic Pocket Book" and Kent's "Repertory" are classics, indispensable to every homœopathist.

Boenninghausen's "Therapeutic Pocket Book" and his book on fever (unfortunately out of print) are the original and unsurpassed models upon which all other reliable works of this class are based.

Boenninghausen, following and working with Hahnemann, is the fountain head in the analysis and classification of symptoms from which we all draw. His name, next to that of Hahnemann, is the most illustrious in the galaxy of homœopathic heroes. Methods of practice based upon and patterned after the work of such masters cannot fail to bring success to every practitioner who uses them and advance the cause of Homœopathy.

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## EDITORIAL NOTES AND COMMENTS.

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EXOPHTHALMIC GOITRE.—Homœopathy has a great deal to offer in this disease; of course, theoretically at least, any one of our great constitutional remedies may be required, depending upon the type of patient and characteristic syndrome present in the case. Thus *Iodine* will be required, when a constant hunger, unsatisfied by the usual meals, is present. The patient always feels better while, during and immediately after eating, in other words, upon a full stomach, which, however, does not stay full long, so far as the patient's feelings are concerned. These iodine cases tend to lose flesh, in spite of the extreme appetite; desire for and an amelioration in the cool open air is typical, tachycardia and intention tremor are present, trembling internally and externally is complained of. At times we find constrictive pains about the heart. The complexion is usually dark, hair brunette. With these essential symptoms and conditions present, Iodine will not disappoint us.

*Natrum Muriaticum* is very often called for, particularly in women whose menses are inclined to be irregular, especially late and scanty and preceded by mental depression, tearfulness and irritability. In this remedy there is a decided disinclination to accept the sympathy and comforting of others, but rather a disposition to be let alone. Thirst is often present, though this is a symptom which need not always be marked for the remedy to be indicated. A desire for acids and particularly for salty things, as well as for much salt itself, is distinctly typical. As with Iodine, the *Natrum mur.* patient may be possessed of a rather large appetite, yet does not grow stout, in spite of

much food. Cardiac symptoms are frequent, palpitation, aggravated by lying on the left side; sensations of fluttering and of oppression. Rapid heart and pulse rate will of course be found. The *Natrum mur.* patient takes cold easily and is then troubled by hot, excoriating, watery nasal discharges, much sneezing and usually annoying herpes labialis. Constipation is the rule in this medicine.

*Thyroidin* in potencies from the medium such as 12x, to the high and highest, 200th, 1000th, 44 m and cm, is a wonderfully efficient remedy in this disease. Tachycardia is one of its keynotes, dry skin is another, likewise disturbed and restless sleep and more especially, marked sensitiveness to cold. These thyroidin patients cannot tolerate cold, but constantly need plenty of heat, complaining of cold extremities especially. Menstrual irregularities are common, particularly a tendency to menorrhagia. Physical depression, easy exhaustion from slight effort and mental irritability are all typical. Exophthalmos, tremor and tachycardia have more than once been greatly reduced by this agent. Too crude dosage or too frequent repetition of the remedy should be avoided. Itching of the skin, worse at night, is a reliable and valuable indication. Gillingham's proving of this remedy, now appearing in *THE HOMŒOPATHIC RECORDER*, is a masterly one and will repay careful study.

*Lycopus Virginicus* has often been lauded for its supposed usefulness in exophthalmic goitre and is employed empirically by many physicians who use it in rather large doses of the tincture. Hinsdale, professor of homœopathic materia medica in the Ohio State University, proved this drug in 1917. With reference to exophthalmic goitre his conclusion is that "Lycopus has long been a prominent remedy for Grave's disease, a condition usually associated with a high blood pressure. It appears that any benefit that this drug produces in this condition rests upon an allopathic rather than a homœopathic basis. There are conditions to which *Lycopus* is homœopathic, but Grave's disease is not apt to be one of them." Our own experience verifies his statement.

We have, in conclusion, seen some cases of exophthalmic goitre apparently cured by the homœopathic remedy, but we have seen more cases modified than cured. Some have withstood all efforts

and have passed into other, usually surgical hands. So far as the disappearance of the goitre itself is concerned, internal therapy is more often disappointing than otherwise.

*Verified Clinical Symptoms of Thyroidin.*

*Trembling* of entire body and limbs.

*Visible tremor.* Sensation of *internal trembling*.

*Itching of the skin, without eruption* and < at night.

Increase of appetite and hunger after eating.

Sensitive to noises; *easily startled*.

*Palpitation* < any effort < emotional excitement.

*Tachycardia.*

HOMŒOPATHY IN ITALY.—The Italian government, by royal decree, has officially recognized the homœopathic pharmacopœia and has appointed Dr. Dandolo Mattoli of Florence, a member of the superior sanitary council, as an expert in homœopathy, with instructions to finish the compilation of the Italian Homœopathic Pharmacopœia.

Italy thus becomes the first European government to officially recognize homœopathy. Great credit is due our indefatigable and enthusiastic colleague, Dr. Mattoli, for his persistent work in bringing about this result. THE HOMŒOPATHIC RECORDER extends its hearty congratulations to the homœopathic profession in Italy. Viva Italia!

ASTHMA AND ITS CURE.—It has been said that the more one sees of asthma, the less one knows about it; certainly no two cases are exactly alike, especially as regards causative influences. Homœopathically considered, if we eliminate certain mechanical reflex factors, we must treat asthma on the basis of a chronic constitutional disease, in harmony therefore, with Hahnemann's doctrine of the chronic dyscrasiæ, psora, sycosis, syphilis, or any of their possible combinations. It is most likely that we are concerned with the first two and of these, with sycosis especially. There is a practical side to this idea, for we are enabled to select antipsoric and antisyctic remedies of real help oftentimes, when a campaign directed at the acute attack only, will fail of really good results. Hence here again, it is borne in upon us, that the most careful case-taking is first to be considered and is of the greatest importance and value.

In acute attacks of frankly bronchial asthma, with choking, gagging cough, loose râles in addition to the usual sonorous and sibilant musical râles, dyspnoea at times to the point of cyanosis, nausea and perhaps vomiting, *Ipecac* will be needed.

*Lobelia inflata* does good work, when, together with the ordinary asthmatic symptoms, we find weakness or faintness at the stomach and oppression in the chest. Nausea is prominent and vomiting may be present.

*Dulcamara* is useful where the exciting cause of the asthmatic attacks is damp weather or when a bronchial catarrh is habitually < in such weather. Thick greenish sputa are common and rheumatic manifestations often form a painful part of the history.

*Natrum Sulphuricum* is, next to Thuja, the great antisycotic remedy and is to be considered in the treatment of asthma whenever the general aggravation from dampness is strongly marked. Chronic bronchitis, with frequent attacks of difficult breathing, will be present; greenish purulent sputa are a feature and often a morning diarrhoea which is aggravated on rising and moving about. During the cough, which is loose, there will be stitches and soreness in the sides of the chest, compelling the patient to support his sides with his hands. A tongue which is coated dirty greenish-gray, especially at the base, is often in evidence. Mental depression, with suicidal thoughts, completes the picture.

Of *Arsenicum album* we need scarcely speak, since its classical indications are so well known to all. The same remark applies to *Kali carb.* and might also include several other of our well known remedies. *Pulmo vulpis*, according to the doctrine of signatures, being the lung of the fox, is supposed to be good for short-winded people. We have no proving of it, but do recall a good result from its empirical use in the 900th potency. It is mentioned by Farrington. *Grindelia robusta* is of service in bronchial asthma and has as its principal characteristic, a fear of going to sleep, on account of the aggravation on waking. The symptom "stops breathing when falling asleep" is prominent in this remedy and reminds one, of course, of *Lachesis*. The latter is also a remedy of value in asthma, but the asthma is likely to be more of the cardiac type.

There are, of course, other remedies to be considered; those mentioned above are of value and will repay study.

SUDDEN FATAL INTOXICATION WITH CYANID OF MERCURY.—“Lakaye reports the case of a woman of 62 with tabes which ended fatally in five days after three injections of a total of 4 cg. of mercuric cyanid. He advises caution in its use, beginning with small doses and never exceeding 2 cg. daily.”

The advice of caution is good, especially after the funeral dirge has been played. The cyanid of mercury or *Mercurius cyanatus* has been known to homœopaths for many years. Its effects resemble very closely the symptoms of diphtheria, even to the production of a false membrane. Profound *weakness*, *coldness* and *cyanosis* are characteristic, as well as ominous. The remedy was much used, in the thirtieth potency especially, by the late Dr. Alexander Villers of Dresden. Clarke, in his *Dictionary of Materia Medica*, gives an interesting account of its history. Putrid stomatitis and gingivitis come within its range, as well as ulcerative pharyngitis or true diphtheria. In all these conditions prostration and fainting are profound. A study of the pathogenesis of this drug is well worth while.

LETHARGIC ENCEPHALITIS.—This disease is now well recognized and sporadic cases occur with fair degree of frequency. As usual, our friends, the enemy, are helpless in dealing with it. This therapeutic feebleness is well illustrated by the remark of an O. S. physician of our acquaintance, when discussing a patient of his, who had fallen ill with encephalitis a short time before. “If he sleeps through it and comes out of it, he will live; but if he keeps on sleeping he will sleep himself to death!” To which we politely assented.

The homœopathic prescriber can, however, do better and has a chance to cure with such remedies as Belladonna, Gelsemium, Helleborous niger, Opium, Nux moschata and Chloralum hydratum. Belladonna will be needed in the early stages when cerebral congestion and excitement are present. Active delirium, high temperature, full, shotlike pulse, flushed countenance, dilated pupils and drowsiness with inability to sleep, will all be present in greater or less degree. If the patient is sufficiently conscious, throbbing headache will be complained of. The symptoms are aggravated by any sudden motion, especially.

In Gelsemium we will find marked drowsiness and hebetude, with dull, heavy and darkly flushed countenance, bordering upon

the stupid in expression. Vertigo and occipital headache may be complained of; the vision is often confused, hazy or double. Temperature will be present, often with chills running up and down the back. Thirst is slight or conspicuously absent altogether. The pulse inclines to be slow, full, but soft and compressible. These are the principal characteristic indications for Gelsemium.

The Opium lethargy is rather more profound, complete apathy and unconsciousness being present. The face is dusky and hot, though the extremities may be cool. Sweat is often a feature in this remedy and if present, is likely to be hot. The pupils are contracted, often very decidedly so. Constipation is the rule, no stool at all or stools ball-like and black in color. The abdomen may be distended and tympanitic. The pulse is apt to be full and slow or at times irregular. Respiration is stertorous, noisy, with rattling in the chest. Lack of reaction is characteristic of Opium, an absence of symptoms as it were, a "do nothing" state, should call our attention to this remedy.

*Helleborus niger* approaches Opium, particularly in its torpidity. Apathetic drowsiness is present, automatic motion of an arm or leg, with apparent paralysis of the other. The nostrils are dark or sooty in appearance, the face is pale and the forehead wrinkled. Thirst is absent, the urine often suppressed or extremely scanty. In children greedy biting of the spoon will be present, with head rolling and chewing motions of the jaws.

*Nux moschata* also presents an overpowering drowsiness as its leading indication. Dry mouth, but without thirst, distended abdomen and chilliness are further guiding symptoms. Cataleptic states should call our attention to it. Illusions of vision; objects appear too large or too small, or else far off, reminding us of *Cannabis indica* in this respect. Faintness and paralytic weakness are also found.

*Chloralum hydratum* presents somnolence as a marked indication. Illusions of sight when the eyes are closed or when in the dark, sees visions, hears voices, are further symptoms. When lying, inspiration takes place through the nose, but expiration is blown through the lips with puffing out of the cheeks. Muscular prostration is profound. Dull, heavy headache in the occiput and forehead. Diffuse inflammatory redness of the skin may be present or urticarial rashes coming out at night with extreme itching and stinging. Involuntary micturition may occur.

Other remedies such as *Lachesis* or the nosode *Tuberculinum* may be required. *Baptisia* is likewise apt to be a life-saving medicine. A case cured with this remedy by Dr. V. A. Hoard of Rochester, N. Y., was reported in *THE HOMŒOPATHIC RECORDER* some months ago. Its indications are, of course, familiar; prostration, somnolence, dusky, besotted countenance, putridity of all discharges, foul breath, dry, cracked, brownish-coated tongue, foul-smelling diarrhoea and the peculiar delirium in which the sufferer imagines himself to be broken into pieces and scattered about the bed, are all characteristic. When pains are complained of, they are described as bruised and sore, so that the bed feels hard.

*Arnica* should be thought of in traumatic cases and all should be prescribed for upon their own peculiar and individualizing symptoms. The repertory and the materia medica should be freely consulted. The latter offers a wealth of possible remedies, which may be the means of saving life in this justly dreaded affliction.

PHYTOLACCA IN TONSILITIS.—We recently saw a case of cryptic tonsilitis in which the following symptoms were pronounced: aching of body and limbs, vertigo on attempting to sit up, general sick feeling, pain in the throat, on swallowing extending to the ears, left side most affected, appearance of throat dark red, whitish exudate on tonsils, but especially on the left. Prostration. The pain in the throat was *relieved by hot drinks and made worse from cold ones*. This symptom is the direct opposite to the modality commonly regarded as characteristic of *Phytolacca*. The remedy was given at two-hour intervals, in the thirtieth potency, with marked relief to all symptoms within twenty-four hours. A throat culture was negative as to the diphtheria bacillus. Within twenty-four hours more all symptoms, including the tonsillar exudates, had disappeared.

*Phytolacca* and *Lachesis* have amelioration of their throat symptoms from cold drinks; but it is well to remember, as the foregoing illustration proves, that there are exceptions to the rule. The symptom totality must decide.

PHOSPHORUS IN PNEUMONIA.—The patient was a well preserved woman of about seventy and when first seen had a



temperature of 102.4 with pulse to correspond. Flushed face, dullness, cerebral congestion, evidenced by mild hallucinations, a red streak down the centre of the tongue, pulse soft and flowing, were the symptoms to suggest *Veratrum viride*, which was given in the 200th potency at two-hour intervals. Physical signs negative, in spite of a dry, persistent cough. Seventeen hours later, symptoms modified, cerebral symptoms gone, but crepitation at the base of the right lung. Temperature practically the same. *Ferrum phos.* 200th every three hours produced no change within twenty-four hours. The picture now was—dry, persistent cough, with bloody expectoration, temperature 103, pulse 104, no pain, no thirst, face slightly flushed, slight dullness on percussion over the lower and middle lobes of the right lung posteriorly, area of crepitant râles more extensive. All the typical symptoms of Phosphorus were conspicuous by their absence; *e. g.*, weight or oppression of chest, aggravation of the cough when lying on the left side, thirst for cold drinks, etc. However, the remedy could be selected, partly by exclusion, partly upon pathology and was given in the 200th potency, a dose every three hours. Within fifteen hours the temperature had dropped to below normal, with a gentle perspiration. Thereafter the temperature rose to 99 in the afternoon, but returned to exactly normal by night and remained so. Bloody sputa ceased at once, cough improved decidedly. Complete and rapid convalescence followed. No further medicine was required.

It is unwise and perhaps unwarranted to claim that a homœopathic prescription can abort a pneumonia. There are abortive types of pneumonia, quite regardless of remedies given. Nevertheless, homœopathic physicians have often witnessed responses from their remedies such as this and apparently are justified in believing that cases which terminate by crisis after five, seven, or nine days, do terminate by rapid and gentle lysis under the action of a well-chosen remedy. We make no foolish claims; let the facts speak for themselves. The investigator can draw his own conclusions.

HOMŒOPATHY IN GERMANY.—The Society of Homœopathic Physicians of Germany (Homöopathischer Central Verein Deutschland's) will hold its annual convention in Stuttgart, August 11th to 13th inclusive. The sessions will be held in the new

and splendidly equipped homœopathic hospital; clinical cases will be presented and papers will be read. Dr. Richard Haehl, editor of the sixth edition of *Hahnemann's Organon*, translated into English by Dr. William Boericke and now on sale in the United States, will have his wonderfully interesting and complete collection of Hahnemanniana on exhibition. American homœopaths are most cordially invited to attend this convention; the editor of THE HOMŒOPATHIC RECORDER can assure them that a warm welcome and South German hospitality will await them. Not the least of the many attractions of beautiful Stuttgart is the characteristically German tonic beverage, once known in these free United States as beer (or was it bier?). This tonic will revivify the jaded nerves and worn-out bodies of any American physicians who need rest and relaxation. We can highly recommend it, even to our sadly harassed prohibition directors.

WHAT DID HAHNEMANN REALLY SAY?—Some months ago the question was asked by a subscriber to THE HOMŒOPATHIC RECORDER as to where Hahnemann stated that the failure to perfect oneself in the healing art of homœopathy constitutes a crime. From the encyclopaedic Haehl, of Stuttgart, Germany, we learn that Hahnemann made this statement at a meeting of homœopathic physicians in Paris.

He there stated as follows: "Indem ich die Herren Mitglieder der Gesellschaft zu jener unerlässlichen Verdoppelung des Studiums ermahne, gebe ich Ihnen zu bedenken, eben sowohl, wie Ihnen Allen, meine Herren, dass, wenn es sich von einer Kunst handelt, das Leben zu retten, *es ein Verbrechen ist deren Erlernung zu vernachlässigen.*"

Translated into English, somewhat freely, Hahnemann said: "At the same time that I urge upon the members of this society the necessity of redoubling their zeal in study, I also wish to impress upon you one and all, gentlemen of the society, that when one has to do with an art whose end is the saving of life, any carelessness in failing to master this art, becomes a crime."

The entire speech is to be found in volume viii of the *Allgemeine Homöopathische Zeitung*, 1836, page 178. Dr. Haehl has republished this in his biography of Hahnemann, now about

to come from the press, in volume ii, page 356. Those who are fortunate enough to read and understand the German language will find a real literary treat in store for them in this forthcoming work of Dr. Haehl.

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## THE FORTY-THIRD ANNUAL SESSION OF THE INTERNATIONAL HAHNEMANNIAN ASSOCIATION.

The forty-third annual session of the International Hahnemannian Association will convene at the Hotel Drake, Lake Shore Drive and Upper Michigan Avenue, Chicago, Illinois, on Thursday, Friday and Saturday, June 22, 23, and 24, 1922.

Dr. Harvey Farrington, president of the Association, through his staff of Bureau Chairmen, has prepared an exceedingly interesting program, which will deal, as usual, with strictly homœopathic papers.

We can assure all who attend the sessions that they will be well repaid from the experiences of men who specialize in pure homœopathy.

Papers have been prepared in the Bureaus of Homœopathic Philosophy, Homœopathic Materia Medica and Clinical Medicine.

The program, as developed, follows: Homœopathic Philosophy, Elmer E. Schwartz of Chicago, chairman: "A Preliminary Note on the Length of the Action of the Remedy," by H. Fergie Woods; "The Remedy and the Dose," by P. E. Krichbaum; "The Law of Equilibrium in Relation to Homœopathic Philosophy," by P. L. McKenzie; "Homœopathic Potencies," by C. M. Boger; A Paper by Royal E. S. Hayes: "What Will He Do With It," by S. L. Guild-Leggett.

Homœopathic Materia Medica—Plumb Brown of Springfield, Mass., chairman; "Bromium," by H. B. Baker; "A Sulphur Case," by C. A. Baldwin; A Paper by V. E. Baldwin; "Lachesis," by R. Banerje; "Homœopathic Story," by Minnie R. Bishop; "The Indicated Remedy" by C. M. Boger; "Graphites," by Martha I. Boger; "Nosodes," by V. T. Carr; "The Homœopathic Materia Medica," by G. E. Dienst; "Thymus," by D. M. MacMullen; "Aphorisms," by Ralph Reed; Paper by E. Rushmore; "How to Select the Remedy and Its Potency," by E. Schwartz;

"Verifications," by T. G. Sloan; "The Effect of Nat. mur. and High Potencies on Guinea Pigs," by Guy B. Stearns; "Cedron," by Grace Stevens; "Illustration of a Simplified Method of Arranging the Materia Medica," by Benj. Woodbury, Jr.; "Syzygium," by Milton Powel; "To What Extent Does Premature Specialization Influence the Study of Materia Medica," by D. E. S. Coleman; "A Healthy Patient, Except for an Eruption; Its Treatment," by Eloise O. Richberg.

Bureau of Clinical Medicine—Grace Stevens, Northampton, Mass., Chairman—"Diathermy as Adjuvant to the Remedy," by Glenn I. Bidwell; "Clinical Cases," by C. M. Boger; "Report of Clinical Cases," by F. W. Patch; "The Use of the Nosodes in Acute Diseases," by H. B. Baker; "Clinical Verifications," by S. Mary Ives; "Clinical Cases," by E. A. Taylor; "Homœopathic Remedies in the Treatment of High Arterial Tension," by E. Wallace MacAdam; "Pain," by D. E. S. Coleman; "Carbuncles," by P. E. Krichbaum; "Report of Cases," by Julia M. Green; Paper by H. A. Roberts; Cases by M. Burgess-Webster; Paper by Guy B. Stearns; "The Correct Remedy vs. the Undertaker," by Mary I. Senseman; Paper by L. M. Stanton; "Chronic Nephritis," by Plumb Brown; "Clinical Cases," by G. E. Dienst; "Therapeutic Methods with Illustrative Cases," by S. R. Geiser; Paper by R. E. S. Hayes; "Aphorisms," by Ralph Reed; "Treatment of Hemorrhoids Without Surgery," by Bina Seymour; "Clinical Reports," by T. G. Sloan.

This is the feast the International Hahnemannian Association has to offer at its Chicago meeting. We invite all who wish to know what Homœopathy does and is doing, to dine with us and if pleased with the meat, become a part of us by joining the Association.

For information regarding the International Hahnemannian Association address Wm. W. Wilson, M. D., 28 The Crescent, Montclair, N. J.

# THE HOMŒOPATHIC RECORDER

VOL. XXXVII. PHILADELPHIA, JULY 15, 1922.

No. 7.

## A PROVING OF EOSIN, WITH COMMENTS AND COMPARISONS.

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

AUGUST 3D, 1920, 9.30 A. M.

Prepared 20/0 aqu. sol. eosin obtained from E. F. Mahady's, Boston. First diluted with equal parts aqu. dis., making a 2x dil. = 1/100. Through successive dilutions to the 6x aqu. dil. Then 7x prepared in 95 per cent. alcohol, making the first *fixation potency*.

### *First Symptoms:*

AUGUST 3D, 10 A. M.

One-half hour after taking five pellets felt *burning* under *nails* of left hand, which within a short time shifted to same fingers of *right hand*. The burning lasted for a short time only, then was felt no more, until 2 P. M., when within a few minutes after taking five pellets, returned and was felt in both hands, *under the nails*.

11.30 A. M. Sensation of burning beneath finger nails—left hand—three outer fingers, as of ammonia or strong acid. (These fingers were stained in the process of potentizing, but solution carefully washed with soap and both warm and cold water.)

AUGUST 4th, 12 M.

Began taking five pellets (No. 25 pellets) Q. I. D.

3 P. M. While walking in the open air felt a similar sensation of *burning in toe of left foot*, which soon disappeared and was not felt again.

3.30 P. M. But now the *burning under the nails* of left hand *has returned*. It is not a pain—merely a sensation as above de-

scribed as if having had hands in ammonia. (In cleaning paint off a desk I recall having had a similar sensation from the use of a *strong solution of ammonia*.) Now as I write there is a sensation of burning in both hands *under nails*.

5 P. M. On waking from short sleep—itching and redness of left lower lid, smarting as from sand or other irritation, causing desire to rub the eye, relieved by cool bathing.

7.30 P. M. Burning felt again in *three outer fingers, left hand*, also peculiar boring pain (as of an ulcerated tooth) in right inferior maxilla, near root of lower canine tooth (never remember to have felt a like sensation before); relieved by pressure and after rubbing.

#### AUGUST 5TH.

No special reactions until 2 P. M. after a double dose, felt few minutes later, a marked *burning in fleshy joint (ball) of left toe* (great), very like the sensation felt in chilblains, lasted about ten to fifteen minutes and disappeared. Within a short time a sudden and almost uncontrollable desire to sneeze (this also noted on day previous once). This *burning* of toe joint about one-half hour later involved the under part of the left foot having disappeared from the toe. A similar sensation was felt in various spots, *i. e.*, the ulna side of left hand, also ulnar side of *right* hand, a sort of burning, stinging. There was also a similar sensation in calves of left and right leg—with itching in various spots, hands, arms, legs, thighs (inner side), anus (an old symptom).

8.30 P. M. Before taking regular dose, burning under finger nail, left hand.

#### AUGUST 6TH.

On waking early this A. M. felt very much less of a stiffness of the distal phalanx of the ring finger of the right hand, which is almost the only remnant of a septic polyarthritis, resulting from a serious attack of influenza, in February, 1920. Also felt less of a slight remaining stiffness beneath the right knee (popliteal space); for all of which radium bromide in the 30th trituration has done yeoman service. This distal phalanx has been uninfluenced even

by the last dose, which also seemed to produce rather a general aggravation.<sup>1</sup>

12 M. After smelling of globules (saturated 7x) burning under finger *nails* (left hand).

5 P. M. After taking five tablets 7x, very decided aggravation of eczematous eruption of patellas (ant. surfaces of both knees) which had all but subsided. Very sore and sensitive papule on forehead near margin of hair, not noted in this situation before. (Possibly an old acne tract.)

<sup>1</sup> If, as claimed, by Abrams, upon the basis of his observation in Electronic Polaritherapy, Eosin is found to have a more decided action in carcinoma than radium, it may be that the former remedy may be found to be the natural complement, not only from its electronic reactions, but from its as yet little known pathogenesis.\*

"Eosin," writes Abrams ("The Electronic Reactions of Abrams," p. 43), "is a marvellous remedy in the treatment of cancer. I can employ no other word to justify this conclusion based on the observation of others and myself. By virtue of its neutral rays, it neutralizes the positive soil (I3, *et seq.*) of cancer. In gonorrhœa and gonorrhœal rheumatism, its action is equally efficient by neutralizing the positive and negative soil of the disease."

And in a recent number of *Physico-Clinical Medicine*, Vol. 5, No. 2, Dec., 1920, he states: "All recognized specific drugs owe their action to a specific rate of vibration corresponding to the diseases in which they are employed.

"This oscillatotherapy is dependent on like vibrations (homovi bratotherapy) and constitutes a scientific demonstration of *similia similibus curantur*.

"Among the drugs, Eosin is most conspicuous. Its rate of vibration corresponds to cancer. After a lapse of years some patients with inoperable cancers are alive and well on whom this drug was used.

"Its employment is easy. It is mixed with alcohol to make a dilute solution and then painted over the implicated parts daily or every other day.

"When there are metastases it may be given internally in very minute doses, gradually increased without untoward effects.

"It may be used with or without the oscilloclast."

George A. Hopp, M. D., states (*Hah. Mo.*, Vol. LV, No. 7, p. 425), that "little has been done or reported on the chemotherapy of cancer. The only communication is that of Wassermann's experiments. These investigations were based upon the discovery that Sodium Selenate and Sodium Tellurate reduced cancer cells. And for the metals to reach the tumor cells a substance must be used to carry them. After many experiments Eosin was selected because of its great power of diffusion.

"Eosin-Selenium compounds have been tried out, the results showing that in a number of instances the tumors became soft and sloughed away or their further growth was checked."

It is claimed likewise by Abrams, that Eosin is most effective in poly-

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\*It has so far as we know never before been proven, although it is noted that Swan includes it in his list of nosodes and other potentized products.

AUGUST 7TH.

Have noted for past two or three days increased frequency in urination with feeling of uneasiness before urination. Also August 6th, two rather large stools, which is unusual, preceded by an uncomfortable feeling in abdomen, particularly felt in the epigastrium. This latter, however, may have been a dietetic error.)

Last symptom noted: Burning of lower lip (outside) shortly after taking. A good deal of *redness* of the *palms of both hands* have been noted since beginning the proving.

AUGUST 9TH.

Began taking 6x potency at 2 P. M. Felt shortly after taking four medicated disks, burning in mouth. One-half hour later felt a noticeable burning in heel (fleshy part).

10.30 P. M. Feet are both burning and hot and have a marked sensation as if swollen; not felt before. This potency has a distinctly noticeable *reddish pink* cast of color, the whole series (to the 7x/9th markedly iridescent).

arthritis when applied to the skin externally. It did not, however, occur to the present prover that there was any direct connection between the reactions it is claimed to be able to dissipate, and the train of symptoms it can induce when taken internally, or found to remove clinically; but, how could it be otherwise; and finer and still finer reactions might undoubtedly be abolished by the similar remedy (in vibratory rate) when given in potency upon the one and only law in therapeutics *similia similibus*.

For it is really, after all, not a question of *quantity* but *quality* in vibratory therapy. And it is also the *homœo* vibration, rather, we believe, than the *homo* vibration, as stated by Dr. Abrams that is to be made the basis of the most complete and far-reaching investigation of this new world in therapeutics. This was most carefully corroborated by Hahnemann, and he calls particular attention to this point in his writings.

Thus we approach identity in similarity. The identical vibration would only strengthen, as the most closely similar (*similimum*) abolishes its corresponding electronic equivalent. Is not this latter explanation the plausible one in view of the power of the similar remedy in sub-physiological potency, to correct abnormal vibratory or diseased tissue or functional vibrations, which in single, large quantitative doses, it will completely shatter. If so, would not this latter method of using drugs be the preferable one; *i. e.*, the use of the smaller fractional interruption of morbid, dissonant vibratory rates, rather than by the more powerful (physiological) *homo vibrations*. This is by reason of the fact that that it has already been found that the radio potentiality of all drugs so far experimented with has increased, rather than diminished in the ascending potency scale. Herein should be the basis of future investigation in electronic homœopathy.



AUGUST 13TH, 9.30 A. M. 5x dil.

Four pellets of 6x (to finish bottle), then shortly after four pellets of 5x followed soon by burning under finger nails, right hand, then left (generally this symptom has begun left side and extended to right). Three-fourths of an hour after taking a peculiar feeling as if very tall—of increased stature, as if very tall, as tall as a door. This is saying a good deal for one who is of very short stature (5.5). This sensation was felt when standing.

AUGUST 16TH.

While taking 4x, few symptoms noted, except slight burning of mouth and tongue, and to some extent the characteristic burning beneath nails.

Thus far it would seem that the 6x and 4x have been much less active pathogenically than the 7x and 5x.

AUGUST 20TH.

Began at 1.30 P. M. to take the 3x dil. four pellets Q. I. D. Noticed at once the slightly acrid and faintly bitter taste, and especially the burning of hands and *beneath nails*. The drug in this dilution gives a decided pink or reddish taint to the bottle and cork; also to the hands unless care is taken in not allowing the tablets to touch the hand. Itching, sneezing and stiffness of the nose has been noted from this potency; and also from the 4x.

When placed on the tongue or coming in contact with the lips a marked reddish discoloration of the mucous membrane results.

(August 15th, while taking the 4x a very peculiar pain almost amounting to faintness was felt in the bladder region, especially worse while thinking of it. It was apparently *gas* which when expelled or eructated was followed by relief. It has several times been noted that gas would be eructated immediately after taking the usual dose of four medicated tablets—possibly merely the result of the saccharined alcohol of the menstruum.)

AUGUST 20TH, 7 P. M.

There is marked *burning under the finger nails* as I write. The tongue is now as *red as a piece of beef* and even the *saliva* has a *pinkish red color* on expectoration.

Of course, this is very plainly evident now, but I recall having noticed this redness of the tongue for several days and wondered at its significance, not associating it up to the present time with the color of the remedy.

There has also been noticeable, a very marked numbness of the teeth, shortly after first doses of the 3x, especially of the canines of the lower jaw, and this still continues. It is a peculiar sensation, which I do not recall having noticed before. I judge from what I have heard persons say of the action of cocaine when used as a local anesthetic in dentistry, that this sensation corresponds somewhat to that described following the latter drug.

Top of both knees burn like fire, eczematous spots before referred to, are very much inflamed. Aphthous spot in mouth under surface of lower lips. *Burning of knees* in eczematous patches, with intense itching, *redness* and scaling on scratching. Itching somewhat relieved after scratching, but leaves an angry-looking surface.

The stiffness of finger joints previously referred to, however, has been but scarcely noticeable today, and has gradually diminished since taking the remedy.<sup>2</sup>

#### AUGUST 22D.

It is now two days since beginning the use of the 3x dil., and the chief symptoms now noted are occasional burning under nails, numbness of lower front teeth and itching of knees. It is a noticeable fact that the most marked symptoms are noted on first taking a given potency, immunity soon being conferred.

#### AUGUST 23D.

Am just starting to take the 2x dilution. This form has a very red color fading off into iridescence or fluorescence of various shades from red to green and yellow. It has a slightly bitter, pungent or acrid taste, which soon disappears after taking. This preparation produces at once the same characteristic burning under the finger nails of both hands; also burning under the left thumb nail.

<sup>2</sup> Clinical Note: This remedy was given in the 12x potency to a patient suffering with a chronic arthritis of both knees, of long standing, and after taking one powder daily for two weeks, writes that "the last remedy has done more good than anything she has ever taken."

The tongue is *very* red following its ingestion; and there is burning of mouth and tongue which extends into the *stomach*, a symptom scarcely noticed before. There is also the sensation of being *tall*, at times as tall as a house (noted on a subway train, from which while erect it was an easy matter to imagine one's self as tall as a row of the apartment houses on the Boston side of the Charles) probably partly due to angle of vision.

There is also a vague sense of qualmishness, not exactly nausea, associated with *burning in stomach*, a sense of goneness as if wishing to eat again (just following lunch). There is a sense also of unsteadiness, not amounting exactly to vertigo, a sort of light-headedness.

Having applied the 3x and 2x also to a small wart on the dorsal surface of hand at root of the thumb, it remains about the same thus far, possibly slightly smaller in size. Also burning under ball of right toe (the toe and feet symptoms have not been noted before since the 7x and 5x dilutions).

## SUMMARY.

- (1) Burning under finger nails.
- (2) Burning under toe nails.
- (3) Burning soles of feet.
- (4) Especially heels and ball of great toe.
- (5) Itching and redness of knee-caps, with scaling and scurfiness.
- (6) Pruritus ani (an old symptom).
- (7) Redness of palms (discoloration even when not contacting drug in strong enough solution externally to discolor).
- (8) Peculiar biting, numbing pain in root of canine tooth (anterior portion of inferior maxilla).
- (9) Burning of tongue.
- (10) Numbness of tongue.
- (11) Redness of tongue (as red as a piece of beef).
- (12) Salivation, with reddish pink saliva.
- (13) Numbness in lower canine teeth.

- (14) Aphthæ inner surface of lips (lower).
- (15) Redness of lips.
- (16) Peculiar sensation as if very tall, with slight tendency to vertigo, when standing, walking or turning the head, stooping.
- (17) Slight tendency to looseness of bowels.
- (18) At first scanty urine—later increased frequency.
- (19) Slight burning and uneasiness before urination, better after urination.
- (20) Relief of post-influenzal arthritis (especially ring finger of right hand distal phalangeal articulation).
- (21) Burning in various spots on skin, shifting location after scratching which relieves.
- (22) Chief generals—*burning*, numbness, and itching relieved after scratching.
- (23) Tendency to stuffiness of nose and increased frequency of sneezing.
- (24) Redness of affected parts.
- (25) Peculiar pain in right groin, with pressure in bladder region, relieved after passing gas or after eructation.

## RELATED REMEDIES.

- (1) Burning under nails: *Caust.*, *elaps.*, *sars.*
- (2) —under toe nails: *Nit. ac.*
- (3) Burning of soles of feet: *Ambr.*, *anac.*, *calc.*, *cal. s.*, *canth.*, *carb. s.*, *Carb. v.*, *caust.*, *cham.*, *coloc.*, *cupr.*, *graph.*, *Kali. s.*, *Lach.*, *Lachn.*, *Lil. t.*, *Lyc.*, *mag. m.*, *manc.*, *mang.*, *nat. c.*, *nat. s.*, *ph-ac.*, *phos.*, *plb.*, *puls.*, *sang.*, *sil.*, *SULPH.*, *sul. i.*, *zinc.*  
—while walking: *Carb. v.*, *coc. c.*, *graph.*, *kali. c.*, *lyc.*, *nat. c.*, *SULPH.*
- (4) Heel: *Arg. m.*, *arund.*, *carb.*, *cycl.*, *eupi.*, *fago.*, *graph.*, *ign.*, *kali. n.*, *puls.*, *raph.*, *rhus. t.*, *sep.*, *sul. ac.*, *ter.*, *verat.*, *vip.*, *zinc.*  
Burning ball of toe: *Ant. c.*, *caust.*, *Kali. c.*

(5) Burning of knee: Apis., *arg. m.*, arund., bell., berb., brom., bry., cann. s., carb. v., CHEL., fl. ac., lachn., lyc., *mur. ac.*, petr., phos., plat., rhus. t., sabad., tab., tarax., tarent., ter., thuj.

(6) Itching around anus: Agn., benz., bry., bufo. s., *fl. ac.*, lyc. Mez. nat. s., *nux. v.*, op., PETR., SULPH., tarax.

(7) Redness of palms of hands: AGAR., APIS., bor., bell., berb., bry., carb. an., fl. ac., hep., mez., nat. s., *nux. v.*, phos., plan., puls., rhus. t., seneg., staph., stram., sulph., vesp.

—spots: All. s., bell., Cor. v., elaps., Lach., nat. c., Sabad., stann., tab.

(8) Pain left lower teeth: Acon., *apis.*, *arn.*, *aur.*, CAUST., CHAM., Chin., CLEM., *form.*, *guaj.*, *kali. c.*, MEZ., *Nux. m.*, Oleand., phos., SEP., sil., SULPH., thuj., zinc.

(9) Burning of tongue: ACON., *am. m.*, *apis.*, ARS., *aur.*, ARUM. T., BAPT., *bar. c.*, bell., bor., calc., *cal. s.*, canth., carb. an., carb. v., caust., cham., CHIN., *cim. v.*, colch., coloc., dros., hydr., iris., kali. ar., Lach., Laur., Lyc., *mag. m.*, mang., med., merc. c., mez., ox. ac., phos., phyt., plat., *pod.*, psor., ran. s., sang., sep., sulph., sul. ac., VERAT. V.

(10) Numbness tongue: Acon., *apis.*, ars., *cal. p.*, colch., *fl. ac.*, gels., glon., hell., hyos., ign., laur., nat. m., NUX. M., rheum.

(11) Red tongue: Acon., APIS., ARS., *am. m.*, bapt., BELL., bism., calc., *cal. s.*, camph., canth., carb. v., cham., colch., crot. t., cup. ac., ferr. p., gels., hydr., hyos., kali. b., kali. c., Lach., Lyc., *mag. m.*, MERC., merc. c., nat. s., NIT. AC., *nux. v.*, PHOS., plb., pyrog., RHUS. T., sulph., verat.

Fiery red: APIS., bell., canth., *cal. s.*

(12) Salivation: AM. C., ARUM. T., BAR. C., BOR., FL. AC., IOD., IP., KALI. C., MERC., NAT. M., NIT. AC., NUX. V., VERAT.

(13) Numbness teeth: Ars., asaf., aur. s., bell., chin., *dulc.*, ign., Lith., nat. m., petr., phos., plat., rhus. t., ruta., thuj.

(14) Aphthæ: Aeth., ARS., arum. t., BAPT., beb., BOR., calc., carb. ac., carb. an., carb. v., dig., hell., hep., iod., jug. c., kali. ar., kali. bi., kali. br., kali. c., kali. chl., kreos., lach., lyc., *mag. c.*, MERC., MERC. C., MUR. AC., myric., nat. m., nit. ac., *nux. v.*, plb., staph., SULPH., SUL. AC.

(15) Redness of lips: ACON., APIS., BAPT., BELL., BRY., CAPS., CHAM., CHEL., CHIN., CIC., CINA., FERR., GLON., HYOS., LACH., MELI., MEZ., NUX. V., OP., PHOS., RHUS. T., SANG., STRAM., VERAT. V

(16) Sensation as if tall (delusion tall, as if he were): Stram.

(17) Diarrhœa: AGAR., ALOE., ANT. C., ANT. T., APIS., ARG. N., ARS., BAPT., BOR. C., BRY., CALC., CANTH., CARB. V., CHAM., CHIN., CROT. T., DULC., FERR., FERR. AR., FERR. T., FL. AC., GAMB., HELL., HEP., IOD., IP., IRIS., KALI. BI., LYC., MERC., MERC. C., NAT. M., NAT. S., NIT. AC., PHOS., PH. AC., PODO., RHEUM., SEC., SIL., SULPH., THUJ., VERAT.

(18) Urine scanty: ALUM., APIS., ARS., ARUM. T., CANTH., CARB. S., COLCH., CON., DIG., EQUIS., GRAPH., GRAT., HELL., KALI. N., LAC. AC., LIL. T., MERC., MERC. C., MERC. CL., NAT. S., NIT. AC., NUX. V., OP., PLB., RUTA., SARS., SEL., SEP., STAPH., SULPH., TER.

(19) Burning pain in urethra urging to urinate: Ant. c., ant. t., CANTH., CON., NIT. AC., phos., *prun.*, *sabad.*, *sulph.*

—before urination: Alum., *apis.*, *aspar.*, *berb.*, BOR., *bry.*, *calc.*, CANN. I., CANTH., *chel.*, *coc. c.*, *colch.*, *cop.*, *dig.*, *ery. a.*, *fl. ac.*, *merc.*, *merc. c.*, *nat. c.*, *nit. ac.*, *nux. v.*, *phos.*, *ph. ac.*, *prim.*, *puls.*, *rhod.*, *seneg.*, *sulph.*, *zinc.*

(20) Stiffness of fingers: *Agar.*, *apis.*, *ars.*, *calc.*, *cal. s.*, *carb. an.*, *carb. s.*, *caul.*, *caust.*, *cupr.*, *dros.*, *ferr.*, *led.*, *lyc.*, *manc.*, *merc.*, Rad. b., RHUS. T., *sil.*

(21) Burning of skin—in spots:

After scratching: Agar., am. m., *apis.*, *ars.*, *bell.*, *canth.*, *carb. v.*, *chel.*, *croc.*, *ferr.*, *fl. ac.*, *iod.*, *kali. ar.*, *kali. c.*, *lyc.*, *mag. c.*, *merc.*, *mez.*, *nat. s.*, *ph. ac.*, *plat.*, *rhus. t.*, *sel.*, *SULPH.*, *sul. ac.*, *tab.*, *viol. o.*

(22) Itching spots: Agn., am. m., am., *aster.*, *berb.*, *can.*, *dros.*, *euph.*, *fl. ac.*, *graph.*, *iod.*, *kali. c.*, *Lach.*, *led.*, *lyc.*, *merc.*, *mez.*, *nat. m.*, *nit. ac.*, *op.*, *par.*, *sep.*, *sil.*, *spong.*, *SULPH.*, *sul. ac.*, *zinc.*

(23) Obstruction of nose: ARS., ARUM. T., AUR., CAPS., CAUST., GRAPH., KALI. BI., LYC., NIT. AC., NUX. V. PULS., SAMB., SIL., TEUCR.

Frequent sneezing: *All. c.*, AM. M., *ars.*, *aur.*, *bell.*, *brom.*, *bry.*, *CARB. V.*, *caust.*, *cycl.*, *dros.*, *dulc.*, *hep.*, *kali. c.*, *kreos.*, *lyc.*, *MERC.*, *nit. ac.*, *NUX. V.*, *phos.*, *plat.*, *sang.*, *sil.*, *SULPH.*, *zinc.*

(24) Redness: (Skin) *acon.*, *agar.*, *am. c.*, *apis.*, *arn.*, *bell.*, *bry.*, *con.*, *crot. h.*, *crot. t.*, *dulc.*, *graph.*, *lyc.*, *manc.*, *merc.*, *nat. m.*, *nit. ac.*, *nux. v.*, *op. phos.*, *ph. ac.*, *puls.*, *rhus. t.*, *sabad.*, *stram.*, *sulph.*, *tell.*

After scratching: *agar.*, *am. c.*, *ant. c.*, *arn.*, *bell.*, *bor.*, *canth.*, *chin.*, *dulc.*, *graph.*, *Kreos.*, *lyc.*, *merc.*, *nat. m.*, *nux. v.*, *olea.*, *op.*, *petr.*, *ph. ac.*, *puls.*, *rhus. t.*, *ruta.*, *spong.*, *tarax.*, *teucr.*

(25) Pressing pain before urination: *ang.*, *arn.*, *cal. p.*, *chim.*, *chin.*, *con.*, *graph.*, *Kali. s.*, *nat. p.*, *nux. v.*, *petr.*, *phyt.*, *puls.*, *ruta.*, *sep.*, *spig.*

(26) Eruption, eczema: *alum.*, *am. c.*, *anac.*, *ant. c.*, *arg. n.*, *ars.*, *ars. t.*, *astac.*, *aur.*, *bar. m.*, *bell.*, *bor.*, *brom.*, *bry.*, *calad.*, *calc.*, *cal. s.*, *canth.*, *carb. ac.*, *carb. s.*, *carb. v.*, *caust.*, *cic.*, *clem.*, *cup.*, *crot. t.*, *cycl.*, *dulc.*, *fl. ac.*, *graph.*, *hep.*, *hydr.*, *iris.*, *jug. c.*, *kali. ar.*, *kali. bi.*, *kali. c.*, *kali. chl.*, *lach.*, *lap. m.*, *led.*, *lith.*, *lyc.*, *merc.*, *mez.*, *nat. m.*, *nat. p.*, *nat. s.*, *nit. ac.*, *olnd.*, *petr.*, *phos.*, *phyt.*, *psor.*, *ran. b.*, *rhus. t.*, *rhus. v.*, *sars.*, *sep.*, *sil.*, *staph.*, *sulph.*, *sul. io.*, *thuj.*, *viol. t.*

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## CLINICAL CASES.

C. M. Boger, M. D., Parkersburg, West Va.

Case I. Intermittent fever for two years. Patient aged 71; confined to bed. Every day between 3 and 4 p. m., first *a crawling here and there over body*, then drowsiness ending in stupor during which a violent shaking chill comes on. In spite of its violence the shaking doesn't awake her from the stupor.

She received a dose of *Opium*<sub>12</sub> late in the evening and early in the morning for five days, then Sacc Lac, whereupon the chills ceased for over a week but came on again in an irregular and milder form. She again received *Opium*<sub>12</sub> as before. This cured the case.

- Case 2. 1. Chronic dysmenorrhœa. Menses early, scanty and painful. The pains come and go quickly < left side.
2. Chilly and nauseated; she lies on abdomen; > belching.
  3. Agg. Lying on L side. From anger.
  4. The heart misses beats.
  5. Dyspnœa < excitement (Amb. Ars. Coc-c. Ferr. Pul. Sep.); or from anger (Arn. Ars. Rhus-t. Stap.).
  6. Frontal and occipital headache.
  7. Bad taste in a. m.
  8. No inclination to sweat or *cold sweats*.
  9. Jerks and starts in sleep.
  10. Sore over kidneys.

*Arsenicum* mm. a single dose cured.

- Case 3. 1. Lumps drop from posterior nares, < after breakfast.
2. Profuse, thin, brown leucorrhœa.
  3. Dull ache over left ovary.
  4. Frequent scanty urine.
  5. Flatulence during the menses. (Kali-c. Kre. Mag-c. Nat-c. Pho. Vespa.)

One dose of *Vespa* 1m. cured.

Case 4. Arthritis deformans.

A physician ordered antiseptic injections for foul lochia, some months afterward arthritis deformans slowly developed with the following symptoms:

1. Sore epigastrium, < coughing.
2. Stiff on lying down; > continued motion.
3. First one joint then another gets stiff and puffy.
4. Emaciation. Weakness; < epigastrium, then ravenous hunger.
5. Menses too early.
6. Internal trembling, < before and during menses. Sense of swelling all over.
7. Dreams causing fear; of falling; of accidents.



8. Chloasma on face.

9. A little food fills her up; craves acids. *Puls*<sub>12</sub>(x) a single dose.

Improved slowly for seven months and now at the end of thirteen months remains well and strong.

Case 5. 1. Aching and coldness along spine.

2. Cramp in bowels then dark, thin, diarrhoeic stools.

3. Spells of general aching, *Polyporus*<sub>200</sub> three doses cured.

Since then patient has undergone a great change and is in better health than for years.

Case 6. 1. Secretions, urine and leucorrhœa all cause itching.

2. Offensive, sticky, raw axillae; fingertips sting, burn and crack.

3. Before menses the face swells, pains, gets rough and the eyes sting, burn, itch and the tarsi turn red.

4. Piles which burn and crack.

5. The feet sweat and smell.

6. Violent eczema of palms with many cracks.

One dose of *Sulfur*<sub>30</sub>M acting for four months removed every symptom except the leucorrhœa which grew steadily worse. She now received a single dose of *Medorrhinum*<sub>1</sub>M and within a very few weeks reported herself pregnant for the first time, after many years of married life and the leucorrhœa gone.

Case 7. Patient had been under local treatment for several weeks for suppuration of the left ear with sharp shooting and violent throbbing, radiating pains with anorexia and sleeplessness. Aggravation at 4 p. m. and all night. A single dose of *Asafatida* cleared everything within a week, since which she remains well.

Case 8. 1. Sore at left angle of mouth.

2. Hard breathing as if he were breathing through a metallic tube, seeming to start from abdomen. Fears his breath will stop. Throat feels scraped and burns.

3. Burning over kidneys.

4. Follicular pharyngitis.
5. Restless feet; rocks hard; is nervous.
6. Ravenous hunger with sour belching; but very weak and exhausted.
7. Weeping attacks; sits with head in hands.
8. Amelioration; cool air.
9. Neuropathic inheritance.
10. Urine and heart normal. *Merc-cor* C. M. later followed by the MM has slowly made him a ruddy, healthy looking boy full of vim and vigor.

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## PROVING OF THYROID GLAND.

By

The Materia Medica Laboratory of the New York Medical  
College and Hospital for Women.

Made Under the Auspices of  
The American Institute of Drug-proving.

1918.

Director of Proving—H. P. GILLINGHAM, M. D.

### UPPER EXTREMITIES:

2. Bruised pain in right shoulder (trapezius) with heaviness of arm, worse on moving arm, especially raising it, lasting all day (10th day).
2. Bruised pain in left shoulder and arm, especially region of biceps, in morning for two hours after rising (14th day).
5. Soreness and lameness in right trapezius, better on motion (1st day).
5. Soreness of left deltoid (1 p. m.), worse from pressure, disappearing toward evening (2d day).

NOTE.—The numbers to the left of each symptom, refer to the particular prover in whom the symptom was produced.

2. Short, stitching, catching pains in right metacarpophalangeal joints, worse from rest, better from motion, lasting only 5 minutes (6th day).
5. Superficial veins of hands and arms very prominent and dilated, stood up like ridges (during headache and fullness in chest) (3d day).
1. Fine, nervous tremors of hands (8th day).
4. Hands tremulous, feel generally nervous and fidgety (after an attack of palpitation) (20th day).

LOWER EXTREMITIES:

6. Shooting pains from hips down to feet (12th day).
4. Peculiar sensation of lightness and weakness especially in left extremity (11th day).
2. Short, stitching pain in left hip-joint, coming and going, worse during rest, better on motion, lasting only 15 minutes (6th day).
4. Pain in muscles of backs of thighs all afternoon and evening, worse on motion (11th day).
3. Weakness and heaviness of thighs and legs, especially after going up stairs (9th day).
1. Nervous, tingling sensation in anterior parts of thighs, worse standing or walking, better from pressure (13th day).
5. Wakened at 4.30 a. m. by two violent contractions of the tensor vaginæ femoris, better from massage and from standing on feet (14th day).

SKIN:

2. Slight papular eruption here and there, with itching (16th day).
2. Pimples on forehead (these usually come before menstrual period, but came this time after the period) (16th day).
3. Pimples on back of neck and behind right ear (16th day).
1. 5. 6. 2. Itching; intermittently throughout proving.

5. Itching, severe, of whole right breast (a. m.), not relieved by scratching, disappeared in afternoon (8th day).
1. 2. 5. 6. Itching of scalp, worse on scratching; itching of various places, as: face, cheek-bones, behind ears, lower jaw, neck, shoulder, left shoulder, arms, in scar on arm, right arm, hands, palms of hands, backs of both little fingers (last phalanges), thighs, left knee, feet, soles of feet—intermittently throughout proving.
5. Creeping itching over whole body (8th day).
5. Violent itching of soles of feet, worse standing, also of palms of hands, both worse scratching, worse from warmth, better from cold (8th to 25th day).
1. Itching returned after a hot bath (21st day).
2. Itching, intense, worse on scratching, but I could not keep from scratching (16th day).
6. Itching of a scar on arm (an incised wound not quite healed), which was not relieved by scratching, but then stung and burned (5th day).

#### SLEEP:

4. Unusually sleepy, dull, confused, unrefreshed, and tired in the morning after rising (2d, 4th, 11th and 19th days).
5. 6. Sleepy and lazy all day, could hardly hold head up, constant yawning and stretching worse in warm room, worse afternoon, disappeared on going out of doors (3d, 4th and 6th days).
2. Intense drowsiness (and weakness) in evening (20th day).
1. Strong desire to yawn, each effort cut short by a quick gasp, something like a hiccough; about 25 efforts in all, until finally there were three or four correct yawns (13th, 14th days).
1. Sleep restless, "just couldn't sleep" (7th day).

1. 2. 3. 4. 5. 6. Sleep restless all night, disturbed by many, and for the most part, horrible dreams, throughout the proving.
1. Sleep disturbed (interrupted) by slightest sound; "the street beyond my window seemed unusually noisy and lighted up" (3d day).
3. Same (11th day).
6. Could not get to sleep till after midnight, and then was awakened several times by ordinary noises which generally do not disturb me; was very restless and nervous all night, with much twitching and jerking (5th, 6th and 23d days).
1. 2. Awakened from sleep at night by tumultuous action of heart, or by palpitation (6th to 20th days).
1. Awoke from restless sleep at 2 a. m. lying on left side, overheated and feeling heart pounding, and with feeling of uneasiness and fullness in bladder (momentary) (6th day).
1. Every night (since third night) sleep soundly till about 2 a. m. when I awake and stay awake for about three hours; this is very unusual; heart is either fluttering or thumping hard; sensation of general coldness, weak, restless, not comfortable in any position, very nervous mentally; often awakened by slightest sounds; sometimes awakened with same symptoms as early as 11.30 p. m., falling asleep after two or three hours and again waking around 5 a. m. with same symptoms (3d to 20th days).
2. Restless, disturbed sleep after midnight, could not fall asleep again, tossing from side to side; while asleep was conscious of all about me, could hear ticking of watch (7th day).
1. 2. 3. 4. 5. Very restless nights; no sleep after 2 a. m., throughout proving.
6. Restless and fidgety all night, with pressure of gas in stomach, eructations and heartburn (23d day).

## (Dreams)—

1. Dreamed of being dissected, muscles of neck, chest and arms were laid bare, and I couldn't move because of tension of these muscles (6th day).
2. Dreamed that I was dying and my friends stood about and made merry; awoke in fright with palpitation of heart and crying (6th day).
2. Many dreams of quarreling (14th day).
2. Awakened several times by terrible dreams; and once I dreamed that I was dying of diphtheria (17th day).
2. Dreamed that I was attacked by a band of ruffians against whom I was struggling; I seemed to be suffering very much (23d day).
3. Many confusing dreams, poorly remembered (3d day).
3. Many amusing, vivid dreams (5th day).
3. Dreamed of suffocating, due to feeling of stricture around waist, and that I had to rush out of doors for air (6th day).
4. Dreamed that my pulse had stopped (3d day).
5. Dreamed of beating a man to death with a chair; had a satisfied feeling when I saw the man lying dead; awoke calm (4th day).
3. Many dreams all night; slept poorly; sleepy and depressed in morning (14th day).
5. Walked in sleep (3d day). (This was common with me when a small child, less frequent up to about two years ago, not at all during past two years).

## FEVER:

1. 2. 4. 5. 6. Chilly; all day; all evening; in afternoon; at night on first day of menstrual period; with trembling; with palpitation; with hot head; with nervous apprehension; with thirst for cold water (at intervals throughout proving).

1. Chilly and nervous (2.30 p. m.) while lying, with palpitation, wanted external heat, chilliness worse on rising, then becoming a shivering sensation in upper part of body and upper extremities, body felt cold to touch, head hot, heart beating too strongly, region about ensiform appendix felt bruised and sensitive to touch; attack lasted till 5.30 p. m. (6th day).
4. Chilly, 5 p. m. (4th day); 7 p. m. (9th day).
2. Chilly in evening, with trembling, could not get warm even when close to the fire, nor from drinking hot tea (15th day).
4. Cold sensation (evening) with unusual thirst for cold water (15th day).
6. Very cold at night, could not get warm even with hot-water bag (14th day).
6. Chilly, cold, first day of menses (9th day).
4. Chill (6.45 p. m.), beginning with general sensation of coldness, hands cold and purplish, followed by a shaking chill, after which there was no rise of temperature, though the pulse went up to 106 and respiration rate remained unchanged (18); after this chill passed off I ate dinner and was very thirsty (most unusual), drinking a great deal of ice water (2d day).
1. Partial chill (11.30 a. m.), with shivering sensation over thorax from waist up, worse over back and upper arms, as though cold wind was blowing over her, with cold hands, and with momentary sensation of fullness and uneasiness in bladder; better after eating hot luncheon (6th day).
1. Hands cold, clammy, nervous and feel relaxed; sensation extended up forearms; makes me restless, nervous and apprehensive (8th day).
6. Hands and feet cold and clammy, rest of body too warm (7th day).
3. Left hand and forearm felt icy cold, as though in ice water, though not especially cold externally (to touch); sensation lasted only about 10 minutes (11 a. m., 20th day).

1. Hot head with chilliness or coldness of rest of body (6th day).
2. Sudden flush of heat to head and face, face hot and red, followed by sensation as if sweat covered face, but there was no sweat; attack came on while eating, but lasted only two minutes (7 p. m., 8th day).
3. Hot flushes, ascending to face and head, during night, without sweat (12th day).
3. Hot flushes, with throbbing in head and in arteries of head and neck, face very hot, worse on bending forward or stooping, followed in about an hour by chilliness (17th day).
3. Very hot cheeks, and head burning, hands and feet cold (3 p. m., 18th day).
4. Sweat, general, oily, of peculiar musty odor, waking her at 5 a. m., feeling weak and sick, menstruation having just begun (15th day).
4. Same symptoms repeated next night (16th day).
2. 3. Sweat on palms, worse early morning and late afternoon, especially worse while writing (5th day).

(Concluded.)

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## THE LAW OF SIMILARS VERIFIED BY COLLOIDAL CHEMISTRY.

Samuel P. Sobel, M. D., Berlin, Germany.

Hahnemann, in his preface, says: "The human mind feels within it the irresistible, harmless and praiseworthy impulse to give some account to itself as to the mode in which man accomplishes good by his actions." Again, "but we are unable to furnish conclusive proofs of our explanations from the changes which are observed in the organic kingdom." This was written almost one hundred years ago. Today we have scientific proof of the truths laid down by Hahnemann in his *Similia Similibus Curantur*.

What are these proofs? I shall bring forward only facts capable of scientific demonstration. Much light has been thrown upon physiological processes through the study of the functions of



the vegetative nervous system. Addison in his symptom complex of Addison's disease and its relation to the suprarenal, has shown the way to the study and understanding of the endocrine glands and their relation to metabolism.

Chemistry has shown the colloidal state of matter and its relation to the physics and chemistry in the organic and inorganic world. I shall touch upon the endocrines and the vegetative nervous system in so far as it is necessary towards the elucidation of my theme.

In colloidal chemistry and its bearing on the homœopathic principle I must mention the importance of surface tension and its relation to absorption. The ionic state of matter is of the utmost importance in cellular physiology and pathology. It may be of interest to the homœopath to know that the (H) ion concentration in blood is 7x or 10,000,000 dilution. That it is in this (H) ionic concentration that the blood is in a neutral chemical state.

The vegetative nervous system is divided into the sympathetic and parasympathetic. In speaking of the parasympathetic I shall speak only of the vagus, as this nerve is the most important division of the parasympathetic. These two divisions are antagonistic in their action.

<i>Sympathetic</i>	<i>Parasympathetic</i>
Increases heart action	Diminishes heart action
Inhibits secretion	Increases secretion
Inhibits gastric and intestinal peristalsis	Increases gastric and intestinal peristalsis
Increases sphincter action	Diminishes sphincter action

In the study of the cell chemistry an analogous state is found. Potassium and sodium on the one hand, and calcium and magnesia on the other hand, are antagonistic in their action. Potassium and sodium act with and in a similar manner to the vagus, and calcium and magnesia act with and in a similar manner to the sympathetic.

For the co-ordinated and physiological work of the body it is necessary that the sympathetic and parasympathetic be in perfect functional balance. The salts, too, must be in perfect ionic balance. If the vagus is stimulated, the heart is slowed in all its

functions. If the vagus action be inhibited through the use of atropin a vagus stimulation will have no effect on the heart. However, on the addition of even a weak potassium solution to the heart, the heart will again slow down in the same manner as if the non-atropinized vagus were stimulated.

A frog's heart bathed in Ringer's solution (or any solution in which the heart function can continue) will grow weaker in its action from the addition of potassium or sodium and its action will be stimulated by the addition of calcium, a sympathetic stimulant. These experiments tend to show that it is not the nerve stimulus that affects the heart cell, but the mobilization of the cell salts, as those salts can act without intervention of the nerve influence. The same experiments can be made for other tissues. When a loop of intestines is washed free of the potassium, a vagus stimulation will have no effect. The addition of potassium will again cause intestinal peristalsis, a vagus action. The addition of calcium to a loop of intestines will cause a paralysis of the gut, a sympathetic action.

In adding the potassium or calcium to the solution in which the frog's heart is bathed, it is not necessary to add such material quantities as will chemically neutralize the predominating salt. When the heart is bathed in an overbalanced potassium solution, the addition of a very weak dilution of calcium will cause a re-directing of the potassium molecules, a proper ionization, and a slowing of the heart beat. In other words, a proper physiological balance in the salt action, and so in the vegetative nerve action.

How can this principle be demonstrated therapeutically? In Basedow's disease we have, besides the other cardinal symptoms, tachycardia. In this disease we have a disfunction of the thyroid gland, with a great deal of hyperfunction of this gland. Hyperfunction of the thyroid causes an increased suprarenal action and thereby a sympathetic stimulation. Sympathetic stimulation means increased heart rate. Calcium is a sympathetic stimulant, acting like adrenalin. In fact, adrenalin is used instead of calcium, to stimulate the sympathetic nervous system. It would thus appear that calcium should be contra-indicated in Basedow disease. However, the intravenous injection of  $\text{CaCl}$  (as practiced to some extent in Europe) actually has the effect of slowing the heart rate—the homœopathic effect, if you so desire to call it. There

has been a redirection, a proper ionization of the cell salts, and a re-establishment of the physiological balance. The potassium has been properly mobilized and the heart action slowed—a vagus action.

I desire here to digress from my subject and to call your attention to the following: Calcium is a great antipsoric. In the chemistry of the cell it is a predominant factor. The thyroid is the keystone gland of all the ductless glands. If a list of symptoms, according to the homœopathic schema, be made of dysthyroidism, that is, the symptoms from the marked Basedow to the extreme myxodœma, and these symptoms compared with the symptoms of calcium carbonate, a very striking similarity will be found. The old school calls the calcium chloride treatment of Basedow the "Reiz" or irritation treatment. Your school calls it the homœopathic treatment. The chemist calls it the colloidal state, or ionization of the salts, and he can prove it with mathematical precision.

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#### REFERENCES.

On the vegetative nervous system Pottenger, "Symptoms of Visceral Disease"; McCarrison on "Disease of the Thyroid Gland"; Clark or Ostwald on "Colloidal Chemistry."

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#### CLINICAL CASES.

R. N. Banerjee, Benares City, India.

No. I. A young man, nearly 20 years old, of robust constitution, developed an attack of enteritis. He had excruciating pain and tenderness in the abdomen, mucous stools, tenesmus, < at night (pains), etc. At first, in order to produce sleep and thereby give him some relief from his suffering, I gave him a few doses of Dover's Powder (a kind of preparation, containing opium), but to no effect, then I abandoned that idea altogether, and began to study the case after collecting the symptoms, which besides those mentioned above were "never get done feeling" with tenesmus, fever, temperature  $102^{\circ}$  to  $103^{\circ}$ , intense thirst with moist, red tongue, which took the imprint of the teeth, loss of

appetite, nausea, etc. These seemed to me the indications of Mercurius, and so I gave him a few doses of Merc. Sol. 6, at intervals, which gave him marked relief, and produced sleep. This medicine was sufficient to cure him. I treated this case during my earlier years of practice, when I used to apply rather mixed-pathology than homœopathy; from the marvellous effect of this potentized remedy and the failure of the opiate, I learned a lesson which I have never forgotten.

Since that time I have all along treated many kinds of most tormenting pain solely with potentized homœopathic remedies, according to symptomatic indications, mostly causing relief immediately or in a short space of time, without any kind of injurious after-effects, owing to palliation or suppression by means of opiates, such as Opium, Morphia, Pot. Bromide, Hydrate of Chloral, etc., which are taken for granted as panaceas with many so-called homœopaths in this and in other parts of the country. The undue use or application of such methods seem to me to be due to either neglect of duty, idleness, or ignorance.

*No. II. December 11, 1909.*

A middle-aged woman, above 40, had been suffering from pernicious chronic fever for two years. During this time she was under the treatment of allopathic and ayurvedic physicians with no curative effect. She had chills, which commenced daily at 9 or 10 A. M., thirst for large quantities of water during all stages, constipation, menses suppressed, throbbing pain in her head as from little hammers, with vanishing of sight, etc. Taking all these symptomatic indications into consideration, I gave her a dose of Nat. M., 30, during the intermission. In the next attack her head symptoms together with vanishing of sight, had disappeared, but instead of one, she now got two paroxysms of fever: one lasted from 9 or 10 A. M. to 9 P. M., and the other from 10 P. M. to 9 A. M., in the morning. She had the regular chill, heat and sweating stage. No sooner did she begin to perspire at the close of the first attack, than the chill of the second attack commenced. Virtually she had no perfect intermission. I had to labor under difficulties in treating this case, as the house was a long way off from my office. Of course her husband, sister-in-law, or son came to report daily, but as they were unaccustomed to

mark the symptoms, which might be necessary for accurate homoeopathic prescribing and moreover were not well enough off to afford to pay fees, even on every third or fourth day, I had no alternative but to depend upon their meagre reports, which were sometimes even misleading. Nearly two weeks passed in this way, without any marked relief, although deep acting medicines such as *Sepia 30*, *Verat. Alb. 30*, etc., were given to suit the case as much as possible, under the circumstances. Finally one day, a dose of *Silicea 30* was given; on this day, during the sweating stage, she had a profuse perspiration on the soles of her feet, but without any other change. Later on I went to see her in the afternoon, while she was in the stage of fever. I noticed that, although her body was covered with a sheet, her feet were out from under the covers. I inquired about the cause of this: she assured me that as soon as the heat stage commenced she used to feel burning sensations in her soles, and during this time, she could not keep her feet covered in any way. *Sulph.*, *Lach.*, *Ferr. Phos.*, etc., have this symptom in common, but as the other concomitants indicated *Ferr. Phos.*, a few doses of it were given in 6x (*Trit*) during her sweating stage. From that very day, the next attack at night became milder, but persisted, so I gave her a dose of the 30th potency, as soon as the remission had set in. After taking this dose the fever disappeared. But a new symptom now appeared. She began to be, as if drenched with copious perspiration, day and night, especially during sleep, with subnormal temperature. Instead of trying to check this symptom, I rather watched for further results; but as the symptom persisted and became very troublesome, both to the patient and to her attendants, I gave two doses of *China 30*, with distinct instructions not to repeat the second dose, in case the first dose took effect. But as in this part of the country, especially the female attendants are illiterate and could not resist the temptation to repeat the dose, which had acted with such good effect the first time, and as they were also accustomed to believe that by repeating the medicine it would cure more rapidly, the second dose of *China* was given without consulting me. On taking this second dose she got a relapse, though not of a double type *this time*, but a single type of intermittent, accompanied with most of the former symptoms with certain changes in character. As the thirst, restlessness, burning

all over the body, together with burning of soles, and palms, and eyes, etc., were covered by *Ars. Alb.* more accurately, a dose of this was given in the 30th potency, with marked beneficial effect. The fever again disappeared, with general improvement. After a few days, owing to some exciting cause of irregularity, she was taken with a relapse for the second time. This time the change of symptoms indicated *Lach.*; the burning of soles and palms was prominent too. Under the reaction produced by *Lach.*, 30, the fever again subsided. After a lapse of a few days, she developed a crop of small boils all over her face. *Hep. Sulph.* 30 checked their progress and cured them altogether. Owing to some irregularity of diet, etc., she again got a relapse for the third time. This time she had thirst for large quantities of water during all stages together with the peculiar burning of the soles, etc. But as the peculiar thirst and some other symptoms, especially the long and severe chill from 10 to 11 A. M., beginning in the small of the back and fever blisters or hydroa on the upper lip like pearls, clearly indicated *Nat. Mur.*; a dose of this remedy was given in the 30th potency and during the intermission, finishing the cure without any further relapse. For the menstrual irregularities, etc., a few doses of *Puls.* 30, *Calc. Ars.* 30, *Sepia* 30, were required, according to indications, to complete the cure and restore her to a normal condition. In time she became a stout and strong, healthy woman. As far as I was informed, she enjoyed perfect health for a long time after.

In this case as well as in other cases, I have repeatedly observed that, after the suppression of objective symptoms, by other systems of treatment, when the case comes under the pure homœopathic treatment of Hahnemannian methods, on receiving the higher potency of the properly selected remedy, nature generally gives a rude shock to the system, in order to attain a state of equilibrium, just as we observe in nature during a storm, rain, hail-storm, electric shock, earthquake, etc. In this case and in some other cases, too, I have observed that there may be a rotatory, cycle-like condition, with respect to a radical cure with potentized remedies, as, for example, the remedy, being indicated in the beginning, makes only some partial progress yet showing the way as a *beacon light*, or like a shining morning star, and after a few

other intercurrent deep-acting remedies, it again comes into play, as if to finish the cure.

Although I have not yet had sufficient data or facts to substantiate this theory, nevertheless, it seems to me to be true, after observing a few cases which took this course in their cure.

A girl nearly three years old had an attack of fever of the typhoid type. On recovering from her illness by means of appropriately chosen homœopathic remedies, according to indications under my treatment, two cold abscesses formed under her chin (submaxillary portion). Although medicines were given to abort it, yet suppuration took place, so I advised her father to simply have the abscesses opened by a skillful surgeon, and then to keep her under homœopathic treatment only. An allopathic physician and surgeon was called in and he not only opened the abscesses, but took the case under treatment; the fever relapsed—quinine and other medicines were given to check the fever, but to no purpose; rather, the fever gradually took a course of double type—the ulcers also, did not fully heal, although iodoform was used freely. After his total failure, either to check the fever or to heal up the ulcers, which began to spread by sinuses, the father of the girl again earnestly requested me to take up the case. I observed the conditions and symptoms as follows: voracious appetite, though reduced to skin and bone as she could not assimilate the food in her system; “eats freely but loses flesh, all the time, gets worried if she does not eat,” aversion to being covered, much thirst, urine yellow, stool blackish, hard, knotty, increase of fever or temperature twice, by day and night, no remission. As I have no proper record of this case and I write it from my memory, I cannot, of course, recall all the details. However, taking into consideration the abuse of the iodoform and the abnormal appetite, etc., I gave her *Iod. 30*, a few doses, by means of which the fever gradually took a turn to an intermittent type at first and then subsequently disappeared. The appetite became normal and she began to assimilate her food. At last a dose of *Sulph. 30* was required, to finish the case with complete recovery and with the healing of the ulcers, too.

In this case I did not use any local application, except cleansing with lukewarm water and applying olive oil for protecting the surrounding skin from being excoriated by the acrid discharges.

Lately a boy nearly 10 years old, came under my treatment, who had been suffering from fever of a double type. At first the fever was of a simple type of intermittent fever. He was then placed under the ayurvedic treatment; on getting no relief in two weeks, he was treated by allopaths; on the failure of allopathy for a week or so, he was again treated by native physicians and then after a few days more under allopathic care I was called in to take up the case, after a month's failure of both systems of treatment. There were very few symptoms—color of urine yellowish—generally of constipated habit, but he passed stools of light yellow color on getting mild cathartic or laxative medicines—maximum temperature 102.8 or 103.2—minimum 100; aggravation of temperature twice a day, once by day and once at night; appetite normal; no chill, heat predominated on the whole, perspiration slight and in the latter part of the night; temper peevish, slight cough, thirst slight, spleen and liver were slightly enlarged, felt comfortable after eating. As there were no characteristic peculiar symptoms, which might help in the selection of a medicine, I gave him a few doses of Chel. 12; then Ferr. Phos. 12x Trit. On giving Ferr. Phos. the temperature increased to 104; then I found out that the temperature generally began to increase after 12 A. M. and P. M., whereupon I gave him a dose of Sulph. 30, in the morning. On taking it, the fever changed to a simple intermittent type, and the time of aggravation began to vacillate—postponing or anteposing. I waited for further results, without giving any medicine at all, for three or four days. The temperature began to decrease day by day—better in other respects, at least mentally—then I came to learn that the fever commenced to appear in the afternoon at about 4 P. M., and the boy wanted to open the buttons of his coat, owing to distention of his abdomen. I now gave him a dose of Lyco. 30 in the morning—no aggravation on the following day, the temperature became gradually rather subnormal—no medicine for a week—then on hearing about his abnormal appetite and at the same time want of assimilation and aversion to being covered, I gave him a dose of Iod. 30, which finished the case and brought complete recovery.

During the course of my long professional career I had to treat many such chronic and maltreated cases of fever, which had been under the palliative method of treatment, with its futile at-



tempt to suppress the fever. The cases in the long run turned out to be masked, with a paucity of subjective or objective symptoms—although general malaise and prostration continue to manifest themselves, as under-currents of the running water make the beach or border lands susceptible to a dead fall. Under the curative action of the remedies, applied according to law of similars, the suppressed symptoms began to appear, and to serve as beacon lights to the proper selection of curative remedies.

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No. 11 Pearl Street, Middleborough, Mass.

June 6, 1922.

R. F. RABE, M. D.,

Editor, HOMŒOPATHIC RECORDER.

Dear Dr. Rabe:

I am in receipt, this morning, of a copy of the RECORDER, containing the article by my friend, Dr. Padelford, "Immunity by Compulsion." I thank you for the copy. And I am grateful to Dr. Padelford for raising his voice against this detestable "medical socialism" that is so aggressive in our time. Either this land is Anglo-American, the ideal of which is "Liberty Under Natural Law"; or, it is still but an offshoot of Europe, the standard of which is "Compulsion under Artificial Law." I hold that it is the former; and resist all attempts to Europeanize America! Of all iniquities and tresspasses upon human liberty and welfare, compulsory medicine is one of the most iniquitous and tyrannical!

During a visit here, recently, Dr. Padelford asked me, as a layman, to write out some of my personal experiences with the Law of Abnormal Similars (my own term in English for *similia similibus curantur*) and send the manuscript to the RECORDER. I gladly comply.

I am sixty-four years old—the 12th of this month. I am a minister of religion, by profession; First Unitarian Church in Middleborough. I was ordained thirty-one years ago. So far as I have been able, I have tried to correlate the gospel of religion—love to God and Man—with the gospel of homeopathy—*similia similibus curantur*. Needless to say, this effort has been very difficult; *persecution* would not be an exaggeration! People do not

care for the *truth*; they prefer *partisan* and *sectarian* affiliations, for the most part. However, quietly, I have put many persons in the way of homœopathic treatment, very much to their advantage. And I have the personal satisfaction of knowing that I have left in all my parishes a trail of happiness that would not have been possible had I known nothing of homœopathy. Thank God for that knowledge! Unite spiritual, moral and physical rectitude,—then comes something approximating the Kingdom of Heaven on earth, it seems to me!

My personal experience with homœopathy begins with an attack of scarlet-fever when I was about ten years old; I was successfully treated by a young German physician, Dr. deG. My next serious illness, at eleven; pneumonia, well-treated by Dr. deG.'s successor, Dr. C. Two years later, I had another attack of pneumonia, exceedingly violent,—“cooled-off” May Day, sitting down by a brook! Was unconscious almost as soon as I came into the house. Dr. W. was then our physician. My mother told me, later, that he worked over me until I became conscious again, and broke out into a violent sweat. The doctor told me that he gave me Aconite. I was about in a few weeks; but my chest was exceedingly sensitive for some winters.

During this period of my boyhood, my mother had been ill with ovarian enlargement. Dr. C. gave up the case, and my father then brought Dr. W. into the family. After some months of treatment, Dr. W. greatly benefited my mother. His prescription was Aconite, high; Dr. C. had been giving her repeated doses of low Aconite. My mother was a chronic invalid, dosed, all through her girlhood with massive doses of mercurial preparations. Furthermore, she was the only child of a very late second marriage contracted by grandfather, who was sixty-nine year old (old enough to know better!); my grandmother, at the time of her marriage, was in her thirties. A short time after the birth of my mother, my grandfather died of “old-fashioned consumption.” This ancestry, I suppose, accounted for my mother's chronic illness; as well as my own tendency to lung-weakness, which has persisted through the years of my life, so far. Dr. W. ordered me out of New England, when about twenty, because of indications of incipient tuberculosis. I didn't go—stayed right at home and had Dr. W. look after me. At twenty-five I nearly had pneumonia,

again; but Dr. W. "pulled me through," once more. A short time after this I married. I was, at the time, teller in a national bank, having entered its employ at nineteen years of age, getting my grub with one hand and the equivalent of an academic education with the other, so to speak. At twenty-nine, I entered the Meadville Theological School, graduating three years later. I took my wife with me, of course; and brought back, not only her, but, also, the finest little girl-baby in the United States!

When I became engaged, my fiancéé was an invalid; she had been dosed to death, nearly, all her young girlhood. Dr. W. and homœopathy made a different woman of her.

In 1890, the year of my graduation, I had La Grippe, of the most violent type; the Meadville physician and homœopathy, however, pulled me through. But it was months before I felt fit to take a pastorate. Returning to Massachusetts, my former doctor, W. soon had me on my feet again.

During 1892 I was minister of a church in B, Massachusetts. My little girl, then in her third year, came down one night with the croup. Knowing no homœopathic doctor in the city, at that time, I gave the child Aconite,—with the usual astonishing (to the uninitiated) results. She never had an attack afterward. During the last of that year, I contracted a heavy cold. I had heard, by that time, of a supposed homœopath in the city. I went to him for advice. He gave me a little bottle labelled "Iodine, 3x"; and a druggist's prescription (which, fortunately, I could read), calling for cod-liver oil, wine and iodine with which to paint my chest. This did not commend itself to me as homœopathy; I had had too many years with Dr. W. not to know the real thing when I saw it! So, concluding that I did not need to be tattooed outside, greased inside, and "boozed-up" generally, I took down a copy of the International Hahnemannian Proceedings, and found that in a neighboring city was a Dr. D., a "straight homœopath." I visited him; got a real homœopathic prescription; and made a friend of the finest sort, who, for years, until he broke down, treated me and my family. While minister in the town of W., Massachusetts, I concluded that that place needed a good homœopathic doctor. I interested myself in getting one to come there; and nearly lost my pastorate in so doing. Dr. H. came, and I turned over to him several persons whom I had

been instrumental in sending to homœopathic doctors at a distance. I had the satisfaction of seeing many sick folk get well under him. He was the physician at the birth of my little boy; and did him many a good turn, later.

During this pastorate in W., I purchased a "potency case" from the "Medical Advance" people, Chicago, Illinois; it has done me good service ever since,—especially during vacations, and when my doctor has lived at a distance. Incidentally, I've found that not all doctors prescribe equally well over the telephone.

In 1898, I went to L., Kentucky, to become minister of a church in that city. I nearly lost my little boy there; but I sent him to Chicago with his mother; and those Hahnemannians pulled him out. In the meantime, I, myself, came down with what the doctor called "digestive form of malaria," whatever that is. He told me to go to the hill-country of New England; I told him that I wished to stay in Kentucky. He replied, "You go to New England, now, as passenger, or later, as freight!" Of course, I preferred the trip as passenger. I settled in F., Massachusetts; and stayed there eight years. I kept in touch with Dr. D. by telephone; my neighbors marvelled that "we had so little sickness and that we recovered so easily." I told some of them that it was homœopathy, and converted many of them. Later, I went to B., this State, where I stayed a few years, removing to N. Dr. T., a good homœopath, treated us in B.; and at N., I found myself within a couple of miles of a prince of homœopaths, Dr. K. He took us in hand; and we are now at M., Massachusetts. We keep him on the end of the "talk-string," of course.

This is, in part, my "medical history"; interesting, I hope, because all of us were weak, physically. Homœopathy has kept us still useful. I began my studies in homœopathy under Dr. W., who introduced me to the "Organon" and other homœopathic literature. He would not let me practice medicine,—said I would break down under the strain of it, with my tubercular history. But constantly I have studied the "Organon"; and, in a quiet way advised my friends where to get cured.

I am no "sectarian" in religion; neither am I in medicine. *The truth, according to the unbiased evidence*, is my ideal. I do not teach the religion of love to God and Man, because Jesus taught it; I find it true, therefore I teach it. I am not a devotee of

homœopathy, because Hahnemann taught it; but because I find it true. Of course, we should follow a master, at first; but, ultimately, we should devote ourselves to truth itself,—it, alone, is final authority!

I try to follow, faithfully, the scientific method in research and practice. The inductive facts; the hypothesis induced from these facts; verification in practice, and fidelity to the Law thus established,—such is the natural, scientific method. And nothing could be more “scientific” than homœopathy! Hahnemann’s inductions; his hypothesis; his verification in practice; the great Law, “*similia similibus curantur!*” Hear and obey!

I have *proved* one of two things, these last fifty years in homœopathy: either persons do not need any medicine, if the claim be true, that homœopathic medicines are nothing other than “faith”; or, that there is an exact therapeutic Law, *similia similibus curantur*, which, if obeyed, will cure most of the illnesses of mankind. But I am fully persuaded of the latter; and I consider it my duty to promulgate it wherever I can do so.

But some things have amazed me, during this half century of personal experience with homœopathy! I have met many homœopaths, so-called, who do not seem to believe in their own principles; and certain homœopathic (in name) medical schools seem rather unstable. What is the matter? Are they dense, intellectually? Do they too much hanker to be “in with the majority”? Certainly, the thing they “hand-out” as homœopathy is not that taught by the masters of the Law of Abnormal Similarals! Truth and popularity are rarely harmonious, seeing that truth often conflicts with self-interest. Then, too, I am amazed that bright-minded physicians of other “schools” do not see the truth of homœopathy; I have my own ideas, however, about such persons. For one thing, they do not seem to be able to grasp the truths of the “imponderable,” the “infinitesimal,” and the “non-material,” so-called. They incline, it appears to be, to give too much attention to the evidence appreciable, only, to sense-perception, but give too little weight to the evidence derived from reflection upon matters lying beyond the reach of sense-perception. Then, too, possibly it “pays better” to “give people what they want”; this, however, is an ignoble point of view, only justified by actual experience of such venality!

More than all, I am astonished that real homœopaths should quarrel so among themselves! Just as theologians quarrel about the *philosophy* of religion (creeds, etc.), while neglecting simple and practical religion. Why quarrel about “potencies”; the “Organon”; “repetition of doses”; and the other divisive matters that set homœopaths against each other? As the *fundamental* thing in religion is divine and human love, so, in homœopathy, the *fundamental* thing is the great therapeutic Law! All else is subsidiary. Never mind what Hahnemann taught about the “repetition of the dose”; go by your own experience in clinical practice. Incidentally, I see, in the notice of “Hahnemann’s Sixth Edition,” that he did not disapprove of the constant repetition of “correctly chosen homœopathic medicine.” Well, what of it? To me, no amount of “Hahnemannian authority” would lead me to vary from the other earlier teaching,—that one dose should be given; then, wait the result. This has been my invariable practice. For, logically, medicine is an *abnormal*; it is matched with *similar abnormal* states in the patient, and may be expected to correct those abnormal states according to the Law. Why give more of the *abnormal* than is sufficient to restore *normality*? If Hahnemann perceived no bad results from repeated doses, why, it is fair to ask, may it not have been, because repeated doses *antidoted each other*? Of what real use the repetition? Especially, as there would seem to be considerable evidence to show that repeated doses of medicines, like Lachesis and Arsenicum, have led to incurable conditions! Personally, I refuse to take repeated doses from anybody, unless absolutely necessary. Dr. W. used to say, “Remember, all medicine is poison; the less you take of it the better, unless necessary, and then it should be administered by somebody competent to do so!” It seems to me that it is against the Law to repeat medicine after it has had its homœopathic effect. The Law, not Hahnemann, should be our authority; yet always grateful to Hahnemann for pointing out the Law! This is a Universe of Laws, not of Men who discover the Laws, is it not?

May I set forth my latest experience with the healing art? A friend of mine to whom I introduced homœopathy many years ago, has had, the last year or so, a most remarkable experience. His daughter, along about thirty years of age, I judge, developed a tendency to elephantine enlargement of her person,—disgustingly

so. After different kinds of treatment, a New York doctor tried "glandular therapy." She seems completely to have recovered! In conversation with her father, recently, I insisted that the treatment *must have been homœopathic to the case*. And I have asked him to find out just what she was given. Now, comes along this number of the RECORDER, in which is the beginning of a *proving of the thyroid gland!* And an advertisement, by Boericke and Tafel, of "Glandular Therapy Biological Triturations." Just what I'm looking for, you see! I shall read the provings with the greatest interest, in connection with the case referred to, of course.

In closing, may it not pertinently be asked: Why not, in every accredited medical school, a Department of Homœopathics? To study the Law of Abnormal Similar, — *similia similibus curantur*; to study the "Organon"; to hold clinics for the exhibition of the Law; and to teach students its practice? Suffering humanity demands it; and a broad scientific training requires that all medical students should study homœopathy.

The more professionals quarrel, the longer humanity must suffer! As Agassiz once said: "Gentlemen, if we knew more we should quarrel less!"

I am, faithfully yours,

A. W. LITTLEFIELD.

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### A MAGNESIA PHOSPH. CURE.

J. W. Waffensmith, M. D., H. M., Santa Fe, New Mexico.

Mrs. McK.

Age 36 yrs.

Mar. 29, '22.—Acute intestinal obstruction began last night. Previous attending doctor had given morphia, but failed to > pain.

Severe excruciating paroxysms of pain in right upper abdomen, < uncovering, > sitting and bending forward, general sensitiveness of abdomen.

Nausea and vomiting, < drinking.

Taste sour and bitter.

Tongue coated white.

℞ Magnesia phosphoricum. 10 M. (sk.) one dose, with immediate relief. No return of pain or sensitiveness.

## DEPARTMENT OF HOMŒOPATHIC PHILOSOPHY.

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

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## THE TOXICOLOGICAL THEORY OF DISEASE.

Life, as a state of existence, has been defined as "a continuous adjustment of internal to external relations."

Every living organism is constantly exposed, at every stage of its existence, to influences from without. The known facts all tend to show that every manifestation of energy on the part of the organism is a reaction to some external agent or influence; or, as it might be put, life, as a state of existence, is the result of constant interaction between the living substance of the organism and the elements of the external world; between the individual and his environment; between the microcosm and the macrocosm.

The specific, exciting or efficient causes of disease are all actually or relatively external to the organism. When a pathogenic agent gains entrance to the living organism, resistance is encountered, a reaction is excited, and the phenomena of that reaction representatively constitute disease. Disease, therefore, is the vital reaction of the living organism to the influence of an agent which is inimical to its welfare. In other words, disease is primarily *a morbid dynamical disturbance* of the vital principle or power which animates the organism, caused by the influence of some morbid agent external to the organism and manifesting itself by perceptible, sensorial, functional and organic symptoms.

It is not sufficient to say, merely, that "disease is a morbid dynamical disturbance of the vital force." That definition is correct as far as it goes, but it stops in the middle. To complete it we must add: "Caused by some morbid agent actually or relatively external to the organism"; for every internal effect must have an external cause, and *vice versa*, according to the universal law of cause and effect. From this point of view all diseases may be regarded as intoxications.

All drugs act by virtue of their specific toxic properties.

All bacterial diseases are primarily intoxications or toxemias.

Pathologists agree that all pathogenic micro-organisms pro-



duce their effects in the living body by means of the specific poisons which they secrete while living, or generate after death.

Diseases arising from physical injury or mechanical violence are toxemias resulting from chemical changes in the injured tissues, brought about by mechanical interference with the circulation and innervation through inhibition of normal functioning, which leads to degenerative changes and the formation of toxins. Localized circulatory stasis, imperfect oxygenation and the inhibitory influence of traumatic shock upon the normal functions and secretions explain the chemico-toxic changes which occur under such conditions.

Disease arising from chemical agents, aside from the direct physical injury or destruction of tissue by corrosive poisons, are poisonings of the organism.

Disease resulting from mental or psychical trauma occur as a result of the toxic chemical and physical changes that take place in the fluids and tissues of the body through the medium of the nervous system, which reacts to the morbid impression of a violent or long-continued mental emotion in the same way that it reacts to any other dynamical disturbance.

If all diseases are the result of some form or degree of poisoning, then in the last analysis *all curative treatment is antidotal treatment*, and cure is accomplished by the use of agents which have the power to antidote or neutralize the poisons and remove their effects.

Physiologically, therapeutically and chemically neutralization is essentially an assimilation.

Since all poisons act pathogenically on the living organism primarily by virtue of their specific dynamical qualities (as distinguished from their physical and chemical qualities), it follows that the law governing the action of antidotes, if there be such a law, must be a dynamical law. The law of cure appears to be a form or phase of the law of assimilation or reciprocal action, which is dependent upon the law of attraction.

Cure, in the strict sense of the word, can only be accomplished by the use of agents which have the power to neutralize the poisons causing the disease and remove their effects. In other words, all true antidotes, in the medical sense, are physiological

or dynamical antidotes, which act specifically according to the physiological or dynamical law of assimilation.

Regular medicine knows no such agents or laws, and denies that they exist. From its point of view physiological antidotes are merely "remedies employed to *combat the symptoms or after effects*, and to neutralize the effects of poisons after absorption into the system. As their name implies, they *do not act on the poison themselves chemically, mechanically, or otherwise, and they are not in this sense true antidotes.*" (Ref. Handbook of the Medical Sciences.)

Upon this point hinges the whole controversy between homœopathy and allopathy.

Homœopathy is based, essentially, upon the law of antidotes, which is found, by observation, experiment and clinical demonstration to be the law of mutual action or attraction, expressing the equality and contrariety of action and reaction, as manifested in the living organism by similarity of symptoms, and resulting in physiological and chemical assimilation or neutralization.

Antidotes are commonly divided into three classes, according to their mode of action: 1. Physiological or dynamical; 2, chemical, and 3, mechanical.

Dynamical antidotes, in their crude state, are themselves poisons of varying degrees of power. An antidote, in the physiological or dynamical sense, is a toxic substance, which, by virtue of its dynamical affinity for another toxic substance, has the power to neutralize that substance and remove its effects. This constitutes cure, the only true antidoting, the working principle of which is applicable in the treatment and cure of diseases as well as of poisonings.

Physiological or dynamical antidoting requires that the antidotal substance shall be pathogenetically similar to the poison, but opposite in the direction of its action. Action is directly upon the organism, and indirectly upon the poison. Physiological antidoting takes place between drugs according to the law of the Repulsion of Similars.

"Medicines producing similar symptoms are related to each other and are mutually antidotal in proportion to the degree of their symptom-similarity" (Boenninghausen). Hence, the rule,

“Let similars be treated by similars”—“*Similia Similibus Curantur.*”

Chemical antidotes act on the poisons themselves rather than against their effects. Their action depends upon their property of uniting chemically with poisonous substances and altering their chemical and physical character. By their use soluble and absorbable substances are converted into insoluble or partly soluble substances, which may then be easily removed from the body by physical or other means. Their use is restricted to cases in which the poison is known and capable of being directly acted upon chemically. The remaining dynamical effects of the poison, if any, must still be antidoted dynamically.

So-called “mechanical antidotes,” while necessary and useful, do not properly come under the head of antidotes. They are merely means of accomplishing physical expulsion of the poisonous substances from the body, after which dynamical antidotes are required to remove the pathogenetic effects of so much of the poison as has been absorbed, exactly as in cases where chemical antidotes are used.

A true therapeutics, therefore, stands as the connecting link between pathology and pharmacology. Without an adequate therapy, pathology and pharmacology have only an academic interest for students and savants who love to dig curiously into the things of nature. With an adequate and efficient therapeutics they become powerful agencies for benefiting humanity. With a false therapeutics they become a curse to the world, through the countless evils of drug addiction, prolonged, perverted and suppressed diseases, ruined lives, crippled and mutilated bodies and blasted minds. The shores of time are strewn with pitiful wrecks, victims of false therapeutic systems and methods, “science falsely so-called.”

Science is erected upon a foundation of facts, principles and laws. Science is related systematized knowledge.

A system, to be scientific, must be capable of including, explaining and using all the facts upon which it is based. Its fundamental law or principle must include and be harmonious with all its subordinate and related laws and principles. Its technic or practical methods must be based directly upon and conform to the principles which it seeks to apply. Ethics it hardly needs to be

said, requires that its representative shall consistently "practice what he preaches."

A true science of pathology must include and be able to explain all the symptoms of disease—the finer, subjective individual symptoms as well as the general functional, organic and objective changes that occur in disease.

A true science of therapeutics must correspond and connect at every point with its correlated science of pathology, and be capable of adaptation and application to the needs of individual cases of disease.

The identity of the individual must not be lost in the class. A scientific therapeutic system must be broad enough to cover the needs of the individual as well as the class. It will not do to reject one class of basic phenomena (subjective, for example), and attempt to formulate a system upon the remainder.

Therapeutics, as a science exemplified in homœopathy, rests upon two series of phenomena; the phenomena of diseases and the phenomena of drugs or agents used in the treatment of diseases. These two series of phenomena are connected by a general law. Systematized knowledge of the phenomena of diseases constitutes the science of pathology. Systematized knowledge of the phenomena of drugs constitute the science of pharmacology. Systematized knowledge of the laws, principles and methods which connect the two sciences constitutes the *science* of therapeutics and the effectual use of these in treating and curing the sick constitutes the *art* of healing, or applied therapeutics.

In a true science of medicine, pathology, therapeutics, pharmacology and toxicology as well as medical, physiological and pharmaceutical chemistry are fundamentally one, in having for their principal object the observation, study and treatment of the effects of all agents which act either pathogenetically or therapeutically upon the living organism, whether it be in a mechanical, chemical, electrical or dynamical manner.

One fundamental principle underlies them all—the law of reciprocal action or equivalence.

The law of chemical affinity and definite proportions; the law of physiological or dynamical affinity; the law of assimilation; the law of antidotes or the repulsion of similars (upon which is based

the theory of cure) are all phases of the universal law of mutual action, which governs every action that occurs in the universe.

Every agent or stimulus, external to the organism, which has the power to excite a vital reaction in the organism, comes legitimately under the universal law, and may be applied for therapeutic purposes in accordance therewith, when the corollaries of the law are known.

Pharmaco-therapeutics finally resolves itself into a process of physiological or dynamical antidoting, based upon the law of attraction, affinity or mutual action, and governed by the principle of symptom-similarity.

Predisposing, exciting and contributing causes of disease all come to this in the end—that by some condition or combination of conditions they ultimate in the production of a *poison* the action of which is the proximate, efficient or specific cause of the reaction of the organism which constitutes disease.

Hence, diseases always bear the symptomatic likeness of drugs, or poisons. By mechanical dilution and potentiation poisons may be deprived of their lethal qualities and transformed into healing remedies normally assimilable by the sick organism. Similarity of symptoms is, therefore, the natural guide to the curative remedy, as well as to the true diagnosis of the disease, and comparison of symptoms is the process by which the conclusion is reached.

# HOMŒOPATHIC RECORDER

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## EDITORIAL NOTES AND COMMENTS.

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IODIN AND THYROID IN HYPERTHYROIDISM.—Mrs. F., age 43, presented the following condition when first seen on February 28, 1922: Early history negative, except for measles as a child. Thirteen years ago, after the birth of her daughter, she developed a goitre, which, however, under treatment at the time, gradually disappeared. Thereafter she remained perfectly well until Christmas, 1921, when she noticed an annoying itching of the skin. This symptom was shortly thereafter followed by a sensation of trembling. She now complains of a constant hunger, which is but temporarily appeased by eating. In spite of the increased appetite and much nourishing food, she has lost eighteen pounds. A few days ago she noticed that her goitre had returned. She cannot tolerate heat, must have the air and perspires easily. The menses are regular and apparently normal, but before their appearance she is nervous and irritable. She is sensitive to unexpected noises, which cause her to drop things which she may be holding in her hands. The bowels are regular, stools normal. She is conscious of a persistent internal trembling and the latter is plainly visible externally as well. Papitation and rapid pulse are constant. Examination shows a diffuse, soft, bilateral enlargement of the thyroid gland, especially pronounced on the right side. Pulsation of the vessels is marked. The heart sounds are normal, but unusually vigorous and greatly accelerated. The eyes react to light and accommodation; von Græfe's sign is present and the eyes protrude distinctly. Tremor of the extended arms and hands is marked. The blood pressure is 130/70 mm. She was given *Iodin* 30, q. 4 hours, for one week.

On March 7 she reported that the palpitation was less marked, but that otherwise she had noticed no change. The heart action is less rapid. Sac. lac. was now given and until March 15, when the condition was: menses appeared five days ago, normal as usual; palpitation much  $>$ ; but itching of the skin is  $<$  since the 11th and is making her very nervous. The trembling and the ravenous appetite are less marked. She was now given *Thyroid* 30th, q. 4 hours for one week.

On March 23 she reported the itching of the skin to be very much better and that, in general, she feels better than she has felt in months. Heart action is less rapid; pulsation over thyroid gland still visible. She was given *Thyroid* 200, q. 24 hours, eleven powders.

On April 4 the palpitation had become more severe; evidently the remedy had been given too frequently. Sac. lac. was accordingly substituted and continued with progressive general improvement until April 26, when she had observed a little "jumping" of the heart. *Thyroid* 500; one dose only, was now given, followed by Sac. lac.

Constant betterment continued until May 6, when, for the first time, she noticed some palpitation of the heart. *Thyroid* 500; one dose, was again given and since this date the patient has remained free from all subjective symptoms. The tremor has also disappeared, though the thyroidal swelling is as yet practically unchanged. Pulsation is hardly visible.

As the thyroid gland contains iodin, the relation therapeutically between iodin and thyroid, is obvious. The case will be watched and reported upon in the future.

A LAYMAN'S VIEW OF HOMŒOPATHY.—Elsewhere in this issue we publish a letter from Mr. A. W. Littlefield, of Middleborough, Mass. His communication is full of human interest and is of particular value to homœopathic physicians everywhere. Rev. Littlefield shows an unusual grasp of the status of the homœopathic school at the present time and his remarks are very much to the point. The question is often asked "What is wrong with homœopathy?" Nothing is wrong with homœopathy, but there is very much that is wrong with the profession which supposedly practices it. Mr. Littlefield voices his amazement that he has met

many homœopaths, so-called, *who do not seem to believe in their own principles*; "and certain homœopathic (in name) medical schools seem rather unstable." Unstable exactly! In no homœopathic medical college of our acquaintance does there exist the kind of affiliation and co-operation between the various medical and surgical departments and that of *materia medica*, which is necessary to train real homœopathic physicians who will have firm convictions of the truth of the fundamental principles of their science and art. Small wonder then, that so many so-called homœopaths exist, or that so little real homœopathy can be learned in our homœopathic hospitals.

Mr. Littlefield is astonished that "real homœopaths should quarrel so among themselves"; his astonishment is justified; unfortunately the cause of it is only too true. Petty bickering, jealousy, small-town politics, have characterized most homœopathic communities for years and the evil results are becoming more and more apparent in the gradual weakening of the homœopathic school. As Dr. Pulford remarked in his letter to *THE HOMŒOPATHIC RECORDER*, published in the June issue, homœopathy is the victim of its "vociferous exponents," whose efforts are primarily selfish and intended to keep them in the limelight of publicity. The interests of homœopathy are but poorly served by them. It is high time for regeneration without our own ranks, or more of our colleges will go the way of Michigan or of Iowa. Much work is needed, but not of the useless kind which is now in progress. For one thing, let organized homœopathy purge itself of baneful fraternity activity—an influence, which, if exerted at all, should confine itself to undergraduate life and not reach out into our state and national societies.

#### SELENIUM WORTHLESS IN MALIGNANT DISEASE.

—"Gillett and Wakely report the results of the use of selenium in more than 100 cases of malignant disease giving a résumé of fifty cases. Temporary improvement is the most that can be expected. Pain and insomnia are aggravated in most cases. The weight of the patient follows the same course as in every malignant lesion."

It would be interesting to know just how this element was administered and what the dosage was. Gillett and Wakeley might easily have informed themselves concerning the positive action of



this drug upon healthy humans; the homœopathic provings are open to them and easily accessible. They would have found, for instance, that Selenium produces profound prostration, which strangely enough, is aggravated by sleep, especially in hot weather. Selenium is related to conditions of so-called sexual neurasthenia, marked by impotence, premature seminal ejaculation, prostaticorrhœa, etc. These are symptoms common to chronic inflammation of the seminal vesicles, in which state Selenium is of value. Mentally such sufferers are depressed and melancholy is a characteristic of this drug.

It corresponds to many of the nervous symptoms due to excessive tea-drinking, also to the physical and nervous exhaustion of convalescence from severe and prolonged illnesses. A longing for spirituous liquors is said to be characteristic; if so, we seem to have an unusually large circle of friends and acquaintances needing Selenium. But that is another story. Singers may require this remedy when the voice is hoarse on commencing to sing, and there is need to clear the throat of mucus. Farrington states that Selenium is isomorphous with Sulphur and resembles it both chemically and medicinally.

We commend this drug for study to Gillett and Wakeley. Thus far, homœopathic provings do not show any relationship to cancer, yet this would not preclude the possible applicability of the drug in this disease.

SMALL DOSAGE.—“The comparatively great significance which very small amounts of certain substances can attain in relation to the living organism could be illustrated in many fields. There are familiar drugs used with unquestionable success in dosages as small as  $\frac{1}{200}$  grain (0.0003 gm.). The entire iodine supply of the thyroid gland, on which normal physiologic behavior of a number of functions depends, amounts to only a few thousandths of a gram, so that a single milligram of thyroxin, the newly isolated active constituent of the thyroid, exerts a profound effect on the organism. This small quantity can produce a 2 per cent. increase in basal metabolism in a 70 kilogram (154 pound) man. The investigators of the vitamins are pointing out that from the quantitative standpoint these potent food factors must belong among “the infinitely little in nutrition.” Snake venoms, long

classed among the most toxic of poisonous substances, are fatal to adult man in doses of a few milligrams. Laboratory animals have been killed by a few thousandths of a milligram of toxalbumin from the castor bean. The minimal lethal dose of some culture filtrates containing diphtheria toxin is measured in thousandths of a cubic centimeter. However, all these figures seem enormous by comparison with the data recently secured by Bronfenbrenner and Schlesinger, in the Department of Preventive Medicine and Hygiene of Harvard Medical School, in a study of the poison elaborated by *Bacillus botulinus*, the micro-organism concerned in many of the recent outbreaks of the form of food poisoning termed botulism. In a recent issue of THE JOURNAL these investigators report the minimal lethal dose of crude botulinus filtrates for mice to be  $3 \times 10^{-6}$  cc. (*i. e.*, 0.000,003 cc. ). The specific botulinus toxin is, however, capable of an extraordinary increase in potency when it encounters the condition of hydrogen-ion concentration similar to that found in the stomach during active digestion. In a medium of such reaction, a minimal lethal dose of only  $3 \times 10^{-21}$  cc., or 0.000,000,000,000,000,000,003 cc., has been attained. Even when converted from mouse to human dosage by an increment of several thousand times this figure, the quantity of actual substance involved remains within the range of the infinitesimal. A teaspoonful would menace a nation. These findings represent a new order of magnitude in toxicologic research."

The above is an editorial which appeared recently in *The Journal of the American Medical Association* and indicates that our O. S. friends are no longer head-shy, when it comes to infinitesimals. Pretty soon the old joke about dropping tincture of Aconite into the Mississippi River at Minneapolis and taking it out at New Orleans as a "homœopathic" remedy will disappear in the mud of the delta. Really, the "world do move"! "A teaspoonful would menace a nation!" The road to homœopathy may be dreary and winding, but nevertheless it leads eventually into the abode of truth and principle! May our O. S. friends take to the road in increasingly large numbers, for they are surely most welcome and greatly desired.

ARNICA AGAIN.—Mr. R., a week before seeking advice, had struck his head in the dark most heavily against a door-jam.

When seen, he complained of intense pain in and over the eye on the injured side. The eye was decidedly bloodshot and inflamed and photophobia was complained of. A few doses of *Arnica* 30, relieved all pain within twelve hours. This case illustrates the vulnerary character of this great remedy.

Mrs. B. had been nursing her baby for about nine months when she developed a right supraorbital neuralgia, which, in spite of treatment, continued for three months. When first seen, she could give little information except that the pain was < on becoming warm; < from exertion such as dancing; < when tired and > by rest. Six doses of *Arnica* 1000, at intervals of twelve hours, abolished the pain entirely. Here we have illustrated the relation of *Arnica* to exertion and fatigue.

All honor to Hahnemann for his proving of this wonderful polychrest!

SPONGIA AND IPECAC IN CHRONIC COUGH.—R. L. is a child of 3 years and 3 months. Since the moment of his birth he has had a dry, barking, croupy cough, invariably < at night during sleep, sometimes waking him. He takes cold easily and frequently has a husky voice. His only illness thus far has been chicken-pox. Much old school treatment and the best of care have failed to help matters. Undoubtedly the cough is due to a chronic laryngo-tracheitis. There is no family history of tuberculosis and physical examination of the chest is negative. *Spongia* 12th, q. four hours was at first given and softened the cough, which, after a few days, became loose and gagging in character, causing vomiting of food and mucus. *Ipecac* 30th was now given, at first every three hours; then three times daily with entire cessation of the cough, both day and night, within five days.

What old school therapy had failed to accomplish "sugar shot" had done. It does seem wrong that medical colleges are not acquainting their students with the measures which really cure. It would seem as though humanity is entitled to receive the unquestionable benefits to be had by the knowledge and employment of the law of similars. But the wheels of progress turn slowly indeed and medical men too often resemble placid sheep, who blindly follow their leader, no matter where he may go. Authority in Medicine is a stern and relentless god, who must be bowed down to.

at all costs, and to judge by the hordes of recent graduates turned loose upon a long-suffering public, the god of Authority will continue to hold sway for many a year. Light, much light, is sadly needed!

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### OBITUARY.

Dr. Thomas Gilmore Roberts passed away at his home in Davenport, Iowa, on April 25, after being in failing health for several years.

Dr. Roberts was born in Groton, Vermont, October 18, 1850. At the age of eighteen he moved to Iowa, taking a course at the State University of Iowa. In 1877 he graduated from the Homœopathic School of Missouri, taking a medal for scholarship at that school.

After practicing medicine in Iowa for some fifteen years he went to Chicago, taking a postgraduate course at a homœopathic college in that city. He was elected a member of the faculty and appointed Professor of Pediatrics, which chair he held for eighteen years.

After his professional career of over forty years, he retired from his practice in Chicago and moved to Davenport, Iowa, where he spent his remaining days.

He was an inveterate reader, a great student, having accumulated a private library of over twelve hundred volumes.

His love for truth, his keen sense of justice and conscientiousness commanded respect from all who knew him.

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### REMOVAL NOTICE.

Dr. Volney A. Hoard, Rochester, N. Y., announces his removal from 691 East Main Street to 9 Arnold Park, Rochester. Telephone, Stone 90.

# THE HOMŒOPATHIC RECORDER

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No. 8.

## HAS THE UNFOLDING OF HOMŒOPATHY BEEN COMPLETED?

Alfred Pulford, M. D., Toledo, Ohio.

It would seem from what can be gleaned from all the varied sources to have become conclusive that the unfolding and exploitation of homœopathy had become a *finished* task. In other words, all that is to be known of homœopathy and the results of drug proving together with their unlimited scope of curative virtue is already known and that homœopathy has been weighed in the balance and found wanting.

Having thus arrived at the above conclusions we are deluding ourselves into the ridiculous belief that at a glance we are able to state positively just when a disease is incurable and only an operation will meet the required end. On the contrary it seems never to have occurred to these wise gentlemen, especially those of the homœopathic school, that Hahnemann had *not left completed and exhaustive* provings of every known drug nor even of those incorporated into his *Materia Medica Pura*. Shall, then, an operation atone for and excuse our ignorance of unproven drugs? Time after time the very drug needed to cure that very case sealed by your superior wisdom for an operation lies right within your grasp. This I know and it has enabled me to save many patients from the operating table even after all hospital arrangements had been made. Did not Hahnemann say something to the effect that: "When the accurately selected remedy fails to relieve and the product of the disease threatens life, then and not until then is an operation necessary"? In such cases the real surgeon is a blessing but the would-be surgeon, the curious

surgeon, and the surgeon who operated simply because he needed the money, are all public and professional menaces.

Bradford says of Boenninghausen in *Pioneers of Homœopathy* that: "He considers Hahnemann's doctrine a precious and inalienable jewel which must be carefully cherished and guarded from every impure admixture. Even more glorious will homœopathy unfold its banner, ever more brightly will it beam in the firmament of science, ever more full of curative virtues she will show her wonderful powers if she is not decked with any false finery or disfigured with any borrowed attire or ornaments. Homœopathy is a natural growth and independent in its nature and every alien admixture is but to her detriment. The germ of its development lies in her own nature and it therefore needs only an intelligent gardener who will give it the necessary and correct culture and also faithful watchmen who will destroy every parasitical plant that would approach it." Then why not continue to guard, exploit and practice its discoveries, both curative and preventive? When brought to task the "vociferous element" of our school claim they are fighting for homœopathy "perhaps harder than you are." But with apologies to Kipling, "They talk a lot o' lovin' but Lor' what do they understan'?" Homœopathy represents the truth and you cannot annihilate the truth. "For truth is co-eternal with the all-wise benevolent Deity. It may long escape the observation of man until the time preordained by providence arrives when its rays shall irresistibly break thru the clouds of prejudice and usher in the dawn of a day which shall shine with a bright and inextinguishable light for the weal of the human race."

Fighting for homœopathy under allopathic dictum is not only the personification of misapplied energy but savors of a lack of grey matter, for Modern Medicine is obsessed with but two objectives only: Political power and money. The A. M. A. has assumed the famed Vanderbilt "public be damned" attitude in its mad rush for that power.

To enter the medical arena solely for gain, social prestige, political power and preferment, and, worse yet, to class themselves as public benefactors and conservers of public health, is the greatest crime a human being can commit, for "The physician's high and *only* mission is to restore the sick to health, to cure as

it is termed." As health is our greatest earthly possession, he who undertakes to tamper with it, ruin or steal it, under false pretense, is the world's greatest criminal. This stigma falls hardest upon us homœopaths because of Hahnemann's warning: "Anyone having 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." Seeking political power or preferment, monetary gain or social advantage will never help a physician to make himself thoroughly master of the art of healing. He is a sordid doctor who considers his patients mere stepping-stones to his political or social ambitions. If the professors in our colleges would heed Hahnemann's injunction as above and study their *Materia Medica* more they would not be teaching the fallacious doctrine that childbirth is a surgical procedure, thereby causing the ruination of women by the thousands by diverting the student from properly studying his *Materia Medica*. Childbirth is a natural and unpreventable (by the surgeon) event and requires the aid of the surgeon only on very rare occasions, but the homœopathic physician can do wonders for the parturient woman.

No man who has not made a thorough study of allopathy is in a position to justly judge homœopathy, for allopathy, conceived in superstition and born of ignorance ever has, is, and will be the personification of darkness in medicine and a permanent menace, for it was born wrong, started wrong and will end up

No man who has not made a thorough study of allopathy is curable in disease and its *materia medica* does not tell what is curative in medicine. The allopath persecutes the quack, yet what does he know of his own system of practice? On the other hand behold homœopathy conceived in intelligence, born of a natural law and a power to aid the sick and relieve suffering humanity, it was, is, and ever will be a beacon of light, a symbol of intelligence, consequently a permanent blessing. Then why not rally to the homœopathy of Hahnemann and complete that which he has so intelligently, so nobly, and so valiantly begun? Hahnemann discovered that the origin of disease was not purely material, therefore requiring something not purely material to combat it. He showed us that the higher the potency the shorter the duration of the disease and the more radical the cure. He also

showed us how to prepare and select the proper remedial agents for the eradication and prevention of disease but nowhere can we find that he justified or verified the statement that: "The homœopathic principle of either cure or prevention could be accomplished by isopathy." (See Footnote 32, p. 80, *Organon*, Sixth Edition.)

The late Carroll Dunham told us that: "When we once gave up the strict inductive theory of Hahnemann we would be lost and deserve to be remembered only as caricatures in medicine." How well the most of us homœopaths are caricaturing ourselves.

It would be well for those homœopaths who, on account of the glitter and limelight, are wont to wander into the "ultra-scientific" camp, to remember that it is with Nature that they must deal and that Nature is the court of last resort, not the physician; also that homœopathy is Nature's *only* remedial ally. Then why abandon homœopathy, why not go ahead and finish its development and prove its drugs in Nature's unlimited laboratory rather than man's limited laboratory—the test tube? If the self-styled "ultra-scientific" (whatever that means) doctor must have a playground to make his "mud pies," let him chase his "will-o'-the-wisps," his crude drugs, vaccines, etc., and let the so-called modern homœopath prove the homœopathic principle of cure and prevention by isopathy if he can, also let them cloak their greed for power, money, and fame in humanitarian-sounding phrases if they so choose; all these things are but the tin medal and the gilded tinsel that tickle the fancy of an undeveloped brain, they do not concern the *real* physician. "The physician's high and *only* mission being to restore the sick to health" and to do this requiring a fully developed brain, homœopathy alone furnishes that developed brain with the means to heal the sick. Allopathy and homœopathy are as diametrically opposed today as the day homœopathy was first given to the world. Allopathy is obsessed with the impossible standardization of man, while homœopathy tends to the intense individualization of man, and as God made man uncompromisingly individual it is not hard to understand why allopathy is out of the medical race.

Hahnemann fought a winning fight because he adhered to a natural law, while we are fighting a losing fight because we are allowing the allopaths to blind us to that law. Instead of taking



our homœopathy to the public where we will get justice we are wasting our time on the allopaths, whose sole ambition and desire is to put us out of existence. Did the homœopaths get their State charters by the aid or grace of the allopaths? Are we not losing our colleges, our charter-granted rights, and our standing before the courts through the diabolical intrigue of the allopaths? Are not the so-called leaders of our medical societies in intrigue with the allopaths and the A. M. A. to sell us out bodily? Was not the one whom the President delighted to honor slated to head the political faction of the A. M. A.? Is it going to take the convening of a grand jury to convince us that there is water in Lake Erie?

The people *want homœopathy*, not its counterpart; they prefer Christian Science to the latter. The possibilities of homœopathy are unlimited and if we will set aside our amoebic inactivity and our prejudicial ignorance and become open to conviction we will have a brilliant future before us. Hundreds of our therapeutic agents have not been thoroughly proven as yet. If Nature is still at work she can undo what she is doing in the wrong direction if proper assistance is rendered, but we cannot give that assistance if we do *not* know what to do, and we cannot tell what to do if we lay down on the job and refuse to find out. The world, both medical and lay, would be ours in a short time if the 12,000 physicians who hold homœopathic diplomas would embrace and practice homœopathy and finish proving its therapeutic agents on the healthy human body. If Mexico and Brazil can do it, why not we, or are we to acknowledge inferiority?

It is up to us homœopaths to help regain the respect of the people that we are fast helping the A. M. A. to lose; also to regain our charter-granted rights to practice our own tenets and beliefs untrammelled by our inferiors; and to regain our standing and rights before the U. S. courts; and to see that the Judas kisses to homœopathy become a thing of the past. As it is, it looks as if we had lost our conscience, our self-respect, and our humanitarian spirit in refusing to further develop homœopathy, thereby denying to the people the relief they are entitled to by divine right. To ruin the health of the people or to pollute the healthy innocent child for either curiosity, experiment, gain, or to keep ourselves in a job is an unspeakable crime.

Homœopathy is the only system of medical healing approaching the uncamouflaged scientific (if the word science is still defined as knowledge). We shall be held responsible for our acts, if we evade the responsibility of unfolding its curative virtues, to Him who gave it. It owes nothing to the A. M. A., then in our battles with this octopus let us "come home either with our homœopathic shields or upon them," for only cowards surrender. Let us be neither cowards nor caricatures, yet up to date the facts are that we are both cowards and caricatures by meekly surrendering our rights to the A. M. A. and giving up the strict inductive theory of Hahnemann. It looks like a case of "allow the tail to wag the dog."

The burning question is: Shall medicine really progress or shall it continue to be tied to the stake of amoebic inactivity, there to revel in ignorance and superstition, guided by prejudicial narrow-mindedness, or shall we homœopaths put it ahead where it rightfully belongs? Here is our chance to rise to fame; let us not say that we are unequal to the occasion.

It is not our object to antagonize or condemn the homœopathic fraternity but to call its attention to its most responsible duty to its God and its fellow creatures for the safe-keeping of their most priceless and most sacred possession—their health. Again, brethren, turn back to the Boenninghausen paragraph quoted above and reflect seriously before you decide to cease the unfolding of homœopathy and bury the only scientific system of medical healing ever devised or discovered.

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## POSSIBLE HOMŒOPATHIC REMEDIES.

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

The wise man said there was no end to the making of books. The same may be said of homœopathic remedies. Every substance has the inherent power of producing an effect on the system of some man, woman or child, causing symptoms, and hence has the power to eradicate the same or similar symptoms, when caused by disease. The law is that whatever a substance produces in the way of making sick a healthy human being, when given to a person made sick from another cause

with the same or similar manifestations of a symptom complex, the same character of variation from health, the same expression of unhealth or sickness, in the potentized form will act curatively and restore such an one to a state of health. This has been demonstrated in the past hundred years very many times by the homœopathic profession. No matter what that substance may be, if it has a sick making power it also has a healing power equal to its sick-making power. The incredulous denounce a substance as being too commonplace, or may be too unusual, to become effective as a remedy. I heard one homœopathic physician say he would not give *Lac Caninum* shelf room. When asked if he had ever tried it he said he had not. This was a refusal without reason and hence could only be the result of ignorance and a biased mind. The wise man, the clear reasoning mind, will not reject anything without investigation when possible, especially when honest men of equal or superior minds testify to its truthfulness and certainty. The remedy spoken of is one I could not get along without as it is so efficacious in many different cases. It is almost a polychrest.

The minerals, and some plants like *Lycopodium*, were and are generally considered inert, without any physiological effect whatever, but we have a long list of remedies made from such supposedly inert substances. Potentiation brought out inherent powers little suspected by any one before Hahnemann's day. When we consider *Silica*, *Hecla lava*, *Lapis albus*, not to mention others, we of the homœopathic profession of years' experience with the minerals, especially with *Silica*, are ready to believe any and all minerals will effect the system of man and prove to be a homœopathic remedy in potency of more or less influence and power. How could we get along without *Silica* the polychrest? To be successful we could not. It is one of our sheet anchors though seemingly so crude and inert. Potentiation has loosened the molecules, breaking up the atoms and thus liberating the power or potency of the substance so it will act on the finest tissues of the body curatively. What the crude cannot do the disintegrated and broken up atoms can do with all celerity and certainty. Thus we have a range of

remedies not otherwise at our command or even to be thought of.

*Lycopodium*, the club moss, has been considered so inert and harmless by our old school fraters, before they descended to the practice of patent medicine under the guise of proprietary compounds, that they used it to prevent their raw pills from massing and dusted it on the raw sores of babies as a preventive of folds of skin sticking together when denuded, or to prevent dressings adhering. By the aid of potentiation this remedy has certainly become a polychrest, a potential power of the first rank.

Some of the metals and elements in the crude have been used by the dominant school for centuries, but they fail to get the curative powers they desire simply because of the crudity of their remedies. Gold, silver, iron, zinc, platinum, lime, magnesia and others have been used with a modicum of success owing to the same cause of crudity, but with the homœopathic law of potentiation all the metals have become reliable and active remedies of great power, as have some other elements. They are deep-acting and when indicated by the symptom complex will perform wonders in the cure of the ills of suffering humanity. They are essential in our armamentarium. We would be at a great loss without them.

We need only mention the plant or vegetable kingdom as the source of reliably effective remedies. The dominant school has largely discarded this source of help. In the past they have extolled a plant to the skies one year and discarded it as useless the next. Why is this? Simply because they have no unerring guide to lead them in their use. They "try-out" the remedy on superficial indications or by hearsay, and when they naturally fail they say it is inert and no good and discard it to take up something else, some new fad, they have heard was good, to discard it in due course of time and failure. How different with the homœopathic school of medicine! Instead of guessing, the drug is proven on the sick, its sick-making powers ascertained and recorded, then carefully verified by wise prescribing. Old provings are just as good today as when made, in fact our oldest provings are our best because more homœopathically proven. Hahnemann's lists of symp-

toms, made more than a hundred years ago, remain our sheet anchors and most reliable indications for prescribing. Truth never alters. Facts of nature are the same today as in the beginning of time. The source of reliable remedies from the plant and vegetable kingdom is almost endless, for every plant grown may prove to be curative of some sick condition when its properties are known and tested. Scientists are seeking out the secrets of nature and discovering data little anticipated. Radium alone should establish the basic principles of the homœopathic law of potency, for its powers are cast forth for very many years without losing its weight or bulk to any great extent. One swallow does not make a summer, but proves that other swallows are around and will soon show themselves. Radium gives a manifestation of a law which shows, like the one swallow, that it is not alone in the field of truth. The rays of Radium are liberated by a law of nature; the inherent forces of a remedy are liberated by the law of potentiation, and are just as efficient. Experience has proven the power of these radiations of Radium; experience also has proven the development of the power of our remedies by potentiation. Experience is far better than all theory or the imaginations of the puny mind and reasoning powers of man. This puny mind we know to be amiss most of the time when essaying new theories without experience, but the facts of nature gained by careful consideration of experiments are true and abiding forever. The provings of the homœopathic remedies are the same yesterday, today and forever, and will remain the only reliable source of curative drugs.

Articles of our common foods are a prolific source of remedial agents as is well known to the profession. Any of the most common of everyday foods may, and often do, cause a sick condition in the sensitive person. Even milk disagrees with some babies and causes sickness and will cure a similar condition when indicated. Sugar, salt, tea, coffee, potatoes, buckwheat, lettuce, asparagus, etc., are all known remedies with efficiency in the cure of the sick. I remember a boy from the farm, very fond of milk which he drank in great quantities, with lower face about the mouth and chin covered with large yellow and brown scabs with a greasy appearance.

*Lac Vaccinum* in potency, with orders to restrict the supply of milk, though not entirely stopped, very soon cleared the face entirely of the unsightly appearance and thereafter he was able to drink milk, but lost his undue craving for it. I knew a woman who was so sensitive to strawberries that she always has a red measles eruption all over the face and upper part of body after eating them. Some people are thrown into violent cramps after eating honey. One man I knew could not eat the least bit of beefsteak without having violent palpitation of the heart and stomach distress, but, strange to say, he could eat chicken, mutton and pork without bad results. It is well known that buckwheat will cause an intense itching over the body of some people while others can eat it with impunity. Tomatoes will cause trouble with many people, as will potatoes, coffee, tea, and even wheat bread. These articles of food do not affect all persons in the same way, only those sensitive to the particular article. I had one patient with recurrent diarrhœa. My best selections only gave temporary relief till after much investigation it was discovered that potatoes were the cause. She craved potatoes and ate them in quantity. The diarrhœa ceased when she ceased to eat potatoes. Another patient, a professor in the State Normal, had recurrent spells with the stomach and general depression, feeling very mean and disqualified for mental work. The best I could do was to give him temporary relief. I had been telling him that apples were the cause, but he said that could not be as he had eaten apples all his life. I finally got him to quit the apples for two or three months. During this time he had no return of the trouble when one day he came to the office for medicine for his father and said, "Well, doctor, you are mistaken about the apples being the cause of my old trouble as I ate one last night and feel fine this morning after a good night's rest." I told him to eat one choice apple each evening, chew it carefully so as to give the apple every advantage and report after a few days. About the fourth day he came back as bad as ever and said he guessed I was right as his old trouble had returned with a vengeance. Thereafter he let apples alone and remained in good shape. Here is a peculiarity to be noted as seen in these two cases from apples and po-

tatoes, and that is that eating *once* of the forbidden fruit does not always do the harm, but only after two or more trials of the eating. The first eating will affect some deleteriously, while others may even feel better from one indulgence. Many people are deceived from this fact and attribute their trouble to something else. From these facts it is evident that the various foods may prove to be reliable and efficient remedies when we ascertain their sick-making powers on the sensitives. This sensitivity is essential and is not restricted to foods, for every remedy has immunes, persons who are not affected by it, from whom we cannot get a proving.

The Sarcodes form a series of remedies of very great importance. They are remedies prepared from healthy animal tissues and organs, including the Sarcode-derivatives, such as *Cholesterinum*, *Lac defloratum*, *Pancreatinum*, *Pepsinum*, *Saccharum lactis*, *Thyroidinum*, *Urea*, *Uric acid*, and possible others. Some of these Sarcodes are well known today, such as *Calcarca carb.* (*Ostrearium*), *Carbo animalis*, *Castor equi*, *Helix tosta*, *Lac caninum*, *Lac felinum*, *Ovi gallinæ pellicula*, *Thyroidinum*, etc., and part of them are polychrests used extensively. They are invaluable to us as curatives. It would be impossible to get along in active practice without part of them. A carpenter might as well try to ply his trade without a saw or the mason without a trowel. The list from this source may be extensively increased in the future.

The Fungi and Lichen give us *Agaricus*, *Boletus*, *Bovista*, *Secale*, *Ustilago*, *Cetraria*, *Sticta pulm.*, and other remedies well known and of very great use and importance.

Venomous snakes give us *Cenchris*, *Lachesis*, *Naja*, *Vipera torv.*, etc. *Lachesis* is a polychrest of the highest value and very frequently used. Others are equally reliable, though not so frequently called for.

Insects prove a possible source as *Aranca*, *Simex*, *Culex musc.*, *coccus cacti*, *Pulex irritans*, *Tela aranea*, etc., have been successfully used in curing the sick.

And even the imponderables, *Magnetis polus australis*, *Magnetis poli ambo*, *Electricitas*, *Luna*, etc., extend the field to useful remedies. Many an ingrowing toenail has been really cured by *Magnetis p. aust.* The others have not been

used so much, but the pathogenesis of each is given by Clarke in his Dictionary of the Materia Medica.

The list might be extended by proper investigation and careful study. What we need is a set of men like Hering, Wells, Swan, Lee, Lippe, Allen and others, whose hearts were in the good work and labored night and day to develop the Homœopathic Materia Medica for the good of the profession and of humanity. They were tireless workers and deemed an advance along this line of more importance than the income from their practice. Today our fraters are remiss; there is but little done, comparatively, along this line of development.

What shall we say of the Nosodes, remedies derived from morbid tissues and secretions containing the specific virus of diseases? Some twenty of the animal and four of the vegetable nosodes are now used with success. The list may be extended largely. We of this society all know and appreciate their use and value. It would be impossible today to get along without them. Our usefulness would be greatly curtailed and menaced.

We see from all this the possibility of the Homœopathic Materia Medica and the enormous increase in our symptomatology. When we view the list we shrink in dismay in having to learn or use it all. The only remedy the weaklings propose is elimination, cutting out the assumed useless symptoms. I would ask who is to do this cutting out? Not those best qualified, surely, for they see the value of all the symptoms; they would cut none out, or very few at most. Because a man has no knowledge of a symptom is no reason that it is valueless or useless. By this course some of our most valuable symptoms would be eliminated and thus our power to heal would be immensely circumscribed. The English language has not a few words itself, so many that no mind can grasp or use them all. Because of this, shall the dictionary be emasculated? Shall the greater number of words be eliminated? Shall usefulness and utility be sacrificed to accommodate and please the ignorant and the weak mind of the incompetent? Certainly not. When any man fails to comprehend a word he goes to the dictionary for information and seeks to understand and know the meaning of the un-



known word. Language is not discarded, reviled, because of the ignorance of the unlearned and incompetent. The dictionary is enlarged from year to year as the words multiply and increase. This is as it should be. And this is what should happen to our *Materia Medica*. Instead of emasculating it we should seek to make it useable by the profession. To accomplish this, study and the repertory are essential.

Most men have their own way of study and of stimulating their memory. The manner of one will not be suitable to all. The memory is a great picture gallery where images are recorded for future use. When you hear the name of a man you well know, you see the man plainly, and if he has any *peculiarity*, that will come out all the more vivid and clear; or more correctly, the peculiarity has made the picture all the more marked and clear. My plan has been to utilize this feature of memory. When studying the *Materia Medica*, I close my eyes and *see* the picture of a patient with as much clearness as possible; the more vivid the picture the more the image is fastened in the memory. Associated with the image of the patient suffering with the symptom under study, I associate the remedy so that when I see such a patient on the bed in actual practice the remedy is seen promptly. This promptness of the remedy coming into mind is proportioned to the vividness and clearness of the picture formed. This is in line with experience in actual practice. We can and do remember the remedy given in severe cases that have responded promptly to our selection of the remedy. This is why the old practitioner is usually better than the novice. The novice may have learned many symptoms by *roté*, but he cannot apply his knowledge, he is more or less confused and hesitates till experience gives him confidence not only in himself, but also in the Homœopathic remedy and law of cure.

Another way of mastering the intricacies of our remedies has been to have my wife read to me cases reported in the journals, especially the old "Homœopathic Physician" and "Medical Advance," which contained reports of cases by the master prescribers. These cases were well taken, hence half of the difficulty was accomplished. She would read the case as given and not reveal the remedy. I would then select a

remedy off-hand. If mistaken, I would go to the *Materia Medica* to find the reason for my mistake. I soon got so I could select the right remedy in most cases, unless the case was very complicated or I was unfamiliar with the right remedy. This way makes the rapid and ready prescriber and saves time and labor. But I always verify my selections when in the least doubt or when at the office. I always carry a book and find the people usually have more confidence because I am careful in my work.

With any plan adopted and with the keenest and best mind the Repertory is essential in all cases, especially the complicated and obscure cases and chronics. Though far from perfect, Kent's heads the list of repertories, and is the best.

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### SIMILIA(?)

By Sarah L. Guild Leggett, M. D., Syracuse, N. Y.

Preceding the November Armistice, in October, 1918, at the R. O. T. C., in Cornell, S——, a student, was subjected to inoculation for typhoid. I supposed at the time that he had been vaccinated against smallpox also. The physician in charge said for typhoid only, but instead of giving him three inoculations, at weekly intervals they gave what afterwards was called "the three in one," that is, the three inoculations at the same time.

S—— was the son of strictly homœopathic parents, so he at once "phoned" his people and remarked that his arm felt as though it were made of glass. Told of the symptom, I said: "Tell him to take, or give him Thuja at once." He took Thuja and experienced no further bad effects, while other boys who were treated with the same inoculations were all made sick for several days. S—— had never been vaccinated for smallpox.

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### A CASE OF MALARIAL FEVER.

H. A. Roberts, M. D., Derby, Connecticut.

Malarial fever is often a very difficult diseased state to successfully prescribe for by the homœopathic method. So many symptoms and discrasie enter into this condition as to render

the selection of the exact similar very perplexing. Yet, when the remedy is carefully chosen, brilliant results are sure to follow. The following clinical case well illustrates the completeness of the cure.

Male, fifty-two years of age; dark complexion. The history is negative and especially no malarial infection has ever been manifest. He arose in the early morning as usual, except for a feeling of languor, but went about his business and, at 10.30 A. M., complained of intense, hard, throbbing pain in forehead, temples and vertex. The pupils become widely dilated. There was severe muscular aching of the body especially, and of the legs and back. There was thirst for large drafts of cold water. The patient was placed in bed and the temperature rose to 104°. Towards night the patient was considerably relieved, and by 9 P. M. the temperature was 99 and the body covered with a free perspiration. *Ferrum Phos.* 30 was administered during the acute stage of the fever. The sleep was rather restless. The next morning at 10.30 A. M., another attack developed, exactly like the day before, only more severe, with the temperature rising to 105.5°. A blood culture was taken and the malarial parasites were present in great number. One dose of *Natr. Mur.* 1m. was administered after the acute symptoms began to subside. No more attacks have appeared and the patient has remained perfectly well.

In our work it is essential that we have access to modern methods of diagnosis, in order that we may produce the evidence beyond question of the efficiency of the homœopathically selected remedy, as this case so positively demonstrates. Were it not for these methods employed in this case, many would claim that it was a case of mistaken diagnosis and cure, but here we have proof of the power of the similar, radioactive remedy affecting the micro-organisms of malaria, while inhabiting a living human body. Nothing can so hasten the acceptance of Homœopathy as to be able to prove the power of our remedies to destroy micro-organisms in the living body.

## THE PULSE WILL NEVER DECEIVE YOU WHEN YOU KNOW HOW TO READ IT.

By Eli G. Jones, M. D., 1370 Main St., Buffalo, N. Y.

When you have a certain *kind* of pulse there will be *definite* symptoms go *with* that pulse—with *certain* symptoms we may look for a certain kind of pulse. The above is the *rule* in "Definite Diagnosis," and it is just as *reliable* as any rule in mathematics. I read the pulse of a young woman, then I asked her to walk across the room. I made the remark to the physician with me: "She walks just the *way* that I should expect she would walk with a *pulse like hers*."

In reading the pulse of an old gentleman I found an *intermission* to the pulse every other beat in *both* wrists. I said to the doctor with me: "His liver is *very* much enlarged." An examination of the liver confirmed my diagnosis, for his liver was found to be *enormously enlarged*.

To the average physician a pulse *like the above* would not mean anything to *him* for he has never been *taught how to read the pulse*. He has spent four years in a medical college to get a medical education, yet with all his *technical knowledge* of medicine he knows about as much about the *pulse* as he knows about the *angels in Heaven!* It reminds me of what an old doctor in Ohio said about a student he had. He said: "I'll send him to the Medical College to learn Anatomy, Physiology and Chemistry, then I'll take him and make a *physician* out of him before they *make a fool of him*." I know a doctor who graduated from a medical college; then a good old doctor took him under his instruction to make a physician of him. He took up one disease at a time and taught him a *definite diagnosis* for that disease, then he taught him a *definite* treatment for *that* disease. In this way he was taught a *definite* treatment for the diseases *common* to our country. He was *very* fortunate in having for his teacher a doctor who had *made his reputation* in that state by the *CURES he had made*.

This young man went out into practice *fitted* to heal the sick. In a city of 15,000 population and 40 doctors, he *led* them all with a practice of \$10,000 a year—95% cash.

A man in this city got knocked down by an automobile. He was picked up unconscious. A doctor was called and his diagnosis was a "fracture of the skull," and he ordered him to be sent to the hospital where he would have to be operated on. The family would not agree to that, so another doctor was called to see him, and I was called in consultation. I read his pulse; it was a *full, bounding pulse* (no tension), *not* the kind of pulse we find in fracture of the skull, but the *kind* of pulse we often find in *concussion* of the brain, and it is the pulse of Belladonna. I carefully examined his head, but found no fracture of the skull, but a wound on the left side of his head where the skin had been cut down to the bone.

I advised Tr. Belladonna 1st x, five drops every hour for 3 hours, then once in three hours. Locally I had applied to the wound.

℞ Succus Calendula ʒii

Glycerine ʒi

Aqua ʒiii

Mix, sig., apply to sore three times a day.

The above is a *splendid* remedy for a person who has been knocked down, run over, bruised or lacerated.

In three days the above patient was back in the shop to work.

It *may happen* in the practice of the *best* of physicians, a case may be met with that doesn't respond to the *usual* remedies. The diagnosis is not *clear*, there seems to be *something* about the case that the doctor doesn't *understand*.

I have made a *special* study of Materia Medica (not of one school but of *all*) for over *fifty* years; my knowledge of Materia Medica and my experience *of over fifty years* in the practice of medicine *is at your service*. I will visit patients in any part of the United States or Canada in consultation with physicians, when they send out an S. O. S. for help.

Lobular pneumonia (capillary Bronchitis) finds its remedy in Tartar emetic. It *definitely* influences the minute bronchioles and alveoli and is a saving resort in most cases. It *seems* to impart *power* to the respiratory center, so that it not only *removes* the obstruction in the minute bronchioles, but it aids the *inspiratory* force, the patient soon *breathes* more *freely*, cyanosis disappears, and the *physical* signs of the disease are passing away.

The tartar emetic must be given in *minute* doses so it won't cause *any nausea*, one-fourth of a grain of the crude drug may be added to a glass of water, and give one teaspoonful every hour. In treating children it would be best to give the 2dx trituration, say 3 or 4 grains in half a glass of water, one teaspoonful every hour. When a patient suffers from gallstones, it would be well to prescribe Lithium Benzoate, 20 grains in 4 ounces water; give a teaspoonful every two hours. The above treatment is endorsed by Dr. E. R. Waterhouse and Dr. H. T. Webster, who are both *good prescribers*. I am willing to take *their word for it*. Remember that the stomach pains indicating Graphites, the pain is temporarily *relieved* by *eating*, by *hot* drinks, especially *milk*, and by *lying down*.

In the month of May Dr. W. H. Sharp, Woodstock, Ohio, a regular physician, a former surgeon in the World's War, came to Buffalo to take my Post-graduate Course. He fully *realizes* the *great* importance of knowing the *definite indications* for each remedy, so that he can prescribe for the sick *intelligently, rapidly* and *successfully*.

In the month of June I met Dr. C. M. Bradford, Canton, Pennsylvania, in consultation. Dr. Bradford succeeds Dr. Davidson, who formerly practiced in Canton. The village of Canton is nestled down in a valley with mountains all around it. The doctor has a large country practice, and is the physician of the best families in town. He reads THE RECORDER for the good of his soul.

During the month of June I had a *second* order for a lot of my books, "*Definite Medication*," from "*Practical Medicine*," Delhi, India. It would seem that the "world do move" (as the colored preacher said) when a regular medical journal orders new school books for its readers. There has been a *great demand* from India for my book, "*Definite Medication*," during the past ten years.

Dr. J. B. Brewer, formerly mayor of Jefferson, Wisconsin (an Eclectic), writes me that in addition to his family practice he has the care of 180 inmates in the Insane Hospital, the County Poor, 85 inmates, also the feeble-minded school children, 280 in all. In addition to the above he has the *largest* practice of any doctor in

the city. This shows what a doctor can do when he is building up a practice by the *cures that he makes*.

Dr. F. S. Davis, Dallas, Texas, says he "*likes THE RECORDER and looks forward with pleasure and interest to each month's copy.*"

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## THE VALUE OF GELSEMIUM IN LETHARGIC ENCEPHALITIS.

By Ralph Reed, M. D.

(Visiting Neurologist Bethesda Hospital, Cincinnati, Ohio.)

It is not my intention to undertake anything in the nature of a review of this disease. It has been frequently and well described in current medical literature of the past four or five years. While some authorities have asserted that lethargic encephalitis was known or described prior to the 1918-1919 epidemic of influenza, yet, nevertheless, it would seem that the disorder has only come into general recognition along with and succeeding this epidemic.

I have felt from my earliest observations, which began soon after the 1918-1919 epidemic of influenza, that the disease is of a para-influenzal nature, and I believe that this assumption will be born out by the character of treatment that seems to be the most successful. Before the first case of lethargic encephalitis, or sleeping sickness, as it is commonly called, came under my observation, I noted several cases of influenza in which recovery was much retarded, and characterized by certain nervous symptoms that were not unlike this disease. Several patients complained of marked sleepiness, lasting several weeks after recovery from the acute symptoms of influenza. Furthermore, I and many other observers noted a wide variety of nervous symptoms of an obscure and indeterminate character, following influenza. It, therefore, seemed quite logical to assume that, since lethargic encephalitis was a disease that arose synchronously with the influenza epidemic, it was essentially influenzal in type.

The essential cause of lethargic encephalitis still remains to be determined, although the pathology and symptom-complex have been well described. This, as everyone now admits, is also the case with influenza. Whatever micro-organism there is in-

volved in one or both diseases, it is evidently sub-microscopical, and probably filterable through the porcelain filter, similar to the organism of infantile paralysis.

I shall not attempt to describe or enumerate all of the symptoms that may be observed, but I am convinced that there are many mild and unrecognized cases. In all, I think I have seen about fourteen cases of the disease, within the past two years. Of these, at least one-half were of rather a mild type, yet unmistakably examples of lethargic encephalitis. There seem to be three symptoms that are highly characteristic. I have seen no cases that have not presented these three symptoms—while the many other symptoms may or may not be found in any particular patient.

They are, first: sleepiness, which in my experience was observed in a greater or less degree at some stage of the disease, in every case, although all of the cases are by no means so profoundly somnolent, as are the cases usually brought to medical or popular attention through case reports in the medical journals, and even in the newspapers. The second very characteristic symptom is a brief diplopia that comes early, and often on that account may escape the attention of the physician, unless the patient is carefully questioned. If, when the case comes under observation, the patient is not too indifferent or sleepy to give a good history of the beginning of the trouble, it will usually be found that at some time a few days or weeks previous he has suffered from a *brief period of double vision*. The third symptom that seems to me to be highly characteristic is a psychomotor retardation. This, I have observed in every case that I have seen, and it comprises a definite *slowness of movement, speech and thought*, highly similar to the psychomotor retardation we observe in the depressed type of maniac-depressive insanity, with this important distinction, that in lethargic encephalitis the patient is never melancholy, but presents rather an attitude of marked *lethargy* and *profound indifference*.

The fourteen cases coming under my observation, I either treated myself, or directed the treatment through the consulting physician. It may, therefore, be of interest for me to outline briefly the nature of the treatment.

None of these fourteen cases proved fatal; this being in marked



contradistinction to many other reports on this disease, wherein the death rate has been put at anywhere from 40 to 60 or 70 per cent., but it is only fair to state that in my fourteen cases I have included several that were quite mild in nature; while the average death rate of the disease seems, in general, to have been based on a more severe type of case, many mild cases probably not being recognized. My experience leads me to conclude that a patient with this disease may sink to a very low point and still rally if effective nursing and nutrition can be maintained. A profoundly somnolent state may be observed for six or eight weeks, and yet recovery eventually ensue.

It is obvious that the symptoms point directly to one drug, and that is, of course, Gelsemium. Every case that I have had has had this drug at some stage in the disease, except one, wherein the sleepiness alternated with quite a violent delirium, and in this case Belladonna seemed to act nicely.

Diplopia is highly characteristic of Gelsemium. In fact, as far as I know, Gelsemium is the only drug in the *Materia Medica* that presents this symptom. At one time I had the pleasure of relieving, very decidedly, a marked idiopathic weakness of the internal rectus muscle with Gelsemium 12. Diplopia, or double vision, is one of the earliest symptoms of lethargic encephalitis, and it is in this early state when Gelsemium seems to act most effectively.

Lethargy, dullness and vertigo are also good indications for this drug, while we know its general influence on the nervous system is beneficial. Then, a further reason I had for using the drug was its pre-eminent effectiveness in influenza itself, and since I regarded lethargic encephalitis as an influenzal infection of the nervous system, it was quite natural to turn to Gelsemium for relief.

It has also been my custom to give arsenic quite freely in the disease, and I am not at all certain that any other drug that I have given has had much influence on the course of the disease, except these two. I give arsenic on the general principle that I have found it very effective in nervous manifestations resulting from a chronic bacterial infection. But, of course, definite arsenic symptoms are often present. I have yet to find the drug that pleases me more than does arsenic in material doses in chorea,

which we know to be a nervous disease, depending on a rheumatoid infection of the brain and spinal cord. I have used *Rhus Tox* and *Causticum*, also, and felt that the effect was good, in one case presenting marked motor retardation and semi-paralytic features, the drowsy and lethargic stage having been passed. I will conclude by citing a case of lethargic encephalitis that clearly demonstrates the great effectiveness of *Gelsemium*. This case will also constitute an example of the mild type. The severe type anyone should be able to recognize.

Mrs. B, age 44 years, married twenty-one years, consulted me December 15th, 1921. She came to the office by herself, and it was very difficult to get any definite history from her. Her complaints were highly vague, and she seemed rather indifferent and stupid. Her husband had sent her to me, otherwise she would have been too indifferent to come of her own initiative. She had always had good health until the preceding February, when she became nervous. The condition continued through the summer with very little change. She says: "I am tired and sleepy all the time. I have pains in my arms when I put my hands above my head. My feet get numb and I cannot walk on them. I do not eat very much. I worry a little. I suffer a great deal with the cold." This was almost the whole substance of her complaints. Her appetite is fair, but she suffers from fermentative dyspepsia of the stomach and bowels. Her temperature was normal, pulse 80, weight normal, blood pressure was low, 80 systolic, general deficiency of circulatory tone—cold hands and feet, general indication of auto-intoxication from kidneys or bowels. Examination of urine showed it to be normal. The patient received *Lycopodium*. Next visit (she came from a great distance), January 26th, reported no improvement; husband accompanied her on this occasion, and said that she slept from 12 to 18 hours daily, that it was impossible to get her up until afternoon, and that there was much muscular twitching in her sleep; that she had occasional headaches; that she urinated very infrequently; may go 24 hours, and that the urine is a dark red in color. She again received *Lycopodium*, and I did not hear from her for another month. I had not yet suspected lethargic encephalitis and considered the case one of auto-intoxication, as the drug prescribed will indicate. However, on her next visit she told me that at

various times during the course of her disease she had had double vision. I, therefore, changed immediately to Gelsemium 1-X, five drops, three-hourly. I did not hear from her for two or three weeks, and the next time she returned she reported a very definite improvement. She then stated that in every way during the whole course of her disease she had manifested psycho-motor retardation; she said that she moved much more slowly, that she thought much more slowly and with greater effort than she had ever done before. All this went to confirm the diagnosis of lethargic encephalitis. The next prescription was Gelsemium 12, and she now presents a practical recovery. This case seems to clearly indicate the definite value of this drug in the disease. . . .

Since writing the above paper two other cases have come under my observation, both of over a year's standing when I first saw them. Both are still manifesting periodical diplopia. Gelsemium 1-X and 12-X, has failed to greatly relieve these cases. I gather, therefore, that Gelsemium to be most effective should be given relatively early. In these cases no doubt much organic damage has been done and they have taken on somewhat the character of a disseminated sclerosis.

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RICHARD M. FIELD, M. D.

247 West 72nd Street, New York City

July 16, 1922.

R. F. Rabe, M. D.,

Editor of THE HOMŒOPATHIC RECORDER,  
616 Madison Ave.  
New York City.

Dear Dr. Rabe:—

At your suggestion I am enclosing an article upon a new repertory for the coming issue of the RECORDER.

Will you permit me to make the following statements of facts regarding the "SYMPTOM-INDEX" repertory.

These statements you may incorporate in your comments if you deem it advisable.

1. The expense (\$3100.00) of producing a stupendous work such as this and the years of laborious and ardent compilation and interpretation, frequently deterred me from continuing, but I read a saying at one time, which I kept constantly before me and which goaded me on: "Between the great things that we cannot do and the small things that we will not do, the danger is, that we will do nothing."

2. The only way to build up and resuscitate the moribund homœopathic interests is to get as many converts as possible from the allopathic field and prove to them the virtues of the homœopathic principles and philosophy, for hundreds of the "regulars" are ready for the conversion and are only waiting for the "exciting" cause to bring them broadcast into our fold. One of the important reasons which made me a homœopath was "*that I was an allopath,*" and like the man who persisted in hitting himself on the head with a hammer, when asked why he did it, replied that "it felt so good when he stopped," so I appreciated the principles and philosophy of homœopathy only after I had forced upon me the erroneous and inconsistent principles of allopathy.

With the use of the "SYMPTOM-INDEX," there will be no excuse for any sort of a homœopath, for not working out his case repertorially, for the time employed by this method will only be a fraction of the time used in making a short-cut or "hunch" prescription.

It is my earnest desire to utilize the "SYMPTOM-INDEX" to proselytize the allopaths, so that in a short time we will see homœopathy again blooming, and homœopaths utilizing not only homœopathic remedies but also the homœopathic philosophy and principles. This may sound utopian, but it can be done and we have but to refer to the late Dr. Frænkel's lectures to find how many allopaths became homœopaths as a result of his work; and I feel positive that hundreds more would have followed, were he alive today.

In continuing a work such as the "SYMPTOM-INDEX," I must have the moral and financial support of all true homœopaths, and although some may think the price quite high, nevertheless when one considers that the work is perpetual and that it costs no more than an ordinary "examining table" or any other article

in a physician's office, and that it will prove of infinitely more value, then the cost becomes a point of minor consideration.

I don't expect to recoup my expenditures for years to come, if ever, but I would like to have the future sets pay for themselves.

The selling price of the "SYMPTOM-INDEX" is \$175.00, the payments of which can be divided into the following parts for those who are unable to pay the full amount at once:

\$35.00 on receipt of order (as a guarantee of good will);

\$40.00 upon delivery of the set (in about 30 days);

\$15.00 per month thereafter until balance is paid.

For those who are willing to pay in full, the price will be \$150.00, of which \$50.00 is to be sent with order and the balance paid upon delivery.

It has been a source of great satisfaction that every physician, whether homœopath or allopath, to whom was explained the rationale of the Index and to whom was shown a few of the cards and manuscript of the printed index, immediately voiced his endorsement of the work in the highest terms.

I trust that my article will not be considered from the commercial standpoint, but to neutralize the above viewpoints, I feel that, in compiling the "SYMPTOM-INDEX" I have done something that will make better homœopaths, and something that will make work less laborious for those who are already conscientious homœopaths; if so, then the honor will be mine, and if I can leave this world better than I found it, even in the smallest degree, I shall be satisfied.

Sincerely yours,

RICHARD M. FIELD.

Those who are desirous of receiving descriptive literature or samples of the cards, may have the same by addressing me at the above address.

R. M. F.

Editor's Note.—We publish Dr. Field's letter and article in the belief that he is rendering a great service to the homœopathic profession in particular, as well as to the increasing number of interested and conscientious allopathic seekers of truth and light. Dr. Field is an able prescriber and an ardent disciple of Hahnemann.

## A CONSTRUCTIVE CRITICISM OF THE REPERTORY AND THE SOLUTION.

Richard M. Field, M. D., New York City.

The object of this paper is two-fold: First, to offer a criticism of the repertory (Kent); second, to attempt to offer a solution for its shortcomings.

The criticism will embody the following points:

1. The inconsistencies and paradoxes in the classification and grouping of remedies.
2. The omissions, both of remedies and rubrics, in Kent, which are found in other important repertories.
3. The dissimilarity in the contents and classifications of the different repertories.
4. The difficulty of finding the necessary rubrics, through misinterpretation of the symptoms as expressed by the patient.
5. The misuse or incorrect use of the repertory.
6. The present tedious and laborious method of arriving at the similimum.
7. The necessity for the periodical annual or semi-annual correction or addition to the classification or groupings of the remedies.
8. The bulkiness of the present work.

In the latter part of this paper I will attempt to offer my solution of this problem, with a description of a work which embodies all the advantages and eliminates or corrects all the disadvantages of all of our present-day repertories.

Any group of workers, whether professional men or artisans, must have perfect tools with which to work, otherwise the results of their work will be crude and attained at an unnecessary expenditure of labor and time; so it is with the repertory which the homœopath uses or should use, as one of his mainstays in arriving at the appropriate remedy. A work of this sort should be made as near perfect as is humanly possible, so that the facts desired may be arrived at with absolute accuracy and at a minimum cost of time and labor.

So far as the inconsistencies and paradoxes are concerned, one may find, in looking through Kent's work, innumerable instances where remedies which are grouped under the sub-rubric or subdivision of the main rubric, are absolutely omitted from the list of remedies which are grouped under the leading or main rubric. To illustrate my contentions, I will confine myself to but one or two examples: Under the main rubric, "Pain in ear, on swallowing," we find 12 first or second class remedies; this main rubric should include all the remedies which prove all the forms or types of pain in the ear, on swallowing, as stitching, tearing, etc.; now, if one should turn to the sub-rubric, "*Stitching* pain in ear, on swallowing," he would find two remedies listed here which are eliminated under the main rubric. In taking a case which includes the above symptom of "Pain in ear, on swallowing," the physician may not always be able to elicit from the patient the exact type of pain, and, in combining the totality of symptoms, may be compelled to fall back upon the main rubric: "Pain in ear, on swallowing," which is in itself of sufficient distinction and importance to include all the remedies which are listed under its sub-rubrics (types of pain in ear, on swallowing), especially in the case where "Pain in ears, on swallowing" is only supplemental to the major symptoms of the case.

As an example, let us turn to the section on GENERALITIES under the rubric "Aggravation from Beginning Motion." This general rubric should include all the remedies which produce an aggravation on beginning motion, regardless of which section or part of the body we refer to, whether extremities, back, cough, etc., because it is a major generality. We now turn, for instance, to the section on extremities and we note that under the rubric, "Pain in Extremities, on beginning motion," we find twelve first or second class remedies, two of which, *Ledum* and *Pyrogen*, are not listed at all under the same rubric in the section on GENERALITIES (I can cite innumerable instances of this sort).

Now, let us take a case which includes, as a major symptom, "Aggravation on beginning motion." Upon conscientiously studying the case the physician notes that the rest of the symptoms of the above hypothetical case, seem to point to *Pyrogen*, but bearing in mind that the above-mentioned symptom is an impor-

tant general and must be included in the totality of symptoms, he turns to the section on generalities and upon looking up the rubric, "Aggravation on beginning motion," he fails to find *Pyrogen* listed at all, and he is very apt to exclude the remedy from his list. On the other hand, if he should turn to the section on extremities under the rubric, "Pain upon beginning motion," he would find it listed in bold type. It is errors and inconsistencies of this sort which make repertorial work laborious and quite often inaccurate.

Regarding the dissimilarity of the different repertories, I could cite innumerable instances of important rubrics in Boenninghausen or other repertories which are left out in Kent's work and also instances where remedies are listed in bold type under a rubric in Boenninghausen, while these same remedies, of the first order, are completely omitted under the similar rubric in Kent.

Another very important point to be taken into consideration is the difficulty one experiences in finding the correct rubric because of the absence of an appropriate index; very frequently a patient will mention a symptom which, under that particular wording, cannot be found in the repertory, and, if the physician's knowledge of the synonyms is defective, then much time is expended in thumbing the repertory to find the appropriate term; for instance, if the patient complains of a "*beating or throbbing* sensation," it would be useless for the physician to look under "*throbbing or beating*," and if he does not happen to think of the word "*pulsating*," then the useless thumbing of the repertory would be of no avail, and, in many instances, undermine the true value of repertorial analysis.

Regarding the misuse or incorrect use of the repertory, I believe that too many of our homœopaths are inclined to use the repertory as a means of building up their cases from the particulars, instead of combining a reasonable number of symptoms and utilizing the repertory as a means of *induction* rather than *deduction*.

How often do your minds seem to select *Rhus* whenever a patient tells you that he "*feels better when he walks around or moves*," although there are sixty-seven different remedies listed under the modality, "*Amelioration from motion*." Such errors



are very apt to be made and are being made every day, because of the importance given to sub-rubrics, without combining the totality of symptoms and working out the case in the true Hahnemannian repertorial way. Another reason for the employment of this "short-cut" or "key note" method is, that the average homœopath, in order to save time or labor, does not feel like writing down on paper each remedy which is listed under the different rubrics he has selected for study; this method (which is the only one we have at present), if done conscientiously, not only takes a great deal of time, but very often one is tempted to write down the remedies listed under the sub-rubric of the symptom selected, because it does not entail the physical labor of copying down as many names as are listed under the main rubric.

The unfortunate fact is, that in selecting your remedy from sub-rubrics or through short-cuts, you sometimes happen to strike the right remedy and become accustomed to the habit of using this wrong method constantly. There is only ONE right way—the other methods are pure gambles.

Boenninghausen, in one of his books, cited a case which appealed to me strongly as an example of the importance of careful repertorial analysis—this case also exemplifies the fact, mentioned in the foregoing paragraphs, of the disadvantage of basing the selection of the remedy upon the seemingly apparent, important "key note" symptoms at the expense of the totality. The following citation contains his exact words: "I will take a case treated by myself (B); the choice of the remedy was easy, nothing," he says, "appeared more simple, yet, through the want of attention, one might be deceived. Mr. E. N., a man of about 50 years of age, of florid complexion, almost ruddy, of a habitual cheerful mood, but subject to violent fits of temper and possessing a highly nervous and irritable constitution, had been suffering (after the suppression of a supposed rheumatic pain in the left orbit, by means of external allopathic remedies, the nature of which I could not ascertain), for more than two months, violent pains of a peculiar kind in the right leg, comprising all of the muscles of the posterior part, particularly the calf down to the heel, without, however, attacking the joints of the knee or foot; he described it as an exceedingly painful dragging and twitching,

interrupted frequently by shootings which proceeded from the interior to the exterior.

“In the morning, when the anguish was more endurable, he experienced an obtuse raking sensation like a painful weariness, or as if he had been bruised all over. The pains became more acute towards evening and during repose, especially after any movement when seated or standing and more particularly when in the open air; while walking, the pain would suddenly shift from the calf of the right leg into the left arm and it became almost insupportable when he put his hand into his pocket or breast, or when keeping the arm perfectly still; while a movement of the limb would lessen the anguish and very often send the pain suddenly back again to the calf of the right leg. That which would relieve him the most was to walk about in his chamber and rub the affected part; the concomitant symptoms were, inability to sleep before midnight, and, in the evening, fugitive flushes of heat, with thirst, unaccompanied by chills, a greasy taste in his mouth, with uneasiness in the throat and an almost continuous pressing, aching pain in the lower part of the chest and pit of stomach, as if something was forcing a passage through these parts.

“With such an accurate and complete description of the malady, an experienced homœopath would not hesitate long in the selection of a suitable remedy, for the whole of the symptoms corresponds with one remedy alone; but with the extremes of science and ignorance, there are numerous degrees of superficial knowledge which would necessarily require a shorter or longer research.

“One knows, for example, that ‘pains flying rapidly from one part of the body to another,’ becoming more violent in the evening and during repose; greasy taste in the mouth; wakefulness before midnight and some of the other above-mentioned symptoms, are pre-eminently the effects of *Pulsatilla*, but he is not sure of the rest of the symptoms, and, if he wishes to proceed conscientiously, he must take the trouble of comparing whether the last named symptoms are also applicable to *Pulsatilla*. He will soon perceive, however, that *Pulsatilla* cannot be the true homœo-

pathic remedy, for besides the moral symptoms of the patient, there are also other symptoms that bear no analogy, or are quite opposite to *Pulsatilla*."

Another physician, who bestowed greater study on the peculiarities of pains, remembered that *China* answers to the dragging pains—the pains as from being bruised or beaten and also to those shooting pains from the interior to the exterior of the body, as well as to the twitching pains; he knows also, that *China* causes flying pains from one part to another; he is sure, also, that the other symptoms, such as inability to sleep before midnight, aggravation during rest or repose, amelioration from movement and rubbing, fugitive flushes of heat with thirst, also belong to *China*; but again, he is not so positive regarding the remaining symptoms and he must therefore consult the repertory and re-study the case. He, like his predecessor, discovers certain contradictions which clearly prove that *China* is not the appropriate remedy for such a case.

"Neither physician, if conscientious, would think of giving to the patient a remedy whose healing virtue is of so doubtful a nature, but, as conscientious homœopaths, they will again set themselves to search and compare, and by the correct use of the repertory, they will find the only real homœopathic remedy to be given this patient, which is *Valerian*, a seldom-used remedy and one which a physician is apt not to take into consideration, because it is so seldom referred to."

Before proceeding with the description of my solution to the repertory problem. I wish to state that Kent's repertory is a remarkable work and is and always will be a monument to the man whose courage and intellect produced or thought of compiling such a stupendous work, nevertheless "as we live, we must grow," and an attempted improvement on such a work is absolutely no reflection on the rationale of the work.

#### THE DESCRIPTION OF THE SOLUTION—"THE SYMPTOM-INDEX."

Sometime after entering the homœopathic field, I decided to compile a repertory which would, first of all, combine and contain all the rubrics and remedies of Kent, Boenninghausen, Boger,

Clarke, and others, so that the physician could have recourse, in one work, to the combined findings of our great repertory compilers; second, I decided to make this new repertory as devoid of errors, inconsistencies or omissions, as was humanly possible.

Third, to make this repertory modern and *practical*, so that as little of manual labor as possible, such as copying down the different remedies under the different rubrics, would be necessary, and that the maximum time may be devoted to the study of the *materia medica* itself.

Fourth, to devise a method which would make it possible to expend but a fraction of the time, which it takes at present, for an *accurate repertorial analysis*, even, in fact, less time than it now takes to look up a remedy by the inaccurate "key-note" or "short-cut" methods.

Fifth, to compile a printed index of all the rubrics or sub-rubrics which are found in every known repertory and arranging these rubrics (a) according to the alphabetical arrangement; (b) according to synonyms, so that the interpretation of a symptom will be made less difficult; for instance, *fornication* can also be found under the following headings: *crawling, tingling, prickling*, etc.; (c) the different peculiar sensations will be listed alphabetically; (d) all aggravations and ameliorations will be listed alphabetically; (e) every part of the body is listed alphabetically with an alphabetical arrangement of the affections or rubrics pertaining to that special part, as for instance, Forehead, Gums, Legs, Ureters, etc.

All the rubrics are so cross-indexed that after becoming conversant with the book, it takes but a fraction of a minute to find any desired rubric.

Sixth, to make this repertory a loose leaf affair so that any new additions to remedies or rubrics could be made at an instant's notice, and, in fact, instituting a service whereby, about once or twice a year, we could gather all the changes, corrections or additions noted by various homœopathic workers and incorporate in or add them to the work, so that the repertory would vir-

tually be a perpetual work and eliminate the necessity of consulting one after another of the different repertories in order to find a special symptom.

#### A DETAILED DESCRIPTION OF THE SYMPTOM-INDEX REPERTORY.

The "Symptom-Index" repertory consists of two parts, the first part is a printed index in book form, with loose leaf pages, so that new pages may be added whenever new classifications, remedies or rubrics are added to the repertory.

The second part consists of a mahogany cabinet with two drawers, divided into four sections, containing 6800 separate cards, each card slightly larger than the average postal card and made of special paper to withstand rough usage; the colors of the cards are varied, so that the cards referring to each section of the body will all be of the same color, as: red cards for Generalities and Mind; blue cards for Extremities; green cards for Bladder, etc.

The mahogany cabinet itself is about 12 inches high, 16 inches deep and 16 inches wide, and is so finished that it adds to the appearance of the physician's office.

Each of the 6800 cards has printed on the top the name of the rubric or sub-rubric and in the upper left hand corner is printed a large key number, corresponding to a similar number in the printed index or book.

A separate card is allotted to each individual rubric or sub-rubric, whether from Kent or Boenninghausen or from any of the other repertories. Under each rubric are printed the necessary explanations or interpretations of the rubric.

Each card has holes punched in it, by hand, at certain places to conform to the place on the card allotted to the different remedies, and under each hole is printed the name of the remedy.

At intervals during the year new cards will be sent out to be added to the original set, as new provings or new classifications of remedies are noted and if any changes are to be made, or new remedies to be added to any of the old cards (or rubrics), then notice will be given the physicians who own sets, to send in the necessary cards for additional holes to be punched.

The cards are so edited, that any number of cards may be placed together without interfering with the system.

In using the "Symptom-Index" for repertorial analysis we proceed as follows: After the history of the case is taken and the important symptoms selected, we refer to the printed index to find these symptoms; opposite each symptom or rubric is printed a number which corresponds to the number of the card; we now jot down the different numbers corresponding to the different symptoms which make up the case at hand, and then pick out the cards from the cabinet, corresponding to the numbers jotted down. Now place these cards together and hold them up to the light and the hole or holes which are found to run through all the cards selected represent the remedies to be studied; under each hole is printed the name of the remedy so that it is possible at a glance to make an absolutely accurate Hahnemannian repertorial analysis of the case, without the laborious copying down of dozens of different remedies and also without the continuous thumbing and turning of the pages of the repertory, to find the synonyms of the terms used by your patient in giving the history. If used according to instructions, one can arrive at the exact similimum in less than five minutes, in fact, in much less time than it takes to prescribe by the inaccurate "short-cut" method.

Space has been left open between cards for any additions of remedies, classifications or corrections which may appear in any revised edition of "Kent" which may be issued, so that the "SYMPTOM-INDEX" will at all times be absolutely up to date.

I have a recent letter from Dr. C. M. Boger, whose remarkable repertory has proved of great assistance to me, in which he offers his very kind services (of which I shall most assuredly take advantage) to assist me in enlarging this work by giving me, for inclusion in the "SYMPTOM-INDEX," the numerous annotations and corrections which he has made and gathered during his many years of successful practice, and also, those annotations which were made by the late Dr. Skinner, whose library came into his possession after the latter's death.

There will also be added, from time to time, additional annotations which will be gathered from all our leading homœopathic workers, so that their work may be given to the homœopathic profession to be used for the benefit of mankind.

## DEPARTMENT OF HOMŒOPATHIC PHILOSOPHY.

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## INDISPOSITIONS AND THE SECOND BEST REMEDY.

(A Lecture Delivered Before the Senior Class of The New York Homœopathic Medical College and Flower Hospital.)

Not every case which presents itself to the physician requires medicine. It may only require the searching out and correcting of some evil habit, some error in the mode of living, such as faulty diet, unsanitary surroundings, non-observance of ordinary hygienic requirements in regard to breathing, exercise, sleeping, etc.

In Par. 4 of the *Organon*, Hahnemann says: "He (the physician) is likewise a preserver of health if he knows the things that derange health and cause disease, and how to remove them from persons in health."

In Par. 5 the physician is enjoined to search out "the most probable exciting causes of the acute disease, as also the most significant points in the whole history of the chronic disease to enable him to discover its *fundamental cause*, which is generally due to the chronic miasm."

In making these investigations he directs our attention to "the physical constitution of the patient, his moral and intellectual character, his occupation, mode of living and habits, his social and domestic relations, his age, sexual functions, etc."

But this line of investigation is equally fruitful and necessary in dealing with the indispositions of which I am particularly speaking.

In the note to Par. 7, Hahnemann says: "As a matter of course every sensible physician will remove such causes at first, after which the indisposition will generally cease spontaneously." By way of illustration he goes on to say: "He will remove from the room strong smelling flowers, which have a tendency to cause syncope and hysterical sufferings"; (and I may add that he will order hysterical and neurotic "lady patients" to abandon the use of the strong perfumes and sachet bags with which they render

the air of their rooms unfit to breathe, aggravate their complaints and make themselves a nuisance to everyone who comes near them); "extract from the cornea the foreign body that excites inflammation of the eye; loosen the over-tight bandage on a wounded limb, ligature the wounded artery, promote the expulsion of poisonous ingesta by vomiting, extract foreign substances from the orifices of the body, crush or remove vesical calculi, open the imperforate anus of the new born infant, etc."

In short, Hahnemann has done his best to make it clear that the use of *common sense* is not incompatible with homœopathic practice, his enemies and some of his overzealous followers to the contrary notwithstanding.

The young homœopathic doctor, fresh from the halls of *Materia Medica*, with his brand new case of medicines, is apt to be like the small boy with his first jack-knife who wants to carve and whittle everything within reach—a simile, by the way, quite as applicable to the young surgeon! Both of them leave a trail behind which does not require the sagacity of a Sherlock Holmes to follow.

Consider for a few moments, then, that class of cases which require for their use only the correction of faulty habits and the removal of exciting causes. Consider also that it often requires the exhibition of as much wisdom, skill, good judgment, and *tact* to perform this function as it does to prescribe medicine; indeed, it often requires more. It is much easier to deal out medicine and dismiss the patient, than it is to make a careful investigation of the habits and circumstances of a patient who probably does not need medicine at all, but only wise and kindly advice on how to live.

Great is the power and value of homœopathic medicine, but, like all other good things, it can be abused. Even high potencies can be abused and cause mischief, as I saw illustrated very strikingly when I was sent for in haste to see a patient for whom I had prescribed a few days before. I relate the case because it not only illustrates the particular point I am discussing now, but also the subject of posology which I shall take up subsequently. The patient was an old gentleman who was in a state of mild senile dementia, with enfeebled power of thought, loss of memory, tendency to involuntary urination and defecation, rather per-



sistent sleeplessness, and becoming careless in his personal habits. But he had been perfectly tractable and mild in his demeanor, and had made no trouble for his family. The symptoms led me to prescribe a remedy, which I gave in the two hundredth potency, with directions to take two doses daily. Three days later I was sent for in haste to see him. I found him in a highly excited state of mind, with flushed face, widely dilated pupils, staring expression and suspicious of being poisoned. He excitedly and harshly accused me of giving him "another man's medicine" which had "filled his bowels up"; he had removed all his clothes, refused to put them on again, was going about the house nude before the women, without shame, and had tried to go out of doors in that state.

I recognized the symptoms immediately, as I hope you have done. Probably most of you will be able to name the remedy. It was *Hyosciamus*, of course.

On making inquiries I found that instead of taking the remedy twice a day as directed, owing to a misunderstanding, he had been taking it *every two hours*. Of course he was making a proving—of *the two hundredth potency!* A single dose of *Belladonna*, two hundredth, removed the whole trouble in a few hours and he resumed his ordinary placid course of life.

An experience of that kind has a strong tendency to remove any scepticism one may have as to the power of high potencies. It also conveys an impressive warning against too frequent repetition of doses. Moreover, it upsets the theory that high potencies do not act upon the aged. Incidentally it shows the possibility, sometimes denied, of making provings with highly potentiated medicines, and substantiates the claims of those who hold that no remedy can be considered as well proved until it has been proved in the potencies as well as in crude form.

It is well known that the most valuable part of a drug action, the finer shadings of symptomatology, are almost never brought out under the use of the tinctures and low potencies. These appear usually under the action of a medium or high potency, or toward the close of a proving of a low potency, long after the first effects of the drug have passed away; so that it has come to be a maxim among experienced provers that *the last appearing symptoms in a proving are the most valuable and characteristic.*

In the same way, the *last appearing symptoms in a disease*, especially chronic disease, are of the highest rank in selecting the remedy; a practical point it is well to remember. We should never neglect to inquire of a patient *whether any new symptoms have appeared* since the last visit or prescription, and value any such highly.

Returning to the subject of indisposition: Having discovered such a case, and determined that it does not require medication, the question arises, how is such a case to be managed? At first sight it would seem to be a very simple matter; merely to tell the patient bluntly that he does not need medicine, but only to mend his life and correct his habits according to the advice and instruction which you have given or will give. This view of the matter does not take into consideration the peculiarities of human nature as formed by ages and generations of habit and custom. Only occasionally do we meet a patient to whom we can give ideal advice and treatment. In spite of the rapid growth of the no-drug idea as promulgated by the various modern cults, the average patient *who goes to the doctor*, expects to get medicine. If he is so far advanced in his ideas as to believe in the no-drug theory he will probably not go to the doctor at all, but will seek out the osteopath or the Christian Science healer. The patient who believes in drugs and goes to a doctor for treatment will be very likely to listen incredulously to your well-meant advice and will depart to tell his friends in anything but a respectful manner, that he thought you were a doctor, but he found that you were only a half-baked Christian Scientist after all, or something to that effect. To direct his attention to his errors of living and order him to correct them is to apparently put the burden of cure upon him, and that is not what he wants at all. He expects us to bear that burden. That is what he comes to us for. Besides that, he often resents the assertion that his trouble is due to his own ignorance or wilfulness. There is a large class of people today—selfish, pleasure-seeking, luxury-loving, dissipating creatures, male and female—who demand of the physician relief from the pains and penalties of their hygienic sins, but are not willing to do their necessary part toward bringing this about. They want to “eat their cake and have it too.”

We cannot afford to antagonize this class, either for their sakes

or our own. We owe them a duty as well as ourselves, and few of us can afford to pick our patients. We must take them as they come and adjust ourselves to their individual needs and peculiarities. These in general are some of the cases which require tact in management. "You can catch more flies with molasses than with vinegar." We can gradually lead some of these people into better ways of life and thought, and cure them of both their sickness and their sins, if we are patient and wise and tactful; while at the same time we are increasing the extent and influence of our practice. The physician who aims to be something more than a mere dispenser of palliatives, pills and piffle, will never lack opportunities to magnify his profession and become a power for righteousness in his community, as well as a healer of its diseases. It is in dealing with such cases—the indispositions and habit disorders—that the "*second best remedy in the Materia Medica*" so often comes into use. Of course you all know what the second best remedy is. No? I am surprised that your education has been so neglected! But I am glad it is to be my privilege to teach you something you do not know. There are so few things that the average young doctor does not know!

In order to fully appreciate the value of the *second best remedy*, we must first clearly understand what is the *best remedy* in the *Materia Medica*. There cannot be any doubt in your minds as to that, I am sure. It is the *indicated remedy*. You also know that having once been found, the best remedy must be given *time to act*, and that its action must not be interfered with by other drugs or influences until it has accomplished all of which it is capable. You also know, or, if you do not, you will learn (if you keep your eyes open and your wits about you) that too many doses of the best remedy may spoil the case.

One of the distinguishing characteristics of a great painter is that he *knows when to stop*. Many a painting which would have been great, if the artist had known when to stop, has been weakened and spoiled by over-finishing. In his anxiety to perfect a few insignificant details he robs his work of its vitality—kills it. It is the same in treating a case. The problem is to give just enough medicine and not too much. Too many doses may spoil the case. I have referred to the class of people who expect and

demand *medicine*, and are not satisfied unless they get it, until they have been taught better.

Now just here comes in the *Second best remedy*, without which no good Homœopathist could long practice medicine. Its technical name is *Saccharum lactis officinalis*; abbreviated Sac. Lac. or S. L.; just plain sugar of milk! The young Homœopath's best friend, the old doctor's reliance and a "very present help in time of trouble"!

The doctrine of *Placebo*, from the Latin *placere*, to please; future, *placbo* "I shall please," is as old as medicine itself. Its psychological value is commensurate with the frailties and peculiarities of human nature. The traditional "breadpill" of our medical ancestors has given place, in the march of scientific progress, to the more elegant powder of virginal white, pure sugar of milk; or to the seductive little vial of sugar pills or tablets, artistically labeled and bestowed with impressive directions as to the exact number of pills for a dose, and the precise hours of taking, with confident assurances of the happy effects to be expected, if directions are faithfully followed!

Marvelous are the results witnessed from the resort to this remedy in cases where it is indicated. I have seen it bring sleep to the "insomniac," when even morphine had failed. I have heard patients declare that it was the most effective cathartic they had ever taken, and beg for a generous supply for future use; which supply I have usually refused on the ground that it was too powerful a remedy to be entrusted to the hands of the unskilled. It is indeed too powerful and too useful a remedy to be held lightly, or to be lightly used. The knowledge of its use is too dangerous to be disseminated among the laity. It should be as jealously guarded as a "trade-secret" worth millions. Never admit its use to any but the initiated, if you value your influence and reputation, but never fail to use it when your judgment dictates it.

Let us glance at a few of the practical uses of the placebo. You are called to a new case. You see the patient and make your examination. You decide that it is a case for medication. You have written down your symptom-findings and glanced over the record. The case is difficult and you are not able to decide off-hand what remedy is indicated. You must have time and oppor-

tunity to study it up. The patient and friends want something done at once. Rapidly you run over the case in your mind. This patient is seriously ill. To make a mistake in the first prescription might be fatal, or it might prejudice the case by confusing it so that a quick and satisfactory cure would be impossible. Your reputation in the new family will depend upon your success. You must retain the confidence of the patient, but you must *have time* and *make no mistake*.

This is where your knowledge of the second best remedy comes into use. Calmly and confidently you prepare and administer a generous "S. L." powder, leave explicit directions for the use of as many subsequent doses as you deem judicious, make an appointment to see the patient again in an hour or two, or three, and then hie you to the seclusion of your library, where you proceed to apply your knowledge of how to study the case and find the remedy according to the principles of the Organon.

When you have worked out your case and found the remedy, you return. Then you enter the patient's presence as *master of the situation*—unless the Master of Destiny has ordained otherwise.

Does anybody consider that as lost time? It is a pity that more time is not lost in that way! Thousands of cases might have been saved from an untimely death, and many a professional reputation, by following such a course, instead of yielding to the silly panic-impulse to "do something quick," which almost invariably results in doing the wrong thing.

Patients do not usually die in a minute. There is always plenty of time to *do the right thing, always, at the right time*. If you *know* what the right thing is without reflection and study, do it at once. Give your remedy at once if you are sure of it, but not otherwise. If you are not sure, give Sac. Lac.

If the case is *really* pressing and demanding immediate medication, retire to another room with your repertory then and there.

(*To be continued.*)

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## EDITORIAL NOTES AND COMMENTS.

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BACILLINUM VS. TUBERCULINUM.—Both nosodes are well known to homœopathic prescribers and frequently used; the two preparations should not, however, be confused or used interchangeably. The potencies of *Bacillinum* used by us have been those made by Boericke & Tafel, whereas the potencies of *Tuberculinum* are those of either Fincke or Skinner. Of *Bacillinum* we have used the 30th and 200th potencies mostly and often in frequently repeated doses with good results, thus bearing out the contention of Professor O. S. Haines of Philadelphia, who is an advocate of the frequent repetition of this remedy in suitable cases.

In croupous pneumonia, when resolution has been delayed, we have often found a single dose of *Tuberculinum* 10 m. F. to work wonders. This we are in the habit of giving dissolved in water, allowing the patient to drink the entire solution, a half glassful, if he wishes. *Bacillinum*, on the other hand, has been of greater service to us in incipient pulmonary tuberculosis, or as a wonderful palliative in chronic phthisis. In these cases, frequent repetition is often necessary and we have yet to see any harmful results. The remedy will be of great help during the third stage of pulmonary phthisis, with cavity formation and more or less streptococcic infection. Cough and expectoration are modified, weight and strength are increased, temperature is reduced and sleep bettered. The 30th and 200th potencies, given four times daily, have brought happy results. Of course, their use is not indefinitely continued, but rest periods of two to three weeks are permitted, during which no medicine or placebo alone, is given.

So far as repetition is concerned, the same observation has

been made regarding *Phosphorus*. In chronic pulmonary tuberculosis, in incurable cases, we have frequently seen marked benefit from *Phosphorus* 30th or 200th, when given as often as four times a day. Of course the action has been palliative only and the remedy has been given upon its well known characteristic indications. It has so often been taught, especially by the older homœopaths, that *Phosphorus* in frequently repeated doses is a dangerous remedy and likely to kill, that many have hesitated to use it in the manner and under the conditions as above suggested. Our experience, however, does not support this sinister contention, though it is quite possible that the experience of others may not agree. By all means let us have more light upon this important question.

POLYNEURITIS AFTER INJECTION OF TETANUS ANTISERUM.—“Marchal reports a case of polyneuritis in a young officer, consecutive to an injection of antitetanus serum after a fall from his horse, in which the knee had been slightly bruised. He had had whooping cough at 7, and diphtheria at 8 entailing polyneuritis in the muscles of the larynx and of the left shoulder. Marchal says that during the war he made thousands of injections of antitetanus serum with never an instance of polyneuritis. Light is thrown on the present case by the postdiphtheric polyneuritis at the age of 8. This second attack was in the same region, and he considers the recurrence as the awakening of an old affection, due to the injection of the antiserum.”—J. A. M. A.

Why not try *Arnica* on the “slightly bruised” knee, internally especially? Why jump to the conclusion that because of the fall and slight bruise, tetanus must necessarily be expected? Why invite trouble anyway? Trouble is only too easily found! Why hunt it up? Simplicity in medicine is a rare jewel indeed and unfortunately, although rare, not very popular. Hocus pocus is more in demand; medical bunko is too frequently desired and we must be scientific (?) even if it kills us. Humans are built that way, it seems.

TREATMENT OF OAK DERMATITIS.—From the *California State Journal of Medicine*, via J. A. M. A., we take the following interesting account:

*Treatment of Oak Dermatitis.*—Alderson uses an alcoholic solution of the toxin of the poison oak plant (*Rhus diversiloba*). A given weight of fresh crushed leaves of *rhus diversiloba* is covered with absolute alcohol, extracted, filtered and precipitated, and the precipitate dried at low temperature. A given weight of the toxin is dissolved in absolute alcohol and sterile water added. An arbitrary standard is set for the weight of the toxin, volume of absolute alcohol and the volume of sterile water. Of several hundred patients injected only a few have felt faint or nauseated, and in each instance this was due principally to psychologic factors. It is not claimed that this treatment is invariably successful, but in most cases the results by this method are superior to those seen after any other plan of therapy. From 0.5 to 1.5 c.c. are given intragluteally and the dose is repeated again in twenty-four hours, and again twenty-four hours later if improvement in the subjective and objective symptoms is not very definite. Usually within forty-eight hours there is great improvement and it is seldom that a third injection is found necessary. At the same time the following solution is given by mouth until finished: oak toxin solution, 4 gm.; aromatic elixir, 90 c.c. Begin with 10 drops in water three times daily, increasing by one drop each dose until 20 drops are being taken. Then take one teaspoonful once daily. By this method tolerance for the poison may be established. It is recommended that this solution be taken once a year."

Say it softly, brother, but this sounds like that fool thing, homœopathy. Where did Alderson get the hint; perhaps he owns a pretty little flexible covered *Boericke* and has been delving in its silk-like pages? Who knows! Many of us have been turning this same trick, over and over again, successfully, too, and with much less trouble, by simply using a high potency of *Rhus* itself. But, and here lies the point, we deluded homœos know when to use *Rhus* high and when not to; the individualizing symptoms are always our guide. Hence *Anacardium*, *Sulphur*, *Graphites*, *Sepia*, etc., are found useful by us; each is employed when needed, emphasizing the old but true slogan: "Treat the patient, not his disease!"



But the road to homœopathy is growing shorter year by year and more benighted travelers are seeking its clear illumination, for unerringly it leads to *Truth*.

AMBROSIA ARTEMISIFOLIA.—This remedy, rag-weed, is proving helpful in several cases of hay-fever this summer. *Lachrymation* and *intolerable itching of the eyelids* are two strongly marked and verified symptoms, which have yielded to the remedy. The 900th and 45m potencies have been used.

As in every other condition, hay-fever patients must be prescribed for upon their symptom totalities. These, however, during the height of the paroxysms, are often submerged, the violent acute symptoms being uppermost and overshadowing the underlying constitutional state. It is then that remedies such as *Ambrosia*, *Succinic acid*, *Wyethia*, *Ars. iod.*, *Sanguinaria Nitrate*, *Arundo Mauritanica*, will compete for recognition.

EXTRACT OF STRAWBERRIES IN SPRUE TREATMENT.—The favorable influence of a strawberry diet on sprue has been known for some time. As it is difficult and expensive to get strawberries except in the short season, and moreover, strawberries forcibly grown out of season do not seem to have the same beneficial effect, Castellani and Brown sought a method by which the active principle or principles could be extracted and stored. Fresh strawberries are crushed with about 5 per cent. of their weight of absolute alcohol and filtered in a powerful filter press. The juice is then extracted for days in a continuous ether extraction apparatus. The ethereal extract is immediately concentrated in a vacuum over phosphorus pentoxid, a small quantity of either starch or lactose being added. The residue is dried as completely as possible in a vacuum over phosphorus pentoxid, as this appears to ensure greater stability. The extract (mixed with a little starch) is of a dark red color, has a granular scaly appearance, is somewhat soft, and thus a very powerful fragrant smell of fresh strawberries. A minute quantity of it has been kept in an amber tube for ten months, and apparently has not lost any of its characteristics, being of the same color, and its fragrant smell being just as strong. In two cases of typical sprue in conjunction with the usual milk diet and alkaline treatment, it was given in 5 grain

doses, three or four times a day, and seemed to have a beneficial effect, apparently hastening the improvement in the general condition."—J. A. M. A.

Interesting and suggestive! To our knowledge, *Fragaria vesca* has never received a careful proving, which, it is quite possible, would produce some useful symptoms. We do know that urticarial rashes (strawberry anaphylaxis) will at times yield to a high potency made from strawberry juice and that people so helped can often thereafter eat this luscious fruit with impunity and enjoyment.

ARGYRIA.—The *Ohio State Medical Journal* brings us this edifying account:

"Argyria.—A man, aged 21, with a duodenal ulcer, was given 20 minims of 10 per cent. silver nitrate solution after each meal for about eight months. Up to this time he had taken a total quantity of 1½ ounces of silver nitrate or approximately 1 ounce of silver. His general appearance was that of a normal, healthy young man, except for a slight but definite discoloration of the sclera and the face, which was most noticeable under the eyes and over the nose, where it was almost a slate color. The mucous membrane of the mouth was pale, and of a bluish tinge, the gum margins being distinctly blue with a definite black stippled line of metallic deposit on the gum margins of several teeth. The tonsils were large and cryptic and showed a more pronounced color than the mucous membrane of the mouth and throat. Although the temperature was 100.2 F., there was no clinical evidence of any pathologic condition in the chest or abdomen. The urine was loaded with albumin and fine granular casts. The blood findings were: red blood cells, 2,000,000; white blood cells, 2,800; hemoglobin, 45 per cent. The blood picture was that of a rapidly produced secondary anemia with definite variation in the size of the red cells although no nucleated cells could be found. In two months the blood picture showed a marked improvement in every respect. The nephritis so clearly manifested at the first examination was exactly like that seen in cases due to lead, mercury, bismuth or any other metallic poisoning. The tonsils were re-

moved and chemical tests showed that the blue-gray color was due to silver deposits. In excised specimens, or at necropsy the presence of silver could be determined by the immediate disappearance of the color on the application of strong potassium cyanid and its reappearance on exposure to hydrogen sulphid gas."—J. A. M. A.

Such gross effects of a poison are of comparatively little value to homœopaths for therapeutic purposes. Proving must develop subjective symptoms to be of practical use. Pathologic or gross objective changes are of secondary importance, corroborative in character. Inasmuch as all the metals mentioned, lead, mercury, bismuth and silver, are capable of producing nephritis, this knowledge alone is insufficient to allow of the selection of any of them in the treatment of nephritis. We must know much more than this; we must, in short, be able to individualize our cases from the standpoint of subjective symptomatology. This done, we can then pick out, as it were, the lead, mercury, bismuth or silver case. Any other method depends upon guess-work, pure and simple, and is not in accord with scientific homœopathy.

MENORRHAGIA AND SALIX NIGRA.—The *Texas State Journal of Medicine* contains an instructive note of the therapeutic use of *Salix nigra*, which we herewith reproduce:

"*Black Willow Buds Check Menorrhagia*.—Van Zandt has used fluid extract of black willow buds successfully in the treatment of painful priapism, as an anaphrodisiac, to check the bleeding associated with uterine fibroid, in menorrhagia, and in severe epistaxis. He usually orders 30 minims, three times daily. He reports very good results in a number of cases."—J. A. M. A.

*Allen's Encyclopædia*, vol. X, page 630, has a brief note on the proving of *Salix nigra* by Dr. E. D. Wright, first published in the *American Homœopathic Observer*, 1875, page 177. Wright took one-half ounce of the tincture in a day, but experienced nothing of importance. Anshutz, in *New, Old and Forgotten Remedies*, mentions *Salix nigra* and quotes John Fearn, writing in the *Chicago Medical Times*, 1896. Fearn's experience with the remedy in gonorrhœa, chordee and satyriasis, confirms that

of Van Zandt. His dosage was thirty to sixty drops of the tincture, presumably. Clarke, in his *Dictionary of Materia Medica*, gives a somewhat extended account of the remedy, which is of interest and value; but under the symptomatology, quotes Wright's original "proving." The use of a decoction of the fresh bark in the control of night-sweats in pulmonary cases, is mentioned by Clarke.

Nowhere can we find any mention made of the haemostatic qualities of *Salix*. Van Zandt's experience is therefore of importance to homœopathic physicians. A real proving of this drug is much to be desired.

Bastedo, in his *Materia Medica, Pharmacology and Therapeutics*, speaks of *Salicin* as a glucoside obtained from willow and poplar barks and states: "Its use is confined to the milder rheumatic manifestations, or to conditions of the stomach which prevent ordinary salicylic medication." Cushny and Wilcox have nothing of practical value to say concerning the drug.

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## THE LENGTH OF ACTION OF THE HOMŒOPATHIC REMEDY AND THE FACTORS INFLUENCING THE SAME—A PRELIMINARY NOTE.

By H. Fergie Woods, M. D., London, England.

(Read at the June, 1922, Meeting of the International Hahnemannian  
Association.)

It would obviously be both interesting and useful were one able to know with any degree of accuracy the length of action of any particular remedy and to determine the factors influencing such action. At first sight it would seem a fairly simple problem, but when one begins to look into it, one is struck by the great complexity of the issue.

I have been for some years collecting data bearing on this question, but this short paper is only an attempt to show what are some of the factors that have to be considered and to give a few tentative conclusions as far as they go. One is soon convinced that any idea of the length of action of a particular remedy can be only approximate, but a fairly dependable average can be struck, which may be quite useful.

Let me first explain briefly how I obtain my data. I make use of only those cases where a single-dose of a remedy has resulted in a marked improvement which can be ascribed to no other cause but the remedy. In such a case, if and when the patient returns saying that he or she is again not so well, I inquire as to the exact date when symptoms that had disappeared began to re-appear, and only if the patient can name such date within a couple of days do I deem the item worthy of record. I then tabulate the details as follows:

Name of Patient (or in Hospital Cases, Number of Case Book Entry).	Sex.	Age.	Married or Single.	Occu- pation.	Dis- ease.	Dura- tion of Dis- ease.	Rem- edy.	Potency.	Length of Action.
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May I say here that I should be grateful if any of my hearers would send me reliable data of this kind for me to use in confirming or modifying my conclusions.

Now, as to the factors involved, these can be classified as: (a) those affecting the patient, (b) those affecting the remedy, (c) extraneous factors. The first group, those affecting the patient, are naturally the most variable and the most difficult of consideration. They include the mental and physical characteristics of the patient, the sex, age, whether married or single, occupation, effects of shock, mental emotion or violent exercise, and must include also details relating to the disease under treatment, its acuteness or chronicity, its degree of curability (or we should strictly say the degree of curability of the patient).

The second group of factors, those affecting the remedy, must take into account the actual remedy itself and whether animal, mineral or vegetable, the strength or potency, whether this potency is being driven for the first, second or any succeeding time, the presence or absence of initial aggravation (though this depends on other factors).

The group of extraneous factors includes the influence of other drugs, possibly antidotes, of foods, stimulants, etc., seasonal and weather conditions, and states of the moon and possibly other planets. In this group also we may place closeness of remedy to patient, which after all depends on the physician, and should mean that the duration of action of any doctor's prescriptions varies strictly with his experience of homœopathy.

Now let us take the various groups more in detail, and begin, for convenience, with the factors that have to do with the *remedy*. Naturally, when one works with the chronic diseases one uses chiefly the polychrests, and it is with these that I am here almost entirely concerned. Taking each remedy separately and striking an average, including all the potencies used and all classes of patient, we arrive at the following lengths of action. *Sulphur*,  $8\frac{1}{2}$  weeks; *Sepia*,  $8\frac{1}{4}$  weeks; *Lycopodium*, 8 weeks; *Lachesis*, 8 weeks; *Phosphorus*,  $6\frac{3}{4}$  weeks; *Natrum mur*,  $9\frac{3}{4}$  weeks; *Calcarea Carb.*, 8 weeks; *Silica*,  $8\frac{3}{4}$  weeks; *Thuja*,  $10\frac{1}{4}$  weeks; *Pulsatilla*,  $6\frac{3}{4}$  weeks; *Arsenic*, 8 weeks; *Tuberculinum*,  $5\frac{1}{2}$  weeks; *Rhus tox.*,  $8\frac{1}{2}$  weeks; *Mercury* (merc. sol.),  $5\frac{1}{2}$  weeks; *Phos. acid*,  $7\frac{1}{2}$  weeks; *Ignatia*,  $7\frac{1}{2}$  weeks; *Gelsemium*, 6 weeks.

These lengths of action are on the whole rather longer, and in some individual cases considerably longer, than those given by the late Dr. Gibson Miller, of Glasgow, in his little book on the duration of action of the remedy. This does not mean that my experience is greater than Dr. Miller's! The very reverse is the case.

There are many other remedies I have used for which I do not happen to have enough definite data to warrant me in striking an average.

The average length of action of all remedies taken together (those given above and others) is found to be  $8\frac{1}{4}$  weeks.

Now is there any guiding principle that will help us to determine why any of these remedies should act for a longer time than others? It is difficult to find one. Let us examine possibilities. Can we, for instance, classify remedies into "Acute and Chronic"? Well, Aconite is usually called an acute remedy, but I have seen a high potency of this remedy act for weeks in a chronic case. "Au contraire," a dose of Sulphur may be "used up" in a few days in an acute case. No, remedies can not be so conveniently classified.

Then is there anything in the strength or potency of the remedy that affects its length of action? I have not enough data regarding the  $\emptyset$  or low dilutions to give figures concerning these, but I may say that I have repeatedly seen a single dose of a  $\emptyset$  continue acting for weeks.

As to the potencies, it seems to be a general belief that the highest have a deeper (and so longer) action than the lower. Is such the case? Here are the averages: 12th potency, 8 weeks; 30th,  $7\frac{1}{2}$  weeks; 200th, 9 weeks; 1M., 9 weeks; CM,  $7\frac{1}{2}$  weeks (my data for 10M. and 50M. are not complete). So it is seen apparently that the 200 and 1M. are the longest acting potencies, though I believe that the 10M. will be found to run these two close, if not pass them. All the figures given in this paper refer to INITIAL doses of the particular potency. It will obviously require longer to amass data concerning the action of the second and following doses of any potency, but so far it seems probable that the average length of action of the second dose is between five and six weeks.

Can one compare the animal, vegetable and mineral groups of remedies as regards their length of action? The figures show

average duration for ANIMAL REMEDIES,  $7\frac{1}{2}$  weeks; VEGETABLE,  $7\frac{1}{4}$  weeks; MINERAL,  $7\frac{1}{2}$  weeks. The average for the animal group, I must explain, is arrived at after omitting a case that ran for nearly a year on one dose of Lac defloratum. It was thought that to retain such a very unusual length of action in what is the smallest of these three groups would unfairly distort the comparison. The figures as given I believe fairly represent the truth, that there is no essential difference in length of action between these three groups.

So far, then, as the remedy is concerned we come to the conclusion that, apart from one or two individual remedies which have a slightly shorter or longer action than the majority, the chief factor influencing length of action seems to be the potency, the middle potencies appearing to act the longest.

Now as regards the *patient*, we find first of all that the sensitive, highly strung or neurotic type, "uses up" the remedy sooner than does the stolid, phlegmatic individual. It is a question of more rapid metabolism.

It is admittedly difficult to diagnose correctly and definitely the complaints of the *nervous* type of patient above mentioned, but I find that amongst patients suffering from neurasthenia, nervous debility and kindred disorders the average length of action of the remedy is *7 weeks*, *i. e.*, one-and-a-quarter weeks shorter than in all classes combined. Sudden mental emotion again, *e. g.*, grief or shock, seems to "USE UP" the remedy sooner, this also being a question of increased metabolism. I believe violent exercise or physical shock will be found to have a similar effect.

Then as to *sex*, one would expect that as more of the emotional type of patients are found amongst women, that males would show the longest average duration of action. The actual figures, however, are as follows: MALES (omitting those below ten years of age, in view of sex differences at that age not being pronounced enough to matter for the present purpose), *8 weeks*. FEMALES (with the same omission of children), also *8 weeks*. So that sex helps us not at all.

When we come to different *ages*, however, we find definite differences in length of actions. Taking the ages in decades, we have children from birth to 10 years giving  $6\frac{1}{2}$  weeks duration of ac-



tion; from 11 to 20, 7 weeks; from 21 to 30, 7½ weeks; from 31 to 40, 7 weeks; from 41 to 50, 9½ weeks; from 51 to 60, 7½ weeks; from 61 to 70, 9¼ weeks. Thus patients in the latter half of life show a considerably longer duration of action of the remedy.

One always knew that medicine needed to be repeated sooner in children. This fact probably depends on two factors: (1) children from the very fact of their age, cannot suffer from the long-lasting complaints of adults, and conversely are more prone to acute affections; (2) children have less bulk of tissue on which the remedy can act, and certainly less diseased tissue. Animals, too, one finds need much more frequent repetition of the remedy than human beings. I used to think that the length of action of the remedy in animals was proportionate to their length of life, as compared with the human. The late Dr. Kent, I remember, thought not.

We find a still greater difference in length of action when we consider THE MARRIED AND THE UNMARRIED. In this section I am confining myself to female patients, chiefly because in most cases I have omitted to ask male patients the question as to marriage, and also because marriage almost certainly has a far greater influence on a woman's health and reactive powers than on a man's.

The average duration of action in the case of *married women* is 9¼ WEEKS; with *single women*, 7¼ WEEKS. This marked difference is no doubt explained largely by the greater stress and strain to which are exposed single women, who often have to strive in the world for their own living. Another factor is probably the more normal physiological state induced in the female by married life.

The factor of *occupation* as it affects the action of the patient's remedy is too complicated to be considered within the limits of a paper like this.

So we come to the question of the DISEASE in relation to the action of the remedy. It is a truism to say that, other things being equal, the more chronic the disease, *i. e.*, the longer it has been present in the patient, the longer will be the action of the remedy, and *vice versa*. But this is not universally true, at any rate apparently not. One dose of Drosera will often suffice to cure a case of whooping cough—an acute disease. But in such a case it is

not necessarily that the one dose acts for a long time, it may be that a very few days' action is enough to clear out the disease.

On the whole, I think we may let this rule stand, and the hypothesis of more rapid metabolism in the acute diseases burning up the remedy or burning up the tissues on which the remedy is acting offers a likely explanation.

My present data are not sufficient for me to state in figures the relation between the duration of the disease and the length of action of the remedy. Indeed it would be exceedingly difficult to state a definite relationship, as we know that the more nearly incurable a disease, the shorter the action of the remedy, so in any chronic disease we would be liable to have two ever-increasing and opposing factors—the long duration of the disease making for long duration of medicinal action, and the increasing diminution of curability making for shortness of drug action.

In the last of our three groups of factors, the chief element is the action of ANTIDOTES to the remedy. These, of course, may be acting unbeknown to either patient or doctor. For instance the patient may be using quite innocently as a dentifrice a preparation of camphor. I should like to say, however, in this connection, that in my opinion the danger of camphor antidoting the action of, at any rate, the high potencies has been greatly exaggerated. I doubt if there be any antidote to a high potency except this specific, dynamic drug antidote. A dose of a high potency once given can be trusted to look after itself.

The effect, if any, of foods and drinks on the action of the remedy is, in the present state of our knowledge (or at least of *my* knowledge), outside the limits of useful discussions. It would seem possible, however, that large amounts of alcohol, by hastening metabolism *might* shorten the action of the remedy. The effects of weather, seasons, states of the moon and planets are at present too conjectural to need further mention. But there are more things in heaven (or in the stars) and earth than are dreamt of in our philosophy, and we cannot dismiss as nonsense the idea that the stars have an influence on human health and happenings.

That is all I have to say for the present, and I am sure that each one of you is thinking that, if the factors affecting the question are so numerous, so varied and many of them so indeterminate, what on earth is the use of troubling about the matter at all!

**HÆMORRHOIDS, THEIR CAUSE AND CURE.**

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The general belief among the laity is that hæmorrhoids are caused by constipation, and, if we may believe what patients tell us who come to us from old school physicians, these are of the same opinions and prescribe cathartics to cure them. They also think that any one who has not a daily evacuation of the bowels is constipated. This also is an error, for constipation is a difficult or painful stool, or an ineffectual desire for stool, though these may occur several times a day, and, on the contrary, an evacuation occurring only once in two or three days, or even weeks, but in a normal, natural and easy manner, without requiring any forcing, is not at all constipation, but simply an infrequent stool, and in some persons who eat food containing little waste and not too much of that, and have a good and perfect digestion, is entirely natural and such people are, as a rule, always in very good health. I have known quite a few of them.

While those suffering from hæmorrhoids are also, as a rule, constipated, the constipation did not cause the hæmorrhoids, but both are due to the same cause, and this is a diseased liver.

The hæmorrhoidal veins are situated about the rectum and anus and are the lowest system of veins in the human body, unprotected by valves to prevent the downward pressure of the venous blood by gravitation as the veins in the lower limbs. They are a part of the system of the inferior mesenteric veins and these, as also the superior mesenteric veins, empty their supply of venous blood into the vena cava for its return to the heart.

The vena cava passes through a groove in the liver and when that organ is diseased and swollen, it constricts the vena cava and hinders the ready return flow of the venous blood to the heart, causing an increased pressure of the blood on all the mesenteric veins, the effect of which is greatest and first on the lowest ones of these, the hæmorrhoidal veins, distending them and thus producing the hæmorrhoids. When this pressure and consequent distension of the hæmorrhoidal veins becomes too great, then their coats rupture and are then bleeding hæmorrhoids.

Another cause of hæmorrhoids is a paralysis of the vaso-constrictor nerves, that with the vasodilator nerves accompany all

blood vessels, materially aiding the circulation of the blood. Such hæmorrhoids are, as a rule, not painful, or bleeding, nor so frequent.

To cure the hæmorrhoids radically and restore the patient to perfect health, we must remove and cure the cause, the diseased liver, or restore the function of the paralyzed vaso-motor nerves. When removing the hæmorrhoids by an operation, by excision, it is worse than useless, for it does not remove the cause, does not cure the diseased liver or restore the function of the vaso-motor nerves, but inevitably causes a distension of the inferior mesenteric veins instead, which though perhaps causing no pain, is far more serious in its result. Homœopathy is the only system of medicine that can cure a patient of this often very painful disease, leaving the patient in perfect health.

*Æsculus hip.* hæmorrhoids at times bleeding profusely or slightly. Sticking in the rectum as if it were full of small sticks (the chestnut burr) burning, cutting like a knife. All pains worse after stool, extending up the rectum and the hæmorrhoids bluish in color. Prolapsus of rectum after stool. First part of stool hard and dark, the last part lighter and soft. Pain in the lumbar region, extending around both sides to the abdomen in front.

*Hep. s.* Hæmorrhoids often very much elongated, always extremely painful, preventing sitting or even lying on back. Splinter-like, sticking pains, worse from least touch. Bleeding even with soft stool. Excoriated feeling. Suppurating, internal hæmorrhoids. Bleeding worse during stool. Mentally over-sensitive, irritable and quick, hasty speech. Skin all over very sensitive to touch and very sensitive to draughts.

*Kali carb.* Sticking and cutting like a knife. Worse during cough, relieved by external pressure.

*Merc. viv.* Hæmorrhoids as large as a man's fist, a mass of blood and pus, obscuring the anus and extremely painful. The first patient I treated with such hæmorrhoids had many of the characteristic symptoms of this remedy and relieved the severe pain in a few hours and cured him in a few days. Later I treated several patients with the same form of hæmorrhoids, but having no special symptoms only the appearance and the exquisite pain to guide me, having been treated by old school physicians I

gave these first *Nux vom.* to antidote the previous treatment, then followed this with *Merc. viv.*, which cured these patients also.

*Merc. viv.* will also cure internal hæmorrhoids when the patient has a not-done feeling after stool and the urging to expel the remainder continues a long time, this sensation being caused by the internal hæmorrhoids.

*Nux vom.* Burning after stool for a long time. Crawling, cutting, shooting, itching, pressing, heaviness, after stool, worse after a meal and exertion of the mind. Worse from touch and very tender to touch. Squeezing, constricted feeling, stinging, teasing, during and after stool. Ineffectual urging to stool. Bleeding and blind and chronic hæmorrhoids, moisture, discharge of pale blood after stool. External, worse after stool. Fissure. Anus swollen, after having been suppressed. Worse from alcoholic or malt liquors, from mental exertion or excitement; after eating, after purgatives, sedentary habit, evenings, after stool. Sullen mood, sick and cross, worried about his disease, ineffectual urging of stool, backache, must sit up in bed in order to turn over. Over-sensitive to light, noise and odors; cannot keep from falling asleep while sitting, long before bedtime. Wakes from 3 to 4 A. M., falls into a disturbed sleep at daybreak, from which he is hard to arouse and feels worse on waking. Coryza from an obstructed nose, fluent in warm room, obstructed at night and out of doors. Much nausea, thinks he would feel so much better if he could only vomit.

Bleeding hæmorrhoids: *Bell.*, *Calc. c.*, *Cham.*, *Ferr.*, *Hamam.*, *Kali carb.*, *Merc. viv.*, *Millefol.*, *Mur. ac.*, *Phos.*, *Puls.*, *Sulph.*

Blind, not bleeding: *Æscul.*, *Nux vom.*, *Puls.*, *Rhus tox.*, *Sulph.*

Painless: *Arsenic.*, *Brom.*, *Sulph.*

Painful: *Æscul.*, *Aloe.*, *Brom.*, *Carbo veg.*, *Caust.*, *Coloc.*, *Graph.*, *Hep. s.*, *Ignat.*, *Kali carb.*, *Lyc.*, *Merc. viv.*, *Mur. ac.*, *Nux v.*, *Phos. ac.*, *Podo.*, *Puls.*, *Sepia*, *Sulph.*, *Thuja*.

Mr. S., 55 years of age, came to be treated for hæmorrhoids, for he had heard I could cure them. He had had them for thirty years and had three operations, injections with something, without benefit. They did not bleed nor pain him, nor trouble him in any way, but he knew they ought not to be there and wished to have them cured. I told him if they did not bleed nor pain him and he had no other symptoms, it would be rather difficult to cure them.

"Well," he said, "I am not unreasonable and do not expect you to cure them in two weeks or even in two months. I am willing to give you two years in which to do it." I answered: "If I cannot cure them in a year or less, I will treat you the second year free of any charge." "Oh, no," he said; "I do not want that at all. I can afford to pay you and will pay you for two years unless sooner cured." And I began the treatment in November.

He seemed positively to have no symptoms worth prescribing on, yet he improved in a general way, but the hæmorrhoids remained the same. In the latter part of March of the following year he came saying: "Doctor, I have a terrible cold and an awful cough and you had better give me something for that and let the hæmorrhoids go this time, for these do not trouble me, but the cough does." After asking a number of questions as to the irritation causing it and its location, time and circumstances and conditions of the cough, I asked: "Have you any pain with it?" "Sure," he answered, "each time I cough it feels as if a knife were cutting through the hæmorrhoids." "Good," said I. "Not at all," said he. "That is awful." I gave him a small bottle to place on his chair and sit on it so as to have the bottle press against the hæmorrhoids, but he feared this would hurt him terribly. I told him to try it and he was astonished at the relief it gave him even when coughing. Kali carb, cured him in one week and he remained well to my knowledge for years after.

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### MASTOIDITIS CURED WITH MEDICINES.

By Rafael Romero, M. D., Mérida, Yucatán, Mexico.

I would like to say a word about *Mastoiditis*. Many people think that this serious disease always requires surgical intervention. They give credit to what the allopaths hold to be the only treatment for such disease.

Here is a case from my practice which shows clearly the action of our remedies in infinitesimal doses, selected according to the guiding law of homœopathy.

March 20, 1922.—The patient, a boy (1), aged 8 years, came to my office with his father, who told me that his son was sick since the 8th of March. The disease began with earache and

dull pain in the mastoid process (left). Actually the mastoid region is bright red, swollen, very painful to the least touch; there is fever (37 cent. morning, 39 to 40 evening), with profuse sweat, loss of appetite (anorexia) and sleeplessness. A very difficult case for treatment.

The former physician (Allopath) suggested operation as the only treatment. Then the family decided to see a homœopathic physician, and came to me.

According to the symptoms I ordered *Hepar sulph. calc.* 30x; 30 tablets, 2 every hour.

March 25.—Less sensibility in the inflammation (mastoid process). He could sleep a little better.—*Hep. sulph. calc.* 30x.

March 27.—The same condition. I changed *Hep.* for *Merc. solubilis*, 6x.

April 1st.—With the last medicine the tumor developed enormously and there appeared well marked fluctuation over the mastoid process. All the left side of the face was swollen. He could not open his left eye. Very pale face, profuse sweat, good appetite and good sleep. I gave *Hepar. sulph. calc.* 200x, 2 tablets every four hours. Afterwards, the tumor showed a tendency to open right over the mastoid process. At this point I made a very small lancet puncture through the skin, from which a great deal of pus poured out.

Now the boy is completely healed, without operation, with our medicines only and given in very small doses.

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## THE GENUS EPIDEMICUS.

C. M. Boger, M. D., Parkersburg, West Virginia.

A year ago Dr. Royal Hayes clearly demonstrated Cuprum to be the epidemic remedy for the late scourge of flu. The word, however, came too late for the overworked prescriber and the homœopathic death rate of under 2% still remained much too high.

That acute illnesses bear the hall mark of time and place was Rademacher's idea of a genus epidemicus; the thought has a peculiar Paracelsian flavor. He added organ testing, physio-pathological speculations and a general test and tryout method.

At the same time he elevated human judgment and the simple remedy above precedent and a scholasticism so stupefying that it had put doctoring on about the same plane as involuntary manslaughter. Hahnemann's ideas caused him to lose himself in the bog of specific medication. We now call this Eclecticism; whatever that may mean.

Extraneous influences, ethereal, telluric or what not, clearly can call forth only what is pre-existent in the human organism; epidemic symptoms therefore mean that certain external forces have contacted corresponding internal, even if latent ones. This helps us to understand susceptibility.

Rademacher experimented to find the epidemic remedy. We, with the aid of the law of similia and our provings, can find it much more quickly, especially by gleaning the characteristic from among the pathologic-diagnostic symptoms; a method that grows rapidly easier as case after case adds its quota. The earlier cases are generally the more severe, thus obscuring the finer indications, which peculiarities are then as yet relatively few.

In 1863 Brückner asked Boenninghausen to cure him of a recurring affection, at the same time giving the history, as well as the status praesens of the disease. The latter, however, declared himself unable to choose the remedy with certainty because of the "absence of all characteristic (individualistic) indications." He added: "For many years the taking into account of the sickness of the individual, with his isolated, more or less abnormal peculiarities, has been my highest aim; and only afterward do I search among the concurrent remedies for the one seemingly best related to the (general) nature of the illness. To this method, also fully approved of and in his last years exclusively followed by the deceased Hahnemann, I believe I can ascribe many uniformly good results." In the same epistle he says that medicines which have the requisite outstanding symptoms but barely noted or even not at all are often the most helpful, while in Vol. 67, page 115, of the *Allgemeine Homöopathische Zeitung* he says: "A single symptom of such character and apparently complete, is ordinarily of much greater import than a long array of general sick signs, such as are to be found in almost every patient as in every proving." From the peculiar constitutional symptoms shown by Brückner from time to time, rather than his recent illness, Boen-



ninghausen finally chose Causticum. He usually repeated the 200 daily for about two weeks.

Those more or less crude substances which act as excitants of the disease, are logically best antidoted by the same or a similarly acting substance moving at a higher vibratory rate—a higher potency. The symptoms of Hahnemann's Chronic Diseases were mostly obtained from provings made with the 30, and in prescribing on these indications, we get the best results by far, by using still higher potencies. Swan was a great advocate of this method. Lately Radium burns and Primrose poisoning have both been rapidly cured with the same drug in a high potency, after the failure of other medicaments.

To some this may look like an easy way out of what is often a difficult situation; in fact, serologists have already tried their hand at it, but their results would hardly satisfy a Hahnemannian. The point overlooked by all isopathists is that the elicited symptoms are in every case a mixture of the general drug reaction plus the psoric, idiosyncratic or personal element. If this were not so, Rhus-tox high would invariably cure poison ivy poisoning, etc., which we know is not always the case. An isopathic success depends upon whether psora at the time happens to be latent or active. The use of antitoxin is perhaps the most prominent example of the same thing; its relative success depending almost entirely upon the fact that the psoric miasm is in the incubation or latent stage in childhood, when the tissues are undergoing the most active metamorphosis.

In a larger sense cure depends not only upon reaction, but also still more upon the kind of reaction, hence the experienced prescriber soon learns to recognize suppressive, palliative, curative or eradicated action. He therefore either takes the measure of the present symptoms and gives the remedy indicated thereby, or writes out the whole life history of the patient, with such individualistic particulars as appear from time to time, and prescribes thereon. The former method has encouraged the use of the lower potencies and frequent repetition, while the latter leads to the use of single or but few doses and the very highest potencies.

Recent symptoms are occasionally so firmly superimposed, as to positively require their removal before another step can be taken; but to make a practice of clearing away each successive

crop is likely to either palliate, suppress or so distort the symptom image as to make a final and radical cure improbable.

The two methods of prescribing naturally characterize the high and low potency adherents respectively. What both have heretofore failed to fully realize is, that curing implies an aroused vital force capable of sweeping everything before it. This being true, it behooves us not change the direction of its action too often, lest we retard or even prevent, rather than help to establish normal health again.

In conclusion I might state that for several months past the epidemic remedy I have found to be *Zincum*.

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## LABORATORY EXPERIMENTS WITH HIGH POTENCIES.

By Guy Beckley Stearns, M. D.

(Read at the June, 1922, Meeting of the International Hahnemannian Association.)

Last winter an experiment was made to ascertain the effects upon animals of drugs in homœopathic dilution. This was done under the combined auspices of the Trust Fund for Homœopathic Research and of the New York Homœopathic Medical College.

Because of its peculiar relation to our everyday life and to our materia medica, *Natrum Muriaticum* was selected as the drug. Guinea pigs were selected as the animals.

The purpose back of this experiment was to treat, by modern laboratory methods, the problem of high dilution. We were not interested, except incidentally, in what *Natrum Muriaticum* would do, but only in whether it would do anything. Therefore no animals were killed. We ran *Natrum Mur.* up, in accord with Hahnemann's directions, to the 200th in our laboratory, but for the 1 m. we used the hand-made potency of Boericke & Tafel. Distilled water was used as the diluent. Our original intention was to run the drug up ourselves to as high a dilution as we would use, but making the 200th took so much time and labor that we decided to use a reliable stock potency for anything above the 200th.

It is interesting to the users of the higher dilutions to know that Boericke & Tafel have the 1000th potency of one hundred drugs, all run up by hand as Hahnemann directed; that is to say, one thousand vials were used for each drug. Mr. Schaefer and Mr. Boericke, who did the work, died long ago and the initial cost has never been realized.

Our first experiment was made with twenty animals; ten provers and ten controls. The 30th of Natrum Mur. was given to the provers. The two groups were kept in separate hutches.

In the second experiment, Natrum Mur. 200th was used, with fifteen controls and fifteen provers. These thirty animals were kept in the same hutch; this was an error, for it proved difficult to distinguish the two groups when they were mixed.

The third experiment was made with sixty animals; these were divided into four groups of fifteen each. One group was used as controls, and the other three were used for the 30th, the 200th, and the 1 m. of Natrum Mur. respectively.

As part of the third experiment, those guinea pigs that had been on the 200th, but had stopped giving symptoms were put on the 1 m., but were kept in a hutch separate from the other animals to which the same potency was being given.

Our laboratory was a wooden shack about 15 by 8 feet, which had been left on the college grounds by some contractors. It was heated by a small coal stove. The hutches occupied one side of this building in two tiers of four each. All the animals were fed and cared for identically.

To the provers we gave daily three drops of these potencies of Natrum Mur. in distilled water, and to the controls, daily, three drops of distilled water. Within one week all of the provers began to show effects, but at the end of about six weeks, although they were receiving the drug daily, they ceased to show symptoms. Those on the 30th and on the 1 m. showed more symptoms than those on the 200th, and 1 m. provers showing the greatest effect. Those which had first been given the 200th and then the 1 m. showed the greatest and longest-lasting effects of all. In fact, some of this group, after three months, have not yet returned to normal.

The following effects were observed:

The animals used were about two-thirds full grown.

1. Within a week all provers lost weight. Their weight stayed down for two weeks, then went up somewhat and then went down again, varying throughout the proving. The controls gained steadily.

2. Before the end of the second week all the provers became less active than the controls. Upon opening the hutches, we found that the controls were alert and moved away if one attempted to touch them. The provers would be more indifferent, frequently allowing themselves to be touched. The ears of the provers drooped, whereas the ears of the controls were always up and alert.

3. After feeding, all of them lay around for a while, but the provers scattered about the hutches as though wishing to be alone, whilst the controls rather huddled together.

4. The animals appeared to be more sensitive to extremes of temperature whilst proving, curling up with the cold or lying about languid from the heat. Also they were apparently more susceptible to pneumonia whilst proving, though less so afterwards.

5. When at the height of the proving, a characteristic posture was to lie with the back hunched up and the abdomen drawn up, not as though in pain, but as if they felt sickly and dumpish. They also did not control their legs as well as usual, resting more on their haunches with their feet spreading off to one side.

6. They got puffy about the jaws, with obliteration of the hollow between the head and the body.

7. Three of the 1 m. provers had wry neck—this may or may not have been due to the drug.

8. The time when the animals showed the most obvious effect of the proving was in the afternoon about 4 o'clock. Sometimes, when excited or hungry, the provers would become animated and many of the effects would not be manifest.

9. The eyes lost their lustre and became watery, and, in some cases, had a clear, mucous secretion. In a few, a white film appeared.

10. Several developed a left-sided, sticky, brown, mucous, nasal discharge.

11. The appetites of the provers were more variable than those of the controls. They would lose their appetite for bread, but would drink the milk and water in which it was soaked.

12. The provers urinated more than the controls.

13. There was an apparent diminution of sexual activity among the males of the provers. A few of the females aborted.

14. Cough. This occurred as single, racking coughs which seemed to come from below the diaphragm and caused the animal to hump its back. This began, in some cases, within two or three days, and lasted throughout the proving. No controls developed this symptom. The cough always occurred more in the middle of the day.

15. Many of the provers had more rapid heart action than the controls.

16. Their hair fell out and became sticky and lost its gloss. At the height of the proving the hair tended to part in a streak lengthwise of the body.

17. A few of the provers that died showed, on autopsy, a foecal impaction and grangrene of the gut. None of the controls showed these effects, but not enough experiments have been made to warrant our attributing these effects to the drug.

The above were the observed facts in these experiments, but this is only a preliminary report, as the experiments will be continued on a more extensive scale next year.

#### CHARACTERISTICS OF THE GUINEA-PIG.

The guinea-pig is neither a pig nor from Guinea. Its true name is cavy; and it belongs to the family of rodents. Children are admonished that if they lift a guinea-pig by the tail its eyes will drop out; perhaps this is true, but the guinea-pig has no tail.

Some think that because it is so often used for experimental purposes the cavy must resemble human beings. This rodent, which

at maturity weighs two pounds, resembles a human being no more and no less than a rat does. He is more lovable than a rat, but not nearly as intelligent.

It is a native of South America, where it is made a household pet, and a table delicacy as well. Perhaps "cavy fricassee" would be delicious, but their amiable qualities as pets rather endeared them to us so that to eat them would have seemed like dining on one of the family.

They are timid and stupid, and not responsive to human attentions. When hungry, however, they will crowd about the hand that feeds them and, when tamed, cautiously creep toward a hand extended to them, stretching forward their necks and sniffing and nibbling at one's fingers. They are never vicious, but their teeth are sharp and they do nip a finger now and then. Invariably they qualify as "cute" to visitors and tempt the stranger to introduce an unwary finger between the wires. Mr. Zukauckas, my student assistant, trained one to nip the finger thrust into the cages and every visitor was introduced to that animal first. The guinea-pig did not mind, and he created an impression of fierceness that saved us a great deal of outside meddling. In religion they are Mormons, their family life being strictly polygamous. Four wives were allotted to each gentleman cavy in our hutches. They live sociably together except for the males, who fight until the one who is boss firmly establishes himself.

Their period of gestation is from 63 to 70 days, and they produce from one to four offspring at a birth. One cavy wife will present to her husband about twelve infants a year. The young are born with hair and with their eyes open. In a day or two, they are eating greens and hay with their parents. The mothers have only two teats.

Their life is ideally communistic, the young nursing indiscriminately from different mothers. Normally, the young nurse for about three weeks, but some of ours, in cases where the mother died within three or four days of birth, thrived and grew up. For food, they require plenty of green stuff to maintain resistance and plenty of hay for roughage. Of the latter they eat an astonishing quantity. To prohibition the guinea-pig is indifferent, for he has plenty of green stuff, he does not require even water. We found that a suitable diet was hay for bedding and roughage, sup-

plemented by a dish of oats, and all the green stuff the animals would eat twice a day. To this we added bread first soaked in water, and then milk added to that.

The guinea-pig is classified as a dumb animal, but we learned to recognize six distinct vocal expressions. One is produced by the animal, standing with its haunches low, its fore-legs braced so as to hold its chest high, its neck stretched forward, opening wide its mouth and giving a series of shrill squeals and ending several octaves above high C. This we have not interpreted, but when we first approach their hutches in the morning and speak to them, often one of them will give forth this sound. It seems for all the world like an operatic effort. The second is a more subdued squeal, several octaves lower, and is clearly a demand for food. The third sound is a pleasing, low-keyed, murmuring squeak, unmistakably an expression of contentment. The fourth is an alluring, continued purring, used only by the male, and is seemingly a serenade. The fifth is a squeak of resentment and fear, when the animal is unskillfully handled. The sixth is like the squeak of a crow and is emitted only when the guinea-pig is hurt. These animals are extremely delicate and susceptible to pneumonia. Every change of weather brought about a few fatalities, so that, during last winter, we lost, all told, about 30 per cent. of our stock. One of our anxieties of last winter was that we must be so attuned to variations of weather that a change in the night would awaken us, and we in turn would telephone over, awaken the night watchman and have him make sure that the fire in the shack was all right. One single slip on a cold night might result in the loss of all our animals just in the midst of an experiment which had been weeks in the making. They are as susceptible to summer changes as to winter changes. Many of our animals were found dead of pneumonia after a sudden drop of the thermometer and this without any previous sign of illness. Some would give symptoms sufficiently early to permit us to prescribe for them, and then, of course, many were saved. Bryonia was the only remedy that helped, and the 30th seemed to be the best potency. Apparently many wild animals in captivity easily get pneumonia. It occurs to me that one reason for the susceptibility of the cavy is its small thoracic compared with its abdominal capacity.

In some localities distemper kills a great many, and the Department of Agriculture bulletin warns us of the dangers of indigestion. This past year was a hard one for cavies throughout the country. Any one interested in rearing guinea-pigs should write to the Department of Agriculture for its bulletin on that subject. All homœopathic work undertaken with animals should be conducted by a man who likes dumb creatures and whose attitude toward all their expressions of emotion is understanding and humane.

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### AN INTERESTING ACCIDENTAL PROVING OF MANGO.

By Wm. L. Smith, M. D., Denison, Texas.

About 2 A. M. on July 20, I was called by telephone by a patient, Miss L. H., age 18 years, who was almost frantic with hives or nettle rash. Unable to ascertain the immediate cause at the time, I advised the young woman to sponge herself with soda solution. At 4 P. M. on the following day the girl's mother called at the office to report and stated that her daughter had fallen asleep after the sponging and had slept profoundly until awakened at 10 A. M., but had again fallen asleep until once more aroused at 2 P. M. I now learned that the girl's father had just returned from a trip to Chicago, on the day before, and that he had brought with him mango fruit (*Mangifera*), of which all three had partaken. Soon after the daughter complained of itching of the palms, increasing so that she was impelled to tear herself for relief, also of a suffocative sensation in the throat as though it would close; thereafter the lobes of the ears began to swell and felt as though they were being pulled out of her head. Sneezing occurred and the lips were swollen, especially the upper lip, the skin was swollen and appeared as though sunburned, together with white spots like bee stings and intense itching, driving her almost to distraction. Soda solution was used internally also, relief following as stated above, except that drowsiness continued for some time. The patient is a tall and slender woman, with a dark skin, blue eyes and brown hair.



## CEDRON.

By Grace Stevens, M. D.

(Read at the June, 1922, Meeting of the International Hahnemannian Association.)

This drug, in the form we employ it, is prepared from the seeds of the *Simarula Cedron*, a tree found in South America, on the Isthmus of Panama and in the West Indies. We find mention of it in a "History of the Buccaneers," written in 1699.

I have not been able to find any description of the tree itself, but the fruit is a sort of tough drupe or stone fruit, about the size and shape of a turkey's egg, and the seeds are three or four cm. in length. They are nauseatingly bitter in taste.

About the middle of the last century Cedron became known to some of our homœopathic physicians, who made provings of it. Among these were Metcalf, Teste, Douglas and Stennett.

In its natural habitat, Cedron is considered a specific for the bites of poisonous insects and snakes and for hydrophobia and it is also used in the treatment of epidemic, intermittent fever. The results of the provings point to its homœopathicity in these conditions and among its analogues are *Arnica*, *Cimicifuga*, *China* and *Gelsemium*. We also find points of resemblance to *Lachesis*.

The sphere of action of the remedy includes both the cerebro-spinal and the sympathetic systems. Its outstanding characteristic is its clocklike periodicity. This we notice especially in the facial neuralgias that are produced and relieved by the drug. The pain may come regularly at any hour, but is more apt to appear at 7-8 P. M. and to affect the right side.

The head was very much affected in most of the provers, especially when the drug produced paroxysms of fever. There was marked congestion, giving rise to feeling of expansion and pressure right side. Sensation of a band around the forehead and a weight on the vertex. Pains in the bottom of the orbits extending to the occiput and compelling one to close the eyes.

The pains were all dull except in the occiput where they were sharp and jerking. The headache lasted during the whole proving.

Hale tells us that after Teste published his *Materia Medica* there was a great demand for Cedron, especially in the West and South

where malarial fevers were prevalent. Some cures of intermittents were reported, but many failures as well and Hale suggests that the latter were due to lack of differentiation. From the provings it would appear that Cedron was suitable for only such cases as presented a congestive headache, very like that of China.

Another symptom which appeared in all the American provers and in nearly all those who developed fever paroxysms, was oppression of the chest and violent beating of the heart; an oppressive pain in the chest extending to the back, with frequent desire to moan and take a long breath.

After the chill subsided and the fever came on there was marked thirst for hot or cold drinks and a bruised feeling all over, that reminds one of Arnica.

A peculiar symptom was icy coldness of the tip of the nose, even during the febrile reaction when the rest of the face was red and hot.

The fever recurred every day in some of the provers, every second day in others. There was constriction of the throat, making it difficult to swallow saliva and an irritation of the larynx which resembles Lachesis.

This is interesting in view of the fact that Cedron has been considered almost a specific for snake-bites in the countries where it grows.

Some of the eye symptoms suggest Gelsemium. There is vertigo, dimness of sight, misty vision as if caused by smoke.

The eye-lids itch and the eyes smart and burn, < when closed.

Under ear symptoms we find singing and buzzing of the ears toward noon and deafness at night. This is like China and we find that Cedron antidotes the effect of Quinin on the auditory nerve.

Some interesting effects on the mouth appeared in one woman prover with her menses and lasted as long as the flow: Great dryness of mouth and tongue with thirst and difficulty of speech; an intolerable prickling, itching of the tongue, obliging her constantly to rub it against the palate; saliva thick and white after talking.

In the stomach, sensation as of a stone reminds us of Pulsatilla. There is also distension and tendency to nausea < rest, > walking, > eating.

Constipation with ineffectual urging is recorded, but diarrhoea especially with whitish, curdlike stools occurred after meals, with slight colic and inodorous flatus.

In the fever paroxysms, there was scanty, high-colored urine during the chill and profuse flow of pale urine with the perspiration.

The genital symptoms were not very marked during the provings but cures are reported of nervous symptoms, neuralgia, hysteria, etc., following coitus or accompanying menstruation.

In the back and neck we find stiffness and pain and in the extremities pains of various sorts, often sharp and stitching, recurring periodically or worse before a storm.

There is general weakness of mind and body < after sleep.

My own experience with Cedron has been small, but I had a case of facial neuralgia not long ago which was relieved by it.

Mrs. B—, age 64.

For over a year she has had neuralgia of right face, for which she has been given many drugs, with little relief except from opiates.

Now the pain comes every evening about 8 o'clock and keeps her awake. It is temporal, extending over the eye and into the cheek.

Lachrymation during pain, which is:

- < lying head low,
- < speaking,
- < eating.

Tongue coated white, feels large and dry, tastes bitter.

October 9, 6 P. M.—R Cedron 200 every two hours till better.

The pain was delayed an hour and then was not so severe as usual.

The next night the patient went to sleep without pain, but woke with it later in the night.

On the third night there was no pain. The relief lasted for nearly a month, and then the pain gradually reappeared, always < eating, talking or bathing face. R Cedron 200 only partially relieved and the time of aggravation was changed to morning and forenoon.

A review of the symptoms showed:

General, > in open air.

Aversion to heat.

Pains not < cold air or > warm applications.

Taste offensive. Tongue feels too large.

Blood pressure 190 sys. 110 diast.

Sadness, frequent desire to cry.

Puls. in ascending potencies helped very much over a period of two or three months, but the pain would return after a time.

Finally, on the symptom, worse from eating or talking, Phosphorous was given with some relief.

In this case Cedron was evidently only a similar, or the potency was not right, or it was not sufficiently deep-acting to conquer the difficulties of the case. The patient was under a great nervous strain and was constantly over-working.

In hunting through our homœopathic literature for data on Cedron, I found a case reported some years ago by Dr. W. D. Gorton, of Austin, Texas.

The patient was a man who had been poisoned by *Rhus tox.* three times in one month and had developed carbuncles, followed by intermittent fever.

The fever came on each day promptly at 3 P. M. and was accompanied by sticking pains in thighs and abdomen.

The sweat came during sleep and was cold, causing the patient to wake with discomfort.

℞ Cedron 45 m. relieved the symptoms in a few days, and Dr. Gorton suggests that it may prove a valuable antidote for *Rhus tox* poisoning.

Cedron does not seem to be a very deep-acting remedy, but it certainly deserves consideration in acute cases.

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## THERAPEUTIC METHODS WITH ILLUSTRATIVE CASES.

Dr. S. R. Geiser, Cincinnati, Ohio.

(Read at the June, 1922, Meeting of the International Hahnemannian Association.)

All systems of medicine, cults and fads claim vast improvements in their beginnings over those that came before them. A

majority of all medical men, however, are at one in the desire to relieve pain and discomfort by any and all means at their disposal.

While a student of medicine I heard a lecture by a prominent old school physician, who said, among other things, if he were seriously ill, he would prefer to be treated by a qualified homœopath, than by an allopath of questionable reputation.

I will reciprocate by stating that I would rather be attended by a first-class, conservative O. S. doctor, than by a weak-kneed, staggering, wiggly-waggly, spineless homœopath.

My affiliations with old school physicians during my medical career have been pleasant, often instructive, and it would be impossible for me to recall a violation of the code. It often occurs to me, that if a few "long-headed," unscrupulous, medico-political, pseudo friends of the people," of the A. M. A. would abdicate, the various schools of medicine would be in co-operation for the good of suffering humanity. With predominancy and omnipotence on the one hand, and *commercialism* on the other hand, homœopathy is having a hard road to travel.

Throughout my medical career, my endeavor has always been to keep my eyes and ears open, to "prove all things and hold fast to that which is good," regardless of source.

However, I have endeavored to "hew just as closely to the line" as possible, to separate the chaff from the wheat, and adhere just as closely to our method of cure, as possible, because I believe that in the law of similars we have the best working basis ever formulated for the cure of the sick.

I have endeavored to add a little each day, to what I have, or to use the expression of Dockstader—"a little bit added to what you have makes just a little bit more." In medicine there should be no place for dogma. In the final analysis, practically all so-called scientific, medical questions remain debatable. *Experience* will ever remain a great factor in determining results of treatment.

To combine all that has proved true and efficient in all systems from the oldest to the most advanced, is logical. In my efforts to prove the efficacy of drugs homœopathically indicated, or to prove the inefficacy of *all methods*—allow me to illustrate by citing *just a few* clinical cases from every day practice.

The first, a girl of twelve years, was attacked with sore throat, for which some home remedies had been administered, and later I was consulted over the 'phone relative to the case, and I sent some medicine. The following day I was called. The girl had a spinal curvature for which cast jackets had been applied by an Orthopedist, with some benefit, but the subject was by no means robust and hence had not much resistance.

On inspection I discovered an exudate on the left tonsil fully  $\frac{3}{4}$  of an inch in length and  $\frac{1}{4}$  of an inch in width, and a small patch on the other tonsil, and one on the uvula, all of a grayish and rather shiny nature. There was some fetor, only slight glandular involvement, temperature  $99\frac{1}{2}$ —and not good heart action, somewhat quick and irregular. Even without a culture—which was positive—the clinical symptoms of diphtheria were evident.

How to combat the disorder was the next question. Antitoxin, unquestionably one of the greatest discoveries in the history of regular medicine, came to my mind at once. A case of diphtheria coming under observation in reasonable time, is supposedly a case for antitoxin, and we are censured by Health Boards if not administered. The lateness of the case, however, and clear indications for a homœopathically indicated remedy caused some moments of consideration.

Antitoxin, it is said, should be employed early; in fact all treatments should be administered early in order to get results. The lateness of the case is doubtless a menace to any proper method whether surgical or medical.

The proper procedure at the proper time, whatever that may be, offers the best possible results. I spoke to the mother relative to the pros and cons. She had in mind some friend's children who had had diphtheria in a mild form, she contended, had had antitoxin early, and very slow and unsatisfactory recoveries followed.

She seemingly preferred other than antitoxin treatment. The symptoms pointed clearly to the merc. cyanid, which was administered in the 6x trituration, two tablets every three hours. The following day there was a slight disintegration of the patch on the left tonsil, and in twenty-four hours the exudate on the right tonsil had disappeared and two days later the throat was free

from exudates. The patient was advised to remain quietly in bed another week, when she was practically normal.

I have in mind, other late cases, *one* recovering in reasonable time with the use of Nitric acid, another with the use of Kali bich. Should this country be unfortunate enough to be visited again by an epidemic of diphtheria as in 1878-79 and 80, all methods and procedures would likely fall short of expectations, though sanitary conditions are much better now than in those years which would be an aid to raise the percentage of recoveries.

In the nineties, we were told by the dominant school, that the *only* remedy was antitoxin, yet the death rate continued just the same. In a severe epidemic, properly selected homœopathic remedies might compare favorably with antitoxin. Neither serum nor other remedies can undo the serious damage done to the cells of the body in late cases. It would certainly be interesting to test antitoxin in one thousand cases compared with homœopathic treatment in equal numbers, granted, however, that all cases receive early treatment.

The Chicago Department of Health recently reported a death rate of almost 25 per cent. in diphtheria. The high death rate of this disease is attributed to mistaken diagnosis, late administration of antitoxin and insufficient dosage. Notwithstanding this loss of life from diphtheria, it is much less, it is said, than it was twenty years ago, and the saving is attributed to the use of antitoxin.

On the other hand, it is contended that pneumonia's death rate is exactly the same today as it was fifty years ago. Comparative statistics of one thousand cases of whooping cough treated homœopathically and one thousand cases treated with serum would be of interest to the medical profession. Also would a comparison of homœopathic treatment and serum treatment in pneumonia be interesting.

Were it not for the powers that be these questions could be decided satisfactorily by foundations, unfortunately devoted to further commercialism.

. During 1918 and early 1919 opportunity was had of coming into contact with fourteen different chiefs of medical service in as many hospitals in the department of the Southeast. These chiefs of service were representatives of the best medical opinion

of varied sections of the country. The serum treatment of type I infections was made obligatory by the Surgeon General's office, and was carried out under the most favorable conditions with respect to promptness of typing, and skilled serum administrations, and recorded results of fourteen chiefs of service, but *one* seemed enthusiastic about the serum treatment of pneumonia. Records of recoveries were practically the same *with* or *without* serum treatment.

It is contended that if the serum be given before the third day of the disease, the attack may be cut short. Similar results can doubtless be derived from Aconite, Ver. Vir. and Ferrum-phosphoricum, and without unfavorable reactions. In addition to the properly selected homœopathic remedy in pneumonia, for instance, I believe that a case showing any cyanosis or other evidence of anoxemia should have oxygen at frequent intervals from the start and not as a last resort.

Edison said he intends to work until the oxygen tank is brought to him. If the oxygen tank is brought early, even Mr. Edison may recover despite his doubts of its efficacy.

In the most desperate case of pneumonia, under my observation, during the dreadful influenza epidemic of 1918, I used oxygen early and often only in *one case*. The patient recovered. Oxygen is not harmful, nor does it interfere with homœopathic medication. The mortality of those under my care during this epidemic was *nil*.

As another instance illustrating the efficacy of properly selected remedies, allow me to relate the following: A woman of 63 years was attacked with rheumatism—perhaps better called streptococcus infection. How much truth there is in the etiologic significance of the organisms hitherto found I do not know. This was a severe type of this disorder affecting every joint. It was not due to defective teeth, nor tonsils, but to too much starchy food and sweets.

The suffering was intense. Some years previous she had a similar attack, which confined her to bed three months. She was full-habit, which added greatly to her discomfort. The temperature ranged from 101 to 103½ degrees. It is needless to describe further the suffering of this person. You all know the meaning of inflammation involving all the joints. Among other symptoms, aid-



ing in the selection of the remedy, was a white tongue, with red streak down the centre, not the triangular tip of rhus, but the red throughout the entire length. *Veratrum Viride* afforded relief in a few days, and in two weeks she was entirely free from pain, and in another week she was out of bed without sequelæ.

This woman's daughter had a similar attack three weeks previous. Shifting pains, worse at night, the large toes and heels particularly involved, led to the selection of *Colchicum*. She discarded the bed at the beginning of the third week. What was the philosophy of cure in these cases? Did nature accomplish the desired results? Or were they brought about by active stimulation of nature's defenses, rousing the antagonistic powers of the body? Let the laboratory worker decide this question.

In rheumatic conditions we should always consider carefully focal infections, but the only way in which any permanent benefit can accrue is through a proper regulation of diet. Another case where the mitral valve was incapacitated came under my observation which had been treated by heroic medication and serum treatments. She remained in bed several months, in order to regain reasonable health. Had she received *Puls. phytolacca* or *Kali bich.* early, owing to the shifting nature of the pains, the valvular lesion could likely have been prevented. We well know that in children and young people valvular lesions are apt to follow rheumatism, but in the adult these sequelæ should be prevented in most instances.

I am not relating this case in a spirit of criticism, but with the view of getting at facts. The attending physician was a capable one and was following the methods of so-called leaders.

In conclusion allow me to relate one more case illustrating the action of well-selected remedies. A woman of 65 years had been indisposed for some days with symptoms of influenza, aching, coryza, some cough, followed later by a decided chill and elevation of temperature.

Five years previous this patient had a "nervous breakdown" when her heart began to fail; since then she never became entirely normal. On my first visit the temperature was 103 degrees, pulse 110, respiration 40. During the first week of her illness temperature ranged from 103 to 104½, respiration and pulse as above. She developed pneumonia of the left lower lobe. She had sharp pains in the chest, and throughout her body. The cough was ex-

tremely painful, which was partially ameliorated by holding tightly to the bed in order to immobilize the chest. The expectoration was at first rust-colored, with much thirst and no appetite. Bryonia in reasonable time afforded much relief. Later phosphorus completed the cure.

After the eighth day there was no temperature and in another week she was out of bed. What would have happened had this patient been treated with aspirin, serum and digitalis?

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### ARALIA RACEMOSA.

By Frank W. Patch, M. D., Framingham, Massachusetts.

(Read at the June, 1922, Meeting of the International Hahnemannian Association.)

At the last annual meeting of this society Dr. John Hutchinson, of New York, gave a most interesting paper on *Aralia Racemosa* (Spikenard), calling attention to the relation of the drug to certain asthmatic conditions usually rather difficult to overcome.

Neither Allen's "Encyclopædia" nor the "Guiding Symptoms" give any account of provings; Farrington devotes five lines to the drug and Pierce mentions a few clinical symptoms overcome by the 1x dilution, so it is evident that here we have a remedy vitally in need of comprehensive proving, for while the drug is mentioned in some of the repertories and in the desultory manner already noted in some of the *Materia Medicas* I have not been able to discover an actual proving and I infer that Dr. Hutchinson based his paper wholly on the same imperfect data.

My object in bringing up the subject this year is to call attention to a single case of Asthma which had baffled my efforts at prescribing for many years.

J. S., about 75 years of age, had suffered many years from periodical attacks of Asthma. He had never had any other serious illness and these attacks had always been of a highly bronchial nature.

The symptoms were as follows: Wheezing respiration accompanied by spasmodic cough, great sensitiveness to cold with desire to be warmly covered; rather profuse expectoration, which at the worst is stringy and tenacious. Attacks usually come on as an aftermath of an acute bronchial "cold," which rapidly drifts into

a Bronchial Asthma with all the distress and suffering which these cases naturally involve.

The symptoms were always severely aggravated at night and on investigation it seems that the inability to lie down, desire to have the head high, is one of the important symptoms and this feature I find runs through all of the Aralia cases to which I have had access.

Severe attacks of Bronchial Asthma with inability to lie down. You may say that this is peculiar to all cases of Asthma, but in these Aralia cases it certainly is a more pronounced symptom than is found in every instance.

Previous to the use of this remedy I had given this patient Ipecac, with occasional apparent success, but finally it ceased to be of service. Kali Carb. had also proven of general systemic help in previous years, but it did not overcome the attacks of Asthma.

The Aralia was given first November 29, 1921; the patient then walking around midnight with a spasmodic cough and asthmatic breathing for which he was obliged to sit up and had little or no sleep the rest of the night. So here we have an aggravation after midnight as well as on lying down.

This attack was speedily cut short, so that the symptoms were practically overcome within two or three days and there has been no further attack since that time in spite of several severe colds during the past winter which, under former conditions, would have meant weeks of suffering from the Asthma.

I trust there may be further use of this remedy and more case reports for our next meeting.

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### BROMIUM.

By Harry B. Baker, M. D.

(Read at the June, 1922, Meeting of the International Hahnemannian Association.)

This paper is written for the purpose of calling attention to a remedy which the writer feels that he has greatly neglected, and that perhaps others have also.

Bromium is generally looked upon as an acute remedy useful in certain cases of croup and diphtheria, and the fact that it is a deep-acting antipsoric is forgotten.

Clarke says that it is especially suitable to blue-eyed, fair people, especially children with thin, white delicate skins, and very light hair, to scrofulous constitutions. The glands are swollen and indurated. It is a strong, anti-scorbutic.

A year ago I had an obstinate laryngitis in a child of five who answered to the above description, and had a history of scurvy when a baby. Phosphorus did not relieve, and after studying the case carefully I gave three powders of Bromium cc. This not only relieved the acute condition, but improved the chronic condition to a marked degree, and I kept her on it for some time, repeating when improvement stopped, with very gratifying results.

I had had this child under treatment for some time with very poor results, until Bromium was used. In looking back I can recall a number of cases for which I used Phosphorus and Calcarea Phos. and which would have probably responded much better to Bromium.

It has an amelioration at the seaside and is useful in cases of asthma which have this modality. A very peculiar symptom is "Loud emission of air from the Vagina."

I shall try to keep Bromium in mind when prescribing for fair-haired psoric children which are not exactly Calcarea Carb. or Calcarea Phos.

I think that it has quite a field of its own here.

Richmond, Va.

## DEPARTMENT OF HOMŒOPATHIC PHILOSOPHY.

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## INDISPOSITIONS AND THE SECOND BEST REMEDY.

(A Lecture Delivered Before the Senior Class of The New York  
Homœopathic Medical College and Flower Hospital.)

(Continued.)

The very greatest of our prescribers—men like Bœnninghausen, Hering, Lippe, Wells, Biegler, of those who are gone, and almost all our expert prescribers of today, do not fail to carry their repertory with them to all cases, nor hesitate to use it in the presence of the patient if necessary. Instead of arousing distrust on the part of the patients, as you might think, it awakens confidence. To see a physician making a thorough examination, studying, "taking pains," showing a real interest in the case and a determination to do his best at the "psychological moment" (which is always the *present moment* with the man who is suffering), is calculated to inspire confidence at all times—except with fools, whom no physician wants for patients, and who ought to be permitted to get off the earth as soon as possible for the benefit of posterity.

Another use for the second best remedy is as a supplement to the indicated remedy. Experience shows that Hahnemann was right when he advised that *the remedy should be stopped as soon as signs of improvement appear*, and the curative reaction be allowed to go on without further repetition of doses as long as it will. This, of course, refers to the cases where repeated doses are given from the beginning. When improvement begins and you desire to cease medication, you will simply substitute Sac. Lac. for the remedy and watch your case.

The same course is pursued when treatment is begun with the *single dose*, by which method many of the most brilliant cures are made.

We may give enough Sac. Lac. powders to last during the interval between visits, or a vial of blank tablets or pellets; but be sure to moisten the tablets and pellets with alcohol, or put some

unmedicated pellets in the Sac. Lac. powders. Patients have a way of investigating powders sometimes and counting the pellets. If they find no pellets they may become suspicious.

The medicine case should always contain a vial of blank pellets properly labeled for such use. One friend of mine always carries a duplicate case of vials containing blank pellets, but labeled as medicines to disarm suspicion.

These are some of the ways to use the second best remedy. If you follow the right course you will find more and more use for it, except with a few rare patients whom you can gradually educate up to the point where they come to realize that but little medicine and few doses are necessary, when a case is skillfully conducted. All this is quite in line with the most up-to-date teaching and thinking on therapeutic subjects. The use of placebo is simply one form, and a very powerful form of therapeutic suggestion; or, to use the still more recent term, psycho-therapy. In the habitual, systematic and judicious use of the harmless little powder of Sac. Lac. the homœopathist antedated all the modern cults of drugless healing, and even they have devised no more powerful nor efficient measure.

We are not under the necessity of sending our patients away, as Dr. Wm. Gilman Thompson, of Cornell University Medical College, had to do. He was holding a medical clinic before the senior class. To this clinic came a woman whose case was diagnosed as neurasthenia. Among the multitude of complaints she poured forth, she laid most stress upon *Constipation*; but declared that she *could* and *would* not take any more cathartics.

Dr. Thompson pondered over the problem a few moments and then turned to the class and said: "Gentlemen, there is but one thing to do for this patient. We will send her to Boston. There, they will give her a *subconscious pill*, and she will get an *Immanuel Movement*!"

Many who are not susceptible to the "subconscious pill" will respond to the somewhat more tangible but none the less efficient Sac. Lac. powder, even among those who live in Boston!

It is but right that I should tell you, while on this subject, that objection has been made to this mode of dealing with cases, by

certain individuals with *very* delicate consciences, on the ground that it was not strictly honest! To practice even such a mild deception upon patients would violate their fine sense of honor! Besides, it tended to engender in patients a *habit* of dependence upon Sac. Lac., and to demoralize the physician who followed the practice!

Recall the words of HIM who said: "Woe unto you, Scribes and Pharisees, hypocrites! for ye pay tithes of mint and anise and cummin, and have omitted the *weightier matters of the law*, judgment, mercy and faith; these ought ye to have done, and not to leave the other undone. Ye blind guides, which strain at a gnat and swallow a camel!"

He who said that anointed the eyes of a blind man with "clay mixed with spittle," bade him go and wash in the pool of Siloam, and he recovered his sight—healed by *faith*; awakened by the therapeutic suggestion of a *clay placebo* and an order to take a bath!

Any harmless measure, which tends to arouse the curative reaction of the organism through the awakening of faith and confident expectation, is not only right but legitimate, and sometimes indispensable.

But what shall we say of the men who have been so pained at the thought of using the placebo, when we find them violating every fundamental law and principle of the art whose name they profess before the world, by using powerful drugs in such a manner in their treatment of the sick, in both public and private practice, as to do irreparable injury?

Or what shall we say of men prominently before the public as official representatives of homœopathy in college and hospital, who herd patients in a Metropolitan Hospital ward, arbitrarily denominate them a "class," without regard to their individual symptoms, and give them all, indiscriminately, hypodermic injections of "a preparation of digitalis" for their hearts.

This is indeed neglecting "*the weightier matters of the law.*" It is the irony of fate that makes it possible to say such a thing of men who conduct a great hospital which was specifically

founded and financed for the purpose of dispensing the blessings of homœopathy to the poor of the great city.

And what about the young men who come from far and wide to the colleges connected with such hospitals, and pay their money in good faith for such instruction in the methods and principles of homœopathy, who are called upon to witness such perversions of all true therapeutic principles, to say nothing of homœopathy? Should they not be considered?

President Cleveland immortalized himself by declaring that "Public Office Is a Public Trust."

President Roosevelt endeared himself to the people, and will go down in history as the great exponent of "The Square Deal."

These two great leaders, each in his own way, have thus voiced the principles of *Common Honesty* in the conduct of public and private affairs. The people have listened and responded. The world is waking up, for, as President Lincoln said: "You can fool some of the people all of the time; you can fool all of the people some of the time, but you cannot fool all the people all of the time."

When homœopathic colleges teach homœopathy in every appropriate chair; when homœopathic hospitals and homœopathic clinics are conducted on homœopathic principles; and when homœopathic physicians make at least a sincere *attempt* to prescribe homœopathic remedies for their patients; then, and not before, will the principles of *common honesty* find their application in the homœopathic medical profession.

It is a breach of trust to do otherwise. The *moral obligation* is upon every man who is affiliated with a homœopathic institution, and upon every physician who professes the name of homœopathy, to be true to homœopathic principles.

It is not many years ago that the late Judge Barrett, of the Supreme Court, in a decision which he handed down in a certain case, declared that the *legal obligation* rested upon every professedly homœopathic physician to practice according to homœopathic principles; and that he was liable at law if he did not do so. The people who give their money to found and sustain homœopathic institutions have some right in this matter which should be respected.



We have now a "pure food law" which requires that all goods shall be "true to label." The time may come, and perhaps is not far distant, when we shall have a "pure practice law," which will require that a man who represents himself as a graduate of a homœopathic school and a practitioner of homœopathy, shall be required to practice in accordance with the principles of that school or suffer the penalty of his misrepresentation; in other words, that *he* shall be "true to label." He will not be able in that day, as he is now, to advertise "57 varieties"! There is but *one* variety of homœopathy, and that is the homœopathy of Hahnemann, the principles of which are plainly laid down in the Organon. All other varieties are fraudulent, concocted of impure materials, and injurious to health, like the inferior canned goods of the manufacturers, which they try to preserve with antiseptics. If some of the fraudulent homœopaths were compelled, like the food manufacturers, to state on their labels the names and percentages of the foreign ingredients in their wares, it might be better for the people, but they would have to enlarge either their labels or their packages in order to make room for the list.

With all this there is no need to be pessimistic. The leaders of the homœopathic profession are awake to the true state of affairs. They are demanding of their colleges and teachers that homœopathic principles shall be taught, and the colleges are responding as rapidly as they can, hampered as they are by the pressure of some men in their faculties who are antagonistic to everything homœopathic. They recognize that the future of homœopathy depends upon the *young men* who are coming up; upon the classes now within college halls; upon *you*, my young friends. That is why this college has been and is being reorganized as rapidly as possible. That is why I am here today. That is why other colleges are being reorganized in a similar way, that the long neglected principles and methods of homœopathy may be restored to their true place in the college curriculum, and taught, as they should be taught, by men who love the art of healing and are imbued with the *spirit* of homœopathy and the love of it! You may know the principles—the *science* of homœopathy—but unless you love the *art*, and practice it, you will fail in the highest department of your calling. Never was there such a demand as

there is today for pure homœopathy, nor such opportunities for young men of enthusiasm and earnest purpose, who are thoroughly trained in homœopathic methods. The colleges need them as teachers. The hospitals need them as internes and visitors, and in other official positions. The people need them as practical healers. Prepare yourself for *that* work and "the *World shall be yours.*"

(*Concluded.*)

# HOMŒOPATHIC RECORDER

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## EDITORIAL NOTES AND COMMENTS.

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HOMŒOPATHY AND MODERN BIOLOGY.—In the July, 1922, number of the *Deutsche Zeitschrift für Homöopathie*, published in Berlin, Germany, in a long article by Dr. R. Tischner, of Munich, entitled "Homöopathie und Moderne Biologie." The article evidences the usual German characteristic of painstaking thoroughness and is replete with valuable and interesting observations to homœopathic, as well as to allopathic physicians. We regret that the demands upon our time are too great to permit us to translate the article in full, but the following excerpts will be of interest. Thus Dr. Tischner states: "The foundation principle of homœopathy is the well-known formula '*similia similibus curantur.*' The sentence sounds, no doubt, paradoxical and apparently is a slap in the face of human understanding. But let us contemplate a moment to see whether it cannot be brought into accord with other facts, the correctness of which can be demonstrated at any time. *Similia similibus* indicates that a disease can be cured by means of a remedy which is capable of producing similar manifestations. Now is this really so absurd? Let us see what experience has to say upon this point.

"The celebrated clinician, Strümpell once said: 'In the fact that in spite of an ergot-tabes, ergot is nevertheless recommended as a remedy in tabes, we have an apparent contradiction only, for it is quite possible that the same remedy which in large doses causes an atrophy of certain nerve tracts, may in some manner, when given in small doses, act favorable upon these same structures.' Here, then, from an entirely unbiassed source, we have the statement that it is not contradiction to assume that a disease can be healed

by means of a remedy which is at the same time capable of causing the same disease. This statement certainly sounds like the slogan of homœopathy and at least here we are safe from any accusation of absurdity."

Further on Dr. Tischner says: "More particularly the pharmacologist Schulz—Geheimer Medizinalrat Professor Dr. med. Hugo Schulz, director of the pharmacological institute of the University of Greifswald—has produced an abundance of exact proof of the opposite action of small and large doses at the time he was studying the action of various substances upon yeast fungi. Thus, corrosive sublimate in strongly concentrated solution kills all forms of life, therefore yeast fungi as well, a somewhat lessened concentration hinders life activity, a still weaker solution acts still more feebly, until finally one arrives at a dilution of one to one hundred thousand, or at the 'indifferent point' at which yeast fungi continue to grow, just as though no corrosive sublimate at all had been added to the solution, which now has no destructive effect whatsoever. Were one not acquainted with the fundamental, biological law, one would be satisfied, indeed one has been satisfied to let matters rest at this stage, with the idea that the action of this solution had come to an end. But, Schulz now shows that if one proceeds still further with the process of dilution, the life activity of the yeast cells is further increased, a fact which can be easily proved by measuring the production of carbon dioxide gas. He found that a dilution of one to seven hundred thousand increased materially the generation of carbonic acid products. The same effect may be obtained with iodine, bromine, arsenic and formic acid. Likewise in humans, Schulz has demonstrated the fundamental biological law, in exact quantitative experiments; thus digitalis in small doses, stimulates the ability to see the color green, whereas the power to discern red is correspondingly weakened; but large doses have a directly opposite action."

Speaking further along on this biological law, well known as Arndt's law, Tischner observes: "Regarded in this light, this biological law expresses the same thing as *similia similibus*."

Homœopaths who are scrambling to get upon the allopathic band-wagon may well pause in their mad haste, to consider the

pronouncements of such original investigators and leaders in thought as Professor Schulz, who has done more within recent years than any other to direct the attention of thinking physicians to homœopathy. We may yet find that homœopathy will undergo a renaissance, in the troubled country of its birth more than a century ago.

THE PASSING OF THE SCHOOL OF HOMŒOPATHIC MEDICINE OF THE OHIO STATE UNIVERSITY.—This youngest of homœopathic medical colleges, after a brief but promising career, has recently been abolished by the trustees of the university and its hospital given to the O. S. Thus one by one are our institutions passing into the discard! Michigan but a short time ago and now Ohio! Which will be the next to receive the fatal summons? The Ohio college was manned by able and devoted teachers who had the confidence and esteem of the entire homœopathic profession. Its dean, Dr. Burrett, is an enthusiastic worker for the cause, a fact which brought him the recognition of the national body, THE AMERICAN INSTITUTE OF HOMŒOPATHY, which but recently honored him by electing him its president. Dr. Albert E. Hinsdale, professor of materia medica and head of the department of materia medica and of homœopathic research, is known to all in the profession for his boundless energy and accomplishment in the field of homœopathic materia medica. He has done much to prove that homœopathy rests upon a firm foundation and that its principles are capable of scientific demonstration. It seems a thousand pities that a man of his ability and devotion should be compelled at one fell stroke to abandon a life-work for which he is so eminently fitted.

The untimely demise of this college is laid at the door of the A. M. A., an organization which has long been made the scapegoat for everything evil which befalls the homœopathic school. It is true that the Ohio college was a class B institution, as rated by the council on medical education and hospitals of the American Medical Association and this rating is, of course, sufficient to condemn, in the eyes of our O. S. friends, any medical school which is unfortunate enough to bear its label. The A. M. A. has been

charged with discrimination against homœopathic institutions in general and against homœopathic medical colleges in particular; but it must be remembered that it has brought about the closing of many of its own colleges as well. The educational standards set by the A. M. A., through its council on medical education and hospitals are high and in consequence, require large sums of money to maintain. With the exception of university schools under State domination and support, it is impossible for independent medical colleges to exist without adequate endowments; the latter must come from private or alumni sources and these, in the homœopathic profession, with one or two exceptions, have not been sufficiently large.

In the case of the Ohio institution, however, lack of financial support on the part of the State University was not a factor, as money, both from the university and from private sources, as for example the splendid gifts of Mr. Kettering, of Dayton, was always forthcoming.

Of late years especially, there has been an increasingly marked tendency among homœopathic physicians to send their students to O. S. medical colleges. The feeling has been that such students receive a better training in the O. S. institutions and that an O. S. diploma is of more value than one from a homœopathic college. We do not believe that this is universally true, that it is partly true, admits of no question. Many homœopathic physicians have affiliated with local O. S. organizations and many have become members of the national body, the A. M. A. Behind all is a spirit of resentment at any designation of sectarianism. Lastly is the lamentable fact that the practice of many homœopathic physicians is anything but homœopathic. Any drug-store prescription book will furnish the evidence. Furthermore, the tendency of the age is toward unification, standardization and so-called efficiency. We see this in our food supply, in our business methods, even in our clothes. Trade unions exemplify it. Individualism and initiative are constantly stifled. He who dresses differently from his fellows is looked upon as peculiar or even queer; in medicine, he who refuses to follow the self-appointed leaders in the profession is dubbed a fool or more likely a knave and in his methods of healing is regarded as guilty of criminal malpractice. According to orthodox medicine quinin is *the* specific in malaria; State medi-

icine holds the same view; any physician who refuses to subscribe to this dictum is hopelessly beyond the pale. In the homœopathic profession the lazy and the weak-kneed subscribe cheerfully and follow blindly, ignoring altogether the teachings of Hahnemann and the experiences of his loyal followers. Small wonder, then, that, in the eyes of the rank and file of the O. S., homœopathy is so often looked upon as a fraud or a joke. It is only among the more intelligent of our O. S. friends that a real conception of the truth concerning homœopathy is had and it is to these men that the future of homœopathy must look. The homœopathic profession in its present policy cannot possibly stop the process of disintegration which is so rapidly gaining headway.

Reform in the homœopathic school is sorely needed, but it must be honest and true to name and not the product of petty professional politics. The way to practice homœopathy is to follow strictly its fundamental principles; there is no other way; allopathy and homœopathy do not mix well, they are diametrically opposed in principle; no physician can practice both and be loyal to either. The sooner the profession learns this, the better it will be for all concerned and homœopathy will take the place it so rightfully deserves. Until then the homœopathic school will continue to be fair game for any official allopathic pot-hunter. The homœopathic profession must bestir itself and that right vigorously and soon, if the remaining one or two colleges are to be saved.

SOME CAUSES OF DISINTEGRATION.—With the closing of the School of Homœopathic Medicine of the Ohio State University comes the natural question of the causes of the undoubted disintegration of the homœopathic school. That there are many reasons is unquestionably true, that some of them are easily apparent is also true. Others are more obscure; some are perhaps due to faults within the profession itself and among these is the abolition about twenty-five years ago of the præceptor system. This old, time-honored custom had much to commend it, the influence for good which the præceptor had upon his student was for the best interests of the latter, who was born to homœopathy even before entering medical college. Enthusiasm in those days ran high and we well remember during our own student days

looking forward with much eagerness to the monthly meetings of the *Hahnemannian Society* of our college. Today all is changed, fraternities vie with each other in capturing all the prominent offices not only during undergraduate life, but also during professional life as well, with the result that fraternity interests are exalted above everything else and the cause of homœopathy becomes of secondary importance. In our opinion, fraternities are today the curse of the homœopathic school, an opinion, be it said, which is supported by the very events now occurring.

The State of New York does not require in its examination of candidates for license to practice medicine, any examination in *materia medica* or therapeutics. Although it is presumably the business of the physician to heal the sick, the Empire State apparently cares nothing how this is done. To the old school this omission is of no consequence, since, in the first place, this school has nothing of therapeutic value to offer and secondly its foremost leaders have time and again testified to the worthlessness of most if not all of its drugs. But to the homœopath the matter is of very great concern, for no homœopathic physician can possibly practice his profession as he should and ought to, unless he knows his *materia medica*. Without præceptorial stimulus and with dozens of technical subjects to occupy his mind, most of which incidentally, he will never need or use, small wonder that, unless his convictions regarding homœopathy are deeply rooted, he will neglect the difficult study of homœopathic *materia medica*, especially when he knows that the state board, before which he is to appear, does not require it. Homœopaths made therefore, a fatal error when they permitted state legislatures to abolish separate examining boards. As a sop to the homœopathic profession, homœopathic representation upon these *unified* boards has been permitted by the A. M. A., but in actual fact, such representation is of no practical value so far as the real interests of homœopathy are concerned.

Again, of late years more particularly, many homœopathic physicians seem ashamed of the designation *homœopathic* and sidestep it, whenever possible. The former custom of placing the designation *homœopathist* or *homœopathic physician* after their names upon the shingles, has gone the way of many other good things and is no longer with us. Why? After all, the public



wants homœopathic treatment when it employs a homœopathic physician; it does not want a poor replica of an allopathic physician. If it wants allopathy it well knows where to find it.

Some time ago, in conversation with a homœopathic physician, we happened to mention our method of prescribing for a certain condition in which, furthermore, we are in the habit of using the high and highest potencies. Our statement was replied to with the amazing query: "How dare you do it?" When homœopaths feel that to employ the methods of Hahnemann is to invite the wrath of an outraged Providence, it is indeed time to institute a sadly needed housecleaning of the homœopathic school! And until this so-called school gives evidence of a real change of heart its steady disintegration will continue and with increasing speed.

DISEASE SUPPRESSION, DOES IT PLAY AN IMPORTANT PART?—A short time ago a woman of 37 years was referred to us for the treatment of a subacute arthritis, presumably rheumatic in character. The usual "embedded and badly infected tonsils" had been discovered and their surgical removal had been vehemently advocated. Except for the arthritic pains the woman appeared to be a splendid specimen of robust health and so considered herself. She had never been ill in her life, except three years ago, when she was taken with an erysipelas of the right side of the face, which spread to the left side as well. This attack was, however, promptly controlled by her physician, who used ichthyol ointment, liberally applied all over the inflamed area. Subsequently a second attack was suffered, beginning this time upon the chin, but soon brought to a close by means of the same effective treatment. About two years after, however, the first manifestations of her arthritis began and at the time of consultation she complained of aching soreness and stiffness in all her joints, < mornings on rising and on first moving after rest, > by a hot bath. In general she is < by heat and demands and feels better in cold air and weather. The right knee was particularly lame and stiff, with pain in the popliteal space, but no inflammatory redness or swelling. Of course she was given *Radium bromide*, a few doses of the 200th potency, with entire relief to the general soreness and stiffness and partial relief to the knee. A

single dose of *Radium brom.* 1000 was now given, but without further progress.

Taking into consideration the original erysipelas, its location, direction of advance and its suppression, together with the strong general characteristics of the case, which resemble those of Radium and likewise Pulsatilla very closely, one dose of *Lycopodium* 10 m sk. was now given. The knee has steadily improved since and the other joint symptoms have not returned.

The case is a good illustration of "how not to do it" in erysipelas, which disease can always be cured speedily, by a well chosen homœopathic remedy alone. The reader may ask why Rhus tox. was not given. Rhus tox. not only has "aggravation on first or commencing motion," but what is even more important, has "aggravation while at rest with compulsion to move." Hence the restlessness of this remedy. Furthermore, Rhus has the well-known aggravation from dampness and before a change in the weather, a modality which was not present in this case. Relief from heat, locally applied, is common to both Rhus and Radium, but not to Pulsatilla, which prefers cold applications and finds relief from them.

Hahnemann taught the evils of disease suppression, but the lesson is too often forgotten in these "get rich quick days" of modern times.

FRAGARIA VESCA.—Dr. E. D. Brooks, of Kalamazoo, Michigan, writes us that he has found the thirtieth potency of the strawberry effective in "strawberry sickness." He gives a few pellets of *Fragaria vesca* 30th before each meal, for a few days and states that "it works." This coincides with our own experience in strawberry anaphylaxis and is another verification among the thousands in existence of the truth of the law of similars. Our O. S. friends speak of this method of creating an artificial immunity as "desensitization," but as yet most of them are inclined to shy at our infinitesimal doses. No doubt they would use strawberry juice in mother tincture, somewhat diluted. As for us, we prefer ours in strawberry soda with ice cream, thank you, especially during the heated term of summer. Two checks please!

BOOK REVIEW.

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“ECLECTIC PRACTICE OF MEDICINE.” By Rolla L. Thomas, M. S., M. D., Dean and Professor of Practice in the Eclectic Medical College, Cincinnati, Ohio; 4th revised edition, royal octavo, 1033 pp., illustrated, cloth \$8.00. John K. Scudder, publisher, 630 W. Sixth St., Cincinnati, Ohio.

The necessity for a fourth edition of this well-known book testifies to the esteem in which it is held by hundreds of practitioners who are not circumscribed by the narrow limitations of orthodox medicine.

Homœopaths and Eclectics have much in common, as is evidenced by the fraternal spirit which has always existed between them. They have given and taken in a mutually helpful way, so that many of our remedies are likewise used by them and the indications are frequently quite similar. In his introduction to the book, the author, among other things says: “The prejudice against this system (Eclecticism) is due to the fact that it is generally misunderstood.” How true indeed this observation is and how aptly it applies to homœopathy! He states further: “Eclectics do not advocate or administer specific remedies for specific diseases, such as a remedy or combination of remedies for pneumonia, typhoid fever, dysentery, etc., but do prescribe specific remedies for specific pathological conditions. Every change from the normal, or every pathological condition, gives expression to such change by symptoms, and experience has proven that the *same* pathological change is always expressed by the *same* set of symptoms, and having once learned to recognize such a condition, we have it for all time.”

This has a familiar sound and with a few amendments would make sound Hahnemannian reading. We homœopaths, to be sure, individualize, or are supposed to, a little more strictly; we pay a little more attention to the personal equation, as it were. Further along in the introduction, Dr. Thomas utters a splendid truth, which should be emblazoned in letters of bronze above the portals of every medical college, when he says: “While I recognize the importance of being able to diagnose the disease in its entirety . . . at the same time it were better for the doctor if he can forget

that his patient has typhoid fever, pneumonia, dysentery or whatever he may have, and study the *conditions* that are present." Homeopaths will cheerfully subscribe to this pronouncement.

The book is splendidly printed and conveniently arranged in eleven parts, commencing with INFECTIOUS DISEASES and ending with ANIMAL PARASITES. Following this last is a part captioned MISCELLANEOUS, which includes "Weights and Measures," "Incompatibles," "Poisons and Antidotes" and "Indications for Remedies." Among the latter we find *Eupatorium* (perfoliatum); full pulse, full skin, tendency to perspiration even during fever; deep-seated pains in muscles and bones—gtt. v to gtt. xx in water  $\bar{\text{z}}$ iv. Also *Chelidonium*. Scybalous fæces; pain in right shoulder and in dorsal spine; greenish-yellow tinge of skin.

All this has a most pleasantly familiar sound. Finally a well-arranged, complete index ends a work which physicians of all schools will find helpful and instructive on many occasions. We can all afford to learn when it comes to healing the sick.

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## STRAWS.

Curious little symptoms which at times bob up most unexpectedly, often have great significance in a therapeutic way, however ridiculous they may appear to be. They appear so because we do not always understand them, nor do we know their causes or pathology. There is an immense and valuable field for research, which will be of the greatest value to homœopathy for him who will supply the link now missing between subjective symptomatology and pathology. As yet we do not know enough about the boundaries between physiology and pathology, where the one leaves off and the other begins. How much pathology does it take to produce a symptom, for example, or is simple functional disturbance sufficient? How far must pathology go in order to be beyond remedial aid? We cannot cure every one or everything; why not? Is it simply that there is no transmutation of connective tissue back into normal cells, which can function? In a sense these seem easy problems, but the numerous failures of physicians of all schools belie this.

Some years ago a woman with cracked and sore nipples complained that, in addition to the pain, she had a sensation as though a string were tied to the nipple and were pulling it through to her back. *Croton tiglium* in high potency cured promptly. An O. S. physician would consider the assertion to be that of a fool or imbecile. We know better and, knowing, are quite content to bask in the shadow of the unthinking regular's opinion. But we are just as helpless as he would be were he to consider the matter seriously and attempt to find the explanation of the symptom.

Just so, in a recent case of subacute rheumatism, the patient complained of cutaneous hyperæsthesia and of "thread-like" pains. Of course, *Allium cepa*, so beloved of our Italian friends,

removed the exquisite sensitiveness as well as the thread-like pains. Another fool thing, apparently, but is it really? We do know that the blessed onion does have an affinity for nerves, in more senses than one incidentally, and that it affects the nerve endings especially; here at least we do approach a pathologic explanation.

In a similar way the American hemp, our old venereal friend, *Cannabis sativa*, causes a sensation of drops falling from the heart. This symptom, no matter whether credited to the remedy, to an hysterical prover, or to simple imagination, nevertheless does exist, has been found in illness and has been removed by the remedy. We cannot, therefore, go behind the facts, which are stubborn and refuse to be budged. But what is the pathologic explanation? As yet, no one seems to be entirely sure.

There are many such curious instances in disease, as well as in the materia medica of homœopathy, straws, as it were, pointing in the direction of the curative wind, but blowing about and playing hide and seek with our best scientific endeavors at explanation. Let us give respectful attention to them, even though they defy our orderly calculations, lest in a foolish spirit of self-assumed superior wisdom, we cast from us the open sesame we would loftily ignore.

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## THE REMEDY AND THE DOSE.

By P. E. Krichbaum, M. D.

[Read before the I. H. A., Chicago, June, 1922. Published in this issue by request of Dr. Close, who makes parts of it the subject of discussion in the Department of Homœopathic Philosophy.]

What I have to say on this old and most familiar subject is the outcome of months, even years, of thought, study and reflection. I want to state my conclusions in as few words as possible because I believe that in such form we can more readily pick up the kernels (if there are any) and all join in cracking them.

Constructive criticism is stimulating. If we cannot adequately defend our ideas it is foolish to offer them. First, then, the remedy. How do we homœopaths decide upon a medicine for any given

patient? It is very easy to say: According to the totality of the symptoms, but this classical direction has grown in my mind to have a far deeper content than the simple phrasing would indicate. Of course we know that a group of symptoms, peculiar and individualizing, elicited with careful precision, many times gives us all needful information, and the case is "taken." Now, when we have properly fitted thereto the indicated remedy in the correct dose we can count on results. This procedure, however, may degenerate into mere routinism. Such a happening has furnished the critics of homœopathic prescribing with considerable ammunition. Dr. J. Compton Burnett, although an avowed homœopath, often asserted that we owe our patients more than a "matching of his symptoms with the symptoms of the remedy." I agree with Dr. Burnett to the extent that I believe in an extended or amplified totality which shall include the pathology, when present, as well as the diagnosis.

To prescribe for the patient and not his disease is true only in part. A correct diagnosis, or the effort to make a correct diagnosis, directs the necessary examination and observation of the diseased condition into all of its ramifications in order to decide which are the individualizing symptoms that a given particular disease emphasizes in a particular patient. We all know by experience that a striking or guiding symptom in one case may be but a common or general indication in another exhibition of the same named disease. Individualization, of course, is a term the homœopathic prescriber conjures with, though the necessity for its invariable employment often slaps him in the face and increases his perplexities. Too well does he realize that if the causes of disease could always be reckoned with to produce the same effects, or if different organisms acted upon by a similar deranging force, reacted in the same way, the homœopath could use "specifics" as frequently as his allopathic colleague. The nearest parallel to the use of specifics which the homœopath ever meets is where, in a prevailing epidemic, one remedy may receive an almost universal call and "blanket" most of the contemporary cases. The duration of this phenomenon, by the way, is subject to abrupt and mysterious conclusions.

Again, for the "keynote prescriber," the totality of the symptoms is occasionally but a submerged territory. His beckoning and

arresting signal symptom protrudes enticingly and he hits it with varying success, but I realize the fact that it is not always a praiseworthy achievement, in spite of some personal endorsement of it in the past. However, something may be said in approval of such an apparently superficial performance, since we all know that a derangement of the vital force does not always become a disease. In this twilight region of the possible beginnings of organic physical disorder it is most desirable to be able to read the very earliest bulletin of a patient's distress and fit thereto a medicine capable of promptly restoring order or health.

Now after we have decided upon the remedy for any given case of sickness, the next consideration is how to give it. We have all read and dreamed of the ideal prescriptions where the *similimum* is found and the exact dose employed. Rapid and permanent cures would result from such a fortunate combination, nor would such be associated with any aggravation of symptoms nor puzzling changes in the disease picture. The classical homœopathic aggravation has received many and various interpretations, but it is still debatable ground with many of us. For my own personal observance I have arrived at several conclusions as follows: When there has been a proper selection of the remedy, but the administered dose too large, you arouse an aggravation; when the selection of the remedy has been but partially homœopathic, and the dose exact, you have an aggravation; then the remedy has been correctly chosen, but the dose being inadequate, I believe you may augment a crisis, not a homœopathic aggravation so called. The contention that an indicated remedy administered in a high potency may be so curative that it may kill the patient unless antidoted, is too much of a strain upon my credulity.

This whole question, however, of deciding upon the proper dose is a serious and complicated one. We all agree, I think, in the statement that disease ultimates are expressed in pathological changes in the body, while the drug ultimate is expressed in its simple substance or organized chemical whole. Drug pathology begins where disease pathology stops. The right dose of any medicine must be an exact balancing of drug and disease. We all recognize the fact that there are forces which tend to disturb the vital economy in general without acting upon any special organ or organs. Such conditions must be met with our universal remedies:



remedies that have never produced tissue changes and therefore cannot be fitted to any picture of an organized disease. Of such medicines then, when indicated, we should use the higher or highest potencies unless we wish to introduce chemical changes. Indeed, at the onset of a disease, your remedial agent can scarcely be too small because, as stated before, the derangement of the harmonious whole, or the patient in a state of health, is often very slight at the immediate beginning of trouble. This hypothesis, of course, meets with exceptions and is subject to modifications depending upon the character and virulence of the disease producing force; to wit, cases of crude poisoning, the bites of venomous insects or animals, or the onslaught of an especially destructive bacterial enemy. Regarding this last, however, perhaps it is shaving the question to a pretty fine edge to state that no well person ever contracted a case of the so-called infectious or malignant diseases; yet the statement is true. It is the only explanation of natural immunity. For induced immunity I hold no brief. The claim opens up a great field. The founder of homœopathy was not an especially modest man, but even he contended that some doors to the inner holy of holies of man's constitution would probably never be opened. Perhaps the modern investigator has bored a few new "peep holes." I think he has. In any case, we have evolved several new hypotheses explanatory of the state called in the old days the "body's power of resistance." In a recent copy of the *Hahnemannian Monthly*, Dr. Carl Williams spoke of the formation of antitoxins as being "a property possessed by the organism of reacting to certain substances, foreign in character and called antigens, and by other specific products of defense, called antibodies. The union of these two substances causes a series of phenomena similar to that of digestion and is characterized by the coagulation of proteose." Such information is interesting and perhaps illuminating. Probably as homœopathic prescribers we have never been inclined to feel any excess of curiosity as to just how and why our efforts to cure our patients perform the trick. Perhaps our curiosity has been squelched by our very success. Our failures should make us question, however, and a good point at which to begin is just here where I will again call your attention to Dr. J. Compton Burnett's record and invite you to think for a moment of some statements he has made con-

cerning organ remedies as differing from the general remedies we have been discussing.

In his "Organ Diseases of Women," pages 78 and 79, he writes:

"The pathologic *similimum* is the farthest point yet reached in drug therapeutics and embodies a great, fertile idea. Where the organ ailing is primary to the organ, use organ remedies, in little material doses frequently repeated; where the organ ailing is of a piece pathological with that of the organism, use the homœopathic *similimum* in high potency, infrequently repeated."

This, I believe, was Burnett's philosophy in a nut shell. The acceptance or rejection of it rests with us. No one has surpassed him in the cures he made, if indeed, any one has ever equalled him.

The question of the repetition of the dose has developed many free lance prescribers. Hahnemann in the sixth and last edition of the "Organon," says "never repeat in the same potency." (See "Organon," last edition, Par. 246, 247.) When we have prescribed a curative medicine and improvement has ceased and the indications still call for the same remedy, go higher, not because the higher potency is more powerful (an old teaching I have definitely abandoned), but because you have less disease to contend with. The repetition of the dose, therefore, depends upon the amount of pathology present. In parenthesis, I may here remark, that acute conditions which disturb the whole economy without producing any pathological anatomy, do not require any repetition of the dose to cure. This is why the nosodes and animal poisons as a whole do not need frequent repeating; in fact, we are warned against such repetition.

As to intercurrent medicines and their dose in cases of constitutional treatment, Dr. Milton Powell tells us that if such a patient, under treatment, contracts a cold the best prescription to his way of thinking is a low potency of the same constitutional medicine. Dr. Powell does not give us a reason for this, but I believe that the occurrence of the cold has lowered the resisting power of the system so more medicine, or a lower potency, is required to combat the complication. When the cold has disappeared, and further medication is called for, you will have to

work up by slow stages to the original prescription for the chronic condition.

Take another contingency which sometimes confronts us where the dose dilemma comes in. Suppose the improvement in your patient has ceased, but he neglects to consult you until he has relapsed to the point of ill health for which the first prescription was made. Repeat your remedy in the same strength, but should the retrogression appear to have fallen below the condition for which you originally prescribed, give a still lower potency. Hahnemann again in the last edition of the "Organon" asserts in a footnote to Paragraph 282 that Syphilis, Itch, etc., require material doses, but he does not explain why. However, if it takes six weeks for a Hunterian chancre to develop upon the skin, it is certainly reasonable to conclude that the poison of Syphilis had been working in the system all that time, hence we have more pathology to conquer and must match our disease (low form) with our more material dose. If this is true of Syphilis, why is it not true of every other condition where gross pathology is found? Indeed, I am coming to believe that low potencies should always be employed in certain types of organic disease, at times possibly in small material doses. A case of heart dropsy with fibrillation which I once treated would only yield to Digitalis in material doses. I am not speaking of curing such a patient, but of prolonging life. The low potencies represent to my mind the last stages of disease and I believe must be prescribed in such form under as fixed a ruling as that which governs the selection of the remedy.

For my own satisfaction I have formulated and incidentally tested a few rules to guide my selection of the dose and the remedy, and I will briefly recapitulate.

The totality of the symptoms, then, governs the choice of the remedy, and the dose.

The totality of the symptoms includes or reckons with all possible pathology, all sensory phenomena, subjective or objective, and the diagnosis, since to find the remedy the diagnosis is often a most important factor.

The right dose must be an exact balancing of drug and disease.

In the beginnings of disease, with little or no pathology present, use high potencies.

High potencies may be repeated without damage, but such repetition is seldom necessary.

In organ diseases with pathology present, use low potencies and repeat but in varying strength.

In bone diseases use low potencies.

Where you wish to promote suppuration, use low potencies.

Where you wish to prevent suppuration, use high potencies.

I once had a colored gentleman working for me who had a call to the ministry. Part of his preparation for his life-work was writing sermons. To say that these sermons were couched in flowery language but mildly describes them. They were gems. I recall one where his emotions simply ran away with him and he just naturally "lifted up his pinnacles and flew." When moved to any rhetorical conclusions I now think of Henry's "pinnacles" and conclude.

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### A PHOSPHORUS CASE.

Case Report by J. W. Moskowitz and M. E. Selkin, Medical Students, Department of Materia Medica, N. Y. H. M. C. and F. H., New York.

Of all the cases to which we were assigned this is the most gratifying. That we, novices in the scientific art of homœopathic prescribing, should start this woman on the road to recovery after she had been treated unsuccessfully by physicians of all other schools of medicine for nine years, is a clear demonstration of what the sterling principles of homœopathy, properly applied, can do.

The case is that of Mrs. E. S., age 58, married. She gave a history of having undergone two major operations. The first, twelve years ago, was for the removal of a tumor of the womb; the second, four and one-half years ago, for the removal of a tumor over the left scapula. Her family history is negligible. Her two sons were in the army for the war's duration. One died four years ago. The other, recently discharged from service, is in

poor health. Because of these occurrences and of personal ailments, she grieves a good deal of the time and is very nervous.

Nine months ago she experienced sharp cutting pains in the left shoulder, arm and wrist. Seemingly the forearm was unaffected. At the same time her finger joints became swollen and painful, and because of this pain she could not close her hand. These pains were paroxysmal, lasting for hours, disappearing and reappearing again within a short time. Nothing she or any one else could do would lessen the frequency or malignancy of the attacks. She could tell the approach of bad weather because all her symptoms were aggravated just before a storm. She also complained of spasms of the left sterno-mastoid muscle accompanied by needle-like pains in the region of that muscle. These attacks lasted about one minute. A peculiar fact brought to light was that her pains were either brought on or aggravated by the slightest wind, either outdoors or in her home.

About four weeks previous to our seeing her she had an attack of vertigo and fell. The little and ring fingers of her left hand became intensely swollen, painful and numb, the pains traveling up to the arm. Weakness of the entire upper extremity set in with a sensation as if the arm would fall off. She could not hold even a cup, and could not move her arm without severe pain. The pain was better with the arm in a dependent position. All of her pains were worse at night and from any mental excitement, she being very quick to anger, also worse from any exertion, from bathing, and from sweating, which she did profusely. She sleeps very little, going without sleep for even days at a time. This sleeplessness is not due primarily to her pains but to her extreme mental over-excitability and nervousness. She also complained of pain in the right ear.

Her pains were made worse from cold water, and ameliorated by immersing them in warm, not hot, water. There is no thirst. She has a very poor appetite, hunger being almost unknown to her even though she eats very little. One egg in the early morning will satisfy her for the rest of the day. An obstinate constipation, dating back for only nine months, is present. This is accompanied by a dry, bitter taste, especially in the small hours of the morning.

The patient also complained of an occipital headache with

sticking pains over the vertex. On arising in the morning, she was caught with an attack of vertigo with cutting pains in the occiput. This lasted for a few minutes and disappeared on drinking a little coffee. At about five o'clock in the afternoon, the headache recurs, but with pain in the frontal region. These headaches were better in the open air if no wind was blowing.

Her mental condition was one of a menopausal neurosis. She is extremely nervous and irritable. She cannot sit quietly, but must always be doing something. Another nervous manifestation was here brought out—her extreme desire for company. When she was alone, her entire condition, both mental and physical, became very greatly aggravated. She would even brave the results of a wind in order to see and converse with some one. She is very quick to anger, although she knows that the result is an intense aggravation of her condition. Between attacks of anger she is despondent, in fact so much so that she verges on melancholia.

This then is the case subjectively. Objectively, the woman was dark-haired, dark-skinned, presenting all the signs of nervous irritability and an emaciated body.

The next task confronting us was to make an analysis of the symptoms given us.

#### A. *Pain*—

1. Pain in the left shoulder, arm and wrist, cutting in type. The pain was deep-seated, and was so severe as to make the patient feel that her muscles were being torn apart. After her fall the two inner fingers of her left hand became numb. The patient's arm was so weak that any effort to move it caused an agonizing pain. The hands felt better in warm water.

2. Needle-like pains in the left sterno-mastoid muscle, running to the clavicle.

3. Pains in the right ear.

4. Worse from emotional excitement.

Worse from slightest draft or wind.

Worse at night and from any work.

Worse before storms and bad weather.

Worse from hot baths.

Worse from sweating.

B. *Headache*—

Vertigo on arising from bed in morning.

Better from a sip of coffee or rest.

Cutting pains in the occiput for a few minutes.

Dull, heavy pain in the frontal region at five o'clock in the afternoon. Better from quiet or open air; worse from stooping.

C. *Constipation*—

Obstinate in character for the last nine months.

Very little or no appetite.

Dry, bitter taste in morning.

D. *Sleep*—

Extreme sleeplessness, even for days. Due to nervous condition rather than pain.

No sleep that night if she drinks tea at four or five o'clock.

E. *Mental Sphere*—

Extremely nervous and restless.

Very quick to anger.

Grief over the loss of one son and the illness of the other.

Must have company. Worse when alone.

F. *Modalities*—

1. Better from open air.

2. Better from mineral baths.

3. Better from company.

4. Worse from excitement, hot or cold weather.

5. Worse from slightest wind or draft.

From the analysis it is seen that there were no outstanding features of the case which would immediately suggest the correct remedy. However, a number of drugs suggested themselves as being similars. Ignatia seemed to cover the depressed, grief-stricken side of the case. Yet it was thought that this drug was indicated too superficially to cover entirely so complex a condition as here given. The next of which we thought was Arnica. Arnica covers a great many cases resulting from injury, which in this case was the fall and the operations. However, the dull, bruised sensation so characteristic of Arnica was missing, and in its place was the sharp, cutting, sticking pains. The third remedy to be

thought of was Pulsatilla. The left-sidedness, the type of patient wanting consolation, the amelioration outdoors, all suggestive of Pulsatilla, were present. This remedy could not be discarded so quickly and we left it to the repertory. Lycopodium also suggested itself because of a partial similarity in mind, the easily angered type, because of the late afternoon aggravation, and because of the aggravation from being quiet. However, the rest of the picture proved lycopodium to be a similar and not the *similimum*.

The symptoms of the first degree of importance for repertorial work were the following under which we found many remedies indicated :

<i>Worse from Slightest</i>	<i>Must Have Company</i>	<i>Worse from Sweat</i>
<i>Wind</i>	Apis Mel.	Calcarea Carb.
Aconite	Argentum Nit.	Mercurius Sol.
<i>Arsenic</i>	Arsenicum Alb.	Phos. Acid
Belladonna	Bismuth	Phos.
<i>Calcarea Phos.</i>	Calcarea Carb.	Puls
Euphrasia	Camphora	<i>Sepia</i>
Lachesis	Clematis	Sulphur
Lycopodium	Conium	Staphisagria
Nux Vom.	Elaps Cor.	
PHOSPHORUS	Gelsemium	
Psorinum	Hyosciamus	
PULSATILLA	Ignatia	
Rhododendron	Lilium Tigrinum	
Badiaga	Palladium	
Hepar Sulph. Calc.	Mezereum	
Chamomilla	Stramonium	
<i>China</i>	Sepia	
Muriatic Acid		
Nux Moschata		

Thus we see that Phosphorus and Pulsatilla, to which we had previously given thought, were the two nearest remedies for this case. Pulsatilla and Phosphorus have much in common; in fact, so much so that it was only after a thorough study of the case and these two drugs as well as a comparison of the drugs that we arrived definitely at the conclusion that Phosphorus was the *similimum*. It is Phosphorus that has the characteristic mental condition of extreme restlessness, worse before a storm, or when left alone more marked than Pulsatilla which is more gentle and



yielding in type. Pulsatilla has the shifting pains whereas Phosphorus has the stationary burning, cutting pains making the patient fidgety all over. A Pulsatilla patient is better from cold water and worse from warm, whereas this case was better from warm.

The patient was given one dose of Phosphorus, thirtieth potency, and enough Sac Lac. tablets to last her until her next visit. The next time she visited our clinic she showed marked improvement. Her pains were less frequent, her sleep was more prolonged and more refreshing, and her general condition was much better. At her subsequent visits, still on the original dose of her remedy, she continued to improve. Words could not express her gratitude, but she told the section in the clinic how happy she was that after years of unavailing treatment, she at last had found relief.

It is interesting to note that Mrs. S. visited our clinic at the recommendation of her personal friend in whom we had the pleasure of bringing about a perfect cure of a chronic condition resisting all other treatment, and in whom we were also able to demonstrate that the principles of pure homœopathy were all that Hahnemann taught them to be.

Editor's Note.—The case reported was under the supervision and care of Dr. Guy Beckley Stearns, head of the Department of Materia Medica, New York Homœopathic Medical College and Flower Hospital, and is a refreshing example of the kind of teaching and work which should be found in every homœopathic hospital or dispensary clinic. It is in pleasing contrast to the slap-dash, hit or miss, dispensary prescribing which is commonly indulged in.

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## EVERY CURE THAT A PHYSICIAN MAKES BINDS THE PEOPLE MORE CLOSELY TO HIM.

By Eli G. Jones, M. D., 1370 Main Street, Buffalo, N. Y.

In the month of July Dr. A. I. Berninger, a very prominent physio-medical physician of Indianapolis, Indiana, came to study with me. His practice is among the *best* people of that city. In 1894 Dr. Berninger published a revised edition of Dr. Samuel

Thomson's "New Guide to Health, or Botanic Family Physician." Copies of Dr. Thomson's book are very scarce. While it is a fact that the old school, during his lifetime, persecuted Dr. Thomson, yet it is a singular fact that years after his death they were glad to buy his book even *at a premium*. Dr. Berninger is dean of "The Indianapolis Bible Institute" and one of the faculty.

With the knowledge he has gained of "Definite Diagnosis" and "Definite Medication" I feel confident that he will become a *leader* in his profession and a *credit* to my teaching.

In the month of August Dr. S. E. Winget, Waynesburg, Pa., brought a patient to me. The doctor is a homœopath "dyed in the wool"; he has had thirty years' experience in his profession.

A constant *oozing* of mucus from the anus (mucus piles) so annoying to the patient, can be cured by antimonium crude, 6th x, three tablets every four hours.

An old gentleman, rather plethoric, full-blooded, says that when he lies down at night the *blood* rushes to his head; he has *noises* in his ears, he can't get to sleep. In reading his pulse it was a *full, bounding* pulse with *tension*. This tells us as plain as *words* could tell us that the remedy *needed* is Veratrum Vir, 1st x, five drops once an hour for three hours, then every three hours. We can *depend* upon this remedy with the above *kind* of pulse.

How many times it happens in the practice of the average doctor—he is looking for symptoms, he wants to find a *name* for the disease. To make a *diagnosis* of a case is of *more* importance than to find the remedy that will *cure* the patient. It would save *lots* of time and worry if he knew *how* to read the face, eye, pulse and tongue, for it would not only help him to *locate* the disease, but it would tell him what *remedy was indicated*.

By this system of "Definite Diagnosis" he could prescribe for *three times* as many patients in a *day*.

I am of the opinion that there is a "special providence" that watches over fools and cripples. If you have any doubts about this just stand on a busy street corner and see the people dodge the automobiles.

One of our writers on materia medica says that "if I were to select three remedies to the exclusion of all others for the treatment of chronic rheumatism and paralysis, Causticum, Rhus Tox. and Sulphur would be the three."

From my own experience I would add *Cimicifuga* to the above three *good* remedies for rheumatism. I have *cured* more cases of rheumatism with *Cimicifuga* than by *any* other remedy. In the homœopathic materia medica we find the indication for the above remedy is when "the belly of the muscle is involved," but they *fail* to tell us the *most* important symptom indicating the above remedy. That is the *kind* of *pain* calling for the *Cimicifuga*. It is a *heavy, aching, tensive pain*.

I have found it just as *useful* in articular as in muscular rheumatism. The *pulse* indicating the above remedy is *slow, irregular*; the tongue is *pointed and trembling*. A *throbbing pain* in any part of the body with *flushed face* and a *full, soft pulse*, indicates *Ferri Phos.*, 3d x. A *throbbing pain* with a *full, bounding pulse, no tension*, calls for *Belladonna*. A *throbbing pain* when the parts are *super-sensitive to touch, pain and cold air*, indicates *Hepar Sulph.*

In your old, chronic cases, if you find a *red tongue, flushed face* and pulse *full and soft*, you may rest assured that you have *inflammation or congestion* in some part of the body and *Ferri Phos.* will have to be given because it is the remedy *indicated* to overcome the congestion or inflammation.

Rev. J. H. Colvin, a missionary in India, has been home on a vacation. When he returned to India he carried with him a copy of "Definite Medication." He will be prepared to look after the *bodies* as well as the souls of the people. Other missionaries in that country have had the above book for daily reference, and as a result have had *wonderful success* in healing the sick.

"The trumpet of 'Definite Medication' has sounded around the world and will never call retreat."

In the last stages of cancer of the rectum abscesses are liable to form near the rectum. In 1907 I had a case of this kind and a record of the case may be found in my book on "Cancer, Its Causes, Diagnosis and Treatment," page 202. "In the course of the treatment an abscess developed in the right buttock about eight inches back of the anus near the spinal cord. When the abscess was opened the opening was as large as my hands *placed together open*. The inner end of the fistulous canal struck the rectum about eight inches above the anus, but did not enter it. It was a splendid chance to study the anatomy of the parts. The

two old physicians in consultation with me on the case figuratively speaking, "threw up their hands," and said: "How are you ever going to heal that thing up?"

I said: "I will show you how I will heal it." I ordered Echa-folta (Lloyd), one teaspoonful every three hours in a little water. Locally I used the "Eclectic Wash" (Citcelce).

℞ F. E. Lobelia herb.  
 F. E. Baptisia aa, ʒi  
 Sulph. Zinc, ʒi  
 Aqua, Oj

Mix. One tablespoonful of this solution was mixed with a pint of warm water and used in a douche to wash out the abscess with the above liquid three times a day. Also wet gauze with the "wash" and fill the abscess opening with it.

In about ten days the stomach rebelled against the Echa-folta, so we substituted Tr. Echinacea, 10 drops every three hours. In three weeks the abscess was *all healed up*.

The two doctors with me said "it was a MIRACLE!" That they had never seen anything like it in their lives. It was one of the most *wonderful* cures that I have ever made and it gave me an *immense satisfaction*. The above "Eclectic Wash" is a grand *local* application for chronic abscess, varicose ulcer and old sores upon the leg of *many years'* standing. It is sometimes made by taking an ounce of Lobelia herb, an ounce of Baptisia herb, in a pint of *hot* water. Make an infusion, strain it and add one ounce of sulph. zinc.

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### LACHESIS.

R. Banerjee, M. D., Benares City, India.

(Read at the June, 1922, Meeting of the International Hahnemannian Association.)

How a deadly poison can be turned out by proper means and ways to be the most efficacious and beneficent remedy for the suffering humanity, we can get a positive proof of it in Lachesis Trigonoccephalus. If the most noble and philanthropic late Dr. C. Hering had contributed nothing else but Lachesis to the collections

of homœopathic Materia Medica, then this alone would have been sufficient to immortalize his name as a true benefactor to the suffering human being at large. I am not going to deal with Lachesis *in extenso*. I shall briefly state in this paper only some of the peculiar, uncommon and characteristic, pathogenetic and clinical symptoms, which I have again and again verified on myself and on some of the cases under my treatment. Many years ago, I saw an old lady dying from the effect of the bite by a Cobra snake, the venom of which is the most deadly poison in this country. Her face became purple, speech gradually became indistinct like a half-intoxicated person under the influence of liquor, as if caused by partial paralysis bordering to complete paralysis of the tongue. Her speech then grew quite unintelligible. The color of the skin changed to be like blue-black ink and she gradually sank down as if in a comatose sleep, never to wake again. This case still reminds me of at least some of the peculiar phases of the symptoms of Lachesis, because both have some resemblance at least in certain respects.

The grand characteristics of Lachesis are: “< Sleep. left-sidedness, or the course from left to right, or the symptoms begin on the left side and either remains there or proceed to the right; oversensitiveness to intolerance of touch, but > by hard pressure; cannot bear anything tight round the neck, throat or waist, > from the onset of a discharge”; nightly burning pain in palms and soles, so much so that the sufferer is bound to put them out of bed-cover even in winter season or to put them in a cool place. “Anything introduced into the canal of the ear will cause a kind of tickling dry cough,” as regards the mental symptoms: “fear of being poisoned or feels filled with poison,” “to be always in a hurry”; mental symptoms about anxiety are somewhat relieved “by gently walking to and fro in the open air.”

I am myself a typical patient of Lachesis. Sometimes I used to get an attack of proctalgia (a kind of pain of a nervous character like hammering in the rectum). The attack all of a sudden commenced at dead of night on waking from sleep and lasted for some time. During the course of an attack I felt ineffectual urging for stool or urine, or both; but could not get relief even after

passing either of it. > Slight relief from hard pressure. On taking *Lachesis* 200 at long intervals, the attack of that kind of pain gradually disappeared.

Now and then I used to catch a bad cold, and on account of it I suffered from a tormenting fit of spasmodic cough, accompanying with lachrymation and watery secretion from the nose at the same time. The cough commenced on waking from the first part of sleep at night, generally after midnight. The peculiarities of the modalities were < in close rooms—even under a mosquito curtain, < from lying in any position; > in open air, fanning over the head; on washing mouth and face with cold water; I was bound to sit up and get out of the sleeping room to an open place, even in the coldest part of the winter season; expectorating—tenacious mucus. On taking a single dose of *Lachesis* 30th or sometimes 200th, the fit disappeared as if by the influence of a magical wand. On the day of taking the dose I got no attack at night. Sometimes I used to get a mild attack on the second night for a very short time, and then it disappeared, until I caught cold again after a few months or so. I still catch cold after long intervals, but without that kind of fit of cough.

In typhoid cases, *Lachesis* is my sheet anchor in protracted and obstinate conditions. It may turn the tide towards cure, or at least it may turn the scale, when trembling in the balance, towards a favorable side. I shall cite here a few typical cases in order to verify the peculiarity of *Lachesis*. As I have not accurate records of those cases so I am to depend on my memory as far as I can now remember. A boy nearly ten years old, had been suffering from an attack of typhoid fever for twenty-one days, under the treatment of an eminent allopath. I was called on the twenty-second day at night. I saw the boy to be in a speechless condition. On inquiry I was informed that the boy used to get worse after every short nap, or sleep—he could not put out the tongue, it trembled and was caught behind the teeth—it was dirty brown color, and a few other symptoms, which on the whole seemed to me the indications of *Lachesis*, which was given in thirtieth potency—after a few doses, the boy began to speak and he got well within a few days. Of course a few other medicines were required according to indications to get him completely cured.

A girl nearly six years old got typhoid fever. At first, according to symptoms, Bry., Gels., etc., were given, but to no appreciable effect; even the progress was not checked. On the end of the second week, I marked her comatose condition with dirty yellow tongue, which she could not put out, and which was trembling behind the teeth; < after every comatose, short, sleepy condition; lips cracked—bleeding; muddled condition of the brain, face pale yellow.

A dose of *Lachesis*, 200, was given dry on the tongue—after a dose or two, her condition changed, for better; comatose state gradually disappeared and she came to her senses—next day her color of tongue was changed—and by and by, through the help of some other indicated remedies, she was cured within a few days.

A boy nearly fourteen years old was laid up with typhoid type of fever with the muddled condition of the brain, as if in an intoxicated condition. His lips were cracked and bleeding. He was constantly trying to pick up the lips to make it more raw, although he was prevented from doing so by the attendants. I thought about *Arum Tr.* at first sight. Then examined his tongue, etc.—tongue was of dirty yellow color—it trembled and he could not protrude it; he was catching it behind or between the teeth. Although I could not find out the peculiar desire to pick up the lips included in the schema of *Lachesis*, yet taking into consideration the other symptoms, and as in the symptoms of face in *Lachesis*, I found out “lips dry, cracked, bleeding,” so I gave him *Lachesis* 200 a dose or two. After the lapse of a few hours a good turn was followed by the disappearance of the inordinate desire for picking the lips and he gradually got well with the help of a few other remedies according to indications. I have clinically verified that peculiar symptom, “picks lips till they bleed” in a few more cases to have disappeared under the reactions brought about by *Lachesis*. So I may unhesitatingly say that it can compete with *Arum Tr.* and *Cina* in “boring nose and picking lips—until bleeds” with this difference, which I have marked clinically, that in *Arum Tr.* cases the tongue is generally dark red, like strawberry, denuded, corners of the mouth sore and cracked; and in *Lachesis* cases—dirty yellow or mapped, black—trembles in protruding and catching behind or between the teeth. Of course *Lachesis* has also

dry, red tongue, too, but it may be differentiated with the help of other symptoms. In Cina cases, the tongue is generally pale, clean and the peculiar mental symptoms such as "does not want to be touched," "desires many things which it refuses when offered," "touchy, ugly, cross, petulant." During the epidemic of influenza a few years ago I marked the good effects of Lachesis in a good many cases. I was myself attacked with it and became utterly prostrated with its morbid effects. At first I took Bry. according to symptoms, but later on I felt specially intolerable burning sensations in the soles of my feet and palms of my hands with a desire to cool them down; I had also burning throughout my whole body with thirst but disgust to drink. I took Lach. 30, a dose or two, and it ameliorated my suffering to a great extent and fever subsided under the reaction. Lachesis in Influenza and other kinds of fever cases, competes with Sulphur and Arsenic as regards the burning symptoms. Arsenic may be differentiated or individualized with its peculiar mental anxieties and restlessness with tossing about, resting nowhere, fear of death and thirst for small quantities and often an insatiable thirst for large quantities of water, and < between 1 to 3 A. M. or P. M. Lachesis has restlessness, too, but not in such a peculiar manner, and it has rather thirst with disgust for drink; marked < after sleep and intolerableness of any tight collar or bandage. Sulphur has more burning sensations in soles than palms, and a general burning all over the body, < after midday or midnight—with a clean tongue, although it has also many kinds of coatings. Lachesis can cut short the influenza fever with complications and utter prostrations, covering even the comatose condition.

In fluent coryza with burning of palms and soles in constitutional cases, Lachesis acts with great effect. In sub-acute, nasal catarrh in constitutional chronic cases it is better to let it alone, without any medicinal interference, except in lingering and very painful cases. In such condition, it is better to select a deep-acting remedy, which can cover both the particular, peculiar and uncommon present symptoms, and constitutional idiosyncrasy, too, than to suppress or palliate with short-acting remedies like Acon., Bell., Allium Cepa, etc. On account of suppression or palliation of the natural outlets, there may arise the injurious after-effects sooner or later; after one or more internal organs being affected



thereby, exciting some latent, inherent poison. I have tried some deep-acting remedies as Lachesis, Medorrh., according to indications on myself and others in such condition and have found out that anti-psoric, anti-syphilitic or anti-sycotic remedies mitigate those present sufferings with gradual improvement of other constitutional derangement of functions, and at the same time prolong the interval of such sub-acute catarrhal relapses.

A few years ago I caught a bad cold, and took a dose of Kali Iod. 30; on taking it, my secretion increased and prolonged, without of course affecting my general condition in any way—rather I began to feel better in other respects, except the slight inconvenience from watery secretions from my nose; during which time I felt one day burning in my palms and soles, and so I took a dose of Lach. 30, which acted promptly by decreasing the bothering discharges in a short space of time, without harassing me with spells of cough as a general sequel to it.

A gentleman, aged about forty years, after the lapse of a few days, on suppressing the ringworms on hands and thighs with Chrysophanic Acid, applying externally, felt all of a sudden at the dead of night, on waking from sleep, a kind of indescribable nervous sensation from head to foot with a feeling of internal heat, so much so that he was bound to uncover himself in chilly winter and to get out of the sleeping room in the open air. It seemed to him that he partook some poisonous substance with his articles of food during his night meal; on this assumption he tried to vomit ineffectively; a slight > on walking slowly to and fro in the open air; < in closed room; after a few hours suffering the symptoms gradually subsided on applying the will-force: After an interval of a week or so, a second attack took place on waking from sleep after midnight—as if he actually awoke with the aggravating conditions. Then a dose of Lach. 200 was taken. On taking it a third attack took place in a much milder form—afterwards he got free from any further attack of that sort.

I have again and again observed and marked the injurious after-effects of suppression of skin diseases and other local discharges by means of external applications during my study of the history of the chronic cases which came under my treatment in the course of last twenty-five years. The diseases I particularly marked are

consumption, various kinds of nervous trouble, dyspepsia, epilepsy, etc.

A lady nearly 40 years old, had been suffering from chronic bronchial asthma. During the paroxysm or fit she generally used to suffer from tormenting spasmodic cough; after the fit of coughing she had empty eructations. On the basis of this particular symptom I tried Ambra-gr., Carbo-V., etc., in a rather routine way to no effect. Then I studied the case and found out that her asthmatic fit generally < after her first part of sleep, > on fanning forcibly over her vertex even in the coldest of winter night; > in open air—she was bound to come out of her bedroom to an open space even in chilly night—felt somewhat relieved after feeling chilliness internally owing to fanning and cold open air. As in the beginning she felt internal heat in general and especially in her vertex, so she used to put off her winter wrappings and wanted to be fanned as long as she did not feel chilly. But the exciting cause of the attack generally would have been damp, cold weather—owing to rain in any season, especially in winter. She did not get any attack during the hot, summer weather. She felt comparatively well during her menses, had it been cleared, and as long as her leucorrhœal discharges used to continue, which were very offensive and dark colored. She had a short, cutting pain in her scapula. Although the particular symptoms of eructating after cough is wanting in the schema of Lach., yet on taking into consideration the generals or the patient as a whole, I gave her Lach. 30. On taking two doses at an interval of a few hours, her asthmatic fit began to decrease towards recovery; and a few other medicines were, of course, required to relieve her chronic bronchitis. I have repeatedly verified the benign effects of Lach. in her case, although sometimes Apis was required in case of failure with Lach. Coc-C. covers some aspects of her case, but with little effect—it sometimes only palliated the cough. By and by her attack began to appear at longer intervals, and in a milder form. Now, of course, she sometimes gets the attack in prolonged rainy weather, but it has now turned out to be shorter and milder; and now generally Phos. 30, or Lach. 30, cuts short the course of asthmatic attack and fits of cough. From this case it may be inferred, that eructations after fit of cough

may be a clinical symptom of Lach., at least that symptom does not contraindicate it in its selection.

In this and other cases I observed the truth of our watchword, "treat the patient and not the name of disease" or mere symptoms or objective shadow or part instead of taking into due consideration the patient as a whole both subjectively and objectively; or in other words, vital principle the guiding spirit embodied in a physical material frames. In the selection of proper remedies one should have in view not only the totality of the characteristic and uncommon symptoms of both the patients and the remedy to be prescribed, but also the physiological and pathological actions, too.

As, for example, in some malignant jaundice cases, although Chel., Sulph., etc., may be taken as indicated remedies in superficial point of view, but in reality those remedies will only cause loss of time and energy, and even hasten death, and Lach., Crotalus, etc., will cover the case *in toto*, and be the only means of turning the tide towards radical cure.

I have also used Lach. in high potencies with success in Infantile Meningitis during hot summer weather.

I am afraid this paper may supersede your time limit so I must now finish it with a sound advice from an old seer of truth:

"Thou shouldst not from the truth be turned, nor from the law be turned, nor from good works, nor turned from fortune, nor turned from study and from teaching, nor from thy duty to the Gods and to thy ancestors."—First Part II, Taittiriyanishad.

### THREE NEW REMEDIES.

By B. Gangooly, M. D., Calcutta, India.

#### (1) *Carica Papaya*.

Natural order—*Caricaceæ*.

Malaya—*Papa, bati*.

French—*Papayer, papaye*.

Italian—*Papajo*.

Tamil—*Pappali maram*.

Burmese—*Thin-baw*.

Chinese—*Muh-kwa*.

The white, milklike substance which comes out of the unripe fruit when it is cut down, seems to have therapeutic value. It acts principally on the spleen.

Enlarged spleen, due to ague, abuse of quinine or from any other cause, spleen enlarged and indurated like stony hardness, especially of children and infants. By its use the enlarged spleen rapidly becomes normal in size.

Remarks: It ranks highest in value in spleen complaints. It is not in any way inferior to *Ceanothus Americanus*. I have tried this remedy in many cases and obtained effectual results.

Mode of use: One to two drops with sugar of milk, or in ordinary sugar, during the period of remission of fever, or on the point of remission.

### (2) *Tinospora Cordifolia*.

Natural order—Menispermaceæ.

Sanskrit—Guduchi.

Bengali—Gulanchara.

Hindi—Gurach.

Gujrati—Gado.

Marhatti—Gharol.

Tamil—Sindil-Kodi.

Telegue—Tipda-tige.

Malarial diseases, with enlargement of liver, spleen, jaundice, dropsy, anæmia, feeble digestion, loss of appetite, difficulty in passing urine are the general conditions suggesting this remedy. *It is a tonic after exhausting fevers.*

Remarks: I have administered a tincture prepared from this plant to one of my patients who was ailing much from malarial fever—accompanied by enlargement of liver, spleen, jaundice, dropsy together with loss of appetite, indigestion and difficulty in passing urine, but after seven days I was astonished to see the marvellous action of this remedy.

I have also successfully given this medicine to one of my relatives who was suffering from piles without bleeding, stitching, burning or itching of the anus with stitches in the back, constipation with ineffectual urging to stool and sensation as if the anus were closed and narrowed.

In conclusion it can be said that it is a good homœopathic remedy, if the above symptoms are present.

Dose: Tincture to first potency.

### (3) *Withania Somnifera*.

Natural order—Solanaceæ.

Sanskrit and Bengali—Aswagandha.

Hindi—Asgandh.

Tamil—Amkulang, Kalang.

Telegue—Penerru Gadda.

Has been employed successfully in all cases of *debility*, nervousness, brainfag, loss of memory, spermatorrhea, evils resulting from self-abuse, speedy emissions, nocturnal emissions.

#### Symptoms.

Mind—Sadness, low spirits, indifferent, cannot collect his thoughts.

Head—Confused, dull headache with buzzing in the head, vertigo when standing or walking.

Eyes—Painful in the morning, sight weak, blue margins around.

Ears—Whizzing.

Face—Pale, flushes of heat.

Stomach—Pressure as from a load, with drowsiness, nausea, vomiting.

Urine—Frequent desire, burning micturition.

Genital organs—Spermatorrhea, emissions at night and at stool.

Heart—Palpitation.

Back—Pain in back.

Extremities—Great debility.

Sleep—Lascivious dreams with emissions.

Dose: Tincture to first potency.

#### SOLD OUT.

By Alfred Pulford, M. D., Toledo, Ohio.

Yes, sold out. The sugar coating for the bitter pill we will be compelled to swallow at no late date is being prepared *right now*. So, Mr. and Mrs. Homœopath, get ready to take your med-

icine and to look pleasant while so doing, for it is your own fault that you are to be compelled to swallow this humiliating dose, or else wake up, rub the scales off your beclouded eyes and get ready to *fight*.

The J. A. I. H. and the J. A. M. A. have been "making love" to each other with greater fervency each year ever since the present A. I. H. powers came into control three years ago. In the last issue of the J. A. I. H. the engagement is practically announced. The wedding will not be precipitent, but will take place just as soon as we wooden-headed homœopaths have become a little more thoroughly hypnotized. Evidently the editors of the *J. A. I. H.* have not read *Jim Jam Jem's* "Eulogy" of the *J. A. M. A.'s* editor, or they could not continue to try to make the *J. A. I. H.* look like an appendix to the *J. A. M. A.*

After reading the articles of Drs. Roy Upham, David A. Strickler and Fergie Woods in the August issue of the *J. A. I. H.* one emerges from the ordeal with a feeling of disgust, contempt and pity respectively.

Dr. Upham states in his presidential address that: "The homœopathic school is still in the minority" (and with this we fully agree, but who is to blame but those who profess but fail to practice homœopathy?), "but is increasing in influence and numbers, and the splendid results of our work are to be reckoned with." Does the loss of that California legacy show that we are increasing in influence? About twenty-five years ago we had about eighteen fairly good homœopathic colleges; today we have two that might pass as such; then we had about twenty-five right good homœopathic journals; today we have one—THE HOMŒOPATHIC RECORDER; then we had about 16,000 fairly loyal practitioners, about 5000 of which were staunch believers and defenders of the faith; today there are less than 12,000, mostly hybrids and perhaps less than 100 staunch believers and defenders of the faith, and this Dr. Upham calls "increasing in numbers." Some progress, don't you think? Perhaps Dr. Upham does not know which way he is going. Just what are "the splendid results of our work to be reckoned with"? Whose results are referred to, the results of the real homœopaths, or the progress of selling out homœopathy to the enemy by the "Judases" within our own camp?

Again, Dr. Upham states that: "The individual supports the organization and in return the organization gives back full value to the individual." Just when, where and how, Dr. Upham? I've tried to get back some of that "value" in the urgent interest of homœopathy, but failed to draw replies from either Dr. Upham or Dr. McCann, all of which shows that the "grandstand" play for homœopathy is PURE UNADULTERATED BLUFF.

The editors of the *J. A. I. H.* seem to be hard up for material when they are compelled to clutter up the pages of the *Journal* by such articles as "The Healing Art," parts of which are a direct insult to believers in homœopathy. But then it is from a source scientific (if any one knows what that means). When I went to school science meant knowledge, but God alone knows what knowledge there is in "modern medicine." If you don't believe it ask any modern medical man just what positive knowledge he possesses of his crude vaccines, sera, shot-gun prescriptions, etc. Can you conceive of an healing art composed of that kind of *armamentaria*?

Among other things, Dr. Strickler states: "That our motive is purely altruistic" (since when Doctor?)—"the protection of the people—is the last thought to him and the hardest for him to comprehend." It surely is hard for one to comprehend when he is being held up, that it is for his own good. Again: "If widely heralded systems of cure are found, upon thorough and fair investigation, to be without value or positively harmful, the facts should be made known." How about "606" and the spinal injections? Why did not you or the A. M. A. make the facts known, or is the proposition only applicable to the despicable other fellow?

Now let us go from Dr. Strickler to Dr. Woods, of London, England. Dr. Woods has come with childlike faith to America because: "Internationalism in homœopathy is on the point of death and those of us in Europe who have considered the question seriously and dispassionately feel that you and only you can save the situation." "Oh, blindness to the future kindly given," etc. How pathetic! He thinks that "we and we alone" can save a situation for others that we are apparently powerless to save for ourselves. We are sold out both at home and abroad and more's the pity none of us know it. Not a single honest homœopath to

raise a voice in protest. Thank God, His laws cannot be obliterated by man, nor be disobeyed with immunity, and when REAL physicians once again enter the arena HOMŒOPATHY WILL AGAIN COME INTO ITS VERY OWN.

One hundred honest, conscientious, militant homœopaths with backbones, not of the spineless, jelly-fish variety, could even now save the situation.

Homœopathically the A. I. H. is dead from the neck up. To retain and restore homœopathy to its rightful position it would be necessary to form a new national society and repudiate the present A. I. H. as the representative of homœopathy or homœopathic physicians, then put none but true-blue homœopaths on guard. It is quality not quantity that counts; therefore none but true-blue homœopaths should be admitted into the new organization. All "vociferous exponents of homœopathy" should be religiously barred out. Politics for personal aggrandizement should be absolutely squelched as also "fraternity preferences." The misspent energy now utilized by the present Institute ruling power should be used in presenting our cause to those who support and employ us—the public.

Dr. Strickler stated "that it was the cults" who opposed the A. M. A.'s grab for autocracy. How long is it since you, Mr. Homœopath, ceased to be one of these identical cults in the eyes of Dr. Strickler and his kind? Then are you going to allow yourself to be cajoled by flattery into burning your own paws by pulling the A. M. A.'s chestnuts out or the fire?

How wise some of us are in our ignorance, and how ignorant some of us are in our wisdom! The ignorantly wise have nothing to learn, but the wisely ignorant go to school to find out how little they know and how much there is to learn. Are we ignorantly wise, or are we wisely ignorant? It looks as if the great majority of homœopathic physicians, so-called, belongs to the former class, the reason why homœopathy is being submerged.

The situation is desperate, not alone in Europe, but also in these United States and something has got to be done and that soon.



otherwise homœopathy is doomed to be buried. And again it is disreputably dishonest to medical students, both present and prospective, to keep our colleges open and continue to hold out false hopes to them in the present deplorable status of our cause. The members of no other profession have been so dishonest, so relax nor so unappreciative of so rich a legacy as have the so-called members of the homœopathic fraternity.

611 Madison Avenue.

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Dr. R. F. Rabe,

Editor of THE HOMŒOPATHIC RECORDER.

My dear Dr. Rabe:

I would like to join in the desires of the Rev. A. W. Littlefield, as expressed in a strong paragraph on page 323 of THE HOMŒOPATHIC RECORDER for July, 1922, of his very admirable and enthusiastic tribute to homœopathy, or the study of "Abnormal Similars."

He said: "Why not in every accredited medical school, a department of homœopathics?"

I say and, a few years ago, before members of *The International Hahnemannian Association*, begged for a resolution to the effect that we demand in every State university a chair for the study of the philosophy—the materia medica—and clinics, that students may have a choice, a chance to prove, and professors who know, and could teach these wonderful truths.

I have sometimes wished that I could urge, as the Rev. Littlefield has done, friends, neighbors, etc., to try homœopathy; but, alas! I am a doctor, so would only be shouting for myself. I can only wait and relieve those who come for help. Though I do, at times, say they (O. S.) "cannot do it"—"it cannot be done that way."

Yours truly,

S. L. GUILD-LEGGETT.

## NON-SURGICAL TREATMENT OF HEMORRHOIDS.

By Bina Seymour, M. D.

(Read at the June, 1922, Meeting of the International Hahnemannian Association.)

The reason for the title for my brief contribution is that very recently a patient who came to me for treatment was not benefited by the first prescription and went immediately to one of my neighbors, who promptly sent her to the hospital, where she was operated upon with undue haste and due ceremony.

The remedies which have most frequently relieved hemorrhoids are Sulphur, Aloes, Lycopodium, Liliun Tigrinum and Aesculus. As a rule this symptom itself—hemorrhoids—is not the one upon which the prescription hangs. I well remember a case which I attempted to treat during student days, but without success, in spite of the very kind suggestions of an able preceptor. Observations similar to these have been so frequently made in meetings of strict homœopaths that they have become trite. It may be, however, that the writer's confidence in homœopathy will be strengthened by them, and it is for this reason that I beg your indulgence.

Case 1—Miss W., thin, brunette, 27 years old, stenographer. First came to office August 1, 1919. History of appendectomy four years previously; since then not well, but has feared to go to physician because she didn't want another operation.

Symptoms: For past ten to twelve years has suffered from "indigestion" with much flatulence. For past year has had hemorrhoids, which became very much enlarged, then bleeding profusely. Bleeding causes an "all gone" feeling. There is always much fullness in the rectum.— $\mathcal{R}$  *Aloes* 30.

August 4.—Has taken a severe cold, which has much rawness and burning in the throat.— $\mathcal{R}$  *Sulph.* m.

August 6.—Cold much >.

August 10.—Cold gone, but hemorrhoids not gone. In addition to the sensation of fulness in rectum there is a sensation of pressure outward from pelvis and she has always a feeling of haste—must be busy.— $\mathcal{R}$  *Lil. Tig.* 30.

From this time on she continued to improve.

October 11.—“Cold sores” around her mouth, beginning with burning on upper lip, going to right lower lip, then left side of lower lip. Feeling of distension in abdomen, followed by pain in rectum and vagina which is > by appearance of hemorrhoids. Itching in navel. Oozing of moisture from navel.— $\mathcal{R}$  *Med. m.*

No change in remedy was made until the following August (eleven months) when she again presented Lil Tig. symptoms.

1921, April 12.—Acute indigestion with characteristic pains and amelioration of Coloc.— $\mathcal{R}$  *Coloc. 30.*

April 17.—Bleeding from rectum *not* with stool. Burning pain in right side of abdomen, going toward left side. Distension of abdomen < late afternoon. Never thirsty.— $\mathcal{R}$  *Lyc. m/2.*

May 16.—Much better. Improvement continued during summer and fall, and lasted until April 14, 1922.

April 14.—Return of symptoms of last year.— $\mathcal{R}$  *Lyc. cm.*

Case II. Mrs. B. Stout, brunette, married, 35 years old.

August 12, 1919.—Has been taking cathartics. Irritable. Intense pain in hemorrhoids < standing, < moving. Without cathartics stool hard and dry. Dizzy < morning.— $\mathcal{R}$  *Bry. 30.*

August 15.—Dizziness gone. Much burning in rectum. Hemorrhoids purple, burning, large. Complains of much backache with pains going up sacral region.— $\mathcal{R}$  *Aesc. 2c.*

A more delighted woman I have never seen than Mrs. B. when this second prescription did the trick. And her appreciation has taken the tangible form of sending other patients.

## DEPARTMENT OF HOMŒOPATHIC PHILOSOPHY.

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

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PROGRESS IN MEDICINE AND THE "AMPLIFIED  
TOTALITY."

Dr. Philip E. Krichbaum's paper on "The Remedy and the Dose," published at my request in this issue, brings up suggestively several important and practical problems in homœopathy which are deserving of serious consideration. Dr. Krichbaum sent me his paper and requested me to discuss it. I am glad to do so, for it affords me the opportunity to say some things that have long been on my mind.

In his letter, Dr. Krichbaum stated that when his paper was read at the meeting of the I. H. A., in June, 1922, it passed without discussion. I hope I succeeded in consoling him by offering what seems to be the true interpretation of this seeming slight; namely that some of the problems suggested by him lie in a field of thought and observation which has not received the attention it should: that those who were present at the meeting were probably unprepared to discuss off-hand problems which require reflection and a delving into the records of one's experience which is not possible during a crowded society session. Silence was, therefore, the highest compliment that could have been paid Dr. Krichbaum. It meant that for once, at least, our usually waggish colleague dug so deeply down into really serious problems and showed us so clearly where our failings and shortcomings are that, like a certain famous literary character, we had "nothin' at all to say, nothin' to say"—until we had a chance to get our breath and our bearings and "think it over."

Dr. Krichbaum is not the first to realize that there are still many unsolved or only partially solved problems in homœopathy, but he is one of the few who have passed beyond the stage where the realization exists merely as a sort of uneasy perplexity, a feeling of dissatisfaction with the average results of our homœopathic prescribing. If he had done no more than point out what some of the problems are, his contribution would have been useful. But

he has given us serious thought on the subject and shaken some of us out of our smug complacency with things as they are. It is high time to do something toward setting our feet in the path of progress and cease resting upon the laurels of our ancestors.

Dr. Krichbaum points out one exceedingly important fact, the significance and bearings of which are commonly overlooked. When he reminds us that *different organisms react differently to the same or a similar active agent* he touches upon what is at once the most puzzling problem and promising field of research confronting us today. The same cause of disease produces different effects in different individuals. The same disease may arise from different causes in different cases. Cases of the same disease will differ in many respects—in their prodromal symptoms, in their order and mode of development, in their duration, progress and termination and in their concomitant symptoms. In drug provings and prescribing we see the same thing. A given drug acts differently in different individuals. Have we any explanation for these and many other well-known facts? It is very easy to attribute these phenomena to "Idiosyncrasy," but that explains nothing. In testing a drug upon a number of persons some will react and develop symptoms, others will not. Some will be affected principally in one organ or system of organs by the drug, others in another. A seemingly well indicated drug will sometimes fail to act upon a given case. Of course concomitant symptoms will usually be present (when there is any marked reaction at all) from which the special affinity and sphere of action of the drug may be deduced, but that fact does not explain why the same drug acts so differently in different subjects, nor always enable us to determine with precision, in advance, just how the drug is going to act in a given case. Up to the present time our main recourse is to more or less blind experimentation. We cannot explain it or foresee it.

Evidently there is an hiatus in our system, a field which has not been entered. We should be able to say beforehand exactly how a drug is going to act and give the reasons for it.

Dr. Krichbaum, like other advancing students of homœopathic philosophy, seems to measure his own progress by the degree of enlargement of his conception of the theoretic "Totality" which is supposed to be the basis of every scientific homœopathic pre-

scription. "That," he says, "has grown in my mind to have a far deeper content than the simple phrasing would seem to indicate." . . . "I believe in an extended or amplified totality which shall include the pathology, when present, as well as the diagnosis."

Enlargement, extension, amplification of ideas and conceptions are nowhere more characteristic of progress in homœopathic philosophy than in regard to the subject which we commonly speak of as "The Totality of the Symptoms." The longer we reflect upon this subject in the light of experience the more important does it become. The tyro in the first flush of enthusiasm over his apprehension of the principle of "Similia," thinks of the totality as consisting of two or three prominent symptoms, or perhaps only one peculiar or "freak" symptom which he can match up with one he has memorized while "cramming" for his materia medica quiz. To him these are "keynotes" which in some mysterious way embody or rule the whole symphony of his case. An occasional cure of more or less brilliancy which follows this kind of prescribing keeps his courage up, in the face of numerous failures.

If the beginner has the right stuff in him, he does some thinking, in the light of experience, on the subject of symptomatic prescribing, which results in expanding his conception of the "Totality." He learns first that a "symptom" is something more than the mere statement of a simple fact; that it is a fact with its history and relations—its location, its nature, its origin, its development, its modalities or modifications. Later he learns that every symptom must be considered in relation to its concomitant symptoms; that no symptom stands alone as representative, in any true sense, of the case as a whole; and, therefore, that no reliable prescription or treatment can be based on one symptom, even though it may seem to be a "keynote."

At this point he begins to comprehend that the "Totality" is something bigger and more comprehensive than he had thought. And still he has not compassed the whole field. Gradually it dawns upon him that it is not merely the numerical, or even the related totality of the *symptoms*, but the totality of *the case*; not the pathology alone, but the anatomy, the physiology, the chemistry, the psychology, the whole history and personality of the *well man*, which he has to consider, since it is the well man, with all

his inherited and acquired predispositions, tendencies and idiosyncrasies who has become disordered and is now a sick man. The particular type and form of his disorder and the nature of his reactions as an individual are, and must be governed not only by general, but by special biological laws; in other words, by the character of his own peculiar morphological combination or physical make-up.

Here we enter upon a field where we may advance with some degree of confidence, since many, if not all of the factors are positively measurable. As Prof. De Giovanni, in his "Commentaries on the Morphology of the Human Body," says: "The philosophic spirit which radiates from the history of living things enters our horizon and enables us to perceive anew the lost conception of the *unity of the organism*. It presents itself under another aspect and reveals to us the mechanism by which, from the association of its component parts the unity and variation of the being and the modes of its transformations in time arise.

"The old body of medical doctrine, renewed, lends itself to the demonstration of the *individuality* in its concrete morphological value, and, evoking from history the philosophico-mathematical principle of the Italian school which was called after Pythagoras, becomes science, acquires the instinct of exactness and proceeds with the escort of *numbers* and *measurements*."

Here lies the field in which the future of homœopathy is to be developed—by connecting it up with the science of human morphology. Progress will only be made by returning to the path indicated and opened by Hahnemann, when he quitted the fetid atmosphere of the morgue and began his studies of the reactions of healthy, living, human beings to drugs. Life, not death, became the subject of his contemplation. Medicine was conceived to be a biological science and pathology was recognized as merely morbid physiology.

A true conception of the healing art has never and can never be formed by contemplating death, disease, or the products of disease. No one can understand *a man* physically or morally by studying only his faults and morbidities. We deal with Life in all its processes and reactions to environment. We must come to realize that Life is an entity, a real thing, a power, a principle, a force, individualizing and manifesting itself in organism; that

disease and death are non-entities, not things but processes—disorderly processes of Life in Organism; that Life is the fundamental all-inclusive unity, the greatest real thing in the universe and the highest object of scientific study. The point of view is all-important. The physician who approaches his case solely from the standpoint of pathology, regarding only the manifestations and products of disease, sees merely one and that the negative side of the case. He mistakes effects for causes, products for processes. He has and can form no conception of the true "Totality" without which he is constantly falling into error and failure.

The new morphology teaches that a man is the concrete, individualized embodiment and expression of the sum of all the forces, physical, psychical and spiritual which have operated in producing his organism through all the stages of its development. In his physical organism, in all its contours, lines surfaces, forms and proportions; in the relative development and proportions of the various organs and systems of organs in his body, is written the indelible and perfectly legible record of all the vital operations which have made him what he is.

Here we join hands with the anthropologist and receive from him the science of anthropometry with its instruments of precision and its principles of interpretation, by means of which, with certain modifications, we are enabled to measure, analyze and individualize each patient or prover in his morphological entirety, and learn from the degree of development and the proportions of his constituent organs and parts not only what, but *why* pathology exists, and why as well as how he differs in his reactions from other patients.

When these sciences are properly related to our materia medica we shall have the foundation of a truly scientific pharmacology which will be accepted by the medical profession as a whole, because we shall be able to give a natural, rational and scientific explanation of the action of our remedies.

What this will mean to the teachers and students of materia medica can only be appreciated by those who have struggled unsuccessfully with the problem in following the old "dry-as-dust" methods. When materia medica is studied in connection with morphology the reasoning powers are enlisted, the varying action of drugs and reactions of the individual organism can be explained



and illustrated, reasons can be given and the intellect satisfied. "Memorizing symptoms" is done away with and materia medica becomes a live subject, as interesting as a novel.

In giving first place to the problem of "The Totality" Dr. Krichbaum reveals his perception of the most important and (of late years) the least discussed fundamental of Medicine. I say "Medicine" instead of "Homœopathy," because it is a problem which confronts the entire medical profession and not the homœopathic school alone. General Medicine, in its virtual abandonment of pharmacology and pharmaco-therapeutics, and its absorption in diagnostics and pathology, seems to have lost sight entirely of the three great Unities—the unity of life, the unity of the human organism and the unity of medicine. The homœopathic school, as a whole, is in as bad a position, for we see in its ranks not only a general loss of interest, but a falling away from established methods, standards and ideals. Some of its most active workers, who have been accorded the honor of scientific leadership, seem to be compelled by force of circumstances to waste time and opportunities in doing much research work which is useless and unworthy of their high standing and ability, as shown in other work they have done which is of real value. A notable example of this appears in an article in the September issue of the *Journal of The American Institute of Homœopathy*, entitled "The Effect of Certain Homœopathic Remedies Upon the Hearing," by Albert E. Hinsdale, M. D.

Of what use is it or how does it advance science to conduct laboratory experiments, as in this instance, with eight drugs, the sole deductions from which are, first, that they "influence the hearing"; second that "the acuteness of hearing is diminished by" six of them; third, that two of them "increase the acuteness of hearing." Nothing more. It has been known for a century that these drugs "influence the hearing." To what intellectual poverty have the descendants of Hahnemann come that they require such infantile instruction!

What would a modern chemist think, if, in the Transactions of his National Chemical Society he should see a report of elaborate laboratory experiments from which it was gravely concluded that water, under certain specified conditions, would extinguish fire?

There seems to be a demand for such kindergarten demonstra-

tions—there must be or Dr. Hinsdale would not be making them—but what a commentary it is upon the intellectual and scientific status of those who demand them! Dr. Hinsdale, able, well equipped, modest and obliging, is too sensitive to the “teasings” and “tantrums” of a lot of scientific infants. Heedless or ignorant of the work and methods of the masters and most illustrious teachers of homœopathy; uninstructed in the principles and methods of the sciences which are related to general medicine and to homœopathy; deficient in culture, lacking vision, perception or historic perspective; obstinately perverse and skeptical and without convictions of truth, they do nothing but obstruct progress. Like spoiled children, already grossly overfed, they tease for more pap and lie on the nursery floor and kick until they get it. When they get it, they play with it, spatter it on the floor and make faces at the teacher when his back is turned. Dr. Hinsdale has been too indulgent. He should have turned these brats over to a hard-hearted, beslippered old matron with extra large feet, and devoted his talents to the instruction of grown-ups.

To add to the irony of the situation the article referred to, as published in the official organ of the A. I. H., was introduced by an editorial note stating that “The College of Homœopathic Medicine of Ohio State University *has been abolished*”; that “this necessitates the discontinuance of the research work that has been carried on for the last eight years!”

The enemy grins, but the faithful avert their faces in shame. Protests are loud and criticism is harsh. Many reasons are stated, but the real reason is suppressed.

What else could the authorities do, having in view the dignity and responsibility of the University as a scientific institution? Does any one imagine that they were not competent to estimate rightly the value to the State, to Science and to Humanity of the work which was being done in this College under the dominating and hampering influence of obstructionists to real scientific progress.

There is a time when patience ceases to be a virtue, and that time the University of Ohio seems to have correctly fixed. Our sympathy goes out to Dr. Hinsdale and his co-workers. The action of the University is a judgment upon the pseudo-homœopaths, not upon him personally, nor his colleagues.

Unless the governing bodies of certain other "Colleges of Homœopathic Medicine" wake up and bestir themselves to get in line with real scientific progress, the fateful hour will strike for them also at no distant period. They are under keen observation by competent and unprejudiced agents of the powers who are temporarily sustaining them, financially and otherwise, while they are being tested to see if they are worthy of preservation. Let them not deceive themselves. Their ability, their spirit, their ideals, the scope of their work, their methods and their results will all be—*are now*—under the closest scrutiny. If they prove scientifically worthy, sincere and competent within a reasonable time they will be established permanently. If not, they will be abolished—as they should be.

Be sure of one thing: A few grains of wheat retrieved by threshing over old straw will not save them. Science is progressive. The world moves. For the dead nothing remains but to be buried by the dead.

# HOMŒOPATHIC RECORDER

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## EDITORIAL NOTES AND COMMENTS.

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ANAPHYLAXIS TO QUININ.—“Keramopoulos reports from Smyrna a case in which the anaphylactic shocks that constantly followed treatment with quinin were finally arrested by transfusion of blood from the woman's daughter. All other known methods of desensitization had been tried and failed, but under intravenous injection of 20 cc. of citrated whole blood, every two or three days for a month, the general health improved remarkably and quinin then could be given regularly.”

The above from *J. A. M. A.* illustrates a fact old as the hills to Hahnemannian prescribers, who well know that remedies in too crude dosage produce untoward aggravations, or, to use the more modern expression—anaphylaxis. But why use such crude dosage? Samuel Hahnemann showed the folly of this more than a century ago and devised a method (potentization) of reducing the dosage yet enhancing medicinal power; is it really necessary to knock a man down in order to cure him? It would seem so, if we are to judge from the all too numerous O. S. reports of unexpected, but totally unnecessary drug reactions. Will our O. S. friends never learn the significance of Arndt's Law?

ANAPHYLAXIS TO MERCURY.—“Gougerot and Blamou-tier ascribe to the mercury that was being applied to the scalp, or as a mouth wash, or by subcutaneous injections, the severe dermatitis, edema of the skin and mucous membranes, and diarrhea with hemorrhage observed in a number of cases described. In other cases there were severe local reactions to the injections of mercury. All

such cases seem to offer a prospect of successful desensitization whether the disturbances occurred on first taking the drug (idiosyncrasy) or the intolerance had developed later (anaphylaxis). The question now is, Will a preliminary small dose protect against them? Certain recent experiences seem to indicate this.—*J. A. M. A.*”

Another illustration similar to that concerning quinin; but with an intimation that a small dose may have protective power. Here at least Gougerot and Blamoutier are catching a perhaps fleeting glimpse of the law of similars. Maybe they will investigate further and if so, be led to proclaim their findings without fear or favor. On the other hand, they may prefer to emulate most of our American regulars and diplomatically shut their eyes to the growing truth, for we have many ostriches in the medical profession and there is still plenty of sand.

STATE UNIVERSITIES AND HOMŒOPATHY.—Under the above title *J. A. M. A.* comments editorially (August 19, 1922) upon the closure of our homœopathic colleges in State universities and says:

“It was a glaring inconsistency for any reputable university to enter on the teaching of scientific medicine and at the same time establish a college to furnish *instruction which was avowedly based on an unproved and narrow theory*. It is encouraging, therefore, that all of our great universities have abandoned the support of any form of *sectarian medicine* and are leaving their medical teachers free to adopt and make use of any method or agency which, on due investigation, is found to be of value in the diagnosis, treatment or prevention of human diseases.”

The italics are our own. What we are desirous of knowing is how does the editorial writer of *J. A. M. A.* know that homœopathy is “based on an unproved and narrow theory”? Has he really investigated this theory with an open mind? Has he looked up the evidence to make sure that the theory is both *unproved* and *narrow*? Is he familiar with the investigations of such really big men as von Behring, Hugo Schulz, Huchard and others? To us in our naivité, it seems as though the only narrow thing in reference to the august editor’s dictum is the gray matter which conceived it.

HOMŒOPATHY IN INDIA.—Elsewhere in this issue we publish the observations of Dr. B. Gangooly, of 39 Mundle Street, Calcutta, India. The doctor writes us of his great faith and interest in Hahnemannian homœopathy and of his constant endeavor to spread its usefulness before the people of his country.

The drugs commented upon by him appear to show great promise and ought to be subjected to a careful Hahnemannian proving. *Tinospora Cordifolia*, as well as *Carica Papaya* will be of special interest to physicians whose work lies in malarial districts, but may also prove to be of much value to those who specialize in chronic diseases, more particularly those illnesses which are the result of much misdirected drugging and suppression.

*Withania Somnifera* has interesting possibilities and in its somewhat more extensive symptomatology suggests such remedies as Phosphoric Acid, Gelsemium, Nuphar Luteum, etc.

We are not aware that any of these remedies can, at the present time, be procured in this country, with the exception of *Carica Papaya*, which is classed as a vegetable ferment and contains a digestive ferment known as *papaia*, *papayotin* or *papoid*. Its use homœopathically is, however, unknown to us.

Banerjee, on page 367, Volume 14 of *The Homœopathic Physician*, in 1894 published a short, fragmentary proving of *Tinospora*, which shows some mental dulness and depression, occipital headache and gastro-intestinal disturbance, as evidenced by flatulence and diarrhœa. Weakness, dry cough, accelerated pulse and aching of the legs are further symptoms produced. No observations upon the spleen or liver are recorded by him.

OPPORTUNITIES FOR HAHNEMANNIAN HOMŒOPATHS.—Mr. J. C. Roberts, proprietor of Roberts' Homœopathic Medicine Company, of Bridgetown, Barbados, West Indies, writes us that homœopathy is flourishing in this beautiful subtropical island, but that the two homœopathic physicians who looked after the welfare of a large clientele at Bridgetown, have recently died within a few months of each other. He states: "We want a few *good men*; there is plenty for them to do. Homœopathy has taken a firm hold in Barbados since the establishment of my dispensary in the city of Bridgetown. . . . I want assistance in

the way of homœopathic doctors (white men) and Hahnemannians."

Here then is an opportunity for those who are qualified and who seek for green fields and pastures new. Address for further information J. C. Roberts, Roberts' Homœopathic Medicine Co., Bridgetown, Barbados, W. I.

THE TREATMENT OF THE PSYCHONEUROTIC PATIENT.—It is beyond question that no class of cases is more difficult to treat than that of the various neuroses. So far as drugs are concerned our O. S. friends have nothing to offer and continue to rely upon the time-worn prescriptions of strychnin, phosphorus and similar nervines. For the homœopathic physician, who is a painstaking materia medicist and prescriber, there is a much larger storehouse of likely remedies, though even he is often sorely tried in his endeavors to relieve or cure these obstinate cases. So many elements enter into these perplexing conditions that the physician is frequently puzzled in bringing order out of the apparent chaos of symptoms. Causative factors play an important part and these may be of such nature or duration that their removal is impossible; under such circumstances, our best efforts are sure to fail. Still, occasional success at least is an incentive to greater effort and spurs us on to persist in our search for cure.

At the April meeting of the Homœopathic Medical Society of the State of New York, before the Bureau of Medical Specialties, Dr. F. W. Seward, Jr., of Goshen, N. Y., read an interesting paper, dealing with this class of cases entitled, "A Field Wherein Drugs Fail and Why." Certain of his statements are of particular interest to homœopaths in that they clearly indicate a progressive loss of confidence in drugs, on the part of a homœopathic physician whose work is almost entirely among neurotic patients, amidst sanitarium surroundings. Thus Dr. Seward states: "The longer I have treated this class of patients the less have I employed drugs. I believe our colleges lay too much stress upon medicines. . . . Now in psycho-neuroses, I have almost as much faith in the rabbit's foot as in drugs prescribed by a regular physician or the carefully selected remedy of an homœopath. So impressed have I been with the failure of drugs to cure these cases that I experimented to some extent and found that these cases

recovered without a single drop of medicine, and so far as I could determine the course of the attack, convalescence and recovery, did not differ from those cases which had been receiving the carefully selected homœopathic remedy.”

This is indeed a strong indictment of our therapeutic resources and abilities, and demands consideration. Are we really as badly off as Dr. Seward implies? Undoubtedly we do have many failures; unquestionably many of us do unload these cases on the sanitarium; but admitting the truth of both confessions, do we not nevertheless produce cures as well? Is it not a fair question to put before Dr. Seward, when we ask how “the carefully selected homœopathic remedy” was chosen? The art of case-taking and the art of prescribing is mastered by comparatively few. The vast majority of homœopaths do not follow closely the fundamental principles and directions as laid down by Hahnemann. This being so, and we make bold to say that the statement cannot be challenged, it follows that the percentage of failures must necessarily be larger than would otherwise be the case. Snap-shot prescribing or the use of combination tablets will not help these unfortunate victims of psychic depression. To be sure, it must be admitted that the sanitarium for mild mental and nervous cases too often serves as a convenient dumping ground for the busy and sadly harassed physician, who is only too glad to be relieved of the burden of caring for these patients; hence some allowance must be made for Dr. Seward’s rather pessimistic opinion.

The doctor states, among other things concerning psycho-neurosis: “In psycho-neurosis it is not that the mind merely *won't* work, but *can't* work,” and still further we read:

“Having mentioned various things which psychoneurosis is not, let us see what it is. I thoroughly believe psychoneurosis to be caused by an atavistic tendency ever present in the brain and central nervous system, when there is failure or partial failure of ontogenic evolution to keep pace with phylogenic evolution. Now what does that mean? It is an accepted belief that man has descended through his long line of ancestry, from what we choose to call lower forms of life. Let us go back to a pre-ape stage. We might go back further, but for our present purpose, we will begin with the pre-ape. After which comes a sub-man. Then a primitive man. Later a man of the stone age, and so on up to



civilized man. The development the race has made is phylogeny or the evolution of the race. Now life began as a simple cell, and developed through the fish, reptile, quadruped, and biped stages, until it reached what we call civilized man. This is important to remember, and what now follows is of more importance. The development of every man begins with a single cell. Becomes a multiple cell; enters and passes through the fish, reptile, quadruped, pre-ape, sub-man stages during the intra-uterine period of his development, and the first few months following birth. This development of the single member of the species is called ontogeny. Ontogeny follows the lines of phylogeny. Nature frequently fails in her efforts to produce perfect results. Ontogeny frequently fails to keep pace with phylogeny. There is always an urge which results in evolutionary changes as nature constantly endeavors to adjust the species to its environment. There is also a pull backwards, or tendency to revert to former states. This pull backwards is called atavism.

"In our modern highly organized civilized state, we urge the urge, if I may use the expression, by developing the brain through childhood and youth; and tax, frequently over-tax, the brain of adults, particularly in city life with its tense economic competition and many causes of nerve strain. All do not survive in this excessive urging of the urge. Nature's imperfect products, those having an atavistic tendency, tremble, crack and break. They become victims of atavism, and when they come to the neuropsychiatrist he makes a diagnosis of psychoneurosis. Of course, there often is an exciting cause such as a sudden shock, overwork, a love affair, infection, exhaustion, etc. But I maintain atavism is the underlying and chief cause of the psychoneuroses; and I would include in the group manic-depressive types, involution melancholia, and dementia praecox.

"Sifted down to the final analysis, those patients have failed to adjust to their environment; they have more or less exhausted their nervous energy in their efforts toward adjustment. The neurasthenic, hysteric, anxiety neurosis patients have only partially failed and are still struggling. The manic-depressive patient has temporarily failed, and the dementia praecox patient has hopelessly failed, except possibly in the earliest stages when the contest is still going on.

"Now, if I am right in this, then it is obvious that the patient requires a simplified environment and mental inactivity to the point of eliminating taxation in so far as these can be obtained. In addition all energy should be conserved and the physical body well nourished and cared for. In the light of this hypothesis it is easily seen that hydrotherapeutics, massage, psychoanalysis, reconstruction work, etc., may each and sometimes all be of some minor assistance, and it is also easily seen that the physician not understanding the true nature of the fundamental causes of the breakdown is easily led into error, in believing one of these courses of treatment when applied has done all the work. The same physician falsely attributes these breakdowns to pathological causes. They are no more cases of illness fundamentally than is the patient who has a hairlip or congenital hip deformity, or a sub-normal mentality or moral defectiveness. It is not my purpose to discuss here the subject of treatment. I am only using this particular class of cases as an illustration. They represent a field wherein drugs and remedies fail, and I have endeavored to show why.

"Incidentally I might remark that our homœopathic colleges should recognize more openly and frankly that the homœopathic materia medica does not and cannot contain a prescription for every patient who enters the office of a physician. Teach all students that its sphere of applicability is limited, and wherein it is limited, and graduates will more readily and more lastingly understand and appreciate its value within its proven sphere of usefulness and, in addition thereto, the enemies and opponents of homœopathy will be disarmed by the removal of one of their most potent arguments against homœopathy."

The last paragraph calls for some comment. Do our homœopathic colleges teach that the homœopathic materia medica contains a prescription for every patient who enters the office of a physician? Aside from the department of materia medica, we have often wondered whether the other departments in our colleges ever taught anything homœopathic at all. To us it has more often seemed as though too great emphasis has been laid upon the non-homœopathic therapy with which students' minds have been assiduously stuffed. The trouble is more often due to the lamentable fact that students are not taught to think in terms of homœopathy.

are not grounded in its philosophy and are not drilled in the art of case-taking and prescribing. It is only occasionally that we find a teacher capable of imparting such truly necessary instruction. That homœopathy has its just and proper limitations no one will deny, that there are other valuable forms of therapy is equally true, but that homœopathy is supremely superior in conditions susceptible of cure, wherein drug therapeutics at all apply, is beyond dispute and it is this supremacy which should be impressed upon the minds of students as well as upon those of physicians. The sooner this is recognized universally by homœopathic physicians, the better it will be for the profession itself as well as for the laity entrusted to its care; and the smaller will be the opportunity for physicians to be pessimistic about the only therapeutic law which is capable of meeting all tests, however exacting or rigid.

A PSYCHONEUROTIC CASE, WITH SPECIAL REFERENCE TO THE VALUE OF THYROIDIN.—Mr. D., age 40, married eighteen years to a wife given to nagging, broke down nervously in 1907 and again in the spring of 1920. Close confinement to business, long hours of work, plus the domestic turmoil, are the apparent causes of his present condition, which is as follows: Sudden exhaustion, goes to pieces nervously and physically and feels a "gone" sensation in the stomach and cardiac regions. Vertigo < when standing, feels as though he would faint. Always is conscious of his heart, feels it beating and fears that it may be organically diseased. Physical effort quickly exhausts him. Gasps for breath. Sleep good at present, but wakeful formerly. Fears to eat on account of "bad" sensations after eating; appetite fair; bowels fairly regular; no abnormal food cravings or desires; no abnormal thirst or sweats. Weak sexually and suffers from premature seminal ejaculation. Is sensitive to cold, more especially so lately. Is irritable, nervous, depressed, fearful of his condition, looks worried and thin; quick, hasty speech and manner. Much O. S. treatment has been of no avail. Physical examination shows a soft pulse of 68; feeble, distant heart sounds, though otherwise regular. Systolic blood pressure abnormally low, 110 mm.

On September 8, 1920, he was given *Thyroidin* lx, four times daily. On September 17 he was given a few doses of Aco-

nite 200 for the effects of shock caused by witnessing the scenes incident to the Wall Street bomb explosion. Thereafter *Thyroidin* was resumed.

October 14 he declared himself to be 100 per cent. fit, with full confidence in himself and his ability to meet the stress of daily life. The remedy was continued for two weeks more and then stopped. Subsequently a few skin and gastric symptoms demanded single doses, at long intervals, of the following remedies: *Psorinum* 10 m. Sk.; *Sulphur* 40 m. F.; *Lycopodium*, 100, 933 Deschere; *Sepia* 15 cm. Gorton; *Sepia* mm. F.

At the present writing he continues in good normal health and sexual state gives no trouble. We are rarely as fortunate with neurotic cases, but this one is a good illustration of what can, at times, be done. It also illustrates the use of the endocrine glands in low potency, a use which is frequently necessary in order to meet the plane of the disease. In other cases, high potencies of the endocrines have acted splendidly; but we cannot formulate any fixed rules for potency selection at present. Finally, the case apparently refutes the claim that drugs or medicines are on a par with the rabbit's foot, in psychoneurotic disorders. Q. E. D.

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## TESTING THE POTENTIALITY OF DRUGS.

By Benjamin C. Woodbury, M. D., Boston, Mass., and Harry  
B. Baker, M. D., Richmond, Va.

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### I.

#### Introductory.

In the March number of this journal may be found an excellent analysis of the Hahnemannian theory of drug potential.<sup>1</sup> Especially does this deal with the dynamic power possessed by drugs in altering the reactions of the human organism in health and disease. This subject, discussed under the general caption "The Drug Potential," is a most timely one.

Briefly the analogy is somewhat as follows: Drugs produce in the human organism definite reactions; the specific action of a drug may be measured in terms of symptomatology, and likewise may be estimated in definite scientific values (if a proper method can be originated); and finally, the progress of the disease may be thus accurately measured and an adequate basis for prognosis thereby established.

In discussing this subject it must be borne in mind first of all that Hahnemann's pathology was essentially a dynamic one; that is, disease manifests itself as a condition of physiological stasis, only to the extent that it is a direct modification of a predetermined dynamical ratio manifested in subjective and objective phenomena. Disease, therefore, is dynamical and measurable in terms of potentiality.

Some of the ideas which Dr. Stuart Close sets forth in this ex-

<sup>1</sup> HOMŒOPATHIC RECORDER, March, 1922.

cellent presentation are most noteworthy; and first of all is the proposition that:

“The idea of a drug-potential, analogous to the electric and gravitational potential, has never been advanced before, as far as I know; but it appears to be one capable of being worked out mathematically by some one who is competent. It is merely presented here as a suggestion which may lead to the discovery of a new means of measuring the dynamic energy and mode of action of potentized homœopathic medicines.”

In this prediction the author is quite correct, and we venture to say that such a method already exists, and though merely touched upon by a few experimenters as yet, offers every possible hope for the ultimate scientific demonstration of the potentiality of potentized drugs.

Reference is made to the method known as the electronic reactions of Abrams, to which attention has been previously called in this journal;<sup>2</sup> <sup>3</sup> and likewise in the columns of the *Hahnemannian Monthly*,<sup>4</sup> wherein mention was made of the testing of *Natrum muriaticum* at the Abrams Laboratory, in San Francisco. We shall not attempt any extended explanation of the technique at this time. Suffice it to say that this matter has been outlined by various writers, and various homœopathic State societies have recently given place on their programs to papers on the technique of the Abrams method of diagnosis and treatment. It may only be reiterated that these tests with remedies came about originally through Dr. Abrams' attempt to disprove the Hahnemannian doctrine of attenuation. In this connection it may be well to recall the classic experience of Hering, a young student of medicine in the German universities, who, at the solicitation of his preceptor, Dr. Robbi was asked to write a book for the celebrated C. Baumgartner, founder of a publishing house in Leipsic, against Homœopathy. Hering, at that time a student of twenty years (1821-22—interestingly enough just a century ago this very year) in order to obtain his quotations was provided with Hahnemann's works. The dis-

<sup>2</sup> “Homœopathic Attenuations and the Electronic Reactions of Abrams,” Feb., 1920.

<sup>3</sup> “Orientation in Homœopathy,” December, 1921.

<sup>4</sup> July, 1921.

covery of Hahnemann's famous "Nota Bene for My Critics" led Hering to make some experiments. The book was discontinued, and against the advice of his friends young Hering continued his investigations for a period of two years, and five years later, in 1825, he presented and defended his thesis—"De Medicina Futura"—acknowledging his allegiance to the doctrines of Hahnemann. This much for the experience of the "Father of Homœopathy in America." (*Vide* Bradford's Life of Hahnemann.)

In justice to the innate desire upon the part of Dr. Abrams—this astonishing wizard of medical science—it must be said that he, like Hering of old, has openly acknowledged his fealty to the most remarkable and far-seeing genius medicine has ever known—Samuel Hahnemann. Dr. Abrams, for instance, as soon as he had made these initial trials with drug substance in attenuated form, announced the results in his *Journal of Physico-Clinical Medicine*. and has not only conducted experiments from time to time along this line, but has acknowledged and accepted in a great measure the Hahnemannian law of similars.

The frank announcement of the Abrams experiment and its immediate republication in the various homœopathic periodicals called widespread attention to this new method for demonstrating what the homœopathist has long known theoretically, but was unable, except perhaps by the clinical test, to demonstrate to any definite extent scientifically.

These findings go to show most conclusively that *the more dilute the medicine, the more its potentiality is increased, as measured by the delicate biodynamic reactions of the human reflexes.*

For the estimation of these reactions a delicate ohmmeter—the biodynamometer—now called the reflexophone is utilized, and the reactions to syphilis in its congenital and acquired forms, cancer, tuberculosis, colisepsis, malaria, streptotoxemia, *et cetera*, are directly measurable in terms of electrical resistance.

These reactions are dependent upon what Abrams contends to be the fact; that all matter is essentially radioactive, hence electronic in ultimate analysis; and therefore subject to the same laws that govern the reactions of all living as well as non-living matter.

Be this as it may, it is none the less true that the majority of facts elicited from investigation in this field would seem not to

limit this property, which Abrams denominates a universal property of matter, merely to those substances which demonstrable science has termed "radio-active." That all matter, or all substance, which may be a more comprehensive term, is divisible into an infinite number of variations or degrees of fineness can in truth be stated as well within the boundaries of facts.

"The dose," writes Dr. Close, "according to its size and quality, may be a 'mass,' or it may be an 'ion,' an infinitesimal dynamic quantity comparable to 'an electric charge.'"

"The action of a drug upon the living substance is analogous to the action of electricity, and has often been compared to it.

"The Hahnemannian theory and process of potentiation makes it possible to modify and govern, as well as to measure, the action of drugs submitted to proving, or prescribed under the principle of *similia*, to any extent required.

"Any agent or substance which modifies the action of the life principle medicinally must do so by virtue of its inherent dynamic energy; and that action must be governed by the same dynamical laws which govern the operation of the life principle physiologically and pathologically."

This proposition is fundamentally true in view of the fact that dynamic processes have to do not only with health but with disease.

Abrams puts forth the proposition that diseases are primarily disturbed functions, and secondarily disease entities.

"Disease," in Dr. Close's estimation, "is not an entity but a process—a constantly changing condition or state."

This in fact is but another way of stating the fundamental concept of Abrams that "vital phenomena are dynamic and the actions of organisms should be regarded not as structures but as processes."

Thus it will be seen that the author's suggestion "which may lead to the discovery of a new means of measuring the dynamic energy and mode of action of potentiated homœopathic medicines" is already at hand as briefly hinted at above; and envisaged in the mind that can but foresee the trend in the medicine of today and of to morrow.

"The practical problem," the author writes "is to find the remedy for the individual and correctly measure its power and action."



It is plain to be seen that this consummation so devoutly to be wished might easily be achieved were we, as homœopathic physicians, to avail ourselves more widely of this method of determining the electro-dynamic potential of *every remedy singly* (proving); by the aid of the human subject according to the Abrams method. We have, then, only to ascertain the specific vibratory rate of the patient, either by direct examination (auto-electronic method), examination through the mediumship of a subject, or finally examination of the patient's blood—to be able to arrive at the exact similitum for the patient. This, as will be seen can sometimes be approximated by the auto-therapeutic application of the patient's own potentiated blood, or by means of the corresponding potentized drug.

“For,” states Dr. Close, “the power which they exert, or the power which the organism exerts in reacting to them may be both measured and controlled. Considered from the standpoint of dynamics we have here *quantities* with which to deal, which are assignable quantities and may be measured mathematically or otherwise.”

The author then goes on to state that, considered from the homœopathic standpoint, the most accurate and exact means of measuring these quantities is by means of the Hahnemannian method of potentiation of medicines, which, “satisfies the pure therapist even as a qualitative yardstick; but for the scientific it leaves something to be desired in accuracy for qualitative measurement.”

We have previously pointed out<sup>5</sup> the importance of accurately measuring these drug potentialities by means of carefully conducted biodynamometric measurement.

These propositions are as it were self-evident:

(1) That drugs deserve to be carefully tested or proven in accordance with their individual, specific vibratory rates, and the corresponding areas upon the body where these reactions may be localized; and their corresponding ohmage in the different potency scales accurately measured.

<sup>5</sup> *Loc. cit.*

(2) That the patient's blood or the patient himself should be correspondingly examined and his specific reactions localized and elicited in terms of ohmic resistance.

(3) That the matching or equalizing of the reactions found in the patient with those of the individual remedy (which will be found to be in almost exact correspondence)—these data will enable the prescriber to utilize with precision and accuracy this new method of electronic homœopathy.

Abrams' original conclusions (if not too well known to be repeated here) were as follows:

"Measurements recently made by the writer with the biodynamometer disclose the almost unbelievable fact that the mechanical subdivision of drugs or their dilution will augment their radioactive potency. This the writer believes is the first positive experimental evidence of the latter contention. His primary endeavor, he confesses, was to disprove the fallacy of infinitesimal dosage. The following figures are cited:

<i>Drug Employed</i>	<i>Radioactive Potentiality</i>
Aconite (Tincture) .....	10-25 of an ohm
The same Tincture (diluted 50 times) .....	1 ohm and 9-25 of an ohm
The same Tincture (diluted 100 times),	
	3 ohms and 13-25 of an ohm
Calome! (1 grain) .....	6-25 of an ohm
Calomel (grain 1-100) .....	3 ohms and 7-25 of an ohm
Calomel (grain 1-200) .....	4 ohms and 16-25 of an ohm
Belladonna (Tincture) .....	8-25 of an ohm
Belladonna (one-millionth part of the foregoing and known in potency as 6x) .....	12 ohms and 11-25 of an ohm

"Note that when the aconite was diluted 100 times, the radioactive potentiality was increased 78 times whereas a dilution of 50, was only increased 24 times. The potentiality of calomel (gr. 1-100) was increased 76 times and 1-200 gr. of the same drug was increased 110 times. Belladonna diluted to the 6x was increased 303 times."

These figures have been commented upon so many times that any further observation is unnecessary.

### Historical Data.

When Samuel Hahnemann, in the year 1796, published his famous "Essay on a New Principle for Ascertaining the Curative Powers of Drugs," in *Hufeland's Journal*, a new era in medical

investigation dawned upon the medical world. There was, as all must admit, need for a new method of clarifying the beclouded medical atmosphere and inaugurating a truly scientific method of investigating drug action. When in 1801, however, he published in the same medium (*Hufeland's Journal*) his essay "On the Power of Small Doses of Medicine in General, and of Belladonna in Particular" (one of the drugs just mentioned as having been tested by the electronic method) whatever of interest his previous writings may have aroused in the minds of the few, with reference to his suggestions for an improved method of studying drugs, was now turned to scorn and ridicule. With his recommendation of so inconceivably small a dose as "the millionth part of a grain" and his later announcement of the prophylactic virtues of this remedy in scarlatina in so ridiculous a dose as the  $1/432,000$  part of a grain, the patience of his medical colleagues was at an end, and whatever of hope may have been aroused in his heart was turned to despair. How much nearer to this goal have we of the twentieth century—of the present day—progressed? Let us examine in the briefest manner some current ideas as to the potency of infinitesimals.

### The Lure of the Infinitesimal.

The *Journal of the American Medical Association*, in a much-quoted editorial, recently (June 10, 1922) announced that astonishingly small portions of a grain—a single milligram—of thyroxin is capable of producing a rise of 2 per cent. in the basal metabolism in a man of 70 kilograms in weight. Laboratory animals have been killed by "a few thousandths of a milligram of toxalbumin from the castor bean." The minimal lethal dose for mice of crude botulinus, which is responsible for recent outbreaks of food poisoning, is said to be " $3 \times 10^6$ -cc. (*i. e.*, 0.000,003 cc.)." This specific toxin, when encountering the condition of hydrogen ion concentration similar to that found in the stomach during active digestion, is "capable of an extraordinary increase in potency." In a medium of such reaction, a minimal lethal dose of only  $3 \times 10^{-21}$  cc., or 0.000,000,000,000,000,003 cc., has been attained. Even when converted from mouse to human dosage by an increment of several thousand times this figure, the quantity of actual substance involved remains within the range of the infinitesimal. A teaspoon-

ful would menace a nation. The findings represent a new order of magnitude in toxicological research."

The *Journal of the A. M. A.* for July 15, 1922, states that Robertson, practitioner, London, May, 1922, recommends "a mixed bovine and human tuberculin, beginning with an initial dose of 1-50,000 mg., future treatment being based on the reaction." The size of this dose may be figured by those fond of correlating homœopathic notation with the metric system.

Dr. Israel Brams, in his recent book on "Exophthalmic Goitre and Its Non-surgical Treatment," states that "Thyroxin is of such extreme potency that 1 mg. administered daily to a normal individual will produce toxic symptoms."

We are all very familiar by now with Sir Oliver Lodge's oft-repeated comparisons of the atom and the electron; of Professor Milikan's weighing and isolation of the ion, and the data that is rapidly accumulating upon the general subject of radio-activity and radioactive phenomena are too numerous to mention. Homœopathic remedies in radioactive preparations have been measured in most infinitesimal form.

Abrams states in his "New Concepts in Diagnosis and Treatment," that:

"The radium emanation is detectable by the electroscope, which is a million times more sensitive than a spectroscope, yet the latter will detect the millionth of a milligram of matter" . . . "An infinitesimal quantity of radium detectable by the electroscope at a distance of thirty inches, will yield a reaction from the stomach at a distance of thirty feet, and this distance may be exceeded by the use of an induction coil."

"Olfaction surpasses in sensitiveness the most impressible scientific instruments. The spectroscope can detect a quantity of helium weighing no more than 3-100 millionths of a grain, yet the nose can perceive an odor of a three hundred times smaller quantity of sulphuretted hydrogen."

We are told that an atom is about "*three-hundred-millionth of an inch in diameter.*" The electron is said to have a diameter of "*about one one-hundred-thousandth that of an atom; i. e., 1-100,000 of 1/300,000,000 inch or 1/30,000,000,000,000 inch, diameter of an electron (or there would be thirty trillion electrons to the inch).* Thus, if a large building 200 feet square and 350 feet high represented a comparative size of an atom, an electron would be

about the size of the head of an ordinary pin." (*Electrical Experimenter*, July, 1919.)

Thus we may observe that, however minute or however gross may be the molecular, atomic and electronic structure of the film of matter in which man is enveloped, his nervous system, with its delicate antennæ, and its great receiving-stations, the nerve centres which the late Dr. J. Heber Smith has called (*New Eng. Med. Gazette*, Vol. VII, 1873) "the mechanism of the soul" is capable of receiving all and every variety of impressions, and translating them into action or garnering them in the great storehouse of the subconscious. So the material and the near-spiritual go ever hand and hand.

### The Determination of the Potential.

Any investigation of this subject presupposes an interest in the problem confronting the practitioner of homœopathy. These are mainly two: First, the selection of the curative agent, and second, the knowledge of how it can best be used.

The development of homœopathic pharmacy, since the days of Hahnemann himself, who was unexcelled in this particular field, has been most carefully and painstakingly worked out. Not so certain have we been as to how the delicate potentialities embodied in the attenuated drug, especially in the higher potencies, accomplished this result. It is to this end presumably that this investigation must tend. Let us examine briefly some of the various means that have been suggested and some of which have been employed in efforts toward the determination of these potentialities.

### Hahnemann's Provings of the Magnet.

As the magnet is so intimately concerned with the elucidation of the electronic reactions, and as this so little comprehended instrument, which still baffles our attempts to disclose its identity, possesses the power of absorbing as it were or abolishing all material as well as non-material (human) vibrations, let us see what led Hahnemann to his investigations of this peculiar modality. It will certainly be of interest to the student of this modern method to read what this great medical genius had to say upon the subject. This record will be found in the "Materia Medica Pura,"

Vol. III, in which he devotes between forty and fifty pages to the consideration of the symptoms developed by this energy—*Magnes artificialis, i. e., Magnetic Poli Ambo* (emanations from both poles); *Magnetis Polus Articus*, (North Pole), and *Magnetis Polus Australis*.

To the pigmy minds of the medical dilettanti Hahnemann hurls this magnificent challenge:

“To the ordinary, mechanical, material heads, believing in nothing but atoms—and they are innumerable—it not only seemed strange, but even childish and incredible that the small portions of a grain of which we avail ourselves in our practice for the cure of disease, should be sufficient to effect that cure. . . .

“If disease is looked upon as a material thing, in that case the curative power of a drug has indeed to be measured by the weight and quantity of the dose but in such a case we ought in the first place to ascertain how much weight of the drug shall be necessary to outweigh the disease.” (It is possible that by means of the Electronic Reactions we have at last arrived at a definite scientific means of thus ascertaining the weight of the disease; it remains for us likewise to measure the vibratory rate [quality] and to ascertain the quantity [ohmage] of the various drugs.) . . . “Atomist, who thinkest thyself wise in thy darkness, say how many ponderable magnetic atoms penetrate into the body to produce those frequently excessive changes in the organism?” (The electronic theory was, of course, unknown to Hahnemann, yet his far-seeing vision had envisaged some such hypothesis in what he termed the spirit-like action of the vital force and the spirit-like power resident in drug substance.) “Is not the centillionth part of a grain (a fraction, the denominator whereof contains six hundred ciphers) much too heavy for the imponderable something, the kind of spirit which flowed into the living body out of the magnetic bar? Dost thou yet feel disposed to be astonished at the centillionth, octillionth, decillionth of a grain, when the invisible magnetic power is so much more refined?” (For a description of the possible arrangement of the magnetons, or the individual particles of the magnet, *vide* “New Concepts in Diagnosis and Treatment,” pp. 211, 298.)

For therapeutic purposes Hahnemann at first recommended an eighteen-inch magnet bearing half a pound at either extremity; he later used a bar eight inches in length and a quarter of an ounce in weight, carrying two ounces in weight at each pole. He states

that he has "found this bar sufficient in all cases."<sup>6</sup> This is mentioned in view of the fact that a (horseshoe) magnet of sufficient size is capable of abolishing or cutting out all other reactions, so long as its effect is maintained.<sup>7</sup>

### Reichenbach's Theory of the Od Force.

By the term "Od Force," "Odylic or Odic Force," we refer to the term introduced in a work entitled "Physico-Physiological Researches on the Dynamics of Magnetism, Electricity, Heat, Light, Crystallization and Chemism, in Their Relation to Vital Force." This work represents the results of a series of investigations conducted by Baron Charles von Reichenbach, a translation of which was published in London, in 1851. This idea of the odic force consists briefly in the hypothesis that there are certain "emanations of light," which are emitted from or pass from objects such as magnets, crystals, the human body, on rubbed surfaces, wires exposed to sunlight or moonlight, charged metallic electrical conductors, in chemical reactions, on all material substances. The word is derived from the Sanscrit, signifying "something that blows or waves,—in other words, breath, vapor, flame."

What is this emanation or "Od"? Reichenbach himself thus remarks of the word:

"It is possible, indeed very probable, that we shall one day succeed in bringing the incommensurable fractions which we now comprehend under the names of magnetism, electricity, crystallization, light, heat, affinity, and so forth under a common denomina-

<sup>6</sup> Hahnemann remarks upon the healing powers of the magnet in his final revision of the "Organon" (Sec. 287, Bœricke Translation), as follows:

"The powers of the magnet for healing purposes can be employed with more certainty according to the positive effects detailed in the *Materia Medica Pura* under north and south pole of a powerful magnetic bar. Though both poles are alike powerful, they nevertheless oppose each other in the manner of their respective action. The dose may be modified by the length of time contact with one or the other pole, according as the symptoms of either north or south pole are indicated. As antidote to a too violent action the application of a plate of polished zinc will suffice."

<sup>7</sup> "The method of attenuating media saturated with emanations from the magnet does not seem to have occurred to Hahnemann," writes Dr. John H. Clarke (*Dictionary of Materia Medica*, Vol. II, p. 380). "My own experience with the magnetisms is confined to *Mgt. P. Aust.* 2m., but that is sufficient to give me confidence in prescribing attenuations of these remedies when their indications arise."

tor; but the numerators will always remain unlike, and therefore it will always be necessary to connect and retain groups of phenomena, which we call magnetism, electricity, etc.; and thus, whatever may be the ultimate scientific fate of this which I now think it necessary to comprise under a new expression, we shall scarcely at any time be able to dispense with such a word as Od, or some synonymous one in its place."

This emanation is unfortunately not in all instances visible to the naked eye, or at least not always perceivable to any persons except what are ordinarily termed "sensitives." There are, however, "healthy sensitives" as well as "sick sensitives"; and it is said that up to the year 1856 Reichenbach had investigated 197 sensitives and as many as 100 others, before the publication of his results.<sup>8</sup> Control experiments were conducted by Prof. von Baumgarten, who used, instead of the magnet, bars of common iron. Each fundamental experiment was repeated from 10 to 100 times to verify its accuracy. By means of these tests various data were collected upon the size of these emanations, the different spectral rays given off from various substances, and the peculiar normal or abnormal sensations produced under the different tests by the persons experimented with fully 100 of whom were scientific and professional men and women. These various data comprise the work.

Just what relation such disclosures have upon the testing of drugs is too lengthy and intricate a subject to be entered into here, but suffice it to say that there is much evidence that the action of highly potentized remedies upon sensitive "provers" or subjects, either when given by mouth or by olfaction is more easily explained upon this basis than any other, except perhaps the more recent idea—that set forth by Abrams—that all substances in the material universe are radioactive, and hence must produce or emanate, each its own aura or etheric atmosphere. This, modern investigation bids fair to eventually establish. For a comprehensive understanding of the Od may we call attention to the translation by the late Dr. P. W. Shedd of a paper by Dr. Kirn (*Zeitschrift des Berliner Vereins Homœop. Aertzte*, Band XXII. Reprinted

<sup>8</sup> *Vide*, "On the Mental Symptoms of Drugs," J. Heeber Smith, M. D., *N. E. Med. Gazette*, 1873, p. 40.



in the *Pacific Coast Journal of Homœopathy*, for March, 1920, pp. 175, 189).<sup>9</sup>

With the aid of the Electronic Reaction of Abrams, we can undoubtedly dispense with the human "sensitives," as the vagal reactions, as already stated, are the most sensitive mechanism yet known.

Reichenbach made use in many experiments of a darkened room; in fact, it was in this subdued light, or complete darkness that many sensitive persons were able best to discern the emanations from substances with which the experiments were conducted. This is significant in view of the fact that many colors, also strong light, magnetic substances, metals, *et cetera*, nullify the Abrams reactions; hence the subdued light employed in laboratories where the reactions are being made. It is likewise true that sensitively organized individuals possess the power of perceiving the emanations from the magnet and from highly potentized homœopathic remedies. (*Vide Homœopathic World*, Aug., 1911.)

In connection with homœopathy may be cited the extraordinary case of Casper Hauser, a strange individual who was experimented with for several years by Dr. Preu, the account of which is set forth in detail in Dr. John H. Clarke's admirable little work—"Homœopathy Explained" (pp. 123-130).

All that can be stated therefore with regard to this theory of the Odic force, is the fact that if it should be shown that this emanation, so subtle as to be perceivable only by highly sensitized individuals, be identical with the radioactivity which Abrams claims or assumes to be a universal property of matter, its potentiality can likewise be measured in terms of electronic vibration.

### Neuralanalysis.

Undoubtedly the first intelligence received in this country of the interesting work being done in Europe with this method in connection with the testing of homœopathic remedies was published in a letter written by Dr. William Bœricke (then of Philadelphia), from Stuttgart, August 13, 1880, in which he described the report of Dr. Zöppirtz, concerning Professor Jäger's experiments with

<sup>9</sup>Careful consideration of Reichenbach's work is altogether too lengthy for further discussion at this time.

his "neural apparatus." This letter was published in the *Hahnemannian Monthly*, for September, 1880, under the caption, "Physiological Experiments With the Potentized Drug."

Dr. Bœricke's description gives a clear idea of the experiments made by Prof. Jäger upon the time-reactions of the brain to various impressions; that is, the measuring of the interval between irritation of a nerve and conscious perceptions, and the effect upon these reactions of inhaling various odors. The results were so striking that Dr. Schlegel, of Stuttgart, persuaded Prof. Jäger to experiment with the inhaling of homœopathic dilutions. The professor, singularly enough, who had been an opponent of homœopathy, was willing to undertake some experiments with potencies of Aconite, which was tested in the 3d, 30th and 200th, control readings being made with alcohol. The results were so convincing that he became more deeply interested, and took up the investigation to still greater length.

The apparatus used was what is known as the chronoscope, which was invented by Hipp, of Neuchatel, in 1850, for the purpose of measuring small periods of time, with reference to rapidity of motion. It was originally designed for use in astronomy, and was later used in recording the velocity of projectiles, and in psycho-physiological experiments for measuring the rapidity with which nervous impressions are transmitted. Professor Jäger's own report of his experiments, with a description of the apparatus employed was published in the *Hahnemannian Monthly* for November, 1880, translated by Dr. A. Korndœrfer, of Philadelphia, likewise in a paper published in the May number, 1881, translated by W. H. Beigler, of Philadelphia. The results of these experiments were given widespread publicity in homœopathic literature.

Among some of the results, which seemed to confirm the power of infinitesimals in altering these chronoscopic readings may be mentioned the Aconite series, from the 0 to the 150th potency; Thuja 400th and 1000th; Natrum muriaticum from the 10th to the 4000th; and of Aurum, from the 15th to the 500th potency.

Some years later Dr. Fincke wrote several papers on the subject and made a good many experiments with very high potencies, more particularly from the clinical standpoint.

As a general conclusion he states that "by taking medicine in

the lowest potencies the nerve-time is retarded, in the higher ones accelerated." <sup>10</sup> (Trans. Inter. Hahn. Association, for 1892.)

Of the value of this method and the significance in which it was held may be mentioned the statement of Dr. Ad. Fellger, of Philadelphia (Trans. I. H. A., 1881-'82-'83): "It will be impossible hereafter to find a scientific man bold enough to deny the efficacy of these highly potentized drugs, without running the risk of being accused of ignorance."

Dr. William P. Wesselhœft thus writes: <sup>11</sup>

"The controversy, so long and bitterly waged regarding the dose appears at last to have some show of coming to an end. If the astonishing results of Prof. Jaeger's observations with the chronoscope can be confirmed by other observers, we shall hear no more of chemical or spectral analysis, much less of microscopic researches to discover the last poor atom in a homœopathic potency.

"Jaeger's results have all been obtained by *olfaction*, and the machine has recorded the nerve oscillations with such wonderful accuracy, unison and agreement, that there is every reason to hope not only the potentized substance itself may be discerned by its own characteristic cures, but the degree of potency employed in such experiments."

Experiments with the Jæger apparatus which were promised from Dr. Fellger (owing to the latter's death) and Dr. Siemseon, of Copenhagen, who were known to have the apparatus, did not so far as we are aware, materialize and to this day the method remains merely one of various abortive attempts to demonstrate to the scientific world the potency of the infinitesimal.

The interesting thing in connection with modern methods is the fact that the chronoscope (in which the personal equation has always been a factor) is still employed in measuring the speed of thought, by which variation to the two-hundredths of a second can be measured. (*Vide Current Opinion*, September, 1922.)

<sup>10</sup> Dr. Fincke further rationalizes upon this evolutionary method: "The adherents and professors of this theory have already denounced all potencies above the 12th centes., as being nothing but delusion. The calculations of the greatest men in physical science have not by far reached even that limit. How can the Hahnemannian, with his thirtieth, hundred-thousandths and million potencies, lean upon such a fragile support as the molecular theory? He has to emancipate himself from the thralldom of inert matter."

<sup>11</sup> *Loc. cit.*

**REGARDING THE TREATMENT OF CANCER IN EUROPE.**

**Dr. S. W. Staads, Sioux City, Iowa.**

This summer I spent in Germany and Switzerland to learn what I could about the treatment of tumors and especially of cancers. Before the war and since the war, professional friends in Europe had written me about certain vaccines and sera which they had used with signal success. This especially prompted me to make the trip; and because I think it may be helpful to fellow practitioners in this country I send in this report.

In visiting a large number of university clinics, cancer hospitals and general hospitals I had an opportunity to verify my experiences of former trips, that our surgical work here averages well with that of European surgeons and that if they have any advantage over us it can only be in diagnostic procedures and pathological investigations. I have seen exceptionally fine surgery and also very poor surgery, both done by great men; but I have not seen any work which we are not doing just as well in this country.

Coming to the question of the treatment of cancer, I found that only the largest institutions have special departments or buildings for the same, and they only have the full equipment for giving radium and deep Röntgen treatments. The physicians in charge are very pessimistic about the end-results when using either; some have discarded radium for all but external epitheliomas, while others have lost their enthusiasm for deep Röntgen therapy. It seems that the latter procedure has a large mortality in cases of abdominal and pelvic cancers and that the rest of the severe cases are considered very doubtful as to after-effects. It was indeed very disappointing to meet the general hopeless spirit manifested by the professors and assistants of cancer hospitals and on the other hand, their unwillingness to use vaccines, sera and do homœopathic prescribing.

When visiting the physicians who had used homœopathic remedies, the vaccines and sera, it was an entirely different picture; they spoke of good results in even inoperable cases, in some instances of such the apparent cure had lasted three to seven years and the former cancer patients were well in every respect. Some

physicians were just pleased with these vaccine preparations without citing wonderful successes, but they claimed it was the best they had at the present time. In talking to patients under treatment I found that they were full of praise, because a few subcutaneous injections had relieved them of pain and discharges, had given them a good appetite and they were gaining weight steadily, even while working. However the "same old story" was experienced when mentioning this vaccine and serum treatment to university professors, who had never used the same, but condemned them severely and warned against such treatment. At their hands homœopathy has always received the same comments. It is strange that while they stand so hopeless in the treatment of cancer, they are unwilling to do the only scientific thing or to try anything which holds out any hope to the poorest of all the sick, to use homœopathic remedies, or injections under scientific observation, according to the directions of Sanitätsrat Dr. O. Schmidt or Dr. Nebel. But with many of them it seems to be beneath their dignity to investigate anything which does not have the sanction of a university professor.

And now as to the vaccines and sera of Drs. Schmidt, of Cologne, Germany, and Nebel, of Lausanne, Switzerland. Both men have for many years carried on most careful scientific investigations along the line of cancer research and their results seem to bear out the correctness of their claim, that they have found as a causative factor a parasite, a protozoon belonging to the class of myxomycetes. Schmidt's preparations are derived from killed cultures of this parasite and since about 1910 his "Bakteriologisch-Chemisches Laboratorium" in Cologne has sent these preparations to many hundreds of physicians all over Europe. I have personally seen the original letters of these men, in which they report on the effect of the treatment in inoperable cases, and of cures in such, which have stood the test of time for three to seven years. In almost every severe case of this type, previous operations by eminent university professors with histological examination have been the basis of the diagnosis. What shall we say to this? Is it right to call all such European physicians (and hundreds have favorable reports) liars? Supercilious, self-styled "authorities," who know very little beyond their own limited field of action, are in the habit of doing this and we homœopaths know this only too

well. A large Eastern pharmaceutical house will before very long manufacture Schmidt's vaccines and sera and I feel sure, open-minded physicians in this country will grasp the opportunity of treating their cancer cases in this new way. Since I am not financially interested in this work, I can speak favorably of it and from the bottom of my heart. Dr. Nebel, of Lausanne, is one of the most prominent homœopathic physicians of Europe, a very versatile man, with an immense practice. His high standing in the profession is also attested by the fact that frequently physicians of Paris call him in consultation, especially in cancer cases. He always combines the most carefully chosen homœopathic treatment with his vaccines and serum injections. His results are astounding. And, by the way, Dr. Nebel has offered to send enough vaccine for twelve injections, in cancer cases, to any homœopathic physician who will promise to follow his directions and give carefully chosen homœopathic treatment besides. He is satisfied with \$3 for the first shipment. I can only suggest that all readers of this article act on his offer immediately and without hesitation.

The homœopathic treatment of cancer, we all know, has been more or less successful with homœopathic physicians for a century. It is interesting to read Burnett's work on tumors, even though he admits that he has not always used the *similimum* exclusively, but has added to it remedies which were perhaps chosen in an empirical way. My old friend, Dr. Emil Schlegel, of Tuebingen, one of Germany's greatest and oldest homœopathists, has written a book on the treatment of cancer, which soon will appear in a second edition. The frequently marvelous results which he publishes in this book certainly prove that homœopathy is a great power, even in the treatment of this disease. Located in a university city as he is, he comes in contact with many cases which have been diagnosed as cancer, sarcoma, etc., by the best men at the well-known *Tübinger Klinik*, so that diagnostic errors can hardly be urged in so many cases. And Dr. Schlegel has cured them with homœopathic remedies, and, as he assured me, he also used the vaccines of Schmidt and Nebel in addition to the well-selected homœopathic remedies. I urge every reader to send to him for his new book on cancer.

His main remedies in non-cachectic cancer cases are: *Belladonna*, *Apis*, *Hepar*, *Rhus* and *Thuja*. In the presence of cachexia

he mentions *China*, *Phosphorus*, *Acid. nitr.*, *Graphites*, *Petroleum*. His main reliance in very severe cases, however, is: *Arsenicum*, *Chelidonium*, *Hydrastis*, *Mercurius*, with intercurrent remedies such as *Mezereum*, *Phytolacca* and *Condurango*. He advises the use of Hensel's Tonicum as an adjuvant for anæmic cases.

This brings me to the end of my report, the purpose of which is to call attention to the hopeful possibility of treating cancer by homœopathic remedies, especially when combined with one or the other vaccines or sera mentioned. I have here given the addresses of the physicians from whom further information or material can be had, partly in order to avoid needless correspondence, which my time will not permit me to engage in.

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### AN ADRENALIN SUGGESTION.

Royal E. S. Hayes, M. D., Waterbury, Conn.

Guessing is a fine art and there is a specious and special philosophy behind it. The trouble is that it is too fine an art to be universally used or recommended. When constrained to use it, its use is more or less reasonable according to the quality of the constraint, whether of subjective darkness or inhibitions of the user, or because of external circumstances. We will leave it to the meek and lowly reader to figure out whether, why, how, which, when and by whom.

With homœopathic prescribing we are supposed not to guess, yet having guessed most notably and successfully in a certain recent instance, I would atone by giving my readers a chance to transmute my guess into an ordinary homœopathic certainty, either by extended observations or the more practical way, by provings.

I was called hastily to see a man of 24 who was suffering intensely with asthma. He had had the attacks since having whooping-cough at three years of age. The present attack had persisted a month. The dyspnœa was intense. He could speak only a word or two at intervals of several breaths, was aggravated evenings, compelled to sit bent forward, seldom slept and was worse from least motion. The breathing was forced and very "tight."

*Spongia* 50m relieved for a few hours, but not substantially. Then another urgent summons came. While trying to find something definite to indicate a remedy, he became quickly worse. He

struggled to the window for air, was cyanosed, cold and sweating, almost pulseless, respiratory movements forced and soundless; there appeared to be no respiration, it seemed as if the lungs had collapsed. *Ant. tart.* 1m was given as quickly as possible, with immediate relief. The dose was repeated every hour. The condition remained bearable a few more hours, when he gradually became worse. I could find no distinctive symptoms. *Adrenalin* 200th was then given from a purely empirical view-point. The effect was immediate, the patient sleeping between eight to nine hours, then expectorating great quantities of phlegm, with no wheezing.

While the *Ant. tart.* saved his life, apparently, the guess at *Adrenalin* was most gratifying. If guessing could only become scientific—but then it would not be guessing.

*Adrenalin* should be proved. It has proved wonderful in a few cases of neurasthenia of a severe type, when no guiding symptoms were presented.

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## HOW TO MASTER THE ART OF HOMŒOPATHIC PRESCRIBING: BY A GRADUATE OF THE REGU- LAR SCHOOL.\*

Richard M. Field, M. D.

Why is it that at the present day we do not hear of modern homœopathists taking the place of Bœnninghausen, Jahr, Dunham, Hering, Drysdale and of the other pioneers? Is it because homœopathy as a principle has been tried and found wanting? Is it because the empirical therapeutics of the regular school have been found more potent than the similimum that no new champions step forward to uphold the banner of homœopathy?

No, but the reasons to my mind are many. The layman, through the medical profession, has been inculcated with the idea of specifics; secondly, the physician of the present day is practically becoming a middleman for the pharmaceutical houses—let a detail man run wild for a day with some new preparation and the prescriptions will come flocking to the corner drug store. Another reason is that in these days of quick lunches, rapid transit and quick divorces, the layman expects and demands quick primary results with a total disregard of the secondary effects of the initial



palliation; if anything else occurs it is classed as a complication, and the physician, in order to keep his good name and his good patients, is compelled to prescribe either on key-note symptoms or to resort to allopathic dosage.

Homœopathy, like the vestigial parts of the human being or animal, unless utilized, will degenerate and become rudimentary like the coccyx—present, but of no value.

If you will permit of a homely simile, I will liken homœopathy and allopathy to the construction of a bridge to act as a means for people to arrive at a desired goal or destination. This bridge may be erected in three different ways. It may be constructed from accurately engineered and drafted blue prints or plans which show definitely, before the actual construction of the bridge is commenced, the exact parts or rubrics and their relation to the whole—how these individual parts depend upon each other to make up the whole structure or similitum. If the preliminary blue prints or plans are accurately worked out, then the finished structure will prove a satisfactory accomplishment.

On the other hand, if the original plans or blue prints are not worked out with accuracy, then there is frequently a possibility that the finished bridge will prove weak or defective in some particular points and although it may serve its purpose seemingly well at first, it will eventually be able to bear its load for a much shorter period than the bridge built from accurately worked out plans.

So it is with homœopathy, the physician who plans his case or blue print through an absolute Hahnemannian repertorial analysis, so that every symptom or rubric is found to be part of the whole—that is, arriving at the true similitum, will work out a remedy that proves all of the symptoms given by the patient and he can feel that a result will be effected, provided that he also removes the external causes of the disease such as dietary indiscretions, unpleasant environment and faulty mental interpretations.

On the other hand, the physician who depends upon the key-note or short-cut method in arriving at his prescription—who constructs his bridge from inaccurately worked out plans, may or may not temporarily get some results, which at best, are pure gambles and although his remedies are given with homœopathic intent, nevertheless he does not follow the Hahnemannian principle with regard to the totality of symptoms.

Then there is the bridge which is hastily constructed from any material which may be found at hand,—timbers, logs and what not, just so as to arrive on the other side, with no idea of permanent stability or results; if a certain part breaks down, it is a “complication” and another log is thrown across or a new makeshift is constructed—built from no plans or principle and only temporizing and this may be likened to the methods sponsored by allopathy.

Perhaps you will say it is impossible or unfeasible to sit down to work out the case in the true Hahnemannian way, because of the stupendous amount of physical labor necessary and the limited amount of time at hand in making an accurate repertorial analysis; that is the true secret why Hahnemannian homœopathy is gradually being discarded and inaccurate short-cuts substituted at the expense of the totality.

When a patient comes in and says, “Doctor, I have terrible attacks of rheumatism when I get to bed at night and the only relief I can get is from walking around the room,” it is certainly better to give that patient *Rhus* rather than *Aspirin*, but we must bear in mind that there are about sixty-seven different remedies listed under “*Amelioration from Motion*” and only by considering the totality of this patient’s symptoms would we be able to arrive at the true similimum.

I will attempt to explain, in the latter part of this paper, how I believe it is possible to arrive at the true Hahnemannian repertorial similimum with absolute accuracy but without the labor and length of time which it formerly took, in fact in a much shorter time and with less labor than is expended in prescribing according to short-cut or key-note methods.

In a very brief way, I will outline how it happened that I was converted to homœopathic principles. When I first entered medical college in 1906, my knowledge of homœopathy was confined to “Munyon’s” and “Humphrey’s” specifics, and I may state here, that the reason why homœopathy is not growing among the physicians of the regular school is because the average physician of the regular school has no more idea of homœopathy or its principles than I had at that time. Already, at that early date, the motto of “Treat the patient and not the disease,” was becoming the paramount issue and I had firmly impressed upon me the words but not the solution; and I, like the average tyro, graduated from college with the classical pictures of a few diseases and the names

and addresses of a few consultants, in the event that the actual picture of the disease, with which I would come in contact, would not fit the typical picture which I was taught to look for but which I seldom found. After acting as salesman or case finder, for the different consultants for a limited length of time, I decided to go into business for myself and, as allopathy had been tried and found wanting, except for temporizing, I decided to delve into the study of Endocrinology, not the theoretical form, but the practical form, and I found the closest solution to the individualization of the patient—how one patient differed from the next patient who was suffering with the same general form of disease; but, here again, I found, that although I had the means of classifying the patients as hypo or hyper types of either thyroid, pituitary, ovarian or the other glandular dyscrasias, I still lacked the therapeutic solution of the problem of how to treat these patients, even after I did individualize them, and it was then that fate took a hand and brought me in contact with physicians who practiced medicine according to the homœopathic principle and the first book which was suggested for me to read was the "Organon," which sounded reasonable, but meaningless to me at the time and when I glanced through the repertory, homœopathy appeared as a chaotic compilation of meaningless symptoms, contradicting each other and it was only through diligent study and unraveling that I finally emerged from the fray with a true understanding of homœopathic literature.

Endocrinology, or the study of the internal secretions, and by this I mean, not the theoretical form which deals with the embryology, anatomy or pathology of the different ductless glands, but the practical endocrinology which teaches us of the different manifestations which may be observed in different individuals and which classifies them into distinct types such as adrenopaths, thyropaths, gonadopaths, etc., is the bridge which eventually will carry the allopath over to the happy hunting grounds of homœopathy, because endocrinology and homœopathy are very closely allied.

The great pioneers of homœopathy were endocrinologists unconsciously, for they also strove to classify their patients into types in a crude way. It was said of Bœnninghausen that his patients would collect outside his office window and that he would stand there watching them and subconsciously classifying them and then call them in singly and prescribe. Of course this story is mere

hearsay, but it is impressive nevertheless. As another example, on looking through medical literature, it will be noted that the disease known as exophthalmic goitre, which is a phase of hyperthyroidism, was first classified and noted by Dr. Graves in 1835 and later by Dr. Basedow in 1840, and since then the observations have been enlarged upon; but the therapeutic solution of the problem has not as yet been discovered through allopathic measures, save for various empirical palliatives; yet, if we should look through the *Materia Medica Pura* of Hahnemann, which, I believe, was compiled before 1800, we will find classical pictures of this dread ailment in all its different phases and manifestations, under the symptomatology of *Natrum Muriaticum*, of *Iodum* or of *Ferrum* and of many other remedies, depending upon the extent of the end results of the hypersecretion of the thyroid and adrenal glands. It was after I had obtained two good results with homœopathic doses of *Natrum muriaticum* in cases of Grave's disease, that I had actually impressed upon me the efficacy of homœopathy. A brief paper such as this will not permit of any lengthy dissertation on the relation of endocrinology to homœopathy, but numerous instances could be cited, such as the relation of hypothyroidism to *Kali carb.*; pituitary and thyroid disfunction to *Calc. carb.*; thyro-adrenal disfunction to *Nux vom.*, etc.

It is the consensus of opinion that the ideal method of working out a case repertorially, is from "Generals" and "Mind" to "Particulars" because those remedies affecting the individual as a whole carry a higher degree of importance. If I am permitted to enlarge upon this rule, I will state that even when the "Particulars" are selected, it will prove of decided advantage to first select the "Generals" or main rubrics of these "Particulars," in preference to the particular symptoms or sub-rubrics of the particulars. The reasons for the above statements are made very clear in the following excerpts from the writings of that master mind of repertorial compilation and analysis, the late Dr. J. T. Kent, who says: "If a case is worked out merely from the particulars, it is more than probable that the remedy will not be seen and frequent failure will result. This is due to the fact that the particular directions (or sub-rubrics) in which the remedies in the general (or major rubric) tend, have not yet been observed in the provings of these remedies and thus, to depend upon a small group of remedies relating to some particular minor symptom, is to shut out all the other

remedies which may have that symptom, although not yet observed by the different provers. Take, for example, the particular symptom or sub-rubric, "BLUENESS OF FINGERS DURING CHILL." If this symptom alone were consulted, we would be limited to but three remedies: *Nat. M.*, *Nux. V.* and *Petr.* But if the major rubric, "BLUENESS OF FINGERS," regardless of the sub-rubric, be consulted, we would find twelve remedies listed. Even this is a narrow way of looking at the symptoms, for to be certain of finding the remedy, we may have to consult the main rubric, "BLUENESS OF HANDS," giving us forty remedies, among which the one sought for may be found, whereas it was probably not included in the first-mentioned sub-rubric groups of three and twelve remedies."

If we have worked out the case from the main or major rubrics, we may then consult the sub-rubric or particular symptom of the particulars, and if the remedy or remedies which are closest to the case are also included in these sub-rubrics, then the case is strengthened; but we must not depend upon the sub-rubric to include the remedy, in order to arrive at the similimum, for the reasons noted above.

You will say that to follow this method will entail a great deal more of time and labor to work out a case and truly so, and it was with the object of lessening or completely eliminating the physical labor of transcribing hundreds of different remedies, that I began, about five years ago, to compile a system by which we could arrive at the true Hahnemannian repertorial analysis of a case with absolute accuracy, but with a minimum of labor and time.

I will attempt to briefly describe this work, which is now ready for distribution, with an actual demonstration to prove to you its efficacy.

The "Symptom-Index" repertory consists of two parts, the FIRST part, known as the "Symptom-Register," is a book of about 300 pages, containing every known verified symptom, so indexed and cross-indexed alphabetically, synonymically and according to the parts of the body affected, that one may readily find the symptom wanted; it is also arranged according to "Aggravations," "Ameliorations," "Peculiar Sensations," etc.

The SECOND part of the "Symptom-Index" consists of a mahogany cabinet with two drawers divided into four sections, containing about 6800 separate cards, each card slightly larger than the

average postal card and made of a special paper to withstand rough usage. The colors of the cards are varied so that the cards referring to each section of the body will be of the same color, as Pink cards for *Generalities* and *Mind*; Brown cards for *Head, Face, Mouth*, etc.; Salmon cards for *Eye, Ear, Nose* and *Throat*, etc.

The mahogany cabinet itself is about 13 inches high, 16 inches deep and 16 inches wide.

Each of the 6800 cards has printed at the top the name of the rubric or sub-rubric and in the upper left-hand corner is printed a large key number, corresponding to a similar number printed opposite each symptom in the book or "Symptom-Register."

A separate card is allotted to each individual rubric or sub-rubric, whether from Kent, Bœnninghausen, Boger, or any of the other repertories from which the different rubrics have been compiled. Under each rubric, on the card, is printed the necessary explanations or interpretations of the rubric.

Each card has holes punched in it at certain places to conform to the place on the card which is allotted to the different remedies and underneath each hole is printed the number of a remedy. The cards are so edited that any number of cards may be placed together without interfering with the system.

In using the "Symptom-Index" for repertorial analysis, we proceed as follows: After the history of the case has been taken and the important symptoms selected, we refer to the printed book or "Symptom-Register" to find these symptoms; opposite each symptom or rubric is printed a key number which corresponds to the number of the card in the cabinet. We now jot down the different numbers printed opposite the different symptoms which make up the case at hand and then pick out the cards from the cabinet, corresponding to the numbers jotted down. Now place these cards together and hold them up to the light and the hole or holes which are found to run clear through all of the cards selected, represent the remedies to be studied and as underneath each hole will be found the name of the remedy, it is possible at a glance, to make an absolutely accurate repertorial analysis of the most difficult case without the laborious transcribing of hundreds of remedies and without the continuous turning the leaves of numerous repertories

to find the synonyms of the terms used by the patient in giving his history.

Space has been left open between cards for any additions of remedies, new classifications or corrections that may appear in any revised edition of Kent or of any other repertory which may be issued in the future and at intervals, any new annotations which will be collected from the private observations of different homœopathic workers, will be sent, in card form, to the subscribers, to be added to the original set, so that the "Symptom-Index" will at all times be absolutely up to date.

As an actual demonstration of the working of the "Symptom-Index," permit me to present an actual case which was sent to me by Dr. R. C. Markham, of Marquette, Mich., the author of that wonderful book called the "Message of Health," which every homœopathic physician should read. This case was taken by Dr. Markham in 1887. In brief, the history consists of twelve symptoms which are :

1. Canine Hunger.
2. Sensation of Emptiness in Stomach.
3. Sleepiness in the Afternoon.
4. Pain in Forehead.
5. Peevishness.
6. Amelioration from Physical exertion.
7. Amelioration in the Open Air.
8. Disposed to catch Cold easily.
9. Watery Discharge from Nose.
10. Company desired.
11. Fetid Perspiration of the Feet.
12. Draft of Cold Air aggravates.

We proceed first to look up each symptom in the book or "Symptom-Register" and we jot down the following numbers which we find printed opposite each symptom:

Canine Hunger . . . . .	2234
Sensation of Emptiness in Stomach . . . . .	2298
Sleepiness in Afternoon . . . . .	6001
Pain in Forehead . . . . .	879
Peevishness . . . . .	505
Amelioration from Physical Exertion . . . . .	119

Amelioration in Open Air .....	17
Disposed to catch Cold easily .....	65
Watery Discharge from Nose .....	1933
Company desired .....	519
Fetid Perspiration of the Feet .....	5701
Draft of Cold Air aggravates .....	14

We now select from the cabinet the cards with corresponding numbers and place all the cards together and we find that but one hole runs clear through all the cards or rubrics and upon looking underneath this hole, we find that *Sepia* is the remedy or simillimum, as it shows in its proving the totality of all the symptoms of the case under study.

It is a monument to the true principles of homœopathic philosophy to note that thirty-five years ago Dr. Markham had worked out the same remedy, which proves that if a principle is followed instead of ever-changing therapeutic fads, the remedy will be the same, even though hundreds of years may have elapsed.

From another point of view, let us see what the actual advantages are of this method for the busy practitioner who is continually striving to save as much time and labor as possible.

Upon actual count, the number of remedies which are included under the above twelve symptoms aggregate 3352. The conscientious physician, in order to make a thorough repertorial analysis, would have to transcribe 3352 different names of remedies on paper in order to make the final comparison; if he writes 30 words a minute, it would take him practically two hours simply to write down names without taking into consideration the length of time which it takes to look up the different rubrics in the repertories. All told, it would take him about two and one-half hours to make the repertorial analysis.

By using the method of the "Symptom-Index" it should take no longer than ten minutes and much less when one becomes conversant with the system. It must be obvious to the most biased observer, that the advantages of this work are noteworthy.

We may also take into consideration that in difficult cases where it is best to select the MAIN or MAJOR rubrics of the PARTICULAR symptoms in preference to the SUB-RUBRICS, for the reasons which I mentioned in the first part of this paper, that the "Symptom-In-



dex" will prove of inestimable advantage in arriving at the true Similimum; for there is no more labor attached to selecting a card or rubric containing 200 remedies, as there is in selecting one with only two remedies.

In conclusion, permit me to state that there are dozens of other vital advantages to this work, such as the correction of the different inconsistencies and paradoxes found in all the other repositories and the addition of numerous unpublished annotations gathered from various sources, etc., but the limit of space allotted me will not permit of any lengthy dissertation.

I suggest that in addition to the homœopathic motto of SIMILIA SIMILIBUS CURANTUR, we add the Biblical axiom, "SEARCH YE AND YE SHALL FIND."

247 West 72d St., New York City.

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## A COMPARISON OF CARBON MONOXIDE WITH LUES.

John Arschagouni, M. D., New York.

In January, 1919, a male patient, bachelor, 55 years of age, silk weaver, came for consultation. He complained of some rectal trouble, simulating hemorrhoids, meanwhile some brown, lentil-like pigmentation here and there. History: He lives in an attic, in a small room, where he does light housekeeping. His only room is lighted by gas. His illness began with a cough, followed gradually by increased weakness and dyspnœa. The cough was worse during cold day, when the windows were closed. Five or six days later anal bleeding, as in hemorrhoids, occurred. He did not complain of piles, but in childhood he had suffered from *prolapsus recti*. He, on his own initiative, used "Daly's Pain Extractor," a patent salve.

In December, 1918, the cough became much worse. He finally changed his position in bed, head on opposite end, but then smelled gas and his cough grew worse. He realized then that gas was escaping from the pipes located near this end of the bed, and he located the leak, there being a sufficient amount of gas to make its escape through the defective faucet. This was attended to, and the cough as well as dyspnœa gradually stopped.

Depending upon this clear-cut history and looking in "Allen's Encyclopedia," "Carbon Monoxide," in Vol. X, pages 442-43, we find: "Face pale, covered with copper-red spots of various size and forms, which are also found on parts of the trunk and extremities; short cough, oppression, dyspnoea, constriction of sphincters."

In the absence of any other history but that given, I attributed his condition to a slow poisoning by illuminating gas.

In a week or so he reported that his rectal condition was now normal under the use of the above-mentioned ointment.

In January, 1919, a week after my first examination, I noticed a binocular iritis, and administered *Merc. Corr.* 3x; meanwhile a blood examination was made on the 11th of February, 1919, and a strong four plus Wassermann reaction found. We were now facing a case of Lues, camouflaged by Carbon Monoxide objective symptoms.

How came this contamination and the initial sore? The man had an initial lesion at the anus. He was put under strict specific treatment and is now a well man.

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DR. R. F. RABE, Editor,  
THE HOMŒOPATHIC RECORDER.

DEAR DOCTOR:

Your readers are to be congratulated on their good fortune in having such a spokesman for homœopathy as Dr. Alfred Pulford, whose recent articles in the RECORDER must elicit a large measure of approval. It seems to be an established fact, that while homœopathy is a definite and unique thing, the so-called homœopathic physician may be an unknown but versatile genius.

That is, he may exploit the latest fads in pseudo-scientific medicine, he may practice allopathy with homœopathic remedies, he may depend on the electric current for his therapeutic prestige, or, in short, he may do any and all of these and more things, call himself a homœopathic physician, and yet rarely make a prescription that is really homœopathic to a given case. The anomaly is disconcerting, but is it to be wondered at? Dr. Pulford says that

twenty-five years ago we had about 5000 staunch and faithful practitioners of homœopathy, against perhaps less than 100 today.

There must be reasons for such a state of affairs. Plainly, the mind of the physician of today neither grasps nor cares to grasp the significance of the law of similars. He apparently does not perceive that its potential far surpasses anything else in the therapeutic field. He has had no apprenticeship of study with a master of the healing art, as it is revealed in clinical experience, and if he has spent his four years in college, the medical teaching there has embraced such a variety of systems that his mind has discovered nothing of first importance.

So, unless the man is something more than a blind follower of the blind, he goes with the crowd. He is willing to go with the majority. He forgets that science is not controlled by majorities. He forgets what Dr. Pulford has pointed out, that "science is knowledge." It matters not who may disbelieve it. On the other hand, knowledge or acceptance of what isn't so, is not science, however so labeled. But homœopathy has the art to apply science correctly. Has another medical method that credential? No, not at all.

It seems to me, that the matter resolves itself into one solution, and that alone. No amount of propaganda, publicity, argument, belligerence is going to decide; only patient, individual effort in applying the art of the perfect prescription, or one as nearly perfect as human judgment can make it; this is all that can be counted on. Let the other fellow go his way. He is more determined not to see the good and permanent effect of the indicated remedy than anything else. The result that you seek and secure, he ridicules. Of course, this in varying degree, but the lesson is the same.

Why worry over the spectacle? It is a part of the trend of the age. It cannot be changed soon, though the intelligent patient ask in vain for the cure we ought to administer. for the capable homœopathist is so rare in this great land of ours that he cannot meet the demands. But when all is said and done, and however it is said and done, homœopathy can never die.

JOHN HUTCHINSON.

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DEPARTMENT OF HOMŒOPATHIC PHILOSOPHY.  
Stuart Close, M. D., Editor, 248 Hancock St., Brooklyn, N. Y.

EDUCATING THE LAYMAN.

By Stuart Close, M. D.

While writing the letter which follows it occurred to me that it might prove interesting to readers of this Department, and make a pleasant variation in the form of my monthly contributions. Written, as it were, extemporaneously, under the stimulus of a personal relation with an actual patient, it may possess qualities of directness and simplicity of statement which are sometimes missing in more formal productions, written "in cold blood."

The patient to whom the letter was addressed is a member of the faculty of one of our up-state colleges, who came to me a few weeks ago upon the recommendation of one of his former physicians residing in Ohio. He is a highly intelligent man and a writer, trained in the principles and methods of historical research, in which he is engaged in connection with his teaching. He brought with him a very complete typewritten analysis and record of symptoms of which any homœopathic examiner might be proud. My own examination included a clinical history, physical and morphological examinations and the completion of such symptoms as he had only partially stated as to conditions, concomitance and modalities. The case record being completed and the first prescription made, further treatment was to be carried on by mail, with a personal visit as often as necessary to check up results and keep fully informed of all changes going on.

Seeing him only once and having so many points to cover, I failed to make it sufficiently clear to him that he was to resort to no other measures than those prescribed by me. Out of this failure arose the incident which led to the writing of this letter.

Once before, after coming to me, he had gone to his family physician (nominally homœopathic) for a mild catarrhal attack which was called "a mild attack of Flu," and for which he received a "combination tablet" containing, among other drugs, Gelsemium and Acetanilid. It was on this occasion I warned him not to "take any medicine" while under my care without first consulting me.

In his last letter to me dated October 2, 1922, after reporting his observations during the preceding week he says:

"On Saturday I had the apparent beginnings of an attack, with some weakness and backache, . . . I have had a slight sore throat all the week, manifested in the region of the right tonsil during swallowing. There has been some sensitiveness of the ear on that side also. I went to a doctor here. He could see nothing wrong. He painted and sprayed the throat and gave me a gargle to use. *I have taken no medicine.* The throat is better, but still persists slightly. . . . *Fever blister on lip.* Catarrh in trachea considerably *more active.* I have taken *no cold* as far as I can detect. The nostrils are fairly clear. . . . I have had a very busy week and have been able to do fall work without particular fatigue. The week has *averaged better* than the last."

To this, under date of October 3, 1922, I replied as follows:

"My dear Professor,

"Your report, excellent in form and full in detail, received this morning. It is so good in these respects and evinces so clear and intelligent a grasp of the significant points of the case from the pathological and symptomatic standpoint, that I regret I cannot see you personally to explain more fully than I can in a letter some important points from the therapeutic (homœopathic) standpoint. I could cover these points arbitrarily and practically by a simple prohibition—forbidding certain things. But with a patient so frank and painstaking in stating every fact of his case and so desirous of doing exactly right, as you are, that seems inadequate and unfair. Such a patient deserves to have reasons assigned for any instructions which might seem to conflict with his previously held ideas and customs.

"In the spirit of reciprocity, then, and actuated by a sincere desire to get the best results medically let me state my reasons for asking you, while you are under my care, hereafter, to refrain from taking any treatment, either by your own prescription or that of any physician without first consulting me.

"In saying this I have in mind the sore throat, pain in region of right tonsil and sensitiveness in right ear for which you con-

sulted a local physician and for which he prescribed and you used a gargle, besides 'painting' and spraying the throat. Reporting these facts, you say, quite innocently, 'I have taken no medicine,' and doubtless sincerely believe that you have fully conformed to my instruction in regard to refraining from taking medicine. It may surprise you, therefore, when I say that you have 'taken' as many medicines (probably eight or ten) as entered into the composition of the doctor's throat 'paint,' spray and gargle; and that they each and all were absorbed by your organism and had their specific effects in removing some symptoms, producing others and materially changing, without actually improving, your systemic condition or case as a whole. Perhaps they have even made it worse, since the removal of local symptoms by topical or external treatment tends to thwart the conservative, protective effort of nature to externalize morbid affections or internal disorders of vital organs upon parts which are less essential to life and better able to suffer temporarily, and so to throw the trouble back, as it were, upon the central organs or the nervous system. For you will understand, upon a little reflection, that to 'take a medicine' is not necessarily to swallow it. It is sufficient to apply it or bring it in contact with any absorbing surface, such as the skin or mucous membranes of the body.

"The living organism is a unit, made up of many related organs and parts all functioning together, harmoniously or discordantly as the case may be, under the universally present and all-controlling Life Principle. No single part or organ can be affected without the participation, in some degree, of all the other parts. No part or organ, being functionally disordered or 'diseased' can be treated or 'cured' independently of its related parts and organs. The attempt to do so invariably results in complication, confusion and failure. The case must be regarded and treated as a whole. In one word, every case must be *individualized*, and you cannot construct an individual out of a single part.

"It is the failure or refusal of a very large part of the medical profession to recognize and be governed by these fundamental truths that has been responsible for a host of so-called 'diseases' which otherwise would never have existed. The greater part of the ills and diseases which afflict mankind today are the product

of drugs, medicines, viruses, vaccines, serums and poisons; swallowed, sprayed, gargled, inhaled, rubbed in, painted on, injected or inoculated for so-called 'local diseases,' resulting in suppression or metastasis of already existing disease and the setting up of innumerable drug diseases.

"Disease, blocked at one point of manifestation, will invariably find another place to localize, and usually in some part less resistant than the original part. Drugs arbitrarily applied to or directed toward some part or organ for which they are supposed to have an affinity, will invariably be true to their nature and act more or less injuriously upon other parts; since their dynamic or medicinal action upon a part is always secondary to and conditioned upon their relation to the organism as a whole—upon the central nervous system or the life principle itself. The histories of so-called 'Chronic' disorders of a general character—that is, general disorders of slow progress and long duration—show a series of more or less acute, apparently different affections of particular organs or parts, or periodic, recurrent attacks of similar nature which arise from time to time and subside either spontaneously, or under treatment. Each attack leaves the integrity and functional harmony of the organism a little more impaired and the general disorder more complicated. The pernicious effect upon the organism is cumulative and the general chronic disorder constantly increases. The truth is that the apparently different and unrelated acute attacks are all related to and the expressions of an underlying morbid tendency or predisposition of the organism as a unit. The essential unity of the disorder becomes evident when the symptoms of all the various attacks are collated, generalized and studied together as a whole. Certain characteristics are then found to run through them all which individualize or give definite form and character to the case.

"Your mild attack of right-sided ear and throat inflammation and its accompanying symptoms was of this character. It was one of the many partial manifestations of your general disorder, which should have been recognized in its larger relations and treated accordingly, and not as a local, independent affection. You were already under the action of a remedy selected to cover the symptoms of your case as a whole. It is possible, even probable, that

the symptoms represented the reaction of your organism to the curative effect of the remedy you had been taking, and that you would have been materially relieved in your general state after they had passed away, if nothing had been done.

“Originally, years ago, you had diseased tonsils which were surgically removed. Now the surgeon removes only the *products* of disease. He does not and cannot remove the disease itself, nor the tendency of the disease to express itself at the point of least resistance. That which expressed itself in the tonsils later found expression elsewhere, after they were removed. The recent recurrence of inflammatory symptoms ‘*in the region of the right tonsil*’ shows that the underlying disorder is still there—and elsewhere. Also, it shows that there was (and is) diseased tissue still there which the surgeon did not and could not cut away without endangering your life. It exists there in the form of a chronic, usually *latent*, inflammation. What if the remedy you were taking had ‘stirred up’ that latent condition by strengthening bodily resistance, stimulating the general and local circulation, bringing more blood to the part, exciting the absorbents and promoting absorption of old inflammatory products? The symptoms expressing such an action might easily be—often are—mistaken for an ordinary acute attack. That is what I think happened in your case, and that is why I regret that you did not consult me before doing anything else. I do not blame you, however, any more than I do myself for not taking time to make these things clear to you in the beginning, or at least of making my directions about taking other treatment so clear that they could not be misunderstood.

“I trust I have made amends for my neglect by writing thus fully and that I have made clear to you ‘the reasons for the faith which is in me.’ I hope also that you will find what I have written not uninteresting as a brief exposition of some of the principles and of the point of view which govern the practitioner of genuine homœopathy. I think it is not necessary, after what I have said, to give explicit directions or instructions as to what I would like you to do or refrain from doing hereafter. You will see what is involved in it and act accordingly. My aim is to study and comprehend your case as a whole, in all its aspects and



phases, and treat you accordingly. New symptoms, or the return of old symptoms during treatment are always interesting and important, inasmuch as they not only represent changes which are occurring in the case, but serve as guides to the selection of the remedy required to advance the case still further along the road to recovery. The symptoms of what may seem to be only an incidental or accidental affection often throw light upon older, chronic troubles and lead to the selection of remedies which might not otherwise have been thought of. Therefore, do not fail to report such.

“The three cardinal principles in *applied* homœopathy are: 1. The similar remedy; 2, the single remedy, and 3, the minimum dose.

“The application of these principles constitutes good practice. They serve also as a standard by which the technical competency and professional morale of the practitioner may be judged.

“Mixing, combining or compounding medicines is unscientific and unhomœopathic. For every complete group of symptoms in a patient, at a given time, there is one medicine that corresponds under the law of similars. It is the business and the duty of the physician who professes to be practicing under the principles and rules of homœopathy to examine and study every medical case until he finds that remedy; and having found it, to see that it shall be given a free field of action, undisturbed by other less similar or dissimilar medicines, used externally or internally. Only thus can he do justice to himself, his patient or the system he represents, and only by these means is it possible to effect true cures.”

The foregoing case illustrates the common observation that there is no subject upon which even highly educated and intelligent men do so little logical thinking as that of medicine. And the statement is intended to include the average physician as well as the layman for the ideas (or lack of ideas) of the layman are only the reflection of the teachings and practice of the physicians with whom he has come in contact in one way or another. In the department of therapeutics and especially pharmaco-therapeutics, it seems that the medical profession needs education in sound principles and methods as much as the laity.

# HOMŒOPATHIC RECORDER

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## EDITORIAL NOTES AND COMMENTS.

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IS THE HOMŒOPATHIC REMEDY IN HIGH POTENCY CAPABLE OF DESTROYING THE PLASMODIUM MALARIÆ?—The orthodox treatment of malarial fever is by quinin and by our O. S. friends this agent is looked upon as a specific remedy. It is so regarded by official health bodies, such as state and municipal departments of health. With this view many, if not the majority, of homœopathic physicians are in full accord. A smaller group of homœopaths, calling themselves Hahnemannian, does not agree but opposes the old school method of using quinin and vigorously contends that the highly potentized homœopathic remedy, whichever this in a given case may be, is all sufficient. We are not here concerned with the broad question of the permanent eradiction of malaria, from districts in which it has been notoriously prevalent. Drainage, in accordance with modern engineering skill, mosquito eradication, the control of "carriers," human or otherwise, are phases of the great work of prevention which, after all, is the province of state or national health control.

What we are concerned with is first, the almost universal contention that quinin is specific in malaria and, second, whether the potentized homœopathically selected remedy is really able to cure malaria and cause the disappearance of the malarial parasite from the blood.

That quinin is specific in malaria is a statement which any physician of experience can show to be untrue. We have seen too many cinchonized cases coming from O. S. hands which, nevertheless, had not only not been cured, but also showed the presence of the plas-

modium in the blood. Had quinin been specific or curative in these cases no phenomena of ill health or bacteriological evidence would or could have remained. These are the cases which drag along indefinitely, becoming obstinately chronic and frequently ending in confirmed hepatic or splenic pathologic change. Many a case of chronic cholecystitis and of gall-stone disease owes its origin to an uncured, badly treated malaria.

Hence, we feel justified, in accordance with undoubted evidence, in maintaining that quinin is not specific in malaria, eminent authority and state medicine to the contrary, notwithstanding. Second, can the highly potentized, homœopathic remedy cure malaria and destroy the malarial parasite? Our contention is that it can and does; the assertion is based upon the fact that in several instances where homœopathic cures have been made, the malarial parasites demonstrated in the blood, could not be found after the clinical cure, and upon the further fact that numerous cures of malarial cases have been brought about in which, although no bacteriologic examinations have been made, the clinical diagnosis was unquestioned and the patients remained free from relapses or further symptoms thereafter.

Although proverbially, one swallow is not presumed to make a summer, the following case, which meets the critical requirements and possible objections, will suffice as a typical illustration of the undoubted ability of correct homœopathy to radically cure the disease malaria, even when this has been badly treated and mismanaged by orthodox and alleged scientific methods.

A. S., age 16 years, tall for his age, somewhat stoop-shouldered, dark eyes, hair and complexion, lackadaisical in manner, while on a plantation in Cuba, contracted malaria. Along with several others, ill with the same disease, he was carefully treated with frequently repeated doses of quinin and his paroxysms controlled.

Returning to the United States, he showed marked loss of weight, decided icterus and complained of entire lack of ambition, appetite and of nausea. At this time he was under the immediate care of his local physician, who, at our suggestion, made over the telephone, gave *Sepia* high. This remedy relieved the rather marked and even severe symptoms and was later followed by *Ipecac*, also in potency and still later by *Chininum sulphuricum 200th*, a

dose each night for a week, as an antidote to the crude quinin given in Cuba. On January 9, two days after the Chininum sulphuricum had been begun, the boy was able to come to New York and submit himself to an examination of his blood. This analysis was made by Dr. William McKimmie Higgins and showed the presence of malarial parasites, æstivo-autumnal type, in moderate number and mostly adult forms. Other blood findings were those of a simple anæmia of moderate degree.

Within a few days after commencing the Chin. sulph, the patient declared himself to be "feeling fine." No further medicine was given and on February 6 the blood was again examined for malarial parasites only and with this report "the search of the smears shows plasmodia malarizæ present, but in exceedingly scanty number, running about one to a cover glass. Same type as seen in the previous examination and adult forms."

An acute catarrhal cold now demanded one or two simple prescriptions by Dr. F., but on February 18 *Malaria officinalis cm. Gorton*, one dose, was given.

This was repeated on March 4, but in a single dose of the 500,-000 potency. Shortly thereafter another "cold" developed and was treated by Dr. F., when on April 1, *Thyroidin 200th*, a powder each night for a week, was given for a condition of lowered vitality and a blood pressure of 82/60, with a heart rate of 110 and a pulse of 96.

On April 3, two days after commencing with Thyroidin, the blood was again examined and showed "a fairly high leucocytosis with a moderately high polynuclear increase in the differential and a scantiness of eosinophile cells, together with malarial parasites, young forms, few to moderate in number."

The blood picture was suggestive of some focus of infection, which, however, careful physical examination did not reveal. On the contrary, under *Thyroidin*, later given in the 500th potency over a period of ten days, general improvement was shown with a higher blood pressure as well.

On May 23 the fourth and at this writing final examination of the blood was made and showed both the red and white cell counts within normal limits, Malarial parasites, in spite of prolonged search were not to be found.

Since this time the boy has been perfectly well in every respect

and has shown absolutely no symptoms, either immediate or remote, of plasmodial fever.

Hahnemann's proving of Cinchona shows clearly the indications for quinin in malaria and this remedy cannot cure unless these indications are present. That quinin is a protoplasmic poison is freely granted, that it is capable of inhibiting bacterial forms of life is true, but that in so doing it cures malaria when its homœopathic indications are not present, is denied. It often suppresses the disease, but always at a price, at times heavy. The cure of malarial fever by homœopathy is not always easy, demanding the most careful case-taking and selection of remedies. Hard study is often necessary, including the most painstaking repertory analysis; but the resultant cures are the rewards of such work, are genuine in character and permanent. That they are genuine is ably attested by such examples of bacterial findings as the case just cited demonstrates. The evidence is in accord with the proof demanded by science and is incontrovertible. No better verification of the truth of homœopathy is possible and the laws of homœopathy are capable of meeting every scientific test.

THE MIND OF THE PHYSICIAN.—In an article by Gordon K. Dickinson, M. D., F. A. C. S., of Jersey City, N. J., and read by him before the Roanoke (Virginia) Medical Society, are stated many interesting observations in philosophical vein. The doctor is a skillful surgeon (O. S.) of wide reputation and his many years of professional experience entitle him to a respectful hearing. In his opening paragraphs, he says:

“We are not born into the world equal mentally, for the strong strain of inheritance and the taints that come to us from our ancestors have a potent influence on the type of personality given to us for development. Most of us can remember back a few generations among those who have been considered of the family, and how different have been the peoples whose various characters have descended to us in an unknown blend!

“Groszman claims that five per cent. of the children born are defective, another five per cent. develop into the exceptional, the (geniuses), while ninety per cent. are mediocre.”

After commenting upon the three types of mental development as exemplified in the three professions, religion, law and medicine, he says of the last:

*"Medicine* is so big and broad and deep, of such rapid growth and change, that no brain is sufficient to grasp it all. No clergyman nor lawyer can find in his line this joy of mental expansion. It is like swimming in the ocean rather than in a pond. The doctor lives in a new and ever-changing world, where nothing is fixed, where repetition is rare. Should Henry Ward Beecher come back to his pulpit, he would find his preachment just as understandable and effective as in his day. Should Chief Justice Marshall return to his bench, he would find the law unchanged and his decisions acceptable. But should the most competent physician or surgeon of fifty years ago return, he would be at a loss, for the physician would be obliged to study medicine over again, and the surgeon would not be able to do the ordinary work required in the operating room.

"Evolution is a general law as to the mind. It is one of change to that which is better, more refined and more cultured; a touch of the Creator in action. This is markedly expressed in medicine. Here we come nearer to Nature, we get closer to the secrets of the Almighty, for no matter what branch is taken up for special study, the miracles of life are expressed in it. In the mind of the physician we may look for that which is noblest. Here we will find such attributes as were considered by Plato and by Christ, the perfect mirror of truth and service-giving.

"The definition of the mind as given to us is the fossil of the older philosophers: 'That which feels, wills and thinks.' Psychology does not answer the question, but even though the question may never be properly answered, there should be some better understanding of it and of ourselves than is given there.

"The biochemist tells us that in the brain cells the nucleus is acid and the protoplasm alkaline, in fact a small battery generating electric currents, that disseminated through the protoplasm is a lypoid substance which stains heavily, that one's will, one's energy, and one's mental calibre depend upon the quality and quantity of the lypoid substance and the energy of the electric discharge. All this is material and again fails to give comprehension.

“Endocrinologists tell us that the anterior lobe of the hypophysis has some guardianship over the brain and its internal secretion, thought; that when the brain wants to think the anterior lobe facilitates activity in some way; and that clear, concise thought goes with a well-developed and functioning anterior lobe. A diminution in its action, or suppression of its function, leads to a lethargy and diminished mental activity, according to its effect, through the gamut of high-grade defectives to the degenerate. It is said that sleep, normal and pathological, is incident to a type of its activity. But both the biochemist and the endocrinologist are looking at the reverse side of the mirror. They fail to see the true portrait inherent in it.

“It sometimes seems but tiring reiteration to refer back to Hippocrates, but one who has read his works, who has studied the time in which he lived, who will but note the rude life of the majority and the numerous evidences of the strong hold of superstition and conviction, will feel it but reasonable to be guided by his work. From that day to this we have often wandered from the straight path. We have worshipped other gods, only to come back to his principles and to his preachment. In two or three quotations we can succinctly give his lofty attitude:

“‘Nature is the physician of disease.’ ‘The physician who is also a philosopher is god-like.’ ‘Where there is love of humanity, there will be love of profession.’

“Undoubtedly, Hippocrates is far more to the present and succeeding generations than he was to the one in which he lived. Time is the sole test of merit.

“It was not until the time of Roger Bacon that man began to investigate, and reach the age of reason, of trying to prove things through research. Dating from this time, medicine gradually worked more and more towards a science. The average man and physician would vaunt the influence of the mysterious. Religion, being an emotion, still held sway in the average mind, but the desire to know the truth and to search into it was ever present, and the ablest physicians, those whom we read about (not the ones who have been buried and forgotten), though they possessed religion, though they were still influenced by the occult, in their practice were studying symptoms, and we can see that the advance in medicine, the advance in the knowledge of disease and the ability to

diagnose and prognose have come through intense study of the reaction of the patient to his lesion, which is called symptomatology.

"It is only a few decades ago that Pasteur discovered germ life and its correlation to disease action. Koch, Lister, and others quickly took advantage of it, and from that day, and from that day only, can we say that we have the noonday light on the ailments of the body. We owe to these men a gratitude which can never be expressed for opening up the way to explain the phenomena studied so conscientiously and thoroughly by our predecessors.

*"But the average man and the average practitioner is still living and practicing very much as though these wonderful minds had never lived and written their works. Man tends to fall to his low level. If we will but meditate over medicine as practiced today, if we will carefully study human nature as evidenced in those we meet, it cannot but be seen that intellectually we are not above our ancestors, that the average man of today is like the average man of the past. We have a better education, we have a greater knowledge, we have a larger fund of experience, we have more books that can be read, but that does not make the unusual mind.*

"Scratch the next man you meet and underneath you will find perhaps the cave-dweller close to the surface. The next man may be a dogmatist; another, one who is easily led by that which is occult. Scratch a little deeper, and you find all three. The same way with your patients. In every person who is ill, as you sit by the bedside you will discover that the illness opens up his deeper nature. One may be impressed by ceremony, another by the ways of the church. *The rare man wants the truth and only the truth.*

"Galen was disturbed because there were so many charlatans at his time, fearing that the fruit of his work would be suppressed by them. We will always have pathies. We will always have the irregular practitioner, because it is but a few generations back in the life of any individual to a crude, susceptible mind. *Many of our physicians are using medications for which they have no scientific foundation. Our dispensatory is a sad evidence of this weak point in therapy.*

"Every instrument of precision that has been invented to abet and save the mental faculties or the senses has started a type of



deterioration. The athlete who takes the trolley or motor-car instead of walking, loses his wind and his laurels. To be subservient to the laboratory or to mechanics, to substitute them for study and contemplation, are irrational and do not make for wisdom.

*"We should gather from the past the one important fact, that all advance in medicine and in the knowledge of disease is to be obtained by a cross-examination of the patient as to his symptoms. Osler, John Hunter, Sydenham, Boerhaave and so back to Hippocrates, made themselves clinicians by the study of the patient at the bedside.*

*"Further, let us not feel that we are the world and that all life is in us, but recollect that the past and the present, that you and I, and our patients, are but a conglomeration of truthful endeavor, religious emotion, a bending toward the mysterious and intelligence."*

The italics are ours and serve to bring out the thoughts of the essayist which especially appeal to the Hahnemannian homœopath. It is a pity that Dickinson has not seen fit to add Hahnemann to his list of notable men. Of all observers, the founder of homœopathy was by far the most acute; the symptomatology of disease as well as that of drug pathogenesis, observed and recorded by him, stands today in eloquent testimony of his genius and discernment. For us to now see that men of the mental calibre of Dr. Dickinson are recognizing, even though without giving credit, the great truths as promulgated by Samuel Hahnemann, is indeed a cause for rejoicing and a sign that slowly but surely the law of similars is coming into its own. It is not so many years ago since physicians, more especially the pompously superior ones, rudely silenced their awe-struck and frightened patients who were vainly endeavoring to relate their symptoms, with the warning that the physician and not the patient was to do the talking. But times have changed and the worm will turn and the value of symptomatology, as attested by Dickinson, is now very apparent to our O. S. friends.

THE FIELD REPERTORY.—Elsewhere in this issue we publish another article by Dr. R. M. Field, concerning his card repertory. This unique work has, since the publication in this journal of Dr. Field's first article, attracted widespread attention and many

inquiries. For the information of those who are interested we are pleased to state that detailed descriptive literature as well as specimen pages and cards of both the Symptom Index and the Symptom Register will be gladly sent by Dr. Field upon request. Address, Dr. R. M. Field, 247 West 72d Street, New York City.

SEPIA.—Truly an interesting remedy, but one much neglected and reserved by routinists for that Lydia Pinkham sensation of bearing down. There is much more to the remedy, however, than experience in the pelvic region would suggest; there are numerous phases to Sepia, not all manifesting themselves in any given case or even in several cases. Think of it, cuttlefish juice, the inky secretion of this denizen of the sea, a pigment used by artists, left for the genius of a Hahnemann to discover and apply in a therapeutic way.

Sepia is left-sided, a great characteristic of value to remember; it is aggravated by dampness in general and mentally it is irritable, depressed, melancholy, tearful and indifferent. These are all noteworthy and characteristic landmarks which give the remedy a striking personality. Nausea is prominent and often occurs before breakfast and is then relieved by eating. As relaxation is typical of this remedy so we find sinking, empty, gone or bearing down sensations—in a word, ptosis of internal organs. Emptiness at the stomach about eleven o'clock in the forenoon is marked and, of course, suggests other remedies such as *Phosphorus* and SULPHUR more especially, but also *Hydrastis*, *Natrum phos.* and others. Amelioration after sleep is strong in *Sepia*, but even stronger in PHOSPHORUS; this modality should always call these remedies to mind. Of course, there are still others, though these two are the most prominent in this respect. Physical exertion helps many symptoms of *Sepia* and suggests in a way our good old poison ivy friend, *Rhus tox.* Motion of the affected part relieves in *Sepia*. Sweat without relief, or aggravation after sweat is SEPIA, also characteristic of several others, notably MERCURIUS and FORMICA RUFA. SEPIA is aggravated by loss of fluids, resembling CHINA, CALCAREA CARB. and PHOSPHORIC ACID.

Faintness in general, is prominent in *Sepia*, also nausea made worse by the odor of food or of cooking. The latter symptom calls

to mind Arsenicum alb., *Cocculus ind.*, COLCHICUM, *Digitalis* and *Ipecac.*

The last-named remedy and *Sepia* are often of immense utility in suppressed malaria. This fact was emphasized by J. T. Kent in his lectures on materia medica. The menses in *Sepia* are usually scanty and of short duration, preceded by bearing down, sadness and irritability; the bearing down often continues during menstruation. Menses, however, are at times profuse.

The following case is a good illustration of a typical *Sepia* phase.

Mrs. B., age 47. Attacks of empty faintness at the stomach, temporarily > by eating, but returning in two to three hours and then accompanied by a lump sensation in the throat which gagging or swallowing does not >. No nausea or vomiting. Constipation for the past several years; when not constipated the stomach symptoms are > in general. Regulates bowels mostly with mineral oil and diet. Occasional attacks of dull, heavy pain in stomach. Menses copious, last five days, twenty-eight to thirty days as a rule. Before the menses is depressed and irritable, everything looks black. Appetite good; craves sweets, especially desserts. No thirst; no craving for salt. Dislikes hot and cold weather, hates extremes. Always feels < in the morning, begins to feel > after 10 A. M. Sleep is good. No abnormal sweats. Of late numbness and pain in left shoulder and arm, extending to hand. Eructations of gas > the sinking sensations, which occur after any meal. History of long-continued worry over illness of father and mother.

July 1, 1922. *Sepia 10m F.*; s. l. q. 24 hours.

July 19, 1922. Menses on July 3, four days early, normal. In general has felt distinctly > during the past week. Pain and numbness in left shoulder and arm gone.

S. l. q. 24 hours, 14 powders.

August 2. The general > continues. Mental depression and irritability are both >. No new symptoms.

S. l. q. 24 hours, 21 powders.

August 30. Two weeks ago was shocked by the sudden death of a friend, but recovered rapidly from this and showed a much greater resistance than was formerly the case. Yesterday she noticed for the first time a lump sensation in the œsophagus and some gas in stomach.

*Sepia 45m F.*; s. l. q. 24 hours, 21 powders.

September 20. Has been fine except for another shock caused by a telegram.

*Sepia cm F.*; s. l. q. 24 hours.

October 4. Feels perfectly well. S. l. q. 24 hours.

In this patient long-continued worry and emotional strain were the causative factors which lead to her psycho-neurotic state. *Sepia* deserves the credit for her cure.

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### OBITUARY.

Dr. F. E. Stoaks, of Marietta, Ohio, passed away on September 8, 1922, at the age of 65. The cause of death was angina pectoris, from which he had been suffering for many months. He was a graduate of Hahnemann Medical College of Chicago and had been in active practice for forty years. He was an ardent homœopath and was a deep student of that science. His mentality grew brighter with the years and his last years were marked by very accurate prescribing, and he had some fine cases to his credit. He used the various potencies, but depended more and more upon the high potencies for chronic cases and was very successful in reaching them. He was the beloved physician, a Christian gentleman and a patriotic citizen. He was a member of the American Institute of Homœopathy, of the State society and of the International Hahnemannian Association. He took care of his practice to the very last—having made calls and attended to his office practice on the day of his death—his call coming between one and two o'clock in the morning.

# THE HOMŒOPATHIC RECORDER

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## TESTING THE POTENTIALITY OF DRUGS.

By Benjamin C. Woodbury, M. D., Boston, Mass., and Harry  
B. Baker, M. D., Richmond Va.

(Continued.)

### Galvanometric Experiments.

Experiments with the various forms of the galvanometer have been many. Seldom have such experiments had for their purpose the detection of infinitesimal quantities of drug substance.

Dr. B. Fincke was, however, a pioneer in this direction, for he states in a paper written upon the subject ("Neural Analysis by the Electro-Magnetic Method," *Homœopathic Physician*, April, 1882):

"Twenty years ago I had, as Dr. Adolph Lippe will remember, a small galvanometer of 100 yards wire, which he and afterwards Dr. Hering tried. The application was by copper-and-zinc handles, which were grasped by either hand. The effect was evident, but not satisfactory on account of its uncertainty of application to the body. After Jæger came out with his wonderful discovery which forms an epoch in the history of medicine, I recommenced to work in the galvanic line, and now succeeded in finding the better application by covering small plates with wet fingers. This seems to be the simplest and easiest way to experiment and cuts off many sources of error which attach to the older method."\*

\*By means of a most delicate Galvanometer I find that the human body conducts Galvanism as readily as a copper wire, though with more or less velocity and intensity, according to the state of the organism at the time being.

By means of a most delicate astatic needle, I find that the human body deflects the needle as an ordinary magnet does, differing or varying according to the sex, and part and condition of the organism at the time being.

This would seem to indicate, that the chemical action in the organism produces galvanic processes which, in their turn, again cause the magnetism observed through the astatic needle. Footnote Pg. 71: Fincke on High Potencies.)

The method herein set forth of testing remedies by the electro-magnetic method warrants further perfection and investigation. Among some of the reactions obtained by this combination of the electro-magnetic method, with the chronoscopic, which measures the rapidity of time deflections, may be mentioned the effect of *Calcareo carbonica* CM (Fincke), in decreasing the time reaction from 127° and 122° in the period of three minutes to 27°, *i. e.*, 100° and after about a quarter of an hour to 95°.

It is interesting to note how tenacious is this idea of the reactions of the human body to the galvanometer. This is exemplified in a recent contribution to biological science—a paper entitled “A Living Galvanometer.” The gist of this experiment reported by Joseph Tulgan and George G. Scott (*Science* [N. S.], Vol. LIV, No. 1387, July 29, 1921), is about as follows: The authors first trace the history of the galvanometer from the observations of Schweiger and Nobeli on the existence of electrical currents in tissues. The string galvanometer was first used to detect these currents, and such evidence was given in a rudimentary way by Galvani and Volta. Various galvanometers have been used to demonstrate these currents, and more particularly of late in obtaining electrocardiograms. Laboratory workers have been handicapped, however, in the lack of a suitable galvanometer to demonstrate the electrical currents in the human body. The writers go on to say that:

“Recently while making a nerve muscle preparation, the thigh muscles of the left leg of the frog were removed and the nerve of the same side isolated, but not sectioned. The body was well moistened with physiological saline and lay on a glass plate which was also well moistened. The toes of the left foot were held in the left hand, while forceps, held in the right hand, were accidentally placed upon the body of the frog. Immediately a violent contraction of the muscles of the left leg occurred. This was so unusual that we investigated this further. The same results were obtained repeatedly. In every case we obtained the same results, although more striking in some preparations than in others. We found that by making contact with any part of the frog’s body or even the saline solution on the plate the muscles contracted.

“When a non-conductor was interposed between the toes and the hand we found that no contraction took place. . . . It has been noted in some cases that the contractions were very violent,

even tetanic, and immediately afterwards hardly noticeable. We have no explanation to offer for this other than the varying electrical currents in the body."

The fact must not be overlooked that in these experiments but one metal was used (instead of two as in Galvani's experiments) and in its place the human hand was used, and the question naturally arises as to whether the current may not have been due to the difference in potential between the metal and the hand. Consequently the right finger was substituted for the metal previously used and the same results were obtained. The conclusion was, therefore, that the stimulus was the active current of the human body, the fingers of the right and left hands being the electrodes, "the indicator or the galvanometer being the contractions of the frog muscle."

The significance of these simple physiological experiments is all the more interesting to us in view of the Fincke experiments with the galvanometer, and the more definite in view of the very measurable data obtained from the electronic reactions.

### Measuring Human Energy.

Reichenbach's experiments showed that the magnet, crystals, *et cetera*, were capable of giving off certain emanations, that were visible in a darkened room, and to the highly organized "sensitive." The radiations or emanations of the human hand could also be detected in a similar manner (*vide* "The Dynamics," Reichenbach, p. 135); similar emanations have within recent years been made visible through the use of delicate color screens, and the use of an alcoholic solution of a coal tar dye, called "Dicyanin." By the use of these screens the human atmosphere or aura, as it has long been known, can be detected by almost any one with a little practice. The method is elaborated in a work, entitled "The Human Aura," by Walter J. Kilner, B. A., M. B., late electrician of St. Thomas's Hospital, London.<sup>12</sup> The experiments consist in placing the subject facing a darkened window, with a black background; the observer stands with his back to the window, and, when experienced,

<sup>12</sup> A review of these experiments may be found in *Science and Invention*, for May, 1921.

experimenters have been able in some instances to detect the aura without the aid of a screen at all. The phenomena are said to be explained possibly on the basis of the ultra-violet rays. A well-developed aura is seen to exhibit three distinct layers, *viz.*, an inner, middle and outer—the whole appearance being that of a luminous mist, surrounding the outlines of the human body. We are all familiar with the wonderful power possessed by animals, commonly known as the “scent,” by which even the domesticated type is able to follow a trail almost indefinitely. Again, the odors or emanations given off by various pungent substances, as for example onions, garlic, the odors translated in homœopathic terminology as “Mephitis” and “Moschus,” *et cetera*, are undoubtedly (to us) invisible emanations or rays given forth from the disintegration of actual particles—material particles—atomic or electronic, akin to the disintegration of radioactive substances, which by a process of self-emitting rays become visible to photographic plates.

The significance of this method of color photography is not only that it has been and may in the future be more widely applicable to diagnosis, but undoubtedly it has a wide therapeutic application.

This method of diagnosis has already been utilized by Dr. George Starr White in his “Bio-Dynamo-Chromatic Diagnosis,” and its hidden relation to homœopathic remedies has already been noted in a paper published in a recent journal (*Hahn. Mo.*, July, 1821).

The detection of material emanations (particles) through the aid of color screens is simply another method of expressing in terms of sight (visibility)<sup>13</sup> the electronic energy emitted by any substance, be it metal, pathological product, blood, tissue, or merely human energy, when outlined according to definite vibratory rates upon the healthy human subject, is measurable in terms of electrical ohmage—thus the human radiation may be expressed in modern scientific terms.

<sup>13</sup>We have probably all of us tried the very simple experiment of looking at an eclipse of the sun or moon through the ordinary smoked glass. In this way the size and contour of a celestial luminary is demarcated from the shadow cast by the obscuring body. Similarly the halo or luminosity of the human emanations are outlined against the darkened screen.



### Testing the Potentiality of Drugs.

We have previously suggested the application of the Abrams method to the testing of homœopathic remedies (HOMŒOPATHIC RECORDER, Feb., 1920). Likewise reference has been made to the electronic theory (*Hahn. Mo.*, July, 1921); and finally a brief outline has been given of the areas upon the body in which these reactions are elicited (HOM. REC., Sept., 1921). It remains for the homœopathic profession to take advantage of this unique scientific method of demonstrating what has been so long befogged—*i. e.*, the objective demonstration of the potentialities resident within the highly attenuated potencies so successful in the treatment of disease.

Two problems confront the worker in this domain: First, the fact that the limit of attenuation upon the basis of the atomic theory of Dalton was apparently reached at about the 24th to the 28th decimal; or at the utmost the 34th decimal. It is plain then that some other hypothesis—some other basis was necessary to support the use of medicines the action of which could be demonstrated clinically, but the drug substance of which could not be scientifically demonstrated. Fortunately about this time there was born (from very well authenticated homœopathic parentage) a special exemplar of this great truth which Hahnemann, himself, not known particularly as a scientific worker, had presented to the medical world in the hitherto unknown law of increase in drug potential through the process of potentiation or subdivision of mass. To Madame Curie was delegated this great task—the discovery of radium, which established for all time the means by which this infinite subdivision of drug substance might be detected. Subsequently, the photographing of the 60th potency of radium bromide was scientifically carried out at the Bœricke & Tafel Laboratories in Philadelphia. It remained for the discovery of a means of detecting still higher potencies, and an hypothesis by which such claims could be substantiated. The hypothesis it is plainly evident is the Electron Theory; the method of demonstration, the Electronic Reactions of Abrams.

### The Electronic Theory.

Scientific men are very prone to object to and if possible reject all theories—particularly those not in accord with their under-

standing of facts. It is very evident, however, that the opponents of the potentiation theory of Hahnemann made use (to their own advantage) of the older Daltonian theory to confute, in so far as possible, the basis of homœopathic theory and practice. It so happens that this atomic hypothesis was coeval with the researches of Michael Faraday, in his discovery of electric-magnetic induction, James Clerk Maxwell's important deduction of the ether as the medium through which such induction takes place, and finally the means by which he was able to make these currents visible. The Hertzian "Resonator" made these waves—the Hertzian waves—visible. Sir William Crookes and Sir Oliver Lodge prophesied that through these means speech without wires would one day be possible. It remained for Marconi to perfect the method, and so was wireless communication born. The basis of all this modern research is now acknowledged to be the "electron theory." The whole scientific world at the present day is content to rest its investigation upon this hypothesis which until disproven, we may utilize in the study of the potentialities of drugs. It would, therefore, seem that all data hitherto establishing the limit of potentiation in the neighborhood of the thirtieth potency must now pass into the discard before the rapidly advancing knowledge of this newer electronic hypothesis.

No one has as yet seen what electricity really is, yet it is safe to say that we are nearer than ever to the solution of this question if we admit that "What we call an electric current is nothing but a steady flow of electrons in a conductor."<sup>14</sup> It is therefore only when there is a difference in potential that a current will flow; and the direction of that flow must always be from a negatively charged body to a positively charged body.

The Abrams researches have shown that the human body is nothing more nor less than a unified aggregation of negative and positive charges of electricity—collections of negative and positive cells, each giving off its own specific rate of vibration. In a condition of health there is naught but harmonious interplay of these energies, vibrating at the specific vibratory rate of the individual. Disease is disturbed resonance; that is, inharmonious play of the electronic forces entering into the various complexes recognized synthetically as disease.

<sup>14</sup> *Vide*, "The A. B. C. of Radio." By Waldemar Kaempffert.

### The Electronic Reactions.

So much has been written upon this subject and so voluminous is the literature already accumulating that space does not permit of an analysis of this subject at this time.

An electronic reaction is a change in electrical potential within a given field; a change in polarity from negative to positive, or *vice versa*. (*Vide Hahn. Mo.*, July, 1921.)

Abrams states ("The Electronic Reactions of Abrams," *International Clinics*, Vol. I, 27th Series, 1917): "The units of our organism, the electrons, are charges of electricity. In their incessant activity they produce the phenomena known as radiation. . . . Energy is susceptible of exact measurement and as all forms are convertible into heat, physicists measure it as such. The writer measures energy by his reflexes."

The method of charting these electronic changes and measuring them in terms of electrical energy—ohmage—constitutes the method denominated "Electronotherapy." In its special relation to homœopathy Abrams states that:

"The writer has demonstrated by aid of the biodynamometer that all of the specific drugs have the same specific wave length as the disease for which they are employed. This refers to syphilis, malaria, gout and polyarthritis.<sup>15</sup> . . . Like many others of the so-called 'Regular School,' I ridiculed the doctrines of homœopathy, but now the writer is constrained to retract an opinion based on belief and not on fact.

"The Hahnemannian doctrine of attenuation is not a myth. It can be demonstrated by aid of the biodynamometer and the reflexes that the mechanical subdivision of drugs or their dilution will augment their radioactive potency. From what has been said, the law of similars (*similia similibus curantur*) is a verity. Pharmacodynamics is identified with what I have called homovibrations and drugs of dissimilar vibrations (hetero-vibrations) are without remedial value." (*Id.*, p. 41.)

### Technique Employed in Testing Drugs.

To one unfamiliar with the general technique a good deal of preliminary study would be required in order to understand the particular method employed in testing remedies. Briefly it may be said

<sup>15</sup> "New Concepts," p. 207.

that if a tube of TB bacilli is placed in the "Dynamizer," or Reflexophone, it is noted that at (0) zero all reactions come through. It is necessary, in order to determine the presence of a tuberculosis reaction to set the rheostat at the vibratory rate where this energy may be detected. This has been found by multitudinous experiments at the rate 42, which is easily determined. When this point has been ascertained, after the period of from 12 to 15 seconds, a "reaction" is obtained; that is a dullness is heard upon percussion (particular attention being paid to the fact that the percussion blow is maintained at a uniform pitch) or resistance is increased to the passage of an electrified glass or hard rubber rod, which is found to disappear when the rate is set back to 41 or advanced to 43, thereby establishing the accuracy of the reaction. In a similar way a syphilitic reaction (congenital) may be obtained at 57, acquired syphilis at 55, and bovine syphilis at 57 (especially if the reaction does not come through at 20). Streptotoxemia is diagnosed at 60, sarcoma at 58, carcinoma at 50; malaria, colicsepsis, staphylococcic reaction, *et cetera*, each at its own specific vibratory rate.

In testing homœopathic remedies, the medicine may be folded in a powder paper (white) and placed in the dynamizer or condenser just as blood specimens are examined, or the bottle may be placed outside, on the top of the dynamizer, without removing the cork. After the lapse of a few seconds a reaction is obtained in the specific area sensitive to the vibratory activity of the drug. It is safe to say that it is, with few exceptions perhaps difficult to determine *a priori* just what type of reaction will be elicited. It is a source of much satisfaction if Bacillinum, for example, is found to give a TB reaction, as noted by J. W. King, M. D. (HOM. RECORDER, May, 1921), *et cetera*. This is a subject which must, however, be approached with an entirely open mind, lest proper results be not obtained.

#### The Modus Operandi.

Having placed the remedy in or upon the dynamizer, the abdomen is percussed or the rod is rubbed gently over the abdomen (making sure first of all that the abdomen is clear except in this particular area) and the usual routine is carried out which includes "the Five Cardinal Diseases" (King, Address Before Med-

ico-Physical Research, Chicago, October 8, 1920). Just how these reactions take place is not easy to explain, yet in a general way we may rely upon the following statement of Abrams:

“To paraphrase the law of Ohm, the strength of human energy varies directly as the biodynamic force and inversely as the resistance. The greater the resistance the smaller is the quantity of energy which a given biodynamic force will produce. The latter force is measured in ohms or fractions of an ohm.”

It may be that the following simple interpretation may aid us somewhat: It is known that the smaller the wire the greater the resistance offered to the passage of an electric current. Again it is true, as stated by Hinton, that an electric current passes not through the wire but along the wire, in the magnetic field enclosed by the wire. (*Vide Homœopathic World*, May, 1921.)

In a certain sense then, the more dilute the remedy, the more resistance or ohmage offered to the vibratory rate of the disease in its own specific area. This in a way corresponds with the idea held by the earlier homœopaths that the more dilute the remedy the more area that is covered in the organism; hence the advantage claimed for the giving of the remedy in water. However this may be, the fact remains that the higher the potency the higher the ohmage, as will be seen in the results given below.

### Constants and Variables.

A *variable* is described as “a quantity that may increase or decrease continuously or discontinuously.”

A *constant* is “that which is not subject to change. A numerical quantity expressing some physical law or magnitude as a fixed relation.”

It is plain, therefore, that in the *vibratory rate* of the disease we are dealing with a *constant*; whereas the *ohmage*,\* which is subject to variation with respect to the exact potency employed must represent to all intents and purposes a *variable*. Let us examine some of the results obtained from this method of testing drugs in relation to these double standards.

\*Until it can be definitely shown that human energy is convertible into electrical energy, and measurable in a similar manner, “*potentiality*” is a safer term to employ than “*ohmage*.”

**Results Obtained.**

We have already quoted the original work of Abrams along this line. The original researches of the writer at the Abrams laboratory have also been cited. The most important work tabulated in this report which is necessarily brief, owing to the lack of more extensive work as yet in this field, may be said to be the testing of potencies of Vaccininum.

The possibilities of this remedy in its antidotal effect upon the reaction to Bovine syphilis was apparent in a very striking instance, the details of which space does not admit of reporting at this time. Accordingly when the opportunity came for testing the remedy in a series of potencies, it was with no little degree of satisfaction that its probable relation to this reaction was apparent. It must be recalled in this connection that we are indebted to the late Dr. Kent more than to any other for establishing beyond cavil the method of prescribing potencies according to series and degrees. These results may be stated as follows: It may also be added that the potencies used were freshly obtained from Ehrhart and Karl, of Chicago. The first reactions were obtained by Dr. Baker, whose report follows more in detail. These results were confirmed by tests carried out by Dr. Francis Cave, of Boston, as follows:

**Vaccininum.<sup>16</sup>**

<i>Remedy</i>	<i>Vibratory Rate</i>	<i>Potentiality</i>
Vaccin. 3x	57 + Bov.	6°
Vaccin. 6x	57 + Bov.	8°
Vaccin. 6th	57 + Bov.	9°
Vaccin. 30	57 + Bov.	28°
Vaccin. cc.	57 + Bov.	59° +
Vaccin. 1m	57 + Bov.	219° +

The above reactions were obtained in the usual area for Bovine lues. There follows the result obtained at the Variola rate (4), according to the E. D. (entero-diagnostic) reactions. It will be noted that in this series the ohmage was very much lower, conse-

<sup>16</sup> The fractional ohmage was measured in this series, but the latter is inconsequential so far as general results are concerned.

quently could be measured on a single ohmmeter, whereas in the first series with a single machine, the 200th was the highest potency that could be tested. The reaction of the 1m could be elicited only when a third rheostat of 100 ohms was connected up to the two instruments of 61 ohms generally used in diagnostic work.

<i>Remedy</i>	<i>Vibratory Rate</i>	<i>Potentiality</i>
Vaccin. 3x	4 Var. + E D	18/25
Vaccin. 6	4 Var. + E D	2°
Vaccin. 30	4 Var. + E D	3°
Vaccin. cc.	4 Var. + E D	5°
Vaccin. 1m	4 Var. + E D	7°
Vaccin. 10m	4 Var. + E D	8°
Vaccin. 50m	4 Var. + E D	9°
Vaccin. cm	4 Var. × E D	10° <sup>17</sup>

### Plumbum Metallicum.

This remedy was first tested at the office of Dr. Ralph A. Manning, of Winchester, Mass., and the 30th potency gave a Carcinoma (50) reaction of 8 ohms. When this same potency was tried out by Dr. Baker a reaction of but 4 ohms was obtained, until some of the drug was folded in a powder paper and placed in the dynamizer, exactly as a blood specimen is tested.

<i>Remedy</i>	<i>Vibratory Rate</i>	<i>Potentiality</i>
Plumb. 30	50 +	8°
Plumb. cc.	50 +	14°
Plumb. 40m	50 +	36°
Plumb. cm	50 +	59° +

In addition to the above Ambrosia  $\phi$  was tested (Manning), which showed a Streptococcic reaction (60), with an ohmage of 3°. Carcinoma (Enos) was tested in the 234DMM, which Dr. J. W. Enos has personally potentized to this very high degree. This potency gave a Carcinoma reaction (50), with an ohmage of 39°, female polarity (Baker).

<sup>17</sup> Dr. Baker afterwards tested these potencies and found a strong reaction for Strep.

## Eosin.

This remedy, a brief proving of which was published in the *Trans. I. H. A.*, 1921, pp. 153-164, was tested (Cave) with the following results:

<i>Remedy</i>	<i>Vibratory Rate</i>	<i>Potentiality</i>
Eosin (crude)	50 +	3 4/25°
Eosin 2x alcoholic dilution	50 +	12 4/25°
Eosin 3x " "	50 +	58 16/25°
Eosin 6x " "	50 +	215° <sup>18</sup>

As a control 95 per cent. alcohol was tested which gave no reaction at 50, but at its own rate (3) as ohmage of 5 1/25°; whereas sugar pellets give a reaction in the milk area at 42, of 6/25°. One point is especially to be noted, namely that there is often variation in the ohmage (variables) as in the case of Eosin, which Abrams gives as 2½; again conditions are variable and these tests should be many times repeated before vouching as to their exact accuracy.

## Auto-Hemic Potencies.

A series of Auto-hemic potencies prepared according to the technique of Dr. L. D. Rogers of Chicago, from the 3x to 30x, run up by hand gave the following results: (Manning) Potencies made from a patient showing a reaction to Congenital Lues (57) showed when diluted to the 3x + 8°; 4x + 9°; 5x + 12°; 7x + 14°; 9x + 14°; 12x + 18°; 15x + 20°; 24x + 23°; 30x + 26°.<sup>19</sup>

Dr. J. W. King, of Bradford, Pa., states (*HOM. REC.*, May, 1921) that Baccillinum 30 gives a quicker reaction than a TB baccilli tube (this, of course, in the TB area, at the rate of 42). Dr. Baker had previously noted that Tuberculinum 10m. would cut out or abolish this reaction. This test was repeated when the writer visited him in Richmond, Va., in July of the present summer, with identical results. The reaction in this instance being

<sup>18</sup> It was later found that this remedy gave a Neisserian reaction (VR of 5), joint strain, as follows: 30x + 10°; 30th + 16°; 200th + 32°; 500th + 46°; 1m + 61°.

<sup>19</sup> Just why this discrepancy occurred is uncertain; it may be that in some way the labels were misplaced after the potencies were made, as for the most part the increase is uniform, save in the middle of the series.



nullified at a distance of practically one foot. Accordingly it was with interest that a similar experiment was later tried by Dr. Cave, which showed in this instance (owing perhaps to the fact that the subject's reactions were not quite up to par, and atmospheric conditions were likewise unfavorable) a Streptococcic reaction (60), instead of a TB reaction, but the 30th potency was found to cut out the reaction at a distance of 3 inches from the dynamizer, and the 200th abolished the same reaction at a distance of 10 inches.

### Conclusions.

The above tests, and possibly those of Dr. Baker which follow are in all probability entirely too few to pass final judgment upon this method, yet they certainly offer support of the original observation of Abrams that the potentiality of the drug is increased by the process of dilution or subdivision. In this way alcohol (which gives a reaction in its own area, at 3), milk sugar which also has its own area, can be tested, and the usual vehicles employed in the preparation of medicines can be eradicated from the problem, for the simple reason that the reactions come through only at their own rates entirely regardless or unhindered by that of the accompanying menstruum. This eliminates the possibility of error from the characteristic vehicles used.

Finally, it may be said (and this is suggested by Dr. J. W. Enos) that many potencies of a remedy are found not to be clinically effective, hence would undoubtedly not show a response to the electronic tests. A good deal of work has been done by Dr. Enos along this line by his own particular method (*vide* "Electronic Reactions and the Law of Similars").

In conclusion the writer may add that the most important task at present confronting the homœopathic school of medicine is the thorough testing of the *Materia Medica* along these lines. The work of Dr. Boyd, of Glasgow, in the interests of the British Homœopathic Association, with a modification of the Abrams' apparatus offers the hope that this new instrument may afford not only a satisfactory aid in physical diagnosis, but in the selection of the remedy and the proper potency. (*Vide Report of British Homœopathic Association, inc., 1922, pg. 18; also The Homœopathic World, Oct., 1922.*) All sorts of possibilities lie ahead of us. There is the possibility of testing synthetic potencies

made upon the Oscilloclast, the apparatus Dr. Abrams uses in the treatment of each specific vibratory rate (which he has acknowledged to be in accordance with the law of similars). There is also the possibility that a technique may be developed which will enable the physician to determine from testing the patient's own blood in the dynamizer, the corresponding remedy (of a series of tested remedies) that will likewise abolish his reactions to the disease. When such results conform to the careful repertorial study of the symptoms, this method may be found to be a direct and reliable means of checking up the homœopathic prescription. Be that as it may, it will at all events be found a most excellent means for obtaining the diagnosis in incipient, obscure or advanced cases of disease, and whether the Oscilloclast be used alone or in conjunction with the indicated remedy, or finally whether the indicated remedy alone is used, it will prove a most valuable help in prognosis and throw much needed light upon the obscure problems of the miasmatic diseases. It may be noted that Abrams considers congenital lues to be in all probability identical with what Hahnemann called Psora. If this should be found to be true this king of destroyers may offer some possible hope of ultimately being eradicated from the human race.

## II.

### Dr. Baker's Report.

One day while attending Dr. Abrams's clinic in San Francisco last April I found a powder of Syphilinum 10M in my pocket which I had put there before leaving Richmond and had forgotten. I asked Dr. Abrams to let me put it in the dynamizer and try the reaction. He did so and obtained a strong reaction for Congenital Lues, but none for acquired. This was very interesting to me as I had always obtained my results with Syphilinum in congenital cases.<sup>20</sup> On my return home I tested out all of my potencies of Syphilinum by means of the Electronic Reactions of Abrams, and found that all of them gave the reaction for Con-

<sup>20</sup> In this connection attention is called to a most valuable and comprehensive paper by Dr. H. Fergie Woods, of London, on the Treatment of Diseases of Children, published in the April number of the *British Hom. Jour.*, confirming the use of the higher potencies of Syphilinum in Congenital lues.

genital but not for Acquired Lues.<sup>21</sup> I wrote to Messrs. Bœricke and Tafel in regard to this and they sent me a set of potencies of Syphilinum running from the 30th to the cm. which gave reactions for Acquired as well as Congenital Lues.<sup>22</sup> These potencies in addition give reactions for Carcinoma and Streptotoxemia. All of the potencies in the series give the same reactions, but with varying ohmages, the ohmage increasing with the potency, which is another interesting point. I have made a good many reactions from potencies in the past three months and have found it an invariable rule that the ohmage increases as the potency rises.

Among the drugs that I have examined are Anacardium cc. which gives reactions for Congenital and Acquired Lues, Carcinoma, Sarcoma and Strep. I have used Anacardium with advantage in cases of ulcer of the stomach. Ulcer of the stomach with the ERA gives a reaction for Sarcoma or Carcinoma. Lachesis cc. gives a reaction for Congenital Lues, Carcinoma and Strep. Calcarea Carb, 1m gives Tuberculosis, Strep. and Gonorrhœa. Bromine gives Congenital Lues, Carcinoma, Sarcoma and Strep.<sup>23</sup> Graphites 1m gives Congenital Lues, Carcinoma and Sarcoma. Hepar gives Congenital and Acquired Lues, Carcinoma, Sarcoma and Strep. Kali bi. cc. gives Congenital and Acquired Lues and Strep.<sup>24</sup> Calcarea Fluorica 12x gives Acquired Lues, Carcinoma

<sup>21</sup> For some interesting data on the use of Syphilinum, the reader is referred to what is probably our best outline of the action of this valuable and indispensable remedy, in Clarke's Dictionary. Although Dr. Adolph Lippe advised most strongly against the use of Syphilinum in cases of acquired syphilis, the clinical reports herein given would seem to indicate that Dr. Lippe's dictum contains not all the truth. The writer's own experience with Syphilinum would seem to correspond with its use in any case where the symptoms are in proper correspondence.

<sup>22</sup> Before receiving this report from Dr. Baker, the writer had a similar experience, in the testing of two potencies, one of which was an old potency (probably Fincke) of Syphilinum, which gave a reaction to Congenital Lues, but not to Acquired. Another one obtained recently from Ehrhart and Karl gave a reaction to Acquired, but not to Congenital Lues, in the 10m. Accordingly after the receipt of this information from Dr. Baker a set of the B. & T. potencies were obtained, and we trust future tests may disclose similar results.

<sup>23</sup> For an excellent resume of some of the therapeutic uses of this important but little understood remedy, *vide* a paper presented by Dr. Baker, at the last annual meeting of the International Hahnemannian Association, held in Chicago, in June, 1922. (Hom. Rec. for Sept., 1922.)

<sup>24</sup> In this connection the writer recalls the very satisfactory results obtained from Kali bi. In a comparatively low potency in what was undoubt-

and Strep. Silica 1m gives Congenital and Acquired Lues and Carcinoma. Sepia 1m Congenital Lues and Tuberculosis. Sulphur 1m, Congenital and Acquired Lues, Carcinoma and Strep.

I imagine that a number of these drugs would give other reactions also, but as I have had very little time for this work most of them were only tested for Congenital and Acquired Lues, Carcinoma, Sarcoma, Tuberculosis and Strep.

This work opens a field which, if properly followed up, may be of great assistance to us in prescribing. It certainly offers a positive means of determining whether a potency is reliable or not.

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## HUMAN MORPHOLOGY AND DRUG PATHOGENESIS.

By Philip Rice, M. D., New York City.

Today we begin the study of a subject which, though of prime importance to the physician, has never received the consideration it deserves. Studying Human Morphology in its relation to disease, and particularly in its relation to drug pathogenesis, is somewhat of a departure from the regular medical college course. In several Italian schools some effort has been made to elucidate the laws of organization and determine their relation to morbid processes, notably under that distinguished scientist, Professor de Giovanni, at the University of Padua. In this country the subject has been neglected.

We shall now undertake the task of further developing the subject, and more directly in its relation to drug pathogenesis. And here I want to say that we will be pioneers in the truest sense of the word, and therefore likely to make mistakes. We will adopt methods that in time may be found unsuited to our purpose. We will entertain ideas which we shall likely have to revise from time to time, and some which we shall have to discard altogether. All this we must be prepared for. Moreover, we must be prepared for criticism from our colleagues, even for ridicule. To be shamefully treated, jeered, maligned and even persecuted has been the lot of most pioneers. This is the record of history. But if we have

edly a deep seated case of syphilis, with ulceration of the throat and destruction of the soft palate. (Indications for this are to be found in the Repertory, under ulceration of the uvula.)

reasonable evidence with which to make a start and are honest with ourselves; if we are careful and sincere in our efforts, pursue our course with due regard for all the demands of Science, and above all, with greater regard for truth than for some particular theory, then we shall not need to fear criticism or doubt the ultimate outcome.

From time immemorial men have observed the fact of human variation;—variation in structure, in function, in predisposition and susceptibility. To thinkers this has always been a matter of deep significance, as the history of medicine shows. Aware that in nature there was no such thing as chance or coincidence, they believed that behind all variation there was a definite determining cause, which, if rightly understood, would greatly assist in solving the problems of etiology, diagnosis and treatment of disease. "How is it possible," they reasoned, "for a given inimical influence, whether drug or disease, to produce the varied effects which are constantly observed, if the cause lies wholly within the thing itself?"

Few of the many theories which have been presented during the past 2000 years, relative to the cause and cure of disease, have stood the test of experience. May it not be that the cause of failure of so many, was lack of understanding of this mysterious something which lay behind and directed all function—normal and abnormal—determined the predispositions, susceptibilities and the course of the infinite variety of clinical manifestations of morbid processes? It seems an entirely reasonable presumption, for if we will carefully examine the basis of any one of these theories we will see that it consisted of evidence of disease—symptoms, morbid products of one kind and another; or else some exotic factor, as a cause, was assumed to be all-sufficient as a foundation for a therapeutic system. That the individual, with his inherited defects and those acquired in the effort of the organism to adapt itself to his environment—all internal conditions—could possibly, or seriously influence the situation, apparently never entered into the minds of the fathers of these theories. Cause of disease, and, indeed, disease itself, was, and is even today generally looked upon as some exotic entity, something that gets into the system after the manner in which a burglar gets into a house.

Observation shows that the power of a pathogenetic force, or the

force of a drug to alter the functions, is largely, if not entirely conditional. That is to say, before anything can produce an effect a certain aptitude must be present, a certain degree of receptivity must exist. This is clearly proved in the fact that pathogenetic organisms are frequently found in perfectly well people. "The capability to become sick," says von Grauvogl, "depends, indeed, upon some substance from the outer world, but only so far as the molecules and molecular forces of our organism, as regards their volume and density, are so constituted that they have not sufficient power of repulsion against the substance, or, in other words, not sufficient movable opposition, or else have an attraction for it; and this is the sum and substance of the general idea of disposition to disease."

From the days of Hippocrates until now men have talked about types, constitutions, temperaments, etc., and about disposition to disease. First we had the humoral theory, a theory based on the presence in excess of some particular humor in the blood. In later days a theory was presented which was based on the dominance of one or the other structural element. For example, a dominance of the motive apparatus produces the motive temperament; of the vital organs, a vital temperament; of the brain and nervous system a mental temperament. These are modified as they form in combinations, and still further modified by the element of color,—blonde and brunette. This theory contains much more of scientific truth and is of far more practical value than the humoral theory of the ancients. Then we had the bio-chemical theory, attributing disease to an excess or deficiency of certain inorganic salts. The one having quite a vogue at present is the endocrine theory. That all these possess some measure of truth there is no doubt.

But classifying individuals according to types is a method which is by no means free from serious faults. There are those who seem to think their task performed when they have accomplished this much. Once they have properly labeled and pigeon-holed an individual, they settle back in contentment. To adopt a certain classification, and if the individual approaches the type in a sufficient number of the essentials classify him and deal with him on a class basis, is certainly much easier than dealing with him as an individual. Unfortunately this is today quite the usual method

with the medical profession. That it is unscientific and hence fraught with serious dangers, it would not be difficult to prove.

It may be entirely correct, and in a measure helpful, to say that a person has a motive temperament, or that he is a thyroid type; but experience has shown that frequently two typical motive individuals differ radically in certain vital respects. The same is true of two thyroid individuals, or adrenal individuals, or any group type.

Classes and types give us only general concepts, a fact which seems difficult for some to grasp. To be scientific we must cultivate the habit of being specific in our thinking and ways of doing things. As physicians you will be called upon to treat the individual, not the group. The words type, constitution, temperament, predisposition and susceptibility mean more or less the same thing, as we are in the habit of using them. They connote a group of facts and phenomena comprehended in the individual morphology, or better the morphological combination of the individual, and are used to suggest certain structural and functional states and dispositions, *but of a general character*. Let us not forget that.

Morphology may be defined as that branch of the science of biology which deals with the form and structure of the human body: and its subject matter consists of *all* the facts which have to do with the ontogenetic development and the final state. To some extent it embraces facts related to the subject of—phylogeny—the evolutionary development of the human species. We shall have occasion from time to time to touch on this phase of the human problem, since it is necessary to have knowledge of the mechanism of human evolution in order to have a clear understanding of the final product. Moreover, it must be remembered that the human organism is even now in the process of evolution; modifications are constantly taking place in its structure and function.

Speaking in general terms, we say that the human body is composed of organs and systems united to form a whole. There are organs of respiration, of digestion, of elimination, of circulation, a motive apparatus, a nervous system, etc. These in turn are composed of more minute organs which we call cells. The latter are infinite in number and as widely different in character as are the organs and tissues which they go to form, and though it may not be scientifically correct to say they are the ultimates in the body,

yet for our purpose we will consider them so. The principle which we hope to establish requires no more minute analysis. However, were we to make this, we should find the ultimate results would but strengthen our position. To illustrate: A microscopic dissection of a cell reveals the fact that the infinitesimal element in the cell, the chromosome, individually or as a component in a unified group, determines a specific reaction in the cytoplasm which results in the production of certain structural and functional characteristics of the embryo, *which characteristics are retained to maturity*. That is to say, physiological traits of the mature organism have their origin in the structural character of the chromosomes. Thus we are not in error if we proceed on the basis that the cell is the ultimate element in the body.

Now, this direct and intimate relation between structure and function we shall try and show to be the basis of every physiologic concept and must, therefore, be made the basis of every therapeutic concept, if we are ever to have a scientific therapeutic system.

That the human body is a vast concourse of cells is one of the fundamental tenets of biology and is universally accepted. Likewise it is generally recognized that the arrangement of the cells in the body varies in individuals. But what we do not yet recognize and fully appreciate is the fact that it is to this difference in arrangement and difference in degree of development, that all differences in function, in reaction, in predisposition and susceptibility are due. We all have a heart, liver, lungs, bones, nerves, etc., but we do not have these equally developed and identically correlated. Variation is the law of being. This being true, we ought to be able to see the necessity of adding to the clinical picture of a morbid process a knowledge of the peculiarities of structure of the individual in whom it unfolds itself. The importance of the morphological variant in trying to arrive at a sound conclusion as to the functional value of an organ or system, or of the organism as a whole, should be apparent. To question this would be to question the proposition that organization is the basis of function. Indeed, a doubt would by implication declare that the relation between organization and function is purely incidental. How far would we get in our physiological investigations were we to admit such a conclusion?



We may then safely lay down as the first proposition in our plan this: *Organization is the basis of physical function*. Whatever else we may disagree on, here is one thing we cannot disagree on. This is so obviously true that it permits of no argument. It is axiomatic. And yet, I do not hesitate to say, it has very little part in the therapeutic thinking of the average physician. Therapeutic theories are, and always have been, founded on evidences of disease, as has before been said, on an exotic something. The physical, or better, the morphologic equation receives consideration only when it is so conspicuous that it cannot be avoided.

The natural corollary of the proposition that organization is the basis of function is: *Character of organization determines character of function*. That is to say, if in order to have lung function or liver function, we must have a certain kind of organ, then it follows that the quality and quantity of the constituent element and the character of the correlated organs have an important part in determining the nature of its functions. And here let me caution you against the habit of treating the factor of correlations slightly. Organs do not and, in truth, cannot act independently; the nervous system makes this impossible. Function means co-ordinate activity of all the organs. Modify one and simultaneously others are modified. From which we see that imbalance in structural relationship results in inharmony in the functional balance. As the years go by, you may become specialists in some particular field of medicine, centre your attention on some particular organ or limited group of organs. In doing this be careful that you do not lose sight of correlated organs, or indeed, of any part of the organism. You will be failures as specialists in just the degree that you do.

The character of the structure of an organ is determined by, (a) the character or quality cell, (b) degree of its development, and (c) by the character of the correlations. Bone cells go to make bone; nerve cells make nerve tissue; lung cells make lung tissue, etc. This is all clear enough; comment is unnecessary. Likewise is it clear that degree of development is a prime factor, not only determining the size and shape of the organ, but its functions as well. A large muscle can do what a small muscle cannot do, other things being equal. A large bone is stronger than a small bone. Large lungs will areate more blood than small lungs. Vigor

resides in the larger organ because the blood is attracted to and expelled from it in greater quantity than in a small one, and hence metabolism is more rapid, nutrition greater and resistance higher. Adler, of Vienna, has shown that the basis of many, if not most diseases lies in organ inferiority, meaning thereby inferiority in development. The quality and quantity sufficient to satisfy an effective standard cannot reasonably be expected from an inferior organ. It is, of course, true that inferiority in one organ may be compensated by over-activity on the part of another. But let us not forget that compensatory effort is in some measure always abnormal effort, and, therefore, not infrequently the cause of definite morbid results. The third point to consider, namely, the character of the correlations, has been adverted to. But to make the matter a little more clear, let me direct your attention to the intimate relation between the cardio-vascular centre and parenchymatous organs. A structural defect in the heart, whether it be congenital, for example, a valvular lesion due to an arrest in development, or a valvular lesion due to some morbid process, is followed by marked disturbances in the hydraulic current and this in turn by equally marked changes in other organs and tissues, notably in these organs. Again, a large and vigorous digestive apparatus, producing a correspondingly voluminous output, and an inferior pulmonary apparatus with its correspondingly increased resistance to the blood stream, produces a condition which seriously affects the cardiac function and sooner or later the structure. The inadequacy of a therapeutic measure directed solely to the cardiac symptoms can easily be seen. The cardiac disturbance is but the result of the imbalance which exists between the pulmonary and abdominal structures and functions, and though most serious, our attention must be directed toward the primary cause, if we are to be successful with our treatment.

With these few principles before us, it cannot be difficult to see that a comprehensive understanding of an individual's functions and reactions is out of the question, unless we first have an understanding of the character of the organization from which they emanate and from which they derive their special form and expression. Symptoms can have no clear meaning if we have not a clear understanding of their source or their mechanism. Without this they are but indistinct mental impressions of isolated facts,

and are at all times very illusive. The chain of events of which they are links, being unknown, reason cannot be applied; we either remember them or we do not. I have no doubt but what this fact has many times impressed itself on you in your efforts to learn the *Materia Medica*. It is not too much to say that nothing can be learned in which the intellect has no part or does not direct the whole process. Therefore one can say, and without fear of contradiction, that the *Materia Medica* as constructed today cannot be learned. True, one can successfully commit a certain number of symptoms to memory and at times be successful in selecting the appropriate remedy; but this does not prove that one has any real knowledge of the subject. Parrots can learn to say words, and be amazingly "pat" in applying them, but who will say that they can be credited with a knowledge of their meaning? Facts without a rational explanation are inert and dead.

Another thing about the present arrangement of the *Materia Medica* which no doubt has struck you as extraordinarily curious, are the innumerable contradictions found on every page. Remedies seem to be double-edged swords—cut both ways at once. Bryonia produces both constipation and diarrhoea; opium wakens people and likewise puts them to sleep. Every drug seems to possess this power of "back-action," so to speak. And not infrequently do we find that the one action is as characteristic of the drug as the other.

Now, without an adequate explanation, what are we to make of these contradictions? Nothing! At least nothing more than commit a few of them to memory; and I insist that committing things to memory does not constitute knowledge. We are sometimes told that these contradictions are primary and secondary effects of the drugs. In the first place this is not always true, and in the second, is no explanation, even if it were. This is merely making another statement. Bryonia 3x will produce constipation in one person and diarrhoea in another. Are we to believe that one person is susceptible to the primary influence of the drug only and the other only to the secondary?

When now we come to the study of disease we find ourselves in a similar predicament. Here, too, we have many statements and few explanations. For the most ordinary experiences of the clinic, adequate explanations are lacking. Why, for example,

does the effect of an ordinary cold always manifest itself in the respiratory tract in one person and in the intestinal in another? Why early and constant hemorrhage in one, with even a small tubercular lesion in the lung, and little or no hemorrhage in another with a much more extensive lesion? Why the rapid rise in temperature from even slight ailments in one, and the slow process in another? Why from the same tainted food has one a violent diarrhoea and another constipation? Why, working in the same atmosphere and under identical conditions, does one man get sick and the other grow fat and strong? Why does one become a victim of chronic malaria, and another rosy and robust under the same conditions? What explanation have we for these and a thousand other "whys"? None whatever; only theories and dogmatic statements.

Let us take another situation: We are confronted with a patient suffering from some heart lesion. With the stethoscope and various other methods of physical examination we determine the exact status of the heart, and, if all goes as we desire, our prescription will afford speedy relief. But have we done all that Science demands if this is all that we can do? By no means! Unless we are able to say what has been the remote as well as the immediate cause, we have not fulfilled our duty. We may say that strain was the immediate cause. But do we not often see another undergoing an equal strain, indeed, even greater strain without suffering any ill effects?

The question we should ask ourselves in every case is: What and how much influence had the ontogenetic development in the evolution of the morbid process? What is the relation between the morphology and the pathology in the case? If we will do this, we will probably find that a great many if not most of our patients have simply *grown* into their disease.

For these problems, to which I have but briefly alluded, there must be adequate and scientific explanations. It cannot be otherwise. To doubt this is to declare that Medicine can never be a science; which, by implication, is saying that it must forever remain a jumble of empiricism and guess-work.

I cannot help but believe the reason we have not made greater progress is that we are too deeply concerned with phenomena and too little with principles and laws. Effects are absorbing the at-

tention and not causes and processes. Men persist in thinking that what is observed in one person suffering from a given disease must in all essentials be observed in another, when suffering from the same disease, and on no better ground than a belief in the functional identity of the human species. Out of this belief has grown the firm belief in the empirical methods of the modern laboratory.

Now to doubt the value of the modern laboratory in the study of Medicine would be to put one's sanity in question; but on the other hand to put all faith in it is, to say the least, to put one's judgment as to what constitutes a scientific method, in question. We need the facts which the experimental method is able to discover, but we must add to these the inductive method of reasoning if Medicine is ever to be more of a science than it is today. We can admit that our diagnosticians, working only with empirical facts, are brilliant; but even so, one cannot help but feel that their brilliancy is limited to an acquaintance with circumstances rather than with principles. Knowledge of this character is often useful in individual cases, but because of its limitations it cannot be made to cover an infinitude of cases.

This leads me to say, and to urge, that the practice of confining an effort to the discovery of a limited or specific group of facts, of a given disease, for instance, and weaving a plausible theory around the same, must be given up for a more comprehensive method. A philosophy that is not universal in its scope, is futile and therefore a dangerous thing to play with.

But what must be our first step in this effort to formulate a better method?

Our problem is the human body; what it is, what it does and how it does it? We have already said that it is composed of various organs and tissues combined in various ways, that these are essential to function, and that the character of the function was determined by the character of the organization of individual organs and of the organization as a whole.

In the study of the functions we find that the vigor of function of an organ is in relation to the degree of its development. This being true, to arrive at a knowledge of the functional value of an organ we must determine the degree of its development, quite naturally. This leads me to lay down as a working hypothesis this

proposition: The proportions of the human body depend on the development of its organs; and as the development, so are its physiological values. If this proposition is sound, and I believe it would be more difficult to prove that it is not, than to prove that it is, then our first duty in the concrete case lies in determining the absolute and relative development of the various organs and parts of the body, that is, determining the morphological fact. If this is sound, then arriving at an exact understanding of a patient's condition is out of the question with only a knowledge of the symptomatic facts of the disease.

How do we proceed? In three ways: (a) by taking certain measurements of the body, (b) by inspection, (c) by the history. With the last two you are somewhat familiar, these being regularly taught as a part of the methods of physical diagnosis. However, we shall use them for a different purpose. The purpose for which they are generally employed is to discover signs of disease; we shall employ them for the purpose of discovering conditions which *precede* and *predispose* to disease. We are less concerned with pathological than physiological processes. It is important that we keep this in mind, in order not to unconsciously give undue importance to such evidence of disease, as may in the course of the morphological examination be revealed. Make it a rule in every case to ask yourselves this question. What part, if any, had the primitive structural condition in the origin and development of the morbid process? In other words, was there a predisposition created by this?

Now as to the question of the measurements: What kind shall we take and by what standard shall we judge the results? When and how can we say this or that is a defect? How can we know when an organ is normal, deficient or excessive in development? We have been given various standards of the normal, but few have any real value. Being based on physical averages they are fictitious, and, therefore, of doubtful value when we come to deal with the individual. Furthermore, let us understand that a perfect human type does not exist, any more than does a perfect type of any other species, morphologically considered. This may be disconcerting to you. It may strike you as presenting an insuperable difficulty. Let us look at the problem from another angle. But first let me ask, what is really our problem? You may answer,

the problem of *organization* and *function*. And so it is. But put in another way, does not this mean merely a problem of supply and demand? Let us see. Oxygen, for example, is one of the essential requirements of every cell in the body. Without it the cell dies. The supply must equal the demand. It is supplied through the functioning of the thoracic organs. What does this mean other than that the capacity of the thoracic organs must be equal to the demand of the organism for that which they must supply. It simply means that a definite relationship must exist between the organs that supply energy and the body as a whole, and that when this exists we have a well-balanced and normal body. This means that a certain sized biceps is not necessary—the athletic standard, for instance—in order to have a perfect muscular apparatus. Indeed, it shows us that an athlete's muscular development may be a distinct abnormality. Likewise it shows us that an extremely large chest—the thing of which every athlete is so inordinately proud—is abnormal, and we shall see later, is likely to be more of a liability than an asset. We shall see that it possesses certain very strong predispositions to disease, unless the whole organism has need for its vigorous functions. Hence we adopt as our next working hypothesis this proposition: *The functional capacity of organs must be in definite relation to the body as a whole.*

At our next meeting we will consider more in detail the question of measurements, taking up normal proportions of the body and, if we have time and one of you will volunteer, we will make some of the measurements.

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## THE INDICATED REMEDY.

By C. M. Boger, M. D.

(Read at the June, 1922, Meeting of the International Hahnemannian Association.)

Remedies are presumably given for reasons that seem sufficient to the prescriber; yet if we examine all the kinds and sorts of prescriptions, even those made by men guided solely by a more or less charted natural law, we are soon convinced of the preponderant influence of the personal equation.

While the use of a good repertory tends to limit this bias, yet the power of penetrating behind the scenes and viewing the mighty

movement of the corporeal, vital forces is not equal in us any more than is the faculty of correctly discerning symptom values.

Vast difficulties confront the best of prescribers. For them the getting of an accurate and complete record of everything, big and little, pertaining to the patient is perhaps the major task. Certainly a shrewd cross-questioner has a great advantage. The man who is able to draw out the reticent, guide the loquacious and finally get the facts minus the opinions of the patients, and perhaps hold in check his own, is certainly to be envied. I venture to think that no novice can do this well. Its final accomplishment means years of patient toil if done alone, and a most thorough drill if learned at school.

The true symptom image once obtained calls for the accurate fitting to it of the nearest similar remedy. Obviously there are various degrees of similarity and were the simillimum the prerequisite to any degree of success at all, many prescribers would soon be in a sorry plight. A crude similarity may be all the aid nature needs to help throw off some present encumbrance. The use of remedies that only palliate, remove or suppress single symptoms or parts of disease is seldom for the best. The drug whose effects most perfectly resemble the salient features of the case in hand is the only one capable of touching the hidden springs of action which release the power so necessary for fully harmonizing the conversion and expenditure of vital energy.

The reaction brought about may be of a degree from mild to very intense, depending upon a number of factors. In acute diseases it is often gentle, while in chronic cases it is just as often rather marked, coming on very commonly from the fourth to the seventh day. The gentle, but right touch does for the patient all that is humanly possible, so we should inform ourselves most fully in order to make no misstep in applying the nearest to the simillimum possible under the circumstances.

We all know that the application of a somewhat similar remedy, if given in a single dose, tends to bring into bolder relief the true characteristics of the case. If, however, it be repeated too often, certain symptoms only will be shorn off, leaving but a distorted and misleading picture for the prescriber, who will then be apt to fail unless he possesses the penetration to include the former as well as the latter characteristics in the symptom complex.



This all-inclusiveness is the key to many a difficult case, only the examiner must have the acumen to be able to see the red strand of individualistic indication which runs through the life history of most patients from the cradle to the grave; he will not expect to get anything but a fragment of it from any one sickness or any one particular period of life.

This view of the matter places our homœopathic prescribing on quite a different basis from that heretofore generally held, as well as marks off a sharp line of distinction between homœopathy as she is practiced and the truly eradivative treatment of our Hahnemannians.

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### AMERICAN FOUNDATION FOR HOMŒOPATHY.

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Dear Doctor:

The above Foundation was started over a year ago, based on belief in three principles:

1. The future of homœopathy depends on the co-operation of physicians and laity in its interests.  
It must have a business policy as well as a professional policy. It must enlist the services of influential, far-seeing men of affairs.
2. Instruction in homœopathy should be post-graduate.  
Homœopathy is a deep, intensive study requiring the whole attention of a mature mind.
3. There must be nation-wide publicity work among the laity if homœopathy is to take its rightful place in the world.

and in consideration of the following facts:

1. Medical organizations in their present form are no longer serving the profession or the people in the most useful ways.

2. Homœopathic medical schools and colleges are being closed one by one through influences from outside or sometimes from within.
3. Most state licensing boards no longer have homœopathic representation.
4. Applicants for license to practise medicine are not required to take examination in prescribing for the sick.

Probably you have seen a tentative program of the Foundation. The organization as there outlined will have to be changed in order to admit of incorporation to best advantage. If you have not seen the program, send for it. The first summer post-graduate study class is over and was a success. More will follow.

Laymen's Leagues, under the Bureau of Publicity, will be started this fall. Each community where there is live interest in preserving homœopathy to future generations should form such a League.

Will you send in to headquarters names and addresses of persons in your community who are interested that correspondence may be started with them? Your name will be mentioned as the doctor sanctioning Laymen's Leagues under the Foundation and inclosed is a copy of the letter to be sent to such laymen.

Bulletins for physicians and bulletins for laymen will be forthcoming as the weeks and months pass. If you would like it a copy of each bulletin sent out to Laymen's Leagues will be sent to you. Please state your attitude in the matter.

Yours sincerely,

JULIA MINERVA GREEN,  
*Temporary Chairman, Foundation.*

November, 1922.

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1725 H St., N. W., Washington, D. C.

Dear —

This letter is addressed to all who are interested in the future of homœopathy in this country. If you, or your dear ones have been restored to health by the law of similars and you are anxious, therefore, to have well trained homœopathic practitioners in every part of the United States for the benefit of the next generation and

the next, please read what follows and act upon it as seems best to you.

1. Whereas medical organizations and societies in their present form are no longer serving the profession or the people in the most useful ways, and
2. Whereas homœopathic medical schools, as they have existed up to the present time, are being closed one by one, for reasons apparent later, and
3. Whereas most state licensing boards no longer have homœopathic representation, and
4. Whereas applicants for license to practise medicine are not required to take examinations for prescribing for the sick, and
5. Whereas homœopathy is a deep, intensive study requiring all the attention of a mature mind.

Therefore the AMERICAN FOUNDATION FOR HOMŒOPATHY was started in June, 1921, by fourteen physicians practising pure homœopathy in the United States, with an organization which combines the interests of physicians and laymen, enabling them to cooperate for the continued existence and spread of homœopathy. A much more detailed statement of organization and plan of work will be sent to all interested in the form of Foundation bulletins.

One important feature of the Foundation is Laymen's Leagues. It is hoped to have such a League in every community where interest in homœopathy is alive, each League to plan for the advancement of homœopathy in its vicinity under the approval of the Foundation.

Are you ready to help form such a League in your city (town), or to be a member-at-large of the Laymen's Leagues organization? If so, please write to headquarters of the American Foundation for Homœopathy at the above address, where all questions will be answered.

Your name was sent in to headquarters by Dr. ——— as one interested in pure homœopathy.

Yours sincerely,

JULIA MINERVA GREEN,  
*Temporary Chairman, Foundation.*

November, 1922.

## DEPARTMENT OF HOMŒOPATHIC PHILOSOPHY.

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

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## THE EDUCATIONAL VALUE OF PLATFORMS.

The value and utility of platforms and declarations of principles as propagandistic material seem to have been entirely overlooked by the homœopathic school.

Political parties, great industrial and commercial organizations, bankers' associations and other forms of organized human activities find it expedient from time to time to come before the public and issue platforms and declarations of principles.

These declarations serve several useful purposes. They epitomize and give concrete form to the objects, aims and policies of the body which puts them forth.

They connect the past with the present and give historic continuity and perspective.

They are a legitimate means of publicity, arousing the attention and interest of the public.

They furnish a standard by which the individual may test or be tested by his work.

They administer a salutary nudge to those who have grown careless or negligent. Realization that the public knows something about his principles and methods tends to keep the professional man up to the standard in his work.

They refresh the memory and reinvigorate the spirit of those who have grown weary or discouraged.

They give the profession a renewed sense of unity and co-operation.

In short, they are educational, and, like Holy Scripture, are "Profitable for doctrine, for reproof, for correction, for instruction in righteousness."

Why should not homœopathy, as an organized body or institution follow the example thus set by other modern institutions and put before the public, or at least before the profession, on appropriate occasions, concrete, dignified, clear, concise statements of its objects, aims, scope, principles, methods and results?

The practical value of this means of educating the public and raising the *morale* of the profession should be tested by the homœopathic school. This seems the more necessary now because propaganda for homœopathy on a large scale has been carried on during the last two years by means and methods which have been anything but modest and far from dignified. The method used has brought upon the school severe professional criticism, ridicule and animosity with little or no compensating gain in public confidence or patronage.

The object of this propagandistic campaign, as stated, was to show the public that homœopaths "were not mere dispensers of medicines," but physicians, surgeons and specialists competent in all branches of medicine.

This statement unwisely implied and mistakenly assumed that the public did not regard homœopaths as competent, all-around physicians. The psychological effect of such a suggestion upon the public mind could not have been other than unfavorable to the homœopathic school. Instead of taking it for granted and assuming that the public regards all physicians recognized and licensed by the State as competent in general to practice medicine (which it does), this attitude suggested the contrary and tended to arouse doubt and uncertainty about the competency of the men who thus drew public attention to themselves. There are always those who will say: "Methinks he doth protest too much."

There was no need to assert their general competency as physicians but there was need—real need—to instruct the public in the theory, principles and scope of homœopathy (which is the special department of medical science they failed to represent) and, if it were deemed expedient, to give practical demonstration of its means and methods of dealing with the cases which fall naturally within its province.

The first requirement could well have been met by the publication of a well-written platform, supplemented by public lectures delivered under appropriate auspices. Practical demonstration in hospitals, clinics and dispensaries could have appropriately been offered to the sick and ailing, free of charge, and their immediate relatives or intimate friends might have been invited to accompany them at the patient's request, without offense to propriety or violating that innate sense of delicacy which still exists in the mind of

the public. But to throw open the doors of the operating room and clinic and invite the general public to witness medical, surgical and even obstetrical treatment (which last was actually announced and planned, although not carried out, in at least one public hospital) seems so gross a violation of ethics and good taste, as to justify the condemnation it has received.

Of simple definition and comprehensive statement and exposition of the theory and principles of homœopathy as a scientific pharmaco-therapeutic system, there was practically nothing in the campaign.

On this supremely important subject, as well as the relation of homœopathy to other departments of medicine, the public was left in ignorance, and their attention, so far as it was gained at all, was focused upon subjects with which, strictly speaking, homœopathy is not concerned. It was an attempt to produce the play of Hamlet with the character of Hamlet left out.

Of the ordinary use of drugs, thanks to the public press and to the leaders in "Regular Medicine" themselves, the public has become sceptical and suspicious, as the drift to Christian Science, Osteopathy, Chiropractic and various other forms of non-medical practice clearly shows. Nevertheless, the public still has a modicum of confidence and interest in homœopathy, grounded principally upon its traditional reputation for effecting cures by the use of minute doses of medicine which are harmless and easy to take.

This idea, faulty, childish and incomplete as it is, appeals to many. It leads them to regard homœopathy as a sort of compromise between indiscriminate drugging and no medicine at all. Experience shows that it is easy to arouse real and intelligent interest in this class of minds, as well as others, by a simple exposition of homœopathic principles and practice. Confidence and patronage then wait only upon demonstration by competent practitioners.

Why not profit by this almost invariable result of individual experience and broaden the scope of this method of propaganda to include public exposition by the publication of a platform and declaration of principles?

Modern usage requires that a platform should not be made

too short or too concise. It should be full enough to be comprehensive and simple enough to be intelligible to the average mind. The Bankers' Association which met in New York a few months ago, published a platform and declaration of principles which filled nearly three columns in the daily newspaper with closely printed matter. They did not think it unwise or unnecessary to state their aims, their financial principles, the application of those principles to the problems of the day, the results of their experience, their opinions and the conclusions drawn from their public discussion of financial subjects. The daily papers devoted a large amount of editorial and news space to the meetings, and the public read and learned much which was of value.

Is the health of the public, upon which prosperity primarily depends, a subject of any less interest or importance than purely financial subjects? That it is not is amply proven by the large amount of space accorded to it constantly in the public press.

To get this kind of publicity for homœopathy is only a matter of preparing the right kind of a statement and presenting it at the proper time.

The right kind of a statement can be written by any man who has breadth of mind and clear vision; who knows the subject thoroughly; who has the gift of clear thinking and whose power of literary expression has been developed by training and experience as a writer.

The right time is the natural time; that is, any occasion when public interest is or may be aroused by some public or semi-public event, such as a public meeting or convention of a national, state or county homœopathic society, or the opening of a campaign to raise funds. These are all events of more or less public interest and occasions for educating both public and profession in matters pertaining to homœopathy.

Why has not advantage been taken of such opportunities for spreading abroad a knowledge of the beneficent influence of the only existent scientific system of pharmaco-dynamic therapeutics?

One searches the records and files of the public press in vain for any such concrete, adequate and authoritative statement or platform of the homœopathic school as here contemplated. The statements embodied in the constitutions and by-laws of the national, state and county homœopathic societies and printed on

their application blanks for membership, do not fulfill the requirements for general publication. They are all pitifully meager and inadequate, even for the purpose for which they were intended. Indeed, it is difficult to see that they serve any purpose whatsoever, except, in some cases, to arouse misunderstanding and antagonism in the minds of those who give any serious thought to what they are asked to sign. They take altogether too much for granted and leave unexpressed and unexplained, the things and ideas for which the association is supposed to stand. It would be better to leave them out entirely and rely solely upon the name, homœopathy, to convey by implication the things for which it stands.

It is for this reason, probably, that these statements have never been published, nor used as a medium for publicity. But this does not prove that the publication of well-written, comprehensive platforms and declarations of principles would not be as useful and valuable to the medical profession and to the public as platforms of political parties and bankers' associations are to them.

It would be wise for homœopathy, as an institution, to follow the lead of the American Medical Association and Big Business and put its publicity work into the hands of experts, who will know how to choose and feature its points of superiority. There has been altogether too much amateur work in this department.

It is a question if the mere publication in the daily press, on appropriate occasions, of a well-written platform and declaration of principles would not have been of more value to homœopathy as an educational measure, than anything and everything that has been done in the line of propaganda for the last ten years.

Let the world know what homœopathy is and what it does.

Physicians are precluded by their code of ethics from advertising themselves individually, but there is nothing to prevent them from seeking legitimate publicity collectively.

Experience proves that such publicity reacts ultimately in favor of the individuals who compose the organized bodies thus advertised. But the advertising matter put before the public must be of such a character that information of real interest and value to the public is conveyed.

Publicity for organizations deal with aims, objects, theories, principles, means, methods, policies, products and results.

In one word, *effective publicity is always educational.*



It presupposes that the organization represented has been perfected in all its parts and that its individual members are competent and willing to do their work right and fulfill its promises. The public always takes this for granted until the contrary is proved and holds each individual responsible for his conduct and its results.

It follows that no organization or institution should seek publicity until these requirements can be met. The public cannot be fooled—very long.

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### HAEHL'S LIFE AND WORKS OF HAHNEMANN.

Stuart Close, M. D.

The long-awaited "Life and Works of Samuel Hahnemann," by Richard Haehl, M. D., of Stuttgart, Germany, published by the house of Wilmar Schwabe, of Leipsic, 1922, at last lies before us.

The two massive volumes, printed in clear type, on fine paper, profusely illustrated and bound in half leather, contain one thousand and thirty-five pages. The work is dedicated by Dr. Haehl to his Alma Mater, Hahnemann Medical College, of Philadelphia.

To the collection of material and the preparations for writing this great work Dr. Haehl has devoted the best years of his life and a large part of his earnings. He has been indefatigable in research, besides making many pilgrimages to the homes and places identified with Hahnemann during the course of his long and eventful life.

Incidentally Dr. Haehl acquired many relics and souvenirs of Hahnemann and into his hands came finally, by purchase, Hahnemann's voluminous case records, his manuscripts, letters, repertoires, books, medicine cases and their remaining contents, besides portraits, busts and medals and many other precious relics, all of which are preserved in the private museum which Dr. Haehl has established in Stuttgart, where they may be seen by all who care to visit it. It will be remembered, also, to his lasting honor, that it was through Dr. Haehl that Drs. James W. Ward and William Boericke were finally able to obtain the long-desired Sixth

Edition of "The Organon," which they have recently given to the profession.

Dr. Haehl's work must be accepted as the final, complete and authoritative biography of Hahnemann. It contains much literary material and many views and portraits never before included in any work on Hahnemann and the work as a whole, is irradiated by the genius and enthusiasm of an ardent admirer and loyal disciple of the Master.

The one thing to regret is that, for the present, the work is a sealed book to all who do not read German, since it is written and published in that language. Until it is translated, it can have only a very limited circulation in English-speaking countries. Although the subject of translation has been, and is still being, discussed by German physicians, it is hardly to be expected, under present conditions, that this can be done in Germany. This work should be done in England or the United States. Dr. Haehl has done his part and done it well, at great cost to himself of time, labor and money. Now let English and American physicians do their part by providing the man and the means to translate and publish this work in English.

"If it were done when 'tis done, then 'twere well it were done quickly."

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## EDITORIAL NOTES AND COMMENTS.

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THE AMERICAN FOUNDATION FOR HOMŒOPATHY.—This organization, with its headquarters in Washington, D. C., has launched a campaign for the furtherance of the interests of homœopathy. Its literature has recently been sent us and is published elsewhere in this issue. As will be seen, the trustees of this foundation are men and women well known in the homœopathic school of medicine, as physicians whose devotion and loyalty to Hahnemannian principles are unquestioned.

The principles set forth in the circular letter are sound in every respect; the future of homœopathy does indeed depend upon the co-operation of physicians and laity; we see this practically exemplified in England and in Germany, especially perhaps in the latter country, where there are numerous lay societies formed in the interest of homœopathy. That homœopathy must have a business as well as a professional policy, is increasingly evident in these days of commercialism, advertising and propaganda. We need only point to the propagandistic efforts of Christian Science, osteopathy and chiropractic, to show the concrete results of business methods when applied to any cause. Homœopathy, more than any school of medicine, has something to sell, but up to the present, her salesmen have been woefully inefficient, short-sighted and careless in the psychology of salesmanship. For a good salesman to succeed, he must first of all have the ability to sell himself, which means belief in himself, confidence in his goods and enthusiasm for his line. In the language of the street, he must be able to put over his cause. Our observation of the rank and file

in the profession would seem to indicate, that very few can thus qualify. The enlistment of the services of far-seeing men of affairs will naturally depend upon this selling ability.

The foundation further states and as a second principle that instruction in homœopathy should be post-graduate, an opinion be it said, which is held by the best informed minds in the homœopathic profession today. Our dwindling colleges have lamentably failed to uphold the high principles of Hahnemannian homœopathy and the majority of their graduates furnish an illuminating example of this failure. Not every student of medicine has the qualities of mind or of education to enable him to grasp the significance of the principles of Hahnemann; many are best fitted to become medical mechanics and the field of surgery and special endeavor, is large enough to embrace them all. Others are too obtuse to grasp anything which is not crassly material and to these the refinements of homœopathic philosophy are a sealed book. Finally, those only should take up the study of homœopathy who are absolutely convinced of its truth, hence ready to make sacrifice if required, to master its technic. As the foundation so truly states, "homœopathy is a deep, intensive study, requiring the whole attention of a mature mind."

With the declaration that "medical organizations in their present form are no longer serving the profession or the people in the most useful ways," we must reluctantly agree. The fireworks of our national, state and other organizations may impress the provincial minds of those who so loudly play their parts, but are nevertheless not calculated to convince the thinking mind that the real interests of homœopathy are thereby served. There is still far too much of Main Street, Gopher Prairie, in evidence at our large medical gatherings. Barnum's biggest, grandest and most illustrious concatenation of brilliant stars is the psychologic atmosphere which stifles all real scientific progress at many medical gatherings. The eternal banquets, fraternity feeds and boisterous reunions, stand out as vociferous "barkers" of what is going on inside.

Ergo, the rest follows logically, as night upon day; small wonder that "most state licensing boards no longer have homœopathic representation or that "applicants for license to practice

medicine are not required to take examination in prescribing for the sick.”

Whatever progress this seriously minded AMERICAN FOUNDATION FOR HOMŒOPATHY may make, must of necessity be slow; it cannot be otherwise, but if, in its attempt to stem the torrent of decadence now rushing onward with increasing speed, it can arrest the earnest attention of even a few adherents of the great truths which it represents, its labors will not have been in vain and may serve to insure for all time the basic principles and philosophy of our science and art.

HUMAN MORPHOLOGY AND DRUG PATHOGENESIS.—Under this title we are glad of the privilege of publishing a most interesting and important article by Dr. Philip Rice, formerly of San Francisco, but now happily of New York. Those whose good fortune it is to come in contact with this indefatigable physician and worker, know him as a man of deep convictions, a thinker, a student of philosophy and withal a practical doctor eager to discover and solve the problems of disease.

Dr. Rice, as a member of the faculty of THE NEW YORK HOMŒOPATHIC MEDICAL COLLEGE, has begun a course of lectures upon the subject of human morphology, which in a practical way he will relate to the study of *materia medica*. In so doing he will make of the latter subject a study more vital and easier to grasp than has as yet been the case. Medical students today demand reasons and explanations for statements made and are not satisfied with *ex cathedra* expressions of opinion on the part of their teachers. The study of *materia medica* has too often been a task of mere parrot-like memorization of lists of symptoms, a task which, by virtue of its very nature easily becomes repulsive to those who essay it. It would seem, therefore, as though, in this radical departure from stereotyped methods, Dr. Rice has boldly entered upon a new course, the development of which may be fraught with momentous possibility. So far as we are aware, this course is the first of its kind to be adopted by any of our American medical colleges and the NEW YORK HOMŒOPATHIC MEDICAL COLLEGE, is to be congratulated upon its acquisition of so brilliant a teacher.

As Dr. Rice in his article, published elsewhere in this issue, states: “Morphology may be defined as that branch of the science

of biology which deals with the form and structure of the human body" and further along, "Organization is the basis of physical function." "Character of organization," says Dr. Rice, "determines character of function." Here indeed, in these definitions and statements, lies food for deep thought and the explanation for many things, hitherto not clear to us. So far as practical homœopathic therapy is concerned, the possibilities for simplification and amplification would seem to be large. Dr. Rice modestly states that as yet his subject of morphology in its relation to drug pathogenesis and therapy, is in its infancy. We commend his article to our readers with much pleasure and confidence.

PROGNOSIS AS A FINE ART.—In his study of disease the medical student has been taught, in a more or less stereotyped way, the importance of prognostication. His professor of theory and practice impresses upon his mind the thought that in this or that disease the prognosis should be guarded or that it is, perchance, distinctly bad. He is apt, therefore, to associate fatal issues with certain diseases and thus in turn passes on his scholastic knowledge as the pronouncement of the wise and far-seeing physician. Too often these prophecies are proved to be without foundation or do not, at any rate, turn out according to preconceived schedule. Cabot has said that something like fifty per cent., of the diagnoses are, on autopsy, proved to be wrong. If this is so, then surely the percentage of failure in prognosis must be very large as well. From which we may, perhaps, draw the justifiable conclusion that we physicians had better look most carefully before we take the prognostic leap.

We all, in the daily routine of practice, see many cases in which the evident organic or pathologic change is of such extent and character as to warrant a pessimistic outlook; we should, however, be slow to give expression to such pessimism, lest in our scientific zeal we tumble unceremoniously into the mire of confusion. Disease as a process, which in truth it is, has many and mysterious ways of expressing itself; its rate of progress is variable, dependent upon the constitutional and other peculiarities of the individual in whom expressed; no two cases, diagnostically alike are, however, similar—a fact best known to homœopathy incidentally, which seeks to individualize each case. It is a fact that many an old ma-

chine, much abused, badly worn and rusted, nevertheless continues, like an ancient Ford, to do daily duty, provided it is kept in constant use. It runs with the aid of a little oil because it is accustomed to run and has never done anything else. House it for a while, take away its oil, let it stand a length of time exposed to wind and weather and then attempt to start it and the *goshdinged* thing won't go!

Just so with the human machine, which, though badly battered, continues to run if permitted to trundle along its accustomed daily routine and keeps on and on until some unusual obstacle bumps into and throws it forcibly from the track. We all know people, who, according to all the rules of Medicine, ought to be dead; indeed there are wiseacre medical men to whom such patients are a source of constant resentment. It is in fact most disobliging for such laymen to live at all! There goes, for example, Mrs. B., whose blood-pressure is sufficient to explode the mercury in the pretty sphygmomanometric tube, placidly on her way, day after day, month after month, in defiance of all Æsculapian wisdom. She ought to have shuffled off this mortal coil long ago, but in spite of all the rules, persists in living on. By this time her medical adviser has learned the wisdom of refraining from expressing opinions regarding her span of life.

The older we physicians grow the more wary do we become in the matter of prognostication. The art of prognosis is apt to be, therefore, not so much the ability to prophesy correctly, as the ability to know what not to say.

ADRENALIN CHLORIDE.—In the November issue of THE HOMEOPATHIC RECORDER, the experience of Dr. Hayes with *Adrenalin* 200th is most interesting. Similarly, in a case of chronic bronchitis with frequent paroxysms of asthma, we have quite recently witnessed remarkable results from the same remedy and potency. In this patient remedies such as Dulcamara, Lycopodium, Carbo vegetabilis, Natrum sulphuricum, etc., given at long intervals, had done much in improving the fourteen-year-old patient's condition; though in spite of our most careful prescribing, recurrent attacks have taken place. The use of Adrenalin, as in Dr. Hayes' case, was frankly empirical and largely suggested by the prevalent O. S. method of using this drug hypodermatically in

doses of 1 to 1000, in cases of asthma. That the 200th potency of this drug should have so prompt an effect is indeed remarkable and would appear to bear out the statement of Cushny: "The hypodermic injection of 1-2 minims of the liquor (*Adrenalini Hydrochloricus*) sometimes gives relief in asthmatic attacks immediately; it is difficult to explain how this bronchial action can be elicited so rapidly, but the observation has been made repeatedly." Apparently the action is, in the case of the use of the 200th potency, a homœopathic one; at all events, it cannot be a physiologic one.

Cushny states: "Adrenaline injected intravenously dilates the bronchi widely, an effect which is especially noticeable when they have been previously constricted by pilocarpine or physostigmine. This is not the same as the dilation caused by atropine, but arises from adrenaline stimulating the terminations of the bronchial sympathetic fibres, which cause relaxation of the muscle." Also "no other body is known which induces such complete contraction of the vessels in any part to which it is applied, and in addition suprarenal extract has only local effects, unless it is injected into the blood."

Here again, we may finally observe that drugs such as Adrenalin should receive a careful homœopathic proving. Such work must be done if progress in therapeutics is to be expected.

BLOOD-PRESSURE FINDINGS AFTER BEER DRINKING.—Engelen found from experiments on ten subjects that the drinking of one or two bottles of beer exerted no constant effect on either systolic or diastolic blood pressure.

This Jamalian abstract of an article in the August 25th number of the *Deutsche Medizinische Wochenschrift*, Berlin, is quite remarkable in so far that it shows how our German colleagues continue to maintain an unflinching interest in matters scientific, regardless of the appalling economic distress.

To experiment with beer under such circumstances as now prevail in Germany is indeed a costly undertaking with this delightful beverage selling at twenty-five marks the half-liter. Think of the daring and extravagance of Engelen and his co-experimenters in testing blood-pressures after even one or two bottles of beer. Knowing Germany as we do, we suspect that the zealous investigators did not even stop at "one or two" bottles only. It is significant



that their systolic pressures did not shoot skyward; evidently the beer must have been pure and unadulterated and imbibed amidst calm and peaceful surroundings, such as the numerous cafes and restaurants in this land of gastronomic achievement afford.

With this example before them, some of our American scientists ought to begin a similar series of experiments. The results would prove of interest, provided, of course, real "honest to goodness" beer and not the "pussy-foot" one-half of one per centum variety were used. Real beer can still be obtained or made, by those who are in the know; thus at least is our information, obtained in that cosmopolitan metropolis known as little old New York. To be sure, such experiments would have to be made behind closed doors or in the privacy of steel vaults and sub-cellars, for reasons obvious, particularly to those who see the devil lurking behind each amber-colored bottle.

Should experiments prove, unlike those made in Germany, that our American clandestine beer does cause marked fluctuations in blood-pressure readings, who is to say how much these circulatory eccentricities are due to nervous causes, such as justifiable fear of detection by our vast army of Prohibition sleuths. Such factors would, of course, have to be taken into consideration; possibly "controls" would have to be employed, in which case special dispensation from the seat of national government at Washington would have to be obtained. Mere state permission would not suffice, for slowly but surely our forty-eight states are surrendering their ancient rights to an all-wise central power.

The United States of America have now become, externally at least a "dry" nation, although recent election day events would seem to show that some of our vast population is attempting to register a protest. Internally, as it were, conditions are not so dry and to judge by market quotations, supplies of a forbidden nature are still coming in plentifully. Cuba, Bermuda, Canada and other friendly neighbors are seemingly enjoying an unusual prosperity, stimulated by our national thirst. Even our legislators are said to look not altogether with disfavor upon the cup that presumably cheers. Much of our national life may be reflected in the merry jingle which we believe a Winnipeg journal was unkind enough to perpetrate and which, if memory serves us, runs somewhat like this—

Mother's in the kitchen washing out the cans;  
 Sister's in the attic hunting up more pans.  
 Father's in the cellar measuring out the hops;  
 Willie's on the front porch watching out for cops.  
 Grandma's in the sitting room mixing up the yeast,  
 While grandpa's in the garden, waiting for the feast.  
 The house is in a turmoil, as you can plainly see,  
 And all because it's agin' the law in this land of the free.

HOMŒOPATHY IN MEXICO.—The following letter from Dr. Celiano Pérez Vargas, secretary of the "Universidad Nacional del Sureste," of Merida, Yucatan, Mexico, is of interest to homœopaths:

FACULTAD DE MEDICINA HOMEOPATICA

Dr. R. F. Rabe, Editor,  
 THE HOMŒOPATHIC RECORDER.

Dear Doctor:—

Today was celebrated the inauguration of the "Escuela de Medicina Homeopatica de Yucatan, which has been added to the "Universidad Nacional del Sureste de Mexico" by opening the first regular course, which gratifying fact we have the honor to bring to your knowledge.

Merida, Yuc., Mexico, September 18, 1922.

DR. RAFAEL COLOMÉ.

*Dean.*

CELIANO PÉREZ VARGAS,  
*Secretary.*

THE HOMŒOPATHIC RECORDER congratulates the Mexican homœopathic profession upon its continued progress and achievement and is grateful for the friendly spirit expressed in this official notice of Dean Colomé.

HOMŒOPATHY IN NEW YORK.—*The News Digest* is the latest acquisition to the ranks of homœopathic medical college journalism and presents a dignified, pleasing appearance, of which the alumni of THE NEW YORK HOMŒOPATHIC MEDICAL COLLEGE AND FLOWER HOSPITAL may well be proud. From its tidy pages

we note a total student enrollment of 158 and especially a "hand-picked" Freshman class, which must, in consequence, become a credit to this institution.

In the faculty many changes have taken place, much new blood being in evidence, particularly on the surgical side, a circumstance, be it said in passing, which is, no doubt, quite appropriate. Old timers will miss the name of Helmuth, a name which, so intimately associated with this college, has always thrown much lustre upon its career. However, we note with pleasure that that skillful surgeon and polished gentleman, Dr. William Francis Honan, has gracefully donned the toga relinquished by Professor Helmuth. Those who know Dr. Honan and who are familiar with his scientific zeal, his spirit of generosity, broad humanity and devotion to the interests of the common good will be assured that his college activities are bound to result in the greatest advantages to the student body. Dr. Honan, in addition to his many accomplishments, is an ardent, almost ecstatic golf enthusiast and no doubt will establish golf as an extra-mural course upon the college campus.

Dr. Joseph H. Fobes, for many years one of the best gynecological teachers, whose light was too often found hidden beneath the proverbial bushel, has become the head of the department of gynecology, a position in which he is sure to attract much favorable notice.

As dean and successor to the RECORDER scribe, Israel S. Kleiner has already given evidence of his inborn capacity for executive and managerial duties. In this work he is most ably assisted by that marvel of painstaking efficiency in matters of detail, Dr. Milton J. Raisbeck, registrar. We note that the college has been enriched by a splendid gift of \$126,000, money which has been most urgently needed and which will serve to transform the physical appearance of the old college buildings, as well as to permit many needed additions and improvements to be made.

We trust that the metamorphosis which has taken place, will in reality be a rejuvenation, which shall serve as a strong line of defence against the increasing encroachments upon the field of homœopathy and that the fledgling index of renewed prosperity and vigor, *The News Digest* will be a regular, future visitor to our editorial sanctum. Its unnamed editor has our best wishes and hearty congratulations.

CIMICIFUGA RACEMOSA.—Our eclectic colleagues speak of this remedy as *Macrotys*. The older works on homœopathic materia medica spoke of it as *Actæa racemosa*; its common name is *Black Cohosh* or *Black Snakeroot*.

In eclectic practice the remedy plays an important part, "primarily in the treatment of rheumatoid and myalgic pain and in disorders of the reproductive organs of women." Homœopaths know it in much the same way and so far as its use in rheumatoid pains is concerned, we find it particularly useful when *the bellies of the muscles* are affected. Rheumatic torticollis, *stiff neck*, inability to bend or turn the head are characteristic conditions; likewise *left-sided, infra-mammary pains in women*. *Mental depression*, especially in women, is common and such patients, especially when uterine or climacteric disturbances are in evidence, can see nothing but gloom ahead of them. In the pelvic region pains shoot from side to side, a symptom leading to its use in the later months of pregnancy. Nash says: "It is one of our best remedies in menorrhagia, when there is *severe pain in the back, down the thighs and through the hips, with heavy pressing down*."

*Pressing outward* pains in the head are also prominent, together with a sensation as though the *top of the head would fly off*. Pains running into the eyes or pains in the occiput, which shoot down the neck, are further indications of reliability.

There is, of course, much more to the remedy, but the above is suggestive of its range of action. We have found it helpful in all potencies, from the twelfth to the very highest. The 50 m. Skinner has often brought about particularly prompt and brilliant results.

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## PROPHYLACTIC CARE OF CHILDREN'S TEETH.\*<sup>1</sup>

ANSON CAMERON, M. D.

Professor of Pediatrics, Hahnemann Medical College  
and Hospital, Chicago.

Knowledge is the greatest weapon against disease and ignorance the greatest source of disease. Right living is not a simple thing, it requires knowledge and education with careful training and guidance, and physical education just as mental and moral welfare should be acquired during youth in school. The business of protecting the lives and health of its people is the most important business of any government. Health habits are as easily

\*Read at the A. I. H. Pediatric, Washington, D. C., June 21, 1921.

formed by children as are other kinds, and they insure a strong and vigorous future. A child is a bundle of possibilities and takes up bad habits very readily which often are never given up. Fortunately good habits are as hard to break as bad ones.

Early education in health rules is necessary, because it is only through education that the prevention of disease can be brought about. Prevention is better than the best of cures.

That mouth hygiene is the most important branch of general hygiene is not truly appreciated. When the various pernicious mouth conditions are more fully understood by the people we will be better able to correct them. High grade dentistry is a luxury to the great mass of wage earning people, and yet dentists are so busy repairing bad teeth that the public must be educated to keep the mouth clean, and thus reduce the necessity for relief dental work.

Good health and good teeth go together, a clean healthy mouth is good health insurance. Many diagnostic points are to be obtained by observing the teeth of your patients. However, the teeth should not be made to bear all the blame and an examination of the patient for other sources of infection is important. Eight per cent. of the total rejections in the late war was due to defective teeth and most of the cardiac conditions were traced to decayed teeth.

Care of the teeth should begin with the baby teeth, and then should never cease. Premature loss of any of the temporary teeth causes irregular permanent teeth. The McDowell County, West Virginia, Dental Clinic is doing wonderful work for the children of the coal miners. When a child is three years old the mother brings it to the free clinic for tooth polishing and advice and is instructed to return every three months. This clinic has done much to raise the sanitary intelligence of the community.

It has been said by an authority that the most important thing a growing child does physically, from birth to twelve years of age, is to manufacture forty-eight teeth.

The growth and development of the upper and lower jaws is dependent in a great measure on the growth and eruption of the teeth, both deciduous and permanent. If the deciduous teeth decay, become abscessed, or are lost before the time that they should be shed, it has a disturbing action on the development of

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the jaw tissues in that locality, and in this way we have asymmetrical development of the bones, misshapen faces and irregular teeth. Malocclusion, with irregular crooked teeth is so common that a regular set of teeth attracts notice as an unusual thing. Such habits as thumb sucking, pacifiers, sucking lips and tongue, and the lack of hard, chewy, coarse foods, lead to development of malocclusion.

Again, the premature loss of the deciduous teeth through decay prevents the child from properly crushing his food and using the muscles of mastication which are attached to the lower jaw. We all know that it is harmful to bolt one's food and swallow it without chewing, yet few realize that it is harmful for a child not to use the muscles of mastication, as the development of the cranium is dependent to a great degree upon the pull of these muscles. The muscles that elevate or close the lower jaws are attached to the bones on the side of the face and cranium and also on the underside of the skull. When we chew our food these muscles pull on the points of attachment, and in childhood they help to produce well shaped heads, jaws, and symmetrical faces, and prevent development of serious deformities.

When the pulps of the baby teeth are exposed by decay, they not only cause needless pain and suffering, but allow bacteria to travel through to the tonsils and the glands of the neck, or to cause the same diseases as in adults. School nurses continually send to our clinics children with cervical glandular enlargements, always with the suggestion that they are due to diseased tonsils, whereas the majority of them are found in mouths filthy from decayed teeth, and the tonsils often times apparently healthy. If the pulps die and the cavities are open, the bacteria pass up through the root channels and thus gain ingress into the lymphatic system and blood, and may produce a metastatic lesion in one, remain symptomless in another, or be latent for years and suddenly cause widespread and disabling disease in others. Many a child has had his little body infected in this manner, and even if he has seemingly recovered, some organ or organs of the body have been weakened for life, becoming a source of future trouble such as tuberculosis, endocarditis, neuritis, mental and nervous conditions, such as chorea, etc.



# Glandular Therapy

## Biological Triturations

### List

CORPUS LUTEUM  
DUODENUM  
PANCREAS  
PITUITARY  
SUPRARENALS  
THYMUS  
THYROID  
BRAIN  
ORCHIC  
MAMMARY  
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PROSTATE  
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Recurrent glossitis, the oral inflammation of pernicious anemia, the hemorrhages of the gums and mucous membranes in leukemia and scurvy and the herpes associated with gastric disturbances, exemplify the close interrelations of the tissues of the mouth with the rest of the body.

Osler once said that the troubles we eventually die of were started or produced in our youth, and clinical observations bear out his conclusion. In view of our present knowledge, the old saying "A man digs his grave with his teeth," has a vastly more important meaning. Skin and contagious and nutritional diseases cause defective enamel of the teeth, which renders the child an easy victim to decay of its teeth. If its teeth decay the cavities get packed with food and become breeding places for millions of bacteria, most of which would be harmless in a clean mouth. *Streptococcus viridans* is the most virulent mouth organism. Great efforts are made by parents to secure pure milk for their children. By pure milk we mean milk that contains comparatively few numbers of the bacteria of a harmless variety. Yet, if the parents would look into the child's mouth and could realize the immense number of germs present, the pus from abscessed teeth and fistulæ around the gums, they would know it was useless to hope that the milk and carefully prepared food would reach the child's stomach in a pure state.

Although the deciduous teeth are lost early in life, yet it is more important to keep them clean and free from cavities during the growing period than is the preservation of the permanent teeth in adult life. Both sets are important: but of the two, a clean sound set of deciduous teeth perform a more vital influence for the proper development of a growing body than the permanent teeth in adult life.

Bridgeport, Connecticut, and the Forsyth Free Dental Clinic, of Boston, are pioneers in preventive dentistry, and a review of their statistics is really amazing when one realizes the results obtained. Women trained as dental hygienists as a part of the school curriculum look after all public school children, putting their mouths and teeth in good condition, and following this up with instructions as to how to prevent an insanitary mouth. They have tooth brush drills in school and stereopticon lectures, and they educate the parents with literature.

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Brushing should be done with a rolling motion, first the outside of the teeth, then the inside, and lastly the roof of the mouth, after each meal, and at bedtime dental floss should be used between the teeth and the mouth should be rinsed with lime water. A small brush is necessary to thoroughly cleanse the mouth. The personal attention of the mother is needed if a child under ten cleans its teeth three times a day. The thorough cleansing after the last meal is the most important of all, as the lactic acid which is formed by the decomposition of food and germs in the mouth is mostly produced at night, at which time most of the serious results occur. The lactic acid dissolves the weak spots of the enamel, and cavities result. The mouth is an ideal incubator.

It is estimated that only fifteen per cent. of the American people use tooth brushes, and an investigation of the New York schools shows that ninety per cent. of the children in the first five grades have defective teeth. They averaged seven cavities per mouth, eighty per cent. of which could have been prevented. A clean tooth never decays. In the Bridgeport schools hygiene is a study for competition and promotion: Cleanliness is regarded as a manifestation of self respect it breeds refinement.

In the influenza epidemic in 1918, Bridgeport schools had, in proportion to the number of pupils, the fewest cases in the United States. A clean mouth, nose and throat are a great aid in preventing communicable diseases. The U. S. Public Health Service reports very considerable reductions in contagious diseases in cities where dental clinics have been established in the schools. Good mental development needs a sound healthy body. Retarded pupils are a great expense. In Bridgeport this expense was reduced fifty per cent. in the first five years after the dental clinics were established. The first molar, which comes at six years of age, often mistaken for a temporary tooth and neglected, is the most important second tooth because of its influence on the other teeth and the development of the jaw.

New Zealand, where child hygiene is under Government control, leads the world in the care of its children. The prominent people of New Zealand have made it fashionable to have large families, and the more babies in a family the more fashionable. Mothers take great pride in having healthy babies. They discuss their babies as a topic of mutual interest. In New Zealand a

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OF THE

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*Translated by*

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sick baby is very often considered a reflection on the intelligence of its parents. The United States spends \$47,000,000 annually for the care of cattle, hogs, and corn, and comparatively little for child hygiene.

Excessive use of free sugar is without a doubt the one greatest source of trouble in our country. Statistics show that the average American eats ninety pounds a year. Italians, Greeks, Armenians and African negroes, famous for their splendid teeth, use very little sugar. Some tribes eat no sugar, never use a toothbrush, and never have a decayed tooth.

Decayed teeth constitute the most prevalent known disease 'out-numbering all other physical complaints combined. Co-operation and team work between the dental and medical professions should be close and cordial, and while clean mouths and sound teeth will not end all physical ailments, they are powerful factors for health and prevention of disease.

There is a big field for general welfare work in the future public school dental clinics that are sure to be established throughout the country.

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life. Such classes are held in the crowded high schools for girls in New York City, in the Kentucky School for the Blind in Louisville, and among the Piute Indian women on the Pyramid Rock Reservation in Nevada—wherever the need for this work is greatest.

Nutrition instruction is now recognized as an important factor in public well-being, efficiency, and resistance to disease. The Nutrition Service of the American Red Cross is being developed in response to this general awakening to the need for more intelligent application of the principles of nutrition in everyday life.

Physicians' examinations have shown that about 20 per cent. of the school children of this country, rich and poor alike, are below normal weight for height and age. To aid in correcting this situation the American Red Cross Nutrition Service has developed three chapter activities, namely, Nutrition Classes for Undernourished Children, Hot Lunches for Schools, and a Course in Food Selection for the Mothers.

The standard which the service has set for all this work is that it shall be educational. Spectacular results from proper diet may be obtained in a very short period, but the fundamental principles of nutrition must be applied by each individual every day if the benefit is to be permanent.

This Service has enrolled up to date 2514 trained home economics' teachers qualified to carry on these activities. From September 1, 1920 to June 1, 1921, 22,006 undernourished children were enrolled in 1114 nutrition classes. One hundred and sixty-three classes in food selection with an attendance of 1587 women, have been reported.

While this service is often carried on independently by the chapters, it always seeks to work in the closest co-operation with the public health nurse and the National and State Extension Service in Home Economics.

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The United States Civil Service Commission announces open competitive examinations for the positions listed above. Vacancies in the Public Health Service throughout the United States, in the position of bacteriologist at \$130 to \$180 a month, associate bacteriologist at \$900 to \$130 a month, assistant bacteriologist at \$70 to

\$90 a month, and junior bacteriologist at \$70 a month, and vacancies in positions requiring similar qualifications, at these or higher or lower salaries, will be filled from these examinations unless it is found in the interest of the service to fill any vacancy by reinstatement, transfer, or promotion. The salary limits above are fixed by the department under which service is to be rendered.

*Quarters and subsistence.*—In addition to the salaries above stated, appointees will be allowed quarters, subsistence, and laundry.

*Bonus.*—Appointees whose services are satisfactory may be allowed the increase granted by Congress of \$20 a month.

*Range in salary.*—The entrance salary within the range stated for any of these positions will depend upon the qualifications of the appointee as shown in the examination and the duty to which assigned.

*Promotion.*—Assistant bacteriologists who have served one year with the Public Health Service and who have passed a satisfactory examination prescribed by the Surgeon General of the U. S. Public Health Service may be rated as associate bacteriologists and allowed the pay and allowances of that grade. Junior bacteriologists, after one year's similar service and examination, may be rated as assistant bacteriologists.

*Certification for field service.*—In filling vacancies in positions with headquarters outside of Washington, D. C., certification will be made of the highest eligibles residing nearest the vicinity of the place at which the appointee is to be employed, except that upon the request of the department certification will be made of the highest eligibles on the register for the entire country who have expressed willingness to accept appointment where the vacancy exists.

*Citizenship and sex.*—All citizens of the United States who meet the requirements, both men and women, may enter these examinations; appointing officers, however, have the legal right to specify the sex desired in requesting certification of eligibles.

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*On account of the needs of the service papers will be rated as received and certification made as the needs of the service require. In the absence of further notice applications for these examinations will be received by the Commission at Washington, D. C., until the hour of closing business on March 31, 1922. If sufficient eligibles are obtained, the receipt of applications may be closed before that date, of which due notice will be given.*

*Duties.*—The duties of bacteriologists will require ability to identify the ordinary pathogenic microorganisms; to make and preferably interpret sections of pathologic tissues; to make examinations and analyses of water, milk, urine, stomach contents, and body fluids; to make blood counts and complement fixation tests.

Associate bacteriologists must have familiarity with most of the preceding technic and capacity to learn any of it.

Assistant bacteriologists must have familiarity with staining, culture making, bacteriologic diagnosis of infectious diseases, urinalysis, alkalis, and capacity for development.

The duties of junior bacteriologists and junior bacteriologists, part time, require qualifications similar to those of assistant bacteriologists, in a slightly lesser degree.

*Subjects and weights.*—Competitors will not be required to report for examination at any place, but will be rated on the following subjects, which will have the relative weights indicated:

<i>Subjects.</i>	<i>Weights.</i>
1. Education and training .....	30
2. Experience .....	70
Total .....	100

*Basis of ratings.*—The ratings will be based upon competitors' sworn statements in their applications and upon corroborative evidence.

*Requirements.*—For the position of bacteriologist or associate bacteriologist applicants must have been graduated from a college or university of recognized standing in a course including biology and bacteriology; except that for the position of bac-

# Glandular Therapy

## Biological Triturations

### List

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DUODENUM  
PANCREAS  
PITUITARY  
SUPRARENALS  
THYMUS  
THYROID  
BRAIN  
ORCHIC  
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terio-<sup>18</sup>logist, the completion of a three years' course in a recognized medical college, for the position of associate bacteriologist the completion of a two years' course in a recognized medical college, or for either of these positions five years of active bacteriologic laboratory experience not connected with preparatory studies will be accepted in lieu of such college graduation. In addition to meeting the above requirement applicants for bacteriologist must have had at least three years and applicants for associate bacteriologist at least two years of experience in practical bacteriologic methods, such experience not to have been connected with preparatory studies.

*Assistant and junior bacteriologists.*—Applicants for the position of assistant bacteriologist or junior bacteriologist must have been graduated from a four years' high-school course, or in lieu thereof must have had three years of active bacteriologic laboratory experience. In addition to meeting the above requirement, applicants for the position of assistant bacteriologist must have had two years, and applicants for the position of junior bacteriologist must have had one year of experience in practical bacteriologic or clinical laboratory methods.

*General requirement.*—Ability to do a satisfactory Wassermann reaction is *absolutely necessary* for any of these positions, and applicants must submit with their applications satisfactory evidence as to their ability in this respect. (See paragraph 4 under "Statements of Experience" below.)

*Age and physical condition.*—Applicants must have reached their eighteenth but not their seventieth birthday on the date of making oath to the application, and must be in good physical condition. The medical certificate in the application form must be executed. In view of the retirement act, at the request of the appointing officer certification will not be made of eligibles who have reached their fifty-fifth birthday.

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*Photographs.*—Applicants must submit with their applications their unmounted photographs, taken within two years, with their names written thereon. Proofs or group photographs will not be accepted. Photographs will not be returned to applicants.

*Residence and domicile.*—Applicants will be admitted to these examinations regardless of their residence and domicile; but only those who have been actually domiciled in the State or Territory in which they reside for at least one year previous to the examination, and who have the county officer's certificate in the application form executed, may become eligible for permanent appointment in the apportioned service in Washington, D. C.

*Applications.*—Applicants should at once apply for Form 1312, stating the title of the examination desired to the Civil Service Commission, Washington, D. C.; the Secretary of the United States Civil Service Board, Customhouse, Boston, Mass., New York, N. Y., New Orleans, La., Honolulu, Hawaii; Post Office, Philadelphia, Pa., Atlanta, Ga., Cincinnati, Ohio, Chicago, Ill., St. Paul, Minn., Seattle, Wash., San Francisco, Calif., Denver, Colo.; Old Customhouse, St. Louis, Mo.; Administration Building, Balboa Heights, Canal Zone; or to the Chairman of the Porto Rican Civil Service Commission, San Juan, P. R.

Applications should be properly executed, *including the medical certificate*, and filed with the Civil Service Commission, Washington, D. C., without delay.

*The exact title of the examination desired, as given at the head of this announcement should be stated in the application form.*

*Preference.*—Applicants entitled to preference should *attach to their applications* their original discharge, or a photostat or certified copy thereof, or their official record of service which will be returned to them after inspection.

*Statements of experience.*—Applicants should submit with their applications, and as a part thereof, complete answers to the following questions, numbering their answers to correspond to the numbers of the questions:



# THERAPEUTICS

OF THE

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By DR. FRANCOIS CARTIER

*Translated by*

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*Issued August 20, 1921.*

*Reissued December 6, 1921.*

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## NEW U. S. PUBLIC HEALTH SERVICE HOSPITALS.

Before the year ends the U. S. Public Health Service expects to add three more hospitals to the fourteen it has opened since January 1 last. It is also preparing nine other hospitals, four of which will probably be opened by May 1 and the others a little later. All of these hospitals have either been leased from private owners or taken over from the army or the navy, the new construction authorized by Congress at the extra session not yet being well under way.

Hospitals put into commission during the last three months include the former Navy Hospital at Gulfport, Miss., with 150 beds; the hospitals at Jackson Park, Chicago, Colfax, Iowa and Portland, Oreg., with a total of 350 beds; and the Edward Hines Junior Hospital at Maywood, just outside of Chicago, with 1000 beds. Those to be opened in December are the Fort McKenzie at Sheridan, Wyo., and one of the two buildings at Fort Logan

# ELEMENTARY DERMATOLOGY

BY

RALPH BERNSTEIN, M. D.

Professor of Dermatology, Hahnemann Medical College, of Philadelphia,  
Consulting Dermatologist to various institutions, hospitals, etc.

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Dr. Bernstein in his "Elementary Dermatology" has set a new standard for modernized homœopathic text-books; the author being particularly well equipped from his past fifteen years' experience in the dermatologic field, not only as a teacher at the Hahnemann Medical College and Hospital, of Philadelphia, with its abundance of clinical material, but being as well associated with a number of other institutions and hospitals, he has had an unusual opportunity to gain a rich clinical experience in skin diseases.

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medicated with fresh plant tinctures where possible combined with blended base of cacao butter which will remain firm until bodily temperature is reached when they disintegrate and release the medication and the base acts as an emollient to mucous membrane.

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Hospitals planned to be opened for 1922 include the tuberculosis hospitals at beautiful Dawson Springs, Ky., Excelsior Springs, Mo., and Rutland, Mass., with a total of 920 beds; the general hospitals at Fort Walla Walla, Wash., near the junction of the Coast wheat and fruit belts, and at Norfolk, Va., with a total of 1240 beds; and the neuro-psychiatric hospital in the Bronx, New York City, with 1000 beds.

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It is this feature that has made Cord. Ext. Ol. Morrhuæ Comp. (Hagee) of such worth in those conditions in which the vitamins are indicated. For many years the therapeutic effect of the vitamins has been secured through the administration of Cord. Ext. Ol. Morrhuæ Comp. (Hagee), even though the distinctive value of the vitamins was not appreciated. In the manufacture of Cord. Ext. Ol. Morrhuæ (Hagee), the essential elements of the plain oil, the vitamins among them, have been retained with the result of definite therapeutic power secured from the administration of this preparation.

In those patients in whom the vitamins are indicated if you will give Cord. Ext. Ol. Morrhuæ Comp. (Hagee) you will secure the benefit of the vitamins plus that of the other reconstructive elements contained in Cord. Ext. Ol. Morrhuæ Comp. (Hagee).

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UNITED STATES CIVIL-SERVICE EXAMINATIONS.

ROENTGENOLOGIST.

ASSOCIATE ROENTGENOLOGIST.

ASSISTANT ROENTGENOLOGIST.

JUNIOR ROENTGENOLOGIST.

*Applications Will Be Rated as Received Until March 31, 1922.*

The United States Civil Service Commission announces open competitive examinations for the positions listed above. Vacancies in the United States Veterans Bureau in the position of roentgenologist, at \$3000 to \$4000 a year; vacancies in the Public Health Service in the position of roentgenologist at \$200 to \$250

a month, associate roentgenologist at \$130 to \$180 a month, assistant roentgenologist at \$90 to \$130 a month, junior roentgenologist at \$70 to \$90 a month; and vacancies in positions requiring similar qualifications, at these or higher or lower salaries will be filled from these examinations, unless it is found in the interest of the service to fill any vacancy by reinstatement, transfer, or promotion.

*Range in salary.*—For any of these positions the entrance salary within the range stated will depend upon the qualifications of the appointee as shown in the examination and the duty to which assigned.

*Quarters and subsistence.*—In the Public Health Service, in addition to the salaries, appointees will be allowed quarters, subsistence, and laundry where these are available. In the Veterans Bureau quarters, subsistence, or laundry are not allowed.

*Bonus.*—Appointees to the Public Health Service at annual compensation of \$2500 or less, whose services are satisfactory, may be allowed the increase granted by Congress of \$20 a month. This bonus is not allowed employees of the Veterans Bureau.

*Promotion.*—Assistant roentgenologists who have served three years with the Public Health Service and who have passed a satisfactory examination prescribed by the Surgeon General of the United States Public Health Service, may be rated as associate roentgenologists and allowed the pay and allowance of that grade; junior roentgenologists, after two years' experience and examination, may be rated as assistant roentgenologists.

*Certification for field service.*—In filling vacancies in positions with headquarters outside of Washington, D. C., certification will be made of the highest eligibles residing nearest the vicinity of the place at which the appointee is to be employed, except that upon the request of the department certification will be made of the highest eligibles on the register for the entire country who have expressed willingness to accept appointment where the vacancy exists.

*Citizenship and sex.*—All citizens of the United States who meet the requirements, both men and women, may enter these ex-

# A Text Book of Materia Medica and Therapeutics

---

*Characteristic, Analytical and Comparative.*

*By Dr. A. C. Cowperthwaite*

---

*Twelfth Edition, with enlarged Appendix,*

*886 pages. Cloth, \$7.00, net.*

The mere fact that more editions of this book have been published than of any other Homœopathic Materia Medica proves that it is the best *working* Materia Medica obtainable—Materia Medica and Generalized Therapeutics.

aminations; appointing officers, however, have the legal right to specify the sex desired in requesting certification of eligibles.

*On account of the needs of the service papers will be rated as received and certification made as the needs of the service require. In the absence of further notice applications for these examinations will be received by the Commission at Washington, D. C., until the hour of closing of business on March 31, 1922. If sufficient eligibles are obtained, the receipt of applications may be closed before that date, of which due notice will be given.*

*Duties.*—The duties of a roentgenologist will be those of general roentgenologist practice, including X-ray physics, technology, photography interpretations and localization. Associate roentgenologists must be competent in X-ray photography (including developing and solution preparation) and posturing and trained in the ability to install, maintain, and repair X-ray apparatus; they must also be qualified by experience for supervisory duty in a large laboratory, or as the head of a smaller laboratory. Assistant roentgenologists' duties will require a similar training to those of an associate, but will be under supervision. Junior roentgenologists' duties require similar qualifications to those of assistant, but in lesser degree.

*Subjects and weights.*—Competitors will not be required to report for examination at any place, but will be rated on the following subjects, which will have the relative weights indicated:

<i>Subjects.</i>	<i>Weights.</i>
1. Education and training .....	30
2. Experience .....	70
Total .....	100

*Basis of ratings.*—The ratings will be based upon competitors' sworn statements in their applications and upon corroborative evidence.

*Requirements for eligibility.*—The minimum requirements for eligibility for appointment to these positions are as follows:

For the position of roentgenologist applicants must have been graduated from a recognized medical college with the degree of



# Glandular Therapy

## Biological Triturations

### List

CORPUS LUTEUM  
DUODENUM  
PANCREAS  
PITUITARY  
SUPRARENALS  
THYMUS  
THYROID  
BRAIN  
ORCHIC  
MAMMARY  
PINEAL  
PROSTATE  
OVARIAN  
SPLEEN

### PRICE LIST

Tablets, 1 m. \$0.80; 5 m. \$3.25

Supplied in 6x when not otherwise specified

The material for these triturations was obtained from standard laboratories, for these products. A leaflet, giving clinical scope, will be sent on request. The triturations are made with the pure sugar of milk crystals (not powdered milk sugar). The 1x receives four hours triturating, and each succeeding x two hours. This line was made because many physicians were asking for these glandular products in triturations.

Obtainable at any of our pharmacies.

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M. D., and have had at least three years' experience in the subjects mentioned in the above statement of duties of this position.

For the positions of junior, assistant, and associate roentgenologist applicants must have completed at least eight grades of common-school or equivalent education and have received a certificate of proficiency from or establish equivalent schooling in a recognized hospital, medical college, or technical institution in X-ray physics and technology. In addition, applicants for junior must show one year's experience in X-ray activity; applicants for assistant must show three years of such experience; and applicants for associate must show five years of such experience.

*Age and physical condition.*—Applicants must have reached their eighteenth but not their seventieth birthday on the date of making oath to the application, and must be in good physical condition. In view of the retirement act, at the request of the appointing officer certification will not be made of eligibles who have reached their fifty-fifth birthday.

*Retirement.*—Classified employees who have reached the retirement age and have served fifteen years are entitled to retirement with an annuity. The retirement age for railway mail clerks is 62 years, for mechanics and post-office clerks and carriers 65 years, and for others 70 years. A deduction of 2½ per cent. is made from the monthly salary to provide for this annuity, which will be returned to persons leaving the service before retirement with 4 per cent. interest compounded annually.

*Photographs.*—Applicants must submit with their applications their unmounted photographs, taken within two years, with their names written thereon. Proofs or group photographs will not be accepted. Photographs will not be returned to applicants.

*Residence and domicile.*—Applicants will be admitted to these examinations regardless of their residence and domicile; but only those who have been actually domiciled in the State or Territory in which they reside for at least one year previous to the date of making oath to the application, and who have the county officer's certificate in the application form executed may become eligible for permanent appointment to the apportioned service in Washington, D. C.

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*Applications.*—Applicants should at once apply for Form 1312, stating the title of the examination desired, to the Civil Service Commission, Washington, D. C.; the Secretary of the United States Civil Service Board, Customhouse, Boston, Mass., New York, N. Y., New Orleans, La., Honolulu, Hawaii; Post Office, Philadelphia, Pa., Atlanta, Ga., Cincinnati, Ohio, Chicago, Ill., St. Paul, Minn., Seattle, Wash., San Francisco, Calif., Denver, Colo.; Old Customhouse, St. Louis, Mo.; Administration Building, Balboa Heights, Canal Zone; or to the Chairman of the Porto Rican Civil Service Commission, San Juan, P. R.

Applications should be properly executed, *including the medical certificate*, and filed with the Civil Service Commission, Washington, D. C., without delay.

*The exact title of the examination desired, as given at the head of this announcement, should be stated in the application form.*

*Answers in applications.*—Applicants should submit with their applications, and as a part thereof, complete answers to the following questions, numbering their answers to correspond to the numbers of the questions.

In answer to Question 28 of the application form, state what experience (giving dates) you have had in the following:

- (a) Installation, maintenance, and repair of X-ray apparatus.
- (b) Making of plates and films according to commonly accepted standards of X-ray posturing.
- (c) Developing plates and films and printing.
- (d) Preparation and care of solutions.

In answer to Question 29 of the application form, state the minimum salary you are willing to accept—

- (a) Without subsistence and without quarters.
- (b) With subsistence and one room as quarters.

In answer to Question 30 of the application form, state if you are willing to serve anywhere in the United States; if you are not so willing, state the location or locations where you are willing to work.

Question 32. If married, state how many children you have.

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OF THE

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*Translated by*

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# Practice of Medicine

BY

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**NEW YORK CITY**

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This work will help any man in active practice. It covers more ground than other works of its class, but is so clearly worded that less space is required. In a comparatively few, common sense words the author gives you the substance of what a work on practice should. It assumes that you are a physician and many details may be omitted. Reference to it is a consultation with an experienced physician of the big New York Hospitals.

*For Sale at All Homœopathic Pharmacies.*

*Preference.*—Applicants entitled to preference should *attach to their applications* their original discharge, or a photostat or certified copy thereof, or their official record of service, which will be returned after inspection.

*Issued August 15, 1921.*

*Reissued December 6, 1921.*

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#### RED CROSS MEDICAL SUPPLIES AID RUSSIANS.

Medical supplies contributed by the American Red Cross and distributed by the American Relief Administration are being shipped into Soviet Russia in increasingly large quantities. By the end of the year Red Cross supplies valued at more than \$1,750,000 will have been placed at the disposal of the American Relief Administration for use in the disease-ravaged provinces.

These supplies include drugs, hospital supplies and equipment and hospital clothing from Red Cross stocks in Europe and in the United States. Medical effort will be concentrated in the Provinces of Kazan, Simbirsk, Samara, Saratov, and to a limited extent in Petrograd and Moscow.

Dr. Henry Beeuwkes, who is directing the distribution of the Red Cross medical supplies, says in a recent report to National Headquarters:

“The Cholera epidemics have been relieved and the disease is now sporadic.

“Typhus fever is appearing and severe and extensive epidemics are expected this winter.

“Malaria has been severe and is still prevalent in chronic forms.

“Typhoid fever and Scorbutus are very prevalent as well as infectious exanthemata, and diseases of the skin and eyes.

“Constitutional diseases are severe and widespread.

“Drugs and hospital supplies are extremely scarce and satisfactory medical and surgical work is in consequence impossible. A leading surgeon in Simbirsk told me that they draw thread from clothing to secure suture material. Hospitals are congested and have long waiting lists.

“Our present plans contemplate the supplying of existing hospitals and clinics with drugs and hospital supplies essential to

# ELEMENTARY DERMATOLOGY

BY

RALPH BERNSTEIN, M. D.

Professor of Dermatology, Hahnemann Medical College, of Philadelphia, Consulting Dermatologist to various institutions, hospitals, etc.

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## SUPPOSITORIES

medicated with fresh plant tinctures where possible combined with blended base of cacao butter which will remain firm until bodily temperature is reached when they disintegrate and release the medication and the base acts as an emollient to mucous membrane.

Carefully wrapped in wax paper and put up in boxes of 1 doz.—40 cents per box.

Calendula

Hamamelis

Aes. Ham. Col.

Aesculus

Aesculus and Hamamelis

Collinsonia

And 25 Others

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their operation, the organization of clinics at food distributing centers in areas without medical facilities, and the inauguration of measures to prevent and combat diseases in areas in which we operate.

"In order to combat typhus we have in view the establishment of large numbers of bath and disinfecting units to be installed and controlled by American personnel and operated by the Russians. Installations will be simple and the cost low in comparison with the benefits they will render in areas badly infested and without bathing facilities."

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#### PROTECTION AFTER GRIPPAL ATTACKS.

It has so long been recognized by the profession that following an attack of grip the patient is highly susceptible to pulmonic infections, that with most practitioners the administration of a reconstructive is routine practice.

For this purpose of protection against the sequelæ of influenza cod liver oil is of unusual value owing to its power to add resistance to tissues and more narrowly respiratory tissue. In the choice of a cod liver oil preparation the physician will find *Cod. Ext. Ol. Morrhuæ Comp. (Hagee)* of high worth. It contains all of the nutritive and fortifying properties of the plain oil and has the added advantage of palatability. This feature enables the weakest digestive system to take it and also it may be taken over long periods without the patient tiring of it. As a protection against grippal sequelæ *Cod. Ext. Ol. Morrhuæ Comp. (Hagee)* will be found of more than ordinary value.

---

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UNITED STATES CIVIL-SERVICE EXAMINATION.

SURGEON'S ASSISTANT.

DENTAL, EYE, EAR, NOSE, THROAT.

*Applications Will Be Rated as Received Until March 31, 1922.*

The United States Civil Service Commission announces an open competitive examination for surgeon's assistant. Vacancies in the Public Health Service throughout the United States, at the compensation fixed by that service of \$80 a month, without quarters, subsistence, or laundry, and vacancies in positions requiring similar qualifications, at this or higher or lower salaries,

will be filled from this examination, unless it is found in the interest of the service to fill any vacancy by reinstatement, transfer, or promotion.

*Bonus.*—Appointees whose services are satisfactory may be allowed the increase granted by Congress of \$20 a month.

*Citizenship and sex.*—All citizens of the United States who meet the requirements, both men and women, may enter this examination; appointing officers, however, have the legal right to specify the sex desired in requesting certification of eligibles.

*On account of the needs of the service papers will be rated as received and certification made as the needs of the service require. In the absence of further notice applications for this examination will be received by the Commission at Washington, D. C., until the hour of closing business on March 31, 1922. If sufficient eligibles are obtained, the receipt of applications may be closed before that date, of which due notice will be given.*

*Certification.*—In filling vacancies in this position, certification will be made of the highest eligibles residing nearest the vicinity of the place at which the appointee is to be employed, except that upon request of the department certification will be made of the highest eligibles on the register for the entire country who have expressed willingness to accept appointment where the vacancy exists.

*Subjects and weights.*—Competitors will not be required to report for examination at any place, but will be rated on the following subjects, which will have the relative weights indicated:

<i>Subjects.</i>	<i>Weights.</i>
1. Physical ability .....	25
2. Education and experience .....	75
Total .....	100

*Basis of ratings.*—Under the second subject the ratings will be based upon competitors' sworn statements in their applications and upon corroborative evidence.

# A Text Book of Materia Medica and Therapeutics

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*Characteristic, Analytical and Comparative.*

*By Dr. A. C. Cowperthwaite*

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*Twelfth Edition, with enlarged Appendix,*

*886 pages. Cloth, \$7.00, net.*

The mere fact that more editions of this book have been published than of any other Homœopathic Materia Medica proves that it is the best *working* Materia Medica obtainable—Materia Medica and Generalized Therapeutics.

*Duties.*—The duties of this position are to care for dental instruments, to keep equipment and cabinets in order, and to assist the dentist in the preparation of materials, or to perform similar duties in an eye, ear, nose, and throat clinic.

*Requirements.*—Applicants must have completed at least the sixth grade of common school. In addition, they must have had at least one year's private training in a physician's or dental office or one year's experience as a graduate or practical nurse.

*Age.*—Applicants must have reached their eighteenth but not their forty-fifth birthday on the date of making oath to the application. These age limits do not apply to persons entitled to preference because of military or naval service.

*Retirement.*—Classified employees who have reached the retirement age and have served fifteen years are entitled to retirement with an annuity. The retirement age for railway mail clerks is 62 years, for mechanics and post-office clerks and carriers 65 years, and for others 70 years. A deduction of 2½ per cent. is made from the monthly salary to provide for this annuity, which will be returned to persons leaving the service before retirement with 4 per cent. interest compounded annually.

*Photographs.*—Applicants must submit with their applications their unmounted photographs, taken within two years, with their names written thereon. Proofs or group photographs will not be accepted. Photographs will not be returned to applicants.

*Medical certificate.*—The medical certificate in the application form should be executed by a medical officer of the Public Health Service where practicable.

*Applications.*—Applicants should at once apply for Form 1312, stating the title of the examination desired, to the Civil Service Commission, Washington, D. C.; the Secretary of the United States Civil Service Board, Customhouse, Boston, Mass., New York, N. Y., New Orleans, La., Honolulu, Hawaii; Post Office, San Francisco, Calif., Denver, Colo.; Old Customhouse, St. Louis, Mo.; Administration Building, Balboa Heights, Canal

# Glandular Therapy

## Biological Triturations

### List

CORPUS LUTEUM  
DUODENUM  
PANCREAS  
PITUITARY  
SUPRARENALS  
THYMUS  
THYROID  
BRAIN  
ORCHIC  
MAMMARY  
PINEAL  
PROSTATE  
OVARIAN  
SPLEEN

### PRICE LIST

Tablets, 1 m. \$0.80; 5 m. \$3.25

Supplied in 6x when not otherwise specified

The material for these triturations was obtained from standard laboratories, for these products. A leaflet, giving clinical scope, will be sent on request. The triturations are made with the pure sugar of milk crystals (not powdered milk sugar). The 1x receives four hours trituration, and each succeeding x two hours. This line was made because many physicians were asking for these glandular products in triturations.

Obtainable at any of our pharmacies.

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Zone; or to the Chairman of the Porto Rican Civil Service Commission, San Juan, P. R.

Applications should be properly executed, *including the medical certificate*, but excluding the county officer's certificate, and filed with the Civil Service Commission, Washington, D. C., without delay.

*The exact title of the examination, as given at the head of this announcement, should be stated in the application form.*

*Preference.*—Applicants entitled to preference should *attach to their applications* their original discharge, or a photostat or certified copy thereof, or their official record of service which will be returned after inspection.

*Issued October 28, 1921.*

*Reissued December 6, 1921.*

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#### TEACHING HEALTH IN CHINA BY POSTERS.

Posters are used to teach health principles in China by the Yale in China Hospital. Pictures and texts are as primitive as the people for whom they are intended.

Recently Miss Nina Gage, American Red Cross nurse with the Yale in China Hospital, had a Chinese translator put the texts into English, and these posters have caused much mirth among the Americans who have seen them. The harms of patent medicine for example, are typified under two headings, "Subverted Means" and "The Right Way" to attain health.

"Subverted Means" enumerates popular patent medicines in China such as "Dragon Pills, Benevolent Powder; Comforting Pills; Strengthening Spirits; Blood Spirits, Clean Pills, Daily Happiness, Protect the Kidney Pills; Plenty Descendants; Gold and Steel Pills; Sea Waves Medicine; Dreaming Syrup; Resurrection Pills; Black Spirit Pills; Spray Spirits; and Turn Blind to Normal Prescription."

But advice for those who would travel the "Right Way" reads: Anybody desired to have a good health, the way is indeed simple to make. The people have a good health, but in thought the common people regard it as difficult as a way direct to heaven. They appreciated much with the untrained doctors and they have

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By W. A. DEWEY, M. D.

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"He has done for therapeutics what Farrington did for Materia Medica."—*Homœopathic World*.

"If you want a book of homœopathic therapeutics, pure, simple, straight, clean and up-to-date Homœopathy, here you are. It is one of the books you want. You want it handy. Right on the nearest corner of the middle shelf of your bookcase."—*The Clinic*.

been charmed as deceived by the trance of them, absolutely unknown to the door of health. Likewise they, at least, spoiled their bodies and lost plenty of money. Finally, nothing to be acquired but make the evil merchants satisfied in willing and rendered their pockets full. This will induce the people who, knowing the faults, will laughing at you, how willing you are.

“Escaped the right way, when body and mind are comfortable you will free all the disease. Anything you meet will bend to your ideas. Taken interest with music, reading, play with flowers and plants. Encourage good spirits! Laziness forbidden! Get out of bed in the early morning and don't get to bed too late at night. Teeth brushed and wash cleaned. Deep respiration. Sleep in fresh air. Straight posture of body. Diligent exercise. Masticating gradually and carefully. Moderate food.”

Another poster argues in favor of vaccination and two others illustrate the fly menace and prevention of cholera.

The American Red Cross is distributing these posters for the Yale in China Hospital. Promotion of public health, at home and abroad, is one of the principles for which the Red Cross stands.

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### CHAULMOOGRA OIL AND LEPROSY.

The U. S. Public Health Service has felt it necessary to prevent the too optimistic and extravagant claims recently appearing in the newspapers in regard to the curative effects of chaulmoogra oil derivatives on leprosy. While the use of the oil and of its derivatives has resulted in a considerable number of apparent cures, it is as yet too soon to tell whether these will be permanent.

The ethyl esters of chaulmoogra oil, the use of which has largely supplanted the oil itself, constitute a most valuable agent in the treatment of leprosy. In treating young persons and those in the early stages of the disease, the improvement has been rapid and striking; in older persons and older cases it is less so. Of the cases paroled from the leprosy stations in the Hawaiian Islands so far about eight per cent. have relapsed and returned for treatment. This was to be expected; and on the whole the results have been so favorable as to make treatment of the disease hopeful. But only time can tell.



# THERAPEUTICS

OF THE

## RESPIRATORY ORGANS

By DR. FRANCOIS CARTIER

*Translated by*

DR. CARL A. WILLIAMS

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**Captain WALTER SANDS MILLS, M. D.**  
**NEW YORK CITY**

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This work will help any man in active practice. It covers more ground than other works of its class, but is so clearly worded that less space is required. In a comparatively few, common sense words the author gives you the substance of what a work on practice should. It assumes that you are a physician and many details may be omitted. Reference to it is a consultation with an experienced physician of the big New York Hospitals.

*For Sale at All Homœopathic Pharmacies.*

## DIETITIANS NEEDED IN U. S. PUBLIC HEALTH SERVICE.

Washington, D. C., November , 1921.—The United States Civil Service Commission states that there is need for a considerable number of dietitians in the Public Health Service at hospitals throughout the United States and that until further notice it will receive applications for such positions.

The basic entrance salary offered is \$960 a year with possible promotion to the basic pay of \$1344 a year. To all salaries there is added the increase of \$20 a month granted by Congress. In addition, quarters and subsistence are furnished free by the Government.

Applicants are not required to undergo a written examination, but are rated upon the subjects of general education, weighted at 30 per cent., and technical training and experience, weighted at 70 per cent.

Full information and application blanks may be obtained by communicating with the United States Civil Service Commission, Washington, D. C., or with the secretary of the local board of civil service examiners at the post office or customhouse in any city.

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## AMERICAN INSTITUTE OF HOMŒOPATHY ANNUAL MEETING JUNE 18 TO 23, HOTEL DRAKE, CHICAGO, ILL.

The annual meeting of the American Institute of Homœopathy will be held this year at the Hotel Drake, Chicago, the week of June 18 to 23. The Institute is particularly fortunate this year in having the best equipped hotel it has ever been its good fortune in which to meet.

The bureau chairmen are actively engaged in completing their programs. Dr. A. E. Hinsdale, of the University of Ohio is to present an abstract of the winter's work in materia medica at that institution in conjunction with his associates.

The Board of Trustees at a meeting held in conjunction with the Southern Homœopathic Medical Association at Cincinnati on November 16 determined to have an open meeting of a Pub-

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Dr. Bernstein in his "Elementary Dermatology" has set a new standard for modernized homœopathic text-books; the author being particularly well equipped from his past fifteen years' experience in the dermatologic field, not only as a teacher at the Hahnemann Medical College and Hospital of Philadelphia, with its abundance of clinical material, but being as well associated with a number of other institutions and hospitals, he has had an unusual opportunity to gain a rich clinical experience in skin diseases.

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lic Health Bureau on Tuesday evening of the session. This bureau will be in charge of Commissioner of Health Copeland, of the city of New York, and he has assured the president of the Institute that he will have the Chicago health commissioner and his associates present contributions on the program that evening.

There are odd minutes which are left to your executive and board of trustees in which they are not occupied with looking after the difficulties in various localities over the country, and during these they are making every effort to secure a scientific program in Chicago that will make the meeting quite the best from a scientific standpoint of any so far held.

Underscore the dates June 18 to 23 on your calendar, with the words "Hotel Drake, Chicago, Illinois," and write at once for your room reservations.

ROY UPHAM,  
*President American Institute of  
Homœopathy.*

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#### SUPPORTIVE TREATMENT OF DEBILITATED SYPHILITICS.

With some syphilologists it is a routine measure to fortify specific treatment by the use of a reconstructive, the idea being, of course to add to the resisting powers of the tissues and thereby make them more capable of combatting the infection. In the case of debilitated syphilitics particularly should this plan of supportive treatment be adopted.

For this purpose Cord. Ext. Ol. Morrhuæ Comp. (Hagee) has been found very useful. Its continued employment adds vigor and resistance to the tissues, making them more capable of meeting and overcoming the infectious process. The stronger and more resistant to disease processes the tissues of the body are, the more effective is the specific treatment directed against syphilis.

When it is remembered that the principle underlying the treatment of syphilis is augmentation of the body's defensive forces, the rationale of supportive treatment in conjunction with specific treatment becomes readily apparent.

---

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MISS LATHROP URGES EXPANSION OF WORK OF CHILDREN'S BUREAU, IN NINTH ANNUAL REPORT TO THE SECRETARY OF LABOR.

"Plainly the task of social study is progressive and can not be completed and thus far the bureau has hardly made a beginning in performing the vast task assigned to it," says Julia C. Lathrop in her annual report to the Secretary of Labor, made public today. This is her ninth and last report as Chief, written on the eve of her resignation last August.

The report sets forth the co-operation which the bureau has effected with various governmental, State and private agencies, and urges further correlation and co-operation in child welfare

work. The achievements of the bureau during the last year are described under each of its five divisions and progress in the bureau's first child-welfare study in our island possessions is reported.

Included in the year's work of the Child Hygiene Division were children's health conferences conducted in small towns and rural communities by the staff of the bureau's Child Welfare Special, a motor truck fitted up for health consultations. A total of 1990 children were examined in a section of Kentucky and numerous cases of malnutrition were found, even among the children of the well-to-do farmers. Personal instructions were given to mothers and teachers in the proper feeding and general hygienic care of children, and efforts were made to see that permanent, active interest in child-welfare measures was established. In Arkansas the "Special" made its way through floods, and over bad roads and steep mountains, reaching six counties in which 1228 children were examined. As a result, the report states, several communities are undertaking follow-up work.

The principal studies of the Industrial Division during the year were concerned with child-welfare in coal-mining camps and in cotton-growing, sugar-beet, and truck-farming areas. The report calls attention to the injurious effect of too early and too heavy labor, in agricultural no less than in industrial pursuits. An average age of only eleven years was found among the child workers of the sugar-beet fields studied. An important piece of work accomplished through the industrial division was the preliminary report of the committee appointed by the bureau to formulate standards of normal development and sound health for children entering employment and children at work. These recommendations will be revised from time to time in the light of further research and experience.

Juvenile court studies made in ten courts by the Social Service Division revealed great diversity in procedure, organization and methods. A conference on juvenile courts was held in June, under the joint auspices of the Children's Bureau and the National Probation Association. As a result of this conference, a committee of judges, probation officers, and others interested in the problem was appointed by the bureau to serve as an advisory committee on juvenile court standards. A study of children

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violating laws of the United States showed that the total number of children violating Federal laws each year is probably at least 1000, that many of these children come up for trial in the Federal Courts, and that the procedure in these courts is totally unadapted to children's work. The Department of Justice and the Post Office Department were most helpful in making available the data on which the study was based.

The child-welfare study in Porto Rico, undertaken at the request of the commissioner of education of the island and approved by the Governor and the Bureau of Insular Affairs, is taking the form of a Children's Year demonstration, with plans for repeating the various features which proved effective here in 1918-19. It opened with recreation, special emphasis being placed on athletics and active sports, in close co-operation with the teachers.

The widening sphere of the bureau's influence and the increasing demands made upon it call for an expanding program, says Miss Lathrop. She recommends three new services: First, a division of legal research, to enable the bureau to follow and promptly report and analyze the State statutes affecting children; considerable work has been accomplished along this line, but the undertaking is far from complete. Second, expert service in the field of recreation; the report calls attention to the value of a study from the social standpoint of suitable types of recreation to be provided at public expense or under public supervision. Third, the addition of an exhibit expert to the staff of the bureau, so that the results of its scientific studies may be presented in new exhibit forms as well as by the usual report. "Little gray pamphlets filed away in orderly fashion," Miss Lathrop says, "do not answer the taxpayers' demand for effective service."

For the past three years the bureau has been operating under substantially the same appropriation, which is almost \$150,000 less than was available during Children's Year. For the fiscal year ending July 1, 1923, a total appropriation of \$642,860 is recommended, to care for the new services and the developing needs of the existing divisions. Word has just come that the budget presented to Congress by President Harding, on the recommendation of Director Dawes, calls for an increase of \$50,000



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in the bureau's appropriations, which would make the amount available for 1923, \$321,040.

Since Miss Lathrop's report was written Congress has enacted the Sheppard-Towner law for the promotion of the welfare and hygiene of maternity and infancy. This will call for an additional appropriation to the Children's Bureau for the current year of \$1,480,000, \$50,000 of which will be available for Federal administration, the balance to be apportioned to the States. The bureau thus enters upon its tenth year with a greatly increased opportunity for effective work for the children of the country.

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AMERICAN INSTITUTE OF HOMŒOPATHY, ANNUAL  
SESSION HOTEL DRAKE, CHICAGO, ILLINOIS,  
JUNE 18-23, 1922.

Homœopathy and the new matter developed at the Ohio State University and by others of our teachers in the colleges throughout the country, will have a prominent place upon the program. High scientific entertainment is what is being striven for by the Bureaux Chairmen.

Dr. Albert E. Hinsdale, of the Department of Materia Medica, Ohio State University, and in charge of the Kettering Experimental Laboratory, has charge of the Bureau of Homœopathy this year. He has devoted much time to the development of his bureau and promises the following contributions:

Lynn J. Boyd, Assistant Professor of Internal Medicine, Homœopathic Medical School, University of Michigan, will present a paper, "Cures by Homœopathic Remedies Based Solely Upon Pathology." I expect a splendid contribution from Dr. Boyd.

Dr. John S. Hepburn, Hahnemann Medical College of Philadelphia, will present a paper, "Studies of Ricin." This is original work that Dr. Hepburn is doing.

Dr. Ralph W. Hoffman, Assistant in Materia Medica, College of Homœopathic Medicine, Ohio State University, will present his findings obtained from various laboratory researches which have taken place in the Materia Medica Research Laboratory of this college. His topic is "Pharmacological Experimentations with Homœopathic Remedies." I cannot at this time, give the

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56  
details of what he will present. We have been working for several years in pharmacological experimentation and a month or so before the Institute meeting will collect and sort out of our material, the best portions of it and his paper will consist of a presentation of these details. I can promise you a splendid paper from Dr. Hoffman. What he says will be new, modern, practical, and strictly from the homœopathic standpoint.

Dr. Albert E. Hinsdale, Professor of Materia Medica and Clinical Therapeutics, College of Homœopathic Medicine, Ohio State University, will give a talk upon "The Effect of Homœopathic Remedies Upon Various Blood Constituents." This will consist of original studies conducted in the materia medica research laboratory. I have as a helper in this work an expert chemist, who is doing nothing but getting out material for this paper. My contribution will be unusual, entirely new, and entirely from the homœopathic standpoint. The paper will tell of the effects of twenty or more homœopathic remedies upon from twelve to fifteen constituents of the blood.

This is only one bureau of the American Institute. Besides that a number of allied societies will be holding their sessions at the same time. All that is modern in medicine, will be presented.

In order that you may enjoy this meeting with the greatest comfort and secure the greatest benefits, it behooves you to write at once to the Hotel Drake and secure your room reservations. Being right in the hotel and in the center of things, adds much to the benefit which you will obtain at this meeting.

ROY UPHAM, M. D.,  
*President American Institute of Homœopathy.*

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ANNUAL MEETING OF THE AMERICAN INSTITUTE  
OF HOMŒOPATHY, DRAKE HOTEL, CHICAGO, IL-  
LINOIS, JUNE 18-23, 1922.

After no inconsiderable amount of correspondence the executive of the American Institute is made happy by the news that our colleagues of the British Homœopathic Medical Association have delegated Dr. Fergie Woods, of London, to represent their organization and to make the journey from London to the Chicago meeting. Dr. Woods is personally known to the Executive

# THERAPEUTICS

OF THE

## RESPIRATORY ORGANS

By DR. FRANCOIS CARTIER

*Translated by*

DR. CARL A. WILLIAMS

**A** THOROUGHLY Homœopathic Book written by a master. Dr. Cartier is the leading homœopathist of France. The chapter on the relation of homœopathy to vaccine and serum therapy is alone worth the price of the book.

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*For Sale at All Homœopathic Pharmacies.*

as he had the extreme pleasure of meeting with him at the International Homœopathic Conference at the Hague, held in 1921.

Dr. Woods is to make a contribution in the Bureau of Materia Medica at the Chicago meeting. He has been an intense student of this subject and represents some of the most advanced work done at the London Homœopathic Hospital. This contribution, which is coming some four thousand miles to be presented to you, will be one of the features of our Chicago meeting.

Correspondence is being conducted with the two homœopathic medical colleges in the City of Mexico and we have the promise that representatives from these advanced institutions will be present at the Chicago meeting. There is published in the City of Mexico a homœopathic magazine which bristles with contributions in pure homœopathy. The presence of our colleagues from further south on the North American continent will lend an international character to the meeting.

The Hahnemannian homœopaths of our school will be pleased with the contributions which Dr. Stearns, chairman, has under his Bureau of Materia Medica. Papers will be presented by Dr. Cyrus Boger, of Parkersburg, W. Va.; Dr. Benjamin Woodbury, of Boston; Dr. Eugene A. Underhill, of Philadelphia, and Dr. N. D. Marbaker, of Chicago.

In addition to the contributions of particular interest to the Hahnemannian Homœopaths there will be a number which will carry particular appeal to the scientific wing of the school. Among these is a contribution by Dr. I. S. Kleiner, Dean of the New York Homœopathic Medical College, under the title of "Detection of Minute Amounts of Substances by Chemical and Physiological Methods."

Affairs of interest to the homœopaths of the North American Continent are taking place so rapidly that it is to the interest of all of us to make every effort to keep abreast of new things. The Chicago meeting of the American Institute will be an intensive one; every minute will be of profit to those in attendance. Be fair to your clientele, doctor, and make yourself of greater usefulness to them by being present at the meeting of the American Institute of Homœopathy, Hotel Drake, Chicago, Illinois, June 18-23, 1922.

ROY UPHAM, *President.*  
American Institute of Homœopathy.

# ELEMENTARY DERMATOLOGY

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RALPH BERNSTEIN, M. D.

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**Dietetics**—Thompson, Hutchison, Lorand.  
**Practice of Medicine**—Goodno, 2 vols.; Jousset, 1 vol.  
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**Hull's Jahr.**  
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**Grauvogl Textbook of Homœopathy.**  
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**Heart Diseases**—Hale, Blackwood.  
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**Smail, 1 vol.**

### MISCELLANY.

**Obstetrics**—Guernsey.  
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## ANNUAL MEETING OF THE AMERICAN INSTITUTE OF HOMŒOPATHY.

Hotel Drake, Chicago, Illinois,

June 18 to 23, 1922.

Attractive reports are coming in from all the allied societies and bureau chairmen on their programs for the Chicago meeting. The entertainment features are being provided for by Chairman Fitzpatrick, but the main innovation of this year's meeting is the fact that there will be continuous scientific sessions the entire day throughout the week, so that to those who are desirous of acquiring knowledge of the modern thoughts in medicine there will always be a scientific contribution for them to attend.

The American Homœopathic Ophthalmological, Otological and Laryngological Society, under the presidency of Dr. J. R. McCleary, of Cincinnati, is uniting with the Institute to make the week at the Hotel Drake one of great profit. There is being prepared a joint program between the two organizations where the most brilliant men and speakers of both organizations will be united in a joint program to be presented on Thursday afternoon. Keep your eyes open for the title to be announced shortly and also the list of headliners who will appear on this "All Star Program."

At the dinner in the evening Admiral Braisted, Surgeon General of the Navy, is to be in attendance to present the wonderful sphere of the Gorgas Memorial, in which the American Institute of Homœopathy is to have a very active part, having been invited to nominate three directors on this project which means more for the better understanding between the North and South American continents than any work so far promulgated either by financiers or politicians.

Dr. David B. Jewett, of Rochester, N. Y., Chairman of the Bureau of Clinical Medicine, reports that Dr. Love, of Chicago, will present a paper on "Technical Aspects of Blood Chemistry," and papers have been promised to this bureau by Dr. Milton Raisbeck, of New York, and Dr. Wilson, of Chicago, the latter to present a paper entitled "The Schick Reaction and Toxin-Antitoxin Immunization." This subject is one on which everyone must become posted and this paper alone would warrant the trip to Chicago. The Bureau of Homœopathy, of which Dr. Guy B. Stearns, of New York, is chairman, also has many papers arranged already.

The Congress of States will assemble this year as the working organization of the Institute for the first time and it is the duty of every member of the Institute to see that the right and proper delegates are selected from their State organizations to represent them at the Chicago meeting.

Reports will be made on the progress in the campaign to protect our rights in the State of Michigan and the progress of the Endowment for the New York College.

Doctor, be on hand to enjoy the pleasures of the wonderful session held at the finest hotel in North America, to shoulder

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*By Dr. A. C. Cowperthwaite*

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the responsibilities which are incumbent upon you as a militant Homœopath. Homœopathy is a heritage the perpetuation of which is a keen responsibility to you.

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#### PROTECTION DURING CHANGEABLE WEATHER.

During the changeable weather of early spring many persons have a marked susceptibility to bronchial inflammation, which may take on a serious aspect. To guard against this susceptibility and protect the patient from bronchial and pulmonary inflammations a cod liver oil preparation such as Cord. Ext. Ol. Morrhuæ Comp. (Hagee) is of distinct value. Its use adds resistance to the respiratory organs, lessening the danger of inflammatory diseases. An advantage possessed by Cord. Ext. Ol. Morrhuæ Comp. (Hagee) is its exceptional palatability, a feature of value when used in children. Although palatable, Cord. Ext. Ol. Morrhuæ Comp. (Hagee) offers everything that the plain oil does.

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FOR SALE—A set of Herring's Guiding Symptoms, 10 Vols. and Repertory; sheep binding, in fine condition. C. A. Bozarth, M. D., Cedar Falls, Iowa.

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#### VENEREAL DISEASE STATISTICS.

Washington, Jan. ——.It must be evident even to the layman, says a report published by the U. S. Public Health Service, that the damage done by venereal disease is enormous. Unfortunately, concealment is so general that there is little dependable information yet available in regard to important facts.

For improvement in reporting cases and in giving the true causes of deaths, reliance must be had on the efforts of workers in the syphilitic field. They must, says the Public Health Service, become missionaries in popularizing the reporting re-

# Glandular Therapy

## Biological Triturations

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quired by law. Half the physicians in the country have agreed to co-operate with the State Boards of Health in this respect and the great majority of the other half would fall in line if they were convinced that co-operation would protect their patients and that it was really wanted by the community. This would give much-desired information as to the real prevalence of venereal diseases.

Meanwhile, in order to acquire at least a part of this desired knowledge the Public Health Service suggests that physicians whose practice has brought them into contact with large numbers of syphilitic patients over long periods of time might send to some central office the histories of their patients from the time of infection, through the period of treatment, to dismissal either through death or clinical recovery.

Possibly, says the Service, many physicians will be ready to turn over valuable accumulated material of this character. Army and Navy medical records should also be valuable, for both contain large numbers of records of the infection of personnel. Combined study of these should disclose the actual mortality from syphilis and the impairments, or sequelæ, which have resulted from it. A large series of records might conceivably show a fairly constant relationship between syphilitic infection and aneurisms, locomotor ataxia, general paralysis, organic heart disease, and other conditions. For such a study a large number of cases, widely distributed and checked by statistical requirements of age, sex, and race, would be necessary. The results should ultimately permit a true measure of syphilitic mortality to be obtained from the crude figures that are annually published.

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#### THE UNITED STATES LIFE TABLES.

Washington, D. C., January 31, 1922.—The Department of Commerce, through the Bureau of the Census, announces that the second official publication on life tables, derived from births, deaths and population in this country is soon to be issued. These tables show conditions as they existed in 1890, in 1901, and in 1910, thus making it possible to study the

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changes which have taken place in mortality during two decades.

#### MORTALITY VARIES WITH THE CLASS.

It is shown that mortality at practically all ages is higher among men than among women. In particular it appears that the most favorable mortality in this country is found among women living in the rural districts. The rural classes, regardless of sex, enjoy a much lower mortality for nearly the entire range of life than those living in the cities. While the expectation of life, both among men and women in most classes has steadily increased, there is no indication of any definite lengthening of the span of life. In other words, while almost all classes of persons are living to an older average age, the limiting age of human life does not seem to have advanced.

#### CHANGE IN TWO DECADES.

In 1901 the expectation of life among white females at birth was about three years more than among white males, and in 1910 the excess in favor of the females had increased to almost three and one-half years. There seems to have been a general improvement for all classes for the ages up to about age 40 for men and age 50 for women, except for the Negro population. Above these ages no improvement is shown, and in some cases the mortality at the older ages in 1910 was actually less favorable than it was in 1901.

#### INFANT MORTALITY.

An examination of the infant mortality tables indicates a decided improvement in the infant mortality rate in most classes of the population between 1901 and 1910. The expectation of life of children born in 1910 also shows a considerable improvement over the expectation of life of children born in 1890 and 1901 in practically all classes of the population. The infant mortality in the rural districts was considerably lower than that in the urban districts both in 1901 and 1910, but the difference in favor of the rural districts was not as great in 1910 as it was in 1901, indicating that the efforts to improve infant mortality conditions in our cities are undoubtedly meeting with success.



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This work will help any man in active practice. It covers more ground than other works of its class, but is so clearly worded that less space is required. In a comparatively few, common sense words the author gives you the substance of what a work on practice should. It assumes that you are a physician and many details may be omitted. Reference to it is a consultation with an experienced physician of the big New York Hospitals.

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## COMPARISON WITH FOREIGN COUNTRIES.

Life tables are also given by sex for Australia, Denmark, England, France, Germany, Holland, India, Italy, Japan, Norway, Sweden, and Switzerland. They may be used to compare rates of mortality and expectations of life at any age in one country with those of any other country or with those in the United States. A comparison with these countries shows that except for France, India and Japan, the rates of mortality among men and women are less favorable in this country than in the foreign countries above mentioned. For example, the lowest annual rate of mortality per thousand at birth is found in Norway to be about 81 for males and 67 for females, while for a similar class in this country, namely white people, it is about 127 for males and 105 for females. This indicates that there is still much room for improvement in this country.

The most important mortality tables used by life insurance companies in this country and in foreign countries are included in this publication.

## LIFE ANNUITY AND MONETARY TABLES.

Tables of life annuities and other monetary tables at various rates of interest, based on life tables for this country, were computed for the purposes they serve in legal and business practice. The values of life annuities are frequently required in the settlement of estates, the division of wills, the determination of the measure of damages, and in connection with pension funds. Until the appearance of the United States Life Tables there were available practically no reliable life tables faithfully representing mortality conditions as they now exist in the general population of this country.

## CONSTRUCTION OF LIFE TABLES.

The mathematical theory of the construction of life tables is developed in great detail and is illustrated by photographs of the actual numerical calculations made on adding machines in the construction of the life table for males in the State of New York, 1910. This portion of the text will be of great service to all those who desire to acquaint themselves with the theory of life table construction as well as with the actual mathematical processes.

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One of the disadvantages attaching to the ordinary cod liver oil preparation is the patient's repugnance to it, which develops after a more or less prolonged use of it. This becomes marked, particularly during the summer months.

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which better results may be expected of the more specific treatment.

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---

### CHAULMOOGRA OIL AS LEPROSY CURE DISCUSSED IN NEW BULLETIN.

Although chaulmoogra oil has been in use for hundreds of years by the natives of India in the treatment of leprosy, it is only in recent times that general interest has been taken in it. Now scientists and medical men of various countries are studying the chaulmoogra tree with special consideration of the curative properties of the oil and its constituents, which already have been thoroughly examined chemically.

The United States Department of Agriculture has had plant explorers in the Orient studying the true chaulmoogra and collecting the native lore regarding the value and uses of the oil from different related species. In Department Bulletin 1057, *The Chaulmoogra Tree and Some Related Species*, by Joseph F. Rock, agricultural explorer, is collected all the recent information regarding these trees and the oils used in the treatment of leprosy and some other skin diseases. There is an introductory chapter by Dr. David Fairchild, agricultural explorer in charge of the Office of Foreign Seed and Plant Introduction, and one on the chemistry of the oils by Dr. Frederick B. Power of the Bureau of Chemistry.

According to the bulletin, some investigators accept it as established "that the fatty acids of the chaulmoogric series are specific in leprosy." The modern method is to use hypodermic injections of the esters prepared from the peculiar fatty acids of the oil which have been found to possess curative properties. The natives of India have been using the crude oil in local applications or internally, and investigations have shown that many of the seeds sold for the purpose are not of the species known to have curative qualities.

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The author recommends that a thorough survey be made of the chaulmoogra tree and all the known species related to it; that all promising localities be visited; that seeds be secured in quantities for germination and chemical examination; and that samples of soil and specimens of flowers, fruits and the wood be collected and preserved. If plantations are to be established, he says, it is of the utmost importance to know which of the numerous species should be planted. The best yielder of fruits, the largest fruited, and those yielding the proper oil in largest quantity should be selected.

The bulletin is of a technical nature and of interest chiefly to investigators. Those interested may obtain it from the Department of Agriculture, Washington, D. C.

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#### DOMESTIC QUARANTINE AND VENEREAL DISEASE.

“The migration of persons suffering with venereal diseases from their home State to another State without first procuring from their local health officer a permit stating that their travel is not dangerous to public health violates the Federal law, forbidding the spreading of contagious diseases and will be rigidly suppressed,” says the U. S. Public Health Service.

“Last spring the Attorney General, at the request of the Service, instructed all United States attorneys to co-operate fully with it and to prosecute offenders vigorously. Since then several violators have been sentenced to reformatories, where their disease-spreading activities have been stopped and they themselves are receiving proper medical treatment.

“The law and the regulations based on it are not so widely known as they should be; and the objects sought in their enforcement are not everywhere clearly understood. The law seeks to control the spread of disease but not necessarily to prevent the travel of venereally diseased persons. Such travel if undertaken under proper precautions in search of medical help will be encouraged by the Service. The law, however, seeks to close every channel through which venereal disease may be spread; and to do this it has been found necessary to



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put a stop to the movements of those who seek to migrate from one State to another in order more safely to carry on the business of spreading disease.

"When such persons and their associates learn that travel from one State to another while venereally diseased leads to arrest and severe punishment they will have an added incentive for submitting to voluntary treatment; and the day will be hastened when every infected person will at once place himself or herself under the care of a skilled physician of his or her own selection.

"At present it is probable that very many persons either never receive proper treatment or that they cease treatment too early in the belief that they are cured and thus become dangerous. Laws on this subject differ in the different States; and this fact leads to migration from those whose laws are rigid to those whose laws are less so.

"No attempt either by the U. S. Government or by State governments to police the State borders seems practicable. The laws of practically all States, however, require physicians to report all venereal cases that come to their attention; and a judicial or police investigation of the history of any apparent new-comer who chances to be arrested will early disclose most of the new arrivals in the State. These may then be proceeded against under United States law."

"Proceedings," adds the U. S. Public Health Service, "are based on the Interstate Quarantine Regulations, whose making by the Secretary of the Treasury was authorized by Congress February 15, 1893 (27 Stat., ch. 114, p. 449) amended March 3, 1901 (31 Stat., ch. 836, p. 1086)." Objections on the ground that the regulations are insufficient or defective or that Congress may not delegate its legislative authority are without merit. The Secretary's act in making the regulations is administrative and is authorized by the act of February 15, 1893. The penalty for violation as fixed by Congress, is legal, and has been sustained in United States courts. Details of the above are given in Reprint 693 of the U. S. Public Health Service, just issued.

Permits for travel obtained from the local health' officer must state that the travel in the opinion of the officer is not

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dangerous to the public health. The traveller must state where he intends to reside; and he must agree in writing to report to the proper health officer there within one week after arrival and to continue treatment under a reputable physician until the health officer certifies that he is no longer infectious. The health officer who issues the permit must promptly notify the new health officer, who must take appropriate action.

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### CARE OF THE BABY.

Washington, July 15, 1922.—“The Care of the Baby,” a new and enlarged edition of a former publication of the same name, is contained in the recent number of the weekly Public Health Reports of the United States Public Health Service and is now being reprinted for general distribution. Its eminently practical character is shown in the section on bathing the baby.

Baby, it says, should be bathed at least once a day. During hot weather one or two extra sponge baths may be given; but, as a rule, the daily bath should be a tub bath. It can be done more quickly and thoroughly, and the baby is not so liable to take cold.

The room should be warm; an open fire is desirable in cool weather. The water should be comfortably warm but not hot, about 90° to 95° F. It may be tested with the bare elbow, never the hand. However, a bath thermometer is best.

Everything needed should be in readiness before baby is undressed. In a small wicker basket, painted white, should be kept a cake of pure white castile soap, a small bottle of olive oil, pure talcum powder, boric acid, four dozen safety pins of assorted sizes, and a roll of absorbent cotton. A clean wash cloth, clean towels, and a full set of clean clothing should also be in readiness.

To undress the baby, take the clothes off over his feet. If held on the lap, a large bath towel should be used to prevent his tender skin from coming in contact with the rough or worsted dress and to receive him when lifted out of the tub. More conveniently he may be undressed on a table.

Before putting the baby into the tub, wrap him in a small blanket or large towel, and wash his face, head, and ears, being careful not to get soap into his eyes and mouth. Very little soap is needed. It is most important that the skin should be rinsed

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thoroughly. Pat the skin dry with a soft towel, taking care to dry well back of the ears and in the soft folds of his neck. The eyes should be cleansed with absorbent cotton dipped in boracic acid solution. Squeeze a drop into each eye, being careful to use a fresh piece of cotton for each eye. The mouth and nose then should be cleaned with an applicator dipped in boracic acid solution. An applicator is made by twisting a small tuft of absorbent cotton upon the end of a wooden toothpick in such a way as to make a rounded pad. If made correctly, the cotton will not slip off readily. Be careful not to injure the ears. It is better to ask your physician or the nurse to show just how to cleanse them correctly.

It is well to lay a bath towel in the bottom of the tub and put in only a small amount of water at first. If baby is plunged immediately into a tub of water, he will be startled and may never enjoy a tub bath; but if the water is added gradually, while baby's attention is diverted to something else, he soon learns to enjoy the morning dip.

First soap the baby's entire body thoroughly; then place him in the bath, holding him with the left forearm under the neck and shoulders, the left hand under his arm, and lifting his feet and legs with the right hand. Support him while in the tub, with the left hand and arm. Sponge the entire body with the right hand; then lift him out and wrap him in a bath towel. Dry carefully with the soft towel, patting the skin gently. Never rub the baby's tender skin with anything less smooth than the palm of the hand. A little pure talcum powder may be used in the creases and folds of the skin, under the arms, and around the buttocks; but it should not be used so freely as to clog the pores of the skin and never should be used until the skin has been dried as thoroughly as possible with the towel. A highly perfumed powder should not be used.

The bath should be given as nearly as possible at the same hour each day, at least an hour after feeding, and at first should last only about three minutes; later it may last five minutes. As the baby grows older and stronger he may be allowed to play in the water for about fifteen minutes, for the skin absorbs some water, which is beneficial to the system, relaxes the muscles, and aids in overcoming many wrong conditions.

# ELEMENTARY DERMATOLOGY

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1. *Green* olives are not to be confused with *ripe* olives.

2. *Spanish green olives*, generally known as *Queen olives*, are grown only near Seville, Spain, in proper size, texture and flavor for marketing. They differ radically from *ripe* olives in harvesting, curing, packing, color and taste.

3. No suggestion of unwholesomeness has ever been connected with *Spanish green olives* in newspaper reports or elsewhere. In fact, they are pronounced a food of considerable importance by the Department of Agriculture. They have a higher caloric value than potatoes, lean beef, eggs or cream, and contain in their oil one of the three perfect fats.

*No ill effects ever resulted from eating Spanish green olives. They are among Nature's purest foods.*

## FOOD VALUE OF OLIVES.

You will find in a table based on Atwater and Bryant's analysis, Bulletin No. 28, Department of Agriculture, that caloric values per pound of these foods compare as follows:

*Spanish Green Olives*—975 calories.

*Salmon*—950 calories.

*Loin of Beef*—900 calories.

*Eggs*—765 calories.

*Bananas*—460 calories.

*Potatoes*—365 calories.

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August 9, 1922.

The United States Civil Service Commission announces an open competitive examination for junior microanalyst on August 9, 1922, at any of the places listed hereon at which examination is requested in applications received in time to mail examination papers. Vacancies in the Bureau of Chemistry, Department of Agriculture, for duty in Washington, D. C., and in the field, at \$1,400 to \$1,800 a year, and in positions requiring similar qualifications, at these or higher or lower salaries, will be filled from this examination, unless it is found in the interest of the

service to fill any vacancy by reinstatement, transfer, or promotion.

*Range in salary.*—The entrance salary within the range stated will depend upon the qualifications of the appointee as shown in the examination and the duty to which assigned.

*Bonus.*—Appointees whose services are satisfactory may be allowed the increase granted by Congress of \$20 a month.

*Certification for field service.*—In filling vacancies in positions with headquarters outside of Washington, D. C., certification will be made of the highest eligibles examined nearest the vicinity of the place at which the appointee will be employed, except that upon the request of the department certification will be made of the highest eligibles on the register for the entire country who have expressed willingness to accept appointment where the vacancy exists.

*Citizenship and sex.*—All citizens of the United States who meet the requirements, both men and women, may enter this examination; appointing officers, however, have the legal right to specify the sex desired in requesting certification of eligibles.

*Duties.*—The duties of appointees will include the micro-analysis of such substances as foods and drugs in connection with the enforcement of the food and drugs act, as well as miscellaneous work on papers, textile materials, miscellaneous agricultural products, and such inorganic substances to which microanalytical methods are adapted. In connection with these problems more or less investigational work will be involved.

*Subjects and weights.*—Competitors will be rated on the following subjects, which will have the relative weights indicated:

<i>Subjects.</i>	<i>Weights.</i>
1. Practical questions in plant histology and morphology and general biology .....	30
2. Thesis (to be handed to the examiner on the day of the examination) .....	20
3. Education, training and experience .....	50
Total .....	100

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*Time allowed.*—"Practical questions" will consist of two sheets. Three hours will be allowed for each sheet.

*Education and experience.*—Under the third subject applicants must show that they have graduated, with a bachelor's degree or its equivalent, from a college or university of recognized standing, having majored in biology with special reference to plant histology and morphology; or be senior students in such an institution in such course, and furnish proof of actual graduation within six months from the date of this examination.

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*Thesis.*—Under the second subject applicants must submit to the examiner on the day of the examination a thesis, which must represent the results of the applicant's own study or investigations in some phase of plant histology, morphology, or micro-analysis. The thesis must be accompanied by a statement under oath, taken before an officer authorized to administer oaths for general purposes, in the following language: "I, the undersigned, do solemnly swear (or affirm) that in the preparation of the accompanying thesis the composition is entirely my own and that I have given full credit by quotation marks or references to authorities for any quoted matter." The examination number given the competitor at the beginning of the examination should be written on the thesis before it is handed to the examiner.

*Age.*—Applicants must have reached their twenty-second but not their seventieth birthday on the date of the examination. In view of the retirement act, should the appointing officer so request, certification will not be made of eligibles who have reached their fifty-fifth birthday.

*Retirement.*—Classified employees who have reached the retirement age and have served fifteen years are entitled to retirement with an annuity. The retirement age for railway mail clerks is 52 years, for mechanics and post-office clerks and carriers 65 years, and for others 70 years. A deduction of 2½ per cent. is made from the monthly salary to provide for this annuity, which will be returned to persons leaving the service before retirement with 4 per cent. interest compounded annually.

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*Residence and domicile.*—Applicants may be examined at any place at which this examination is held regardless of their place of residence; but only those who have been actually domiciled in the State or Territory in which they reside for at least one year previous to the examination, and who have the county officer's certificate in the application form executed, may become eligible for permanent appointment to the apportioned service in Washington, D. C.

*Applications.*—Applicants should at once apply for Form 1312, stating the title of the examination desired, to the Civil Service Commission, Washington, D. C., or to the Secretary of the United States Civil Service Board at any place listed hereon. Applications should be properly executed, excluding the medical certificate, and filed with the Commission at Washington in time to arrange for the examination of the applicant.

*The exact title of the examination, as given at the head of this announcement, should be stated in the application form.*

*Preference.*—Applicants entitled to preference should *attach to their applications* their original discharge, or a photostat or certified copy thereof, or their official record of service, which will be returned.

*Issued June 15, 1922.*

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UNITED STATES CIVIL SERVICE COMMISSION, WASHINGTON, D. C.

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*Compensation and promotion.*—Compensation is at the rate of \$720 a year for dietitians, \$780 a year for head dietitians, \$960 a year for assistant chief dietitians, and \$1,344 a year for chief dietitians. In each case this is base pay, the bonus of \$20 a month, together with quarters, subsistence, and laundry being in addition. Appointments will be made at the rate of from \$720 to \$960 a year, base pay, according to the qualifications of the appointee as shown in the examination and the duty to which assigned. The position of chief dietitian is usually filled by promotion. The salary limits are fixed by the department under which service is to be rendered.

*Citizenship and sex.*—All citizens of the United States who meet the requirements, both men and women, may enter this examination; appointing officers, however, have the legal right to specify the sex desired in requesting certification of eligibles. Women are usually employed in this position in the Public Health Service. Subjects of neutral countries or of countries allied with the United States during the war with Germany, who have declared their intention to become citizens of the United States and who are otherwise qualified, may enter this examination. Such persons may not be certified for appointment so long as there are eligibles who are United States citizens.

*On account of the needs of the service applications will be received until further notice. Papers will be rated as received and certification made as the needs of the service require.*

*Duties.*—The duties of appointees will be (1) to purchase the food supplies for all messes operated in the hospital; (2) to plan all menus, both for patients on ordinary diets and diets with reference to special diseases; and (3) the supervision of the preparation and serving of all dietaries in the hospital both to patients and personnel.

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<i>Subjects.</i>	<i>Weights.</i>
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(a) Graduation from a course in home economics of at least two years in an accredited college, such course to have included at least one year in chemistry, one year in biological science (including physiology and bacteriology), and one year in food preparation, also courses in nutrition, and in dietetics. Certificates from school authorities must be filed with the application to substantiate the statements of the applicant on the work done and the courses taken.

(b) Graduation in home economics from a school where the course is less than two years; and two years' responsible post-graduate experience as a dietitian in a hospital or other institution for the care of the sick of not less than forty beds.

*Experience.*—Applicants qualifying under either group (a) or (b) must also show that they have had at least three months' postgraduate experience as student dietitian in a hospital or other institution for the care of the sick of not less than forty beds; or that they have had three years' successful experience in teaching domestic science, including experience in the purchase and care of food supplies.

*Age.*—Applicants must not have reached their seventieth birthday on the date of making oath to the application. Should the appointing officer so request, certification will be made of eligibles who are within reasonable age limits.

*Retirement.*—Classified employees who have reached the retirement age and have served fifteen years are entitled to retirement with an annuity. The retirement age for railway mail clerks is 62 years, for mechanics and post-office clerks and carriers 65 years, and for others 70 years. A deduction of  $2\frac{1}{2}$  per cent is made from the monthly salary to provide for this annuity, which will



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*Photographs.*—Applicants must submit with their applications their unmounted photographs, taken within two years, with their names written thereon. Proofs or group photographs will not be accepted. Photographs will not be returned to applicants.

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*Applications.*—Applicants should at once apply for Form 1312, stating the title of the examination desired, to the Civil Service Commission, Washington, D. C.; the Secretary of the United States Civil Service Board. Customhouse, Boston, Mass., New York, N. Y., New Orleans, La., Honolulu, Hawaii; Post Office, Philadelphia, Pa., Atlanta, Ga., Cincinnati, Ohio, Chicago, Ill., St. Paul, Minn., Seattle, Wash., San Francisco, Calif., Denver, Colo.; Old Customhouse, St. Louis, Mo.; Administration Building, Balboa Heights, Canal Zone; or to the Chairman of the Porto Rican Civil Service Commission, San Juan, P. R.

Applications should be properly executed, *including the medical certificate*, but excluding the county officer's certificate, and filed with the Civil Service Commission, Washington, D. C., without delay.

*The exact title of the examination, as given at the head of this announcement, should be stated in the application form.*

*Preference.*—Applicants entitled to preference should *attach to their applications* their original discharge, or a photostat or certified copy thereof, or their official record of service, which will be returned.

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The commission will receive applications for these positions written examination, but are rated upon the subjects of education, training, experience, and physical ability.

Full information concerning salaries and requirements, and application blanks, may be secured from the United States Civil Service Commission, Washington, D. C., or the board of civil service examiners at the post office or customhouse in any city.

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### ALCOHOL MADE FROM WOOD.

People do not generally think of wood as a source of alcohol; that is the grain or ethyl alcohol formerly used for beverage purposes and still of use in perfumes, in manufacturing ether and as a solvent. It is quite possible, however, to make grain alcohol from wood waste through a process described by F. W. Kressman of the Forest Products Laboratory, Madison, Wis.

This process is outlined in Department of Agriculture Bulletin No. 983, "The Manufacture of Ethyl Alcohol from Wood Waste," just issued. The making of ethyl alcohol from such things as straw, cotton, wood, and many other plant fibres is not at all new, but previously, except in very few instances, it was not possible to use these materials profitably.

There is wasted annually, Government experts estimate, some fifteen to twenty million tons of wood suitable for the manufacture of ethyl alcohol and capable of yielding about fifteen gallons of alcohol to the ton.

The department bulletin which tells about the manufacture of ethyl alcohol from wood waste may be obtained from the United States Department of Agriculture, Washington, D. C.

---

### TUBERCULOSIS SCHOOL AT OTEEN, N. C.

A tuberculosis school similar to that held last year will be conducted by the United States Public Health Service from June 1 to June 30 at the Government sanitarium in Oteen, N. C.

# THERAPEUTICS

OF THE

## RESPIRATORY ORGANS

By DR. FRANCOIS CARTIER

*Translated by*

DR. CARL A. WILLIAMS

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BY

**Captain WALTER SANDS MILLS, M. D.**  
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*For Sale at All Homœopathic Pharmacies.*

The class will consist of 30 medical officers and 30 nurses, who will be drawn for the most part from other Service hospitals. A few others who are identified with tuberculosis work in different parts of the country, although not employed by the Government, will be admitted.

The first school, which graduated 22 physicians and 19 nurses who had been carefully selected from the 66 hospitals of the Service, was patterned after the summer school at Saranac Lake, N. Y., with necessary adaptations to the special work required.

Oteen Hospital, with a capacity of 1,100 beds, is near Asheville, N. C., and is conducted especially for tuberculosis patients. This delightfully situated and easily accessible sanitarium was built during the war by the Army and was later turned over to the Public Health Service. It is in close proximity to the Public Health Service hospital at Biltmore.

---

#### NEW HOOKWORM TREATMENT SUCCESSFUL IN BIG TESTS.

Evidence that is gradually being accumulated by medical men in various parts of the world provides a good basis for the belief that carbon tetrachloride, a cheap and common chemical, is a cure for hookworm in human beings. Recent reports from the Fiji Islands and Ceylon covering thousands of cases show practically 100 per cent. of successes.

The discovery of the efficacy of the drug in removing these parasites was made by Dr. Maurice C. Hall of the United States Department of Agriculture, who tested it on dogs and even tried out its effects on himself. His results immediately stimulated medical men in many countries to start investigations, and favorable reports are now being received by the Department.

In the Bogambra prison at Kandy, Ceylon, a country where hookworm is common, this carbon compound was tried on fourteen persons with marked success. Among them was a condemned criminal who offered himself as a subject for a thorough test. He was given a maximum dose of ten cubic centimeters of the drug, which removed fifty-five hookworms. Twenty-two days later he was executed. A post-mortem examination showed

# ELEMENTARY DERMATOLOGY

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RALPH BERNSTEIN, M. D.

Professor of Dermatology, Hahnemann Medical College, of Philadelphia, Consulting Dermatologist to various institutions, hospitals, etc.

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that all these parasites had been removed. The other convicts apparently were completely freed of the parasites by much smaller doses. No effects other than slight dizziness and a sensation of weight in the stomach were noticed in the case of those receiving less than ten cubic centimeters of the drug. The prisoner receiving ten cubic centimeters experienced some nausea and drowsiness.

Twelve thousand natives of the Fiji Islands, according to a telegraphic report recently received in London, have been successfully treated by the same method, a single dose removing all these parasites from 90 per cent. of the patients and at least 98 per cent. of them from all persons treated. This is the most extensive test of the chemical yet made on human beings.

The almost universal success thus far gives reason to believe that carbon tetrachloride is far superior to the old remedies, thymol and oil of chenopodium. The second of these has given rise to a number of fatalities, probably because of the variable composition of different samples, and thymol has caused the deaths of some patients. Thus far carbon tetrachloride, which is usually given in capsules, has produced no ill effects and does not appear seriously to inconvenience the patient.

The tests made on human beings in various countries, including the large number in Fiji, bear out those made by Dr. Hall. He found that a very small dose, 0.3 of a cubic centimeter to a kilogram of live weight, amounting to less than an ordinary teaspoonful for a 22-pound dog, was effective, but in one case a dog was given about twenty fluid ounces (nearly a half pint) without evidence of injury to the animal. The United States Public Health Service reports that relatively heavy doses given to monkeys produced no symptoms of poisoning and no noticeable change in any of the organs.

As the evidence piles up, it seems more and more probable that carbon tetrachloride, which is commonly used as a clothes cleaner, will prove to be a cheap, agreeable, and effective treatment for a parasite that is destroying health and reducing human efficiency in millions of people in many parts of the world, including many thousands in our Southern states.



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UNITED STATES CIVIL-SERVICE EXAMINATION.

TECHNICAL ASSISTANT IN LIMNOLOGY.

September 20, 1922.

The United States Civil Service Commission announces an open competitive examination for technical assistant in limnology on September 20, 1922, at any of the places listed hereon at which examination is requested in applications received in time to mail examination papers. A vacancy in the Steam Pollution Office, Public Health Service, Cincinnati, Ohio, at \$1,800 to \$2,200 a year, and vacancies in positions requiring similar qualifications, at these or higher or lower salaries, will

be filled from this examination, unless it is found in the interest of the service to fill any vacancy by reinstatement, transfer, or promotion.

**Range in salary.**—The entrance salary within the range stated will depend upon the qualifications of the appointee as shown in the examination and the duty to which assigned.

**Bonus.**—Appointees whose services are satisfactory may be allowed the increase granted by Congress of \$20 a month.

**Citizenship and sex.**—All citizens of the United States who meet the requirements, both men and women, may enter this examination; appointing officers, however, have the legal right to specify the sex desired in requesting certification of eligibles.

**Duties.**—The duties of the appointee will be to assist an expert biologist in the collection, identification, and enumeration of plankton and other aquatic biological conditions; and to assist in experimental studies in relation to food, habits, and biological activities of plankton.

**Subjects and weights.**—Competitors will be rated on the following subjects, which will have the relative weights indicated:

Subjects.	Weights.
1. General biology .....	50
2. Education and experience .....	50
Total .....	100

**Education and experience.**—Under the second subject applicants must show that they have graduated from a standard high school, or have completed at least 14 units of high-school work acceptable for college entrance; and, in addition, that they have been graduated with a degree from the full four years' course of a college or university of recognized standing, such course to have included not less than one year's training in general biology, including limnology; provided, that for the purpose of this examination applicants who have not completed the specified amount of college training may substitute for all or any part thereof an equal amount of pro-

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gressive experience of the kind outlined in the above statement of duties.

Special credit will be given to applicants who have had training in the more restricted field of planktonology.

Statements as to education and experience are accepted subject to verification.

**Age.**—Applicants must have reached their twenty-first but not their seventieth birthday on the date of the examination. In view of the retirement act, should the appointing officer so request certification will not be made of eligibles who have reached their fifty-fifth birthday.

**Retirement.**—Classified employees who have reached the retirement age and have served fifteen years are entitled to retirement with an annuity. The retirement age for railway mail clerks is 62 years, for mechanics and post-office clerks and carriers 65 years, and for others 70 years. A deduction of  $2\frac{1}{2}$  per cent. is made from the monthly salary to provide for this annuity, which will be returned to persons leaving the service before retirement with 4 per cent. interest compounded annually.

**Photographs.**—Applicants must submit to the examiner on the day of the examination their photographs, taken within two years, securely pasted in the space provided on the admission cards sent them after their applications are filed. Proofs or group photographs will not be accepted. Photographs will not be returned to applicants.

**Residence and domicile.**—Applicants may be examined at any place at which this examination is held, regardless of their place of residence; but only those who have been actually domiciled in the State or Territory in which they reside for at least one year previous to the examination, and who have the county officer's certificate in the application form executed, may become eligible for permanent appointment to the apportioned service in Washington, D. C.

**Applications.**—Applicants should at once apply for Form 1312, stating the title of the examination desired, to the Civil Service Commission, Washington, D. C., or to the Secretary

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of the United States Civil Service Board at any place listed hereon. Applications should be properly executed, **including the medical certificate**, and must be filed with the Commission at Washington in time to arrange for the examination of the applicant.

The exact title of the examination, as given at the head of this announcement, should be stated in the application form.

**Preference.**—Applicants entitled to preference should attach to their applications their original discharge, or a photostat or certified copy thereof, or their official record of service, which will be returned.

Issued July 31, 1922.

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UNITED STATES CIVIL SERVICE COMMISSION, WASHINGTON, D. C.

The examination referred to in the accompanying announcement will be given on the date mentioned therein at the places names below. A request for examination on another date or at a place not included in the list can not be granted. Except where otherwise indicated, application blanks may be obtained from the local secretary of the United States Civil Service Board at the post office. Where the letters "C. H." occur, the secretary of the board is located at the custom house. Boards of Pension Examining Surgeons are located at all places in the list, except those marked thus:\*

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## GOVERNMENT NEEDS DIETITIANS IN REHABILITATION OF DISABLED VETERANS.

Washington, D. C., \_\_\_\_\_, 1922.—The United States Civil Service Commission states that there is urgent need at hospitals of the United States Public Health Service for dietitians in connection with the rehabilitation of disabled soldiers, sailors, and marines.

The Commission will receive applications until further notice for these positions. Applicants are not required to report for a written examination, but are rated upon the subjects of education, training, and experience.

Full information concerning salaries and requirements, and application blanks, may be secured from the United States Civil

Service Commission, Washington, D. C., or the board of civil service examiners at the post office or custom house in any city.

---

### TISSUE NOURISHMENT IN DEBILITATED STATES.

In those reduced states usually designated as general debility, the blood stream is impoverished, the muscles flabby and the nervous tissue much reduced in tone. The outstanding need is for an agent that will serve as a general reconstructive, one that will increase the blood count, add vigor to muscular tissue and tone up the nervous system.

Cod liver oil meets these demands in highly satisfactory manner, but care must be exercised to choose a cod liver oil preparation that is palatable as well as effective. In *Cod. Ext. Ol. Morrhuae Comp.* (Hagee) the physician will find a cod liver oil product that offers to the patient every therapeutic property of the plain oil. Not only this but it is extremely palatable and may be continued over long periods without causing unpleasant effects. It is of the utmost service in general debility, building up the tissues and adding tone to the nervous system.

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### UNITED STATES CIVIL-SERVICE EXAMINATIONS.

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LABORATORIAN (ROENTGENOLOGY).

ASSISTANT LABORATORIAN (ROENTGENOLOGY).

*Applications Will Be Rated As Received Until Further Notice.*

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The United States Civil Service Commission announces open competitive examinations for the positions listed above. Vacancies in the Public Health Service, in the position of laboratorian (roentgenology) \$130 to \$180 a month, and in the position of assistant laboratorian (roentgenology) at \$70 to \$130 a month, and vacancies in positions requiring similar qualifications, at these or higher or lower salaries, will be filled from these examinations, unless it is found in the interest of the service to fill any vacancy by reinstatement, transfer, or promotion.

# A Text Book of Materia Medica and Therapeutics

---

*Characteristic, Analytical and Comparative.*

*By Dr. A. C. Cowperthwaite*

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*Twelfth Edition, with enlarged Appendix,*

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The mere fact that more editions of this book have been published than of any other Homœopathic Materia Medica proves that it is the best *working* Materia Medica obtainable—Materia Medica and Generalized Therapeutics.

*Range in salary.*—For either of these positions, the entrance salary within the range stated will depend upon the qualifications of the appointee as shown in the examination and the duty to which assigned.

*Quarters and subsistence.*—In the Public Health Service, in addition to the salaries, appointees will be allowed quarters, subsistence, and laundry where these are available.

*Bonus.*—Appointees to the Public Health Service at annual compensation of \$2,500 or less, whose services are satisfactory, may be allowed the increase granted by Congress of \$20 a month.

*Promotion.*—Assistant laboratorians (roentgenology) who have served three years with the Public Health Service in the highest salary grade and who have passed a satisfactory examination prescribed by the Surgeon General of the United States Public Health Service, may be rated as laboratorians (roentgenology), with the pay and allowance of that grade.

*Certification for field service.*—In filling vacancies in positions with headquarters outside of Washington, D. C., certification will be made of the highest eligibles residing nearest the vicinity of the place at which the appointee is to be employed, except that upon the request of the department certification will be made of the highest eligibles on the register for the entire country who have expressed willingness to accept appointment where the vacancy exists.

*Citizenship and sex.*—All citizens of the United States who meet the requirements, both men and women, may enter these examinations; appointing officers, however, have the legal right to specify the sex desired in requesting certification of eligibles.

*On account of the needs of the service applications will be received until further notice. Papers will be rated as received and certification made as the needs of the service require.*

*Duties.*—Laboratorians (roentgenology) must be competent in X-ray photography (including developing and solution preparation) and posturing, and trained in the ability to install, maintain, and repair X-ray apparatus; they must also be qualified by experience for supervisory duty in a large laboratory, or as the head of



# Glandular Therapy

## Biological Triturations

### List

CORPUS LUTEUM  
DUODENUM  
PANCREAS  
PITUITARY  
SUPRARENALS  
THYMUS  
THYROID  
BRAIN  
ORCHIC  
MAMMARY  
PINEAL  
PROSTATE  
OVARIAN  
SPLEEN

### PRICE LIST

Tablets, 1 m. \$.80; 5 m. \$3.25

Supplied in 6x when not otherwise specified

The material for these triturations was obtained from standard laboratories, for these products. A leaflet, giving clinical scope, will be sent on request. The triturations are made with the pure sugar of milk crystals (not powdered milk sugar). The 1x receives four hours triturating, and each succeeding x two hours. This line was made because many physicians were asking for these glandular products in triturations.

Obtainable at any of our pharmacies.

BOERICKE & TAFEL.

a smaller laboratory. Assistant laboratorians' (roentgenology) duties will require a similar training to those of a laboratorian (roentgenology), but will be under supervision.

*Subjects and weights.*—Competitors will not be required to report for examination at any place, but will be rated on the following subjects, which will have the relative weights indicated:

<i>Subjects.</i>	<i>Weights.</i>
1. Education and training.....	30
2. Experience .....	70
	100
Total.....	100

*Basis of rating.*—The ratings will be based upon competitors' sworn statements in their applications and upon corroborative evidence.

*Requirements for eligibility.*—The minimum requirements for eligibility for appointment to these positions are as follows:

*Laboratorian (roentgenology).*—Applicants must have completed at least four years' high-school or equivalent education, and have received a degree of proficiency from, or established equivalent schooling in, a recognized hospital, medical school, or technical or commercial institution in X-ray physics and technology. In addition, applicants must show five years' experience in X-ray activities.

*Assistant laboratorian (roentgenology).*—Applicants must have completed at least eight grades of common-school or equivalent education, and have received a certificate of proficiency from, or established equivalent schooling in, a recognized hospital, medical school, or technical or commercial institution in X-ray physics and technology. In addition, applicants must show two years' experience in X-ray activities.

*Age and physical condition.*—Applicants must have reached their eighteenth but not their seventieth birthday on the date of making oath to the application, and must be in good physical condition. In view of the retirement act, should the appointing officer so request certification will not be made of eligibles who have reached their fifty-fifth birthday.

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"He has done for therapeutics what Farrington did for Materia Medica."—*Homœopathic World*.

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*Retirement.*—Classified employees who have reached the retirement age and have served fifteen years are entitled to retirement with an annuity. The retirement age for railway mail clerks is 62 years, for mechanics and post-office clerks and carriers 65 years, and for others 70 years. A deduction of 2½ per cent. is made from the monthly salary to provide for this annuity, which will be returned to persons leaving the service before retirement with 4 per cent. interest compounded annually.

*Photographs.*—Applicants must submit with their applications their unmounted photographs, taken within two years, with their names written thereon. Proofs or group photographs will not be accepted. Photographs will not be returned to applicants.

*Residence and domicile.*—Applicants will be admitted to these examinations regardless of their residence and domicile; but only those who have been actually domiciled in the State or Territory in which they reside for at least one year previous to the date of making oath to the application, and who have the county officer's certificate in the application form executed, may become eligible for permanent appointment to the apportioned service in Washington, D. C.

*Applications.*—Applicants should at once apply for Form 1312, stating the title of the examination desired, to the Civil Service Commission, Washington, D. C.; the Secretary of the United States Civil Service Board, Customhouse, Boston, Mass., New York, N. Y., New Orleans, La., Honolulu, Hawaii; Post Office, Philadelphia, Pa., Atlanta, Ga., Cincinnati, Ohio, Chicago, Ill., St. Paul, Minn., Seattle, Wash., San Francisco, Calif., Denver, Colo.; Old Customhouse, St. Louis, Mo.; Administration Building, Balboa Heights, Canal Zone; or to the Chairman of the Porto Rican Civil Service Commission, San Juan, P. R.

Applications should be properly executed, *including the medical certificate*, and filed with the Civil Service Commission, Washington, D. C., without delay.

*The exact title of the examination desired, as given at the head of this announcement, should be stated in the application form.*

# THERAPEUTICS

OF THE

## RESPIRATORY ORGANS

By DR. FRANCOIS CARTIER

*Translated by*

DR. CARL A. WILLIAMS

**A** THOROUGHLY Homœopathic Book written by a master. Dr. Cartier is the leading homœopathist of France. The chapter on the relation of homœopathy to vaccine and serum therapy is alone worth the price of the book.

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This work will help any man in active practice. It covers more ground than other works of its class, but is so clearly worded that less space is required. In a comparatively few, common sense words the author gives you the substance of what a work on practice should. It assumes that you are a physician and many details may be omitted. Reference to it is a consultation with an experienced physician of the big New York Hospitals.

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*Answers in applications.*—Applicants should submit with their applications, and as a part thereof, complete answers to the following questions, numbering their answers to correspond to the numbers of the questions.

In answer to Question 28 of the application form, state what experience (giving dates) you have had in the following:

- (a) Installation, maintenance, and repair of X-ray apparatus.
- (b) Making of plates and films according to commonly accepted standards of X-ray posturing.
- (c) Developing plates and films and printing.
- (d) Preparation and care of solutions.

In answer to Question 29 of the application form, state the minimum salary you are willing to accept—

- (a) Without subsistence and without quarters.
- (b) With subsistence and one room as quarters.

In answer to Question 30 of the application form, state if you are willing to serve anywhere in the United States; if you are not so willing, state the location or locations where you are willing to work.

Question 32. If married, state how many children you have.

*Preference.*—Applicants entitled to preference should *attach to their applications* their original discharge, or a photostat or certified copy thereof, or their official record of service, which will be returned.

*Issued April 27, 1922.*

---

FOR SALE—Dr. F. E. Stoaks' Medical Library. Pronounced by Dr. Boger as being very complete and valuable, containing some rare and out-of-print volumes. For particulars address Mrs. F. E. Stoaks, Marietta, Ohio.

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And 25 Others

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## OPENINGS FOR JUNIOR MEDICAL OFFICERS IN GOVERNMENT SERVICE.

Washington, D. C., July , 1922. The United States Civil Service Commission states that there is urgent need for eligibles to fill positions of junior medical officer in the Indian Service and the Coast and Geodetic Survey and that the Commission will receive and rate applications until further notice.

Competitors will not be required to report at any place for a written examination, but will be rated upon the subjects of education, training, and experience as shown by their applications and corroborative evidence.

Full information concerning salaries, etc., and application blanks may be secured from the United States Civil Service Commission, Washington, D. C., or the board of civil service examiners at the post office or customhouse in any city.

---

## CHRONIC NERVOUS EXHAUSTION.

In the treatment of chronic nervous exhaustion, there may be times when sedatives are definitely indicated, but the logical manner in which to treat these cases is to improve the tone of the nervous system that it may the better stand up under increased strain.

To improve the tone of the nervous system the first essential is to build up the general system. In many instances chronic nervous exhaustion exists because there is a letting down of the entire economy.

Toward the building up of the general system and improving the condition of the nervous system, a reliable tissue reconstructive is necessary. For the purpose Cord. Ext. Ol. Morrhuæ Comp. (Hagee) is of high value. Under its administration the blood stream becomes richer and the body tissues grow stronger. The contained hypophosphites have a tonic effect upon nervous tissue. This comprehensive up-building influence of Cord. Ext. Ol. Morrhuæ Comp. (Hagee) gives it an unusual value in overcoming the condition known as chronic nervous exhaustion. A further advantage of this preparation of cod liver oil is that it is exceptionally palatable and may be used over long periods without causing distress.



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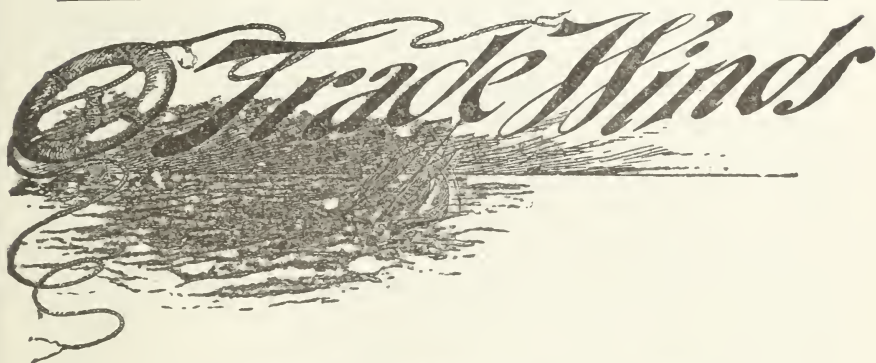
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DEPARTMENT OF COMMERCE, WASHINGTON.

## MORTALITY FROM CANCER, 1921.

Washington, D. C., November 14, 1922.—The Department of Commerce announces that the returns compiled by the Bureau of the Census show that over seventy-six thousand deaths were due to cancer in the death registration area of the United States in 1921, and assuming that the rest of the United States had as many deaths from this cause in proportion to the population, the total number of deaths from cancer in the entire United States for 1921 was 93,000, while for 1920 the number is estimated as 89,000 or 4,000 less than for 1921.

The trend of the cancer death rate is upward, the rate for 1921 being higher than that for any earlier year in twenty-three of the thirty-four states for which rates are shown in the following table. The cancer death rate in the registration area in 1921 was 86 per 100,000 population, against 83.4 for 1920. In comparing the death rate from cancer in one state with that in another, the Bureau uses "adjusted" rates in order to make allowance for differences in the age and the sex distribution of the population, because generally speaking, only persons in middle life and old age have cancer, so that a state with many old persons may be expected to have more deaths from cancer than a state with comparatively few old persons.

The highest "adjusted" cancer rate for 1921 is 99.6 per 100,000 population for the state of Massachusetts, and the lowest is 47.6 for the state of South Carolina.

For a few states adjusted rates have been calculated separately for the white and colored population. In this group of states the highest adjusted cancer rate for the white population is 95.9 per 100,000 population for New York and the highest rate for the colored population is 90.6 also for New York. The lowest adjusted cancer rate for the white population is 51.5 for Tennessee and the lowest for the colored population is 36.4 for Florida.

Summarized briefly, the adjusted rates show that the Northern states have comparatively high and the Southern states comparatively low cancer mortality, while there is little difference between the adjusted cancer rates of the white and colored races of the same states. In other words, the white and colored races seem equally susceptible to cancer, but both races seem less susceptible in the South than in the North.

---

#### PROTECTIONS AGAINST RESPIRATORY INFLAMMATIONS.

In many instances the respiratory inflammations that affect a great part of the public during the fall and winter season might be guarded against by the use of agents that will raise the index of tissue resistance, particularly respiratory tissue.

Cord. Ext. Ol. Morrhuæ Comp. (Hagee) is of high utility for the purpose of protecting against these respiratory ailments,

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through increasing tissue resistance. This cod liver oil preparation is extremely palatable and yet contains all of the desirable elements of the plain oil. For the purpose under discussion, the use of Cord. Ext. Ol. Morrhuæ Comp. (Hagee) should be begun early in the fall and continued throughout the winter season.

Its palatability is such that the patient's stomach does not rebel against its continued use.

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UNITED STATES CIVIL-SERVICE EXAMINATION.

---

GRADUATE NURSE.

GRADUATE NURSE (FOLLOW-UP).

(Applications will be Rated as Received until December 30, 1922.)

The United States Civil Service Commission announces an open competitive examination for graduate nurse, and graduate nurse (follow-up), for filling vacancies in the United States Veterans Bureau and in the Indian and Public Health Services.

**Salary.—Indian Service.**—The usual entrance salary for this position in the Indian Service is \$840 a year, with laundry of uniform, furnished quarters, heat, and light. Meals are furnished at cost. Appointees whose services are satisfactory may also be allowed the increase granted by Congress of \$20 a month.

**Veterans Bureau and Public Health Service.**—In the nursing services of the Veterans Bureau and U. S. Public Health Service the rates of pay are as follows, appointments being made to the lower grades and according to assignment and experience disclosed by the examination; the higher grades are usually filled by promotion:

	U. S. Public Health	
Hospital Service	Veterans Bureau	Service
Chief nurse . . . . .	\$1,584 a year	\$1,344 a year
Assistant chief nurse ..	1,200 a year	960 a year
Head nurse . . . . .	1,020 a year	780 a year
Nurse . . . . .	960 a year	720 a year

# Glandular Therapy

## Biological Triturations

### List

CORPUS LUTEUM  
DUODENUM  
PANCREAS  
PITUITARY  
SUPRARENALS  
THYMUS  
THYROID  
BRAIN  
ORCHIC  
MAMMARY  
PINEAL  
PROSTATE  
OVARIAN  
SPLEEN

### PRICE LIST

Tablets, 1 m. \$0.80; 5 m. \$3.25

Supplied in 6x when not otherwise specified

The material for these triturations was obtained from standard laboratories, for these products. A leaflet, giving clinical scope, will be sent on request. The triturations are made with the pure sugar of milk crystals (not powdered milk sugar). The 1x receives four hours triturating, and each succeeding x two hours. This line was made because many physicians were asking for these glandular products in triturations.

Obtainable at any of our pharmacies.

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In addition, quarters, subsistence, and laundry are furnished; and, in the Public Health Service only (not in the Veterans Bureau) the congressional bonus of \$20 a month is allowed.

Nurses assigned to patients having tuberculosis or neuro-psychiatric conditions are allowed increased compensation at the rate of \$60 a year.

Follow-up work in district or subdistrict managers' offices, U. S. Veterans Bureau, to be selected from those passing as graduate nurses (Public Health):

Chief nurse, \$2,000 a year.

Head nurse, \$1,800 a year.

Staff nurse, \$1,710 a year.

Nurses having special experience in psychiatry, \$1,800 to \$2,400 a year. These employees do not receive quarters, subsistence, laundry, or the congressional bonus.

**Citizenship and sex.**—All citizens of the United States who meet the requirements, both men and women, may enter this examination; appointing officers, however, have the legal right to specify the sex desired in requesting certification of eligibles. For the Indian Service women only are desired; for the Veterans Bureau and Public Health Service both men and women are desired.

**Certification.**—Eligibles will be certified from the register in the order of average percentage obtained.

For the filling of vacancies in the position of graduate nurse (follow-up) certification will be made of eligibles residing nearest the place where the vacancy may exist.

Follow-up work in neuro-psychiatry will be considered as a specialty, and certification to fill vacancies where such qualifications are desired will be made only from those qualifying in psychiatric experience.

**Basis of ratings.**—Competitors will not be required to report for examination at any place but will be rated on their education, training, and experience, on a scale of 100, such ratings being based upon competitors' sworn statements in their applications and upon corroborative evidence.

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**Requirements.—Graduate nurse.**—(1) Graduation from a recognized school for trained nurses requiring a residence of at least two years in a hospital having a daily average of thirty patients or more, giving a thorough practical and theoretical training, and (2) evidence of State registration, unless living in a State where there is no registration for nurses, in which case it must be stated in the application that the State requires no registration for nurses.

For the Indian Service **only**, applications will be accepted from members of senior classes who furnish proof of actual graduation within six months from the date of making oath to the application, and State registration will not be required.

**Graduate nurse (follow-up).**—In addition to the requirements for graduate nurse stated above, applicants must establish—

(a) For general follow-up nurse, at least four months' post-graduate training in public health or visiting nursing at a school of recognized standing, or in lieu of such training one year's experience under supervision in public health or visiting nursing.

(b) For follow-up nurse in psychiatry, applicants must meet the requirements for general follow-up nurse, together with a six months' postgraduate course in psychopathology at a recognized psychopathic hospital. Graduation as nurse from a recognized psychopathic hospital with proper affiliations covering **all** nursing requirements will be accepted as complying with this requirement.

On account of the needs of the service papers will be rated as received and certification made as the needs of the service require. In the absence of further notice, applications for this examination will be received until the hour of closing business on December 30, 1922. If sufficient eligibles are obtained, the receipt of applications may be closed before that time, in which case due notice will be given.

**Physical condition.**—Applicants must be physically sound and in good health. If selected for appointment, they may be required to pass an examination by a physician to be desig-



# THERAPEUTICS

OF THE

## RESPIRATORY ORGANS

By DR. FRANCOIS CARTIER

*Translated by*

DR. CARL A. WILLIAMS

**A** THOROUGHLY Homœopathic Book written by a master. Dr. Cartier is the leading homœopathist of France. The chapter on the relation of homœopathy to vaccine and serum therapy is alone worth the price of the book.

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# Practice of Medicine

BY

**Captain WALTER SANDS MILLS, M. D.**  
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*For Sale at All Homœopathic Pharmacies.*

nated by the Bureau or Service under which they are to serve to establish their physical soundness before entry on duty.

The medical certificate in the application form must be executed.

**Age.**—For the Indian Service, applicants must have reached their twentieth but not their forty-fifth birthday on the date of making oath to the application; for the Public Health Service and the Veterans Bureau, applicants must have reached their twentieth but not their fiftieth birthday on such date. These age limits do not apply to persons entitled to preference because of military or naval service.

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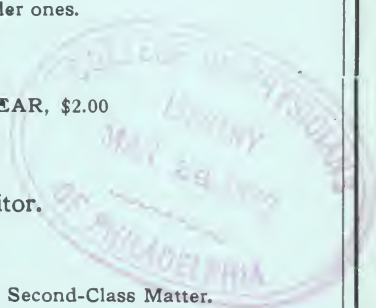
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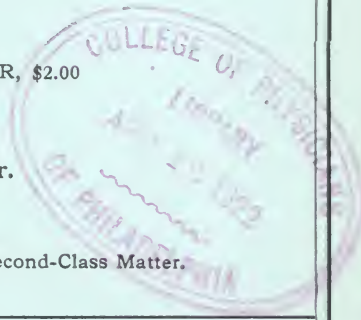
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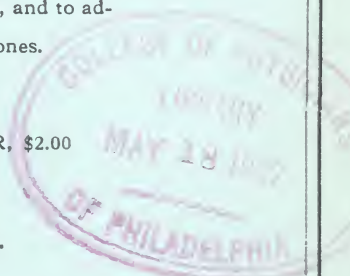
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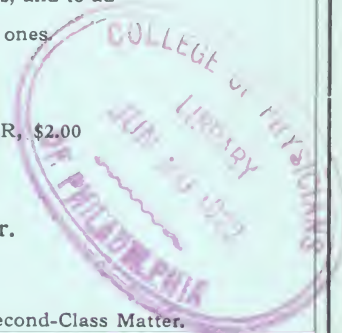
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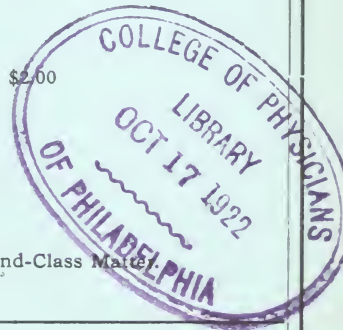
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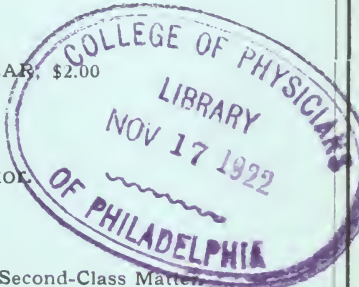
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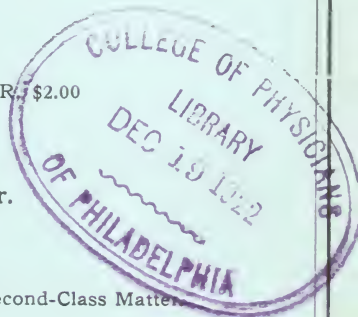
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