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President, I. H. A.

# THE HOMŒOPATHIC RECORDER

VOLUME XLV. DERBY, CONN., AUGUST 15, 1930. No. 8.

## PRESIDENTIAL ADDRESS\*

GRACE STEVENS, M. D.

The International Hahnemannian Association is fifty years old and this year begins its second half century. What has our society accomplished in its first fifty years? What may we hope and plan for in the fifty years to come?

Without undue pride, we can certainly say that the Association has counted among its members most of those men and women in this country who have sought to practise homœopathy according to the teachings of Hahnemann; that it has encouraged thinking and writing upon homœopathy and related subjects, and that its transactions contain a wealth of teaching along these lines.

In bringing together those of like faith, those whose minds were set on the attainment and practice of the truth, the Association has helped to form and to maintain many delightful friendships among its members. The meetings have been looked forward to almost as family gatherings and the papers and discussions have been followed with the closest attention.

The first meeting I had the pleasure of attending was that held in Rochester, N. Y., in 1904 when Dr. Boger was president. I remember that the person in charge of our meeting-room was much impressed because the members stayed through the sessions instead of wandering out to talk and smoke as people usually did at such meetings.

It was so very pleasant to have the meetings small and the discussions intimate that the members were sometimes tempted to discourage the growth of the society. Fortunately, however, there was a real missionary spirit in the majority and some of

\*Presidential address, read before the I. H. A., June 1930.

our most valued members today are among those instructed or even converted by the older brethren in the faith. The importance of this personal touch can hardly be over-estimated.

Of late years, through the zeal of some of our members, there has been established the Foundation of Homœopathic Research and also the American Foundation for Homœopathy, with its conferences, clinics and, most important of all, its Post-Graduate School—all of which are very valuable means for extending the knowledge and influence of homœopathy.

With the taking over of *The Recorder* our Association has provided itself with an organ which carries its message not only to members in this country, but to many other countries, and to people who do not belong to the society.

To me it is particularly thrilling that at least two physicians who are working in Africa to spread the Gospel of the Kingdom of Christ are also spreading the good news of the true art of healing, and, that through the medium of *The Recorder*, they may tell us of their struggles and successes and receive instruction and help.

One of the many valuable things that our society has done is the publishing of a directory of our members and of other dependable homœopaths so that we shall know to whom we may direct our patients when they are away from home, a precaution that we should never neglect. We should so instruct our patients that they will know the difference between the real thing and the false so that they will insist upon the true as a matter of course. The creation of a demand is the first step toward furnishing a supply, and when the demand for real homœopaths is great enough, the supply will be forthcoming.

This directory of ours we should be able to use with confidence. A physician's full membership in the International Hahnemannian Association should insure the patient's receiving careful, intelligent attention and the single, indicated, remedy.

We hope that the future of our society will show marked growth, not in numbers alone but in quality as well. There may be many physicians who wish to join our society, who really desire to practise good homœopathy, but who have not been sufficiently trained in homœopathic philosophy and the art of pre-

scribing. These should be welcomed as associate members for a period of time. They should be helped to gain the requisite knowledge through instruction, reading and practice. Especially should they be encouraged when possible, to attend the Post-Graduate School. Above all they should be made to feel that the older members of the Association are sympathetic and encouraging in their attitude toward them. Our society is not what one of my friends laughingly called it, "the straitest sect of the Pharisees". It is a body of physicians with their faces set toward the goal of truth. Like St. Paul, "we count not ourselves to have attained, but we press forward".

May it be said of this society as of the early church that "there were daily added to it those who were being saved", for the correct practice of the art of healing is necessarily a matter of growth. And since the practice of healing is an art, let us hope for the future of our society that state which is always most favorable to the cultivation of an art—the state of peace. We have already used the illustration of the early church. May I again quote from the book of Acts: "And the multitude of them that believed were of one heart and of one soul—and they continued steadfastly—in the doctrine and fellowship".

*The Recorder* is doing its readers excellent service in giving them the *Index to Current Homœopathic Literature*, and in republishing valuable papers of our older homœopathic writers. Many of these older papers are models of clear thought and good diction and we of today would do well to pattern after them. Putting thoughts into words helps immensely to clarify mental processes. Thus, the writing of papers, whether records of cases or expositions of homœopathic philosophy, will help us as well as our readers—and virtue will be its own reward!

As our knowledge of the power of homœopathy grows, through our practice of it, it is—and will continue to be—more and more interesting to match it with the physiological and pathological discoveries of our medical brethren. For instance, the study of the ductless glands is a fascinating one, constantly opening up new fields for investigation and experiment. Let us be as intelligent as we can about the functions of these organs, let us be able to recognize the symptoms caused by or accompanying

their faulty action, but then let us still remember that the condition of the glands is the effect, not the cause of the general disability of the sick person, and that help is to be found, not in surgery, not in feeding the patient more glandular substance, but in the indicated homœopathic remedy, which will reduce the whole economy to order.

It is interesting to know, and most desirable that we should know, the symptoms produced by, or accompanying, too low or too high blood-pressure. Taking the blood pressure is an aid to diagnosis, as is taking the temperature, and should be part of the routine of a general examination, but we should remember that it is only one symptom in the totality and that the prescription which fits the whole condition will remedy the abnormal blood-pressure.

We could go on indefinitely giving illustrations of this sort, but the point is simply this, that we should give our interest and respect to those who are working over scientific problems, that we should weigh their discoveries with care and give them the place they deserve.

In thinking of the future of our society and what it is going to accomplish, my mind turns especially to the alleviation of mental suffering, not necessarily insanity, but the fears, obsessions and inhibitions which are so common among our patients.

Anyone who has experienced it, knows that mental suffering is far harder to endure than physical pain, and if we are general practitioners we should be as well equipped to relieve one as the other. Two books which I have read lately are exceedingly valuable in helping the physician to solve the mental problems of his patients. One of these is *Fear* by Dr. John Rathbone Oliver, a clergyman as well as a physician, who very evidently writes out of the fulness of his own experience in detailing the suffering of an over-worked business man who has become obsessed by the fear of death. The working out of the case from different angles, physical, mental and spiritual is most instructive, as is the treatment used, and the outcome, in the restoration of the patient to health and happiness.

The second book is *The Hope of the Variant* by Dr. John George Gehring of Bethel, Maine. For thirty years he has had

a sanitarium for patients suffering from nervous troubles or other chronic ailments, and has made them forever grateful for the relief given. This book is especially directed toward helping the general practitioner. It deals with the physical and mental sufferings of the patients, their inter-relation and cause. Dr. Gehring shows, what we all know, that many inhibitions or obsessions have their origin in some unfortunate childhood impression or habit which has gained control of the patient, but which may be eradicated by the aid of psychological re-education. He stresses the need of sympathy and understanding between patient and physician and the importance of allowing the patient to unburden his mind by talking as long as he wishes in detailing his sufferings. He urges the use of medicines for the relief of such physical conditions as attend, or are responsible for, the mental suffering, especially in the case of digestive difficulties which he feels are very often at the foundation of the whole trouble.

In reading this book, which I heartily recommend to anyone who has not seen it, I have felt that a well-trained homœopath ought, of all people, to be best fitted to cope with cases of this sort. We are taught to see the patient as a whole, to investigate every detail of his sufferings and to note the influence upon him of his environment and his activities. The first interviews which we hold with our patients often partake much of the character of the confessional and give almost as great relief. Putting vague fears and indefinite discomforts into words, helps the patient to understand himself and the explanations of the physician increase this understanding.

Again, our teaching leads us to consider mental symptoms of the highest importance in studying our cases. We strive to use diligence and tact in bringing to light such symptoms and in getting at their cause, and we use all our ingenuity to find means for relieving them.

And lastly, we have what no other physician can have, our well proven homœopathic remedies which fit the whole patient including his mental condition. We have reason to be very thankful for the invaluable aid of the well developed section on the mind which we find in our repertories, especially that of Dr. Kent.

For years our society had among its members one who gave himself especially to the care of nervous cases in an environment which was in many ways ideal for their relief. It was a great comfort to be able to put under the care of a man like Dr. Patch any patient who needed help not available in his usual surroundings.

Dr. Patch has gone from us. Is there not someone who could take up and carry on his work—for the glory of homœopathy and the good of humanity?

NORTHAMPTON, MASS.

### ARNICA AND CALENDULA\*

P. KLIEN, PH. D.

#### ARNICA

Confusion with pressing headache  
Cold spots on the brow  
Double vision after eye wounds  
Dull hearing after concussion  
Sore nostrils in coryza  
Stomach pain while eating  
Fulness of the stomach with nausea  
Pressure in the cardiac region with eructation  
Constant tickling in the larynx and trachea causing cough  
Many little painful pustules in succession  
Shivering of the whole body, cold hands and feet  
Worse contact, motion, moist cold  
For wounds, injuries, bruises, internal and external.

#### CALENDULA

Tearing headache with weight of the brain  
Pain of the right neck  
Eye wounds tending to pus  
Deafness worse in wet weather  
One sided coryza with profuse green discharge  
Hunger directly after eating  
Distension of the stomach pit  
Heart burn with shuddering  
Cough and hoarseness with green sputum  
Promotes healing of suppuration  
Chilly, sensitive to fresh air, cold chills on the back, skin feels warm  
Worse in moist, cloudy weather  
For deep, bleeding wounds with torn, crushed margins, external.

\*From *Leipziger Populare Zeitschrift für Homœopathie*, Jan. 15, 1930, p. 36.

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#### CLINICAL CASES: PSORINUM, MEDORRHINUM, SYPHILINUM\*

JULIA M. GREEN, M. D.

Much is said about the mistake of prescribing nosodes simply because the patient has the disease producing the nosode. They should be prescribed only on the symptomatology brought out in their provings, we are warned. I would like to suggest that a group of characteristic symptoms of a nosode occasionally appears late in the treatment of a chronic case, after layers of symptoms have been removed, one after another, and that, when such nosode is then prescribed, the case clears remarkably and goes on to such approximation to real cure as the patient is capable of reaching.

The prescriber in deep chronic states learns by experience to keep one eye and ear open for such characteristic symptoms and must resist temptation to see and hear them when they are not clearly present. Perhaps this last is not wholly true, for I do think that the need for a certain nosode comes to an experienced prescriber more by feeling or intuition than by conscious study of symptoms. To illustrate with only one example of each nosode mentioned above:

CASE 1. Mrs. W. R. V., 24 years old in 1919 when treatment began; a tall, slender, frail, fine-featured woman with clear white skin and masses of soft brown hair; an intellectual woman, fond of reading, composing, writing, dreaming dreams. She was always pessimistic, used to do much weeping, thoughts of suicide nine years, quarrelsome with her environment. Both parents far from strong; her father melancholy; her mother insane for twenty years. Our patient is quick-motivated, quick mentally, ambition far beyond vitality, worse from excitement, takes long to recuperate; tense, hard to relax, easy trembling, warts on fingers in childhood, attacks of indigestion and chronic diarrhoea, dysmenorrhœa always, perspiration palms hands and soles feet, dry skin, sleep always good, can sleep any time, cannot bear constrictions of hats, collars, waistbands, shoes.

\*Presented at the I. H. A., Bureau of Clinical Medicine, June 1930.

My first experiences with this patient were taking her through two abortions at two months, without any apparent cause; then what seemed normal pregnancy for nearly five months even to feeling life for two weeks or so. A profuse flow for seven days before calling me seemed to end this pregnancy, if it was one, without finding a foetus. Then, in less than a year there was a pregnancy which continued to term, producing a fine boy after only four hours of labor on May 1922. She had one child who was nearly two years old when I took the case, so there were six years between living children. The older child was delicate, needing much medical attention.

These obstetrical experiences pulled the patient all to pieces nervously, and lowered her vitality much more than they should have. She seemed wholly unequal to her task as housewife, mother, and social companion to her husband, and her outlook on life was morbid although brilliant.

For remedies, I began with *Phos.*, much later gave *Sep.* and later still *Thuja*. None of these was satisfactory, but each made her better equal to life and its responsibilities. Still she was tired all the time, never felt rested, although she had plenty of help in her household duties.

In October 1924, she told me of feeling chilly for many months, no matter what the temperature outside or the amount of clothing. As the hot summer months had preceded, this was peculiar. I realized then, also, that she naturally was slow to heal, and had a tendency to small suppurations. I gave her *Psor.* 10M and improvement began fundamentally. Another pregnancy started in November. She met the situation better and went through the ordeal far more easily. This third child, now nearly five years old, is the strongest.

My patient has changed into a model mother, and homemaker, doing all the work for her family of five in a house instead of a small apartment. She is happy in the home, well-balanced, helpful, bright-eyed, good color. She does not realize now the kind of person she used to be; apparently it has all slipped away from her.

She has had *Psor.* at very long intervals a few times since

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one indication of a beginning need for it being a dribbling for a long time after menses which are now painless.

CASE 2. Mrs. S. E. W. was 52 years old when I took her case in 1915 and found the following symptoms:

Several cases of phthisis in the family.

Health considered good until about four years ago when the long illness and death of her mother broke her down from overwork, worry and grief.

Exophthalmic goiter for four years. The thyroid gland was never much enlarged but pressed inward on the vessels of the neck. The eyes protruded slightly. The heart action was tumultuous, irregular, soft and rather weak. There were loud murmurs. She had had much treatment, many drugs, and an operation in November 1914 when one branch of each carotid was ligated. Afterward the gait was affected and she was unable to walk without support. She dragged her feet somewhat as in locomotor ataxia and rolled her body from side to side, saying it felt as if the sacro-iliac synchondrosis was loosened or dislocated.

Delirium after the operation.

Sinking spells frequent for a long time.

Early in September she was carried to Walter's Park and on the second day there almost died from a heart attack. She was treated by Dr. Almfelt who gave her *Tub.* 200 which caused a wonderful reaction which she felt going all through her. Three weeks later she was given the 1M just before returning home. This was about October first when I took charge of her case. Slow improvement continued. She was up in a reclining chair nearly all day and was allowed to sit up for meals and about one hour each afternoon.

The following additional symptoms have been subsequently reported:

Night sweats each night.

Headache, frontal, an indefinable distress.

Stools twice a day with a tendency to chronic diarrhoea.

Tendency to take cold, extending from head to chest. Cough paroxysms, severe, racking. Finally expectoration which is stringy, tough, or frothy and blood-streaked. This causes an exhausting palpitation.

Temperature subnormal in a. m. and somewhat above in the p. m.

Lack of vital heat and creepy chills in neck.

Sensitive to drafts or change in clothing.

Nausea in attacks, with vomiting of bile.

Faintness on rising with some vertigo.

Nose, small scabs and scales, bleeding occasionally.

Voice husky when tired, must clear throat before speaking.

Itching in ears and throat.

Membranous patches on posterior palate.

Pains here and there in small areas.

Desire for salty food when quite ill.

Attacks of frequent urging with pain in urethra at close of urination.

Teeth poor, much dentistry needed.

I took her through a long series of potencies with *Tuberculinum* and used *Ars.* as an intercurrent for several severe heart failure attacks. *Phos.* helped much after *Tub.* ceased to act.

The average slow improvement was satisfactory, though we had anxious times on several occasions, the worst after a report from the hospital where her husband had undergone an operation, saying he was in a serious condition. She jumped to the conclusion he was dead. I watched her all night, thinking several times heart had stopped. It pulled through on *Ars.* and the dynamic effect of alcohol in water.

By 1920 she had times of feeling fine for a few days; these times came oftener and oftener until she could leave her invalid chair and walk across a room, could entertain callers, and could sit at table for meals, without a bad effect on the heart.

In 1921 her husband insisted on the operation for removal of the entire thyroid. She stood it far better than the specialist anticipated and in a few weeks was walking across several rooms with a heart somewhere nearly steady. In fact the heart has done wonderfully well ever since. Of course it has very loud murmurs and much irregular beating but it is dependable and much more stable.

However, a new group of symptoms seemed to be a consequence of the operation. After two or three months she began

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long weakening attacks of chronic diarrhœa. By 1923, after much disability from this cause, her husband intervened again and had the whole digestive tract examined by a specialist. The diagnosis was chronic colitis and his treatment a series of irrigations over nearly a year. She grew stronger and the colitis stopped; again she had many months of feeling comparatively well.

But a new set of symptoms developed and she returned to the hospital. She had had wandering pains in small areas. Now the joints became affected and she was in misery. First one joint and then another showed swelling, redness, heat and great pain with exquisite tenderness and lack of function. The heart behaved well considering the involvement but the steady pains and the sharp twinges wore her out.

Then I began giving her *Kali bich.* She improved markedly with free intervals which grew longer, but the attacks would return.

Then the whole picture seemed to be *Medorrhinum*. Since I have given her a slow series of this drug, she has made the greatest gain of all, able to take auto tours, able to get out and work in her garden, to have personal oversight of all details of house-keeping, even to have a lawn party and play hostess. She has had all sorts of shocks and worries connected with illness in her family but her friends marvel at her condition. She seems "made new".

This case reminds me of a statement I heard Dr. Charles B. Bert make more than once. He said future generations would be free of tuberculosis as sycotic. There is a good deal of tuberculosis in his patient's family.

CASE 3. Miss B. P., a patient of mine since 1904 at which time she was 14 years old. Only glimpses of the history can be given.

She belongs to a family full of mixed miasms, very difficult to treat. Her father had epilepsy. Temperamentally she is the worst of the family, inclined to withdraw, to be silent, to make insulting and offending remarks, misunderstanding and misunderstood. Difficult concentration. Memory poor.

Cannot recite in school; mind goes blank. Irritable. Self-centred.

Feeling as if nothing is worth while.  
 Depression, marked before menses.  
 Menses late, scanty.  
 Face flushed and then very pale.  
 Hands and feet icy cold.  
 Piles bedclothes on all year around.  
 Dreams much, busy, tiring dreams, often when half awake.  
 < a. m., very hard to get up, slow, fussy.  
 Constipation chronic. Hæmorrhoids which bleed.  
 Vision blurred occasionally. Eyeballs burn after using eyes.  
 Numbness of the finger tips, extending down fingers.  
 Scalp very scaly, dry. Styes, abscesses, pustules.  
 Cracks behind ears.

This patient went stumbling on, not succeeding at anything, until she fell madly in love with a soldier who went to France. She married him on his return, only to find later that he became insane at times, when he would desert her. She discovered a fresh infection of syphilis. 1921-22 found her in Reno seeking a divorce, and while there she became infected at least once more, having the initial lesion and the eruption.

Mentally she grew gradually worse. Her mind would go blank for a moment. She became more vindictive and mean, saying horrid things. Her nights were terrible, sleepless, and filled with thoughts which frightened her.

Her head was full of distressing confusion with areas of pressure, she complained that she could not think, could decide nothing.

August 1924 she began to notice slight dragging in left leg.

June 1925 there was a left sided paralysis which cleared gradually.

The left arm has been heavy ever since and muscles of hand somewhat wasted.

This experience made her bitter against all the world and she retired more than ever from people, spending most of her time in bed, not caring to try to take any place in the home.

The mind and head grew worse.

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For remedies, I began way back with *Sulph.* followed by *Calc. carb.* and much later by *Ferr.*

In 1914 Dr. Kent advised *Calc. phos.* as long as it would hold and then *Tub. Tub.* was finally followed by *Med.* When paralysis came, *Lach.* was chosen by Dr. Dienst and myself working independently.

In 1926 I first gave her *Syphilinum* and have kept her on it since. She was sure for a long time it did no good but her family began to see a change. Very gradually mental characteristics dating back to girlhood have become softened and lessened. She has ceased to complain of her head all the time, has left her room, taken her part in family housework and garden tending, has made efforts to be helpful, has ventured out alone, and has welcomed guests in the home. She has a better color and expression than for many years. She will not admit much of this but actions speak louder than words.

An incurable patient may have the remaining years of her life made *much* more nearly bearable than seemed possible five years ago. However, she still rails at her doctor and says she is disappointed in homœopathy.

WASHINGTON, D. C.

Topical applications are neither philosophical or safe. The symptom may be driven away by an unhomœopathic means while the disease which caused it still exists in the individuality, ready to break out at the first opportunity. Again, the means employed may be profoundly homœopathic, and in virtue of that homœopathicity, may drive off the symptom to which they are applied; and yet not be sufficiently attenuated to make a lasting impression on the refined vitality, and the disease consequently is not thoroughly neutralized. The applied remedy is not fully absorbed, and consequently is not dynamized, as all things must which enter the personality.—*American Homœopathic Review*,



## A BRIEF STUDY COURSE IN HOMŒOPATHY

ELIZABETH WRIGHT, M. D.

## VI

## REPERTORIZING

As no one person can carry all the symptoms of all the remedies in his mind, a concordance or index is needed. We term a symptom index a repertory. There are about half a hundred of these, general or special, based on different systems of studying the case. The two most vital to know are the basic ones of the two main methods, the Kent *Repertory* and the Bœnninghausen.

## THE KENT REPERTORY: ITS CONSTRUCTION

The Kent *Repertory* is a compilation of materia medica, certain prior repertories, such as Lippe's, and clinical symptoms verified. In order to successfully search in the Kent *Repertory* for the symptoms of your case as evaluated in accordance with our last lecture you must be thoroughly familiar with the plan of the book, its rationale, and also its inconsistencies. The plan of the book is to work from generals to particulars, a general rubric first in most instances. The book is based on anatomical divisions, (see Table of Contents, p. VII), with certain exceptions such as the first section on MIND; the last one, GENERALITIES; discharges, such as STOOL, SWEAT, URINE and EXPECTORATION, which appear as separate sections next to the anatomical region producing them; and certain general conditions, such as VERTIGO, COUGH, SLEEP, CHILL and FEVER, which are also separate. Under each anatomical section the rubrics run in alphabetical order regardless of whether they are pathology, sensations, modalities, or objective symptoms (such as "bores head in pillow", page 108). Each such main heading is followed by modifiers, (if there be such) in the order following: Time, circumstances in alphabetical order, extension (the point from which a symptom extends is the one under which it will be found, not the point to which it extends), location with its time, circumstance and extension modifiers, and lastly, sens-

tion with its modifiers. For instance, the main section HEAD is anatomical, but under that you will not find an anatomical section for occiput, rather must you look under the sensation in the occiput, as for instance, COLDNESS OR PAIN, OCCIPUT, in.

It is to be noted that certain anatomical regions have no corresponding section in this *Repertory*, for instance, NECK, which is found under THROAT, EXTERNAL THROAT, and BACK. EXTERNAL THROAT contains the rubrics pertaining to the anterior neck, such as goitre, glands, torticollis, etc., and BACK contains nape and posterior cervical region. Furthermore, lungs, heart, aorta, axillary glands, breast and milk appear under CHEST; posterior chest appears under BACK; pulse under GENERALITIES; head sinuses are divided between NOSE and FACE; salivary glands are found under FACE instead of under THROAT; lips under FACE instead of under MOUTH; œsophagus is found under STOMACH; and liver under ABDOMEN. There is no section for the circulatory, glandular or nervous systems, as this book is not based on systems, (Boericke's *Repertory* in part), but the parts of these systems are found scattered throughout the book under allied anatomical headings. Many symptoms which one would expect to find under the nervous system appear under GENERALITIES as they indicate a tendency of the whole organism, such as ANALGESIA, CHOREA, CONVULSIONS, PARALYSIS, TREMBLING, etc. Twitching of the parts appears under the anatomical part, such as FACE, EXTREMITIES. Nervous symptoms having to do with the spine appear under BACK, such as OPISTHOTONOS. Meningitis appears in two places, under HEAD, INFLAMMATION, meninges of, and BACK, INFLAMMATION, cord, membranes of.

Similar or allied rubrics often appear in two or more different places, as for instance: Dysmenorrhœa under GENITALIA, FEMALE, MENSES painful; ABDOMEN, PAIN, cramping, bearing down, cutting, menses, during; ABDOMEN, PAIN, hypogastrium, in, menses, during; and ABDOMEN, PAIN, menses, during. It must be noted that many rubrics which appear as particulars under the proper anatomical sections or main headings appear in the last section, GENERALITIES, in their relation to the body as a whole, for instance, under GENERALI-

TIES, MENSES, comes aggravation or amelioration of the whole person before, during or after menses, while under GENITALIA FEMALE appears the type and circumstances of the menses, or, so to speak, the particulars. Similarly under GENERALITIES, PERSPIRATION, appears amelioration or aggravation of the body as a whole from sweat, whereas under the section PERSPIRATION are given the quality, occurrence and modalities of the discharge itself. Sweat of any especial part is found under the anatomical section in which the part is located, such as, ABDOMEN, PERSPIRATION on. Perspiration of the scalp is not under HEAD, scalp, perspiration of, but under HEAD, PERSPIRATION, scalp of. General amelioration by, or distress from, the act of eating appears under GENERALITIES, EATING; and under GENERALITIES, FOOD, are the aggravations and ameliorations from the different articles of food, but under the section STOMACH, aversions and desires for special articles of food appear.

Pathological diagnoses are found frequently in GENERALITIES and occasionally as headings under other sections but more often as subheadings under the condition involved, for instance, pleurisy is found under CHEST, INFLAMMATION, pleurisy of, and appendicitis under ABDOMEN, INFLAMMATION, appendicitis. On the other hand empyema is found under CHEST, EMPYEMA, directly, and goitre under EXTERNAL THROAT, GOITRE. Certain pathological states which are symptoms rather than diseases, such as CHOREA, CONVULSIONS, CYANOSIS, DROPSY, etc., appear under GENERALITIES. Objective symptoms are scattered all through the book and are often small unclassified rubrics, such as BRITTLE NAILS, GESTURES under MIND, BITING under MIND, and red lips under FACE, DISCOLORATION, red, lips

#### THE KENT REPERTORY: ITS USE

This *Repertory* is built to work the cases from general symptoms to particular symptoms. We have already spoken in our lecture on the evaluation of symptoms of Kent's method of grading, MENTALS being the most important, and GENERALITIES next. Most chronic cases and many acute ones can be worked out by the *Repertory* on the MENTALS and GENERALS alone within three to five remedies. The beginner should take at least

eight of these symptoms, although experts often solve the case on three to five. The beginner must be very sure that these MENTALS and GENERALS are really true of the patient, and that he has not warped the symptom in translating the patient's colloquial expressions into the language of the rubrics. Moreover a symptom must have the same mass or importance in the patient's case as is assigned to it in the symptom hierarchy. If an important symptom can not be found in the *Repertory* it can often be found under a synonymous rubric. It is to be understood that the headings under GENERALITIES which are not pathological and not marked "ameliorated by," or otherwise explained, and which are not sensations or conditions, mean "aggravation from," for example, EATING, before, means worse before eating, COITION, after, means aggravated after coition, etc. Many of the ameliorations are omitted and you must look for them under aggravation under their opposites, for instance, there is no better in summer. This is considered equivalent to worse in winter. Sometimes two or more rubrics must be combined in order to be equivalent to a given symptom. If the rubrics are very small it may be wise to add all the remedies. If at least one of the rubrics is large and the others fair size, only such remedies as run through all the component rubrics of this symptom should be taken. Certain symptoms have so large a group of remedies that they are almost useless except as eliminating symptoms. Such a one is cold bloodedness of the patient, which appears under GENERALITIES, HEAT, lack of vital, and would serve to eliminate any markedly hot blooded remedies which had otherwise come through the generals high in a given case.

The student will recall from our previous lecture that the common symptoms, or the unqualified big, main rubrics, such as DIZZINESS, VOMITING, etc., are of little or no use in repertorizing, and that among both GENERALS and PARTICULARS, a strange, rare and peculiar symptom ranks high. A strange, rare and peculiar general would be "during cold stage craves cold", "during hot stage craves heat", as in *Camphor*; a strange, rare and peculiar particular would be "thirst for ice water only during summer" (*Eup. per.*).

We have said that the beginner should locate in the *Reper-*

tory his eight or more main GENERALS and chart the remedies appearing under each of these, putting 3 for the bold face (heavy black type), 2 for italics and 1 for roman (plain type), this being done for all the symptoms chosen, the remedies appearing in more than half the rubrics are listed with their fractions, the numerator of the fraction being the numerical totality of the remedy grades, and the denominator being the number of symptoms in which the remedy appears. Now the PARTICULARS come into play, beginning with the most peculiar ones, and care should be taken not to use too small rubrics. In fact it is safer to use a more general, medium sized rubric than the more exact particular rubric. The occurrence of these particulars in the few remedies which have stood highest in the GENERALS, and in these only, being taken, you can now see which few remedies are fairly similar to the GENERALS of your case, and which few of those most resemble the PARTICULARS of the case. Add the particular to the general fraction and reduce your list to the three to five remedies which stand highest in their grand total. If one remedy totals 16/7 and another 15/8, the former is to be preferred. As you have taken your symptoms in the strict order of their importance according to the Kentian schema your first two or three symptoms should appear in the remedies that come high, and where they do not the remedy should be looked on with suspicion. It is to be remembered that certain remedies, like *Sulph.*, *Calc.*, *Nux.*, *Puls.*, etc., almost always come out high numerically because they have been so thoroughly proved and unless the beginner discounts this and bases his final judgment on materia medica and especially the mentals and type of the patient he will prescribe these well proved polychrests too often. Conversely, it must not be forgotten that some remedies, like *Tub.*, have but a fragmentary part of their proving in the *Repertory*, and that only a little more than 500 remedies are mentioned in the *Repertory*, and very few of the nosodes and double salts are adequately stressed. When the remedies have been reduced numerically to from three to five, these must be read in the materia medicas, especially their MENTALS, and the original case as taken reviewed and compared to each of the remedies. The miasmatic relationships of the patient and of the

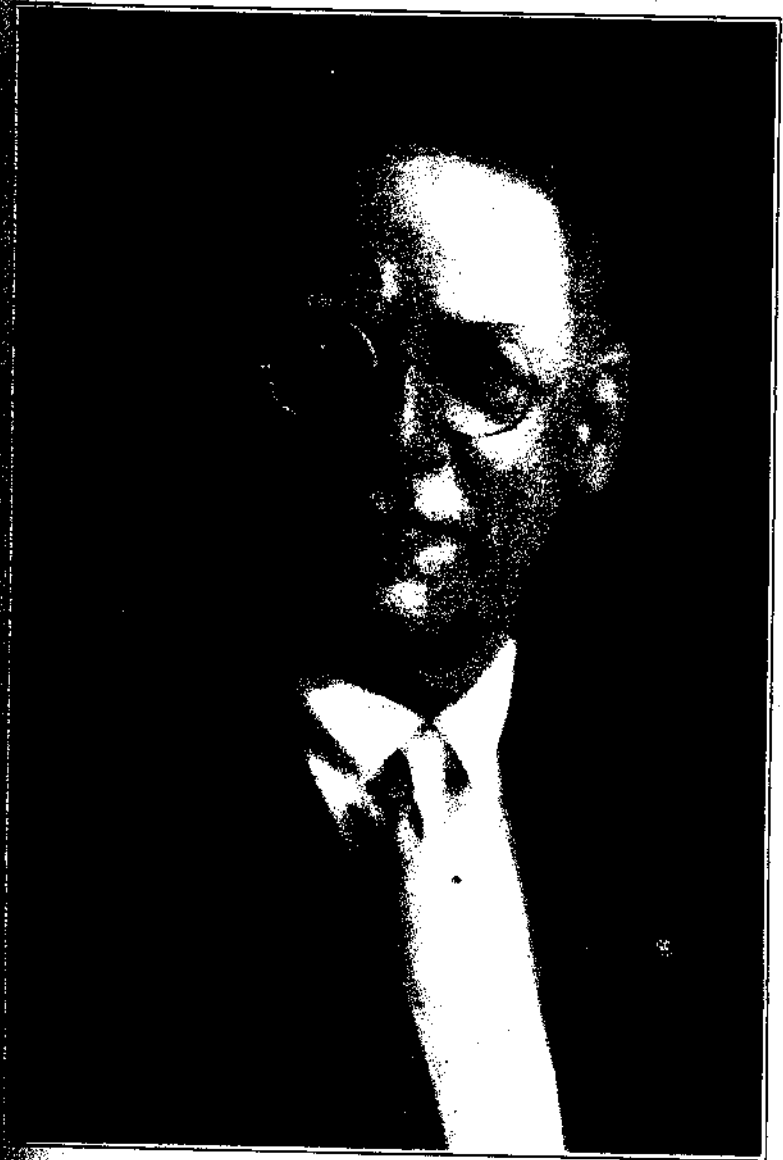
remedies that come out high must be considered. For future reference in treating the case, in acute as well as chronic prescribing, a list should be made on the chart of the constitutional remedies which come high, of the nosodes which most nearly apply, and of the acute remedies ranking highest. These, or complements of these, will often be found to fit any illness of that patient in the future, unless an epidemic remedy be called for.

Ideally, on the repertorizing record each symptom should be stated in the words of the patient in the symptom column, restated in the exactly corresponding rubric in the rubric column, and the page where this is found after it. There are repertorizing sheets\* on graph paper with the main remedies printed in, numbered places for writing in symptoms, etc., which are a great convenience and a time saver.

#### THE BÖENNINGHAUSEN REPERTORY: ITS CONSTRUCTION

Böenninghausen's *Therapeutic Pocket Book*, one of the earliest repertories, is based largely on Hahnemann's *Materia Medica Pura* and the idea of it was approved by Hahnemann himself. The book falls into seven distinct parts. Although each of these is complete in itself, "yet each one gives but one portion of a symptom, which can be completed only in one or several other parts". For example, the seat of pain is found in the second section, the kind of pain in the third, the aggravation or amelioration according to time or circumstances in the sixth, and the necessary concomitants in the various sections. The seven sections are: 1. The Mind and Disposition; 2. Parts of the Body and Organs; 3. Sensations and Complaints in alphabetical order, in general and then specially, of the glands, of the bones, and of the skin and exterior parts; 4. Sleep and Dreams; 5. Fevers with Chill, Circulation and Sweat (the 2nd, 4th and 5th sections have concomitants); 6. Aggravations and Ameliorations from time and circumstances; 7. Relationship of Remedies. In section seven under each drug the previous section headings, 1 through 6, are given and under each the remedies applying in that

\*These are obtainable from the American Foundation of Homœopathy, 38 Elizabeth Street, Derby, Conn., for a reasonable sum.



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section which are related to the drug in question. At the end of each drug is given a list of other related remedies and the antidotes.

#### THE BÖENNINGHAUSEN REPERTORY: ITS USE

This Repertory is based on GENERALS even much more than the Kent. The rubrics in the different sections dealing with the different aspects of one symptom are used to eliminate all remedies but such as run through them all. This is a swifter, easier method than the Kent, but too general, and a great many symptoms can not be found in it at all. Also there are very few rubrics under MIND, only seven pages out of 482. Boger's *General Analysis* is based on this repertory and his unique method of working cases by it is also deserving of study.

#### THE BOERICKE REPERTORY

The Kent *Repertory* in its present form is unwieldy for the physician to carry with him to the bedside. Neither the Bœnninghausen nor Kent repertories have any materia medica. Two books which combine materia medica and repertory are handy in the pocket or medical bag. One of these is Boger's *Synoptic Key*, of which his *General Analysis* is an abridged form, and the other is Boericke's *Materia Medica with Repertory*. The *Boericke Repertory* resembles the Kent rather than the Bœnninghausen but Boericke has reclassified some of the anatomical sections. For instance, vertigo appears under HEAD; sinuses are grouped together under NOSE; lips are under MOUTH instead of FACE; tongue has a section to itself as have gums; œsophagus is under THROAT instead of STOMACH; foods that disagree are in STOMACH with the cravings and aversions; rectum and stool are under ABDOMEN; all the URINARY SYSTEM is together under that heading; breasts are rightly classed under the FEMALE SEXUAL SYSTEM; there is an admirable section on PREGNANCY, LABOR and LACTATION; after GENITALIA comes the section on the CIRCULATORY SYSTEM including pulse; then comes the LOCOMOTOR SYSTEM including extremities, gait, neck, inflammatory rheumatism and arthritis, back, and axillæ; then comes RESPIRATORY SYSTEM, including lungs, cough, expectoration, larynx, voice and respiration.

following this is the SKIN. The FEVER section includes chill and sweat, the exanthems and various fevers such as influenza, typhoid, malaria, etc. The NERVOUS SYSTEM follows and includes epilepsy, paralysis, sleep, dreams, weakness, convulsions, goitre, sea-sickness, neuralgia, sciatica, spine, meningitis, etc. The GENERALITIES section is much reduced and contains mainly diseases, tissues, poisonings, suppressions (under CHECKED discharges), glandular affections including mumps, goitre, a very interesting section on COMPLAINTS from winds, damp places, sudden, gradual, injuries, prophylactics, and tumors. This section has been relieved of much misplaced matter and has added to it a great deal of interesting and valuable material. The last section is MODALITIES, first aggravations and then ameliorations, and time under these appears in alphabetical order under morning, night, periodicity, etc., instead of altogether at the beginning of the section as in Kent.

Under all extensive headings, such as HEADACHE, appear definite captions in the following order: Cause, Type, Location, Character of Pain, Concomitants, Modalities, i. e., Aggravations and Ameliorations.

This book is a clinical rather than a symptomatological index and has many technical terms as main headings. A tremendous number of remedies are given in the materia medica section, and well given, with plentiful mentals. Owing to its small size a great many symptoms have had to be omitted from the repertory. Its pretensions are not great but its usefulness within its sphere is tremendous.

This gives the beginner a bird's eye view of three of the most useable general repertories. It is strongly advised that every student master the Kent method, as it will reward familiarity more than any other. To the advanced student it should be added that many strange and peculiar symptoms can not be found in these three repertories and must be searched for in Knerr's *Concordance*, Knerr's *Repertory*, Lippe, Jahr, or some of the special repertories.

Card repertories have not been mentioned. There is one by Knerr, based largely on the Kent, but inaccurate. It is useful for the office, acute prescribing in the office. A new card repertory,

exactly following Kent, is now under construction by the Doctors Pulford of Toledo, Ohio. Boger's cards closely follow his *Synoptic Key*.

These different methods of repertorizing will appeal to different types of minds and will also be suitable for different types of cases, the Boger method suiting those with much pathology and few other symptoms; the Kent method suiting those with marked mentals and an intricate anamnesis; the Bœnninghausen suiting conditions with acute pains and clear cut modalities, cases without subtleties. In closing this brief, suggestive method of repertory study we would reiterate, **STUDY THE KENT METHOD FIRST, LAST, AND ALL THE TIME.**

BOSTON, MASS.

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This theory of the *specific* tension of the ultimate atom, when treated by the Hahnemann method of trituration and succussion, seems to us the crowning glory of our system. That the last possible subdivision of the material mass contains its proper proportion of the specific qualities which gave a character to the original aggregations; that this specific quality may be intensified, and while under this tension may communicate itself to substances formerly foreign to it, and this too with an immediateness which is almost electrical; and thus the specific life of a man may be directly reached by the specific quality of a remedy; all these seem to us revelations.—*American Homœopathic Review*, 1859.

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Here comes the fact. Away with all theorizing and explanations. It is a positive truth, one which admits of no question in the minds of candid experimenters, that drugs which have passed through the process of frictionization according to the Hahnemannian plan, which involves the necessity of dilution and attenuation, *do* possess the same specific powers as when in crude mass. It is also perfectly well settled that these specific properties are really *intensified* by this process.—ROGER C. PERKINS, M. D., 1859.

## CASES OF ASTHMA AND EPILEPSY TREATED BY HOMŒOPATHY

EVELINE B. LYLE, M. D.

CASE 1. Mrs. McC., colored, aged 34, was first seen on June 16, 1928. Her complaint was asthma for the past eight years. These spells occur nightly about 8-9 p. m. and last through the whole night.

She is better in the cold air.

She is better in winter.

Wants her hair down as the scalp hurts.

The attacks are better drinking cold water.

During the attack her head feels too big and is better from pressure.

She coughs with the asthma and her head feels as if bursting on coughing.

She walks the floor all night.

The disposition is very cranky during the spells.

She is not worse in wet weather.

She feels the cold but is markedly better in the cold air.

She likes sweets and uses salt heavily.

*Bryonia* 30x, one dose.

May 7, 1930. The patient was not seen in two years. There have been no attacks during this period, since the day following the first dose of *Bryonia*, until this month when she had three spells each coming on at 9 p. m. with great tenderness of the scalp again and markedly better in the cold. *Bryonia* 1M, one dose.

May 26, 1930. She was comfortable for two weeks after the remedy. She now has coughing spells with pain under the sternum associated with her menses which begin at 10 a. m., and are brighter red than usual. The cough continues three days with creamy egg white sputum, splitting headache with the cough, and great dryness of the mouth and throat. *Bryonia* 10M, one dose. *Ac. lac.* night and morning.

June 10, 1930. After taking this third dose of the remedy she was all right in the morning and has had no trouble since.

It is interesting to see a remedy like *Bryonia*, commonly

thought of as an acute remedy, take hold of a chronic case so well. It may be that *Natrum mur.* will be indicated later.

CASE 2. Mr. H., colored, age 47, has suffered from severe attacks of asthma for the past five years. It began following a severe chilling after marching and playing in a band one hot July day five years ago. Since that time he has hardly ever been free of the trouble. It comes at any season, summer, winter, spring and fall.

It is worse from dust and smoke  
worse from lifting  
worse from walking fast  
worse from any exertion  
much worse in damp weather and his nose stops up in the damp  
worse from 1-3 a. m.

It is better in cold dry weather  
better on a hot day  
better in the open air  
better flat on his back with the head low.

The attack starts with a drowsy, logy feeling, then his chest tightens up until it feels so tight that he gasps for breath. The throat and larynx are so dry they feel as if worms were crawling there. There is a severe, drawing, contracting in the abdomen. He feels best lying flat and is very thirsty, drinking much cold water. When the attack begins to ease up he raises wads of white expectoration, but when the attacks are very severe, about 6 or 7 times a year, the expectoration is in long watery strings 1 or 2 feet long which he has to pull out with his hands. The attacks last several days and leave him very weak. It takes 2 or 3 days to get his strength back.

He is cold blooded and his feet are always cold.  
He is susceptible to draft.  
He catches colds easily but they go quickly.  
He feels worse in the evening after work.  
He feels best in the spring.  
The nose and throat susceptible to cold but no sore throats.  
He prefers his food hot.  
He has a dry skin and perspires very little.

He often has a left sided, stitching, sharp, cutting pain in the lumbar region which comes suddenly and is so severe he can't move. He tightens his belt and is then all right. This leaves a sensitive, sore spot which is better from rubbing.

He sleeps well, on the right side, and does not dream.

He is of an even, happy, contented disposition and never gets mad. His wife says he is very easy going.

March 20, 1930. *Kali carb.* 200, one dose. Five minutes after taking it he had a severe dizzy attack, and had to hold on to the table. His wife had to help him to bed. The table and floor swung up and down. Nevertheless he had his first whole night's sleep in years.

April 11, 1930. Two mild attacks last week, entirely free of complaints and felt fine up to this time. Feels better, walks without trouble, lifts better, sleeps better (all night), sensation of worms crawling gone. The lumbar pain is gone. *Sac. lac.* One *Kali carb.* 200 for emergency.

May 2, 1930. About two weeks ago took the *Kali carb.* as he felt an attack starting. One hour later he had a very severe headache across the frontal region which lasted for 8 hours. The pain was sharp and piercing and took away all his ambition. He had never had a headache like this before and has not had a headache of any kind for many years. Now he often sleeps several nights without waking up. A sudden change in temperature, from hot weather to showers, stuffed him up a little but the powder of *Kali carb.* stopped the attack. He has had only one bad attack lasting one day. He looks better, feels better and is beginning to grow fat. His friends remark on how well he is looking.

May 23, 1930. Gained 13 pounds. Has had one short bad attack on a rainy day. Took an emergency *Kali carb.* 1M and in an hour was fast asleep.

June 10, 1930. Fine up to one week ago. The past week has been very rainy, hot and damp. He has had some wheezing, rather slight. Took another emergency powder of *Kali carb.* 1M and has been better since but because of the rain is not entirely cleared. His chest is not nearly so tight, he is not so dry, the crawling sensation has not returned, he feels strong and does all his work without difficulty. Ordinarily he would be very sick in such weath-

er, good for nothing. He now raises nothing. *Kali carb.* 10m. I hope this fixes him for a long time.

CASE 3. Sept. 24, 1929. Miss R., age 62, complains of frequent attacks of epilepsy beginning in 1898. This is the only case in the family. At 8 years of age she fell and fractured her skull. Pressure increased until in 1898 it was necessary to do a trephine operation, after which the convulsions began.

The attacks are frequent and come both by day and by night. Sometimes 7 or 8 a day.

The night attacks are always after midnight, nearer day-break, sometimes as many as 3 or 4 a night.

There is both petit mal and grand mal. She is much weaker from the minor attacks, in which she does not lose consciousness.

She is worse in wet weather; better from heat; sensitive to drafts; must sit up, even in bed, as lying down starts an attack worse from touch, and better when held.

There is no aura to tell when a spell is coming; she gives a sharp scream and becomes suddenly unconscious. If she is sitting up she slumps and falls gently. There is no dizziness. She becomes very stiff all over and the whole body twitches. This may begin anywhere but the right side is worse; the right arm flexes and jerks, the right leg taps the floor rapidly. The face and hands turn black; she is cold during the attack, especially the feet, and beads of sweat stand out on the upper lip and forehead. During one of the spells she jabbars rapidly and unintelligibly. It seems to be about the happenings of the day. She is irrational also. The spells last about three to five minutes; as she is coming out she pulls things to pieces. It takes about an hour to get over the effect and as stated earlier, she is weaker after the minor attacks.

She is a chilly patient, always worse in winter and better in summer.

She tires easily and is worst about 4 p. m.

The appetite is good. She prefers her food hot.

She drinks quantities of water, cold, a glass at a time.

She likes to eat better than to drink.

She dislikes sweets, and hates fruit, especially oranges and lemons, "they come back on her".

The sleep is normal, and she seldom dreams. Usually

sleeps on her right side. The sister thinks this may start the convulsions.

She is much better sitting up and does so even in bed. Lying down makes her head throb and starts the convulsions.

Perspiration, she thinks, is normal. On examination the palms of the hands were warm and moist.

She is horribly afraid of thunder storms and always knows when one is coming for she "gets an awful stomach ache" and the bowels move. During the storm she is very fidgety and feels badly.

Mentally she is very bright and does much work about the house, but she has a terrible temper, gets mad over nothing at all, out of all reason. She never weeps. She seems averse to talking to strangers.

There is a sore pain on top of the head near the trephine opening, also in the forehead. This may last all night. The onset of this pain is slow. Sometimes there is pain in the left abdomen. The throat is very sensitive always, and there is a little difficulty in swallowing, as if something were stuck in the throat, as if the tonsils were swollen. The right leg shows some swelling probably due to varicosities. She has lost flesh the past year and considerable during the past week, during which she has had many convulsions. The bowels are normal. The urine is passed about every two hours during the day and twice at night. The blood-pressure 160/108. Otherwise the examination is negative.

The menses were established at 19 and she has never been regular, always late. Her family has always worried about this. She had some kind of an operation on the uterus, what I do not know.

*Lycopodium* 1m, one dose.

Oct. 17, 1929. She is feeling much better and has only had slight attacks. *Sac. lac.*

Feb. 19, 1930. There has been only one spell, which was rather severe. She feels much better. *Lyc.* 1m, one dose.

May 21, 1930. She has been to New York and goes out anywhere. Before treatment she was not able to go anywhere. She has been in splendid condition until yesterday when she had



2 severe convulsions. *Lyc.* 10M, one dose. There has been no attack of any kind to date.

CASE 4. May 28, 1929. Mrs. M. D., bookkeeper, aged 70. Chief complaint convulsive twitching all over, from age 15 associated with menses, up to 5 years ago when her fiancée died, at which time the attacks became more severe and more frequent. True epilepsy, with frothing at the mouth, biting the tongue, clenching the teeth, unconsciousness, etc., but no incontinence. The spells began in the hands with turning in of the thumbs. There has never been more than one attack a night, sometimes every night, sometimes 3 nights a week. She has had a great deal of trouble with her family, has left home and returned. The spells are definitely related to emotional upsets. The attacks leave her dizzy, confused and sore.

They always occur between 1-2 a. m.

Come on in sleep.

Can be averted by a drink of cold water if obtained in time.

Can be averted if awakened.

The menses were established at 14 years, are a little early, duration 6 days, profuse, dark and lumpy, and accompanied by cramps. She is definitely worse during the menstrual period, and there is aching in the left leg, especially from the knee down.

The patient is very chilly.

Takes cold easily from draft and wet feet.

Is worse in general in the morning to 10 or 11 o'clock.

Is fond of sweets.

Worse from fats.

Has terrifying dreams of being killed, of falling, or being attacked by animals and robbers.

Has habitual constipation with clear tongue.

This girl is blonde, slender, highly nervous, over emotion spoiled. A sister had chorea. *Cuprum metallicum* 1M, one dose. *Sac. lac.* morning and night.

July 16, 1929. No attacks of any kind for six weeks. *Sac. lac.*

August 16, 1929. Two slight attacks. Profuse sweat of head. Two teeth broken off in the last two weeks. She has always had a tendency to crumbling teeth. *Calc. carb.* 10M, one dose.

Sept. 16, 1929. Better for 3 weeks, this past week she has

had attacks again for 3 nights. *Cupr.* 10M, one dose. *Sac. lac.* There have been no attacks for several months.

CASE 5. July 20, 1929. Mrs. B., trained nurse, age 26, very slender, blonde, highly nervous but absolutely stable and well controlled at the same time, has had "heart attacks" for about one year, gradually growing more severe. She has been married in the past few months. Her husband is a splendid, quiet man, just the opposite type, and very good to her. I am quite sure his trouble has nothing to do with the marriage. The attacks are painless and are associated with marked tachycardia; she does not lose consciousness but is practically unable to speak; she twitches all over; there is blueness of the lips, face, and hands; the arms are stiff with the thumbs turned in; the legs are rigid; there is cold sweat on the face and forehead; and she is terribly frightened. It is of interest that she nearly died about 4 years ago from an accidental poisoning by homatropine while sick at the City Hospital. Almost instantly on taking the medicine the "walls rushed in on her", there was a sense of utter disaster, she gave a shrill cry and was unconscious. This lasted for 4 hours. Within one and a half minutes her stomach was pumped out and an antidote given. It was some months after this that the attacks began. *Cuprum metallicum* 10M, one dose.

June 6, 1930. There have been no attacks until today. She has felt very well. After the past three very hot, tiring days she had a mild attack with the same symptoms but not anywhere as severe as formerly. *Cuprum* 10M, one dose.

BROOKLINE, MASS.

It cannot be too strongly urged that the confirmation of pathogenesis should be the only object in making clinical reports, and that the pathogenesis of remedies can never be discovered by their empirical use in disease. Reports made with any other object may sometimes be curious, but can seldom, if ever, be useful to the true homœopathist.—*American Homœopathic Review*, 1929.

## KEYNOTES IN THE HOMŒOPATHIC PRESCRIPTION, THEIR USE AND ABUSE\*

THEODORA W. KRICHBAUM, M. D.

To the immature student of the art of the homœopathic prescription, the striking symptoms of any given remedy, have ever been eagerly sought and as a rule, once recognized, they become directive factors. Three typical characteristics of a drug, we are told, their corresponding symptoms in the patient, and the stool of the prescription is balanced. Super-impose one or two agreeing modalities, and the search may be concluded. Now of course it will be said that scores of brilliantly successful results have followed the employment of this method. Snapshot prescribing has its votaries, but the procedure has elements to be deplored, and of these I would speak later. I desire now to place the emphasis on the justification of the course in acute conditions at least. To illustrate, some years ago, Dr. Philip Krichbaum was treating a desperate case of malignant erysipelas. Twenty-four hours of intensive study and observation of the case resulted in several remedies being given with no success. At last one peculiar symptom was volunteered by the nurse. The patient, blind, and with face swollen almost beyond recognition, longed for cold water, but even a tablespoonful caused an agonizing pain in his stomach. *Elaps*, and *Elaps* turned the tide with amazing rapidity. The man owed his life to the fact that his doctor remembered this one peculiar symptom of *Elaps*, the recognition of which, as subsequent study revealed, outlined the perfect correspondence between patient and medicine.

Another instance where a striking amelioration in a case of violent colic led to the prescribing of a remedy that exemplified the power and magic of the right drug in extremity. This man, a negro, was found literally rolling on the floor in pain. Two old school physicians had prescribed morphine hypodermically for him earlier in the attack. Quick observation revealed the fact that the patient was insistently bending backwards in his gyrations. *Dioscorea* got him off the floor, and in less than ten min-

\*Presented at the I. H. A., Bureau of Materia Medica, June 1930.

utes the stomach released its offending contents. Nothing was left to do till the next day when it became necessary to look after a couple of abscessed punctures made by the doctors first on the scene.

In this case, a key-note of *Dioscorea* spelled the first aid step and as such it would appear the doctor was certainly justified in instantly heeding its directing voice. Many acute and desperate conditions come under this category and to the fact belongs no small measure of the homœopath's success in acute disorders. Reasonably confident of the correctness of his medication, the homœopathic prescriber can subsequently most comfortably and deliberately address himself to the assembling of all the fine points of diagnosis and be quite as intelligent and able to make a correct prognosis as his old school colleague. In no other field of human suffering has homœopathy won such laurels as in the treatment of that dread disease pneumonia. The true Hahnemannian pins the great faith that is in him on his remedy. Its selection and application is paramount. And how is this individualized medicine found? Not by laboratory findings, not by any preconceived notions of any affinity between drug and the respiratory area, but just by a keen analysis of seemingly insignificant prohibitions on the part of the patient. Some simple phase of time aggravation, or amelioration, character of the patient's distress, how does he lie in bed, etc., etc. Such very trivial details but how they illuminate the path to the selection of the one medicine which the one patient calls for. Keynotes, yes, and valuable beyond all the laboratory findings that the skill of man can ferret out. Type the case if you wish, know the kind of invasion and the minutest area of involvement, but get the remedy first, whether the enlightenment as to its selection comes through one keynote or twenty.

In sharp contrast to the dramatics of prescribing for acute disorders, a field wherein many prominent homœopaths have won their great reputations, lies the oh, so frequent peace disturbing contingency of the chronic patient. Dr. Henry C. Allen of Chicago, many years ago used to assure his pupils in materia medica that a case well taken was half prescribed for. Here then the question

naturally arises, when is it a case well taken? Hahnemann left us definite directions, and many writers since his day have outlined the ideal method of approaching a case. As students we were exhorted to include even the most apparent trivialities in our imaginary picture of the sick man as a whole. This is a painstaking performance and presupposes a very definite knack on the part of the interrogating physician. So many insignificant whimsies in the make up of the patient, deflect the course of his answers to questions, and are responsible for many modified replies. Modified descriptions, evasive descriptions, how far such often lead us from the truth. Let a patient start the story of his ills with one elicited striking keynote of some particular remedy, and like hounds on the track of a fox, many of us are off on our own line of investigation, frequently unconsciously, by the character of our inquiries, suggesting the information which the patient finally offers colored to our order. Conclusions in such instances may be wide of the mark and who is to blame? The case is not well taken nor half taken. To mention but a few of the deterrents to the successful conduct of chronic cases take the patient who claims that he has no symptoms. He tells you that his liver is chronically disturbed, and some doctor has told him that his heart is enlarged, his blood-pressure too high, in brief, he can only recite his grievances in terms of pathology. Such a patient needs to be educated to an observance of his own physical phenomena. And just here is where the element of uncertainty enters into the evaluation of symptoms in chronic diseases. Two or even three "rare and peculiar symptoms", while certainly worthy of serious study, in my opinion, should never be regarded as casting the deciding vote in favor of a drug that exhibits the correspondence. Not at least till the most careful analysis of the whole case justifies such a course. Further, this same analysis may lead us into different avenues of approach. It is the whole man that is sick and must be viewed from different angles. At times I believe the homœopathic remedy plays but a small part in the restoration of a patient. Present day psychology is developing some very rational *dicta* for the handling of obscure and obstinate irregularities in man's divergence from the normal, and as homœo-

paths I believe we should welcome with enthusiasm such aid. Unrecognized psychology has doubtless always stood at our elbow but a defined appreciation of its subtleties and scope should be a very important part of our equipment. Poor psychology is often responsible for the loss of a patient, even when that patient is actually getting well under our homœopathic prescribing. Indeed I believe that the prescriber who places his whole confidence on just "getting the remedy" may find the medicine but lose the patient. No greater test can be imposed upon a doctor than that which confronts him when he assumes the care of a slow-moving disease ridden patient. Death finally closes the account in cases of the incurables but the curable limp along with a speed and surety that is measured by his doctor's ability to inspire a certain type of confidence and hope, as well as by his skill in prescribing.

To conclude these few remarks on key-notes, I want to say that after thirty-five years of ardent belief in the great truth of homœopathic therapeutics, I believe that Samuel Hahnemann just opened the door upon that vast domain. Reinforcements and new knowledge await us. Modern scientific findings already sustain us. A new exactitude in the application of remedies will one day be ours.

MONTCLAIR, N. J.

It must first be understood that the removal of a symptom, and the cure of a disease, are two distinct things. The former should be merely *incidental* to the latter. It is in this very matter that the disciples of Hahnemann differ most from those of Galen. Homœopaths use symptoms as means of discovering the essential disease, which when thus betrayed is the subject of direct treatment. The followers of Galen, on the other hand, considering the totality of the symptoms as the disease proper, instead of its external manifestation, direct their remedies against them alone.—*American Homœopathic Review*, 1859.

## SOME OBSTETRICAL THOUGHTS\*

W. A. YINGLING, M. D.

Child bearing is a natural function and in accordance with the command to "increase and multiply". There are not too many legitimate children. There is no danger of the world being overpopulated or starving from want of food production. I am opposed to birth restriction or the teaching of women how to prevent conception. This is a crime against nature and the law of God. Many people are now living in licensed adultery to their detriment and unhappiness. Home without a baby is not home. As a rule the happiest family is the one with more than one child, and some are the happiest with many children. Of course there are exceptions. A woman, a true woman, was in my office only lately. Several years ago she could not conceive and have her heart's desire. She adopted a child, but it was not her own. Each month a large membrane formed and passed. She thought it was abortion, but it was not. *Lac caninum* enabled her to have a fine baby boy all her own. She is now pregnant again and came to talk matters over and get some medicine to make labor easy. She is happy, a natural woman in the line of duty, and when asked if she was sorry the medicine enabled her to bear children, she replied, "Oh no indeed".

Pregnancy being a normal condition is, of necessity, a healthy condition, other things and conditions being normal. For those who are not healthy or normal the very best time to restore them to health is while carrying a child. Medicine acts better and more promptly, not only in relieving the expectant mother of painful labor, but also in bringing into the world a healthy and vigorous child. The wise prescriber takes a record of the family history and ailments, diseased conditions, hereditary influences, as well as the patient's history from childhood, her sicknesses, childhood diseases, hopes and fears, and her symptoms in full. This should not be hurried or skipped over, but very carefully investigated and considered. More than one consultation may be necessary before the proper remedy can be selected

\*Presented at the I. H. A., Bureau of Obstetrics and Pediatrics, June 1905

and administered. The results will be marvelous; a grateful patient and a normal child will ever be thankful and call you blessed.

A gentleman asked why his children died so young. He said that at first they seemed hearty and strong, but later sickened and died. He confessed he had syphilis when a young man. I told him that this was likely the cause of his children being so weak and dying so young, and that any coming child should have proper prenatal treatment through its mother to eliminate this hereditary condition. Before long he reported his wife pregnant and asked me to take charge of her. At first she received a few doses of *Luesinum* in high potency, with other remedies as symptoms called for them during the entire pregnancy. The result was most happy and efficient. The child came as a healthy, strong, vigorous baby, remained well during babyhood and childhood, not subject to ailments, and grew to womanhood strong and healthy. One such case is sufficient and shows it can be done. Homœopathy is the only agency competent to do such efficient work. There is no entailment of drug disease to be added to the weak condition. Such treatment is not only good for the coming child, but it is also good for the mother and it makes labor normal and easy.

Treatment during pregnancy makes an easy labor. The parturient woman usually gets up well and is soon back to normal. Her pains, abnormal lochia, flooding and other conditions which cause suffering and make the woman dread the approach of labor, seldom come to the woman who has had proper homœopathic treatment with the truly indicated remedy in accordance with the totality of symptoms, which include the family history, previous personal history, causes and modalities. In such a case forceps are seldom required unless there is osseous deformity or contraction of the pelvis or some unusual condition of the child. In a large experience I only had to use forceps twice, and neither had treatment during pregnancy.

At a state society meeting one prominent physician stated that in spite of all care sixty per cent of women would be lacerated or torn. This is not true with those who practise in accordance with the teachings of *The Organon* of Samuel Hahnemann.

The only case of laceration I ever had was in a small, very nervous woman who refused an examination till toward the end of labor. That laceration required no attention because it was small.

I have had but one case of puerperal spasms. The woman had no previous treatment. *Belladonna* was the remedy indicated and controlled the spasms nicely. At her next pregnancy she received proper treatment and had a very easy accouchment. Toxæmia is a fearful condition and most alarming to all present. It tries the mettle of the attending physician.

There is no doubt whatever but that *Pulsatilla* will change the position of the unborn child in utero and make it normal, provided the membrane has not broken and there is no deformity in mother or child. This has been verified a number of times by competent prescribers and is reliable. Of course, if the head has engaged, this cannot be expected, yet might be possible if the head is not too far advanced and firmly fixed in the pelvic bones.

The administration of the proper homœopathic remedy six weeks or two months before the expected confinement will make labor easy and shorten the time very materially. I have never known it to fail. If the woman has symptoms they must be the basis of the prescription as in any other case. Of course the remedy cannot change a deformed bony structure in the woman or child. Most difficult labors arise from the soft parts and when these parts are put into proper condition by the proper homœopathic remedy they relax and expand so that the child can be expelled without trouble. Common sense tells us that an abnormally large child will retard labor and make it more tedious. Many of the accouchments are made abnormal by meddling attending physicians through ignorance, haste or the administration of ergot or other drugs to hurry the delivery. When every thing seems to be normal nothing should be done but wait and let nature take its proper course. How much better to wait a few hours than to cause much suffering of the woman and perhaps the death of the child. It is a crime to thus cause suffering and injury. The physician is paid a goodly sum these days and he should earn his money.

When there are no symptoms upon which to base a prescription I have found, in many cases, that *Actea rac.* will cause a

easy labor and delivery in a very short time. I have never known it to fail except in one case. The case lived two or three hundred miles away, and, of course, called in a local doctor. He was dressed for an evening party and desired to get away as soon as possible. He administered, as the brother of the woman told me afterward, large doses of ergot to hasten labor, thus causing much suffering and resulting in third degree laceration through the rectum. Such treatment is criminal and not the act of a true physician. I remember one school teacher thirty-five years of age to whom I gave *Actea rac.* when she was having her first child. She wrote me she had a very easy time lasting only three or four hours. One woman, after confinement, said it was so easy she would not mind having a dozen babies. It is seldom that abnormal or irregular pains follow *Actea rac.* But irregular or distressing pains can easily be remedied by the proper remedy. In one case I left home when the clock was striking seven. I walked eight blocks and when I entered home on my return the clock was striking nine, just two hours, though the case was such that it might have required four hours and given much trouble, for it was a primipara. She made no progress and seemed distressed. I noticed that she turned her head to one side and seemed distressed and that she drew up her face. I asked her why she did so. She answered, "I get so sick at my stomach with every pain". I gave her one dose of *Cocculus* and in a very few minutes the child was born. It acted like magic. I saw the child cared for and waited awhile to see that she was doing well before leaving.

Hæmorrhage can usually be easily and quickly controlled by the indicated remedy. When there are no symptoms to guide I have found that *Ipecac* will promptly control the hæmorrhage in labor and *Sabina* in abortion. A number of times I have seen strong bearing down pains and hæmorrhage checked in threatened abortion and the woman go to full term. In several cases attempts were made to cause abortion by the woman or her husband, and when it became alarming they sent for me. I told them they had never been a party to an abortion and that my first duty was to prevent it. They were willing for anything to be done to relieve them of their great alarm and the woman of her suffering.

A dose or so of *Sabina* stopped the procedure very soon and all went well. I have seen a number of cases of postpartum hæmorrhages promptly relieved by the indicated remedy. Without guiding symptoms *Ipecac* is usually the remedy; when the flow is hot and burning *Belladonna*. But many remedies are at the command of the homœopathic attendant according to the symptomatic indications.

I have never had a case of placenta prævia and hence know nothing of it by personal experience. If there are marked symptoms I would give the indicated remedy and deliver as soon as possible. I should be governed by circumstances and act and do as seemed best at the time. I used to dread having such a case and feared every case might be the one. But I have always been thankful to have had none.

In some cases symptoms are complex and it is very difficult, and sometimes impossible, to select one remedy to cover the totality and relieve the case of suffering. In these cases the administration of two or three remedies will do no harm, it will not spoil the case. Each remedy will accomplish its mission satisfactorily to the physician and patient. Of course, I do not mean that these remedies are to be given all together or haphazard. When on the frontier I was called to a labor case about eight miles from my home. We did not have automobiles in those days. The woman was fairly large and somewhat nervous, ignorant and dull. At first she complained of her back, crying out, "Oh, my back, my back". I could get no other symptoms at the time and no progress was made. One dose of *Kali carb.* relieved the suffering and she quieted down, but still there was no progress. After awhile I noticed her shrinking back at every pain. On questioning she replied that with every pain there was a great teasing to urinate, annoying and quite painful. One dose of *Nux vom.* very soon relieved this and the abnormal condition was removed, but still there was no progress. On close watching and questioning I finally discovered a sense of a lump in the throat that annoyed her much. I thought of *Lobelia*, but could not verify the choice and was too far from home to return to the office. While *Lobelia* is not a great remedy for labor and seemed far fetched, one dose

put her right to business, brought on strong pains of the right character, relieved her of all suffering of mind and body, and in just twenty minutes by the watch the child was born. All three symptoms were not present at the same time, but followed each other, or she did not realize they were all present, but saw only the most distressing. As I drove home I kept thinking. I was convinced a small book on labor, one that would give the essentials at the bed side, was sadly needed. *The Accoucheur's Emergency Manual* was the outcome.

Of puerperal or child-bed fever Dr. H. N. Guernsey remarks: "Scarcely any disorder which the physician is called upon to treat is more insidious or more dangerous; certainly there is none which runs a more rapid course or which may prove more suddenly fatal". It is a fearful state, but amenable to true homœopathy. With true homœopathic practitioners this is a very rare condition. But there are more cases in lying-in hospitals or in epidemics of the disease. Some physicians are very unfortunate and have many cases, and many fatal ones. The elite, city dwellers, the personally clean in body and environments, seem to be more subject to this calamity than the rural dwellers and the poor. The former class are more able financially to have the "best care" under the best environments and by the best physicians. The latter class are not so situated nor are they financially able to have such help and are frequently waited upon by kind neighbors or midwives.

The uterus is not an absorbing organ, but a discharging one. Nature tries to free itself of the poisonous elements by a vaginal discharge, the lochia, and in most cases is successful, if not hindered by the ignorant and meddlesome attendant. When medicated douches and packs are used the discharge is pushed back into the uterus or dammed up, so that sepsis can get in its fearful grips. If these douches do wash out the discharges and temporarily cleanse the uterus and vagina it will be but a few moments till they are again contaminated by the continuous flow. Of course if the parts are torn in labor there is greater absorption of the discharge, which must be duly considered. In my humble opinion it is not that which is outside that contaminates and causes trouble, but that which is inside or the douches or packing.

I have attended labor cases in sod-dugouts, the floor of which was common earth. Pools of dish water or leakage through the sod roof formed puddles about the one room. In some of these cases the bed clothing was so filthy I avoided coming in contact with it. And yet I never knew of a single case of puerperal fever. The mother and child did well and had no trouble whatever. I never had a child-bed fever case among my own patients, but had some where the midwife or neighbors had waited on the case. Of these I lost only one case. This woman did very well for some days when one very cold night, it was in February, the fire went out and the home became very cold. The woman got up to build a fire and caught cold. I was called in when she was past help; she died within thirty-six hours.

I had another case while a woman physician from Toledo, Ohio, was visiting us and I took her along to see the patient. After an examination and consultation the doctor said nothing could help the woman, that she must die. My selection was *Mercurius*. The next day the doctor would not go along, saying she did not like to see the dead. When I returned home she was greatly surprised when I reported the sick woman much better. The patient made a quick recovery. The doctor said that it was marvelous and very unusual. She was a low potency practitioner and did not fully comprehend the law of cure.

In another case, the woman was waited on by neighboring women. Early in the morning a little arm protruded and the attendant could do nothing. I was sent for, but was out on the prairies and could not be reached. Along about dusk they caught up with me and I at once repaired to the home, some six miles away. After an examination I pushed back the arm, turned the child and speedily delivered it. As soon as the child was born the woman went into a complete collapse, shook like an aspen leaf, was very cold all over and looked as if the end was very near. I quickly gave her *Aconite* with prompt relief. She made an uneventful recovery, but the child was still-born, having been in that position for about twelve hours.

EMPORIA, KANSAS.

## MISCELLANEOUS HITS\*

ROYAL E. S. HAYES, M. D.

Whatever of interest there may be in these few reports might come out better in the reading than in the reciting. They are simply a few of those rather spectacular cures that result occasionally from a combination of lucky prescribing and responsive patient, some of those that remain in the memory and encourage us while performing more tedious or more ordinary work.

### I.

Boy æt. 10, chorea; abject and helpless, unable to rise from bed six weeks; complete amnesia; head lies always to the left; loud mitral murmur, pulse 60; crack in center of lower lip; gnashing of teeth during sleep; craving sweets, marked emaciation though eating well. Eczema suppressed when a baby. *Sepia* 30m, Fincke.

Three weeks later he could talk, threw himself on the floor and crept like a baby. From then on he improved so well that I did not see him until three years later when he needed another administration for a slight return of twitching.

### II.

Woman, æt. 67. Had fallen four years previously and hurt her back at the right sacral region and had been incapacitated for work since. She could not rise alone and could walk but little and that with much difficulty and assistance because of the continued soreness. She complained of soreness and a dislocated sensation, starting with every step, ameliorated while lying with the thigh flexed, ameliorated by warmth, aggravated by first motion and relieved by continued motion but aggravated by osteopathy, aggravated by stormy or damp weather, severe catching pain when attempting to move while lying but relieved by change of position.

After four years of this she was brought to the office with a tumor on one side and her daughter on the other, scarcely able to rise from the feet from the floor. *Calcarea fluorica* 12th was taken every day for five weeks. Three months later she could do everything and even run when necessary.

Read before the I. H. A. Bureau of Clinical Medicine, June, 1930.

## III.

Boy aged 11; acute encephalitis lethargica. Headache relieved by cold; liked to have the head drawn backward; fidgety legs; general tossing from 12 to 4 or 5 a. m. Talked complainingly of work; answers often irrelevant; grateful for cold drinks; noise annoyed him. The characteristic facies very marked.

*Phosphorus* 10M, Skinner's, was given. His countenance was brighter the next day, the following day he spoke of his own incentive. As he improved copious drooling appeared while asleep. He was sitting up in a week and in two weeks walked about the house.

## IV.

Girl æt. 4. Throat specialist said adenoids, the write's humble digit concurred; also large tonsils, nasal intonation, etc. She was pale, blinking, always fretty, tiring easily, no appetite; history of many colds and bilious vomiting. *Psorinum* 50M, Skinner's.

Twelve weeks later she was taken to the specialist; wrong diagnosis; "it must have been something else".

## V.

Woman aged 49. Gallstones out fifteen years previously, malarial chills five years before that. Having distressing colic again always after eating. The X-ray showed an adhesive band from the stomach to the liver.

*Bryonia* relieved enough for two weeks to rouse hopes and three meals were digested without any pain. The pain is referred to the site of the gall bladder, much worse after eating, like weight pulling across the abdomen and stinging aggravated by deep inspiration, conscious of "motions about the gall bladder" aggravated in the evening; full smothered sensation after eating. Sharp pains up chest. Chilly sensation inside the stomach and empty, gone sensation in stomach. Sensitive to cold and dampness. She came to the homœopath hoping to escape the need of operation.

Four administrations of *Carbo veg.* during nine months cured most of the pain. Then the malaria returned and was gone after *Natrum muriaticum*. *Calcarea ost.* cleared up the few remaining discomforts. Nothing worth mentioning the last three years.

## VI.

Girl of three, diphtheria; tonsils and adenoids cut six months previously; marked stiffness, swelling and pain of the neck, so that she had to turn the whole body to get the head around; feet and hands cold; sopor; craving cold drinks but vomits them. Averse to noise or any disturbance but wants company. Very restless at night. Transparent pinkish pallor (observed clinically in some *Phosphorus* conditions).

This cure was not spectacular for having noticed Boger's admonition as to aggravations from the 1000th of *Phosphorus* in some patients, it was tested and it made a rather exciting case out of an apparently simple one. At first she was much worse all day and night, then the expected improvement came. But it lasted only three days when an alarming relapse occurred. *Phosphorus* 10M improved at once and for six days, then another relapse. The 10M again improved but glandular swelling and stiffness was still present four days later when *Calcarea carbonica* came to the rescue two weeks from the first prescription, at least a week longer than it should have taken, it seemed. Although the culture remained negative after the first week some membrane persisted up to the end of the third week—in fact I became tired watching it and dismissed myself from the case.

## VII.

Young married woman, sudden attack of grippe. Aching relieved by change of position; headache severe, with same modality. Had had chill at 3 a. m. Thirst for cold. *Rhus tox.* was prescribed in the morning, but she continued worse and had another chill in the evening, then came an urgent call at 11 p. m.

More symptoms. Intense heat, intense aching. Had become decidedly worse at 4 p. m. Lying dozing with a peculiar moaning and interrupted by active delirium—men on the wall, some obstacle preventing her getting away, screaming and fighting to free herself. Throbbing headache relieved by cold applications; fever after cold drink.

A trip to look at the repertory was necessary to select the correct remedy. *Eupatorium purpureum*, the 900th, was used. She



was asleep in a half hour and very bright indeed the next morning.

## VIII.

Robust girl æt. 10. Ichthyosis nigricans, congenital, of course, with itching from the middle of the torso to the middle of the thighs. Mosquitoes poison her more than the average person; large tonsils; craving milk; averse to fish; flushed and uncomfortable in warm room.

*Ars. iod.* 20M, Fincke. As she improved a peculiar odor as of fermentation followed her. In less than two months the skin has become perfectly normal. Whether it will continue so may be a question.

## IX.

High school girl minus tonsils and history of diphtheria. Recently had toxin-antitoxin followed immediately by "grippe". Remained very pale, white and exhausted, unable to attend school. The exhaustion was especially sensed in the hands which were also numb. Cramps in the hands when washing them or whenever flexing the fingers; could not lift anything. Constantly spitting mucus from the throat; easy perspiration.

*Anthracinum* CM, Fincke, acted exceedingly well.

## X.

Illustrating *Echinacea*: Farmer of 24. History of meningitis at 14 with three weeks of coma and strabismus; he remembers the intense headaches; never strong since.

Having impetiginous appearing sores on scalp with red crusts, faint stomach and morning tiredness. *Sulphur* 200th was given without much benefit and he went from one doctor to another until he landed in the office again three years later. The ulcers had spread to the face, neck and arms, they still had the red crusts, were rather deep, very irregular in outline, itching, turning blue when in water; a red cellulitic process was spreading across the face, not sore but followed up by the steadily encroaching ulcers. One wing of his nose was already gone. A sister and a visitor of the family had also contracted the disease.

He slept badly, tossing until midnight; "nervous pain in the heart as if he had been running fast".

He acted and walked like an old man, walking or standing with knees bent, he turned around slowly as if thinking about it, lifted the feet but little while walking. Mental processes slow and simple, slow to answer. He kept his eye on one as though he saw something amusing. He was quite sceptical as to the doctor but was always looking for one to perform a miracle. He was possessed, in addition to all the other qualifications, of a constant extension and flexion of the left thigh, day and night.

Dr. Gorton's "double dosage" was tried, *Echinacea* 200th one day and the 1000th the next. Three months later the sores were healing and there were no new ones. Did not see him again until 11 months from the date of the prescription. He was then bright, erect, strong and the wing of his nose had grown out; but a concave ulcer was now appearing on his neck. The prescription was repeated but we heard some months later that he still had a few sores and was still searching for a miracle.

## XI.

A young married woman, with epilepsy gravior since appendectomy five years previous; frequent attacks, sometimes three in a day; delayed and painful menstruation, no morning appetite, faint stomach at 11 a. m. Pounding headaches every 8-9 days; sleeping spells. Fincke's *Sulphur* 5M.

A month later, no headaches; hungry but too "full" to eat, cannot eat until 10 a. m. Urgent thirst for cold and craving for ice cream and sour things but aversion to sweets. *Phos.* 200th, Dunham's.

No attacks for a month then one. *Phos.* 200. No attacks for three months, then three. *Sulphur* 10M, Skinner's. No attacks during the last thirteen years. But she threw out boils, a rectal abscess, and had two attacks of psoriasis, meanwhile having *Sulphur* again, then *Calcarea*. Eczema then came out which was cured with *Nitric acid*.

## XII.

Girl, 16. Goitre five years. Obese, moustache; much perspiration, clammy cold feet, easy dyspnoea. *Calcarea carb.* 200th cured.

A year and a half later a ringworm about the size of a fifty cent piece appeared on the face. It was surrounded by smaller ones, the whole in strikingly circular arrangement. They were much aggravated by all the applications that had been attempted.

We think of *Echinacea* in very irregular eruptions but the 1M of *Calc. carb.* wiped out this also.

## XIII.

Miss of 23, goitre 2 years. The gland was moderately but distressingly enlarged and not hard. She was always tired, which was aggravated by even moderate exercise, tired expression, always sleepy, fantastic dreams, talking and striking during sleep. Headaches in left temple beginning in mid afternoon and relieved by open air and by cold applications. Easily excited and irritable and the office nurse says her pulse runs to 135 when excited. Cough while asleep only; canine appetite; thirstless; prefers cold food; averse to salt; nausea and distress in epigastrium, eructations of rotten egg flavor; menses five weeks apart and protracted; heat is exhausting; palms perspire when excited.

*Calcarea iodata* 30th, one administration. Six weeks later the size of the thyroid was normal and of course there was striking general improvement; but a small cystic lump remains.

## XIV.

Man fifty-one, goitre several years; had reduced it some with iodine and thought he was feeling some better. Continued cough and colds several years. Coughs regularly in the morning until he has had his hot drink, relieved in the open air. Tired easily and sweating easily. General amelioration in the open air and after eating; aggravated in warm room, canine appetite. Drowsiness. Face often flushed.

*Calc. iod.* 6x every two hours for five days. In three months the goitre, to all appearances, and the accompanying symptoms were gone.

WATERBURY, CONN.

## SO-CALLED SURGICAL CASES CURED WITH THE HOMŒOPATHIC REMEDY\*

W. W. YOUNG, M. D.

Seeing a request in *The Recorder* for a report of cases successfully treated by medicines, which cases among the orthodox are required to undergo surgery in order to attain the blessed state of Nirvana, I send you the following. Being a mere youngster at the game, less than two years before the mast, I ask you to overlook the lack of finesse, hoping that the results will atone for my poor artistry.

The first is Frank Ferris, a man of 52, who reported to me on December 28, 1928, in very poor health. He had been to all of the local doctors who unanimously agreed, seconded by the pathologist, that only an operation would save his life as he was wasting away excellently. He was obdurate, however, or perhaps fearful; I felt that he was stingy. At any rate, I found the man very thin, fretful, and hypersensitive. The trouble dated back fifteen years. It consisted of gastric distress with a tremendous amount of gas with vomiting on the slightest exertion. The attacks are paroxysmal and are also brought on by excitement, during which there is a craving for pork. There is a very obstinate constipation, pulsating of heart and a queer feeling in the right hypochondrium. The vomitus is tasteless; there is constant nausea; very slight jaundice, and muscæ. He has taken barrels of medicine and is very nervous. Morning is generally the worst time of day. He is worse from alcoholic drinks; does not recollect ever having had a desire for stool without the use of a cathartic; constipated at times; and has tickling in right scapula. The tonsils are enlarged and full of pus; there is poor tone of the heart muscle; all reflexes are negative. In fact, physical examination was misleading, as he was so sensitive to every motion. He could not take the biliary diet, so I decided to go on symptoms alone. Recollect, he was known as a good Scotchman, yet he had been spending money for years for medical attention. His last physician had told me how bad a case he was. I gave him *Opium* followed by *Alumina* in one grain, both low, and a constipation diet to be used for six months.

Read before the I. H. A. Bureau of Surgery, June, 1930.

I forgot to tell him to have his tonsils out, thereby losing twenty-five easy dollars; and recommended petrolagar and regularity of going to stool. I did not see him again until February 2, 1930, when I found that from his first visit this time he has been well, excellent; does not use petrolagar or the diet; has gained and recently conducted his own successful political campaign for the provincial assembly. This man was supposed to have had a diseased gall bladder, septic cholecystitis, concomitant liver involvement and what not. I made no diagnosis and do not make an apology for so neglecting to do, for if I had I would very probably have given *China*, *Chelidonium*, *Cheonanthus*, *Collinsonia*, *Pulsatilla* or some other remedy more closely pathological. Fortunately for the patient I paid more attention to him as a sick man.

The second case is that of a woman, Mrs. Mullins, aged 54, a perfect *Pulsatilla* type, fair, pudgy but active and not by any means given to fuss, though her husband was more than a trial and helped to make her worse by his solicitude. For some ten years she has had trouble with her stomach in one way or another, and all doctors had advised, during one attack or another, the necessity of an immediate operation, producing X-ray plates to demonstrate that her gall bladder was several sizes too big for her. In smug complacency she found solace in olive oil. I elicited that her trouble followed on the disappearance of a naso-pharyngeal catarrh which had been "cured" by atomizers, applications and gargles. Though it is not scientific I permitted my imagination to picture this catarrh, though cured, migrating through sheer contrariness, to the stomach, which would account for a host of gastric symptoms chronically appearing for years, till the march of progress reached the duodenum and gall passages. However that may be, she complained of the following: Dead ache in stomach-pit going to both scapulæ and worse at eleven p. m.; nausea and vomiting only when eating or drinking vomitus bitter and yellow. The vomiting also occurs nightly. There is anorexia, dry mouth with no thirst and a flushed face. Of course fats, etc., do not agree; never did. The bowels have been costive; uses bran. The gas comes up very easily. She has never menstruated and there are no children. The blood pressure

is 160/120. Pyorrhœa is present. The throat is in excellent condition. Physical examination showed nothing but a distinct swelling over gall bladder with tenderness. *Pulsatilla* 3x was given, with improvement. It was not enough, however. I gave *Pulsatilla* 500 in two days, with a terrific reaction, which caused her some delirium, and me, some loss of sleep.

Two days later, Nov. 18, 1929, she showed a thickly coated white tongue, no pain, restlessness, loss of weight, weakness, no deep, snappy disposition, no thirst and plenty of vomiting. *Ant. crud.*, 12x.

Nov. 20, 1929. Better but not well, very impatient, chills and fever in alternation; no thirst or sweat; gas in volumes but no distress with it; abdomen tender all over and a short sharp pain in right hyponchondrium, periodic, worse in motion; dry short cough. A consultation was demanded and assented to by me. The consultant gave here an ultimatum, the knife or—well, now guess. They decided to put up with me a while longer, as I refused to have a hand in any cutting. I itched to give *China*, which I did, 3x.

Nov. 25, 1929. Excellent shape; wondered why they had spent their money so foolishly. I was a darn fine doctor. Good appetite and digestion. Feels fine except that the sharp pain is still persisting at times. I gave a biliary drainage to see if that wayward catarrh was there, and lo and behold, I attained a tumbler full of the stingiest, toughest bile one would wish to see. I gave *Bryonia* with satisfaction, though the relief I feel was partially due to the drainages which were given periodically till the flow of the bile was easy and rapid.

On Dec. 5, 1929, she developed hæmorrhoids, something she had had long ago. These bled when she was at stool. No pain. Dry hacking cough; eats but with no relish. This time she got *vom.* 500, which produced improvement till on Dec. 10, 1929, *Opodium* caused her to remark that she had never felt so fit in years.

I send these two cases to demonstrate that the homœopathic remedy can and does do much even in the hands of a beginner.

CODYS, QUEENS, NEW BRUNSWICK, CANADA.

## ARGENTUM\*

H. C. SCHMIDT, M. D.

The study of materia medica, the analyzation of the patient and repertory procedure are the three legs requisite for remedy selection, and the method employed or systems used differ probably with each prescriber.

Being convinced that many remedies are habitually neglected by showing preference for the polychrests due to stereotyped procedure, a slightly different manner of study will be followed in this paper.

I have read that all disease comes from the moon, such a statement is on a par with the one, that all life comes out of the ocean. The core of the moon is said to be silver, as that of the earth is said to be antimonium.

In gathering material for prescribing, some points are important. First, the symptom must be reliable, and, secondly, the sphere of action between remedy and disease producing cause must coincide, and the symptoms in patient must be consistent with, and logical to, the sphere of action. The principal source of error is due to the fact that mostly *sub* classifications are used to describe the sphere of action, the primary sphere being neglected or not even known; and when we further take into consideration that only four spheres of action are possible, and only three out of these four probable, the primary classification becomes easy and the sub-classification may then attract our attention.

First of all must we realize that homœopathy is a semi-metaphysical study, the term *aura of the drug* removes the whole subject into the realm of metaphysics. If we next take into consideration that this aura is capable of a fourfold division, which finds its analogy in the fourfold seat of consciousness of man, then can we better follow the reasoning employed.

The silver patient has his consciousness centered in the sex, or, more specifically in the sacral plexus. The moon controls conception, ergo sex, and misused sex-function is the cause of all

disease, superficial reasoning to the contrary, hence, all disease comes from the moon, and this predicates a very large field for silver.

Our present age is sex-mad, and some other characteristic manifestations are general haste, or restlessness, also pretense and sham. To verify that one needs only to watch the theaters, the night-clubs, the road-houses. Every one of these characteristics has been brought out in the silver provings, only the proper values have not been placed on some of the symptoms and the connection with the sex-function has been kept covered up to a large extent, which is due to the very nature of silver itself.

A United States census taken during the World War brought out the fact that a large per cent of the population are morons. A moron is said to have the mentality of a 12 year old child, and the consciousness is consequently not situated in the intellectual centers. The striking characteristic of the moron is, that he is completely ruled by sex; in fact, sex is about the only thing he is conscious of.

Now, let us consider a nice woman of a good, yes, even of one of our best families who is afflicted with this devilish condition, never free from it day or night, awake or asleep. She meets some one who is congenial and in consequence becomes a little indiscreet. What are the immediate symptoms that follow? First, her conscience, being situated in a higher center, (I am not now speaking of a person whose conscience has been cut off), begins to make itself felt. She will be forced to admit, at least in her best moments and only to herself, that it was not quite the proper thing to do. Not being philosophic (philosophy being quite beyond a moron) she does not succeed in throwing off a certain sense of guilt. She resents it, and in order to justify herself puts the blame on her husband, and hates her husband, whom she has injured by her action. This sounds queer, but it is exactly the way it works. We hate those whom we have injured, as has been very well brought out in the Christ story.

Now the feeling of guilt, and the hating of her husband, and the attempt to cover up the whole thing, lest it be brought into the open, induces her to be exceptionally nice to her husband. (Some husbands are pretty good at that same game). Let

\*Presented at the I. H. A., Bureau of Materia Medica.

us keep in mind that she is sweet to a husband whom she hates, and further, let us keep in mind that this hate did not originate in the emotional center, but in the sex center, a very important point, to prevent us classifying it as an emotional symptom. This action I call deceit and it has been brought out in the provings and can be found in Kent's *Repertory*.

This deceit is by far the strongest and most important characteristic of silver. It sticks out on every corner, but always it is covered up, and a materialistic minded person will probably never see it. I am perfectly conscious of the fact that not all morons, by any means, come under this classification. There are those who have no conscience, but that is another story.

*The great keynote of silver is deceit.* Let me cite a case. A patient with plenty of symptoms, was prescribed for half a dozen times without satisfactory results. On leaving the house one day I met a mutual friend and asked him, "What do you consider John's most characteristic attitude"? He answered without hesitation, "Deceit. He will hate you like poison yet pretend you are one of his best friends when he speaks to you". I went home, took down the *Repertory*, looked for deceit, found *Arg. nit.* and gave it on the one symptom with extraordinary result.

Going back to our lady, being a sexual person there will be practices that leave certain imprints. She will be irritable, nervous, more or less petulant and impatient, hasty, cannot do things fast enough, or she is so spent that she lies around all day. Her heart gives much trouble. Nausea is a very strong feature, coffee makes her worse, it makes her nausea worse and at the same time will stimulate the sex; add to all this her remorse, and we get a state of mind that is typical but hard to describe, but certain features are rather constant. The face looks old and dissipated and has deep lines. Then there is that apprehension that will never go. The insincerity that one feels is the deceit covered up, it is the very opposite of being guileless.

Silver has apprehension on going to church or theater, which becomes plain fear, so much so that they lose control of sphincter muscles. A queer symptom, if considered by itself, but perfectly rational and consistent if we realize that she is going to meet her friends and friends of the family. They probably have talked

about her and she wonders how much they know. Then she becomes touchy, feels isolated and probably is. A person in that state of mind is not good company; she insults and hurts her best friends and they naturally stay away.

We read under *Arg.*, "thinks she has an incurable disease" which is quite natural, if we take into account that she has exposed herself. She probably worries also as to whether or not she is pregnant. Of course that symptom will never come out in the proving. Such a state leads to all kinds of delusions and silver has brought out many.

Having tried to give an outline of present day civilization and of a person whose consciousness is situated in the sacral plexus, or, who is typically lunar, let us see in how far we can synchronize the provings of the silver salts with the conditions described.

Silver is cold-blooded, devitalized, as cold as *Nux*, *Hep.*, and *W.*; very sensitive to being touched, not only the head but any part of body; almost as sensitive as *Lach.*; wants to be tucked in up to the neck; and least motion of bed covers chills. Many symptoms run very close to *Nux* and *Hep.*

Here are two peculiar symptoms I want to mention in passing. The first in a patient very much benefited by *Arg. nit.*, the other because of its singularity. When we deal with living organisms there are some features we cannot very well overlook, if we are to be consistent. One is the effect of the sun, the other is the effect of the moon on all life. *Arg.* has a greater affinity for the moon than any other substance except perhaps water, but water is not an element.

As said before, homœopathy is a semi-metaphysical science; many of the effects are physical but the causes and functions are metaphysical, and the time is not so far off when it will be developed along those lines. We may as well recognize this fact, and when we do we will be forced to take certain other facts into consideration. These two symptoms are definitely along those lines. The first is while chilly, always relieved by heat and from hot drinks, especially the gastric and abdominal symptoms, and cannot bear to have the direct sun-rays touch her skin. That woman in less than ten minutes after the first dose of *Arg. nit.* *cm.*,

was able to lie on her back and extend her legs, a thing she had not been able to do in over 50 years. The provings pertaining to this read, "tension like a cord in abdomen and groin". The other symptom is even more peculiar. A man I met in Arizona 20 years ago was so sensitive to the lunar influence that he could not go out into the moonlight without being covered by an umbrella. This man could go out into the sunshine and was apparently perfectly rational. Had I been more familiar with silver at that time, I could have obtained much valuable information.

Dr. Kent mentions dropsical conditions almost any place. Under *Arg.* I had one woman, large, fat and chilly with amenorrhœa, who was much benefited by *Arg. nit.*, but most of the others were slender, some even marasmic.

*Argentum* has many pains, especially nerve pains, facial and sciatic predominating, also left ovary and right testis, which Dr. Kent has so well brought out. He also says, "*Arg.* is useful in locomotor ataxia". He probably means for the sharp pains; and again syphilitics are notoriously sexual. Feels he is forsaken, and feels he is despised are very prominent silver symptoms; is afraid to walk on the street and pass corners; hurry, cannot do things fast enough, walks, eats, drinks, talks fast; impatient; time passes too fast; weak larynx; weak chest; hacking cough; expectorates little lumps like boiled starch. It runs parallel to *Stannum* in weak chest, and throat very sensitive to tobacco smoke. It is useful in epilepsy and in fibroid tuberculosis with great tightness at bifurcation of trachea.

Aggravation at noon is an important symptom.

Fermentation, much gas, nausea, very annoying, > from motion, < from looking at moving substance, are symptoms which suggest that it might be considered for sea-sickness. Early morning colic, > by heat, comes on about 5:00 a. m.; colitis with shreds, as if mucosa of colon had sloughed off; green stool, dry stool like sand; > lying on right side; suspicious, morose, disinclined to work. One troublesome symptom it cured for me was an itching, moist anus.

It desires sugar and has glycosuria, but its most important action is its soothing effect in sex erethism.

The study of our materia medica is very tiresome and dif-

cult, and so are many points in our philosophy, and the law of healing is not by any means as simple as our slogan might indicate, yet they dovetail at every point. I have mixed practice, philosophy and materia medica in this paper, in order to bring out the rationality of some of the disconnected silver symptoms that have been developed by the proving and appear so queer and irrational.

If we are fortunate enough to have the full confidence of the patient and they allow us to look into their inner life, and we obtain one or two of these extraordinary symptoms, then almost any novice can select the curative remedy. But we are many times thrown on our own resources and on our ability to read between the lines and for this reason we will mention a few more of the main features of silver.

When pathology affects the cartilages, either in joints, eyes, nose or larynx, silver is the first remedy to come to our minds, just as *Phyt.* comes to our minds, if the seat of trouble is at the place where tendons are attached to the bones. Tuberculosis of the larynx in a patient who uses his voice a great deal; with consequent hoarseness, especially if associated with haste, apprehension and neurasthenia indicates silver as the probable curative remedy. Invariably they have a dry hacking cough.

In venereal disease, where the discharge remains yellow, thick and tenacious for many weeks, has been suppressed and thrown into internal structures, and the tubes and ovaries have become indurated, or an epididymitis or orchitis has been established, a few doses of *Arg. nit.* will help to reestablish the discharge and eliminate the poison.

The silver patient is a notoriously poor "yes, sir" but he is usually poor when it comes to saying "no". I once heard a high-powered man say, "if I meet one of those moon-faced people, who look like a full moon with an almost flat dish-in face, I turn around and walk away, for he is sure to say no, and stick to me like a mule". If such a one happens to come to your office, give him a dose of silver.

I once had a patient who was an invalid for many years. I could not get him up and could see nothing but gonorrhœa. In spite of his emphatic denials, I prescribed a sycotic remedy, which, in

the course of 2 or 3 days, established a brown petechial eruption all over his abdomen and thighs. This disappeared in about a week and finally ended in the complete cure of that patient. This denial is another form of the condition we labeled deceit in the beginning of this paper; it is characteristic of people who will not do things in a direct way, but who think it a sign of superior intelligence to mix in any amount of non-important side issues.

I sometimes wonder in what degree, if any, it differs from the symptoms called "liar". In the *Repertory* only two remedies are mentioned under that heading, namely, *Op.* and *Verat.* I think *Arg. nit.* should be added. Dr. Kent mentioned a case that describes this point very nicely. A nursing baby had a greenish diarrhœa. *Merc.*, *Ars.* and *Cham.* had made no impression. He asked the mother if she was fond of sweets. She said, "Oh no" but the husband said, "Oh yes you are, I bring you a pound of candy every day". That baby did not get well until it got *Arg. nit.*

This innocent looking "oh no", should be in heavy type, for it is quite characteristic of this remedy. We find it repertorized under the designation "contrary" where it is registered in italics.

Dr. Kent, in describing silver, says, "it affects the brain in a very profound manner, bringing about changes of a gradual sort, and evening". Again he says, "a strange feature is that it singles out the intellectual faculty, which is disturbed increasingly to imbecility. It scarcely affects the affections".

Not many surpassed Dr. Kent in the knowledge of the philosophy, in the scope of remedies he had at his command, in the remarkable cures he effected, and Dr. Kent was not the type of person who would have left the regular school of medicine to join the ranks of homœopathy unless he was fully convinced that this system was based on law and not on empiricism. But the expression of silver selecting the intellect is not well put, in that he stresses a negative feature instead of a positive fact.

If we divide man into intellectual, emotional and physical; or, materialistic, religious and philosophic; or, sacral, solar and cerebral, then silver decidedly belongs to the sacral group, and the effect on the brain is due to the robbing of the brain of drawing the blood supply to the lower center, depriving the

sufficient nourishment, and not because it affects the intellectual sphere.

If we have a patient who is on the verge of a nervous breakdown, several features must be taken into consideration.

First they overwork the brain and tire it out. Second, they do not sleep enough. Third, they worry and eat very irregularly. Fourth, they take recourse to stimulants, coffee, whiskey, cigars, and narcotics to make them sleep nights, and aspirin for pain, completely demoralizing the physiological mechanism but not by any manner or means affecting the intellect *per se*.

*Argentum nitrate* is one of the best remedies for nervous breakdown. *Argentum nitrate* and *Nux vomica*.

NORTH HOLLYWOOD, CAL.

Purely material symptoms are, from the nature of things, the last to make their appearance, and the last to disappear on the subsidence of the morbid influence. They always consist, to a greater or less extent, of organic lesions. Blood congestions and consequent chronic inflammations, malignant growths, and radical changes of structure are well understood to be symptoms belonging to the material sphere. Pains, also, are manifested through the material sphere of the man, and, consequently, are to be classed among the material symptoms.—*American Homœopathic Review*, 1858.

The value of symptoms, whether pure or mixed, curative or destructive, depends, of course, upon the knowledge they render of the specific character of the morbid influence. We very well understand that a knowledge of the specific nature of this disease is equivalent to a knowledge of the remedy. We have, of course, only to select from the materia medica, that one of all the remedies therein contained, which seems the most nearly perfect *in illimum* to the morbid influence. Symptoms therefore are of more or less value as they illustrate or fail to indicate specific peculiarities. The totality of the symptoms should always be the basis of prescription, but close study of peculiar manifestations may very much facilitate the selection of the remedial agent.—

M. SMITH, M. D., 1858.

## SHORT PROVINGS OF ADRENALIN

ROYAL E. S. HAYES, M. D.

Oct. 26th, 1922, I gave a woman of 40 who was without symptoms, but whom I thought to be a sensitive, a dose of Eschschart's *Adrenalin* 1000th. The following symptoms ensued:

Oct. 27th. Oppressed respiration while physically active "the heart pumps hard".

Pain in the right sciatic darting down to the knee.

Oct. 28-29th. Urine scanty, highly colored, especially the night secretion. The urging disappeared if not heeded, and the bladder emptied later by voluntary action.

Oct. 30th. Sore aching inside, as if in the kidneys, extending to the nates; this entire area tender, worse in the lumbar region of the back.

Muscles above the scapulæ sore.

Breasts feel heavy; are saggy and sloppy (firm and well preserved before).

Oct. 31st-Nov. 3rd. Aching and soreness in the back most intense, centering over the sacral region on the left side.

Slight nausea.

Tired when walking out (usually better); shins lame and sore while walking; a short walk seems like a long and wearisome one.

Tenderness under the nails.

Flushed face without heat began at 4-5 p. m. daily, continuing about an hour each time.

Dull pain in the left ovary extending backward to the sacral region and down the sciatic nerve.

Albuminous leucorrhœa appeared and disappeared with the pain in the ovary.

Nov. 3rd. All symptoms gone. Had lost six pounds weight.

WATERBURY, CONN.

## POINTERS

*Pareira brava* should not be overlooked in enlarged prostate with inflammation and irritation, especially if there is a desire or even a compulsion to, get down on all fours to urinate.—A. PULFORD.

*Kali iodatum*, a single dose of the 30th brought prompt relief to a man who had been suffering for a week with terrific aching pains over the body but more especially in the lower limbs. His wife could tell us was that he could neither sit nor lie, especially he could not in bed. He was compelled to walk constantly for relief, and the last three days and nights he had but an hour's rest.—A. PULFORD.

*Variolinum* scores again. A severe case of smallpox occurred in a farm neighborhood. Two men and their wives visited the vicinities. One man and his wife came to Toledo and got some *Variolinum*; the other man and his wife were vaccinated twice as a doubly sure protection. *Variolinum* scored while the vaccinated were down with more malignant cases of smallpox than the original victim had.—A. PULFORD.

*Tuberculinum* gave prompt relief and prevented the return of the typical *Antimonium tart.* cough occurring in a child, only during the period of dentition or while cutting each tooth. *Ant.* gave prompt relief at the time but did not prevent the child's return.—D. T. PULFORD.

*Digitalis* is too often overlooked in enlarged prostate, especially when associated with very slow pulse and liver complications with white stools, etc.—A. PULFORD.

Man's normal state is not sickness, but health, and it should be harder to make him sick than to make him well when ill. Therefore the remedy, if properly selected, should need no more repetition than the cause needs constant repetition.—A. PULFORD.

*Tellurium*: Vesicular eczema beginning with a red spot on the just back of right earlobe. In 24 hours the spot cracked and was emitting an extremely acrid, corrosive fluid causing vesicles wherever it touched, and a line from the ear to the shoulder where it run down the neck during sleep, and spots on the left side



of the face where the child had touched the face after touching the sores. All cleared up under *Tell.* in 48 hours.—A. PULFORD.

*Cina*: Coryza extending downward to larynx with resulting croup, then asthma of humid type. Cured with 1M after failure of *Spongia* in various potencies. *Spongia*, according to the *Guiding Symptoms* has the above symptoms but the suffocative morning cough which occurred in the case led to *Cina* after *Spongia* only palliated.—D. T. PULFORD.

*Aloes*: Do not overlook *Aloes* in abdominal plethora where the abdomen, hypochondria and epigastric region feel stuffed full, hindering bending over, with great soreness and stiffness of the entire abdomen.—A. PULFORD.

*Graphites*: Add to *Apis* for the bad effects of iodine applied locally (Hering). Iodine had been applied to a sore within the nose and erysipelas of the face resulted.—D. T. PULFORD.

The deep remedies must be repeated in cancer much oftener than is usually supposed. Do not wait too long before you repeat. Recurrence of the symptoms which you would ordinarily await before repeating the dose will mean a recrudescence of the cancer and you must get ahead of this. Repeat your deep remedy every five or six weeks anyway.—C. M. BOGER.

Where several remedies are apparently involved in a case you can unravel it by beginning with the deep constitutional remedy in a low potency, and repeating when improvement ceases in ascending series. Many mistakes are made by changing remedies after improvement because a new group of symptoms appears.—C. M. BOGER.

In adeno-carcinoma of the uterus with hæmorrhage and almost no symptom to guide me, I found the patient had had three attacks of pneumonia which were typical of *Phosphorus* but she had not received it. *Phos.* MM controlled the bleeding, stopped pain, and palliated.—C. M. BOGER.

Sheep who eat mountain laurel (*Kalmia latifolia*) produce dead offspring. Only young sheep will eat it, the old ones know better and warn the lambs off by bleating. By analogy *Kalmia* should be good for women who tend to produce still-born children.—W. E. KAERCHER.

## EDITORIAL

Through years of trial, struggle and repression homœopathy nevertheless had a hand in bringing forth many of the ablest minds of our time. These sons of its care have an inborn right to the continuance of the same helpful methods that have proven so valuable and good in the past.

The shifting vagaries of general medicine have had a distinctly demoralizing effect upon those among us who were poorly grounded in its actual work and many have been swept from their moorings by a tide that moves at once everywhere and nowhere. This instability has also discredited it in the public eye which does not easily see the finer shades of difference between spurious and genuine therapy.

Students reflect the quality of what is put before them and this stops short of being ideal their disappointment inclines them toward empiricism and lowers their aims. In time many will be wakened to the actual need of a really curative therapy and may begin to investigate pure homœopathy, realizing that at best the refinements of their previous work either have a sharp edge that cuts both ways or are brutal beyond belief.

Great opportunities repeat themselves but seldom, but to care for these more or less matured minds is the greatest of our opportunities; let us grasp it firmly with both hands that are above clean and firm in the right.—C. M. BOGER.

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### "STRANGE, RARE AND PECULIAR SYMPTOMS"

A pupil, well along in homœopathy, has recently told us that one of his stumbling blocks is the "strange, rare, and peculiar" symptom. He wants to know what such a symptom is, what examples, whether it may be both a general and a particular, how it affects the evaluation, whether it is equivalent to a note, etc.

A "strange, rare and peculiar" symptom may be of two kinds. It may be a symptom which is weird, fantastic, unheard of, or rarely found, such as "sensation in a non-pregnant woman of

something alive, jumping about in the abdomen", or "sensation of the whole body being brittle". The second class is that of symptoms which though not fantastic in themselves are unusual, unexpected and even contrary to what you could rationally predict in a given condition, for instance, "laughs and sings when in pain"; "thirst for cold during chilly stage only, with no thirst during fever". This latter type, as you will see from the two above examples is peculiar because of the juxtapositions, it is the concomitance that is queer, "laughter with pain, thirst with chill".

Such a symptom can be a mental, a general or a particular in the nature of things it can not be a common symptom. As an example of such a mental, take "sensation as if she were doubled in bed", or "constantly washing the hands"; as a typical strange general take the well known *Camphor* symptom, "desires heat during the hot stages and cold during the cold stages", or "thirst with aversion to water"; as a rare particular take "empty sensation inside the head", or "blueness of the nail during chill", "temporary blindness which passes off as the headache develops" or "epistaxis brought on by washing the face in cold water".

A "strange, rare and peculiar" general, such as "chilly but aggravated from heat", outranks other ordinary generals of the same class, unless there is a general which runs through so many particulars that it is the leading feature of the case, for instance the case has "suicidal on waking"; "homicidal impulses on waking"; "chilliness only on waking"; "restless when he wakes in the morning". Here it is the aggravation on waking in the morning which is the most marked symptom, and it outranks, for repertorizing purposes, even the mentals, suicidal and impulses because these are modifiers of the patient's state on waking rather than his constant condition. Among particular symptoms also, you give preference to the "strange, rare and peculiar" ones. Angina pectoris with pain extending up into the occiput would take preference over heart pain extending down the arm because the former is more strange and unusual. The strange mental symptoms may often be of less value than the peculiar generals or particulars. This is especially true in neurasthenia

which often invent and embroider symptoms. In the realm of mentals, especially, we must be sure that a symptom is as radical as we said in a former lecture. Some wise homœopaths claim that in mental cases it is safer to repertorize by strange and prominent generals and particulars, and to consider the myriad mental symptoms only as part of the general picture when choosing from the materia medica study of the few remedies that come out highest from the repertory study. As a rule, then, we select the generals and the particulars which are most peculiar, provided always that they are prominent features of the case.

"Strange, rare and peculiar" symptoms often become keynote symptoms although not all keynotes are strange symptoms, for instance, "hunger at 11 a. m." is a keynote of *Sulphur* but it is not a "strange, rare and peculiar" symptom; the same with the 4-8 aggravation of *Lycopodium*, but a keynote which is also a peculiar symptom is the well known aggravation from downward motion of *Borax*, or "the more you belch the more you have a belch" of *Ignatia*, or the peculiar symptom which is also a keynote of *Calc.*, *Alum.*, and *Nit. ac.* "craves indigestible things such as chalk, earth, and slate pencils".

The individualization which is so essential a part of homœopathy is greatly helped by the understanding and use of "strange, rare and peculiar" symptoms, which Hahnemann, himself, especially stressed. It is needless to say that if strange symptoms found under only a couple of remedies, are permitted to operate they may mislead the student, for instance, we had a patient which kept telling us that his twitching was worse during the night and when he sat down at the dining table. This symptom was found in the Kent *Repertory* under only one remedy, *Opium*, which was not at all the remedy for the whole of this case. These strange symptoms are often difficult to elicit as patients feel ashamed of telling anything so peculiar, so inconsequential or absurd, yet especially in simple people they will crop up and especially where they are generals they prove of enormous value as *parts* of the totality of the symptoms.—E. W.

WHAT IS THE ESSENTIAL DIFFERENCE BETWEEN THE HOMŒOPATHIC MATERIA MEDICA AND THE ALLŒOPATHIC MATERIA MEDICA?

In the first place, the homœopathic materia medica is a compilation of actual symptoms produced on the healthy or normal human (not animal) body, by each and every drug or remedy, all either verified or verifiable; while the allœopathic materia medica is a compilation of individual opinions supposed to be the result of personal experience. Nature (homœopathy) never varies; persons (allœopathy) do vary, and widely at that. The homœopathic materia medica individualizes, while the allœopathic materia medica generalizes. Let us take pneumonia as an example:

Here allœopathy treats the disease, homœopathy treats the patient. Here is allœopathy up to date, an officially approved medical treatment of lobar pneumonia: "For relief of pain, morphia grains, 1-4; toxæmia, 4-8 ounces of alcohol daily; cardiac weakness, alcohol, camphor, caffeine, strychnine and digitalis; respiratory weakness, expectorant drugs, and morphia if you wish; for insomnia, paraldehyde, chloral hydrate and trional and (if the patient should happen not to respond to all of this oxygen". That array is supposed to cure all cases (if they survive). The above method "in extremely favorable cases" should cure in two weeks.

Now let us see how homœopathy works in pneumonia ignoring the disease and caring for the patient: Right lower lobe and right inner lobe affected; general aggravation at 3 a. m.; irritable, irascible, quarrelsome, impatient, fearful, oversensitive sense of a heavy load in and on the chest, pleura dry and rubbing like two pieces of dry rubber rubbing over each other; sharp, stitching, cutting pains in area affected, worse on every attempt at inspiration (deep); respiration rapid and superficial; slight œdema beneath eyebrows; temperature 103 to 104; sleepless, and what little sleep he did get was full of troublesome dreams, etc. But one single, simple remedy could possibly be intelligently prescribed for that case, and but two doses sufficient to resolve and restore the whole affair, in 7 days, to a normal condition. Some difference, don't you think?

Homœopathy, the personification of intelligence, acts in a simple and a refined manner, doing its work in a modest and effective way. Allœopathy, on the other hand, the personification of ignorance, acts in a superficial, spectacular manner, too often showing itself more of a menace than a blessing to the sick. Allœopaths never rely on a diagnosis, as the allœopath must, for it is but a guess at best, and a name, and names are too often deceiving and misleading. On the other hand, symptoms are constant and unchangeable, hence the erraticalness of the allœopathic materia medica and the constancy of the homœopathic materia medica. The homœopathic materia medica is based on science which when defined spells knowledge; while the allœopathic materia medica is based on empiricism, which when defined spells ignorance. If we know we have neither reason nor necessity to experiment. Experimentation has to grope its way in the dark; science has a definite guide post. Why anyone who considers himself or herself a homœopath should prefer to grope in the dark to find his way to a destination when he has a definite daylight guide to point the way and specifically guide him to that destination, his motives for his choice would be interesting to learn.—A. PULFORD.

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In one of the articles in this number *Opium and Alumina* mentioned as successful remedies for an interesting constipation case but the writer omits the potency used, the number of doses, and the exact interval of administration. This example is but one of many from our archives, and in the interests of education and scientific value, as well as interest, we would make a strong plea for all our contributors to give us such salient details. Wherever the source of a remedy is known, such as S. S. S., Fincke's, Dunham's or Swan's potencies, this should always be put after the dose and potency, even if it is only B. and T., or B. and T. All physicians should try to trace the original source of the remedies in their possession for this information is important to accurate prescribing and knowledge.—

## CARRIWITCHETS

SIT DOWN, DOCTOR, AND WRITE US YOUR ANSWERS TO THESE QUESTIONS

23. Will you refer me to a quotation of Hahnemann's in which he expressed his approval or disapproval of vivisection?—M. I. SENSEMAN.

24. What questions do you ask to indirectly elicit the mental symptoms in cases which seem to have none?—R. SPALDING.

25. What remedy has sensation of heat in the forearms and hands on coughing, on moving them in the attempt to reach for anything, and at night while lying in bed? The case is one of bulbar paralysis. Tongue, throat and soft palate were first involved then gradually the legs and arms which can still be moved with a strong effort of the will.—H. FARRINGTON.

26. Will some of the older prescribers give us a list of all the *Repertories* known to them, and the relations between them if any?—E. WRIGHT.

27. What is a "strange, rare and peculiar symptom"? Must it be a general or a particular? How does it differ from a particular? Please give examples.—H. MENKEL.

## ANSWERS TO QUESTIONS IN JUNE ISSUE

*What remedy or remedies are needed to counteract the effects of plague inoculation?*

—*Senega* 1M gives a powerful reaction as the remedy to counteract the effect of plague inoculation. 10M of the same remedy is also very strong. Other remedies, in order of reaction, are much less than *Senega*, are *Merc. cyan.*, *Radium*, and *Ars.* The similarity of *Senega* may be apparent if one notes Clark's record in the *Dictionary*: snake bites; bites of poisonous animals or animals in a rage. This denotes a low grade sepsis, such as would result from inoculation of pus products.—M. I. SENSEMAN.

*Where can the provings of Pestinum or Plaguinum be found?*

—Radio-active test of *Pestinum* brings out the reactions

of anemia, anæmia, pellagra, scarlatina, malaria, variola, reduced function of all glands except the pituitary, a trace of epilepsy, and, of course, strong reaction of bubonic plague itself. While this reply does not favor Dr. Bhatnagar with symptomatology, it does give information that is not always available from a recital of symptoms alone.—M. I. SENSEMAN.

## COMMUNICATIONS\*

Bergen, Norway, May 7, 1930.

The Editor of the *Homœopathic Recorder*:

STATUS OF HOMŒOPATHY IN NORWAY—THE FIRST HOMŒOPATHIC CLINIC  
Homœopathy is not old in Norway. There are single persons here and there who had some homœopathic practise in the last twenty years, but not enough to awaken the public and the allopaths to the fact that homœopathy is coming. The late homœopath, O. M. Ohm, and the late naturopath, O. M. M. are the two most well known of these pioneers above mentioned.

The city of Trondhjem Nidaros (where a great exhibition is being held this summer) is the center of homœopathy in Norway. Here is the medical center, Skandinavisk Homœopatisk Centralofficin (H. Høeivaag) and a well known homœopathic practitioner, Einar Larsen, who has the reputation as a homœopath also lives in this city.

In Bergen, I started Bergen's Homœopatiske Institutt two years ago. It is also the single lay society, the Bergen Hom. Forening, which publishes the little journal *Ars Curandi*. Homœopathy is written about almost every week now in the different newspapers. This is on account of the introduction of the Koch Cancer Antitoxin in Norway. This remedy has been analyzed at the university and the result shows that it seems to be a homœopathic potency of an unknown substance. The therapeutic results obtained are good, and now the medical director is considering the question whether or not a clinical test on this remedy shall be made. I have just given a report of three cases with sure cancer diagnosis. The well known German homœopaths and cancer specialists, Emil Schlegel and his son, Dr. Oswald Schlegel in Tubingen, are two of the European homœopaths who are fighting this excellent remedy against cancer in Europe. In my cancer therapy I use pure homœopathy but in difficult and urgent cases I prefer Koch Antitoxin as an almost sure, quite harmless, and most likely a homœopathic remedy.

That homœopathy now has become so well known and is so often dealt with in the press comes from my many discourses on cancer and homœopathy, in which I always show pictures of Greater Hahnemann and other homœopathic hospitals, both American, English, German and Canadian. The interest in homœopathy is greatly increasing and as a result the Bergen Homœopatiske Forening has elected a committee to start working for a small homœopathic hospital. This will eventually be the first one in Norway and it will be of great importance for the future work in our country. We have to seek help throughout the world and we hope that some American homœopaths will help us. These days we are sending out our petition to all parts of the country. The question is now: Shall Norway get its homœopathic hospital or not?—OLAV SENSEMAN.

The Editors assume no responsibility for opinions expressed in this department.

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<i>Sweat as a Sign of Disease:</i> After discussing sweat as a diagnostic and prognostic sign, Scholta continues that it is of bad omen in wasting diseases, especially those with excretory disturbance, cramps and loss of consciousness.	

Generalized sweat may be a sign of crisis; if it comes at night in chronic diseases it betokens rheumatic or hectic fevers with a decrease in strength. It is hazardous in lockjaw.

Localized sweats, frequent and abundant, are signs of local disease, especially of degenerative processes in the breast or in the abdomen, and often of delayed crisis. With active sweat, if a cloud or critical sediment appears in the urine, it is a good sign. Passive sweat in acute diseases sometimes supersedes the violent onset before nature has gathered her forces to bring about the healthful, active perspiration. A watery, cold sweat, with inward heat often accompanies apoplexy and the death struggle. Critical sweat is almost synonymous with active sweat and symptomatic with passive sweat. The symptomatic sweat is more local and

often accompanied with chills and is less likely to have cloud in the urine. The pulse is small and hard. It means a feeble attempt of nature to relieve the illness and if it lasts long or changes back into fever it is alarming.

Scanty sweat in diseases such as rheumatism and gout, where you would expect heavy sweating, is a sign that through blood pressure or inactivity of the skin relief cannot come, and as a rule it points to inward complications, such as of the lung, intestine or brain. Heavy sweat often drops off from the whole body in brain or spinal disease and is a sign of virulence. Profuse night sweat may mean worm fever as well as cachexia or hectic fever. Profuse sweating in intermittence shows a tubercular tendency.

Habitual perspiration usually has some odor. Especially is this characteristic of abdominal diseases.

Morning sweats are of hectic, gastric or worm origin, all scrofulous. Evening sweats are rheumatic, intermittent or catarrhal. Midday sweats are gastric or show stomach and intestinal complications, as in typhoid. Occasional, brief, inconstant sweats point to nervous causes.

All sweat should be warm, cold sweat is a sign of mental or nervous diseases or of a serious condition in acute diseases, and is a bad sign. Bloody sweat in typhus, scurvy, etc., shows blood degeneration and is usually fatal. Yellow sweat suggests liver complications. Customary sweat has a somewhat sour odor excessively so in catarrhal conditions. In intermittent fevers the sweat often smells like fresh bread. Stinking sweat is usually localized and appears in mania, epilepsy, and menstrual disturbance. In the latter case it suggests chlorosis. In fevers it is a bad omen. Partial stinking sweat, especially of the feet, means disturbed nutrition, stomach or intestinal diseases, or a tendency to tuberculosis, to gout if the urine is loaded, or to suppressed hæmorrhoids with liver disease. Such a sweat is sometimes a prodrome to these conditions, especially gout. Acute diseases have distinctive smells; measles has a smell like fresh goose; scarlet fever has a cheesy odor; sweat of small-pox smells like herring pickle; many vesicular diseases have a sweat with an odor like cat's urine; leprosy stinks like a goat; a sweet odor is characteristic of syphilis.

Odorless sweat is a sign of mild attacks. Hysterical, fainting and death sweat are also odorless yet often the odorlessness of sweat, if it is generalized, is not a good sign.—E. W.

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# THE HOMOEOPATHIC RECORDER

VOLUME XLV. DERBY, CONN., SEPTEMBER 15, 1930. No. 9.

## ACUTE RHEUMATIC FEVER\*

H. A. ROBERTS, M. D.

It may seem strange that we discuss this under pediatrics, for the primary attacks of rheumatic fever are almost always in young people. The period most often affected is between puberty and twenty years of age. Slightly less often it is found from six years of age to puberty, and still less frequently between twenty and thirty. There is very seldom a primary attack before four or five years of age, and never after thirty years of age.

The consternation which is aroused by the onslaught of an acute attack of rheumatic fever is well justified. There is no place where more care should be exercised in prescribing, for it is a condition very susceptible to suppression and exceedingly liable to metastasis. There is no place in medicine where better work can be done than in these conditions, because, when the disease has run its course, we have the method *par excellence* pointing to the eradication of the disease without any of the complications which are so easily set up by improper medication.

This is classed by Hahnemann as one of the manifestations of acute zymosis; therefore the remedies to meet this condition must necessarily fall into the antipsoric classification. This disease can be completely eradicated under this type of treatment, and unless the patient is fortunate enough to receive it early, there is a continual tendency on the part of Nature to repeat the attack at frequent intervals, extending beyond the thirty years of age.

There is great danger of permanent crippling because of the frequent metastasis to the endocardium, and for about two years after the patient recovers there is a constant shortening of the life span.

\*Presented at the I. H. A., Bureau of Pediatrics and Obstetrics, June 1930.

the *chordæ tendineæ* of the heart, leaving in its wake a regurgitation or stenosis, thus crippling the patient for life.

Let us look at some of the conditions most often met. The patient gives a history of having been out in a cold wind and becoming suddenly chilled. The next day there is a stiffness, redness and swelling of one or more joints. There is a high fever, rapid pulse, intense thirst and great mental anxiety, restlessness, pain and agony. There is nothing passive about this *Aconite* patient: Activity of fever; activity of mind and body; intensity of pain, very greatly aggravated by touch or by being covered, aggravated from motion and from letting the affected limb hang down. Many of these cases will be aborted almost "in the morning" if seen in time.

*Belladonna* is another remedy very frequently called for, having of course the general indications for *Belladonna*. Usually many joints are involved. They are hot to the touch, red and notable for their burning. The great characteristics of *Belladonna* are always present: Throbbing and burning; excessive sensitiveness to touch and to jars, even the jarring of the bed causing the patient to cry out; very much worse by motion. The patient wants to be left entirely alone, because he is afraid he will be touched. The fever is apt to be high, with the characteristic mental excitability. The patient perspires very freely with a sour perspiration, but perspiration brings no relief. The pains are sticking and burning, first in one joint, then in another; usually much worse during the night, especially around midnight. These conditions are usually brought about by a sudden chill in vigorous, plethoric individuals.

In the early summer, before the water has become sufficiently warm, boys are very prone to get warm in running to the swimming hole, and plunge into the cold water when they are perspiring freely. *Bryonia* is often called for in these suppressions of perspiration. Two or three days after the episode it will be noticed that the child has become stiff and lame in the joints, one after another being involved. The swelling is quite considerable and the joints are very hot. The pains are very violent, sharp, stitching and tearing. The appearance of the joint is sometimes pale red, but more often dark red. Gradually the temperature

is high. The patient does not want to be moved, but lies perfectly still. This is very different from the two preceding conditions. In the *Bryonia* patient becomes violently ill, but the onslaught is gradual, not at all like the *Aconite* and *Belladonna* conditions, which appear right out of a clear sky. *Bryonia* is much more prone to have a continuous fever. Then too the inflammation of *Bryonia* is not confined to the joints alone, but extends to the serous and fibrous tissues in the muscles, even to the aponeuroses. *Bryonia* also has the intensely sour perspiration so often met with in rheumatic fever, but it differs widely from *Belladonna* in that when the perspiration appears it brings relief. The mental symptoms of *Bryonia* appear in the irritability and positively morose disposition if the patient is disturbed. The disturbance of the digestive function manifests itself by certain foods not being well received; there is a thick, heavy coating on the tongue, and an intense thirst for large quantities of water. This patient is morose, more or less sluggish; he appears rugged, but he is very prone to manifestations due to changes of the weather or to chilling.

It is a very noticeable fact that rheumatic fever is apt to occur during the extremes of weather; the extreme heat of a summer spell in summer; the extreme cold in winter. These extremes have a debilitating effect on the vitality of many people and effect detrimentally the eliminative powers of the patient.

It is here that we often find *Colchicum* useful, for it is especially aggravated by cold, damp weather, by the cold rains of the fall or spring. The symptoms of this remedy have a very noticeable tendency to go from one joint to another in rapid succession; from one side to another; from below upward or from above downward—a sort of migratory process. This remedy is often called for in the beginning, but is adapted to those drawn-out febrile states, oftentimes where the heart has been affected, with dropsical swellings of the joints and dyspnoea on exertion. The complaints are always aggravated from motion, as is *Bryonia*, but differing from *Bryonia*, the patient will be heading the attempt to move for some time before he does actually move. It does not occur to the *Bryonia* patient that he must move; he only realizes the aggravation upon actually moving. The *Col-*

*chicum* patient is exceedingly sensitive to cold, which aggravates his pains. His pains are relieved from heat, and by keeping the joints wrapped up. Exertion causes dyspnoea, with a peculiar sinking sensation, because of the involvement of the endocardium. The *Colchicum* patient perspires very easily, and it is very often cold perspiration. Extreme heat causes the patient to perspire freely, then he cools suddenly, and because of the sudden evaporation of the perspiration his complaints come on. This is really an aggravation from cold.

There is one general symptom that is almost always present in this rheumatic fever, the positive abhorrence of the patient to the odor of cooking food, and revulsion to the very thought of food. Sometimes in these rheumatic fevers with the wandering tendencies we find a rheumatic iritis which is very distressing and very prone to repeat itself, and unless cured, it will destroy the elasticity of the iris. In my early practice I was called to a case of rheumatic iritis that had repeated itself at least four times a year, during the spring, summer, fall and winter, for four or five years. I was led to the determining factor in the cure of this patient by his peculiar revulsion to the odor of food. *Colchicum* did such good work that to this day he has had no return of the trouble. The pains of *Colchicum* are not as severe during the summer attacks as they are during the winter attacks. It seems to prefer the small joints to the larger, although it is confined entirely to the small joints.

*Actæa spicata* is a remedy quite frequently called for in acute articular rheumatism, when the small joints of the hands and feet are most involved. They are swollen, bright red and very hot; they are markedly worse from touch, the least pressure making the patient cry out. Motion of the joint is almost impossible. There is a rather high temperature; warm sweat of the side of the head and face that is lain upon; revulsion to food; very sour vomiting; a great deal of brickdust sediment in the urine. *Actæa* is very similar to *Caulophyllum*, but the *Caulophyllum* indications usually include menstrual disturbances, whereas the indications for *Actæa* are almost entirely confined to the male sex. These attacks are prone to repeat themselves

suddenly, and the exceedingly sour vomiting is always associated with them.

*Sanguinaria* may be a choice remedy in acute muscular rheumatism with erratic pains, sharp, stitching, with great soreness and stiffness of the muscles. It has a predilection for the muscles of the back and the right deltoid, in fact, it is a markedly right-sided remedy. This is preeminently an acute muscular rheumatism rather than articular. There is aggravation at night on turning in bed. It has one very peculiar symptom, when the part affected is touched by the hand, the pain vanishes, only to appear in some other part. There is a peculiar flushing of the right cheek. This is one of the remedies to be thought of in rheumatic fever with a metastasis to the heart, where it manifests itself by a pressive, stitching pain in the precordial region.

The student is often made mindful of the number of remedies whose symptoms are made worse by cool weather. This is often because the patient gets into a perspiration and cools suddenly. Such a remedy is *Dulcamara*. During the fall, when the air is hot during the day, with the sudden cooling of the air after the sun goes down, the patient becomes chilled, the perspiration is suppressed and an acute attack of rheumatic fever or acute diarrhoea, or sometimes an alternation of these two conditions, is the result. The pains are sore and bruised; the joints are inflamed, red, swollen and sensitive to touch. *Dulcamara* is seldom called for except in cases that appear in the fall of the year.

*Pulsatilla* is often of very great value in inflammatory rheumatism. The local symptoms are usually manifest only on one side at a time. The joints are red, swollen, and there is exquisite sensitiveness to jars, to touch or to pressure. There is a desire to move, yet much pain on moving, although there is relief from motion. This desire for motion is an interpretation of one of the great modalities of *Pulsatilla*, in that it is relieved by cold and cool places, and the patient seeks out the cool places in the room. The rheumatic conditions are much worse toward night, from 4 to 8 p. m., and in the night; in the morning the stomach symptoms manifest themselves by nausea and vomiting; then the attack repeats itself. There is aggravation from lying on the pain-

less side and relief from lying on the painful side. This is one of the remedies where there is relief from cold or cool applications. If the patient drinks at all, the drink must be very cool. There is no thirst with the *Pulsatilla* patient. This patient, however, will take icy cold drinks in very limited quantities and will retain it. One great characteristic of *Pulsatilla* is the changeableness in these inflammatory rheumatic conditions, the symptoms change rapidly from one joint to another. In fact, changeableness of all symptoms is seen all through this remedy. Of course you all know the classic *Pulsatilla* type, which I need not say anything about, except to warn you that very often the brunet calls for *Pulsatilla* as much as does the blonde.

Another of the major remedies in inflammatory rheumatic conditions, usually brought on from exposure to cold rains, is *Rhus tox*. Certainly dampness makes these patients very much worse. This is a remedy that affects primarily the connective tissue, therefore we get the acute inflammation of the muscle as well as of the joints. The peculiarity of the inflammation is that almost any type may be present, from a slight inflammation in the connective tissue of the muscle, making the muscle exceedingly sore, to the dark red swelling when it attacks the joints. The swelling may be smooth; but occasionally there will be vesicular manifestations in the skin.

There are certain outstanding modalities of the *Rhus* patient that are found in all its relationships. The pains are relieved by heat and warm applications; the aggravations are from rest in bed; from cold, especially from damp cold; and from being uncovered. The part that is uncovered is apt to be attacked next, and as soon as the part is covered and heat applied the pain is relieved. This patient needs to be done up in cotton batting or tucked in between woolen bed clothes, because the slightest exposure aggravates the conditions. There is a very pronounced benumbing pain in these conditions that is relieved by motion; in fact, the patient is exceedingly restless and may move the part. When first beginning to move the part, there is such a decided aggravation that it seems as if the part may break, it is so difficult to move; but by continued movement it moves much easier. There is a drenching perspiration, which does

relieve. This remedy has a very low type of fever; the tongue is exceedingly red, especially on the tip, and sordes are abundant in and about the mouth.

In the latter part of the febrile condition where *Rhus* has seemed indicated but fails to entirely clear up the condition, and the conditions drag along, think of *Calcarea carb.*, for it is the chronic type of the *Rhus* patient, and has many symptoms that at first glance we attribute to *Rhus*; but a closer analysis will show symptoms that *Rhus* does not have.

Almost any remedy in the materia medica might be called for in these rheumatic fever types, but we have mentioned only a few of those more commonly indicated, and have tried to show the diversity of types and the necessity for care in selecting the remedy. May we now give in hasty review some of the more peculiar symptoms that might decide the choice of the remedy?

For instance, let us think of *Aconite* and *Bryonia* from exposure to dry cold; *Colchicum* and *Dulcamara* from exposure to cold damp air; *Rhododendron* aggravated from the approach of, or during a thunderstorm; *Hepar sulphur*, *Psorinum* and *Tuberculinum* from cold, whether it be dry or damp.

The remedies which are relieved by cool or cold applications are: *Pulsatilla*, *Ledum* and *Thuja*. In metastasis to the heart, we are to consider *Anacardium*, *Apis*, *Aurum*, *Cactus grand.*, *Colchicum*, *Kalmia*, *Lac caninum*, *Lachesis* and *Sanguinaria*.

In case of alternate manifestations of stomach and abdominal troubles in the spring, and inflammatory rheumatism in the summer, think of *Kali bichromicum*. In acute rheumatic fever attacking the small joints, remember *Actæa spicata*, *Bovista*, *Euphrasia*, *Galophyllum* and *Viola odorata*. Rheumatic conditions quickly alternating from one side to the other: *Ammonium mur.*, *Lac caninum*. Rheumatic fever only in the cold weather, getting well in the spring and returning in the late fall is characteristic of *Urtica moschata*.

A word of warning may well be given against the use of *Hepar sulphur* or *Kali carbonicum* in these inflammatory rheumatic fevers. It takes a long time to undo the mischief that these remedies do, especially if used in the higher potencies. The reaction to them is so deep and lasting that few could withstand the in-

tensity of bringing up those conditions which these remedies could have cured, had they been exhibited before the rheumatic fever showed itself. You all know what *Sulphur* can do in stirring the foundations; and we never think of *Kali carb.* without remembering the "two-edged sword" in these desperate conditions; it cuts both ways.

Another word of warning may be well, and that is against the physiological action of the salicylates, because they invariably suppress the rheumatic fever, and in so doing, cause metastasis to take place, with a predilection toward the heart.

This is a short resume of some of the cardinal forces that we have at our command. When our materia medica is thoroughly studied in conjunction with its application to disease states that are so baffling and so fraught with catastrophe when not properly understood, yet so simple and amenable from the homœopathic viewpoint, we do well to bear in mind Hahnemann's injunction "When one has to do with an art, the end of which is the saving of human life, any neglect to make oneself thoroughly master of it is a crime."

DERBY, CONN.

#### DISCUSSION.

DR. C. B. STEARNS: *Chamomilla* is a remedy that isn't thought of enough in rheumatic fever. A red streak on the center of the tongue is one of the symptoms which should call your attention to this remedy. The other symptoms will confirm or lead you to some other remedy.

Another remedy is *Arsenic*. *Arsenic* is applicable in the types that affect the heart. This is apt to be a malignant type of endocarditis, that is, a type that keeps recurring, acute rheumatic symptoms with an exacerbation of the heart trouble.

Under *Arsenic* you get indications in the tongue. There are three characteristic *Arsenic* tongues: The red streak down the center of the tongue is one type; indented edge of the tongue as in *Mercury* in another type; and the third type the red edge. Another objective symptom is hectic flush on the cheeks; in the later stage this patient is pale. The pains of *Arsenic* are something like those of *Bryonia*; that is, they are sharp and cutting, and sometimes you will be fooled and give *Bryonia* when *Arsenic* is the remedy. *Arsenic* will cure very quickly when it is the remedy. I have had four cases that required *Arsenic*. It is frequently enough indicated so that you should keep it in mind.

DR. A. H. GRIMMER: Early in my practice, I found rheumatic fever to be one of the hardest things that I had to prescribe for. I got more grey hair studying remedies for rheumatic fever than for any other condition and must confess that for many years I was not too sanguine about the possi-

ties of homœopathic remedies for rheumatic fever, although I was not guilty of giving salicylates or anything else. I kept driving at homœopathics and materia medica and finally got things differentiated so I could pick out remedies pretty well.

I hope that this paper can be put in the hands of every young homœopathic doctor who goes into practice. It is a wonderful paper, and Dr. Roberts has done well in bringing together these essentials.

There are a few things that could be added, for instance, Dr. Stearns' valuable addition about *Arsenic* and *Chamomilla*.

Recently, my oldest daughter was taken down with a very violent attack, first, of tonsillitis, followed by an ear abscess, with very severe pain, coming on suddenly and violently, with all the fever and violence of *Bella-donna*, which corrected those things very quickly. But after a lapse of a few days this was followed by a violent rheumatic condition of a paralytic order involving both lower limbs. I almost feared infantile paralysis, but it was a pure rheumatic type, and the pains came at intervals. I watched her, and while it was hard to see her suffer, I waited patiently for a remedy. Every fifteen or twenty minutes she would cry out with great violence. The pain was constant. She moaned at intervals in the meantime. She did not sleep for hours. Finally I was satisfied that *Colocynth* was the remedy, checking it up with the reactive measures that Dr. Stearns has so often spoken of, and it was given. The *Colocynth* took hold very rapidly and gave complete relief, and the case made a very nice recovery. It was a week or ten days before I permitted her to get out of bed, because during that brief time her heart had been involved, but it had all cleared up.

DR. J. W. WAFFENSMITH: There is occasionally a case of acute rheumatic fever in which *Rhus* seems to be indicated, and clearly indicated, but it doesn't seem to thoroughly control the condition. In such a case I wish to call attention to *Medorrhinum*. One of the characteristics I mention in my paper is soreness, stiffness, and also the sharp, stabbing, migrating pain.

Another remedy—I don't know that the doctor mentioned it—is *Thuja*.

DR. H. A. ROBERTS: I mentioned that in my analysis.

DR. J. W. WAFFENSMITH: Very often *Thuja* comes in in these cases, especially if the condition is a general one.

DR. A. H. GRIMMER: Dr. Stearns suggested a very valuable bit of information that we all should bear in mind which is the relationship between *Bryonia* and *Colocynth*. They are both of the same family.

DR. C. A. DIXON: Several years ago I was carrying a tedious case of rheumatic fever on my visiting list when I was ready to take a vacation. I reluctantly turned it over to a brother homœopath. I was afraid of what he could do with the case. It seemed to be a *Rhus* case and still it didn't clear up well under *Rhus*. When I returned home after a vacation of three weeks, one of the first things I did was find out how this man had cleared up. He had cleared up beautifully. I hadn't run across the man who took the case so I called him up after I found my man was well and I said, "What did you do with that case of rheumatism up with?"

He said, "I don't know that you will approve of it but I alternated *Rhus* and *Bryonia*."

DR. A. PULFORD: May I ask if anyone can throw any light on *Stellaria media*? It has the sharp, grippy pains, rheumatic pains, and feverish conditions. I should like to learn a little more about it.

DR. H. FARRINGTON: I agree with the former speakers that it would be a useful thing to have this paper available for the younger practitioner. It would be useful to some of the older ones who are apt to get rusty. The paper beautifully groups in a simple manner the essential features and the indi-

cations which will differentiate these remedies, because the pathognomonic symptoms of rheumatic fever are pretty much alike.

I have had two cases in which I failed to get the remedy in time to save the heart and had a great deal of trouble afterwards in patching up the cardiac condition.

We want to remember Kent's injunction in regard to *Rhus tox.* *Rhus* is liable to drive the rheumatism to the heart. Other remedies will do it too.

In the first year of my practice I treated a young girl who had a rheumatic condition in the right shoulder. There were apparently no other indications. I gave her *Sanguinaria*. She returned in a couple of days with a stitching pain in the heart which she had never had before. But the trouble in the shoulder was no longer present. I gave her *Spigelia* and the pain in the heart ceased and she was apparently well after that. But I claim the case was not treated properly, and it zigzagged back to health, or else the right shoulder rheumatism should have returned.

DR. BENTHACK: I have used *Benzoic acid* in the 2x a good deal, the keynote symptom of which is a urinary irritation. Dr. Heimicke, a German, used it a great deal. I have found it a very valuable remedy.

DR. H. FARRINGTON: Did the urine smell?

DR. BENTHACK: It smelt strongly, and it burnt. When I have those symptoms I immediately think of that remedy.

DR. A. H. GRIMMER: In the gouty types more than in the truly inflammatory types?

DR. BENTHACK: In the gouty type, but in the inflammatory type too. In my experience—and this is substantiated by others—that it is a very good preventive for heart complications.

DR. H. A. ROBERTS: Dr. Pulford, I have not used the remedy that you speak of, *Stellaria media*. I don't know it.

I wrote this paper with the rule of the Association in mind—twenty minutes limit. I used nineteen and a half. Otherwise I should have included some of the other remedies, but I gave it as a suggestion of the possibilities there are for us in the field of materia medica. If there is any one thing I want to get hold of, it is a rheumatic fever case because homœopathy does work and it is startling how well it works in that disease when it is handled properly.

Next year, if I can get the time to do it, I hope to write another article, perhaps it won't be twenty minutes, on the metastasis of the remedies that are applicable in rheumatism, where metastasis has taken place, because I have done some very remarkable work in young children who have come to me after a rheumatic fever attack, with their poor little hearts struggling. I have seen several of them that I thought would never amount to anything and now they are going through high school, some of them through college, and they are doing remarkably good work.

If a physician who had been trained in homœopathy were to go to some desert island, to some far distant part of the world, to practise, where he would have no opportunity during the rest of his life, for further instruction, and we wanted to give him a watchword to carry with him, never to forget through all his practise, probably nothing could be more valuable than the injunction, *never ask a direct question on taking a case*.

DR. JOHNSON-OLDS, 1895.

## DIFFERENTIATING SYMPTOMS OF SOME OF THE CADMIUM SALTS\*

A. H. GRIMMER, M. D.

A study of the best proved of the *Cadmiums*, *Cadmium sulph.*, must give us a basis for comparison, until the proving of *Cadmium met.* is completed, when we shall have more symptoms and fuller data to prescribe on.

*Cadmium sulph.* presents some striking features which run through all the other *Cadmiums*. First of all, the *Cadmium patient* is cold, always freezing, and all complaints are made worse when becoming cold, or from cold changes in the weather. Another thing about *Cadmium* is the weakness it produces, so weak the patient tires. Examine this weakness a little closer and you find it is accompanied with a cachetic state which simulates the cachexia of advanced cancer or pernicious anæmia. Mentally there is a marked increase in irritability, with a horror of solitude and of work. There are some uncommon sleep symptoms that resemble snake carbons and the snake poisons. Sleeps with eyes wide open, gasping breathing on going to sleep. Awakens suffocating, symptoms of apnea after sleep. Annoying protracted sleeplessness, insomnia. *Cadmium* acts most intensely on the gastro-intestinal tract, causing nausea, which is aggravated by motion. Later there is vomiting of acid or yellow substances. With these symptoms the face is bathed with cold perspiration and there is cutting pains in the abdomen. Black vomit like that occurring in the severe type of choleraic diseases. This remedy competes with *Arsenic* in ulceration of the stomach in drunkards. Beer aggravates the gastric complaints. There is salivation with bitter burning in the mouth and throat, foetid breath, ulcers with dryness, and burning contraction of the throat. This remedy should be a splendid one in those cases of vomiting of pregnancy which fail to respond to the usual remedies, and for pernicious forms of vomiting of blood from chronic ulcers or cancer of the stomach. Coffee-ground vomit.

Such in brief is a general view of *Cadmium sulph.* Our proving of this remedy is still far too meager. A wider knowledge of

\*Read at the I. H. A., Bureau of Materia Medica, June 1930.



its symptomatology would enable us to cure severe types of intestinal disease that many times fail to respond to our ordinary remedies. During the last two years in my work with *Cadmium met.* I have gathered a number of cured symptoms and some symptoms, produced on sensitive subjects during its primary action, when the so-called aggravations so often occur.

*Cadmium met.* produces an impulsive irritability, going to the verge of insanity in its violence, alternating with a deep depression of the mind. Loathing of life, hopeless and apathetic, all joy is gone. Unable to concentrate, saying and doing the wrong things, such as putting salt in her tea instead of sugar. Vivid, unhappy dreams of sickness, causing worry, after awakening. Averse to people, to certain kinds of music, to noise. Odors and unpleasant things produce nausea, even thinking of them does the same. Vertigo while looking at moving pictures, accompanied with sensation of something taking the breath away, objects recede and return. Extreme, constant, neuralgic headaches; maddening pressing pains through whole head, extending to eyes and ears. Old ear discharge with ear pain returned after many years, with improvement in hearing; hearing had been gradually getting fainter for years, suddenly improved with ear discharge. Sore pressing pains in the liver and spleen. Violent vomiting attack with headache, alternation of heat and coldness. Vomiting bile and acid. Diarrhœa of black, musty stools with intestinal pains. This was followed by improvement, in an inveterate constipation of years' standing, stools clay colored later. Breasts felt enlarged and sore, this occurred in several patients. Intense squeezing pain in region of the heart with a sense of weakness. More frequent urination, discoloring the vessel brownish or deep lemon color, very hard to wash off the vessel. Pains severe in all the joints. Numbness of feet and hands while sitting. Hæmorrhage from the bladder and the rectum has been cured many times, commonly dark colored with small clots, but several bright red hæmorrhages were cured. Severe neuralgic pains in the face with plugged sinus, followed by facial paralysis, after large doses of quinine and aspirin, cured with one dose of *Cadmium met.* 10M.

This remedy is the best antidote for aluminum poisoning,

especially the subtle form that comes gradually from the prolonged intake of foods prepared in aluminum cooking utensils. It has cured fissures in each corner of the mouth of years' standing after many remedies, including *Graph.* and *Nit. acid.* had failed.

*Cadmium iod.* is a great gland remedy; the cervical glands of the neck, the tonsils, the thyroid, the mammary glands, the lymphatics every where, the testicles of the male, and ovaries of the female. The liver, the spleen and the pancreas are all sooner or later involved under the influence of this remedy. One outstanding mental symptom is hatred. Hates everybody and everything, atheistic and hateful, with a high degree of self pity. As these symptoms, together with an ulceration of the transverse colon cleared up and got well, this man lost his hates and became quite human and kind and gained greatly in weight.

*Cadmium iod.*, at times, has an aggravation from extreme heat, as well as extreme cold. As a rule this patient is less chilly than the other *Cadmiums*.

This remedy is a powerful antisyphilitic as well as antipsoric and antisycotic, in fact all the *Cadmiums* may be classed in the three miasms of Hahnemann.

Only a glimpse of the possibilities of these wonderful medicines is shown here. More complete provings will add greatly to the power and use of our glorious materia medica.

CHICAGO, ILL.

#### DISCUSSION.

DR. C. M. BOGER: I want to add one observation about *Cadmium sulphate*, and that is that it is equal in power to *Solidago* in the backaches of nephritis. We all know how powerful *Solidago* is, especially in acute nephritis or subacute nephritis. It is wonderful for quieting those kidneys down. *Cadmium sulphate* acts equally well and longer. *Solidago* has the fault of not acting for very long.

DR. C. L. OLDS: I was very much interested in this paper, I suppose particularly because I am interested in seeing the *Cadmium* salts proven. As Dr. Hamer has shown our only published provings are *Cadmium sulph.* We hope to give you something next year on the proving of *Cadmium metallicum*.

I think we will find *Cadmium arsenicum* equally valuable with *Cadmium metallicum* in cancerous cases. We also have *Cadmium phos.* and the *Cadmium iod.* We have quite a number of these *Cadmiums*.

I have quite a good many clinical cases that have been benefitted by *Cadmium metallicum*, but I feel that it is probably best to leave those until they come to publishing the provings.

Dr. Macfarlan, this morning in speaking of provings, said it was fun to think it is, too. I think it is really a good game. But let me tell you there is no fun in trying to get people to prove. It is a pretty difficult thing. I don't know why. It certainly can't be because they don't know how or because they are too sick, or anything like that. It is not difficult to prove a remedy. It is really very easy, and it is fun to watch the symptoms come on and know that they are not really disease symptoms, that is, that they are artificial disease symptoms. I hope that everyone here will give this matter of proving the remedy we are now discussing, *Cadmium metallicum*, their careful consideration and help us out in that. We ought to have a proving of that remedy that is comparable with *Lachesis*. Then we would be doing something.

CHAIRMAN J. HUTCHINSON: Dr. Grimmer, I am especially glad to hear this paper because, having had a cancer fatality, I thought perhaps I ought to have read into the case one of the *Cadmium* salts. I didn't. I thought the remedy was *Pulsatilla*, and I still think it was, and until you outlined the hepatic pathology I was pretty sure of it. However, I had no hepatic symptoms. It was a cancer of the left breast with a very large ulcer when I got it. It came from homœopathic hands, had been well treated homœopathically but had reached a stage where the attending physician felt he couldn't go on with it, and it improved immediately under *Pulsatilla*, that is, reasonably immediately. It went on for a year, when suddenly without any warning or any explanation, a terrific chill overtook the patient under circumstances that did not seem to prompt the chill at all. She recovered. Then in about three weeks another chill overtook her and in another week she was dead. So far as I could see *Pulsatilla* was the only remedy. The only criticism I could make of the course of the treatment was this: When improvement began it was very steady and the ulcer itself disappeared. The breast extension to the axilla ceased. The flesh became like a child's. There was still an opening left through which a very small oozing kept up. There was nothing whatever done to close the ulcer, and it seemed to me a most peculiar case. In the last week of the patient's life she said to me, "I have some symptoms of liver trouble which had six or eight years ago". They were not analyzed particularly because everything was so hurried. Then she passed out.

Your paper is particularly encouraging to me because I cannot see in the case as I recall it, and as I have recorded it, the *Cadmium* picture.

DR. R. E. S. HAYES: Mr. Chairman, I might relate one case a little ahead of time, an experience with Dr. Olds' *Cadmium metallicum*. A girl of about twelve had severe car-sickness. Her parents sent her several miles on a trolley every day and it affected her so much that they thought they would have to give it up. She was so definitely ill that she would have to lie down for two or three hours after getting home. I don't remember the particular symptoms of the case, but she was fairly well when they brought her into the office, and had no other complaints whatever. I gave her a week's supply of the *Cadmium metallicum* to prove, and she didn't develop one symptom of that, and she was cured of the car-sickness entirely.

DR. J. W. WAFFENSMITH: I tried to use *Cadmium met.* on a case of epithelioma. I thought it fitted the case quite well. Shortly afterward there was a very rapid increase of the tissue, very rapid enlargement, and a resultant profuse hæmorrhage. So I followed the *Cadmium*, because it looked as though conditions were getting rapidly worse, with *Phosphorus*.

I don't know how this case will come out but I will report it at some later date.

DR. C. L. OLDS: What potency of *Cadmium* did you use?

DR. J. W. WAFFENSMITH: The sixth.

DR. D. MACFARLAN: After hearing Dr. Grimmer's paper in Montreal I

I thought I would try *Cadmium met.* upon the very first case of carcinoma that came to me. I didn't have to wait long. It was the case of an old man who had a malignant hypernephroma on the right kidney. He had operated on by Dr. John B. Deaver, University of Pennsylvania, at the Hahnemann Hospital. He is head surgeon up there. When I graduated from the school I studied under Deaver and knew him personally, so I asked him to operate on this case, as it had a recurrence. He looked it over and said, "Nothing can be done for that case." He called me up on the phone and said, "If I were you I would just keep him under anodynes until he dies." I thanked him very much. I put this man on *Cadmium* and I think it has done him a great deal of good. He is still alive, and much longer I am sure than he would have been had he been given anodynes. He is comfortable and more or less happy.

I think a good deal can be done in homœopathic practice for malignant neoplasms. I remember a celebrated case, one of Dr. Libby's, which caused a great deal of sensation. This happened thirty years ago, the case of Charlotte Cushman, the actress. He called my father into consultation to operate on her. She didn't want to be operated on.

Dr. Libby kept her alive for a very long time. She was pretty old when she died. What medicine he gave her I don't know.

DR. C. M. BOGER: The doctor has just spoken of keeping these patients longer than expected. A recent experience may somewhat enlighten you at that point.

I was called to see a middle-aged woman, and in order to satisfy myself as to diagnosis I called a surgeon and asked him to make a thorough examination. My diagnosis was that she had cancer of the cervix. She had been operated on and the body of the uterus had been removed. The surgeon came to the same conclusion. To make a long story short, the cervix was like one of the old-fashioned rubber tampon rings we used to have. She had been having hæmorrhages for a long time, so much so that she was unable to talk much. I couldn't get very much out of her naturally. She was too excited for that. However, I found out that the hæmorrhages were bright red and that she had had three successive attacks of pneumonia in the last few years. On the strength of that I gave her a single dose of *Phosphorus*, 60c. potency. She never had another hæmorrhage, not one. In two weeks she had an acute gastritis which made her vomit a great deal, and her lower abdomen swelled up. I thought this is the end now. She was œdematous and very full up. For this I gave her a single dose of *Arsenicum MM*, and it all disappeared. A couple of weeks later she had sudden retraction of the tendons of her elbows drew up like that. Again I thought, Well, I guess this is the end. But I gave her a dose of *Silica* and it wasn't the end. She has come out under all that and now she says, "Doctor, I feel better than I have for years. I haven't had any discharge to speak of since you prescribed for me. I have a good appetite. I eat everything and sleep well and feel good." How long she is going to live I don't know.

DR. C. L. OLDS: How old a woman is she?

DR. C. M. BOGER: Thirty-five.

CHAIRMAN J. HUTCHINSON: If there is no further discussion, will you give the word, Dr. Grimmer.

DR. A. H. GRIMMER: Answering the observation on the epithelioma, I believe the doctor gave his remedy too low. *Cadmium* is very toxic. If you will use all the *Cadmium* salts you will find they are so toxic that the old school would be fool with them much in the way of medicine, and I believe if you had given your potency in the thirtieth (I never use anything lower than the thirtieth) you would have gotten better results.

There is another thing I will bring out now because some of you may not

be here tomorrow when I read the paper that I am going to present on cancer and its treatment.

There are so many factors in cancer that we must not ignore the irritational causes and the food adjuvants. The irritational causes are many, and if you ignore them, your remedies, however carefully selected, however closely related to the individual case they may be, will not bring the results. That is one reason why we have not had the results we should have had in the past. That is why we have not had the uniform results that we expected from some of the brilliant cures that our men have made from time immemorial.

The other factor is food. The chemistry of foods in relation to cancer is a most important subject and one that our friends among the old school have practically ignored. It is a virgin field, and what we know of it is mainly experimental and far from scientific as yet. Nevertheless it is enough of a guide to insure better success without remedies if we do follow a diet free of meat and salt.

Among the irritants that are most marked, outside of crude drugs, vaccination and serums (which will be brought out later, and which are factors) is the chlorination of drinking water which is quite prevalent throughout the country today. Chlorine in the drinking water is bringing into being many ulcerations and cancers of the gastro-intestinal tract.

We can profit from our provings. We do not need to go any further. We do not need to experiment on rats and animals. We have the provings in the homœopathic materia medica, we have the verifications from observation. This is the most scientific thing about it. I have been led to this observation by many disappointments. Many of my cases got partly well, and I thought was going to make brilliant cures. Then they died, while other cases which were not nearly so bad as others were cured. Then I found out that giving the patient spring water or pure water made a vast difference, even in preparing the food, every bit of food, because chlorine, when it is boiled, is only changed chemically. You have to dilute hydrochloric acid and it is an irritant just the same in that form as it is in the form of raw chlorine.

Another factor in the spread of cancer is the aluminum poisoning that comes from the insidious, slow impact of minute doses of aluminum hydroxide and other salts of aluminum which comes in the cooking utensils that we use nowadays. Our hospitals, our public institutions, our restaurants, our hotels, in fact I think ninety per cent of our people at large are using aluminum cooking utensils, and I am here to tell you that that is another factor in the spread of cancer, believe it or not, and that is why I think *Cadmium* is a valuable remedy. It is the best antidote I know of to the general effects of aluminum. It isn't the only one. There are other remedies that come in, and we will show you tomorrow why they come in, and why *Cadmium* is valuable in a list of a few remedies. The group of remedies covered by Hahnemann's three miasms, the group that corresponds to irritations of various sorts, will bring us down to about thirty remedies, and, on going through the literature, you will find that those thirty remedies are the ones which have been recorded as curative. There have not been many others discovered outside of this group. This answers Dr. Macfarlan's question as to why some of my results appear to be better than others. It is simply because I am not only prescribing but am removing these irritational causes and taking care of the diet in so far as I can.

One more thought before we go on. We do get incurable cases. Some cases go too far and there is nothing that will cure them. Still, homœopathy is the greatest boon to those poor sufferers. I have seen a lot of them die without a bit of pain, and I have not had to give morphine. Where I could control their food and these other things, these incurable cases died without a bit

more. Moreover they will live longer under homœopathic treatment as some of the doctors have shown.

About ninety per cent of cancer cases are dead within three years after surgery. X-ray and radium seem to be still more destructive, at least in the long run, if not in shortening of life. So I want to ask every one of you to get to your guns. You have something that is not found anywhere else. All you need to do is to get together and scientifically prove this thing. Then we will be able to show the world that homœopathy is worthwhile in the treatment of cancer, not only in the cure of incipient cases and cases that are not far advanced, but wonderfully useful in the prevention of this terrible disease.

After properly "taking the case" and the selection of the remedy, *Aluminum*, the true Hahnemannian holds in importance the question of the repetition of the remedy. Shall the remedy be given in a single dose, or, without reason, in a multitude of repetitions? This is the most important consideration whether the potency be low or high, as either the high or low potency will cure or do great injury when improperly administered. Its determination will markedly influence the curative action of the remedy. From this it follows that the question of dose should occupy a higher plane in the mind of all prescribers, and be determined with care and reason.

—W. A. YINGLING, M. D., 1895.

The sooner our mind is freed from the error of regarding the material evidence of disease as the thing to be removed in the treatment of the sick, the sooner will we be able to comprehend the wonderful simplicity of the "law of cure" formulated by the master mind of Hahnemann, and see the chaotic confusion of theories regarding the nature of disease disappear and instead will be found that comprehensive fact of an universal law working with mathematical exactness at all times and under all circumstances.

It might be noted that Hahnemann drew a sharp line between what he *knew* and was able to demonstrate, and what he was still in the transition stage of experimental development. He was uncompromising with error, positive, but logical, in his statements of demonstrative principles and simply suggestive of lines of unfinished investigation of the nature of disease.

—*Medical Advance*, 1895.

A PROVING OF CADMIUM METALLICUM—  
SKINNER 10M\*

DONALD MACFARLAN, M. D.

Last summer in the city of Montreal the members of the society listened with much interest to a paper written by Dr. H. Grimmer, of Chicago. Among other things, it dealt with some remarkable cures of cases of cancer by *Cadmium metallicum*. The following are some observations which I have carried out with some high potencies of this medicine. My one regret is, that the proving was not as extended as I would have wished it to be. Dr. Olds, of Philadelphia, also made some provings and his work will doubtless fill in more of the gaps, and give an added picture of what the drug is capable of accomplishing.

Personally, I firmly believe in the use of generous and skillful surgery in all malignant states. I believe in association with the above the use of the potentised medicine.

Following are the provings which I have recently made.

Miss A. (1) Dizzy on walking. (2) A tendency to drop things with a feeling of excitement afterwards. (3) Felt more peppy and lively. (4) Head is warm and her hands feel hot to her, slightly so to my touch, however.

Mrs. A. Could hardly get her breath because of obstructed oppression at the epigastric angle. Gas in the stomach, and when she tries to raise it, her stomach burned and she had sour rising. Heartburn all the afternoon. Tingling from head to feet. A feeling of swelling in the hands, they seem like four hands. Sharp darts of pain throughout the body lasting about 2 seconds.

Prover started at 12:15 taking remedy every half hour. At 1:10 slight blurring of vision of right eye which continued decidedly like a film or veil. At 1:45 right ear squeaks, but only when she swallows. Also right side of nose runs like a cold. Right side of head, a dull constant ache, worse on the right side mid-line. At 2:55 blur extends to the left eye, left nostril runs. At 3:00 the symptoms of a head cold by 4 o'clock. Head feverish and a little heat imparted to my hand. On awakening from sleep in morning severe, vertical, dull, constant headache. Head felt m

\*Read at the I. H. A., Bureau of Materia Medica, June 1930.

A PROVING OF CADMIUM METALLICUM—SKINNER 10M 643

big. Head feels too big for her hat. Prover has dull pain at base of the brain, left side of centre. Later, the pain shifts to the right side of the head. Sharp pain in the right ear when she swallows. Prover's headache is all right sided, dull, and constant, better from heat, with pain persistent in the right ear. Kidneys are much too active, moderate amounts are voided each hour. Headache hangs on until 11 p. m.

Miss H. B. Feb. 9, 1930. *Cadmium metallicum*, 50M. Itching of the skin of the head. Sweating of the palms. Headache dull and constant on the left side, worse leaping over. Heat in the right side of the face. The entire head is hot and the face is flushed. (2) A general, dull, constant headache. The hands are cold. (3) A sneezing sensation (sneezing). Head hot and painful. The vertical was the worst when the headache became general. Felt like fighting anything after the day's proving (a fighting cock). In the evening felt ambitious to do things, not nervously so but desperately so.

Mrs. D. March 9, 1930. 50M. In the evening seems to be bothered with a lot of gas in the stomach.

Miss A. March 17, 1930. 10M. No power in the hands and in arms.

Mrs. D. March 24, 1930. 10M. More "pep" since taking the medicine. Can go out at night with more impunity. The face flushed markedly and the face seemed dry. Itching worse in the afternoon. Gas in stomach, it was so puffed at night. A jumpy state in front of right glenoid cavity on the chest wall. Large nose veins on right leg made worse because more swollen and darker.

Miss A. March 3, 1930. 50M. More frequent urination, twice as much as usual. It is scanty and painless. Icy cold feet; the right side of the throat is sore and aching but it does not hurt to swallow. Hot hands and face. A dull and constant headache for one-quarter of an hour. Dull aching pain in right ear with a feeling of deafness. The right side of the head feels hotter than the left. Much more "peppy" after luncheon and much more energetic. Felt more inclined for her office work.

Mrs. D. 10M. On Tuesday she started taking medicine. Not much food, pains in the bottom of stomach and side. Leg bothered

her and she still felt sick at 10 o'clock. Wednesday morning still had pains in stomach. No pains in the right side. Must be gas did eat a lot of nuts. Thursday better and stronger and more "pep". Slight tired feeling in right ovary. At 12 felt a slight pain in the back of the head and dizzy—went out in the air and lost it. Felt good then until evening, again a tired feeling in arm. Had to retire early. Friday, after resting all night, was better in the morning; then started toward noon as usual with that tired feeling in the right leg, from her right side down. Still has slight pain in bottom of the stomach.

Mrs. A. 10M. The stomach is blown up with gas. At the bottom of the belly a fluttering inside of the bowels. Sweat generalized and it is soaking. It was a warm sweat. A constant drowsiness and she would have slept if she had lain down. Pains in the feet are very sharp and constant. She is forced to sit as she could not walk (an aggravation). The urine pains in passing. It is a burning feeling and in small amounts. The feet are very hot and swollen and painful. Very tired all over.

PHILADELPHIA, PA.

#### DISCUSSION.

DR. A. H. GRIMMER: We are fortunate in having a young man of Dr. M. farlan's type with us. He is helping to keep alive the Hahnemannian spirit of pure drug experimentation on human beings rather than on animals.

DR. C. L. OLDS: I made a proving myself, a very short proving because it was taken with a kind of flu which interrupted it, but it brought out right-sided symptoms of this remedy very definitely, and also the gas symptoms.

On January 1st I began taking *Cadmium metallicum* 12th, a few pills every two to four hours, in the daytime, for a little less than 48 hours. There were no symptoms until January 8th, the eighth day, when I noticed a fullness in the abdomen after eating even a small meal, an unusual occurrence. The appetite was good but had to stop because of this fullness. Restless after midnight particularly.

January 9th, the same symptoms.

January 10th, the same symptoms, but awoke in the night with a pain shooting from the stomach to the pubes along the line of the linea alba for a few seconds only.

January 11th, the same abdominal symptoms. Awoke several times in the night with pain in the right big toe as if from an ingrown toenail.

January 12th, the same abdominal symptoms. The same restlessness in the night. Again the sensation of ingrown toenail several times during the night. Sharp stabbing pain at intervals, deep in the right ear, during the night. Swelling of the right tonsil with pain extending to the right ear on swallowing. Soreness of the scalp on the right side.

#### A PROVING OF CADMIUM METALLICUM—SKINNER 10M 645

On the 13th all symptoms were relieved. There was still slight soreness of the scalp to the touch and occasional slight stabs in the right ear.

January 17th, four days later, I took six doses of *Cadmium metallicum* 30th at irregular intervals between noon and six p. m. At seven p. m. there were several mild stabs deep in the right ear.

January 18th, no symptoms.

January 19th, slight stabbing pains deep in the right ear; considerable gas in the bowels.

January 20th, passing much gas in the bowels.

January 21st, stabbing pains in the right ear at irregular intervals.

January 23rd, skin over the left tendo Achilles sore as if burnt. Noticed most when beginning to move.

January 24th, seven a. m., sharp pains lasting 15 minutes in the region of the lower lobe of the liver, worse from motion.

On the 31st, sharp stabs in the right ear with soreness of the throat for a short time. On going to bed, dull pains in the heart; whole heart seemed outlined by the pain. Worse lying on the left side. Lasted but a few minutes.

That was the end of the proving because the symptoms that came after this I attributed to this new condition.

In observing symptoms in general after taking the remedies don't think because you don't get some symptoms after eight or ten days that you are through with the provings because you may get symptoms of the remedy for weeks afterwards. Bönninghausen has pretty definitely shown us that the last symptoms of proving are the most valuable, so I think we should be careful to watch for late symptoms.

Let us try and see if we can't get a really good proving of this drug. Will those who are willing to make provings of *Cadmium metallicum* get into communication with any of the members of the committee.

If a dose administered has acted for a long time, in acute diseases for days, in chronic diseases for weeks or months, we may reasonably judge that it would be best to again administer one more single dose; but if the action of the dose lasted only a comparatively short time, has been rapidly exhausted, especially in acute diseases, and a repetition appears still advisable, that it would almost always be better to dissolve a single dose of the remedy now to be repeated in some few ounces of water and continue its administration in broken doses until it becomes evident that the action of the dose in this manner administered has fully set in, and the symptoms for which it was given are yielding to it, becoming lessened in every respect. The greatest care should be taken never to repeat the dose, or administer another remedy until the effects of the dose last taken have been exhausted.—AD: LIPPE, quoted in *Medical Advance*, 1895.

## A BRIEF STUDY COURSE IN HOMŒOPATHY

ELIZABETH WRIGHT, M. D.

## VII

## PRESCRIBING: POTENCY SELECTION

After thoroughly digesting the first six lectures of this brief course and doing wide collateral reading and studying one should be able to select the most similar remedy. The most similar remedy, however, does not become the *simillimum* until the potency is adjusted to the plane of the individual during his or her illness at the time of prescribing. Our philosophy teaches us that pathology, and even bacteria, are ultimates of disease and that the true cause is far deeper and less material than these. In order to truly wipe out the cause of a so-called disease one must administer the remedy on or near the plane of the cause. It follows that for mental distresses and disease of manifestly psychic origin the high potencies (10M and upward) would be employed; other things being equal; and that for grossly material conditions, such as marked organic and pathologic changes, the low or medium potencies would be selected. In general, then, functional diseases, where the symptoms are subjective or physiological, where the vital force is labile, respond well to high potencies and the organic conditions to lower ones. It makes some difference whether the conditions be acute or chronic. For instance, diphtheria has marked pathology, as has pneumonia, yet the pathology is recent and swift in pace, and the high potencies are suitable. In general, acute diseases respond well to high potencies, especially of acute remedies (high potencies of deep acting chronic remedies, when these are indicated in an acute condition, may be dangerous). Certain acute crises, based on chronic trouble, such as cardiac asthma, would have to be treated with medium or low potencies because the high potency would whip up more than the vital force could cope with in the face of advanced chronic pathology.

In chronic prescribing it is a safe rule to begin with the 200th centesimal unless this is dangerous because of the nature of the remedy, the degree of the pathology, or the depth of the miasma.

The great object in starting at the 200th in chronic cases is that you then have an ascending series of potencies to use as treatment progresses. The Kentian ideal being to exhaust the action of one potency (see section on Repetition below) and then to step up to the next, exhaust that, and so on, if no change of remedy is indicated to the highest potency known of that remedy. Hahnemann places the upper limit of potencies suitable at the end of a series in any given case at the last potency which will produce a very slight aggravation of the symptoms. In our experience you can usually use the highest known potency of the *simillimum* and still get action, although at times action will be with, say, the CM potency). When the top of the series has been exhausted and the same remedy is still called for you begin again at the 200th and repeat the ascending series.

Series of homœopathic potencies have been made by many various people, either by hand, as in the case of the Jenichen potencies, or by various machines. As a general rule it is best to stick to the potencies made by one man as you go up the series. In any one case, as for instance, Kent's 200th, 1M, 10M, CM, etc. On the other hand, if a jolt is needed, although the same remedy is called for, a change from, say the Skinner to the Fincke potency may whip up the case. For those who understand rhythms and cycles it may be well, after a patient has been through a series (ascending series) of a remedy from one source to change to one of the irregular potencies of the same remedy from another source, for instance, we have seen Skinner's *Lyc.* 2M beneficial instead of Kent's 1M, or Fincke's 43M in place of a 50M. This change seems to start a new rhythm or cycle, it is as though the vital force became bored with the decimal system and responded with a renewed spurt to the alteration of potency. This is admitted doctrine.

In desperately ill cases, where the fight for life is active, in acute disease, the high potencies are indicated; also where a desperate illness is the terminal stage of chronic disease the high potencies induce euthanasia. In chronically incurable cases unless the vitality is very good and the pathology not yet extreme, low or medium potencies are suitable, and usually deep acting *simillimum* must here be avoided and a palliative

drug given. If such a palliative be not too searching a remedy, *Sang.*, *Rumex*, *Puls.*, etc., it may be given even to incurables in fairly high potency.

The problem of potency selection in acute disease incident to chronic treatment is another snag. Patients long under chronic prescribing show less and less acute diseases, in other words their susceptibility is eradicated, however explosions or latent psora do occur sometimes, particularly when the general vigor is increased by the proper chronic remedy, as a sort of vigor or effort on the part of the vital force toward house-cleaning. The first problem for the prescriber in this connection is to determine whether the acute symptoms arising during chronic treatment are an aggravation following the remedy, and if so, whether they are an aggravation due to the reactive curative power of the body or a remedy aggravation due to oversensitivity or wrong potency. If either of these be the case and the aggravation is not too severe no remedy should be given, merely *Placebo*. If the aggravation threatens life or is unbearably painful (this may have to be an antidote) or for some social reason, particularly if tolerable for the moment, an acute remedy may be given in medium low potencies, preferably the 30th or 200th, and this probably not interfere with the action of the chronic remedy. In acute exacerbations or explosions of active chronic disease can often give the acute complement or cognate of your chronic remedy. In this case also the chronic remedy may continue to be undisturbed. In very severe acute diseases during the course of chronic treatment it will sometimes be better to give the acute remedy high and after the acute condition has subsided resume the chronic case which will often show a new picture. The prescription takes into account the original chronic symptoms but lays more stress on the recent developments.

In many conditions with marked tissue change, such as anemias, chronic cardiac decompensation, very low potencies, tinctures, may be useful. Potencies as low as the 12th or the 6th are occasionally invaluable in single dosage in such conditions as tuberculosis where even a 30th or a 200th of a remedy as *Phos.* or *Sil.* might set the economy on the right grade.

From this brief outline of the possibilities of potency it will be seen that we uphold the use of the high potencies mostly. The question of potency is the most moot point in all homœopathy and even in our ranks today many strict homœopaths are so-called low potency men. These follow Hughes and are more pathological in their prescribing. The strict Kentians, almost without exception, are preponderantly high potency.

The degree of susceptibility of your patient also influences potency selection. Certain persons are over sensitive (often owing to improper homœopathic treatment) and they will prove very sensitive to any remedy you give them; they require, therefore, medium low potencies. Other patients are very sluggish (often owing to much homœopathic drugging). These will often take a very high potency and get no action at all or they may need a low potency repeated every few hours until favorable reaction sets in. A third type of patient is the feeble one where the vital force can easily be overwhelmed. Repetition is the greatest danger here. Acutely sick, robust patients will stand repetition of high potencies until favorable reaction commences, although the ideal is the single dose. Children take high potencies particularly well, and in general the very aged require medium potencies except for euthanasia. Some individuals have idiosyncrasies even to homœopathic potencies of certain substances. Some degree of idiosyncrasy to a remedy must be present or the patient will not be sensitive enough to be cured, but where this is extreme the law of medium potencies should be preferred. Where patients are habitually poisoned by a crude substance as a general rule it is not advisable to give that substance in very high potency, it is better to give an antidotal substance high. For instance, patients long dosed with calomel are not relieved by high potencies of *Mercurius* but may be by *Hepar*. On the other hand exceptions to this occur in chronic susceptibility to *Rhus* poisoning, *Rhus tox.* cm may indicate the tendency. If not a deeper antipsoric in accordance with the totality of the symptoms is indicated. Certain remedies are noted for their power to restore order after chronic poisoning with crude drugs, as *Natrum mur.* after the misuse of quinine and silver nitrate. The very low potencies, such as the 3 and 6x are

very dangerous in the hands of accurate prescribers. This may be mainly due to the customary repetition.

Great care must be taken in potency selection of certain very deep acting remedies in serious chronic cases. For instance, *Kali carb.* in gout, *Sulph.*, *Sil.*, *Tub.*, or *Phos.* in tuberculosis; *Psor.* in asthma; and *Arsenicum* and *Lachesis* in many conditions. These remedies should be carried in the 30th potency even by those who give almost entirely the higher degrees.

#### REPETITION

The single remedy is the third member of the essential homœopathic trilogy. The reason for this is obvious: Only one remedy can be the most similar at any given time with the condition of any given patient. If the physician can not decide between two remedies he has not gotten the totality of the symptoms or the remedies which he has chosen are merely superficially akin to fragments or aspects of the case. Furthermore, the *simillimum* is a personality having a rhythm, one might almost say a permeating aura of its own, and in the fleeting instant of administration it takes complete possession of the patient, thereby buoying up the vital force so that it can carry on the restorative process. To have two or more remedies would be to introduce two separate rhythms, partial and disharmonious factors. Moreover, if more than one remedy be used the doctor can not know which element was curative and one source of future guidance is thereby obscured. Lastly, since only one remedy can possibly be proved at a time, so only one can cure at a given moment. Some mongrel homœopaths when in doubt give mixed prescriptions. This means that they are merely prescribing symptomatically, one remedy for one symptom or organ, and another for another. Each of these, if homœopathically chosen may wipe out the fragmentary illness at which it was aimed but that which is profound, total, and primal, of which all these several symptoms are but manifestations will remain untouched and simply come out through other channels as subsequent symptoms. Other inexperienced homœopaths, and even some with a wide knowledge of the *materia medica* but a relatively feeble grasp of the philosophy alternate remedies. This practice can not be too strongly

condemned as it seesaws the patient into temporary ups without progress. Many modern French homœopaths give a main acting remedy and one or more so-called drainage remedies in it, the chronic remedy in high potency and the drainage remedies in low potency, the idea being that the drainage remedies set up an outlet for the exodus of the disease. These drainage remedies aim at the production of a discharge or the stimulation of the secretory organs, etc. This is a recent variant and does not appear in Hahnemann, the old masters, or Kent, and the self-styled purists of today do not approve of it.

The subject of the intercurrent remedy may well be mentioned here. Many pure Kentians hold that there is, or should be, no such thing, and that when, after a series of potencies of the same remedy, a new remedy is called for to stir up or develop the case, this is not an intercurrent but at that moment the *simillimum*.

There is some division of practice as to whether the single remedy should be given in one or more doses. The high potentists favor the single dose, although two, three or more doses of a high potency may be given at short intervals—every four, eight or twelve hours—especially in very acute cases with fever as the increased metabolism, so to speak, eats up the remedy fast. In slow diseases as typhoid high potencies may also be repeated together, but in every instance it is an absolute rule that a favorable reaction sets in the administration of the remedy must cease. So long as improvement is visible in the patient himself the remedy should not be repeated. Not only is there no need for "more of a good thing" but a repetition of a remedy which is acting successfully defeats itself and actually hinders cure. Occasionally, however, we have found that when a certain potency is aiding somewhat a higher potency of the same remedy will lift the case to speedier cure. In this connection it is of interest to mention the theory of double dosage recently promulgated by Gordon of Edinburgh. Gordon gives his remedy in two doses eight hours apart, the first dose of a lower and the second of a higher potency of the same remedy, for instance, *Phos.* 200 at bedtime and *Phos.* 1M on rising. This has not yet been sufficiently tried out for unqualified acceptance. Some of the mas-



ters use a lower potency after a higher one and claim good results. This seems in accord with the order of the progress of disease, from within and above, outward and downward. This has been even less used than the other method and we have no statistics as to whether these cases would have done as well or better on the lower potency originally.

Another method of multiple dosage which almost amounts to divided single doses is that of plussing. Plussing means dissolving your dose in a third of a glass of water, taking two teaspoonfuls, throwing away most of the rest, adding water up to the original quantity, stirring and succussing and again taking two teaspoonfuls as the second dose and so on. This raises the potency very slightly between each of the doses, gives a somewhat wider range of plane, and is particularly indicated in stubborn and refractory cases. If very low potencies are used in ordinary acute illness, repeated doses are necessary until improvement sets in in most cases, for instance, a decompensated cardiac case calling for *Cratægus* might need two drops of tincture in water night and morning for a week. Where there is more pathology than vitality this might open the case better than a single high potency dose of *Cratægus*, although this latter might follow later. *Bryonia* 3x should be given as pellets or in water at intervals of one to four hours according to the pace of the case, in acute cases calling for *Bryonia*, by low potency men. We would wholeheartedly advocate a single dose of *Bryonia* high under the same conditions. So much for the administration of the first dose and doses prior to the setting in of a favorable reaction.

Next comes the problem of when to prescribe again. The rule here is never repeat or change the remedy while the patient himself is improving. When improvement has apparently ceased in acute diseases you may need to repeat the same remedy in the same or a higher potency or, if your remedy was not a *tritimum*, you may need another remedy to round out the cure. You must be sure that the cessation of improvement is not due to an emotional mechanical or hygienic cause or merely to the aggravation or out cropping of single symptoms. In chronic work you should wait some time, from three or four days to two

or more weeks or more, as the vital force has cycles even on the downward grade, and true curative action must not be interrupted. It is certain that the reactive force is exhausted. Kent admirably stresses this in his injunction "to watch and wait".

As to the interval between repetition or prescriptions this may vary from a few minutes to a year or more and is entirely dependent on the general amelioration of the patient. When you have had true improvement and particularly, if, in chronic cases, you have observed the working of Hering's law of cure, sit tight. More cases are bungled by too frequent repetition than by anything else. In this connection it is of course necessary to know which are the long acting remedies, although we have known of the good effect of *Bryonia* 30 one dose continuing two years in a chronic condition. Every student should own the little pamphlet by R. Gibson Miller on *The Relationship of Remedies* which gives approximate duration of action, but the only true guide to the duration of action of any remedy in a given potency on any patient is the cessation of the patient's general sense of well being.

In general, if you are a good prescriber, one dose, single or divided as above, should cope with brief acute diseases to be followed at the termination of the disease with a chronic to set the economy in order. If a change of remedy is indicated in acute disease there will often be a reversion or return towards the beginning of the disease to the primary remedy.

The subject of the second prescription and of aggravations will be taken up in the next lecture. It remains only to say a word here about the place of *Placebo* in prescribing. A famous doctor said that "*Sac. lac.* is the second best remedy". Patients who understand homœopathy deeply may often be content with a single dose at long intervals without *Placebo*, but it is good policy to give even these a single powder of *Placebo* at every visit. Most patients require medicine often, not only so that they feel that something is being done but so that they may have powders for emergencies and it is not only honorable but necessary to give them a beautiful *Placebo*. It is wise to train the patients to take powders or pellets as *Placebo* which are similar in appearance to the active remedies, and not to give them the tempting brown, pink and white blank tablets.

Complicated as these elementary rules sound they are but the beginning of homœopathic wisdom. Every student should own and read at least once a year Kent's *Lectures on Homœopathic Philosophy* and should also be conversant with the writings of Stuart Close, Gibson Miller, John Weir, as well as the *Lectures on Therapeutics* by Dunham and by Joslin and, of course, with that keystone of our art Hahnemann's *Organon*.

BOSTON, MASS.

In chronic cases there is no danger in waiting on a single dose, and it frequently requires days, or even weeks, before a change may be noticed, but, when undisturbed, always followed by a happy action of the true remedy. In chronic cases the skill of the physician is gauged to a very large extent by his ability to intelligently wait on the action of the remedy. He must know the nature of the disease and the indications of the favorable action of his remedy. If the disease goes from within outward, from above downward, from the more important to the less important organs, he may rest assured that his remedy is favorably acting and that a repetition of the dose is not called for.—W. A. YINGLING, M. D., 1895.

It is plain to be seen that similar remedy will require more repetition than the *simillimum*. There may be several remedies to a given case, but there can be but one *simillimum*. The similar will lack something, thus not striking the vital force properly and requiring a repetition and more time to effect a cure. The *simillimum* exactly fits the case, its action goes right to the centre of the mark, and the cure is the most speedy, pleasant and effective. The *simillimum* seldom needs repetition, the similar most always needs it, and the farther it is from the *simillimum* the more need there will be for the repetition.—W. A. YINGLING, M. D., 1895.

## CHRONIC DISEASES\*

W. A. YINGLING, M. D.

Chronic diseases are variable as are all other sicknesses. All kinds of disease are curable, but all cases are not amenable to any known remedy, nor are they get-at-able because of paucity of symptoms, the absence of the family history, the masking of symptoms and conditions and various other causes. It requires a philosophical mind to practice homœopathy successfully, especially in chronic diseases. Some physicians are quite successful in an acute sickness, but fail dismally with chronics because they do not grasp the philosophy of this system of cure. They depend entirely on the symptoms and do not look into the causes, the hereditary influences, previous poorly treated sicknesses, suppression of symptoms and diseases, and the like. The condition of many years ago may be the key to the whole present state. Undeveloped acute troubles may be the cause of the present condition. A simple remedy that *should* have been given in an acute sickness twenty or more years ago may make a remarkable cure and prolong life. Nearly forty years ago a man was said to be near the grave and that nothing could possibly relieve him. After a long line of questioning he said every morning he had a "miserable measly taste". It came out that ten or twelve years before he tried to have the measles, but failed. The attending doctor applied five different large blisters, each covering the entire chest, without any benefit. His symptoms pointed to *Rhus tox*. After about ten days he had the measles in good shape, all over thick, on palms of hand and soles of feet. He made a rapid cure and is alive and well today, and has been well all these years. Perhaps it may be of interest to state that while he had several children who never had the measles that not one of them took the measles from him.

Another case: A little girl had scarlet redness of the neck and over her chest which came and went. I at once asked if the child had the scarlet fever. The father said she tried to have it, but the doctors could not bring it out. As the symptoms of the original sickness pointed to *Belladonna* she received it and was speedily cured, but she did not have the scarlet fever again.

\*Read at the I. H. A., Bureau of Homœopathic Philosophy, June 1930.

This same idea applies to the suppression of eruptions, discharges, and all other conditions.

Again, as with the suppression of a sickness, discharges, etc., the cause may be the key to the course of treatment, so the cause may have to be studied. With a bad cold, headache, etc., a woman knew of no reason for the cold unless it was washing the head. *Belladonna* soon cured. Another patient ached all over, felt miserable and sick. He was caught in a rain storm when over heated, hurrying to get home. *Rhus tox.* soon put him in a happy frame of mind. These might easily have resulted in serious sickness if not have lapsed into chronic conditions. Every one knows, or should know, the happy effects of *Nux vom.* when a patient has been extensively dosed with drastic drugs. Often nothing further is required. Without the *Nux vom.* there would have been a progressive sickness.

Some physicians lay great stress on the temperaments, complexion or general build of a patient. I do not, for these are only one feature of the case, and unless very marked, peculiar and prominent, do not help one in finding the curative remedy; and even then they usually require corroborating symptoms or conditions to be of great help.

Time is often an important factor in a case. Why one case has the same suffering condition at one hour, and another at some other hour no one can tell, but it is an observable fact which is often deciding. Some chronics suffer at night, others only during the day. It may be morning, forenoon, noon, afternoon, or only in the evening, or at some particular hour. It may be during any one of the seasons, the hot season or the cold season, or from dampness, before or during storms, etc. No one can tell why some have asthma only about midnight, others at 3 a. m. and some others at a different hour. These facts must all be carefully noted and considered, as the deciding factor may be found there. Some chronics are much better while eating and for 2 or 3 hours after, while others are worse as soon as they swallow food or 3 or 4 hours after. Other cases are worse only after one of the meals, and can eat at other meals without suffering. One person will have great trepidation before some particular ordeal, such as going into company or making a speech, and may even become

be sick or have diarrhoea. Another person will be quite elated and feel that he is a great mogul and worthy to be honored. Personalities are different and these differences are important in prescribing.

One person will like company and seek it, while another will seek solitude and wants to get away from everybody. Why this is so I do not know and I do not think anybody else knows, though some may attempt to give a full explanation. Human reason cannot penetrate these intricacies, and personal opinion does not amount to much. These are facts and must be accepted as such by the wise physician. Facts are facts and count for about anything in prescribing on the homœopathic line. Homœopathy is based exclusively on facts. Facts reign supreme.

The modalities are very important and in some cases are the most important. Why motion aggravates one case and ameliorates another of the same disease cannot be explained satisfactorily, but it is a fact which the wise physician recognizes and utilizes. While *Bryonia* is the remedy in the highest degree in aggravation from motion, it must not be overlooked that *Rhus tox.* is just as high, even more important when the aggravation is at the beginning of motion. Too much motion will also aggravate the *Rhus* patient. *Sepia* "walks rapidly without feeling any shortness of breath, but if he is stopped gets so short of breath that he cannot speak and is seized with a feeling of deathly anxiety which disappears when he resumes his walk". "Dancing and running cause no shortness of breath." *Pulsatilla* likes slow motion and slow motion relieves discomfort of the whole body. In other conditions motion aggravates. *Iodium* must keep in motion day and night. This seems to compete with *Rhus*, but does not, for *Rhus* is worse from too much motion. The conditions and symptoms must be differentiated and must be carefully pondered.

Sitting or lying will ameliorate certain states, but aggravate others in the same remedy. Aggravation from jarring is often very important, as in *Belladonna* and other remedies. Light pressure aggravate while hard pressure ameliorates in some remedies. This will be enough to show the essential need of discrimination when selecting a remedy and studying the modalities. This discrimination is seen in patients as well as remedies. The mind must

be free of bias and preconceived notions. The successful prescriber must have an open mind.

The consultation of the repertory and materia medica becomes essential, especially with the young physician. There are many remedies with aggravation from motion (and other modalities) and these must be compared and carefully selected. The modality is not a sufficient basis for the selection of a remedy and in some cases may have but little value. But when the modality is *prominent, peculiar and uncommon* it advances to first place, and possibly may be the deciding feature of the selection. All this is probably confusing to the novice or the inexperienced prescriber, but by careful use of the repertory and intelligent study the selection of the proper remedy becomes easy and rapid in a not too long time. Experience qualifies for rapid work, provided there is honest effort and patience during the first year or two of active practice. It will do the patient no harm, except of course in emergency cases like profuse hæmorrhage, to give *Placebo*, look wise and go to hard study and comparison of possible remedies. Every wrong prescription may do harm, so it is better to give nothing than to give the wrong remedy. Caution shows more ability than hasty prescribing.

There are many other modalities of great interest and usefulness: The location and direction of the symptoms may loom up into great value; the right or left side, upper left and lower right, or *vice versa*, the shifting from side to side as in *Lac can.*, etc. The location of the appendix has been in the limelight for some years and is used as a money maker. In most of these cases, called appendicitis, the trouble is in the ilio-caecal region, typhlitis, the appendix being very slightly or not at all involved. In these cases I find *Rhus tox.* to be the curative remedy eight times out of ten. Where an abscess actually forms surgery is necessary, as it is too dangerous to wait.

Thus many things are to be kept in mind and carefully considered in the treatment of chronic diseases. Hahnemann gives the three miasms, psoric, sycotic and syphilitic, as the basis of the majority of chronic troubles. These may be mixed which makes the cure all the harder. In many, possibly the most of these cases, it is impossible to get the family history with sufficient re-

liability to be of any value in remedy selection. Various remedies are to be considered, compared and the selection based on the totality of symptoms. In many cases the proper nosode, *Psorinum*, *Medorrhinum* or *Luessinum*, acts wonderfully in curing or clearing up these chronics or in opening the way to the *simillimum*. The family history and history of skin diseases of childhood or later, are to be secured as far as possible and intelligently considered.

The successful treatment of chronic complaints is many sided and requires diligence, work and due preparation. It is necessary to cover the symptoms of the individual case and not the remedy. That is, the symptoms of the patient should be, and must be where known, covered by the remedy. All the symptoms of the remedy need not be in the patient and seldom are. The remedy is to cover the symptoms of the patient and not the patient's symptoms cover the entire remedy.

And it is not necessary to cover all the symptoms of the case. The incomplete, undefined and vague symptoms only confuse. The 153rd section of Hahnemann's *Organon* (Dudgeon's translation) is the guide. Hahnemann says: "\* \* \* the more striking, singular, uncommon and peculiar (characteristic) signs and symptoms of the case of disease are chiefly and almost exclusively to be kept in view; for it is more particularly these that very similar ones in the list of symptoms of the selected remedy must correspond to. \* \* \* The more general and undefined symptoms \* \* \* demand but little attention when of that vague and undefined character".

Wesselhoeft uses the words *prominent, uncommon and peculiar*; these may be more suggestive to the reader. Read a few more paragraphs before and after the 153rd section. It will refresh the mind and do you good.

To be complete every symptom must have its location, sensation and modality. Wells believes the "totality" refers to this completion of the symptom. If the patient says he has the headache and nothing more, it would be mere guess work, one guess out of fifty or more, to give a remedy. But if he adds, "it is a pressing pain on the vertex", you are nearer the prescribing point, but it would still be a guess. If he adds further that "it is much

better by hard pressure", you can easily decide, especially there are one or more concomitants to verify the choice.

When the remedy is selected for the chronic ailment how shall it be administered? In what potency? An answer to these questions alone would more than make an article. Suffice it to say any potency applied homœopathically will act curatively. Each prescriber must decide from his own experience and observation. I prefer the higher potencies, from the 200th up, because they act more quickly, more efficiently, more deeply. The only way to decide is to put away prejudice and bias and carefully test the various potencies. This must be done with care and honesty, not haphazardly. Make sure you have the right remedy and administer it alone. Watch results. Don't interfere by ajuvants, local treatment, perfumes, etc. Don't forget that *Calophor* is an antidote to nearly all our remedies.

The repetition of the remedy is important. Some excellent prescribers emphasize the single dose. This is the *ideal prescription* when the *simillimum* can be found, and should be adhered to, but it cannot apply in all cases, especially where the *simillimum* remedy is used. No one can always find the *simillimum*, the one remedy covering the totality and fitting the case like a glove. Some prescribers think they are giving a *single dose* by dissolving a powder in eight or ten spoons of water and administering a spoonful every night and morning. It is impossible to give a divided or broken dose of the homœopathic remedy, for even a spoonful is as strong as the original powder, or stronger, and each spoonful is a homœopathic dose. The rule is the single remedy, the similar remedy, and the minimum dose. One dose will often cure a bad case, sometimes better results may be had by administering two to four doses at first. This must be left to the individual prescriber as judge. The further you get from the *simillimum* the more frequent must the remedy be repeated.

Dr. Burridge, of London, even gave *Lachesis* in the millionth potency night and morning for a week, and cured his patient. He said he thus repeated because the remedy was only similar. Some of the best and truest prescribers give three or four doses at the beginning and wait. I believe this is the prevailing practice unless the one *simillimum* can be found, and

only one dose is administered. Who can find the true *simillimum* in every case? It can not always be done, even by the best prescriber and most loyal homœopath. The materia medica is not complete enough for this. Symptoms are too much masked and obscure. We can only do the best we can and be honest about it. The rule is to repeat as little as possible for the best results. *Medo* is essential and shows proficiency.

I am inclined to think, notice this is not final, that one dose repeated in six or eight weeks with another dose of the same remedy, especially if in a higher potency, will do more harm if the irritation progresses, than the repetition every three to twelve days for two or three days at the beginning of treatment. After the remedy has had time to dig in and take strong hold of the vital force to interrupt it will cause that vital force to rebel and refuse to act or respond. The repetition at the beginning is very important, one impression of remedy on the vital force. Of course this is not true to chronic cases. I have seen the indicated remedy in acute cases act like a streak of lightning. You touch the button and the light is there; you turn the dial of your radio and you are from Cincinnati to Denver instantly. It is wonderful, never more absolutely true, and all in accordance with law.

The change of the remedy is as important as the repetition of the dose, and in some cases more important. Dr. Kent once said if he had given two or three remedies and failed he would give no more, but depend on the vital force to cure. The best results may have fads. When we consider the drastic dosing of the homœopathic prescriber, the frequent change of remedies by the homœopathic prescriber, and the frequent change of doctors, by all good prescribers, we can easily see the case is not so easily ruined by the repetition and change of remedies. The rule is to change as long as there is progressive improvement, and the rule should be followed. I had one case where there was an induration above the right breast with stinging pains shooting out from the lump, a drawing feeling, and umbilicated on examination. The average doctor surgery only would be thought of. I gave *Sulphur*, a single dose of the five millionth potency, and repeated only when the drawing and stinging began to return. This was followed by *Calcarea carb.* 5cm with steady change for the

better. The shooting pain and drawing ceased, the size reduced and the umbilication lessened. Repetition and change of remedy only when amelioration ceased. To wind up the case *Conium* was given. I diagnosed not cancer but enchondroma, a semi-malignant tumor, caused by the injury. The patient is nearly well and forgets all about the lump, a fragmentary thickening of the skin.

Cases are not as easily spoiled as some suppose. If they were we might as well stop treating chronics. This is not a license to be careless in these chronics, but to give encouragement to the young practitioner. Follow the rules as announced by Hahnemann as the best and most experienced prescribers. Skill will come in due time by patient digging, grubbing and honest toil. There is no cellency, no proficiency, without labor. *Labor ipse voluptas* to the true and honest homœopath.

Of course there is such a thing as spoiling the case by improper repetition of the selected remedy or the change of remedy when there is progressive improvement. We must be careful and not too hasty in our decision. *Sac. lac.* is a real remedy and is safe when in doubt.

Space prevents a discussion of diagnosis. Usually it is essential and may really be a detriment and prevent a proper treatment of the case. If the diagnosis is cancer one is apt to seek a remedy to cure cancer instead of the patient. It requires an experienced and proficient prescriber to see the patient and not the name of the diagnosed condition. When the remedy diagnosed the disease can then be. This does not apply so much to acute disease as to chronic. Our allopathic friends put the stress on diagnosis and are mistaken in a very large percentage of their cases. It is proverbial how doctors disagree. I had one case where six doctors diagnosed cancer of the liver, the seventh said he did not know what the trouble was, but whatever it was it was just as bad as cancer. All agreed that there was no cure for the man. I did not try to decide the diagnosis, but decided *Lycodium* was the remedy, and the man rapidly improved and lived for many years. This is often the case. The more diagnostic symptom the less value, usually, in determining the remedy.

Finally, a complete record must be kept of the whole case. One can remember the symptoms, the change of remedies, or the potency used, etc. The first record should be very complete and the undefined as well as with the defined symptoms, for the undefined symptoms may develop and become valuable. Reading records should note all changes, variations, new symptoms, return of old symptoms, as well as the general condition of the patient. The case well taken and recorded is half of the battle.

EMPORIA, KANSAS.

#### DISCUSSION.

E. WRIGHT: To open that discussion may I ask for the opinion of the present as to whether it is dangerous to repeat the single chronic dose in eight weeks, as I understand Dr. Yingling to suggest.

CHAIRMAN J. W. WAFFENSMITH: I can't answer that question. You have the paper. Does anyone wish to venture an answer?

J. W. KRICHBAUM: We all see things differently. Unfortunately, I have a little confused, and if they would kindly suppress measles and then all the ailments follow it, it would be easier. I have had one or two patients had an old soldier who had measles during the war, and he was sick after. He really went through a typical case of measles and recovered.

I do not agree with the paper that the temperament and general appearance is not of great importance. To me (and of course this is entirely a personal opinion) those things are of the utmost importance. Half the time I get more by looking at my patient than I do out of what he tells me. I try to make them laugh or cry, as the occasion may demand, so that they will become relaxed and become natural.

We are not all built on the same pattern and we do not approach these from the same angle. So, to me, the thing that is of great importance is what I can see by looking at the patient and watching him, watching his reaction while I am talking to him.

G. ROYAL: Mr. President, I want to say just a few words more, perhaps because of my respect for the writer than for any other reason. We were in the wild and woolly west, and we have been for years, and I always remember what I called his "yardstick" to help measure symptoms.

Now I want to emphasize what has just been said about appearance. I mention it in my last book. I have my office arranged purposely so that as the patient comes in I get the walk, the look, and the feeling about that patient. I showed you the difference in appearances last especially in the case of *Platinum* when the patient walks in with a certain look; then the other one who comes in with that look which says, "I am all alone"? It is quite unnecessary to take another symptom.

There is another thing that I want to emphasize. I don't want anything to be done for me and my patient. As he gives his symptoms and responds to the questions that I ask him I want to see the actions he goes through. So I consider of the first importance the expression as he comes into the office, and next the actions as he speaks.

There is another point I would like to talk about but I am going to take it up in my paper later on, and that is what has been said about diagnosis.

DR. C. L. OLDS: In regard to the appearance of the patient, I think we should not always consider this as a symptom. That is to say, if you have a patient come into the office who has red hair, and blue eyes, those are natural symptoms. Those are natural conditions. The natural appearance of the patient may suggest some remedy to use, but let us not consider appearances generally as symptoms. When there are any unnatural appearances, however, of course they should be considered as symptoms.

As regards the repetition of the remedy I think that is a very large question. As was suggested in the paper many of the very best prescribers sit in and give several doses, and then stop. Others give one dose and let it go. That. Others repeat constantly. I have always been afraid in chronic cases to do anything but give the one dose. But I can see that in cases where the remedy is only partially similar you might get results by a repetition when you will not with the single dose.

In regard to suppressed diseases, suppressed eruptions, some years ago I had a young lady who came to me occasionally, for terrific headaches. I couldn't get much of a picture of her condition. There are some patients for whom it is very difficult to get anything except the thing that is bothering them. Finally I did get a picture of *Sulphur*. I gave her *Sulphur* probably the 10M dose and in about a week's time she got a very nice eruption relieving it. I then found out that seven years before she had had sulphur ointment. She had had it and it had been suppressed by sulphur ointment. A dose of medicine was all that was necessary. Her terrible headaches left and she had no more.

I think this is an exceedingly fine paper, something particularly for the younger members of the profession, something for them to read and study and it won't do the older members any harm to read it and study it also.

DR. G. ROYAL: Would you give us the distinction between the words natural and normal? You speak about natural conditions, naturally red hair, naturally hot temper.

DR. C. L. OLDS: It is perhaps a little difficult. An abnormal thing is something that has been taken on through accident or disease.

DR. G. ROYAL: Different from the natural patients?

DR. C. L. OLDS: Yes, different from the natural patient.

DR. C. M. BOGER: Mr. Chairman, if this paper is an indication of what we are going to hear at this meeting, we will all have to sit up and take notice because it is a paper of the highest value possible. There were a few points which struck me forcibly. One of them is that it brings home to us the fact that we haven't been taught enough philosophy at school. And when the universities did away with the chair of philosophy in medicine, which they did a long time ago, long before you and I were born, they made a tremendous mistake. You can't get along without philosophy in homeopathy and the answers to all of these questions that are asked and suggested in this paper can be answered from the standpoint of philosophy.

I have gradually come to the conclusion that I don't know very much about materia medica. Perhaps that is the beginning of wisdom. But it involves so much digging in and so much hard work that maybe I will come after awhile, as T. F. Allen did, that a man is not justified in taking more than four or five or six new cases a day; he cannot do the work. You will get yourself out, and your textbooks, too, if you do more than that.

Dr. Wright raised the question about giving a dose of medicine every two weeks, and whether that helped or hindered the case. No such arbitrary rule can be made. It depends entirely upon the reaction. Some cases start to

keep on reacting and reacting and reacting for months and years, and in such cases can't be started until they have had a number of doses.

I know of one case of *Magnesium carb.* that has gotten a dose of *Magnesium carb.* every month or two, sometimes every three or four months, for several years and still occasionally needs a dose. The reaction is coming more and more. You must be careful about it and see what is going on.

DR. J. HUTCHINSON: I think we greatly neglect the different periods of life. In our philosophy we talk very little about age, and it seems to me that it is very important, in taking a case and working out the prescription, that we take into consideration the habits of life, the number of years the person has lived, the temperament, but particularly the age, in respect, not only to years, but to development. I should like to hear more from our scholars in homeopathic philosophy on that particular item, which I think is neglected.

There is another point, a very simple one. We speak about *Bryonia* and *Opium* as being very easily differentiated. I think that is a mistake. It is very lucky that they are complementary remedies because it is very difficult at times to decide just which to give. I will try to illustrate. For instance, I will say an arthritis case is quiet, and doesn't move about much, and on moving to move has a great deal of pain, but on moving about gets relief.

*Opium*, as described might seem to be the remedy to cover the case but it doesn't do it at all. Dr. Boericke last year gave a very wise rule, I think. He said, "*Opium* is arrested *Bryonia*", which to me contains the whole wisdom of the thing. If we have a case that seems ameliorated on motion but it doesn't move—it is perfectly content to lie in bed—that is a *Bryonia* case.

DR. A. PULFORD: I should like to testify to the fact that this is a most excellent paper, and while I was listening to these discussions I was thinking if the universe was run with as little judgment, as haphazardly, and as erratically as we prescribe, we would be in chaos all the time.

There is a misapprehension on the part of many regarding the exhibition of the *single dose*. Some suppose it to mean that for an individual patient is to receive one, and only one dose of a given remedy, and no more. This is erroneous. The *single dose* does not apply to the case alone, but directly to the prescription. Each prescription is to be of a single dose, unless there are very strong reasons for a repetition arising out of the nature of the acute case, or the similarity of the remedy, which will occur not seldom with careful prescribers, and then only until the case shows an action. If a well-selected drug does not show an action within a reasonable time, reason tells us to repeat it.—

YINGLING, M. D., 1895.

## STILLINGIA SYLVATICA\*

ROYAL E. S. HAYES, M. D.

The eponyme *Stillingia* is from the name of a seventeenth century botanist, Stillingfleet, and the euphonious *sylvatica* refers, of course, to its origin in the woodlands, the woodlands of the plant being the great piney stretches of the southern United States. Its root, woody and tough, is the part claimed by medicine.

*Stillingia* has been used mostly in the southern states and by eclectics but also long before them by the old school. Like many other medicines which have become to them a mere tradition, it is more interesting and more useful, in the curative sense, than many others, especially the newer chemical inventions so prominently hawked by the drug houses.

The favor of the old school appears not to have rested long upon *Stillingia* as upon some other drugs of similar use, for instance, the iodides. A cursory study of its history and qualities shows that neither its suppressive possibilities nor its organotropic affinities are as strong as that of many other drugs. Perhaps the one reason why this simple medicine, as well as many other medicines, was forgotten in the ever hopeful search for pathological specifics. Its prototypical influence is far from evanescent, however, for even the acute *Stillingia* condition will drag along indefinitely unless the patient gets that remedy.

The alloëopathic use of *Stillingia* is given as "an alterative in syphilis, scrofula and skin diseases". The alloëopathic definition of an alterative is "a medicine that alters the processes of nutrition, restoring in some unknown way the normal function of an organ or of the system". Although we may smile at the "unknown" in the definition, the property of altering the processes of nutrition would seem to be an ostensible chronic influence of *Stillingia*. It appears to be especially related to individuals showing tissue manifestations of the syphilo-tuberculo-psoric dyscrasia. And it has cured the visible effects of these morbid processes.

One of the most important general influences to investigate is, of course, the mental state and here we see in a general

\*Read at the I. H. A., Bureau of Materia Medica, June 1930.

similarity to the syphilitic mentality for the proving has such dullness of intellect and emotional depression. The depression is a real downheartedness and gloom, gloomy foreboding. This may be observed clinically in acute febrile conditions as well as in chronic conditions.

Another general symptom of *Stillingia* is muscular soreness and bone pains. There is muscular soreness in acute conditions which are intense enough to cause fever. There are dull, heavy pains in various places, especially in locations so often elected by tertiary syphilis, viz., the bones of the head and face, the long bones, the periosteum. Dull pains coincident with dullness of mind and dullness of spirits, dull pressure as on the brain, dull countenance and dull red eruptions on the skin. A medicine that can enliven such dullness of function, such unbalance of metabolism and tissue changes as shown by the production of caries, sluggish connective tissue inflammations, etc., must have many other powers extending between its acute and most chronic sphere of action, if we can but envision them through the analogies.

As might be expected with so much dullness combined with sensitivity for the tougher tissues there are many sharp pains. The meagre proving that we have, sharp pains are found in many different places and, with the exception of those in the eyes, urethra and abdomen, they are all in the frame work of the body, apparently in the bones, periosteum, ligaments or joints, or described as such; probably also in the lymphatics; though not more severe, for the sharp pains in the urethra, for instance, are so intense as to cause sweating.

The burning pains may well be mentioned, for it is significant that, so far as the provings have gone, they are all, or most of them, at the orifices of the body, as might be expected of a body with such a dyscrasic background.

Itching and soreness complete the list of pains to be mentioned here. They are very prominent and the acute manifestations will be reconsidered later in a special category. It would be interesting to the writer to know whether the soreness of the joints is confirmed clinically in chronic conditions. We know that it is quite obtrusive in acute conditions.



Clarke claims dryness to be a prominent feature. Although it is not made much of in the provings, clinically I have nearly always found it present.

What might be termed the heaviness or sluggishness of the *Stillingia* action is shown in the diseased tissues which it is reported to have renovated. For instance, ulcers, nodes, periosteal elephantiasis, periostitis, bone necrosis, great bony enlargement, proliferation of the more dense connective tissues, chronic arthritis, hip disease, and as an antidote to the heavy but erratic and elusive mercury.

However much homœopathic theory may be opposed to nosology in relation to remedies, practically, the pathology which *Stillingia* is related is one symptom among the others and an important one.

A few other points are to be noted. There is much sleepiness, confirmed clinically in the acute influence, and the provings appear to show it in the chronic.

The urinary system from the kidneys to the orifice of the urethra has much irritation.

The respiratory tract, especially the larynx, trachea, and bronchi appear to have more than their share of the *Stillingia*-like disturbance, and the soreness and aching and dryness, either local, or general or both, always accompanies trouble in these regions.

We might go through with a description of the various materia medica regions but the proving is so brief that, although there is plenty of disturbance in most of them and a few of the peculiar symptoms, it needs clinical experience with the remedy to make a coordinated description or picture. Therefore, let us spend the remaining time on that phase of the remedy which has come into the writer's experience.

*Stillingia* is brilliantly adapted to that common scourge of winter, grippe and colds, both in frequency of use and completeness of effect. When *Stillingia* is the similar, and it often is, the attack is quickly effaced. *Stillingia* acts with that finality which so called chronic remedies wipe out acute conditions.

One of the symptoms which many patients dwell on is cough and I have prescribed *Stillingia* for coughs incident to the

on for about five years, the first experience being very peculiar. I had a miniature cold located at about the bifurcation of the trachea. It was incited by a tickling, gradually increasing, and it had to be attended to by coughing and doubling up like a sick-knife until a bit of glairy mucus would come off the bifurcation, then I would cool off and settle down only to have it begin again in a few minutes. Patients stared in astonishment, I could see them looking at the books and medicines and some of the younger ones expressed sympathy. One evening when it had been on a week or more and had become quite embarrassing I recalled the old eclectic days when the compound *Stillingia* liniment had soothed many coughs and I took a dose of the 200th. Another cough occurred that evening. A feeble attempt the morning just for self pity was the only recurrence.

*Stillingia* cures many of the coughs that follow after grippe. "A cough" as *Stillingia* patients say, might be reckoned as one of the keynotes because of the rhetorical emphasis on it. The cough is incited by an irresistible tickling in the larynx, trachea or bronchi. It is worse in the evening like other symptoms of *Stillingia*; it may be absent while sleeping at night, or it may be racking, preventing sleep. It consists of a tickling nearly to cough until a little transparent mucus is dislodged and then all is quiet until the tickling gradually reappears and the process is repeated.

There is soreness in the upper part of the chest and of the throat. The severe cases are usually in elderly people. The cough wakes them up thoroughly, continues all night, and considerable quantities of characteristic mucus is thrown off. Sometimes aggravation of the cough by changes of air temperature is observed.

I find that during the last two cold seasons just two hundred prescriptions of *Stillingia* were made. Checking up the last five it was found that two prescriptions were failures, one was complemented with another remedy, one administration was repeated once in a different potency, and twenty prescriptions effected the well recognized effacement of symptoms with one administration. This proportion of successful prescriptions to all the other remedies in common use shows the call for *Stillingia* to be a frequent one.

Recently another common use for *Stillingia* came to light. To guess it one has only to read the Generalities of the proving in Allen's *Encyclopædia* or *The Handbook*: "Soreness of the muscles all over, feels as if he had taken a severe cold. Feels quite distressed, miserable, weak, and emaciated, as if he had lost his strength and energy. Feeling very languid and heavy, having a great desire to sleep; dull, heavy feeling all over, especially in the legs; sore from the top of the head to the soles of the feet. Does not want to move, wants to be where he will not be annoyed or disturbed, the head feels heavy."

Clinically, he feels heavy all over, is averse to being disturbed. He is the patient, who often makes no sign of recognition when the doctor comes in and has to be stirred up a little before telling his story, such is the acute depression of spirits and general depression. Add to this the characteristic cough and general aggravation in the evening and from uncovering, and you have a picture of grippe that is quite common and has had, or would have had, another southern remedy, *Gelsemium*, instead of *Stillingia*. Unless there is the trembling when rising, the tremulous chilliness of the big head, heaviness of eyelids, etc., *Stillingia* will do much better. Both have the diagnostic grippe soreness of the eyeballs.

Obviously, other acute conditions would present these symptoms, but grippe is about the most common, and *Stillingia* is related to plain grippe, or to the complications of the respiratory or gastro-intestinal type. When it is the similar, one administration and a day or two's supply of *Sac. lac.* is all that is needed.

The writer has verified the diarrhoea with copious, frothy, bilious and burning stools, white and pasty.

In one instance where I prescribed *Stillingia* for the local effects of talking to a deaf person, a goitre which the woman had had for many years with a tight sensation around the neck and dryness of the throat, is reported by phone to be materially reducing.

Much more could be dug out of even the incomplete provings that we have. However much homœopaths may uphold the principle of remedy correspondence to individualistic symptoms rather than to nosology, a study of provings in relation to disease forms is one of the most interesting ways of bringing

stability of the remedy to light; from this, in time, gaining a deeper conception of its constitutional imagery.

The powers in our provings that are still waiting to be explored are amazing; and the amount of human distress that is being brought about for just that is a stimulus in the search for the peace and comfort that our remedies can give.

WATERBURY, CONN.

#### DISCUSSION.

A. PULFORD: Mr. Chairman, I not only want to congratulate Dr. Hayes but want to thank him. My experience with *Stillingia* represents zero. I have not found a good exposition of it anywhere and this is a most excellent one. I am looking forward with keen anticipation to its early publication, that I may have it for reference.

W. B. BRIGGS: I was very much interested when I read the program and especially this paper on *Stillingia*.

W. B. BRIGGS: About sixteen years ago my father passed away, and in looking over his papers I found a day book of provings that was given him by Dr. Mahlon Mahlon, one of the old homœopaths. In 1869, the date of this book, my father was a prover of *Stillingia*. And being a work of my father's I filed it away with his records.

W. B. BRIGGS: About six years ago I had a man brought to me in a most pitiable condition suffering with sciatica. He was helped into the office by two canes. He said he had gone through tortures of all kinds, had been treated in two hospitals in Philadelphia, and three times a week was having deep injections of novocaine in the nerve. I looked at him and asked him very bluntly when he had had a venereal infection. He admitted about two years before he was married. About five years before the time that I saw him. His wife tells me that he has had half his week's wages upon medicines; that he has never worked more than two days a week for the last eight or nine months before coming to me, and that he has been practically a crippled man with nights of torment. Because of his aggravation at night, and the mixed-up bunch of symptoms and the fact that he was full of drugs I gave him a few doses of *Syphilinum*. In three days he was brought back to my office in a cab, moaning and crying, and he told me I had either poisoned him or that my medicine was no good, because he was having as complete suffering as he had had about five years ago, when he first broke out with this sciatica. I listened to him and I found he had a mixed-up case and I said to myself, What shall I do with him *Syphilinum* or hunt further? But he was in a bad condition and was getting relief so I gave him an injection of triple distilled water, told him to rest and have a good night, and sent him home. The next day he was no better of course. And I said to him, "Now, tell me exactly in your own language how this attack began, and how you had been suffering before you began to take drugs".

He said, "I have it now".

I said, "That is what I want to know".

W. B. BRIGGS: When I glanced over this program and saw this paper on *Stillingia* I went back to 1926 and found a record of this man in my office. The anatomical phraseology is my own, but this was his story and this is the way the case had been going on before he received treatment from the hospital.

He said, "I have pain in my left side, at the exit of the left sacro-foramen (I put that in). That pain goes down the back of the thigh to the heel. It is a burning pain, and the pain is most severe where the nerve comes from the foramen. It is worst at night and what makes me so desperate during the day is this maddening ache and tired feeling, which is accompanied by a soreness which extends from my hip to my heel. If there is any ammonia at all it is by heat and lying in my warm bed". This, of course, made me throw out *Mercury* at once.

With this group of symptoms in mind I looked the *Repertory* over and happened to think of what I had read in the day book of provings and I gave this man *Stillingia* in the 30th, four times a day. He was taken out of the office and put in a cab. In a week I got a report that he was no worse and anything, a trifle better. I sent him another prescription of *Stillingia*, the 30th. He then went off to a job, being a structural iron worker, and was away for ten days, with this *Stillingia* and nothing else. About three weeks later he came back to my office and walked in. He put out his hand and said, "Old man, I wish you had given me this in the beginning, or that I had gotten this ten years ago".

I said, "How do you feel?"

He said, "After I took the second bottle I slept all night, and woke up at ten o'clock the next morning like a newborn child. I feel perfectly well. I can kick my leg, and what is more this awful pain is better and the swelling I had at my elbow has flattened down a good bit". I found that he had a palpable node on his elbow.

To make a long story short, he got about two more prescriptions of *Stillingia*, and when the pain left the elbow, after the node disappeared from the elbow, every one of these symptoms was annihilated in their entirety. The man's health improved, and he gained weight.

I have kept tabs on that man since 1926. He hasn't had another prescription of medicine. He hasn't lost a day's work. He has gained thirty pounds in weight and is perfectly well.

I think *Stillingia* is well worth our attention when it will cure a man who has had a venereal infection with such serious complications after all sorts of treatment.

DR. C. M. BOGER: I want to make my bow to Dr. Hayes for what he has told us, because he knows about ten times as much about *Stillingia* as I do. But I also want to cite a very interesting case.

A patient who lives at a distance of ninety miles comes to see me once or twice a year. He is an old syphilitic and, like many such cases, has pain in the tibia, or did have. The drugs which I have found control the pain are of perioritis of the tibia are *Stillingia*, *Phosphoric acid* and *Phytolacca*. He received *Stillingia* occasionally. Finally, without my knowing anything about it, he developed a tremendous carbuncle along the spine. Of course, I was not available. He went to the hospital and had this carbuncle opened up. Finally the surgeon took the whole thing out, as they do sometimes. After a very slow recovery he came back to me and said that he wasn't doing so well; he couldn't get over the effects of that carbuncle. I said, "Let me see you". He took off his clothes and there was a tremendous scar, as large as a fist and of a deep wine color. What was the remedy? It was typical. As soon as I looked at it I knew the remedy, because of the deep wine color of the skin. (*Sepia*) The man has been improving ever since.

CHAIRMAN J. HUTCHINSON: That is only one symptom.

DR. C. M. BOGER: But sometimes one symptom clears up the whole thing like a chemical solution. Put in one drop of a certain drug and the liquid clears up. It clarifies the whole thing.

That was a *Sepia* case. That deep color made me think of *Sepia* right away. And I think you will find that in Guernsey and in some other authors, they have made a wonderful recovery. He has been like a new man ever since.

CHAIRMAN J. HUTCHINSON: It ought to have been inky color, oughtn't it?  
DR. J. W. KRICHBAUM: May I ask a question? I thought that all things that go into the system were primarily alteratives. I find I am mistaken. I find that our susceptibility to the crude drug was regulated to some extent by the conditions, so-called. What they are I really don't know but I do know that the crude drugs affect some people and not others.

For twenty-five years or more I have been very susceptible to salt air. On my recent trip to Panama and back my son insisted that I take a dose of *Natrum mur.*, CM, and for the first time in my life I went out on the water and enjoyed every meal. I made the round trip without any ill effects, just by taking something that I am using every day. There must be some difference, doctor. I can't see it. I would like information on it. You are all upset about all my theories and vibrations and proved drugs, and I am completely at sea.

DR. R. E. S. HAYES: I have nothing further to add except that the word "alterative" is a pathological phrase that brings to mind certain pictures of a disease.

Our remedies act for hours and days in acute diseases, and for weeks and months in chronic cases. A very critical case necessarily must be seen frequently, and in such cases it would be a height of folly to submit the all-important question of repetition to the judgment and decision of the panic-stricken friends, or to the incompetency of the nurse. To return in six or twelve hours would be wiser and safer than to repeat on a guess without reason. In emergency cases, like hæmorrhage, convulsions, the physician is expected to remain until the remedy shows ameliorative action, and then to see or to hear from the case at a reasonable time.—W. A. YINGLING, M. D., 1895.

From our environs we are made sick, providing we possess a peculiar susceptibility to the sick-making influence which surrounds us.

This peculiar susceptibility, being due to the combined influence of this impaired vital force with disturbing agencies, not during the pre-natal stage of development, but during the life of the individual, resides not in the physical structure but in the mind which presides over the same.—*Medical Advance*, 1895.

## REPORT OF FOUR CLINICAL CASES\*

J. W. OVERPECK, M. D.

Very early in the years of my work as a physician, I became interested in children, their growth and development both mentally and physically, studying them from the viewpoint of heredity, environment, care, and training of the young child.

I say *young* child because, in my opinion, more can be accomplished, and with greater benefit for the patient, in the first months and early years of its life. At this time the inherited dyscrasias, etc., have not had the same opportunity to ravage the system and reduce the vitality and the resistive powers as might be done later. I have visited what is called the opportunity classes in our schools, and found there boys and girls up to the age of fourteen and fifteen years, being taught spelling and reading, and other things of the same grade, and, judging by their appearance and general make up, I fully believe that, if they could have received the proper dynamic remedy and proper care, very many of them would have advanced far beyond their present state.

It is our purpose at this time to present a few cases of which we choose to call undeveloped infants and children.

CASE 1: A boy came in with his mother who gave a history of his case about as follows: During his first year he grew and developed about as most children do, but during the last month of the year he did not display any aptness in doing the little interesting things that most children do, and showed little tendency to talk. And up to the end of the third year, despite the efforts of his mother in teaching him, his progress was very unsatisfactory.

Being very much discouraged, the family physician was consulted. After hearing her story of the case the doctor did not seem to be much interested and talked of other matters, and when being asked if anything could be done for the boy, his answer was, "Is that all you came for? I think he will come out all right." The mother returned to her home more discouraged than ever. I am sure the mother did all that was in her power to do for the next three years, and when school opened the boy attended

\*Read before the I. H. A., Bureau of Obstetrics and Pediatrics, June

for a week or more, when a note from his teacher to his parents informed them it was impossible to get him sufficiently interested so that he could learn. Better not send him.

At this time the case came into my hands. There seemed to be little that was unusual in his general make-up, except a lack of the alertness and curiosity of a boy of his age. I believe that a homœopathic doctor who has a thorough knowledge of the remedy, would say that the state of health of that child has been *stagnating*, and *calling out loud*, for that wonderful remedy *Baryta carbonica*. No questioning at that time elicited anything that was indicated it.

*Baryta* was prescribed and after three weeks he was regarded as becoming interested in his school work. I saw him several times in as many months, and at the end of that time, when the family moved some distance away, the boy was doing very well indeed. And I believe that, had the parents thought he needed further treatment, they would have called for it.

CASE 2: A boy, eight months old, weighing eight pounds. The frame of body small but bones fairly well developed. His head quite large as compared with the body, and the neck small. The forehead was quite prominent but narrow. Temples flattened or depressed and parietals bulging a little above the ears. The anterior fontanelle was rather large for his age.

Under treatment the body had developed fairly, but during the first and second years the child was not very active. Mental development was very slow but there was gradual improvement in the months passed. Even in his third year it was difficult for him to put words together properly. Even at four years of age he did not always know how and when to use the words yes and no properly.

However, during his fifth and sixth years he progressed rapidly, and during his first two years of school, with help of his parents—whom I always try to enlist in the work—he did very well. And at the end of his third year he came out at, or near, the top of his class.

The chief remedy given in this case was *Calcarea phosphorica*, with *Phosphorus* used in its stead at times. *Calcarea*

*carb.* and one or two others were called for at times. I think *Baryta* was used for a short time, one or twice.

CASE 3: This is a later report of a case that was presented in the clinical bureau of the I. H. A. in 1927, on board the Lapland.

Some of the members may remember the case of a male child in his eighth week having a grand mal epileptic seizure regularly at intervals of about thirty minutes. This child was brought directly from the office of a physician who had experience in a sanitarium for nervous diseases. The parents were told that there was nothing that could be done for such a case.

Under the treatment given at that time the convulsions ceased within five days, but the parents were told not to believe this was a cure by any means, but that the child must be kept under the eye of the doctor for fourteen years or more.

Under the treatment, the principal remedy of which was *Enanthe crocata*, the child did fairly well physically, but was slow in developing mentally. To make the story short, the parents were prompt in bringing him in for observation and treatment up to the last half of the fifth year when it seems that they thought he was doing so well that further treatment was unnecessary, and, although the doctor was not of the same opinion, he too, failed to remind them, and he did not see the child again until the last month of his sixth year. To state it briefly they told me of sending him to school the previous year and he was sent home with a note saying that the boy made no effort to learn. After a week or two he returned, and a second time a note came advising them to "turn him out" for a year that he might build up and come in the next year.

They acted in accordance with the school supervisor's advice without reporting to the doctor. However, they did return about five weeks before the beginning of the next school year apologizing profusely for not heeding the advice given early in the case, to keep him under the eye of the doctor.

Physically the boy had improved during the year, but mentally, as compared with the previous year, he was practically *in status quo*. And here, suffice it to say, *Baryta carbonica* was given at intervals during the year, usually in the higher potencies. Very soon the boy became interested in his lessons and

with help and encouragement of his parents, he has "won out" every grade of his school up to and including the sixth, and has done fairly well in all grades.

CASE 4: Our last case is one which, without exception, is the most interesting case that has come to me during my professional lifetime. This was most interesting because of the fact that of all cases that have come to me, of what I choose to call undeveloped infants and children, this case was undeveloped to a much greater degree.

On August 31st of last year—1929—there came under our care this child whom we will call Lois Jeanne, her given name, and that her case may be recognized if later reports may be made.

The child, almost fourteen months of age, weighed twenty-five pounds, a light blond in type to which the phrase "*fair, fat, flabby*" could be fittingly applied. Of the body, the bones, teeth, the muscular tissues were generally fairly well developed, excepting the fact that the muscles were lacking very much in tone. Being supported in a standing position, the legs could not support the body even for a few seconds. The fingers could not close upon an object placed in its hand.

As to mentality or intellect the child was woefully lacking and would seem almost totally wanting. The face a blank, the eyes turning and moving about, never resting for a fraction of a second, it seemed, upon any object with the least sign of recognition. Bright objects, lights, any noise or demonstration before called to elicit any attention.

Physicians in four cities were consulted. Earlier in the case, it was said the thyroid was responsible for the condition; and he gave thyroid compound tablets for some weeks without results. Other physicians gave a diagnosis of "idiot" without suggesting a remedy. The last one said Mongolian idiot, with the opinion that nothing could be done.

We cannot go deeply into the causes of the abnormal condition and the symptoms presenting in the case, yet we think it possible to speak briefly of the matter. Here we have a child of seven months of age, with an apparently normal body, with alimentary tract functioning normally, well nourished, with eyes and ears normal in their make-up, yet nothing could be de-

tected in action or expression, that would indicate that she was seeing or hearing. There was very little control of the muscles of the body and limbs. The neck could not support the head, and she fell in whatever direction the body was inclined.

Now, considering all of the evidence in the case, we are compelled to decide that the cerebro-spinal tissues and nerves were not functioning properly. We see perfect eyes with pictures on the retina, perfect ears responding to all sorts of sounds, and the child is without knowledge of sound or seeing, or of anything.

This case belongs to the class called *congenital defects*, but not caused by disturbed function of the thyroid gland. The well developed body in this case is evidence of the fact that this is not cretinism.

Since we feel almost compelled to believe that this child, having apparently perfect eyes and ears, really neither sees nor hears, then the most reasonable conclusion is that nerve fibers or fibers which should transmit the picture and sound—vibratory forces that represent them—to the proper receptor center, are imperfect or undeveloped. But however much we might consume in speculation, the important fact remains that we have a precious piece of humanity in our care, and according to the opinion of a number of professional men, she is destined to live probably for several decades without any knowledge of this existence, in fact would not know that she had been born. But finally, and most important of all, is there any help for this child?

For one who has had experience with cases of this nature it was not difficult to discover an urgent call for two remedies, one of which are carbonates and are mutually supplemental in their action, one in toning up the bodily and glandular structure, particularly, and the other, the brain and nerve deficiencies. The treatment in brief was as follows:

Any homœopathist having a fair knowledge of the case would have recognized the crying call for that most remarkable friend of the growing child, *Calcarea carbonica*. This was given for a very few days in the 12th potency, then followed by *Baryta carbonica* in the 12th potencies, given at longer intervals. During the third week

there was a notable change in the sluggish body, more action displayed, the lopping head was under a little better control. But there was no lighting up of the face.

During the following weeks there was gradual improvement in a general way, more especially in the cervical muscles. At the fifth week of treatment we noted more life and action in the arms and limbs, and almost complete control of the neck and head. Here, we decided, was the time to apply the other remedy, *Baryta carbonica*, to determine whether or not we could bring about an awakening of her mental or intellectual powers.

Should we be questioned as to how we could decide, at the time of examination, that *Baryta carbonica* would be one of the remedies, we would say, by comparing this with other similar cases in which the remedy had acted favorably, and had cured, and by our knowledge of the proving of the medicine. We find in the proving of *Baryta*, these significant statements: "The child will not try to learn, cannot be taught, for he cannot remember, is inattentive."

We have seen these symptoms verified clinically many times. This case differs from most cases of this kind only in degree of inattention. Here we have absolute inattention, absolute inability to learn or remember. The child receives nothing that it may or can remember. But, notwithstanding the bodily improvement that has taken place under influence of the first remedy, we still find the mental state practically the same as that of a new-born child. And we have followed up and observed developments in this case, with keener interest than in that of any case which has come under our care.

The first dose of *Baryta* was given on October 26th. By the first week following there were faint signs of awakening consciousness—but only faint. We saw the child at periods of about two weeks, and at the end of six weeks she seemed to show some consciousness of objects about her, and of having hands. Each time she came the mother told of little new things the child had done, and the family was very much pleased indeed.

She first learned to handle articles with the right hand, and then to direct the left hand over to the right, but failed for a long time to do so. It would hold some toy up high, turn it about

as if examining it. But it required some time to get the left hand under control. But not to be too tedious, we will state as briefly as possible that at the end of the fifth month she had been recognizing those about and would extend her arms to be taken; was able to raise herself from a prone to a sitting position, pick up her playthings and seemed to amuse herself. She would smile and, at times, laugh aloud when spoken to. In fact she did many things and acted much the same as many normal babies do in their sixth and seventh months.

But, right here, when matters were progressing so satisfactorily to all concerned, a sister of the young mother arrived from another city. She told in an excited way that she had learned that there was a doctor in that city who treated nobody but children. "He is a specialist", they say, "and you must take your baby right to him." The mother did this at once, her mother and brother protesting.

The doctor took some spinal fluid, probably for diagnostic purpose, said he found no disease, that it was an easy case, and she would come out all right. This is the mother's story.

The doctor prescribed compound thyroid tablets, similar to or the same as those given early in the case by another doctor without results. They were to return to the doctor within four weeks. They did not return, and after eight or nine weeks I received a letter asking me to take, not only this case, but that of a second child nine months old which was showing symptoms much the same as those of Lois Jeanne, excepting that mentally she was somewhat brighter.

Medicine for both children was sent at once to Detroit where they live. The letter told me Lois Jeanne had "gone back" as they called it, and was losing much of what she had gained. As to how much or how little more can be accomplished in a case of this kind we cannot foretell, but considering the rate at which results came, there are reasons for believing that more may be expected. And if the *Recorder* wishes to publish later reports, they will be forthcoming.

HAMILTON, OHIO.

## DISCUSSION.

J. W. WAFENSMITH: I would like to ask two questions: First, in what potency do you give the *Enanthe* in childhood, and in what potency in adult life, and how frequently do you repeat it?

J. W. OVERPECK: I gave it in this case in about the second potency, full dose, in a small teaspoon.

J. W. WAFENSMITH: How often do you repeat it?

J. W. OVERPECK: I gave it about three or four hours at first and later repeated it in a little higher potency. To a child like that I would raise the potency and extend the intervals. In adults I give it in liquid also, about four or five drops in about five ounces of water. I give a teaspoonful to younger persons and two to older ones.

C. L. OLDS: I would like to say how much I have enjoyed that paper. It contains very remarkable cases and show what homœopathy will do in very bad conditions.

CHAIRMAN E. B. LYLE: It seems too bad that so many of the states have become crowded with children like this. In fact, in Massachusetts we can't get rid of them. It is rather sad that they can't have a chance at homœopathy rather than homœopathy can't have a chance at them.

The homœopathist has the most certain criteria and proceeds at his command, by means of which he will not easily be exposed to the danger either of injurious haste or of hurtful delay. It remains only briefly to say that the time for waiting after perceiving the first working of a medicine is extremely variable, according to the nature and duration of the disease. In the acuter diseases, as for instance in cholera, this time is measured by minutes, if in the most painful sufferings of such a nature instant relief and rapid cure are possible; in chronic diseases whole weeks must pass before the curative reaction begins to show itself, and especially in these tedious old chronic sufferings the too rapid repetition of the dose or the too early change of prescription most injurious, in that the harm can only with difficulty and with great loss of time be overcome. On this crag beginners in homœopathy are most easily wrecked.—EDWARD MORE, 1895.

## THE IMP OF THE PERVERSE\*

BENJAMIN C. WOODBURY, M. D.

I feel it is a sure sign that when subjects are hard to find and material is not readily forthcoming it is time for one to lay down one's pen. I am sure you will quite agree with me when you note the brevity of this immature paper, but I shall not trust be found guilty of that fluency of style that was said by late Samuel McChord Crothers to be an evidence that one has but little to say, when like the proverbial fountain pen it flowed the more freely as its supply was giving out.

This paper is an attempt to note down a few thoughts in respect to certain aspects of illness that seem to take on unexpected twists and distortions under stress.

John Dewey has remarked that: "No question can be set where everything is questioned" (*Whither Mankind—A Panorama of Modern Civilization*. Edited by Charles A. Beard).

Edgar Allan Poe is undoubtedly responsible for the expression, The Imp of the Perverse. The Imp of the Perverse, that compelling "spirit of the Perverse"—the actions "we perpetrate because we feel that we should not", as the author so characteristically puts it; it is this strange perversion of the ordinary things that commands our attention. It is in this spirit that I undertake the writing of this brief essay "With that determination", as Wilder Quint puts it (*My Lady Laughter*), that I call to us all when the imp of the perverse seems to be mocking. Let us analyze some of its medical implications.

I once was so reckless (in speech merely) as to suggest to our Mission Medical Clinic that the use of *Natrum carbonicum* was highly recommended by Dr. Kent in cases of sterility of the female due to non-retention of the seminal content. According to a potency of this remedy was given to a patient, who had been married a year or more and greatly desirous of having children, but had not become pregnant. The result of this prescription (as we judged) was that in the course of ten or twelve months she returned to us with a babe in her arms. We could not find

any explanation upon such a happy outcome, but upon inquiry it was determined that the father was a confirmed epileptic. His symptoms were elicited and he was given an antipsoric, but was heard from thereafter. It is not improbable that a course of hydropathic remedies (as such treatment used to be called) may have eradicated this man's psoric taint. Was this an example of the subtle workings of The Imp of the Perverse? Who can say?

How can one explain away the cure of the clinic patient just upon the grounds of coincidence, let us see how such an explanation would be borne out in this instance. By way of explanation it might be stated that some aboriginal tribes considered that in pregnancy and especially in actual delivery it was the husband that was most in need of sympathy, and he "was surrounded and besieged with all sorts of congratulatory and sympathetic assurances and comfortings" (*Obstetric Traditions: Past and Modern*, Trans. I. H. A., Vol. xxxiv, pp. 380-406). It may perhaps be somewhat upon this basis that the following experience can be explained.

Mrs. —, age 32 (now four months pregnant) consulted me on June 5, 1929, giving the history of painful coition, with averting the same, also manifesting the previously mentioned *Natrum carbonicum* symptom. She was thin and somewhat scrawny, subject to frequent bronchial colds. Feet always cold, etc. *Natrum carbonicum* was given in this case without benefit. The patient was admitted at the Boston Lying-in-Hospital and found to be normal anatomically and physiologically. But, though married for nearly ten years, she had never been pregnant.

Her husband, meantime, her husband had during the past year (up to the end of 1930) been given *Belladonna* on one or two occasions for typical throats. On June 16, 1930 he had been given a potency of *Conium* 30 for vertigo and severe pain following extraction under novocaine. And again on March 3, 1930 he reported a *Belladonna* sore throat. During his recital of symptoms he let me have definite indications of his being the possessor of a most uncontrollable sexual passion, which (to put it in his own terms) he vainly tried to conquer for some years. His urine was found to be saturated with sugar and albumen. He made a plea for his wife at

\*Presented to the I. H. A., Bureau of Obstetrics and Pediatrics, June 1930.



this time, saying that he would like to have a careful examination in order to determine as to whether or not the sterility was on his side of the family. This was apparently unlikely when we consider the fact that he was the father of two children by his former wife. He was given again his *Belladonna* (which by the way is in highest type for uncontrollable sexual desire) and he is to report for microscopical examination of the seminal fluid. At the appointed date he did not report as his wife was menstruating. And thereon (or thereafter) hangs a tale. It soon became evident that his wife (who did not menstruate the following month nor the month after) might be pregnant. This he was particularly interested in because of the fact that his own sexual impetuosity had become greatly curbed (in fact now under control) and he was now happy to share his wife's contemplative issue. To make a long story short, this pregnancy was an assured fact, and she is now awaiting (four months pregnant) the arrival of a son or a daughter as Providence (?) may will. Who knows whether the remedy prescribed to the husband in this hitherto incompatible marriage relationship had anything to do with this unexpected pregnancy—who shall say?

Aside from all questions of sexual compatibility or incompatibility, there are certain traits of atavism that come to the surface just as some traits of infantilism appear upon the surface in cases of mental or psychic repression when the normal inhibitions of society are withdrawn.

How plainly perverse are certain children who though placid as a country lane in summer when well become as impetuous as a winter's raging sea when seriously ill. As example of this I may cite a case I believe previously reported of a young boy who upon sight of myself and a consultant (the child being seriously ill with a scarlatinal endocarditis) shouted in the voice of a commanding general: "You two doctors, take your hats and coats and go home". He was given *Chamomilla*, and later a dose or two of *Apis* and his recovery was assured. (Sends the doctor home, says he is not sick. *Apis*, ARN., CHAM.—Kent p. 59).

A good many rubrics might be mentioned which are characterized by the spirit of perverseness. Take for example, the well-known emotional state produced by *Coffea cruda* (also *L*

and *Plat.*) from excessive joy, "much learning hath made thee mad"); the peculiar aggravation noted in *Lycopodium*: Weeps when thanked; the aggravation from consolation found most notably in *Ignatia*, *Natrum muriaticum*, *Sepia* and *Silica.*, etc. Our Materia medica is filled with such seeming inconsistencies. Yet to explain these peculiar and idiosyncratic indications is not only impractical but impossible.

A friend some years ago was always fond of stating that there was a strange perversity that always led one to strike the wrong end of a match, to put the right shoe on the wrong foot, and so on. Another person remarked to me the other day that it was strange that if he were hunting for anything, it was safe to assume that it was always in the bottom of the box; and it was true he always found it.

Robert Frost well epitomizes this strange fatality in his poem, *The Road Not Taken*, thus:

I shall be telling this with a sigh  
Somewhere ages and ages hence:  
Two roads diverged in a wood, and I,  
I took the one less traveled by,  
And that is what made all the difference.

It is thus that in a similarly terse phrase of Mr. Frost's our paths oftentimes "hit the moon", or as Byron puts it a change comes "o'er the spirit of our dreams". There are undoubtedly, in the lives of every one of us, these strange happenings that may or may not suggest an unwonted perversity—call it fate, karma,ismet—or what you will. It is such subtleties that we must—when we want of a better term—attribute to The Imp of the Per-

BOSTON, MASS.

A vital remedy—or one applied *directly* and *primarily* to the patient—is understood as being the *essential specific* influence of any remedy detached from its natural and material nidus, and located in an artificial one—sugar of milk—to which it is but loosely attached, and from which it is immediately appropriated by the system of the patient.—*American Homœopathic Review*, 1859.

## VINCENT'S ANGINA\*

GUY BECKLEY STEARNS, M. D.

During the World war, there occurred, amongst the soldiers in France, a disease known as trench-mouth. This was an acute infection of the throat and gums, which was identified as we had been known here as Vincent's Angina.

The cases of this which occasionally came to my attention in New York, up to a few years ago, were severe, the tonsils being covered with a membrane, with much inflammation and ulceration and swelling of the cervical glands. In the early years the only case under my direct care was typical of *Mercury*, under which remedy the patient quickly recovered. Another case which I saw with Dr. H. A. Roberts three years ago, was a young child who died from the infection; it was reported by Dr. Roberts at one of our meetings. The disease has been prevalent in New York during the past year or so and I have had three cases.

CASE 1: Miss R. M., aged 47, head of a department in a shop. Plump, enthusiastic, high-coloured woman, who, five months before coming to me, was suddenly stricken with severe sore throat, chilliness, and dripping sweat, accompanied by pains in the throat, which she described as terrific. She was completely prostrated and several days elapsed before she could resume her regular duties. Before coming to me she had been given intense medication and her throat had been swabbed with Salvarsan. When she had recovered sufficiently to get out, she was left with a feeling of being run-down, over-sensitive to cold, and a sensation which she could only describe as "feeling as if she were poisoned". She kept having sudden attacks of hoarseness and general prostration, and her tongue was flabby and showed imprints on the teeth; also, she was pallid whenever she felt ill. The throes of distress was lessened by hot drinks. I prescribed *Arsenic* 1M. She reported that she immediately felt better, although twenty-four hours later, her throat became quite painful and she then began to have offensive stools which continued for two or three days. For two months she continued to improve on *Arsenic*, it being repeated once during this period, and she reported that she

\*Read at the I. H. A., Bureau of Clinical Medicine, June 1930.

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ing as well as she had felt twenty years earlier. Then she developed symptoms in groups: First, pain in the teeth and then, sore throat; next, coryza, with pains in the neck, the spine, gall-bladder region, and the stomach, and burning in the chest, weakness, and burning feet. *China tanate* 30th and 200th helped another two months. This was followed by *Arsenic* cm and *Calc. fluor.* 10M. This series of remedies carried the case high for ten months, during which period she reported "very good" health, most of the time, but she would have, every few weeks, recurrent attacks of sore throat and pain in the jaws; sometimes, attacks of diarrhoea, and a recurrence, in reverse order, of symptoms which she had formerly had—for instance, sudden pain resembling the colic of gall-stones which came on suddenly at intervals. At another time, she would wake with gnawing hunger which obliged her to eat. Also, night-sweats; these were hold-overs of symptoms of a typhoid of eighteen years before—symptoms which this patient had not had for many years. The next attacks were of nausea and vomiting, which she used to have when she was twenty years of age when over-tired.

Although she reported that she was steadily improving in her health, and, to use her own words, "was going back over the old ground she had had", there still remained, after ten months, the characteristic fusiform bacilli and spirals of Vincent's Angina in the acute exacerbations. I now gave her *Symphitum* 200. She cleared up and has remained well to the present date. Six months later. She reports, in fact, that never in her life she felt so well. Probably *Symphitum* was the remedy required by this patient earlier in the disease. According to the classification of drugs, *Arsenic* belongs in his sixth group and *Symphitum* in his fifth group. Sometimes a remedy in one of these groups seems to cover a case and will, indeed, alleviate, but a remedy in the proper group is required to finish the cure.

Present *Symphitum*, this promptly helped two cases of Vincent's Angina where there was severe pain and where there were not indications for any of the usual remedies. This drug ought to be given a wide proving—it appears to be rich in possibilities.

CASE 2: A twenty-year-old boy, tall, dark, well set up, aviator in the Naval Reserve, had an attack of Vincent's Angina

three and a half months before coming to my office. This was followed by recurrences every two to three weeks and he was invalided home on furlough. In the service, he was given Salvarsan by injections and locally as a swab; also, mild antiseptic gargles.

Present history and examination: For three days, pain at the side of throat, and this pain extended to the ear when patient swallowed, rather worse at night. No other symptoms or modalities, except that he felt seedy. There was a white patch, the size of a thumb-nail, on the left tonsil. A smear showed abundant fusiform bacilli and spirals of Vincent's Angina. *Merc. bin.* 200th was given but, three days later, there had been no improvement. Then, *Nat. carb.* 200th was given. Six days later the patch on the left tonsil had diminished one-half and the throat distress was much less; but on the fifth day, the patient felt lashed with frontal headache and loose, painless, watery stools. Pain in head was better when in the open air. When he stood up suddenly, there was throbbing in the head. Would not eat. No thirst. Nauseated by even the thought of food. *Ars. iod.* 200th was given and, overnight, all the symptoms cleared up. After another week repeated tests showed no further infection and patient said that he felt better in health than he had felt at any time during the preceding three years.

CASE 3: Woman of twenty-eight. Tall, dark-complexioned, fragile in build and general appearance, German parentage but born and reared in Mexico. Four years before coming to me she had a tropical disease which began with diarrhoea. After about five weeks of this malady, she could not eat anything but white of egg, strawberries and tomatoes. Ever since that illness, inertia of the bowels, so that not even soft stools can be passed; recurrent attacks of diarrhoea; cannot gain weight; easily upset by fat and mixed foods; feels wretched when she misses a meal; can hardly endure hot weather; stiffness and pain in the neck ever since her attack. When she first called on me, she had just had an acute throat-infection for which Aspirin and Bromo-Cocaine had been prescribed, with Argerol in the nose and throat. I gave her *Ant. tart.* 200th, under which she improved. All the chronic symptoms cleared up, so that, by the end of a month,

symptoms had disappeared, except that her throat constantly irritated and there was a small, white patch on the left tonsil which showed the fusiform bacilli and the spirals of Vincent's Angina. I prescribed *Arsenic* 200th. This cleared up the condition and there has not been any evidence of Vincent's Angina or of her former chronic condition during the intervening six months' period.

In all three cases, the patients were tested for the remedy by means of certain body-reflexes. In Case 1, the first remedy, *Arsenic*, was selected intuitively and this was verified by the test. In the other two cases (except for *Merc. bin. iod.*, in Case 2), the remedies were selected by means of the reflexes.

It is interesting to observe that *Arsenic* appeared in all of the cases, although, in Case 1, evidently it was not the *simillimum*. Evidently *Arsenic* bears a very close relationship to the disease, as indicated by the fact that Salvarsan will usually clear up the cases, though it may be necessary to repeat it several times. In Case 2 and Case 3, there was a paucity of symptoms sufficient to indicate with certainty any remedy. The fact that the tests can be utilized to find curative remedies demonstrates the importance of research in connection with all the reflexes which can be caused by remedies.

NEW YORK, N. Y.

#### DISCUSSION.

C. M. BOGER: When *Arsenic* seems not sufficient, *Arsenicum iodide* frequently clears up the case, and when *Sulphur* seems insufficient, *Sulphur iodide* usually clears up the case.

H. A. ROBERTS: Vincent's Angina is very interesting to me. New Haven environs have had quite an epidemic of Vincent's Angina, and it is a thing that the Board of Health is paying no attention to. They dared quarantine it because it is such a chronic thing, as Dr. Stearns brought out. But the homœopathic remedy does reach those cases. I had quite a few of them and actually tested them.

A. PULFORD: I should like to ask Dr. Stearns if he has ever found that any tubercular predisposition back of those cases?

G. B. STEARNS: No, absolutely not; in fact, I have found exactly the opposite to be the case.

A. PULFORD: I know there has been some divergence of opinion on that.

G. B. STEARNS: The last case looked a little bit like that type but there was nothing present.

## POINTERS

### VERIFIED SYMPTOMS\*

Effects of thwarted ambition, *Nux vomica*.  
 Effects of thinking of their ailments, *Aurum muriaticum*.  
 Anger from being misunderstood, *Bufo*.  
 Anger with trembling, *Ambr.*, *Arg. nit.*, *AUR.*, *Chel.*, *Cop.*, *Daphn.*,  
*Ferr. phos.*, *Nit. ac.*, *Pall.*, *Sep.*  
 Anger from voices of people talking, *Con.*, *Teuc.*, *Zinc.*  
 Anger from being touched, *Iod.*, *Ant. crud.*  
 Animation, *Ang.*, *COFF.*, *HYO.*, *Lach.*, *Par.*, *Sabad.*, *Valer.*  
 Anxiety from approach of others, *Lyc.*  
 Anxiety with burning in stomach and coldness of body, *Jatr.*  
 Anxiety, nausea, *Nar. m.*, *Graph.*, *Nux vom.*, *Spong.*  
 Anxiety with dilated pupils, *Nux vom.*  
 Anxiety with pain in heart, *Nux vom.*, *Spong.*  
 Anxiety with pressure at heart, tearing in loins and restlessness  
*Rhus tox.*  
 Anxiety from heat of bed, *Ars. iod.*  
 Beats with fist, *Syph.*  
 Bewildered during paroxysms of pain, *Acon.*, *Cham.*, *COFF.*, *Ver.*,  
*alb.*, *Apoc.*  
 Boldness, *Acon.*, *Ant. tart.*, *BOV.*, *CALAD.*, *IG.*, *Mez.*, *Nat. cat.*,  
*OP.*, *PULS.*, *Squil.*, *Ter.*, *Ver. alb.*  
 Changing occupation constantly, *Sanic.*  
 Cheerfulness exaggerated with headache, *Ther.*  
 Concentration difficult for conversation, *SANIC.*  
 Thinks words are spelled wrongly, *Med.*  
 Confusion of time, *Lach.*  
 Acts very daintily, *Sac. off.*  
 Dazed from losing thread of thought, *Med.*  
 Desires death, with photophobia, *Graph.*, *Nat. sulph.*  
 Delirium at 12 a. m. with aggravation of pain and heat, *Syph.*  
 Delirium after fainting, *Acet. ac.*—C. M. BOGER.

*Kali carbonicum* is a wonderful remedy for asthma, especially if it is associated with the hay fever type of trouble.

\*Not all verified personally but believed to be reliable.

we cured many such cases with one dose of this remedy, and stopped the hay fever as well as the asthmatic attacks. One man had attacks from May until the first of August for twenty years. During the month of August he was absolutely free of attacks but they began again about September 6th and lasted until Oct. This remedy made a new man of him.—H. A. ROBERTS.

Post partum hæmorrhage, multipara, 25. Nausea, aggravated in motion; thirst; bright red gushes during contractions. *Ip.* and *Bry.* failed. Patient desired to be turned to one side then another. Yingling's *Emergency Manual* gives "*Pyrogen* resembles *Ipecac* closely in uterine hæmorrhage. When *Ip.* is apparently well indicated but fails, consider *Pyrogen*". A dose of the latter checked the hæmorrhage and patient remarked on feeling better within three minutes.—A. A. POMPE.

Relief from postpartum hæmorrhage has often been effected by having the patient lie on the right side with the thighs firmly flexed.—R. E. S. HAYES.

Quinine will make the Wasserman test positive. Grapes eaten just before the test will nullify it.—D. T. PULFORD.

Kent's *Repertory* mentions *Causticum* for warts on tips of fingers. I can vouch for that if the warts are painful, having cured many such.—A. A. POMPE.

*Hypericum* is almost a universal medicine.—PARACELSUS.

Asthmatic breathing alternating with urticaria of years' duration cured by a single administration of *Caladium CM.*—A. A. POMPE.

Cystic tumor of eyelid following poison oak infection cured by *Sepia* given three times a few months apart.—A. A. POMPE.

### High fever:

One cheek red and hot, the other pale and cold.—*Aconite.*

Occiput burning hot and forehead cool—*Zincum met.*

Head hot, hands and feet cold—*Belladonna.*

Head hot, whole body cool—*Arnica.*—D. T. PULFORD.

*Tub. test.* is magical in spasmodic stricture of the urethra. It caused persons to urinate freely who have had to use the catheter for years.—H. C. MORROW.

## COMMUNICATIONS\*

To the Editor of *The Homœopathic Recorder*.

I read with much interest the article on infections in the July *Recorder* by Dr. H. A. Roberts. While he has covered the ground exceedingly well, I suggest that he has omitted some of the best and most frequently indicated remedies, notably *Aconite*. In the early inflammation from an infected wound or even when there is no wound, *Aconite* is frequently specific, wiping out the whole condition and not having to be followed by another remedy. If there is a red streak extending up the arm to the axillary region, or up the leg to the groin following the lymphatics, *Aconite* will control quickly and completely. Dr. Roberts says: "*Pyrogen* is the *Aconite* of the pyrexia state." I would amend this statement by saying that *Aconite* is the *Aconite* of the pyrexia state, especially when the manifestations are from an external condition. If there is high fever with a quick bounding pulse it is all the better indication. If there be a mottled condition indicating venous stasis I do not think *Aconite* nor do I think of it after the first appearance of pus.

One of my patients, a young girl, was thrown out of an automobile on the gravel. Several gashes were cut in her thigh and one of the wounds required several stitches. The stitches ulcerated out in a few days leaving an open wound with ragged edges. The surgeon was accused of carelessness in not properly sterilizing his hands and the wounds. After three days the wound took on an unhealthy appearance indicating sepsis. There was a sanious, bloody fluid discharge from all the wounds which had a sick appearance. The discharge had no odor. The patient had a hard chill, and the fever quickly mounted to 105 degrees F. There was no restlessness, but she had the *Aconite* pulse. *Aconite* quickly subdued the fever and all the wounds quickly healed.

Frequently I have had cases of wounds about the feet with a red streak extending up the leg to the groin, which *Aconite* quickly controlled. If there is fever *Aconite* is all the more indicated.

If there is a tendency to erysipelas *Aconite* will be useless. Here we need *Belladonna* if the inflammation has a red, shining appearance, or *Lachesis* if there is a bluish appearance of the surrounding parts.

Another very important remedy in infections is *Hepar sulphur*. This remedy is indicated when the fever mounts very high, 106 or 108 degrees, and then as quickly falls two or three degrees, accompanied by a drenching perspiration. The patient cannot bear any draught. The *Hepar sulphur* discharge has little or no odor. This is a remedy especially useful in puerperal conditions.

Supplementing Dr. Roberts' indications for *Pyrogen*: Many times, especially in puerperal conditions, the discharge has the odor of putrefaction, so strong that it can scarcely be borne. The stronger and the more putrid the odor, the more is *Pyrogen* indicated. The odor is as if the woman were decayed inside. The fever is intensely high; the eyes are shining; there is restlessness, and occasional flushes of perspiration which are not so profuse as in *Hepar sulphur*. The thirst is insatiable; wants chunks of ice, eating it like a dog would eat meat. A peculiar symptom, many times present, is, if a few drops of cold water should fall on the face or on the body, the patient will have cold shivers or rigors. Wants cold on the inside but cannot bear it on the outside. One may mistake the restlessness and the insatiable thirst for *Arsenicum* but *Arsenicum* discharges do not have as putrid an odor as those of *Pyrogen*. From a pathological standpoint *Pyrogen* is indicated in streptococcal infections, rarely in staphylococcal. Staphylococcus does not produce putrid odors. Staphylococcus is the organism of abscesses and one rarely gets a putrid odor from an abscess. *Pyrogen* is not the only remedy for streptococcal infections by any means. *Arsenicum*, *Lachesis*, *Vipera*, and many others may be indicated, but none of them has the putridity of *Pyrogen*.  
H. C. MORROW.

\*The Editors assume no responsibility for the opinions expressed in this department.

## EDITORIAL

WHY THE SINGLE REMEDY AND THE SMALL DOSE?

If there were but one reason for the single remedy and the small dose—intelligence—it would be all sufficient; but, there are many others.

In this age of "scientific obsessed precision" we must be accurate. Let it be understood that remedies represent latent, concentrated, fixed powers, which may be freed and regulated at will, but never changed in quality. Now, is it a mark of intelligence to use two or more mixed forces, some of which may operate in opposite direction, to operate over the same path at the same time and produce the same definite result that any single one of the remedies would? Is it possible to build a 12-cylinder motor, each cylinder developing an equal power? Has it ever been done? Is it not the weakest cylinder, working in unison with the strongest one, impede the power of the stronger one?

If two single forces are ever indicated in the same disease at the same time, therefore multiple remedies are useless, injurious and reveal the ignorance of those who use them. The force of the remedies must be equal to, and of the same power, as the disease. Multiple drugs either interfere with each other in action or oppose each other, either of which must be followed by grave consequences.

As to the supposedly small dose, it is not so small as supposed. One millionth of a grain of finely triturated *Silicia* will annihilate more as a curative agent than a ton of crude flint. It is this supposed smallness that has caused allopathy to put the greatest stumbling block in the way of homœopathy. In substituting remedies it is not the power, but simply its container that disappears from our view. Power, like life and disease, is indestructible. It is not bulk that cures and that homœopathy seeks, but applied power that can reach the object, and to get that the so-called drug must be rendered operable by reducing the resistance of its container. That the small dose, when the remedy is selected and applied with care, operates with greater force and more effectively is amply attested by clinically verified results attained.

The periods of the acme aggravations of all our remedies should be studied carefully and applied accordingly. E. g., remedies with a morning aggravation should be given the night before and so on.

There are three imperative requisites to all prescriptions. First, the essential symptoms; second, the accurate potency, and third, the last and greatest of all, the identification of that remedy. This mark must be present no matter how characteristic the essential symptoms may be. There is but one *SIMILIMUM*, but there may be many *simillimums*, even of the same drug. Medicine will be found to be an exact science once it is properly understood: only our ignorance of it makes it seem to us otherwise.

There is no such thing as either art or science in so-called modern medicine, and it is our ignorance in trying to combine the two that detracts from the true status of homœopathy and causes the public in general to turn from it and consider it a delusion. The public estimates it from an alloœopathic viewpoint, having been taught to do so by so-called homœopaths who have not the slightest conception of what homœopathy really means, or how to apply it. Thus, then, the reason for the single remedy and the small dose.—A. PULFORD.

\* \* \* \* \*

The American Foundation for Homœopathy closed the ninth annual summer session of their Post-Graduate College on August 16. This has been a very successful session. The term opened July 7 with special lectures by Drs. Boger, Wright, Underhill, Waffensmith, Woodbury and the Chairman of the Foundation. Then the regular schedule became effective.

Dr. F. E. Gladwin took charge of the department of homœopathic philosophy. As one of the masters, Dr. Gladwin is equipped to carry on this work very successfully. Dr. Boger taught case-taking and repertory work, and Dr. Wright taught the Kent repertory system and materia medica. Dr. Waffensmith gave a short discourse of lectures on the chronic miasms. During the second week Dr. James W. Krichbaum gave a course in clinical therapeutics and Dr. Kaercher some lectures on the potentia-

third week Dr. Roberts taught clinical therapeutics and materia medica in place of Dr. Krichbaum.

At the beginning of the fourth week, or the second half of the session, Dr. Charles A. Dixon of Akron, Ohio, took charge of the department of homœopathic philosophy in place of Dr. Gladwin and Dr. H. R. Edwards of Montreal took Dr. Wright's place in teaching materia medica. Dr. Roberts continued to teach materia medica and therapeutics. Dr. Dixon carried on the work of the practical application of Kent's repertory. Mr. G. H. Tafel gave two lectures on homœopathic pharmacy and the care of the patient. Dr. Wright taught until August 1, and the main instruction after that date was given by Drs. Dixon, Edwards, and Roberts.

Throughout the session every Monday, Wednesday and Friday evening was devoted to clinics at the Rescue Mission, where many cases were taken and worked through. Friday mornings throughout the course from 10:30 to noon a clinic was held at the Massachusetts Homœopathic Hospital. These clinics were of inestimable value to the students, in giving practical application of the work of healing that is possible to the fully trained homœopathic practitioner.

At the close of the session a most delightful dinner was given at the Wayside Inn. Here the certificates of attendance were distributed to the students. The guests included the teaching staff, the trustees; Mr. Cutler, a lay member of the Foundation Board of Directors; Drs. Houghton, Woodbury, Keith and Maynard. This dinner showed the great interest of some of the leading homœopathic physicians in Boston toward the Post-Graduate College, and the spirit of cooperation made this gathering one to be long and happily remembered.

One of the most helpful and pleasing parts of the entire session was the sense of companionship and cooperation maintained between the faculty and the students at the Stuart Club, where they lived during the course. Too much credit cannot be given to the faithfulness of the teachers and to the enthusiastic desire to learn on the part of the students.

The American Foundation for Homœopathy has as its objective the establishment of a full time Post-Graduate College, where graduate physi-

cians may come from all over the world, notwithstanding their previous training, and obtain a knowledge of Hahnemann's homœopathy. This summer session is but the beginning of work in this direction. It has, however, loaned itself as an earnest that the objective is one soon to be realized.—H. A. R.

\* \* \* \* \*

The laborious ways of a former generation have now given way to a greater speed with its inevitable lack of efficiency. Enough time for a compensating readjustment has not elapsed and the hangovers find themselves unable to keep up the pace and still do thorough work.

New methods have made this a specializing and machine age; a process of pretty severe limitations as applied to curative medicine, as nature may not be hurried in a manner so artificial. Patience and proficiency must still be the aim of the beginner; speed follows later. Our cumbersome and undigested materia medica made homœopathy feel the full force of this year's change and it has suffered accordingly. No mind powerful enough to clarify the text has appeared on the scene, hence many students are discouraged at the start, others are lost in its mazes, others fail because they attempt the impossible. Only a very few have penetration enough to pick out, and be guided by, its actual essentials and thus become true healers of the sick.

The fund of accumulated knowledge is so enormous in every department of any one science that utter failure stares the swiftest speedster in the face, unless he is carefully directed through a wilderness of nonessentials.

As general medicine became more and more materialistic under the leadership of powerful minds like that of von Virchow, homœopathy also absorbed much of the same spirit, so that its leaders were finally incapable alike of really comprehending what they professed or what the regulars were doing. To add to the confusion general science with one leap, on the discovery of dynamium broke away from the deadening finalities of the last century; entering the realm of dynamics and the infinitesimal. The schools are now at the parting of the ways and must choose for themselves to the findings of pure science. Which one should be it easier?—C. M. BOGER.

## CARRIWITCHETS

DOWN, DOCTOR, AND WRITE US YOUR ANSWERS TO THESE QUESTIONS

25. What remedy has sensation of heat in the forearms and hands on coughing, on moving them in the attempt to reach for anything, and at night while lying in bed? The case is one of general paralysis. Tongue, throat and soft palate were first involved, then gradually the legs and arms, which may still be moved by a strong effort of the will.—H. FARRINGTON.
26. How much weight should be put on inimical remedies?—WRIGHT.
27. Has one a right to throw out a mental symptom on one's interpretation?—R. SPALDING.
28. Referring to *Tuberculinum test.*, of what is "test." the meaning?—R. E. S. HAYES.

### ANSWERS TO QUESTIONS IN THE JULY ISSUE

*How can we best recruit our homœopathic ranks?*  
I believe that where young men who have seen the success of homœopathy in their own families can be prepared for entrance into homœopathic medical colleges, a good start has been made. But, I can tell you of a good way to prevent these same young men from being real homœopathic physicians: Give them a hospital training where the attending physicians (although they may be called homœopaths) never think of asking for special symptoms relating to the patient, and never tell the interne why they give such and such a remedy. I do not think it is worse for them to spend the year in an allopathic hospital. To make sure of getting a pure homœopathic doctor who has graduated, choose wisely, have him cultivate his mind by reading homœopathic literature, connect him with a good prescriber during his vacation periods, and furnish hospitals where the homœopathic physicians take their cases in a careful manner, and are willing to teach the internes how to do the same and to select the remedy with the repertory.—J. B. GARRISON.

—You asked for serious thought on how to recruit homœopathic physicians and how to proselyte homœopathy. I pondered the subject many a time and have come to the conclusion each time, and that is, if we can make real homœopathic physicians the proselyting will care for itself, until entire homœopathic families are created, and then a real campaign will be easily possible.

If the desire is real, if we want more physicians to see how wonderful are the results of the medicines prescribed according to the law of similars, let us inconvenience ourselves a bit. Each of us talk to the bright youngsters of our practice and interest them in homœopathic medicine, as the church gets its converts by the minister or priest talking to the likely ones in the congregation. After the student, whom we have advised to study homœopathic medicine has graduated, he is in the really precarious position regarding his future homœopathic career. There is no question that the art of prescribing was at its lowest point during the preceptorship system of teaching. Now, who is there to advise the neophyte when a widely advertised allopathic remedy will suppress the condition so prettily and rapidly? Who is there to point out the reason why the *Rhus* didn't work and that *Sulphur* and not Aspirin will cure quickly? The youngster is always panicky, he must always cure the case rapidly so that he may get a big practice in a hurry. These are the trying, discouraging situations confronting the young homœopaths.

Are the established homœopaths sufficiently desirous of getting recruits to discommode themselves and do the following things:

1. To be awakened from your sleep to give advice.
2. To answer cheerfully when interrupted during the day.
3. To advise about the choice of remedies for the patient who says that was "yours".
4. To send the younger physicians patients, house calls, night calls, and then help him prescribe for these same patients. It is hard to do, it is inconvenient, it costs money, time, patients and patients. Are there any who would do this? Dr. A. H.

Chicago did this for me, and helped me when I slipped, advised me when I could not see the homœopathic viewpoint, advised me when I was panicky. I am an old school graduate who was always kindly, patient, helpful, generous and reasonable. He gave me fresh courage, and inspiration with every difficulty and problem presented. He covered my mistakes magnanimously. He is always true to the homœopathic principle and consistently stands for it.

How can we have homœopathic physicians if we want them to emulate this master prescriber. Possibly some arrangement whereby those showing an aptitude for medicine (by their grades at school) can be put in contact with men who will act as preceptors. But are we all qualified for this high position of preceptor?

C. A. FREUND.

The editorial, *Dragon's Teeth*, brings up a serious matter that thoughtful members of our profession are considering. The concept of homœopathy demands a mind that can see the action of the invisible, or one that is at least capable of the finer things in life and in disease. This leads one to the realization that true homœopaths must be born, but they can be educated. Certain types of minds could never be attracted to the homœopathic concepts, nor could they attain to the subtle differentiations of the seen and the unseen, for they do not possess the necessary faculty. They are essentially mechanical. On the other hand, there are those who are gifted to understand and we can show the way. Once the way is shown, these pupils and they never take a step backward, but always remain in their grasp on the true meaning of homœopathy, when started, advancing almost by intuition.

The only way that real Hahnemannian homœopaths can be recruited is for Hahnemannian physicians to exercise their power of discernment, seeking out those young men and women who possess this faculty, interest them and then instruct them along homœopathic lines. Many of the students in our colleges have the slightest knowledge of Hahnemannian thought or teaching. Sometimes happens that a student enters our offices seeking all pharmaceutical supplies or medical books, thus earn-



ing his way through medical college. It will take a little time but it will not compromise our homœopathy, if we take the trouble to talk with this young student, and it is very possible that you may gain his interest. One such convert gained is worth the time and trouble expended.

The number of those equipped to study homœopathy is necessarily limited; and indeed, if all those so equipped by nature were fully developed, there would be far less need for physicians than are found today in the ordinary school of medicine. One might envision what it would mean to the human race if our true homœopaths were to serve the sick. It would mean healing of the curable, palliation of the incurable, and rapidly lessened need of physicians in future generations.

The only way that we can develop future homœopathic physicians is for every individual Hahnemannian to seek out young men and women of promise; give them some conception of homœopathy before ever they enter a medical college; keep in touch with them all through the course; then when they graduate through with their medical course, have them take a thorough course in post-graduate work where homœopathy only is taught in its fullest and best way.

We need some of the fire and zeal of the early homœopaths who built so strongly for the present generation. The majority of us are so individualistic, so prone to do our own work without considering our profession as a whole, that we live each within his own province, with never a thought for the spread of the gospel of healing. With his eyes on his own work, he cannot see the necessity for preparing the younger generation, and so he is not bothered to seek out the capable and instruct them, his place may be filled. In other words, the torch is not handed on, and goes out in the bearer's hand. It is only by the sacrifice of each individual in time, effort and thought, that true homœopathy is spread and that will keep the innermost glow of the torch alight forever.—H. A. ROBERTS.

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ALFRED PULFORD, M. D.  
Toledo, Ohio  
Member of the Board of Editors

# THE HOMOEOPATHIC RECORDER

NEW HAVEN, CONN., OCTOBER 15, 1930. No. 10.

## PYROGEN\*

H. A. ROBERTS, M. D.

Swan furnished Swan with septic pus from an abscess, from which *Pyrogen* was prepared, first in a dilution, then potently. This is the preparation that is used by most Hahnemannians. Hahnemann made *Pyrogen* from decomposed lean beef, and others have made it under the name of *Sepsin*. Burnett in his provings used Hahnemann's preparation. Sherbino proved Swan's, which was made from a preparation of septic pus in the potency. Kent used both preparations. The provings of the two are almost identical, so that they have practically all been classed under the head of

*Pyrogen* is one of the great nosodes. As you all know, a nosode is usually prepared from a pathological product; but like all nosodes, *Pyrogen* has a very definite field, and one who uses it without regard to the pathological findings will meet with disappointment. Allen says it is often indicated in septic states when the selected remedies fail to relieve or permanently improve, and is also indicated to the action of *Psorinum* or *Sulphur* in other conditions. Most remedies have an acute and a chronic field, and *Pyrogen* is an exception to this general rule. *Pyrogen* is the *Aconite* of the septic field, thus and typhoid quality in pyrexia, and wherever poisonous bacterial products are going on, *Pyrogen* may do good. This remedy is to be thought of in many of the surgical conditions, such as carbuncles and erysipelatous swellings, and often in the case of sepsis caused by sewer gas. I do not know from my own experience, for I have never had a case of puerperal sepsis in which it was used, but it is said to abort puerperal fevers.

A *Pyrogen* patient has a condition ushered in with a violent chill, beginning in the legs, with great heat and profuse per-

\*Reprinted from the I. H. A., Bureau of Surgery, June 1930.

spiration. The heat at first is dry, with intense aching in the limbs, and restlessness, which is ameliorated by heat and motion. If the patient is a child, this restlessness and nervousness is relieved by being covered up well and rocked, especially by rocking in a chair. The patient will not sleep in bed, but will be held in the lap, like *Chamomilla*, but kept in slight motion; and if the motion stops, or you attempt to lay the child down, he immediately awakens. Like *Sulphur*, *Pyrogen* has a strong aversion to being washed, and the child cries a great deal when being washed. However, if very hot water is used, it relieves the situation.

The pains of *Pyrogen* are worse when sitting, and decidedly worse from rest. The aching pains are like those of *Eupatorium* or are sore, bruised pains. The intense restlessness can be compared to *Rhus*, which is relieved by continued motion; but like *Rhus*, which is aggravated from first beginning to move, *Pyrogen* is relieved immediately upon motion. Many of the complaints of *Pyrogen* are brought on by becoming cold and wet. We find indications for this remedy in many of the hectic symptoms of phthisis, when these symptoms are present.

The delirium of *Pyrogen* simulates that of *Baptisia*, in that it is a confused delirium, as though the parts of the patient were scattered about. The *Pyrogen* fever is apt to be very high, sometimes reaching 106; and with it there is great soreness and swelling all over the body, but the pains are relieved by motion. A condition peculiar to the *Pyrogen* fever which stands out as a characteristic symptom is the loss of rhythm between the pulse and the fever. With an intensely high fever, the pulse will be slow. There is threatening heart failure in septic and zymotic fevers.

In conditions where there is scanty flow from an open wound or when the secretions are scanty, together with great pain, *Pyrogen* is one of the first remedies to be considered. In abscessed conditions there is always intense burning. Here we can compare *Pyrogen* with *Arsenicum*, *Anthracine*, and *Tarantula cubensis*. Differentiation from *Arsenicum* is in the thirst and the slow pulse. It is interesting to note that *Anthracine* is also a pus producer. *Tarantula cubensis* was produced from a *Tarantula* shipped from Cuba, which had been long delayed on the way. The alcohol

was spoiled and the spider had partly decomposed; therefore we must use it in active septic conditions.

*Pyrogen* is indicated in recurrent abscesses, where they follow a history of sepsis. *Pyrogen* has done remarkable work. The patient is pale, sick, anæmic and stiff, together with these recurrent abscesses, the history will date back to a sepsis of some kind. In the chronic cases the complaints practically always date back to a septic condition. The patient says she has never been well since she had a severe fever years ago. Again, it is to be thought of in cases of a patient's disease where there has been a septic base years before. When we get a very obstinate case of varicose ulcer in old age, if we go into the history of the case carefully we are apt to find that some septic condition has been present earlier in life, and *Pyrogen* will often cure these ulcers where the history of an active sepsis is to be found.

The discharges of *Pyrogen* are intensely offensive, putrid, and give out a cadaverous odor from the body, from the breath, and from the perspiration is very offensive.

Now let us glance at some of the peculiar and characteristic symptoms. The delirium is peculiar. The patient will know that the position of his body is in the correct position, but he cannot tell where the rest of his body is. He has a sensation as if he were covered up to the bed. He is always irritable, and with this, there is a great increase of loquacity; he talks all out of proportion to his normal condition. He talks rapidly, and changes from one subject to another in rapid succession.

There is the fan-like motion of the alæ nasi, making us think of *Podium* and *Phosphorus*. The tongue may show a brown coating down the center; it may be clean, smooth and dry; but the characteristic tongue is shiny as if varnished. The vomiting of *Pyrogen*, like *Phosphorus*, occurs as soon as water becomes available to the stomach. There is thirst for cold drinks in the chill stage of the fever. The patient craves chocolate. Stools are involuntary, and exceedingly offensive. The urinary deposits are red and very hard to wash from the vessel, making us think of *Lycopodium*. In the heart action there is great depression, with a sinking feeling of the heart; a sensation as if

the heart were pumping cold water; a sensation as if the lungs were purring.

It is a remedy of very great importance in the last stages of tuberculosis, where there are the very offensive, copious sweats and the great tendency to diarrhœa.

There are many more detailed symptoms recorded, but the main characteristics of the remedy stand out clearly, and *Pyrogen* becomes one of our great curative agents when these peculiar and unusual symptoms are present in fevers or septic conditions.

This great nosode is to be compared with *Arsenicum*, *Antisepsia*, *Sulphur*, *Phosphorus*, and all of the reptile and many of the spider poisons. A careful study of these several poisons in comparison with *Pyrogen* will yield abundant reward to the careful prescriber. It will do yeoman duty in many so-called surgical conditions, and will turn a hopeless prognosis into one of assurance of complete recovery. When we have a desperate case, when hope is all but abandoned, if these characteristic symptoms are present, *Pyrogen* will turn defeat into victory.

DERBY, CONN.

#### DISCUSSION.

CHAIRMAN W. W. WILSON: *Pyrogen* is a great remedy. What is the experience of some of you men with *Pyrogen*?

DR. P. BROWN: I have enjoyed this paper very much. I have used *Pyrogen* for three years. This is the first paper I ever heard on *Pyrogen*. I wish to give testimony to the efficacy of this remedy. I have some cases which I have successfully treated with it. I am prescribing it in quite large doses.

PRESIDENT G. STEVENS: Dr. Leonard, who was for twelve years head physician in Minneapolis, told me that he had cured at least one case of smallpox with *Pyrogen*.

DR. J. GREEN: I turned the tide in a very serious case of erysipelas with *Pyrogen* prescribed on a mental symptom. The patient had a very sudden, very strong delusion of wealth and began to talk about what he was going to do with all the money that had come into his possession.

DR. L. ROSS: During the influenza epidemic in 1918, early in October I was led to *Pyrogen* by that discrepancy between temperature and pulse in the case I saw. The man made a very uneventful recovery, but he was very late sick.

DR. E. UNDERHILL, JR.: My first experience with *Pyrogen* was in a pneumonia case. I had only been converted to homœopathy about a year when this case and I had some little difficulty in deciding to give *Pyrogen*. I couldn't find that it had ever been recommended for pneumonia. However, I gave it on the septic symptoms, the slow pulse. It worked like magic. The patient afterwards went into a state requiring *Psorinum* and while

dangerous to say that one remedy is the chronic of another it seems to me that *Psorinum* often does follow *Pyrogen* very well.

Another point is that I see great similarity between *Phosphorus* and *Pyrogen*. In one case of meningitis I came to the conclusion that I needed *Phosphorus* but the next day I saw I was wrong and gave *Pyrogen*, which was correct. The case had gone too far, however, and the patient died, but the *Pyrogen* palliated the case until the last day.

V. REEL: I had excellent results with *Pyrogen* in a case of hay-fever, and the condition early in the spring.

CHAIRMAN W. W. WILSON: What were the symptoms?

V. REEL: General symptoms of hay-fever, just an ordinary case.

CHAIRMAN W. W. WILSON: What called the *Pyrogen* to your mind?

V. REEL: I can't tell you. I made no notes of the case at all, but I used *Pyrogen* and the case was so wonderfully benefited by it that the second year, the time when the hay-fever usually developed, I gave her a 200th of *Pyrogen*. She has never had any further trouble and that was four years ago.

T. G. SLOAN: A woman who had scarlet fever gave birth to a child. Four hours after the child was born she had a temperature of over 104 and offensive lochia. She was desperately sick. I hesitated whether to give *Pyrogen* or *Pyrogen*. Finally I gave her *Pyrogen* CM and she made a very good recovery.

CHAIRMAN W. W. WILSON: I had a case some years ago of a young married woman. She was in rather extreme pain, and I couldn't make much out of the case when I first saw it. But her husband, a young chap, called me out into the street and told me that he had contracted gonorrhœa and had transmitted it to his wife who had been in the care of a physician in Newark, and had no idea that she had gonorrhœa.

The case developed extreme symptoms. She ran a tremendously high temperature and what puzzled me was that she had the restlessness of *Rhus tox* all the time. She had the awfully sore pains of *Arnica* and she had the thirst of *Arcticum*. What are you going to do in a case like that? You can't combine the remedies. I was fearfully stumped. I went home and on looking it up I found *Pyrogen*. So I went to our good friend, Philip Krichbaum, and he said *Pyrogen* was the remedy.

Enough, there it was, the restlessness of *Rhus*, the soreness of *Arnica*, the thirst of *Arcticum*. I gave the girl *Pyrogen*. I guess I gave her a 200th of *Pyrogen* and repeated it. Within a very short time she began passing tremendously copious stools of black material. She made a good recovery. That was my experience with *Pyrogen*, the only experience I have ever had with it that was very, very sick.

L. OLDS: Outside of these very acute cases, such as sepsis after conception or miscarriage where we have the characteristic symptoms of *Pyrogen*, there is another class of cases you will sometimes get. We might call them *Pyrogen* patients running temperatures that zigzag up and down, temperatures that are out of all proportion to the pulse rate. Those patients have very peculiar symptoms. I have had two or three of those cases in my experience. *Pyrogen* has always fixed them up. There are no other *Pyrogen* symptoms. There is a disparity between the pulse and the temperature.

CHAIRMAN: Dr. Wilson's case reminded me of a case of gonorrhœa I had some years ago, which was cured by *Pyrogen*, followed by *Lycopodium*. I would say that *Lycopodium* complements the action of *Pyrogen* in many

GRANDMA BARYTA CARBONICA AND HER GRANDSON  
BARYTA CARBONICA

F. E. GLADWIN, M. D.

"She was a tiny old lady  
And a little dwarf boy was he".

As fat old grandpa *Baryta carbonica*, a drunkard, was recovering from a cold, he had a stroke of apoplexy and passed leaving to poor, little, weak grandma *Baryta carbonica* the care of their orphan grandson, *Baryta carbonica*.

Grandma *Baryta carbonica*, like the rest of the family, is troubled with the inferiority complex in a marked degree, so she is sure that she is not capable of bringing up the grandson. Nevertheless, she can't make up her mind whether to send him to boarding school or keep him at home. She knows that whichever way she decides she will be sorry that she didn't decide the other way.

You might think that grandma *Baryta carbonica* had never been born a *Baryta* but that was not the case, for she was born a *Baryta carb.* and is a *Baryta carb.* from the crown of her head to the sole of her feet, so it must be that grandpa *Baryta carb.* married his cousin. Perhaps that accounts for the lack of development in their children.

Grandma *Baryta carb.* is timid and thinks everyone she meets is noticing and criticizing her.

Little *Baryta carb.* is dwarfed in both mind and body. Even so, he is not an easy child to take care of. Trifles frighten him and trifles make him intensely angry. He is one of those children whose temper makes them "see red" and in his temper he would like to annihilate the offender. At these times grandma isn't strong enough to cope with the situation. Fortunately,

\*Read at the I. H. A., Bureau of Materia Medica, June 1930.  
soon over it and forgets all about it. Grandma *Baryta carb.* is one of the kind who can understand that a child could need protection from trifles.

The little fellow doesn't want to play with other children. He sits around at home with grandma. Grandma would like to entertain him with stories of her childhood but however hard

she tries to recall some incidents, her memory fails her and it is impossible. Sometimes she tries to teach the little fellow but he has no memory and can't be taught so usually they just sit.

One day as they were sitting together, the door-bell rang. It rang very loud to them and both were very much frightened. They trembled in all their limbs. They thought there was a big man outside. They are afraid of men. Grandma finally decided to open the door, but first she put on the chain-lock, then she went a little way she peered out. Grandson *Baryta carb.*, standing behind her and clinging to her skirts, peered out too but didn't see a great, big man standing there. It was only cousin *Baryta mur.* coming to beg some white bread. Cousin *Baryta mur.* is fond of dry, white bread and she knew that there was an abundance of it going to waste in the *Baryta carb.* kitchen. The *Baryta carbs.* have no appetite at all, or when they are hungry, they are either too lazy to eat or are filled up too soon. There is always plenty of bread left over.

As soon as *Baryta mur.* came in grandma *Baryta carb.* sat down into a chair groaning and moaning. She wanted *Baryta mur.* to draw the curtain as the light dazzled and hurt her eyes. *Baryta mur.* was perfectly willing to do this because she didn't want the bright light herself. *Baryta mur.* left as soon as she received the bread and grandma was glad when she went. Grandma *Baryta carb.* does not like company and always feels lonely when company is present, but that might be because she talks to company all about her ailments, for grandma is decidedly nervous at times and thinking about her complaints makes her nervous. It is only at times that grandma is talkative. When you try to get a word out of her,

you can't get a word out of her. Grandma tried to read to the little boy but her sight was so poor she couldn't see to read. You see cataracts are forming in grandma's eyes. Grandson *Baryta carb.* is inclined to corneal opacities. The *Baryta carbs.* are extremely sensitive to odors. One day when they were sitting there, grandma was sure that she smelled smoke and began to hunt for the fire. Then grandson *Baryta carb.* smelled pine smoke and he too began to hunt for the fire. Of course they didn't find it because there was no pine smoke or any other fire there.

When a baby, grandson *Baryta carb.* had tinea capitis. There was a copious discharge from the whole scalp but that all cured before he fell into the hands of grandma *Baryta carb.* Now grandma is afraid to wash his hair for he is sure to take cold if she does. She doesn't like him to have colds. His nose and upper lip get so swollen and sore and crusty. She is afraid he will be left with catarrh of posterior nares and scabs will form below the base of the uvula.

Besides all that he is liable to have a toothache if he takes a cold, then his gums become pale and swell. The cheeks swell and it extends up to his nose and eyes. His toothache is worse when thinking about it and of course he can't help thinking about it. Grandma doesn't like him to take cold. She also worries about scarlet fever.

Grandma *Baryta carb.* has forgotten much but she does not forget that most of her children had mumps, tonsillitis and diphtheria let fever at the same time. Grandson *Baryta carb.* has enlarged and indurated tonsils all the time. They are so large that he is nearly suffocated if he lies down. So scarlet fever or diphtheria would go pretty hard with him. Grandma *Baryta carb.* has a sympathy with anyone who has throat trouble. When she had quinsy she could swallow nothing but liquids and even then she came back through the nose. She was thirsty all the time but could not drink.

Grandma *Baryta carb.* couldn't understand why grandson had such a big abdomen. Sure, he had some gas but not enough to puff him up like that and everybody knows he doesn't eat enough. True, he's constipated but that is probably because he won't eat fruit. He has an aversion to fruit and especially plums. Doesn't like sweets either.

"What are you whining for?" said grandma *Baryta carb.* to her grandson. "It's sour and it doesn't feel good here", putting his hand over his stomach. Grandma *Baryta carb.* mused, "It's sour taste and a sensation of weakness in the stomach. 'I'll get something to eat and he'll feel better", but she couldn't get any warm food for warm food made him cough and breathless. She seated him so she found something else cold for him. He ate a mouthful or two and then he was full and couldn't eat any

Grandma coaxed and cajoled him until he had swallowed a few mouthfuls, then he began to cry hard and in answer to grandma's questioning why, he said, "There is a stone in my stomach and it hurts". He slumped down in his chair but the gas double made the pain worse. He stood up and leaned forward which helped a little. He started to walk the floor, but the next time he put his foot down hard it made the pain worse. Very soon the gas began to come up, then he felt better.

The reason that grandma finds it so hard to take care of her grandson is that she has so much rheumatism in her back that she can hardly rise from a chair. Then too, she is so weak that she wants to lean on something to keep from falling. She is hungry and can't eat; sleepy, and can't sleep. At times she can't swallow liquids. She has asthmatic attacks in which she can't breathe or cough, or lift her head from the pillow; indeed, grandma *Baryta carb.* is rather noted for the things that she can't do. She needs someone to take care of her.

Whenever you think of grandma *Baryta carb.* and her grandson remember that—

"She was an old, old, lady,  
And a little dwarf boy was he".

PHILADELPHIA, PA.

#### DISCUSSION.

A. PULFORD: Mr. Chairman, allow me to congratulate the doctor. *Baryta carb.* is a wonderful remedy, a wonderful developer. About six years ago I had brought to our office an infant. That infant looked like an idiot. Its cheeks that made it look like a china pig. Its tongue stuck out. It couldn't move. Its limbs were helpless, and the uncle told me after the child was brought to us that they hoped we would kill it or that it would die. That child, *Baryta carb.*, is now six years old and the uncle told me a little while ago that he came here that they wished they had killed it. He said, "It can ask more questions than I can answer". That child has developed mentally and physically. It walks and is growing into a right good-looking girl.

A. ROBERTS: Mr. Chairman, I think the paper is very unique, as Dr. Pulford's papers always are, in that they present a picture that is indelible. The man who is at all observant this question of the development of backward children should be very close to them, for it seems to me that that is a subject absolutely left out of general medicine. Up in Connecticut we have a school for imbeciles which is crowded to the doors and about 600 wait for their own way in the world and get along, perhaps not to the high degree of proficiency, but they can be developed to the point where they can do their work. The American Foundation has taken this subject as one



of their objectives: To have funds sufficient to establish a home for mian children, so that there will be a place where homœopathy will shine in development and do a trick that the old school or the ordinary physician know nothing of.

DR. C. A. DIXON: Why didn't little Johnny *Baryta carb.* have lumps on neck?

DR. D. MACFARLAN: *Baryta carb.* is a very valuable remedy. I remember making a proving once. One of my provers looked very much like a Chinese. He developed a peculiar swelling of the face and the eyes seemed to be a Chinese-like expression. I used the remedy in the 30th and developed a peculiar ulceration around the finger nails, something like *Silica*. It didn't have that thin sinus discharge that *Silica* has, but it had a festering around the nails. It produced—and Hahnemann corroborates this in his *Chronic Diseases*—a swelling of both legs. Both legs were quite swollen, from the toes right to the groin.

CHAIRMAN J. HUTCHINSON: Does Hering have those symptoms in his *Guiding Symptoms*?

DR. D. MACFARLAN: I really don't know.

DR. H. A. ROBERTS: Hering has it.

DR. A. H. GRIMMER: Of course, like all the rest, I want to congratulate the doctor on her inimitable style of presenting these remedies. It is so lifelike. It helps to picture the remedy without burdening the memory too much. This remedy is most wonderful, as the doctor has just stated, in the retarded and arrested development of children, children who go only a little way and then stop developing.

I brought out another remedy, *Thallium sulphide*, in a case where *Baryta carb.* failed to function. This remedy might be compared with *Baryta carb.* although we have very few symptoms for its use. It lacks the glandular functions that belong to *Baryta carb.*

This girl was seventeen years old. She could not even feed herself. With *Thallium* she was able to take care of her ordinary wants and was even beginning to read and take on mental development.

CHAIRMAN J. HUTCHINSON: Was that remedy one of the potashes?

DR. A. H. GRIMMER: No, *Thallium sulphide*. *Thallium* I think is a distinction from selenium. But it is worth considering and I think we might refer to Dr. Macfarlan—he is our great prover—that he study *Thallium* sometime.

CHAIRMAN J. HUTCHINSON: It has been very pertinently said that we get the picture of the remedy, by whatever means it may be, that it remains in the mind and is there for any immediate use. Dr. St. Clair, of the New York College, years ago in one of his lectures urged the carrying that idea in their minds always: Try to picture a drug. Make its personality so emphatic and impressive in the mind that it can't leave, and the picture will aid selection at the proper time.

DR. C. M. BOGER: Dr. Macfarlan's reference to the Chinese brings to mind the thought of the placidity of *Baryta carb.*

So many *Baryta carb.* patients are excessively placid. They don't seem much impressed by things. This is especially true of the children. They are uninterested. This coincides exactly with what we think of the Chinese from a morphological standpoint, the Chinese being the next lowest to the Caucasian race in development, the Caucasian race being the furthest developed. It has been pointed out that the Chinese themselves, however prolific they are, never will advance and attain the heights that the Caucasian race has attained genealogically they are one step behind us.

DR. H. A. ROBERTS: They may take a sprint afterwards.

DR. C. M. BOGER: They won't do it until they get new blood.

## THE CURE OF DRUG DISEASES\*

HARVEY FARRINGTON, M. D.

Drug diseases are almost a daily problem for the homœopathic prescriber, masking or complicating the genuine symptoms of the disease. An antidote must be given before a correct prescription is possible. Several months ago the question of the best antidote of finding this antidote was asked in *The Homœopathic Recorder*, and correctly answered, namely, by fitting a remedy to the symptoms present at the time. For even if one or more antidotes have been recorded, we cannot be certain of the action of any one of them unless it shows at least some homœopathicity in the case. Dunham once said that if the symptoms that were present before the drug was administered, can be ascertained, the remedy they indicate will often remove both genuine and drug disease manifestations. But these manifestations are not always easy to obtain.

In the earlier years of our school, "shot-gun" prescriptions of large doses of quinine, Fowler's solution or calomel claimed a cure. Now it is chiefly the baneful effects of alkaloids, arsenic, arsenian, the coal-tar derivatives and the more insidious seraphic poisons. The latter are especially difficult to deal with. It is not my purpose to enter into any extended discussion of this subject, but to present a few cases that may prove interesting and instructive.

### Case 1. Dermatitis medicamentosa.

Current attacks of dermatitis exfoliata since taking quinine on a young girl. She warned every physician who treated her that she was unable to take the smallest amount of quinine without experiencing its effects on the skin, but some of them refused to believe her story, with the inevitable result—a redness, burning and itching, first on the face, neck and chest, then on the forearms and hands. Soon exfoliation would begin, first in small scales, later larger ones, even to great flakes two or three inches in diameter. Even after coming under the treatment of a homœopathic physician the attacks continued to recur,

\*Read at the I. H. A., Bureau of Clinical Medicine, June 1930.

usually after some circumstance that caused grief or worry, though she had not taken any of the drug.

*Rhus radicans* in varying potencies over the period of nine to ten months cured.

CASE 2. Mrs. O. H. T., 30 years of age, presented the most violent erythema that I have ever witnessed. She was swollen from head to foot, with the exception of a few areas about the nose and mouth. She stated that she was recovering from a severe cold which she called the flu.

Intense burning which caused her to toss about the bed was her agony. Extreme thirst for cold water. A hot bath gave temporary relief. Though sensitive to the cold she could not bear the heat covering on account of the terrible burning.

Several areas of an old psoriasis at first obscured the diagnosis, but closer observation revealed a peeling of the epidermis much thinner, smoother and in larger flakes than those of a chronic eruption. The thickened epidermis on the soles of the feet had begun to separate from the true skin at the edges, showing the appearance of whitish-grey sandals.

Remembering the experience of Mrs. W. H. S., I asked the patient if she had taken bromo-quinine for her cold. She answered in the affirmative.

The burning, restlessness, thirst, chilliness and character of the lesions called for *Rhus tox.*, which was given in the 10M potency. She made a rapid recovery.

CASE 3. This case, almost identical with the one just reported and from the same cause, received the 10M of the same remedy. The involved area was less extensive, affecting only the neck, chest, forearms and hands. The remedy checked its progress in a few hours and a second visit was unnecessary.

CASE 4. This is an unusual instance of poisoning by atropine, scopolamine, and should be a warning to those speculators who are substituting this drug for atropine.

Mrs. S., aged 37, consulted a well-known oculist who instilled a few drops of scopolamine into her eyes as a mydriatic. In a few hours her heart began to beat rapidly as though she had been hurrying. This was followed by spells of palpitation, as she expressed it, "going up into the throat", with oppression of breath

in a spot over the left scapula, vertigo, blurred vision, heaviness of the upper part of the eyeballs and sensation as if the eyeballs were being drawn out. Frequent desire to take a deep breath. Shuddering. For two or three nights she awakened in horror with oppressed breathing. *Lachesis* relieved considerably, and in three weeks she returned complaining of the same symptoms and stated that the aching in the left scapula was better relieved by pressure and the vertigo aggravated by stooping. A close study of the symptoms led to *Physostigma ven.*, which was given in the 200th potency. This was followed by immediate and entire relief of all symptoms. In one month the *Physostigma* had to be repeated and she was apparently in good health until the following spring, an interval of five months. At this visit she complained of heaviness of the eyelids, in addition to the heart symptoms. Three doses of *Physostigma* 200th were administered, with relief. But even now, nearly a year after the scopolamine was given, she has an occasional spell of palpitation, but will not take the remedy for it.

CASE 5 and 6. Two little girls, aged five and seven, having been exposed to diphtheria, were given prophylactic injections of antitoxin. In a few hours their faces became red and the temperature mounted to 103 and 104. They became delirious, run about like horses, and barking like two little dogs. The delirious nature of the two cases may have been a coincidence with no suggestion, but *Belladonna* was clearly the remedy and the condition vanished under its action, as quickly as it had appeared.

CASE 7. Poisoning with streptococcus serum. This case is unique and stands as an object lesson which will impress the staunchest advocate of serum therapy. Mrs. G., aged 68, would gladly appear in person to testify to the terrible nightmare from which homœopathy has rescued her, and did not live a thousand miles away.

Seventeen years ago she contracted an infection which was diagnosed as streptococcic. I have not a complete record of her symptoms, but she had pains all over the body. Red blotches appeared on the legs below the knees, changing later to brown and then to yellow. This was followed by numbness of the lower

limbs and finally paralysis. Arms and legs began to atrophy, the joints cracked when moved. She was a helpless cripple.

A well known woman nerve specialist was consulted and pronounced the case one of the worst forms of multiple neuritis. She proceeded to give opiates, an auto-vaccine hypodermic and cathartics, until the bowels were moving eight times a day. On her recommendation, the tonsils were removed.

Two Wassermans showed a 50% plus, although there was no history or clinical evidence in either the patient or her husband. Whether there was actually some venereal taint might be a factor in the case, I do not know. Two Wassermans might seem to be conclusive. At any rate, I ignored the possibility in making my prescription.

After three months of Swedish massage and an occasional injection of the auto-vaccine, Mrs. G. was comparatively free from pain and could walk a little, but she was by no means cured.

In 1919 she had an attack of boils on the forearms and severe metrorrhagia. She came into the hands of a so-called homœopathic surgeon, who diagnosed fibroid of the uterus, and he treated with radium and an injection of "twilight sleep" (according to the patient).

She met with an accident some time in 1923. A large stone knocked her down. She fell, striking forcibly on the sacrum and a huge lump developed. For a year and a half thereafter she was treated by a chiropractor with some benefit, but the swelling was not reduced, and the neuritis remained, in milder form. She was taken to California in the winter of 1927-28. A school physician administered acetyl-salicylic acid and a stock streptococcus serum, which caused the absorption of the lump on the sacrum and "cured" the last vestiges of the neuritis. But behold the marvelous efficiency of scientific medicine! Her physical symptoms were replaced by a mental derangement which lasted several weeks. However, it passed off and they returned to their home in Chicago. A patient of mine suggested they try homœopathy, but I was in Europe at the time, and they went to a physician who had been recommended by the doctor on the coast, bringing a letter detailing the former treatment.

A round of the streptococcic serum resulted in a recrudescence of the mental symptoms.

In addition to the history already related Mrs. G. presented the following:

She imagines that she is going to the poor-house; that she had ruined her daughter's happiness by confiding to a neighbor her objection to the daughter's fiance whose business had sent him to South America, whereas no one had been seen to enter the house. She wept, talked incessantly, chiefly about her husband and prowled around the house at night calling "Richard" the young man's name. She had sinking spells, hot flushes, and a return of sexual desire rousing her from sleep, and a return of sexual desire returning in the uterus, though the menopause had long since set in.

In February 20th, 1929 she was given a dose of *Lachesis* and again on April 24th. The mind cleared and her general condition steadily improved. October 12th the neuritis returned, with relief from cold and damp weather and relief on continued use of *Rhus* 10M acted at once, but had to be repeated on December 20th. January 14th, 1930, there was a slight return of mental symptoms which was promptly relieved by another dose of *Lachesis* 10M. February 4th. Hot flushes passing up and wakens at 3:30 a. m. and cannot sleep again. *Sulphur*

Mrs. G. is now to all appearances well. Her mind is clear; she has no pain, and her only disability is deafness, which is of no standing.

Another triumph is added to the long list of triumphs for homœopathy!

CHICAGO, ILL.

#### DISCUSSION.

W. WAPPENSMITH: It is always refreshing to listen to a paper from Chicago and I certainly want to thank the doctor for this most interesting paper. The doctor, in the presentation of his papers, is always four-square to homœopathy. I believe we should make a collection of all such papers that whenever a question comes up we will have evidence from our sources concerning the effects of some of the treatment that patients are receiving.

M. BOGER: This paper furnishes the best evidence for the existence

of this Society and its purposes. In every decade since the advent of homœopathy, homœopathy has had to contend with some overwhelming method of practice in the old school, which in itself threatened to engulf homœopathy. The things which threaten to engulf it now are the use of serums and less operations, especially on the tonsils and other glands. The people are overwhelmed with advice from school examiners and public health officers, etc., who instruct them and tell them which way they should go, in the guise of making them stronger and healthier. Often the result is a distortion of the vital economy and an injury to the vital forces as we know it. We come upon cases that have been mutilated in this way.

DR. H. A. ROBERTS: I have been very much interested in this paper because I recently had an innocent appearing proposition handed to me which resulted very disastrously. I had a patient whom I had treated several months before soon after her baby was born. It was purely a *Lachesis* situation. She had trouble with one of her teeth and had it extracted unbeknownst to me. A few days after the extraction the dentist called me up and said, "I wish you would go with me to see this woman and help me stop the bleeding".

It was bleeding very profusely. I said, "Why haven't you plugged it?"

He said, "I couldn't. I tried my best but I couldn't plug it".

I said, "All right, I will go right up with you".

I went up and administered some *Lachesis* 200 and in less than five minutes we had the hæmorrhage controlled. He then plugged it deeply with cotton but he neglected to take the plug out and a day or so later the hæmorrhage started up again. He became scared and sent for a prominent New Haven dentist who came right out, unbeknownst to me and gave her a horse serum injection. I knew nothing about it until two days afterwards when he called me up and asked me to see this lady again. I wish you could have seen her. She was so covered with urticaria and so œdematous about the face, especially about the lips that you wouldn't have recognized her. I gave her a dose of *Aconite* because *Aconite* stuck out all over her. She said, "Doctor, I am dying". She kept saying that over and over again. *Aconite* controlled that itching promptly and by the next day the swelling had gone down. Two days later she said that there was a repetition of the thing only worse than it was before. I said, "What is the matter with her?" It seems she had had two injections of horse serum, one after the other, two days apart. Then came the sequela. We administered *Lachesis* and she verted right back to the *Lachesis* situation and *Lachesis* cleared her up. I want to tell you right now that horse serum and human serum do not go together.

DR. J. W. WAFFENSMITH: What was the potency of the first *Lachesis*?

DR. H. A. ROBERTS: Two hundredth.

DR. J. W. WAFFENSMITH: And the second time you gave her a repetition?

DR. H. A. ROBERTS: Yes.

DR. A. PULFORD: When I first started practising medicine I bought my drugs from a reliable house (in their own estimation). How reliable you judge for yourselves. I needed some *Mercurius corrosivus* and in those days I thought that 6x was a wonderfully high potency, so I bought a pound of it. Instead of giving me a pound of 6x potency they gave me a pound of crude drug. The result was that I gave to the patient that needed it 15 grains of this crude drug. After a little while the man came back complaining of course I did the wrong thing as a very ignorant man will do. I gave him water and something else to throw it out. The consequence was that after he began to vomit blood and mucous membrane I gave that man a dose of *Hepar sulphur*. I am now speaking of what you call antidoting, in order to get back to the elimination of the drug diseases. That man promptly became well. I started in to figure out that proposition. I had always been under the impression that if you put two or three drops of prussic acid on the back

of his tongue it was all over with the man if it was pure stuff. Yet we hear that the hedgehog can drink enough prussic acid to kill a regiment of soldiers, and get away with it. There is not enough difference between the hedgehog and man for that difference to exist.

The point is that in drug diseases the drug gets into the system and the body is not the thing that nature intended. Nature intended that no poison should be retained, because we are eating poison all the time, but it is passed out of the system. The reason for this is that the secretions cannot operate on the force contained within the drug container, and the proper remedy so fixes the condition in the system that the drug can no longer be acted on by the secretions and it passes out, and that is the way it works with the hedgehog. The hedgehog cannot operate on the container, the force known as prussic acid to liberate it and therefore it passes out. This explains why we can get away with these things with our homœopathic remedies whereas the old school cannot do it.

DR. H. FARRINGTON: It is amazing how men who spend hours in careful study, using instruments of precision and all known methods, observing every little detail and symptom, can give these powerful agents and not be aware of the after-results, as in the case of this old lady who was given a *Staphylococcus* serum. The second physician was quite well informed on the matter and should have taken warning. It is always amazing and difficult to understand why physicians will continue to give a drug to oversensitives like this and not realize that the external manifestations are merely Nature's effort to protect the internal organs.

It is the mental capacity which measures our value to society and it is by the quality of its action that our deeds are judged. By its aid we achieve the greatest of attainments and through its mischievous cunning the vilest criminal pursues his ends. Its capabilities of development for good and bad are immeasurable, and the variety of its performances is unlimited. Is there, however, any one line of action of greater importance than all others, and upon which they must depend? At the risk of contradiction I will assert that it is *memory*.

It is meditation upon, and devotion to, the Divine Creator that is the key; through it we recall the sufferings of our fellow-beings and the antidotal schemes of philanthropy; with it scientific researches, and even the humblest deeds of our daily life, are accomplished.

For homœopaths, the abnormalities of brain action present our most important remedial indications, and while too often neglected are really unailing "guiding symptoms". Indeed, any medicine that has not the pathognomonic conditions will often fail when mental aberrations call for its administration.—WM.

WILSON GUERNSEY, M. D., 1895.

## HOMŒOPATHIC TREATMENT OF SOME INFECTIONS

HERBERT E. MAYNARD, M. D.

Today scientific medicine considers most of the ills of the flesh is heir to the result of infection of some kind, and in the zealous hunt for the cause often overlooks the individual idiosyncrasies of the patient, his reactions to outside and inside influences, and the fact that if he, in himself, were not ill first, these outside things would have little effect upon him.

This does not in any way decrie the removal of whatever existing cause there may be, whether an abscessed tooth, foreign body, diseased appendix or gall bladder or the evacuation of an abscess in any part of the body. But in spite of this and in spite of the most careful aseptic surgery, excellent nursing and good food some individuals do die and some develop symptoms which are at times most difficult to relieve. Almost without exception so far I have found nothing in the line of medicine that compares with the carefully selected homœopathic remedy in such conditions.

The following cases are in no way unusual, but show some of the accidents and problems that may occur in any surgical or obstetrical practice.

Mrs. R. L. G., October, 1928, age 38 years. Six days before consultation, patient had been curetted for rather persistent menorrhœic flow. On third day following, patient had hard chill, temperature reaching to 105, severe aching of body and limbs, some tenderness in lower abdomen and profuse sweating. The following day had another chill in the a. m. with the same high fever and general symptoms. On the next day had a hard chill early in a. m. and another about noon. She had become very weak, could not get up, was intensely restless and still complained of the aching and soreness all over, now most marked in abdomen which was tender and very sensitive to pressure, most noticeable over the pelvic region. There was the usual slight flow following curettage, but very little odor.

Vaginal examination disclosed much tenderness all the way down.

\*Presented at the I. H. A., Bureau of Obstetrics and Pediatrics, June 1929.

pelvis and a rather large uterus. There was no history of gonorrhœa.

Two days before, a previous consultant made a diagnosis of pelvic cellulitis, some infection of the pelvic veins and peritonitis, streptococcal in origin, with a bad prognosis and very little to be done for treatment except streptococcal serum, morphia for pain and to force fluids. These remedies had been given with no effect and patient steadily grew worse. While her temperature had been below 103 since the first chill and over 105 during the second chill her pulse remained 90 to 100 and fair quality. *Progen* 50M, three doses in water at 4 hour intervals, started about an hour after the last chill, was administered and all other medications stopped.

The next morning there was a slight chill at 7 o'clock, some tenderness in the afternoon and the temperature rose to 101. That evening she slept well and the following morning awoke hungry and without general pain, but still some soreness over pelvis, and that afternoon her temperature was normal. For four days after there was no further rise, but at the end of a week patient went home feeling perfectly well.

Case X. One week before had Caesarean section. Following operation four days went along fairly well, then had sudden rise in temperature, nausea with much straining though little expelled, watery brown diarrhœa, much prostration, coldness and sweat. On the fifth day I was consulted, she had commenced to cough, rattling in character, could not breathe while lying down and had tenderness at the base of both lungs. Temperature 103 and pulse of 110, respiration 38. Her tongue was white, she was thirsty but refused to drink from drinking water, face pinched and head sweaty. The uterus was too large for one who had been operated on a week before, more sensitive to pressure and the flow was scanty but not offensive. There was some tenderness in the pelvic region and she complained of pain in the right thigh.

*Tart. em.* 6x in water was given every 2 hours for one day, after which there was a slight improvement, every 6 hours, and discontinued on the third day.

In the end of all, her breathing and cough was relieved and she went to bed and sleep; next she had a rather profuse bloody

uterine flow for 24 hours without clots or much odor and uterus became smaller; then her nausea stopped, temperature became normal and she made a good recovery.

Mr. W. J., May 1926. Patient stuck an ice pick into web of left hand about one inch proximal to web between little and ring finger. Though it was carefully dressed the pain was intense and a red line soon appeared on the inside of forearm.

As I was out of town the next night, another surgeon called on him at his home, gave him morphia for the pain and incised the wound, almost always a mistake in these cases, until pus has become definitely localized, and usually, too, about the first treatment of these patients receive.

Swelling of the hand continued with much pain extending to shoulder with the customary red streak up the arm and swelling of the glands on the inside of elbow. Continuous hot fomentations reaching from the shoulder to the tip of the fingers were applied and *Ledum* 10M followed by *Hypericum* CM was given.

Though the pain was somewhat relieved in a short time, the whole arm remained swollen and the patient was very ill, restless, chilly and ran a temperature as high as 104 at night, 100 at 10 a. m. On the seventh day there was a little less swelling of the upper arm but more of hand and forearm, much tenderness at the base of the little finger, and the dorsal surface of the hand was hard, bluish and there was evidence of pus over the metacarpal of little finger. Incision there and on the palmar surface in the web between little and ring finger evacuated a small amount of greenish pus which increased considerably the next few days.

The patient improved very little: he could not eat, was restless, chilly, cold and thirsty, fluids were vomited soon after taking, particularly cold water; was delirious at night, crying out or talking about his business or his family and was extremely difficult to care for.

After *Ars.* 1M improvement was prompt and steady, though it was over two weeks before the wounds stopped discharging. The distal phalanx of the little finger became flexed nearly at right angles in spite of splinting and has remained so, other than he is none the worse for his accident.

Mrs. W., age 26 years. Twelve days before consultation

low forceps delivery, did well for three days, then had a sharp rise in temperature and developed septicæmia. When I saw her she was somewhat improved but delirious most of the time. She ate very little in spite of bromides, opium, etc., and took little food or drink except champagne in small amounts. She was lying on her back, frequently raising abdomen and buttocks and saying "up and over again, "If I could only urinate". On inquiring about her bladder condition was told she had had constant involuntary urination for days and also frequent involuntary stools. However, I catheterized her and removed only 60 ounces of urine, which of course gave her great relief.

When on further examination I found a large abscess extending from just below shoulder nearly to inside of elbow which was opened under local anæsthesia evacuating nearly 4 ounces of greenish pus which on culture showed staphylococcus.

That night she slept and next day had a little appetite, but could not be catheterized twice, though had constant involuntary urination. Six hours after *Caut.* 1M the involuntary urination stopped, and seven hours after, she urinated normally and continued to do so.

A few days later, because she had two or three loose brown very offensive stools around 5 a. m., complained of burning and had a most offensive odor about her body and from the vagina, *Sulph.* 50M was given with rapid improvement.

Many years ago, while on a hunting trip, was asked to see the wife of a lumberman who, ten days before, had given birth to her first child.

She was in a little cabin many miles from any village and expected to go out for her confinement, but during a heavy storm labor had started and she could not be moved. Her husband was in the woods and did not return until she had died and herself with only the assistance of a younger sister.

I found a very sick woman, unable to move, except occasionally to raise one hand, with a distended abdomen, scanty urine, a most offensive odor; moaning occasionally; having frequent hiccup and vomiting or retching as soon as she took the least quantity of food or drink; involuntary stools and urine. Though the temperature in that room must have been well

over 80 degrees she insisted on being covered with many blankets. As I had no thermometer could not take her temperature, her pulse was high, very weak and thready.

She had a deep median laceration of the perineum, the edges of which were intensely red except where covered with a gray slough, and her skin was dry and withered looking.

I thought she was going to die and having no medicines I gave me gave her a little whiskey and hot water, did all I could to keep her warm and said I would stay until it was over.

And then it came to me that I had put in my duffle bag some white arsenic for taxidermy purposes and perhaps that might help. Anyway, I put a good sized powder of it in half a pint of water, shook it until I thought it was pretty well dissolved, and gave twenty drops of that in a glass of water and administered a teaspoonful (all she could take) every hour. This was about 11 o'clock. By 6 p. m. she seemed a little brighter and slept between 9 and 12. The next morning she took nearly a cupful of venison broth and retained it, and had no more nausea but improved steadily though very slowly, so at the end of six days she could get up and propped up in bed.

An occasional dose of that same *Arsenic* was given over a period of ten days and she made a good recovery. Her baby boy, who must have weighed nine pounds, took condensed milk and water from the start and thrived on it.

BOSTON, MASS.

We cannot believe all previous physicians were misled by a blind faith when we refer with profit to their curative work. So long as we find patients relieved and cured of their constitutional defects it is a major hazard to decry all that is not in literal accord with modern so-called rational interpretations. A beginner in homœopathy needs the balance that study of the old masters affords. Whatever is false, time will safely disclose, but to disregard all because of some admitted errors is dangerous to our cause and to the patients under our care.—RAY SPALDING, M. D., before the Eastern, 1929.

## TEACHING THE YOUNG IDEA HOW TO SHOOT\*

A. PULFORD, M. D.

In teaching *the young idea* how to shoot, the question naturally arises, can anyone teach a subject intelligently, effectively and satisfactorily if he or she is not thoroughly conversant with the subject?

As a prelude to this diatribe, let us first listen to a few lines of Pope which seem to cover both our subject and present us then to a word of warning from Dr. Frederick Rand Rogers, of New York.

Pope said:

"Let such teach others who themselves excel,  
And censure freely who have written well.  
Be sure yourself and your own reach to know,  
How far your genius, taste and learning go;  
Launch not beyond your depths, but be discreet,  
And mark that point where sense and dullness meet.  
The lines, tho' touch'd but faintly, are drawn right,  
But as the slightest sketch, if justly trac'd,  
Is by ill coloring but the more disgrac'd,  
So by false learning is good sense defac'd.  
Modern 'pothecaries, taught the art  
By doctor's bill to play the doctor's part,  
Prescribe, apply, and call their masters fools.  
Medicine resembles poetry, in each  
Are nameless graces which no methods teach,  
And which a master's hand alone can reach.  
Moderns, then, beware! or if you must offend  
Against the precept, ne'er transgress the End.  
A little learning is a dangerous thing;  
Drink deep, or taste not the Pierian spring,  
Survey the whole nor seek slight faults to find  
When Nature moves, and rapture warms the mind.  
Most critics, fond of some subservient art,  
Still make the whole depend upon a single part:  
They talk of principles, but notions prize,  
And all to one lov'd Folly sacrifice.  
Doctors like painters, thus unskill'd to trace  
The Naked Nature and the living grace,  
With gold and jewels cover ev'ry part,  
And hide with ornaments their want of art".

Dr. Frederick Rand Rogers of New York, in addressing Utah educators, is reported to have said: "Colleges work hard, grades are a disgrace to scientific education;

Read at I. H. A., Bureau of Homœopathic Philosophy, June 1930.

the highest grades, as a general rule, go to the student is the best 'ape', to the one who can best imitate his teacher. We can take it from this, then, that a college education does not mean anything; that the college has fallen wide of both its mission and its opportunity, the opportunity to teach the student not only how to think, but how to think for himself, in other words, the most important part of any being's education.

The editorial *Pathological Prescribing*, p. 660, the September issue of the *Recorder*, furnishes a beautiful theme for a sermon, and is full of rich food for much deep and mature thought for it affects homœopathy vitally, and shows how varied, from how different angles a simple, straightforward principle can be viewed.

We neither worship nor idolize Hahnemann nor Kent. We have not had personal contact with either one, and while they may be back numbers as compared to the "more enlightened" modern doctor living in this "enlightened" age who feel themselves far in advance of those two immortals, yet, we ask, in spite of this, to hark back and read and reread their words of wisdom and weigh them thoroughly before we decide to discard them in the discard and replace them with pathological verbiage. "Hahnemann", according to Dunham, "declared the pathology of his day to be unsafe as a basis of medical treatment, and proclaimed that therapeutics could never be based on pathology, because pathology is a science of hypothesis respecting the natural processes of morbid action, and must always be speculative and uncertain". The pathological leopard has not changed his spots to date that any one knows of. Kent said, "All that is known of disease is expressed in symptoms". If these two men are right and no one has ever yet been able to prove them wrong, pathological prescribing is entirely foreign to homœopathy.

Hahnemann, wise beyond all other medical men, was apparently not wise enough to realize that his approval of vaccination, unconsciously, laid the plot that would eventually lead to the ultimate acceptance of homœopathy. This fatal slip has been taken advantage of by alloëpaths and modern homœopaths, and used against homœopathy in defense of the use of not only vaccine virus, sera, etc., but of every other irregular method

of medicine, pointing back to this error as Hahnemannian authority. Hahnemann was right about vaccination, he certainly was right about homœopathy. If vaccination is right, so, then, is all external and hypodermic therapy, and, by that decision, homœopathy is absolutely wrong. This error led to much of the error contained in Dr. Metzger's Presidential Address at Mon-

mouth. Dr. Irvin Metzger said in that address, among other things, "We are no longer sufficient to be able to recognize maladies and to cure them effectively, but we must be able to foresee and prevent them by anticipating their incidence". Who made that error "no longer sufficient" if not those incapable of coping with disaster? What is the real reason for the existence of a medical profession? Is the physician's high and only mission is to restore the sick to health? We shall soon, then, expect the fireman to appear, after the fire has gotten so wise, who can foretell and forestall all fires before they happen, and thus a fire will be a disgrace. The man who will next appear who can foretell and forestall all crimes before they happen and crime will likewise become a disgrace. These are just as possible and logical as the other. Page after page of this millennium! Perhaps Dr. Metzger can teach us how to lift the veil to enable us to glimpse the future. Had not "the cobbler lost his stick to his last"? What is going to happen no one knows, but it will. No epidemic has ever been prevented by medical science.

Homœopathy alone has ever been able to mitigate one. The alloëpathic "guardian of public health", the alloëpathic health officer, is a myth and a fraud, a meddler and a pest. We seem to have forgotten that there is but one method of real disease prevention in man, and that is to destroy his predispositions; to so adjust his internal relations that they can readily adjust themselves to the external relations, which simply means cure his troubles and he will then be immune to all diseases. Then we should teach our students how to care for those things that have caused the trouble; that is all that medicine can take in honestly, and that is the reason for existence. Leave the quackery and faking to those who know no better. Had Hahnemann and all his followers practiced their lasts and taught and practised strict homœopathy and abandoned nothing outside, things would have been far dif-



ferent with us today. Next to Hahnemann's fatal mistake in proving vaccination, the next greatest blow to homœopathy, one which looks as if it would bring about its ultimate burial alive, was the acknowledgment by homœopathy's adherents that it is a part of modern medicine.

When we stop to take an inventory of ourselves, as homœopathic physicians, what right have we to condemn the alloœopath for his refusal to change his course and give up his alloœopathy for a merely modified form of his own method? Pathological and morphological teaching and prescribing must surely make us think so. And, since he, himself, is a master in the art of pathological prescribing, and more expert than we at it, he has a right to stop and ask himself: Why change and follow someone who is merely stealing my own thunder, and what valid reason for the existence of that brand of so-called homœopathy? Yes! What answers why? On the contrary, is not Hahnemannian homœopathy the very system that we are leading him to believe we are going to teach and that he expects to learn, a separate and distinct principle, far distant from, and something entirely foreign to alloœopathy? Is this, then, not the rankest kind of deception?

Is it possible to teach a student an alloœopathized form of hybrid, so-called homœopathy, or homœopathy in alloœopathic language and have that student emerge a strict Hahnemannian homœopath? If so, can you produce one as an example? If not, then, is homœopathy not better off without such?

Homœopathy seeks the origin of disease, condones individualization only, knows how to proceed, knows before and in time, and is in strict accord with nature. On the other hand alloœopathy seeks the end product, condones only standardization and is directly opposed to nature and must, consequently, of necessity fail. How can we honestly attempt to teach two opposites? If they could be successfully taught you would have eclipsed the greatest miracle ever performed. Because Hahnemannian homœopaths will not consent to this decision they are dubbed prejudiced.

Our determination to know is commendable in a way and has been much stressed. But if a remedy cures which has not

is to have produced a similar condition to that which it would the knowledge that it had or did produce a similar condition make that cure any more complete or permanent? Have the knowledge have changed the ultimate result in any case? Was Hahnemann's case of sycosis cured with *Chamomilla* a myth? Or Bœnninghausen's case of tuberculosis cured with *Pulsatilla* a fraud? Or my own case of syphilis cured with *Acid carb.* purely a delusion? Have we a record of those who, producing their respective conditions? Should such cases be compelled to remain without relief until such pathological conditions had been produced by them? If we are compelled to believe anything until it is all scientifically demonstrable, we can accept it you can positively be assured you will be waiting.

When we have studied the pathological end result all that we possibly learn is what has happened, but get no clue whatever as to exact origin, how to combat it in others or how to prevent its occurrence in others. If the study of pathology had or could give us these clues, then, alloœopathy, with all its years of pathological investigation, research and study to its credit, would have proceeded beyond all expectation and have reached the goal long ago and there would have been no homœopathy today. But alloœopathy is no nearer the goal, in even a single instance than it was in the beginning from the standpoint of prevention. Then why not, in introducing the alloœopathic student into the homœopathic field, lay all this before him and give him the opportunity to understand that homœopathy bears no relation whatever to pathology and he is about to leave?

Diagnostically, both pathology and morphology are not to be despised, but they, in themselves, are of minor importance in homœopathic prescribing, for they, in themselves, furnish no clue whatever to the individual constitutional remedy. It simply amounts to merely knowing that one has cancer, tuberculosis, or is reformed. The cause or origin is what we must seek, and the language, which is as invisible as life itself, expresses itself in the form of words only, it is that language that is the most important for the homœopath to be able to read and understand. The homœopath's truths,

which are but too often regarded as pet prejudices have never yet been successfully attacked.

To successfully teach the young idea how to shoot, we must teach him true homœopathy and distinctly impress upon him that there is no relation between homœopathy and modern medicine; that homœopathy is as yet incomplete and that it must not be judged as in its entirety; that it is ignorance of unproven remedies that is the sole cause of our having to resort to temporary expedients, as well as of a lack of acquaintance with those remedies already proven.

We are convinced, from over 16 years of exclusive experience with it, that homœopathy is right; that it is logical; that it is philosophical; that it is scientific; that it is the only complete system of curative medicine known, but there will never be unity of thought, action and agreement among homœopathic physicians until its unfolding is completed, until it is taught in its purity and until it is entirely divorced from modern medicine.

We are allowing our contact with modern scientific medicine to so addle our brains that we are fast losing sight of the very object for which we are gathered here to discuss, teach and preserve. We cannot expect our students to rise above our own level if they are to adhere strictly to our teachings. It therefore behoves us to teach them homœopathy in all its purity. Most students will fall below this standard than will rise above it. Therefore the higher the example set the better homœopathic student will remain.

TOLEDO, OHIO.

#### DISCUSSION.

DR. C. L. OLDS: I would like to take issue with one statement of Dr. Pulford's. If I understand him correctly he said something about curing—I remember the exact statement—and that then we would be immune to disease. I should like to ask Dr. Pulford if he knows whether there ever was a person, is now, or ever will be one who is absolutely immune to disease; is, as I understand it, one who has no chronic miasms? To my mind, it implies an impossibility that there should be a person who has been so cured that all miasmatic trouble is annihilated and he is absolutely immune to disease.

DR. A. PULFORD: I will answer that by a living example. I have never hesitated to go into any disease no matter what it was. I have been into practically all the diseases.

DR. W. W. WILSON: That doesn't make you immune.

DR. A. PULFORD: Wouldn't I get one or more of those diseases if I were not immune?

DR. W. W. WILSON: Not necessarily.

DR. A. PULFORD: Then what does immunity mean?

DR. C. L. OLDS: I should like to ask if you know of any person who would inject syphilitic virus into himself?

DR. A. PULFORD: That is another question.

DR. C. L. OLDS: Well, it is a disease.

DR. A. PULFORD: It bears no relation to this.

DR. POWERS: What is meant by "disease"? I don't think it is possible to be a human foolproof. You can cure him and put him in good condition, but what in the world is going to prevent him from eating a plum cake and drinking a glass of cider on top of it, which will probably lead to his death? I talk about making people immune. You would have to make them all foolproof to do that.

DR. I. FARR: This is an excellent paper on the matter of teaching pure homœopathy, if you have the proper environment. In other words, if we had a homœopathic globe or sphere, or this new planet which has been discovered, on which no one lived except those familiar with homœopathy, I think homœopathy would work very well. But, laying all joking aside, we are here to teach those who are followers or children of followers of all methods of therapy. If we are to succeed in converting the world to homœopathy it seems that we should be better to proceed from the known to the related unknown.

Most prospective physicians know something of disease from hearsay and diseases have some pathology. Therefore, if we are to convert them to homœopathy it seems that we must show them that the remedy is not in fighting the disease, but that the individual is sometimes recognized through the pathology.

DR. C. M. SOGER: The factors which go to make up the mind in choosing the most similar remedy are innumerable. Materia medica doesn't contain all of them. Pathology contains some of them. General science contains some of them. We never can know too much. We never can know enough to make an *simillimum*, to make a prescription of an exact *simillimum*. In keeping up with general science, every once in awhile you read something which enlightens you very much on some remedy about which you really know very little. Just the other day I was reading an article in *Popular Science* on some poison used in China and what it was used for. I took up Mills' *Encyclopedia* and read part of the article on *Agaricus* and found many of the same things that this article contained in that pathogenesis, but not all of them. Those that were not in Allen, helped to illuminate those that were already known. That is the way we have to know our remedies. That is the way you know your diseases.

DR. J. W. WAFFENSMITH: Dr. Pulford has a remarkable crusading spirit and he may say some things that we don't like. I am thankful that we have men who get out of the stereotyped way of doing things, who get away from the standardization and give us a jar once in awhile, knock us out of our complacency because we need waking up. We need to get away from this satiated standardization that we have today. In all avenues of thought and in all lines of action, they are becoming tired of it, and I for one most heartily thank Dr. Pulford for giving us this paper.

DR. A. PULFORD: I should like the privilege of giving you the allopathic pathological prescribing, taken from *Modern Surgery*. I think it ought to be published for the benefit of all of our fellows.

Cellular pathology entices the students but is a false lure. It destroys the efficiency of the physician for it leaves the needed explanation of the mys-

teries of the cell untold. We need a new approach and until we have these vital phenomena which basically we do not understand shall not be understood.

"As real clinicians we must still be empiricists, using drugs, clinical learning to know their effects, using them helpfully, but not actually fundamentally understanding how or why they act as they do.

"The physician, the healer can divorce the pathologist and the researcher. These students may follow their fancies as far as they like. They are not physicians. They have not materially helped the clinicians. They have far too and much useless lumber to abandon before they will actually help clinicians greatly by their activities".

From first to last Hahnemann teaches that the totality of the symptoms must be considered in making a prescription; applies no less to the specialties than to general practice, with the specialist the temptation to get rid of that condition which the patient complains, and on account of which he applies is great, and must be resisted if he wishes to heal the sick, as Hahnemann declares, is the sole duty of the physician; to suppress leucorrhœa at the expense of the ovaries, to suppress gonorrhœa at the expense of not only all the sexual organs, not only the whole being of the patient, but also and worst of all, of generations to be born, to suppress catarrh in the upper passages at the expense of the lower, to suppress a so-called skin disease at the expense of the whole or some special internal part, in short anything in the way of suppression of special symptoms with regard to the general system is not homœopathic and therefore not scientific.—CHAS. B. GILBERT, M. D., 1895.

I mention a final difficulty in curative treatment, namely the early repetition or change of the remedy. If the study has been carefully worked out, and the prescription made for the patient in accord with the perverted vital action, a remedy should be given time to act before thinking of repetition or change. No interference should be made until improvement ceases. Remember, the patient himself reestablished the natural order, and is one of balanced vital force and health.—RAY W. SPALDING, before the Eastern, 1929.

## ASOKA—A HINDU REMEDY

D. N. CHATTERJI, M. D.

"Blessed is the woman with children in her lap,  
Who finds her breast always to be agap,  
Using new blossoms of Asoka plant,  
To her conjugal love becomes a grant,  
Her ailments are gone, her disorders vanish,  
And she looks to her unhappiness nothing but a finish".

SYNONYMS: Latin, Guatterera Longifolia; English, Saraca Asoka; Hindi, Asogi; Gujrati, Asupalo Ratang-fullo; Marhatta, Asokrit, Assamese, Bengali, Asoka.

PREPARATION: The mother tincture should be prepared from the dried bark according to class IV, (A. H. P.).

The religious dictations of the ancient Hindu sages had such an interesting and novel way of giving their recommendations that they used to interweave and intermingle the common principles of hygiene with the social and domestic functions for observance in daily life. Many lose sight of the importance they ought to create by adopting such a principle, others are altogether blind to it, some are even impertinent enough to raise a hue and cry of protest that they hardly had any idea of giving the people any medical help in this way, but all these classes equally derive the benefit by observing the functions of the Hindu *Shastras* (religious doctrine).

The one fundamental principle of the Hindu sages was to respect nature and to infuse into them a desire for worship those among them through whom they might be indirectly helped. Nature being a very elaborate and comprehensive system let us deal with some of its sides which come within the scope of our medical science to help most. To demonstrate let us take the case of *Asoka* and how this invaluable plant has found a place for worship among the females, rendering them help to recover from the general ailments to which they are subject. The festivity for worshipping this plant falls in spring, and is suggestive in itself, the new blossoms of the plant being the occasion. The term *Asoka* when literally translated is found to mean "the remover of all ailments" and the version of the sages enjoins this view. Say the sages in their recommendations of the *Shastras*: "Whoever (meaning a female) after hav-

ing an ablution, with a pure body and mind takes eight buds of *Asoka* in the festive day recommended, gets rid of all ailments born to menstrual troubles, and the discontent of such a woman from barrenness soon vanishes, her craving for motherhood being fulfilled".

The use of *Asoka* as a sovereign remedy for menstrual trouble is too well known to the physicians to be reiterated as the Shastric dictations to take this plant in the form of a worship only lends to corroborate how the religious functions recommended by them had a very close relation to the improvement of health as pointed out in the beginning of this article.

My record of the past year and a half shows that out of patients with cases of menstrual troubles, 33 have been cured by *Asoka* alone. It cured an obstinate case of hæmorrhage after abortion. A case of puerperal fever with intense pain in the abdomen, long standing blood-like discharge, with a very bad odor, excessive thirst, diarrhœa with much weakness, and vertigo after raising the head from pillow, was completely cured in fifteen days by *Asoka*.

I have used it in all kinds of menstrual disorders with excellent results. Uterine disorders with chronic constipation, occasional headache and vertigo are some of the marked symptoms of this remedy. It is a great medicine for amenorrhœa or scanty menses with unbearable pain, burning sensation during urination, however long standing it may be. Irregular menstruation made a rapid recovery. In all the cases cured by this medicine I noticed that the patient was affectionate and emotional like *Sarsaparilla*, and sorrowful with a desire for loneliness like *Sassafras*. In vicarious menstruation I have confirmed its efficacy in long standing cases. It acted like a miracle in most cases of amenorrhœa. A case of obstructive dysmenorrhœa was cured most successfully.

The Kavirajes (the physicians of the Hindu school of medicine) call it a uterine tonic. They prescribe it in all kinds of uterine affections. I cured a case of arterial congestion of the womb with much tendency to hæmorrhage, vesical irritation and an exceedingly nervous depression with this medicine. Sanyal, a friend of mine, reported to me a case of displacement of the uterus cured by continuous use of this medicine only.

I found it efficacious in a case of burning leucorrhœa, and this medicine has been used by the Kavirajes for a long time in all sorts of leucorrhœa.

It is a good medicine for the complaints at the time of menstruation. My grandmother once declared it to be a very invaluable remedy for all cases of hæmorrhages. I made a brilliant cure in a case of hæmoptysis, the patient being a phthisical young lady sixteen, who had vomited blood for fifteen days. With the administration of the first dose of this medicine the hæmorrhage stopped.

For barrenness (sterility) I have three successful reports. It is extremely useful in cases of bleeding piles. Mr. S. D. Chatur, aged 35 years, a clerk of Messrs. Mackinnon Macleod & Co., had suffered from this ailment for a long period. He had bright red blood with a severe pain and stiffness in back, constipation, slight burning during urination, burning of the hands, and eyes in evening were prominent symptoms. The patient almost wept while telling his ailments. I tried *Nux vom.*, *Hæmamelis*, and *Puls.* in vain. Suddenly the use of *Asoka* as a remedy for the treatment of bleeding piles attracted my imagination, and I recalled the complete recovery of an old man of our village during my boyhood. I gave this patient the mother tincture of the drops with the result that bleeding stopped the next day. There has been no recurrence of the ailments up to the present although a year has since elapsed.

Most of the patients were temperamentally affectionate, nervous, mental, nervous, gloomy, religious, had a love for children and an intense desire for motherhood. Their symptoms were similar to *Sabina*, *Sepia*, *Puls.*, *Ignatia*, *Hamamelis*, *Caulophyl.*, *Cimicifuga*, *China*, *Abroma aug.*, and *Viburnum*. Perhaps it antidotes *Ferrum*.

I have used it successfully after *Nux vom.*, *Natrum mur.*, *Puls.*, *Sulphur*, and *Calcarea*. I have used *China*, *Nux vom.*, *Natrum mur.* and *Sulphur* as complementary to this medicine. In all these cases I have used the mother tincture in distilled water, five to ten drop doses.

I wish my brother colleagues of the profession would give it a fair trial and record their opinion of practical cases.

## VERIFICATIONS\*

THOMAS G. SLOAN, M. D.

1. Ringworms on both hands. Became infected from sweepings used for making paste. Had been treated by iodine and mercury ointment for several weeks without effect. *Tub.* one dose cured in three weeks, the last eruption to come appearing first.

2. Sees faces, flowers, etc., on closing eyes after crisis pneumonia. Imagines someone is walking in front of him. *lepsy. Calc. carb.* cured.

3. Right foot swollen, burning, itching and painful. Put out of bed to cool it. Aggravations before a storm, lying in motion and heat. Knees stiff. *Lyc.* 200 cured in a woman of 40.

4. Erythema nodosum. Has had two previous attacks which confined her to bed for about three weeks each time. Now two hæmorrhagic areas below the left knee which are very sensitive to the touch. Knees stiff, better from continued use of *Rhus tox.* 200.

A new area developed the day after taking *Rhus tox.* continued to attend school and made a complete recovery within a week.

5. Asthma only at night. Old chronic case. *Syph.* 45 cured. Believed for weeks.

6. Warts in a boy of five. *Thuja* 200 cured after failure of the *cm.*

7. Paralysis agitans. Even thinking of doing anything greatly increases the tremor. *Oxalic acid* 1M and 70M greatly relieved.

8. Chronic arthritis, particularly of knees in an old man. 83. Various remedies gave little relief until he mentioned when a young man he used to pump cold water on the joints which gave him great relief. *Ledum* 1M gave as great relief as ever saw from a remedy.

9. Hæmorrhoids protrude during stool, very sensitive. Straining to stool every time she urinates. *Mur. acid* 200. Marked relief in a terminal case of cancer of the uterus.

\*Read at the I. H. A., Bureau of Materia Medica, June 1930.

## VERIFICATIONS

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D. Scrawny neck, very fond of salt. Eats well but has not gained weight for a month. *Nat. mur.* 1M, one dose, caused a boy to gain three pounds in three weeks.

SOUTH MANCHESTER, CONN.

## DISCUSSION.

C. L. OLDS: In giving that *Thuja* how long did you wait after the high before you gave the 200th?

T. G. SLOAN: Several months.

A. H. GRIMMER: The doctor brought out some nice points in the paper we all like to hear. The observation of seeing the last symptom disappear in his ringworm case is something that a good many of our homœopaths have forgotten, and it often helps when we really have the *simillimum* in those things.

EDMUND C. STEVENS: In connection with that case that was cured by *Rhus*, were there definite symptoms of syphilis?

T. G. SLOAN: No, simply the night aggravation.

C. DIXON: Speaking of ringworms, I had a funny experience that I wish to relate to get the reaction of the Society on it.

A man who has been under observation and a high potency dose of *Rhus*. Perhaps three months developed ringworm. Was it something that my doctor brought out on the man, or was the *Rhus tox.* so far from a *simillimum* that he developed a ringworm while under the treatment? I would like to have a little discussion on that. Perhaps it doesn't fit in with Dr. Sloan's case but it is along the line of verifications. The man appears to be well. The ringworm developed on the upper part of the left shoulder around the

T. G. SLOAN: Had he ever had anything of the sort?

C. DIXON: Not as far as I could find from his history. He was a man about fifty-five years old.

EDMAN J. HUTCHINSON: I feel that many times we see new or different symptoms of the remedy we give for a condition which is improved; new symptoms come out and often they are very perplexing. *Rhus tox.* to me is a precarious remedy and the individual case is always precarious. We must be means of estimating just what its reaction is going to be, except as a reason to believe that a good prescription moderately applied or skillfully applied is going to bring about betterment. So far as *Rhus tox.* goes it has immensely numerous deviltries in it.

C. M. BOGER: Of course, I think a case should be approached from a different angle. If the man had ringworm he had susceptibility to ringworm. We cannot throw aside pathology entirely and true ringworm cannot exist without the presence of what we all know as the cause of ringworm locally, and he had susceptibility to ringworm or he wouldn't have it. The organism present in ringworm is zoophyte. It would not have been judged and grown there without something to grow upon. And of course the man isn't cured as long as that susceptibility is there. I think if we will look at it and think about it from that standpoint he will be cured.

EDMAN J. HUTCHINSON: In other words, it is difficult to estimate percentages except by what happens.

C. M. BOGER: Yes. You can't grow a grain of wheat on a rock. You need some soil for it and as long as that soil is a soil upon which the

ringworm will grow, the man will have it. You have to change the soil to do this you will have to give an antipsoric remedy. *Rhus* is not an antipsoric.

DR. A. PULFORD: Burnett related ringworm to tuberculosis and *Rhus* bears some relation to tuberculosis. In the exhibition of *Rhus tox.* he removed some of the superficial symptoms and allowed the deeper symptoms to come to the surface. That is why I think *Rhus tox.* was not related to the case. It simply brought about a condition that I am going to discuss in a paper which I am to present today.

Lack of study leads to difficulty, and it seems to me a common one. I refer to the disregarding or belittling of the work done by the old masters in homœopathy. In these modern days the tearing down of pedestals with all that is on them is exceedingly popular. This destructive agent as regards homœopathy is devastatingly vicious in that we are given nothing to take its place. The real help in the older writings, the transactions of the I. H. A. and in many older editions of homœopathic journals. It is almost inspiring to read what older men, less influenced by modern tendencies, were able to accomplish. The contribution of men who spent a lifetime in real homœopathic prescribing is too valuable to be thrown into the discard. It has hurt our school; as a result is decay at the root, and insidiously undermines confidence in the general.—RAY W. SPALDING, M. D., before the Eastern Homœopathic Medical Association, October 1929.

Lack of systematic materia medica study is a barrier and an obstacle to effective curative work. Proving alone should not limit the action of a remedy for they have not been carried out enough to have actually produced lesions and perhaps only a disturbance of functions except in accidental poisoning. Few of us remember as much materia medica as would be necessary for our patients. Yet many rely on memory alone and then question the efficacy of remedies. Lack of study becomes an obstacle not only in proportion to the reviewing a doctor is willing to do, but of the vast field. The habit of reading one remedy a day is wonderfully educational. Personally the use of the *Guiding Symptoms* with further reference to either Kent or some other materia medica is most helpful to me.—RAY W. SPALDING, M. D., before the Eastern convention, 1929.

## PRESCRIBING FOR INFANTS AND CHILDREN\*

EUGENE UNDERHILL, M. D.

This question should be considered under two headings, first, constitutional treatment, and, second, treatment of acute ailments.

Without doubt the more correct the constitutional treatment, the less frequently will the physician be called upon to prescribe for acute illnesses. Now what percentage of children really require antipsoric or constitutional treatment? Probably 100% or nearly so.

When should the first antipsoric prescription be made? At the earliest moment the physician is sure he has found the *similimum*. In what percentage of cases will the physician be given an opportunity to prescribe for infants and children when there is apparently nothing the matter with them? This will depend almost entirely upon the individual doctor and the degree of confidence the family have in him. The late Dr. George H. Thacher of Philadelphia, told me that often he has known the remedy a long time required long before he was asked by the parents to prescribe for the child. On frequent occasions he has given the remedy as a "treat" to the little one, no one but the doctor knowing of the good work. Scarcely any of us but have had a like opportunity. Let us not withhold the remedy, if we know it is the *similimum*, and having given the medicine let us keep a record of the general symptoms on which the remedy was prescribed. Such data may prove of immense value in after years.

It occasionally happens that the same constitutional remedy may remain indicated over many years. Sometimes the clear picture of the remedy fades as years go by and only by going back, to the original suggested, and getting the original symptom picture of the patient in childhood can the true similar be found. Of course, many patients will not maintain their remedy identity for any long period of time. Particularly does this seem to be true of tuberculosis patients.

Since his death, one of Dr. Thacher's patients, a young woman, aged 24, consulted me for nose bleed associated with amenorrhea.

\*Read before the I. H. A., Bureau of Obstetrics and Pediatrics, June 1930.

rhœa. She had been under the doctor's care at intervals since babyhood. Her constitutional remedy had always been *Phosphorus*—only in a few instances had an intercurrent remedy been prescribed for some acute condition. Dr. Thacher's first prescription in this case was *Phos.* 6th. This was given in February 1928 when the baby was less than a year old. The last prescription had been *Phos.* 50M, given in October 1928 and she had remained well until about six weeks ago. I repeated *Phos.* 50M with marked improvement in the patient's general condition, showing she was still true to her remedy type. There is in this case the family history of tuberculosis. The patient, however, would not impress me as tuberculous and is more plethoric by far than the so-called *Phosphorus* type. The remedy has evidently spared her from sickness and suffering these many years.

It has been my observation that when both parents have come under homœopathic treatment after having had one or more children, children subsequently born are definitely stronger, more resistant, and less psoric. I was first impressed by this fact in the case of my own children and this I have subsequently confirmed in a number of other families. Observations along these lines over a period of years should convince any homœopathic physician of the unquestioned value of pre-conceptional and pre-natal antipsoric treatment of both parents.

The children who have had the benefit of correct homœopathic constitutional treatment will seldom require remedies for acute conditions, simply because they will, as a rule, rarely suffer from acute illnesses, with the exception of the exanthemata, and even these will appear much less frequently in those under antipsoric treatment. I am quite sure all Hahnemannians will agree on this point. But where they may not agree is in the matter of treating acute illness in general and the exanthemata in particular.

Hahnemann maintained that many acute conditions were violent expressions of latent psora, a flare-up of latent psora, perhaps an acute exacerbation of an otherwise quiescent constitutional disorder for it is not my intention to provoke any discussion as to what psora was, is, may or might be. It seems to me that it is a very serious question and sometimes a

problem to decide when to and when not to intervene in an acute case, be the patient a child or an adult. It depends somewhat on what the physician's essential motive and purpose is. If that purpose is to sell homœopathy and himself to his patients and their relatives and friends he will then, of course, endeavor to prescribe for every case of acute sickness be it mild or severe. There is nothing more striking than the manner in which a homœopathic remedy can wipe out acute troubles. When a patient comes under the care of a homœopathic physician, many times it is for some immediate acute condition, then the physician fully justified and it is his duty to prescribe for the immediate symptom picture and another family is won over to homœopathy.

But the case may be very different after deep constitutional therapy has been undertaken. What then? If the case is mild and pressing normally and favorably allow the constitutional remedy to continue its work without interference, this I believe holds for simple colds, digestive disturbances and even mild cases of measles, chicken-pox, mumps and whooping cough. Allow these conditions a chance to work themselves out of the system. It is surprising how mild some cases are especially where the child has been under careful antipsoric treatment. More than once I have been convinced that I have spoiled or warped a chronic case by stepping in with an acute remedy even when that remedy was correct and actually took hold and cleaned up the acute ailment. No doubt some will say that if the remedy is really homœopathic to the case it can do no harm—can only do good and should therefore always be given for every cold, every sore throat, every stomach ache and for every ache or pain that flesh is heir to.

Particularly in infants and children are these apt to be occasional and sometimes even frequent little disturbances, efforts on the part of nature to establish equilibrium. To cover all or several of these troubles with an acute remedy may defeat the purpose of nature, may, in fact, be suppressive, pushing things over the surface and yet not touching the underlying condition which continues to smoulder within.

In conclusion:

1. Begin constitutional treatment at the earliest possible moment; begin with the parents and grandparents, that unnumbered generations may inherit stronger, cleaner constitutions.

2. Give infants and children the benefit of early constitutional treatment.

3. Be conservative in cases of acute illness. Give *Sac.* and wait. If an acute condition is in no way alarming why interfere? Let nature make the necessary adjustments. Even if a child is suffering from a mild attack of measles, chicken-pox or scarlet fever give *Sac. lac.* and don't worry. If the case is serious by all means give the indicated remedy. If you do not see the remedy give more *Sac. lac.*, and study the case further. If after careful study the remedy is still obscure then call a consultant and if possible get someone who can really help you, one who knows his materia medica and his philosophy, for a serious condition is sometimes a matter of life and death and requires a physician's best and most earnest effort.

4. After an acute illness has passed watch carefully for the symptom picture to unfold for those hydraheaded miasms prone to rouse themselves to action after the storm has subsided and it is often at just such a point that the physician has the best possible opportunity to correct some of the deepest constitutional disorders once and for all. Treat the children with the correct homœopathic constitutional remedy, it is their best assurance for a long, healthy and happy life.

PHILADELPHIA, PA.

#### DISCUSSION.

DR. A. H. GRIMMER: We owe Dr. Underhill a real debt for presenting this paper in the concise form in which it is presented, giving us the philosophy and the splendid following of homœopathic doctrine. I believe that our greatest opportunity really lies in the prevention of these deep-seated conditions such as tuberculosis and even cancer. I think we can control cancer in our little children than we can in any other way.

Peculiar, unusual, unexpected or unaccountable symptoms are of rare importance if not in conflict with the modalities of the mentals and generals.—RAY W. SPALDING, M. D., before the Eastern, 1929.

## NON-SURGICAL TREATMENT OF UTERINE FIBROIDS\*

IDA V. REEL, M. D.

Dr. J. Compton Burnett says in his book on the *Curability of Tumors by Medicines*, that, "If you try and fail, you are laughed at; if you try and succeed, you are hated; I have experienced both, and so speak feelingly". I do not expect to suffer either of these things, but after reading Dr. Burnett's book, I had a strong desire to see what purely medical treatment would accomplish along this line. During my years of treatment of these conditions by allœopathy, the knife seemed the only solution, and I felt glad to know one might try something else. This paper is a very brief account of a few cases treated by strictly homœopathic high potency medicines. In the past twenty years I have had more than twenty cases under care for this particular condition.

CASE 1. Mrs. E. C., age 44, came to me Sept. 23, 1909. She had three children. The first child lived only eight and one-half months. There was an interval of twelve years before the second child was born. The youngest child was six years old at the time I began the treatment for fibroid tumor. Confinements and pregnancies were uneventful. The general health is fair. She complains of uterine hæmorrhages. The first came in October 1908 at the time of a menstrual flow. She flowed very freely for six days and then called in her family physician, who, in the words of the patient, "scraped me partially and then packed". The next month's flow was a repetition of October, "scraping and packing" followed. At this time, however, there was a sudden cessation of flow, immediately following the treatment. This condition of persistent hæmorrhage continued for about a year, at times better, at times worse, mostly worse. She began to be much worried about herself, more especially in view of the fact that her mother had died a few years before after an operation for "cancer of the uterus and bladder". An operation had been decided upon but she decided to consult someone else before submitting to operation and was sent to me.

Upon making a careful examination, I found a small fibroid

read at the I. H. A., Bureau of Surgery, June 1930.



tumor in the anterior wall of the uterus. The condition generally seemed fairly normal otherwise, and I felt that there was a chance that she might be benefitted by homœopathic treatment and I was engaged to take care of her and see if an operation could be avoided.

The feature in her condition which caused her the most alarm was the sudden severe hæmorrhages at the time of the menstrual periods, causing her to dread the next menses. Under the action of *Arnica*, *Sepia*, and *Belladonna* and *Calcarea carb.*, as indicated, a control of the hæmorrhages was accomplished and her menses continued regular and normal. Rest in bed must not be forgotten as an important part of the treatment. During a part of or the entire menstrual period she was ordered to bed until the hæmorrhages ceased to be so troublesome. This favorable condition continued, with a marked improvement in the patient's general health until the beginning of the menopause some four years later. There was the usual irregularity of the menses, missing one month or three or four, with flow more free when it did come, but no hæmorrhage. At the end of the first year of this irregularity she had a quite severe hæmorrhage. She went at once to bed, and sent for me. The condition was soon controlled by *Arnica*. Careful questioning revealed the fact that she had carried a heavy bag the day before which was most likely the cause of the hæmorrhage. Of course she was warned about overdoing in every way, and matters seemed to settle down to normal. She had no further severe hæmorrhages until the close of menstruation, then she had another hæmorrhage which lasted several hours before it was controlled. For a few days after this she had an occasional free spurt of blood, then no more. This closed the menstrual function. Since then she has had *no* hæmorrhages or flowing at any time. Her general health has been excellent for years and the tumor seems to have disappeared.

CASE 2. MRS. B. consulted me Sept. 26, 1913 about excessive menstrual discharge. No pain. She had been flowing constantly since June, more or less every day. Naturally she was much reduced in strength, and almost a skeleton in appearance. She could move from her bed to a chair nearby, and that was the extent of her daily exercise. A very careful examination of the pelvis re-

vealed a fibroid uterus with numerous projections into the abdominal cavity. Through the thin abdominal walls it felt like a large potato with several tubers projecting from the surface. Her bowels were quite regular, appetite fair, sleep varied, good and bad. Because of pressure symptoms I gave her *Sepia* 10M.

Oct. 10. She reported feeling much better, the flow had stopped entirely; an occasional little "jag" of pain near left hip joint. Can now walk about the room.

Oct. 27. Slight bloody discharge, very bright red, no clots. Is feeling less sensitive across the lower abdomen. Sleeps well. Pain in calves of legs now and then, not cramps.

Nov. 19. Normal menses lasting about five days. Feels fine. Is now doing light work about the house. This better condition continued. Menses quite regular, no hæmorrhages. By March she was doing all her own housework, and even her washing. She was also gaining in weight. She assured me she felt so well she almost doubted that there was anything wrong with her. As she was well enough to do so, I sent her to the office of a good friend of mine, one of the best surgeons in the country, to get his opinion of the condition, stating, however, that I was desirous of seeing what could be done with medicine alone, without operation. His letter in reply advised immediate operation, but in view of my desire to try medical treatment he would "stand pat" and be ready when I needed him. He seemed to have no doubt that I *would* need him. September following, one year from beginning treatment, I again examined this patient and found the uterus a little smaller and the tubers less prominent. Each September for five years I made a careful examination, finding a gradual return to normal. The patient herself was feeling in the best of health, weight 165 pounds, able to do as much work as she had ever done even to removing paper and repapering rooms. Nine years after beginning treatment with this patient I made a careful pelvic examination. *There was no sign of a tumor of any size or kind.*

The remedies used in all of these cases, according to indications, were *Arnica*, *Sepia*, *Phosphorus*, *Calcarea carb.*, *Belladonna* and in one or two cases *Sabina*. And, *very important, rest in bed or in the recumbent position.*

I could make this paper long enough to tire everybody out,

and state no more than I have already. This is a matter which has engaged my attention for a good many years, and the reasonable success which I have had has emboldened me to submit this paper to you in the hope that more efforts will be made to show the efficiency of the high potency homœopathic remedy in the treatment of uterine fibroids, without resort to surgery. Think of the comfort to the patient. No dread of an operation. In a few weeks able to assume her usual household duties, at least in moderation, keeping her in reasonably good condition while the cure is being accomplished. Is all this nothing? And last but by no means least, keeping her from having a crippled body, with all the uncomfortable accompaniments and results of an operation.

PHILADELPHIA, PA.

#### DISCUSSION.

DR. A. PULFORD: I have had two cases of fibroids with hemorrhages, one with a peculiar mental characteristic, a snappy, nasty, snarling disposition. *Chamomilla* brought relief to that woman after the failure of everything else. The other case was a widow, a school teacher, who was given up. She was to have an operation. It was thought that nothing else would do her any good. This lady had what I consider the characteristic marks of *Sabina*, rheumatism, rheumatic pains, pains extending from the sacrum to the pubis, and the hemorrhage was clotted and bright red. She received *Sabina* and was able to go back to teaching school.

DR. J. GREEN: I had a patient with a uterine fibroid large enough to make her seem about seven months pregnant. The peculiar feature of the case was a small purplish tumor at the umbilicus which grew very tender and began to bleed with each menstrual function. I looked up *Calcarea phos.*, as one of the remedies having this symptom, and found that it covered the case. The cure took several years but it is entirely cured.

DR. E. UNDERHILL: I had a case of a large uterine fibroid that was completely cured under *Rhus tox.* in a series of potencies. I think I ran her up from the 30th to the 10M. It required about two years to entirely cure the case.

I think many homœopaths are negligent in that we frequently do not sufficiently examine our patients. We always should make pelvic and rectal examinations to determine what pathological conditions are present. Many times after having a patient on my hands for some time something has led me to make an examination, and I have really been surprised at what I found. This should have been discovered when the patient first consulted me. I think as a class we homœopaths are a bit negligent along that line.

DR. T. G. SLOAN: A number of years ago I had a case which recovered from *Lachesis*. I lost track of the patient then. She was comfortable for six or eight years but evidently had a return of symptoms and fibroids and went to another physician. She had an operation and died in three days.

DR. C. L. OLDS: I have a case that may have some bearing on this subject. About two and a half months ago a woman came to my office. She was single, forty-seven years of age, of medium height, weighing 217 pounds. She com-

plained of a tumor inside the angle of the right scapula, as well as severe pains in the right hip, and some other pains. She told me that about one year previously she had been operated on for a uterine fibroid. There were no uterine symptoms, that is to say, no pains, no discharge, but her periods had been absent for some months. I made an examination and found a rather hard and considerably fixed uterus. The tumor on the back was about the size of my hand, evidently fatty, encapsulated and hard. There was another fatty tumor just below the right axilla. She was very much overweight so the first thing I did was to put her on a diet of apple juice and vegetable broth for a couple of weeks. I give it to them every two hours, as much as they want, usually alternating the vegetable broth and cider. No other food. This diet brings down the fat and at the same time gives the patient the mineral salts that are necessary. Her picture was *Pulsatilla*. I gave her *Pulsatilla* 200 and in a little over two weeks the capsule of the tumor had entirely disappeared. It seemed very remarkable to me that the tumor had softened up there so it was indistinguishable from the layer of fatty tissue. Also, the fatty tumor under the arm was diminishing. From that time she has not had a pain anywhere. I have kept her pretty closely to the above diet, adding some fruit and vegetables. She is reducing in weight, and feeling like a young girl.

The question that comes up in my mind is this: In the case of a cure is that uterine fibroid going to return? I don't know. I believe that she was well on the way to carcinoma of the uterus at that time.

CHAIRMAN W. W. WILSON: How do you give her the cider?

DR. C. L. OLDS: I have them take a meat grinder or fruit presser, grind the apples up, and press out the juice, just as you would in making jelly. I have them mix that half and half with water, and take every two hours, or as frequently as they want to, alternating with the vegetable broth.

CHAIRMAN W. W. WILSON: For a good many years I have gone into the cider mill in the fall and had fresh cider pressed for me. Then this is just brought to a boil and sealed in jars. It keeps permanently sweet. We have some in our cellar still that is three years old and as sweet as it was when it was first pressed. I offer this for the information of those who might wish to use Dr. Olds' apple juice diet.

DR. C. L. OLDS: I do not allow my patients to use any apple juice that is over two days old. I do not want any fermentation in it.

CHAIRMAN W. W. WILSON: There isn't any fermentation in this.

DR. E. UNDERHILL: But it has been pasteurized. The vitamins might have been killed to some extent.

CHAIRMAN W. W. WILSON: That is possible.

DR. C. M. BOGER: I have a patient who took Chichester's Pennyroyal Pills for illegal purposes and brought about the desired result. She since has developed a fibroid which is now getting better, but that isn't the point of the case. The point is that these Pennyroyal Pills produced a sensation in her pelvis of looseness. She said all the organs in the pelvis felt as though they were loose. I asked my druggist whether there was anything else in those pills besides Pennyroyal. He said, "No, they are fresh Pennyroyal in capsules". It may be well to remember that symptom: She had a sensation of looseness in the pelvis.

DR. C. ROYAL: I want to add a little about the several cases that were reported in a paper called *Forgotten Remedies*. I cited there five cases of uterine fibroid treated with *Trillium*, or *Trillin*, its alkaloid. I was very much interested in one of these because last year (and I make a report of that, too) there developed appendicitis. The appendix ruptured and the patient was taken to the hospital. My son had charge of the case. She made a very good recovery, but complained afterwards of pain in the right ovary. At the time of the

appendix operation a pretty thorough examination was made, and this right ovary was about twice its normal size, very hard, and nodular.

There was another peculiar condition about this patient, a sort of dread that that old fibroid condition might return. Because of the hardness and irregularity and suspicions that this condition might be malignant I put her on *Conium* 30th. After several days the pain ceased. About three months later the ovary was reduced probably two-thirds in size. At the present time there is not more than one-fourth of the enlargement of that ovary remaining. I gave *Conium* 30th to begin with and I waited. In about three days she said, "It doesn't help that burning pain at all." Then I gave her a second dose, waited a little, and there was improvement. Then the improvement ceased, and I gave her a third dose. I didn't change the potency. I usually do. And this is the result. This case of fibroid was a serious one. Let me recall to your memory the previous history. A young woman, married, who had profuse hæmorrhage. They were very anxious to have a child but it was five years before conception took place. A hæmorrhage set in in about the third month. Dr. Huntoon, our homœopathic gynecologist in Des Moines, was called in. He said, "The only thing for you to do is to let me take you to the hospital tonight and empty that uterus. You will bleed to death if you don't".

I was to arrive home at seven o'clock in the morning. This was about two o'clock. She said, "I will wait until Dr. Royal comes". I put her on *Trillin* (not *Trillium*) the third decimal. I gave it to her every two hours. I also gave her unfermented grapejuice, four ounces every three hours. She quieted down. She went along until about the ninth lunar month, and I was sent for in a hurry. She was visiting with a friend. She was sitting in a chair when she suddenly felt a sensation of hæmorrhage. She left a streak of blood through the hall and into her bedroom. I was there probably twenty minutes after this happened. At that time I put her on *China*, 1x. I kept her perfectly quiet with the foot of the bed elevated. I did everything I could do for auxiliary treatment.

When the child was born about two weeks later a little mass of jelly about a pound and three-quarters was produced. That fellow today is as tall as I am, strong and rugged as anybody could be. This is the history of *Trillin* and *China* in fibroid tumor. Afterwards the tumor entirely disappeared. Then came this appendicitis, then this ovarian condition.

DR. I. V. REEL: In summing up, I can truthfully state that all of these cases have done well. There have been no failures in the restoration to health and ability to attend to the various duties needed. All but one have passed the menopause and remain at this time in good condition. In two cases there is a small area of hardness, possibly about the size of a penny in the anterior wall of the uterus. As both of these cases have remained well for a period of several years and both have passed the menopause I do not believe we need feel uneasy because of this condition. They are being watched carefully, with instructions to report at once any abnormal symptoms.

In this day of many operations it seemed advisable to state what has been accomplished in a small way and to urge the need of medical attention first before suggesting operation. Several things are needed to insure success: First, a complete and full belief in the homœopathic remedies; second, the complete cooperation of the patient and his friends; third, an infinite patience and a courage to go on in spite of many difficulties.

I have here a little clipping that I took from *Nature's Care of Pelvic Inflammation* by Dr. L. E. Burch in the *American Journal of Obstetrics and Gynecology*. He says: "I have been impressed many times in the past by the almost miraculous way in which nature handled pelvic inflammation. I have had several cases showing large masses in the pelvis in which I operated years

afterwards for other conditions and found the pelvic organs practically normal. Patients for whom operation had been advised and refused later conceived through the same tubes that I had wanted to remove.

"These experiences lead me to the conclusion that nature, assisted by rest, protein therapy, and other forms of palliative treatment, would cause the pelvic inflammation to subside, and if the focus of infection in the cervix were eliminated the patient would recover and remain well in the great majority of cases."

DR. C. L. OLDS: I didn't get my question answered about the possibility of that fibroid returning.

CHAIRMAN W. W. WILSON: Can anyone answer Dr. Olds' question as to the possibility of the fibroid returning in this case that he cited?

DR. R. E. S. HAYES: I can't say anything about uterine fibroid. I don't know that I ever cured one. But I have cured quite a number of fibroids in other places, and I have never seen one return yet, after several years.

DR. C. L. OLDS: Not where they have been operated?

DR. R. E. S. HAYES: I never prescribe for any fibroids that have been operated on.

Discharges of ulcers and from mucous membranes are closely related to the vital operation of the economy and therefore to be noted. Of least value are the so-called common symptoms, for some are common to the disease and therefore merely diagnostic. Others may be common to a large number of drugs and therefore useless in selection of a remedy. (For example, sweating, vomiting, diarrhoea, etc.) "They do not serve to distinguish". It is no surprise to find thirst with fever, but if the thirst comes at a particular hour, before or during a cold stage, or if there be thirstlessness during high fever, these conditions are peculiar and personal to the patient and therefore are not to be considered common. Strange, rare or peculiar symptoms are those of the patient rather than of his parts.—RAY W. SPALDING, M. D., before the Eastern, 1929.

The dynamic theory of disease is a scientific theory; it is capable of demonstration and its deduction is logical in every particular. The necessity for the application of a remedy similar in character, i. e., dynamic in character, to act with the vital force in repelling that influence or dynamic force, which has been disturbing the normal equilibrium of said vital force, is likewise capable of scientific demonstration and is consequently logical in all of its attributes.—*Medical Advance*, 1895.

## HOMŒOPATHY IN INDIA\*

J. N. HAZRA, M. D.

Human minds are preoccupied, and slaves to habits, the worn customs and usages; blind and deaf as we are, few of us care to improve, to let in new light, to remove our ignorance. We do not know enough to respond when knowledge knocks at our door. It is our nature to hold fast to our old principles. Creatures of circumstances, we sometimes stagger at the idea of change. Galileo had to leave his country, Socrates was poisoned, and Christ sacrificed Himself at the cross, simply because there was not enough bold people to take the truths from them. The self-conceited and arrogant amongst us fail to realize that our progress is proportional to our modest, humble and recipient nature.

From Hahnemann's time down to the time of his best followers we find homœopathy many a time assaulted, persecuted and hanged, but it has never died. Homœopathy has made great progress and in the few years it has been at work, it has amazed and astonished the oppositionists, and has conquered and converted not a few people from their camp.

In India much of its progress has depended on the people who are historically and philosophically disposed, and whose very thoughtful questioning nature and craving for knowledge has always given them the ideal to lead a very simple and plain life, and to utilize whatever they thought was for the good of the people. This is why in India, from very ancient time, we find so many species, so many different kinds of events growing up by side. Indians, to seek a common welfare, encourage liberty of thought in religion, culture, science, medicine and in all other aspects of human activities, and it is no wonder that in India the message of homœopathy was so cordially received. Although in the beginning only the poor people sought relief from homœopathy in the many charitable and benevolent institutions, later it was mainly the receptive, philosophical reasoning of the people which nurtured and brought homœopathy into the stage of development in which it is at present.

With this little introduction I shall begin with how homœopathy

came to India, how it struggled and grew and how it stands at present. If I am a bit lengthy, and if I seem to tax the patience of my distinguished audience, I hope my tolerant fraternity will excuse me, for I fear, by trying to be very brief, I may not be able to do a full justice to the subject on which they have kindly allowed me to speak.

The history of homœopathy begins in India in 1839 A. D., when Maharaja Ranjit, in his last throes of agony, all available physicians having failed, consulted Dr. John Martin Honigberger who was only able to give him any relief. But homœopathy was not known to our country at that time.

About twelve years later it was gradually drawing the attention of the public when high officials of the government, nobles, princes and rajahs recognized its importance and helped its progress by starting hospitals, charitable dispensaries and help-associations in many places. Mention can be made of Sir Robert Litler, a deputy governor of Bengal; Mr. Ironside, a session judge, Surgeon Brooking and Dr. Fabre who did much towards the establishment of these centres. But even up to this time homœopathy was very slow in its progress, and it was only after Dr. Berigny and his initiate, Mr. Rajendra Lal Dulta, appeared on the field that suddenly the history of homœopathy in India changed and a period of vast development began. Several eminent Indians, Vidya Sagara, Peary Sarkar, Raja Radhakanta Ghosh, Kali Krishna Mitra, some of whom were a few of the gods' sons who came to India, learned the secret of homœopathy and helped its progress.

In a very short time Mr. Dulta commanded a great popularity and cured many hopeless cases which came to him from all over the country. He was a follower of the older school. One of the contemporaries of Rajendra Lal was Mohendra Lal Sarkar. A well-informed, learned man, a devoted follower of the older school, he despised homœopathy, and treated its followers lunatics, and ascribed all its cures to faith and necessary measures. But nevertheless he was a worshipper of the older school, and while attempting to criticize our *Organon* he became struck at the wisdom of the master, and he could realize the defects of the older school. A would-be glory to homœopathy he joined in concert with Rajendra Lal and watched his cases, re-

questing him from time to time not to use any medicine, just to convince him of the practical application of the principle of homœopathy.

At first Secretary, and later on Vice President of the British Medical Association, he shouted out "Eureka" to his fellow practitioners, but they were not ready to hear him. He worked single handed, but the whole of Bengal adored him and approached him to get the benefit of his treatment. His arrogant friends were very low on mounting the ladder while success was smiling upon him. Homœopathy in India had a great leader in him, and before dying he saw thousands of people courting homœopathy as a better and permanent method of cure.

At the instance of Dr. Sarkar, many physicians left the old school and practised homœopathy, until we find a galaxy of homœopaths both from the states and also from the old school filling different provinces of India. I can mention the names of Dr. Salzar, Dr. Bhaduri, Dr. Protap Mazumdar, Dr. R. K. Nag, Dr. Jagat Roy, Dr. Kali, Dr. D. N. Roy, Dr. Mohendralal Ganguli and also Dr. Brojendra Lal Banerjee. They were all great and well-known. But they are dead and their places are being occupied by properly qualified men who were following them. There are numerous schools and colleges in different parts of India—and though not all have attained any perfection, they are doing excellent work towards the service of homœopathy. Of course, I do not include those spurious institutions led by bogus people, to feed on the popular imagination. With government patronage we could do more, but that is not available. Good, successful graduates from the Bengal Allen Homœopathic College and Hospital, Central and Regular College, Dunham Homœopathic College (very recently established) and also Protap Memorial College and Hospital are competing with doctors from the regular school. Of these, Bengal Allen and Calcutta Homœopathic are the foremost. In Bengal Allen there are about five hundred students at present. Clinical, outdoor and indoor facilities are many, and they are improving from day to day.

It is good for homœopathy that many of our graduates are having a decent beginning to their career in many of the district boards. Many doctors are proving indigenous drugs which are

expected to make valuable additions to our materia medica. With the progress of homœopathy, the number of homœopathic books, literature and pharmacies have shown a marked increase in the last few years. There are attempts also to start female homœopathic schools in several places. Almost every household in India possesses a homœopathic chest. In fact, homœopathy in India has indeed made good progress, and owing to its vast popularity many money-mongers in the garb of homœopaths are at work to defile the sublimity and purity of the science. Ideas are afloat to develop a central board to check this trading-in affair, but so far it has not been practicable. But, nevertheless, homœopathy is claiming greater respect from the public in spite of all the propaganda and opposition from the older school. India in its vast population and innumerable kinds of vegetation presents to the homœopathic world immense possibilities both from the pharmaceutical and healing outlook.

I have tried to give a view of homœopathy in India to my fraternity here, and shall consider myself amply rewarded if my American brethren will come forward to cooperate with us in our attempt to improve and consolidate the appreciation it has already earned in India.

CALCUTTA, INDIA.

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The individual inheriting an impaired vital force is handicapped throughout life, for it performs its own legitimate work in an imperfect manner and at the same time must contend with adverse influence in every stage of its existence in the body under its control.

The physician trained to the recognition as the *true nature of disease* is prepared to recognize not only the underlying cause or constitutional tendency, but to determine the nature of the more recent disturbing influence, and to select that force which will best enable the inherent life of the individual to repel that which is interfering with its legitimate functions.—*Medical Advance*, 1895.

## IODINE AND THYROID ACTIVITY\*

D. C. MCLAREN, M. D.

That iodine is related to goitre we all know, and that the local application of iodine to enlarged glands, either thyroid or lymphatic frequently results in a diminution of their size is also known. It has been taught that the simple enlarged thyroid gland results from lack of iodine in the water. Therefore in some sections of the country there are many more cases of enlarged thyroid than in others. Goitre of the simple enlarged type is rarely met with in people living at the seashore. The remedy to prevent the development of goitre in the adolescent period is therefore to feed the children of that age small quantities of iodine three or four times a year during that period. Now so much has been written about this feeding of iodine, that many adults who already have or have not enlarged thyroids, have begun to take iodine in different forms. Iodine salt is the most frequently used form I think.

The result is that many of these adults are doing themselves permanent injury. It is an accepted fact that this use of iodine has activated the thyroid glands of many thousands of people. In some cases there is marked activity of the gland with no enlargement while in others the gland has enlarged at the same time.

So frequently do we see these cases and so frequently do we hear of operations for them that they rank almost equally with operations for appendicitis and gastric ulcer in number. Now I do not for one moment claim that all these cases have been caused by frequent small doses of iodine, but in many of them iodine has seemed to have been the match which started the fire. Its use, therefore, should be banned in the home of every homœopathic family. Our modern method of living is probably the real cause of the majority of these active thyroid cases. It would be well to scan briefly the use of iodine in controlling these active thyroid cases. A patient consults her physician. He, from the symptoms, thinks a metabolism test is necessary. The result shows that this patient is living too fast. Her heart is beating

\*Presented at the I. H. A., Bureau of Clinical Medicine, June 1930.

too rapidly, she is too warm, her face and neck are flushed, she does not need as much clothing as other people, she trembles, and in bad cases her eyes protrude. She may or may not have an enlarged thyroid. The physician puts her to bed, removes stimulants from her diet, prescribes bromide for the nerves, and also iodine in some form in large doses. She may or may not improve. If not, she is urged to have an operation, in which about three-quarters to seven-eighths of the gland is removed. In case she improves the improvement may last, but the iodine is discontinued in from two to three months. If it is persisted in she relapses as a general rule and has to be operated. Some few cases seem to be permanently relieved. The results are good as viewed from surgical eyes, but poor from those of the physician.

Now from the provings of iodine we would expect the benefit to be lasting only in cases which are similar to the provings of iodine, and in my experience these cases are very few. Iodine as you know is indicated in thin emaciated, dark haired people and if the gland is enlarged it is a small hard enlargement.

The majority of cases I have seen were in fair haired people, inclined to be stout, and if the gland is enlarged, it is large and soft. Obviously iodine will not cure these cases. They appear to need *Calcarea*, but I have had no real results from *Calcarea* or *Calcarea iodide*. One case in particular to whom I gave the 200th potency of *Calc. iod.* was thrown immediately from the simple type to the toxic type.

I arrive, therefore, at the conclusion that iodine acts as an irritant to the thyroid gland, but is not the cause of activity of the gland and rarely, if ever, really cures a patient with active thyroid. Now then, what remedies in our materia medica will help in these cases. I have used chiefly *Belladonna*, *Ferrum met.* and *Ferr. phos.*, *Natrum mur.*, *Ignatia*, *Spongia*, and at times *Lachesis*, according to the indications. I find these cases slow, frequently relapsing, and generally unsatisfactory. I have had seven or eight operated with relief. I have treated two following operation with relief of some symptoms only. About half my cases have been able to remain at work, but take it all in all I have never obtained the brilliant results in this type of case that we daily encounter even with moderately good prescribing.

I would be much gratified to have this subject well discussed at this meeting, as it is one of extreme importance. These cases are becoming more numerous all the time, and many of them are so serious as to cause death speedily. One acute case I recall lived only two weeks from the time that toxic symptoms were first noticed, and at no time was it safe even to contemplate operation. Others cause disability for months and years. I have not mentioned removal of infected foci, X-ray, injections of boiling water into the thyroid, etc., because if these measures were all that are needed to cure a case, we would never be consulted again after having issued the necessary directions.

TORONTO, CANADA.

#### EARLY MORNING DIARRHŒA

*Aloes*: Stools hurried; involuntary; of mucus; gelatinous masses, with much rumbling; burning and itching about the anus; escape of hot flatus. Later than *Sulph.* about 6 a. m.

*Bryonia*: As patient begins to move about (*Nat. mur.*); after vegetables, stoned fruits or overheating in hot weather.

*Dioscorea*: With griping, colicky pains that radiate to other parts of body and are ameliorated bending backward.

*Kali bich.*: Sudden urging, then gushing, watery stool, then burning and tenesmus; can hardly reach the closet (*Aloes*).

*Lilium tigrinum*: When coupled with prolapsus uteri, ovarian or heart symptoms.

*Nux vomica*: After breakfast.

*Natrum sulph.*: After being up and about, or after breakfast; forcible and noisy; small stools expelled with much flatus, which does not relieve. As soon as he gets on his feet.

*Podophyllum*: Hurried, early, watery gushing; continuing all day, worse at noon. Very foul. Goes right through clothes.

*Rumex*: Violent urging like *Sulphur*, but after catarrh or with characteristic cough.

*Sulphur*: Hurrying out of bed in early a. m.; barely time to reach closet. Changeable stools.—C. M. BOGER.

#### HOMŒOPATHY IN THE TREATMENT OF COMMON COLDS\*

WILLIAM E. MCCORKLE, M. D.

I rather hesitate to express my opinion upon such a trite subject before a group of men who have been in active practice for many years. However, I think the topic that I have selected to discuss is often treated in a haphazard fashion rather than in a true homœopathic manner. In this day of medicine and surgery we are apt to practice polypharmacy and listen to the fine, clear-cut stories of the traveling salesmen from the many pharmaceutical houses, instead of trying to delve deeper into our own materia medica and add more knowledge to our already accumulated knowledge of homœopathy.

In order to practice homœopathy perfectly, one must study each case individually and study the human economy as a whole. The same holds true in prescribing for common colds. Each case must be studied separately and a proper remedy selected to fit the case. The treatment of common colds by homœopathic remedies is interesting as well as fascinating, and furthermore, one can get results and will get results if the proper indicated remedy is selected when making a homœopathic prescription.

I will dispense with the many causes of the common cold, but will take up the symptoms and remedies which are indicated in fulfilling a homœopathic prescription. For brevity, I will divide the symptoms of the common cold into three groups or stages.

##### First Stage

Chilliness of the entire body which is usually later followed by a dryness of the nose.

Cold hands and cold feet.

Headache which may be of a dull character and may be located in the frontal or occipital regions.

Creeps up and down the spine.

\*Read before the New Jersey State Homœopathic Medical Society, May 14, 1930.

*Second Stage*

In this group we find a profuse watery secretion from the nose.

Mouth breathing due to nasal obstruction from swelling of the mucous membranes covering the turbinates.

Redness of the eyes and nose, incessant sneezing.

Alteration in the sense of taste and smell; sometimes a complete loss of these two senses.

Change in the voice, hoarseness, sometimes a nasal twang.

Cough but not productive.

*Third Stage*

In this stage the discharge changes from a profuse watery secretion to a thick yellowish discharge.

Nasal breathing easier and the sense of taste and smell returns.

Voice becomes more normal and not so husky.

The cough lessens.

These three stages are not always definitely grouped as I have just stated. Sometimes the symptoms of a case may not be confined to one group alone. Nevertheless, I will endeavor to group the remedies for the different stages.

## REMEDIES

*First Stage*

1. *Camphor*: Chilliness of entire body, sneezing, dryness of nose. Incessant sneezing on sudden changes of weather. Whole body is icy cold. Tongue trembling.

2. *Aconite* 3x: History of exposure to dry cold winds. Chilliness of the body. Temperature rises. Body warm, headache, sneezing, thirsty, restless, fearful, nose stopped up, ameliorated in open air, aggravated in warm room, dry cold winds.

3. *Belladonna* 3x: Face and body flushed, throbbing carotids, pulse full and bounding, coryza, nose and throat dry, fever, no thirst with fever, aggravated from draught, noise or lying down.

4. *Gelsemium* 2x: Chilly creeps up and down the spine, head feels full, dull and heavy, eyes feel heavy, vision is blurred, thoughts confused, eyeballs sore and tender to touch; prostration, sneezing, dryness of the nasal fossae, aggravated from damp weather, excitement or bad news, ameliorated from open air, continued motion.

*Second Stage*

1. *Arsenicum* 3x: Burning of nose, throat burns, everything burns, the discharge from the eyes and nose excoriates the tip of the nose and upper lip, can't bear smell of food, thirsty, but takes sips at short intervals, profuse burning discharge from nose excoriating the upper lip; aggravated wet weather, night, from cold drinks and cold food, ameliorated from heat.

2. *Allium cepa* 3x: Coryza profuse, watery discharge from the nose, nasal secretion acrid, eye secretion bland, sneezing especially when entering a warm room, eyes watery, ameliorated in open air and cool room, aggravated in evening, warmth.

3. *Euphrasia* 3x: Watery discharge from the eyes excoriating the cheeks, nasal discharge bland and profuse, worse warmth, evening; better cold.

4. *Sanguinaria* 3x: Profuse offensive discharge, blood tinged, sense of taste and smell lost, complains of a diarrhoea as coryza improves; worse from motion, better from rest.

*Third Stage*

1. *Pulsatilla* 2x: Thick greenish discharge, stoppage of right nostril, thick yellowish discharge from eyes bland in character. No thirst, cough loose, expectorates bland, thick greenish lumps of mucus, worse from heat, better from cold, open air and motion.

2. *Nux vomica*: Nose stuffed up at night, first one side and then the other, nose discharges in day time and is stuffed up at night, worse cold, better warm and strong pressure over nose.

3. *Kali bichromicum* 3x: Pain at root of nose, discharge thick, ropy, greenish yellow tenacious hard to dislodge at times, mucus comes from nose in tough thick plugs, voice hoarse, profuse yellowish expectoration; better from heat.

4. *Hydrastis*: Thick tenacious discharge which drops back into the posterior nares, tendency to blow the nose all the time, dry harsh cough.

I have not discussed all the remedies that might be used in the treatment of colds. However, I think I have selected the most important and most commonly used homœopathic remedies.

Such remedies as *Ferrum phos.*, *Sanguinaria nitrate* and *Dulcamara* also deserve attention.



## PATHOLOGY DEFINES CURATIVE REMEDY\*

PLUMB BROWN, M. D.

I wish to present this subject today in the form of a personal question. Let us face the issue fairly and squarely, with a mind unbiased, open to truth, zealous of principle. In your experience, in my experience, does pathology ever define the curative remedy? Has the advance in scientific medicine, the advance made in correlating facts, opened new angles of approach, not only to deranged vital force, but also in helping us to restore normal equilibrium?

Very true, in the *Organon*, Hahnemann tells us that nothing but the totality of the symptoms will determine the choice of the remedy. If Samuel Hahnemann were living and here present today with his phenomenal mental grasp of intricate truths, what would his answer be? Is the totality of symptoms always the only approach to cure? Is it ever possible for the science of deranged vital force, the science of disease, to elucidate, or, in terms of finality, to show us an equivalent to the totality of symptoms?

During my days in old Hahnemann, at Chicago, Dr. Hawks was daily talking to us about characteristics, characteristic symptoms, as a key to the totality of symptoms. Dr. H. C. Allen gave expression, very forcibly, to the same thought, in his interpretation of getting the totality of symptoms by searching for and obtaining a clear mental picture of the red strands—the keynotes, of remedies. In my endeavor to make sick folks well in the quickest, safest and surest way, Dr. Hawks and Dr. Allen are my daily inspiration. For years, I have, in my busy life, relied upon the characteristics—the red strands, or keynotes. By this method I have been able to get a breadth of personal experience, otherwise unobtainable, for by so interpreting Hahnemann's law I have been able to examine and prescribe for 96 patients in my office in a single day, and visit the homes of and prescribe for 58 others. I trust that this experience has helped to make me a better Hahnemannian. It has certainly proven to me the futility of the administration of remedial agents other than according to

\*Read at the I. H. A., Bureau of Clinical Medicine, June 1930.

## PATHOLOGY DEFINES CURATIVE REMEDY

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the law of *similia similibus curantur*. Does pathology give us a modern short cut—a modern accuracy of stroke?

In section 4 of the *Organon*, we find: "He is therefore a preserver of health, if he knows the things that derange health and cause disease, and how to remove them."

A case in point. Master R., 15 years of age, a splendid specimen of physical and mental development, an all-round healthy boy. Last October, Master R. went to bed, apparently in usual health. In the night, he was awakened by nausea and vomiting, accompanied by severe pain in the right side. The nausea was relieved by home remedies, but the pain persisted. I was called at 9 a. m., and found him a sick looking boy, temperature 100.6; pulse, 92; tongue coated; severe pain in right side, localized at McBurney's point; periodical attacks of nausea. I ordered him removed to the hospital at once, and had a white blood count made, which was 19,600. Pain persisted, sensitiveness increasing, tongue more furred, a toxic looking boy. He was hastily prepared for operation and placed upon the operating table, and a gangrenous appendix, fortunately not ruptured, measuring five inches in length, was removed. The wound healed by primary union. He made a perfect recovery, and all symptoms were removed. Would any one have the temerity to say that this case did not confirm Hahnemann's rule in section 4 of the *Organon*?

I wish to report an experience which I had last winter in the pediatric department of our hospital. In the five cases I am about to report I ask: Did pathology not only define the curative remedy, but did it not define the *simillimum*? In all of these cases, pathology, X-ray and clinicians made the diagnosis.

CASE 1. William, 2 years old, admitted to the hospital Jan. 21. Temperature, 105; pulse, 148; respiration, 36. Laboratory diagnosis, lobar pneumonia. White blood count, 28,400. X-ray diagnosis, double lobar pneumonia. Five clinicians diagnosed double lobar pneumonia, involving blood stream, with cerebral complications and with possible spinal involvement. Prognosis most grave. With the diagnosis made, the child growing worse hourly, under the advised waiting treatment, I was advised to wait longer and see what developed. I felt something must be done. The remedy defined by pathology has never been studied

by the speaker, neither have I ever heard, read or discussed a single symptom of the remedial agent as proven by the homœopathic law. Jan. 22. The temperature was 106; pulse, 160; respiration, 48; white blood count, 29,000. The child was unconscious. I gave one dose of the remedy in the 1M potency. The next morning, the temperature was 101; pulse, 140; respiration, 48; no medication given. That evening, the temperature was 105.8; pulse, 144; respiration, 48. The remedy was repeated in the CM potency, one dose. The following morning, temperature, 98.6; pulse, 120; respiration, 30. The consultant clinician exclaimed, "What have you done? You have aborted the case; the lungs are nearly clear. The child is conscious and nearly well". No further medication was given. William was discharged cured the eighth day.

CASE 2. Florence, 4 years old; admitted to the hospital Feb. 5, having been under the care of a homœopathic physician for three days, and having been given *Aconite*, followed by *Bryonia*. Temperature, 105; pulse, 156; respiration, 38; white blood count, 22,500. Diagnosis: Left posterior lobar pneumonia. One dose of the remedy was given in the CM potency. The following day, temperature, 99; pulse, 84; respiration, 22. Pathology confirmed the diagnosis, as in the previous, also in the following cases. No more medication was given, and Florence was dismissed cured the seventh day.

CASE 3. Bertha, 5 years. Admitted Feb. 15. Diagnosis of double posterior lobar pneumonia. Temperature, 104.2; pulse, 132; respiration, 48; white blood count, 27,500. Bertha received one dose of the remedy in the CM potency. She made a rapid recovery, and was dismissed cured Feb. 21st.

CASE 4. Lillian, 6 years. Admitted Feb. 18th. Temperature, 105; pulse, 148; respiration, 38; white blood count, 28,000. Left lobar pneumonia. One dose of the remedy in the CM potency was given. No other medication given. Recovery rapid and complete in five days.

CASE 5. John, 3 years. Admitted Feb. 23rd. Temperature, 105.4; pulse, 149; respiration, 40; white blood count, 28,200. Right posterior lobar pneumonia. The remedy in the CM potency, one dose, was given. John was dismissed Feb. 28, cured.

To summarize: All five of the children were, clinically, desperately sick and most toxic. Pathology confirmed the diagnosis in each case. The 1M potency seemed to partially control the situation for a few hours, when the condition grew rapidly worse. The CM potency acted promptly and curatively. The remedy given in each case was *Pyrogenium*, a drug, which, as I have previously said, I have never studied symptomatically.

"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 is a crime".

Prove all things, what was cured, as well as what cured.

SPRINGFIELD, MASS.

#### DISCUSSION.

DR. A. H. GRIMMER: Was the well known keynote of *Pyrogen*, the separation of pulse and temperature present, in any or all of those cases?

DR. J. W. KRICHBAUM: I endorse everything that Dr. Brown has said. Those cases do get well in that way and get well quickly.

DR. C. L. OLDS: A number of years ago an East Indian made a report of a number of cases of pneumonia, all treated with *Tuberculinum*. They were very similar to these cases. All made very prompt recoveries. The point is that both *Tuberculinum* and *Pyrogen* are of a similar nature.

DR. J. W. WAFFENSMITH: This seems to me a good verification of the statement I made in a paper on *Bacillinum* (See *The Recorder*, June 1930, p. 429), namely, that the nosodes being human disease products represent basically the various miasms, because they come from a human being who, having had the foundation, has demonstrated in some particular way, sycotic, tubercular or syphilitic, a particular phase of the complex miasms that are affecting the human race.

DR. C. A. DIXON: As the essayist read the paper I immediately wrote what I thought would be the remedy afterwards. I failed miserably because I wrote *Tuberculinum*. But that type of fulminating case will respond just as quickly to *Tuberculinum* as it will to *Pyrogen* I believe. Anyway *Tuberculinum* has been wonderfully successful in my cases.

DR. P. BROWN: As I said in my paper I knew nothing about *Pyrogen* until Dr. Roberts gave his paper the other day, but the question I hoped you would discuss was whether pathology ever does find the remedy. Is it possible for us to ever get a clue as to the indication or indications of a truly homœopathic remedy from our pathological findings?

Opacity of the cornea furnishes an example of a class of cures that are very striking to those who have not seen them. Corneal opacities with the old school are regarded with horror and dread; but we know that there are a number of the homœopathic remedies, which, when indicated by the symptoms, will remove them entirely, leaving no traces and no evil results behind.

—DR. JOHNSON-OLDS, 1895.

## THE THERAPEUTICS OF THE MENOPAUSE\*

IRVING L. FARR, M. D.

The menopause, or end of the menstrual life, due to the cessation of the functions of ovulation and menstruation, occurs from the 32nd to the 52nd year of life in women, according to Drs. Wilmer Krusen and Frank C. Hammond, in a series of 3,700 cases seen in the Roosevelt Hospital and the Northern Dispensary. In this series of cases, it was found that the beginning of menstruation, ranged from the ages of 10 to 20 years, thus establishing a general rule, that the earlier the menstrual cycle opens the later in life it closes.

The average length of time over which the menopause extends is 2½ years, and the peculiar changes or symptoms which are noticed, are multiples. These symptoms vary from mild to most distressing; they are physical, mental or combined. Their severity depends upon the individual temperament of the patient, and indeed fortunate is the woman who has a sympathetic family physician to whom she may go for advice and treatment.

Since the symptoms during the menopause are individual, they form themselves into classes or types according to the temperament of the woman, whether plethoric, chlorotic or nervous, as outlined by Dr. H. N. Guernsey, in his work on *Obstetrics*. In the plethoric type, congestion is the ruling element, therefore, headache, flushes, rush of blood to the head and face, with frequent and profuse hæmorrhages, followed by continued leucorrhœa, are the leading symptoms: For their relief *Acon.*, *Bry.*, *Bell.*, *China*, *Cinnamon*, *Glon.*, *Ip.*, *Calc. carb.*, *Lach.*, *Sang.*, *Sulph.*, *Trillium*, as per the individual indications, will furnish relief. The chlorotic woman, however, presents a sallow complexion, weak pulse, with consequent low blood pressure and the appearance of general debility. Here is found a venus stasis, with a long lasting flow, accompanied by persistent backache. For this type *Alet. far.*, *Arn.*, *Borax*, *Cinchona*, *Ferr. phos.*, *Ferr. met.*, *Geranium*, *Ham.*, *Melon.*, *Nit. ac.*, *Puls.*, *Phos.*, *Sabina*, *Sec.*, *Sepia*. come to mind, chosen as per the individual characteristics. For the nervous type, the menopause presents a greater problem,

\*Read at the I. H. A., Bureau of Materia Medica, June 1930.

in that the woman's nerve control or nervous equilibrium is disturbed, hence the over anxious look, the terror struck expression of face and eye, the great tendency to hysteria, with probable complete cessation of the menstrual flow. Here such remedies as *Aurum mur.*, *Asafætida*, *Cham.*, *Coffea*, *Hyos.*, *Ign.*, *Mag. mur.*, *Moschus*, *Nat. mur.*, *Nux mus.*, *Phos. ac.*, *Plat.*, *Sepia*, *Sulph. ac.*, *Zinc.*, help the the woman to return to normal life.

But will these three series of remedies, however carefully chosen, cure all cases? Unfortunately not. They should, if the indications have been carefully studied and a *simillimum* found. Just why is there failure at times? Is it because the *simillimum* is not found, or, if right, is not properly potentized or prescribed? Presumably not. Then why failure to clear the case? The Hahnemannian law states, *Similia similibus curantur*. But why this law? Why does a homœopathic potency cure? Because its introduction into the human body releases the body's potential energy, or raises the opsonic index and thus sets in motion the repair mechanism of the body, and a cure results through the removal of the pathology and its consequent symptoms.

To go back now to the cause of the menopause, which is a cessation of the function of ovulation and menstruation. As is known, menstruation follows, or is the result of, ovulation, therefore when ovulation ceases, the ovary's active principle, known as internal secretion no longer is present to control regular menstruation, hence irregularity or cessation. This lack of secretion produces peculiar changes or symptoms, which even untreated, in time disappear. From study and observation it has been learned that not alone the ovary, but also the thyroid, the parathyroids, the mammary glands and the adrenals are all intimately related in the production of the menstrual cycle, hence when the menopause begins, these glands are all affected to a certain extent and the whole body feels the loss of the secretions which these glands formerly produced. Experimentation has proved that the glands of animals produce secretions so like those of the human body, that the animal gland products are fed to the human body with the result that non-functioning human glands again will function. In other words, when certain portions of the human body, through deprivation, become hungry as it were,

the animal endocrines may be used by the human body as food, or energy producers. Hence it is that if, ovarian, or orchic, or corpus luteum, or thyroid, or mammary substance be given to patients, passing through the menopause, who have failed to respond to remedies, there is seen a marked improvement, with an amelioration of many symptoms. The reason for this lies in the fact that food is necessary for the formation of energy, and with the body hunger appeased, should other symptoms remain, the selected remedy will then begin to act and a full recovery follows.

MONTCLAIR, N. J.

#### DISCUSSION.

DR. E. B. LYLE: Is there a potentized preparation of whole ovary? I think that among the ovarian extracts whole ovary is recognized at the present time as being most useful.

DR. J. W. KRICHBAUM: You can get it from Boericke & Tafel up to the 12th.

DR. G. B. STEARNS: One of the indications for thyroid in potency is the *Calcarea* type of individual. It belongs in that type. Your adrenal, I think, belongs in the *Phosphorus*, *Natrum mur.* type.

DR. STANTON: Do you administer these in potency or crude?

DR. I. L. FARR: In potency 3x to the 30th.

DR. CRIGGS: So far as these endocrine products go, they act as synergists. I had a near relative, a maiden lady, who had reached the climacteric period, with flushes of heat, irritability, and so forth. After doing the best I could, going through a gamut of remedies over a matter of three or four years, I found out she had flushes of heat, most intense drenching sweats, so much so that she would have to lie down after a flush of heat, and a fluttering of the heart. I gave her finally thyroid in the thirtieth centesimal dilution. She has regained weight and her normal poise, and her flushes of heat and sweats have disappeared. I think those indications are valid because I have confirmed them two or three times since.

DR. I. L. FARR: I felt rather like an heretic in presenting this paper. I am, however, very much pleased at its reception. My aim has been to uphold homœopathy and homœopathic principles. To me the selection of the remedy through its symptomatology is of utmost interest. I do feel that the selection of the remedy is often aided by considering the diagnosis and the pathology in connection with the symptomatology. My plan is to choose my remedy from inspection of the patient as she sits down in the chair, or comes into the office, or begins her conversation. From that I pretty nearly know unless it is a very difficult case what I am going to give her, before I know the diagnosis or the pathology, and I usually note what her remedy is going to be. Then I search out my diagnosis and pathology. While the endocrine products have been before us for a number of years I have always been skeptical as to whether as a homœopath I could use them conscientiously. When I found Boericke & Tafel putting them up in potencies I said to myself, "Well, now they are our sources of pure medical drugs and if they feel confident enough about the endocrine glands to potentize them maybe I shan't be such a bad heretic if I experiment". Consequently, when I have fallen down on the work in the menopause, as far as giving relief is concerned, I have said, "I think I am at liberty to ex-

periment at least on this patient. I can't help by any remedy that I can use, I am not infallible, but if the endocrine products are not considered as medicine but as a food, I am at perfect liberty to give them because we have to eat to live, and if our glands at certain times lose the product contained within them which produces energy and we can supply that as food, I believe I am at perfect liberty to do that". And I have found many times that after the endocrine products were given, as I said in my paper, the indication for the homœopathic remedy comes in and the results are far more satisfactory than before.

#### MONUMENT TO THE MEMORY OF THE FOUNDER OF HOMŒOPATHY

A life sized bust of Samuel Hahnemann, the founder of homœopathy, born in Meissen, was dedicated in Radebeul on July 21, 1930, in the presence of representatives of the authorities, of biological medicine, and members of the Conference on Homœopathy and Hygiene.

At the suggestion of Dr. Madaus and Co., well known manufacturers of homœopathic remedies, transferred last year from Radeburg to Radebeul, Dresden, the sculptor Koenig of Meissen had made a life size, sandstone head of Hahnemann from a sketch by Prof. Boerner of the government porcelain manufactory of Meissen. This bust of Hahnemann was erected before the factory, and Dr. Madaus gave a brief summary of the development of the modern pharmacy, taking into consideration the influence of the principles and instructions of Hahnemann, who was an eminent pharmaceutical chemist as well as a physician and the founder of homœopathy.

After the unveiling of the monument, Privy Councillor Prof. Dr. Kuelz praised the merits of Hahnemann and showed his great influence on medicinal science of the present day. Following this speaker representatives of public hygiene spoke, and laying wreaths of flowers at the foot of the monument, did honour to the founder of homœopathy.

You cannot trade off the right method for a wrong one, which will make him a cripple for life. The suppression of the disease, as usually tried, cannot be thought of by the sincere and earnest homœopath. If he wants it checked suddenly, send him somewhere else, but warn him what will take place, and that he will have untold disease and suffering.—KENT, 1895.

## POINTERS

Punctured wounds in palms, soles and fingers that are cold to the touch, *Ledum*.

In erysipelatous conditions it is well to bear in mind that the *Bell.* swelling is bright red; that of *Rhus* dark red; that of *Apis* a pinkish rosy hue with œdema, and white in the center of the swelling; that of *Lachesis*, a dark bluish black.

The predominant keynote of *Kali mur.* is whiteness; the next indication is toughness of secretions.

*Chamomilla* and *Cocculus* have colic from disturbing emotions.

If a patient tells you he feels as though he had an ulcer in his stomach, think of *Acetic acid*.

*Abrotanum* is suited to the affections of the newborn, especially boys.

*Malaria off.* has a peculiar sensation as of spice or pepper on the tip of the tongue.

*Tabacum* is to be thought of when the patient complains of a hair in the eye.

The liver enlargement of *Carduus marianus* is in the transverse direction; that of *Chelidonium* is more vertical.

*Cannabis indica* has removed a vertigo in which the patient felt as if the house were falling in ruins about her; also a noise in the head like a crash or explosion during sleep.

*Lilium tig.* sleeps on her back with knees and thighs flexed.

A patient will not get parasites on the body after *Staph.*

In hemiplegia with sweat of the paralyzed side, think of *Stann.*

Cramping in the tendo Achilles suggests *Anacardium*.

*Arsenicum alb.* is particularly suited to the horse; *Pulsatilla* to the sheep; *Antimonium crud.* to the pig; *Nux vomica* to the cat.

Water drips from the nose only while eating: Think of *Trombidium*.

If your patient dreads the hot weather, feels dragged out, but his strength rises as the sun sinks, think of *Selenium*.

*Staphisagria* saves many an operation for chronic prostatitis in old men.

*Stannum* has a vertigo where objects seem too far away.

The vertigo of *Cocculus* is aggravated on motion of himself or the objects around him, and is ameliorated in a room where objects are stationary.

When a nursing child lets go of the nipple because of a sore mouth, think of *Borax*.—H. A. ROBERTS.

Radish juice is suggested to prevent the formation of gall stones. It is prepared as follows: Grate unpeeled radishes and let stand 2 hours in 2 teaspoonfuls of sugar, stirring frequently. Strain through gauze and drink half a wineglass of this syrup daily.—P. KLIEN.

*Thuja* is preeminently a strong medicine when you have a trace of animal poisoning in the history, as snake bite, smallpox and vaccination.

Bœnninghausen actually treated of vaccination as leaving a sycotic taint in the body, but it was a knowledge of the symptoms that led him to think so; we find now, that it is a distinct individuality of its own; we also recognize that peculiar poison which is the cause of sycotic gonorrhœa.

There are probably several varieties of urethral discharges, but there is one that is sycotic, and when that has been suppressed, it has produced a miasm with soreness in the bottoms of the feet and in the knees and particularly through the back and loins and sciatic nerves, in the knees and ankle joints. Sometimes it affects the upper extremities, but particularly the lower. Most violent aggravation when keeping still, like *Rhus*; great aching that increases so long as he keeps still; he is very often compelled to keep to the bed, and then he constantly moves and turns. Now *Rhus* is of no more value than cold water, and why? Because *Rhus* does not have the nature of the disease; it will not bring back the discharge and will not control the disease satisfactorily; it will not bring relief in a few hours' time.—KENT, 1895.

## EDITORIAL

A great deal of emphasis has been laid of late on repertorial work. As the number of proven remedies increased, it became more and more difficult to quickly identify the totality of the symptoms with the *simillimum*, and it resulted in a great deal of labor on the part of the busy physician. Hahnemann compiled a short repertory in German of his *Materia Medica Pura*. Jahr followed Hahnemann by enlarging upon the first repertory; and finally, the indefatigable Bœnninghausen compiled his masterpiece, with the first edition in 1835.

The first repertory in the English language was compiled by Hering and his associates in the Allentown Academy in 1838. Since that date there have been many translations of the early German repertories, and American and English repertories have followed in rapid succession, both complete repertorial works and those of special organs and parts. Many physicians have been successful in using rapidly one repertory to the exclusion of others; and again, the repertory that one man uses so successfully, another man may find unwieldy in his work.

All these repertories have their place, and oftentimes some choice symptom can be found in some of these special repertories that are not general in their scope, that leads the physician to the direction of the correct remedy.

It must be remembered in studying any repertory that it is, strictly speaking, a mechanical labor-saving device, and it depends largely upon the mechanical ingenuity of the individual physician as to why he uses one in preference to another, and why he is more successful with one than with another; but there often comes a time when it is impossible to find individual symptoms in the repertory he is accustomed to use. It is then that these special repertories will assist greatly in the time-saving process.

After the case has been thoroughly repertorized and brought down to the final selection among a few remedies, it is then that the discretion and skill of the physician is made manifest, and he must exercise to the fullest the art of his profession, by going back to the materia medica in every case and verifying the findings of the repertory. Unless this is done, failure and disappoint-

ment are bound to be his portion; whereas, if he goes to the materia medica and checks the remedies that the repertory has indicated, he will have confidence and assurance of the firm ground on which he is standing, and will know that the law of therapeutics will be vindicated in the cure of each patient.—H. A. ROBERTS.

All diseases, according to Hahnemann's view, rest upon an inner, immaterial, purely dynamic distunement of the vital force whether this be limited to a single organ or pervades the whole organism, and if at the same time there are present in the body foreign or corrupted elements with the single exception of such as are introduced from without they are to be regarded as only the products of this disturbance of the orderly life force and never as an essential cause of sickness, with the expulsion of which health would be restored.

In opposition to these natural diseases, many substances contain a similar, purely dynamic, vital force disturbing, that is sick making, property, which in order to distinguish them from pure nutrients are called medicines, and by which they have the capacity of producing such diseases, as to outward similarity, as nature herself produces without any need that their inner secret essence should be the same; for this is and must ever remain hidden from our eyes with an impenetrable veil.

It is therefore a truth, certainly not through pure reason demonstrable, but confirmed by the most constant experience that medicines have generally the power of healing certain diseases. At the question "Under what conditions is this accomplished?" the two schools divide, if until now they have gone harmoniously together, in that the allœopaths take *contraria contrariis*, the homœopath *similia similibus* for his guidance. Meanwhile both agree that only the vital force properly awakened by medicine can work the healing and that without this and without its reaction every remedy must remain completely inactive.—From Bœnninghausen's Aphorism XX, translated by Dr. Rushmore, 1895.

## CARRIWITCHETS

SIT DOWN, DOCTOR, AND WRITE US YOUR ANSWERS TO THESE  
QUESTIONS

29. *Malandrimum* and *Variolinum* are both recommended as prophylactics for smallpox, but in any given epidemic how is one to know which to give? And *re* potency, should a prophylactic be given in low potency often repeated or in a single dose of the high potency?—A. H. MARSHALL.

30. Have a queer symptom which I am unable to locate: "Cannot rest on stomach at night on account of trouble at base of occiput, described as uneasy sensation". Can someone tell me where this can be found?—E. A. BROWN.

31. As one thinks of certain remedies that are especially useful for children, for the aged, for the climacteric, etc., are there special remedies to be thought of for the conditions arising at the time of puberty both for girls and for boys?—E. L. DAVIS.

32. Are there special remedies to be thought of for one who craves excitement, or does that symptom come under the rubric "wants to travel"?—E. L. DAVIS.

33. What rubrics or what remedies would one study in seeking for a remedy for one who is always constipated on going to a high altitude? At home, in England, this woman, and her sister, also, became constipated at an altitude of 2,000 feet. Now that she is living at an altitude of 7,500 feet the trouble is always with her, and going down to 2,000 feet gives great relief. The rubric "ascending aggravates" implies motion, physical exertion, does it also include the effects of living at a high altitude?—E. L. DAVIS.

## ANSWER TO QUESTIONS IN AUGUST ISSUE

*What questions do you ask to indirectly elicit the mental symptoms in cases which seem to have none?*

—The problem of eliciting mental symptoms when they have not been expressed requires all the ingenuity and resourcefulness of the physician, because almost more than any other group of symptoms, it is the mentals that will be warped if direct ques-

tions are asked. It is only by obtaining the complete confidence of the patient that the mind will express itself in its fullness. It may take several visits before the information is obtained. Again, many of the mental symptoms are to be observed, as moroseness, contradictiveness, loquacity, taciturnity or hilarity. Fear and grief are more apt to be observed than expressed. It is generally recognized that in mental symptoms associated with sexual conditions the patient's report is the least to be trusted, and very little credence can be given it.

All of these mental symptoms require very cautious questioning, and the success of the physician depends upon his power of observation, and his power to win the utmost confidence of the patient. The truthfulness of the patient's expressions must be carefully balanced with the physician's power of analysis.—H. A. ROBERTS.

I see that an error slipped into my report of the cure of a ringworm mentioned on page 592 of the August *Recorder*. It was *Echinacea* that cured it, one prescription of the 1000th (Santee).

Another gratifying result with *Echinacea* comes to mind and is herewith related from my record: Woman of 34, with a varicose ulcer which she had had seven years. Two years' prescribing improved the constitutional condition and relieved the inflamed areola but nothing would make the ulcer heal. It was covered with red crusts, its outlines were becoming more and more irregular, the areola was now chocolate colored, the margin a dull red, stinging, itching, aggravated by all applications and relieved by cool air. One prescription of *Echinacea* 39M (Santee) was given. Two weeks later the ulcer was less sore and old symptoms were returning—diarrhoea, backache, old right-sided headache, burning in the oesophagus, etc. Six weeks from the prescription healing was complete, the skin was soft and only slightly discolored and all the other symptoms were gone. A slight post-nasal discharge of mucus was the only symptom obtainable.—R. E. S. HAYES.

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*Some Confirmed Homœopathic Therapeutics for the Various Types of Dyspepsia During Infancy: From practical personal experience Dr. Griggs gives the indications for the following remedies: <i>Æthusa cynapium</i> , genuine intolerance to milk, even idiosyncrasy to cow's milk. Verified symptoms, intolerance of milk; sudden, projectile vomiting immediately after nursing; milk vomited just as taken or in large curds that choke child; vomiting followed by exhaustion and deep sleep, child nurses as soon as it wakes; little, if any, nausea; body cool; usually a subnormal temperature; often diarrhoea, light yellow or green with green mucus. <i>Antimonium crudum</i> : Irritable, does not want to be touched or looked at; overfed; heavily pure white coated tongue; violent vomiting of slimy mucus and curdled milk; curds may be sour; stool contains faecal lumps of curdled milk; casein tolerance low. <i>Argentum nitricum</i> : Most frequently indicated remedy in sugar dyspepsia; much fermentation, resulting in gas formation, hence enormously distended stomach; great pain; ineffectual efforts at eructation, better by hot applications and hot drinks; loud belching; relief from belching; colic; flatulent distention of abdomen, relieved by expulsion of a watery, noisy, flatulent stool; stool dark green, like chopped spinach, acid reaction; buttocks excoriated. <i>Arsenicum album</i> : Indigestion after chilling stomach; severe gastralgia; nausea; vomiting; craving for	

water taken usually in sips and often vomited immediately; much weakness and prostration associated with great restlessness; often scanty, watery stool, very offensive; may be mucous stool which is not offensive. *Bell.*: Characteristic fever, toxæmia, headache, convulsions. *Butyric acid*: Rancid eructations; spitting up of sour rancid curds; great deal of flatus passed. Improves tolerance to fat. *Calc. acet.*: Useful in chronic intestinal dyspepsia near end of first dentition period. Most useful in coeliac disease with following symptoms: Sour or sour, offensive eructations; *Calcarea* constitution; burning in stomach or abdomen; stools yellow or yellow-green, mushy or with fine fat curds, may smell sour or foul. *Calc. carb.*: Rachitic or scrofulous children with easy perspiration especially of head; open fontanelles; vomiting sour curdled milk; occasionally typical calcium soap stool; yellowish or grayish-white stool which may smell sour or very offensive. *Calc. phos.*: Useful in flatulent dyspepsia. Characteristic type of child; anæmia; high grade malnutrition; great emaciation; sunken flabby abdomen; wrinkled skin; green slimy stools, sputtering out with great deal of gas which is very offensive; stools acid. *Ipecac.*: Persistent nausea and some vomiting; clean tongue; much saliva in mouth; griping and pinching about umbilicus. *Mag. carb.*: Whole child smells sour; marantic state; craves meat and animal broths; sour eructations; colicky pains; two types of stool, putty-like undigested milk, or sour, frothy, greenish mucous stool containing large amounts of undigested fat particles. *Lyc.*: Sub-acute or chronic flatulent dyspepsia; flatulent distention of abdomen; incarcerated flatus; loud rumbling in abdomen; urates deposited on diaper; uric acid crystals. Child wakes up irritable and cross, very fretful. *Merc. viv.*: One of first symptoms desire for butter or fat; tongue heavily coated; saliva increased; foul breath; occasional jaundice; sensitive or tender liver; infant will not lie on right side; restless nights; offensive sweats; pale grayish stools or characteristic greenish, mucous, slimy stool with or without blood streaks; tenesmus. *Nux vom.*: Child nervous, irritable, quick tempered, disorders due to highly seasoned food. Gastric symptoms prominent; distress after eating; poor appetite, headache and nausea, occasionally recurrent vomiting. Appetite often increased before an attack of dyspepsia. Either constipation with ineffectual urging to stool or alternating with diarrhœa. *Puls.*: Mild nervous type of child with frequent stomach upsets from pastry, rich cakes, fat, ice cream or fruit. Stomach and abdominal pain; dry mouth; no thirst; tongue coated pale yellow; frequently diarrhœa changeable in character and more frequent at night. *Sulph.*: Wonderful to finish cases of intestinal dyspepsia with early morning loose stools; unhealthy skin; vermilion mucocutaneous borders; offensive body odor despite bathing; aversion to bathing; also useful for changeable gruel-like stools of coeliac disease.

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# THE HOMŒOPATHIC RECORDER

VOLUME XLV. DERBY, CONN., NOVEMBER 15, 1930. No. 11.

## REVAMPING THE REPERTORY\*

ELIZABETH WRIGHT, M. D.

The greatest single book in homœopathy is, perhaps, Kent's *Repertory*, which, to the ever increasing number of physicians who use the Kent method of repertorizing, is absolutely indispensable. Every physician needs this mammoth index, this concordance of our craft, not only to work out chronic cases in his rare hours of leisure, if any, but also for immediate reference at the bedside in acute, desperate and obscure cases. The student and the novice especially need it constantly, although no master mind is retentive enough to dispense with it entirely. Yet, how unwieldy a book it is! Five pounds in weight, ten and a quarter by seven by two and a quarter inches in size and costing twenty-five dollars! These disadvantages in format, harassing as they are, are as nothing compared to the obstacles to swift and precise prescribing in the text itself. For the sake of those who are not thoroughly familiar with the Kent *Repertory* I will explain its present plan.

1. MIND, being the innermost and most important stands first.
2. VERTIGO, unreasonably enough, comes next.
3. HEAD, which includes scalp, follows.
4. EYE and VISION.
5. EAR and HEARING.
6. NOSE.
7. FACE, including lips, salivary glands and sinuses.
8. MOUTH, including tongue, taste and speech.
9. TEETH.
10. THROAT, including uvula, tonsils, œsophagus, but not larynx.

\*Read at the I. H. A., Bureau of Homœopathic Philosophy, June 1930.

11. EXTERNAL THROAT, including thyroid, glands, torticollis.
12. STOMACH, including desires and aversions to food but not food aggravations. Thirst in general is found here.
13. ABDOMEN, including groins, hernia, liver, dysmenorrhœa (also found under GENITALIA, FEMALE).
14. RECTUM, including constipation, and diarrhœa.
15. STOOL.
16. URINARY ORGANS: Bladder, including urination; kidneys; prostate gland; urethra; urine.
17. GENITALIA: Male; female (menses are also found under generals).
18. LARYNX and TRACHEA, including throat-pit and voice.
19. RESPIRATION.
20. COUGH.
21. EXPECTORATION.
22. CHEST, including heart, lungs, breast and axillæ.
23. BACK, including cervical region and spine.
24. EXTREMITIES.
25. SLEEP, including dreams.
26. CHILL.
27. FEVER.
28. PERSPIRATION.
29. SKIN.
30. GENERALITIES, including physical generals; pathology; convulsions; fainting; aggravations or ameliorations from food; certain sensations; types of pain, direction of pain, pain in certain tissues, such as bones, cartilages, glands, muscles, periosteum; pulse; aggravations before, during or after sleep, menses, coition, etc.

Let us enumerate a few of the obstacles:

1. Many rubrics are out of place from the point of view of common sense. For instance, things pertaining to the neck are found both under external throat and under back; pulse is under generals instead of being with heart under chest; sinuses are divided between head, face and nose; salivary glands are found under face; and lips are also under face instead of under mouth. These are matters of anatomical classification which should be

simplified and corrected. There is no section for the circulatory system, the glandular or lymphatic system, nor for the nervous system.

2. Even under the existing arrangement certain headings are misplaced: Awkwardness under generals when it is a mental; desires and aversions to food under stomach when they should be under generals for they indicate the whole patient; and the type of menses, so characteristic of the whole person, should be under generals instead of under female genitalia as at present. These, of course, are only a few examples.

3. Pathological and diagnostic headings and many objective symptoms are now sprinkled through the book. These should be collected, classified and placed in a special section by themselves.

4. Many common symptoms, such as vomiting, restlessness, sadness, etc., have such large rubrics as to be practically useless. Moreover they consume much space. These should either be deleted or put in at the head of the particulars related to them, with only the third or highest degree remedies given.

5. Repetitions abound. These are often due to the use of synonyms in different places with somewhat different remedies. These could either be cross referenced or combined under the most usual synonym, or grouped under the most usual heading, the other synonyms as sub-headings and the varying remedy rubrics distinct under each. By this last method one does not blur the shades of meaning and one provokes discrimination on the physician's part. For example, haughty, insolent, contemptuous, defiant, scornful, arrogant, dictatorial, presumptuous, domineering, dogmatic, etc.

6. The *Repertory* is based on only about 540 remedies. This should, of course, be brought up to date, but that is an herculean task, not really within the scope of an abridgement and rearrangement of the present *Repertory*. There are some important remedies, however, which should be added.

7. Confusion arises in the mind of the novice until it is realized that where nothing is mentioned after the heading of the rubric it often means "aggravated from". For instance, under GENERALITIES, FASTING, is meant "aggravated while fasting".

The ameliorations are always mentioned and the aggravations sometimes are, which makes it a bit confusing.

8. Many rubrics could with profit be omitted from an abridged version of the *Repertory* to be carried in one's bag. For example, such a rubric as cheerfulness. It is the abnormalities of cheerfulness that are noteworthy, such as over-exuberance which might be classed as hilarity, or too little cheerfulness which should come under depression.

9. Last, but by no means least, comes the lack of an index and of cross references. These are essential for proper use of the *Repertory*. At present the physician has to write in the page numbers of the cross references for himself.

These are some of the main criticisms but there are many others. Every systematic physician would have his own preference as to arrangement, his own evaluation of the meaning of words, especially in the section on mind, and his own ideas of what would constitute a workable repertory.

In proposing the following schema for an abridged working Repertory we proceed from the premise that a novice taking up a difficult new book should find it arranged in a logical and common sense order which, while true to the best of homœopathy, should be consonant with current medical teaching. Our fundamental thesis is the arrangement of our new Repertory according to the schema of the value of symptoms, emphasizing those which pertain to the patient as an individual personality. This implies that the mental generals come first, the physical generals next, and the pathological generals third as indicative of the tendency of the constitution. Immediately after these and before the details of any systems or organs should come the other general sections such as vertigo, sleep, chill, fever and perspiration. Ideally "the strange, rare and peculiar", characteristic particulars should come next in a separate section. It may seem insuperably difficult to winnow these out from the chaff of common symptoms but at least a very helpful and suggestive "keynote" section of these could be compiled. In this first volume, including the above, should appear an index to the new Repertory with certain essential cross references. All of the above we feel should constitute volume 1. Volume 2 would then be devoted to the symptoms of

the separate systems, anatomical regions and organs, with the modalities, the sensations, etc., separated. This second volume would then be of special use in acute work and the first volume would almost be sufficient for the working of a chronic case, at least in the first stage which is based on the generals.

These two volumes should be on bible paper, thin and tough, about six by four inches, with a tough, black, limp leather binding much like Boericke's *Materia Medica with Repertory*, which stands hard usage, and can be carried in the bag or pocket. The price of the two volumes should not exceed ten dollars. At the back of the first volume would be a list of synonyms, not only in English but also in French and German and possibly in Spanish. This would make the work available internationally. A list of correct remedy names with pronunciation marks and carefully standardized abbreviations should be added, and a brief section on remedy relationships appended.

It is impossible in the scope of this paper to give the complete details even as far as already worked out, but this tentative schema is offered.

#### 1. MIND or MENTAL GENERALS.

- a. The WILL which includes the loves, hates, emotions, suicidal thoughts, loathing of life, lasciviousness, revulsion to sex, sexual perversions, fears, homicidal tendencies, jealousy, suspicion, greed, obstinacy, depression, loquacity, impatience, conscientiousness, etc., dreams, (which, though highly indicative of the patient's mental state, are now listed under sleep), desire or aversion to company, family, friends, etc. Under this heading should come ailments from emotions, now scattered throughout the book, and aversions, similarly dispersed.
- b. The UNDERSTANDING which includes delusions, delirium, hallucinations, loss of time sense, mental confusion, etc., and some mental pathological conditions such as idiocy, imbecility, insanity, hysteria, mania, etc.
- c. The INTELLECT which includes concentration, memory, mistakes in writing and speaking, precocity, etc.
- d. Certain OBJECTIVE symptoms such as biting, desire to hide, grimacing, etc.

## 2. PHYSICAL GENERALS.

- a. Constitutional types which include such rubrics as dwarfishness, emaciation, lack or excess of vital heat (cold or hot blooded), obesity, blonde or brunette (rubrics from earlier edition of Kent), sensitiveness, lack of reaction, etc.
  - b. Suppressions—emotions, discharges, eruptions, diseases, pathology, etc.
  - c. Menses, habitual type and recent changes in type, aggravation or amelioration before, during or after menses.
  - d. Other discharges, type, better or worse from, etc.
  - e. Modalities of the patient as a whole including time, periodicity, seasons, moon phases, temperature and weather (scattered in numerous places), bathing (dread of bathing should be put under mentals), rest, motion, position, external stimuli (touch, pressure, clothing, light, noise, etc.), eating and drinking, coition, etc.
3. PATHOLOGY including disease diagnoses.
  4. OBJECTIVE SYMPTOMS.
  5. VERTIGO, FAINTING.
  6. SLEEP. Dreams, see mentals.
  7. CHILL and FEVER.
  8. PERSPIRATION.
  9. STRANGE, RARE AND PECULIAR SYMPTOMS. This should be placed here because, when present, they are of great value in pointing to the patient.

All of the rubrics should be classified, combined, deleted, arranged alphabetically, and scattered rubrics brought under one heading.

The second volume will contain the PARTICULARS anatomically arranged under anatomical locations, systems and organs. The missing systems, such as circulatory, nervous, locomotor, etc., will be added and the rubrics belonging under them reclassified in their proper places. Certain regions such as neck, breast, etc., will be separated for readier reference. Certain rubrics such as sinuses, pulse and glands will be rationally placed. All of the pain section rubrics and rubrics on sensations should be carefully gone over and standardized.

As all Repertory users know, this revision is a gargantuan

task and I shall spare you the wealth of detail. Dr. Lyle and I have been working on this project and hope to have the manuscript for presentation at next year's meeting of the Association. Constructive criticisms and suggestions are eagerly solicited both in the discussion and by letter. It is impossible to fit a repertory to the needs of every individual mind but it is hoped that the proposed revision will at least make a workable and lucid reference book for a larger number of homœopaths.

BOSTON, MASS.

## DISCUSSION.

CHAIRMAN J. W. WAFFENSMITH: I want to thank Dr. Wright for this valuable paper. It shows a very fine sense in repertorial analysis. And I also want to take advantage of this opportunity to thank the doctor for the series of articles in the *Recorder* which I have appreciated very much. The paper is open for discussion.

DR. E. B. LYLE: It may be of interest to the Association to know that in the last number of the *British Medical Journal*\* Dr. Frank Bodman has an article on partial—I don't know just what to call it—I will call it revamping of the general section of Kent's *Repertory*, which is very good. It is discussed by a number of very prominent homœopaths in England and is well worth everybody's reading if they are interested in this particular subject.

\**The British Homœopathic Journal*, Vol. XX, April 1930, p. 110.

DR. C. M. BOGER: The practical difficulties of working with a repertory is a thing that I want to talk about a little bit. I have had a little something to do with repertories, and I have found in my own work that most repertories are deficient in this respect. You can rarely get a rubric and then the concomitants belonging to it. That is a very great fault. That is only found in Bönninghausen's *Characteristics* (Boger) and in the *British Cypher Repertory*. Often I am obliged to go to one or the other to get my concomitants and the case is often solved only in that way. They are not found in Kent or in any repertory that we edit. It is easily enough seen that a concomitant may be found in some other place, but that is like looking for ten needles in a haystack and hitting on the right one.

Then there is another thing. Take the section on the MIND. You can't find the aggravations from the mind in general under any repertory that I have ever seen. I have it in my private copy. The aggravations found are applied to individual rubrics or to symptoms at most, but the general aggravations and ameliorations are not found in one section. When you want to take a case from particulars to generalities or the reverse those two features are essential, absolutely essential, and you stop right there if you haven't those two features. You must hunt some other place for what you want.

If Jane Smith has a very prominent mental symptom and I haven't any possible way of finding her aggravations of the mind, what must I do? I have to look under aggravations and ameliorations in general, then under the various rubrics, to find what I want. I flounder around there, and the job is endless. How much shorter it would be if you had a chapter on aggravation and amelioration of the mind itself.

Those are two very knotty problems for repertory users and cannot be easily worked out unless you have the *British Cypher Repertory* and this requires a knowledge of their abbreviations and how they work them. I would



suggest to these two doctors, if they want to perfect their repertory, that they incorporate *The Cypher Repertory* because that is pure gold, every bit of it, and very much to be depended upon. I find things there that I can't find any other place, and I couldn't do without it.

DR. W. W. WILSON: Is that still being printed?

DR. C. M. BOGER: No, you have to get second-hand copies. They are difficult to get.

There are other points about repertory that I should like to answer if somebody would ask the questions, being concerned in the manufacture of repertories.

DR. G. ROYAL: I should like to make one suggestion also, and that is that when you get at these different sections, you arrange them according to the value of symptoms. That is the trouble with Kent especially in his *Materia Medica*. I said to him once, "Why don't you put in an index, and why do you have something flap right along with not one single symptom differentiated from another?" He said, "A man with brains won't need it". I sat down.

I think you ought to have your symptoms arranged by numbers, numbers 1, 2, 3, etc., or emphasized by being put in italics, or something like that, especially for the student.

DR. C. M. BOGER: I think the lack of an index is a dreadful drawback.

DR. E. WRIGHT: I should just like to say that those are grand suggestions from Dr. Boger and Dr. Royal. I expected that at least two-thirds of the present company would jump down the throats of the children for their temerity in hoping to abridge Kent, and I had hoped that some of you would say whether you thought it would be of any practical help to abridge it. I want to say that we have no intention of superseding the present *Repertory*.

DR. C. L. OLDS: I think this is a wonderful project and I think the doctors have a great deal of courage to start a thing like this. I suppose they hardly have a conception of the immense amount of work involved. I hope they will be successful.

### ABIES CANADENSIS

ESSENTIAL: Gnawing, hungry, faint feeling at epigastrium, tendency to overeat. If appetite is gratified distention of stomach and abdomen and palpitation follow. Craves meat, pickles and other coarse food. Irritable and dizzy.

IMPORTANT: Right lung and liver feel small and hard. Pain under right scapula. Lies with legs drawn up. Shivering as if blood were cold water. As if uterus were soft.

CLINICAL: Any disease which includes the above essentials. PROLAPSED uterus from defective nutrition, fundus sore, better pressure (compare: *Calc. phos.*, aching in uterus; *Helon.*, tired backache; *Lac. defl.*, throbbing frontal headache and obstinate constipation, and *Nat. hyp.*, soggy, heavy uterus).

MISCELLANEOUS: Compare *Abies nig.*—A. and D. PULFORD.

### THE APPLICATION OF HOMŒOPATHIC REMEDIES TO CANCER CASES\*

A. H. GRIMMER, M. D.

In applying homœopathic remedies to cancer cases, we proceed along the usual lines taught by Hahnemann and his loyal followers, as far as we can; here, as in every case of chronic disease, we must stress the necessity for the fullest and most complete personal and family history, it is possible to obtain. From the birth hour on through infancy, childhood and maturity, to the time of taking the case, every change and disturbance, mental, moral and physical, in sequence, should be recorded, together with the diseases contracted along the way, and remedial measures employed for the same. When the pathologic change known as cancer develops and grows with symptoms that are commonly the result of such change, we have little to guide us for the selection of the homœopathic remedy from a strictly symptomatic viewpoint.

Clinical use and observation by many faithful and able followers of the homœopathic law over a long period of time have given us a comparatively small list of remedies, the nature and symptomatology of which correspond to cancer in all its evolutionary processes in the organism, beginning with the moral and mental disturbances of the mind sphere, involving various and at times seemingly contradictory symptoms and states, at other times alternating conditions, and finally under some unusual stress or some physical or chemical injury there is presented the symptom picture, recognized as cancer. The majority of the remedies listed that have proved curative in cancer will fall into the group, observed by Hahnemann and others, which had, in their nature the three miasms or chronic diseases held by homœopaths as fundamentally constitutional sick producing causes. And the remaining minority so listed may well be assumed to have, after more mature observation these three miasms, psora, syphilis and sycosis, blended in their symptomatology.

Following is the list of proven cancer remedies, the symptomatology of which has been confirmed by curative action. This

\*Read at the I. H. A., Bureau of Clinical Medicine, June 1930.

list is gathered from a search of the repertory, through the various parts of the body including those of the skin (epithelioma). Under the uterine group the greatest number is found. From this fact we may observe that these tissues are subject to a large number of different irritations and conditions or that they are more sensitive and susceptible to the cancer toxin: *Acet. ac.*, *Alumen*, *Alumina*, *Ambr.*, *Apis*, *ARS.*, *Ars. iod.*, *Aster.*, *Aur.*, *Aur. ars.*, *Bel. per.*, *Bism.*, *BROM.*, *Bufo*, *Cad. cyanide*, *Cad. fluor.*, *Cad. iod.*, *CAD. MET.*, *Cad. nit.*, *Cad. phos.*, *Cad. sil.*, *Cad. sulph.*, *Calc.*, *Calc. ars.*, *Calc. fluor.*, *Calc. sulph.*, *Calendula*, *Carb. ac.*, *CARB. AN.*, *Carb. hyd.*, *Carb. sulph.*, *Carb. veg.*, *Caust.*, *Cist.*, *Clem.*, *Cob.*, *CON.*, *Crot. hor.*, *Cupr.*, *Dulc.*, *Elaps*, *Graph.*, *Hepar*, *HYDR.*, *Kali ars.*, *Kali bich.*, *Kali cyn.*, *Kali iod.*, *Kali mur.*, *Kali nit.*, *Kali sulph.*, *Kreos*, *Lac ac.*, *Lach.*, *Lap. alb.*, *LYC.*, *Merc.*, *Merc. i fl.*, *Nat. mur.*, *Nat. sil. fluor.*, *NIT. AC.*, *Olig.*, *PHOS.*, *Phos. ac.*, *Phyt.*, *Rad. brom.*, *Ruta*, *Sep.*, *Sil.*, *Sulph.*, *Sul. ac.*, *Thuj.*, *Tox.*, *X-ray*, *Zinc.*

Of the seventy-five remedies listed in the cancer group, forty-five are of high grade value, the others are of inferior value and less frequently indicated and used. There is a small group of remedies which corresponds to conditions arising from trauma and irritations of various kinds and is highly valuable in the cancer state. Remembering that disease gets well in the inverse order of the appearance of its symptoms, we may well understand why a breast cancer, whose immediate and last manifestation of cell growth follows an injury, would readily yield homœopathically to such remedies as *Bellis per.*, *CON.*, or *Phyt.* Also how easy it is for us to perceive the potent possibility of preventing any cancer change, even starting after injury, with a potency of *Arnica*. Irritations and injuries occur in other parts of the body, such as those in the gastro-intestinal tract, faulty foods, indiscretions in eating, adulterated foods, from irritations produced by chlorine in the drinking water, and aluminum poisoning coming from the use of aluminum cooking utensils and from aluminum plates in the mouth, sometimes used by dentists. Such irritations as these will find the best antidotal remedy among some of the *Cadmiums* but also the irritating causes must be removed with the administration of the curative remedy to make the cure

certain and permanent. In irritations, such as lip cancer occurring in smokers from the combined pressure and heat of the pipe, *Sepia* will frequently cure providing the irritation is discontinued.

The remedies of this smaller group are likewise contained in the general group of cancer remedies. They are *Alumina*, *Arnica*, *Ars.*, *Bellis per.*, *Brom.*, *Cad.*, *Caust.*, *Con.*, *Graph.*, *Hydr.*, *Kali bich.*, *Kali cyn.*, *Kali iod.*, *Kali sulph.*, *Lach.*, *Lyc.*, *Merc. viv.*, *Nit. ac.*, *Phos.*, *Phyt.*, *Ruta*, *Sab. par.*, *Sepia*, *Sil.*, *Sulph.*, *Thuja*, and *Tox.*

A careful study and wide knowledge of these twenty-nine remedies will reward the industrious physician with a harvest of cure in cancer conditions undreamed of without such complete knowledge.

Other irritations than those mentioned above arise from the wide use of the coal-tar preparations, now flooding the public in ever increasing variety and given for so many complaints, headaches, rheumatic pains, acute colds, grippe, fever reducers and sleeping potions. We are bombarded by these cardiac depressants. Is it any wonder that heart and kidney disease lead the list of death causing diseases, with cancer soon a close second. Against these irritants our carbons and snake poisons furnish the best antidotes.

Perhaps the most irritating of all the irritants and depressants is produced by the almost universal applications of serums and vaccines, given for the prevention and cure of acute infectious diseases. These subtle poisons are very far reaching and deep in their effects and our best antidotes can only be found in *Thuja* and several of the specific nosodes, such as *Diphtherinum* and *Pyrogen*, together with the snake poisons. Is it not possible, that the persistent and frequent injections of these biproducts of disease, shot directly into the blood stream, especially in the young children where conditions in the body organism for natural defense against these toxins, cannot obtain, that a weakening of the reticulo-endothelial system is produced, thus reducing the reacting power of the body against cancer and kindred chronic diseases. This reticulo-endothelial system is said by biologists to manufacture and contain all the defensive forces of the organism. And may this not answer the observed fact why can-

cer is occurring in younger subjects of each succeeding generation. And of what avail is it to try to prevent some natural expression of acute disease that may never come, if there is involved in the immunizing process a weakening of the defensive mechanism of the body against chronic manifestations of disease like cancer, diabetes, epilepsy and mental and physical weaknesses of various sorts. Add to all this, the wholesale destruction of children's tonsils, one of the most important defense units in the organism, which lessens still more the chain of body resistance, and we have a gloomy outlook for the health and well being of the future. How much longer can the human race stand the strain of serum poison and crude drugs and their resultant suppressions, grafted on the ever increasing miasmatic causes of disease?

Only homœopathy can retard the deep decay and frightful devastation gnawing at the vital centers of the human race. One other benefit is presented in the vast numbers, who have repudiated all medicine and have taken up with the so-called cults for relief against sickness. The cults at least give nature a chance to work unhampered by animal toxins and crude poisons in the form of irritating and enervating drugs. The pendulum has swung from the crude and clumsy attempts of the alloëpaths to overwhelm disease by substitution, the implanting of a drug or serum disease in place of the natural one, and by suppression, the masking of external symptoms and the numbing of sensibilities to pain without in any way relieving the internal cause of illness, to those who at least have intelligence enough to know that nature has provided wonderful means of defense against sickness. However in the field of chronic inherited disease, nature alone is often unable to cure. This is the realm of homœopathy and vast numbers of the more intelligent cultists must necessarily swing back to her for relief of those sicknesses that are the outgrowth of the chronic miasmata.

There is another pernicious form of irritation that is making many cancers and that is the practice advocated by most of those looked up to as authority on the treatment of cancer, to employ large doses of either X-ray or radium on every mole, wart, or small ulcer, or blemish appearing on the skin. This procedure either irritates and burns the local parts because of over dosing,

setting up necrosis of surrounding cells, which results in a rapid spreading of the sore and often turns a benign and harmless growth of small dimensions into a rapidly destructive malignant cancer, or, if the dose is lighter, the sore or mole or wart may be destroyed and apparently healed with an unsightly scar remaining. If the later result is obtained that patient will inevitably develop in the course of a few months or years, according to his constitutional soil inheritance, a cancer in some of his vital organs. We have few remedies that can antidote this kind of mischief, because the capillaries are obliterated by those destructive agents. *Cad. iod.*, *Fluor. ac.* and *Phos.* are the only three remedies I have found helpful in such cases; *X-ray* and *Radium* preparations in potencies may be found useful in some cases after further study and trial. For the anæmia and cachexia that often follows radium abuse, *Phos.* is the best antidote. For the ulcerating areas of necrosis that seemingly defy all healing agents, *Cad. iod.* is the only remedy I have ever known to help. For the X-ray burn *Fluor. ac.* is the remedy that yields the best clinical results.

Industries of a certain type predispose workers to cancer, preferring special parts or organs, as shown in the cobalt miner's tendency to cancer of the lungs. The workers in aniline dyes are more often affected by vesical cancer. These observations may suggest the proving and trial of these substances in potency as possible remedies for the disease localized in the parts that cobalt and the aniline dyes each affect.

No paper on the treatment of cancer, even though it be strictly remedial, would adequately impart the necessary knowledge for the most successful results without a complementary diet as an adjunct to the prescribing. And the diet, like the remedy, should be selected for the individual patient, noting susceptibilities and reactions after food selection, with as much concern and interest as is shown by the skilled prescriber of the homœopathic remedy. Also foods compatible with the nature of the indicated remedy should be used. The chemistry of food and its relation to the blood chemistry of the patient is a mighty aid or a great hindrance to the action of the curative remedy, depending upon the degree of intelligence shown in food selection. There is a great need of more experimental work in the chemistry of food

in its relation to cancer. So far this work is largely empirical and far from scientific; the only near unified opinion being the baneful effects of a meat diet, at least in advanced cases of disease; other proteins may be carefully admitted only varying in amount with individual cases.

The mental or psychic phase of cancer must not be ignored if our best success is obtained. The terror, and hopelessness, concerning the incurability of cancer prevailing today in the ranks of alloëopathy has made the problem more difficult. The public is told by these bombastic sons of egotism that there is no cure because they have failed to find it. Anyone claiming to cure cancer is branded by them with their favorite anathema, quack. Anyone having the temerity to criticize their methods of surgery and radiation with the attendant mutilation and torture and the high death rate occurring in a shorter period than occurs to those untouched by them and left unhampered to nature, is not only a quack but a public menace. It is claimed by competent observers that ninety per cent of those operated and treated for cancer after the approved methods of the up to date modern medical scientist are dead after two years.

From its incipency, homœopathy has always inspired hope and courage in its practitioners and patients alike, because they are taught the advantage of working in harmony with the laws of nature, of which the therapeutic law of similars is but one. Because of these facts homœopaths are better equipped to combat this sinister and implacable force, that threatens to destroy the race.

To summarize, the homœopathic treatment of cancer consists, first, in the selection of some specific remedy found in the Hahnemannian group that includes all three of the miasms in their symptomatology, together with the group specially related to trauma in its numerous forms; second, in the removal of any and all irritations that may act as exciting or activating causes; third, in the homœopathic selection of the proper diet, avoiding foods that irritate the patient and giving those that agree with and nourish him, such foods to be based on the needs of each patient rather than for a diseased condition; and last, the buoying

up of the patients' moral and mental status, appealing to his intelligent cooperation in all things, inspiring courage by explaining the certain but orderly processes by which disease comes under broken law, and goes under restored law, the latter brought about with the homœopathic specific and the intelligent effort of the patient to live in harmony with all the lawful processes of nature. Armed with these forces and the knowledge that we work in unison with the resistless throb of universal order inspires us to face with confidence this baffling medical problem agitating the world today.

CHICAGO, ILL.

#### DISCUSSION.

DR. A. PULFORD: Dr. Grimmer, in his masterful manner, has given us the superiority of homœopathy in the curative side of cancer. May I relate a case and give the superiority of homœopathy in euthanasia.

We had a case of moribund cancer, abdominal sarcoma, said to be, turned over to us, and I turned it over to Dr. Dayton Pulford. He carried that case on with homœopathy to the last three days when the remedy would not work any more. Then he turned to *Tarantula cubensis*, and the son-in-law told me that the patient died the most peaceful and painless death of anyone he had ever seen. I bring this up in contradistinction to those who use narcotics.

DR. D. COLEMAN: There is one point I would like to call attention to for fear that someone might try this remedy and not succeed and that is that we can't potentize an X-ray. An X-ray is a vibration. You can't potentize X-ray any more than you can the gas light.

DR. BENTHACK: I can absolutely corroborate everything Dr. Grimmer has said. I have used the same remedies and have cured more than a dozen cases of cancer in my town. With regard to X-ray and radium, both of them are misused, but *Radium* in the 30th potency has always served me very well there.

DR. A. H. GRIMMER: I wish to thank the members for their cooperation and encouragement and to answer Dr. Coleman's statement that X-ray cannot be potentized. A great many of us have been using what is purported to be potentized X-ray and with some astonishing results. Whether that simply imparts its force to the sugar of milk in its, we might say, crude or primitive form, or whether there is a potentized effect going on, I do not say but I do know that very high potencies of Finke and others have produced tremendous therapeutic effects.

So strongly is my own faith anchored upon the bed rock of pure homœopathy that any deliberate, heedless or wilful apostasy by those who pretend to be its exponents, seems to me little less than sacrilegious, and fills my soul with unspeakable indignation.—A. R. MORGAN, M. D., 1895.

## STAPHYLOCOCCUS AUREUS INFECTION\*

J. W. WAFFENSMITH, M. D., H. M.

Young man, aged 25. August 16, 1929. Three weeks ago began with stitching pain in back of neck between shoulders. Sensitive to cold, pulls covers around neck. Sensitive to thunderstorms. Slowness of speech. Restless. Pains migrating, ameliorated by rubbing. Has habit of picking finger nails. Pupils dilated (persistent symptom during treatment). Perspiration general, aggravated at night. Sensation of faintness, aggravated becoming cold. Tumultuous heart action. Mitral blowing sound, extending towards axilla. *Psorinum* 50m.

August 19. Mitral blowing sound confined to apex. Not as restless. Periodicity of aggravation every two or more days.

August 21. Sclera injected. Profuse perspiration last night, aggravated during sleep. Edema and pain in right knee is improving. Chilliness, aggravated uncovering. Pupils remain dilated.

September 18. Temperature normal, then recurred. Stiffness in left leg, aggravated flexing. *Mercurius* 50m, Skinner's.

September 21. Right knee is much improved. Edema disappearing. Edema in left knee appearing in a modified form, shorter in duration. Hiccoughs (old symptom).

October 12. Pulse today shows 80, lowest since treatment was instituted. Less fluid in left knee.

October 16. No temperature for three weeks. Night sweats ameliorated.

December 1. Pressing pain in upper gums and teeth, ameliorated by warm water. Swelling of upper lip (history of being stung by an insect in same location). Jerking sleep, starting. Thirst. Rapid pulse (persistent symptom). *Belladonna* 30. B. and T.

December 4. Pulse 70, lowest since I saw him first. Less tumultuous action of heart.

February 11, 1930. Rapid pulse.

May 6. Stiffness of sides of neck, aggravated when first moving a. m., ameliorated from motion.

May 24. Is out and around, gradually increasing the amount of exercise, having normal use of his limbs and other functions.

\*Read at the I. H. A., Bureau of Clinical Medicine, June 1930.

April 7. I received final report that the blood culture was negative. This case will continue under my observation to be given the proper future treatment to meet whatever latencies may arise.

There have been recurrent attacks of tonsillitis since the age of three years. During the summer months intestinal trouble. History of walking on toes with heel raised. Repeated attacks of iritis have occurred approximately at 12, 17, 20 and 21 years. During one of the recent attacks he has been in the New Haven Hospital under observation and treatment. Also there have been recurrent attacks of sub-acute muscular pains, named rheumatism, and chronic tendency to stiffness after exercise. Five years ago there was an injury to right knee with some exudation. In recent condition there was no acute inflammatory evidence, which probably puzzled the attending physician. The temperature ranged from 99 to slightly over 100, was remittent and intermittent at various times. With the facial aspect of chill expectancy one would suspect a malarial infection. This suspicion may have accounted for an earlier use of quinine. The pulse was 120 when I began my analysis of the case and quickly responded to the primary remedy, thereafter ranging from 80 to 100, nearer the latter figure.

The laboratory report was as follows: Wasserman, negative; Widal, negative; no malarial plasmodia; blood culture showed staphylococcus aureus.

The clinical study presents a blood-stream infection of a definite bacteriological nature. The bacillus portrays an infection insidious and profound in nature, which corresponds to the life process of the individual under consideration. The lethargic type, the sluggish mental process, and the lack of past activity in localization during the various stages of the chronic development obscured the picture. Secondly, there is a long chain of conditions which clearly gives us a connected miasmatic diagnosis. Here we have a tubercular process, which has the indication of an active type held in abeyance on the borderland of the destructive stage over a long period of time, by the predominating psoric mental and physical state of the patient. Thirdly, we have the use of two remedies based upon the practical demonstration of a cen-

ture of homœopathic experience which adds to the philosophic value of technique.

The miasmatic analysis, whether we apply it to the progressive unfoldment of the condition or the proving and clinical experience of the remedies used, brings us to the same conclusion, namely, that there is a clear-cut relationship. This proven fact, which I bring to your attention, is the center of gravity in advanced homœopathics.

The natural balance of organic unity was maintained in a fair manner until we had the present acute condition showing. It refused to yield to the ordinary measures of treatment. We find the totality of symptoms, enlarged to cover the intrinsic cause, directed to remedy selection capable of turning the tide of vital depletion.

The new school of medicine offers a larger concept in the healing art, limited only by the inductive capacity of the one who individualizes in the taking of the case.

NEW HAVEN, CONN.

#### DISCUSSION.

DR. A. H. GRIMMER: This paper is very good in many ways. We cannot discuss it in the short time that we have. All we can do is to liken modern concepts to what Hahnemann meant when he spoke of acute diseases being explosions of the psoric miasm. I think the doctor has brought that out very well.

DR. H. A. ROBERTS: Staphylococcal infection pure is the most virulent of all infections. When it is mixed with streptococcus it is not so virulent.

DR. J. W. WAFFENSMITH: This was a pure staphylococcal infection.

While it is undoubtedly true that remedies have especial affinity in action for certain tissues, it is also true that no remedy fails to act upon the body as a whole, just as no disease fails to affect the body as a whole, so that while the patient may present herself to the oculist complaining bitterly of her eyes there may be nothing at all the matter with them; and yet there may be even organic disease dependent upon the general condition of the patient which can be reached only by applying remedies to that state.—CHAS. B. GILBERT, M. D., 1895.

### KALI PHOSPHORICUM\*

CHARLES L. OLDS, M. D.

When you have read through the provings of this remedy you should be able to see a picture of sickness just a little different from that produced by any other medicinal substance. All medicines are capable of producing one or more images of sickness, which they alone can cure in the shortest possible time, and no two can produce images that are exactly the same. However, we do have a few materia medica twins, such as *Ferr. acet.* and *Ferr. met.*, *Merc. sol.* and *Merc. viv.*, *Mang. acet.* and *Mang. carb.*, and others that our fathers thought looked so much alike that they always kept them together, and they never seemed to know which was Jack and which was Jill. Yet there was and is a difference, a difference which, perhaps, may be best expressed by the word *similia*, so familiar to all of us. The two are similar, most similar, and yet they are not the same; but in a given case one is always more similar than the other, and the more similar of the two will produce curative action more quickly and more thoroughly than the other. Twins may look alike, they may even be of the same sex, as frequently happens, and the one may often be mistaken for the other, but be careful in your choice for you are making a dynamic marriage, and all marriages should be as cohesive as possible, not merely adhesive. That is what real prescribing brings about, a marriage, a satisfying of a craving, abnormal though it may be. When the *simillimum* is given a dynamic union is consummated.

If we can judge by the small amount of clinical material found in our journals and transactions, *Kali phos.* has not been largely used, and yet we have quite extensive provings of this substance in the I. H. A. *Transactions* for 1890-91. In the *Guiding Symptoms* and in Kent the symptoms are detailed in a more workable form, though they do not give as much evidence of having been clinically confirmed as do our older remedies.

The *Kali phos.* subject is pale, sensitive, nervous, irritable and disposed to weep. She is worse after eating and while at rest, which in a measure foreshadows the nightly aggravation, although

\*Read at the I. H. A., Bureau of Materia Medica, June 1930.

she is also worse in the morning and in the evening. That looks something like the *Puls.* makeup, but no reputable *Kali* can live in the same atmosphere with *Puls.* Most of the *Kalis* hate cold and are made worse by it, and *Kali phos.* is no exception, while *Puls.* is a homœopathic symbol for all that is of the open air.

There is great lassitude in this medicine, and with it great depression. She complains of feeling so tired. She is tired, weak and depressed, both mentally and physically. Great depression with sinking vitality with anæmia and emaciation or not, is one of the great characteristics of this remedy. Here and in several other features it is remarkably like *Amm. carb.* The two should be closely compared.

The provers of this drug became tired and nervous, so nervous that their hands trembled, so weak and tired that life was a burden, and they lost much flesh; they were nervous, restless, fidgety. Does this not correspond well with those mothers who are worn out physically with nursing and caring for babies, and mentally driven to distraction with the ailing demonstrations of the sick and nervous infant; or of the worn-out man, emaciating and tired to the limit with his own particular worries. Clark mentions the modality "worse after coition" as being quite characteristic of this remedy. Does it not fit in perfectly with the mento-physical conditions that have just been mentioned?

Along this same line of exhaustion and failing vitality, another prominent use for this medicine is strongly suggested, and the suggestion is borne out to some extent by its clinical use. I refer to its obstetrical indications. When labor has been unduly exhausting and progress seems to have come to an end, when it seems as if the patient's powers and vitality had reached their limit, and the forceps must be used, do not forget *Kali phos.*; it will save both you and the patient much anxiety and will often make the use of the forceps unnecessary.

There is too great a disposition with physicians generally to regard the symptoms attendant upon labor as something normal, or at least as a condition to be merely watched without medical interference. I think this is wrong. If the woman, during labor, has symptoms connected therewith, and she usually does, she should have the indicated remedy, and that often may be *Kali phos.* Let

us look at the symptoms again, beginning with those that would naturally come before the stage of utter exhaustion above mentioned. Nervous, sensitive, irritable, weepy, jumpy, trembling, so fidgety she could not control herself, she wants her hands held by someone, and her mouth is so dry that the tongue cleaves to its roof. The pains are weak, and the patient is weak. She says: "I have no strength. I cannot bear down". Do we not often see these symptoms! Are they not common and frequently met during labor! Certainly they are suggestive, and should place this remedy high in our obstetrical repertory.

Again, after miscarriage, or infection after child-birth, when in addition to the sinking vitality and other symptoms already given, we have a scanty uterine discharge of a most terrible odor, an odor that penetrates the whole house, it is well to study this remedy as well as *Sulph.*, *Pyrogen* and *Gunpowder*. Here, then, we add another characteristic expression of this remedy, horribly smelling discharges. Therefore we might expect to find it useful in diphtheria that has gone on to the putrid or gangrenous state where the mouth odor pervades and sickens the whole room.

Putrid discharges from any outlet of the body are characteristic. We see this in the hot, putrid stool with much very offensive flatus. Offensive, undigested stool of a golden-yellow color after each meal, followed by insatiable urging to stool like *Nux vom.* This reveals another characteristic, golden or orange-colored excretions.

With greater use other features of this remedy will undoubtedly come into prominence, but in this paper it is thought best to bring out largely the striking and peculiar symptoms, the characteristic lines which determine the form and strength of the picture. We have, then, the following:

Mental and physical irritability.

Aggravation from cold, from rest, after eating and after coition; also in the morning, evening, and particularly at night.

Depression, lassitude, sinking vitality.

Anæmia and emaciation.

Putrid discharges from any outlet of the body; also golden-yellow or orange colored discharges or excretions.

Let me add a few striking particulars: Pain at the base of

the brain, better by belching, and better by eating. Always hungry with the headache. The relief by eating, a particular symptom, is opposed to the general aggravation after eating and relief from fasting.

Toothache alternating with headache.

Colicky pains in the hypogastrium with ineffectual urging to stool, better by bending double. (*Coloc.*, *Nux vom.*)

PHILADELPHIA, PA.

#### DISCUSSION.

CHAIRMAN J. HUTCHINSON: This very interesting paper is open for discussion. I would like to say at the outset that it would please me very much if Dr. Olds, in his answer to the discussions, would differentiate a little bit between *Pulsatilla* and *Kali phos.* Of course, we have in *Pulsatilla* the chilly habit as well as the longing for fresh air.

DR. P. BROWN: I have enjoyed this paper very much because it brought back very pleasant memories.

In 1890 while in Chicago I had the honor of being a member of H. C. Allen's proving class and *Kali phos.* was one of the remedies we proved at that time. There was one striking symptom that in accord with what Dr. Macfarlan said this morning has made a lasting impression on me, having had it myself. That was a peculiar, fluttery feeling over the stomach, very, very characteristic, that was most persistent and most annoying all the while we were making the proving.

PRESIDENT C. STEVENS: What was the adjective you used for that feeling in the stomach?

DR. P. BROWN: A fluttering, a peculiar, fluttering, waving feeling.

DR. A. PULFORD: I believe that one of the characteristic features and a distinguishing difference between *Pulsatilla* and *Kali phos.* is that one is a sluggish remedy, the *Pulsatilla*, and the *Kali phos.* is one of the most profound inertia remedies we have.

DR. A. H. GRIMMER: The paper gives us a picture of a remedy that corresponds to deep, wasting, chronic diseases, especially tuberculosis and those diseases dependent upon it, even cancer itself. There is one point the doctor made that I don't think he brought out as fully as he might have. All the *Kalis* do not come in the same classification as *Pulsatilla*. There is one exception and that is the *Kali sulph.* The *Kali sulph.* is sensitive to heat and is the chronic of *Pulsatilla*. Dr. Kent stresses that very fully.

DR. GRIGGS: I remember a case of criminal abortion that was brought into the hospital. *Pyrogen* had been given with mediocre results. The patient was wasting, and had this very foul discharge from the uterus. *Kali phos.* seemed to restore and regenerate the nervous system. The patient recovered very nicely after the failure of *Arsenic* and some other remedies. For this excessively tired feeling and occipital headache, I have often, after *Picric acid* failed, given *Kali phos.* *Picric acid* and *Kali phos.* to my mind run very close together in some of those neurasthenic conditions.

DR. H. B. BAKER: *Kali phos.* is a remedy that I use a great deal. The special indications are that tiredness that runs all through, and a feeling of worry. I had a case very recently, a young business man. His father had died not long before, and the responsibility of the business fell on him. He went to a prominent clinician who lived near him every few weeks, and was told there was

nothing the matter with him, that he should just stop worrying. This advice didn't help very much. Finally he came to me and I couldn't find anything much the matter, except this worrying condition, and a very nervous man. He was really a bit overworked. I gave him *Kali phos.* and he came back in two weeks and said that was the first medicine he had ever taken that did him any good. He is in pretty good shape now, just from that one remedy.

DR. H. FARRINGTON: Dr. Olds' paper gives really the essentials of this remedy. I don't know how we would get along without it. It seems to me that the weakness of *Kali phos.* is not that due to overwork or over-fatigue alone, but must have something of brain and nerve strain associated with it. So as Dr. Baker has pointed out, worry is one of the essential factors, worry and overwork at the same time. I have a patient who has been under my supervision for a good many years, having had various remedies, with improvement in her general health. Her husband failed in business and she took up a side line to help out, buying and collecting antique furniture and selling it. That, together with her worries over finances, brought on a peculiar state. She had occipital headaches. She had the weakness and weariness, and a peculiar mental state of flying into a rage over little things and then weeping. *Kali phos.* cleared up this state completely.

DR. H. A. ROBERTS: *Kali phos.* is one of the Schuessler tissue remedies, and until a few years ago we had no proving of it, but under the direction of Dr. Erastus Case of Hartford the I. H. A. made a proving of *Kali phos.* It is a very good one and it is in the *Transactions*. It is the only authentic proving that we have of this remedy, and it is to the credit of this Association that it has been put into print.

CHAIRMAN J. HUTCHINSON: What year was that?

DR. C. L. OLDS: It was 1890-91.

DR. C. A. DIXON: I wish to bring out one point a little more distinctly, and a point in homœopathic philosophy, too. I have given repeated doses of *Kali phos.* to a mother who is burdened with an irresponsible son, a spendthrift and a no-account. The condition had been going on, I suspect, for ten years. I can't remove the cause but I can keep the mother fairly placid with *Kali phos.* occasionally.

PRESIDENT C. STEVENS: Have any of the members used *Kali phos.* in cases of diabetes far advanced?

DR. D. MACFARLAN: Speaking about diabetes, I think Dr. Griggs proved a drug which is often useful in diabetes and that is *Glycerin*. It has not only a tendency to clear up sugar but it helps bleeding states. It clears up red blood-corpuscles in the urine remarkably. It also has a disposition to improve their mentality and also to diminish blood pressure. Many of the cases of diabetes, especially those that have been going on for some time, have increased blood pressure. It has a wonderful effect in reducing blood pressure. Dr. Griggs can tell you more about it than I can.

CHAIRMAN J. HUTCHINSON: What is the remedy, Dr. Griggs?

DR. GRIGGS: Pure *Glycerin*. We have so many of the compounds in materia medica that I have been working for a matter of thirty-five years on getting symbols. And nobody had ever attempted to prove pure *Glycerin*. So I proved it. My associates never thought enough of it to take it up, but I couldn't practice medicine without it. One of our old homœopathic physicians was turned down by a life insurance company about twelve years ago, with a blood pressure of about 220 and a marked glycosuria, etc. I gave him *Glycerin* 200th and higher. He has been perfectly well ever since. He has gone into life insurance since then as a first class risk. He is enjoying perfect health and is still living in Philadelphia.

*Glycerin* is a deep drug. It is a valuable drug. It is one of those remedies we labored to prove and as I said it hasn't been picked up by the profes-



sion yet. I think I have some reprints. If I have I will bring them from Philadelphia tomorrow and give the members what I have left.

PRESIDENT STEVENS: Have you published the proving, Dr. Griggs?

DR. GRIGGS: The proving was published years ago. As director of the Hering Laboratory I made the proving on twelve men who were thoroughly examined before taking the remedy and who carefully kept all their data very scientifically, such as blood chemistry, urine, and so forth.

CHAIRMAN J. HUTCHINSON: Did Clark use it in his dictionary?

DR. GRIGGS: No, Clark didn't take it up, but Anshutz did in his *Old and New Forgotten Remedies*. It is one of the later provings.

DR. C. L. OLDS: In regard to what Dr. Grimmer said about *Kali sulph.* being the chronic of *Pulsatilla*, I think I made the statement that *Kali phos.* has the aggravation from cold—most of the Kalis have this aggravation. I think there are two of them that are aggravated from heat, *Kali sulph.*, and *Kali iod.*

I am rather surprised that someone hasn't taken up the matter of the use of *Kali phos.* in obstetrical practice. That was one of the big points I tried to make. I have found although I do not do a large obstetrical practice that it is exceedingly useful in cases where it has symptoms such as I have given, along with the general symptoms. It will calm down these nervous cases wonderfully. You can go in and find a case that is all up in the air. She wants to do this and the other. She wants to hold someone's hand and she will say, "Give me a drink of water, I can hardly speak". That is quite common in obstetrical practice, and *Kali phos.* will help to ease it.

As to a comparison of *Kali phos.* and *Pulsatilla*, of course we have at once that disagreement in temperature. I think that they are on rather different planes. I think that is rather indicated because the *Kali sulph.*, which is close to *Kali phos.*, is the chronic of *Pulsatilla*. I would say that was one of the distinguishing features, the difference in the plane.

Hahnemann emphasizes and reiterates this caution (in Vol. I, Chronic Diseases, p. 152) by calling attention to what he terms "the three mistakes" which the physician cannot too carefully avoid, viz:

1. Thinking the dose too small.
2. Improper use of the remedy.
3. Too frequent repetition of the dose.

Whether the dose be large or small, the practitioner who fails to individualize and to match morbid phenomenon closely with drug pathogenesis, will fail to cure, and whenever an improper use of the drug is wilfully persisted in, whether arising from "carelessness, laziness or levity", as Hahnemann tells us, there is absolutely no hope for improvement, and a decent regard for common ethics should compel such a practitioner to abandon the claim to being a homœopathist.—A. R. MORGAN, M. D., 1895.

## HOMŒOPATHIC AIDS IN LABOR\*

JAMES KRICHBAUM, M. D.

When we have to do with the art of aiding nature in the delivery of the parturient woman, we have the opportunity of demonstrating the reason for our faith in the power of the homœopathic remedy, which, applied in accordance with the homœopathic law, and selected with skill, will determine the speed, comfort, and safety of the mother's delivery, and the most normal recovery, as well as the future health of both mother and child.

The expectant mother places her case in our charge. She has confidence in our skill. Have we the confidence in ourselves, in the power of our remedies, in our own knowledge of the same and in our skill in prescribing them to warrant us in promising her the safety she expects? We must know when mechanical interference is necessary; we must be masters of all operative technique for homœopathy cannot change the fact of maternal and foetal dystocia, malpositions of the child, pathological changes in the maternal bone pelvis, etc. Of course the remedies will carry the mother and child through a difficult delivery in better condition, it is hardly necessary to remind you of this fact. But in the so-called normal delivery our materia medica offers the aid that nature needs as well as in the operative cases. It is this phase of the subject which I will take up.

I asked a prominent old school obstetrician what he considered the three most essential aids in confinement. His reply was: First, confidence in one's self and a thorough understanding of the mechanism of labor. Second, surgical skill in all obstetrical operative technique, such as difficult forceps, version and extraction, Cæsarean section, and operation for repair of lacerations of all kinds including those through the sphincter and into the rectum, etc. Fourth, ergot.

I asked a homœopathic obstetrician the same question. His answer was: First, ergot after every labor. (He knew I never used it). Second, knowledge of how to use forceps. Third, gas-oxygen. (Short but sweet!)

All of the above have their uses and should not be neglected.

\*Read at the I. H. A., Bureau of Obstetrics and Pediatrics, June 1930.

They belong to the common routine skill and knowledge of all schools of medicine. But we, as students of the Hahnemannian law of cure, have many well known and positive aids to meet the requirements of the so-called normal and preventable operative cases of delivery. In this we have the advantage over the other schools.

A new case comes to the doctor. At the first interview he should get her complete history and carefully record it. This gives the patient confidence in the doctor and is helpful to the doctor in the conduct of the case. All symptoms should be carefully noted, especially the mental ones, such as fear, resentment, joy, desire, etc. Any one of these may be the key to the selection of the remedy, which, given early in the pregnancy, is the beginning treatment toward a normal labor in the future. On your skill in selecting the patient's remedy two things depend, the safety of the coming confinement and the health of the child. Two or three generations and we would have the acme of preventive medicine, a robust people with a minimum of ills.

Then labor arrives. What is to be done to make it short, easy and safe. The answer lies in the given remedy. The following remedies I have found very useful in the following order:

*Cuprum metallicum*. This remedy has all of the cramps of labor and is useful in helping the normal pains and in making them continue. *Cuprum ars.* is used if there is much burning and cramping with coldness.

*Caulophyllum* I place at the head of the list in abnormal labor. It has prolonged false pains which are erratic; a tendency to progress well for a few minutes and then slow up or cease. The patient becomes frantic, the pains are spasmodic, they fly about, change sides or are in the back and then in the front again.

*Cimicifuga*. In this remedy the pains cease and there are cramps in the hips which seem to replace the uterine pains. Uterine pains become weak, they extend to the groins, or may go from the uterus to the heart. The patient is chilly (*Nux*), but throws the covers off, only to immediately replace them. She is hysterical, trembling, shivering, with jerking of the muscles of her legs or arms or other groups of muscles. She complains of feel-

ing numb, thinks she is about to die, and weeps. Frequently she is of a rheumatic diathesis.

*Gelsemium*. The thin, sharply defined, gristly-like feel to the end of the cervix is quite characteristic of this drug. Pains go through to and extend up her back. She feels so weak that she cannot go on, she must have some rest. Prostration, weakness, exhaustion mark all her complaints.

*Pulsatilla*. Here the type or make-up of the patient is of great help; the mild, yielding, clinging type, April showers, tears and laughter follow each other readily. She wants to hold on to someone. She is rarely troubled with constipation. Pain ceases and she has hæmorrhage. The hæmorrhage seems to stop the pain. She is chilly but must have fresh air.

*Kali carb.* The abdomen is bloated; there is sharp, cutting pain; stitching pain; pain across the back; stitching pain running from side to side or commencing in the center of the back and running to the side. She wants her back rubbed, it gives her relief; pressure in the small of the back affords much relief. The labor is sluggish with stitching, sticking, jerking pains. It is an excellent remedy after abortions. It equals *Sulph.* in cases where you can get no symptoms to prescribe on.

*Belladonna*. The pains, like all Belladonna symptoms, come and go suddenly. The back feels as if it would break. The face is flushed; there is dry labor; the fluids have all dried up; she feels as if the contents of the abdomen would drop down or be pushed out. She is highly sensitive, noise bothers her, jarring of the bed, walking across the floor, anything that jars her is very annoying.

*Chamomilla*. She can't and she won't stand the pain. It drives her frantic, she is furious, beside herself, she is snappy, uncivil, disagreeable.

*Aconite*. This remedy has a full bounding pulse, a flushed face, and seems to be in great anguish which shows on her face, due to her fear. She is sure she is going to die. Fear of death is the keynote.

*Sepia*. There is a sensation as of a weight or ball or obstruction in the anus; a weak, all gone feeling in the abdomen; an in-

durated cervix which yields slowly; often indicated for women who have borne children rapidly; desire to be covered up warmly.

*Nux vomica*. There is a desire for stool or urination with each pain; sensitiveness to drafts or currents of air; chilly with each pain; drawing pain in the back; a bruised, sore feeling; a congested, full feeling in the head and chest. She complains of headache and wants to lie still.

I have found the following remedies of use for the following complications:

Hour glass contraction of the uterus: *Bell.*, *Cham.*, *Cup. met.*, *Kali carb.*, *Nux vom.*, *Plat.*, *Puls.*, *Rhus tox.*, *Sec.*, *Sep.*, *Sulph.*

Hæmorrhage during labor: *Bell.*, *Cinn.*, *Opium*, *Sabina*, *Secale*, *Phos.*, *Ergot* and *Ham.*

Abnormal presentation is said to be influenced or corrected by *Pulsatilla*. It may be true but it has always failed in my cases.

Certain remedies may be frequently indicated in certain types, for example, the fat woman often requires *Graphites*; the anæmic, cachectic thin woman, *Secale cornutum*; the blond, *Viburnum* or *Pulsatilla*; the tall, slender woman, *Phosphorus*.

For retention of the placenta: *Bell.*, *Canth.*, *Caul.*, *Gels.*, *Puls.*, *Sab.*, *Sec.* and *Sepia*.

For abortions from over exertion, *Rhus tox.*; from exposure to damp places, *Dulc.*; from fright, *Aconite*, *Gels.*, *Opium*; from injury, *Arn.*, *Rhus tox.*

For abortions in the second month, *Apis* and *Kali carb.*; in the third and fourth months, *Apis*, *Cimic.*, *Sab.*, *Sec.*; in the fifth to seventh month, *Sepia*; in the seventh to ninth, *Opium*. Of all of these I find *Apis* the most useful.

To help tone up the patient after severe hæmorrhage: *China*, *Kali carb.*, *Sepia*.

In conclusion let me remind you that while I have mentioned the remedies I have used most frequently in the above conditions and as an aid to labor and delivery any remedy in the materia medica may be indicated. The indicated remedy is, of course, always the most useful and must be given. You can always rely on it to do its work. It will not fail you.

## FACIAL NEURALGIA\*

HARRY B. BAKER, M. D.

In my experience facial neuralgia generally comes from one of three causes, syphilis, malaria or infection of the sinuses or teeth.

Of these malaria is the one most often overlooked, probably because it is frequently the result of an attack of the disease many years back, and only the toxins are present in the system. Sinus conditions are more easily located, but curing them is sometimes a very difficult proposition. I believe that the majority of sinus conditions is best treated with the indicated remedy alone, but there are undoubtedly cases in which surgical intervention is necessary. The trouble is to get a specialist who will be satisfied to do the surgical part and quit. They generally want to do a lot of local treatment, much of which I think is very harmful. Many of these sinus conditions follow attacks of influenza and the influenza may be so mild that the patient thinks that he has only had a slight cold and will deny ever having had it.

In the past few years I have had a number of patients come to me with facial neuralgia who have been through some clinic and been told that as far as the clinic could find out they were one hundred per cent. However, as the pain was still doing business at the same old stand, the patient did not agree with them, and he was dead sure after settling the bill that he was not one hundred per cent financially.

Recently I have had two very interesting cases from one of the leading clinics in this country. One of these cases was a man about forty years old, a teacher, who had attacks of left supra-orbital neuralgia. The attacks came every three or four weeks, and were so severe that he was laid up for a day or two. He was told that as far as they could find out he was all right, that they did not know why he had the pain. They gave him a prescription of luminal to help him when it came on. This man had a strong malarial history. The prescription was easy, as it was a typical *Spigelia* case, and he was given the 200th. I have heard from him once and he was a good deal better. He will need another and deeper acting remedy probably.

\*Read before the I. H. A., Bureau of Clinical Medicine, June 1930.

The second case was a woman about 35, apparently in perfect health, but at intervals, often twice a month, she has attacks of severe pain from the temple backwards. The pain is unilateral and alternates, but not regularly. It is very severe, putting her out of commission for a couple of days. She was under observation at the clinic for quite a while and they finally decided on migraine. She is from a malarial section of the state and had it a great deal when a child. I think that if I can dig out the malaria, the migraine will disappear. I have only seen her twice and it is too soon to give any report on her progress. I gave her *Sulph.* 200.

In regard to the treatment of these cases especially the malarial and syphilitic I believe that the indicated homœopathic remedy is their only hope, but that if there is any mechanical condition it should be removed.

RICHMOND, VA.

#### DISCUSSION.

DR. C. L. OLDS: There is one other source of neuralgia, the suppression of skin diseases. In fact, suppressions of any kind may do so.

DR. H. B. BAKER: I have been very much struck by the fact that the clinics, in going through a case routinely, fall down when they get to the toxins, a condition like that malaria toxæmia, because they can't find the plasmodium but the pain is there all right. You may be interested to know that those two cases I reported came from Johns Hopkins which is supposed to be pretty good.

To entitle one to the high distinction of being styled a homœopathician, something more is requisite than the bare acknowledgment of a sort of general belief in the Law of Similars, for that idea was distinctly announced by the so-called "Father of Physic" and has been repeated at intervals all along down the obscure pathway of medical history; in fact, most intelligent allopathic physicians today, while oblivious to the existence of anything like a universal law of cure, frankly admit the occasional efficacy of the "similar remedy", at least when administered in "appreciable doses", which, to the serious detriment of our cause, is about as much as some of those who masquerade under our flag are inclined to do.—A. R. MORGAN, M. D., 1895.

## THE USE, MISUSE, AND ABUSE OF DIGITALIS\*

DANIEL E. S. COLEMAN, M. D.

*Digitalis*, properly used, is one of the most valuable remedies, unintelligently employed, it does no good, or may produce great harm. When we examine the writings of the older homœopathic masters, the conviction is impressed upon us that they lacked the necessary knowledge of the therapeutic application of this remedy. Again, some want of enthusiasm may be attributed to inert preparations or to faulty dosage. Jahr in his *Forty Years of Practice* says: "Altogether the remedies that have been recommended theoretically for heart disease, more especially *Iodine* and *Digitalis*, have disappointed me. These two remedies in my hands had to be given in large doses and then had only a palliative effect". This note appears in Hering's *Guiding Symptoms*: "*Digitalis* is not, at least in our day, and in this country, a polychrest; not a remedy applicable every day and in a majority of cases; but it is an indispensable remedy in very serious cases, in which all the polychrests we have would leave us in the lurch". Hahnemann, with his extraordinary ability and power of medical anticipation, came near to the truth regarding the therapeutic action of *Digitalis*. The following appears in *Lesser Writings*: "But as the direct action of foxglove persists so long (there are examples of its lasting five or six days), it may, as an antagonistically acting remedy, take the place of a permanent curative agent. The last observation is in reference to the diuretic property in dropsy; it is antagonistic and palliative, but nevertheless enduring, and valuable on that account merely".

The leading homœopathic keynote is the *extremely slow, intermittent pulse*. If, however, we are to obtain the full therapeutic value of this medicinal agent, a thorough understanding of modern cardiology is absolutely necessary. Before Sir James Mackenzie revolutionized this important subject, many false ideas existed in relation to disease of the heart. Thomas Lewis says: "Recent study has thrown most of the major conceptions of heart disease into a melting pot, from which some have issued transformed, from which others will never issue".

\*Read before the I. H. A., Bureau of Clinical Medicine, June 1930.

When to administer *Digitalis*, how to administer *Digitalis*, and when not to administer *Digitalis*, are among the most important problems of every practitioner of medicine. Fortunately, there are certain well defined conditions indicating its use. These are as follows: *Auricular fibrillation*, auricular flutter, and cardiac disease characterized by *dropsy with dilatation of the heart*. It is necessary, therefore, that we recognize these before attempting to prescribe. This is very easy in the case of auricular fibrillation. The irregular irregularity characteristic of this trouble is readily diagnosed with the stethoscope without the aid of graphic methods. It was not so simple in the case of auricular flutter until Sir James Mackenzie discovered how to detect it without the aid of the electrocardiograph. When a patient has a very rapid pulse, it is either ordinary tachycardia or auricular flutter. In ordinary tachycardia, the impulses passing through the auriculo-ventricular bundle are normal. The auricles and ventricles are beating at the same rate. In auricular flutter the transmission is faulty and the auricles beat at twice (rarely four times) the rate of the ventricles. The beating of the auricles cannot be detected with the stethoscope. How then, can we distinguish ordinary tachycardia from auricular flutter? The patient presenting himself for examination has a regular pulse of 130 a minute. He is told to exercise. In ordinary tachycardia the rate is *increased*, in auricular flutter it is usually *not increased*. If the pulse in auricular flutter is increased by exercise, which is extremely rare, it is exactly double. A pulse of 130 would be increased to 260. It suddenly falls to 130. The pulse is *regular*. If the rate falls below 130, it becomes *irregular*. If the ventricles respond to every third or fourth beat, it becomes regular at these points, but irregular when it falls below. The diagnosis of *cardiac drops* presents no difficulty.

How and in what dose should *Digitalis* be administered? The beneficial results obtained in these conditions are due to the stimulation of the vagus. The auriculo-ventricular transmission is retarded and the ventricle has a chance to rest. In my early years of practice I entertained the notion that *Digitalis* should never be prescribed excepting in the attenuations. As time passed and my clinical experience ripened, I was forced to abandon such

a conception. I do not make the statement that this remedy may not be useful for certain cardiac symptoms when given in potency, but I am speaking of certain definite conditions where its beneficial action is recognized by every physician possessing an understanding of cardiac disease. When we consider that auricular fibrillation is present in about 70% of the cases of heart failure with dropsy, its value cannot be over estimated. Whether we give comparatively moderate doses recommended by Mackenzie (twenty minims three times daily), or the larger doses used by Eggleston, based on the body weight and given in single or divided doses, the object is to stimulate the vagus and thus rest the ventricle. *Digitalis* sometimes changes auricular flutter into auricular fibrillation. This is followed by normal rhythm.

I know that many present will not agree with this method of administering *Digitalis*, but they will find that it is in harmony with such homœopathic text books as Jossett, Arndt, Goodno, Lawrence, Mills, Boericke, Royal, etc. Dr. Royal recommends three to five grains of the leaves (a larger dose than used by Mackenzie) every four hours. Dr. William Boericke, a *high potentist*, prescribed five to twenty drops of the tincture, 1½ per cent infusion, or one-half to two grains of the powdered leaves. Of course these authors make no mention of the modern terms auricular fibrillation and flutter, but they prescribed for the same conditions without knowledge of the true pathology. In other words, they found that there were certain cardiac states which would not respond to the potentized remedy. Happily both Dr. Royal and Dr. Mills are still with us and can discuss this question.

The misuse of *Digitalis* consists in giving doses too small to produce any effect. I once traveled this road and found my tires punctured. In certain of the arrhythmia the attenuated doses may do, but not for the *failing heart of auricular fibrillation, auricular flutter or cardiac dropsy*.

Dr. Richard Hughes, that splendid example of a clear thinking, logical mind, claimed that *Digitalis* was antidoted by alcohol and that potencies above the 2x were not active. It is significant to note in this connection, that this remedy was once used as an antidote for alcoholism, but was abandoned on account of

its poisonous qualities. But now, since prohibition is upon us, we do not have to worry about this—the alcohol comes already poisoned. Dr. Eugene Nash, usually a high potentist, gave the 2nd attenuation.

#### THE ABUSE OF DIGITALIS

Great care must be exercised not to push the administration too far. When the pulse rate is decreased to approximately normal, or nausea, oppression of the chest, diarrhœa or headache occur, it should be stopped and resumed only when these effects pass off and the heart action becomes rapid. The dose should be reduced to just sufficient to keep the pulse at about the normal rate.

The abuse of *Digitalis* is not confined to overdosing and its too continued use. It is a habit, all too prevalent, to prescribe this drug for any conceivable cardiac disorder. As a matter of fact, it is rarely beneficial, in large doses, outside of the conditions we have mentioned. I have examined thousands of hearts, have watched numerous cases, showing various forms of arrhythmia, over long periods of years, have treated many patients with myocarditis, senile hearts, angina pectoris, etc. My experience confirms the above statement.

*Digitalis* is a heart poison, exerting its action directly on the muscle. In poisonous doses it produces weakening of the myocardium with various forms of irregularity, even auricular fibrillation. Hence the homœopathicity.

It would be impossible to report all the cases of improper use or overdosing that have come under my notice. To give *Digitalis* simply because the heart is weak, irregular or senile is contrary to my conception of scientific therapeutics. Such a practice may cause fatal terminations. At present I have under my care a member of one of America's most wealthy and aristocratic families. He is a man of seventy-two years with a charming personality and great culture. A life well worth prolonging. I first saw him on May 3rd. He was suffering from acute bronchitis. His cough was most distressing. The heart action concerned me chiefly. Pulsus alternans was present and the action was very weak. Pulsus alternans can be readily diagnosed, as you remember,

when the small beat is too weak to be detected by the stethoscope or by the finger on the pulse. This can be done without the aid of the electrocardiograph. We take the blood pressure and find the systolic reading to be 200. At first we get a very slow beat, for only the larger one is detected, but as we gradually admit the air and the indicator falls twenty points or so, the alternating small beat comes through. The rate is then doubled. Extra systole is similar, but is distinguished by a pause after the small beat. In taking the history of this patient, I learned that he had been on good size doses of *Digitalis* for several months. This was commenced when he was visiting Palm Beach. On his return to New York another physician was consulted. He claimed that signs of *Digitalis* poisoning was present and reduced the dose, giving three grains daily. I insisted that he take no *Digitalis*, and that he should never have taken any. That I was right, was proved by the fact that he grew worse under its use. The bronchitis responded nicely to *Phosphorus* 30x. Later he received *Gelsemium* because of the languid, stupid, weak condition which existed. When the bronchitis was cured, I prescribed *Cratægus* tincture, five drops four times daily. He is now up and about his business. The condition of his heart has improved to a remarkable degree.

I have seen other cases of senile heart do very badly under *Digitalis*, and I think that many a life has been shortened by its routine use. Sclerosis of the coronary artery usually exists. Under *Digitalis* its lumen becomes more narrow and the heart receives less nourishment.

Fortunately the homœopathic school has other cardiac remedies that are indicated for cases to which *Digitalis* does not apply: *Spigelia* with its rapid, weak, tumultuous action; *Kalmia* with its slow, weak pulse; *Cactus grand.* with the characteristic constrictive pain; and many others play an important part in our practices. I have found *Iberis* very useful in cases of tachycardia. *Cratægus* is a favorite. *Aconite nap.*, *Aconite ferox*, *Apocynum*, *Adonis*, *Arsenicum alb.*, *Arsenicum iod.*, *Aurum met.*, *Arnica*, *Convallaria*, *Grindelia*, *Kali iod.*, *Lachesis*, *Laurocerasus*, *Natrum mur.*, *Naja*, *Phosphorus*, *Strophanthus*, *Squilla*, *Sumbul*, *Tabacum*, *Veratrum alb.*, *Veratrum vir.*, etc., are among other remedies

which have served me when their characteristic symptoms were present.

Before closing I would like to mention a remedy that has produced marked results in some of my cases of angina pectoris. One patient, a man weighing about 240 pounds, suffered so acutely that he could not even move his hand without great pain in the cardiac region. So rapid and marked were the results of this remedy, that he returned to his work which necessitated long, hard auto trips. Another case was that of a butcher. His business required considerable physical labor and marked changes to extremes of temperature. The promptness and completeness of his cure (I say cure because he has had no symptoms for over a year) was remarkable. I think that I am keeping one old gentleman about his business, who thought that he was about to take his last journey several years ago, with the aid of this medicinal substance. I refer to *Latrodectus mactans*. I gave the seventh centesimal potency.

One word more. Do not forget that rest is a wonderful remedy for heart failure, and that a moderate amount of alcohol (wine, a high ball on retiring, or the equivalent) often proves of great benefit to angina pectoris patients.

NEW YORK, N. Y.

#### DISCUSSION.

DR. W. B. GRIGGS: I don't think there is another drug that is more daily proven than digitalis. There isn't a pharmacological laboratory that manufactures digitalis preparations that isn't pharmacologically testing each batch of digitalis put out, and any man who knows anything about pharmacological work knows that it never changes. Digitalis one hundred years from today will do what it is doing today.

If you are going to use digitalis, use it where you have all of the alkaloids used. Use it in the powder, in small doses, a grain or two. In my 36 years of hospital work I have seen small doses persistently given to the patient produce better results than these tremendously big doses. That is also borne out in the experience of my co-laborers.

DR. J. W. WAFFENSMITH: How much do you give?

DR. GRIGGS: One ounce twice a day.

DR. A. H. GRIMMER: Digitalis is too often abused, but it undoubtedly has a specific place, a very important place, in those cases of heart disease that are on the borderline of incurability.

DR. C. B. STEARNS: I think we ought to appreciate this paper because, if you remember, it tells us what to do in the worst cases we get, the kind that we sweat blood over, the kind that sometimes get by us if we don't do something of this sort, and the doctor has limited its use to the very types in which it will

do what you can call good. I have seen such cases. I have lost them, and I think we all have. They get waterlogged, and unless you give something of that sort you lose them. But after you get them straightened out, after you have palliated until they are on earth again you can sit down and work your case out sometimes and bring them around so that you don't need to do it again. In some of these I believe you have to do it once in awhile. This is a valuable paper in showing you where and when and how.

DR. C. L. OLDS: Nash in his *Leaders* speaks of the use of a trituration of the leaves used in the 1x in cardiac dropsy. I think the way he uses it, he takes one grain of the 1x, places it in a teacupful of hot water and allows it to stand there an hour and repeats that about every two or three hours until he gets his effects. I have tried that with some success.

DR. J. W. WAFFENSMITH: In the typical digitalis case where the patient has been digitalized and has had the remedy over a long period of time, I want to throw out the thought that very often *Digitalis* in the potency will start the process that you are looking for in a favorable direction. I had a case this spring that ran very true to this and after I gave a single dose of the remedy in potency, another remedy, which was the constitutional remedy, came to the surface and the case got well.

DR. A. PULFORD: There are direct indications for *digitalis*. We haven't heard them.

DR. D. E. S. COLEMAN: You mustn't give doses large enough to produce a heart-block.

Dr. Stearns is perfectly right when he says that after we help these cases with digitalis we can often sit down and pick a remedy that will give them great relief, sometimes cure, and sometimes relief, not always a curative relief unfortunately. Dr. Nash used the second centesimal potency.

Dr. Dixon said he has an allœopathic friend who claims that these cases of auricular fibrillation will die within a year. That is not so. They will live for years and years if you treat them right. You can keep them going year after year.

Dr. Pulford wanted to know the indications for *digitalis*. I thought he knew them so well that I didn't have to say anything about it. I just touched on it briefly. It is the slow, irregular pulse. That was the leading indication. There are a lot more: The auricular fibrillation and all the irregularities. I thought Dr. Pulford knew them so well he didn't want to have me mention too many of them. That wasn't the object of the paper because everybody knows the indications for *digitalis*.

Upon the proper examination of a patient hinges success or failure in homœopathic practice, for one imperfectly made, is as sure to lead astray in medicine, as starting from false premises leads to erroneous conclusions in logic; and right here may be found an explanation for many failures in the applications of our law of cure by heedless or incompetent practitioners.

The obstacles which interfere with a thorough and adequate "taking of the case", coupled with the tedious drudgery of hunting "the provings", for the nearest *simillimum*, discourage the indolent and demoralize the mere mercenary practitioner.—A. R. MORGAN, M. D., 1895.

## TEMPERAMENTS\*

H. A. ROBERTS, M. D.

The homœopathic physician should make a study of temperaments. We have the four classical classifications of temperaments: Nervous, bilious, sanguinous, phlegmatic. All these types are found in human beings of every race. Then we find many combinations of these types, with perhaps one basic type slightly predominating over the others, until sometimes we find an absolutely nondescript type. These temperaments are a part of the personalities of our patients. The temperament is cast in the very beginning of the combining of the parent cells, and once cast, there is no deviation from it. Morbific conditions may be added to the temperament, but the morbific process is not a part of the temperament; it is a disease factor. Whatever is morbific to an individual is amenable to treatment and can be removed; but removal of the morbific manifestation leaves the temperament intact. Temperaments themselves are not changed by the action of our remedies. Temperaments are natural physiological divisions of mankind; therefore, not being pathological, they are fixed to the personality. Morbific conditions, on the other hand, are not fixed to the personality.

In association with other homœopathic physicians, how often we hear the expression, "That patient is a typical *Pulsatilla* patient"! or *Phosphorus* patient; or perhaps some other remedy is mentioned as being the type. So often is the *Pulsatilla* patient associated with the blue-eyed blonde temperament at first glance; likewise *Phosphorus* is closely associated in thought with the tall, frail brunette. In selecting the remedy, it is undoubtedly true that some of our best homœopathic prescribers do look somewhat to the temperament as having a bearing on the choice of the remedy, but this is regarded as only one symptom.

I would not leave you with the impression that temperaments cannot be modified by circumstances, for which man is mostly responsible, namely, heredity and the miasms, but these are really morbific conditions, rather than basically affecting the temperament itself.

\*Read at the I. H. A., Bureau of Homœopathic Philosophy, June 1930.

## TEMPERAMENTS

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Now in the proving of our remedies we have an entirely different presentation, because it has been found that the action of a given remedy will vary in different temperaments. For instance, the florid, phlegmatic temperament is easily affected by a remedy like *Belladonna*. On the other hand, the nervous-bilious temperament is easily affected by a remedy like *Phosphorus*. The dwarf is easily affected by *Baryta*; the intensely nervous temperament by *Nux vomica*. These people have the ideal temperament as provers of individual remedies, because they register more completely the full action of the remedy.

When morbific conditions are present in any of these temperaments, these conditions are amenable to the remedy indicated, regardless of whether or not they are of the temperament naturally associated with the best provers. For instance, *Phosphorus* produces tubercular symptoms in the spare, narrow-chested. Again, *Phosphorus* produces a group of vascular symptoms in the fat, rotund and florid. Yet *Phosphorus* acts on all types of people, producing varying images of its own character; and it will cure in all disease likenesses regardless of temperaments. Some of its complaints come out in one temperament, some in another, and some in the nondescript type.

Now what is true of *Phosphorus* is true of every remedy in our materia medica. In sickness we must not put a limitation on our remedies, when they are so broad as to cause an action on all kinds of provers, both men and animals, and are curative in all diseases of men and animals, whether or no they are of the classic types that produce the best provers.

What then shall be the basis of our prescription? "Let law direct and experience confirm" is an old axiom. In taking the case and applying the homœopathic prescription, the totality of the morbific symptoms are the only ones to be considered, not partly morbific and partly temperamental. The physician must perceive in each case what it is that is morbific. The totality of the morbific symptoms is the sole basis of every homœopathic prescription. When we are confronted with generals and particulars, we must first settle with the generals and then with the particulars. It may be that the remedy that is indicated has not been sufficiently proven to bring out the particulars, or the par-



ticulars that have been brought out in the disease likeness are not so much indicative of the remedy as of personal idiosyncracies. Where we can find no generals, no great things should be expected. Where there are many regions affected, and all aggravated or ameliorated by the same circumstances, that fact becomes a general. Where the symptoms of all regions work in contrary circumstances, you cannot cure until you find the generals.

The basis, then, in all of our procedure, is to find the totality of the morbidic symptoms; the Law of Similars; the single remedy; the potentized remedy. Then we will have cleared the patient of the morbidic conditions, and will have the temperament and personality left intact, as it was created in the image of God.

DERBY, CONN.

#### DISCUSSION.

CHAIRMAN J. W. WAFFENSMITH: The conclusion of this paper certainly would stand the test of all the principles of pure homœopathy and I thank the doctor for this valuable addition to our literature.

DR. J. W. KRICHBAUM: I wonder if it is possible for us all to look at a person with the same vision. For years and years I have written down the temperament, and tried to find various ramifications in keeping a record of the case. I have had other people say that it was of no use whatever. Perhaps I am the worse for it, but half of my prescriptions or more are based on what I see and a few answers to questions I get from the patient. I can't sit down and put a half day on a case, especially if there is an epidemic of grippe or something of that kind going on. We must of necessity get to observing people. We must take into consideration their temperament, their personality, their attitude when you approach them, and temperament plays an important part in the selection of a remedy. Suppose you get a placid, happy-looking blonde that you would expect to smile, and instead she is ready to snap your head off, it means more than that she is a blonde and that she should be in a good humor; it means that she is cross as two sticks, and it may mean *Nux vom.* So I think temperament is of vital importance. Another person may find it of no use whatever.

DR. I. L. FARR: This most excellent paper emphasizes one of the strong points in homœopathic prescribing and that is the individualizing of the remedies to the individual himself. Temperament is nothing more than what makes Dr. Roberts not Dr. Royal or Dr. Krichbaum or myself. The difference between us is just a matter of temperament. It is the individual; it is the thing that stands out that makes the individual.

DR. A. PULFORD: I think Dr. Roberts has the right idea; That when homœopathy is fully completed we will find remedies divided very much as we find them in the miasmata. We will find that certain remedies will act on different temperaments to the exclusion of others and a good deal better on the ones where they are indicated.

DR. C. M. BOGER: On this matter of temperament, I would advise our friends not to move too rapidly. Some of the most serious trouble I have gotten into has been in the prescribing on temperament. I have a case now. I have tried repeatedly to take this woman's temperament into account and each

time it was a failure. I don't mean that I never take temperament into account because I do, but it is only one of the factors, that is all. You can't let temperament outweigh the symptoms. This case, of which I am speaking, is one of tuberculosis. and if there ever was a woman who had *Lycopodium* symptoms she had them, but it didn't do her one speck of good. It seems to me that in those cases we nearly always come back to some miasmatic remedy or one of the nosodes. The only thing that has ever done her any good has been a nosode. That has been my experience quite a few times. I don't go so much on temperament usually, it is a small factor with me.

CHAIRMAN J. W. WAFFENSMITH: I think that the case Dr. Roger speaks of is a superimposition of some series of miasmatic suppressions and I believe that when he works out that phase of it there will come a point or a time, if the patient stays with him long enough, when he will get back to the naturalistic correlation between temperament and natural miasmatic condition of that patient, because there is a natural correlation.

Take the Indians and the more primitive people. They had, for instance, a condition of simple urethritis which they knew how to correct and to cure, but when the alien, the foreigner, came in there was an intermixture and there developed a complicated sycotic condition, superimposed upon their natural miasmatic state which they could easily handle with the simple vegetable concoctions. There was a new, complicated state produced which it was extremely difficult to handle.

I believe that this question of temperament, like any of these other phases, will naturally fall in line and rather than being any disagreement today, it seems to me that in our bureau we are having a remarkable convergence of opinion, with each man adding his contribution to the unified whole, as it were, giving us a renewed concept of the superior quality of homœopathy. We have a renewed conviction that we have something that has not been superseded by anything better, and I believe we will be better satisfied to go forward and follow along the lines of a higher and purer homœopathy than we have been heretofore.

With us, the vexed question of dose has caused more discord and bitterness than any other; by it we are divided into hostile camps of materialists and dynamists; one side without actual experience with dynamized drugs, flippantly denying efficiency to all attenuations carried beyond the reach of material analysis, forgetting that the human organism supplies a more sensitive testing instrument than can be found either in the clumsy scalpel of the anatomist, the laboratory of the chemist or in the lens of the microscopist.

No one denies the limited range of curative action which dwells in crude drugs, nor in the appreciable doses of the low dilutionists, but the more subtle powers of highly potentized drugs are revealed only to those who faithfully observe the rules which are inseparable from Hahnemannian homœopathy.—A. R. MORGAN, M. D., 1895.

## MAGNESIA CARBONICA\*

C. M. BOGER, M. D.

The common vision of *Magnesia carbonica* portrays sour, gassy babies with cutting colics and greenish, frothy, floating stools. Being an antipsoric also, it has other uses mostly based upon symptoms found in Hahnemann's *Chronic Diseases*. One of the most outstanding of these is sharp shooting pains, like lightning, along nerve tracts, apt to be worse at night; then the patient gets up and walks about for relief; so-called neuralgia, not always easy to trace to its lair, although not infrequently the digestive tract is at fault. The typical *Magnesia carb.* patient is a pretty sensitive chap with a restless flair as well as a desire to keep warm. He feels changes of weather and cold winds acutely, more so on dry than wet days; they make him tense and nervous.

There are some very distinctive symptoms referable to the median line of the anterior trunk, the most decided one being a pain at the junction of the fifth right rib with the sternum, noticed more on wiping the anus. The following peculiar symptoms have also been produced by it.

Distressing sense of dryness within the ears.

Pain or sweat over the right eye. Has helped right-sided cataract.

Cramps on the back of hands.

Awakes tired in the morning.

Desire for open air, yet sensitive to cold.

Averse to heat, yet can't bear uncovering.

Nodes under the skin. This symptom reminds me of a patient who was bitten on the left lower leg by a rat when a small boy. In his sixty-third year a hard dark mass as large as a half dollar appeared on this spot, which radiated shooting pains up and down the limb, more so at night. There was a history of two cases of cancer in the immediate family and a physician advised its removal, which the patient declined. He had attacks of feeling as if about to sink down, of sudden sleepiness, and general numbness. He could not lie comfortably on the right side at night (*Mag. mur.*) From the history he was presumably a sour bottle

\*Read at the I. H. A., Bureau of Homœopathic Philosophy, June 1930.

## MAGNESIA CARBONICA

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fed baby and, as a boy, had a foot sweat suppressed. He was always nervous in dry, bright weather. A dose of *Magnesia carb.* occasionally for several years removed the pains entirely, reduced the growth to the size of a nickel, made it soft and much paler, while his general health improved greatly. He also had the costosternal pain spoken of above.

It is noteworthy that this remedy presents quite a few of the modalities of *Pulsatilla* and of *Rhus tox.* and for this reason is often overlooked, often being needed when *Rhus* is given. It is a common complaint that poison ivy doesn't act long or thoroughly enough; when a careful scrutiny of the *Magnesia carb.* symptomatology will show that it should have been given instead.

PARKERSBURG, W. VA.

### DISCUSSION.

DR. C. M. BOGER: This paper is very brief, and to introduce it I wish to read a report received from the Source Research Bureau in Chicago. By the way, if you want any information this is one of the most valuable sources of information in this country. You get your information practically for nothing and it is thorough. I wrote to them asking for a history of the use of magnesium carbonate from the earliest times up to the present day and I will read what they say.

(Dr. Boger then read the report from this institution).

DR. E. B. LYLE: The W. F. Prior Co., Harrisburg, Pa., which publishes the *Tice Medicine* (allopathic), also have a very reliable research bureau, doing the same type of work as this organization Dr. Boger refers to. I have referred several homœopathic questions to them and really gotten some very good results. If anyone wants to know more about this service, I have the information at home which I will be glad to supply.

When to repeat is a question that sometimes sorely perplexes even the most conscientious, intelligent and loyal homœopathician. Medicines of themselves are neither homœopathic nor allopathic, all depends upon the mode of use, and the use becomes strictly homœopathic only when remedies are applied in conformity with certain definite rules which have been well epitomized under the legend, SIMPLEX, SIMILE, MINIMUM, meaning the single similar remedy in its smallest efficient dose; and every departure from these fundamental rules, whether due to ignorance, heedlessness or inexperience, is unhomœopathic.—A. R. MORGAN, M. D., 1895.

## PROGRESS IN TEN YEARS? A PICTURE\*

JULIA M. GREEN, M. D.

We hear it said over and over that there has been more progress in all lines of endeavor from 1920 to 1930 than in any previous decade.

Surely the pace of living and thinking has been swift, almost madly swift, so that many lose mental balance trying to keep up. The number of physical breakdowns through vital organs and through the nervous system is amazing, until this unsafe accelerated speed is taken into account. Spiritually too, there is so much readjustment that poor minds and bodies are torn with the conflict of it. Socially one wave of crime after another shocks communities until one wonders when and where it can stop. The ever increasing search for money and for entertainment, "the passing show", constitute the controlling interest of a wonderfully large percentage of the people. No subject seems sacred any more, so free is discussion and so flippant one's vocabulary. Many predict the approaching end of civilization if not the end of the world itself, an alarming picture!

But there is entirely too much to be drawn on the other side to become pessimistic.

Living beside all this frivolous, careless, superficial attitude of the masses are sober-minded, earnest people in numbers probably never reached before. They do not make the noise or create the disturbance these others do, but they are working steadily, in orderly sequence, to help produce a time rich in the high character of its people and yet permeated through and through with the intellectual and material achievements of the last decades of this present age.

Therefore we have to ask ourselves how much in these last ten years is permanent and how much is only busy-ness. How much real progress can we see? And, as we are interested in the place of homœopathy in it all, how can we best bring our well beloved art of healing into the picture of progress as the new age dawns?

Homœopathy belongs to the thinking people. We must make

\*Read at the I. H. A., Bureau of Homœopathic Philosophy, June 1930.

our appeal to them and do it according to definite, well-made plans. Who, then, are the thinking people of this day and generation?

In chemistry we find them studying the activities of millions upon millions of infinitesimal organisms within the atom which, until recently, was supposed to be the limit of the divisibility of matter. We find them applying new-found knowledge in modern chemistry to the latest intricate detail of manufacture of all sorts of useful and artistic things. The chemistry of foods is occupying the attention of some things as it never did before. Applied chemistry is fascinating, as the old abstract study never could be.

In physics we find many of our best minds hard at work, bent on providing easier, more efficient ways and means for their fellow man. We see glimpses only of the advance in chemistry and physics in the contemplation of textiles (new weaves, colors), treatment of leathers, adaptation of materials to cooking utensils, manufacture of glass, potteries, brass-ware; the use of fuel oils; the manufacture of automobiles; new building materials, paving of streets, electric wiring, etc. We see much in the activities of the government Bureau of Standards, the Agricultural department, Smithsonian Institution and National Museums. For one instance, think of the growth of the canning industry! Then, when we contemplate recent developments in electrical appliances, in radio knowledge, and in aeronautics, we come upon marvels without end.

A generation ago few people knew what sanitary science meant, or mental hygiene. Now we owe so much to these things and to a better understanding of diet, that it is hard to realize the difference.

In the realm of metaphysics the same painstaking progress appears. Students are busy interpreting the esoteric into terms of modern thought in order to give us clear understanding and working equipment. One school of thought is showing us oriental teachings in terms of the Christian Bible and so opening up new appreciation of that wonderful collection of books.

The social sciences are forging ahead. One has only to contemplate recent advances in psychology, in sociology, in altruistic activity to be sure the next epoch in this world's history will be

far finer than this one. There is a great deal of evidence that man loves his brother man, for there are works which show practical studies of the needs of all sorts of people. One instance is the wonderfully understanding plans of World War relief in foreign countries.

So there has been tremendous progress in the general sciences in ten years.

How about the arts and the philosophies?

It would seem that the fine arts have not advanced much. We have few really great painters, musicians, actors, but the arts as they touch the sciences have gone ahead remarkably. The useful arts (and medicine is one of these), the art of efficiency, the art of living, these are making strides forward.

The placing of each individual properly in his relation to himself, his family, his neighbor, all his fellow men, his community, his state, his country, this planet and all the universe is being methodically and painstakingly considered by outstanding men and women. The study of mental reactions, control of will, personal responsibility, the effect of rewards and punishments, the meaning of spiritual experiences, the recognition and best use of opportunity; these are the practical directions in which present-day philosophy is moving.

Why all this general, indefinite discourse you ask in a medical meeting? Because this is the environment of homœopathy; we must view homœopathy against the background of this picture.

All the foregoing shows that the background of our picture of a decade of progress is far stronger, more distinct, more active than the foreground. The *general foreground is medicine* and this is darkened by selfishness of organizations and individuals, by medical politics, petty wrangling, etc.

When the clouds are cleared away, we see fine progress in diagnosis, surgery, sanitation, hygiene, but not much endeavor to place medicine in complete harmony with the general background.

*The specific foreground is homœopathy.* This is far more obscured than medicine in general. It is a vitally useful art, so intimately related to every one of the elements in that distinct and

active background that a harmonious picture might result if these relationships were brought out clearly and the homœopathic profession itself were a strong, harmonious unit.

Why is homœopathy obscured? There is no use dwelling on the blind prejudice against it of the vast majority of physicians and the organized effort among them to wipe it out of the picture; this is well known.

What probably is not so well known is the willingness of non-medical cults to know more about it and the eagerness to use it among the few who do know about it.

*Ignorance is the greatest enemy homœopathy has.* This does a thousand times more to darken the foreground of our picture than prejudice ever can, and homœopathic physicians, as a class, are doing little to remedy this condition.

A very few homœopathic physicians are trying to prove the truths of the Law of Similars and its corollaries so that the research workers of today will appreciate their value and begin to study them. These few have much opposition from their confreres, to say nothing of the obstacles in getting publicity for their work.

More physicians of the older school are finding the way to homœopathy by their openminded investigations, not knowing by name whither they are tending.

Some basic science workers are formulating tenets which prove the truths of homœopathy before many of the physicians are ready to accept them. Investigators in metaphysics and the occult sciences are doing the same thing.

All these people are ignorant of the help to be obtained from the best of our homœopathic prescribers and most of these prescribers themselves are busy with daily office routine, not seeing the vital importance of taking part in educating patients and communities in the principles of the very healing art they love more than anything else.

Truly the foreground of our picture is clouded. We should not turn away from it on that account, for opportunity beckons from every part of the orderly, clear background. Those who say that homœopathy is bound to go under, to be lost under its pres-

ent name and in its present form cannot read the signs of the times.

What, then is to be done about it? There are three definite things that we, as homœopathic physicians, can do to bring light to the foreground of our picture by spreading abroad the news of homœopathy.

First, we can become earnestly desirous of working together to give out to our country the essence of homœopathy. We can become openminded, unprejudiced and industrious, eager to help.

Second, we can search out the one man or woman in each of the basic sciences, the useful arts and the philosophies who knows his subject thoroughly, who is openminded and who is the sort best adapted mentally to study homœopathic philosophy.

We can go to this person, offer adequate remuneration for the service desired, secure his consent to investigate homœopathy thoroughly and write a treatise for us on its relation to his own specialty.

Then we can publish this treatise and send it out to every physician in the United States, to every prominent worker in the field chosen and to all other well known students we might have on our mailing lists.

So with each one of the subjects with which we wish to correlate homœopathy. The result would be a series of able treatises by those whose voices would be heeded by the thinking people forming the background of the picture.

Of course such procedure would cost money; all worth while things do. If we homœopathic physicians who love our prescribing art, are enough in earnest and can work together, the choice of people to write the treatises and their consent to do the necessary preliminary work in cooperation with us would make a telling appeal to those who have money to give.

Third, we, as physicians, can study the correlated subjects and be alert to appreciate the work of those who will work with us in writing the treatises.

Would not these three procedures be worth while? Are they not practical? Do they not fit into present-day need? Would they not prepare the way to bring light into the foreground of the pic-

ture of a decade of progress, enabling homœopathy to take its place?

The American Foundation for Homœopathy constitutes a clearing house for just this kind of cooperative endeavor. Its Bureau of Research would be the place for the work here outlined.

"A man with a truth is a man with a torch.  
His duty lies in the dark places".

WASHINGTON, D. C.

#### DISCUSSION.

CHAIRMAN J. W. WAFFENSMITH: We have heard a great deal this afternoon about what is not being done. Let us take a few minutes to speak about something that is being done. I went to the second annual Physicians-Laymen Conference this spring. It was my first visit to the Laymen's Conference. I was surprised at what Dr. Green and Dr. Ross are doing for the laymen. Speaking about homœopathic education, I have never seen any laymen better qualified to speak on homœopathic philosophy from a layman's standpoint than these laymen in Washington. It is a remarkable and commendatory work. I would urge each member of this Association to make it his business to visit the next annual Laymen's Conference in Washington and enter into the conversation and discussion. I assure you you will be agreeably surprised.

DR. A. PULFORD: You must remember there are two sides to this question. We have been going down, down, down. Twenty years ago I predicted the whole thing.

You can go out and propagate homœopathy all over but if you can't furnish the men to do the work what good is it? If you have the men to do the work and don't propagate the thing what good is it? You have to consider both sides.

I have spent several hundred dollars in spreading the knowledge of homœopathy, sending it all around the world, and we have educated the people. We find no trouble. But we aim to back up homœopathy, and that is what we must do. If we don't do that, we will go down, no matter what else we do. All our propaganda will fall flat. We must back it up, and they know the difference. Our patients know the difference. We send medicine into every state in the Union. Our patients follow us up.

So, educate the people in pure homœopathy and have men ready to take care of the results of your propaganda, otherwise you might just as well put your money in your pocket or light a cigar with it.

Touching the practical question of dose, we quote the reply of Hahnemann to his friend and follower, Dr. Schreeter (who wrote the master for advice in the treatment of certain cases) as follows: "Your want of success in the cases recorded is certainly owing to rapid changes of remedies, too often unfitting dynamization . . . and too large doses". (Bradford's Life, p. 184)—A. R. MORGAN, M. D., 1895.

## THE CHARACTERISTIC OR INDIVIDUAL STAMP\*

A. PULFORD, M. D.

All remedies, like individuals, have a peculiar characteristic mark or stamp that differentiates them from all others, and, if they are to be positively identified, this characteristic mark or stamp *must* be searched for and found. It is not sufficient to be able to state that this man is the nearest to a similar man; to the one who committed the murder, but he must be positively identified before we can prosecute him, and thus it is with the remedy to be used. The fact that we consider it the *simillimum* or most similar remedy is not sufficient—it must be *the* similar remedy if we are to get a *final* result, in other words, a complete eradication of the disease to be cured.

It is commonly accepted among the majority of those who call themselves homœopaths that there is neither method in remedy selection nor intelligence in potency selection. A given set of symptoms may simulate a certain drug and yet the characteristic mark or stamp be entirely overlooked, then we wonder why a remedy apparently so well indicated, to us the apparent *simillimum*, or most similar remedy, failed to effect a cure. How many times we homœopaths try to play Hamlet only to find Hamlet missing.

The great majority of us go into disease ignorant of how to combat it, it scares the very life out of us, then we begin to dope and dope and dope, simply because on top of this ignorance and fear we do not know our materia medica. In this way we pile up, on top of the original disease, an artificial drug disease for which eventually the very best prescriber on earth could never find a remedy.

It is expected of the allœopath that he prescribe drugs without even giving them a second thought, but for homœopaths to do so is unpardonable. In order to make a totally efficient prescription his remedy must bear the characteristic mark or stamp, which marks the remedy's individualism, and this must carry with it the proper amount of power or potential. Even if the characteristic or individual mark or stamp is present in the list

of symptoms or indications and the proper power or potency is not exhibited the result will be delayed, but if the proper power accompanies the characteristic stamp the result will be prompt, continuous and final, without either fear of injury from too much power, or delay from not enough power. In other words if the power is too high a sharp aggravation, not always benign, will be the result and consequently the cure retarded for a short period until the effects have worn off. If, on the other hand, the power is too low the case will be long drawn out and the patient would have been better off without the remedy. Such cases are very apt to be only partially finished and are very apt to relapse. If the drug used does not contain the characteristic or individual mark or stamp and seems like the *simillimum*, or most similar remedy, certain symptoms will be caused to disappear or be suppressed, and the case will be masked, and it will be impossible to find the truly similar remedy.

We note in Kent's *Lectures on Materia Medica*, in the lecture on *Arsenicum alb.*, p. 152, that he uses the term "*similimum*" instead of "*simillimum*" and think that he had in mind, perhaps, a similar idea that we had ourself of the proposition, i. e., that the term *similimum* relates to a changed form of the term *similar* and not to the Latin *simillimum*, and representing the accurately selected remedy, which must, if we are to be specific, artistic and especially scientific, include the exact potential of the drug, or potency if you so wish to term it.

As examples of what we are trying to get at, let us take *Calcarea carb.* and *Sulphur* as examples, two opposites: The characteristic or individual stamp of *Calcarea carb.* is represented by four words: Cold, moist, weak and pale, defined as follows: Generally cold and sensitive to cold air; sweaty, especially about the upper part of the body and more especially upon the occiput, wetting the pillow far around during sleep; cold, sweaty hands and feet, the stockings feeling damp or as if the feet were in cold water; desire for eggs, especially hard boiled; generally weak, especially from the least mental or physical exertion; generally pale and anæmic, even though fleshy.

The characteristic or individual stamp of *Sulphur* is represented by four words: Heat, red, dry and faint, defined as fol-

\*Read at the I. H. A., Bureau of Materia Medica, June 1930.

lows: General heat, sensitive to heat, palms and soles hot and dry, must put feet out of bed to cool soles off; all orifices abnormally red; so faint especially at stomach around 11 a. m. (sun-time) that he must eat to relieve it.

Those symptoms must be present, in their respective indications, if the truly similar remedy is found and a radical cure to be expected. Those two remedies cover so much ground that various groups of symptoms may be covered by them and look positively like the truly similar remedy. But the case that includes those above symptoms will be the one from which we can expect a complete and final result or cure. Here are two cases:

A child, about 18 months old, had eczema capitis from the first month after birth, and had been under constant alloëopathic care until turned over to us. In the long history the above *Calcarea* individualistic stamp appeared. The child was given a single dose of the 10m. By the end of the week the mother returned utterly discouraged. When asked why, she said: "The eruption had all dried up and scaled off, but the urine was so acrid and strong that it brought tears to her eyes and choked her as she breathed so that she had to hold her nose while she changed the napkins". She received a *Placebo*. At the end of the second week everything had cleared up and now, over two years later, the child has not known a sick day, is healthy, active, strong and rosy-cheeked.

A man of 55 years had suffered for 10 years with a heel that had grown almost ebony black, extending from the ankle to the ball of the foot, covered with a foul, thick, moist eruption and an ulcer discharging freely a thick, foul, yellow pus. His father died with an almost identical trouble. For over ten years this man had been under alloëopathic treatment, the foot growing worse all the time. Dr. D. T. P. took this man's history carefully, covering two pages of closely written matter, amongst which there appeared the characteristic stamp of *Sulphur*. He was given a single dose of the 10m. The first week he felt quite a little improvement, by the end of the second week his friends began to notice it and spoke to him about it. The improvement went on until he had an accident, bruising the foot. This interfered with the continued progress, but as soon as this was cleared up he was

given a second dose of *Sulphur* 10m which carried the case through to a beautiful completion.

Thus we get a glimpse of the characteristic or individual stamp of two of our greatest polycrests, easy to remember, absolutely essential to an accurate prescription and an unerring guide to the right remedy to be studied.

The one and only reason that our materia medica needs to be so large is, that for want of the proper remedy, the yet unproven remedy, with which to compare, we are compelled to treat so many cases with remedies not related to the case, that we are compelled to retain a lot of symptoms of very little or of no value, to give us a clew to the nearest remedy we can find.

A point on which we wish to touch is our approach to the patient. Some say watch the patient's approach to you. A patient comes into your office with a face a blank, he sits down and shuts up like a clam. You ask him to tell you how he feels. He replies, "That is what I came here for, for you to tell me". The greater part of the patients we get either wish to hide something, or else they forget half of what they would like to tell you. In all those cases it is absolutely necessary that we leave no stone unturned to get at their characteristic stamp, and to do so we must learn how to diplomatically approach them without psychological suggestion, in order to get them to open up and talk. With no thought of *ipse laudit*, let me refer to a case that had consulted Kent, H. C. Allen and several others, now dead, but equally prominent, as well as some of the very best talent on this floor, who told a doctor friend of mine that we had been able to give him the most relief that he had had. We only got to the bottom of that case by diplomacy. A question straight but diplomatically put brought out the necessary information that had been lacking to bring out the characteristic stamp. Always watch the patient's approach to you, but should that alone fail, do not forget to learn how to diplomatically approach the patient.

And now a word as to drug power, potency or potentization. Do not allow our contact with modern medical science to so addle our brain that we lose sight of the very object for which we are gathered here to discuss the principles which we wish to preserve. Let us not go at these things pseudo-scientifically, but in-

telligently. It seems to me that all our trouble lies in a misunderstanding of what we really mean by the term drug, and by the term potentization. Every individual drug represents a fixed power that never varies, no matter what the potency or potentization used the same results will always be produced. This power, being invisible, no science will ever be able to limit its divisibility nor will any microscope ever be made that will be able to record just when that power disappears. That upon which this power is to act, alone, will be the determining guide. Our potentization, as we are pleased to term it, does not change the power of the drug, if it did, then the action of every drug would change in ultimate result with every change of potency of that drug, but it does not. Our potentization merely regulates the quantity of that power to be used on the one hand, and on the other so reduces the resistance of the drug's container or envelope as to make that power more able to escape, hence the more rapidly active. *Calcarea carb.* represents one distinct power, *Sulphur* another, but as soon as they become properly fused together into *Hepar sulph.*, the entire power of both is changed and results in an entirely different action, producing a result distinct from either. Kent said: "The perverters of truth claim that the self-same agent will cure in any dose or any potency. The indications may lead one to the curative agent, but not necessarily to the similimum, the proper potency does that". So that the potency is necessary to the selection of the *simillimum*. When men unknown to each other reach the same goal there must be some grounds in the reason that leads them to that goal.

Homœopathy is not losing out, or discouraging us, because, in itself, it is deficient, but simply because we are trying to make it do with the wrong remedy what it cannot possibly do. If it is eventually lost to the world, it will be through wilful ignorance, and we homœopaths will be solely to blame for it. Once it is fully unfolded and perfected, the characteristic or individual stamps searched for and found, we will be able to carry complete materia medica and repertory in our coat pockets, for all that we have to do, and all that we do do, is to match the individual's characteristics with the characteristics of the drug, for *it is the individual* and not the disease we are treating.

The scar on the cheek may be all that distinguishes between two men, yet while that scar is not sufficient to distinguish one man from all other men, when it comes to fine points that scar is the deciding factor between those two particular men who are otherwise indistinguishable from each other. So it is with the characteristic mark or stamp of the remedy, it does not necessarily indicate the remedy but must always be present in the conditions indicating that remedy if that remedy is to be specifically indicated and cure. It may consist of a single symptom or group of symptoms.

Speaking of the scar on the cheek recalls a case, typically *Calcarea*, of a child whom we saw for a bowel trouble, the child of a right good looking mother, who was heartbroken and very much distressed about the deformed morphological construction of the child's head. The characteristic stamp of *Calcarea* stood out all over the child, its hands and feet cold and damp, its occiput bathed in profuse sweat during sleep, wetting the pillow far around, etc. But the head! It was all out of shape, the ugliest head one could ever expect to see on a child, and on the right of the vertex was a bony lump as large as a hen's egg. The child is now three years old. While writing this, the father whom we had not seen for a year, walked into the office. When asked how the boy was, said: "The boy has not needed you for a year. I am now here for a cold he has just taken, his first illness since I saw you last". When asked about the child's head, he said, "You would not know the boy, his mother is now proud of him. His head is as near symmetrically perfect as any child's head and the ugly lump has so far disappeared that it is not noticeable any more".

TOLEDO, OHIO.

#### DISCUSSION.

DR. A. PULFORD: Here is a case that I think will be interesting to you. It was a case of eczema squamosum. The man was seventy years of age. He had been trying to get rid of it for twenty-five years. The trouble began between the thighs, extended to the scrotum, to the anus, and thence to the legs. His legs looked as if he had on a pair of alligator puttees. Both legs were a dark, angry red color, covered over with bright silvery scales. In the history taken by Dr. Dayton Pulford there appeared the characteristic stamp of *Petroleum*



which is as follows: The parts itched furiously, compelling scratching—and here is the peculiar condition that I want you to take in because I have proven it before—compelling scratching which caused a fluid to ooze which in turn caused him to scratch until the parts bled, after which they turned cold. That is a peculiar condition of *Petroleum*. The stools were loose during the day with an all gone feeling after stool. These symptoms must be present.

Here is another illustration. We had a man about sixty-five years of age who had what his doctor said was flu. Being born and raised under alloopathy or modern medicine he had no conception of what symptoms or anything meant, and he was one of those gruff fellows whose approach didn't amount to anything. You couldn't get anything out of him. All that he had to offer was weakness, profuse cold sweat at night, especially on waking, or after the least mental or bodily exertion. We took those symptoms to the *Repertory* and the leading remedy came out *Sepia*. We gave him one dose of *Sepia* 1M and he made a beautiful cure, maybe.

Dr. Stearns has given you an idea of how the wrong remedy will suppress symptoms. He took that dose of *Sepia* and that night he had no night sweat, and he has had none of those profuse cold sweats since. But he did not bear the characteristic stamp of *Sepia*. After the first night he was elated over the condition and the result that we had produced. He came to me three or four days afterwards and he was going right down hill. We had suppressed the symptoms. We had given him the remedy. The characteristic stamp of *Sepia* is indifference, stifled affection, excessive mental and physical irritability, yellow saddle across the bridge of the nose and under the eyes, distressing emptiness, gnawing hunger at the pit of the stomach, constipation; always feels as if there is a lump in the rectum, which is not better after stool; the stool covered or followed with yellowish jelly-like mucus; hands cold and sweaty. No matter what the other conditions are, with those symptoms present you will get your results.

As an illustration: We had a lady come to us over a year ago with a prolapsus that had defied every kind of treatment, mechanical or medical. She had that characteristic stamp. She received one dose of *Sepia* 1M and prolapse began to come up. Two days before we left she came into the office and said, "Dr. Pulford, I don't know that I have a pelvic region", and that is the difference between prescribing the *simillimum* and my *simillimum* with one I. I don't give a continental for your Latin *simillimum*.

DR. D. COLEMAN: Was that first one a case of syphilis?

DR. A. PULFORD: Yes.

DR. D. COLEMAN: What was the Wassermann reaction before the remedy and what was it after the claimed cure?

DR. A. PULFORD: That I don't know and it doesn't bother me at all. I don't believe in it anyway.

DR. E. WRIGHT: What did Dr. Pulford do to the poor man who was suppressed with *Sepia*? How did he get him out of his troubles?

DR. A. PULFORD: That case is pending now and we are going to take the man's history over again, but those symptoms will have to be considered. If we had not seen the man we would have lost all of that.

DR. E. WRIGHT: You didn't try to antidote it?

DR. A. PULFORD: No, I did nothing to it, because I think it would have spoiled the whole thing. You would get then a mixture not only of suppressed symptoms but of symptoms created by the drug which were not indicated in the condition. You would complicate matters.

DR. J. W. WAFFENSMITH: How long ago did you give this dose of *Sepia* to this man?

DR. A. PULFORD: About a week ago or more.

DR. J. W. WAFFENSMITH: There is one point I want to bring out in refer-

ence to *Sepia*, and that is, very often you get a very tardy reaction. I have had considerable experience with *Sepia* among the Latin people. Sometimes one gets a condition which, as the doctor explained, makes one think it is the wrong remedy, or there may be the opposite result, a remarkable improvement which may last for a month, a month and a half, or two months. Unless you interfere with the action of the remedy you will then get a tremendous aggravation, and the longer the reaction is retarded, the more severe it will be. If it becomes very serious or if degenerative changes take place, I have found that *Nux vom.* or *Ignatia* very often take the rough edge off of a prolonged aggravation which has become retarded in this way.

Another point I want to bring out is in reference to perspiration in tubercular states. It is a most serious matter to suppress a perspiration in pulmonary tuberculosis. I have seen it done quite often. The patient is very much annoyed by profuse perspiration and will insist that you give something to alleviate that condition. And if you are not able to produce a return of that condition your patient will not live very much longer.

DR. A. PULFORD: As far as I have been able to watch these aggravations, they were produced if the drug was the right drug, or intensified other symptoms of the drug. But in this case they didn't, and that is why I am positive that this is not the right remedy.

DR. A. H. GRIMMER: Dr. Kent has given us a number of observations that masters have found after the administration of the homœopathic remedy, and among them is the state where certain symptoms, superficial symptoms, get better and yet the patient goes steadily down. He tells us that either one of two things has happened when we get that condition: Either the prescription is faulty or the patient is an incurable one.

In regard to Wassermann reactions after homœopathic prescriptions, I have had a number of Wassermann reactions that were made negative by our homœopathic remedies after quite a time. Sometimes it takes two or three remedies. Wherever I have a clearcut history of a syphilitic infection, I always have a Wassermann taken by a good laboratory, and I have the same laboratory check up from time to time, so that the same antibodies are used. I have never failed to get a negative Wassermann. Sometimes I have to wait as long as three years but in all cases that I have followed up the Wassermann has always become negative after homœopathic remedies.

Briefly considered, he advises us to permit the patient to tell his story in his own way, without undue interruption, while careful record is made including such objective and subjective symptoms as may be observed; afterwards, we are to proceed in the search for explanations and further details, avoiding so far as possible, all leading questions and such as require categorical answers, for you will often meet those who may unintentionally lead you astray.—A. R. MORGAN, M. D., 1895.

He who does not know "how to take a case", properly, is not capable of advancing the first step toward a choice of the similar remedy, and he who attempts to practise our art without continual recourse to the "provings" imposes upon himself, deludes his indiscriminating patrons, and by lack of success, brings odium upon our sacred cause.—A. R. MORGAN, M. D., 1895.

## GASTRIC ULCER\*

K. A. MCLAREN, M. D.

Gastric ulcer is becoming exceedingly common. In days gone by it is quite evident that many so-called dyspeptic cases were really cases of chronic ulcer, or ulcers which had healed and left behind large scars and crippled function.

The cause of gastric ulcer must vary as to the individual, and it is very important to determine as nearly as possible. This cannot always be done, but a careful examination of the patient's mode of living, inquiry into events preceding the illness, and a careful physical examination and possibly X-ray of the teeth will very frequently determine it.

Now, in nearly all cases of ulcer, there is present an over activity of the stomach glands with formation of an excess of hydrochloric acid. This acid is poured out in the stomach nearly all the time, instead of as in normal cases only when required for digestion. This excessive acid nearly always precedes the formation of an ulcer. Its presence gives rise to that burning sensation in the epigastrium so frequently complained of, to the heartburn, waterbrash, and irritations, etc. No one can state positively at what time the ulcer forms, but its presence renders all the above mentioned symptoms more distressing, and adds the extra symptoms of pain. The particular location of the ulcer in the stomach wall has much to do with the severity of the pain. The acid in the stomach passing over the ulcer causes irritation, this is followed by contraction or spasm of the stomach muscles, and this in turn causes the very severe pains met with in these cases. The slow gnawing pain is probably due to the acid in contact with the raw ulcer surface. All remedial measures in these cases must be mechanically correct as well as functionally so. One must eat, but as coarse foods are mechanically more irritating they must be omitted. Functionally we recognize the presence of an excessive acid. This must be diluted so as to reduce the irritation and spasm, and the food used to do this must be a protein, as starches and sugars are not digested in the stomach: Milk is the best of all foods and eggs follow. They are functionally and mechanically right.

\*Presented at the I. H. A., Bureau of Clinical Medicine, June 1930.

## GASTRIC ULCER

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Just as an injury or ulcer in any other part of the body will not heal if constantly irritated, and must get rest, so must a person suffering from a gastric ulcer have rest. This rest must be in bed if the case is very acute, if not so acute the omission of coarse foods from the diet is a form of rest, and the patient should be instructed to lie down or sit down at every opportunity.

Rest of mind is nearly as important. You will find when searching for the cause of the ulcer, that a very great percentage of them are brought on by mental strain, worry and grief.

There are undoubtedly some cases which will defy all measures aimed at their relief. These cases are happily very scarce.

If an ulcer case is treated with rest, proper diet, and the correct homœopathic remedy, they return to health very rapidly. It is indeed rare that any patient who is regularly a homœopathic patient, ever develops an ulcer. They may and often do develop a hyperacidity, but consult their physician, and the condition quickly yields to the remedy.

The type of case that we most frequently meet with is therefore one who has passed through the stage of hyperacidity into that of ulcer formation, and who have frequently been to other doctors first, and now days in the larger centres they have been through the hands of a stomach specialist, and radiologist. They are on diet more or less strict when they arrive in your office. The history in some cases is very long, and in one of my cases, there had been three operations at intervals of from four to five years.

It is quite probable that in many cases an operation gives permanent relief. I believe that in these cases the ulcer was probably caused by an infection say from teeth. This condition is usually remedied early and an operation in such a case should give permanent relief. In a case due to worry and fear the mental relief to the patient from knowing that there is no cancer, and that he is now well will cause the operation to be a permanent success, or permanent so long as there is no repetition of the worry.

In a tremendous number of cases however the functional disturbance is the cause, and as the operation removes the results only it cannot be a success, and is not. These patients need

good homœopathic prescribing, and will never get well without it.

A few words regarding hæmorrhage in gastric ulcer may be of interest. You have had cases come who give a history of many years of hyperacidity, ulceration and perhaps operation, but no history of hæmorrhage, while other cases give a history of one or more hæmorrhages. The tendency to hæmorrhage in any acute case can therefore be discounted if in previous attacks there was no history of bleeding. If however there is now or has been hæmorrhage look out for more. That patient is to be given more rest, and that tendency to hæmorrhage must be included in your study of his symptoms.

Just as ulcers on any other part of the body run a rapid or chronic course, so do gastric ulcers, but on the whole they are slower to heal because the stomach can never be put completely at rest. Rectal feeding does not give the complete rest to the stomach which it is supposed to give. Duodenal tube feeding is applicable only when the ulcer is not near the pylorus.

Now as to remedies, they are numerous. Where the ulcer is deep and getting near the peritoneum or where it is inflamed you will find the patient is worse from every jar, and at times complains of a throbbing. *Belladonna* speedily relieves. If he goes about holding his hand over the ulcer and is much better lying down *Bryonia* is likely to assist. Where there is burning, great weakness, and frequent vomiting, try *Arsenicum*. If vomiting, hæmorrhage, and thirst occur, *Phosphorus* is very often indicated. The greatest of all chronic ulcer remedies is, of course, *Sulphur*. It will cure nine out of ten chronic cases. *Carbo veg.* ranks next. *Nux vomica* is useful where the ulcer is caused by business and other worries and drugging, *Anacardium* where eating greatly relieves the pain, also *Graphites*. Where the hæmorrhage is severe and the patient partially collapsed use *Secale*. For smaller hæmorrhages try *Kreosotum*.

I mentioned a case in Montreal last year where the symptoms were simply not present. He has had three large hæmorrhages. It developed that, about two weeks previously the patient's mother had died suddenly. *Ignatia* promptly stopped the hæmorrhage, and later *Sulphur* completed the cure.

## POINTERS

POINTERS FROM THE NOTE BOOK OF DR. WALTER M. JAMES

Cysts and ganglionic enlargements on the wrists and flexor tendons of fourth finger and palm of hand, *Ruta*.

Dyspnœa while ascending or descending stairs, *Lobelia inflata*.

Delirium tremens, when the delirium assumes the character of anger rather than anxiety, *Gratiola*.

Holds head and eyes down on account of headache, *Apis*.

Must unbutton collar, *Tartar emetic*.

Does not like collar to touch neck, *Phyt*.

Must loosen vest and collar on account of dyspnœa, *Sars*.

Pain and aching in back of region of spleen the best remedy is *Lobelia cerulea*.

Child desires to be carried by different persons, *Iod.*—DR. HENRY N. GUERNSEY.

Cancer, *Alveloz* (one of the Euphorbeaceae).

Cancer. Dr. Mahlon Preston cured cancer of breast with *Homarus Americanus*, the poisonous part of the lobster.

Abscesses. *Caps.* is better than *Hepar*.—DR. SAMUEL CLEVELAND.

Pain in chest worse from any twisting motion of body. Dr. Mahlon Preston used to ask his patients if it hurt to twist the body from hips up as an indication for *Ran. bulb.*

Pains running from left upper chest to scapula, *Myrtis com., Pix liq., Ther., Tub.*

Fear of choking when bed covers touch the mouth, *Amm. carb.*

Mental derangements at the climacteric, *Cycl.*

Worse on alternate days, *Pib.*

\* \* \* \* \*

A transparent pinkish skin makes one think of *Phosphorus*, if the mucous membranes show translucency. Suggested by Bœnninghausen.—C. M. BOGER.

When a nursing mother feels contracting pains in the left breast when the child is nursing the right, consider *Borax*.—H. A. ROBERTS.

Vomiting immediately after eating pork, *Rhus venenata*.—

H. A. ROBERTS.

Kent gives *Ruta* second rank in the vulnerary remedies. *Ruta* has a special affinity for bruised bones and periosteum. *Rhus* pains are as if sprained. *Arnica* in bruised conditions, especially if the internal organs are involved, with extravasation into the tissues, especially if the patient has a cold nose.—H. A. ROBERTS.

### ABIES NIGRA

IDENTIFICATION: As of an undigested, hard boiled egg at cardiac end of stomach.

ESSENTIAL: As of an undigested, hard boiled egg at cardiac end of stomach; always worse after eating; constipation; total loss of appetite a. m., craving noon and night; very low spirited.

IMPORTANT: Painful sense as if something were lodged in chest and had to be coughed up, worse coughing. Waterbrash after cough. Choking sense in throat as of something sticking in lower end. Wakeful and restless at night, with hunger, sleepy during day. Head hot, cheeks flushed.

CLINICAL: Any disease including the above essentials. DYSPEPSIA: Aged people with functional heart troubles; often accompanied with distress in head and flushed cheeks, from tea or tobacco. HEART affections; dyspnoea; sharp cutting pains; action heavy and slow; tachycardia; bradycardia.

MISCELLANEOUS: Compare in DYSPEPSIA: *Agar.*, burning after food and muscular twitchings; *Bry.*, general aggravation from least motion; *Calc.*, aggravation after supper; *China*, the lump is higher up, under the sternum; *Ign.*, sighs with its gloominess; *Kali carb.*, extreme sensitiveness of epigastrium; *Nat. mur.*, aggravation from sympathy; *Nux* is irritable instead of gloomy; *Puls.* is worse early a. m. and tearful; *Zinc.* with its restless feet.—A. and D. PULFORD.

### EDITORIAL

Dr. John Wyckoff, professor in medicine at the New York University, and director of the third medical division of Bellevue Hospital, in an address before the recent congress of physicians at Yale University, has issued a warning against the use of digitalis in the treatment of lobar pneumonia. He stated that digitalis was widely used in the treatment of this disease in the belief that it aided the heart action. With this in mind, Dr. Wyckoff analyzed 735 cases of lobar pneumonia, and he reached the decision that the use of digitalis tended to increase the mortality.

The committee, under Dr. Wyckoff's direction, divided these 735 cases into two groups. To one group digitalis was administered, while the drug was withheld from the other. The group which was digitalized was found to have a mortality rate of 40.06%, against 32.9% for those who did not receive digitalis. Dr. Wyckoff summarized by saying that even in cases with heart complications digitalis proved of no value, and that it was his observation that digitalis may produce a toxin in pneumonia which causes death without warning.

Dr. Wyckoff's findings bear out the record of Camp Stuart during the war. At first all cases were given aspirin, then digitalis, with a mortality rate of 25.8%. Later aspirin and digitalis were withheld and the mortality rate fell to 15%.

There is nothing in the field of physiological medicine that brings to light so emphatically the Hahnemannian teaching, that it is not one organ alone that is sick, but the whole man. In pneumonia, as in the provings, digitalis affects the unstriated muscle fibre, and what affects the heart affects the smaller arterials and cells of the whole unstriated structure. It is only when the whole condition of the man who is sick is considered, and a remedy exhibited in a dynamic form to meet the conditions of the whole man, that we can expect a remedy to be curative in a disease that is dynamic in its manifestations.

It is refreshing to see that some of the leaders in the ordinary school of medicine are beginning to see the actual harm that is done by physiological therapy in this dread disease of pneumonia, which shows such a tremendous mortality as 40% under

the use of digitalis. It is a terrible contrast to the showing of the dynamic form of treatment, which seldom has a mortality of over 4% in these conditions. If these men who are honestly seeking for better things in therapy could only be brought to see the light, so that they could see clearly the great fundamental law of cure, and the philosophy and development of the art of healing according to that law, how much needless sorrow and suffering might be saved, and how much would be added to the sum total of the value of life that is needlessly sacrificed!—H. A. ROBERTS.

A broader experience came in the public clinic of the Homœopathic Medical College of Pennsylvania, during the session of 1867-8, where no preparations were used during the entire season except the high potencies of Dr. Fincke, an experiment which I assure you some of the professors, myself among the number, acquiesced in reluctantly, after having been out-voted in faculty meeting, but the results of that winter's experience converted every member of the faculty to a firm belief in the superior efficacy of highly potentized drugs, and you may rely upon it, that we did reach that conclusion because we were able to do better than we had formerly done for our patients.—A. R. MORGAN, M. D., 1895.

After the nearest *simillimum* has been decided upon, comes the question of dose and of its repetition, and if the practitioner halts at this stage, he halts at the stage where Hahnemann began his first experiments in reducing the size of the traditional doses which had proved so disappointing to him, experiments which to his surprise culminated in potentization, the crowning achievement of his remarkable career.

Potentization is the fulcrum upon which the whole philosophy of homœopathy turns, an entirely new principle in medicine, without which our beloved science would soon lapse into the fossilized empiricism which still survives in the old school.—A. R. MORGAN, M. D., 1895.

## CARRIWITCHETS

SIT DOWN, DOCTOR, AND WRITE US YOUR ANSWERS TO THESE QUESTIONS

34. What is the relation, if any, of the change of potency to the rise of primary or secondary drug symptoms?—R. SPALDING.
35. How do you explain primary and secondary drug action homœopathically?—R. SPALDING.
36. Is it true that the allœopathic large doses tend to produce secondary drug action and the smaller homœopathic doses primary ones?—R. SPALDING.
37. Is there any remedy that you can give instantly in emergency cases of angina pectoris, which have only the classical symptoms?—H. MENKEL.
38. What is the most frequently indicated remedy in angina pectoris?—H. MENKEL.

ANSWERS TO QUESTIONS IN AUGUST ISSUE

*Will some of the older prescribers give us a list of all the repertories known to them, and the relations between them, if any.*

—I am listing below the repertories in my own personal library, with the relationship existing between some of them. Some of these are special repertories, dealing with certain conditions and special parts. These speak for themselves and need no further elucidation.

It is for the analysis of symptoms we use a repertory. The symptoms must be carefully written and all the remedies in the materia medica having those symptoms noted; then by a cancellation of remedies we ascertain the ones which by their relative values are most similar to the case, and if any doubt exist, must finally refer to the pathogenesis in the materia medica.—H. A. ROBERTS.

Bœnninghausen's *Therapeutic Pocket Book*, 1845.

H. C. Allen says of the *Therapeutic Pocket Book*: "This is the first repertory that attempted to put the value of veri-

fied symptoms on the remedy, exemplifying Sec. 153 of the *Organon*, in which Hahnemann says that "the more striking, singular, uncommon or peculiar characteristic signs and symptoms of the disease are to chiefly and most to be kept in view' in the taking of the case as well as in the selection of the remedy".

Bœnninghausen's *Therapeutic Pocket Book*, edited by Hempel, published 1847.

Bœnninghausen's *Therapeutic Pocket Book*, translated and edited by Okie, published 1847.

Bœnninghausen's *Therapeutic Pocket Book*, edited by H. F. Allen. Allen analyzed 22 remedies and combined them in the rubrics with the remedies Bœnninghausen had already listed. All of these added remedies had been proven in potency, although some clinical symptoms were included as well.

Bœnninghausen's *Therapeutic Pocket Book*, arranged on slips by H. C. Allen.

H. C. Allen based his arrangement on the work of Wm. Jefferson Guernsey, whom Allen credited with being the greatest exponent of Bœnninghausen during his lifetime.

Bœnninghausen's *Repertory of Intermittent and Other Fevers*, translated by A. Korndoerfer.

Bœnninghausen's *Intermittent and Other Fevers*, translated by P. P. Wells.

*Repertory of Whooping Cough*, Bœnninghausen.

*Sides of the Body Repertory*, Bœnninghausen, 1853. Translated by J. D. Tyrrell and published 1892.

*Repertory of the Antipsorics, Antisyphilitics and Antisycotics*, Bœnninghausen, 1833; translated by C. M. Boger and published in 1900.

*Symptom Register*, Richard Field. A card system repertory.

*Repertory*, P. F. Curie (father-in-law of Madame Curie).

This repertory contains sections devoted to General Symptoms; Febrile Symptoms, and Accessory Symptoms of the Febrile Condition; Moral, Pertaining to the Mind; Anatomical, Accessory, and Concomitants; Affections of Men; Affections of Women and Children; Repertory on Remedies

for the New-Born. There are concomitants following all chapters. This was published in English in 1847.

*Synoptic Key*, C. M. Boger.

This represents well known remedies and the remedies holding highest rank in their several rubrics in most of the general repertories.

*Repertory of Symptoms of the Ovaries*, C. M. Boger.

*Times of the Remedies*, C. M. Boger.

*General Analysis*, C. M. Boger.

*Hull's Jahr*, Snelling, 1862, 1879.

*Hempel's Jahr, a Pocket Repertory*, 1850.

*Hull's Jahr, Clinical Index*, largely based on diseased states.

*Repertory on Rheumatic Conditions*, Walter James.

This repertory has never been published and is in manuscript form. This represents the collaboration of Lippe and James, and was compiled with the aid of Lippe's notes.

*Repertory of the More Characteristic Symptoms of the Materia Medica*, C. Lippe, 1880.

This is a general repertory, accentuating the mind and disposition; then the anatomical locations, listing the symptoms under the several anatomical divisions; sections on fever, sleep and dreams, and ending with a chapter on generalities, including aggravations and ameliorations. This is a complete repertory, including all the proven remedies up to Lippe's time; he also included 31 remedies which had not been proven. In his preface Lippe gives credit as the basis of his own work to Hering and his associates at the Allentown Academy for the repertory which they compiled (which is said to be the first repertory published in the English language) and which was published in 1838, and he states that he added selections from Bœnninghausen, Adolph Lippe's *Materia Medica*, Bell on *Diarrhœa*, Guernsey, and Hering's translation of *Jahr*. Kent copied the book in general scope and practically all of the detail, with very few changes. Those changes were particularly in some headings, adding some headings and remedies, and by bringing the remedies up to his time. Lippe's repertory contains 297 remedies. Of these, 37 were discontinued by Kent, and of

this number, six of them were proven remedies. Kent added enough remedies to make the total number in Kent's third edition 540, or an addition in all of 280 remedies. Of these 540 remedies, 106 are not proven, but represent toxicological, physiological and clinical symptoms. Unquestionably Lippe's was the pioneer work on which Kent's was based. Lippe's repertory ran through two copyrighted editions.

*Repertory of the Materia Medica*, Kent. Three editions, also copyrighted.

*Repertory of Desires and Aversions*, Wm. Jefferson Guernsey.

*Repertory of Hæmorrhoids*, Guernsey.

*Repertory of Diarrhœa*, etc., Bell; three editions.

*Repertory of the Back*, Wilsey.

*Repertory of Diseases of the Respiratory Organs*, F. H. Lutze, 1916.

*Repertory of the Duration and Action of the Remedies*, Lutze, 1892.

*Repertory of Neuralgias*, etc., Lutze.

*Gentry's Concordance*, 1890.

*Repertory of Spasms and Convulsions*, Holcombe, published 1895.

*Repertory of Sensations as If*, Holcombe, 1895.

*Repertory of Symptoms of Intermittent Fever*, Wm. A. Allen, 1883.

*Repertory of Fevers*, H. C. Allen.

*Repertory of Typhoid Fever*, Panelli, 1869.

*Repertory of Scarlet Fever*, Edward Rushmore, 1895.

*Clinical Repertory of the Materia Medica*, John Clarke, 1904.

Emphasizing the causation, temperaments, clinical relationships and natural relationships.

*Repertory of the Foot-Sweats*, O. M. Drake.

*The Bed Feels Hard*, H. C. Morrow.

*Repertory of Cough and Expectoration*, Lee and Clark, 1894.

*Cough Time Table*, J. E. Winans, 1887.

*Repertory of Rheumatism*, Perkins.

*Repertory of the Therapeutics of the Respiratory System*, Van Denburg.

*Repertory, Symptoms of Rheumatism, Sciatica, etc.*, A. Pulford.

*Repertory on Eczema*, Charles F. Millspaugh.

*Repertory of Aggravations and Ameliorations*, E. Jennings Lee.

*Cholera, Gastric and Intestinal Repertory*, Joslin.

*Bee Line Repertory*, Stacy Jones.

*Repertory to Hering's Guiding Symptoms*, Knerr.

*Repertory to Pathology and Therapeutic Hints*, Raue.

*Repertory of Homœopathic Medicine*, Ruoff, 1845; translated by Okie.

*Repertorial Analysis of Headaches, with Their Concomitant Symptoms*, John C. King.

*Repertorial Analysis of Therapeutics*, C. Hering.

*Symptom Register*, T. F. Allen.

*Repertory of the Tissue Remedies*, Boericke and Dewey.

*Clinic Repertory*, Shedd, 1908. A repertory of time modalities.

*Repertory to the Modalities*, Samuel Worcester, 1880.

*Time Table*, Elias C. Price, 1876.

*Repertory of Characteristic Symptoms of the Materia Medica*, Edmund J. Lee, 1889; which devotes a large part to the mind and disposition.

*Repertory on Appendicitis*, Yingling.

*Repertory of Uterine and Vaginal Discharges*, Eggert.

Fully one-third of this work is devoted to the general concomitants of the discharges.

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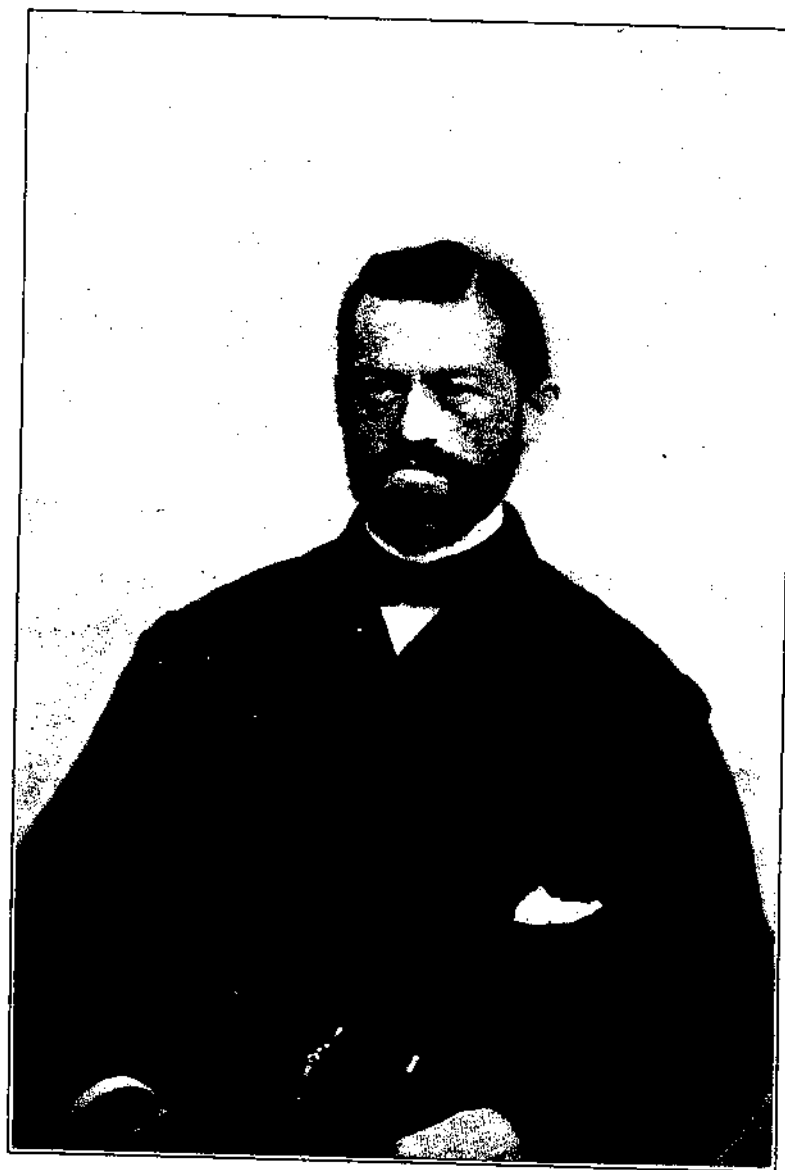
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BERNARD FINCKE

# THE HOMŒOPATHIC RECORDER

VOLUME XLV. DERBY, CONN., DECEMBER 15, 1930. No. 12.

## MANY MEN OF MANY MINDS\*

GEORGE ROYAL, M. D.

There are, today, many issues, many problems, many questions, and many subjects, with many men of many views on either side of all.

It will be my aim, during the few minutes allotted me, to *increase* the number of men who agree on the most vital subject of *homœopathic philosophy* and to *decrease* the number of views on the same subject. I shall try to do so by showing that, while many of our views seem different, they, in reality, are not. The apparent differences are due to seeing things from different viewpoints; and our individual viewpoint is the product of our inheritance, our surroundings, and our education—in a word, due to our make-up.

Before going further let us get together on the word *philosophy*. Webster defines it as: 1st, "The knowledge of the *causes* of all phenomena both of mind and matter"; 2nd, "A particular philosophic subject"; and 3rd, "A calmness of temper". I trust we may all possess the last while discussing the other two.

On what particular points do many of our profession differ concerning homœopathic philosophy and practice? We differ on the following: (1)\*\*

### I Diagnosis

- a. Definition of
- b. Importance of

### II Disease

- a. Definition of
- b. Classification of
- c. Importance of knowledge of
- d. Symptoms of

\*Read before the I. H. A., Bureau of Homœopathic Philosophy, June 1930.

\*\*See bibliography.

- III Dose
  - a. Size of
  - b. Repetition of
- IV Etiology (Causes)
  - a. Knowledge of
  - b. Importance of in selecting the indicated remedy
  - c. Importance of their removal
  - d. Importance of in making a diagnosis and giving a prognosis
- V Potency
  - a. How to determine
  - b. Relation to the repetition of the dose
  - c. Efficiency of
- VI Symptoms
  - a. Definition of
  - b. Classification of
  - c. Essentials of
  - d. How to secure, arrange and rank
- VII Our Remedies
  - a. Their action and reaction
  - b. How they act
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  - d. Whether antidotal, complementary or inimical
  - e. Their elective affinity for tissues and organs
  - f. The manner of selecting and administering them
- VIII Auxiliary Treatment
  - a. Definition of
  - b. Importance of

Our individual knowledge on the above points ("Phenomena") surely varies enough to give us many views on our "particular philosophic subject". Let us, therefore, with a "calmness of temper" study some of these different viewpoints and attempt to reduce their number.

#### DIAGNOSIS

Let us take the common definition (2), viz: "The recognition of a disease by its symptoms". On this we can all agree. But, but, when it comes to the *importance* of diagnosis there are

nearly as many (1) views as there are individuals. "Why recognize a disease?" "Homœopathists should have nothing to do with diseases." "We, homœopathists, treat patients, not diseases." Some of the self-styled pure homœopathists feel that anyone who uses the word disease should have his mouth washed with soap and water as my mother did mine when I used some naughty word.

Fine, fine, *but* again the patients of homœopathists sometimes die, and in most states the physicians are obliged to write in the certificate the disease which caused death. In my last book I cite a case (3) of one of these extremists, who was willing not only to hear but use the word *condition*, but *disease* never, no never.

I have often written (4) and more often stated that for me a *diagnosis is an absolute necessity* in the selection of the indicated homœopathic remedy. Why? 1st. Because when you make a diagnosis you consciously or unconsciously, correctly or incorrectly, form a conclusion as to what tissue or organ is affected. 2nd. You conclude *how* that tissue or organ is affected, whether irritated, inflamed, functionally or structurally changed. 3rd. You know that it has been demonstrated that some drugs can only irritate, can neither inflame nor cause structural changes like atrophy or hypertrophy, etc. Therefore, it would be not only futile but unreasonable to select a drug or remedy for an ulcer or a cataract which can only cause irritation. 4th. Diagnosis is very important in helping select the potency and in determining the repetition of the dose. (5) How? Why? Let me cite three cases not only answering the questions but touching the subject of prognosis. (4) All three cases had a similar, yes, a common entrance complaint, viz., "blurring of vision".

CASE 1. Miss B., age 29, school teacher; dark complexion; of neuro-bilious temperament; father died when she was three years old of pyæmia resulting from an operation for gallstones, from which he had suffered for many years. Mother living, but suffers from neurasthenia and occasional attacks of hysteria.

Patient suffered from chorea at the age of puberty, 14, and has also suffered from dysmenorrhœa ever since. She is usually constipated. On her first call at my office her first sentence was, "Doctor, I want something to stop *my blurring of vision*". Being

requested to be more explicit she continued, "It comes every Friday night after my week's work is done and I relax from my nervous tension. I have a dull headache then, blurring of vision, a mist before the eyes, then nausea; these symptoms grow worse so that I cannot sleep Friday night from the headache. Usually I vomit on Saturday morning, after which the headache, blurring of vision and nausea gradually get better but I am completely prostrated all day Saturday. I can sleep Saturday and Sunday night and am able to go back to my work Monday morning". She continued, "This evening the eyes are worse than ever and I want to go to a picnic tomorrow, the worst way, so I came for something. Can't I get it?"

She was given four doses, five drops each, of *Iris ver.* to be taken in an ounce of water every hour for four doses. She was to go without her dinner; to take a laxative dose of *Magnesia phos.* in a half pint of water, and go to bed. The next day she went to the picnic and reported a fairly good time. The following Monday she was given *Iris* 30th, five drops in water, before breakfast, for three days. This cured after six weeks.

CASE II. Mr. G. H. K., aged 35, lawyer; light complexion; heavy, thick set, of sluggish temperament; family history nil; personal history, subject to catarrh of head and stomach whenever he takes cold, which he does easily. He came into my office with: "Doctor, give me something for my blurring vision. I have a very important case to argue in the morning and unless you can check this attack I'll be unable to appear." He added, "This is the forerunner of a terrible sick headache to which I am subject." When asked to give particulars he said, "The attack always begins with a blurring of vision, almost blinding me, then come hard sticking pains in my head over my eyes. As the headache grows worse the sight improves but nausea and vomiting set in. I vomit and cough, cough and vomit so that I can't talk. More than that I am terribly weak both mentally and physically from twenty-four to forty-eight hours."

He was given five tablets of *Kali bich.* 3x, in a dram of water, every hour for five hours. He was also told to dissolve ten grains of *Kali bich.* 1x, in a teacup of water and douche his nostrils, throat, and mouth with it on reaching home and the first thing in

the morning. He was also given tablets of the 30th of *Kali bich.* to be taken every morning. The result was satisfactory. He had only one attack beginning with the blurring, after that.

CASE III. Let us omit the family history, etc., in this case. A watch maker came to me and made the following entrance complaint: "Doctor, my vision is getting poor, I have a sort of mist before my eyes and I'm afraid I'm going blind." Examination showed that cataracts were developing in both eyes. He was put upon *Causticum* 6x, ten drops, in a dram of water, to be taken internally night and morning and at the same time to have two drops of *Cinararia* put into both eyes. He was asked to report in six weeks. The report was, "I can see a little better, at least I am sure I am no worse." The treatment was continued. The second report made three months later was, "I can see much better." Treatment was discontinued for three months, then resumed for two weeks, and then discontinued so long as there was improvement. His eyesight was saved.

Here are three different patients of three different make-ups and temperaments, with the same entrance complaints, but with three different diseases, affecting four different tissues or organs, viz., nerves, liver, mucous membrane, and eyes, given three different remedies in four different potencies, repeated at different intervals; with the same result, viz., amelioration of the sufferings of the three patients.

In all three cases *diagnosis played a very important part* in the selection of the indicated remedy. Not only that, but the diagnosis also enabled the giving of a prognosis which was also important. How? Why? Because a correct prognosis often gives your patient confidence in you. Again, an illustration. Case III had been to a recent graduate of a homœopathic college, who, after hearing his symptoms, put up a vial of disks (presumably *Causticum*) handed it to the patient with the instruction to take five every three hours; and with the statement, "You will be all right in a couple of days."

The last statement leads me to make another which I hope you will all take with "calmness of temper", viz., I am skeptical of the *wonderful efficiency, the remarkable rapidity of action* of the indicated remedy as reported in some of our journals. (6)

When I read that a group of symptoms which I recognized as cataract were given *Causticum* 1M and that the entire group disappeared in less than forty-eight hours, I simply shake my head. From my viewpoint such results are absolute impossibilities, especially is this true of *pathological* conditions. With patients suffering from non-structural diseases of brain or nerves such results are often obtained with the indicated remedy and also without it. I have often given a patient a *good fatherly talk and a vial of Placebo* and secured the desired result in less than a day. So have many others. Yet the publishing of such remarkable results works upon the incredulity of the reasoning, thinking readers and prevents their accepting, as true, anything we homœopaths say or write.

## DOSE (7)

My views on the size and repetition of the dose have been stated so often that you are all familiar with them. Therefore, I will merely re-state them and not go into a detailed explanation.

a. The size of the dose should be just large enough to produce the desired results. b. The *repetition* of the dose, i. e., whether you should repeat at all, or the time intervening between the repetition, if you do repeat, *depends* altogether upon the *make-up and condition* of the patient—in other words what you expect your remedy to do. The following rules have served me fairly well.

1st. If the group of symptoms found in your patients are the counterpart of a group found in a proving give the same remedy in the same dose or doses as produced the symptoms on the prover.

2nd. Should the case be an acute, serious one, like convulsions or serious hæmorrhages, repeat often.

3rd. Should your case be a chronic one, give the single dose and wait a reasonable length of time before repeating or changing.

## POTENCY (8)

My views on this important point have also often been given. They are:

1st. If you find that a certain potency produced a group of symptoms similar to those found in your patient give the same

potency. If not, use the higher potencies for highly sensitive, emotional, neurotic patients, and the lower for the dull, lifeless, sluggish ones. We should always remember, however, that all rules have exceptions.

## CAUSES (9)

a. The acquiring of a comprehensive perfect knowledge of the causes which produce a symptom or group of symptoms is a very difficult task. As a consequence there are many, many views on this subject. Some feel sure that germs are the cause of most or all of our diseases; some believe that germs are the end products of disease; while still others pretend to believe that there are no such things as disease producing germs. We also have different views of vaccines, toxins, psora, syphilis, and tuberculosis.

b. Whatever our opinion as to what the causes are, all followers of the master know that he recognized such entities and know that Hahnemann made a definite statement that they should be removed if possible. (10)

## SYMPTOMS

All of us will probably agree that a *symptom is a manifestation* of disease, even if some prefer some synonym of the word disease. But when it comes to the classification of symptoms, (11) oh my! oh my! The following are a few: objective, subjective, mixed, rational, general, explainable and non-explainable, keynote, strange, particular, singular, common, uncommon, characteristic, toxicological, pathological, physiological, dynamic, mental, pathogenic, basic and determinative. I think determinative is the baby of the family and that Prof. Garth Boericke is its father. The most unfortunate thing about this subject is that many men have changed not only their conception but their opinions (views) on many of the classifications. Take as an illustration "characteristic". Years ago that symptom was one which could be found in the provings of *only* one drug, and hence under one remedy. H. C. Allen was sitting in my office one day and I asked him to name one such symptom. He did. I then took down T. F. Allen's *Symptom Register*, Gentry's *Concordance*, and the *Cyclopedia of Drug Pathogenesis* and handed them to H. C. Allen. Much to his disappointment he found the same symptom under

three other remedies. Today I use characteristic and determinative as synonyms.

c. We need waste no time on the essentials (12) of symptoms, location, modalities and sensations were given by Hahnemann, Lippe, Hering and all the way down to Garth Boericke.

d. Authorities for securing (proving), arranging, and ranking symptoms are numerous and vary according to how many have been superintendents of drug provings.

#### REMEDIES

I am sure that we will agree that we apparently disagree as to how our remedies act and react (13); as to the fact that some, though not all, have a primary and secondary action; that these two actions play an important part in the selection, not only of the remedy, but also of the dose and potency; that our remedies may be either antidotal, complementary, inimical, or supplemental one to another; as to the importance which the elective affinity of remedies holds to diagnosis and prognosis; and finally as to the manner of selecting and administering the indicated remedy.

As my time is limited I will simply refer you to the bibliography as proof of the above statements, feeling sure that a study of the authorities named therein will greatly reduce the number not only of *apparent* but real viewpoints, and hence views.

#### AUXILIARY TREATMENT

While speaking on one phase of this subject, viz., palliation, last year at Montreal I saw very plainly on the faces of many of you that you disagreed most radically with my views. Therefore, I expressed those views, including palliation (14), more extensively under the head of auxiliary treatment in my last book. The subject forms a part of the chapter on *How to Select and Administer the Indicated Remedy*. Next to preparing the channels (15) and regulating the diet I consider palliation the most important factor in the successful practice of homœopathy. By palliation, however, I do not confine myself to the use of opium in its various forms or any other anodyne.

*Now to our two objectives:* 1st. How to increase the number of men. I am but a babe in this family—eight days less than a

year old. But, yet, the cry of a babe has often led to an investigation which has furnished valuable information—knowledge. I hope you will hear my cry.

This association is altogether too small to do the work it ought to do. The reason for this is that we are *too exclusive*. I belong to two exclusive bodies. To become a member of either you must have certain qualifications. The membership of one is less than fifty and of the other less than one hundred. The waiting list of each is a long one—waiting and I presume hoping, some of us will die soon enough to let them come in. Are any except the members benefited by these bodies? Why no. They were organized for the sole benefit and the enjoyment of its members. I am also a member of another association, whose membership is a thousand times larger than the former. That body is organized for the purpose of benefiting mankind in general. It has members in all parts of the world. Which of the two do the members of the I. H. A. wish to emulate? Which of the two does the I. H. A. really simulate? This body has members in all parts of the world. If I understand it correctly our objective is to extend the blessings of homœopathy to all mankind. We should be the "little leaven which leaveneth the whole lump". We should recognize the fact that the flour and yeast must come in close contact with each other so that the "lump" may spread—enlarge the proper size and be of suitable quality to make it appetizing and nourishing bread.

The membership of this body should be increased one hundred fold. How can this be done? A very pertinent question but an extremely difficult one to answer. However, I will make a few suggestions for others to add to or criticise.

1st. Broaden our standard for admission. From what I have heard and read there will be different views on that suggestion.

2nd. Be charitable of each other's views. It may be *possible* that some of those who differ from us may see some "*phenomenon*" which we do not; or have had some experiences which we have not.

3rd. It is easier to substitute correct for erroneous views of a member than of one who is not. Although I had often been invited by H. C. Allen, Boger, Clark, Close, Dienst and others to become a member I felt a good deal as Sloan said he did about it.



However, now that I am in and have met and exchanged views with many more of you I have found that we are all humans.

4th. Become members of and work in other societies. I have often said that every physician should belong to four medical societies, i. e., local, state, national, and international, and I am practising what I preach.

I have also advocated that these four societies should be inter-related so that each could do his part in all and thus secure the greatest good at the least expense.

*How to decrease the number of views?* The answer to this question has already been answered in the suggestions, and may be summed up as follows: Meet each other, shake hands, look each other in the eye and talk things over frankly and freely.

P. S. As a postscript always attracts more interest and receives more attention and more thought than the body of the letter, I will make one more suggestion, viz., buy Crabb's *Textbook on Synonyms* and Snelling's *Jahr's New Manual of Homœopathic Practice*, and use them when reading the *Recorder* or other homœopathic literature.

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DES MOINES, IOWA.

#### DISCUSSION

CHAIRMAN WAPPENSMITH: This is a very interesting paper by a man who is wise in the wisdom of practice and the experience of teaching.

DR. J. W. KRICHBAUM: I have attended the meetings of this Society somewhat irregularly in the last few years and I have heard "purity" sprung so often that the word has become more or less obnoxious to me. I wondered last year in Canada whether we would become so pure that we would cease to function; whether we would ever have any children to stir us up at night and let us exercise our limbs and our vocal chords; whether we would ever have any children who would ask us for butter-bread with a thick spread of jam on it; whether we would ever have any youths to laugh in a cynical way at our ignorance, firm in the belief that after a few years they would far surpass the old fogies; to say nothing of having young men and young women who might come along and take the mantle from our shoulders and carry on.

Personally, in medicine my motto has been patterned after a good man of whom some of you have heard, St. Paul, who said, "I press onward to the mark". He never claimed that he was pure or had reached the mark. And I have heard so much of "purity" and "pure homœopathy" that I have come to the conclusion that we must drop it, take in new blood, teach them, train them and let them back-slide. But take them back again. Pat them on the shoulder and tell them to do better. There is nothing so dampening to a young man as to turn your shoulder on him and say, "You are not a homœopath". How many of you here are pure?

DR. A. PULFORD: We had at our office a case of vesicular erysipelas that had defied all methods of treatment. You have the pathological stage. Now, what is the remedy? Later we learned that he had had a yellow, watery stool, a semi-pathological state. He had taken one dose of medicine and was promptly cured. What is your remedy? You have your pathological and semi-pathological states. He said, "Doctor, whenever I eat or drink that watery stool comes out like a shot". Where is your pathology in that?

DR. C. M. BOGER: There are some things I would like to say in connection with this paper.

This Society was organized by Dr. Lippe and Dr. Guernsey. Hering lent a helping hand in an off hand way. Why? It was organized to keep alive the homœopathy of Hahnemann because it was felt that the Institute was back-sliding, to use the expression that Dr. Krichbaum just employed. We have been engaged mostly in keeping the homœopathy of Hahnemann alive. If there had been no I. H. A., homœopathy today would be dead. The Institute, so far as homœopathy is concerned, is about four-fifths dead now. The ordinary medical education—by that I mean in all schools—is very much like what you see in the United States mint. They have long bars of gold or silver which they feed into a stamping machine. Every time that stamp comes down it makes a dollar, and every one is alike. That is just the kind of medical education we are getting today. Every one of the scholars coming out of a school is stamped alike. They are all standardized, every one. If you want to get away from standardization, if you want individuality, you have to teach individuality, you have to instruct individually.

Now I come to the other point: We have been a failure as missionaries. We have been so much engaged in keeping ourselves alive that we have for-

gotten that there is such a thing as missionary zeal. We have been just barely able to breathe, that is all. For as long as I have belonged to this Association—and I joined it in 1892 or 1893—we have been trying to keep it alive.

At Atlantic City after the great trouble we had at Watch Hill there were only seven members present. I was among the seven. Dr. Walter James and Dr. T. J. Clark of New York were there. They have both passed on. At that time we, as an infant, almost breathed our last, because of scandal.

Then we had the other trouble with Swan and osteopathy. That almost did something to us, gave us diphtheria, or something, but we got through with that. And here we are today facing the electronic treatment. That is the coming storm on the horizon and we will have to dispose of that shortly. But when all those things have passed we will find that after all good old standard homœopathy is the only solid ground and the only solid basis upon which we have to stand.

The criticism that we haven't been much as missionaries is probably deserved, but we are making a strong effort in Boston to overcome that, and I hope we will succeed. If we succeed it will be because this Society stands solidly behind us. If you want young people to practise homœopathy they have to get homœopathic instruction and we have to do away with this milling process that the students have been put through in schools. They haven't been taught anything. They have been fed something and the feed has been standardized. That is what is the matter.

A few years ago the United States government tried to make an experiment of feeding the soldiers on cubes of prepared food. In a few weeks the soldiers were hardly able to stand. That is what is the matter with the medical profession today. They have been fed on standardized food so long that the medical profession is hardly able to stand.

Look at the assaults on the profession today by people who are not doctors. Think of that. A large part of the profession is held in open derision today. If we are going to amount to anything we have to stand by our colors, and I think the school in Boston is one of the best means of doing that.

We have been few in numbers many times. We have had large meetings and we have had small meetings, but the closer we keep to Hahnemann's law and what Hahnemann told us the more nearly we will be preserved.

DR. H. A. ROBERTS: In the possession of the I. H. A. we have kept a clear and shining light of the truths that Hahnemann gave us. There is no question about that. There is a necessity, and a great necessity, for the missionary spirit to go on and promulgate this and carry it forward, and I think the I. H. A. has taken steps that are particularly apropos in this direction.

Take, for instance, the journal that we are publishing. Look back to the time when we took over that journal and look at it today. It can hardly be recognized as the same sheet. It has improved very much and it is teaching good homœopathy. You can call it "pure" if you wish. It is Hahnemannian homœopathy as exemplified by many of the masters who are gone, as exemplified by some of the masters who are still living, and there are a good many.

I want to make a suggestion in connection with the Boston Post-Graduate School which is teaching the Hahnemannian ideals of homœopathy. We don't pretend to teach anything except homœopathy as it is applied to an individual who is seeking to learn. How many of you have improved in homœopathy in the last twenty-five years? Would you recognize yourself back twenty-five years ago? This leads me to the thought I am trying to carry on. I have six or seven young men with whom I am in constant touch, writing to them, trying to direct them into homœopathy, and they are becoming apt students. Sooner or later they will go to the Boston Post-Graduate School. You would be surprised at the progress that some of those young men are making under direction as to what books to get, what books to study, how to study and

how to help trying cases. That is the only way we can do it. If every one of our two hundred and six members in this Association would take some young man, just one, and guide him, in five years we would have a bigger membership.

DR. J. M. GREEN: One of the things we ought to do is discover where the ignorance of homœopathy lies, both in other fields of medicine and among the laity. I do believe that ignorance is homœopathy's greatest enemy at the present time. If we would find out what our neighbors are thinking about and then try to meet that need we would recuperate our own ranks at a faster rate, and we would do away with the idea of being called "pure" or "exclusive" faster than we have been able to do in the last ten or fifteen years.

DR. C. ROYAL: I want to try to answer some of the points that have been raised and to elucidate a little more some of my own statements.

Dr. Green asked three very prominent, very pertinent questions: What does the laity think of us? I don't think I need to answer that. What does the laity think of us in Des Moines or in Iowa or in Ohio or in Oregon today? By us I mean all homœopaths, not necessarily this Society, but I will include you. And you may answer the question.

Now then, why do they think what they do of us? Dr. Green said because of ignorance, and she is right. I wish I could add a little bit to what Dr. Green has said. I am going to treat that subject next Wednesday. Instead of referring to it as ignorance we are going to call it misconception of homœopathy. And where does the public get its misconception? Through the public press, through the pamphlet, through the magazine, through the journals, through this journal.

I understand there are about two hundred and sixty members of this Society and a great many of those didn't even subscribe to our journal. Doesn't that help answer your question somewhat?

The next question is, How are we going to overcome that misconception? How are we going to correct it? How are we going to get them interested? We have to take the law of similia. We have to do by them as others do. We have to use the press, the journals, the magazines, the pamphlets, and everything of that kind and put them into the hands of the public, the laity, if we are ever going to reach them. You can't reach them in any other way. When two hundred and sixty members, we will say, get two hundred copies of the journal, how many of our one hundred twenty-five or one hundred thirty million people are we going to reach?

DR. W. W. WILSON: How many of the daily papers would publish it if you gave it to them?

DR. C. ROYAL: There again comes in our personal influence. I live in Des Moines and have lived there thirty-one years. I never have presented to the Des Moines Register a single article on cancer, or a notice of a homœopathic meeting, or my views on anything else, that they have rejected. And a good newspaper that reaches the masses and does it intelligently will publish what they recognize as the truth, and many of them will recognize us.

Your question implies one thing, which is lamentable which is that much of our press—our newspapers, is controlled by the A. M. A. I know that. But there is a division coming in the A. M. A. There is a division coming in the ranks of the American Press Association that we can take advantage of, and we ought to do it.

Now I come to what you have to do. Dr. Boger touched on it and the rest of you touched on it. Suppose we had ten women here, pure, perfect intellectually, spiritually and physically. Here are ten men. They are the only ones in existence. Suppose these ten women say, "No, if we marry them, we can't transmit in its purity what we have." They remain unmarried, unmated, childless. Which would you rather have? At the end of thirty days after that decision is made what good are your books and everything else going to do? We have to mate. We have to propagate. We must have children, and we must educate them.

## HYOSCYAMUS NIGER\*

PLUMB BROWN, M. D.

Henbane, or *Hyoscyamus niger*, was brought to this country by the English settlers in the seventeenth century. It now grows with us from Canada to New York. The seeds are most tenacious of life, as sturdy plants have been grown from seed over fifteen years old. The Greek and Arabian physicians discarded *Hyoscyamus* as being too highly poisonous.

*Hyoscyamus* is now quite generally used for its physiological action; as a sedative, in epilepsy, mania, hysteria, etc.; as an anodyne, in rheumatism, neuralgia, or arthritis; as an antispasmodic, in asthma, croup, or pertussis; for irritation of involuntary muscular organs, as diaphragm, heart and uterus; and, as an hypnotic, in all cases where opium disagrees.

All parts of the plant are poisonous; even the effluvia from the cut or bruised leaves will cause vertigo, stupor or syncope.

*Hyoscyamus* is a powerful narcotic poison, a severe cardiac and cerebral depressant, and produces general paralysis of the entire nervous system. The delirium is similar to alcoholic intoxication; a grotesque delirium. The patient talks, laughs, gesticulates, dances, etc.; then complains of vertigo; is confused; eyes red, wild and sparkling, pupils dilated; dryness of all mucous membranes; paralysis of tongue; difficult deglutition, nausea, vomiting, involuntary stools and retention of urine. Heart's action is rapid and irregular; trembling and weakness of limbs; convulsions; insomnia; chill, fever and sweat.

The first homœopathic proving of *Hyoscyamus* contains over one hundred symptoms from Hahnemann. Hahnemann says *Hyoscyamus* causes epistaxis, frequent catamenia, and is of use in chronic hæmorrhage. Hahnemann recommended the 12th dilution.

*Hyoscyamus* has as a red strand, convulsions of all types and grades; convulsions involving the entire body; also convulsions of single muscles, slight jerking and twitching, trembling and quivering; convulsions of children following fright; angular motion of arms, picking at imaginary objects and at bed clothes.

\*Read before the I. H. A., Bureau of Materia Medica, June 1930.

## HYOSCYAMUS NIGER

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Very irritable and excitable. Complete prostration follows the attack.

The mental state is most characteristic, delirium, talking, mumbling, ever changing from a state of hallucination to a state of illusion. Sees all sorts of indescribable things in his hallucination, which he believes to be true, and then these hallucinations become delusions. Strikes, bites and beats people; suspicious of everybody. Dislikes darkness, wants a light so that he can see to work out patterns on the walls. Full of imagination, sees vermin, faces, soldiers, rats. Thinks he is not at home. Fears being left alone, or being poisoned. Fears running water.

Involuntary discharge from bowels on hearing running water. Entire body very sensitive, cannot bear to have clothing touch the skin, hence he takes his clothes off; wants to be naked; he appears to be shameless, but he has no thought of doing anything unusual.

Two cases will suffice to demonstrate the efficiency of *Hyoscyamus*, when administered in the potentized form according to my interpretation of our law.

CASE 1. Mr. R., American, age 67 years. In December 1922, Mr. R. met with a serious accident and sustained a fractured skull at the base, revealed by X-ray. For six years he had enjoyed good health save for a difficulty in expressing himself. July 3rd, 1929, at 10 a. m., while at work in the factory, he suddenly became dazed, speech thick, unable to walk. He was removed to his home in a semi-conscious condition, blood pressure systolic 165, diastolic 110. At one p. m., he had a severe convulsion which lasted for two hours, for which nitroglycerine 1/100 and amyl nitrate pearls were given.

July 4th, quiet, but unconscious.

July 5th, became violent, delirious, could not swallow, no action of bowels, and but slight secretion of urine (four ounces every twelve hours by catheter).

Hyoscine 1/100 hypodermically was ordered to be given every four hours.

It required three men and a trained nurse to control him. From the morning of July 5th to the morning of July 7th, ten

hypodermics of hyoscine 1/100 and six hypodermics of morphine sulph.  $\frac{1}{4}$  grain were given. I was hurriedly called July 7th, at 7:30 a. m., and upon my arrival found Mr. R. in violent delirium, with one man holding each leg, one for each arm and the nurse holding his head and watching his pulse, which she said was irregular and growing weak rapidly.

He was muttering, shrieking, biting, striking, writhing and reaching for imaginary things. A loud, sharp voice would cause him to quiet down for a few seconds. No nourishment for three days, and only three ounces of urine by catheter for the last eighteen hours.

I accepted the challenge to see what I could do, but gave a most grave prognosis. The family said they knew it was a matter of only a few hours, but wished I would see if I could make him comfortable. I ordered all medications discontinued, and at 7:30 a. m., July 7th, gave one dose of *Hyoscyamus niger* 1M on the tongue with much difficulty.

He quieted down in a few minutes, and in an hour was sleeping quietly. He awoke after three hours' sleep; perfectly rational, and called for something to eat. Also asked for the urinal and voluntarily voided eighteen ounces of urine. No further medication was given, and he made a good recovery.

The family report that he has less difficulty in speaking than before the attack.

CASE 2. Mrs. C., American, seventy-eight years of age. For several years Mrs. C. had been a sufferer from renal, hepatic and cardiac hypertension. Two years ago she lost the sight of the left eye as a result of hæmorrhage on the retina. June 10th, she suddenly became violently delirious. In answer to a hurried call, I found this modest and quiet little woman delirious, requiring a nurse on either side of her bed to restrain her. She was talking, laughing, striking, picking, biting and immodestly tearing her clothes from her body.

The nurse had given her, upon her own responsibility, a hypodermic injection of morphine sulph.  $\frac{1}{4}$  gr., with no relief. At 10:40 a. m., I gave her one dose of *Hyoscyamus* 1M. I remained by her side for ten minutes, before leaving. Upon return-

ing in three hours, I was met at the door by the nurse, who reported the patient sleeping quietly. When she awoke she was normal, and lived for four years after, without any recurrence of the attack.

"The highest ideal of cure is rapid, gentle and permanent restoration of health."

SPRINGFIELD, MASS.

#### DISCUSSION

DR. T. J. SLOAN: An outstanding symptom of an old gentleman sick with pneumonia was his fear of being poisoned. He refused to take any nourishment or drinks. *Hyoscyamus* cleared up the fear and he got well.

DR. H. B. BAKER: About twenty years ago, I had a young woman, three months pregnant, with a very irritating cough. I don't remember the symptoms just now. *Hyoscyamus* cleared cough up like magic. I think I used the 200th.

DR. J. M. GREEN: I once had a woman who was extremely sensitive to drugs. She had been drugged by a regular physician with strong doses of hyoscine and morphine. The patient almost lost her life and was in a precarious state for two weeks, alternating symptoms between *Hyoscyamus* and *Opium*. It was one of the most interesting things to watch that I have ever had in my experience, but these remedies brought her back to us.

CHAIRMAN J. HUTCHINSON: How extraordinary it seems that *Hyoscyamus* can overcome the bad effects of hyoscine and morphine so swiftly!

DR. C. M. BOGER: In order to help us to clarify our ideas of *Hyoscyamus* remember that *Hyoscyamus* dissociates the voluntary from the involuntary mind and turns loose and puts in possession of the animal economy the beastly mind, all the lower instincts which were present in the caveman. It takes away your control and brings the caveman to the surface. That will help to clarify your ideas considerably.

The reason hyoscyamus in the form of hypodermics did not affect this man was, as the paper illustrates, not because it was not suited to the case but because the dose did not meet the disturbance on the proper plane, as Dr. Kent would say. If it had done so, Dr. Brown would never have had an opportunity to cure the case with his high potency. It would have been cured by the hypodermics. Do you grasp the idea?

CHAIRMAN J. HUTCHINSON: Does it point to the fact that the other elements in the substance overcome the leukocyte or the alkaloid?

DR. C. M. BOGER: No, I don't mean that. I mean that the hyoscyamin in the hypodermic being a glucosid of course of hyoscyamus, was similar enough to the case but the potency did not meet the disease disturbance on the same plane.

CHAIRMAN J. HUTCHINSON: In other words, if the hyoscine had been of the right potency it would have?

DR. C. M. BOGER: Yes, that is the idea. It would have at least have modified it tremendously. I think if Dr. Gladwin could hear what I have said she would help to clear up that point, or perhaps some other doctor will help me out a little.

DR. A. PULFORD: Isn't it a fact that the crude never gets down to the invisible source and you must get down there before you can get an effect? The potentized drug gets down to that condition, gets underneath, and pries it out.

DR. H. FARRINGTON: I think there is another point to consider. This drug was given hypodermically and therefore introduced immediately into the circulation, whereas, if given by mouth it could be diluted and potentized as it were through the digestive organs and in that way sometimes it makes a homœopathic cure.

May I compliment Dr. Brown on his short, concise paper. It contains a great deal. Of course, the paper did not cover all the phases of this medicine. I have cured a number of coughs with *Hyoscyamus*. They were dry, titillating coughs, worse on lying down in the evening.

This remedy stands with *Pulsatilla*, *Rhus tox.*, *Sanguinaria*, and a few others. It differs a little from *Conium* in that that medicine is usually characterized by a single spot or a small area of tickling, and although these two remedies are similar, in that sitting up relieves, *Conium* has to cough it out before he gets rest.

The fact that the *Hyoscyamus* cough is usually considered to be due to an elongated uvula does not cut any figure because I don't think I have ever seen a case where the uvula was too long cured with *Hyoscyamus*.

DR. W. W. WILSON: Is it true, as Dr. Farrington has said, that the remedies reach their curative points through the alimentary tract? How is it that so often remedies almost act like a snap? That couldn't be through the alimentary tract. I remember Dr. Long, my preceptor, once told us a story. When he was graduating he had a chum in his class who was to have been given a reception by his family, down in Gloucester, New Jersey. This young fellow invited Dr. Long to go.

This young chap had a sister who was subject to very violent headaches and it just happened that the day the reception was to be held the girl developed one of these headaches. Knowing that Dr. Long always carried a little pocket case of medicines with him, the young man asked him to prescribe for her. The doctor gave her a dose of medicine on her tongue and almost instantly she gave a scream, grabbed her head and cried, "Oh, you have killed me!" The mother was almost beside herself. She rushed downstairs and demanded to know what on earth the doctor had done. The doctor said he had put a 200th of *Belladonna* on the girl's tongue. That didn't reach that girl through the alimentary tract. It reached her through the nerves and through the mucous membrane certainly. I am sorry to have departed from the subject of the paper but I did want to speak of that method of drug administration.

In my intimate knowledge of *Hyoscyamus* I have never met it but once. It was growing on the parade ground of Fort Ticonderoga. Always snooping around for new things, I came across this plant. I had never seen it before. It was hairy, frightfully hairy, but I recognized it as a *Solanum*, because of the finger marks that go through the *Solanum* family. The thing that impressed me tremendously was the horrid, sickening odor that emanated from the plant when I picked it. And it would be interesting to know what effect *Hyoscyamus* might produce by exposing an individual right directly to the emanations from the plant itself. It was horribly sickening. It almost, like all the *Solanums*, made me feel sleepy and dozey even though I was out in the open air. That was my first experience with *Hyoscyamus*. The plant was in full bloom. It had a small reddish flower. It wasn't in seed which I regretted very much because I should have liked to get some seeds for my own wild garden. But that was my first and only experience with *Hyoscyamus* in the natural state, and as far as I have been able to find out there never has been anything in the provings as to effects of that emanation from the plant.

DR. H. A. ROBERTS: I don't want to say anything in regard to the paper but I wish to comment on Dr. Farrington's suggestion that we have a dynamiza-

tion going on in the intestinal tract. That seems to me a rather far-fetched statement. We are, as Dr. Wilson has just said, affected through the general organism instantly in regard to the reaction of a drug. If we are carrying on a potentizing plant in our body and increasing the potency as it goes along down through the alimentary canal, it is a new doctrine to me. I have taken in sodium this morning. I have taken in iron, I have taken in a good many things. I wonder if I am going to get a potency.

DR. A. H. GRIMMER: I think the doctors are under a misconception as to what Dr. Farrington alluded to. He spoke of the crude drug being injected directly into the blood stream being somewhat changed if taken in the crude form by mouth. We do get cures with crude drugs. Hahnemann made a brilliant cure of a washerwoman with *Bryonia* tincture. Possibly the process was much the same, but so much lower. Dr. Farrington meant to say that when the organism was taken in and prepared by the saliva and the digestive ferments and neutralized, the poisonous effects of the crude drug were not so marked as when it was shot directly into the blood stream. He did not say that our potentized remedies depended on the gastric or the intestinal tract. Is that not correct?

DR. H. FARRINGTON: Do crude drugs cure homœopathically? If they do, is it not plausible to think that when taken into the system in the natural way—I don't care whether you call it intestines, or spleen, or liver, or any old thing—the drug is separated or diluted, not dynamized? I imagine, if a man got hiccoughs often enough, he might raise the 30th potency before he got through, and in that way prepare it so as to effect a real homœopathic cure.

Dr. Boger said the drug was not on the same plane, it was too crude, and I was offering an explanation. It doesn't amount to very much. I don't mean to say that saliva is going to make a first potency and gas a second potency and the bile a third, and so on. That is carrying it a little too far.

DR. C. M. BOGER: May I be allowed to speak on this again? I find that much of this misunderstanding about these things is connected with some misapprehension that can't be cleared up without a little better understanding of philosophy. As I have frequently pointed out, drugs do not cure. The drugs let loose the force that is inherent within the body. They liberate the force. Bear that in mind, this crude dose did not liberate the force in the man, but assume that it was met on the proper plane. Then the inherent force stored within the body was liberated.

I should have mentioned another point when I was on my feet before but didn't think of it at the moment. In these modern times we are told a great deal about painless child-birth, about women having children without feeling any pain. The drug which is used for that purpose is scopolamine. Scopolamine does the very thing that *Hyoscyamus* does. It cuts off the voluntary brain centers and disconnects them from the involuntary brain centers and helps to explain the action of *Hyoscyamus*.

If we will bear these little basic facts in mind it will help us a whole lot and we won't have to remember some of the fine details of the drug.

DR. H. A. ROBERTS: Dr. Farrington says he wishes he knew whether we had a curative action from the crude drug. Of course we have a curative action, but not on the same plane, not on the same high plane of liberation of force that we have in the potency. For instance, how did Hahnemann find potency? First, by experimenting and curing with the crude drug. He cured cases with the crude drug, but not as well as he did later, when he developed the potentized process.

DR. H. FARRINGTON: Hahnemann did cure occasionally with the crude drug but the very reason that he had to dilute (and in that way he discovered potency) was that when he gave the crude drug to a case that was similar, that case was so sensitive that it only aggravated it. It did not cure.

## A BRIEF STUDY COURSE IN HOMŒOPATHY

ELIZABETH WRIGHT HUBBARD, M. D.

### VIII

#### PRESCRIBING: AGGRAVATION

Having learned how to select the remedy and the potency, and in how many doses to give it, the next step is to know how to watch your case. The physician must be able to determine whether the remedy given is acting at all, and, if so, whether favorably and what prognosis may be expected. He must know how to determine the length of action of his remedy in each individual case, in short, having started the journey to cure, he must be sure he is in the right train and that he knows when and where to change. Two things help him mainly in these decisions and both are determined by careful observation based on seeing the patient, for what the patient will tell you is often misleading. The first sign-post to guide you is the aggravation. A discussion of this is best given in chapters 34 and 35 in Kent's *Lectures on Homœopathic Philosophy*, from which we have taken much of what follows.

The types of aggravation which may be observed are as follows:

1. A prolonged aggravation with subsequent decline of the patient. This means either that the patient is incurable or that he has been overwhelmed by the turmoil ensuing on too high a potency. This usually occurs in cases of marked pathology, yet whose vitality is able to emit symptoms. Under the second prescription we will take up what to do in such exigencies, but the doctor must be sure before resorting to a second prescription that he truly has an aggravation of the first and not the second type.

2. This second type is a long aggravation followed by slow improvement. This means a serious case on the border of incurability but caught just in time.

3. The third type of aggravation is quick, brief and vigorous, followed by speedy relief of the patient. This type is much to be desired and is a sign that the improvement will be of long

duration, and that structural changes are in non-vital organs. Abscesses and suppurating glands appear at times in these cases as part of the aggravation. This is a good sign and should not be interfered with.

4. The fourth type is where there is practically no observable aggravation and yet the patient recovers steadily. This is ideal and shows that there is no great organic disease and that the potency chosen exactly fitted the case, especially if during recovery the symptoms follow Hering's laws, which will be discussed later.

5. The fifth type is where brief amelioration comes first and aggravation afterwards. This means either that your remedy was only palliative and did not touch the true constitutional state of the patient, or else that the patient was incurable, or else that some deeper miasmatic remedy is needed like a mordant to enable the indicated remedy (or dye, to follow out our simile) to take hold. For example, a *Silica* case of ours would be markedly ameliorated for a week or ten days and then slip back, nor did a change of potency hold longer; however *Tuberculinum* took hold and kept it, and since then other remedies hold.

6. Another type of aggravation is where the symptoms developed turn out to be a proving of your remedy. This may be due to an idiosyncrasy to the particular drug on the part of your patient or the patient may be an over sensitive who proves everything given him. These patients need the medium low potencies and are often incurable.

7. Another apparent form of aggravation is where new symptoms appear after the administration of a remedy. This suggests that the prescription was incorrect and will be dealt with under the second prescription.

8. There is a type of aggravation in which the individual symptoms stand out clearer while the patient himself feels better. This is often followed by old symptoms reappearing in the reverse order of their coming (see Hering's laws of cure). This is highly favorable. The physician must note the direction of the reappearing symptoms. If they go wrongly, i. e., from without inward, it is dangerous, if from within outward it is favorable.

Another variant which is without actual aggravation is too

short relief of symptoms without any special aggravation. This is very similar to the fifth and causes the physician to cast about for a miasmatic remedy.

Sometimes there is a full time amelioration of symptoms without any special relief of the patient himself. This shows a case that is only open to palliation, the vital force cannot make the grade to cure.

An unnecessarily severe aggravation is caused by too high or too low potency. A well chosen potency will give, as above, either no aggravation or a quick short one. Too prolonged an aggravation may be caused by giving too low a potency or by repeating. In the aggravations after high potencies, such as *cm* in curable cases, the patient feels distinctly better even during the aggravation, as it is the characteristic symptoms and not the disease or the patient which are aggravated.

A very feeble vitality may not be able to throw out an aggravation and such must be given a single dose of a really high potency and watched for the minutest signs. On the other hand a strong vitality may have marked tissue changes which will produce a violent aggravation so that the physician must bear in mind the two factors, the vitality of the whole and the pathological changes, and balance these carefully in his choice of potency.

If there is no aggravation in cases of vigorous vitality it is probable that your remedy was only partially similar (the ideal cases of recovery without perceptible aggravation are usually not those with especially marked vitality). In acute diseases an amelioration without a slight initial aggravation often means that your remedy is not deep enough and another dose of it will probably be needed.

#### THE SECOND PRESCRIPTION

Kent defines the second prescription as "the one after one that has acted". This means that a bungling prescriber may have given four or five remedies and the sixth, if it really takes hold, should be classed as the first prescription. Granted that according to the above observations on aggravation your remedy was well chosen and has acted *let it alone*. "Watch and wait." Before making any second prescription *restudy the case*. According to Kent

there are three possibilities for the second prescription, either *repetition*, *antidoting* or *complementing*.

The prime indication for the second prescription which is a *repetition* is the return of the original symptoms of the patient; they have been better, with or without aggravation, and then they tell you, and you observe, that the original symptoms have reappeared, whether identical, less severe or more severe than at first. This calls for repetition in the same potency after you are sure they have returned to stay. It should here be added that if the patient returns telling you that their general sense of well being has come to a standstill but their original symptoms have not yet returned you should wait as often improvement goes in cycles and the good work will begin again of itself. Even if they tell you that they themselves feel worse, wait and watch for the return of the original symptoms before repeating. Moreover, even if the symptoms change, but the patient feels and seems still improved do not change your remedy. It would be chasing will of the wisps to do so and you would ruin your case. While well being increases, wait; when it comes to a standstill, wait. If the general state is worse and the symptoms have changed then consider a new second prescription as follows:

The prime indication for a change of remedy in the second prescription is where new symptoms crop up after your first prescription, without amelioration in the general well being of the patient, and remain. This means the first prescription was unfavorable and you must antidote it. The selection of this antidotal second prescription is based on the original symptoms plus the new symptoms with more emphasis on the new ones. This second prescription, then, should wipe out the new symptoms and modify the old.

The prime indication for a change to a complementary remedy is where your first prescription, especially in acute disease or if it was not a deep acting remedy, does not seem to have fathomed the case. Here a complementary remedy will take deeper hold on the life. For instance, in an acute throat *Belladonna* may have been the *simillimum*, but after the acute attack passed a chaser was needed to prevent recurrence, to eradicate predis-

position, and, if the symptoms agree, your second prescription would be the chronic complement of *Belladonna*, which is *Calcarea*.

There is another indication which goes deep into the philosophy, for a change of remedy in your second prescription. This is likely to be a remedy from a different miasmatic group and it entails a change in the plan of treatment, consequent to the cropping up of a different miasm after the clearing away by the first prescription of the miasm which was at first on top of the case.

This subject of the second prescription was to me the most difficult in homœopathy. Every beginner should read and reread his Kent's *Philosophy*, restudy his cases, and above all "watch and wait".

NEW YORK CITY.

A homœopathician speaks with the highest veneration of Hahnemann, of his writings, acquirements, genius and honest uprightness; of his superior gift of observation, and success in applying his new method of cure with far better results than his pupils through his most intimate knowledge of the materia medica which he created. The older the student the more he admires the genius of the master, for he knows him better and trusts him more the longer he associates himself with his writings, gradually becoming identified and enabled to follow him by experiment.

The non-homœopathist speaks disdainfully of Hahnemann; he calls him a man of straw, a visionary; declares him unreliable in his observations, his materia medica a mass of chaff, perfectly useless unless well sifted; his system he terms unscientific and ridiculous, in need of being modified, remodeled, or exploded. The less he knows of it the more fault he finds with it. —*American Homœopathic Review*, 1865.

## MIRACLES WITH HOMŒOPATHIC MEDICINE\*

WILLIAM HENRY SCHWARTZ, M. D.

I was led to write on the subject of this paper by a casual remark made by one of the ardent members of our Society. He stated that he "had never witnessed any of these miraculous 'one minute' cures reported by homœopaths". That was a very frank statement. It certainly was an admission that he had never made such cures.

Without going into the psychology of such individuals, who are ardent homœopaths and who have fought the legal battles of homœopathy for years, but who, nevertheless, rage at miracles and high potencies, I will present a few cases from my own practice—personal testimony that would be accepted in any court, and I am sure no member will challenge my veracity when I attest to these facts that I am about to set forth.

But first let me remind you that our literature is filled with records of miraculous cures, some of them rivalling the master's cures. I will not burden you with a bibliography, for such a record would require more than a day's time to read. I will take time for only one quotation and that from my former teacher, the late James Tyler Kent, in his lecture on *Ipecac*, recorded in the second edition of his *Materia Medica*, page 576, as follows: "A single dose of any of these medicines (*Acon.*, *Bell.*, *Ipecac.*, *Phos.*, *Secale*, etc.) when indicated and placed on the tongue will check a hæmorrhage. . . . The hæmorrhage will be checked so speedily that in your earlier experience you will be surprised. You will wonder if it is not possible that it stopped itself." That is pretty strong language.

I can testify from my own experience to that statement. A patient with uterine hæmorrhage who has a sickening faintness with every gush of blood with perhaps a severe backache, will respond almost instantly to a high potency of *Ipecac* 30th, 200th, 500, 5m, 10m or 10mm. The 3x will act but not as quickly, because it is on the low, food plane.

I will digress for a moment to explain the fact. Man is a *trinity*; a *physical*, *mental* and *spiritual* concatenation. He is fed

\*Read before 47th session of the Texas Homœopathic Medical Association.



and nourished on the *physical plane* by all articles of diet, which are digested, prepared for entrance into the blood stream, and then distributed by the system of arteries, capillaries and veins. So too the *nervous system* is one of circulation but not of liquid, but a form of energy. That is why we require the potentization of medicines. They do not act so readily through the blood stream but, like electrical energy, through the nervous system. Even crude medicines have some of this dynamis. No other explanation could account for the instantaneous action of hydrocyanic acid, and the venom of the coral snake. A fraction of a drop of hydrocyanic acid placed on the tongue is fatal almost instantly. Perhaps that is why vitamins and hormones are so essential—they are necessary to feed the vital dynamis required of the nerve circulation. So too the *spirit man* needs food and is nourished not by blood nor by dynamic forces, but *by the Word*.

Getting back to miracles with homeopathic medicine. I was called one evening to a patient in the country, with a ten-mile horseback ride before me through muddy black gumbo roads. Therefore it was late when I arrived, 11 p. m. The priest had already been there and departed, having given the unconscious man the last sacrament. A dead child lay on a pallet on the floor. Another child about twelve was still breathing—diphtheria. The mother sat on a chair in the corner dazed and helpless. It was the saddest picture in my experience—all living in a two-room prairie shack, a remnant of early days. They were Bohemians and I could not understand the language. I had no one to interpret for me. The man who came to my office asking me to go on this visit said, "In two days they all get sick and die". Symptoms were scarce. Sudden rapid prostration—I made a guess of *Arsenicum*, giving both patients the 500 (B. & T.) in water, and by pointing to the clock made the mother understand to give a teaspoonful every fifteen minutes, leaving just enough for eight doses each.

The next morning I returned to find quite a commotion. The neighbors were there from miles around, for the priest had been there again, and one of my patients, the husband, greeted him at the door. The good Father "threw up his hands", so I was told, and exploded, "A miracle, a miracle has been performed!" when

they told him what had happened, that the "sugar doctor" was there the night before. Of course the neighbors all wanted to see the miracle.

The dead child had been given antitoxin. *If you know your materia medica* you will despise antitoxin. If you don't know your *materia medica* you *may* save your patient with antitoxin—that is, he *may* get well. It is also a fact that you may kill your patient with the so-called antitoxin; (it is not *anti* but *toxin*).

But let me assure you that when I am hunting big game I want a high power rifle and not a shotgun. And I also want to warn the hunter of dangerous game that if he is not a crack shot he had better stay out of the bush, at least until he has mastered the use of his weapon.

An emergency prescriber must be a "crack shot". He has no time to change weapons. Don't "shoot" until you are sure of your remedy when treating diphtheria. Better wait twenty-four or thirty-six hours until the symptoms are clear rather than spoil your case and lose your patient. If there is not vitality enough for the symptoms to be manifested there is not vitality enough to cure anyway and you have the consolation at least that you have not destroyed the last chance of curing by spoiling the case. The late George Thacher was up against that problem with his own and only child. But he waited and waited, until some of his people were "up in arms" to "do something" (even if it kills, but do something, is the cry). He answered them, "It is my boy and I alone bear the responsibility". It was thirty-six hours or longer before he finally saw the remedy unfold, and then it was only a matter of minutes until his boy showed rapid improvement and got well. The doctor told me he was sure the boy would have died had he not remained firm. We lost one of our best prescribers, friend and credit to our profession, when George Thacher was called.

I once asked Dr. Kent what results he had treating diphtheria, and he replied with a smile on his face, and how his countenance lighted up when anyone hungry was seeking information, "Why, Schwartz, I have not even seen a case in person for possibly twenty-five years. *I have prescribed for most of them over the*

telephone, and I have not lost one although I have treated many". Is that not miraculous?

But to perform miracles with homœopathic medicine one must know disease! Which means ITS NATURE; its onset, pace, velocity, periodicity and the trend in ultimates—its pathology. Then one must know his medicines; their nature; their pace, velocity, violence, periodicity and physiological correspondence to the patient and the organs involved. Is the disease rapid or slow; violent or indolent; remittent, intermittent or continued; is it septic; what is its periodicity or cycle; what is the thermal state (is the patient chilly from uncovering, worse from hot or cold); what are the physical desires and aversions or aggravations as well as mental likes and dislikes; is he restless or quiet and why; do the pains ache, burn, sting, throb, stick, etc.; what is the color and odor of the discharge? If the symptoms are mental are they of the intellect or will? If you know the organs affected it may help you to find your remedy among the corresponding organ rubrics in the repertory. Symptoms are an orderly cross-indexed puzzle from which the remedy may be worked out from many angles of attack, and sometimes by short-cut keynotes, but the technique of Kent, working from generals down through the particulars with their modalities is the sure method of procedure.

No one is fit to doctor unless he understands these basic principles of homœopathy and is well grounded in them. That can scarcely be achieved without expert training. If he does not doctor that way it is little wonder that he has never seen miracles nor one minute cures. No wonder he must vaccinate and ease his conscience with antitoxin.

Who has not seen instantaneous cures?

The other evening while sitting at dinner we were alarmed by the terrible and repeated outcry of one who proved to be a Mexican laborer living in one of the outhouses to the rear of my residence. Someone was in pain. I was about to investigate when the wife of the patient came begging me to come at once as her husband was in great distress. I found him throwing himself all over the bed, in too great distress even to answer my questions. He was in a copious cold perspiration crying out with every con-

tortion of his body. Having had a similar case the preceding day due to drinking copious draughts of ice water, and knowing the laborers were served with ice cold water, as the weather was extremely hot, I gave the man a dose of *Arsenicum* 10M (Kent). Instantly the man was relieved and did not utter another cry. He needed no second dose and received no more. Morphine could not have been prepared as quickly, nor would it have relieved so quickly as did the *Arsenicum*.

As a student I took care of an "old school" doctor's practice for two weeks during his vacation. He was a graduate of Yale and a neighbor of mine. When he asked me to help him out I told him I would have to rely on my "sugar powders" and he said, "I expect you to".

Among the patients was a young lad I judged to be about ten years of age who came in the drug store asking for something for pink eye, with classic symptoms calling for *Belladonna*, and I gave him a dose of the 50M (Skinner's potency, I believe it was), on his tongue, and several more doses in powder form to be taken half an hour apart. In less than an hour he was back again with the two remaining powders and said, "My mother said, 'What kind of a fool doctor are you giving medicine on my tongue for pink eye?'" He demanded that I should give him some medicine for his eye, not his tongue. I replied, "Son, do you remember that when you first came the light hurt your eyes and they were watering so that you held a handkerchief to them? In fact you could hardly see out of them, and now you come back and have been reading that magazine on the counter?" "Why, yes," he said laughing, "they feel much better". Then I explained that the medicine was for his eyes and that it worked through the blood, an incorrect statement, but even doctors can't understand how medicines work through the channel of nerves, much less the laity, so I sometimes use their own language and just say "through the blood". It raises no issue and saves talk.

My daughter was suffering from a cold; finally after more than a day of sneezing and fluent discharge of the nose she said, "Daddy, why don't you give me something for my cold?" "Because we have no medicine for colds, but if you have any symptoms tell me and then perhaps I can give you the remedy." "Well,

my throat is terribly dry and the teeth on my left side ache." I gave her one dose of my favorite potency of *Lachesis* (200 B. & T.). The next morning she exclaimed in rapture, "Daddy, my cold is entirely gone; why did you not give me that medicine two days ago?" I answered, "Why did you not give me your symptoms two days ago?" For two years she had been under the influence of *Natrum mur.*, twice going through the series from 200 to cm. This was her first call for an acute remedy, and *Lachesis* was indicated. Will you pardon me for saying that she is a B. A. graduate from Rice Institute with honors in history at 19, selected as one of the prettiest five girls in college—another miracle of homœopathy: health, beauty, brawn and brain. Health makes for beauty. And a healthy brain functions.

For three successive nights one of my children suffered from a nagging toothache. I first gave him *Aconite* 200 without much relief, but the child finally dozed off to sleep. Next night the pain returned. I then gave him *Cham.* 1M as he was rather cross and irritable, and for the second time he again dozed off to sleep after an hour of the grumbling tooth. "Daddy, you must take this child to the dentist tomorrow." "But he saw the dentist just two weeks ago", I replied. The third night he was worse than ever. Lower left bicuspid, better from warmth; worse early part of the night. Why, *Mercurius iodatus ruber*, of course; and in five minutes he was asleep with an end to his ache.

Mrs. E. called me to her residence where I found her in great distress and humility. "Doctor, I have been suffering now for three days and I can stand it no longer, so I sent for you. Can you give me some morphine to put me to sleep?" "Perhaps you won't need morphine. Tell me your troubles", I said. "I have a large abscess that feels as large as an egg" (on what I noted as the left labia majora). "And oh! how it pains! It even hurts my left thigh and left arm." She received a dose of *Lachesis* 200 and in perhaps a minute she said, "Dr. Schwartz, do you think your medicine could work this quickly?" "Why, what makes you ask?" I replied. "My arm and leg are easy and I don't suffer any more." It was amusing to see her bewildered expression. So I left her, saying that she would need no more medicine, but that if the abscess did not break by morning I would lance it. She

told me the following day that the abscess broke within an hour. With that experience with *Lachesis* for abscess I was ready for another *Lachesis* patient suffering from abscess of the lower part of the left breast that was terribly sensitive, blue and accompanied with severe lumbar backache which gave her no peace for nearly a week of suffering. So they brought her to Houston, a distance of sixty miles, for treatment. I gave her *Lachesis* 200, one dose, with instructions to call me if she got worse. I received no call that night but the next morning she came to my office all smiles—and no more backache. The abscess broke about two hours after the *Lachesis* was administered. I am glad that I have another lance besides *Silica*.

I do not agree that "a miracle is a violation of all the laws of Nature". I agree with the dictionary view that a miracle is "something wonderful; anything which excites wonder, surprise, astonishment; a marvel". Foods perform miracles. Homœopathic medicines work miracles; and I believe (after much research through Swendenborg; psychology; Hindoo philosophy first hand through the medium of highly developed Yogi teachers; and the science of the emotions by Bhagavan Das; and the Holy Bible) and I am satisfied that Christ was right when He said that "even greater things than these shall ye do". How? By treatment on the *spirit plane* of man's trinity. That does not include hypnotism and hysteria. It does not mean Christian Science nor Unity, but by a special science of occult development, *i. e.*, development by scientific procedure of the hidden, latent forces inherent in all of us. The centre is, of course, in the brain, but it has its correspondence in the endocrine glands. The Holy Bible is a scientific textbook on the physical, mental and moral regeneration of the whole race. I am of the opinion there is enough literature extant to outline a course of study and training to enable the doctor to so build up and develop himself that he can within himself generate healing powers as Christ said he could. This truth has, almost, made a Christian out of me—with a few falls, and some hurdles yet to take.

As yet, not all sickness can be cured by homœopathy instantly. The time required to cure depends on the duration of illness. Chronic cases usually take from two to five years, if curable.

That depends on heredity, environment, vitality and degree of tissue change. To cure I mean taking the chronic case backward through its present life history; bringing back the old symptoms in orderly form, the original symptoms being the last ones to again come into view, and therefore the last ones to respond to the remedy. For you cannot get the spoiled potatoes out of the bottom of the barrel until you take off the top first layer, then the second layer, and then the third layer; and so on down to the bottom layer of the barrel.

There are many diseases that cannot be cured instantly. Symptoms that come on suddenly can be cured suddenly. Cramp conditions, spasms, sudden pains, vaso-motor disturbances, all respond instantly to the *simillimum*. Typhoid can usually be aborted in ten days; intermittents in from twelve to twenty-four or forty-eight hours; diphtheria within twenty-four hours, etc. That does not imply that it takes that long for relief. Relief is a matter of minutes usually in all sickness, providing the right remedy has been administered and in suitable potency; but it is not so much a matter of potency as the proper remedy. However, the potency must be sufficiently attenuated to reach the plane of disease. Sugar or salt must first dissolve before it will be diffused in a liquid.

I have many times wired to the late Dr. Kent for consultation in my earlier days of practice in desperate cases; and if we had the time it would be profitably spent in listening to some of these experiences—miraculous results by a master who understood disease and understood the nature of his medicines, and the results were often uncanny, savoring of Divine guidance. I can't recall a single failure in cases both acute and chronic; so-called surgical cases when surgeons refused to operate, so you know they were bad cases; typhoid, diphtheria; impacted gall bladder; gall stones; kidney stones; abscess of vital organs; chills and fever; every case consulted *recovered!* Dr. Kent would see the remedy from my telegram when I could not see the remedy with the patient before me. Can you deny that such results are miraculous? It is beyond human belief to those who have not seen for themselves.

I will rest my case with you, my professional colleagues,

with one more personal experience that is of such import that I feel it should be placed on record as it is official.

Scene: Washington, D. C. The week of presidential election in 1916. Case: United States Postal Department vs. the Ensign Remedy Company, Battle Creek, Mich. Dr. Ensign was cited to appear before the postal department to show reason why a fraud order should not be issued against him barring him from using the mails on two charges. 1st, that homœopathic medicine, or rather his medicines, contained no medicine; and secondly, that no medicine can cure. (The Ensign literature, some of which circulated through the mails, claimed that his homœopathic medicines cured sick folks, to which the government took issue maintaining that no medicine ever cured. That being the position of al-lœopathy.)

The trial of the case took five days of very bitter fighting. Indeed, a biased government prosecuting attorney was so incensed during the trial one day that he had a very severe attack of acute indigestion on his return to court after eating dinner in that angry state of mind. They were about to adjourn court, when, having my pocket case of 60x (B. & T.) with me, I offered to prescribe, which assistance the lawyer very graciously accepted while the dozen or more government physicians and other physicians called to testify from Washington and elsewhere, looked on in amazement. For several days I had been of the opinion that this lawyer needed a dose of *Nux vomica* for his disposition and now I knew he needed it, so I gave it to him on his tongue, and so certain was I of the result that I stated aloud so that everyone could hear that that one powder would relieve him within five minutes. One of our defense witnesses (an ex-president of the American Institute of Homœopathy) arose from his seat and exploded, "Dr. Schwartz, I would not say that". "Why not?" I asked in reply. "It cannot always be done", he answered, "Oh yes", said I, "when you give the right medicine."

I had hardly more than reached my seat when the government prosecuting attorney called across the court room, "Dr. Schwartz, I am entirely relieved". It is needless to say that homœopathy itself won her own case although the statutes still forbid the word "cure" on bottles of medicine or advertising matter sent through the mail. And the government chemist from the

Department of Agriculture is still wondering why he could not find any medicine in Ensign's homœopathic sugar. "Believe it or not", it is a matter of record.

HOUSTON, TEXAS.

#### ORIGIN OF SUSCEPTIBILITY

I still maintain that our conceptions of disease are vague. We are always tending to get away from the law which is the foundation of our method, and from everything that the law implies.

First, the law deals with action and reaction alone. This in itself rules out the material except so far as the material is a conductor, vessel or instrument through which the force acts. It implies Newton's third law, that to every action there is an equal and opposite reaction.

Therein lies the danger of the so-called physical methods in therapy. How can we measure the force of the reaction in advance? How can we know how much stimulation to apply in the first place? If we are still at sea regarding potency how can we estimate the effects of cruder methods?

It seems to me that in the dynamic state with a certain amount of potential the reaction is greater than the original stimulus. The matter of potential and its factors are of more concern than even the law itself, for they are the conditions under which the law acts. If it be true that energy cannot be destroyed we may cease to worry about the energy itself and look to those factors which modify its action.

What we know as impaired or reduced vitality is not a diminution of the strength of the force but a leaking away of it. Life may be compared to a fully charged storage battery (a simile better than that of an engine, I think). This fully charged storage battery has a certain potential. If all the wiring from this battery is well connected and insulated the proper function of the battery results, but if there is a short circuit, function is impaired although the potential and actual strength of the battery is normal. Under proper conditions the strength and potential of the battery may be restored.—D. PULFORD.

## CHOLERA INFANTUM\*

GEORGE E. DIENST, M. D.

The books are full of this disease classified by many as a species of cholera. It is not cholera *per-se* however, but a severe form of dysentery. The principal characteristics are pain, dysentery, fever and prostration. These forms are marked by very peculiar modalities. These are not alike else we would soon control it, but modalities differ as to constitution, environments and food. The cure hinges upon understanding the meaning of the different modalities and here is where the critical point arises and makes some incurable cases for us. Not that they are so bad but that we are ignorant of their meaning. This brings me to the point that I want to stress. In an early day we had a great deal more cholera infantum than we have today and with an experience extended over many, many years I have lost but one case of this so-called disease. I was so wrought up over my failure that it took me six months after the child was dead and buried before I saw my mistake. Mistakes are easily made and, as in this case, often result in death. I do not know why I should have made this mistake, but I did and the odds were therefore against me.

THE CASE: Early one morning in August I was called to see a very pretty little girl about five years of age. On looking my case over and noting the symptoms there was one thing I could not understand, but I called it a case of cholera infantum. I prescribed for the different symptoms, particularly the dysentery, and went about my work. Every time I saw this little child she had not improved but kept up that one symptom which I could not understand, namely the retracting and extending of the left leg and arm. I certainly watched it with great care. I never saw the like before, and still my child went down in the depth of despond. I tried to find the meaning of this move but could not. I knelt by her bedside one hot night in August and watched those symptoms, which I am told were present day and night while awake and asleep. I was very much disturbed but could find no answer to this problem and my sweet little girl passed away. Ordinarily we let those things go as inevitable, but I did not. For

\*Presented at the I. H. A., Bureau of Obstetrics and Pediatrics, June 1930.

six long months after the child was buried I kept up a constant research trying to find the remedy with the retraction or extension of right or left extremities. Finally I came upon a symptom similar but not just like this one but it was so near like it that I know if my little girl had only had a dose or two of the medicine she would have lived. This remedy was *Chamomilla* which I did not give. We are not in the habit of reporting lost cases but this was so serious that I did not rest until I found the remedy and I am sure it will not occur again.

This case is an exposure of my ignorance, for had I understood the law of materia medica, and learned to define what is *rare*, particular and peculiar I might have saved this child. Two things I wish to stress in this paper, first, *personal ignorance* for which there is little or no excuse; secondly, the important emphasis laid on the rare and peculiar by which we are often governed in the materia medica.

AURORA, ILL.

While it is an interesting study to trace the evolution of homœopathy in the mind of the master, it really should make but little difference to us whether he himself favored alternation or not, for as logical homœopaths, we cannot escape the conclusion that the use of the single remedy should be insisted upon by us, because all our reliable knowledge of drug action has been from provings made of single drugs, one at a time, and nobody knows what might be the effect of drugs proved in a different manner; and because the whole logic of the homœopathic scheme is opposed to the use of *unproved* drugs, whether simple or compound, and consequently to the use of medicines in alternation, for provings in alternation have never yet been obtained, and this must unavoidably so remain, until we gain positive knowledge of such preparations and their effects by testing them upon healthy subjects, and the only plausible apology for divergencies in these directions is paralleled by the clumsy marksman who prefers the shotgun to the rifle because it scatters more by its use, he hopes to hit the target somewhere.—A. R. MORGAN, M. D. 1895.

## CONCERNING A FEW UNUSUAL REMEDIES\*

ROYAL E. S. HAYES, M. D.

These remarks are a bid for table talk rather than any attempt at scholastic description of the remedies mentioned. It is simply personal experience, and personal experience in materia medica means a good deal more to me than any dry-as-dust compiling or second or third hand rehearsals. The best way to become acquainted with the homœopathic materia medica is to use it, always with a good eye to similitude; first prescribed and then managed according to the familiar principles necessary to obtain the full benefit of action and reaction between remedy and vitality. These few unusual remedies and the tales thereof are such as any experienced homœopath could give, for each one has at least a few favorites that are little known to others. Although the bulk of the work is done with 150 to 200 remedies the occasional step outside the familiar group is just as important as any one of the others. What follows here is what comes to mind before it is time to stop.

### I.

I will violate the title right at the beginning and speak of a rather unusual use for a perhaps too familiar remedy, viz., *Aconite*. It is very helpful in certain conditions of advanced age. Many people of advanced age have learned to regulate the garrulous tendency of an earlier stage of life so that what is expressive of *Aconite* is to be observed more than heard. They become too silent, appear to be brooding over something, to sit in sad thought, occasionally rising and going to another part of the house with no particular aim. Asked how they are, they will shake the head sadly as having some secret which should not be disclosed. Take them out for a ride or some little change in the open air and they brighten up for awhile. But the sadness returns, is worse in the evening, and they may even flush up and have a little circulatory quickening. They retire at evening only to wrestle with their secret, are restless and sleepless and do not stay in bed well. If you are diplomatic enough they will confess that it is dread of

\*Presented before the Conn. Homœopathic Medical Society, Oct. 21, 1930.

the inevitable that bothers them. Beginning circulatory failure from sclerosis seems to be the mechanism more often associated with this condition. It is wonderful how *Aconite* will soothe and brace them up for weeks or months until some other remedy is needed.

## II.

Sometimes you are hurried to a home and find it all in confusion. One or two relatives are at the bedside while others come and go from the other rooms weeping and wailing. You look at the patient and see that he is dying, he has suddenly collapsed. The skin is cold and covered with a dreadful cold dampness, the extremities especially have become icy cold. The face is pallid but not deathly yellow, the pupils are dilated, the respiration consists of an inspiratory jerk forced by the muscles of the throat. The tongue sticks up like a board and is forced out with each inspiration. There is no pulse—better not stop for the heart beat—the nails are purplish, the ear lobes also and there is a general purplish flush of the skin. You might as well attend a hanging. It is a collapse from some severe strain, such as asthma. You pull out your *Carbo veg.* or your *Ant. tart.* and get not the slightest response. You must hurry now with a certain remedy or he will be gone; or he may have passed on before you arrived.

The remedy is *Adrenalin* and I have never used anything but a single dose of the 200th. The last case I had like that was a young man subject to asthma, whom I had never seen before. He came back gradually to conscious agony and through his asthma into comparative comfort in about 20 minutes. He became more comfortable than he had for days but dropped dead 24 hours later.

## III.

A remedy for some night calls and one to preserve the integrity of the office hour is *Bilis insipidus*. Now you surgeons need not think you should monopolize the entire polyanparacholycystitic arena. The materia medicist can make up just as big words and often make a better clean up of that area than the surgeon. In the first place why expect to have any but surgical find-

ings when the liver function has been smothered with morphine? It is better to get a repertoire of remedies both in the mind and the handbag if one really desires to put the temptation to operate behind him. The writer has become too worn out on this and allied so-called surgical subjects to boast, but he can truthfully say that in his following there are scores of patients who had multiple diagnoses of gallstones who have not had another attack from one to twenty years back after a little homœopathic treatment. There have been a half dozen or so operated cases and one with the stones just peeping through the musculomembrane but no fatalities, post-surgical or otherwise. The homœopathic tenderfoot should remember that a gallstone patient must have one more attack, usually, if the first has been smothered with morphine.

The *Bilis insipidus* patient is one that the surgeon will have his way with if he can get at it. The patient is one who has been a little jaundiced for quite a while before the colic has arrived. He is depressed mentally and physically. The attack consists of cutting pains upward or downward and a constant dull heavy pain besides. There is a sensation in the epigastrium "as though something had stopped." The patient keeps in slow motion whether on foot or while lying and keeps trying both. There is cold, clammy perspiration and the hands and feet are cold. There is soreness, of course, and it is centered at the usual location of the gall bladder. A little soreness may have been noticed there for a long time. The condition is probably cystic more often than of a duct. The patient gives the impression, quite theoretical, perhaps, of one intoxicated with her own bile. A feature of the improvement which follows this remedy is the conspicuous mental brightness and the freshening up of the complexion.

There is no literature of *Bilis insipidus* so far as I know. It will not be used very often but occasionally is of good help as aforementioned.

*Sulphur*, used in the right way, will cure about seven out of ten diagnoses of gallstones if you can get them before they reach the operating table. It is remarkable how the diagnosis will improve after the attacks have ceased.

A word about *China*. It is both a pre-operative remedy and

an operation prophylactic. When used according to Hoyle it either finishes up the case that has relapsed after other remedies, or puts the patient in better shape for the necessary operation.

## IV.

*Mercurius dulcis*. I mention this remedy in relation to catarrhal deafness merely to say that in my hands the remedy was mostly a failure until I began to use it in very high potencies, the 50M or CM. That way it has worked much better.

## V.

I suppose a remedy for coryza and hay fever is too insignificant to be mentioned in a scientific program in these days of gross pathology snatching (surgeons please do not look so solemn), but *Phleum pratense* will save some people a trip to Maine. Make no mistake, though, if the cases are studied individually it will be seen that red top, I think it is, will be needed only occasionally, for if the symptoms are garnered thoroughly some better known remedy will usually arrive. It is in demand more often during the warmer months and the affliction is of good seizure, being more of the hay fever type. One great peculiarity and perhaps its greatest excuse for selection is that the patients, so far as known, to me at least, are quite innocent of distinctive symptoms. A few symptoms which have run through my cases are these:

It is aggravated by ragweed and will cure patients who do not respond to *Ambrosia*.

Wheezing often accompanies.

The discharge is bland, less often acrid.

It is aggravated by dust, hay, odors of flowers, etc.

They almost always complain of the eyes, the itching being very troublesome and worse in the cool air and disturbing or preventing sleep.

A young woman with about all of these symptoms came to me Sept. 12th and gave afterward some other symptoms:

Depressed, weeping without apparent cause.

Sensitive to cold; cold feet.

Craving sweets, sour, salty things.

Faint stomach at 4 p. m.

Aversion to open air, relieved by activity.

Menstruation short. Constipation.

Psoriasis of six months' duration covering the hands and forearms but fairly smooth at the time, being partly suppressed by some ointment.

*Phleum prat.* 200th was given. In eight days the hay fever had gone and the psoriasis had come out and was truly a mess with its crusts and cracks. *Sac. lac.* was continued faithfully and at last report the left hand and forearm were practically clear and there was but one area on the right that was not crusty at all. I suspect failure, however, at least with *Phleum* because the eruption had appeared first on the left then on the right and the disappearance was going on in the same direction. *Sulphur* will probably be needed to overcome the suppressive tendency, especially as it corresponds to the other general symptoms and as an antidote to *Phleum* itself. But I am letting it run because the lady feels and appears so much better in general.

## VI.

A remedy that I hesitate to speak of because it is quite unorthodox, having no proving nor any literature that I know of, and prescribed more on imagination, perhaps, than anything else, is *Carcinoma*. In the rare instances where I have seen it act it has produced marked constitutional benefit, leading me to think that it might equal the other nosodes if its peculiarities could be brought out.

Those of us who observe chronic conditions especially, sometimes get a patient who is ailing but presents very scanty or superficial symptoms. The tawny appearance of the skin, the disinclination to any sustained activity, a slight but persistent debility, the lack of any definite symptomatic trend or cause otherwise, would, I believe, justify one to think, at least, of *Carcinoma*. For I have seen such people, especially before middle age, respond beautifully, complexion and all, to that remedy.

One such, a girl of six years who had been under my observation from birth, was a sleep walker and always talking and singing in sleep and very restless. She was brought in with a quite



solid lump under the right nipple, the nipple being retracted in family, which was large, was always full of ailments of all kinds and someone was always needing an *Iodide*, a *Mercurial* or some other remedy of the sycotic or syphilitic class, although there was no special history of either the parents or grandparents.

I gave this girl *Carcinoma* 200th and the entire trouble disappeared, lump, night disturbance, complexion and all; she has been very bright and happy since that prescription of a year and a half ago.

## VII.

Another remedy that I speak of with diffidence because I know so little about it is *Syphilinum*. I doubt that anyone knows very much about it in comparison with its range and possible modes of application. You may and should study it from the books, but there will be places to use it that do not correspond with the books and you may sometimes have to go contrary to some of the standing symptoms in the books. The books have relief of rheumatic pains in the legs by cold but I prescribed *Syphilinum* rectified for very severe bone pains that were aggravated by cold, and it gave an immediate result.

Many times, even when it is most needed, its symptoms do not stand out in bold relief like some other remedies. Just the same it is often needed not only in non-acute conditions but in acute conditions that are severe, complicated, rapid paced and persistent. You can get a good deal of suggestion from the literature but it needs something more than that because the little indications right in the midst of severe illness are unobtrusively masked from the unsuspecting prescriber. It is a suspiciously subtle remedy itself and must be matched with the same subtlety to discover. Acute rheumatic fever is one of the favorites for it to lurk, for instance.

The subject of *Syphilinum* is too big and too enticing to be permitted here. But I would suggest that it is a sort of partition remedy, a go-between (symptom influence) which works along the more immediate or obvious symptomatology. Look for it.

I will just mention one instance where *Syphilinum* did

in a chronic case. A maiden lady of interesting personality and a unique and intelligent wit was married at the age of 42. She had a regular cycle of symptoms slowly shifting from throat irritation, to bronchi or trachea or a tooth, etc. Also pruritis vulvae, boils, one thing after another. She had an intense heat or burning of the entire area between the waist and knees so that she was unable to be covered at night even in the coldest weather. She sat in a chair but a few minutes at a time. This appeared to be of trophic origin and her knee reflexes were feeble. This and her extreme sensitiveness of the genitals, internal and external, had been going on for a year or more before marriage, and after marriage there was found to be a persistent and intractable vaginitis.

She was prescribed with care but could not do much more than ring the bell. She was pale and the rosy with her varying symptoms. Finally she became depressed, at times hysterical, then suicidal and watched her husband to slip out at night to drown herself. Her kind and patient husband now of eleven months' standing and waiting for her recovery was getting desperate. For genuine affection had alighted and she had bettered the self instinct. Just then yours-very-cordially came and prescribed *Syphilinum*. Gradual improvement began and when two weeks had passed the lady took matters into her own hands. She volunteered to have a long dreaded operation of extraction and the initial marital operation performed, and it was done, all in forty-eight hours. There has been rapid and general betterment ever since, even the neighborhood—in the whole state of Connecticut is now vastly improved.

WATERBURY, CONN.

Do not repeat so long as improvement is perceptible. In acute cases of cholera, colic, croup, etc., it may become necessary to give your remedy every few minutes or hours, according to the urgency of the case, while in chronic disease the intervals may be extended to days, weeks or months; indeed, many brilliant cures from inveterate maladies have followed the curative action aroused by a single dose of the highly potentized drug.—

W. H. HOGAN, M. D., 1895.

## THOSE "PRIZE ESSAYS" ON HOMŒOPATHY

A. PULFORD, M. D.

We have just emerged from reading *Prize Essays* on homœopathy printed in the July 1930 issue of the *Journal of the A. I. H.* These essays contain some very excellent matter, but also some assertions, both qualified and unqualified, which, if brought before a tribunal of real Hahnemannian homœopaths, would not pass muster, let alone draw a prize. And, since those "Essays" are to go before the public as truly representative of homœopathy, with the stamp of approval of those who have assumed to control and represent homœopathy and homœopaths, we shall therefore be judged accordingly by the public in general. Therefore, the public should be set right on the questionable assertions and the misinformation contained therein, and informed of the truth. Apparently those intelligent men of the A. I. H. have yet to learn that it is impossible to pollute a stream and draw from that stream pure water.

These statements we will number and refer to those numbers in our comments:

- (1) "Immunity to disease by serums" sanctioned.
- (2) "Vaccine virus is essentially homœopathic."
- (3) "Homœopathy is not a system of medicine."  
"Homœopathy is not dosage."
- (4) "In homœopathic therapeutics the size of the dose is incidental."
- (5) "Why there need be any failures with the homœopathist to cure."
- (6) "It would be absurd to advocate a remedial cure for cancer, tuberculosis, etc."

(1) Real immunity to disease consists, as Spencer said of life, "in the ability of the internal relations to adjust themselves to the external relations". If these relations work harmoniously life and health ensue, if interfered with, disease or death will be the result. Can this ability to adjust be facilitated by throwing obstacles in their course? Once this balance becomes deranged disease ensues, when lost, life becomes extinct. What is disease,

then? Merely the result of this unbalance. The ultimate result of this unbalance depends entirely, not on the original factor, but on the course which that factor takes. Disease represents but one tree, with but one root, but with myriad branches. And, since we see the activity of but one branch at a time, it is that branch only that we attempt to assail and remove, or—to suppress. Homœopathy produces its immunity by striking to the trunk of that tree, leaving no budding joint to resprout; not by merely rendering that branch inactive. This, then, is the removal of a predisposition, resulting in cure, not prevention. In other words, prevention of an external manifestation by the eradication of an internal predisposition, which can only be brought about when that internal predisposition is known to exist. Its existence is made known long before its external manifestation appears. The "prevention", advocated and sanctioned in one essay, and palmed off as "homœopathic", is merely, if disease does exist and its product interferes with natural adjustment, *suppressive*; if disease does not exist, useless. So that in either case it is injurious, and too often fatal; of which we have too much heartrending proof. Who of us has ever seen a disease? Who of us knows just which one of those branches is going to become uncovered and active next? Now, then, since we cannot see a disease, and do not know which one of those branches is going to become uncovered and active next, just how are we to know positively when, and when not, we have prevented, or produced immunity against, any disease? Is this, then, not all theoretical speculation, endangering life and inviting dangerous, false "security"? It would be beautiful and comforting were it other than speculative theory, and dangerous at that. The essayist explains that "diphtheria anti-toxin produces 'passive immunity'". What is "passive" immunity if not suppression or diversion? The ultimate result must of necessity be disastrous, as witness the innumerable number of deaths produced thereby. As a single example, the 41 children killed at Luebeck, Germany, out of 246 inoculated, a rate of nearly 17%, to say nothing of the untold thousands of whom we never hear. In this essay we are regaled with a beautiful theory of how these sera act. If that were known, then it fully explains why and how *every* remedy acts. If you know the action of one you know the

action of all. This fact alone condemns the theory about the action of the sera. When we speak of disease, the mind of the allopath, as well as that of the so-called modern homœopath, reverts at once to its *external* manifestation solely, because it is at once visibly, tangibly and ocularly demonstrable; but when a Hahnemannian homœopath speaks of disease his mind reverts to something invisible, intangible and undemonstrable, at least ocularly. We know that disease is present for it discloses its presence to us in sensory and ocular manifestations. We also know that homœopathy dispels disease because it causes these appreciable manifestations to disappear. Since, then, this disease proper is invisible, unseeable and ocularly undemonstrable before it makes its presence felt by its appreciable manifestations, who of us is endowed with sufficient insight to glimpse the future and tell positively that any given set of external manifestations are actually going to appear? What a boon to humanity if we only could! We can repeatedly demonstrate a cure but prevention must rest purely on theoretically speculative ground, a ground very, very apt to be injurious, if not fatal. Homœopaths cannot sanction hypodermic therapy of any kind and be honest.

(2) "Vaccine therapy is essentially homœopathic." Since when, may we ask? That is a very rash statement. Even Crookshank and Creighton proved them by no means similar, thus not, as used, homœopathic. They are only homœopathic to their own pathogenesis, as are *Psorinum*, *Medorrhinum*, etc., and that pathogenesis is as limited as that of any other remedy. If they are anything, they are isopathic as used promiscuously, and that is a long, long way from homœopathic. Promiscuous hypodermic therapy is not only unhomœopathic but it is reprehensible, full of pitfalls and a veritable death trap born of ignorance and fostered by laziness. If Nature could not use these vaccinal and seral products in their original state, (the reason she threw them out in the first place), is it logical and a mark of intelligence to assume that she can use these same products in the same crude state after they have been rendered still more unusable by the admixture of other foreign products, without first having the opportunity to change them? Evidently the users of these sera and vaccines do not understand that foundation of

medicine, physiology; neither do they seem to grasp the full intent of that wonderful laboratory, the digestive apparatus. It looks to the man on the outside as if the essayist was getting his dates badly mixed when he states that "vaccine therapy is essentially homœopathic", and *that* without qualification; and also when he tries to palm off isopathy as homœopathy, and attempts to mislead a confiding public that homœopathy embraces and sanctions or indorses all kinds of questionable methods of treatment.

(3) "Homœopathy is not a system of medicine." May we, ever so gently, refer to that great fountain of information, Webster's *New International Dictionary*, where one may ponder over the definitions of "system" and "medicine", and see if a grave mistake has not been made. If homœopathy is not "a mode of operation governed by a law" then it is nothing. If homœopathy is not "the science and art of dealing with prevention, cure and alleviation of disease", then it is, again, nothing. On the contrary homœopathy is the personification of those very two. Just *what* does it lack to make it a "system of medicine"? And just *what* does so-called modern medicine contain to make *it* a "system"? We homœopaths can make "cures" without modern medicine. Can modern medicine make "cures" without *similia*? Not without first proving the *law of similars* wrong. Who is able to do this? *This* makes homœopathy the *only* system of medicine extant today. "It will ever more gloriously unfold its banner, ever more gloriously beam in the firmament of science and ever more show its curative virtues if not adorned in false finery or covered with false jewels and ornaments", so said good old Bœnninghausen. Homœopaths seem to be divided into three camps: First, those who believe in *the* similar remedy and ignore modern medicine; second, those who believe in the most similar remedy, but who are as yet ungrounded in the principles of homœopathy and its philosophy, and who find that they must step over into the old field occasionally, (for the same reason that the demure maiden publicly wishing to denounce Satan to please her friends, told him to get behind her, but aside, not too far behind), their faith, or rather lack of faith in themselves, making them want to feel that each is within easy reach when wanted; third, the rest,

of whom the least said the better, who firmly believe in the course of least resistance, and would rather sell out homœopathy than do anything to defend it against its enemies.

(4) "In homœopathy the size of the dose is incidental." And by the same process of reasoning homœopathy is incidental to some so-called homœopaths. Kent said, and we have proved him right, that "the symptoms may lead one to the drug, but the proper potency leads to the *similimum*". Our essayist has yet to learn, as have a host of others, that it is that eternal trinity, mandatory requisite to an accurate homœopathic prescription, that must be present, if a final and proper result is to be expected and obtained. That trinity is: correct symptoms, that individualistic mark or stamp that distinguishes the particular drug from all others, and lastly, and by no means least, the correct potential or potency, for it alone constitutes the final factor in the makeup of *the* indicated remedy which Kent and I agree to call the SIMILIMUM (and not *simillimum*). The "size of the dose" may be "incidental" to those who do not know, or who have only a limited knowledge of, homœopathy, but to a Hahnemannian homœopath it is the peer, if not the superior of the other two mandatory factors above named. The neglect to take into consideration the potency or dose has caused more failures, and we may add deaths, than any other factor, and *that* to many otherwise good homœopaths. This we *know* from personal experience. If 47 years of hard knocks will not teach a man something then he is mentally impossible. Drugs or curative agents as we call them are but the containers of confined energy. Their fatality depends entirely upon the secretions of the partaker to be able to act on the container so as to render them active. This is well illustrated in the immunity of animals which can consume quantities of drugs that are exceedingly poisonous to man. Energy is energy whether released from a drug or produced by physical or mechanical means. If massage is indicated, applied and cures, then it is just as homœopathic as any drug; but as with the drug, you must have a definite indication to know just *when* and *how* to use that applied power and *how much*. Even massage and other mechanical methods, when not indicated, can do untold harm. They cannot be used promiscuously with perfect safety.

(5) "It might be rightly asked—if this law is so sure—why there need be any failures with homœopaths to cure." It is well to use the word "homœopathist" instead of the word homœopathy. There are but two reasons why homœopathy should fail, first, the absence of *the* indicated remedy; second, the patient being beyond the remedy's reach, irrecoverable. But there are numerous reasons why the homœopathist fails, amongst which are his negligence to obtain the rest of the unproven remedial agents; his failure to follow religiously the rules of the game; the application of the wrong remedy; lack of knowledge of how to secure the patient's history; ignoring the importance of the indicated potency or "size of the dose", etc., and a hundred and one other etc. Our experience teaches us that if we have taken the history properly, seen that the remedy secured therefrom bore the individualistic mark or stamp, and the proper potency was selected, and the patient was not beyond the reach of medicine, we had no failures, and the need for frequent repetitions of the remedy reduced to a minimum. Wherever *any* remedy of *any kind* will act, homœopathy will not disappoint.

(6) "It would be absurd to advocate that there is a remedial cure for cancer, tuberculosis, etc." Yes! as far as the name alone goes. Names are deceiving and misleading, yet the above leads the public to believe that that is final. What a comfort it would have been to the victims if it had been stated that there is no cure for cancer by *name*, which is a fact, but that there are remedies which will cure the *patient* having the cancer, when that remedy is *positively* indicated. Dr. A. H. Grimmer has personally demonstrated this, and we, ourself, have demonstrated it on three (allœopathically diagnosed) cases, one of the superior maxilla, one of the inner canthus of the eye and one of the uterus; the first with *Phos.* 10M, the second with *Hydrastis* 30x, the last with *Rhus* 30x. An allœopathically diagnosed case of tuberculosis, moribund, was restored completely with *Tub.* cc, and increased from 98 to 185 pounds, looks the picture of health, and works like a "beaver". A case, undiagnosable by the allœopaths, a school teacher, living in a Wisconsin town, who was thought to be tubercular, having sudden attacks of complete prostration and ravenous hunger, and who had been under observation several

weeks at the Mayo Clinic, was restored in a week by a single prescription of *Natr. phos.* 30x. But the most amazing of all is this case: A 10 year old girl who had been under allœopathic care for some time for "diabetes mellitus" and growing worse all the time, and was to be sent to the hospital for observation, was turned over to us. Her face bore the individualistic stamp of *Cina* all over it. Dr. D. T. P. took the history of the case for me and confirmed to the letter what had been observed. On June 3rd she received a single dose of the 1m and a *Placebo*. It was not repeated. The girl became strong, healthy and active. Unknown to us, the father, thinking it all to be too good to be true, after all he had gone through, took the young lady and a sample of her urine to the original doctors for examination, who pronounced both girl and urine normal in every respect. This on July 5th. Does *Cina*, when indicated, cure "sugar diabetes"? Was it ever known to have caused it? That is but a single incident of the many that have occurred to us. These, then, prove one of two facts: Either homœopathy cures patients of these predispositions, or, contrary to our common concession, the allœopaths are very, very poor diagnosticians, and also shows the fallacy of placing too much faith in diagnosis for prescribing purposes.

Modern medical men learn all too little from their failures and mistakes. As the late Dr. McKenzie remarked, "We go right on making the identical mistakes year after year that we made in the beginning." They prescribe, their prescriptions fail and all they learn is that they failed. Does this give them any assurance in the next case? Is it any wonder then that the allœopaths and their "homœopathic" sympathizers never progress? Even the most intelligent of homœopaths can only conjecture from his mistakes, he has no assurance that, if he had the same case over again, this failure would lead him to a positive success. On the other hand the homœopath has this advantage, he *knows*, or should know why he failed. He prescribes on *definite* indications. He proves his remedies, beforehand, on healthy or normal human beings (not on animals) to find these definite indications. He matches the two and, if his potency is right, gets immediate results. He tries this over and over again under like conditions and finds that it *never fails*. He has succeeded; he has learned some-

thing, and that of value; he knows the reason why. Had all that proven a failure, all that he would have learned would have been that he had failed, and that would have ended the matter. Would his failures have justified him in continuing his failures? On the other hand he had learned that his provings had brought him reliable guides; that the application of the remedy to the similar disease symptoms, when the patient was not beyond help, always brought relief, and nearly always a cure, and above all that the remedy *acts*, which is of far more importance than to know *why* or *how* the remedy acts. These, then, have brought him knowledge which justifies and strengthens his reason and position in giving the same remedy again under the same circumstances with perfect confidence in the end result. You have learned something, not from failure, but from success, and also, the reason why.

When the day arrives, when we can think of homœopathy without having to mix it with allœopathy, then, and not until then, will homœopathy come into its own.

TOLEDO, OHIO.

In no class of cases will the homœopathic remedy be found to act more efficiently and speedily than in post-partum hæmorrhage. It is really astonishing how rapidly a profuse hæmorrhage will cease after the administration of the properly selected *simillimum*. The physician should be prepared to select the remedy speedily, but time will be saved to carefully get all the symptoms, and as carefully to select the remedy. When the *simillimum* is administered the hæmorrhage will cease in a very short time, or at least be under control, so as not to endanger the life of the woman. In such emergency cases nature speaks plainly. The more danger to life the more plainly nature speaks. And in like manner, *the more danger to life the more speedily will the homœopathic remedy act*. This is a fact corroborated by the experience of the best prescribers. Only those who trust to the well-selected remedy are safe from calamity in such cases.—W. A. YINGLING, M. D., 1895.

SOME OBSERVATIONS ON *STILLINGIA*

HILMAR C. SCHMIDT, M. D.

Sept. 27th, 1930 I took one dose of *Stillingia* 45M before going to bed. I am naturally chilly and use much covering up to my neck and even wear a night cap. I am not chilly in the vertical position but do not seem to be able to control heat radiation in the horizontal position. The first night after taking *Stillingia* I had to throw off some covering, because of feeling warm between 3-4 a. m., the very time I am usually the coldest. Pain in right elbow, severe; pain at both lower anterior shin bones, in the lumbar region, in different places in the skull bones; pains changing from spot to spot all over body; all pains dull but quite annoying. Eyelids stiff on awakening in morning, as if varnish had dried on them.

Skin itchy, mouth dry but no thirst. Dreams annoying and of sex matters.

Sept. 29th, dreams about women. Eyelids stiff in the morning, nothing else. 11 p. m., pain in finger joints of the left hand.

Sept. 30th, occipital area of head creaks on waking in the morning when moving head, this has annoyed me for several months. Mouth and throat dry. Eyes and lids stiff in the morning. Pains all over the body, moving from place to place, groin to knee, to foot, to kidney or spleen region. Changes are instantaneous and without rhyme or reason.

Dreams: I am always a great dreamer but this beats everything. Dreams of water, of lakes, of immense rivers of sewage, through which I am struggling; being lost in mazes, lost in a red light district; places seemed oriental and all streets were blind alleys obstructed by houses; being lost in a warehouse district which was dark and deserted; finding myself in a railroad tunnel that had no ending and being jeered and sneered at by the few employees met. In that river I was being attacked in the back where I could not defend myself, once I was attacked by a dog who swam at me from the front. The pains were dull but panic creating. I awoke at 3 a. m. with pains in spine, kidney, spleen, a clutching pain in heart, (all new experiences for me).

Position seemed to have nothing to do with pains; heat relieves. I dreamed about secret organizations and blackmail. These dreams have nothing to do with eating or indigestion. I eat very simply and never suffer from indigestion. Urine clear and normal.

Oct. 1st, chilly and tired on rising, dreamed of people and meetings. Eyes and lids are still stiff on awakening in the morning. Peculiar, spasmodic, contracting pains all over the body in spots, not at frequent intervals.

Oct. 2nd, dreams chaotic, pains contractive in spots on skin and even *over* skin as if amœbæ 12-15 inches in diameter were superimposed on skin but not in contact with it, something like a checker-board floor, but no two touched each other, only about six of these spots noticeable at one time. Contractions were not synchronous, the controlling center being definitely located in the spleen region. (A most peculiar remedy)

On waking, scalp creaking (old symptom); anus dry mornings, nasty post-nasal taste, a peculiar and disgusting taste that I think is related to pituitary secretion. Dreamed about werewolves, first time I ever dreamed of such things, and have not read anything of the kind lately.

Proving is growing weaker.

Oct. 3rd, dreams not so distressing. No pain, no cough, (have had a nasty hacking cough all my life but it is not constant). Urinated once during night. No post-nasal secretion taste (that symptom occurs only at long intervals). No occipital creaking noticeable. Anus dry.

Oct. 4th, dreams not vivid, not remembered. No urination during night. Slight occipital creaking on first motion after awakening. Practically no stiffness of eyes. Some itching of eyes during the day, especially in the evening. Came home 10 p. m. and worked cases until midnight. Dinner at midnight. Very light lunch at noon. A few (2 or 3) pears in the evening. Anus dry.

Oct. 5th, dreamed some. Awakened 5 a. m. well rested, went back to sleep and awakened at 9 a. m. Sex dreams, emission, some occipital creaking, eyelids a little stiff, no cough, anus itching and moist. About 6 a. m. intense itching of fingers of left

hand for a short time. Awakened three times during night. Went to bed 9 p. m.

Oct. 6th, very tired on awakening.

Oct. 7th, eyes some stiffness, some twitching in splenic region about 6 a. m. Dull pain in the right dorsal region on brushing hair.

Oct. 11th, deep bone pains at different places, especially severe in the left humerus and scapula, left neck and left hand, worse on becoming cold and damp. All the teeth ache, getting worse from day to day (a new symptom). No urination at night. Eyelids normal. Bone pains so severe they must be antidoted. Used *Mercurius* 1m, one dose. No quick relief so took *Sulph.* 1m. Made a poor job of antidoting.

Oct. 18th, pains still severe but seem to show signs of abating.

Oct. 27, nausea and vomiting without any dietary indiscretion. I am not smoking. It may have been due to a cup of coffee on Oct. 25 a. m., although I felt nausea coming on before that. I used to be much troubled with nausea for years. Bone pain in left shoulder is practically gone.

#### PERSONAL OBSERVATION

**FIRST ACTION OF DRUGS:** All primary symptoms produced were confined to the night, commencing at 6-7 p. m. Not a single symptom developed during the day. The bone pains were most severe the first night, dull, changing from place to place, covering all the long bones and all the bones of cranium, but only in smaller or larger spots, never seemed to affect the whole bone.

Superficial pains were also confined to the night. That panicky dream of being attacked in a river, where I could not defend myself, was probably due to these spasmodic, wandering, superficial pains. They seem to have definitely to do with what is technically called the "etheric double". The sensation was above the skin and felt like a small circumscribed electrical field. It finally settled definitely at the spleen region, touching the spine's left edge, the gateway between "etheric double" and physical body, which deals with the moveable ethers. This peculiar superficial contraction makes this remedy very interesting to me.

The secondary action, or reaction, commenced on the tenth day and is especially aggravated during the day time, and from pressure. Resting an arm on the desk will start it at once, but stopping it is a different story. It is a deep seated, spasmodic, wandering, severe bone pain, which in my case finally localized in the left humerus and right femur. The medicine seems to have a left sided preference, the very first symptom was on the bottom of left heel in an area about the size of a lead pencil, then in the spleen region and left hand. However, the constant exposure of 10 years riding in an automobile, exposing this shoulder to a steady draft may negate that whole idea of left sided preference, were it not for the definite selectiveness of the spleen region. We have not many remedies that show preference for the spleen.

Now comes the, to me, most important thing of the whole proving. I did not record it symptom by symptom, nor day by day, it would have been so uninteresting and almost meaningless, because it would have been practically impossible to reconstruct an adequate picture, so I will give it in my own way to bring out what seem to me to be the most vital points.

At about 18 years I went to a picnic, did considerable dancing, drank some ice cold beer while heated and ruined my kidneys. A week or two after that I was shaved by a palsied barber (he may have been a syphilitic or a sycotic) who cut and infected me. This was followed by lupus erythematosus which covered my whole face, both ears and nose, and which I carried with me for 18 years. It grew steadily worse from year to year, (being pronounced incurable by at least 40 of the good allœopaths of Chicago) until I met my first homœopath, Dr. Kent. That system of medicine impressed me so much that I immediately took steps to make up the required points for matriculation.

I always had had traces of sugar in the urine; I like candy but cannot take much. I was itchy, supernormal sexually, and for many years now have had some prognathism of superior left maxilla, in short decided pituitary involvement. As long as I can remember I have had a moist, itching anus, and for some years I have been quite alarmed and have been searching for some remedy capable of preventing a prostatic cancer. (I never had gonorrhœa or syphilis, at least not a primary infection).

Something in Dr. Hayes' description of *Stillingia* made me sit up and take notice and I took one dose of that medicine, although I had found a remedy for the condition and was getting well under this remedy.

Taking *Stillingia* 45M immediately re-established some of the symptoms I had been so glad of having been relieved of. It thoroughly upset my whole economy.

Sex, anus, prostate, occiput, ocular trouble and headache had not troubled me for a month, even cough and urination were considerably improved. *Stillingia* had such a severe reaction on me that sex dreams came back, even an emission. Prognathism became inflamed, hot, swollen, itching; anus is still upset although comparatively dry; bone pains I connect directly with pituitary activity, the epiphyses are certainly painful, although the pain is not limited to them. Nocturnal urination was relieved from the first night. The prostate shows no indication of having been affected.

These superficial, spasmodic, jerking attacks limit themselves now, as the proving is getting weaker and weaker, almost exclusively to the region of the spleen, the left dorsal region. They come and go suddenly and remind me of a possible usefulness of this remedy in two other conditions that usually remain uncured, namely, epilepsy and congestive chill. This remedy deserves further proving.

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*Pulsatilla* affects the dorsum of the feet.—C. M. BOGER.

*Nux. vomica* is abusive, whereas *Mercurius* is malign.—G. BOERICKE.

In laryngeal diphtheria with *Lachesis* symptoms I give Swan's DMM every two hours. This is a fluxion potency and is equivalent to about the 8th potency. If you give *Lach.* 200 or 1M you should raise the potency every 12 hours, the idea being to change the plane of the remedy. After the DMM I am likely to go down to the CMM, as the innermost which corresponds to the higher potency must be affected first.—C. M. BOGER.

## THAT WHICH COUNTS\*

JOHN HUTCHINSON, M. D.

Speaking in the modern vernacular, it all seems to depend on him who does the counting. Any subject that ceases to be accepted may be voted dead. The world in general measures things by their popularity, and a solo principle is considered to be either of value or quite negligible according to its acceptance by the majority.

With the general public, values do not exist apart from their assessment—the publicity they acquire—or, at least, their place is not recognized, for neither reasoning nor thought is brought to bear. Two things account for it. A multitude of us are too little in the habit of thinking at all, and another multitude is mentally indolent. Thus, for instance, a supposedly intellectual person remarked that she did not know that any intelligent people opposed the Jennerian vaccination. How she could have overlooked even the newspaper records from Switzerland, England, and even Germany beggars comment. Hence, the public must be reckoned with as it is. Its state and trend in respect to vital questions should be noted.

When we discard the material bulk of what arrives by the post we do so with little necessary examination of its content, because quasi-medical recommendations and samples from the trade combine to tell the story of non-suitability to the practice of physicians possessing respect for science and who are intent on curing the sick. A thousand or two different ointments, sedatives, cathartics, and whatnots make no appeal to employment requiring better agents.

The exacting pharmacopœia of homœopathy precludes any temporizing with makeshifts. It matters not at all that these latter are what do count enormously in other circles, they do not count with the homœopathist, or with any relation to ultimate cure. The jargon of trade insures their wide popularity elsewhere, that is, with a definite majority which does not exclude large classes in licensed medicine.

\*Read before the I. H. A., Bureau of Homœopathic Philosophy, June 1930.



As conscientious homœopathists we need a generic name for our medicinal agents. The appellation of "drug" is bad; "remedy" is not sufficiently distinctive; "medicine" is quite indefinite. Can not someone propose a word that fits our therapy suitably? Since crude drugs occupy an extremely narrow field, and, when crudely used, may occasion unfortunate proving in a case inappropriate for that study, the word "drug" is almost offensive. As has been said, the homœopath deals with energy, not material. This truth is being steadily established outside its own range of applied science. It is sure to count in the long run, and fads of the hour do not affect the principle of systematic method in vital therapy. The delicate reactions we expect and witness give the honest homœopath ever new appreciation of a rare truth not widely glimpsed. Perhaps that will come later, for the glow is ever there.

And so all the shallow boastings of pseudo-science, minus any claim whatever of art as applied to human care, give us a mortality between the ages of forty and seventy, a mortality amongst the most useful of mankind. What would be said if homœopathy made such a record? Which brings us back to our caption: That which counts. The answer is more than obvious. It is the faithful use of the similar remedy as introduced and stabilized by Hahnemann. In other words, as cannot be said too often, though it has been said repeatedly before, the best way to extend the knowledge and success of homœopathy is to practise it.

NEW YORK, N. Y.

#### DISCUSSION

DR. C. ROYAL: There is one point I wish to touch on in connection with this paper because it may help us in our discussions and in our reading of journals and books, and that is what the doctor has said about drug and remedy. During my work at the University I defined a drug as a substance in any of the kingdoms, mineral, vegetable, animal, which, taken into the human system, has power to disturb the functions of that individual. After we have the symptoms which have been produced by a drug and we wish to administer something to remove these symptoms, our drug becomes a remedy.

### THE USE OF UNUSUAL HOMŒOPATHIC REMEDIES IN GESTATION AND OBSTETRICS\*

EDWARD R. JOHNSON, M. D.

"Unusual Homœopathic Remedies Indicated During Gestation." That word "unusual" is provocative of what, to any one of even a cursory acquaintance with the *Repertory*, is to be termed the "usual". To homœopathic philosophy of healing, dealing as it does, so intimately, so analytically with the spiritual, mental and materialistic complexity of the individual patient there can be no "usual" and therefore, as Einstein would see it, no "unusual".

While the period of gestation, with the average woman, is one in which it is to be hoped and fortunately is, as a rule, an interim—given proper hygienic and environmental surroundings— independent of remedial measures, at the same time it is a period so fraught with pathological potentialities, eliminative and metastatic embarrassments, that any homœopathic practitioner cannot but recognize the advisability of seeking out the composite picture or prodrome of the expectant mother on the occasion of his first interview with her, quite as much as making the routine urinalysis and determining the blood pressure findings. In this search for the *simillimum* I am often reminded of Schopenhauer's comparison of his jasper vase to the organism of an animal, a man. "I looked at the two of them", he says, "and both were heavy, symmetrical and beautiful. The vase had a golden rim and golden handles; the other was an organism, an animal, a man. When I had sufficiently examined their exterior, I asked my attendant genius to allow me to examine the inside of them; and I did so. In the vase I found nothing but the force of gravity and a certain obscure desire, which took the form of chemical affinity. When I entered into the other—how shall I express my astonishment at what I saw? It is more incredible than all the fairy tales and fables that were ever conceived."

One finds himself in a maze in the search for the *simillimum*. Analysis, synthesis and deletion parry with empiricism and precedent. Constitutional psora or dyscrasia should be detected, latent

\*Presented to the I. H. A., Bureau of Obstetrics and Pediatrics, June 1930.

tubercular or rachetic tendencies sought out and a few doses of *Sulphur*, *Calcarea iodata* or *Medorrhinum* prescribed as early in the period of gestation as possible, and occasionally throughout. Personally I seem to be in a *Sulphur* locality.

From the nervous standpoint, particularly among those women of antecedent puerperal mishaps, suggestion does a great deal in overcoming morbid fears and harrowing prognostications of dearest friends and relatives. In seeking by suggestion to dispel these fears I try to convince the woman that she is passing through a period of increased vital resistance rather than one of disease, and should progress as normally as a plant blossoming and nurturing its product.

*Cimicifuga* with its clouds of depression often clears the mental atmosphere when suggestion has failed to do so. A trace of albumin in the urine can often be cleared up by *Merc. cor.* 6x, a few days of a milk diet and occasional doses of Citrocarbonate to act physiologically as an eliminant.

Vomiting of pregnancy in the early weeks of gestation is frequently relieved by *Cerium oxalicum* 3x or a few doses of *Anacardium*, especially in highly nervous, anxious patients who are relieved while eating but worse after having taken food. Again for heart-burn and sour vomiting in patients especially prone to neuralgias, infections of the teeth, etc., during gestation *Magnesium carbonate* 6x is often effective. One will also think of *Spigelia* in these cases, especially if sensitive to the slightest touch, with recurring pains of spasmodic character worse during morning hours.

*Cocculus indicus* is another remedy which, particularly in hysterical primiperæ, weakened through nervousness and loss of sleep, will be found most sedative throughout the whole period of gestation and in first stage of labor.

For false pains and threatened abortion in women of frequent abortions, particularly in thin, weakened women, there is no remedy superior to *Caulophyllum thalictroides*, and again during labor when the pains are short and ineffectual, evidently due to a rigid os. For prolonged lochia one thinks of the same remedy.

For hæmorrhages after labor I have had remarkably good results from the use of a preparation of *Trillium pendulum* or

*Trillium concentratum* which I obtain from Messrs. Carroll Dunham, Smith & Co., of East 34th Street, New York City. For the relief of metrorrhagia, hæmorrhoids of pregnancy and the enlargement or varicose conditions of the veins of the lower limbs I have found it practically infallible.

*Lobelia inflata* is another remedy which I should have mentioned for the relief of vomiting of pregnancy, especially among blond women inclined to be fleshy. The nausea of *Tabacum* is accompanied by more perspiration about the head, also a feeling of retraction of the navel. The vomiting of *Veratrum album* is marked by more prostration and intestinal irritation.

Swelling of the feet and limbs encountered during the final weeks of gestation and especially if accompanied by pains of a prickling, burning character, also numbness about the body are relieved frequently by *Apis mellifica*.

For suppression of the lochia with bearing down pains I would suggest *Aralia racemosa*, 10 drops of the tincture in wine-glassful water every three hours, or the sixth trituration, depending upon the sum total of symptoms. At the same time, for its physiologic action, should the temperature have risen, I prescribe one ounce of *Oleum Ricini* for its oxytotoxic and eliminative action.

I have mentioned but a few of the many usual and unusual homœopathic remedies which, in many years of practice, I have found highly serviceable for the disorders of the gestation period. As the majority of my deliveries are those of unmarried women who enter my nursing home several weeks or months prior to delivery, I have the advantage of close clinical observation from a homœopathic standpoint. So far in a period of ten years I have had no fatalities, either of mothers or infants, with the exception of two infants born with prenatal deformities, and no cases of sepsis. I now have about 75 illegitimate children who, through legal adoption, are being brought up in the good environment of well to do homes. I cannot but regard the private nursing home of homœopathic standards a field very much neglected. If physicians throughout the land would only regard the unfortunate girl from the standpoint of her unborn child hundreds of children would be saved from herding in orphan asylums, where, although physical conditions are most credibly looked after, unfortunately individual psychology, upon which the whole

future of the child depends, cannot be individually fostered. Criminal records of a few years back showed that a very large percentage of the inmates of our penal institutions were of illegitimate birth or reared in orphan asylums. From the baby farm to the prison is a way of least resistance.

WEST HAVEN, CONN.

### HÆMORRHAGE FOLLOWING ABORTION\*

LAWRENCE M. STANTON, M. D.

The patient, a young married woman, the mother of two children, had now a third well on the way. This pregnancy was deemed inadvisable and the obstetrician, for tenable reasons, felt justified in inducing abortion. The operation was performed at one of our private hospitals. Severe hæmorrhage followed. Further operating was resorted to and other means were employed to check the loss of blood, but nothing had stopped it and the patient's life was ebbing.

As I was the family physician, I was now asked to see the patient at once and to consult with the obstetrician. He said that he had exhausted his resources, unless he did another curettage, which he dared not hazard on account of the patient's precarious condition. If there was any help from homœopathy, he would gladly welcome it.

The patient, when not unconscious, was hardly able to give an account of herself, so a prescription was a leap in the dark, rather than a differentiation of remedies. There I stood, to stand or fall, and there wavered homœopathy, to win or lose, depending upon the choice of remedy—a pregnant moment, indeed.

A dose of *Cinchona off.* 5M was given. The flow soon lessened and in half an hour had entirely ceased. It did not recur and the patient made a speedy recovery.

So, instead of a gravestone for the woman, another tablet was placed to the genius of Samuel Hahnemann!

NEW YORK, N. Y.

\*Presented at the I. H. A., Bureau of Obstetrics and Pediatrics, June 1930.

### ABROTANUM

**IDENTIFICATION:** Metastasis: The changing of one set of symptoms into another.

**ESSENTIAL:** The changing of one set of symptoms into another. Cross, irritable, anxious, depressed. Blue rings around dull eyes. Face cold, dry, pale, wrinkled. Stomach cold as if swimming in cold water. As if bowels were sinking down. Worse: Cold air, suppressed secretions, and night. Epistaxis; bloody urine; trembling.

**IMPORTANT:** Food passes undigested. Pain in lumbar region to along spermatic cords. Hard lumps in abdomen. Hands and feet cold and prickle. Painful contraction of limbs. Gnawing hunger and whining. Ill effects of suppressed conditions, especially in gouty subjects. Feels as if she would like to do something cruel. As of creeping chills along convolutions of brain, with pricking. Sharp pains here and there, but especially in ovaries and joints.

**INDIVIDUAL:** *Gnawing pain in stomach, night. Piles bleed as soon as rheumatism is better. Rheumatism from suppressed diarrhœa or piles.*

**LEADER:** Metastasis.

**CLINICAL:** ANGIOMA in face.

**CHILBLAINS:** Itching (if muscular twitchings: *Agar.*; if mentally irritable, *Nux.*).

**CHLOROSIS:** Blue rings around dull eyes; abdomen distended; disturbed digestion; pulse weak and small.

**COLIC:** Hæmorrhoidal; ebullitions with general heat and distended veins of forehead and hands; restless; sleepless.

**EPISTAXIS and HYDROCELE** of boys.

**ERUPTIONS:** Of face, become suppressed and turn purple.

**GASTRALGIA:** Appetite lost; great anxiety and depression; slimy taste; stomach as if hanging or swimming in water; all irritants feel cold and dull; pains cut, gnaw, burn with sometimes contraction and stinging; mostly worse night; never entirely free from pain even in intervals between spasms; after suppressed gout.

- INDIGESTION:** Intense morbid appetite; gnawing, constricting; vomits large quantities of offensive fluid.
- INFLUENZA:** After, in children, great weakness and prostration, and a sort of hectic fever.
- MARASMUS:** Especially children and especially lower limbs (*Amm. mur.* has a body that looks like a pumpkin on sticks); ravenous appetite; comedones; slimy taste; neck too weak to support head; face cold, pale, blue rings around eyes, wrinkled, old looking; hectic fever with chilliness; very weak; often colicky pains; alternating constipation and diarrhoea; stools lienteric; skin flabby and hangs loose.
- NEWBORN:** Epistaxis; hydrocele; emaciation; blood and moisture oozes from navel.
- PILES:** When rheumatism abate or improve; frequent urging; bloody stools; pain in sacrum; protrude; burn on touch and pressure.
- PLEURISY:** Exudation; when after *Aconite* or *Bryonia* a pressing sense remains in affected side which impedes breathing.
- RHEUMATISM:** Metastatic; from suppressed diarrhoea; pain in arms, wrists, shoulders and ankles; troublesome cough; pains across chest, severe about heart; very lame and sore all over; high fever; painful, inflammatory, before swelling begins; after sudden checked diarrhoea, cannot move a hand, foot or head suffers much but no swelling.
- MISCELLANEOUS:** Follows well *Acon.* and *Bry.* in pleurisy (see Clinical above); *Hep.* in boils (*Abrot.* is depressed, *Hep.* irritable); **COMPARE:** In chilblains: *Agar.* (twitching); and *Nux* (irritable). Diarrhoea is the *Abrot.* patient's greatest relief, like *Nat. sulph.* (which has morning diarrhoea) and *Zinc.* (which has fidgety feet); *Calc.* is better constipated. Constipation aggravates the rheumatism in *Abrot.*, the mind in *Natr. sulph.* and in general in *Zinc.* The principal remedies for acute endocarditis are *Abrot.*, especially if metastatic; *Kalm.* with a slow pulse and wandering pains about heart; *Sep.* sympa-

thetic with uterine troubles and *Spong.* with suffocative spells. The *Abrot.* trouble wanders around but, unlike *Puls.* and other remedies, it not only changes places but also changes the character of the symptoms, while *Puls.* and the others stick to the original form.—A. AND D. PULFORD.

### ABSINTHIUM

- IDENTIFICATION:** Convulsions; epileptic; sudden in rapid succession, preceded by nervous tremor.
- ESSENTIAL:** Sudden and severe giddiness. Vertigo with tendency to fall backward. Brilliant eyes. Tendency to walk about in great distress. Delirium, terror and terrifying hallucinations.
- IMPORTANT:** Spasmodic facial twitching. Constant desire to urinate, urine very strong and of a very deep yellow color. Tremor of heart felt toward back, thumps can be heard in scapular region. Irregular tumultuous action of heart. Wants nothing to do with anyone. Tongue trembles; thick; protruding; can scarcely talk. Nausea apparently in region of gall-bladder. Stomach feels cold and oppressed. Liver and spleen pain and feel swollen. Darting pain in right ovary. Desire to lie with head low. Sudden attacks of stupor and unconsciousness. Pupils dilated unequally. Voice feeble; trembles; hoarse; speech hesitating. Epileptic vertigo or momentary unconsciousness.
- CLINICAL:** Any disease that includes the above essentials.
- CHILDREN:** Nervous, sleepless, excited; prolonged spasms of.
- CHLOROSIS:** Especially young patients.
- EPILEPSY:** Sudden attacks, come in rapid succession. Before attack: Nervous tremor; screams. During attack: Giddy; jaws fixed; bites tongue; trembles; makes facial grimaces; features distorted; foams at mouth; throws limbs about; bends backward; falls; irregular stertorous breathing; very restless; unconscious, partial or complete. After attack: Weak, great lassitude; stupid; lack of sensibility and loss of memory.

FEVER: *Autumnal*: Liver and spleen pain and obstinately swollen. Typhoid: Sleepless, brain congested.

HEMICRANIA: Followed by otorrhœa.

SPASMS: Hysterical, bends backward, limbs rigid, motions irregular; of children: prolonged.

MISCELLANEOUS: COMPARE: Urine strong smelling: *Ben. ac.* (brown, highly urinous), *Nit. ac.* (smells more like that of a horse than that of any other remedy); in epilepsy: *Art. v.* which has several attacks coming closely together with long intervals of rest; *Cic.* which has rigidity with fixed staring eyes; *Hyos.* which has twitching and jerking, and which is said to be one of the most reliable remedies for epileptic forms of convulsions when no other remedy seems indicated; *Stram.* whose attacks are brought on by bright lights and shining objects and which are apt to alternate with rage or mental excitement. Poisoning by mushrooms. Horses with worms kick toward the belly. RELATED TO: *Abrot.* and *Art. v.* SIMILAR TO: *Alcohol*, *Bell.*, *Cham.*, *Hyos.*, and *Stram.*; but the secondary effects of *Abs.* are worse than the abuse of either opium or tobacco. Its most important symptoms are giddiness and epileptic spasms.—A. AND D. PULFORD.

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, previously perhaps inactive or acting improperly because of lowered susceptibility, as it responds to the gently stimulating action of the medicine. As a piece of machinery in which the 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 squeak and groan when they begin to respond to the action of the curative remedy. All this, and much more is included in the Hahnemann doctrine of Vitality, under the Newtonian principle of Mutual Action ("Action and reaction are equal and opposite"), restated in medical terms by Hahnemann as *Similia Similibus Curantur*, and employed by him as the law of therapeutic medication.—STUART CLOSE, M. D.

## POINTERS

*Dioscorea* has wind colic, ameliorated by stretching out; *Veratrum album* has colic ameliorated by bending double, always accompanied with cold sweat.

Ranking high among the group of remedies having the symptom, nausea from thinking of food, are *Arsenicum*, *Cocculus*, *Colchicum*, *Sepia*, *Thuja*.

In the erysipelas of old people, with a tendency to gangrenous conditions, consider *Ammonium carb.*

It has been pointed out that *Ledum* is just as appropriate to the remote as to the recent effects of punctured wounds.

Dark specks on the teeth; teeth begin to decay as soon as they appear, *Kreosotum*.

Gums bleed after extraction of teeth: *Kreosotum*, *Lachesis*, *Pulsatilla*.

*Kali mur.* has a sensation as if the eyes would be forced out of the head when coughing.

*Ignatia* is useful in the delayed menstrual periods of girls away at school.

The *Staphisagria* child with his decayed and blackened teeth has a chronic tendency to colic.

In erysipelas of the joints, where there is sudden recession of the eruption, bear in mind *Bryonia*.

Think of *Ledum* in traumatic tetanus where the wound becomes as cold as ice and spasms begin in the wound.

*Kali nitricum* has produced conditions simulating sinus trouble on the right side of the face, with sense of pressure and hypersensitiveness to touch.

The *Aranea diadema* patient has a sensation as if the hands and forearms were intensely swollen and heavy, and he will rise from his bed and get a light to see what happened to them.

There is a marked amaurosis (with little dilation of the pupils) in *Bothrops lan.*; the patient cannot see after sunrise.

*Crotalus hor.* imagines himself surrounded by enemies; *Lachesis* fears an enemy behind him.

If you have a patient who has a horror of rain, study *Elaps*.

*Ambra grisea* is wonderfully well adapted to old people, and young people prematurely old, especially after worries and much care.—H. A. ROBERTS.

## BOOK REVIEWS.

*Homœopathic Materia Medica in Verse*, by Dr. P. M. Kulkarni; 279 pages, published by Roy & Company, Homœopathic Chemists, Bombay, India. This book contains the cardinal symptoms of 150 homœopathic remedies set to verse. Some of these are very easy for the student to memorize, and it will help to fix the cardinal symptoms of the remedies in his mind. The book also contains a clinical directory and a glossary.—H. A. ROBERTS.

*The Lady's Manual of Homœopathic Treatment*, 12th edition, by E. H. Ruddock, M. D.; 264 pages, published by the Homœopathic Publishing Company, 12A Warwick Lane, London, E. C. 4; price 6/; postage 5d. additional. This is practically a revision of former editions, but added to it there is a homœopathic dietary and a discussion of vitamins. The book covers the whole sphere of woman's own life from puberty through the menopause, with many headings covering women's diseases, all in language designed for the lay woman. Under many of these subjects there are good indications for remedies applicable in such conditions, in such form that the lay woman can comprehend and apply the information. The book also contains some very wholesome advice on such states as pregnancy, child bearing and lactation.—H. A. ROBERTS.

It is by far safer to have a few symptoms that may never or seldom be used, than to omit any that might save life or suffering. Then, in the homœopathic treatment of any case it is impossible to tell what symptom may be indicative of the *simillimum*, or what remedy may be called for. Any remedy in the whole range of homœopathic materia medica may be indicated in any given case. The patient in hand must be treated, and the symptoms alone must point to the curative remedy. . . . *Give the remedy the pathogenesis of which entirely covers the symptoms of the patient*, even though it has never been used or even thought of in connection with such a case or condition.—W. A. YINGLING, M. D., 1895.

## EDITORIAL

### WHY CAN NOT HOMŒOPATHY BE IMPROVED AS CAN MODERN MEDICINE?

For the very reason that homœopathy, unlike modern medicine, is based upon a natural law, and we all know, if we know anything at all, that it is impossible to either change or improve a natural law. The more we try to improve homœopathy the more we cripple its usefulness. As Bœnninghausen truthfully said, "Homœopathy is independent in its nature and any admixture, false attire or gaudy ornaments are but to her detriment." Homœopathy can neither be improved nor modernized. All that we can possibly do for homœopathy is to go on conscientiously proving more remedies, practising it in all its purity, thereby extending its usefulness and influence.

Allœopathy, so-called modern medicine, is a jumbled assemblage of fads, fancies and experiments, often dangerous, as the Texas, Sydney (Australia), and Luebeck (Germany), catastrophes attest. As these fads and theories, the products of experience, from which the modern doctor learns little, wear out, new methods and experiments must be constantly thought up or the modern medical show would soon cease to exist. What is thought true, conventional and official in allœopathy today will be discarded as obsolete, passe and dangerous 50 years from now, as that of 50 years ago has been, in keeping with past tradition and experience. But what is true, conventional and official in homœopathy today is identically the same as that used over 125 years ago, and *will be just as true, conventional and official until the end of time*, or at least until Nature undergoes a complete change. Its discarding at the present time by the medical profession in general and by the homœopaths in particular will be looked back upon in years to come as an error brought about through the most pitiful ignorance of us so-called modern medical men.—A. FULFORD.

\* \* \* \* \*

DRUG, POTENCY, ANTIDOTE

No man, living or dead, from the very beginning of medicine down to the present time, not even Hahnemann himself, had, or

has, any real conception of the true significance, composition and action of our so-called drugs. We, and they, have all lived to handle and use them in the densest of darkness and ignorance. The conceited brightest and most intelligent minds of all ages studied them scientifically and intelligently, weighed them out and apportioned them with the greatest skill and care in the drugs' materialistic form, believing implicitly that what they held visibly in their hands was the very power itself, never realizing that all they saw or could see was but the physical container of the real power. They have been and are working with, and applied and do now apply, a supposed substance of which they had, and have, no conception whatever. No logical reason could be given why so-called drugs acted. Doses were scientifically and intelligently (?) graded and gauged according to age, but no attention whatever was paid to existing conditions, and it was that a strong constitutional child was in better condition to cope with, react against and throw out a large dose of drug than a weak, wornout adult whose resistive powers were away below par. There was no conception, and there is not now, of why an animal should be immune to a drug that might prove fatal to a human, or *vice versa*. Drugs are doled out today without rhyme or reason and just as ignorantly as in the very beginning of the medical era. Homœopathy alone has shed the only ray of light, that has ever been produced, to enter the medical brain. No doctor living today, outside the homœopathic ranks, can give the positive indications that should indicate his time aged calomel or corrosive sublimate in any given disease. The modern doctor's patients are "scientifically" dosed with drugs of which he absolutely knows nothing; drugs that are not indicated and, if indicated, are not accurate. All that seems necessary from the alloëopath's point of view is that they shall be below the lethal mark. From the average homœopath's point of view, drugs shall merely fall short of an aggravation. They forget that it takes more power to produce symptoms than to remove them. If we accurately knew just how much of the drug power it took to accurately fall short, in all cases, of an aggravation, or a lethal dose, then we should know, and there should be no excuse for not knowing the exact potency in each and every case. The time is fast approaching when those

who heretofore have hidden their ignorance behind a self constructed adamantine wall of obstinate prejudice will be smoked out and no longer be able to cover up that ignorance. Those who sneered, and those who do now sneer, at Hahnemann's small doses have only deceived themselves and their ignorant dupes and followers. To the intelligent, these men merely display their own ignorance and it is pitiful to have to note that such doctors are too ignorant to realize it. Hahnemann, whether consciously or unconsciously, has confirmed, through potentization, a statement of ours made over 40 years ago, that there is no such thing as inorganic chemistry. Life is force, through force we get attraction and repulsion. All things change, die and disintegrate. All visible things or objects contain life-force or power which can be liberated at will. The stronger the power to be confined, the more dense its container, as witness flint, inert in its crude state but deeply active and destructive when its power is liberated.

#### THE POTENCY

Potency means power; potentization, merely a regulation of the amount of that power. Every drug contains a fixed amount of power that can never be changed and no matter what the so-called potency of that fixed power the ultimate result, both pathogenetic and curative, will be exactly the same. If it were humanly possible to either accurately and finally combine two powers, or to change the one, each would produce an entirely different final result. Take *Hepar sulph.* as an example, a substance as thoroughly fused as it is possible for us to be able to fuse any two objects. If that fusion was complete and the powers changed, just why should *Hepar* show at various points symptoms unmistakable of either or both of its component parts? The reason, we feel, that there is such a diversion of opinion among homœopaths regarding potency, potentization and antidote is because of a misconception of what is truly meant by the term drug. The prevailing idea is that when the drug's physical container disappears from view the encased real drug power escapes with it. Drug power is energy. Who has ever seen energy? Who is capable of weighing and ocularly demonstrating energy, to the physical eye,

who is able to show just when that energy disappears or is about to cease to act? As Dr. Dayton Pulford aptly put it, "We see its results and the physical basis to which it is attached or bound. Electrical energy may be bound to any number of conductors, yet it is never seen. Both are only known by their effects. In the so-called potentization of the drug the energy is transferred by the process to the graduating menstrum, as the result of a single dose of a high potency of *the* similar remedy will amply demonstrate to any *unprejudiced* observer". That, alone, on which the remedy is to act can furnish us with the answer as to whether or not the power in the potency is still present. The application of the remedy may be likened to the shutting off of the rays of a powerful searchlight by the aid of a shade, the closer you go to the origin of the rays the smaller will be the size of the shade required. Each disease, like each drug, represents a fixed, unchangeable power, and *must* be met with an equal and unchangeable power, otherwise the ultimate result will be disappointing, or at least only partially satisfactory and complete. As true artists, we must match these two forces accurately, as the artist-painter must unerringly match his colors. Ignoring our art, or pursuing it in a loose manner, leads us into all kinds of pitfalls, causes all our failures and untimely deaths. As Kent truly said, which I have stoutly maintained ever since I got my first insight into true Hahnemannianism, "The symptoms may lead us to the remedy or drug, but the exact potency leads us to the *similimum*" (not the Latin *simillimum*, or most similar remedy). The potency *must* fit the case if a radical cure, which should be the only goal of all *true* physicians, is expected. Medicine has never been practised either as an art or a science but rather as a medico-physical endurance test on the patient with no thought of cure in mind. Medicine needs, and that badly and urgently, intelligent study and investigation and intelligent application.

#### THE ANTIDOTE

The commonly accepted idea of an antidote is that it is something to change the character of the agent to be antidoted. This common concept of the operation is, we think, entirely wrong. Again, each drug represents a fixed power that can under

no circumstance be changed. But two operations can take place in this antidoting. First, if the two opposing forces are equal in power, they bring each other to a standstill; second, the opposing or antidotal drug may so change the bodily secretions as to render them incapable of acting on the drug's physical container thus rendering its power inescapable and thus the drug passes out of the body an inert mass. As witness: It has been reported that "rabbits can thrive in fields of Belladonna; pigeons take 12 grains of Morphia, dogs 37 grains, and hedgehogs as much as a Chinaman can smoke in a fortnight, and wash it down with as much Prussic acid as would kill a regiment of soldiers. Elephants eat Aconite with immunity". Then, the toxic and fatal power of the drug lies not in the quantity or potentiality of the contained power of the drug, but in the power of the bodily secretions to act on the drug's physical container thus freeing that power. Thus, then, the proper way of even crude drug antidoting is to so change, protect or render the normal secretions incapable of acting upon the physical container of the confined drug power that the substance may pass out of the body as inert matter.

The so-called homœopathic antidoting is an entirely different proposition. It does not neutralize anything, for there is nothing there tangible to be neutralized or opposed. The so-called antidote merely sets up an effect of its own to neutralize, not the preceding remedy, but the result of that remedy's action. Should homœopathy ever be lost to the world future generations will look back on that catastrophe as the result of the most pitiable and dense ignorance of the physicians of these modern times.—

A. PULFORD.

\* \* \* \* \*

#### PROVINGS AND REPROVINGS

At almost every convention and gathering of homœopathic physicians held in the last few years there have been those in the gathering who have voiced the opinion that our remedies should be reprovén in the light of modern methods of precision.

Hahnemann and his immediate followers established the process of proving remedies, and the work was carried on very enthusiastically until about the beginning of this century, when,



due to the influence of some of the ultra-materialists in medicine, provings were more or less discontinued. The late Timothy Field Allen was probably the greatest individual prover of remedies in the latter part of the last century. He kept a coterie of people for the sole purpose of proving remedies. Within the last few years there have been some noteworthy provings made, *Radium*, *Kali phos.*, and several minor remedies. There is a very great need for carrying on this work today.

The American Foundation for Homœopathy and the International Hahnemannian Association are both at work proving remedies. It is to be hoped that sufficiently large endowments to carry on this work more extensively can be obtained, so that we may add to our materia medica positive knowledge of the action of drugs in potentized form. This work needs endowment, for it is expensive work to go into the details that may be registered by the modern instruments of precision.

However, it will always remain true that the best provings will be those which bring out symptoms that are impossible of measurement by instruments of precision, being associated with and an integral part of the subjective symptoms.

The reprovings of *Belladonna* by the O. O. & L. Society a few years ago produced no new symptoms that Hahnemann had not recorded, in spite of the fact that the later proving was registered by the modern instruments of precision that the modern laboratory affords; and many of the finer subjective symptoms were entirely lost sight of. This was partly due to the fact that the recorders of these provings were so intensely interested in the mechanism of the laboratory that they somewhat overlooked the subjective symptoms.

The blood pressure, the registration of the clinical thermometer, the blood count, the chemical urinary analysis, blood chemistry, and sometimes the fecal examination, have their place in these provings; but the subjective symptoms must be carefully noted and their interpretations made very clear, because it is upon these subjective symptoms that we make our clinical applications. Moreover, it is important in recording these symptoms that it be in the language of the common people, for it has a meaning all its own, and it is universally understood; while if

the technical nomenclature is used to record symptoms, there is very apt to be a loss of the finer differentiations.

Reproving of some of the remedies is important, and the work should be undertaken with many of the remedies; this is especially so with those remedies which have never been proven in potency, because it is in the proving of the potentized remedy that we obtain the finer shades of the action of the remedy. Of course the provings should always be made upon human individuals, of both sexes and differing ages.

The materia medica we have is a very workable instrument for those who have been trained to use and understand it. It has been noted that most of those who cry for reprovings of the old remedies are the surgeons and the specialists, particularly the surgeons, because of their realization that the technique of surgery has been completely revolutionized, and the changes are still going on and it always must be so; but the materia medica is made up of remedies that when once thoroughly proven by a goodly number of provers, is a work for all time.

Another cry we often hear is for the proving of synthetic preparations. When we consider that we have a pure materia medica, compiled records of the action of Nature's combinations developed in Nature's laboratory, it seems a mistake and utterly unnecessary that we waste our time in proving alkaloids and synthetic products. The fresh plant preparations, which contain Nature's own combinations, grown and designed for the healing of the nations, are much more apt to meet the needs of sick man than the chemical products, the by-products of man-made industries.

So then let us prove more remedies. Many of the new remedies, especially those from the Orient, will, when proven, develop into major remedies; and if by reprovings some of the old remedies in potency we can bring to light unlooked-for values, so much the better. Let us be slow to discard the old and tried, and alert to detect the value of provings of the new remedies. We will thus add to the volume of the sum total of knowledge of our materia medica, and with the addition of the present methods of the use of the repertories, and a thorough study of the knowledge we have accumulated, we will have attained greater efficiency in the practice of the art of healing.—H. A. ROBERTS.

## CARRIWITCHETS

SIT DOWN, DOCTOR, AND WRITE US YOUR ANSWERS TO THESE  
QUESTIONS

39. Have you any suggestions that would make *The Recorder* of more value to you in 1931?—E. B. LYLE.

### ANSWERS TO QUESTIONS IN AUGUST ISSUE

*What questions do you ask to indirectly elicit the mental symptoms in cases which seem to have none?*

—What have been the greatest sorrows of your life? How do you bear the griefs, reproaches, or mockery of others? Are you truly happy? Are you better or worse after anger, indignation, mortification, consolation? How would a fortnight alone in the mountains suit and agree with you? When do you think of death? What are the criticisms of the members of your family and your close friends concerning you, and do you think that they are justified and true?—P. SCHMIDT.

### ANSWER TO QUESTIONS IN NOVEMBER ISSUE

*Is there any remedy that you give instantly in emergency cases of angina which have only the classical symptoms?*

—Begin with *Aconite* high if no other remedy is seen at the instant.—C. M. BOGER.

*What is the most frequently indicated remedy in angina?*

—*Tabacum*.—C. M. BOGER.

Much of the ridicule which has been pointed at the system of small doses has emanated from those who have ignorantly taken it for granted, that the operations of a medicine within the human body are guided alone by some physical or chemical law: they have, therefore, attributed to an infinitesimal quantity of a drug, the mere force which it would display if brought in contact with other matter in the test tube of the chemist: they have forgotten, or have refused to take into consideration, the important influence of the *vital principle*.—JOHN RYAN, M. D., 1858 (*Homœopathic Review*)

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No one can fairly deny that the sick can sometimes be cured under alternation, yet the fact remains, that he who alternates is always left in doubt as to the real value of the different agents employed, and the question also arises, whether there may not be a better way, not only for the welfare of the sick, but for the development of homœopathy toward a more and more exact science; loose methods are always fatal to the exact sciences, and should be avoided.—A. R. MORGAN, M. D., 1895.

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January to June, 1930

(Inclusive)

Compiled by

EVELINE B. LYLE, M. D.

## THE HOMŒOPATHIC RECORDER

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## ERRATA

## THE JANUARY ISSUE:

Page 20, second paragraph from the bottom should read "*Tarantula hispanica* (*Lycosa tarantula*), *Tarantula cubensis* (*Mygale cubensis*), *Mygale lasiodora*, *Latrodectus katilo*, *Latrodectus mactans*, and *Theridion curassavicum*."

Page 33, 8th line from the top, substitute the word "ball" for the stars. ". . . which feels as if she were stepping on a ball".

Page 49, last line, last word *Spongium* should read *Spongia*.

Page 59. Carriwitchets should be numbered 1, 2 and 3.

## THE FEBRUARY ISSUE:

Page 136, line 16 from the top, *Spirantes* should read *Spiranthes*.

## THE MARCH ISSUE:

Page 184, 18th line from the top should read "by some 60 to 70 grains".

Page 218, Exigesis should read exegesis.

Page 60, last paragraph in large roman. Dr. Hunter Beattie of Glasgow writes: "I have just noticed in the January issue, page 60, an error in the statement that Hempel's Jahr (1848) does not contain the statement that follows (in small roman type). It does—on pages 8 and 9 of the preface".

## THE APRIL ISSUE:

Page 269, 9th line from the top should read, "a whole long row of ancestors who were allœopathic physicians".

Page 297. The full name of *Cupressus* is *Cupressus Lawsoniana*.

Page 311, 2nd line from the bottom, *Myrica ces.* should read *Myrica cer.*

## INDEX OF SUBJECTS

This is an index to all the reading matter in *The Homœopathic Recorder*. The abbreviations used to explain in what department the matter indexed appears are as follows: "ab.", abstract; "bibl.", bibliography; "b. rev.", book review; "com.", communications; "dis.", discussion; "ed.", editorial; "pt.", pointer; "Q.", carriwitchet; "repr.", reprint; star (\*), original article; "T. of C.", table of contents; "trans.", translation.

One should look for the subject word with the following exceptions: "Book Reviews" and "Society Proceedings" are indexed under these titles. Matter pertaining to *The Recorder* is indexed as part of the I. H. A. under "Society Proceedings".

The name of the author, in brackets, follows the subject entry. As a separate index of remedies is published, only those remedies are mentioned in the subject index about which a whole article is written.

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