

The only rational approach to the problem of turning out a good number of fully-qualified complete Homœopathic physicians who will be able to hold their own in every field of medicine—lies in the foundation and maintenance of completely separate institutions where the students will be taught the whole course of Medicine in general and Homœopathy in particular. We, Homœopaths, all over the world seem to suffer from an inferiority complex. The Homœopaths are not bold enough to put in practice the schemes of establishing completely separate institutions where all the scientific subjects auxiliary and satellite to that of Medicine will be taught and to which will be attached fully-equipped hospitals with up-to-date standards of efficiency.

Centuries old superstitions die hard. Let us hope for the day when good sense will dawn on the people at the helm of the ship of our country.

We offer through this journal, which has just stepped in its nineteenth year of publication, our New Year's warmest greetings and best wishes to our numerous patrons, friends, readers and subscribers and fervently pray to God for their health, wealth and prosperity.

B. K. S.

DISEASE AND ITS TREATMENT

DR. L. VANNIER

The practice of medicine should never become a mere business, it can only be the outcome of a vocation, and should be an art founded on minute observation of the patient, and exact knowledge of the means of healing.

The doctor should be a *healer*, and in order to become one he must be an "observer." Nature is essentially orderly, and displayed phenomena present themselves in certain definite relationships one with another with which

we must become acquainted: they are the laws of Nature. Every time one transgresses these laws, one becomes ill, one's metabolism is affected, one's physique changes, the disposition fluctuates, the character changes, and all the symptoms which appear more or less rapidly are so many "signs" for him who knows how to "see" or "observe."

Illness is the expression of the defensive effort of the organism against a force, *i.e.*, the intoxication which has invaded it.

All disease is the result of an intoxication, shown either by a series of troubles slow in their evolution and not exact in the order of their appearance (chronic diseases), or by a sudden paroxysm, which is the expression of the violent reaction of the organism against the toxins which hamper it (acute diseases). This constitutes a true eliminative crisis, signifying the sharp revolt of the organism which wishes to make an "expulsion," and which often sinks under the effort, not being able to continue to complete emancipation.

What should be the rôle and object of the doctor? He must be able to free the organism from the poisons, either by helping the natural disposition of the individual, trying by his own effort to expel them, or by securing this elimination of toxins by suitable treatment—suitable both to the disease and to the patient. The art of therapeutics should consist in helping the toxic elimination when it shows itself, or in exciting it when it is not there. In short the illness must be "helped" and not "combated."

This therapeutic art exists. It is homœotherapy. Homœotherapy when it aims at the disease can employ therapeutically the organic products of the patient himself, that is isopathy; or when aiming at the patient it can utilize as a remedy a substance, which by experimentation has reproduced his observed symptoms, that is homœopathy.

Isopathy and homœopathy come under the same principle, their difference lies in the nature of the agent

employed as a remedy. While in isopathy we employ a substance of a similar nature to that which has brought on the morbid state of the individual, in homœopathy we utilize a substance which, though different in nature, repeated experiments have shown to produce signs analogous to those of the patient. Note well the difference: in the first method, isopathy, there is identity of nature, similarity of action; in the second, homœopathy, there is diversity of nature, analogy of action. In the one the therapeutic indications are obtained by the examination of the organic fluids and excreta of the patient (vaccines); in the other the remedial indication is given by the symptoms of the individual himself, whose characteristics and modalities should always be found in the *Materia Medica*. Let us add that if in homœopathy the choice of the remedy is strictly determined by, and always requires an exact knowledge of the *Materia Medica*, the practice of isopathy does not call for such extreme care, seeing that the practitioner can use the blood of the patient to cure a disease, the cause of which is unknown to him.

If isopathy constitutes a real system of therapeutics specific to the disease, which we may call bacterial homœotherapeutics, then homœopathy represents the only system of therapeutics truly specific to the individual: personal homœotherapy. Each needs the other, for if the individual can be cured by homœopathy, he is guaranteed against relapses by isopathy, and if the use of this last-named method yields good results, these endure only if the patient gets back his normal organic functioning which only homœopathy can give him. The practice of homœotherapy (isopathy and homœopathy) needs the employment of two factors:—

(1) *Drainage* necessary to insure the elimination of toxins from the organism.

(2) *Observation of the patient*: necessary first in order to determine the "type" of the patient so that we may rectify his pathological deviation, secondly in order

to determine the nature of his intoxication, and the extent of his lesions.

I.—DRAINAGE

Life is essentially characterized by incessant exchanges between the cells, which throw out their effete products, and the medium in which they are placed, and from which they draw the substances necessary to their nutrition. We can describe three of these media. .

The external or cosmic.

The organic or pericellular.

The intracellular.

It is between the intra and pericellular media that the exchanges take place through the semi permeable cellular membrane. These osmotic exchanges are indispensable to the manifestation and maintenance of life. The intracellular medium is the only one which should maintain an invariable chemical composition.

The toxic substances which invade the organism are of three kinds:—

(1) Exogenous toxic substances, these come from our environment and enter by absorption from the medium which surrounds us into the pericellular medium. They are thus brought into contact with the cell. We can put into this group perfumes, alcohol, anæsthetic agents such as chloroform and cocaine and remedies that are currently employed in cachets, pills and hypodermic injections of all sorts.

(2) Auto-toxins. These result from tissue metabolism, some due to secretions and glandular elaborations, some to katabolic excretory processes, and others lastly to the transformation of energy. But all are "individual," causing a true "specific sensitisation" in the individual affected.

(3) Microbial toxins. These are generated in the organism, but are not produced by it. They are the result of microbial action. The causative microbes may

be still in existence and be very active, or they may have been destroyed, but the secreted toxins permeate the pericellular medium (blood or glandular organs), as do the agglutinins determined by the coagulating reaction. The regular elimination of all these poisons from the organism keeps us in health. There is then perfect equilibrium between production and elimination. Once this equilibrium is upset retention of toxins takes place, and a pathological state obtains, a state which may be defined as (a) a state of sensitization of a specific nature varying with the cause of the intoxication, and according to the type of the subject; (b) sensitization which manifests the efforts of the patient to get rid of the toxins which have invaded him.

Examples:—

(1) Auto-toxins. Where the elimination towards the cosmic or external medium is nil, the quantity of auto-toxins increases little by little in the pericellular medium. Their osmosis into the intercellular medium slows down. The retention of these toxins paralyses the normal functioning of the cell, thus we have auto-intoxication.

(2) Microbial toxins. Let us take a tubercular infection. Koch's bacillus has invaded the pericellular medium, it secretes toxins. The phagocytes at once begin to work, auto-toxins are formed, the cell puts itself into a state of defence, and one can observe a slight *demineralization*. Next the bacillus penetrates into the intracellular medium. From that moment the cell throws out not only its auto-toxins, but also the tubercular toxins. *Demineralization* is accentuated, and decalcification is evidenced by the appearance of dental caries.

This decalcification is due to the bad functioning of the damaged cell which can no longer retain the lime salts which pass within its reach; it is added to by the decalcification of other cells which try to resist on their own against the toxæmic invasion of their sick fellows (organic solidarity).

In the normal state the calcifying stream is centripetal ; when the cell is ill the stream is reversed, it becomes centrifugal and decalcifying.

The remedy to encourage drainage is the one that has an elective action on the tissue or organ attacked by the microbial or auto-intoxication, and whose defective functioning clogs the elimination of the toxic substances produced within the organism or introduced from without. Its choice is rigorously determined by the *Materia Medica*, it is the remedy whose symptoms correspond the closest, are the most analogous to the morbid symptoms of the patient. This drainage remedy acts primarily on the pericellular medium secondarily on the cell.

The soil may be drained in several ways.

(a) By setting up a sort of water flush with the object of driving the retained toxins towards the natural emunctories : kidneys, sweat glands, &c. To do this it is necessary :—

(1) Encourage the venous circulation which is always sluggish, and re-establish the circulation embarrassed by the venous tension, help the blood formation by insuring regular exchanges. The typical drainage remedy for a T.B. patient whose defence is poor, is *pulsatilla*.

(2) Increase the quantity of liquids introduced into the organism by means of infusions and the old-fashioned tisanes of days gone by. The elective action of these preparations on certain organs seems to be overlooked now-a-days, such as *scrophularia* on the rectum and *verbena* on the lungs, &c.

(b) By stimulating the glands the secretions of which are bound to be powerfully modified, the glandular cells being subjected to the same toxic influences and being irrigated by blood loaded with CO_2 and toxins. A glandular stimulant may be : either a remedy with an elective action (the organo-specific remedy of the German

authors) such as ceanothus for the spleen, solidago for the kidneys and liver, or the glandular extract or the tissue of the gland (opotherapy, or better still, substitutive or stimulating organo-therapy).

The result of drainage is easily understood :—

Before drainage the following are found in the pericellular medium, i.e., in the blood ; microbial toxins, diffused from the cells, auto-toxins secreted by the cells, microbial toxins secreted directly by the pericellular medium, and toxic substances from outside. Before drainage the elimination of toxins from the blood is insufficient. There is a retention of toxins, and a kind of pericellular tension which hinders the cell in its excretory function. And yet the cell strives, its lime salts are eliminated, the demineralization becomes progressively greater, the decalcifying stream empties itself into the urine, inducing phosphaturia, and into the bowels causing constipation. After drainage has been established (brought about by the exhibition of the appropriate potentized remedy), the following changes are observed. The microbial and autotoxins in the pericellular medium are regularly eliminated, the decalcifying stream slows down, the cell, functioning better, retains some of its salts but throws off quite as much poisonous substance. Better still everything goes on as if it were throwing off more than before, and that is easily understood when one considers the excessive activity of the osmotic exchanges with the pericellular medium. The toxic tension of this last lessens, with the result that there is a sort of attraction of the toxic substances of the stimulated cell towards the pericellular medium, which is seen in the patient as fatigue. This is constant in a "drained" patient.

To put it shortly, the drainage remedy lessens the toxic tension of the blood by exciting the activity of the cells.

It should always be given in a low potency, personally I habitually use the 1st and 3rd cent. of the so-called "organo-specific remedies," such as solidago vergaurea,

carduus mar., ceanothus, coccus cacti, scrophularia nodosa, hura brasiliensis; and the 30th for remedies whose more general action is shown, not so much by an organic localization, as by the acute state of the patient, e.g., pulsatilla, nux vomica, cratægus, hydrastis, condurango, conium, &c. These different remedies given during the course of a chronic disease will help the patient but will not cure him, for though they may insure a continuous elimination of toxins from the pericellular medium, yet their action is not deep enough to force the cell to throw out its toxins, or to act on the patient sufficiently to modify his metabolism, and thus his constitution. Indeed the elimination of toxins is brought about in a regular manner by drainage, this working by means of the potentized homœopathic remedy, which acting directly on the pericellular medium favours the elimination of toxic substances emanating from the cell, either microbial or autotoxins. But these intracellular toxins are always there and are constantly being formed or manufactured, the patient is improved in health but not cured. "I cannot" says he "stop the treatment or the trouble begins all over again." A direct action on the toxins concerned is more difficult, it is necessary to start the elimination of the intracellular toxins, which thanks to the previously established drainage, will be rapidly expelled without accident. A homœopathic remedy in a high potency is necessary to combat the autotoxins, this is easily found by means of the *Materia Medica*.

Against the microbial toxins one gives a potentized toxin of the same nature as the toxin concerned. Both potentized remedy and toxin should be given in an infinitesimal dose, in order to obtain the elimination beneficial to the patient. The higher the potency, the deeper and more lasting the action. The usual potencies used are 200th and M. The dose should be repeated prudently, not oftener than every ten or fifteen days, but according to the symptoms shown by the patient. All follows as in

the action of a vaccine : after a negative phase (all the shorter the better a patient is drained) which corresponds to a passing phase of aggravation, the patient feels better little by little, then after the tenth day he begins to go back and fears the re-appearance of the symptoms that he had joyfully seen disappear. Now is the time either to give a new high potency of the remedy previously prescribed, or a high potency of the complementary remedy, of which the indication is seen in new symptoms. The homœopathic remedy in a high potency may be considered as a force developed from the substance taken as a remedy. If determined homœopathically by means of the symptoms of the patient, the remedy given in an infinitesimal dose and in a high potency will not only increase the patient's powers of defence, but will especially excite the liberation of the intracellular autotoxins. There is not a single remedy for autotoxins, but more than one, there is not one sensitization of the organism but several, varying with the toxic agent at work, and especially according to the specific reactions of the patient, and his individual temperament. The result of this remedial action on the cell is the liberation of the intra-cellular autotoxins, which liberation takes place either by means of a stimulating influence or simply by osmosis through the cellular membrane, comparable to that which takes place between two vessels separated by a porous septum. The patient shows this crisis of elimination by slight fatigue followed by a feeling of well-being which he had not known for a long time. One often notes a brusque increase in the quantity of urine, of diarrhœa, or the appearance of strong-smelling or coloured sweat, and in patients with increased arterial tension, a lowering of that tension. In prescribing it is advisable, if we wish to obtain a quick result, and to diminish the possibility of what we call medicinal aggravation (which is nothing more than the shock resulting from the rapid liberation of the toxins), I say, it would

be advisable to have the single dose of the high potency, e.g., sulphur 200 or M, followed by the proper drainage remedy, either nux vomica, rhus tox. or æsculus hipp. 30. The choice is made from the indications of the patient, as he tells us of the usual symptoms of his chronic malady and the various aggravations he suffers from, which correspond to the spontaneous effects of elimination which used to be called "defensive reactions." Each deep-acting remedy has its acute correlated or complementary remedies which are in reality drainage remedies.

The potentized toxin is the most perfect stimulant of the sick cell. It liberates the toxins, instigates defensive reactions of the organism, and increases the production of antitoxins; it produces an active immunization. It obliges the patient to fight against the poisons which have invaded him. It is of no use to those who have no reactive powers. Also it can only be of use to an organism that is well drained, for the liberation of the intra-cellular toxins, by increasing the pericellular toxic tension, may produce febrile reactions and infections in other organs.

The presence of the potentized toxin in a well-drained pericellular medium, causes the formation of antibodies, excites the cell, sets at liberty a great quantity of toxins by producing a real crisis of elimination, which is well borne by the patient if properly drained; sometimes painful but always salutary.

One can observe the recalcification of the patient in the days following the absorption of the toxin, although one does not administer lime salts. The direction of the stream is in fact entirely reversed, the potentized toxin happily completes the action of the potentized drug, it immunizes the patient against illness (bacterial homœotherapy, isopathy), whilst the potentized remedy immunizes the patient against himself (individual homœotherapy, homœopathy).

(To be continued)

This category has reference to "Mental Doshas" (errors). Thus Ayurveda also maintains that it is when the bodily constitution was undermined by the non-observance of the Laws of Health such as Ritucharya (observance seasonal laws), Dinacharya (observance of daily laws), Brahmacharya (observance of celibacy or sexual continence) and Mithya Ahara and Vihar (faulty dieting and habits of life) that the Khetra (soil i.e., the material body) becomes suitable for the growth of germ-seeds which were powerless to do any mischief in the case of those persons who lead pure and healthy lives, because the soil was unsuitable for the germination and growth of the seed.

Regarding the present trend in Modern Medicine Lin Byodd writes thus in his book "The simile in Medicine"—Medicine is just in the process of recovering from enthusiasm of the school of bacteriology which saw in bacteria the sole cause of infectious diseases. Medicine is now entering the throes of the constitutional school of medicine which perceives in bacteria only one cause of infectious diseases and recognises the constitution and disposition of the patient as equally important factors.

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DR. L. VANNIER

(Continued from page 13).

II.—OBSERVATION OF THE PATIENT

A clinical examination is necessary in order to obtain one's diagnosis, that is all it can do. In homœopathic practice if one wishes to get the right remedy one must know a little more about the patient, though even if one "analyses" the patient one does not "observe" him. Being only occupied with morbid symptoms homœopathy does not seek to describe a man as he is, nor to entirely

gather up all the signs he may be the bearer of. Man lives and moves, we ought to know the conditions of his life, be able to study his statics and dynamics, describe his constitution and his temperament, and in consequence arrive at the knowledge of his "type." The constitution of a patient is deduced by the study of his bones, their shape and the relation of their different parts. During life this constitution is what disintegrates but does not change. Invariable, it gives one the idea of what is constant in the individual, by expressing the species to which he belongs in the human series. Take an example. A man is "built," he is "formed," he is "constructed," he is "figured," he has an architecture and a covering, and seeing that man has tried to know himself, his shape or form has been studied in many ways, yet no one has thought of describing the "bâti" (that which is built, the structure). And yet is it not natural to seek to discover the method of constitution of a being before defining the variety of the model? Two beings even though they may be in appearance alike will not have the same aptitudes if they are not absolutely identical. Look at yourself, compare yourself with your friends, and so that you may follow me easily; pay attention to only two parts of the body: the arm and the mouth. Consider your arm, stretch it out at right angles to your body, contracting the extensors of the arm and forearm as much as possible. You will see one of two different arrangements. The arm and forearm will be either in one straight line, and in spite of all your efforts you will not be able to make an open angle which would be formed by the arm and forearm backwards, or on the contrary, by contracting the extensors to the full you obtain an obtuse angle formed by the arm and forearm backwards. Now look at your hand, put it flat down on a table so that the forearm stands up perpendicularly to it. Now try by contracting your extensors, to raise your fingers, either you will find the movement impossible or you will do it with perfect ease. Now consi-

der your mouth and observe the relation that exists between the upper and lower sets of teeth, they will either fit perfectly, the teeth of the upper jaw approximating exactly with those of the lower jaw, incisors with incisors, canines with canines, premolars with premolars, molars with molars, the teeth of the upper jaw overlapping slightly those of the lower without there being any free space between the two arches ; or you will see a marked projection of the upper jaw over the lower, the incisors and the canines of the two arches are no longer in correlation, more or less of a space separates them, from a few millimeters to more than a centimeter. The result is that the premolars and molars are no longer exactly opposite one another, the masticating surface of the upper tooth no longer meets that surface on the lower tooth but comes in contact with an interdental space. You see there the malformation called by the stomatologists, "protrusion of the upper over the lower normal." Link together the different signs I have given you. Group I comprises : straightness of the arm and forearm and impossibility of obtaining an angle backwards ; flatness of the hand and impossibility of raising the fingers ; normal position of the dental arches. Group II comprises : bent arm and forearm and thus an angle produced backwards more or less obtuse ; hand not flat and raising of the fingers possible ; abnormal position of the dental arches, protrusion of the upper over the lower normal. The first group belongs to the carbon constitution, the second to the fluoric constitution. I quite see that the objection will be raised at once, that in these facts there is nothing more than congenital malformations, or articular laxity more or less marked in different people. That seems quite true at least at first sight. But what must one think when one notes the constant association of the dental malformation with the articular laxity ? One always goes with the other, so much so that when you see normal dental arches in an adult with articular laxity allowing you to obtain the arm angle, you may be certain

that the arches have been put right during the person's youth.

I will describe three constitutions: the carbonic, the phosphoric and the fluoric, each being distinguished by a particular build, by a particular putting together of the pieces of the skeleton, corresponding to very different physical and psychical groups.

The carbonic type is a well-proportioned being, whose rigid posture corresponds to strength of character; order and regularity are his dominating features; resistance his characteristic.

The phosphoric type is lively and flexible whose suppleness and grace love rhythm and elegance. In this type action is rapid but not lasting, enthusiasm easily excited, resistance nil.

The fluoric individual is a difficult being to grasp. His objective characteristics are clearly defined and precise, but his mentality is extraordinarily complex. The spirit that animates him is very unstable and is linked with remarkable indecision and incoherence of thought.

The physical constitution does not change, that is immutable. The child grows according to the original plan fixed from birth. A carbonic child always remains carbonic, a fluoric will always be fluoric. But if the constitution does not change qualitatively, it can be modified quantitatively. It can be affected by the presence in greater or less quantity of its constituent elements, the mineral salts: for to each constitution corresponds a predominant mineral salt.

A carbonic especially needs carbonate of lime.

A phosphoric especially needs phosphate of lime.

A fluoric especially needs fluoride of lime.

The presence, absence or excess of these so-called constitutional salts is accompanied by a train of physical and psychical signs which are always the same, and always well-marked. From these we are able to assert either that the person being examined belongs to such and such

a constitution, or which comes to the same thing, assert that the person examined lacks or has in excess the mineral salt connected with that constitution.

The demineralization of a person can take place in three forms: by the loss of carbonate of lime, phosphate of lime or fluoride of lime, according to the kind of constitution under consideration, whatever may be the cause of this demineralization. This always shows itself by the loss of the constitutional mineral salt. If the demineralization increases it involves the loss of all the mineral elements of the organism, of which the ultimate expression is silica. Every individual belongs to one or other of these constitutions: carbonic, phosphoric or fluoric: the diagnosis is relatively easily made, each type presenting a special attitude and bearing, as also very definite physical and mental aptitudes.

This very natural distinction enables one to define three groups of an architectural or static order standing on elements of an invariable nature: the form and the mineral composition of the skeleton. Finally I will add that by many observations during more than fifteen years of study, I have been able to convince myself that the phosphoric constitution is always an hereditary tubercular person, and the fluoric an hereditary syphilitic.

TEMPERAMENTS

Temperament is a dynamic state grounded on the constitution of the subject: a static state. The constitution is "that which is," the temperament is "that which arises." The temperament is the total of the individual reactions of the subject: physical, chemical, biological and psychological. It is what characterizes the person, or his personality, what makes him different from others, from those who belong to the same constitutional genus. Temperament is not constant and unchanging like the constitution, since it can be modified by any action, either external or internal to the subject. If the constitution is the constant

of the subject, temperament is the variant, a variant which however moves within well defined limits, and which philosophers, artists and physicians have sought and tried to determine for centuries. Temperament is made up of two elements: What we have inherited: atavism; and what we have acquired: the possible.

ATAVISM

A human being is subject all his life to the influence of his parents and of his ancestors. Our tendencies, which are often said to be instinctive, are generally hereditary, manifestations which come down from generation to generation, and from which it is at times difficult to free oneself. These tendencies are either good or bad; they may amount to genius or border on crime; they may be morbid and related to deep hereditarily transmitted blemishes. Alcoholism, syphilis, tuberculosis, deeply impregnate the organism. The finding of these stigmata of degeneracy and the determination of the constitution of the subject enable one to be sure of the nature of the hereditary toxin, and in consequence to be forearmed against its unpleasant effect, by means of the corresponding isopathy.

THE POSSIBLE

If a human being is obliged to bear all his life long the blemishes and the toxæmias of his ancestors; and if, because of these, he shows evil tendencies, he nevertheless does possess something which belongs to himself: *the possible*, that which Paracelsus designates as *ens virtutis*, the entity of power, that which constitutes our original and personal force.

Our aim should be to know this force, for we have not only the duty of thinking but of acting, and in order to act successfully we should realize our "possible," that which has been given to us, or rather given back to us; we should

fight against our tendencies or control them, pay attention to our habits and direct them. In a word to acquire the maximum of development for our being we must act in compliance with our capacities and our aptitudes. Man is born to act; his action is finite because it cannot go beyond the full development of his possibilities, it portrays the man and consequently his temperament. Now, as I stated long ago, Nature has put within us manifest signs for him who knows how to look for them; we must search for these signs, either that we may order ourselves aright, or that we may use that knowledge to protect ourselves from others or to guide them.

Typology has for its object the study of those signs that are written in the elevations and depressions which each human physiognomy or body presents. It enables us to define a certain number of human types, easily classified by the help of clearly differentiated characteristic signs. It does not give us a general indefinite system of grouping types, but an exact classification, a true human natural order, similar to animal natural orders, in which we can also distinguish genera, species and varieties. The ancients were aware of this classification, and though the methods of that far-away time have not come to light, yet they left us the "witness of their knowledge and of their observations, for the gods were only the emblematic reproductions of human types. Mythology was a religion which we no longer understand, and which we interpret badly," wrote Leonardo da Vinci, and I think we must see in Olympus not the exhibition of Pantheism, but indeed the figurative expression of typological symbolism.

Without going into details which would take us too far, I wish to give you the typological classification which my friend and fellow-worker, of regretted memory, Madame C. Bessonnet-Favre, published in 1914 in the *Homœopathie Française*.

The definition of the types not only leads to the exact determination of its possibilities, each type giving us an "ensemble" of physical, biological and psychical characteristics clearly established, but also leads to a forecast of the morbid troubles that may affect them, and of the treatment that should be opposed to them later. Consider the nature of the materia medica, its formation, its study, the knowing it and its application, and you will easily see that for a group of symptoms, or for one symptom, there is one remedy and only one, that the simillimum must be sought for and not the simile only, for it is there always, and if it is not found one must blame the observer.

Long	<i>Pure Types</i>	Short
	Medium	
A. Saturn	A. Venus	A. Mercury
B. Mars	B. Jupiter	B. Terra
C. Apollo	C. Luna
	<i>Mixed Types</i>	
Pluto	Bacchus	Pan
A. Neptune	A. Bacchante	A. Vulcan
Vesta	Uranus	Harpy
Faun	Silenus	Gaea
B. Pallas	B. Hercules	B. Cybele or Rhoca
Minerva	Juno	Ceres
		Proserpine
Narcissus	Flora
C. Hebe	C. Diana
Nymph	Hecate

If a patient has the following symptoms: feeling of weight down below, as if everything inside were coming out; late periods with dark thick blood, and times of sadness characterized by desire for solitude, and great irritability, we say sepia. But if, in conversation, we say of a patient that "she is sepia," we immediately attribute to her the foregoing symptoms, and also the possibility of showing the other signs and modalities which the substance called sepia shows in its action on the healthy organism in pathogenetic experiments. Finally, if we possess the power of defining sepia by means of a facial aspect, a particular colour of the skin, a peculiar attitude,

we can say on seeing these characteristic signs on an unknown person whom we meet by chance, nay we can affirm: that woman is of a type that needs sepia. So, if we can know in the nomenclature of a natural series, a human type of which the "ensemble" of the symptoms correspond to the morbid type sepia, we can add it is a type X, or sepia, and alternatively diagnose, speaking medically and homœopathically, sepia; speaking as an observer typologically, Saturn.

One can describe a morbid series parallel to the natural series, intimately allied the one to the other, and I have been able to establish the similarities of relationship links which need to be carefully sought for. Thus one is led to see that one must not separate the therapist from the observer. This latter in defining Saturn is doing scientific work, but he neglects a great deal which can be turned to good work if he does not mention sepia, thus doing the work of a therapist.

To find the remedy is to define the morbid type, and consequently leads one back to the normal type. To define the natural type is to foresee the possible morbid type, and to forecast the remedy that will be of use. The cycle is complete, to Dr. Henri Favre's normal human types one can oppose morbid and therapeutic types.

CONCLUSION

Forgive me for having imposed thus on your patience. You asked me to give you some details of my practice. I have been glad to give you my ideas on illness and its treatment, insisting particularly on the necessity of drainage and the observation of the patient.

Deeply touched by the welcome you have given me, I offer you my thanks.

DISCUSSION

Dr. MILLER NEATBY felt sure he was speaking for all when he said that it was very kind of Dr. Vannier to have put himself to so much trouble to enlighten their darkness and extend their outlook, and they were also

much obliged to Dr. Barlee for his share in the translation of the paper and for reading it. They were also indebted to Dr. Neatby for his share in the translation. Dr. Miller Neatby said he felt himself—as many had expressed themselves after the reading of such papers—that it would be something to look forward to in print, when it would be possible to study and understand the subject a little better. For his own part, he had not been able to form any very clear idea on the subject, which was new to him. As the types were being classified in the paper, he had wondered to which group he himself would belong. Dr. Miller Neatby declared the meeting to be now open for discussion.

DR. WHEELER said he felt some responsibility for the paper that had just been read. In the long-ago days before the war, he was fairly familiar with Vannier's work, and it occurred to him that the expression of Vannier's views, as he had studied them over a series of years, might have been a little clearer than in this paper. They could not be blamed for finding the paper obscure, although Dr. Barlee had made a definite contribution to the understanding of it. Dr. Wheeler thought the thing Vannier was after was to make for himself a picture of what was going on in any case of disease, and act on this conception. Of late years these types of diseases had been referred to a great deal in French papers, but Dr. Wheeler had never seen them set down in detail. A mere catalogue of names was of little value unless it was known what meaning could be attached to them. Dr. Vannier might be asked whether he would supply that material. It should be remembered that the French mind worked differently from the English mind. The English mind was always concentrated on practice. If an Englishman could be persuaded that a certain practice would be followed by a result, he did not mind trying it. A Frenchman did not like to do anything unless he knew why he was doing it. It would be wrong to think that Vannier was dogmatically expressing what he believed to be a fact; what the doctor was endeavouring to do was to make for himself a kind of picture of what was going on to enable him to explain to himself what he was doing by treatment. If a certain practice was followed by a good result, not many Englishmen would bother as to the reasons. That was a pity, especially with regard to homœopathy. Homœopathy was as yet inexplicable in its ultimate action, but headway would not be made until they were willing to try to explain what they were attempting to do. Dr. Hughes' explanations in detail had not been able to hold the field because they were based on pathology largely obsolete. They should not hold that any explanation at any moment was absolutely and dogmatically true, but they should try and find some explanation that could be ultimately modified as knowledge increased. There was no earthly reason why they should not adopt the method of searching for the simillimum on the one hand, and at the same time try and give some

sort of explanation of what they were after. That was the purpose of Vannier's paper. Vannier was one of the most successful practitioners in France. There was no doubt that he cured people, and he was not content unless he could to some extent, to himself and to others, explain his works. The cardinal principle on which he worked was summed up in that process of drainage or elimination. He figured the result of administering the simillimum; he was prepared to trust a great deal to the corresponding nosode; he would regard a tuberculous case as calling for some form of tuberculin. Having got his simillimum his method was to administer that, and he then believed he had started a definite process—if the patient responded at all favourably—of getting rid of the disease, or products of disease, and that process he tried to encourage and enhance. With Vannier it was not a question of giving one dose and waiting one, two or three months. He followed up that treatment with secondary remedies related to the first one, which he gave with a view to encouraging the action of the first. He grouped his remedies, and they were quite deliberately given. He did not leave his patients only under the influence of a single dose, but the secondary drugs he administered in lower potencies. In some ways Vannier's treatment was the reverse of the practice seen among homœopaths here. Vannier's method was the result of a deliberate principle, and the remedies he used in lower potencies were chosen on what he believed to be their definite relation to the high-potency drug, the high potency being chosen as the simillimum. The French were all now-a-days attaching a great deal of importance to what they called decalcification; but they thought that if they got the elimination process started the decalcification would correct itself. Dr. Wheeler thought Vannier would base his estimate of elimination on typical clinical results; he would regard definite improvement as being a sign that the trouble was being eliminated. Dr. Wheeler did not think that Vannier had any bacteriological or other method of measurement; he never referred to any estimations being made. In this country many men would see the patient was getting better and would not bother to find out why, whereas Vannier was determined to find out the reason for the improvement. Referring to the secondary remedies, Dr. Wheeler thought these were more what were usually called "tissue remedies." Some had known local effects, and these would guide Vannier in his choice of a secondary remedy.

DR. BARLEE said he did not think he had anything to add to Dr. Wheeler's masterly exposition of the paper. Dr. Wheeler had presented the gist of the paper in a way that Dr. Barlee could not himself have done. Dr. Nebel of Switzerland worked on the same lines as Dr. Vannier, and both claimed to have invented the method of drainage. On talking over the matter with Dr. Vannier, and referring to high potencies, Dr. Vannier said, "You take so long to cure a patient," and in his own mind there was no

doubt whatever that "drainage" remedies would cause the elimination of toxins. Dr. Vannier worked with nosodes a great deal, as Dr. Wheeler had said, and whereas here there would be one or two tuberculins in use, Dr. Vannier used several, and diluted sera besides. He gave a list of these in his book, and each had its own particular indication in T.B. cases. There was no doubt that Dr. Vannier had a method, and before the war he used to teach a number of young medical men, who came to him thinking that he had some trick for making money, and who wished to find out this trick. When they discovered that his only "trick" was working hard at his materia medica, they ceased attending. Dr. Barlee admitted that he did not himself understand the rest of Vannier's system about typology. The main gist of the paper was in connection with working with "drainage" remedies which were selected on homœopathic principles. There was no doubt the man had his method and it worked very well indeed; his teaching of a remedy was a very masterly thing; he got to know his remedy thoroughly, and claimed that it was impossible to know the materia medica without possessing an intimate knowledge of the individual drug. If Vannier's other papers were read it would be found that he was absolutely homœopathic in his practice.

Dr. MILLER NEATBY said it certainly said something for the man and the system if a patient could be cured in about one-third of the usual homœopathic time.

Dr. HALL SMITH asked how Dr. Vannier estimated this question of elimination. He stated that elimination took place and that certain remedies would hurry the process, but by what means did he measure the elimination? The statement seemed to be a somewhat dogmatic assertion.

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Dr. HALL SMITH said there was no doubt that it was common experience that if the simillimum were given the result was obtained, but Vannier claimed that he could get it in a third of the time. Most homœopaths had seen cases in which one dose produced rapid improvement. It would seem to be an attempt to correlate the high potency and the low potency schools.

Dr. GOLDSBROUGH said if it had been possible to have had Dr. Vannier at the meeting and for him to have brought some cases illustrating the subject, there would have been more information available as to the working of his method. In the discussion that had arisen, however, there were one or two points to which he, Dr. Goldsbrough, would like to refer. First there was this question of quantity. Was it possible ever scientifically to estimate quantities in reference to the tissue metabolism or structure of the body? Must one not be content to accept the symptoms when they had disappeared and the patient returned to the normal? Take as an example an attack of influenza. In the course of a case there was an elimination, as a natural elimination, of a large quantity of uric acid and urates. That was found in every case, whether the patient were being treated or not. If the patient got well as the result of treatment the condition disappeared more quickly than if it was left to itself, but the quantity of metabolic products was not estimated. Elimination was a natural process which went on whenever the patient had the power to successfully react against the disease. All that could be done by the medical man was to assist the natural process; he could not estimate the quantity after the event of recovery. As to estimating the quality, which was also another point, the only quality available was the whole person, and Hahnemann had given the clue that the patient's total phenomena should be observed. Hahnemann made a mistake in theorizing and departed from his original tradition of observing the symptoms when he theorized about them. The quality was the totality of the phenomena presented for observation, and it could not be obtained in any other way.

Dr. FERGIE WOODS referred to Dr. Goldsbrough's statement that he could not see what possible good there could be in the discussion of these types in relation to medicine; probably he expressed this opinion because he had not studied astrology. Dr. Fergie Woods had studied it a little for the last ten or twelve years, and found that there were definite relations between the planets and various homœopathic medicines. This could be tested with little trouble. For instance, it would be found that a large proportion of those people born during the first three weeks of October needed lycopodium, during the first three weeks of August, sulphur, and during the first three weeks of June, phosphorus, and so on. Dr. Fergie Woods thought there was a distinct value in discussing and learning something of these types. Astrology was used in connection with medicine in ages past, and Dr. Fergie Woods thought it was going to be used again. It was easy to gain a little knowledge of it, but it needed a life long study to gain much. Enough could soon be learnt to prove of great help in prescribing, and very often he found that the knowledge of a patient's birthday put one on the track of the right remedy.

Dr. MILLER NEATBY regretted that he had nothing to contribute to the discussion and had no answer to any of the questions that had been asked. He would deprecate the introduction of astrology and astral therapeutics into homœopathic practice, especially at a time when they were seeking to influence the old school, as he thought it would tend to create a prejudice against homœopathy in the minds of their professional brethren. Dr. Neatby asked Dr. Barlee if he would like to make any reply to the discussion.

Dr. BARLEE suggested that it would be well to try to get Dr. Vannier over at some future time to talk to the Society himself.

Dr. MILLER NEATBY said that the Society were much obliged to Dr. Vannier for taking so much trouble, especially for writing to an audience he had never met.

Dr. WHEELER proposed that a special vote of thanks should be sent to Dr. Vannier. This proposal was seconded by Mr. Eadie, and carried unanimously.

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MIGRAINE AND ITS HOMŒOPATHIC TREATMENT

ALEXANDER ZWEIG, M.D.

(Continued from page 80)

Lachesis has relation to congestions, especially to the female abdomen, aggravation after sleep; attacks of perspiration, does not tolerate tight garments especially around neck, has amelioration which secretions start, in open air, worse from heat of sun; is a leftsided remedy; very pale face, cold extremities, but hot head. Attacks of migraine during menstruation or climacteric are prominent. Pulsating headache from occiput to root of nose toward eye. Vomiting; stiff neck and sensitive scalp may be present, as also exhaustion following attack. Constipation is often present, hence *lachesis* is indicated in congestive conditions of persons addicted to the use of laxatives. Migraine located in temples (temporal nerve) of throbbing character.

Lilium tigrinum. It has nervous circulatory disturbances in connection with the female abdominal organs.