to be treated. If the trouble is due to inflammation of the bony cavities, the specialist will recommend draining or an operation. Operations are often disappointing and they should not be undertaken unless medical treatment has failed. *Kali bichromicum*, *Cinnabaris* and other remedies have cured innumerable antrums and sinuses.

—*Heal Thyself, February, 1946.*

OBSERVATIONS ON THE END RESULTS OF MAJOR SURGERY

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Dr. T. K. Moore, my good friend, has asked me to prepare a paper on surgery. While I have done during my career mostly pelvic surgery, yet I have had a somewhat limited experience in gastrointestinal and GU surgery.

I would like to confine my remarks not to the technique of surgery, which can be procured in any good standard textbook, but rather to the conclusions I have drawn after twenty years of this type of work.

First, let me make it plain that I have never resorted to surgery except in those instances where after months, or sometimes even years, of management of patients I have found their troubles failed to yield. I have no faith whatever in surgery as a curative measure—surgery is palliative only. This, of course, does not refer to lacerations or mechanical malpositions of organs.

CONCLUSIONS IN OPERATING ON CHOLECYSTITIS AND CHOLELITHIASIS

Cholecystectomies have been disappointing as to permanent beneficial results.

The famous John Deaver of the University of Pennsylvania, after thousands of cases of cholecystectomies along with cholecystotomy, reported only 17 per cent of permanent health.

Dr. Charles Mayo made the statement that in those cases where he had done cholecystectomies he found in later years there was a valiant attempt upon the part of the hepatic system to develop the stump of the cholecystectomy into a small gall bladder.

In 1928 Dr. James W. Ward operated on me for cholecystitis along with cholelithiasis. He did not remove the gall bladder but did the operation suggested by Dr. Mayo—that of emptying the gall bladder, cleaning its contents, inverting the gall bladder after attaching a drainage tube to the incised outlet, after which he stitched it firmly to the peritoneal abdominal wall. I have had lasting benefit in spite of a badly inflamed gall bladder and the removal of a small handful of very fine black sand.

GASTRO-INTESTINAL SURGERY

In this connection I merely wish to state that my experience has been limited to gastro-enterostomies, which I have done in years gone by with not very encouraging results. I have never attempted a subtotal gastrectomy, but in the light of recent gastric surgery these patients would have been far better off if gastrectomies had been performed.

APPENDECTOMIES

These I have only done in those patients where I was called too late and threatened rupture was evident. Practically all of the diseased appendices I have seen within twenty-four hours have been curable where patients were able or willing to follow up treatment. They have been promptly cured by the indicated homœopathic remedies.

Most authorities recommended immediate operation as the only form of treatment for acute unruptured appendices.

A. J. Ochsner is an advocate of a deferred treatment. A clearcut definition of his idea is found in the following statement:

"The temperature was 104 degrees, pulse 140, the abdomen enormously distended. Pulse 140, features twitch. My experience in this and similar cases has taught me that whenever I operated on patients in this condition the patients invariably died."

Again, most authorities advocate a deferring operation in those cases first seen when they are in the stage of acute peritonitis. *First*, a few hours after onset of appendiceal disease and those cases which go on to perforation rapidly.

Second, some cases days after the onset of appendiceal disease where the perforation was successfully localized immediately but continued growth of the abscess has allowed it to break through the perforating barriers into the general peritoneal cavity.

Third, those cases in which evidence of diffuse

peritonitis appears three or four days after the onset of appendiceal disease.

Deferred treatment is indicated in all cases of rupture with diffused peritonitis whether this complication has supervened hours, days or weeks after the onset of symptoms. Operation in either of these groups cited should be deferred until evidence of localization has taken place, rigid abdomen, rapid pulse, high temperature, prostration and hippocratic facies, will gradually disappear in the course of a few days and the patient will present a picture of localized abscess, in satisfactory general physical status.

"There is very little difference between the leucocyte count in the early cases with abscess and in the cases with acute unruptured appendicitis. Also the temperature is about the same, usually ranges about 100 to 101. Definite diagnosis of abscess formation cannot be made on the basis of such findings alone as fever and leucocyte count of 15,000 or 16,000. In cases of suspected peritonitis or with a diagnosis of ruptured appendix the best method perhaps is "careful preparation of the patient," the writer believes, (the writer being A. K. Ridings of Texas State Journal of Medicine, November, 1943.) "The patient should have spinal anæsthesia or local anæsthesia should be used, a Mc Burney incision then to reduce the mortality from appendicitis, as small an opening as possible, easy handling of the tissues."

Now, *discussing the surgery of the appendix:*

It is well to refer to the physiology of this vermiform appendix.

Liberchen states: "the surface of the vermiform appendix is full of glands, secreting a fluid which mingles with the fæces in the cæcum and by diluting these prevents their remaining stationary and doing harm. The fact that the appendix contracts at the same time as the cæcum prevents any foreign body entering the lumen."

We find this by T. Vosse: "The surface of the appendix is full of glands which secrete a mucus. As there is a tendency for the fæces to accumulate and harden, there must be some provision by which they are rendered more fluid. The glands are present in the cæcum for this purpose. They are not sufficient and require aid. The function of the vermiform appendix is to provide additional secretion."

G. von den Busch emphasizes Liberchen's views and adds: "The vermiform appendix must be considered as a secondary salivary and pancreatic gland while the cæcum is a second stomach."

These views do not agree with those of the eminent gentleman who says that the vermiform appendix is a "useless organ."

In the Journal of the American Medical Association of April 7, 1940 Dr. Alvarez of the ayo MÇlinic told what he had learned from 385 appendectomies. Of these 130 had suffered sharp pains suggesting appendicitis and after operation 87 of them were cured. Of the other 255 patients 60 were distinctly worse from the operation and only 2 were cured.

Dr. Walter James, my preceptor, one of the most brilliant scholars I have ever known and under whom

I received my homœopathic training, once said: "I use only the most often indicated remedy, usually being *Bryonia*, in the first stage of appendicitis, the symptoms being characteristic of this trouble." It was his practice to recommend surgery unless marked improvement was evident within twenty-four hours.

The remedies that I have found curative and permanently so in appendicitis are:

Arsenicum Album:

Chills, diarrhœa, restlessness, exhaustion, thirst, wanting water at frequent intervals.

Lachesis:

The most valuable remedy. Sensitive all over the abdomen, especially from the seat of inflammation backward and downward into the thighs.

Rhus Tox:

Swelling over Mc Burney's point.

Belladonna:

Severe pain in the cæcal region. Worse from the slightest touch, jar or motion. Lies on back with legs drawn up.

Plumbum:

Tense swelling of cæcal region. Its great characteristic being, however, refraction of the abdominal wall, eructation of gas, vomiting, both having fæcal odour.

INTESTINAL SURGERY FOR ULCERATIONS

What I have said of gastric surgery also applies to intestinal surgery with ulcerations. Resection of a portion of the intestines in any of its length will

give immediate beneficial effect, but as nothing has been done to prevent or offset the original cause these troubles are most likely to occur in some other portion of the small intestine. The same applies to the colon.

FIBROIDS

The experience I have had with fibroids is that of any other man, i. e.—that these patients will get lasting benefit.

GENITO-URINARY SURGERY

In cases of genito-urinary surgery—these are never operated in the acute stage and most of them can be cured by homœopathic remedies instead of operative measures in the chronic stage.

I would not care to go into GU-surgery other than has already been mentioned in this paper, except to say that with most patients where there is any drainage at all from the urinary tract, cures are possible by the indicated remedy without surgery.

Never in my career did I expect to help patients with renal stones, although I have had some very decided success and surprises in treating some of these patients. For instance, little did I realize that at the time of prescribing *Phosphorus* for a patient who had a typical Phosphorus makeup that a large kidney stone would reduce until the patient passed it entirely. We have all heard, too, of some results obtained by the use of *Raphanus Niger* in material doses dissolving large hepatic calculi with permanent cure. I also have had some signal success in renal stones by the use of *Berberis* and *Calcarea Renalis*.

ADDITIONAL REFERENCE TO GI-SURGERY

Returning to a discussion of GI-Surgery, I would like to call attention to one striking cure in the case of diverticulitis of the colon. This patient, bedridden at times with fæcal vomiting of copious bloody stools with great tenesmus and violent cutting pains lasting for hours was PERMANENTLY CURED by *Nitric Acid* in high and highest potencies.

I have one recorded case of fistula ano cured by *Causticum*. This was a complete cure, the patient never having a return of that trouble, although I never felt that anything could be accomplished in treating such a condition. After careful history taking the following symptoms were evident: Greasy face, aversion to sweets, feeling of rawness about the rectum, sensation as if lime were burned in the stomach. *Causticum* completely cured this patient within a few weeks time.

BONE SURGERY

I have cured numerous cases of osteomyelitis, the outstanding remedy being *Silicia*. Old fistulous openings discharging a yellow creamy pus. *Asafoetida* carries offensive discharge, intolerable soreness about the fistulous opening, especially indicated in osteomyelitis. *Aurum Metallicum*, especially in the cranium form, the palate and the nasal bones. Pains are worse at night, the odour is offensive, discharge of small sequestra. One patient, an old syphilitic I cured permanently with this remedy, was so impressed by the cure that he insisted upon paying me twice

as much as the bill rendered. This was almost a greater shock to me than the cure of the patient.

Platina Muriaticum—osteomyelitis especially useful in the necrosis of the lower jaw. I have had one signal cure in osteomyelitis of this bone of long standing.

Fluoric Acid: Especially in dental caries,—I mean the caries of the jaw bone. Here the discharges are excoriating.

Calcarea Carb: Especially of the vertebra.

THYROID SURGERY

Years ago Dr. Israel Brahm made the statement that toxic thyroids are not a surgical. I have had striking success in the treatment of these patients without surgery. I will give a few remedies:

Amylenum Nitrosum: Deep facial flushes, pulsation all over the body. Anxiety that something might happen. Must have fresh air, throbbing in the head, bursting feeling in the ears.

Kali Iodatum: Starting at every little noise, apprehensive, excited, quarrelsome, irregular action of the heart with tensive pain across the chest.

Lycopus: Increased mental and physical activity, worse in the evening. Vertigo, pressure in the forehead, constriction across the lower half of the chest.

Hypericum: Apprehensive, mental excitement, great heaviness in the head. Confusion, dryness of lips and mouth. Thirst, desire for warm drinks, anxiety in the chest.

MASTOIDITIS

I have made striking cures with *Natrum Mur.*, *Iodine* and *Belladonna*—acute suppurative mastoiditis.

Capsicum has served me well and I am sure has prevented surgery many times. Swelling behind the ears with burning and stinging of the ears. Sensitive, especially in the tip of the mastoid where there is some evidence of œdema.

Belladonna has cured many cases.

Ammonium Picratum brings pains extending into the ear, orbit and jaw.

This paper could go on indefinitely, but I find that the longer I practise medicine the more I am convinced that prevention is possible in most surgical cases if the patient will see the doctor early enough.

Again—SURGERY IS NEVER CURATIVE BUT ONLY PALLIATIVE.

CONCLUSION

In conclusion I wish to quote Alexis Carrel, for thirty-to years Director of Research in the Rockefeller Foundation:

"Man is an individual whole of extreme complexity. No simple representation of him can be obtained. He is a chemical substance constituting the tissues and humour of the body. He is a compound of tissues of consciousness. Man cannot be devided into parts. He would cease to exist if his organs were isolated one from another. His aspect for the heterogeneous manifestation of his unity make it impossible for a specialist actively engaged in the

pursuit of his own path to understand the human being as a whole."

Seventy-five per cent of so-called surgical patients can be spared surgery by careful homoeopathic prescribing, provided the patient presents himself early in his disease.

—*Journal of the American Institute of Homœopathy, May, 1946.*

TREATMENT OF THE PATIENT WITH SYPHILIS

BY W. W. YOUNG, M.D., Philadelphia, Pa.

(*Continued from page 396*)

Aurum muriaticum natrosum. While on the subject of *Aurum* mention ought to be made of this salt. It has a very restricted field of usefulness, but in that it is supreme. The chronically inflamed pelvis of the female with increasing sclerosis year after year. Little, very little, local subjective symptomatology, but objectively a state of affairs wherein all the organs in that anatomical site become matted together, fixed, immovable, as the saying is, "frozen". They present poor operative risks, and indeed surgery would hardly offer any cure for the underlying cause. Often they are extremely hypertensive. This drug is best used low over an extended period of time in such cases.

Asafoetida. This drug is seldom considered as of value in the therapy of the syphilitic patient but it has a very distinct contribution. This pathogen reminds one of *Lachesis*, *Valeriana* and *Aurum*. The cellulitis