method is similar in principle to that used in the preparation of diphtheria and tetanus toxoids. The dose is 1 cc. administered subcutaneously in one injection. This vaccine is claimed to afford a wide range of clinical protection. The duration of immunity has not been determined although antiboby titers in vaccinated persons have been found at a high level at the end of one year.

Journal of the A. I. of Homœopathy, June, 1947.

TREATMENT OF THE PATIENT WITH SYPHILIS

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

In this contribution an effort will be made to avoid a recitation of much material that can be had by a simple scanning of the pages of any one of a number of texts on this subject written by admitted authorities. It will be assumed that the accepted cause, the signs and symptoms, the typical course and atypical manifestations and so forth are more or less familiar to the reader.

Also, and for the very good reason that there is readily available to all a tremendous amount of literature dealing with the modern, empirical, chemotherapy of this condition, we will, when we discuss the subject of drug therapy of this illness, confine our remarks to the homœo-therapeutic approach. One's inclination is to launch immediately into that discussion. Many considerations require that we refrain

from doing so until not a few matters are made clear. This policy has been chosen in order that, in advocating the use of the homœo-methodology, we do so with an acute awareness that we incur the risk of censure. But we also are thoroughly acquainted with the subject and can write with some degree of authority ourselves.

Most of the readers of this contribution are general practitioners, men who deal with the total, unhyphenated, integrated human body. Such men may take comfort from the statment of Moore that such physicians, rather than the specialist whose knowledge is quite definitely limited to his chosen field, are better suited to the task of treating these patients. For many reasons the general practitioner may avoid administering to this group. Others for some reason have felt that they were unqualified for the task, probably because the therapy of this condition has been raised to a point of a speciality in itself. A critical study of the literature of that speciality would do much to dispel this complex.

Therefore, as a preamble to a discussion of therapy, a short review of the modern, scientific theories is in order. This era may be said to date from 1910. Before this time the existence of some kind of minute, organic form of life as the exciting cause had been predicated by more than one medical recalcitrant. By 1910 it was demonstrated objectively. Before the twentieth century many drugs were used in the therapy; the iodides, mercury compounds, potassium bichromicum, antimony, gold were the

more common. Arsenic was employed also but it was used in so many conditions that no special relationship to syphilis was recognized. By 1910 Ehrlich had had his inspiration and produced a pharmacological preparation of arsenic which he claimed was directly spirochaeteicidal. For some unknown reason everyone in authority believed him, at least for a time. This may be said to be an interesting study in mass professional psychology. Later on his original theories had to bow to facts and underwent considerable revision. Nevertheless some form of arsenic is at present the keystone of the present empiricism. In subordinate position we find bismuth, an iodide and/or mercury.

After thirty years of experience somewhat the following is the status of the orthodox treatment. There is a chaotic state brought about by many factors. The outcome in any case rests on "faith". Until the actual results of the modern treatment can be actually determined by autopsy findings no definite opinion can be hazarded. So far pathologists who have made surveys with a view to draw such conclusions have arrived at contradictory results. In the meantime the influence the sulpha drugs and penicillin will have in introducing new factors into the standardized procedure threatens to throw the entire matter into greater confusion.

A study of the literature makes it quite plain that there is a primary and a secondary objective in modern syphilology. The first is to render the patient non-infecious. The specialty is orientated from the

public health standpoint. It is difficult to deny that chemotherapy satisfies eminently, if one looks upon the matter with the eyes of a public health official. This is because in a larger majority of cases the organism disappears from the peripheral lesion rapidly, following the administration of the arsenicals. This is permitted to imply that a cure also can be anticipated. Nothing could be further from the truth.

All books on syphilis diplomatically place the word cure, when it is used, in quotations. Indeed, three different kinds of cures are recognized; biological, a goal seldom reached; seriological, meaning of which is highly problematical; symptomatic, meaning just what the name implies. Also, all but the most inexperienced syphilologists, have so little confidence in the ultimate outcome of their cases that they advocate periodic examination for the balance of their natural life.

The science itself is erected upon assumptions. In fact, the very latest text on the subject used the phrase, "It is assumed" three times, "It is probable" two times and "It may well be" once on a single page. The same text makes bold to state that all the material contained in it is correct in the light of present knowledge but that at any moment the discovery of new facts may invalidate the work of the last thirty years.

There is hardly a medical specialty, excepting probably endocrinology, which fills its texts with so many contradictions. As an illustration we read on one page that "The exact mechanism by which this

(the killing of the parasite) is accomplished in syphilis or any other disease is not clear." Ten lines further on we read, "The manner in which drugs used in the treatment of syphilis exert their parasiticidal action has been determined only recently." One is permitted to believe one or the other statement. In science, as in polities, we have our mugwumps.

It is not to be believed that these objective scientists agree. Each proceeds on his own favourite assumptions. The one will criticize the other for making assumptions. One will say that mercury as a drug is a great "resistance builder", the other that such an opinion is "untenable". All agree that chemotherapy, reduced in simple terms, is the administering of a chemical poison so that the patient is saturated with it, within an inch of his life, in the hope that in the process the infecting agent will die first.

What cannot be denied is the very important fact that exposure to and infection with the spirochæte is not by any means an unconditioned relationship. Nor is infection, that is to say, invasion synonymous with the development of the illness. Also a disconcerting number of cases heal spontaneously. All this is due to the existence in the average human of a high degree of natural healing ability, commonly known as immunity. The annoying feature is that this immunity is slow to make itself evident. The generally accepted view is that arsenic in some form in the early, active case, eradicates all outward signs of the disease, diminishes the hazard of contagion, at the expense of these very immunological factors,

For this reason the empirical, chemotherapeutic method in late syphilis, promises little other than symptomatic relief, simple palliation. Speed is to be had at a cost of chronicity. Lest one think that the chemo-method is free of dangers, it can be said that fully one hundred and fifty pages of warnings against its dangers can be found in one single text of five hundred pages.

Every modern syphilologist recommends a "system" of therapy beginning with some form of arsenic, alternated or combined with one or more of the other "specific", bismuth, iodide, mercury, the same old pre-scientific standbys. Each, of course, recommends his system. This system is outlined in a page or two. Then, since the host is constantly introducing, unpredictable, unforeseen factors, scores of modifications of this system are advocated to apply to special instances. This is what is known as individualization and is highly recommended.

(To be continued).

—The British Homœopathic Journal, April, 1947.

Printed & Published by—Prafulla Chandra Bhar.
Published from Hahnemann Publishing Co., 165, Bowbazar St., Calcutta.
Printed at the Eastern Type Foundry & Oriental Printing Works Ltd.,
18, Brindaban Bysack Street, Calcutta.

action. This should be our goal; and herein will be self-explanatory proof of the action of infinitesimals. For thus can we demonstrate the efficacy of Hahnemann's "new synthetic principle."

—*The Homœopathic Recorder, February, 1947.*

TREATMENT OF THE PATIENT WITH SYPHILIS

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

(*Continued from page 358*)

Many times the author has been quizzed concerning his own personal approach to the therapy of the syphilitic patient. The answer has always been that he has had no reason to be dissatisfied with the homœo-therapeutic. In every instance he has been asked if he can produce a negative Wassermann. Such a demand he has been in the habit of meeting with a feeling, if not a vocal expression, of defeat. It seems inconceivable that in this day there could be any physician so ill informed that he entertains the idea that the Wassermann reaction possesses any special significance. But such is the case. It needs to be made perfectly plain now that the author's continued use of the homœo-methodology is not based on a long series of cases treated *en masse*, tested for cure by tissue transplants which mean nothing, tested periodically by attempts at reinfection, tested off and on by provocative injections of specifics the results of which would lend themselves to various conflicting interpretations, nor on the basis of statisticized autopsy

studies. One wishes it to be equally plain that the method advocated herein is not thirty years old but much more mature; it is almost two hundred years old. What is more, the constantly recurring "discoveries" of medical science again and again lend substantial support to its essential soundness. In our patients we, frankly, approach the matter as physicians. We recognize the immunological mechanisms as our greatest asset, ours and the patient's. We seek to employ it skilfully, intelligently, not to annihilate it. We possess patience and refuse to be unwisely precipitous. And what is more, possessing a choice of pathogens ten times that of the specialist and a reliable finding principle, we can in a real sense individualize and adapt the therapy to the patient.

No doubt it will be said that this criticism is the result of prejudice on our part. Our defence is that, according to Moore, a large number of syphilologists feel that the whole subject is in such a state of "flux", so full of "fascinating will-o'-the-wisps" that they have no definite opinions. Stokes admits that the terminology is "jargon," the speciality crowded with "irritating eccentricities," that the entire structure resembles a "phantasmagoria." Experimental physiology provides the following criticism. "According to the generally accepted view, the spirochæte is the cause of the process from beginning to end. With such a simple way of deciding the question it would seem that no doubtful points ought to arise. And yet the very necessity of reckoning with the spirochæte at every moment makes the current views on

the pathogenesis of syphilis a purely verbal exercise. in attempts to escape from a mass of contradictions. The details of the pathogenesis and immunity in this disease are—to speak correctly—not known to any one. Matters here are far worse than in regard to tuberculosis. There is hardly any other process in which verbal superstructures to the experimental data are so inevitable. One cannot help coming to the conclusion that there is some mistake at the very foundations of the theory not only of syphilis but of inflammation in general making it impossible to arrange the factors in a definite logical order."

Modern syphilologists imply in every word that all clinicians before them were ignorami and dolts. Nothing could be farther from the truth. Much of modern syphilology is old, antique medicine in newer terminology. With all the modern laboratory equipment one may or may not see the organism in the hanging drop. The treponema he sees there may be the pallidum or any one of an half-dozen others considered non-pathogenic. The Wassermann and other specific tests may be and often are erroneous. Skin tests are likewise unreliable. So, like all physicians the specialist has to rely on his physical examination, his judgment and experience to determine what the status of his patient may be. Therefore, the author states that his conclusions as to the ultimate merit of his therapy are based upon the behaviourism of the patient as manifested during treatment by signs, symptoms, clinical and laboratory findings, specific and non-specific, and especially subjective manifestations

which often presage objective findings. With the subjective he is better equipped to deal than is his non-homœopathic colleague. He is prepared to submit his results for comparison with therapy strictly in conformance with the best the modern can offer as is exemplified by the following provided by a prominent syphilologist. "The patient gave a history of having had a positive blood Wassermann test two years before she was seen in my department. She had at that time received six injections of arsphenamine and 100 intramuscular injections of a mercurial salt. She was examined by me in October, 1918, and the blood Wassermann was found to be negative. On repetition it was again negative and a provocative procedure was likewise nagative. Bone conduction was not decreased with normal hearing (a test of condition of the eighth nerve). The eyes were normal in all respects. A complete neurological examination was negative. Roentgenograms of the tibia were taken with negative results. The spinal fluid was negative in all respects. In view of the possibility of latency in women she was dismissed but not as cured but was requested to return in six months. She returned in eleven months and at that time the Wassermann was strongly positive in two successive tests. There were no symptoms to accompany the serological relapse. This experience can be duplicated a number of times in the experience of anyone who applies the really sovereign test of cure—time and observation."

Now and again we find syphilologists in partial agreement. It is fairly well agreed that the immuno-

logical mechanism is wrapped in mystery chemically and bacteriologically speaking. Experimentally the blood stream can be saturated with organisms without producing the disease. Hence spirochætosis is not synonymous with syphilis. In the early stages of the condition clinically there may be large quantities of the organism present in the local lesion but signs and symptoms of organic reaction are minimal. At the same time local antiseptics and even extirpation of the lesion, influence the subsequent course of the illness deleteriously if at all. On the other hand, in the later stages, the number of organisms present, as in a gumma, may be so few as to escape detection if they are present at all and yet the signs and symptoms of systemic reaction may be severe. This is explained on the basis of hypersensitivity, or allergy. This is important to homœo-therapeutics since it is in accord with our own practice of employing the higher potencies in the chronic manifestations.

Also, it is generally agreed, that pregnancy for some completely unknown reason exercises a very beneficial influence, so much so that repeated pregnancies have apparently cured the patient. For this reason the intensity of the chemotherapy is diminished in these patients. The average dose is decreased also for other reasons such as the danger of liver, renal and other organic damage which might reasonably be anticipated at this time. Treatment of the mother during pregnancy in some way, also unknown, reduces the probability of the infant manifesting congenital syphilis.

In the event the child does, with or without maternal therapy, show symptoms or signs of the conditions, the standardized therapy undergoes modifications. These modifications again will differ depending upon the views of the expert, but generally speaking they tend toward reduction in the intensity of therapy as well as modifications in the mode of administration. All such experts have a number of cases of congenital lues which they exhibit as illustrating their therapeutic results.

In review we wish to point out that exposure and infection are not synonymous, that in the words of Moore, many genital lesions, specific and non-specific, have a disconcerting way of healing spontaneously, that there may be many cases of syphilis without any local genital lesion, that chemotherapy attains quick disappearance of the superficial lesion and a diminution of the danger of transmission of the disease at the expense of chronicity. This is illustrated by Bruusgaard's studies which showed that the life expectancy of the untreated was longer and better than that of the treated. Under chemotherapy the immunological mechanism, vitally necessary to the patient in the later stages of the condition, slow at best in developing, is inhibited, seemingly in direct proportion to the intensity and persistency of the chemotherapy employed in the early stages. Every time one enters the wards of our hospitals and institutions one sees on every hand living and half living examples of the inefficiency of modern chemotherapy in syphilis. The state cannot build institutions fast enough to

house them all. If the modern, scientific, objective method was as satisfactory as it is supposed to be, why are its proponents so quick to try every new cure-all that happens along ?

One could continue in this vein hour after hour pointing out contradiction after contradiction in theory and practice, conjecture, speculation and guess-work. The more one reads of syphilology in its modern guise the more one is inclined to return with a sense of intense satisfaction to the stability, logic, science of the homœo-methodology and figuratively to dissipate in the wealth of the homœopathic materia medica.

And so we end our review of the modern therapy of syphilis and go on to a discussion of the homœotherapeutics of the patient so unfortunate as to have contracted this illness in any of its innumerable manifestations. In addition to the protean nature of its display, chronicity is its keynote. Anyone essaying to treat such a patient in accordance with the homœo-method must recognize the patient as a public health menace, and come to an understanding with the patient on this score in the event the condition is in the acute or secondary infective stage. He must and ought faithfully to live up to the laws of the State in this respect. This duty he owes to society as opposed to the interests of the patient. On the other hand, he need not jeopardize the entire future of the patient in an unwise effort to obtain quick results. If the patient is intelligent the decision as to method can be left to him. This will do two things.

It will obtain either complete co-operation or cause him to go where he will obtain quick, miraculous results.

In the event the patient places his future health and well-being in one's hands it is necessary to instruct him in all the essential rules of personal hygiene applying to his special problem. These are the same for all cases no matter how treated.

Long before the advent of modern syphilology, the homœo-methodology advocated simple local cleanliness, no local antisepsis, a minimum of local surgery. These principles have now been generally adopted.

Next comes the necessity, on the part of the physician, to know how to diagnose the condition for what it is, for only then will he be able to know how best to prescribe, selecting in the symptomatology what is the ordinary and what is the unusual in the case. Only then will he be competent to interpret what transpires under his administration, to determine whether improvement or the opposite is being had, whether the condition is slow to respond, whether complications threaten and so forth. In short homœo-therapeutics offers no excuse for being ignorant of the ramifications, the chronicity, the latency, the centripedal tendency of this sickness, toward which the race is slowly building a more and more adequate immunity. Throughout the following discussion it must be borne in mind that, for the ultimate outcome, homœo-therapeutics places attributes which lead to any cure that may be achieved

exactly where it belongs, and that is upon the curative capacities of the host. In the very earliest stages this curative reaction, initiated by the original pathogen itself, the spirochæte, gets under way slowly. Once this disease process is initiated it proceeds in accordance with natural biological and physiological laws to, unless arrested, enter the realm of pathology. Hence the condition may continue independent of, and without the continued presence of, the original pathogen. As the stage of chronicity is entered the host acquires, coincidently with a heightened immunological state, a state of heightened sensitivity. Therefore, as a general rule, in the earlier and earliest stages the better potencies are the lower, and in the later stages the higher and highest. Also, since this condition is not a disease entity but a disease process, the endeavour is not to kill the organism that originated the process with the aid of the property of irritability resident in the host. The aim is to reverse the process which in itself will lead to the destruction, by the host, of the pathogen. That being the case, to reverse the process in the earliest stages will require more of the homœopathically selected antigen, frequently repeated, and symptoms and signs of the reversal will be slow to appear. In the later stages the opposite is true. Here sensitivity, as a result of chronicity, is often times exquisitely developed. Hence a minimum amount of the antigen, very infrequently repeated, is dictated by both knowledge and judgment, for this is a hair trigger mechanism.

This brings us to the question of reversibility of

the equation. This is only another way of raising the question of prognosis. Here the physician, of all schools, must rely for his answer on the final arbiter, namely the potential, residual curative power resident in the host. Call it *vis medicatrix naturoe,* immunological mechanism, or any other term, the question remains, what curative function remains, and how best to change it from the potential, inert, to the actual, the dynamic. All studies in modern syphilology point to the inescapable conclusion that the homœo-methodology is best suited to this phase of the therapy of the syphilitic patient. This leads us to refer the reader to the title of this paper. The aim, as dictated by homœo-therapeutics, is to heal, in so far as that is possible, the patient variously afflicted by a disease process. The goal is not the direct annihilation of the organism. Nor is it the treatment of a disease. It is recognized that there is no such thing as syphilis as an entity, that such a thing as syphilis exists as a diagnostic symbol only, or as a technical fiction. The concept is a convenience and only that.

Objective syphilology, oriented as it is admits that the manner of reception, by the patient, of diagnosis, often amounts to a psychic shock, and the emotional state of the patient may constitute a special problem in itself. But the specialist in this "disease", unlike his more progressive colleague in many other fields of medicine, is unwilling to assign to this factor any potency to influence the course of treatment and the prognosis. In homœo-prescribing the emotional and mental status assume importance.

The question always arises, just when is the best time to begin the treatment of the patient? If one directs one's efforts toward the killing of the organisms, then the sooner the better, which is to say during or even before sexual intercourse, or at least that intercourse which is suspected of being the one to infect. Here one becomes fantastic. This is a matter of hygiene and can be provided for by prophylaxis. Such measures are not entirely reliable but they are the best available. Homœo-therapeutics subscribes to them. But what shall we say of the citizen as a prospective patient? Some specialists advocate intensive therapy even before the appearance of the local lesion, on the theory that no chance ought to be taken. This is on the assumption that complete sterilization is best accomplished before the organisms become widely distributed. Others are more conservative. Kolle has shown that if Bismuth is administered in large doses, the incubation period is merely lengthened to as much as ninety days. If arsphenamines are administered before the appearance of the chancre, the result is more likely to be a suppression of the local lesions altogether but the appearance, in due time, of the later lesions. The point to remember is that immediately there is a contactual relationship between the host and pathogen under the ægis of a number of propitious conditioning factors, not only is there invasion by the organism but there is also a reaction initiated, a dynamic reaction, which from then on proceeds of its own momentum and with a velocity which may be influenced by external as well

as internal factors. Intensive and extensive efforts to sterilize the host may succeed in rendering him non-infectious but need not have a coincidental beneficial effect on slowing, arresting or reversing the disease process, for the continued existence of which the microbe is unessential. This conception of infection and inflammation in general, as well as in the particular, is essential to one who would wish to understand "syphilis" or any other specific disease. From the standpoint of homœo-therapeutics it is especially important, since this method aims at reversing the process where that is possible, or arresting it where only that is possible. Because homœo-therapeutics is, to use completely modern terminology, the skilful use of highly conditioned, dynamic, trophic reflexes of a drug, in order to abort, reverse or arrest conditioned, dynamic, trophic reflexes of a natural order when they possess in their total pathogenesis a similia relationship, this methodology is most peculiarly adapted to the task confronting the physician in such a disease process as syphilis.

Critics of this methodology make much of its failure to emphasize sterilization. Yet a review of the literature makes it clear that sterilization and cure are by no means equivalent one to the other. Syphilology would find itself as impotent as Samson without the iodides, bismuth and mercury to say nothing of fever therapy, malaria, typhoid and other less popular measures. Yet the three drugs named, in the doses used, are not spirochæticides. They have an undoubted value as medicinal agents but why and how they contribute to the "cure" are questions beyond the

knowledge of the best guesser in the whole of syphilology. To return to Kolle's work on "nullers" it should be pointed out that the vital, dynamic reaction of the organism was inhibited by the toxicological dose of bismuth, but the reaction was not done away with. After the suppressive effect of the bismuth has been exhausted, the dynamic reaction resumed its dominant role, the lesions appeared, and with them came the organism. Therefore, and in view of the most recent of experimental research, much of it so new and so alien to the thinking of the bacteriologically oriented mind that its implications cannot be grasped, the homœo-methodology is more than justified in making its primary aim the reversal of the conditioned, dynamic process. This is putting first things first. Success in this endeavour will result in a concomitant disappearance of the organisms or the equivalent. This is accomplished through the agency of the host, through the instrumentality of the pathogen selected in accordance with the similia principle. The author admits that, in the last paragraph, he has been dealing with matters which have to do with conflicting viewpoints in pathology, viewpoints as to the explanation of, meaning of, mechanism of inflammation in a general way and in the specific instance. It may come as a distinct surprise to many that such a fundamental and simple thing as the inflammatory process has as yet to be understood by the pathologist. But such is the case. That being true it is not to be wondered at that syphilology, which is a theoretical superstructure of a

special kind and which has for its foundations general pathology, finds itself constantly in one dilemma after another.

It is time now to introduce the subject of prescribing homœopathically for the syphilitic patient. In what follows there is absolutely nothing original contributed by the author. What we offer here is to be found in the ordinary texts and, more often than not, in a form considerably superior to that given here. Although an effort will be made to include all the drugs that might possibly be required in a broad experience with this sickness, that is never a possibility, since there is always that patient who presents a unique problem which can be met by only one drug, which may well be found missing from this list. The admonition must be repeated that the pathogen having the most homœopathic relationship to the case is the one of choice. Nevertheless, since in this condition the great majority of patients present a more or less uniform pathogenesis, at least in the earlier stages, it is of some practical value to bring together a table of the drugs most apt to be indicated and to point out their general features and individual characteristics.

In this adventure an author is immediately confronted with a decision and a choice; how shall he proceed? Shall he proceed according to the stages of the illness, which is the generally accepted method? Shall he approach the matter from the viewpoint of pathology, the tissue proclivity of the drug? Shall he group the drugs according to their derivation, animal,

vegetable or mineral? All have advantages of method and at the same time disadvantages. The author in this article adopts, with all its short comings, the alphabetical.

Resting upon the principles of a similia relationship between drug and natural pathogenesis and a conditioned dynamic reaction predicated upon the presence of a disease process, homœo-therapeutics cannot be of service until some indications make their appearance, indications that a disease process is under way. To prescribe upon the assumption that illness is present, cannot by any stretch of the imagination be designated homœo-therapeutics.

Aconite, although very infrequently indicated, if only because the usual expression of this sickness is characterized by tardiness of reaction and sluggish progress, there now and then occurs that case which presents the rapidity of onset and the violence of inflammation which are the indications for this pathogen. Bacteriologists would probably attribute this difference from the ordinary to mixed infection. Other would conjecture that the explanation is to be found in the host's personality constitution. Whatever the explanation, the fact remains that the indications for the use of *Aconite* are occasionally met with.

Apis mellifica, infrequently indicated, but for which there is no substitute when the case presents these special features. Phimosis and blenorrhœa as a result of excessive cellulitis and particularly of the penis itself. The swelling is dropsical, shining, transparent. There is stinging, burning and the entire

area appears on the verge of breaking down into gangrene. The pains are sharp and sudden extorting cries from the patient. Subjective relief is experienced from local cold applications. Symptoms of dysuria so characteristic of *Apis* are usually present. It other and the more systemic symptoms pointing to *Apis* are also present the indications become more specific.

Argentum nitricum. This pathogen is indicated when the local ulceration is characterized by multiplicity. This in itself is unusual. The selective affinity, it will be recalled, is for mucosæ and nerves. The ulcers are apt to be small, develop slowly and are covered with a substance resembling lard, sticky and greasy, albuminous. Subjective pains are described as fine and sticking, of great violence. Later on the ulcers become deep, angry with hard edges, adherent crusts, with or without scattered warty granulations. The patient is very apt to exhibit a host of neurotic symptoms, is aimless, hurried, impulsive. This drug is apt to find a place in treatment of the later stages where neuralgias, peculiar subjective symptoms, and even paralysis enter the picture. Every kind of emotion upsets the patient and intensifies his symptoms. They are averse to warmth in all forms although they possess very little vital heat.

Aurum metallicum. Introduced as a drug of value in this disease in the year 1688, *Aurum* has had periods of popularity and others of neglect. Presenting many pharmacological problems and taxing the ingenuity of the pharmacist, it finds little place in modern therapy. It is a drug which initiates a very

slow, progressive dynamic reaction but one which once begun exhibits signs and symptoms of chronic pathological changes. Symptoms are apt to be those of vascular changes, mental degeneration and bone pathology, particularly in the region of the nose. Summed up they present erratic vaso-motor instability with venous congestions, chronicity, sclerosis, necrosis, wandering pains and glandular indurations as in chronic, induration of testicles with little or no heat, or pain, or sensitivity. The vascular sclerosis gives rise to signs and symptoms so commonly met with in angina pectoris, aortic disease and so forth. The nasal symptoms are those of atrophic rhinitis. The mental symptoms are of deep depression, melancholia, despair, self-condemnation and suicidal anguish. Use this drug in the very highest potencies and exercise much patience, for it is to be remembered that pathology of no minor degree is present, and to obtain improvement under such circumstances demands not only curative potential in the host, but time as well.

(To be continued).

Printed & Published by—Prafulla Chandra Bhar,
Published from Hahnemann Publishing Co., 165, Bowbazar St., Calcutta.
Printed at the Eastern Type Foundry & Oriental Printing Works Ltd.,
18, Brindaban Bysack Street, Calcutta.

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

is dark red, the ulcers are livid with high edges; caries burrow deep and exude an offensive pus. The periosteum becomes involved in the process and the bone is drawn into the pathology so that it literally fades away. After the administration of this drug, by periodic X-ray check up, the author has seen three inches of the femur regenerate. All manifestations exhibit an exquisite sensitivity, even deep pathology shows a sensitivity to light surface touch. In late syphilis neurological manifestations are most apt to select the eye, the nose or the lower extremities. In the event the site of predilection is the sympathetic and parasympathetic network innervating the gastro-intestinal system instead of the segmented portions of the cord, then the anger points to such an agent as *Asafoetida.*

Antimonium crudum. The history of this drug does much to explain the pointed disregard accorded it. In the seventeenth century it is reported to have cured miraculously a French king of an extensive and severe syphilitic affliction. It became the wonder drug of its day and was shortly administered in toxic doses for almost everything. The result was, as is often the case, an ever increasing number of deaths due to the injudicious use of the "potent medicinal agent". The scandal became so serious that the French Academy of Medicine outlawed its use. Employed in accordance with the homœopathic principle it can be of no danger and of invaluable service. The author has repeatedly employed it in the abdominal crises of advanced lues where every

ordinary measure, as well as extraordinary, have been of no avail. The pathogenesis is characterized by exudation. The catarrh is chronic and widespread and profuse. Tongue is coated with a thick, white, sticky exudate. Stools are entirely mucous or almost so. Skin and nails exhibit a symmetrical dysttophic process marked by hypertrophy, warts, callouses, all manner of nail changes. Being a heavy metal would lead one to suspect that this drug would rank with *Arsenic, Lead* and *Mercury* as a polychrest in syphilis and such proves to be the case. One particularly characteristic indication for this pathogen is the complete absence of pain when the clinician has every reason, on the basis of experience, to expect it.

Arsenicosum. Physicians of one and all descriptions will at one time or another have to employ this one agent. No armamentarium is complete without it. The weakness, the general debility, the irritation, the acridity, burning, the destruction, all go to show that this pathogen can initiate a disease process which, beginning with simple irritation, progresses through all the stages of the inflammatory process, in every organ and tissue of the body, to end in widespread destruction and death. The velocity of this process may be either slow or rapid, but in each and every instance exhibits the unmistakable *Arsenic* profile. The author has nothing to add to the vivid descriptions given in every homœopathic text of the symptomatology of this drug of drugs. Ehrlich's "discovery" of these attributes of the pathogen can

best be described as only another instance of German scientific arrogance.

Cinnabar. At one time this drug found frequent usage. The case calling for it will to-day seldom present itself. Perhaps this is due to the indisputable fact that, with the passage of years, the clinical condition known as syphilis, has undergone, in our race, a certain amount of metamorphosis. Then, too, a study of the older books will lead one to the conclusion that *Cinnabar* often times behaves as an antidote, dynamic in kind, towards the effects of over medication with mercury. Nevertheless the old clinicians utilized very practical devices which are of help to-day. In the examination of the early local lesions they made certain distinctions as to its fundamental character. All these lesions tend towards destructive manifestations, deep, gangrenous, sloughing ulcers and extensive breaking down of the bubo, or there was a tendency toward pathological overgrowth as "fungoid vegetations", or condylomata, figwarts. If the pathology was of the later category then *Cinnabar* was to be considered. The ulcer was apt to be small, superficial, oozing a cheesy material on a smooth, red base. The chancre is apt to be elevated, abnormally so and associated with moist, wart-like growths. The lesions are lacking in pain, are slow and indolent. There is the cloying offensiveness usually associated with the *Mercury* patient.

Carbo animalis. Here torpidity, slowness, induration are the indications. Hard glands. Superficial ulcers are very chronic, linger on year after year and

often are impossible to differentiate from rodent ulcer or frank malignancy. They scab over only to bleed again a dark thick blood, by drops. Feebleness is the word for all the manifestations. The advanced sclerosis has interfered with local and general nutrition. If gummatous lesions prove to be refractory by all means consider it.

Hepar sulph. calcarea. Mention of this drug is made here because it is so often included in every discussion of homœopathic therapy. The author has never personally seen it called for in a "clean" case of the disease. A study of the literature makes it very clear that, beginning with Hahnemann, every physician has been confronted by innumerable patients who presented a mixture of symptoms; those of syphilis and those of the drug formerly employed. In the eighteenth century homœopathically inclined physicians had to contend with mercurialization. So frequently did they meet this situation that they came to speak of "mercurial syphilis". In such cases they time and again had recourse to the use of *Hepar*. Much homœopathic literature is a simple copying of what went before, and often the copyist is not very critical. Hence *Hepar* is often mentioned in treatises on the therapy of the syphilitic patient. This is not to say that it is not impossible or even improbable, that the drug may now and again be indicated, but it is true that such instances will be extremely rare.

In the same vein we should make mention of *Guiacum*, *Lachesis*, *Mezerium* and *Silica* as drugs indicated more on the basis of mercurialization rather than

on those of frank syphilis. In the same category Hahnemann, Jahr, Trinks and others were inclined to include *Kali iodum.* They speak of its use as palliative and supportive in the secondary period, and that its use is apt to bring on a period of latency. Modern scientific syphilology seems to be two hundred years behind the times.

Mercury. Homoeo-therapeutics continues to find this drug of definite value when used skilfully and so has withstood all manner of criticism for almost two centuries. There are a number of preparations of the drug. The first one we will discuss is *Mercurius solubilis.* Here the chancre is round and deep with elevated, bright red pouting edges, sensitive to contact, with a pain that is felt through the whole body. The subjective pain is apt to be boring. The ulceration is more apt to eat deep than to spread, and they may be multiple. The pus is sticky, corrosive and offensive, bloody. There is also the bubo, which in size and clinical status is proportionate to the stage of the chancre. Just so long as this relationship persists *Mercurius* is indicated. But as soon as the bubo shows signs of advanced pathology, breaking down, ulcerating *Mercury* will be of little avail. This does not mean that indications for *Mercury* will not appear sometime later on. As the disease process becomes systemic it may be, and often is, indispensable. This is particularly true in the congenital case with the chronic corneal ulceration, the multiple skin ulcers, the stigmata of lues as found in idiopathic bone pains, mucous membrane manifestations of a bizarre pattern and an

host of "constitutional dyscrasiæ" which defy objective identification. The drug is a deep acting pathogen and it has a very extensive pathogenesis too protean for even a hasty presentation here. As this contribution is not intended to take the place of a materia medica the reader is referred to such a text for a full description of the pathogenesis.

The red iodide of *Mercury* is more often indicated in the early stages than is the metal itself. The author has been gratified many, many times, to see these lesions melt away and the organisms disappear from the hanging drop following its administration in the low potency. Often the bubo has failed to materialize. One such instance occurred in a male homosexual. The Hunterian lesions may be single or multiple and range from the trivial to the most extensive. The bubo may be in its initial stages or advanced to the point of extensive sloughing, all however within the confines of the segmental innervation of the central nervous system. Illustrating the broader influence of this pathogen at this stage is the concomitant symptomatology, involving the mouth, the scalp, gastric burning, bone pains.

Mercurius corrosivus should be reserved for those, fortunately few instances where the local lesions become violently destructive and gangrenous, with or without general systemic involvement. Whole areas simply disintegrate into a stinking, bloody mess with intolerable burning. Such cases test the self-confidence of the physician and throw everyone into a panic.

Nitric acid. It has been my observation that this

drug, selecting the outlets of the body where skin and mucosæ meet, ought well to be an invaluable drug for distinctive chancre, and all commentators agree that such is the case. It finds application in the early ulcer stage and also in the late stages. The ulcer is apt to be grey and bleed easily, with hard borders covered with a crust from beneath which a bloody serum oozes. Often there is a tendency toward many small warts which also bleed easily. The secretions are not sticky, but are corrosive and itch. Together with a swelling of the inguinal gland is swelling of the tonsils, which are apt to show vesicles, ulcers of tongue and scalp. In the later stage of the condition, even to the very latest, the agent may be again indicated. Often these cases appear to be most healthy, but present most terrible neuralgic pains, sharp, sudden which bring them up with a halt. One hardly suspects the nature of the condition, even when recurrent, bleeding ulcers of the skin or cornea make their appearance, for all tests are negative. Many such patients have warts removed time after time. Finally come the bone pains, the cephalalgia, the epistaxis, until a very surprised physician comes to the realization that here before him is a very sick patient, one requiring *Nitric acid* and that in a very high potency.

Thuja. Another pathogen which is not indicated as often to-day as in past years. Here, recalling the discussion of *Cinnabar*, we find the tendency toward pathological overgrowth exaggerated. The chancre sits up on the skin surface, resembles a large wart which has burst open with any number of soft, spongy

growths with a local or general distribution. The entire condition is marked by painlessness. To my mind the outstanding indication for *Thuja*, no matter what the background, is the painless, soft enlargement of glands. The skin of such patients is apt to be drawn into the dystrophic process. It is difficult to acquire an insight into, and an intimate familiarity with, the pathogenesis of this most interesting of drugs. If one reads a number of materia medica, one will find that even the masters of that subject find it perplexing. For that reason I have seen fit to use, in a quite personal way, the word perplexing as one of the indications for the drug. This may be of aid to others.

Plumbum. What would one do without this pathogen in the late stages of syphilis? Modern syphilology admittedly has nothing to offer here. No organisms persist in the patient now. But the sclerosis is very extensive and the centripedal progress of the process has invaded the deepest, most vital part of the human economy, the central nervous system. Here ulcers are trophic in character, dry, burning, torpid and refuse to heal. Here the slow insidious process shows violent side symptoms in the form of violent contractions, cramps, retractions, paralysis. The pathogenesis of *Plumbum* duplicates that of syphilis in slowness, insidiousness, latency, as well as character of pathology. This patient, peculiarly enough, obtains great relief from hard pressure. Place confidence in this medicine. Use it high.

Nux vomica. The author in the early years of his

practice was much surprised by the clinical results provided him by this drug in several cases of frank, advanced cerebral and cerebrospinal syphilis. But, if one will reflect that, containing strychnia, *Nux* might well be expected to be indicated in just such cases. Subsequent review of my experience inclines me to consider another item, and that is the fact that in all such instances the patient had been subject to long years of intensive specific medication. Whatever the theoretical considerations may be it is nevertheless true that *Nux* is a most important drug and can be prescribed with the utmost confidence upon the classical indications.

Opium. I have purposely placed this drug below *Nux* in the list, because they are so different. Where the pathogenesis of *Nux* is marked by sensitivity, irritability and all that stems from those generals, the picture presented by *Opium* is directly the opposite. Here we sum up the entire matter in a few words, painlessness, non-reactive states, fatigue, exhaustion, torpidity, atony. Such a condition may be present in the untreated case but is more apt to occur in those intensively treated by chemotherapy. In all the drugs mentioned so far the general modality of aggravation from cold was a common feature. In the case of *Opium* the opposite is true although the patient may feel cold to the examiner. Subjectively he is apt to complain that everything is annoyingly warm. This drug deserves more attention than it receives and in the chronic case will provide the best results when used in the highest potencies.

Kali hydriodicum. Broadly speaking this drug is of value in that indeterminate period between the cessation of the early acute manifestations and the onset of the sypmtoms suggesting pathological changes. In addition to this it has a very definite indication in patients showing clinical manifestations suggestive of inherited syphilis, but definitely to label as such lacks definite proof. For many generations physicians have been in the habit of administering this drug in material doses in those cases which titillated their clinical instincts. Homœopathically it is called for in stubborn chronicity. Vasomotor nasal manifestations to include the sinuses with copious, acrid or cool, greenish, watery discharges. Bone pains. Slowly progressive cachexia. Chronic, bronchial conditions suggesting tuberculosis, salivation, night sweats, asthmatic paroxysms. Throughout runs the modality of aversion to warmth and desire for and benefit from fresh cold air. When so indicated the high or medium potencies are the ones of choice.

Kali bichromicum. This old friend is generally supposed to be of value in chronic catarrh and then only. In my opinion it merits a high rank in the middle and late stages of syphilis. It is indicated in those slow, deep, progressive inflammatory processes with little or no fever. In this drug the pains are dull, jump about, and are apt to appear in small spots or areas. Ulcers are slow, indolent, perforating and deep, painless and not particularly sensitive. All mucosæ are involved in the manner so distinctive to this drug. Bone pains are deep and severe and are

often diagnosed as fibrositis. Anticipate no results in chronic syphilis unless used very high and very infrequently.

Syphilinum. The inclusion of this nosode does not mean that it is to be used on the basis of the diagnosis or on the basis of idem. In fact the drug will have very little value in syphilis as such. Only the physician with years of experience and in possession of a very rare ability to see through a case will come to use it. Almost always it will find a place in syphilis of the second or even third generation and the indications will be very general in nature, as for instance, poor general reaction, chronicity of the most trivial conditions, a multiplicity of complaints which all carry a strong hint of the dyscrasia. To my own mind induration is equal to if not greater than, that found in *Carbo animalis, Conium* or *Silica*, but there is no great difficulty in making distinctions. Simple pimples develop into tremendous size, fail to come to a head and lack heat and tenderness. If widespread this induration may be and in my own experience has been confused with elephantiasis. A scrotum swollen to ten times its normal size and indurated suggesting an amyloid state has responded to this pathogen. I subscribe entirely to the indications given by Kent.

In conclusion let it be made plain that this list is not to be regarded as complete in any sense of the word. With the same emphasis it can be said that the value of the drugs has been proven to the author's satisfaction on the basis of the criteria mentioned in the early paragraphs. It may well be that future

experience with cases presenting special problems will cause the writer to include other drugs than those mentioned. No prophecy will be indulged in. However, that may be, I am sure that in the event such an exigency does occur, the homœopathic materia medica, with its wealth of reliable pathogens will prove equal to the emergency. Equipped with the above time tested medicines one can approach the clinical test of the treatment of the syphilitic patient with a sense of confidence which will be transmitted to the patient.

—*The British Homœopathic Journal, April, 1947.*

EXPLAINING HOW THE HOMOEOPATHS SCIENTIFICALLY "PROVE" THEIR REMEDIES

By E. PETRIE HOYLE, M.D.

I owe my life on at least two occasions when operated on by Old School colleagues, and on one of those occasions I was given extreme unction before I had been in hospital more than one hour (at Paris in 1918—War work—when poisoned through handling four lung gangrene cases of French soldiers) so you know well that I was considered as at death's door (by this haste), this being so, I have the greatest kindness in my heart for all Old School men.

At another time, one titled Old School man, who "X-rayed my lungs" on my return to England after my empyæma affair, he, knowing that I was a Homœopathic doctor, refused a fee, saying, most kindly, "Dog