

AUTO-INTOXICATION FROM THE BOWEL AND PSORA*

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The first necessity of a paper with such a title as this is to define exactly what is meant by the terms used.

Firstly, then, the definition of "auto-intoxication" given in *Lippincott's Medical Dictionary* is "Poisoning with toxic products elaborated within the body."

Secondly, psora. Much difference of opinion exists as to what, exactly, Hahnemann meant. Many hold that he said it was simply the itch and the constitutional symptoms caused by its suppression with ointments and other external applications. This, however, is too narrow a view. What Cuvier did for zoology, Hahnemann did for pathology; that is, Hahnemann classified diseases, dividing them into four great groups, psora, syphilis, sycosis, and the acute miasms which we now call acute infectious diseases. By a process of exclusion, therefore, we find that psora is a hydra-headed monster embracing, broadly speaking, all non-venereal chronic disease, and all acute disease which cannot be included under the heading of 'Acute Infectious Diseases.'

Our title, therefore, concerns poisoning with toxic products elaborated within the bowel, and all non-venereal non-infectious disease.

Now comes the question. What is the connection between these two? Can they be regarded as synonymous terms? For the argument anent this, I refer you to the papers read by Drs. Wheeler, Bach, and Dishington at the International Congress, London, 1927.

In my humble opinion which is backed by some three years' clinical experience, the theoretical, practical, and clinical arguments therein put forward prove conclusively that these two conditions, auto-intoxication from the bowel and psora, are identical.

But let us examine the question anew from the stand-point of symptomatology and see if identity can be established along these lines also. Here I must take my subject-matter largely from Hahnemann's *Chronic Diseases*. Hahnemann shows why it is so difficult to cure any patient who comes with symptoms of chronic disease if the disease alone be treated; its symptoms may disappear but other symptoms, and invariably those of a more serious condition, will come up, to be in turn displaced by a yet more dangerous malady. The reason is that all these apparently differing diseases are merely varying manifestations of the underlying constitutional psora, the universal mother of chronic diseases. All chronic diseases, named or unnamed, find in

* Read to the British Homoeopathic Society.

psora their real origin and source, except the four following groups:

- (1) Diseases created by wrong treatment.
- (2) Occupational diseases.
- (3) Syphilitic and
- (4) Sycotic manifestations.

Hahnemann says, "That the original malady sought for must be also of a chronic nature clearly appeared to me from this circumstance, that after it has once advanced and developed to a certain degree it can never be removed by the strength of any robust constitution, it can never be overcome by the most wholesome diet and order of life, nor will it die out of itself. But it is evermore aggravated, from year to year, through a transition into other and more serious symptoms, even till the end of man's life."

Hahnemann divides the symptoms of psora into two groups, latent and secondary. The list of secondary symptoms occupies twenty-five pages and is outside the scope of this paper. To refresh your memory I will enumerate shortly the latent symptoms.

- Worms and the itching caused thereby.
- Pot-belly.
- Appetite increased or diminished.
- Pale face and slack muscles.
- Recurrent inflammation of eyes.
- Tubercular glands.
- Head-sweating during sleep.
- Epistaxis.
- Hands and feet cold or sweaty.
- Numbness of extremities from insufficient cause.
- Cramps. Chorea.
- Nostrils obstructed or ulcerated or dry.
- Recurrent sore throat. Throat irritable in the morning.
- Frequent dyspnoea. Tendency to catch cold.
- Tendency to strains and sprains.
- Migraine headache. One-sided toothache. Flushes.
- Hair falling, or dry, or scurfy.
- Recurrent crsipelas. Menstrual irregularities.
- Twitching limbs in sleep. Sleep unrefreshing. Night-sweats.
- Perspiration absent, or copious from slight exertion.
- Tongue pale or cracked. Pharyngeal catarrh.
- Breath foul in the morning. Taste sour. Morning nausea.
- Empty sinking sensation. Aversion to hot food, especially meat.
- Aversion to milk. Mouth dry, night or morning.
- Abdominal pains frequent, especially in the morning.
- Constipation, with or without mucus. Piles blind or bleeding.
- Itching of anus. Varicose veins. Chilblains.
- Cracking of joints. Rheumatism.

Dreams frightful or vivid. Skin cracked or septic.

Boils and whitlows. Itching eruptions which burn after rubbing.

Surely it does not require any great flight of imagination to see in this list the primary symptoms of gastro-intestinal disturbance?

Now I would ask you to turn your attention to those gram-negative non-lactose fermenting organisms which Dr. Bach has attached for the purpose of his work to the groups Dysentery, Gaertner, *Faccalis alkaligenes*, Morgan, Mutabile and Proteus, and from which he prepares his vaccines.

Here a pertinent question may be asked, viz. is there any correspondence between the homoeopathic nosodes familiar to us and the vaccines prepared by Dr. Bach?

In *The Homoeopathic Recorder* for May, 1928, there is an article by Dr. Herbert McConathy, of Florida, member of the International Hahnemannian Association, who says that before he became a homoeopath he both made and used stock and autogenous vaccines extensively. He goes on to say, "Tuberculin, which is said to have been made from the excretion of tubercular abscess, probably contains the poison of one or more varieties of staphylococci, while Bacillinum contains in addition the far more virulent streptococci, presumably several species. Both undoubtedly contain the poisons of the tubercle bacillus as clinical results clearly prove. The account of the making of Pyrogen, together with the provings and its clinical action, all go to show that it consists mainly of a mixture of many varieties of streptococci.

Arguing from Dr. McConathy's statement, which sounds eminently reasonable, I would answer the question at the beginning of the above paragraph by asking another, i.e. wherein lies the difference between the nosodes which we regard as peculiarly homoeopathic and Dr. Bach's potentized vaccines?

It will be my endeavour from this point on to prove to you by the ensuing records of clinical cases that Dr. Bach has in actual fact given us seven new nosodes of enormous power and range of action. I have selected as far as possible only those cases whose symptoms correspond with the list given above under latent psora.

DYSENTERY.

(1) A. S., aged 36, sought advice in July of this year for bleeding, prolapsing piles from which he had suffered since his Army service in Italy in 1918. He had no other complaints and curiously, did not suffer from constipation. I gave Dys. co. 12+1.d. (4), and a month later he reported that the piles had gone and he felt better in himself than ever before.

(2) F. W. H., aged 35, came last November and said that he had had post-nasal catarrh for many years, and that for the last two years it had been causing dyspnoea. There was evidence of gastro-intestinal disturbance in the following symptoms: Digestion failed unless he was working hard

(he is a market-gardener) He had a craving for sweets, and formerly had been, as he expressed it, a glutton for sugar. He had marked aversion to fat, vinegar, rich things, pastry and eggs. I gave Natrum mur. but without success; in April he reported nervous exhaustion, irritability from slight causes, depression and aggravation from cold or wet weather. I then gave Dys. co. 12(1), which caused a severe aggravation for the first ten days, followed by four months' steady improvement. His September report was not so good, so I gave Dys. co. 18(1).

I had better explain here that as we have not yet a full range of potencies of these nosodes, and as the 12 and 30 which Dr. Bach supplies do not allow much scope, I have for my own purpose roughly potentized these from 12 to 20, and from 30 to 40, keeping all the intermediate potencies. The potentizing was done by the plus method, and is not by any means scientifically accurate, but I find it works out all right in practice.

(3) Mrs. S., aged 28, in July 1927 gave me the following history: For the last five years she had had pains in the arms and tenderness of both breasts coming on a fortnight before the monthly period and lasting to the end of it. She also had bearing-down pain for one day before and midway between the monthlies, left iliac pain with slight haemorrhage for two or three days. Other symptoms were extreme sensitiveness to cold, nasopharyngeal catarrh with tendency to coryzas, pains in back and right hip before rain, frequent urination. Once in childhood she had had hysterics, and at the age of 16 had fits of depression. Lycopodium, Causticum and Morgan co. were all tried, but with unsatisfactory results. Finally, in April, 1929, I gave Dys. co. 12(1), with very definite improvement all round up to mid-August. At the end of August she reported a return of symptoms in much milder degree and I gave Dys. co. 18(1).

GAERTNER

G. M., aged 38, came under my care in May 1928. He complained of itching at knees and elbows for the last five months, < if heated or sweating, < undressing, < during night; it rarely troubled him in the day-time. Other symptoms were rheumatic pains of knees and elbows for many years; arms go to sleep if lain on; he had sick headaches formerly, and still had migraine occasionally from worry or overwork; bowels regular as a rule; axillary perspiration copious; he also had tenesmus at night, relieved by warmth of gas-fire. Before coming to me he had had Sulphur, Psorinum and Polyvalent, but none of these had relieved the intolerable itching which spoilt his sleep at night. As Sulphur had been given in his student days by Dr. Patrick with marked success in clearing up an eczematous outbreak, I started him on Morgan co. 12(1). For four weeks there was no change; then a decided improvement for three weeks; then symptoms returned as severe as ever. I then advised examination of stools by Dr. Bach, the result being a 40 per cent Gaertner. On December 13 I gave Gaert. 30(1), but in three

months there was no improvement, so on March 25 I gave Gaert. 30+I.d. (7). I heard casually in April or May that he was a good deal better, and then silence. Wishing to know last month if his was a suitable case for inclusion in this paper, I wrote to him and will give you his reply in his own words: "I am delighted to report that the vaccine did me a world of good. The tormenting itch disappeared in about a month and my rheumatic condition has been improved, although I do get some trouble with my knees and elbows yet. I have not taken medicine of any kind since my plus doses. Occasionally I get some itch when undressing, but nothing really to grieve about in comparison to what I had".

I have reported this case at length because I consider it will well repay study. To mention a single point, it demonstrates clearly the invaluable aid—nay, the absolute necessity—of plus dosage when the single dose fails, and yet there is no possible doubt of the correctness of the remedy.

MORGAN

(1) J. B., aged 7, was brought by her mother in July 1926, on account of an eruption which had broken out on her scalp in November, 1924. It was diagnosed in the Royal Infirmary as a form of ringworm and she had had x-ray treatment and various ointments. When I saw her the condition appeared to be more seborrhoeic in character, and there were also several bald patches. She had had a very bad time with vaccination in infancy; her chin was burnt with lysol at the age of 18 months; during dentition she had cracks behind the ears. On mental and general symptoms I gave Kali phos. 200(1), which was followed by six months' steady improvement. I repeated that dose on January 17, 1927, but in April I had to give Kali phos. 1M (1) and repeat that in July. The eruption by this time had improved so much that it was confined to cracks behind the ears, and the bald patches were decreasing in area, but progress now was stayed, so on September 26 I tried a double dose, Kali phos. 1M (1) and Kali phos. 10M (1), 24 h. In November, however, the condition became impetiginous in appearance, so I changed to Sulphur which cleared that but did not get down to the root of the matter. In March 1928, the scalp was beginning to be involved again so I prescribed Morgan co. 12(1), and at last matters began to improve and continued to do so for nearly four months. On July 10 she got Morgan co. 13(1), and on January 28 this year, Morgan co 30(1), which finally cleared up the whole trouble, and she has been perfectly well since April.

(2) E. R., aged 38, chauffeur, complained to me in May, 1926, of severe attacks of flatulence and pain before meals, > eating. The pain had been much more constant the last few days, being absent only during meals. He also had some rheumatism of back and hips, a moderate degree of dyspnoea, and several soft corns. My first prescription was a double dose, Lyc. 30(1) and Lyc. 200(1) 24 h. which brought out a big crop of urticaria

and relieved the stomach symptoms for two-and-a-half months. Repeated in the same potencies in July; the double dose carried him on for five months; but after that results were not so good, and in August 1927, I substituted *Ars. alb.* for the *Lycopodium*, but with indifferent success, as he was complaining a good deal of headaches, though the dyspnoea and rheumatism had cleared up. January 31, 1928, I gave Morgan co. 12(1). All symptoms gradually disappeared after that. He had a slight return of indigestion in May 1928, for which I gave Morgan co. 13(1). Since that time he has kept perfectly fit and well. He stopped me specially on the road one day to tell me how well he was.

PROTEUS

(1) I have never seen such a bag of nerves as the man R. B., aged 31, plumber, who walked into my consulting room on May 18, 1928. During the War he had been torpedoed more than once, had gone through several bombardments and finally been shell-shocked. He had also had nine months in hospital with dysentery. Of course he had had a lot of nerve tonics. He took alcohol but not to excess, and smoked fifteen to twenty cigarettes a day. I stopped his alcohol and reduced his smoking to six cigarettes a day. He was trembling and could not sit still and said he could not face either people or things. He got Proteus co. 12 (1), that day, Proteus co. 13 (1), on July 30, Proteus co. 14 (1), on August 21, Proteus co. 30 (1), on October 9, improving all the time. After that he needed no more medicine till April 9, when Proteus co. 35 (1) was prescribed, and on August 16, Proteus co. 40 (1). He is a different man now, A few months ago he applied for and obtained a better job and is doing well at it.

(2) Mrs. S., aged 26, complained in May 1925, of wandering rheumatic pains and stiffness, cold hands and feet, headaches. For two-and-a-half years she was under treatment but never obtained anything more than temporary benefit. *Silicea* and *Natrum mur.* were the remedies most used. At last, in December 1927, I gave Proteus co. 12 (1), with very definite success. In March 1928, Proteus co. 13 (1), was given, after which I saw no more of the patient until July of this year, when she sought treatment for bursitis of the right knee. The rheumatism had practically disappeared.

MUTABILE

I propose to give you one case of *Mutabile* and am putting it in here because, strictly speaking, it does not come under the heading of latent psora. Nevertheless, it is, to my mind, of sufficient interest to be included.

G. G., aged 29, printer, told me in August, 1925, that he had had a constant short cough and yellowish-white spit since being gassed in France. Cough did not interfere with sleep; it was worse in a warm room or if he himself became heated. He had no night-sweats. On examination I found dullness at both apices and the outer third of the first inter-space on the

right side, but no other physical signs. Other symptoms were naso-pharyngeal discharge all his life; offensive foot-sweat; and during Army service he had had scabies and boils. I gave Pulsatilla 10M (1) on August 14, which effected some improvement up to December, when he caught a chill and was in bed for ten days. After it I repeated the Pulsatilla 10M (1), which kept him going for another three months. Two doses of Pulsatilla 51M at six months' interval took him through 1926 with one cold in September. In 1927 his symptoms were still Pulsatilla so I started double doses, working gradually up from the 30th and 200th in July to the 1M and 10M in July 1928, during which period his colds became much less frequent and less severe. In October 1928, however, the cough returned and it seemed to me that a change of remedy was indicated. I gave Mutabile 12 (1). He had colds in November, January and April but was not off work. On April 13, 1929, as he was not so well in himself, I gave Mutabile 13 (1), and did not see him again till about a fortnight ago when he required treatment for a sore throat. He reported that the cough and spit had ceased and that he was feeling perfectly fit.

I have tried to put before you cases which show that there is not merely a place but a need in our pharmacopoeia, vast though it already is, for these new nosodes. They have proved invaluable to me. If I have failed to convince you my failure must be attributed, not to any want of conviction on my part, but to the lack of vividness in my diction and phraseology. I feel that I myself have gained great treasure and it is my earnest desire that all my colleagues should be enriched thereby, for we cannot afford to despise any weapon that we can learn to wield in the constant warfare that we wage against the powers of disease and death.

We owe it to our master Hahnemann, to ourselves and to succeeding generations that the march of science shall ever find at its head and forefront our beloved science of Homoeopathy.

DISCUSSION

The Chairman said he was sure that all present would agree with him that they were all very grateful to Dr. Gordon for having come down from Scotland to give them his paper. They had heard a good deal on that subject during the last year or two, and it was one of great interest. They had all heard the explanation of it, and he felt sure that they would all like to express their opinions on this subject.

Dr. Weir said that he would like to thank Dr. Gordon for having come to give them his paper. He hoped that Dr. Gordon's example as a member from the provinces would be taken up by other members. He said that the Society could have no idea how difficult a matter it was to get members from the provinces to come along to these meetings, though they had a great deal of experience and might, by imparting their experience, be so useful to those who wanted to do all they possibly could for their patients.

if only they could prevail on their provincial members to get qualified for the Fellowship. In order to qualify for a Fellowship it was necessary to give three papers to the Society, and if the standard of these was considered sufficiently good, then the author was entitled to a Fellowship. Dr. Weir said that Dr. Gordon had made out his case very definitely and had proved that there was a place for these remedies. However, he did not think that he could prescribe Gaertner for any case that Dr. Gordon had given. What he would like to get from Dr. Gordon was whether he could give him any indication whereby he might use these various drugs. Dr. Weir said that he had mentioned this before and now repeated it. They had tried several cases and they did not get results. Dr. Paterson, of Glasgow, had already seen how much more difficult it was to treat people with these drugs who had already received homoeopathic remedies, while persons who had previously been under allopathic treatment could be treated more easily and with far better results. Dr. Weir said he would like to know whether Dr. Gordon could tell the Society of any successes he had had by giving auto-genous nosodes. They were, he said, very grateful to those who had been investigating into this matter for all their hard work, and they were willing to try these new methods, but they had nothing to guide them. With reference to certain organisms found in the stools, if several of these were found, which were to be taken? Two or three organisms might be found. Was there not a basic one? If Dr. Gordon would give them his indications as to how these different drugs should be used, it would be very helpful. He had discussed the matter with Dr. Dislington, who had thought that Proteus was especially for nerve conditions. Another drug was like Sulphur and another like Phosphorus. Dr. Weir said that he could fully appreciate this and could follow his argument, because he was so well acquainted with Sulphur and Phosphorus and their uses. If there were any of their drugs which were like these, then they could do it. They wanted proofs before they could use these drugs. He had no more to say on the subject, and wished to thank Dr. Gordon very much for the paper he had read to them. Dr. Weir added that he thought Dr. Wilson would have something interesting to tell the Society in the nature of a personal experience with special reference to the use of sulphur.

Dr. Wilson said that although he thought it was hardly fair of Dr. Weir to call upon him in that way, he would tell the Society of his own experience which he hoped they might find interesting. About five or six years ago he had received medicine from Dr. Patrick of Glasgow. He did not then know what it was, but now when he went to see Dr. Patrick, each time he was told that it was Sulphur. About Christmas of last year, when living in Manchester, he was taken suddenly ill with acute pain in the abdomen. This pain increased and intensified, and about 6 o'clock in the evening it became so bad that he was sent to Salford Royal Hospital, where he was seen by Mr. Geoffrey Jefferson and a diagnosis of appendicitis was made. The

symptoms that he experienced were those of diarrhoea, passage of blood and mucus, and acute pain in the right iliac fossa. On the next day he felt very much better, and left hospital on the following day and travelled north. About 4 p.m. the pain recurred while he was in the train, and this time it was so severe that he did not know what to do and rolled about on the seat of the carriage in intense agony. On arriving at Glasgow he went at once to Dr. Patrick. He got no medicine that night. Two evenings later, the pain being again acute, at 11 p.m. he got a dose of Sulphur 1M, and in a few minutes he had a feeling as if something had slipped down inside him. The blood and mucus disappeared and the stool became normal again. One month later one dose of Lycopodium 200 taken. Thereafter very well for several months. All went well then until this summer, when he again experienced a similar attack. He took a dose of Sulphur and the pain passed off. Then one Sunday the pain again recurred and he went to Dr. Patrick, who gave him a dose of Polyvalent. Then later it came on again. He then went to Dr. Boyd, of Glasgow, who said that the increasing pain was due to aggravation of the Polyvalent, and he advised Dysentery co. For two or three days he felt much better, and then again, in the middle of the night, he became a great deal worse and felt really gravely ill. He was taken into hospital and he then commenced to vomit and could not stop vomiting. In fact, he became so bad that his wife was informed that he was not expected to recover. He became so weak with the excessive vomiting that he could not even turn over in bed. At any rate it became so bad that Dr. Henderson of the Royal was sent for and gave him iodine. He was then in a very weak condition. About midnight a dose of Morgan was given with a wonderful result. Later a further dose of Morgan was given. Previously hot drinks had caused vomiting, but now cold drinks caused it. He was perfectly well in the morning but still ill and sick from 3 to 9 p.m. This continued for two or three days till a dose of Lycopodium was given. All vomiting immediately ceased and he had been well since. When he asked Dr. Patrick afterward, why he had been given Morgan, Dr. Patrick told him it was because Morgan was like Sulphur, and he had known ever since he has prescribed for him that his remedy was Sulphur. Dr. Wilson said that he had not been feeling quite right during the last week, but he had taken a dose of Lycopodium and this had made him feel better, but he still felt the pain. He mentioned that all the time he had had these attacks he had been very severely jaundiced. Dr. Patrick had told him that he had gained some very wonderful results from the use of the Bach nosodes, but again he could not give him any indications as to how one could use these drugs, as Dr. Weir had been asking.

Dr. McCrae said that in thanking Dr. Gordon, and before making any remarks about Dr. Gordon's paper, he wished to refer to a previous statement which he (Dr. McCrae) had made about the nosodes. He had just then examined the nosodes and placed them in various groups. Since that

time, and on confirmation from Dr. Boyd, they had found that Dr. Bach's nosodes could all be placed in the same group, the eighth group. This paper of Dr. Gordon's had been one after his own heart, because it had dealt with the effects of various remedies on patients, and in so doing they could be placed according to their grouping. They would remember, he said, that the fifth and eighth groups were complementary, i.e. patients who were in the fifth group, when acute disease attacked them, might go to the eighth group. They had found that if a patient of the fifth group, who had never been treated by Homoeopathy previously, were given an eighth group remedy, a very good result might be obtained. If, however, this eighth group were repeated, a very bad result might be obtained or practically no result at all. In the second case which Dr. Gordon had quoted, the patient first of all received Natrum mur., but it had seemed to cause an aggravation, although his original complaint was unchanged. Natrum mur. is a fifth group remedy. The Dysentery co. (of the eighth group) had cleared up that case. This showed the relation between the two groups. In the fourth case, Sulphur, Psorinum, Polyvalent and Morgan co. had been given with quite a good effect, and then Gaertner was given and this had cleared up the case. All these remedies had belonged to the eighth group. There had been no definite aggravation from the remedies given, and this showed that the patient was definitely of the eighth group. All the remedies had, at some time, given relief. The last case—that of Dr. Wilson, to which they had just listened, had been tremendously interesting—a most fascinating case, because right through the whole case the relationship between the eighth group and fifth group remedies was clearly shown. In the acute condition, after Morgan had been given and had relieved him very much, Lycopodium (fifth group) was given and made him much better. Dr. McCrae suggested that Dr. Wilson was of the fifth group, as in the past he had had late aggravations from eighth group remedies, and he suggested he needed a course of carefully selected fifth group remedies to clear up his case. The most important point about Dr. Wilson's case was shown when Graphites (sixth group) had been given. This produced a very serious clinical state. It was another point in the evidence in favour of his fifth group position. In acute conditions, when a remedy from the patient's neighbouring group is given, the clinical picture very often assumes a stormy outlook. Dr. McCrae said they wanted to hear of cases who had not been relieved by nosodes or who had even been aggravated by them. Evidence of a neutral or negative nature was of as great value here as in the study of any other remedy, and until it was possible to obtain reliable provings evidence of this nature was all they had to guide them. Taking this last case as an instance to work from, they might always find that a patient of the sixth group would have an unsatisfactory response to nosodes of the eighth group, and probably that a sepia patient of the first group would never derive any benefit from these nosodes. That, Dr. McCrae thought, was one clue for which Dr. Weir was seeking. Dr. McCrae

again thanked Dr. Gordon for his stimulating paper.

Dr. Gordon (of Camberly) wished to express his thanks to Dr. Gordon for his paper. He had found it very enjoyable and deeply interesting, especially with regard to the results obtained from the use of nosodes. Dr. Gordon said that his practice lay largely among people of about 60 years of age and older, and during the last twelve months he had been getting a very good response from nosodes. The method he employed was to diagnose the case by means of bacteriological examination. The faeces were examined, and when one of the groups was isolated a nosode was given, and in about 60 per cent of the cases treated good results had been gained. Of these, about 30 per cent had been absolutely cured and about 30 per cent had been much relieved. Dr. Gordon said he would like to mention just three cases which, to him, were very convincing and proved that there was a great deal to be gained from this method. The first case was that of a man, aged 56, who complained of an inability to walk more than about two hundred yards at a time without becoming extremely exhausted. About every six to eight weeks he had to go to bed with a slight temperature, and this lasted for fourteen to sixteen days. He had been examined for tubercular or blood-infection with negative results. When the faeces were examined, one of the bacillus groups was discovered and a nosode given. Within two days of the nosode having been given the whole condition had cleared up and he now was carrying on normal life. The second case was that of a lady, aged 74, who had come from Paris for the treatment of another condition; it was then discovered that she had eczema. She had had this condition for twenty-five years, but had given up mentioning it to doctors. Her primary condition was cleared up, and then the bowels were investigated and one of the bacillus groups was found. Her eczema cleared up after a nosode, and that was eighteen months ago, and she has been free since then. The third case was that of a working man, aged 54. He had had rheumatoid arthritis. His faeces was investigated and a nosode was given, and these had helped and relieved him considerably. He was able to dress himself for the first time in ten years after two doses of the nosode. In conclusion, Dr. Gordon said he would like to speak of the value of high wash-outs in the cases of patients suffering from bowel intoxication. The drugs could not do all the work unaided. He had often found in cases of bowel intoxication, where there was accumulation of much material in the gut, that a course of high douching and colon lavage would materially help the action of the drug.

Dr. Fergie Woods also wished to express his views on the value of high douching of the colon. He said that he was coming to realize, more and more, that nearly all chronic disease was the result of intestinal stasis and toxæmia, and cases that did not respond to treatment by drugs could often be much helped by douches. He said that he put such cases on douches (when drugs had failed to act) until the bowel was clear and the tongue clean, and in these cases often the results were immediate. Cases such as

recurrent appendicitis had been thoroughly cleared up and cured on this system of high colon douching. Dr. Fergie Woods said he would like to ask Dr. Gordon if he considered that nosodes were indispensable in homoeopathic practice, or whether it would be possible with a combination of other remedies to obtain the same results in the end. Dr. Fergie Woods wished to thank Dr. McCrae, who had spoken to them of the grouping of the nosodes, and he thought that those who were not used to this method of treatment would be greatly helped by taking a list of the groups, especially Nos. 5 and 8. Like Dr. Weir, Dr. Fergie Woods wished also to ask for indications as to how these remedies should be used. Dr. Fergie Woods added that there was one point which had struck him. They had been told that the nosodes did not act so efficiently when the patient had had previous homoeopathic remedies. Perhaps that was why they did not obtain so many good results with them, and this was an additional reason for obtaining the detailed pathogenesis of these nosodes, so that they could be prescribed with greater confidence at the *beginning* of a patient's treatment.

Dr. Goldsbrough said he had very much enjoyed Dr. Gordon's paper and had found it much more interesting than his former paper on double dosage. It seemed to Dr. Goldsbrough that in Hahnemann's list of the evidences of psora two or three things had been ignored or overlooked. Firstly, the age of the patient, secondly, the sequence of the symptoms, and thirdly, an absence of any diagnosis of the actual condition of the patient at the time of observation. He did not mean the diagnosis of the disease, and perhaps "a reasoned prognosis" would more fully represent what he meant. There was just one case in which he thought Dr. Gordon might have repeated the nosodes and might have given two or three doses instead of one. He himself had several times given Gaertner in two to three doses at twelve-hourly intervals, and he had noticed marked effects from it. Of course they should all have been ready with their cases this afternoon, and the discussion should have formed part of a symposium on the subject. The Society should really have a record of everything that had been done by every homoeopath since this method of treatment had been started. They were rather behind in taking up the method, but of course there were very grave points to be considered and there was a great responsibility attaching to those who were going to bring forward their cases in the systematic way in which Dr. Gordon had done. Dr. Goldsbrough said that it seemed to him they were going to forsake their old friend, Sulphur. He thought that this medicine was not used in the variety of ways in which it might be used. Before they approached the question of psora the question of resolving the cause of pain should be considered. It might mean that at some time or another very serious consequences might arise from the symptoms, and Dr. Goldsbrough said that he did think that, as responsible practitioners, they should come to a definite conclusion on the precise locality of pain, especially in chronic abdominal cases.

Dr. Benjamin wished to thank Dr. Gordon for the very interesting paper he had read to the Society. He also wished to report a case in which a nosode was used. The nosode in this instance was obtained from the patient's blood and had a very disastrous effect. The case occurred in the Out-patient Department of the London Homoeopathic Hospital last month. The patient was an elderly woman and had extensive exfoliative dermatitis of six years' duration. As he had had a remarkable result from a similar case, treated with a 30th potency of a vaccine before, he sent the patient to the pathologist to have her blood examined. The pathologist found and cultured *Staphylococcus aureus* from this patient's blood, as had been done in the case quoted. He thought that he should obtain a good result from a potency of 30c prepared by Nelson's. Two weeks later he gave the patient a dose of the nosode in the 30. Within a week he received a letter from the sister of the patient saying that the woman was desperately ill. She had the dose on the Thursday night. On Friday she was taken very ill. The skin had become wet and moist and was discharging freely. She also complained of bad pains both in the head and in the ears, and the ears had also started to discharge freely with a very offensive discharge. Dr. Benjamin immediately wrote and asked her sister to have the patient, if possible, brought to London to be admitted to hospital. The patient was then living at Cambridge. Two days after he received a letter from the sister telling him that the patient had died. He could not help feeling that this disastrous result was the effect of the nosode that had been given, and he had been most upset about it, and had gone to see Dr. Wheeler and to consult him about the case. Dr. Wheeler said he had not heard of a similar result before and he saw no reason why Dr. Benjamin should not have given that particular potency. This case proved that these potencies had very strong power for good or for evil, and one had to be very, very careful in administering them. He did not think that in this case there had been any previous history of ear trouble, and why any such untoward result should have happened he could not tell.

Mr. Ellwood thought that this subject was a very living and important one for the Society, and that in the future the profession would look back to a great deal of work emanating from this discussion. He said that homoeopaths had given greater attention to the subject than had the allopaths. He wished to say that he was of the same opinion as Dr. Goldsbrough that they should get their experiences together and the leading papers should appear in the Journal and then the allopaths would need to admit that a great amount of research work had been accomplished. Talking of surgical experience, Mr. Ellwood said that he was coming more and more to believe that the majority, or at least a great number, of diseases were a result of something going wrong in the flora and fauna of the bowel. For instance, colitis and many of the pseudo-appendices were really due to infection in the caecum, the locality being sufficiently vague to diagnose appendicitis. Mastitis, in many cases, was due to intestinal toxæmia. Many cases of nerve

trouble were derived from trouble which had started in the bowel. He was saying these things just to emphasize the importance of this subject of the bowel. Mr. Ellwood said that he knew of a certain doctor whose name and fame had spread far and wide owing to his ability to cure rheumatoid arthritis. He effected these cures simply by irrigation of the bowel, by the Plombières system. In parenthesis, Mr. Ellwood said that the term "high enema" was a misnomer, and no enema ever got beyond the pelvic colon. This doctor had found that colon irrigation would cure quite a lot of cases of very bad rheumatoid arthritis, and he himself had seen very bad arthritis cases who had been so treated, and in four to five months they were walking well. Mr. Ellwood had suggested to this doctor that he might do better to follow the homoeopathic principle. He thought that his suggestion had now been adopted, and the doctor in question had thereby greatly enhanced his reputation and gained many good results. Mr. Ellwood suggested that they might rub this idea of the nosodes into allopathic confrères when in consultation with them. Two or three years ago, this had been a matter for scoffing, but now it was not so since it had been realized that by this method a great many diseases could be cured. Mr. Ellwood said he could foresee the time when there would be no more cases of appendicitis, and consequently no more work for the surgeon. He also looked forward to the cure for cancer by this method.

Dr. Green wished to ask Dr. Gordon if in any of the given cases, where a specific germ had been found and the appropriate vaccine given, whether the faeces had been examined again afterwards and the germ found to have disappeared, and if such change had corresponded with relief of the symptoms?

The Chairman said that Dr. Gordon would have a good deal of material on which to reply. He thought that there were one or two points upon which they should get quite clear in their minds. Dr. Gordon's paper had been full of interest despite the fact that they had already heard much on that subject. Dr. Borland said that it was quite clear that intestinal toxæmia was analogous with Hahnemann's psora. He thought that one could see, quite definitely, that in the majority of cases of Hahnemann's supposed psoric symptoms one would get a degree of intestinal toxæmia. But it was quite a different matter if one were to say that intestinal toxæmia was the cause of these symptoms. He did not say that every case of psora was associated with intestinal intoxication. There were many cases in which routine examination might be carried out for a period extending over many months, and yet no trace of Bach organisms might be found. In all the cases Dr. Borland had come across, there had been some degree of sluggishness of the bowels. He had had an extensive experience with these organisms as remedial measures. His experience had been as follows: Where the organism had been definitely isolated from the bowel, he had observed that that organism had entirely disappeared after the routine administration of

purely homoeopathic drugs. He had a case under treatment at the present time. This was a man, who was suffering from a constant breaking-out on his lip. He had two different organisms, *Proteus* first and *Morgan* afterwards. He had routine examination carried out every week for the last two months. On one occasion, he had a small growth of 10 per cent. *Morgan*. Dr. Borland said he had seen other cases in which, up to a certain point, the patient had benefited by having ordinary homoeopathic drugs. He had one woman patient with a very long history of abdominal trouble. She had had all sorts of investigation carried out. During a bad attack, she became almost pulseless, and the blood-pressure dropped to practically nil, and she looked as if she were going to die. On persistent doses of *Carbo veg.* she was got into a state where she could go for four to five months without any disturbance. She always got indigestion, and was often prostrated by this condition for two to three weeks. *Morgan* was isolated from her stools. He wondered if she would do better on that and so he tried it. One dose of *Morgan* gave definite benefit, and the effects of it lasted for six weeks. Another dose was given after this attack, and since then she had not had an acute attack, but the general condition had not picked up as it used to do on *Carbo veg.* In that particular case, the patient had reacted to the nosode. The type that had been used was the ordinary nosode as in cases of tuberculosis. Dr. Borland had found that exactly the same sort of thing had occurred in this case with *Morgan*. There was another point which was frequently being raised when this subject was being discussed, and that was the difficulty of getting patients to react to these nosodes, especially patients who had been previously treated by Homoeopathy. He had had the same experience and same difficulty as they all had. Patients treated by Allopathy were found to react infinitely better than those who had already been under homoeopathic treatment. From the practical point of view, Dr. Borland said he agreed with Dr. Weir that they would not be able to place these nosodes in their *materia medica* until they could prescribe them on the same type of indications as an ordinary drug, and until that was accomplished, they could not know how they should be used.

Dr. Gordon, in reply, said he wished to thank the Society very much indeed for the kind reception they had accorded to his paper. There had been a great deal to think about in connection with the subject and the discussion had afforded material for much thought. Dr. Weir had said that he had not found much use for autogenous vaccines. He thought that Dr. Dishington had explained that to him. He had said that to begin with, one obtained results, but these did not always last. If one continued to use these vaccines, they acted merely as a tonic, and it was better to give the corresponding compound vaccine. He quite agreed with those members who had asked for symptoms for using these vaccines. He believed that Dr. Dishington was still working on them, but it was a very long business. He understood Dr. Dishington to say that it had taken seven years to find the symptoms for

Dysentery co. Then there was the question of the basic organism. Dr. Gordon said he wished Dr. Dishington was there to explain to the Society, as he knew so much more about those things. The stool was examined and an organism obtained, and this was the fundamental one. Mutations might arise later. Dr. Gordon thought he was right in saying that these mutations should not be given as long as the original organism found still gave results. Dr. Weir had asked for indications for grouping the remedies. As far as he could say, Natrum mur, seemed to run to Dysentery co. or Proctus, Pulsatilla to Mutabile, and Sulphur was allied to Morgan und, on one occasion to Gaertner. Dr. Wilson's case, Dr. Gordon said, had been full of interest, and one could see how, in that case, the Bach nosodes, although they did not do much good themselves, had brought out the *symptoms for homoeopathic remedies*. With regard to Dr. McCrae's account, Dr. Gordon said he would like to have a *list of the groups* which he had compiled. He did not know anything about the groups, but was sure that they would be of enormous value. He thought that he agreed with Dr. McCrae that certain cases were not helped by nosodes. According to Dr. McCrae, this was because that patient's remedy was in a different group. Dr. J. Gordon had spoken of getting a diagnosis from examination of the faeces. By giving compound vaccines, one might obtain quite as good, if not better results. He had been very interested in the remarks of both Dr. J. Gordon and Mr. Ellwood regarding colon irrigation.

Dr. Fergie Woods had asked if the nosodes were indispensable. Dr. Gordon said he could not definitely answer yes or no to that question. He thought that over a course of time one would get the same results from ordinary homoeopathic remedies, but he estimated that the nosodes would probably cut short the period over which the patient would need to be under treatment. The results were, on the whole, quicker. With regard to what Dr. Goldsbrough had said, Dr. Gordon did not think he could make any remark about the criticism of Hahnemann. He thought that, probably, with reference to repeating the dose of Gaertner, in every case one would get better results by *plus dosage of nosodes*, but the difficulty was to get the patients to do the thing correctly. That was why he gave the single dose only. He did not think that one was inclined to forsake Sulphur, but he thought that usually it was found that ordinary homoeopathic remedies acted much better after a nosode.

Dr. Benjamin's case had been a very different thing. Taking the organism from the blood instead of from the bowel gave a different type of organism altogether, and he thought that Dr. Paterson would say that better results were obtained by taking the nosodes from the bowel instead of from the blood. For more accurate and definite results would thus be obtained. With reference to Dr. Green's question regarding the examination of the faeces to ascertain if the organisms had disappeared, Dr. Gordon said that in the cases he had cited, that had not been done. The disappearance of the

symptoms had satisfied him that the patient had done well. Dr. Borland had remarked on the Bach nosodes claiming to be the same as psora; Dr. Gordon said he needed a little longer to think it out. Dr. Borland had said that there were many cases of psora in which no indication for Bach nosodes could be found. That came into what Dr. McCrae had said—that in many cases, Bach nosodes were useless and other remedies were needed.* Dr. Gordon thought that it was quite correct that the organisms did disappear under ordinary homoeopathic remedies, without the use of nosodes. After all, the nosodes simply acted on the same lines as the remedies, and one would get results from using either, whichever proved most suitable. With regard to the case of Carbo veg. that had been quoted, the nosodes had not cleared up the case, but they did seem to enable the Carbo veg. to act more efficiently.

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* The Bach nosodes act best in latent psora. Where they are not indicated, the case is probably secondary psora.—C.G.*