

Dr. B. P. Nair, Chicago, Ill.: I think the Doctor should be complimented on giving such a very plain and simple outline for the general practitioner.

In testing for Plantar and Babinski you will have to be very careful not to get them confused. Stroke the skin near the outer edge plantar surface of foot for Babinski, as it is usually quite necessary to get that particular location to get a true Babinski.

The Doctor did not speak of hysteria. One of the marked things is dermatographia. In your hysterical patients, in making a general examination of a chronic case, you will reach much more accurate conclusions about your case if you begin just as soon as you go home, with a case you know nothing about, to follow out this routine examination. You can make much better examinations.

Dr. House (closing): I think it was Hunn who said, "The mistakes you make are not so much in your conclusions as in getting your facts," and what I have tried to give you here was the method of getting facts and you can draw your own conclusions.

I compel my boys to learn this chart before they go over their cases and at the end of the session I am surprised at the readiness with which they make their diagnosis.

In regard to questions that were asked: there is not a thing on the chart that cannot be enlarged upon. I have cut this chart down to bare essentials. And what I am trying to get the general practitioner to do is to get the habit of going over these things in a routine manner, thereby becoming by repetition, more proficient.

Vibratory sense is an important thing but I presume, if I took the vote of everyone in this room who had a tuning fork, I could count them on one hand.

Babinski's sign is very confusing to general practitioners and is rather confusing to neurologists sometimes. If you irritate the inner or outer border of the sole of the foot, or the sole of the foot from the heel to the base of the great toe, it will give the proper reaction.

Dermatographia in the chart would come under the trophic conditions of the skin.

A STUDY OF THE COMPARATIVE VALUE OF THE HOMEOPATHIC AND OTHER METHODS OF TREAT- MENT IN LOBAR PNEUMONIA*

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The purpose of the following study has been to determine the comparative value of homeopathic and physiological medication in the treatment of lobar pneumonia. This is a day when theories and theorists abound in the realm of medicine. It is usually impossible to determine by the ordinary processes of reasoning which theories are true and which are false. The court of last resort for the practical physician is the bedside of the patient and laying aside all theoretical considerations, what he most

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desires to know is "What is the effect of the treatment upon those to whom it is administered?"

In the present study of 444 cases of lobar pneumonia, the writer has endeavored to approach the subject with an unbiased mind. No attempt has been made to prove or to disprove the value of either homeopathic or non-homeopathic treatment. The duty of the physician is not to practice homeopathy or allopathy but, as Hahnemann so admirably stated, *to heal the sick*. Hence it follows that the conscientious physician must ever seek to learn what procedures most frequently tend to this end. It was in hope of throwing light on this important matter in connection with lobar pneumonia that this investigation was undertaken.

It is well known that the mortality rate in pneumonia varies from year to year; that it varies with the different types of pneumococci; that it varies with the age and condition of the patient, and that it is notably higher in hospital than in private practice. It is always difficult in any comparative study to make due allowance for all of these factors and it has seemed equitable to study, without any attempt at selection, the ordinary run of cases as admitted to the wards of the Hahnemann Hospital over a period of thirteen years in the service of ten different clinicians.

It is perhaps advisable to state that this group includes fifty-six cases of "influenzal pneumonia", thirty-nine of whom died. The majority of these were in a dying condition on admission.

Owing to technical difficulties it was impossible to "type" the various cases, but it is a fair assumption that in a period of thirteen years the average percentage of the various types of pneumococci will be represented.

As a standard for comparison we have taken the statistics compiled, after a careful study, by the Rockefeller Institute as representing the average mortality rate in pneumonia under so-called physiological medication.

| | | |
|---------------------------|------|----------|
| Type 1..... | 25 | per cent |
| Type 2..... | 36 | per cent |
| Type 3..... | 47 | per cent |
| Type 4..... | 6 | per cent |
| Average of all types..... | 23.5 | per cent |

Table 1

| | |
|---|-------------|
| Total number of cases of lobar pneumonia admitted to wards of Hahnemann Hospital 1908-1921..... | 444 |
| Total deaths | 156 (32.8%) |
| Total recoveries | 288 (67.2%) |

In studying the records of the patients who died, it was found that fifty-four were admitted to the hospital in a moribund con-

dition, leaving a total number of three hundred and ninety that survived long enough to be benefited by treatment.

Table 2

| | |
|--|-------------|
| Total number cases living 48 hours after admission | 390 |
| Deaths | 102 (26.1%) |
| Recoveries | 288 (73.9%) |

It was found in a study of the treatment employed in lobar pneumonia that some patients received no medication except the homeopathic remedy, others received the homeopathic remedy and a few doses of some physiological drug, such as codeine or strychnine, while still another group received physiological drugs throughout the major portion of their illness. We have accordingly separated these three groups as follows:

Table 3

| | |
|---|-------------|
| A. Cases receiving no medication except the homeopathic remedy | 190 (42.7%) |
| Total deaths | 14 (7.4%) |
| Total recoveries | 176 (92.6%) |
| B. Cases receiving a few doses of physiological drugs in addition to the homeopathic remedy | 101 (22.7%) |
| Total deaths | 50 (49.5%) |
| Total recoveries | 51 (50.5%) |
| C. Cases receiving physiological drugs throughout the course of treatment | 153 (34.4%) |
| Total deaths | 92 (60.1%) |
| Total recoveries | 61 (39.9%) |

It will be observed from this table that the mortality rate was about eight hundred per cent greater under physiological treatment than under homeopathic treatment and a seven hundred per cent increase was noted under mixed treatment.

A study of the groups of cases coming under the service of the different staff physicians, all cases dying within 48 hours being eliminated, showed the following:

Table 4

| | Total Cases | Died | Recovered | Mortality Rate |
|---------|-------------|------|-----------|----------------|
| Group A | 7 | 0 | 7 | 0 |
| Group B | 25 | 0 | 25 | 0 |
| Group C | 16 | 0 | 16 | 0 |
| Group D | 74 | 14 | 60 | 18.9% |
| Group E | 96 | 24 | 72 | 25.0% |
| Group F | 57 | 16 | 41 | 28.0% |
| Group G | 21 | 7 | 14 | 33.3% |
| Group H | 8 | 3 | 5 | 37.5% |

Group A

| | |
|---|---|
| Total number | 7 |
| Number under homeopathic treatment..... | 7 |
| Mortality | 0 |

Group A and B were made up entirely of children under 14 years of age. All cases in these groups received no medication except the homeopathic remedy. The results speak for themselves.

Group B

| | |
|--|----|
| Total number | 25 |
| Number under homeopathic treatment | 25 |
| Mortality | 0 |

Group C

| | |
|---|----|
| Total number | 16 |
| Number under homeopathic treatment..... | 14 |
| Mortality | 0 |
| Number under mixed treatment..... | 2 |
| Mortality rate | 0 |

This is a series extending over a period of twelve years. Fourteen of these cases were treated exclusively by the homeopathic remedy. Two received in addition two or three doses of a sedative. The number of cases is small, but the results are without doubt a brilliant example of the value of homeopathic therapy.

Group D

| | |
|---|-------|
| Total number | 74 |
| Number under homeopathic treatment.... | 46 |
| Mortality | 6.5% |
| Number under mixed treatment | 17 |
| Mortality | 29.4% |
| Number under physiological treatment...11 | |
| Mortality | 63.6% |

Group E. In this series 41 cases received homeopathic medication only. None died. Twenty-five received mixed treatment. Two died (8 per cent). Thirty-one received physiological treatment. Twenty died (64.5 per cent).

Group F. In this series 28 cases received homeopathic medication only. One died (3.5 per cent). Thirteen received mixed treatment. Two died (15.3 per cent). Seventeen received physiological treatment. Thirteen died (76.5 per cent).

Group G. In this series five were treated homeopathically. None died. Three received mixed treatment. None died. Thirteen received physiological treatment. Seven died (53.8).

Group H. In this series four cases were treated homeopathically with no deaths. One received mixed treatment and died (100 per cent). Three received physiological treatment and two died (66.6 per cent).

The remedies employed in the treatment of this series of cases and the number of times each was prescribed is interesting. It will be observed that bryonia heads the list. A large number of cases were carried through the entire course of the disease with

this remedy alone. The results obtained in this series and the general experience of homoeopathic practitioners throughout the world conclusively demonstrates that bryonia is the most effective medicinal agent for the treatment of lobar pneumonia known to medical science.

Table 5

The following is a list of the homeopathic drugs employed in this series:

| | |
|--|-----|
| Bryonia | 316 |
| Phosphorous | 100 |
| Ferrum phos. | 69 |
| Belladonna | 69 |
| Hyocyamus | 42 |
| Antimonium Tart | 40 |
| Sulphur | 27 |
| Aconite | 26 |
| Arsenicum Iod. | 26 |
| Chinum Ars. | 26 |
| Hepar Sulph. | 22 |
| Rhus Tox. | 14 |
| Kali Bichvom | 10 |
| Gelsemium | 10 |
| Cuprum Ars. | 8 |
| Ars. Alb..... | } 5 |
| Asclepius..... | |
| China..... | |
| Chelidonium, Opium, Helleboris..... | } 1 |
| Arnica, Hamamelis, Pulsatilla..... | |
| Pilocarpine, Hydrastis, Verat Alb..... | |
| Baptesia..... | } 4 |
| Stramonium..... | |
| Merc. Viv..... | |
| Merc. Iod..... | |
| Teretnith..... | } 3 |
| Nux Vom..... | |
| Canthus..... | |
| Aurum Mur..... | } 2 |
| Ant. Ars..... | |
| Silicia..... | |
| Drosera..... | |
| Apis..... | |
| China. Sulph..... | |
| Potassium Iodide..... | |
| Canstum..... | |
| Lachesis..... | |
| Enpatornim..... | |

Table 6

| | | |
|-------------------|------------|-----------------|
| Atropine | Digitalis | Pituitrin |
| Camphorated Oil | Morphine | Codine |
| Whisky | Strychnine | Caffeine |
| Potassium Citrate | | Benzol-Benzoate |

The number of cases in the series that received repeated doses of physiological drugs was 153. Of these 92 died (60.1 per cent).

The total number of cases that received camphorated oil injections was 128. Of these 94 died (73.5 per cent).

It would seem that we are justified in the conclusion that the mortality rate was increased rather than lowered by the use of camphorated oil.

A very large proportion of the cases received either a solution of glucose or normal saline solution per rectum. The impression that this measure had been of decided therapeutic value does not seem to have been substantiated by the results obtained.

Table 7

| | |
|--|-----|
| A. Number of cases treated by Enteroclysis..... | 231 |
| Number died | 86 |
| Number recovered | 143 |
| B. Number of cases treated without Enteroclysis... | 213 |
| Number died | 70 |
| Number recovered | 143 |

The following is a list of the number of cases occurring at various decades and the total deaths by decades.

Table 8

| | Total number | Deaths | Mortality Rate |
|----------|--------------|--------|----------------|
| 1 to 10 | 44 | 2 | 4.5 |
| 10 to 20 | 39 | 8 | 20.0 |
| 20 to 30 | 108 | 34 | 31.0 |
| 30 to 40 | 96 | 32 | 33.3 |
| 40 to 50 | 72 | 27 | 38.8 |
| 50 to 60 | 48 | 28 | 58.3 |
| 60 to 70 | 21 | 14 | 66.6 |
| 70 to 80 | 8 | 8 | 100.0 |
| Unknown | 8 | 3 | |

Conclusions

1. The mortality rate in cases treated by physiological drugs was eight times as great as in cases treated by the homeopathic remedy alone.

2. The average mortality rate in pneumonia as determined by the Rockefeller Institute is two and a half times as great as the mortality rate in cases in this series treated homeopathically.

3. The assumption that all the cases in this series that were treated homeopathically were mild infections (Type IV) is

invalidated by the severity of many of these cases, by the extended period of time covered and the varying conditions present.

4. The administration of physiological heart stimulants is invariably attended by a rapidly increasing death rate. With the exception of digitalis in cases of auricular fibrillation there is no evidence that their administration was attended by anything but injury to the patient.

5. Intelligent hygienic care combined with the indicated homeopathic remedy is the most effective treatment for lobar pneumonia now known.

Discussion

Dr. M. J. Raisbeck, New York City: Statistics which compare the results of homeopathic and other treatment in pneumonia should be very carefully scrutinized. In my experience I have observed my homeopathic friends start their pneumonia cases on the homeopathic remedy. If everything goes favorably, all well and good. If something goes wrong, they may lose their nerve and resort to palliative treatment. I do not wish to infer that this course of action may be wrong in any particular case. The fact remains that this tendency produces a peculiar state of affairs: the more severe cases with a high mortality are classed as showing the effects of so-called regular or palliative therapy. The less severe cases with a lower mortality redound to the credit of homeopathy. We have our own convictions based on knowledge of what the indicated remedy can do for the pneumonia patient and we should be extremely careful that our position is strengthened by a very careful critique of our statistics before we present them. In compiling his data, Dr. Wells has been extremely conservative and gives a useful lesson in so doing.

Dr. W. H. Hanchette, Sioux City, Ia.: This is an interesting subject, and certainly a very fine paper. It has brought out the question of the treatment of pneumonia, which, as a school of medicine, we have been remarkably successful in treating. Pneumonia has been called one of the most dreaded diseases, and certainly any physician of extended practice knows that 't is one of the fatal diseases. The statistics as compiled on the treatment of pneumonia, have always seemed to me exaggerated in the wrong direction. I can hardly believe that a good homeopathic physician loses anything like the per cent of cases that we see so often reported. In a long and extensive practice in general medicine, I have felt that pneumonia was a disease in which our remedies acted most magically. There are a dozen of our medicines which might be named as very often used in its treatment. However, I will mention four or five remedies which have served me well, and I am sure have saved many lives. Aconite and gelsemium are the two great remedies in the early fever stage. Bryonia, phosphorous and tartar emetic are three of the most useful remedies in the later stages. I am sure that if we know how to select the remedy in pneumonia there is no reason why such fatalities as has sometimes been reported, should occur. I realize that in the large cities, where patients are brought in from the slums near unto death at the time they enter the hospital, the treatment can not be compared with the work of the physician in general practice.

Dr. Jas. Z. Railey, New York City: I am very glad to hear Dr. Raisbeck speak as he has. A few years ago we were gathering our statistics

at the Metropolitan and a friend said to me "This is quite a different thing from private practice in families." Dr. Wells and some of us treat in hospitals and private cases, and it is like Dr. Jekyll and Mr. Hyde. It is not possible to cure with bryonia when they come in dying. They come with oedema and auricular fibrillation, and bryonia will not cure it. I have in mind a case at Flower Hospital that was treated by a good homeopath, but the patient came in with nystagmus and was practically dying when he arrived, and of course he passed on.

Dr. John A. Evans, Baltimore: I take exception to the suggestion of not feeding them. I just finished with a case, a man, thin and emaciated, and knowing the character of the condition, we fed that man, and on getting up he had gained eighteen pounds. If he has no gastro-intestinal disturbance, I see no reason why he should not be fed, and I believe many are carried out because they are under-fed. One man has said no narcotics and stimulation should be given. If you take men who are alcoholics and deprive them, they will go out immediately; and if they are in the habit of getting only one meal a day and live on lunches, I believe in the stimulation of that class.

Dr. J. H. Wilms, Cincinnati: This paper is a very valuable one to the homeopath. During the influenza epidemic I made a statistical compilation of the various drugs used in a free clinic in Cincinnati. I was astonished to know that the pneumonia was very low. I went over the clinical cases and many of them were getting different treatment. I found there were three or four remedies given. I asked one man why so many drugs, and he said they were afraid bryonia did not cover the symptomatology of the case and gave Rhus tox., and if they would add a little phos. or iron they thought it would cover it, and the case went on and did not develop pneumonia. I made the deduction that these remedies act in a similar manner, and if you give bryonia and add rhus tox they get along as well as under bryonia. If we can get results from the unscientific administration of homeopathic remedies, it shows that in the homeopathic remedy we do not handle a destructive medicament as we do in that of the old school, the coal tar remedies, which are destructive. The statistics show that the coal tar remedies are destructive and under stimulants the patients died, but under the homeopathic remedy the percentage was different.

Dr. H. B. Stiles, Waco, Texas: A man during the latter part of the German war, came into my office and said, "Dr. Stiles, I want to talk about pneumonia. We can't cure it; we can't cure anything; we can't cure scarlet fever." I said, "You are right. You are losing 30% of your pneumonias." It was true. He said, "I want you to tell me how you do it." I told him I could not tell him in half an hour, and he came back time after time, and I gave him a list of books. They were giving serum treatment, with two, three, four serums, and sometimes all of the serums were mixed. I notice in the analysis of the serums that they all contain staphylococcus, pyogenes, aureus or albus. Many died of pyoneorax. What may we expect? You may expect some pyogenic abscesses formed; and these boys all swelled up in the chest and died. I told him they had lost men who should not have been lost except in slum practice. But these were highly trained men. I think it was the serum empyema. Give the remedy that is right and stick to it and you will save 95% of your men.

Dr. J. B. Brown, Denver: This is an interesting subject to me, as we

have plenty of it in Denver. The trouble with many homeopathic physicians is, they have never learned the full action of the single remedy for the reason that they use two or three remedies at the same time, consequently they haven't the necessary confidence in the remedy.

Very often a case of pneumonia is changed to such an extent through pernicious prescribing, that you can scarcely recognize what it is by reading the chart. We have remedies that will produce certain pathological changes in the lungs similar to the pathology of pneumonia and there is no need in resorting to the serums or overstimulating the heart if we are familiar with the specific action of our remedies.

During the recent epidemic of influenza I had a case of migratory pneumonia, the lesion first started in the base of the left lung, the temperature ranged from 100 to 105, the seventh day the inflammation had extended to the base of the right lung, it ran an irregular course with the temperature ranging from 100 to 104 when at the end of the week it shot up again, the infection spreading over most of the right lung, this condition continued for four weeks until practically all of the lung tissue was involved some time during the attack, the process apparently clearing in one lung while spreading in the other. This condition kept up for one month, the temperature ranging from 100 to 105, regardless of the remedies used.

However, nutrition was well sustained and the heart kept up without stimulation. To allay the anxiety of the family, a prominent consultant of the regular school was called. We could agree on the diagnosis but not the treatment, kali-iod was mentioned and that I might look for pyothorax kali-iod was not used nor did we have a case of pyothorax. The usual remedies did not reach the case, however. The fourth week of the illness the temperature was reaching the maximum at 4:00 P. M.; lyco-podium soon controlled this, and tuberculinum and calaria carb soon cured what appeared to be a desperate case.

The typical case will usually recover on aconite, bryonia, phosphorus and ant tart, according to their indications, while the atypical cases may call for a great variety of remedies. It is doubtful if this patient would have recovered had not the anti-psoric remedies been used. In the atypical cases look for the miasm back of it and prescribe accordingly, and the case will recover without any serious sequella.

Dr. Wm. R. King, Washington: I use the homeopathic remedy in pneumonia, but I depend upon the use of vaccines or serum. The introduction of an organism is the cause of empyemia. That is the type which occurred during the war. In the creeping pneumonia, the use of the vaccines might have prevented that succession of new foci developing.

Dr. McBride, Zanesville, Ohio: During the epidemic of 1918, when in my city the death rate was very high, it was the other fellow who kept the undertakers busy, so that they said our profession did not have cases of pneumonia. I do think our treatment prevented the development of the pneumonia.

Dr. Custis of Washington: This matter of statistics it seems to me is a complication. It is very certain that in hospital cases it is different, and as has been said, so many men become worried when the case is not doing well. The matter of bringing up a large series of cases for discussion is only possible in hospital cases. In the ordinary practice of medicine it would take ten years to get a hundred cases together. The only way to get a large series of cases from the general practitioner is to aggregate the reports of a large number of doctors, so that it will equal in number

a hospital record. Personally, I believe that the only thing necessary in the treatment of pneumonia is the homeopathic remedy. I might not speak from a very long experience, but our cases in Washington treated homeopathically get well. The more you study your materia medica the more you will use these remedies and the more easily your patients will get well. If we had only one remedy to use, bryonia would cure more cases than any other remedy, but it would be unfortunate to be limited to one alone.

Dr. C. Martz, Fort Wayne, Ind.: During the influenza epidemic I was busy day and night, treating the most serious and complicated conditions of this disease. However, throughout the entire run of the epidemic I had no serious developments of pneumonia, no bad "after effects" of the disease, and not one death. This is sure proof of the efficiency of homeopathic treatment, as I treated all cases strictly homeopathically.

HOMEOPATHY IN BRAZIL

Licínio Cardoso, M. D., and Frederick M. Dearborn, M. D.

Bento Mure, a native of France, arrived at Rio de Janeiro in 1840 and was the first great propagator of homeopathy in Brazil. The Homeopathic Institute of Brazil was founded in Rio in 1842 by Bento Mure, assisted by João Vicente Martins and others. In 1844 this Institute established a school for the special teaching of homeopathy and issued its first certificates in 1847. The Hahnemannian Society and the Academy of Homeopathy were organized in 1845. In addition, through the constant efforts of Mure, free consultation rooms for homeopathic treatment were inaugurated in Rio as well as in the provinces, which are now known as states. In 1848 it was necessary for Mure to return to Europe because of ill health. This loss and the death of Martins in 1854 permitted friction to develop among the Rio homeopaths. Because of this dissension and the lack of a real leader, homeopathic interests were considerably weakened and practically all of the constructive work of Mure and Martins was lost.

However, in 1857 there appeared a great homeopath named Saturnino Meirelles. He was a Brazilian by birth, a graduate of the Military School of Rio de Janeiro, a well known professor of physics and chemistry in the Naval School, a graduate of the allopathic Faculty of Medicine and a physician of much worth.

From the ruins of the work accomplished by Mure and Martins there arose, through the efforts of Meirelles, Jacintho Reis and Silva Pinto, the Hahnemannian Institute of Brazil with its Gazette which later became the Annals of Homeopathic Medicine. Meirelles was President of the Institute from the year of its organization in 1878 to 1904, when he retired. Through the influence of Meirelles, an infirmary for homeopathic treatment