How to Select and Administer The Indicated Remedy

By

George Royal, M.D., M.S.

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HOW TO SELECT AND ADMINISTER THE INDICATED REMEDY

After having secured our symptoms, arranged them, grouped them, studied them singly or combined as a drug or remedy, and having "taken the case," *i. e.,* secured the symptoms of each individual patient, which act has brought to mind a certain class of remedies, the most important part of the work of the homœopathic physician is to select the one remedy of the class and administer it. The administration includes the potency, the size of the dose, the frequency of repetition, when to discontinue, and when to resume taking. Also through what channels it is to be administered, the care of the channel, the medium in which it is to be administered, *i. e.,* oil, water, alcohol, etc., etc., and last, but not by any means least, the auxiliary treatment, such as diet, exercise, bathing, clothing, change of climate, etc.

Our subject is naturally divided into two parts, first, how to select; second, how to administer the indicated remedy. The four former chapters on How to Secure and Arrange Symptoms for the Purpose of Grouping and Ranking Them; How to Study a Symptom; How to Study a Drug, and How to Take the Case, have been four steps leading up to our subject.

Always keep in mind to select the remedy for the pa-

tient, never for the disease, the condition, with which the patient is suffering. For this arduous, difficult and yet most vital task we are in the habit of being guided by the following rules:

1st, The make-up of the patient.

2nd, The tissue or organ involved.

3rd, Whether the involved tissue or organ be irritated, inflamed, functionally changed or structurally changed.

4th, The personal history.

5th, The family history.

6th, The modalities of the symptoms.

7th, "The Totality of Symptoms" as determined by the six foregoing findings.

By make-up of the patient we mean his personality—his physical, intellectual, spiritual self. To ascertain this, the physician's office should be so arranged that a good light (natural, if possible) is thrown upon the patient so that the color of the skin and mucous membrane, as well as the expression of the face and eyes may be ascertained at a glance. The indicated remedy has often been determined by me from the walk, the color of the skin, and expression of the face of the patient as he entered our office for the first time.

After the patient is seated, ascertain and *write down* his name, age, residence, occupation, etc. After this let him state his *complaint,* the reason for his coming to you, in his own words, which will usually be, "I am so nervous," "I cannot sleep," "My stomach is out of order," "I have a cough," etc. Should the statement be insomnia,

get the particulars, *e. g.,* the time of night, whether sleepy or wide-awake, or whether from pain, excitement or worry.

Note whether the patient is given to exaggeration or the opposite. All of the above is included under the heading make-up.

The tissue or organs involved may be determined by studying the patient's subjective and objective symptoms, *e. g.,* a sharp, shooting, darting pain along the course of a nerve, without soreness or tenderness, indicates irritation of that nerve; with soreness and aching—inflammation. A throbbing, pulsating sensation in any part of the body indicates congestion or inflammation, or both, of some encapsulated organ; or pus or other fluid in muscular tissue or between fascia. Burning or smarting usually indicates denudation or ulceration of the skin or mucous membrane.

Functional changes show abnormal conditions of the excretions or secretions of the body. Structural changes include atrophy and hypertrophy, broken bones, abscesses, tumors, etc.

Take time and care in getting both the personal and family history. Should the patient say, "Father died of dropsy," the organ whose abnormal functioning caused the "dropsy" and whether the patient means effusion, œdema or something else; the duration of the last illness, etc., such questions as insurance companies require, are very important.

Much stress should be placed on the modalities, the

time of day, the time before and after eating or drinking; the seasons; the climate, etc.

Great care should be taken in cross-examining the patient to avoid suggestions.

To the above, careful and complete tests, chemical, electrical and all other laboratory tests should be added.

Such a "Taking of the Case" should present to the experienced Homœopathist not more than three remedies from which to make his final selection.

To determine which of two or even three remedies has the greater "Totality of Symptoms" and should be administered is a task which requires all the skill, ingenuity, training, and experience of the best prescribers.

It is at this point that the mediocre or even fairly good prescriber does the foolish trick of alternating two or rotating three or more remedies. It is better to prescribe a single remedy though inferior in similarity than two superior in similarity or one superior and one inferior, because the two are liable to be inimical, if not antidotal, to each other. Experience has demonstrated that the nearer alike two remedies are the more inimical they are to each other if given at the same time. Many a time we have been called in consultation when Belladonna and Bryonia, or Aconite and Belladonna were being given in alternation for a fever group and had the patient immediately improving by dropping one of the two and continuing the other in the same potency and dose.

My method of selecting one of two remedies of *apparently* equal rank is to choose the one which has the

greater elective affinity for the tissue or organ presenting the group of symptoms. We always keep in mind the fact that the numerical totality is not necessarily the real totality of symptoms. Next to the elective affinity of the drug we place idiosyncrasy of the patient, *i. e.*, his individuality. And for the third in rank the patient's desires and aversions.

Summary

Select that remedy from the class of drugs which the provers have demonstrated possesses the following:

1st, The strongest "elective affinity" for the affected tissue or organ.

2nd, Which has the power of producing any of the four conditions found in the affected tissue or organ.

3rd, Which has the ranking subjective symptoms and modalities of the indivdual patient.

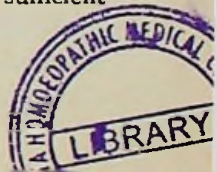
Administer the selected remedy according to the following rules:

1st, Use the same preparation which produced the symptoms on the provers, giving a higher potency than that used by the provers.

2nd, The repetition of the dose should be determined by the condition of the patient and what is expected of the remedy.

3rd, The active principle of the remedy should be so liberated by a solvent or other means and of sufficient quantity to reach the cells of the affected tissue.

The auxiliary treatment should be:



1st, Supply the deficiency of phosphorus, iron, lime, etc., in the patient's body.

2nd, Secure a proper amount of fresh air and sunshine.

3rd, Secure a proper amount of exercise, rest and recreation.

Channels

In my practice and teaching I have found and taught four channels through which the indicated remedy must pass to reach the affected tissue or organ. Most remedies must go through the blood; Prussic acid and a few others being the exceptions. The blood may be reached through one of these routes, *viz.*, the skin, the mucous membrane, the capillaries (inter-muscular) or direct into the blood stream through the coats of the veins. As a rule I choose the mucous membrane of the digestive tract. Only occasionally do I go directly into the blood streams, but now and then I find that I cannot secure the desired results of a remedy through either of the other three routes. Frequently I make a local application of the remedy to the tissue for which I give it internally. This local application is frequently made to the mucous membrane, rarely to the skin. It may be the mucous membrane of the nose, mouth, vagina or other organs of the body

Preparation of Channels

To secure the best results from our indicated remedy the channels must be prepared, *e. g.*, if the mouth and

tongue of a typhoid fever patient be dry or covered with sordes or other secretion, thoroughly cleanse and moisten it before giving the medicine. The same rule should be observed for any other section of the mucous membrane or the skin.

Let us illustrate my meaning by citing one case of hundreds which I could easily recall. It was a case of a middle-aged, laboring man sick with typhoid fever. I was called in consultation with a brother Homœopathist, an exclusive high-potency man, though not always confining himself to the single dose.

The patient *lay on a dirty, filthy bed, mouth wide open, tongue brown, with red streaks through center and as dry as a chip.* He was completely unconscious and had *voided and defæcated involuntarily for three days.* His temperature was 104.7, pulse rapid, 140; weak and irregular. We had little trouble in deciding upon Arsenicum alb. as the remedy. The doctor then took out his little pocket-book medicine case, put about a grain of sac lac on a powder paper and on that ten little discs medicated with Arsenicum. He then took up the powder paper and put the contents upon the patient's tongue. When I said something, the doctor turned and asked as innocently as a child: "What's the matter?" My reply was: "You might as well put your Arsenicum on the floor." Again came, "Why?" and then, as an after-thought, "What would you do?" In reply I told the man's wife to get some warm water and soap, moisten and wash the patient's mouth and then rinse it with clean water. I

then called for a teacup of water, dissolved the doctor's Arsenicum in it, and had the wife give it to the patient in tablespoon doses till all was taken as one dose.

I then suggested that the patient be given an enema. As there was no syringe in the house, I had the city nurse come and give the enema. Also, to give the patient a good bath with tepid water. The man got well. Why? Was it the Arsenicum, the enema, the preparing the channel, or nature, or all three combined? The doctor thought his Arsenicum did it. I thought all did it. The sad part of the case was that the good doctor failed to profit by the experience. A few months later friends of his patient forced him to call me. The case was *very much* like the first and the doctor's treatment had been identically that of the first.

Cause

While in college, my professors, T. F. Allen, St. Clair Smith, Martin Deschere and Samuel Lilienthal, especially the latter, very emphatically emphasized the importance of Hahnemann's saying: *"Remove the Cause."*

I was taught, not only by the above-named professors, but also by my old school preceptor, to divide causes into predisposing and exciting. Under predisposing, heredity was the main factor, and by heredity we understood a tendency to "take cold easily," to contract such diseases as pleurisy, pneumonia, bronchitis, etc., more easily than those whose parents had never been afflicted in the same or similar condition. Also that they suffered from tuber-

culosis, insanity, menstrual headache, etc., because their ancestors suffered from the same conditions.

Under exciting causes was included exposure to elements of any kind; germs of all kinds, like those of typhoid fever, scarlet fever, diphtheria, bubonic plague, yellow fever, etc. Also foods and drinks; fear, joy and excesses of any and all kinds.

My experience of half a century has demonstrated the value of this teaching. As those of us who were fortunate enough to find our way to Luger's clinic at Vienna remember, he also stressed the importance of going to the "source of the matter," of keeping in mind that often the cause of the colitis (on which subject he was lecturing) was found "Elsewhere than in the colon."

Please note that the process of *removing the cause* is often one *way of administering auxiliary treatment.* Let me illustrate by the following case: An unmarried school teacher; aged 33; weight 121; height five feet six and one-half inches; dark, sallow complexion; stooped shoulders; sad disposition; *extremely conscientious, which caused her to be on her feet all the time in her schoolroom,* came with the following complaint: "Doctor, I want something to help keep my uterus in place." She then continued, "I mean something besides pessaries. I have been harnessed up with them nearly ten years, but it does not seem as though I could be all the rest of my life."

Omitting all other groups, the taking of the case showed that she *resembled her mother* in build and tem-

perament, that she *had two sisters* who also resembled their mother; that she had matured late as had also her sisters; that all three were irregular in time and flow, regarding the menses; that all three suffered from a profuse, acrid leucorrhœa; that all had a pressing-down sensation in the vagina. The physical examination showed tenderness of the pelvic organs to touch; a large prolapsed, retroverted uterus and a large, hard fæcal mass in the rectum. In reply to a question, she stated that she was *always constipated, but more so just before the menses;* she also stated that Cascara had been prescribed for the constipation, but that she had to use more and more of it to get results.

Our cause was clear, as was also our indicated remedy, *viz.,* Sepia 1m, one dose. As *auxiliary treatment a copious enema every morning* till the stool became normal. A *hot saline douche,* two tablespoonfuls of salt to the quart of water at 102. temp. to be given just before going to bed. She was to undress, get into the knee and chest position in her bathtub and let the water into the vagina slowly from a fountain syringe. *After the douche, she was to lie in bed on her stomach with the hips elevated.* Constipation was the first symptom to disappear, then the leucorrhœa, then bearing-down sensation, and the last symptom to disappear was her *tears.*

Case II. Let me relate another case to show that even the indicated remedy is not always needed to help remove the cause. A prominent attorney of Des Moines came to me because of a burning, stinging pain in the spine just

below the shoulder blades; the pain was always worse when and after he sat reading or dictating; the longer he sat the worse the pain became till he got so irritated he could not concentrate his mind. Examination of back showed neither redness, swelling, nor anything abnormal.

He was given Arsenicum alb. at first. He came back with, "No better, even worse." He then said he was better from getting up and walking while dictating, also from walking to and from his home, which he did *only* in pleasant weather. Surely this was Rhus tox., and it was given, but with no better results than with the Arsenicum. One day his office girl phoned me to come to his office. He was sitting in a large swivel chair with a board across the back. He had removed his coat. As I came up to examine his back I noticed a large, silver buckle on his vest between the board and the sore spot on his back. He took off his vest, asked the office girl for her scissors, cut off the buckle, took the rest of my medicine out of his pocket, and threw both into the waste paper basket,—and handed me a five-dollar bill. He was cured by removing the cause.

Case III. An old patient of mine who had lived out of Des Moines four years, came into my office with her five-year-old boy and said, "Dr. Royal, tell me what to do with this youngster to break him of sucking his thumb. Now don't tell me to tie it up or put mustard or salt pork rind on it, for we have tried all that, haven't we, son?" When they came back to Des Moines, his grandmother told me, the boy did not look well nor act well, besides

sucking his thumb. The mother's statement and an examination showed that the boy needed Silica 30th. When the mother was told that, she retorted, "That won't cure him of sucking his thumb, will it?" To my "No," she again retorted, "Well, what will?" My *auxiliary treatment* was the following: The first time you find him sucking his thumb, *put him in front of a looking glass,* have him face it with his thumb in his mouth, *and keep him there thirty minutes.* This treatment with a dose of Silica 30th every morning before breakfast ended the thumb sucking.

An occasional dose of Silica 30th and a diet rich in iron and phosphorus, with hanging by his hands a few minutes every night and morning, straightened his spine, warmed his hands and feet of a cold sweat so that he was a normal and natural boy nine months after his first treatment.

Case IV. A *Sulphur* patient, a boy about the same age as Case III, of whom his mother said: "I can't make Johnnie keep clean, especially his hands. He dreads water and his body fairly stinks in spite of all I can do," was cured by Sulphur 1^{m} one dose, and buying him two nice rings, one for each hand.

Administration

Having selected the indicated remedy, having decided upon the medium in which it should be given; having decided upon the repetition of the dose and the potency; having prepared the channels, the next step in its admin-

istration is to give such direction as will secure the confidence of the patients. These directions apply not only to the remedy, but to auxiliaries to the remedies such as diet, exercise, habits, etc.

My experience has taught me that it requires as thorough a knowledge of the records of the day books of our drug provers; as good a knowledge of human nature; as good a memory; as much *tact*, and as wide experience as it did to select the remedy; for in addition to deciding the potency of our remedy, the size and repetition of the dose, we must consider the channels through which to administer it and the auxiliary treatment. To illustrate my meaning concerning tact, let me relate two cases by Prof. S. Lilienthal and one by Prof. N. H. Dickinson.

Case I. A wealthy woman living on Fifth Avenue, New York, who took great pleasure in telling all her friends that she was a chronic invalid, had been unable to walk, in fact, even dress herself, for over a year; she did not suffer much, but was "so weak, so weak!" One morning Professor Lilienthal's wife asked him to go with her to look at a cloak in one of the leading New York stores. From there Lilienthal went to see his patient. Her report was that for the past twenty-four hours there had been no improvement. She was so weak that it took her maid two hours to help her bathe that morning. Professor Lilienthal then described a cloak he had seen at the store in the morning. He used all the adjectives of which he was a past master, to describe that cloak, and informed

his patient that the cloak would be on exhibition again at 2 o'clock that afternoon.

He then gave the patient some Placebo and told her that he was sure that would strengthen her; that it was a new remedy that he had read about the night before. At 2 o'clock he was in his carriage on the street opposite the store and, as he expected, his patient soon appeared to examine the cloak. From that date on she had no neurasthenia.

Case II. This time a case of hysteria; also a Fifth Avenue patient whose husband paid Professor Lilienthal $1000.00 a quarter to take care of his wife. It was her habit to call Professor Lilienthal between midnight and three o'clock. On this occasion he found her suffering most excruciating pain in the stomach. She was turning in bed, first in one position and then in another, exclaiming, "Do something, do something! Can't you relieve me; I shall die before morning." In her contortions she happened to turn into the knee and chest position and Professor Lilienthal brought his hand down upon her buttock with a sound that could be heard all over the house. The patient at once turned over, sat up, and pointing, said to Lilienthal, "There's the door." The Professor went. The patient never had another attack of hysteria. The husband, however, paid his $1000.00 a quarter for three years afterwards.

Case III. Professor W. H. Dickinson was the most tactful man I ever associated with. Let me give you one illustration of his tact. We had held a long consultation

over a patient—a woman, aged forty-five, who had a long, large chin, with heavy jaws, and thin lips, which closed with a snap and remained closed. She had told us what was the matter with her and what she wanted us to do. Dr. Dickinson put up the remedy agreed upon and said, "Take five, just fifteen minutes BEFORE, now remember *before*, each of your three meals." When we got outdoors Dickinson said to me: "I noticed the surprise on your face when I said *before* meals. You see, I know her. The only way to get her to do what you want her to do is to tell her to do the opposite. She will take the medicine fifteen minutes after each meal, as I want her to do."

The Potency and Repetition of the Dose

Having decided upon the indicated remedy, we still find two very important and difficult questions confronting us. The first is: In what potency should it be given? The second one is: If more than one dose, at what intervals should the doses be repeated? Let us take up these two questions.

The Potency

To determine the potency to be given has been much more difficult than to determine the repetition of the dose. I have put in a great deal of time studying this question. The method has been much the same as that employed in determining the repetition of the dose, *viz.*, to study the reports of provers and patients (Clinical cases), and

to ascertain from our encyclopædias and journals the potency used when the group of symptoms similar to the one under consideration was caused or cured, or both, and give the remedy in the same potency. In this study of both provers and patients special attention should be given to the make-up. When the potency is not given in the recorded cases, a higher potency should be selected for the markedly neurotic and the highly susceptible patients, than for the dull, sluggish, unimpressionable ones. Another element enters into deciding on the potency, and that is whether the case is an acute or chronic one. The potency should always be higher and the time waiting to determine whether the remedy given is acting or not should be much longer for chronic than acute cases.

One more case to illustrate. I made the acquaintance of Dr. H. C. Allen while he was at Ann Arbor. After he moved to Chicago we became more intimate. He advised his sister Jennie, who lives in Iowa, to employ me. I sent him many patients in Chicago. One of these patients who called Allen was a maiden lady about fifty. She had been a patient of mine about twenty-five years. She had often come to me for the following group of symptoms: A dry cough, worse at night, causing her to sit up, worse after eating and drinking, worse from coming into a warm room. The cough was accompanied by stitching pains in the chest and abdomen; a splitting, bursting headache. Allen gave her Bryonia 1^{m}, one dose. Twenty-four hours later he found her no better; in fact, a little worse, as there was a little rise in temperature.

He repeated his prescription. Thirty-six hours later he called and got the same report: "No better, if anything, worse," and in addition to the report, "Dr. Royal used to give me five discs every two hours and I usually began to improve after the tenth dose and speedily got well." Allen called me on the phone. "What did you give Miss W. for her bronchial attacks?" I replied, "Bryonia." Allen retorted, "So have I, but it did her no good whatever." In reply to "What potency?" he said, "1m, one dose." I replied, "I tried the 1m, also the 30th, with her at first with the same results you have secured. Give her five drops of the 3rd every two hours." Allen and Miss W. both told me the 3rd acted as usual.

Repetition of the Dose

Two questions naturally arise in regard to repeating the dose. First, how long should we wait after giving the one or first dose, if there be no improvement, before we either change the dose or the remedy? Second, having decided to repeat the doses, how long should the interval be between the doses. The first question applies especially to the use of the high potencies and is a most difficult one to answer. If the condition be a chronic and also a periodic one, I would suggest that the dose be not repeated till after one of the periods. To illustrate, a patient comes to your office and asks relief from a school-teacher headache, *i. e.*, one coming every Saturday A. M., and the symptoms call for Iris ver.; give one dose of the Iris and wait till after at least one week elapses. If after

two weeks and no improvement, I change the Iris to some other remedy of the Iris class.

If, on the other hand, the case be one of dysmenorrhœa or menorrhagia, I would wait till after at least one monthly period. On the other hand, should your patient be suffering from an intermittent fever, the attacks coming every two, three or four days, wait till after the expiration of at least two periods.

In regard to the second question, we should be governed entirely by the tissue involved and the condition of that tissue. To illustrate, let us suppose that the blood is the tissue involved and that the abnormal condition has been caused by typhoid fever germs. In such cases two or three doses every twenty-four hours are sufficient. On the other hand, suppose we have a case of angina pectoris or ptomaine poisoning or laryngismus stridulus; we then administer such remedies as Glonoine, Veratrum alb., etc., at intervals as short as fifteen minutes. Here again the records of the provers are of great value. In them we find that such a drug as Glonoine produced symptoms a few seconds after its administration, while workers with Plumbum did not show objective symptoms of nephritis until after months or even years of exposure. I am guided as to the interval between doses by such facts.

In either case, should you get improvement, stop the repetition of the remedy and do not repeat so long as the improvement continues. There is much more that we could say on our subject, but I am getting tired and am sure you are.

Therefore, I will close by saying: Study drug provings, not only the symptoms including the order and frequency of their appearance for the purpose of grouping and ranking them, but study still more the provers, study and ascertain as clearly as possible what inheritance and what environment has done for them.

Study your patient individually as a human being—a triune man, *viz.,* a physical, an intellectual, a spiritual, all three united as one, and so united that it is impossible for one to be affected without the others being affected also.

Auxiliary Treatment

Questions: "What about auxiliary treatment? How much importance do you attach to it? What does it include? You mentioned the words several times yesterday, and I have heard you speak about it several times at our meeting. Tell us more about it."

Answer: Auxiliary treatment is a very important subject, and has much to do with the results we obtain from our indicated homœopathic remedies. First, let me state what the term means to me. I include in it anything that can in any way make our remedies act more "quickly, safely and permanently." Let me cite a few cases to illustrate:

At our meeting of the A. I. H. at Montreal I cited the following:

Case I. One of our M. D. colleagues called me to the following case: A woman about 70, inmate of our old people's home. The entrance complaint was "Can't

sleep." The cause was a break in compensation of her heart which had been badly damaged over fifty years ago. The symptoms were, "Can't sleep, as I cannot breathe lying down." The other symptoms were water in all parts of the body, dropsy of both feet and legs, ascites, also water in pericardium and pleura. She had been given Apis, Apocynum, Arsenicum, Strychnia phos., etc., without relief. Anasarcin, two tablets every two hours until diuresis and catharsis were well established, and then Strychnia phos. 3x as needed to prevent a return of the condition. Over two gallons of urine and fæces were drained from the patient during the next thirty-six hours. This was over three years ago and the auxiliary treatment has not been needed since. She takes a dose of the Strychnia phos. 3x occasionally and is able to be up and around.

Please note the fact that homœopathic remedies had been given for the purpose of helping the patient get some sleep lying down. Why should she not sleep? Because the pericardium, the pleura, the abdomen were drowned in a fluid. Why was the fluid there? Because of a permanently disabled heart. The heart and all the organs together working naturally had not removed the water which the diseased heart had permitted to accumulate. Neither had Arsenicum alb. nor the other homœopathic remedies been sufficient to help nature drain the system of the fluid. But the Anasarcin was a sufficient helper.

Wasn't Anasarcin the indicated homœopathic remedy? I don't know, no one knows, because Anasarcin had never

filled the human body with fluid—*i. e.,* has never been thoroughly proven by being administered to humans, animals or plants. We might say that it has been proven clinically many times, times enough by myself so that I could see an Anasarcin patient in this old lady.

Again, note that the Anasarcin was not able to meet all three requirements. It did remove the fluid *rapidly* and *safely,* but not permanently. It did, however, let the old lady breathe and sleep lying down.

And yet again, please note and bear in mind that the Strychnia phos. did not cure, *i. e.,* restore the damaged heart to normal, but it checked the further progress of the fatty degeneration. I feel that the Anasarcin and Strychnia phos. were complementary, *i. e.,* helped each other.

The Diet Question

"What about diet, something practical, up-to-date; something which is auxiliary to the indicated remedy?" I frankly confess that I am "up in the air" on the diet question. Didn't you learn all about diet, especially the latest on vitamines, on the *Duchess* going over?

Forty years ago I knew ALL about diet; twenty years ago about *half;* ten years ago about a *quarter;* at present I am so confused I really am at sea on the question. For the past fifteen or twenty years the instructors at the Y. W. C. A., who have taught how to construct and supply nick-nacks for tea parties; the old maid teachers on domestic science in our public schools; old maids who never bore a child nor nursed a patient, who never kept

house or cooked for a family, give us through the newspapers, magazines and journals, *all about diet.* Some tell us all about vitamines, some all about oils and fats, others all about fruits and vegetables. One day we read that spinach contains pure iron in just the form for the anæmic person; the next day we read that the most important part of spinach is not iron, but muriatic acid, etc. One says *eat* much cabbage, the other says *don't eat* cabbage, bringing to mind the old chestnut "Cabbage good for typhoid patients; cabbage kills typhoid patients." So I have about given up in despair. "But you teach it and write about it in your reported cases."

Yes, I tell my patients they can tell much better than their physician what to eat and drink and what not to. I quote that old jingle: "Found in the *oyster* but not in the shell, found in the *river* but not in the well," etc. The thing refers to a letter like R, *e. g.,* I tell the patient to apply it in the following manner. When they have gas or a sour stomach or a diarrhœa, write down in a notebook every article of food or drink taken at the two or three meals preceding the attacks. Do this half a dozen or so times, and they can find out the offending article of diet. Then let that article severely alone.

My experience has taught me that Coffea high is very effective for insomnia caused by drinking a large amount of ordinary strong coffee or a smaller amount of very strong coffee; also that coffee is inimical to Nux vom. in any potency, *i. e.,* that coffee and Nux are incompatible. I have also found out that a remedy in a high potency

will prepare the digestive organs so that they will digest and assimilate food or drink which has formerly disagreed with the patient.

Case I. A tall, slender, long-boned, light-complexioned young woman said: "Doctor, I crave fruit, especially apples. I would like fruit at every meal, but it makes gas and causes acidity of the stomach and mouth. Can you help me?" I assured her I could. I put her up a two-dram vial of Phosphorus 30th and told her to take five discs ten minutes before each of her three meals. Also told her to eat apples—eat apples to her heart's content, and to report a week after the medicine had been used up. Her report was: "It has helped a good deal, most for the acidity, but I am far from cured."

The vial of Phosphorus was refilled and ordered taken as before. In addition, I ordered two drams of Horsford's Acid Phosphate in a teacup of hot water fifteen minutes after meals. Six weeks later, she reported: "I'm all right now; can eat all the fruit I want, but do not crave so much of it; and, what is better, I do not have a cough, which I had every time I went out into the cold air."

Another preparation of Phosphorus, which I have found beneficial as an auxiliary to Phosphorus 30th or 1m is Eskay's Neuro Phosphates. This I give in two-dram doses after meals. Are not the phosphates the cause of the good results? No, for in some cases I have given them without the Phosphorus high and failed, and after that combined them and was successful.

But sometimes it is not food nor drink which must be prohibited. Pernicious habits, aversions and desires are as difficult to change or control.

Case II. A neurotic, exceedingly emotional young woman of twenty-four came to me for help. She said: "When I go to a theatre and see and hear something emotional, or read some sensational book, I get the worst headache, followed by a profuse, prostrating diarrhœa and urging to urinate so that I'm done up for a week." She was advised to go to the weekly prayer meeting instead of the theatre and read Milton's "Paradise Lost."

"Did that cure her?" No, because such patients never follow directions (orders). Gelsemium 30th both before and after the theatre did help some, all I could promise her.

I have tried for the past decade to induce some homœopathic physician who has a hospital, with a good laboratory, to make a study of what I call *drug dietetics* so that we could have a reference book to which we could turn and find at a glance what diet agrees with patients needing a certain remedy, and what diet disagrees, but I have plead in vain. I am compiling a little pamphlet, however, from cases reported, in which the diet and other auxiliary treatments have been reported. It would be a great help if everyone reporting cases would give the auxiliary treatment they advise for each case and the results they obtain therefrom in full.

Palliation

I am going to frankly and freely confess that I use anodynes, mostly the different preparations of opium, in connection with the homœopathic remedy. I believe the practice to be not only humane, but reasonable and sensible, and that it has saved many lives. Under what conditions do I use palliation? I will illustrate by citing three cases.

Case I. A young man was working in a factory. He was caught by a belt which went over a shaft which was about eighteen inches from the ceiling and was carried over that shaft. The result was ruptured abdominal wall with intestines protruding and thirteen fractures. The necessary surgical service was rendered. When he came out from under the anæsthetic I injected into his arm 1/4 gr. of Morphia sulph. and 1/500 gr. Atropine. He was kept under the influence of this anodyne for nearly a week. He lived, and I am sure that the opiate should be given credit for saving his life.

Case II. A little girl two and a half years old was helping her mother in the kitchen. There was on the edge of the table a pail of hot lard. The girl reached up and pulled the pail of lard over the lower part of her face, neck and chest. The first thing I did was to inject 1/8 gr. Morphia sulph. Then I dressed the burned surface with Cantharis and gave Cantharis internally.

Case III. Mrs. H. M. C., age 32; mother of two children; extremely neurotic; subject to spells of insomnia; was standing on the porch of her home talking with a neighbor who was just leaving after a call. While

they were talking her two children, one aged two and the other five, were playing on the sidewalk. The two-year-old started to run across the street in front of a street car and the second child made a dive for the first to pull him back.- Both were instantly killed. The mother fell unconscious. On returning consciousness two hours afterward she began to scream, "I've killed my babies, I've killed my babies. I was talking to my neighbor."

Everything was done that could be done to quiet her by assuring her she was not to blame, etc., but to no avail. I was then called and gave her one-fourth grain of Morphia sulph. hypodermically. When the effect of that was gone and she began to scream again, I gave the second dose. She was kept unconscious for forty-eight hours. After that she was given Ignatia 30th, five drops every three hours. The Morphia was only repeated once, *viz.,* on the night after the burial of the children, and then only one dose was needed.

The three cases illustrate my practice for forty-six years and I am ready to defend it before any body of reasonable, sensible men or women.

And now, in conclusion, let me thank you again for an opportunity of making another payment on the debt I owe to Homœopathy—Homœopathy, the greatest therapeutic system of medicine—Homœopathy, the only system of Therapeutics based upon an immutable law—Homœopathy, which saved my life and gave me fifty years of opportunities.

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