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# THE HOMŒOPATHIC RECORDER

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## A VISION OF HOMŒOPATHY\*

EUGENE UNDERHILL, M. D.

In its totality, homœopathy is so vast a subject that a whole lifetime of study could not exhaust it. It is something without limit in its possibilities for development and in its power to help and cure the many millions of sick and suffering in the world.

The homœopathic materia medica includes practically all drugs and medicines used by the old school and many hundred other medicinal substances besides. There are, perhaps, around two thousand medicines used by homœopathic physicians in this and other countries, but countless thousands, doubtless many millions, of other substances could be used and prescribed on the homœopathic law were sufficient known about them to warrant their use.

Every mineral and metal, every flower and fruit, every weed and plant, every bird, beast or bug, every living and every dead thing, every substance known to man in all kingdoms of nature can be legitimately included in the homœopathic materia medica, and somewhere on the earth there may be some sufferer to match or require each and every remedy that was ever known or that can be known—surely the researcher has yet more worlds to conquer.

On the other hand, it often seems, and it is probably true, that one medicine can do the work of another and the materia medica may be overloaded with more or less duplications.

It is entirely possible that in time to come a correctly chosen group of one hundred remedies or less will cure every possible case of illness, or palliate where a cure is no longer possible—again, more work for the researcher.

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## RANDOM NOTES

C. M. BOGER, M. D.

The aim of medicine is to make for comfort and increase the span of life. Hahnemann contributed notably to this end when he brought into the light nature's own way of healing, from within. In doing so he evolved a new and unique method of dealing with symptoms and at the same time showed that success with the abnormal depends upon fully realizing what is normal. Just as the lights and shadows of the mind color every form and kind of action, so they foreshadow those oncoming storm crises which we call sickness, by *changes of mood and disposition*. It is nature's first signal call for help, and often varies but little from sickness to sickness in the individual, thereby affording a sure point of departure for the study of particular illnesses whose salient features are to be found in a minute examination of their latest developments. All symptoms are *reactions*, be they *general* or *particular*. The mental ones are the most illuminating as well as interacting fully with all the others, hence they deserve the highest rank. General sense reactions to heat, cold, light, noise, touch, posture, motion, etc., are all distinctly related to the *comfort of the patient*, hence also of great value. Subjective sensations are ideographic expressions, useful for interpretation by the examiner and may have any value whatsoever. Their true worth is best ascertained by their *purity and definiteness*, as fully expressed by the patient who invariably gives them a mental slant not otherwise obtainable. This has value in so far as it leads away from the machine methods of the schools. Every symptom picture shows three phases, constitutional, general conformation and the peculiarities. The basic factors with the rules of procedure are the constants, while the symptoms are the variables. All three must be well met before the *simillimum* can be seen. The gist of the case may be featured in any one part thereof. Often it is the common factor of the assembled peculiarities, again it may come down through the anamnesis, hereditary predilection, etc.

Late in February a child of two years developed severe *chills at 11 a. m. on every alternate day*. His face became very

blue, soon intense heat followed, then a slight moisture. One dose of *Natrum muriaticum* MM was given at *the close of the cycle*. There never was another chill and he has flourished as never before.

The profuse leucorrhœa of a young woman suddenly ceased; a left sided salpingitis with local swelling, high fever, restlessness and severe prostration quickly followed. Each paroxysm of pain *gradually rose to a certain pitch then suddenly ceased*. A dose of *Pulsatilla* MM restored the discharge over night and a steady and complete recovery followed.

A woman in the seventies with chronic nephritis was operated for a right sided strangulated hernia. In two weeks she developed subacute pneumonia with gastritis. The stomach pains always *went to the side upon which she happened to turn*. Two doses of *Pulsatilla* MM quickly stopped all distress and she expectorated much mucus, tasting of ether. In a week the gastric pain recurred but another dose of the same remedy completed the cure.

A devotee of Bacchus and Venus with endarteritis of the aorta and broken compensation was suddenly seized with an *agonizing twisting pain* in the left calf along with complete anaesthesia below that point. A swelling in the popliteal space appeared and he rolled about in great pain, tried hot baths and all sorts of applications without relief. A few doses of *Nux vomica* soon put him to sleep and in two days he was back to his former state.

These case histories emphasize the necessity of discovering the essential peculiarities which crop out from time to time in every sickness. In cases of long standing they are usually deeply rooted and should be used with care, lest we stir up an aggravation that cannot be easily handled. If structural changes have not gone too far and there is an abundance of vitality, we may venture with some confidence into the storm crisis which is almost sure to follow the administration of one of these diggers among remedies. Such cases bring us face to face with the old question of palliation and the use of sedatives; where it goes without saying that the genuine relief obtained will be in strict proportion to our knowledge of *materia medica*, for the ultimate effects of pain killers are never happy.

A woman well in the seventies had a dangerous abscess of the gall-bladder followed in four months by apoplexy and left sided paralysis; then came recurring cerebral congestions with violent head pains which caused her to *scream out, pull her hair and roll the eyeballs from side to side*. There was some paralysis of deglutition and a heavy dry coat on the tongue. Several doses of *Cuprum metallicum* MM given at long intervals made her very comfortable, cleared the tongue, removed the throat paralysis and restored the appetite, but did not affect the vascular degeneration.

Suppression and metastasis turn disease movement toward more vital organs engendering many evils. The laity cannot visualize the damage done by the use of salves, plasters, liniments and the host of soothing drugs so well calculated to relieve distress while they throw the vital forces into disorder, make disease more intractable and lower the patient's vitality. Let it not be thought that specialists, apprentice surgeons and dope shooters are the only ones guilty of disordering nature's processes; for chasing symptoms about without grasping their actual import and connection is a most insidious and subtle form of suppression, entailing endless confusion, often making cure an impossibility. This is the particular weakness of some deluded homœopaths. The curative remedy removes the latest symptoms first, then reaches further and further back until reaction to it has eliminated everything to which it is in the least similar in action. As the morbid symptoms grow less and less a calm finally follows whereupon very old symptoms reappear transiently or the picture alters its character radically, demanding a new analysis. This is a critical time for both patient and prescriber; a mistake here may ruin everything.

Aside from their acute dangers serums are palliatives as well as causing defective elimination; they lower reactive power and force the vital powers into more sluggish channels where response is much slower. This is fully shown by the presence of retention changes in the iris and the increased susceptibility to disease which follows. Injecting heterogeneous matter into the blood stream violates the laws of nature and is full of danger; being certainly a step down procedure.

Life expresses itself through harmonious interaction and ex-

penditure of vital energy. If its regular movement be disturbed health is soon impaired and disease appears. Prompt restoration demands the contacting of a similar acting force such as is best carried by potentized substances which are, after all, but new vehicles for particular detached forces. The dissipation of their power by sunlight is highly suggestive proof of this. Potentization seemingly does not change inherent vibratory activity as much as might be supposed. Did it in fact do so, the manifest power of the nosodes would soon lose all resemblance to that of its parent substance and become a nullity, which we know is not the case, by any means. That mere dilution or attenuation hardly alters the specific effect or vibration rate at all, is proven by the fact that vaccination not infrequently reproduces true smallpox, while potencies of *Variolinum* develop spurious variolous symptoms of high potential value. No procedure that violates the protective barriers which nature has thrown about the blood can possibly be anything but a bad palliative at best, and should not be called curative, however expedient it may be. Actual cures are only made by again harmonizing discordant vibration by means of the application of similarly acting forces. We thus come to think of the human body as a generator and storehouse of convertible energy capable of being shifted into needed channels when properly and sympathetically handled, which means that the forces used must primarily act in consonance with those to which they are applied, if we wish to restore normal action again.

Should the case be taken correctly, the similar remedy found, an accurate diagnosis made and whatever else is needful be done, it will all avail but little, if we do not know how to control reaction. The test of our ability is to know how long to await its appearance, to recognize it when it comes, to correctly evaluate its course and finally realize when it really ceases. These are the essentials.

Peculiarities of drug action are carried forward, amplified and intensified by potentization while their crudities are gradually eliminated; hence physiological action has value in so far as it is definite only. The burnings of *Arsenicum* and the cramps of *Colocynth* already appear in poisonings and extend as a charac-

teristic action through the highest potencies. Of itself this would not absolutely separate them from their companions, but as the ascent through the potencies is made notable modifiers and concomitants appear which clearly distinguish them from their associates. In this respect drugs act just like diseases. They cannot do otherwise, for no applied force can call forth what is not already potentially present in the human economy.

Every disease picture appeals to as well as leaves something to the imagination. Were it otherwise we could not cure. Disordered life forces soon exteriorize themselves as manifest disease pictures which we at once try to fill out by searching out all of its ramifications in order to form an unified concept thereof, which will be harmonious and be a speaking likeness, as it were, of some medicinal counterpart.

The correction of a disordered symptom complex is important and often difficult. For this preliminary work *Nux vomica* has very generally been used, largely because of the American drugging habit; but sometimes other remedies are clearly called for and must be given. A case in point: A lifelong hard drinker of 63 recently came to me with mitral incompetence and broken compensation. He did badly under several remedies including an allœopathic prescription of large doses of digitalis with hypodermics of morphia two or three times a day. There was mounting ascites, dropsy of the legs, Cheyne-Stokes breathing and increasing insomnia, not always due to the dyspnœa. We all know the picture, which usually ends in repeated tappings and final exitus. The peculiar sleeplessness kept me looking for a remedy to match the combined contingency and which would perhaps hold the heart a while longer. Sleeplessness in heart affections was finally found under *Cratægus*. The prescription was thirty drops of mother tincture in half a glass of water; one teaspoonful every three hours. The effect was unbelievable. In two days the patient's blue cyanosed face became red; the very dry, red tongue again became moist; he began to lie down a little and the immensely hypertrophied and dilated heart grew progressively less; in short, a marvelous improvement set in, until one day a left sided supra-orbital neuralgia appeared. Now I knew the



symptoms had been set in order. A single dose of *Spigelia* MM has seemed to establish valvular competency and only slightly irregular heart action remains. For obvious reasons, this case does not point to a complete solution of the treatment of even one type of cardiac disease, but it does show what the right application of the carefully selected homœopathic remedy may do in a very dangerous situation. In an acute endo-carditis following suppressed tonsillitis, with almost the same diagnostic picture, but accompanied by excessive restlessness of the arms and air hunger, *Tarantula* cured radically. It seems to me that valvular heart affections are more amenable to correct prescribing than has been generally supposed, but the utmost care to place the diagnostic and individualistic symptoms in their proper perspective, must be exercised, if success is to crown our efforts.

The problems which daily confront us are in no wise less vital if we take into account the ultimatum of disease, for every acute affection properly treated tends to bring to the surface those deeper lying dyscrasias which we carry about but too faithfully for our own well being. If we wish to eradicate these, much depends upon when and how we begin operations. Homœopathy has proven its high value in the growing years beyond all cavil. Dietetics and sanitation are the only measures which have come even within hailing distance of it here. When thinking over these things one is likely to become impatient at the narrow mindedness which has so long passed for real scientific attainment. Science is not the thing or mode which we learn, but the relativity with which we understand facts. This interdependence is not new in homœopathy, even, if almost bizarre in the senior branch of the profession.

One more thought. Our regular brethren may possibly take up and even extend the usefulness of the homœopathic method in a number of ways, but the purposeful manipulation of inherent vital powers is a step far beyond their grasp. For us it is almost natural.

PARKERSBURG, WEST VIRGINIA.

## VERIFIED SYMPTOMS\*

Effects of thwarted ambition, *Nux vomica*.  
Effects of thinking of their ailments, *Aurum muriaticum*.  
Anger from being misunderstood, *Bufo*.  
Anger with trembling, *Ambr.*, *Arg. nit.*, *AUR.*, *Chel.*, *Cop.*, *Daphne*,  
*Ferr. phos.*, *Nit. ac.*, *Pall.*, *Sep.*  
Anger from voices of people talking, *Con.*, *Teuc.*, *Zinc*.  
Anger from being touched, *Iod.*, *Ant. crud.*  
Animation, *Ang.*, *COFF. HYO.*, *Lach.*, *Par.*, *Sabad.*, *Valer.*  
Anxiety from approach of others, *Lyc.*  
Anxiety with burning in stomach and coldness of body, *Jatr.*  
Anxiety, nausea, *Nar. m.*, *Graph.*, *Nux vom.*, *Spong.*  
Anxiety with dilated pupils, *Nux vom.*  
Anxiety with pain in heart, *Nux vom.*, *Spong.*  
Anxiety with pressure at heart, tearing in loins and restlessness,  
*Rhus tox.*  
Anxiety from heat of bed, *Ars. iod.*  
Beats with fist, *Syph.*  
Bewildered during paroxysms of pain, *Acon.*, *Cham.*, *COFF.*, *Verat.*  
*alb.*, *Apoc.*  
Boldness, *Acon.*, *Ant. tart.*, *BOV.*, *CALAD.*, *IG.*, *Mez.*, *Nat. carb.*,  
*OP.*, *PULS.*, *Squil.*, *Ter.*, *Ver. alb.*  
Changing occupation constantly, *Sanic.*  
Cheerfulness exaggerated with headache, *Ther.*  
Concentration difficult for conversation, *SANIC.*  
Thinks words are spelled wrongly, *Med.*  
Confusion of time, *Lach.*  
Acts very daintily, *Sac. off.*  
Dazed from losing thread of thought, *Med.*  
Desires death, with photophobia, *Graph.*, *Nat. sulph.*  
Delirium at 12 a. m. with aggravation of pain and heat, *Syph.*  
Delirium after fainting, *Acet. ac.*—C. M. BOGER.

\*Not all verified personally but believed to be reliable.

## MAGNESIA CARBONICA\*

C. M. BOGER, M. D.

The common vision of *Magnesia carbonica* portrays sour, gassy babies with cutting colics and greenish, frothy, floating stools. Being an antipsoric also, it has other uses mostly based upon symptoms found in Hahnemann's *Chronic Diseases*. One of the most outstanding of these is sharp shooting pains, like lightning, along nerve tracts, apt to be worse at night; then the patient gets up and walks about for relief; so-called neuralgia, not always easy to trace to its lair, although not infrequently the digestive tract is at fault. The typical *Magnesia carb.* patient is a pretty sensitive chap with a restless flair as well as a desire to keep warm. He feels changes of weather and cold winds acutely, more so on dry than wet days; they make him tense and nervous.

There are some very distinctive symptoms referable to the median line of the anterior trunk, the most decided one being a pain at the junction of the fifth right rib with the sternum, noticed more on wiping the anus. The following peculiar symptoms have also been produced by it.

Distressing sense of dryness within the ears.

Pain or sweat over the right eye. Has helped right-sided cataract.

Cramps on the back of hands.

Awakes tired in the morning.

Desire for open air, yet sensitive to cold.

Averse to heat, yet can't bear uncovering.

Nodes under the skin. This symptom reminds me of a patient who was bitten on the left lower leg by a rat when a small boy. In his sixty-third year a hard dark mass as large as a half dollar appeared on this spot, which radiated shooting pains up and down the limb, more so at night. There was a history of two cases of cancer in the immediate family and a physician advised its removal, which the patient declined. He had attacks of feeling as if about to sink down, of sudden sleepiness, and general numbness. He could not lie comfortably on the right side at night (*Mag. mur.*) From the history he was presumably a sour bottle

\*Read at the I. H. A., Bureau of Homœopathic Philosophy, June 1930.

fed baby and, as a boy, had a foot sweat suppressed. He was always nervous in dry, bright weather. A dose of *Magnesia carb.* occasionally for several years removed the pains entirely, reduced the growth to the size of a nickel, made it soft and much paler, while his general health improved greatly. He also had the costosternal pain spoken of above.

It is noteworthy that this remedy presents quite a few of the modalities of *Pulsatilla* and of *Rhus tox.* and for this reason is often overlooked, often being needed when *Rhus* is given. It is a common complaint that poison ivy doesn't act long or thoroughly enough; when a careful scrutiny of the *Magnesia carb.* symptomatology will show that it should have been given instead.

PARKERSBURG, W. VA.

### DISCUSSION.

DR. C. M. BOGER: This paper is very brief, and to introduce it I wish to read a report received from the Source Research Bureau in Chicago. By the way, if you want any information this is one of the most valuable sources of information in this country. You get your information practically for nothing and it is thorough. I wrote to them asking for a history of the use of magnesium carbonate from the earliest times up to the present day and I will read what they say.

(Dr. Boger then read the report from this institution).

DR. E. B. LYLE: The W. F. Prior Co., Harrisburg, Pa., which publishes the *Tice Medicine* (alloëopathic), also have a very reliable research bureau, doing the same type of work as this organization Dr. Boger refers to. I have referred several homœopathic questions to them and really gotten some very good results. If anyone wants to know more about this service, I have the information at home which I will be glad to supply.

These charts, which I am passing around and to which I wish you to refer while I am talking, are based on 365 cases out of my own practice and 10 others. It has taken some time to compile this list. It was done in this way. When I made a successful or striking prescription and the patient came in later and said, "Doctor, I never had anything help me as much as that in my life", I wrote down carefully the date of the prescription. These dates were collected and located in the phase of the moon, first quarter, full moon, last quarter, or new moon. The most pictorial way to show the result seemed to be to mark each case on one of the squares of this double-ruled paper. The number of squares covered here is 375, corresponding to 375 prescriptions that were striking successes.

This research was undertaken to find out whether there was anything in this question of time of remedies as related to phases of the moon. I believe this is the way we ought to go at all questions.

If you will take your *Repertory* and look at the remedies which are mentioned in the rubric under full moon, or new moon, or whatever phase of the moon it is, you will find almost no resemblance to this chart. It does not take very long to discover a few things from this chart, as you will see by looking at it. From the very start of the investigation I found that *Phosphorus* led all remedies in the number of observations. So that the accusation that Dr. Macfarlan made this morning that I am a *Phosphorus* fiend is perhaps true. But there are a good many homœopaths who are *Phosphorus* fiends, I think. Then I discovered that *Phosphorus* was closely followed by *Arsenic*. If you will look over this chart carefully you will see that *Phosphorus* covers eighteen squares of the full moon. This is the highest number of squares covered. Those were eighteen successful prescriptions prescribed in the week of the full moon, and the next most prominent is in the last quarter which shows a decline.

Now if you will turn to *Arsenic*, you will find the highest

\*Informal talk before the I. H. A., Bureau of Materia Medica, June 1930.

number in the first quarter. It stops abruptly in the quarter of the full moon, and falls off then to the lowest point.

Then look at *Calcarea*, you see that by far the largest number of *Calcarea* manifestations come in the quarter of the new moon. *Calcarea phos.* follows closely after it. Look at *Hepar*. *Hepar* is almost equal to *Calcarea phos.*

Now look at *Sulphur* and *Pulsatilla*. You see that there isn't very much difference in the different phases under those two remedies. *Sulphur* is almost the same in all phases, and *Pulsatilla* is almost the same also. But look at the *Sulphur iod.* This remedy stands highest in the last quarter and next highest in the first quarter. Then turn to *Iodine* and see what that shows. *Iodine* is the very highest in the last quarter. This must be more than a coincidence.

If you will look through these tables in this way, you will find that there is a connection running through the whole thing.

How are we going to apply these results in practice? That is what we are getting down to. When a new patient comes in to you you asked him, "When are you worst?" "Well, I was worst the middle of last week." "Is that about when you are usually worst?" "Yes, about that time."

Open up your almanac and see what quarter the moon was in, then look down your list of remedies and see which remedies are most prominent in that quarter. It is not invariable. You may not make an absolutely accurate prescription but it will be an enormous help.

I wish all the other physicians here to do this: Each one of you has some of these charts. Mark a little cross in one of these squares as I have shown you and in nine or ten months return the charts to me and I will make a further compilation on this subject. I am going to run this study up until we have three or four thousand observations. This is the scientific method. You don't start out with any preconceived opinions at all. I am going to see how it comes out. If it isn't worth anything I want to know it.

Here is another point here: *Pulsatilla* is looked upon as being preeminently a female remedy and as having something to do with the reproductive organs. Therefore, inferentially, *Pulsa-*

*tilla* should manifest itself at the full moon. You see what the chart shows. *Pulsatilla* at full moon is very little different from *Pulsatilla* at any other time.

The same is true of *Sepia*. *Sepia* is the very lowest at the full moon.

If we can revamp our repertories more or less after this method then we will have something solid under our feet based on actual observations, not on somebody's opinion. When someone comes to this meeting and says, "I had one case that was helped with *Pulsatilla* and this and that was the matter with it", and you mark it down in your repertory that *Pulsatilla* is a wonderful remedy, such deductions are absolutely fallacious.

These things must stand the test of time and experience and that is what I am trying to do in this paper.

MOON PHASES

	N.	1st Q.	F.	L.		N.	1st Q.	F.	L.
Acon. ....	0	1	2	0	Bur-p. ....	0	1	0	2
Aesc. ....	0	1	2	0	Cad-s. ....	0	1	3	0
Agar. ....	3	0	2	1	Calc-c. ....	10	10	6	7
Aloe. ....	0	1	0	1	Calc-io. ....	0	0	1	0
Am-c. ....	0	0	1	0	Calc-p. ....	5	4	4	1
Am-m. ....	0	0	0	1	Calc-pic. ....	1	1	0	0
Ang. ....	0	1	0	1	Cam. ....	1	1	0	0
Ant-c. ....	0	0	0	1	Canth. ....	1	0	0	0
Ant-t. ....	1	0	0	0	Caps. ....	0	0	1	0
Apis. ....	6	1	1	4	Carb-a. ....	0	0	2	1
Arg-n. ....	2	2	0	1	Carb-v. ....	3	0	3	0
Arn. ....	0	0	0	1	Caus. ....	0	0	1	1
Ars. ....	13	15	10	4	Chel. ....	0	0	1	1
Ars-io. ....	3	0	2	0	Chin. ....	2	0	1	1
Asc-t. ....	0	0	0	1	Chion. ....	1	0	0	0
Bapt. ....	0	0	0	1	Cimi. ....	0	1	0	2
Bar-c. ....	1	0	0	0	Cina. ....	1	0	0	0
Bell. ....	1	2	0	0	Clem. ....	0	1	0	1
Bism. ....	0	0	0	1	Colch. ....	1	0	0	0
Bov. ....	0	0	1	0	Coloc. ....	2	2	0	1
Bry. ....	4	9	2	3	Con. ....	2	0	0	0

	N.	1st Q.	F.	L.		N.	1st Q.	F.	L.
Cor-r. ....	0	0	0	1	Mez. ....	1	1	1	0
Cupr. ....	1	0	2	0	Mur-ac. ....	0	0	1	1
Dios. ....	1	2	1	0	Nat-m. ....	2	5	3	2
Dros. ....	0	1	0	0	Nat-p. ....	0	0	1	0
Dulc. ....	1	0	0	0	Nat-s. ....	1	1	1	1
Eup-per. ....	0	1	1	0	Nit-ac. ....	0	0	2	2
Fer-p. ....	1	0	0	2	Nux-v. ....	8	1	3	3
Frax. ....	0	0	0	1	Pall. ....	0	0	2	0
Gels. ....	1	0	3	0	Phos. ....	9	10	22	11
Grap. ....	2	4	0	2	Phos-ac. ....	0	1	1	4
Guai. ....	0	0	1	0	Phyt. ....	2	0	2	4
Ham. ....	0	1	3	0	Plat. ....	0	0	0	3
Hep. ....	6	0	2	1	Plumb. ....	0	3	1	0
Hura. ....	0	0	0	1	Populus. ....	0	1	0	0
Hyds. ....	1	0	0	0	Psor. ....	0	1	1	0
Ign. ....	2	2	4	1	Puls. ....	4	8	5	8
Iod. ....	0	0	0	3	Pyrog. ....	0	0	1	0
Kali-bi. ....	2	1	3	1	Radium. ....	0	1	0	2
Kali-c. ....	1	1	2	2	Rhus-t. ....	8	4	3	2
Kali-p. ....	0	0	0	1	Rumex. ....	0	1	0	0
Kobalt. ....	0	0	1	0	Sabad. ....	1	1	0	1
Lac-c. ....	0	0	0	2	Sabal. ....	2	0	0	0
Lac-d. ....	0	0	1	0	Sang. ....	0	3	2	2
Lach. ....	5	1	4	2	Sars. ....	0	0	0	1
Lapp. ....	1	1	0	0	Scroph. ....	0	0	0	1
Lactrod. ....	1	0	0	0	Senecio. ....	1	0	0	0
Ledum. ....	0	0	1	0	Sepia. ....	6	7	2	12
Lil-tig. ....	0	1	0	0	Silica. ....	1	4	3	0
Lyc. ....	4	5	7	9	Solidago. ....	2	0	0	0
Mag-c. ....	1	1	1	0	Spig. ....	1	0	0	0
Mag-m. ....	0	0	2	0	Spongia. ....	1	0	0	0
Marum-v. ....	0	0	1	0	Stan. ....	1	2	0	0
Medor. ....	2	2	0	1	Staph. ....	0	0	2	1
Merc. ....	3	1	4	5	Stram. ....	1	0	1	0
Merc-cy. ....	0	0	1	0	Stront. ....	0	1	2	0
Merc-i-f. ....	2	2	0	0	Sulfur. ....	5	6	8	9
Merc-i-r. ....	0	0	0	1	Sul-io. ....	1	4	5	7

	N.	1st Q.	F.	L.		N.	1st Q.	F.	L.
Symph.	1	0	0	0	Vibur.	0	0	1	0
Syphilin.	0	1	1	0	Tellur.	0	0	1	0
Tabac.	0	0	0	2	Xanth.	0	0	1	0
Thuj.	3	3	1	1	Zinc-pic.	0	0	0	1
Tuberc.	1	1	0	1	Zinc-sul.	0	1	1	0
Ver-a.	0	0	1	0					

The above is a record of the time of giving 624 prescriptions that were eminently successful. They are all taken from my records except twenty-five. In quite a few of the remedies there is shown quite a trend toward certain periods in the month; many others, for lack of observation enough are not in the least conclusive, but can be used only as possible hints. This record shows the beginning of quite a few unexpected relationships. In the future I hope to extend the tabulation much further, in order to either clear up or disprove what seems now indeterminate.

PARKERSBURG, W. VA.

#### DISCUSSION

CHAIRMAN J. HUTCHINSON: I take it from what you say that this is purely for the purpose of seeing how things are. We do not do much studying of the moon phases and I think it will be an interesting experience to follow out what you have said.

Shall we have discussion on Dr. Boger's suggestions?

DR. I. L. FARR: This subject is rather too new to discuss. Personally, I would like to ask the doctor a question from this angle: We hear a good deal about the reading of horoscopes. In your experimentation with this did you take into consideration anything at all as to your own horoscope, under what constellation you were born, or under what constellations your patients were born? Or does this purely concern the moon phase at that time—at the time the patient comes into the office?

DR. C. M. BOGER: That is all. I don't know what my horoscope is. It concerns the action of the remedy at that time. I think it opens the door to a wonderful development.

DR. J. W. KRICHBAUM: In the first year or the second year of my practice I had perhaps as satisfactory a cure as I have ever made. It was a cancer of the stomach, diagnosed by the best pathologist in the States, Cobbler of Cincinnati. The symptom that led to the cure and practically the only symptom I could obtain was aggravation at the moon's waning. The man had been losing weight for three years; he was short, and heavy-set, and had gone from something like 200 pounds down to 98. He had hiccoughed during the entire period and that was what he complained about. We washed out his stomach and found mucous scabs. At the beginning, I doubted the cancer part of it. He had been at three institutions. He came back from Cincinnati to me

with a letter stating that he was in the last stages of cancer, and the only thing I could do was give him morphine and make him easy until he died.

While talking with his wife she said to me, "It is a funny thing about John's hiccoughs. They follow the moon." She brought out the almanacs covering those three years and with one exception that man had hiccoughed constantly day and night for two weeks and then had had a two weeks' intermission. At that time he went without hiccoughs for sixteen days and only had twelve days of hiccoughs. In the Repertory under "moon is waning", I found but one remedy which I sent down the next morning. Four hours later the man stopped hiccoughing. Three days after that it returned and lasted for about two hours. In two weeks I gave him more *Dulcamara*. An old conjunctivitis returned. He asked for *Hepar* and I gave it to him. I always regretted that I did because I am satisfied now that he didn't need *Hepar* at all. I should have left him alone. He cleared up in due time—regained his usual weight. He went along for five years without a hiccough or any other trouble and then it returned and *Dulcamara* again stopped it promptly. The next time it occurred was about three years later. In the meantime I had moved to New Jersey. The daughter telegraphed me one day that her father was hiccoughing and I sent them *Dulcamara*. I received a letter from her that it had done no good, that he was still hiccoughing, and he had a lot of symptoms. I sent him *Arsenic*, but he died hiccoughing.

CHAIRMAN J. HUTCHINSON: What was the moon doing when it wasn't waning? It doesn't wane but one week, does it?

DR. J. W. KRICHBAUM: Two weeks; from the full point of the complete change is two weeks, not one week. The moon I have always gazed at has a four weeks' cycle.

DR. A. H. GRIMMER: I think Dr. Boger has opened up something that is really worthwhile. We have heard this question of the relation of moon phases to drugs almost ever since homeopathy began, and there have been many bitter controversies over it without really knowing the truth about it one way or the other. Dr. Boger has given us an opportunity now to prove it scientifically. The way he is taking it up it is quite unique. We will be able to tell what a drug is doing during these lunar phases. There is no question that the moon governs a great deal of natural phenomenon in nature. That has been proven from time immemorial. The tides are notorious examples.

DR. J. W. WAFFENSMITH: Occasionally I get a case that is very much the same as Dr. Krichbaum's case, influenced by some particular phase of the moon, possibly the full moon, and after making a careful analysis of the case and carefully selecting the remedy that condition is considerably modified or disappears, with a general improvement in the patient. But subsequently I will find an increasing aggravation at another phase of the moon.

This may be perplexing, and if there is any question as to whether there has been an improvement or whether there is a return of an aggravation of a group symptom it may lead one to the conclusion that the remedy has not been properly selected. If the remedy is a near-*simillimum* it would be better to leave that case alone, because the probabilities are that after awhile the new condition will also become modified as the improvement of the patient goes along. This explanation is from a miasmatic standpoint. The patient has a complex miasm. The particular miasmatic activity at the time may produce an aggravation under a certain phase of the moon, which is a part of the totality of the case, not necessarily very important, but a part of the totality of the case, the same as any other symptom. There may be a symptom running through that case which may not be affected by the first dose or the second dose of the remedy that is given, but that case is improving.

If we change that remedy we will further complicate the case because the second phase of the evolution of this curative condition represents an-

other angle of a complicated miasmatic case. It represents another phase which possibly has lain dormant and through the improvement of another angle this latent angle comes into the picture and produces a group of symptoms which are highly beneficial to the curing of that case. Therefore it brings us back to the proposition that when we have (and I will reiterate) a near-*simillimum* and there is a shifting of symptom groups it behoves us, I believe, to wait and be patient and the reward will come in the further improvement of the case.

DR. H. FARRINGTON: In looking over the list I notice that *Natrum carb.* is not included.

DR. C. M. BOGER: I can't put in everything out of my own experience.

DR. H. FARRINGTON: I was in hope that I would find it. Many years ago I cured an enormous goitre in a boy of seventeen and practically the only indication which was peculiar was that the goitre enlarged at some phase of the moon—I have forgotten whether it was the waning moon or the full moon. I think it was worst in the full moon.

DR. C. M. BOGER: Look it up, doctor. I want that for my chart.

DR. C. A. DIXON: I am connected with the courts, in making commitments to the asylum of lunacy cases. We find that we always have more commitment cases at the full moon than at any other time. We have checked it up for years.

DR. G. B. STEARNS: In our clinic we had two cases that were definitely worse at moon phases. One was a case with symptoms of gastric ulcer which was always worse once a month—always at the new moon. The other one was a case of epilepsy in a woman who always had her case at the full moon. *Bufo* was her remedy. The remedy in the first case was *Lycopodium*.

That you may know you are not dealing purely with moonshine as it is traditionally known, moonshine is polarized light, not ordinary light. And if your mind is a bit twisted on what polarized light is, it is as though the light came through a set of bars and only the vibrations in one direction get through. All the others are suppressed.

DR. J. W. KRICHBAUM: I was talking to the doctor who had charge of the woman's department of the Kentucky Asylum and she told me that seventy per cent of her epileptic cases were aggravated at the full moon. She didn't have the percentages at the other phases of the moon.

DR. D. PULFORD: May I confirm both what Dr. Dixon and Dr. Krichbaum have said. At the Middletown State Hospital we count on patients "blowing up", which is the term they use for it, more at that phase of the moon than at any other time.

PRESIDENT G. STEVENS: I have had several cases where the patients were definitely sleepless at the full moon, and who were sleepless even when the moon was clouded or the room darkened. So that it wasn't merely a matter of light. The sleeplessness was intense.

DR. C. M. BOGER: Do you remember the remedies?

PRESIDENT G. STEVENS: *Sulphur* was used in one case.

DR. C. M. BOGER: There is one thing here to which I want to draw your attention. Much to my surprise, *Gelsemium* has three squares. It is entitled to another one, making it four squares. *Gelsemium* is worse at the full moon. There are many surprises in this thing, and it surprised me just a little that *Gelsemium* is worse at the full moon.

Dr. Waffensmith is entirely borne out by what Dr. Kent says. I read the article not long ago in which he speaks of this peculiar unfoldment of cases. He says there is only one thing to do and that is to wait and let them unfold and give your remedy very rarely, one or twice a year maybe, at the most three times a year. I think this study is going to help to bear that thing out also, and, as I said before, it opens a great door which we may enter if we will. Now, are you willing? That is the next thing. In order to be willing, you must do the work.



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# THE HOMŒOPATHIC RECORDER

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## A VISION OF HOMŒOPATHY\*

EUGENE UNDERHILL, M. D.

In its totality, homœopathy is so vast a subject that a whole lifetime of study could not exhaust it. It is something without limit in its possibilities for development and in its power to help and cure the many millions of sick and suffering in the world.

The homœopathic materia medica includes practically all drugs and medicines used by the old school and many hundred other medicinal substances besides. There are, perhaps, around two thousand medicines used by homœopathic physicians in this and other countries, but countless thousands, doubtless many millions, of other substances could be used and prescribed on the homœopathic law were sufficient known about them to warrant their use.

Every mineral and metal, every flower and fruit, every weed and plant, every bird, beast or bug, every living and every dead thing, every substance known to man in all kingdoms of nature can be legitimately included in the homœopathic materia medica, and somewhere on the earth there may be some sufferer to match or require each and every remedy that was ever known or that can be known—surely the researcher has yet more worlds to conquer.

On the other hand, it often seems, and it is probably true, that one medicine can do the work of another and the materia medica may be overloaded with more or less duplications.

It is entirely possible that in time to come a correctly chosen group of one hundred remedies or less will cure every possible case of illness, or palliate where a cure is no longer possible—again, more work for the researcher.

\*Introductory lecture delivered at the Post-Graduate School of the A. F. for H., July 1930.

Consider also the infinite divisibility and potency of medicines prepared according to the homœopathic method. A drachm of any drug is more than sufficient to treat every patient in the world needing that remedy. To illustrate: *Nux vomica* is a frequently indicated medicine. One drachm of the tincture run up through a series of potencies—sixth, thirtieth, two hundredth, one thousandth, ten thousandth, fifty thousandth, and one hundred thousandth—could provide enough potentized *Nux* to treat every patient, requiring this remedy, who ever lived or who may yet live. One drachm of the tincture in one hundred parts of water would be the first centesimal potency. One drachm of this dilution in one hundred drachms of water would be the second, and so on. If all of each potency were used each time in preparing the next higher, long before the one hundred thousandth, or *cm*, potency as reached, all the water in the oceans of the world would, doubtless, be inadequate. We have remedies not only run up to the *cm* but even to the millionth and two millionth and the end is not yet.

I have personally used the millionth and two millionth potencies of *Nux vomica*, *Pulsatilla*, *Lycopodium* and other remedies with such definite and striking results that I am as certain they acted as I am that the sun rose this morning.

A very few trials of these extremely high potencies, in cases where the symptom picture is sharp and clear, will suffice to convince any homœopathic physician of their tremendous power.

We hear much these days about the energy latent within the atom and also of efforts being made to split the atom and the electron and thus liberate this latent energy. It is quite certain, moreover, that every atom is, in itself, a living thing. Every life has an identity of its own and it is forced to express itself in and through some form. All forms are encasing and limiting in their effect, are, in fact, containers and retainers of the life energy within.

The method of potentizing medicines has the effect of breaking up the form and the encasing envelopes and thus liberating, to a greater or lesser degree, the specific drug energy lying dormant or latent within each molecule. Potentizing a substance, therefore, is a means of raising the specific energy from the

plane of bondage to the plane of liberation, from the finite toward the infinite.

But let us consider further. When kept well corked and sealed, away from heat, away from sunlight and under all around good conditions, these potentized remedies will hold their specific energy and their power undiminished as the years roll on. How long would they retain their virtue? Doubtless, for centuries.

Many homœopathic physicians today are using potencies obtained as grafts (a few medicated pellets placed in alcohol) from Hering, Bœnninghausen, and other early masters of homœopathy. Probably they in turn obtained some of those potencies from Hahnemann himself. When your brother physician wishes a graft potency of any remedy let him have it. You can share all your remedies and potencies with others and still have enough and to spare of each of them. Such is the resourcefulness, the boundlessness, the infinitude of the potentized remedy as given to the world by Samuel Hahnemann.

The correct homœopathic remedy when given in suitable potency will, in favorable cases, initiate a cycle of curative action in the organism. The momentum, duration and ultimate effect of this curative cycle depends on several factors among which are the nature of the disease, the corresponding nature and pace of the remedy, and the degree of vitality still possessed by the patient. Such a cycle of remedial action may last for minutes, hours, days, weeks, months and often, in chronic cases, for years.

Just what will and what will not cut or divert such a remedial cycle is not fully known but there is sufficient evidence to show that the too frequent repetition of the remedy, and the indiscriminate employment of various potencies, constitute a most certain means of interference to the detriment of the patient. The rationale of the classical rules for repetition and potency selection is thus understandable on the basis of cyclic action.

When you have gotten all you can out of a given remedy in a given potency and improvement has ceased, and after waiting a reasonable time no further action of the remedy is observable in the behavior of the symptoms, then and then only is another



step or perhaps a higher potency to be considered in order that a new rising cycle may be initiated to carry forward the restorative process.

Cyclic law operates in, and through, all nature. In applying the law of similars we must harmonize and time the application with the other fundamental laws of nature, and not attempt to force one law against another.

When, and how, is one to begin so gigantic a task as that of studying and applying homœopathy? Fortunately, the study and the application can, and should, go hand in hand. No study will pay larger or quicker dividends in results and satisfaction.

What are the essential steps in taking up the study of homœopathy? In the first place, the mind must be prepared to receive the teachings, and this requires that preconceived notions and prejudices be laid aside while the new ideas and the new viewpoints are being acquired. A critical, skeptical attitude can only act as a barrier to the acquirement of new knowledge. Obstructive and destructive criticism are ever born of ignorance. Constructive criticism is needed and that can only come from the informed mind.

The study of homœopathy includes:

1. Homœopathic philosophy
2. Materia medica
3. Case taking
4. Repertory study and remedy selection
5. Case management.

If one desires to achieve success and to become a really competent homœopathic physician he cannot afford to neglect any of these five major lines of study. Successful practice hangs on this five-linked chain and no matter how proficient one may be in any of these if there is a missing link the chain will be too short to reach a large proportion of the cases treated and the physician will not rise above the level of mediocrity.

Homœopathic philosophy requires, first of all, a full appreciation of the law of similars for on this law homœopathy is founded. Other systems of medicine have their empiricism, their routinism, their accepted, accredited, recognized, regular and

orthodox modes and methods of treatment, and these change, ever change, as the swift seasons roll.

Correct homœopathic practice, on the other hand, is founded on one of the simple and eternal laws of nature and as such it grows and broadens, is subject to further elucidation and definition, but is ever anchored to one and the same fundamental law.

But, you say, why then is not homœopathy universally recognized and practised? Why is it not taught in all of our great medical colleges and universities if it is based on a simple, natural law and is, after all, the really scientific method of treating the sick?

In the *Golden Verses* of Pythagoras, written 700 B. C., we find this: "Even as Truth, doth Error have its lovers"; and we have Hahnemann's warning that "Indolence, love of ease and prejudice of mind preclude service at the altar of Truth". These limiting attributes of the human mind in general and of the medical mind in particular explain in large measure why homœopathy is not in the forefront and universally recognized today.

The simplicity, the truth, the honesty of homœopathy do not particularly appeal to the coldly materialistic type of mind which predominates in so many branches of science and learning in our day.

Familiar illustrations of the law of similars, in the expressions of every day life, are not hard to find. How often have we heard this, "What he needs is a dose of his own medicine"—homœopathic treatment, in other words; "Misery loves company"—someone in like misery or woe—again homœopathic, and it helps.

When greatly over-heated, a drink of ice water has often proven most disastrous. A hot drink, under such circumstances, is not only safer but more lastingly cooling in its effect.

It is much easier to row a boat down-stream than up-stream—smaller and less frequent doses of energy are required. Rowing down-stream is working homœopathically, or in harmony with the law of gravitation. Working with nature is always easier and smoother than working contrary to the drift.

When one is in health, he is approximately in a condition

of balance or equilibrium. As soon as he is sick that poise is lost to a greater or less degree.

Symptoms are manifestations of nature's effort to restore equilibrium. The similar remedy, harmonizing as it does with the symptom picture, may temporarily magnify the symptoms. This is what is known as a homœopathic aggravation, and when not too severe is favorable and helps to prove the homœopathicity of the remedy. Furthermore, the remedy, harmonizing with nature's own effort, more quickly restores equilibrium where such restoration is still possible of accomplishment.

Correct homœopathic medication cuts short many cases of illness, cures many that nature, unaided, could never restore to health, and finally, it palliates where the pathological condition has gone too far to be overcome.

Homœopathic philosophy, correctly understood, thoroughly perceived and appreciated, will lead one unerringly to a firm belief in the power of the potentized drug, and finally, to the efficacy of the remedy in initiating a cycle of curative action when truly homœopathic to the case in hand.

#### THE SINGLE REMEDY

#### THE POTENTIZED DRUG

#### THE CYCLIC ACTION OF THE REMEDY

Let these burn into your consciousness!

The unfaithful alternate remedies and mix drugs. The careless jump around from the tincture to the cm potency and back again. The ignorant give a new remedy every time the patient is seen. Such are unworthy and false followers of Hahnemann and homœopathy.

Homœopathic philosophy includes all essential points in case management. The removal of obstacles to cure is a most important subject for consideration.

Of what ultimate avail is it to give *Nux vomica* to a patient and allow him to continue the habits and routine of life that have so largely been responsible for producing a *Nux vomica* state?

If sex excesses and sex vices have been largely responsible for bringing a patient into a *Natrum phos.* condition to be sure

*Natrum phos.* will do wonders. It will quiet the nerves and pep up the patient, but if the new pep and energy are wasted in more and more sex vice, why blame homœopathy because the remedy will not hold?

If coffee drinking to excess has been largely responsible for bringing about a *Chamomilla*, an *Ignatia* or a *Nux* state, it is surely as important, perhaps more important, to stop the coffee than to give the remedy.

Homœopathic philosophy is inextricably bound up with common sense. Blessed is the physician who has his share of common sense. He has, indeed, the makings of a philosopher.

Correct first the routine of life. Correct the diet when faulty. Remove the obstacles to cure, and then give the remedy. You will seldom be disappointed, provided, of course, your remedy selection has been correct. To give the correct remedy and to allow obvious obstacles to remain in the way of cure is to fulfill only half of one's duty.

Homœopathy will often work wonders when given scarcely half a chance. Give it all the chance there is! Give it a square deal! Then watch results.

The law of similars, the single remedy, the potentized drug, the question of repetition, the suitable potency to employ, the removal of obstacles to cure, all essential details of case management, the proving of drugs, the building of the materia medica, the building of the repertory, the classification and evaluation of symptoms, the principles and methods to be employed in case taking—all these are proper studies, are in fact, part and parcel of homœopathic philosophy.

Give me a man well grounded in homœopathic philosophy, even if he has still much to learn of the materia medica. The best have yet much to learn.

A materia medica expert, if not well grounded in the philosophy, is a dangerous man to have around. He is a menace to his patients and to the cause of homœopathy. He probably does more harm than good.

Study *The Organon* and *The Chronic Diseases*. Study Kent's *Homœopathic Philosophy*. Study Stuart Close's *The*

*Genius of Homœopathy*. Study Kent's *Lesser Writings* and his *Materia Medica*, both of which contain many gold nuggets of sound philosophy.

Learn all you can about the philosophy and rationale of homœopathic prescribing, and when you think you have mastered these, study them all over again.

Begin at once to put your knowledge into active practice. Begin with your first case. Your knowledge of philosophy and materia medica must ever increase as your work grows. Successful practice is an almost inevitable result of sound knowledge correctly and honestly applied.

PHILADELPHIA, PA.

*Calcareo* is one of the most frequently indicated remedies to prevent phthisis, and in the earliest stages of that trouble its tendency is to cause the tubercular deposit to become calcareous. The tubercular deposits will shrivel and become cramped and remain in that state to the end of his life. In the many thousands of post-mortems made by Rokistansky, one of the old pathologists, he describes a very large number of encysted tubercles, which had gone through a process of development somewhat resembling the *Calcareo* condition. This shows that the process was one of natural progression under favorable circumstances, that this calcareous deposit is one of the methods of cure, instituted by Nature; and it is highly probable that they who go to climates favorable to recovery, recover somewhat after this fashion. It is the very highest aim of the physician to bring about this state of affairs rather than to introduce such remedies as will cause suppuration about every little nidus and deposit that takes place. *Just so sure as you live, if you should use Calcareo and cause one of these deposits to take place in your patient, and then turn about and give a dose of Sulphur, you will kill your patient. Silicea* will do the same thing.—KENT, 1895.

## SOCIO-HOMŒOPATHIC PROBLEMS: *MEDORRHINUM*\*

J. W. WAFFENSMITH, M. D., H. M.

The remedy under consideration is a tuberculo-sycotic, increasingly appreciated with use, and an invaluable addition to the therapeutic agencies of the new school in medicine. Being a human disease product it occupies a position modern in its pathogenesis. Again, there comes to us with force the thought that developmental adjustment to the need is in operation in the field of substances which may be proved and clinically used.

There is a distinct relationship to *Sulphur*, the restlessness (mental and physical), the formication and itching in general permit of it following and being followed by *Sulphur*. Patients sensitive to touch want hard rubbing under its use, there is an oversensitive condition, an intensification of the psoric through sycotic expansion, which this remedy modifies.

Under a primitive miasm, psora, temporary relief can be obtained from physical effort. With the germinal impulse liberated and the development of subsequent disease forms we find varying phases of sensitivity arising from the background. This may be studied in the light of the duality of racial evolution, representing one pole of the major process plus the individual characteristics, namely the "strange, rare and peculiar" grouping of the *Organon*.

Where there has been a modification of the natural disease by the suppression of complications connected therewith we may find a drifting as it were. Upon closer scrutiny the outline of the *Sulphur* picture appears although it may be somewhat dim. The remedy is doing good work. You will raise the potency plane and give enough time to act, but repeated analysis will strengthen your conviction (and the patient will share the same with you although unable to express it) that something more is needed to jar loose the fading habit bond of miasmatic engagement of the vital force. This represents the restlessness of awakening cumulative health impulses in readjustment.

When needed to supplement *Medorrhinum* there appears a lack to meet the residual concentrated psoric similarity, to bring

\*Read before the I. H. A., Bureau of Materia Medica, June 1930.

out fully the vital reactive impulse which causes one to feel the unity of action desire and the coordinate determination to face the problems of life.

After a miasmatic crisis in the life of an individual with a corresponding asthenia in which the vital balance has been sufficiently sustained to weather the storm there may appear a more or less ravenous appetite. This under the action of *Medorrhinum* is often stimulated with lack of proper assimilation and addition of weight. There will be general improvement but the appetite and obesity tendency will persist, being an obstacle to the satisfactory progress of the case and the peace of mind of the patient. Under the action of the indicated *Sulphur* there will appear increased endurance, a stiffening of the back-bone, the indecision will grow less, the appetite diminish, there will be almost an aversion for food, and a general shrinkage of the tissues. There will be small loss of weight and an acceleration of the general improvement which took place under the previous remedy. This clearly presents treatment reversion to meet a primitive status of racial dynamic desire which in the evolving chain of circumstances and conditions remained up to this time unsatisfied.

Homœopathy stands out in medicine by virtue of the liquid human vitalism in its provings, which, through the artistry of the master, can be molded into similarity with the disease picture in a rational manner.

The day aggravation has been established. There is also a critical period before sunrise and after sunset. *Medorrhinum* is benefited by the solar rays when not too hot. The dynamic balance is disturbed by the change from day to night and *vice versa*, corresponding to a like condition from change of weather, of environment, sleeping to waking state, etc. In awakening there is a confused and semi-conscious state of anxiety, fear and restlessness.

There are marked inconsistencies and contrarities, an anarchy of the desires and aversions, a psycho-mental malignancy. In similarity it brings order and sequence in miasmatic interlocking. The danger in the case hanging in the balance appears in wrongly directing another remedy to meet the new appear-

ing group without maintaining the balance of relation to the others in combination. Many cases are ruined for improvement in this way.

There is a desire to do, accompanied by a panicky feeling (*Lyc.*), which results in a psychic conflict, irritating anxiety with procrastination, a motion obsession with lack of proper adjustment ability. Strong impulses arise with fear and anxiety in chest. Perversion of natural desire rhythm, emotional chaos, and general depression.

The problem we face for solution is often partly social, connected with the "exciting cause" of Doctor Hahnemann, and we may not be able to remove same except as we impress the social structure with our philosophy of natural living.

CONFUSION, when indicated clears the process of thinking, develops exhilaration and a quick functioning of the mind mechanism. There is an uncertainty in sycosis, especially with the hereditary tubercular background, a useless expenditure of energy.

PROCRASTINATION, strong desire to do but keeps putting it off. There is a hurried anticipation with lack of determination to complete. The will to concentrate is weakened.

PERSISTENT THOUGHTS, inclined to brood; ego-centric; fancies of joy or sorrow; dwells on faults of others; perverse desires and aversions, deep-seated and persistent.

SENTIMENTAL MOOD, indefinite longings, tinged with sadness and mild loathing of life; reflectiveness; aggravated before sunrise and evening after sunset, from company, change of weather and music (*Nat. sulph.*).

This is a characteristic of the passive tuberculo-sycotic type. In these persons it is difficult to elicit symptoms of value and it becomes necessary to enlarge upon the use of the objective miasmatic symptoms to round out the totality. This type of case is introspective and possesses definite eccentricities.

It corresponds with the *Kalis*, which also have the desire for motion, although there is a deeper shade of indolence. The *Phosphoric acid* element (*Kali phos.*) has a sustaining ability to assist through a serious crisis under which the patient may

be laboring. *Medorrhinum* may follow to correct the deeper suppressed effects.

*Kali carb.* when there is a picture of cellular toxæmia, a tendency to exudative swellings.

*Kali iod.* comes in the destructive phase; the brutally irritable; and the growing shyness of the insane.

Homesickness; distracting desire to return to friends and places visited many years ago; dreams of friends and places of long ago.

Unrealness of life; seems like a dream; ponders how it all came about; sensation of remoteness of recent events.

FORGETFUL; absent-minded; does not seem to register; forgets as quickly as mind is off subject; must put in writing that to be remembered. When leaving home forgets if windows were closed or door locked, must go back to be convinced, and repeats procedure. Forgetful of names and figures of what he has read. Forgets recent events but those long past remembered.

Anxiety; comes in waves over her (*Sulph.*); anguish; a feeling of anxious hurry, a panicky state with prostration.

FEAR, many kinds; of death; of sickness; of the dark; being alone; of disease; of paralysis.

Sadness, aggravated by music and in company; tendency to dwell on past unpleasant occurrences (*Nat. mur.*).

Weeping, which ameliorated all mental symptoms.

Sensitive to external impressions; to others talking or ASKING QUESTIONS; to noise; odors.

Anticipation; knows things before they happen; visualizes the scenes as they will be.

Restless urge; a driving feeling must get away; desire for motion, which ameliorated all symptoms; internal restlessness, aggravated in a closed room, ameliorated by motion and open air.

FEELS AND ACTS HELPLESS; is a sensation of mental and physical disjointure, on the point of coming apart, aggravated from concentration (*Bacillinum, Thuja*).

Anger; uncontrollable desire to swear.

Emaciation.

Double vision; blurring of vision.

Easily frightened; awakens from sleep in fright several times during night.

Sensitive to heat with chilliness. The thermic centres are affected by sycosis, and the reactions to atmospheric changes are unstable.

Some of the violent congestions often need a remedy with sycotic similarity to turn the tide of vital prostration.

REMORSE, aggravated on waking and in the evening, ameliorated by motion and open air.

Alternation of aversion and affection for loved ones; wants to be away from them and *vice versa*. This emphasizes the unsatisfied longing for affection; vague feelings of loneliness, aggravated in evening as night comes on. Before and after daylight is a critical interval. Sunrise always brings renewed activity of the vital force.

Feeling of impending misfortune; impending poverty. *Medorrhinum* dwells on the disagreeable past and thereby builds fancies of the future.

Irritable, aggravated fasting, ameliorated in the open air and motion.

Hot flashes begin in the face and extend over the body; palms hot.

Sexual desire increased; erratic; exotic. In the active tuberculo-sycotic we are usually confronted with excessive gonadal activity (decreased—*Syphilinum*). Do not forget the *Kalis* which likewise debilitate the sexual function.

Presentiment of death; although in apparent good health has urge to arrange affairs.

Dreams are sad and full of remorse, aggravated after midnight; there is a mournful tinge to dreams concerned with past events.

The element of remorse is found in the dream and conscious state, which places the remedy in a position of great importance in meeting the effects of emotional shock. The constitutional state is such that the will of the person has no control over recurring shock exacerbations, and if so acts as a repressant.

*Medorrhinum* stands out in all forms of psychic shock, the susceptibility increased by a long chain of recurrences. In one

case I could trace it back three generations. We often fail to realize that in the difficult problem of disease we may have a clear-cut family habit groove, temporarily obscured in early life by a favorable environment or the abundance of vitality of youth and the first half of adult life.

Desire for open air.

Chilliness, aggravated 11 to 3 p. m., with fear of becoming unconscious and incapacitated.

Hæmorrhagic tendency; small wounds bleed profusely (*Lachesis, Phos.*).

GENERAL SORENESS and ACHING; soreness in muscles and joints, aggravated before storm; soreness with cramping; soreness of teeth; of arch of foot.

Dull pain deep in brain with confusion and forgetfulness.

Vertigo, occipital, aggravated before chill and from concentration.

Dim vision; yellow-green spots in field of vision; *muscæ volitantes*.

Nasal obstruction; discharges green crusts from nose.

Sharp pain in right middle ear, aggravated from blowing nose.

Enlargement of cervical glands; glands sensitive to touch.

Salivation, profuse, fills mouth when talking; slimy (*Nat. sulph.*). Taste brassy.

Inflammation of gums; root abscess; stimulates chronic inflammations; soreness of teeth; teeth loosen; gums recede.

Chilliness between scapulæ, extending to sides and back of arms; aggravated morning and afternoon; malaria dumb chills.

SPINAL SORENESS AND STIFFNESS OF MUSCLES OF BACK, extending entire length.

SPINAL ANÆMIA (*Kali phos.*); occipital vertigo (*Sil.*); sensation of disjuncture with symptoms of incoordination of delicate movement, transfixing, wandering pains when indicated with a history of suppressions or a symptom complex indicating same. It is to be thought of in that long train of vague and indefinite symptoms leading to cerebral and spinal sclerosis.

*Medorrhinum* represents psycho-mento-physical chaos, upon the borderland leading to almost any organic condition; the

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patient needing it is trying to discover a natural relation to the whole and in the same manner the physical functions fail to maintain a balance.

The dynamic balance is a constructive force and assists toward the development of a more normal realization of what one actually is. *Medorrhinum* brings to the light the good and evil tendencies which lie dormant within and tends to establish rhythm in expression through understanding.

The nosodes represent the added artificial complexities which have resulted from repeated interference of man with the unfoldment of the basic natural miasms.

Ravenous appetite; appetite wanting; desires hot drinks; sweets, bread; potatoes; fruit; salt; onions, which aggravate (*Thuja*), and is a sycotic symptom; meat, fried foods (tubercular, who do not care for vegetables).

Pulsation in stomach, aggravated a. m. (*Sulphur*). Emptiness in stomach. Hunger, aggravated after eating. Nausea, aggravated after eating. Thirstless; aversion to water (*Pulsatilla*).

Cramping pain in abdomen, with flatulence, aggravated after eating and in evening, ameliorated passing flatus and from stool. This may be a persistent symptom and date back to a sycotic colic in infancy.

Constipation, with cramping pain and ineffectual urging to stool, aggravated evening, company, and traveling on train. There is a tension of the rectal muscles, is too restless to sit, walks around for relief of distress in abdomen. It is an anxious restlessness similar to *Ars*. Stools soft and mushy; forcible expulsion; hurried desire.

Urine scanty. Frequent urging to urinate. Dribbling of urine. The irregular feature of *Medorrhinum* is seen in the prostatic urethra, there being a tendency to pocket formation functional or pathological. The stream forks, the forks cross each other and pass in expanding sheets forming ribbon spray. Prostatic congestion. Sensation bladder is not emptied; last drop burns and produces deep prostatic soreness.

Oppression; desire to breathe deeply. Anxiety and sadness centered in chest, aggravated by company, music, morning and

evening. Stitching pain in apex of heart, comes and goes quickly.

Awkwardness; tendency to fall; lack of finer coordination in lower limbs, with occipital vertigo. Numbness of extremities. Shooting pains in left wrist to hand. Cramps in calf. Heat, beginning in feet and passing upward. Palm of hand and feet hot to touch. Hang-nails with inflammation around the nails.

Tension; sensation of general contraction of the musculature with difficulty to relax. Perspiration in palms, soles and axilla, aggravated anxiety. Corns sore with stitching pains. Sensitiveness of soles.

PEARLY WHITENESS OF SKIN, especially of legs, with exfoliation of a shower of fine flakes on rubbing briskly (sycosis). This is an important diagnostic point and is equal in value to the spider web capillary enlargement and the red macular eruption. We find this trinity of objective symptoms under *Medorrhinum*.

Itching of skin, aggravated undressing; itching of back; voluptuous, on sides near axilla (no eruption).

Discoloration of skin in varying shades of black.

Profuse perspiration, without weakening effect; offensive perspiration, aggravated genitals.

Sleepless, aggravated after 4 a. m. (*Bacillinum*, *Sulphur*); after midnight.

NEW HAVEN, CONN.

#### DISCUSSION

DR. A. PULFORD: This paper is very valuable and *Medorrhinum* is among our latest infantile developments. There is one hint I picked up from Kent that I think ought to be passed along for I have found it valuable. *Sulphur* for burning feet that you must put out of bed to cool off; *Zinc* for restless feet; but *Medorrhinum* as a combination.

DR. H. B. BAKER: A symptom of *Medorrhinum* is intense sensitiveness of the feet, as if walking on eggshells. I had that very beautifully developed in a patient once. He came into my office just as though he were stepping on eggshells, afraid he would break something. *Medorrhinum* cleared him up very nicely. Then there is another symptom that has led me to this remedy very often, and that is when a child sleeps on the knees and chest with the face bored into the pillow. I remember walking in on the case of a child with ordinary colitis, who was down on the floor that way. One dose of *Medorrhinum* cleared that case right up. This symptom is only marked in the lowest degree in the *Repertory*. But I have confirmed it I know half a dozen times.

DR. C. A. DIXON: I want to confirm the knee-chest position. I have found

it at least three times, twice in gallstone colic, once in renal colic. I found the patients in bed in that position distracted with pain.

DR. H. FARRINGTON: That is evidently a typical, and I might say hereditary, effect of the psychotic mind: that infants and small children take that knee-chest position in sleep. And it is a valuable keynote and pointer. Looking up the other symptoms we find that they usually agree. I have cured three cases of asthma in children in which that was the leading symptom.

DR. H. A. ROBERTS: I think that knee-chest position, while it is not ranked, has not been valued highly enough because I have verified it many times, especially in infants. And in doing so you eradicate early in life a train of symptoms that otherwise would follow.

DR. G. B. STEARNS: A few years ago Philip Krichbaum was giving *Medorrhinum* to his pneumonia cases one winter, and the only keynote I know that he gave it on was that they were very painful cases.

DR. J. W. WAFFENSMITH: There is nothing further I have to say except that this paper was not intended as an exhaustive study, but only to bring out certain features that have especially appealed to me which were not in the *Repertory*. For instance, the sensitiveness of the soles of the feet is marked in a high grade in Kent's *Repertory* and is generally used. In reference to the knee-chest position and the aggravation by day, I think those symptoms have been recognized as characteristic of the remedy and of course help us remarkably in the totality of the case.

I believe, as has been said, that *Medorrhinum* will grow remarkably in the future in the estimation of the homœopathic profession because it is so many times needed and we don't think of it. If it doesn't directly help us clear the case it may open up the way for an earlier remedy which has been obscured by a series of suppressions.

DR. R. E. S. HAYES: May I make one comment on Dr. Waffensmith's last remark? In regard to that symptom of burning and soreness of the feet, I have not seen this symptom in a *Medorrhinum* patient until within the last two or three years, and it is supposed to be one of the high keynotes and I have prescribed *Medorrhinum* for many years, and I don't know how many times.

Hahnemann proved, to the satisfaction of all homœopaths, that the first dilution or trituration of any drug contained a more efficient curative power than massive doses. "This demonstration was made long before high dilutions were used, thus showing that the curative power of drugs is not in proportion to their material quantity, and thus established the first principle of the dynamic theory."

"When, furthermore, he showed, to the demonstration of all homœopaths, that substances, which in their crude state exert no medicinal power, such as gold, charcoal, tin, common salt, etc., etc., do, after dilution, trituration or potentization, come to possess a medicinal power, he demonstrated, in part, the second principle of the dynamization theory."—J. T. TEMPLE, M. D., 1868.



## "WHAT IS WRONG WITH THE HOMŒOPATHIC MOVEMENT—PROFESSIONALLY?"

AN ANSWER TO OPEN FORUM QUERY

WILLIAM H. SCHWARTZ, M. D.

Perhaps the answer to the question *What Is Wrong with the Homœopathic Movement—Professionally?* is found through a discussion of the issues involved in the author's query, "Is it not because we are not in the least unanimous about the limitations of our particular method?"

There is nothing the matter with homœopathy. The attitude of mind of many—that homœopathy has limitations—is largely what is the matter with the profession. The field of homœopathy is too large for mortal conception. Homœopathy is unique. It is a science that even the most fastidious cannot embrace in its entirety in a lifetime. Therefore there is bound to be a variance of opinions, due to the limit placed on each individual by each individual's experience. Each individual's vision or horizon is limited to the height of his mental attainment, so there is bound to be a variance of honest opinion.

Ignorance then, is the greatest handicap of our profession. That accounts for their limitations as teachers. If the students have not been properly taught, how can you expect them to follow doctrines that have not been taught?

So our colleges are largely to be blamed. I can but touch that phase. However it is a fact that when dear old Hahnemann College of Philadelphia was dominated by those powerful intellects, like Hering and Farrington, their enthusiasm and ability just radiated homœopathy to the students, and although, like all other medical colleges of the time, the students were graduated in two years, I would, today, rather have one of those old time prescribers doctor me than the present pseudo-scientists, whose knowledge is largely a record of vacillating theories apeing allœopathy.

There are many reasons for this state of affairs. I think a mistake was made when Hahnemann College first undertook to give a degree in both medicine and homœopathic medicine. The

outcome of this was that since those first days of the masters of homœopathy, the strong teachers have been the teachers of allœopathy, whose teachings and prescriptions gradually usurped the homœopathic teaching. This is reflected in the November 1930 issue of the *Hahnemannian Monthly* where Doctor Margaret Hassler, in her presidential address before the members of the Homœopathic Medical Society of Pennsylvania, states:

Briefly, the result of this survey shows most clearly:

*First*—A lamentable indifference to the establishment of new societies, county or district, or to any effort to revive former societies. This indifference was explained by the frank statement of so many of our members that through their affiliation with its hospitals, they no longer saw the need for homœopathic societies, nor any necessity for them as individuals to assert their homœopathic affiliation.

*Second*—In the existing societies there was little or no evidence of a keen professional interest in homœopathic matters *per se*, but a notable lack of interest in promoting an increased membership. Again, in some of these societies otherwise very active, as high as one-third of the total membership were not members of the State Society.

But perhaps the founders of Old Hahnemann College were right in their concept, for complete knowledge of medicine is a three-fold development of physical, mental and spiritual therapy. One should first be grounded in the physical aspect of the trinity. Then a study of the action of remedies on the nerve plane, and last the esoteric teaching of the spiritual plane which dominates the mental and physical. I might dwell on the lack of coordination; lack of creating a homœopathic consciousness (which field allœopathy has monopolized), and the delay of our organization to that end. But all nature is an intelligent force gradually bringing that about herself. Many wonderful discoveries of research laboratories in physics are rediscovering or demonstrating homœopathic principles; they pick up our spoor quite often. No longer are infinitesimals "the fiction product of diseased mind."

If we had the space we could, with profit to all, discuss the various problems to reach Utopia, so I must confine my remarks largely to correct a number of rash statements, where the author of the caption question has confused the ignorance of the doctor-mass with the scientific highly trained "honest-to-goodness" "dyed-in-the-wool" homœopaths. There is a distinction to be made as wide as the poles. We shall attempt to prove that not only are many doctors incompetent to carry out strictly homœo-

pathic prescriptions, but they are that way because they have not been properly taught basic guiding principles. The *teachers themselves having no conception of what it is all about!* Most present day college curriculums are largely a haphazard, chaotic, confusing course of study, with but a feeble laboratory attempt to demonstrate their teachings, and a woeful lack of instruction in esoteric and exoteric principles. This applies to nearly all colleges. I shall attempt to prove that "we should have none such" mincemeat, as "the widely accepted standard tests of the regular school," but instead, that *we* have officially accepted (but little taught) texts composed of fixed guiding principles; and that we have already two foundations at work (American Foundation for Homœopathy, and Mid-West Homœopathic Institute) which are going to teach their principles and keep homœopathy on the map, and establish a national, if not international, homœopathic consciousness. The various planes of therapeutics, physical, mental, and spiritual, will be covered, with particular attention to the plane on which the homœopathic remedies work. It will also point out that the failure of so-called homœopaths in homœopathic practice is because they have been trying to practise homœopathy on an allœopathic basis, without rule or reason or fixed principles to guide them, not that our texts are not filled with scientific doctrine, but that the doctrines have not been taught—excepting to those fortunate enough to have had a master teacher.

If you will all take a course at the Post-Graduate College of the American Foundation for Homœopathy at Boston next summer, you will be given the surprise of your life, and I will promise that you will be not only satisfied, but thrilled, and better skilled, after taking that course. If not I will give you a check for the full amount of your tuition, one hundred and fifty dollars.

Yes, I agree with you, "all we want to know is the truth," that is those of us who are not too prejudiced for such an attitude closes and locks up the mind and understanding. But truth is a relative term. What may seem the truth to one person, is a fallacy to one who knows. Those who are *seeking* the truth will have the doors of Heaven opened unto them and a Divine influx

of knowledge and understanding will flow into them. "Seek and ye shall find." Knock and the doors of Heaven shall be opened unto you.

All fine teaching, but already many of you who are reading this will at once close your mind to such wisdom as I have just said, but if you will put your mind in a state of humility and open it by the key "Oh, Lord, what is it that ye will have me to do?" and pray in spirit, every day, "give me this day my daily bread", the manna of Heaven will fall like the dew for you to gather and feast upon, and it will nourish your mind and soul.

I suppose such teaching gives most of you "a pain in the neck". While they are the teachings of the inner mysteries, they may give you mental indigestion if you have no appetite for them. It is the esoteric doctrine of homœopathy, and you are not even ready for the exoteric doctrine of Hahnemann's teachings. Such are the self-centered and enlightened (?) pseudo-scientific physical minded group of men who deny the vital doctrine of matter, mind, and spirit. They deny God. They believe that a cell is the cause of itself, without prior spiritual existence or influx.

"THE REGULAR SCHOOL HAS MANY STANDARD TEXTS WHICH ARE  
WIDELY ACCEPTED"

Yes, the regular school has many standard texts, the second hand book stores and waste paper mills are paying one-quarter cent per pound for them, as so much waste paper, to "make new and better ones". Their riotic haste to abandon their kaleidoscopic theories can't even keep them up to date, so to their annual editions, they issue a monthly loose-leaf suffix. God forbid that we ever get in that fix. Homœopathy has only fixed principles to guide us. We progress by accretion without death or decay. I value my master's works cheaply at \$5.00 per pound. Is it possible that there is a single homœopath who is not aware that we have many standard texts, aside from the *Organon*, all filled with guiding principles as the foundation stones of homœopathy, and that by repeated borings, we have found still greater strata of solid rock to carry any weight of intellect that may bear upon it?

Of course the old-timers will refer me to the *Organon*. But, though there is no more ardent worshipper at the shrine of the father of our school than myself, it seems to me an utterly unanswerable fact that we are just as narrow, just as one-sided, and squint-eyed, as many other single-track schools before the public today.

I agree that that is a failing of most doctors, but why blame the "dyed-in-the-wool" Hahnemannians or even poor Samuel? He has already been denied thrice by his own disciples.

The doctor who holds that the high potency is all-sufficient simply shows his utter lack of perspective. No sane physician would for a moment contend that the potency will do away with the necessity for eating; it is an accepted conclusion that one 'cannot make bricks without clay'—yet there are lots of physicians who vainly treat patients suffering from some deficiency without in any way trying to supply that deficiency. In other words, they utterly neglect the chemical side of life. That is illogical to say the least.

How can anyone make such outrageous charges against the "dyed-in-the-wool" Hahnemannians? You must remember that homœopathy is comparatively a new science, and it is amazing that with so little material at hand Hahnemann did "make bricks without straw" even as did the Israelites. It is ever the source of wonder to me that one man alone could both proclaim and advance a science so far as Hahnemann did homœopathy—a feat equalled in science only by Swedenborg, whose writings are a reservoir overflowing with homœopathic doctrine; a source of esoteric homœopathic principles that will satisfy the most fastidious pseudo-homœopath, homœopathician, spiritualist, or divine healer, who is honestly seeking for TRUTH.

But getting back to food. Yes, "There are many who neglect the food factor." This also applies to those who fail to feed their brain at the feast prepared by Hahnemann, Hering, Kent, and a host of other immortals of homœopathy.

Protein, carbohydrates, and fats, as well as mineral foods, are just as essential to the body on the physical plane, as mental food is for the brain and the spiritual food of the *Bible* for those who can digest it.

The ignorance of many is profound. It is not a rare vice. It is very common. As common as laziness. I know many fairly skilled and honest homœopaths who know that lime and all the salts of Schussler, and "fifty-seven" more varieties of elements may be lacking in a patient. So they proceed to supply (at least theoretically) the deficient element, by feeding it to him by the

quart or pound, not being familiar with the *principle* or fact that the suffering patient lacks lime (or any other element or group of elements) *because he suffers from lime inanition* or lack of power to digest and assimilate lime, or the other elements. A "dyed-in-the-wool" Hahnemannian who knows his love, will feed that patient the lime or lacking element *in potency* on the plane where it is assimilable by contact to any mucous membrane, and even skin, if dampened. The vital force circulates through the nervous system which is the circulatory system of vital government, just as the blood vessels convey digested food in the form of blood. Then that patient will be able to digest and assimilate all the lime or other element, or elements, from the ordinary articles of diet, without the dangers of over-feeding involved in forced feeding of elements, glandular products, or physiological drugs. You will not even have to supply the vitamins a, b, c, x, y, z, nor will you have to hunt for those not yet discovered. A Divine Providence provided an influx of all His inner mysteries of chemistry and physics long before the chemist and physicist knew about them. A Divine Providence provided for all those emanations from the sun; and perhaps there are some additional ones from the moon and stars and sun of heaven, for all I know.

Hahnemann taught us a lot about foods—more than most doctors can assimilate until their digestion gets better. No wonder doctors are incompetent. Hahnemann's essay on coffee, among his lesser writings was written before his discovery of the law of homœopathy, and is worth anyone's time to read—and digest. But what does the average doctor know about idiosyncrasies of foods, their compatible relationship, or their incompatibility? What does he know of the physiological action of the various articles of food? Inanitions? What does he know about the effect of unnatural foods for adults such as eggs or milk? Or the viciousness of a man or beast fed raw meat, for example? Or food poisoning from such foods as rice, oysters, pork, fats, etc.? What is behind that idiosyncrasy—what is the law behind it? What does he know about the Doctrine of Forms? Of Series and Degrees? Why, many of these much heralded pseudo-scientific biologists don't even know there are such things, much less the laws behind them.

"We neglect the chemical side of life?"

Why, these "dyed-in-the-wool" Hahnemannians have got so far away from that kindergarten "stuff" of present day research laboratories that they have been riding astride the cosmic ray for years, exploring the celestial regions. Your pseudo-scientists cannot even today follow them with their marvelous telescopes. To teach them esoteric homœopathy would be like trying to teach a first grade school child calculus. If you don't believe me just take a course at the Post-Graduate School of the American Foundation for Homœopathy at Boston next July and August, where you will be shown. Make your reservations early—money back if not satisfied. I believe that there are quite a number of doctors who do not even know we have such an institution functioning. But even they barely touch the subject of esoteric homœopathic principles, for that is three planes above those mongers of the laboratories still selling fish, frogs, and liver, and imposing on faithful dogs.

In 1901, Doctor Kent offered to teach esoteric homœopathic principles free of charge to any student or physician in Chicago, forming a class at his home. The third night but one student was in attendance. They were not yet prepared to digest the lectures. I would give a thousand dollars today to get such a course.

It is such things as these which serve to discredit our school, and bring us into disrepute—the failure to perceive the commonest limitations of our method which should be abundantly clear.

I protest against the use of the word "limitations" as applied to homœopathy. It certainly does not fit our group of scientifically trained Hahnemannians. Homœopathy has no limitations in curable cases. Homœopathy prevents those catastrophies long before so-called modern medicine recognizes the disease. "Curable" is, however, a relative term. Much of what is curable to a Hahnemannian is incurable to an alloëopath. Again one master homœopath may fail when another less learned homœopath may cure. All our masters have failed in what they afterwards concluded were curable cases. But that is a limitation of *fallible man* and not the *law*. Without going into an essay on the subject, let it suffice to say that a Hahnemannian considers a case curable when the patient is not so depleted in vitality that

the vital force can restore health under the stimulus of the *similimum*, after first removing all obstacles (if that is possible) to recovery.

No homœopath would ever dream of trying to deliver a woman in childbirth by means of the remedy alone; it is self evident that here is a mechanical condition (says you) requiring mechanical treatment.

No homœopath would expect his remedy alone to deliver the woman—he would expect the woman and nature to help a little. But "believe it or not" the obstetrician of Dunham College in 1901, at a clinic, witnessed by a group of students, changed a breech presentation to a normal delivery in less than a minute by one dose of *Pulsatilla* cm. (Finke). Doctor Kent reported a similar result. In fact, there are several cases on record. When you have a case of prolonged labor with no progress, in a woman inclined to be fat, with a mild tearful disposition, who pleads with you to open the window, as she is smothering, and you think it is a case for forceps delivery, just hunt for the forceps in your car, while your nurse gives the patient a dose of *Pulsatilla*, anywhere from the 30th to the cm. You will lay your forceps aside unless there is a malformation. Or if it is a primipara, say about 35 years of age, who is ordering everybody around, and who snaps an order for you to do something, not in an appealing tone of voice, but a mean *Chamomilla* explosion, just ask your homœopathically trained nurse whether she has any *Chamomilla* in her case, if you don't have it, and give the patient one dose on the tongue. You will learn something of the miracles of homœopathy in short order. And why shouldn't the remedy act in such expressions of sickness, where the normally constructed organs fail to function of themselves? Do the beasts of the field and forest require the attendance of an obstetrician? Perhaps.

Of course, it is supposed that the properly trained homœopath knows the hindrances to recovery, and such a trained homœopath is a more skilled obstetrician than one without those instruments of precision—the homœopathic medicines. Don't get the idea that the alloëopath and quasi-homœopath have a corner on mechanical technique.

We could extend the proof by many pages filled with homœo-

pathic therapeutics in this trial hour of motherhood, but let it suffice to say that the trained Hahnemannian has fewer cases with complications, and fewer maimed babies than these know-it-all specialists who meddle with nature. The Hahnemannian works with nature and not contrary to rigid muscle and ligaments; he does not use brute force of interference under the cloak of scientific procedure, but gives the homœopathic remedy, *Puls.*, *Cimic.*, *Bell.*, *Cham.*, *Kali carb.*, *Ipecac.*, *Arsenicum*, etc., with miraculous results. Are you mentally equipped to make a rifle shot, bull's-eye selection of each particular remedy in emergency practice?

I know that many of the old time homœopaths have made grave blunders. Who has not? But I would rather blunder with my diagnosis, than blunder with my prescription, and these old timers could prescribe all around our modern smart Alecs with all their instruments of torture.

What availeth it a man if, even though he be the most expert diagnostician in the world, if he loses his own child for lack of the more important thing—the homœopathic remedy. Diagnosis is, to say the most, but a feeble aid to the proper prescription. If I have a patient within three hours of death with a history of tremendous restlessness, rapid prostration, burning pains, and a weakness out of all proportions to the time he has been sick, with likely a burning thirst for water to wet his parched tongue and throat, and a consciousness and fear of death, I need not know that he was spider bit, or that he had typhoid fever. I need not know what his disease is, for I know *Arsenicum* will cure him—*positively!*

Recently I saved a woman's life and her child's. She was in convulsions for 38 hours and an alloëpath had failed. I gave her *Arsenicum* 10M and she did not have a single convulsion after the remedy was administered.

Of course, I do not mean to suggest that a doctor should not know all about disease, just as Hahnemann charged us to do, but I want to impress the truth that materia medica and homœopathic philosophy are of much more importance than the allied branch of medicine. Yet our college curricula provide less than

one per cent of their time to what is ninety per cent of the doctor profession.

The American Institute of Homœopathy has allowed the American Medical Association to outline our course of study and requirement to pass state board examinations. How absurd and ridiculous. Yet the homœopaths made no organized protest. Perhaps that is "what is the matter with the homœopath, professionally".

That is what Hahnemann College is up against, for which shortcoming she is wrongly blamed. As a matter of fact, her graduates have made the highest score in Pennsylvania state board examinations, and her graduates are successful physicians, with honors second to no other college. But more time is needed for teaching the esoteric principles of homœopathy in the three-fold essential curriculum of physical, mental, and spiritual therapy. I cannot help repeating this vital truth. Too much time is devoted to the allied branches. Post-graduate surgery should be taught as a separate specialty, giving other students more time for their medical training, as they, too, are specialists. We need more specialists in therapeutics, and fewer surgeons. A public consciousness must be awakened to the fact that while a surgeon is worthy of his hire so, too, is the expect homœopathician. He should get more than \$3.00 for preventing what would cost \$300 if he decided to operate. (Some problem).

Our statutes regulating state board requirements should be amended. Perhaps that is what is the matter with homœopathy, professionally.

Nor would any sensible doctor try to set a broken limb with a high potency alone. Common sense tells him that it is a mechanical trouble and requires mechanical treatment as a preliminary, at any rate. Yet, everywhere one can find homœopathic physicians vainly endeavoring to remedy a back pain (which is obviously due to a sacro-iliac misplacement, and therefore a mechanical defect) by the potency method.

"Says you". I'm not so certain of the accuracy of these claims of the "bone-setters" taking the pressure off impinged nerves. I contend that it is the physical stimulus to these particular nerves alone that has afforded the relief, and not "an adjustment" to relieve pressure to those particular nerve trunks of the affected organs that has afforded relief. Organs may be stimulated not

only by the "bone-setters", but by surgical operations, massage, light therapy, and even the famous water cure of Father Kneip. But only temporarily. As for me, let me first try homœopathy. I have cured dozens of those sacro-iliac cases with pains extending down left thigh with *Kali carb.* (high), five hundred naughts to a decimal part of a grain; right sided cases with *Colchicum*. Ask some of your cock-sure scientific "bone-setters" just how those homœopathic remedies "set" the trouble right after manipulations failed. That will give them a chance to exploit the keenness of their scientific nose.

But a Hahnemannian blunderer is no more frequent, and no worse than the up-to-date surgeons who operated on Dr. Mayo himself for appendicitis. On operating they discovered the appendix intact and normal! Then they found the trouble at gall bladder. A dose of *Natrum sulph.* high, would likely have cured the whole trouble. But *if you don't put on a big show with an elaborate stage setting and chorus, you can't charge much admission, and you don't get much free advertising.*

A beautiful homœopathic prescription makes such a "mild gentle cure" that the homœopath is discredited, and is advertised as making a wrong diagnosis, for allœopathic propaganda has made a public consciousness, "that appendicitis and gall bladder impaction cannot be cured by medicine." If cured, it simply proves that the homœopath's diagnosis was wrong, and he is discredited. That is another thing that is wrong. Yet allœopathy can get away with 55 per cent error in their diagnosis and make the public like it. A reliable authority, Doctor Cabot, of Harvard Medical College, stated that notwithstanding the use of all their modern scientific instruments of precision that the hospital record of 30,000 autopsies showed that they were wrong in 55 per cent of their diagnosis—not a 50-50 guess. If their treatment is based on their diagnosis, what a predicament they (doctors and patients) are in.

I would like to answer the remaining charges—honestly made and partly justified, but this paper is already too long, so I will just add a postscript.

It is true that poisons must be removed and antidoted by physical and chemical means, but in many instances poisons

have already been absorbed with dynamic disturbances remaining which will cause death if not antidoted by the homœopathic antidote, *Hepar sulphur* to mercury; *Phosphorus* to chloroform; *Sepia* to digitalis; *Veratrum vir.* to strychnine; *Arsenic* to allanol; *Arsenic* to spider bite; *Maguay* to hydrophobia, etc. All treatment involves the physical, mental and spiritual planes. But the indiscriminate, empirical use of physiological drugs, chemical products, alkaloids, and glandular products without rule or reasons, only theory, without the homœopathic principles of procedure, is not scientific therapy. The number of catastrophies is appalling. I would rather entrust my life to the master of homœopathic materia medica and philosophy in preference to the cock-sure-present-day nihilist who gets most of his therapeutics via the daily mail, and his chemical implements of precision from the "circuit-riders" of the alkaloidal houses and abattoirs.

I thank the "earnest homœopath" for giving me this opportunity to enlighten a great many who have not the slightest conception of homœopathy and its infinite field for continued research. We realize "many ills of homœopathy—professionally." We also realize the truth for which many are earnestly seeking. That is why Hahnemann Medical College in Philadelphia was started. That is why the American Foundation for Homœopathy and the Mid-West Institute were founded. That is why the Post-Graduate School was started. It is the answer to the author's appeal—"Will someone enlighten him?" Arrange to go to Boston next July and August.

HOUSTON, TEXAS.

If we have succeeded in restoring a chronic of long standing and the symptoms have disappeared in the reverse order of their coming we can dismiss our patient with full assurance of being cured and not be in danger of a relapse. If not we had better tell our patient, even though he should be satisfied with partial cure, that he may before long be attacked with this or some other trouble again.—D. S. KISTLER, M. D., 1895.

## ERYSIPELAS\*

H. A. ROBERTS, M. D.

This paper deals only with the homœopathic treatment of erysipelas. You all know the etiology, the pathology, and you can find in medical books the prognosis and treatment.

It is my undeviating practice not to use any local treatment for erysipelas, except occasionally to place over the affected area a soft cloth wrung out of normal saline solution. This relieves somewhat the tension caused by the dryness that is so marked in some cases. This is the only adjuvant that is ever necessary; as for using anything else, it is not to be thought of, nor to be tolerated for one minute.

In the homœopathic treatment of erysipelas we have a very rich field of remedies, and remedies that control the condition promptly and effectively. The cases that come to us call distinctly for the indicated remedy, and almost always for some one of the major deep-acting remedies; for we must remember that this is a sudden eruption of the psoric base. Erysipelas is so common a condition and there are so many fatalities among those who suffer from this disease that it may be well to point out some of the more prominent remedies that every physician may have occasion to use, and to indicate some of the striking characteristics for the use of each individual remedy for individual cases. In the treatment of erysipelas, as in the treatment of all other conditions, we must bear in mind that it is in the individualizing of each case, and not in the typing of them, that we get satisfactory results. It is well to bear in mind also that under homœopathic treatment the mortality should be nil, as it is very rarely that a case would end fatally.

The first remedy that I call to your attention is *Apis*. The patient is usually dull mentally, heavy and listless. There is a hot, heavy feeling in the head, together with a severe headache. The swelling is usually across the nose, which becomes very red, with coldness of the tip of the nose as the throat begins to be sore. The swelling is intensely red, perfectly smooth and shin-

\*Lecture delivered at the Post-Graduate School of the A. F. for H., July 1930. Also read before the Conn. Homœopathic Medical Society, Oct. 21, 1930.

ing, inclining to be white in the middle of the swelling, and excessively sensitive to touch. The œdematous condition extends very often to the face, to the eyelids and under the eyes, often closing the eyes. It has a marked periodicity, and is very prone to recurrence. It goes from left to right. The constant sharp, stabbing, piercing pains that are so characteristic of *Apis* are manifested in this condition by the violent stabbing pains that cause the patient to cry out. This patient has intense fever, but with the fever there is no thirst. There is apt to be some kidney involvement in these conditions calling for *Apis*, especially albumen in the urine.

Another remedy to be thought of in phlegmonous erysipelatous conditions, where there is a formation of large bullæ, with extreme tenderness and soreness, is *Arnica*. The swelling is hot, hard and shining, even to a deep red, with a tendency for it to break down and discharge and burrow. Constitutionally, everything is lame and sore. The bed is hard. *Arnica* represents a low type of fever, characterized especially by the lameness and soreness of the patient. He feels as though he had been beaten all over, notwithstanding that the erysipelatous manifestations are usually in the face. This is a remedy to be thought of in cases that have developed erysipelatous swellings from injuries and bruises.

In the *Belladonna* patient intensity is noticed in the whole remedy. In the mental symptoms we get the characteristic excitable delirium of *Belladonna*. There is intense erysipelatous swelling, smooth and shining, and it spreads in streaks darting out from a central point, forming radii. There is very high fever; a great deal of thirst, with dry tongue and parched mouth. There are intense throbbing, beating headaches. The pupils are dilated. He is excessively sensitive to light and to jars, and they aggravate. The sense of touch to the part affected is that of intense heat and burning; in fact, burning is one of the characteristic sensations.

The *Cantharis* erysipelatous condition has the swelling beginning on the dorsum of the nose, spreading to both cheeks, but more to the right. The inflammation is vesicular, and these vesicles break down and discharge an excoriating fluid. *Cantharis*

acts very quickly, and on the skin it causes an intense blister. The condition calling for this remedy has the characteristic sensations of fine stinging and burning, as of a fly blister. The pains are burning internally as well as externally. The patient wears an expression of deep-seated suffering. He evinces a great deal of irritability and anxious restlessness, and in some cases there is even cursing, with the restlessness and burning. The *Cantharis* patient has an unquenchable thirst, with aversion to all fluids. He drinks and drinks without relief, until he becomes disgusted. There is very apt to be an involvement of the kidneys in these *Cantharis* conditions. This remedy corresponds to a typhoid type of erysipelas, and these vesicles mat and form great scabs; and if they are not properly cared for they will leave disfiguring scars.

Another of our remedies having the intense vesicular eruption is *Graphites*. This is more apt to be called for in a recurring type of erysipelas, beginning on the nose; it has a very sticky, honey-like serum in the vesicles, which break and form a gummy scab. There is great burning and tingling, and it spreads over the whole face and head, especially the hairy parts of the head, going from right to left. There is the disposition of this phlegmonous type of erysipelas to continually return. The lymphatics are involved; the glands enlarge and become indurated. There is a peculiar sensation as if something like a cobweb was over the face, and this troubles the patient very much and he continually tries to rub it off.

Still another remedy having this vesicular type of erysipelas is *Euphorbium*. It has very dark red cheeks, which are covered with large yellow vesicles, sometimes as large as peas. The cheeks are a livid, dark hue, with threatening gangrene. The pains are boring, gnawing, digging, extending into the teeth and into the ear, with itching and crawling. This remedy is especially applicable in erysipelatos conditions of the mouth. This is a thirstless remedy, vying with *Apis* in this respect, although it is not at all like *Apis* in other respects.

*Lachesis* is another great remedy in erysipelatos swellings, especially of the left side. At first the color is bright red, then becomes a dark purplish hue. There is much inflammation of

the cellular tissue. The eyes are often closed by the swelling. There is a low muttering delirium, yet there is a great deal of loquacity. The headache is very intense, and all the conditions are aggravated in sleep, causing the patient to waken with a start. *Lachesis* is likewise a valuable remedy with this cellular involvement in any part of the body, with the great aggravation from sleep and the horrible dreams that are always present where *Lachesis* is indicated.

The *Rhus tox.* erysipelas may be covered with small vesicles, or with the larger blebs that are filled with bloody serum. In this condition the swelling usually begins on the left side of the face and spreads to the right. There is itching, especially on the hairy parts, and stinging and burning pains. The patient persists in scratching the parts, which aggravates the burning. There is great swelling and dusky redness of the face that rapidly affects the cellular tissue to the point where the eyes are closed. There is a bruised feeling in the bones, something like that of the *Arnica* patient. These local symptoms are somewhat relieved by hot applications, but in general they are aggravated by heat.

In *Hydrastis* we have an erratic form of erysipelas, which begins on the left side of the face and extends to the right ear and especially to the scalp, with intense lumbar pains; then it appears again in the lower extremities.

These are but a few of the remedies that may be called for. Let us think of some of the characteristic groups that may be thought of, without going deeply into their symptoms, merely as suggestions.

In the erysipelas of old people with a tendency to gangrenous conditions, think of *Ammonium carb.* In erysipelas of the lower limbs and joints, bear in mind *Arsenicum*. In erysipelas of the joints where there is sudden recession of the eruption, bear in mind *Bryonia*. In cases that are directly traceable to bites of insects, think of *Ledum*.

In the œdematous type, consider *Arsenicum*, *Apis*, *Rhus* and *Sulphur*. In the vesicular type, *Arsenicum*, *Graphites*, *Lachesis*, *Rhus* and *Sulphur*.

In the gangrenous type, think of *Arsenicum*, *Carbo veg.*,



*Lachesis, Camphor, China, Rhus, Secale, Silica.* In the erratic type, *Arnica, Belladonna, Manganum, Pulsatilla, Hydrastis, Sulphur.*

On the face, *Belladonna, Graphites, Lachesis, Rhus, Apis, Carbo animalis, Hepar, Pulsatilla, Sulphur.* On the hairy parts, *Arnica, Arsenicum, Belladonna, Graphites, Hepar, Rhus, Sulphur.* Erysipelas of the ears, *Lachesis* and *Mephitis.* Of the nose, *Cantharis, Graphites, Plumbum.* Of the mammæ, *Chamomilla, Carbo an., Phosphorus, Sulphur.* Of the genital organs, *Carbo veg., Mercury, Sulphur, Sepia, Belladonna, Cantharis.*

On the body or trunk, *Arsenicum, Graphites, Mercury, Pulsatilla, Rhus.* On the extremities, *Borax, Calcarea, Graphites, Hepar, Petroleum, Phosphorus, Rhus, Zincum.* In cases that have a tendency for metastasis to the brain, think of *Apis, Belladonna, Hyoscyamus, Stramonium.*

It is well to bear in mind that the *Belladonna* swelling is bright red; the *Rhus* is dark red; the *Apis* a pinkish rosy hue, with œdema, white in the center; the *Lachesis* is a dark bluish black.

With these few suggestions in mind, you will find other cases that will call for other remedies not mentioned here, but they will do yeoman's duty. Erysipelas is one of the conditions where homœopathy shines, not by reflected light, but by its own guiding illuminating radiance.

DERBY, CONN.

"The more prominent, uncommon and peculiar (characteristic) features of the case are especially and almost exclusively considered and noted." For these in particular should bear the closest similitude to the symptoms of the medicine. The more general and indefinite symptoms, such as want of appetite, headache, weakness, restless sleep, distress, etc., unless more closely defined, deserve but little notice because of their vagueness, and because such generalities are common to every disease and to almost every drug.—D. S. KISTLER, M. D., 1895.

## SOME CLINICAL ASPECTS OF *ÆSCULUS HIPPOCASTANUM*\*

HARVEY FARRINGTON, M. D.

If the physician clearly perceives what is to be cured in each individual case of disease, and what is curative in each individual medicine, and if he knows how to adapt what is curative to what is undoubtedly morbid, according to clearly defined principles, then he understands how to treat judiciously and rationally, and he is a true practitioner of the healing art. These few lines taken from the third paragraph of the *Organon* present the essentials of correct homœopathic prescribing. Unfortunately, they are ignored by the majority of those who claim to be loyal members of the homœopathic school or are given an interpretation so liberal, that they would appear to admit of any system of treatment that appeals to the mind of the prescriber. Thus have arisen keynote and pathological prescribing, indifferent results, and the necessity for resorting to unhomœopathic methods.

*Æsculus hippocastanum* furnishes us with an excellent confirmation of this. A brief study of its pathogenesis will reveal a wide range of action and many clear cut characteristics. Yet, to the routinist, it usually spells hæmorrhoids. He may have read somewhere that people used to carry a horse-chestnut in the pocket as a cure for rheumatism, but would not think of prescribing it for that disease unless there was an accompanying portal stasis. To give *Æsculus* in neuritis would seem to him a waste of time. But here is a typical case:

Mrs. A. E., æt. 52, light complexioned, rather stout; cheerful and vivacious. For two weeks she had been suffering with an intense neuritis of the right shoulder and arm which felt full and heavy. Shooting pains of great severity, started from the spine, passed to the point of the shoulder, and followed the course of the circumflex down along the radial nerve into the thumb and adjacent fingers. There was numbness of the hand which increased with the severity of the pains, especially acute in the tip of the thumb. Worse from motion and cold, better from applied heat. Always worse from emotion and excitement.

\*Read before the I. H. A., Bureau of Materia Medica, June 1930.

On August 19, 1929, she received one dose of *Æsculus hipp.* 45M. Relief was almost immediate and in less than a week she was almost entirely free from pain, but the numbness and heaviness persisted. On October 17th she reported aching and bruised soreness in the forearm, numbness of the tip of the thumb, caused, apparently, by apprehension over sickness in the family.

She has been afflicted for years with psoriasis which is now improving rapidly under *Petroleum*.

It will be noted that this patient was not despondent and irritable, which is the usual mental state of the *Æsculus* subject, nor did she have piles or venous plethora in the slightest degree. She was unaffected in general, by either heat or cold. The sense of fullness, the heaviness of the suffering parts and the shooting pains and numbness were the guiding features.

Authorities on homœopathic therapeutics tell us that *Æsculus* is useful only in functional heart ailments. Here again we must revert to Hahnemann's axiomatic paragraph: "If the physician clearly perceives what is to be cured in diseases." To restrict the prescriber to either functional or pathological conditions is to limit the range of remedies he has at his command and to cause him to miss the *simillimum* in a large percentage of cases. Doubtless this is the reason that the horse-chestnut is not considered as a heart remedy.

Mrs. Irene A., 68 years of age, dark complexioned, obese and flabby. A long life of grief and anxiety resulted in heart disease. Diagnosis: mitral regurgitation.

Despondent, apprehensive, somewhat petulant but not irritable.

Flushes of heat in the face, with anxiety.

Pulse regular but soft and rapid, increased by slight exertion.

Palpitation and dyspnoea < on walking, climbing stairs and eating, > by belching; accompanied by anxiety and flushes, often driving her out of bed at night.

Shifting pains, especially in the cardiac region, left ear, temple and the knees.

Numbness and tingling in the forearm and hand on the side lain on, with full feeling, > letting the part hang down.

< morning, walking, from cold air.

> warm weather.

Craves acids; bowels slightly constipated, but no hæmorrhoids.

February 13, 1927, she received a dose of the remedy in the CM potency with marked relief of all symptoms. The same potency was repeated on June 22 and July 20. She improved in general health until the following January when the symptoms changed somewhat, a distinct aggravation after sleep was added and *Lachesis* was given. A complete cure could not be expected in a case of this character and no doubt other remedies will be required in the future, but were the patient here now she would testify to the comfort the *Æsculus* gave her.

One more case completes the group I have culled from my records. Mrs. L. V. R., æt. 60, had been a patient of mine for over twenty-five years. She was always bright, cheerful and energetic. But, after her house burned down and her business of corset making declined, she became despondent, indifferent and lazy, neglected her family of seven children, continually made mistakes in fitting corsets and even neglected her own personal cleanliness and attire. Her husband made a small salary but it was sufficient for a modest living. She refused medical treatment, saying that it could do no good. Finally her husband persuaded her to come to the office. She presented the following symptoms and conditions:

Rheumatism for years.

Bruised soreness all over, but more marked in the cardiac region and down the whole right side.

Numbness of the side lain on.

Sensation of fulness in the region of the heart, alternating with a feeling of emptiness, the latter worse at night, and relieved by eating. Heart seems to stop, then start with a thump; pulse 64.

Fulness in the right side of the head and face.

Palpitation on slight exertion, lying on the left side and after a full meal.

Stopped feeling in the right ear; noise as of a waterfall. This troubled her more than the more serious symptoms. Metallic taste in the mouth.

October 23, 1929, *Æsculus hipp.* 10M.

At her next visit, February 4, 1930, she reported great improvement and noted with great satisfaction, that the ear had entirely cleared up. But as the heart symptoms were beginning to return, she was given another dose of *Æsculus*, this time in the 45M. It was repeated in the CM on April 10th. Soreness, numbness, strange full feelings, palpitation and all symptoms referable to the heart had entirely vanished by June 2nd. This was indeed gratifying to both patient and doctor, but the change in mental state, her increased energy, and the return of her old neatness in personal appearance and interest in the wonted activities of her life, showed a deep and radical action of *Æsculus*.

CHICAGO, ILL.

#### DISCUSSION

CHAIRMAN J. HUTCHINSON: It is most helpful and gratifying to have new things brought out as to the authentic values of remedies, and I think this paper is a good example of that. Will you discuss it?

DR. A. H. GRIMMER: I think perhaps there is one phase of this paper that we ought to be thankful for and that is the point the doctor stressed about *Æsculus* covering a greater ground than what it is so commonly used for, hemorrhoids. The doctor has shown how we should study our remedies, in relation to the patient, regardless of pathological conditions. And while it is true that remedies do have affinity for certain organs, parts, and tissues, still I want to thank the doctor for bringing that point to the fore.

DR. D. MACFARLAN: What the doctor just said is interesting. We have certain predilections for certain remedies. I know my father, who knew Dr. Lippe very well, said he was fond of *Silica*. He used *Silica* very often. Dr. Boger probably uses *Phosphorus* too often. And I think probably I use *Sulphur* too often. But I think we all have special predilections.

DR. C. M. BOGER: I want to confirm what has just been said. The reason for it is that we get used to using certain tools, we get to be a little more proficient with that particular tool and we use it more than others. That is all.

DR. C. A. DIXON: I wonder if the same thought occurs to others that this paper brings to me. Sometimes I start in at the office at two o'clock in the afternoon and the first case say, offhand, is a *Nux* or *Calcarea* case. Before the day is over I have prescribed that three or five or ten times. It seems as though everything I see is *Calcarea* or *Nux* or whatever it is that I prescribed for the first case. Is it psychological, or what is the reason for it? I noticed, as Dr. Farrington read those papers and dated them, that last fall he was especially interested in *Æsculus*.

CHAIRMAN J. HUTCHINSON: Dr. Farrington ought to be allowed to answer that, but before he does I should like to say that I think at times the same weather, even in different localities, brings out in patients the need of the same remedy. I find sometimes of a winter day when there are indications of a scourge of grippe that patients (I may not know of those patients) from the environs come in, and although one may be from Mount Vernon and another from Newark they seem to require the same remedy. And then I

know that the grippe is coming, or whatever it may be. Personally, I think that temperature and weather have an enormous effect on our patients' complaints, and on their complaining, and those conditions help us select a remedy. I am not so sure when we prescribe *Calcarea carb.* six times in a morning but what it is a similar remedy, at least.

DR. T. G. SLOAN: In my Rockville practice, when I am in doubt about a remedy, I always give *Sulphur* and nine times out of ten it is the right remedy. I don't know why but it has worked out that way for years.

DR. A. PULFORD: We find that certain cases will come in on certain days that require the same drug. We have tried to figure it out and have come to the conclusion that it is coincidental, rather than accidental. But we have found that it does happen quite frequently.

CHAIRMAN J. HUTCHINSON: My reading is rusty, but it seems to me that Hahnemann made a good many weather miasms. Didn't he?

DR. A. PULFORD: He did.

DR. C. L. OLDS: That simply means dynamic influence, I suppose.

CHAIRMAN J. HUTCHINSON: Dynamic is a big word.

DR. H. A. ROBERTS: We are not prescribing irrationally when we prescribe the same remedy several times a day. Why is it, in actual practice, that when we strike one case of appendicitis we will strike two or three within forty-eight hours? The same thing is true with pneumonia. You run into one case and you will get some more. Why should it also apply to the application of the remedies that are called for? They necessarily fall into the same channel because they are caused by the same atmospheric and climatic conditions.

DR. G. ROYAL: There are several reasons why I enjoyed this paper very much indeed. First, because it is the first time that I have ever listened to the writer read a paper; in fact, that is the first time I have ever met him. I knew his father pretty well. The second reason is because of the manner in which he grouped his symptoms, which was very good. The third reason and perhaps the least important is because it gave me a great deal of satisfaction. He uses the word diagnosis again and again. He uses the word neuritis, which is nothing more than pathology. He talks about hemorrhoids. That was very, very satisfying to me because he was talking in a language which I understood.

Here is what I think about diagnosis. A patient comes to you to make a diagnosis, which I say is essential to the selection of the remedy, that is, before you have taken your remedy. It is a part of the totality of symptoms, because to me it indicates the tissue that is affected and the manner in which that tissue is affected. Then I have that on which to build my grouping. This is what he has done in this paper and so I say I have enjoyed it very much.

DR. C. M. BOGER: Dr. Royal has opened up something here. It is quite the custom to deride diagnosis at some of our meetings, but all who do so should read Hahnemann's Preface to the Pathogenesis of *Colocynthis* in the *Materia Medica Pura*, and see what he says there about the minor symptoms. I am not going to talk a whole lot about what he says there because you can read it yourself. But, he distinctly intimates that the minor symptoms must be in the picture. That brings up the other end of the subject and that is the thing that I discussed with Dr. Royal last night. We have in every proving the reaction of the system to the potency from the highest down to the lowest, and then the gradient all the way down to the lowest potency and down into the toxic effects. You will find that even in the chronic diseases.

You will find in acute diseases like pneumonia and typhoid, and so on, that the provings of the potencies exhibit the symptoms which come in as concomitants in acute disease. If you come down the scale to the mother tincture and then to poisoning effects you will find the toxic effects from the medicine and the toxæmia in the disease. Did you ever think of that?

The toxæmia of the disease is the basis upon which the alloëopath makes

his diagnosis mostly, not entirely. He takes into consideration the toxic effect of the disease and from that draws his diagnosis.

So we should not deride these men too much who base their prescription on the toxic phase of the disease.

In talking with the doctor last night I asked what was the first indication which led us to prescribe *Merc. cyan.* in diphtheria. It was a toxic case, right here in the city of New York, where the patient died and a post mortem showed a membrane on the velum palati. That was the first thing that drew us to the use of *cyanide of mercury*. And we know now that that is one of our main remedies in diphtheria.

Take *Arsenicum*. The toxic symptoms of *Arsenicum* are the toxic symptoms which you see in diphtheria and typhoid fever, for instance. That is the way it is in every disease.

So that a knowledge of toxicological effects is quite helpful in finding the remedy, especially when you are up against a very acute disease. In other words, you must bring in everything. You can't limit yourselves to high or low potencies. If you take a high potency and make a toxicological effect it is purely coincidental and occurs only once in awhile, such as in the case Lippe pointed out—the thirst of *Arsenicum*. That symptom occurs frequently in toxic effect of *Arsenicum*, rarely from a potency.

DR. G. ROYAL: May I have just a second more? I know it is against the rules but I want to emphasize one point. Dr. Boger said if you give a high potency and get a toxicological symptom, that is purely coincidental. I want to say to you if you get a toxicological symptom and can find a remedy that has produced it, I am just as sure that you are going to get rid of that symptom by giving it in the potency that produced it.

DR. C. M. BOGER: Sure, that is true.

DR. D. MACFARLAN: What I believe is important is to get reliable symptoms. When an ophthalmologist wants to operate on a case of cataract he injects homatropine sulphate and he gets a dilatation of the pupil. He gets it not once out of a hundred times but one hundred times out of a hundred. That is the beauty of making provings; you know what you are doing and you get it first-hand. Then there is an intimacy between yourself and the man who makes the proving. I made a proving of *China* on a man once. In my relationship with him I talked to him every day, while I was making this proving; he gave me an indelible proving as to what *China* would produce, which I never would have gotten from reading Hahnemann, because there is a personal touch in making the proving that you never can get otherwise.

And you prescribe so fast. Dr. Griggs makes provings. I used to work with him in the hospital. We would often prescribe for thirty-five cases in an hour or two.

I remember a case, for instance, that Dr. Griggs had, and the cure that he made. The case had been treated by an old homœopathic doctor, a fine old fellow, but he only used three and four x's. He didn't believe in high potencies and hadn't made any provings.

The case was a child. It was a very bad skin case, the worst eczema I ever saw. He had a new color salve on about twice a week, but he was always sick. Dr. Griggs prescribed for it and in a month the child had a beautiful complexion.

That is the way you can get those results: from making provings. I don't see how anyone can practise homœopathy unless he makes provings. My father had no confidence at all in anyone who didn't make provings.

DR. C. M. BOGER: As an *addendum* to what I said a little while ago I want to point this out: some months ago a neighbor of mine came to me after having been to many physicians with no relief at all. He had this symptom, an uneven contraction of the muscles of the abdomen. The abdomen was growing into little hillocks, as it were, all over.

The rest of the symptoms were rather nondescript. And on the strength

of that symptom I gave him *Plumbum*, but I made a mistake. In a short time he came back and said that he wasn't any better. In the meanwhile I had looked up his case a little more in my spare time—and it is a good practice when you have spare time to look up old cases that are not getting well—and I found that symptom as a toxicological symptom under *Arsenicum*. I gave him a dose of *Arsenicum* and now that man is getting well.

CHAIRMAN J. HUTCHINSON: We will return to *Æsculus* and I will ask Dr. Farrington to close.

DR. E. FARRINGTON: I want to thank you for your kindly remarks. Though you did not discuss *Æsculus* directly it is of no particular moment because I think the points that have been brought out are interesting and useful.

I want to especially thank Dr. Royal for what he has said because I think that many of his contentions are really true. We are perfectly justified in using a diagnosis in helping us select our remedies. All that we ask is this: that we do not make it the principal thing unless it is (and that is a matter of individual judgment) because our provings have not been made on diagnosis and whatever we know about remedies that will cure certain diseases has been obtained only by clinical experience.

Pathology is also important but we must be careful also not to make this the principal thing as I tried to point out in the beginning of my paper. I wanted to say that a remedy is useful practically only in a certain pathological condition, and to limit the use of that remedy. As the doctor suggested, pathology may be important and often is, when it is of a peculiar nature and different from pathologies in similar cases or similar diseases.

We cannot expect every physician to think the same as every other one, or to prescribe in the same manner. Each one will do it, naturally, according to his own mind.

For instance, you will note that provings in the potencies will often show pathology that is exactly the same as the chemical or even the escharotic action of a drug. *Kali bichromicum* will produce round, punched-out ulcers. *Arsenicum* will produce flat, shallow ulcers. *Argentum nitricum* will produce ulcers that go no deeper than the surface of the mucous membrane, and so on.

We do not know all there is to know about our materia medica and I brought these cases forward because I thought that they were unusual and contained certain things that were not to be found in the materia medica. I might have taken the time to point out those things that are not to be found in the books but I have left this to you, and *Æsculus* is not used as often as it should be.

I have passed over numerous cases of follicular tonsillitis, mentioning diagnosis and sore throats and colds that cannot be given any special name which *Æsculus* will cure promptly and completely. I have passed over many other conditions such as lumbago, hæmorrhoids (which I merely mentioned); rheumatism I did not emphasize but it is a useful remedy of course in that connection.

Whenever I get a case that is peculiar and has unusual symptoms, sometimes apparently trivial, I dig around in the unusual remedies and sometimes get great enlightenment.

Several years ago a woman came to me from Pittsburgh. She had been under the care of two different homœopathic physicians. Each one of them had insulted her almost as she claimed by telling her that she was neurasthenic; there was nothing the matter with her. She had a long range of most striking and I might say "high falutin'" complaints. A careful study showed they were all contained under the remedy *Agaricus*, and that cured her, made a new woman out of her.

I think that is all I have to say, except in regard to favorite remedies. In that connection I would just like to say that when you find you are prescribing a remedy too often get busy and study it.

## REPERTORY ANALYSIS

EVELINE B. LYLE, M. D.

The request has come from several readers of *The Recorder* for cases showing the correct evaluation of symptoms with the method of repertorizing in order to choose the *simillimum*. The importance of this question to new students of homœopathy, as well as to many older homœopaths, is very vital, for the future (as well as the present) of homœopathy depends on the choice of the proper remedy. Therefore each month of the coming year a case will be presented for study and analysis. The case this month will be analyzed, symptoms ranked, rubrics given, and the remedy chosen. Beginning with February the case will be given one month and the analysis the following month. It is suggested that the case be worked out and that the student definitely commit himself by writing down the remedy before the correct working out of the case is printed.

Success in choosing the remedy depends on two things, a carefully taken case, and the proper ranking or evaluation of the symptoms. In this series for the beginner the Kent method will be used. The books suggested are Kent's *Repertory*, 3rd edition (either of the other editions may be used); a few good materia medicas including Kent's which gives the personality of the drug in a most convincing manner; and repertory sheets which will be obtained at a reasonable price from the American Foundation for Homœopathy. If these are not used take typewriter paper and rule in columns with space left between remedies for additions in alphabetical order (see illustration in this article).

It is suggested that you reread carefully the *Study Course in Homœopathy* by Dr. Elizabeth Wright Hubbard in *The Recorder* for May, June and July 1930. These articles give the method of taking the case, an outline for the same on pages 336-339, the evaluation of symptoms, and repertorizing.

For a brief reminder the symptoms are ranked in the following order, the mentals being highest in value as most indicative of the patient, followed by the physical generals as indicative of the tendencies of the body as a whole.

1. Mental symptoms. See *Recorder* for May 1930, p. 339.
  - a. The will symptoms. See *Recorder* for sub-headings.
  - b. The understanding: delusions, hallucinations, delirium, mental confusion, etc.
  - c. The intellect: memory, concentration, mistakes in writing and speaking.
2. Physical generals. See *Recorder* for May 1930, pp. 338-339.
  - a. Sexual conditions and menses, etc.
  - b. Discharges.
  - c. Food desires and aversions.
  - d. Aggravations and ameliorations of whole body by time, seasons, temperature, air, weather, climate, etc. See *Recorder* for May 1930, pp. 336-338 (II, e, 1-14).
  - e. Sleep, kind.
  - f. General type, restlessness, weakness, prostration, chill, fever, etc.
  - g. Objective symptoms applying to whole body.
3. Particulars.
  - a. Strange, rare and peculiar.
  - b. Modalities of particulars. See *Recorder* for May 1930, pp. 336-338.

After the chief mental, general and peculiar symptoms have been run through it will be found that only a few remedies are coming through frequently. From this point on only these remedies need be considered. When the list has narrowed down to five or six take the materia medica and read each remedy through carefully to find out which is most similar to the particular patient. Certain rubrics which run large in the *Repertory* may be used for eliminative purposes, such as hot or cold blooded, worse in wet weather, etc. The knowledge of synonyms will be found most useful.

The value of the different remedies under the rubrics in the *Kent Repertory* is as follows: Black type highest, value 3; italics second, value 2; small ordinary roman type lowest, value 1.

It is to be remembered that no technical method is perfect. The master chooses the remedy because he knows the remedies as definite personalities, and when he sees the patient and hears the story he sees the remedy. Often this is subconsciously done. To achieve such a name, master prescriber, one can begin with this method about to be illustrated. By applying the correctly chosen remedy in case after case and watching the results the subconscious is being supplied with intuition and the brain with knowledge. Read *materia medica* over and over and over and at last you will have achieved the goal. As a starter these cases are offered for your study.

#### *The Case\**

Mrs. F., age 49. The symptoms are as follows: Has a constant headache which is worse lying down. The pain is in the occiput and there is a sense of pressure. Dizziness and dimness of vision. Dyspnoea on ascending stairs and when leaning backward. Recently sighs much. Sleep good but tired in the morning. Wants to sleep all the time, worse after eating. Hungry but easily satisfied. No thirst. Considerable flatus. Very restless. Sadness from music. Memory poor. Speech stuttering recently. Concentration difficult. Imagines she sees things running across the floor, mice, insects, etc. Thinks of nothing but death. Home-sick whenever visiting. Irritable and cross. Sensitive to noise. Desires company. Better in open air, must have it. Very sensitive to tight collars. Urination frequent, copious, worse when on feet. Menses irregular; delayed sometimes 2 or 3 months; flow copious; duration 3 to 4 days; discharge very dark; strong odor; excoriating during latter part of period.

#### *Analysis of the Case*

Pick out all the mental symptoms and arrange in a column. Do the same with the generals indicative of the patient as a whole, and with any important particulars especially peculiar to the patient. Under each arrange the modalities if given. It is not necessary to use every symptom, take those most marked. This

\*From *The Homœopathician*, Vol. III, p. 423, *Repertory Study* by Dr. A. H. Grimmer.

is much easier to do if you really see the patient. Good prescribers should be able to pick the remedy on about three or four symptoms.

It is often better to take the general rubric at the head of the rubric rather than one which seems to more definitely fit the exact wording of the patient, for the latter may be limited to a few remedies and in using it important remedies may be omitted. It is also often necessary to combine rubrics to get all of a symptom. If so, and a remedy is found in each but of different value, use the highest value given, or if you wish to be more exact add and divide by the number of times it appears.

The symptoms chosen by the doctor who presented this case as most indicative of his patient are:\*

4. Imaginations, mice, insects, etc., running over floor. See Mind, Delusions, main rubric, p. 20.

1. Desires company. Mind; Company, desire for, p. 12.

3. Sensitive to noise. Mind, Sensitive, noise to, p. 79.

2. Sadness from music. Mind, Sensitive, music to, p. 78.

6. Open air ameliorates, must have it. Generalities, Air, desire for, p. 1343.

5. Restless. Mind, Restlessness, p. 72.

7. Menses, irregular, 2 to 3 months. Genitalia, Female, Menses, irregular, late, p. 727.

8. Menses copious. Genitalia, Female, Menses, copious, p. 725.

9. Menses dark. Genitalia, Female, Menses dark, p. 726.

10. Menses acrid. Genitalia, Female, Menses acrid, p. 724.

11. Tight collars aggravate. Generalities, Clothing, intolerance of, p. 1348.

The rubrics for these symptoms are charted on sheets with the remedies arranged alphabetically. To save space only those coming through highest are printed here. Beginning with the 7th symptom only those remedies have been recorded which are coming through most often. When the symptoms are all repertorized and charted, count up the numerical value of the most prominent ones and make it the numerator of a fraction, the denominator of which is the number of times the symptom appeared in the rub-

\*Symptoms are arranged on the repertory sheet as numbered.

rics. For example *Apis* adds to 15 and appears 9 times. The fraction, then, is 15/9. Arrange the five or six highest in order of numerical value. If any remedy does not have the characteristics of the patient in itself it need not be considered.

Symptoms	Page 12.											Tight clothing aggravates, 1348.
	Desires company, 78.	Sensitive to music, 78.	Sensitive to noise, 79.	Delusions (animals), 20.	Restlessness, 72.	Desires open air, 1343.	Menses late, 727.	Menses copious, 725.	Menses dark, 726.	Menses acrid, 724.		
	1	2	3	4	5	6	7	8	9	10	11	
<i>Apis</i> .....	2	0	1	1	2	2	2	2	1	0	2	15/9
<i>Ars.</i> .....	3	0	2	2	3	2	0	3	2	0	0	17/7
<i>Ars. iod.</i> .....	0	0	2	1	3	2	0	0	0	0	0	
<i>Caust.</i> .....	1	1	2	1	2	1	3	2	0	0	2	15/9
<i>Kali carb.</i> .....	3	0	3	0	2	1	3	2	0	3	1	18/8
<i>Lach.</i> .....	0	0	2	3	2	2	2	2	2	3	3	21/9
<i>Lyc.</i> .....	3	2	2	2	3	3	3	2	1	0	3	24/10
<i>Merc.</i> .....	1	1	2	2	3	0	2	2	1	0	0	14/8
<i>Nat. mur.</i> .....	0	2	2	0	2	2	3	3	1	0	0	15/7
<i>Nux vom.</i> .....	2	3	3	1	2	0	0	3	0	0	3	17/7
<i>Phos. ac.</i> .....	0	2	1	3	2	1	2	1	2	0	0	14/8
<i>Phos.</i> .....	3	2	2	2	1	1	2	3	0	0	0	16/8
<i>Plat.</i> .....	0	0	2	2	2	2	2	3	3	0	0	16/7
<i>Puls.</i> .....	2	0	2	2	3	3	3	2	3	0	2	22/8
<i>Sep.</i> .....	2	3	3	1	3	1	3	2	2	1	2	23/11
<i>Zinc.</i> .....	1	1	3	2	3	1	2	2	1	0	0	16/9

The four highest ranking symptoms are:

*Sep.* 23/11

*Lyc.* 24/10

*Puls.* 22/9

*Lach.* 21/9

This case has not the chief ear mark of *Lachesis* worse after sleep or wakens into an aggravation, for it wishes to sleep all the time which it would not do if sleep were followed by an aggravation. Neither is it the *Puls.* type, although that would not rule the remedy out. Looking back over the other symptoms there are two very characteristic of *Lyc.*, hungry but easily satisfied, and sleepy after eating. After reading through the materia medica, particularly Kent's, I think you will agree that *Lycopodium* is the *simillimum*. It was given in the 10M potency.

BROOKLINE, MASS.

According to Hahnemann, life is bestowed upon the human economy by a power *sui generis*, appropriately named by him, the vital force. This agency starts with life itself, in the original protoplasm, influencing the development of the living tissues, governing and regulating all the physiological phenomena, and watching over the preservation of the individual till death. There has been no better theory advanced of the influences governing the human system; and to those who dispute it, the *onus probandi*, in regard to any hostile theory, belongs to them. If this vital force be disturbed in its harmonious guidance of the functions of the body, by some external impression, mental, miasmatic, climatic, or other, the processes of nature are modified and disease appears. The vital power is immaterial or dynamic in nature, like all natural forces, and can only be affected by similar immaterial or dynamic agents. Ætiological factors, consequently, operate and influence this power through their virtuality. These disturbances of the vital force manifest themselves differently in different individuals, depending upon the peculiarities or original weaknesses of the patient.—PROSPER BENDER, M. D. 1895.

As disease is of dynamic origin and dynamic in its nature, how should it be treated unless by a similar agent—a dynamic force?—J. T. TEMPLE, M. D., 1868.

## COMPARATIVE DRUG SELECTION

H. B. F. JERVIS, VETERINARIAN

It has been said that comparisons are odious, but this does not apply to scientific subjects surely, in fact it seems to me that comparisons cannot but help broaden the viewpoint of the conscientious truth seeker. This paper had its inception in the fact that many veterinarians are seeking for some knowledge of the law of similars as employed by those of us who practise medicine after the pattern of the great Hahnemann.

Let us compare, for a brief space, the uses to which some of the principal remedies are applied in the allœopathic and homœopathic schools of medicine among domestic animals. An inquiry of this character affords excellent food for reflection, as it serves to point out distinctly the very limited sphere of application which the allœopathic school practises as regards certain important drugs, which, according to Hahnemann's law of selection, have been proved to possess a wide range of action. There is no drug to which this remark more aptly applies, perhaps, than *Aconitum napellus*. Again, it will prove extremely interesting to note, as we proceed, how many instances occur in the practice of orthodox medicine wherein the selection of the drug for certain pathological conditions is nothing more or less than homœopathy pure and simple, inasmuch as the allœopath administers not infrequently, exactly the same drug as the homœopathist for diseases of similar characters. Arsenic, or *Arsenicum*, as we refer to it, affords several notable illustrations of such a coincidence.

The following is a list of the diseases for which arsenic is administered internally by the allœopathic veterinarian: Skin diseases generally, but four in particular, viz., erythema, eczema, lichen, psoriasis, and that peculiar form of disease affecting the legs of horses, commonly and vulgarly termed "grease;" asthma; chorea; dyspnœa due to acidity of the stomach; empyema of the lungs; glanders formerly, when treated; migrims or vertigo.

This drug is also applied locally in cases of the grape form of grease and quittor.

In Finlay Dunn's *Veterinary Pharmacology* the actions and uses of arsenious acid are described as alterative, tonic, and anti-septic. It is also spoken of as applied externally as a stimulant, caustic and destroyer of parasites. The aforementioned are the principal therapeutic uses to which arsenic is applied in the orthodox school, but before enumerating the more extended methods of application in which the law of Hahnemann has proved this powerful drug marvellously effective, we will refer to the pathogenetic action of arsenic as gleaned from veterinary experience. Finlay Dunn states that "it acts on all animals as a destructive poison. It causes irritation, inflammation, and sloughing of any mucous membrane or abraded skin surface with which it comes in contact; is readily absorbed; produces, while it remains in the system, loss of appetite, emaciation, various nervous disorders, and depression of the circulation". He further states that it acts upon the liver and kidneys, and irritates any excretory channel it passes through. The drug has been found to produce active diarrhœa, shivering, loss of appetite, nausea, purging, and other symptoms of abdominal irritation, imperceptibility of the pulse, and prostration of strength. In one experimental case that proved fatal the symptoms were dulness, succeeded by colicky pains, pulse 72 and wiry, extremities cold, visible mucous membranes highly injected, with active purging". In regions where the noxious vapors of arsenic are exhaled from copper smelting furnaces, it has been found that horses grazing in the district exhibit a peculiarly starved and shaggy appearance; the knee joints swell; the animals are hide-bound, and the hair falls off; the teeth become black and fall out, and necrosis of the bones occurs. Dogs are extremely susceptible to the toxic effects of arsenic. Dunn says that quantities of, from three to ten grains, mixed with water, caused in a few minutes nausea, vomiting, short moaning, difficult breathing, a very rapid, wiry pulse of 120 or upwards, and black evacuations made with considerable pain; these symptoms were accompanied by a look of extreme anguish, blunted perception, and death with convulsions followed in from six to thirty hours.

Having thus far reviewed the indications which serve as the guide for the use of this drug in the orthodox school of medi-



cine, and also its pathogenetic and toxic effects upon animals, I propose to examine some of the circumstances which lead the followers of Hahnemann to rely upon it in the treatment of disease.

Hughes points out seven of these indications peculiar to *Arsenic* in its influence upon the human system, and I can testify from experience that the same are observable among the lower animals. I therefore avail myself of Hughes' manner of arranging these peculiar features.

1. PERIODICITY: This may be observed among horses and other animals, especially when suffering from low type of various fevers, having typhoid-like symptoms. The fever symptoms present themselves with more or less force at given times of the day or night, and recur again and again with diminishing force until the fever abates. The same condition frequently presents itself in catarrhal fever or influenza among horses, also among dogs in that very vaguely expressed disease known as distemper.

2. ADYNAMIA: Excessive prostration of strength and exhaustion after slight exertion is the definition for this condition, and it is well exemplified in the influenza of horses, mentioned before, and distemper of dogs. When it is presented as a marked symptom, it almost certainly points to *Arsenicum* as the proper remedy. For prostration after all debilitating diseases it is an effective remedy to restore the strength and give tone and vigor to the system.

3. MALIGNITY: Hughes' definition of this word is very apt. It is generally applied to diseases that are not deemed dangerous, but altogether intractable, such as cholera and charbon, at least under allœopathic treatment. A group of symptoms which would call for *Arsenicum* might be put as follows: Great prostration, general malaise, feeble pulse, with continuous thirst, and offensive, black evacuations.

4. RESTLESSNESS AND ANGUISH: When taking these characteristics under consideration, one would be apt to at first conclude that they may hardly be observable among the lower animals, as restlessness and anguish are generally the outward manifestations of a dyscrasia affecting the nervous organization in the human subject; but among the toxic effects of arsenic on dogs,

we find Finlay Dunn stating that "these symptoms were accompanied by a look of extreme anguish"; and from my own experience I can testify to having seen animals under the influence of large doses of arsenic continually change their position as though to relieve the limbs. I have also seen them suffer from severe twitching and contraction of the limbs.

5. CHARACTERISTIC PAINS—BURNING: This of course it is impossible to determine in the absence of direct subjective evidence, although there are outward manifestations which lead one to conclude that animals experience a burning sensation from the use of this drug; but to argue in support of such a theory would take up too much time for the purposes of a paper of this kind.

6. PAINS WORSE AT REST, AND INCREASED BY COLD: This is easily verified among animals. The fevers of a remittent character, for which *Arsenic* is usually found an efficient remedy, are almost always more marked during the lower temperature of night hours, especially in the winter season. Unquestionably, if motion can be effected, when *Arsenic* is in therapeutic rapport with such given forms of disease, it appears to modify the symptoms. As a rule, however, prostration is so pronounced that motion becomes simply impossible.

7. THE LAST CHARACTERISTIC IS THIRST: This is very marked among veterinary patients. At the same time there is frequently experienced great difficulty of deglutition, so that only a small draught of fluid can be partaken of.

Among other notable characteristics not included in the before mentioned list are: General and rapid emaciation; coldness of the body, especially of the nose, mouth, and legs; very weak pulse; skin loose and yellow in color, dry and burning; cold sweats with offensive odor; hair drops off, or may be pulled out with great ease; and, finally, colliquative purging.

It is, of course, self obvious to all of my readers that the object to all the foregoing characteristic indications for the use of arsenic in disease, is to point out, inferentially, that in selecting a drug therapeutically homœopaths are not guided by pathological names given to various forms of disease, but by the symptomatic features presented at given stages. By way of illustrating my meaning, I would refer to a case of fever in the

horse. This may be simple, symptomatic, or typhoidal in its character; and, being of a variable character, the name itself is no guide to the selection of the remedy. Among other remedies that may at one period or another be appropriate in such a condition are *Aconite*, *Nux vomica*, *Ammonium causticum*, and *Bryonia*. What conditions should guide us in selecting *Arsenic*? The following: *Great prostration of strength; diarrhœa, œdematous swellings of the sheath, of the penis or legs; debility and rapid emaciation; pulse almost imperceptible; general coldness of the body; cold, clammy perspiration, and general declining powers.*

The remarks apply with equal force to influenza or catarrhal fever, and a very large number of other diseases, so that it is impossible to enumerate a long list of pathological names, and state positively that *Arsenic* is the specific remedy for these. We must, if we would practise medicine according to homœopathic law and with the best interests of our patients at heart, be guided by the symptoms as they appear from stage to stage.

Among the diseases above enumerated as those in which our friends of the orthodox school rely upon arsenic as their remedy, and which we of the homœopathic school also very often treat with the same drug are the skin diseases named, asthma, empyema of the lungs, and certain forms of dyspepsia, especially if the patient is at the same time the subject of cutaneous disease. In so far, therefore, as these forms of disease apply, the allœopath is, to all intents and purposes, practising according to Hahnemann's law of drug selection.

To give a short list of some of the more notable morbid conditions in which *Arsenic* is very frequently useful, we may name cholera; inflammation of the various mucous membranes, viz., the Schneiderian membrane, that of the throat, and stomach, more or less that of the whole respiratory tract, the palpebral conjunctiva, and the mucous membrane of the genito-urinary organs; some forms of diarrhœa; coryza where the discharge is thin and acrid; ophthalmia, with thin watery secretion that irritates the edges of the lids; and ulceration of the cornea. Inflammation of serous membranes also come under the control of this drug, for instance, advanced cases of pleuritis, pericarditis,

and pneumonia, as well as old standing serous dropsies, particularly those that are the sequelæ of inflammation. In its action on the heart *Arsenicum* has a marked effect on cardiac dyspnœa. In chorea, when the special characteristics are present, it is a splendid remedy, a fact well worth the attention of veterinarians who make dogs their specialty. Again, in distemper of dogs it plays a very important role in effecting a cure if taken at the right time.

Compare the above with the limited application among practitioners of the old school and it becomes markedly apparent what a loss these gentlemen experience by not availing themselves of the knowledge and application which a study of drug selection according to Hahnemann's law places at their disposal.

NORTH HOLLYWOOD, CALIFORNIA.

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As to the condition of the organism and its healthy state depend solely on the state of life which animates it, in like manner it follows that the altered state which we term disease consists in a condition altered originally only in its vital sensibilities and functions, irrespective of all chemical or mechanical principles, in that it must consist in an altered dynamical condition, a changed mode of being, whereby a change in the properties of the material component parts of the body is afterward effected, which is a necessary consequence of the morbidly altered condition of the living whole in every individual case.—  
HAHNEMANN.

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We shall find that, as the confidence of men in potentized drugs declines, under the influence of a *gross* materialism, others will be declared inert, and fare as badly in the hands and esteem of such men. But what is true and supported by facts to-day, will, with the well-balanced mind, be the same tomorrow and forever, despite the caprices of human opinion.—D. M. DAKE,  
M. D., 1868.

These charts, which I am passing around and to which I wish you to refer while I am talking, are based on 365 cases out of my own practice and 10 others. It has taken some time to compile this list. It was done in this way. When I made a successful or striking prescription and the patient came in later and said, "Doctor, I never had anything help me as much as that in my life", I wrote down carefully the date of the prescription. These dates were collected and located in the phase of the moon, first quarter, full moon, last quarter, or new moon. The most pictorial way to show the result seemed to be to mark each case on one of the squares of this double-ruled paper. The number of squares covered here is 375, corresponding to 375 prescriptions that were striking successes.

This research was undertaken to find out whether there was anything in this question of time of remedies as related to phases of the moon. I believe this is the way we ought to go at all questions.

If you will take your *Repertory* and look at the remedies which are mentioned in the rubric under full moon, or new moon, or whatever phase of the moon it is, you will find almost no resemblance to this chart. It does not take very long to discover a few things from this chart, as you will see by looking at it. From the very start of the investigation I found that *Phosphorus* led all remedies in the number of observations. So that the accusation that Dr. Macfarlan made this morning that I am a *Phosphorus* fiend is perhaps true. But there are a good many homœopaths who are *Phosphorus* fiends, I think. Then I discovered that *Phosphorus* was closely followed by *Arsenic*. If you will look over this chart carefully you will see that *Phosphorus* covers eighteen squares of the full moon. This is the highest number of squares covered. Those were eighteen successful prescriptions prescribed in the week of the full moon, and the next most prominent is in the last quarter which shows a decline.

Now if you will turn to *Arsenic*, you will find the highest

\*Informal talk before the I. H. A., Bureau of Materia Medica, June 1930.

number in the first quarter. It stops abruptly in the quarter of the full moon, and falls off then to the lowest point.

Then look at *Calcarea*, you see that by far the largest number of *Calcarea* manifestations come in the quarter of the new moon. *Calcarea phos.* follows closely after it. Look at *Hepar*. *Hepar* is almost equal to *Calcarea phos.*

Now look at *Sulphur* and *Pulsatilla*. You see that there isn't very much difference in the different phases under those two remedies. *Sulphur* is almost the same in all phases, and *Pulsatilla* is almost the same also. But look at the *Sulphur iod.* This remedy stands highest in the last quarter and next highest in the first quarter. Then turn to *Iodine* and see what that shows. *Iodine* is the very highest in the last quarter. This must be more than a coincidence.

If you will look through these tables in this way, you will find that there is a connection running through the whole thing.

How are we going to apply these results in practice? That is what we are getting down to. When a new patient comes in to you you asked him, "When are you worst?" "Well, I was worst the middle of last week." "Is that about when you are usually worst?" "Yes, about that time."

Open up your almanac and see what quarter the moon was in, then look down your list of remedies and see which remedies are most prominent in that quarter. It is not invariable. You may not make an absolutely accurate prescription but it will be an enormous help.

I wish all the other physicians here to do this: Each one of you has some of these charts. Mark a little cross in one of these squares as I have shown you and in nine or ten months return the charts to me and I will make a further compilation on this subject. I am going to run this study up until we have three or four thousand observations. This is the scientific method. You don't start out with any preconceived opinions at all. I am going to see how it comes out. If it isn't worth anything I want to know it.

Here is another point here: *Pulsatilla* is looked upon as being preeminently a female remedy and as having something to do with the reproductive organs. Therefore, inferentially, *Pulsa-*

*tilla* should manifest itself at the full moon. You see what the chart shows. *Pulsatilla* at full moon is very little different from *Pulsatilla* at any other time.

The same is true of *Sepia*. *Sepia* is the very lowest at the full moon.

If we can revamp our repertories more or less after this method then we will have something solid under our feet based on actual observations, not on somebody's opinion. When someone comes to this meeting and says, "I had one case that was helped with *Pulsatilla* and this and that was the matter with it", and you mark it down in your repertory that *Pulsatilla* is a wonderful remedy, such deductions are absolutely fallacious.

These things must stand the test of time and experience and that is what I am trying to do in this paper.

MOON PHASES

MOON PHASES				MOON PHASES					
N.	1st Q.	F.	L.	N.	1st Q.	F.	L.		
Acon. ....	0	1	2	0	Bur-p. ....	0	1	0	2
Aesc. ....	0	1	2	0	Cad-s. ....	0	1	3	0
Agar. ....	3	0	2	1	Calc-c. ....	10	10	6	7
Aloe. ....	0	1	0	1	Calc-io. ....	0	0	1	0
Am-c. ....	0	0	1	0	Calc-p. ....	5	4	4	1
Am-m. ....	0	0	0	1	Calc-pic. ....	1	1	0	0
Ang. ....	0	1	0	1	Cam. ....	1	1	0	0
Ant-c. ....	0	0	0	1	Canth. ....	1	0	0	0
Ant-t. ....	1	0	0	0	Caps. ....	0	0	1	0
Apis. ....	6	1	1	4	Carb-a. ....	0	0	2	1
Arg-n. ....	2	2	0	1	Carb-v. ....	3	0	3	0
Arn. ....	0	0	0	1	Caus. ....	0	0	1	1
Ars. ....	13	15	10	4	Chel. ....	0	0	1	1
Ars-io. ....	3	0	2	0	Chin. ....	2	0	1	1
Asc-t. ....	0	0	0	1	Chion. ....	1	0	0	0
Bapt. ....	0	0	0	1	Cimi. ....	0	1	0	2
Bar-c. ....	1	0	0	0	Cina. ....	1	0	0	0
Bell. ....	1	2	0	0	Clem. ....	0	1	0	1
Bism. ....	0	0	0	1	Colch. ....	1	0	0	0
Bov. ....	0	0	1	0	Coloc. ....	2	2	0	1
Bry. ....	4	9	2	3	Con. ....	2	0	0	0

TIMES OF THE REMEDIES				TIMES OF THE REMEDIES					
N.	1st Q.	F.	L.	N.	1st Q.	F.	L.		
Cor-r. ....	0	0	0	1	Mez. ....	1	1	1	0
Cupr. ....	1	0	2	0	Mur-ac. ....	0	0	1	1
Dios. ....	1	2	1	0	Nat-m. ....	2	5	3	2
Dros. ....	0	1	0	0	Nat-p. ....	0	0	1	0
Dulc. ....	1	0	0	0	Nat-s. ....	1	1	1	1
Eup-per. ....	0	1	1	0	Nit-ac. ....	0	0	2	2
Fer-p. ....	1	0	0	2	Nux-v. ....	8	1	3	3
Frax. ....	0	0	0	1	Pall. ....	0	0	2	0
Gels. ....	1	0	3	0	Phos. ....	9	10	22	11
Grap. ....	2	4	0	2	Phos-ac. ....	0	1	1	4
Guai. ....	0	0	1	0	Phyt. ....	2	0	2	4
Ham. ....	0	1	3	0	Plat. ....	0	0	0	3
Hep. ....	6	0	2	1	Plumb. ....	0	3	1	0
Hura. ....	0	0	0	1	Populus. ....	0	1	0	0
Hyds. ....	1	0	0	0	Psor. ....	0	1	1	0
Ign. ....	2	2	4	1	Puls. ....	4	8	5	8
Iod. ....	0	0	0	3	Pyrog. ....	0	0	1	0
Kali-bi. ....	2	1	3	1	Radium. ....	0	1	0	2
Kali-c. ....	1	1	2	2	Rhus-t. ....	8	4	3	2
Kali-p. ....	0	0	0	1	Rumex. ....	0	1	0	0
Kobalt. ....	0	0	1	0	Sabad. ....	1	1	0	1
Lac-c. ....	0	0	0	2	Sabal. ....	2	0	0	0
Lac-d. ....	0	0	1	0	Sang. ....	0	3	2	2
Lach. ....	5	1	4	2	Sars. ....	0	0	0	1
Lapp. ....	1	1	0	0	Scroph. ....	0	0	0	1
Lactrod. ....	1	0	0	0	Senecio. ....	1	0	0	0
Ledum. ....	0	0	1	0	Sepia. ....	6	7	2	12
Lil-tig. ....	0	1	0	0	Silica. ....	1	4	3	0
Lyc. ....	4	5	7	9	Solidago. ....	2	0	0	0
Mag-c. ....	1	1	1	0	Spig. ....	1	0	0	0
Mag-m. ....	0	0	2	0	Spongia. ....	1	0	0	0
Marum-v. ....	0	0	1	0	Stan. ....	1	2	0	0
Medor. ....	2	2	0	1	Staph. ....	0	0	2	1
Merc. ....	3	1	4	5	Stram. ....	1	0	1	0
Merc-cy. ....	0	0	1	0	Stront. ....	0	1	2	0
Merc-i-f. ....	2	2	0	0	Sulfur. ....	5	6	8	9
Merc-i-r. ....	0	0	0	1	Sul-io. ....	1	4	5	7

	N.	1st Q.	F.	L.		N.	1st Q.	F.	L.
Symph.	1	0	0	0	Vibur.	0	0	1	0
Syphilin.	0	1	1	0	Tellur.	0	0	1	0
Tabac.	0	0	0	2	Xanth.	0	0	1	0
Thuj.	3	3	1	1	Zinc-pic.	0	0	0	1
Tuberc.	1	1	0	1	Zinc-sul.	0	1	1	0
Ver-a.	0	0	1	0					

The above is a record of the time of giving 624 prescriptions that were eminently successful. They are all taken from my records except twenty-five. In quite a few of the remedies there is shown quite a trend toward certain periods in the month; many others, for lack of observation enough are not in the least conclusive, but can be used only as possible hints. This record shows the beginning of quite a few unexpected relationships. In the future I hope to extend the tabulation much further, in order to either clear up or disprove what seems now indeterminate.

PARKERSBURG, W. VA.

#### DISCUSSION

CHAIRMAN J. HUTCHINSON: I take it from what you say that this is purely for the purpose of seeing how things are. We do not do much studying of the moon phases and I think it will be an interesting experience to follow out what you have said.

Shall we have discussion on Dr. Boger's suggestions?

DR. I. L. FARR: This subject is rather too new to discuss. Personally, I would like to ask the doctor a question from this angle: We hear a good deal about the reading of horoscopes. In your experimentation with this did you take into consideration anything at all as to your own horoscope, under what constellation you were born, or under what constellations your patients were born? Or does this purely concern the moon phase at that time—at the time the patient comes into the office?

DR. C. M. BOGER: That is all. I don't know what my horoscope is. It concerns the action of the remedy at that time. I think it opens the door to a wonderful development.

DR. J. W. KRICHBAUM: In the first year or the second year of my practice I had perhaps as satisfactory a cure as I have ever made. It was a cancer of the stomach, diagnosed by the best pathologist in the States, Cobbler of Cincinnati. The symptom that led to the cure and practically the only symptom I could obtain was aggravation at the moon's waning. The man had been losing weight for three years; he was short, and heavy-set, and had gone from something like 200 pounds down to 98. He had hiccoughed during the entire period and that was what he complained about. We washed out his stomach and found mucous scabs. At the beginning, I doubted the cancer part of it. He had been at three institutions. He came back from Cincinnati to me

with a letter stating that he was in the last stages of cancer, and the only thing I could do was give him morphine and make him easy until he died.

While talking with his wife she said to me, "It is a funny thing about John's hiccoughs. They follow the moon." She brought out the almanacs covering those three years and with one exception that man had hiccoughed constantly day and night for two weeks and then had had a two weeks' intermission. At that time he went without hiccoughs for sixteen days and only had twelve days of hiccoughs. In the Repertory under "moon is waning", I found but one remedy which I sent down the next morning. Four hours later the man stopped hiccoughing. Three days after that it returned and lasted for about two hours. In two weeks I gave him more *Dulcamara*. An old conjunctivitis returned. He asked for *Hepar* and I gave it to him. I always regretted that I did because I am satisfied now that he didn't need *Hepar* at all. I should have left him alone. He cleared up in due time—regained his usual weight. He went along for five years without a hiccough or any other trouble and then it returned and *Dulcamara* again stopped it promptly. The next time it occurred was about three years later. In the meantime I had moved to New Jersey. The daughter telegraphed me one day that her father was hiccoughing and I sent them *Dulcamara*. I received a letter from her that it had done no good, that he was still hiccoughing, and he had a lot of symptoms. I sent him *Arsenic*, but he died hiccoughing.

CHAIRMAN J. HUTCHINSON: What was the moon doing when it wasn't waning? It doesn't wane but one week, does it?

DR. J. W. KRICHBAUM: Two weeks; from the full point of the complete change is two weeks, not one week. The moon I have always gazed at has a four weeks' cycle.

DR. A. E. GRIMMER: I think Dr. Boger has opened up something that is really worthwhile. We have heard this question of the relation of moon phases to drugs almost ever since homeopathy began, and there have been many bitter controversies over it without really knowing the truth about it one way or the other. Dr. Boger has given us an opportunity now to prove it scientifically. The way he is taking it up it is quite unique. We will be able to tell what a drug is doing during these lunar phases. There is no question that the moon governs a great deal of natural phenomenon in nature. That has been proven from time immemorial. The tides are notorious examples.

DR. J. W. WAFFENSMITH: Occasionally I get a case that is very much the same as Dr. Krichbaum's case, influenced by some particular phase of the moon, possibly the full moon, and after making a careful analysis of the case and carefully selecting the remedy that condition is considerably modified or disappears, with a general improvement in the patient. But subsequently I will find an increasing aggravation at another phase of the moon.

This may be perplexing, and if there is any question as to whether there has been an improvement or whether there is a return of an aggravation of a group symptom it may lead one to the conclusion that the remedy has not been properly selected. If the remedy is a near-*simillimum* it would be better to leave that case alone, because the probabilities are that after awhile the new condition will also become modified as the improvement of the patient goes along. This explanation is from a miasmatic standpoint. The patient has a complex miasm. The particular miasmatic activity at the time may produce an aggravation under a certain phase of the moon, which is a part of the totality of the case, not necessarily very important, but a part of the totality of the case, the same as any other symptom. There may be a symptom running through that case which may not be affected by the first dose or the second dose of the remedy that is given, but that case is improving.

If we change that remedy we will further complicate the case because the second phase of the evolution of this curative condition represents an-

other angle of a complicated miasmatic case. It represents another phase which possibly has lain dormant and through the improvement of another angle this latent angle comes into the picture and produces a group of symptoms which are highly beneficial to the curing of that case. Therefore it brings us back to the proposition that when we have (and I will reiterate) a near-*simillimum* and there is a shifting of symptom groups it behoves us, I believe, to wait and be patient and the reward will come in the further improvement of the case.

DR. H. FARRINGTON: In looking over the list I notice that *Natrum carb.* is not included.

DR. C. M. BOGER: I can't put in everything out of my own experience.

DR. H. FARRINGTON: I was in hope that I would find it. Many years ago I cured an enormous goitre in a boy of seventeen and practically the only indication which was peculiar was that the goitre enlarged at some phase of the moon—I have forgotten whether it was the waning moon or the full moon. I think it was worst in the full moon.

DR. C. M. BOGER: Look it up, doctor. I want that for my chart.

DR. C. A. DIXON: I am connected with the courts, in making commitments to the asylum of lunacy cases. We find that we always have more commitment cases at the full moon than at any other time. We have checked it up for years.

DR. C. B. STEARNS: In our clinic we had two cases that were definitely worse at moon phases. One was a case with symptoms of gastric ulcer which was always worse once a month—always at the new moon. The other one was a case of epilepsy in a woman who always had her case at the full moon. *Bufo* was her remedy. The remedy in the first case was *Lycopodium*.

That you may know you are not dealing purely with moonshine as it is traditionally known, moonshine is polarized light, not ordinary light. And if your mind is a bit twisted on what polarized light is, it is as though the light came through a set of bars and only the vibrations in one direction get through. All the others are suppressed.

DR. J. W. KRICHBAUM: I was talking to the doctor who had charge of the woman's department of the Kentucky Asylum and she told me that seventy per cent of her epileptic cases were aggravated at the full moon. She didn't have the percentages at the other phases of the moon.

DR. D. PULFORD: May I confirm both what Dr. Dixon and Dr. Krichbaum have said. At the Middletown State Hospital we count on patients "blowing up", which is the term they use for it, more at that phase of the moon than at any other time.

PRESIDENT C. STEVENS: I have had several cases where the patients were definitely sleepless at the full moon, and who were sleepless even when the moon was clouded or the room darkened. So that it wasn't merely a matter of light. The sleeplessness was intense.

DR. C. M. BOGER: Do you remember the remedies?

PRESIDENT C. STEVENS: *Sulphur* was used in one case.

DR. C. M. BOGER: There is one thing here to which I want to draw your attention. Much to my surprise, *Gelsemium* has three squares. It is entitled to another one, making it four squares. *Gelsemium* is worse at the full moon. There are many surprises in this thing, and it surprised me just a little that *Gelsemium* is worse at the full moon.

Dr. Wafensmith is entirely borne out by what Dr. Kent says. I read the article not long ago in which he speaks of this peculiar unfolding of cases. He says there is only one thing to do and that is to wait and let them unfold and give your remedy very rarely, one or twice a year maybe, at the most three times a year. I think this study is going to help to bear that thing out also, and, as I said before, it opens a great door which we may enter if we will. Now, are you willing? That is the next thing. In order to be willing, you must do the work.

## ACONITUM NAPELLUS (ACON.)

A. AND D. T. PULFORD, M. D.

IDENTIFICATION: Agonized tossing about.

ESSENTIAL: Agonized tossing about. Restless. Extreme anxiety.

Great fear, especially of death. Expression of fear. Great unquenchable thirst for large quantities which agree, everything else but water tastes bitter, the drinking seems to increase the thirst. High fever. Dry, hot skin. Pulse full and bounding. All the attacks come on suddenly and with violence.

IMPORTANT: MIND: Dull, confused. Lost affection for friends, does not care what becomes of them. After fright when the fear remains, try *Op.* if *Acon.* is not sufficient. The anxious expression is one of the first manifestations of the *Acon.* sufferer. Insensible, stupid. Delirium, especially night, raves, springs out of bed. Pains intolerable, drives one crazy, screams. Weepy disposition; cries violently with facial jactitation or alternating with laughing and weeping. Piteous wailing. Inconsolable anxiety. Peevish, impatient. Screams aloud from least touch; with pain. Throws self about, constantly changing position; cannot continue long at one thing. Music unbearable, makes one sad. Sad and solicitous. Timid, especially after fright and about the dark. Fear of death with loquacity, or anxiety in region of heart. Rage in children, from anger. Vexed at trifles. Obstinate, tosses about impatiently. Ailments from fright, as fear of death, fear of dark, vertigo, trembling, fainting, threatened miscarriage, impending cessation of the menses and the remote effects of fright; from vexation, as congestion, anxiety, beside himself, threatened miscarriage and apoplectic congestion.

VERTIGO: From congestion, as in the sun. Stooping. Staggers to right, or as if drunk, worse rising from a seat, less walking, none sitting. Black before eyes on shaking head. Epistaxis. On rising from lying, red face becomes deathly pale, or he becomes dizzy and afraid to rise

again. After fright anxious, as if dying, must lie down; from suppressed menses from cold. Stupor with cold feet.

**HEAD:** Cerebral congestion from anger. Headache from exposure to rays of sun. Lying relieves headache but aggravates other symptoms. Forehead dull and heavy as if everything would push out. Squeezing in forehead above root of nose, feels as if she would lose her reason, worse walking in open air. Pulsation forehead, left side, along with attacks of severe blows. Head excessively hot. As if hair stood on end. Cold sweat on forehead.

**EYES:** Sensitive to light, especially of sun, it dazzles eyes. Desire for light. Pupils contracted, then dilated. Balls feel too large, as if coming out of sockets. Bloodshot. Acute aggravation of granulated lids, and pannua of cornea, excessive hyperæmia, heat and dryness, especially from exposure to dry, cold air, or induced by overheating from violent exercise. Sticking and tearing pain around eyes, worse night. Upper half of ball sore on motion. Profuse lachrymation with intense pain. Lids feel dry, burn, sensitive to air; hard, swollen, tense feeling, red, worse morning.

**EARS:** Averse to noise, it startles and is intolerable. Music goes right through every limb, makes one sad. Pain right ear. Ear stings, meatus red and narrowed, externally red and hot, noise intolerable.

**NOSE:** Smell acute, especially to unpleasant odors. Distressing cramp or pressing at root.

**FACE:** Expression anxious, frightened. Pale, burns, fiery red, bloated, unequally red. As if growing longer. One cheek red, the other pale (in fever one cheek red and hot the other pale and cold). Red and pale alternately. Livid, lips black. Crawling, creeping, tingling. Lips dry, black, peel.

**TEETH:** Grinds. Sensitive to air.

**TASTE:** Bitter to everything but water.

**MOUTH:** As if filled with air, tasting of rotten eggs. Trembling and temporary stammering. As if dry, numb or

raw in middle of tongue, without thirst. Chronic affections of tongue. Dry mouth. Saliva copious, streaked with red, sweet taste in mouth.

**THROAT and PALATE:** Uvula and soft palate red. As if dry and something had stuck in throat. Severe sticking pains in posterior fauces. Throat burns, numb, stings, choking, muscles extremely sore on swallowing. Burning mouth along œsophagus to stomach. Cœsophagus tingles.

**APPETITE, etc.** Impossible for him to get enough water and it agrees well. Excessive hunger and thirst, but eats slowly. Appetite lost, loathes food, qualmish. Desires especially wine and beer. After eating, violent pain in stomach with heat and tenderness. Wine generally relieves, but sometimes brings on congestion, hæmoptysis, and palpitation, and aggravates rheumatic pains.

**NAUSEA, etc.** Painful hiccough. Vomits: lumbrici, bile, mucus, blood; bloody mucus; green masses with diarrhœa of the same appearance, anxiety, heat, thirst, profuse sweat and increased urine.

**STOMACH:** Distress, retching, vomits especially green substances, after severe shock, as fright, or suppression of sweat or menses. Burning through œsophagus to mouth. Pressure in, and pit, as from weight or stone.

**HYPOCHONDRIA:** Burning, stinging, hepatic pains. Constriction and pressure in hepatic region, dyspnœa. Swelling under right short ribs, hot, tense. Hypochondria heavy and tense. Stitches: in hepatic region taking breath away; in diaphragm with heat.

**ABDOMEN:** Burning in navel region. Hard, puffed. Lower abdomen sensitive to touch. As of a weight from a heavy load resting on abdomen bearing one down.

**STOOL:** White with dark red urine. Cutting, griping followed by frequent urging to stool, after anger or fright.

**URINARY:** Urine retained in infants, from cold, cry, restless; in adults from cold. Congestion of kidney, bloody urine and fever, rare cases. Child screams and in great pain because it cannot urinate. Painful, anxious urging. Urine: hot, dark, red, clear, with white fœces. Burning

in urethra during urination. Suppressed, pressure on bladder or stitches in region of kidneys.

SEXUAL: MALE: Testes feel hard, swollen. FEMALE: Pains: stitch, more to right of fundus uteri; sharp, shooting, abdomen very sensitive. Vagina hot, dry and sensitive. LARYNX, etc. As if denuded. Sensitive to touch and inspired air.

BREATHING: Short, in sleep after 12 p. m.; labored, anxious or quick and superficial; deep, slow, sighing; difficult, must breathe deeply. Worse during inspiration, better during expiration. Takes frequent deep breaths, cannot breathe deeply, as if lungs would not expand.

COUGH: Clear, ringing or whistling from burning prickling in larynx or trachea. Worse after eating or drinking; during sleep; from vexation; especially fright; from dry, cold air or wind.

CHEST: Congestion of lungs with great oppression, distress, anxiety and expectoration of bright, hot blood. In the hyperæmic stages of inflammations of thoracic viscera; with its general indications; prior to exudation *Acon.* will be found to be valuable. Tight. Oppressed, as of a great weight, must breathe deeply, with anxiety; pres- sive weight and burning under the sternum. Stitches: from lowest right ribs through lungs to apex of scapula, at every inspiration; in left chest; worse bending side- ways; between scapulæ on breathing; burning and shooting into chest. Lancinating through chest, dry heat, dyspnoea, often chill. Heat in lungs.

HEART: Great excitement of circulation and violent action of heart. In hypertrophy from valvular diseases it may do great harm. In numbness and tingling compare *Kalm.* and *Rhus*, remembering that neither have the agonized restlessness of *Acon.*

PALPITATION: Violent, lungs hyperæmic, face red, spits blood. Oppressed about heart, burning flushes along back.

Continued in February issue. Copies can be obtained from the author for five cents.

## POINTERS

Listening to music brings on the cough of *Ambra grisea*; as soon as the music begins, the patient begins to cough.

*Ambra grisea* has a peculiar sensation peculiarly expressed. It is that of embarrassment, that will not allow the patient to urinate or to evacuate the bowels in the presence of a nurse, or in strange surroundings.

*Aranea diadema* has a clockwork periodicity that puts *Ce- dron* in the shade.

Kent said that when sick people have no symptoms they are incurable, but in such cases *Psorinum*, *Tuberculinum*, *Sulphur* or *Tarentula* will often establish reaction and bring out symp- toms or eruptions and begin a new life process; but he warns us that *Psorinum* will generally fail if the patient is warm and wants open air.

Food feels as if it followed a corkscrew route in the *Elaps* patient after he swallows it.

If a patient complains of rheumatic pains, and with it there is great restlessness and inability to keep quiet, consider *Trom- bidium* before jumping to the conclusion that it is a *Rhus tox.* case.

*Trombidium* has many of the "dragging down" and "pushing out" sensations similar to *Lilium tig.*, especially of the bowels, rectum and anus.

When every noise reverberates and penetrates the whole body, especially the teeth, even to causing nausea and vomiting, think of *Theridion cur.*

H. C. Allen advises us to think of *Pyrogen* in septic states or conditions dating back to septic states, where the best se- lected remedies fail to relieve or permanently improve—anala- gous to the action of *Sulphur* or *Psorinum* in other conditions.

*Murex* has an "all-gone" sensation in the stomach that is much more strongly marked than in *Sepia* or *Sulphur*.—H. A. ROBERTS.

You must be careful how you give *Sulphur* in old syphilitic cases.—F. E. GLADWIN.



## EDITORIAL

## THE THIRD MILESTONE

The third year of the *Recorder* under its present auspices has been concluded. It is a matter of deep regret to us that many of the projects outlined for the past year have not as yet been fulfilled. Perhaps the most important feature of progress has been the appearance of a series of articles giving an outline of homœopathy. The conclusion of this A B C course will be given in the current year. Also this year, by way of continuation of this study course, there will be a series of lectures on the homœopathic remedies for acute diseases. This series was prompted by the fact that a number of students felt a great weakness in their ability for acute prescribing when they could not return to their repertories and materia medicas for leisurely study, as in chronic work. A second feature for the coming year will be a set of repertory analyses of actual cases showing the method in detail from evaluation of symptoms through finding the corresponding rubrics and the mathematical use of repertory sheets up to the point where only reference to the materia medica can decide between the remedies. Another feature this year is to be a monthly article on materia medica, the remedies being taken up alphabetically, and presented in a concise, pithy form. There has also been a request for veterinary material and there will be something in this department each month during the coming year.

Each year the *Recorder* becomes a more valuable instrument and each year it becomes a greater burden to those who edit it because of its ramifications. The *Recorder* is unique in the purity of the homœopathy it embodies, in the fact that it is now definitely a teaching journal, in the fact that it prints the only extant, complete bibliography of current homœopathic periodical literature, and in that it is the only homœopathic journal to publish a complete index.

In order to keep the *Recorder* up to its present standard, let alone to increase its scope and interest, it will be necessary to have funds available for the editorial end as the work of editing this journal has reached a magnitude incommensurable with voluntary services. What is really needed is an endowment

for the *Recorder* but until such is given or developed it is urgent, if this unique organ is to continue, that the editorial side have a minimum of a thousand dollars a year. If twenty of our subscribers would give a hundred dollars apiece the I. H. A. could then plan the next two years of the *Recorder* in fruitful security.—E. W. H.

\* \* \* \*

In another column of this issue is an open letter from Dr. Rabe, having as its substance quite enough truth to give the real Hahnemannian homœopath some anxious thought. However, as we look from this office at the condition of world homœopathy there are indications which are cheering and cause a feeling of better things to come.

The International Hahnemannian Association was organized in 1880, and the reason for the formation of this group was the anxiety of some of the outstanding homœopaths that the precious truths which the early fathers in homœopathy had handed down were being obliterated by a more materialistic school of thought. Since the organization of the I. H. A., the same struggle has been going on, for we realize that the more we study the philosophy of Hahnemann, the more valuable it seems; and we realize the danger in the gross materialism and insistence upon pathology in making the homœopathic prescription, which is so popular in some minds today. It is disheartening and a source of great disappointment, for the I. H. A. stands preeminently for homœopathic practice based on the philosophy of the homœopathic law. The more we study this philosophy, the more it reveals itself as being inexhaustible for all our needs.

Through our official journal, *The Homœopathic Recorder*, we are trying to demonstrate the homœopathic truths that have proved of such inestimable value to so many physicians, and this journal is proving a beacon light in Hahnemannian teaching, for it goes to fifty-two countries to those who are studying and practising according to the laws of similars.

In spite of the discouragement that comes upon us at times, we can be assured that this old world is not going altogether to materialism. In fact, the researches in the immaterial in science

in general, outside of medicine, are coming closer and closer to the homœopathic law; and if we will but persevere, the materialism that is manifested by the study of the pathological action of drugs on the lower animals will be frustrated before it engulfs the dynamic-minded homœopaths. Every country on the globe is tainted with this materialism; do not think for one minute that it is confined to any one country. Wherever we go, Hahnemannian homœopaths are in the minority. After all, this is only to be expected. It is much easier for our minds to deal with material things that we can see under the microscope than it is for us to reason concerning things on the dynamic plane.

If homœopathy were not the truth it would not be persecuted. In this country we are comparatively free from state persecution. In many other countries persecution goes to the extent of state antagonism and suppression, as well as individual and personal persecution, even of educated physicians. One of the recent students at the American Foundation for Homœopathy Post-Graduate School is practising in a country where he is liable to fine and imprisonment if a death occurs under his care, although he is a graduate of an American "grade A" college. Another student in our Post-Graduate School returned to practise in a country where he is liable to fine and imprisonment because he dispenses his own medicines, instead of directing his patients to the licensed chemist.

"Truth ever has been, and so long as this present dispensation lasts, will ever be, in the minority. *'Magna est veritas et praevalabit.'*" But however small the minority is, it will never be completely overwhelmed. Truth flourishes best against opposition. "Every generation has its witnesses and its final triumph is assured, for it stands on the rock foundation of God Himself." The wheat and the tares must grow together until the harvest.

—H. A. R.

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#### CHARACTERISTICS

A letter to us this morning, regarding some symptoms registered in a materia medica as not being characteristic of a certain drug, caused us to pause long enough to ask ourself if the term

characteristic, relating to remedies, had not been decidedly overdone. We have several works giving supposed characteristics of our various remedies. Hahnemann spoke of the "rare, strange and peculiar". To us it seems as if the term characteristic, as commonly applied to the various drugs, is applied to the essentials and not to the characteristic of that drug. That which is common to a number of remedies can hardly be considered characteristic of any single remedy unless, as in the cases of *Acon.*, *Bry.* and *Merc. cor.* They have a something peculiar to qualify them. As we understand it, that which is characteristic is that which is strictly individual, and which is rather the identification mark. It may be a single symptom alone or qualified, or a very small group of symptoms, as: *Acon.*: Agonized tossing about (single); *Merc. cor.*: Rectal tenesmus (qualified: greater than any other remedy); and *Crot. tig.*: (small group: yellow watery stool, coming out like a shot, worse immediately after eating or drinking). Reverting back to our old friend *Digitalis*. Its leading characteristic has been long known as a slow, weak pulse. How about the other 59 remedies that have that same identical kind of a pulse? While it is true that a slow, weak pulse is essential to a case requiring *Digitalis* it is not true that that symptom is characteristic of it, it is an important essential, but does not necessarily indicate the drug. The real characteristic of *Digitalis* is a profound, atonic, muscular weakness of heart and arteries, of which the slow weak pulse is but an incident. For want of tone and power the muscles of the heart are too weak to throw a sufficient amount of blood into the arteries, and for the same reason the muscles of the arteries are too weak to contract on what little blood is thrown into them, thus the stream flows lazily along the arteries and reaches the radial pulse after the heart has ceased to beat. Thus we get the essential symptom: "Slow weak pulse, slower than the beat of the heart".

When we speak of the essentials we speak not of the secondary, but of the primary, symptoms. Many reactionary symptoms steadfastly appear after the action of the remedy has passed off that are apt to confuse the indications for the remedy

if we do not understand them. Thus *Acon.* may still be indicated after the storm has passed off and the patient apparently calm, or *Bry.* in a restless case after the original storm has passed, or *Dig.* in a case with a rapid, irritable, strong pulse, but while these are foreign to the indications ordinarily conceded to those remedies they are neither essential nor characteristic. The real symptoms that indicate the drug are those produced by the actual storm created by the drug; the essentials, those known as characteristic, and the real characteristic, the individual identification mark.—A. PULFORD.

In the inorganic kingdom we have evidences of an influence which cannot be denominated either chemical or mechanical. The communication of magnetical and electrical properties to iron by mere contact with another body, without the introduction of any change of form or of composition, either of the iron itself or of the imparting body, is an example of this. Now, to influences of this kind the term dynamical has been applied, and several pharmacologists have employed it to indicate those influences of medicines over the organism which are ascribable to neither mechanical nor chemical causes.—PEREIRA'S *Materia Medica*.

Hahnemann says, "by far the greater number of diseases are of a dynamic nature," and, further, "that disease can only be removed by dynamic means". Again he says, "diseases will not, out of deference to our stupidity, cease to be *dynamic aberrations which our spiritual existence undergoes in its mode of feeling and acting—that is to say, immaterial changes in the state of health*". Again he says that it is an established fact that, "with the exception of those diseases brought on by the introduction of indigestible or hurtful substances into alimentary canal, and other organs, those produced by foreign bodies penetrating the skin, etc., there does not exist a single disease that can have a material principle for its cause".—J. T. TEMPLE, M. D., 1868.

## COMMUNICATIONS\*

Millburn, N. J., Dec. 8, 1930.

To the Editor of the *Homœopathic Recorder*:

In the December 1930 number of the *Journal of the American Institute of Homœopathy* is an editorial entitled *Koetschau's Scientific Basis of Homœopathy, a Simplified Version*, in which the editor endeavors to clarify certain articles upon homœopathy by the German, Koetschau. In the course of his explanatory comments he says:

In closing these notes I hope that I have succeeded in clarifying some of the major points of Koetschau's discussions, so that the reader may now return to them and secure the full enjoyment their content deserves. Throughout I have attempted as far as possible to interpret the remarks in Koetschau's sense, although I have twice overstepped the limits and inserted something more. If I have succeeded in making the articles more understandable, I shall be glad to do so with the second group of papers which appeared recently, since these are even more interesting and perhaps more fundamental. I do not wish, however, to do this unless this needs to be done. Parenthetically I may remark that homœopathy has entered into a stage where its literature cannot be read and comprehended by the careless reader; it must be studied if one is to keep abreast with the advances.

It is evident from the editor's remarks, that Koetschau is sorely in need of interpretation, and that our editor is the only one qualified to lead the benighted and befogged host of homœopaths out of the wilderness of scientific jargon. If this is really the case, we have come to a pretty pass in the so-called school of homœopathy, which, as the *Journal* within the past year or two has only too plainly indicated, is steadily drifting further and further into a troubled sea of mystification, for it has been painfully evident, if the pages of the *Journal* are to serve as a criterion, that the average homœopath has been left very much in the clouds by the scientific mental pabulum served him. If it has become the office of colleges of homœopathy to turn out graduates who are laboratory workers, rather than practical homœopathic physicians who are equipped to treat the sick in accordance with Hahnemannian principles, the sooner the homœopathic profession is made aware of the fact, the better. If we are to judge by the performance of graduates of recent years, the simple verdict must be that homœopathy has been scientifically strangled to death. The same number of the *Journal* contains an article by Dr. Joseph Echtman of New York, entitled *The Effect of Homœopathic Sulphur in Diabetes: A Preliminary Report*. This article is of considerable interest, as the opening statement will show:

The formula of insulin has revealed the presence of the sulphur element in its molecule. Since then the belief that the sulphur in the insulin might be responsible for its effect in diabetes has stimulated a number of metabolists to administer this element to their diabetic patients by mouth. The results of these workers were not encouraging, probably because of the crude method used, i. e., the sulphur, as obtained in the drug store, was administered to the patients in allopathic doses.

The author then goes on to say that this method of prescribing the sulphur is not truly (*sic*) homœopathic and that it is not based upon homœopathic principles and philosophy. Further on, under the sub-heading of *Method and Dosage*, he states that he employs the first centesimal potency, designated homœopathically as the 2x trituration. He prescribes this in tablet form

\*The Editors assume no responsibility for opinions expressed in this department.

and gives one tablet eight to ten times a day, until about five hundred tablets are taken. This procedure constitutes a course of sulphur. Further along he states:

No repertory is necessary in prescribing this homœopathic sulphur, as here it is prescribed not in accordance with the homœopathic symptoms presented by the patient, but for the pathologic condition for the glycosuria, just as iodine is prescribed by the alloopath for a thyroid condition, or digitalis for a cardiac condition. *Potency.* According to my observation the 2x only is of value, and no other potency such as the 3x or the 1x. These latter potencies, as well as the higher ones, produce no effect whatsoever.

Numerous thoughts arise in criticism and comment upon this novel brand of homœopathic practice by one who evidently considers himself to be a homœopathic physician, for does he not speak of the alloopath as one who is evidently of quite another sort? We, however, in our ignorance no doubt, fail to see any difference between the two. After all, there can be but one definition of a homœopathic physician and that is, *one who practises homœopathy.* Obviously and by his own statement, the author is not practising homœopathy and has, therefore, no moral right to the sectarian designation. To hide behind the farcical definition of a homœopathic physician as officially adopted by the American Institute of Homœopathy many years ago, is absurd. Either we, as a profession, are or are not a school of homœopathy, but we most assuredly will fail in our alleged mission of advancing the cause of homœopathy, by attempting to straddle two or even three horses, in true circus style. It is high time that we come to a realization of this patent fact.—  
RUDOLPH F. RABE.

Suppose we first see a case of pneumonia at a later stage, after perhaps it has been in the hands of a man who believed the proper way to treat this disease is by the administration of material doses of quinine, digitalis, antipyretics and whiskey, and the patient, instead of improving has been steadily losing ground in spite of liberal doses of the above; how are we then to *take the case*? It may be a very difficult thing to do until Nature is given an opportunity to assert herself and throw off the incubus under which she has been trying to do her best for the patient, and so in such a case (unless the condition is very critical, under which circumstances we must try to take the case as it stands, drug symptoms and all) the quickest way for us to benefit our patient may be to give sac lac. for twenty-four hours or longer and then to take the case; then it will probably be important that we ignore the name, pneumonia, and even many of the symptoms immediately prominent, and going back to the previous history of our patient, select a deep-acting remedy according to his individual constitution and makeup.—C. N. PAYNE, M. D., 1895.

## CARRIWITCHETS

SIT DOWN, DOCTOR, AND WRITE US YOUR ANSWERS TO THESE QUESTIONS

1. What are the complementary remedies of *Kali mur.*, especially in chronic catarrh of the nose and throat?—M. D. BAIG.

ANSWERS TO QUESTIONS IN THE SEPTEMBER ISSUE

*Referring to Tuberculinum test., of what is the "test." the abbreviation?*

—The remedy is *Tuberculinum testis*, made from a tubercular testicle.—E. W. HUBBARD.

ANSWERS TO QUESTIONS IN THE NOVEMBER ISSUE

*What is the most frequently indicated remedy in angina pectoris?*

—In answer to the above question I refer to an article in the *Pacific Coast Journal of Homœopathy*, Vol. XLI, April 1930, p. 128, *Therapeutics of Angina Pectoris* by Francois Cartier of Paris, France, part of which I am abstracting.

*Hydrocyanic acid* or *Glonoinum* for paroxysm. In false angina due to tobacco, lead, alcoholism, etc., *Spigelia* can remove the cause and prevent the attack, especially when diurnal, because *Spigelia* has an aggravation corresponding to the course of the sun. Violence is marked in this remedy with intense pain especially on the left side with a sensation as if the heart were being squeezed or compressed with a hand, or as if everything were too tight in the chest, or as if something were tearing in the parts. *Lilium tigrinum* is much indicated in females. *Moschus* for attacks due to nervousness or hysteria. *Spigelia* is also indicated in true anginas but it does not act immediately on the tissues.

In the comparative study of *Spigelia* and *Tabacum* we see clearly that the two remedies function differently. *Tab.* acts slowly in pathological lesions; *Spig.* acts rapidly like *Aconite* upon the nerves of the heart and kills through the nerve centers. The pathogenesis of *Tab.* is very interesting.

The circulatory system furnishes well-known arguments for condemning tobacco. Its effects on the heart and vessels are doubled. There are at first

evident marks of irritation by poisoning, and finally a generalized fibrous degeneration of the heart and vessels, similar but in a less degree than the intoxication by alcohol and lead. In advanced cases there is a marked arteriosclerosis especially of the coronary arteries.

The first stage, that of extreme irritation, is seen often in young smokers of cigarettes, and is characterized by palpitations, by irregularities and by tachycardia. The following stage seems to be especially vaso-motor: the intoxication produces a vaso constriction of the capillaries. Frequently is noted pain in the præcordial region, of an anginous character probably due to a spasm of the coronary vessels. Syncope and a retardation of the two ventricles are not rare; they are associated with a pulse that is small and at the same time tense, chill and paleness of the extremities. The third stage is characterized by attacks simulating true angina and is very likely due to an established arteriosclerosis of the coronary arteries. In this stage are also seen attacks of fainting arising from the same cause as in bradycardia. This bradycardia or slowness of the pulse is due to the cardiac obstacle that hinders the passage of the cardiac impulsion through the "Fascicle of His" in the auriculo-ventricular system. In certain conditions of poisoning, only one out of two or three auricular impulses reach the ventricle (Dolbey). Special studies have been made in France and they have proved that tobacco smoke can produce a hypertension of one or several degrees sometimes; but in grave cases tobacco becomes a depressor of the heart, and cases are cited where the pulse has fallen to 48 or 34.

Cowperthwaite advises *Tabacum* in angina. Indications: Pains radiate to sternum especially left side extending to left arm, with nausea, fainting, cold perspiration. Indicated in intermittent heart of aged. Indications by Clarke: Sudden præcordial anguish, general coldness, nausea, fainting. Angina from use of tobacco. *Tabacum* reproduces quite precisely the phenomena of angina pectoris with coronaritis. *Spigelia* has not in its toxicology the characteristics of coronary sclerosis such as is present in *Tabacum*.

Homœopathy is best used outside the paroxysm. Long treatment with *Baryta carb.*, *Baryta mur.* (This will be discussed under another article), *Ars. iod.*, *Nat. iod.*, etc.

*Latrodectus mactans* is a recent acquisition for angina. Its pathogenesis recalls angina: Acute pain from the sting, followed by increases and difficult respiration, fright, anxiety and fear of death. Consider *Kalmia* in angina of tobacco origin. *Cuprum* has slow pulse and crampy sensation. Dewey suggests *Cimicifuga*. *Aurum* has a sensation of weight like a heavy stone under the sternum. *Hæmatoxylon* has constriction and weight in the chest. Ressler suggests *Plumbum* (great neuritis remedy) in cases with small dicrotic pulse.—E. B. LYLE.

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*Seasickness, Carsickness: Prevention and Cure:* The following remedies with their chief indications are mentioned: (From *Biologische Heilkunst* by Dr. A. Zwiag): *Ant. crud.*, constant seasickness; sensation lump in stomach, as if overloaded, especially if nothing has been eaten; vomiting of mucus or food without relief; much retching, tongue coated white. *Apomorphina*, a prophylactic and indicated in really bad cases accompanied by profuse perspiration. *Aranea diadema*, aggravated by dampness; head stupid with headache; better fresh air and smoking; sensation weight in stomach and intestines; feeling of weakness in stomach and intestines; chilliness; sensation swelling of affected parts. *Ars. alb.*, desire for cold things with vomiting after partaking; desires to be warm; restless; anxiety; prostration; watery diarrhoea; general aggravation after midnight. *Borax*, aggravation from downward motion with sensation as if everything would come up. *Bry.*, worse from motion; symptoms deranged intestinal tract; constipation. *Calc. oxal.*, stomach symptoms of nervous origin. *Cocculus*, of first rank in these conditions, especially if the 30th is given 3 or 4 times daily 3 or 4 days before embarkation. Empty feeling in head; vertigo; nausea especially when looking at water; aggravation riding backward and swinging; feels very ill; cannot move; feels like fainting; face deathly pale. *Colch.*, ameliorated lying still; nausea and vomiting from smell cooked food. *Cystitis*, similar to *Apomorphina*, both acting on central nervous system producing symptoms similar to seasickness. *Glon.*, severe headache instead of vomiting. *Hyos.*, feels better sitting up, cannot lie down. *Ip.*, very useful. *Nat. mur.*, symptomatology also similar to seasickness. *Petr.*, continually nauseated, no vomiting; headache; vertigo; diarrhoea; roaring in ears; aversion cooked food; feel "so weak". *Puls.*, better in open air in spite of general chilliness; not thirsty; worse evenings; stitching headache in occiput; bitter taste with vomiting; worse from broths and after evening meal; during pregnancy. *Sep.*, nausea and vomiting worst in morning before breakfast, all forenoon, from smell and sight cooked food, from rinsing mouth; constipation; uterine trouble; pale and jaundiced face; disturbed circulation. *Staph.*, good complement to *Cocc. Tabacum*, vertigo; pale face; nausea; vomiting with cold perspiration and diarrhoea; precordial anxiety; all symptoms seasickness due to action on cerebellum with feeling unsteadiness in large joints; symptoms of kinesthetic disturbance. *Verat. alb.*, cold perspiration forehead; general coldness; nausea; vomiting; diarrhoea; weakness to collapse. *Chloroform*, 5 gtt. on sugar often useful.

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\*With the issue *Your Health* becomes *Your Health Magazine* under the management of the American Institute of Homœopathy, and is to be the official organ of the new homœopathic lay program.

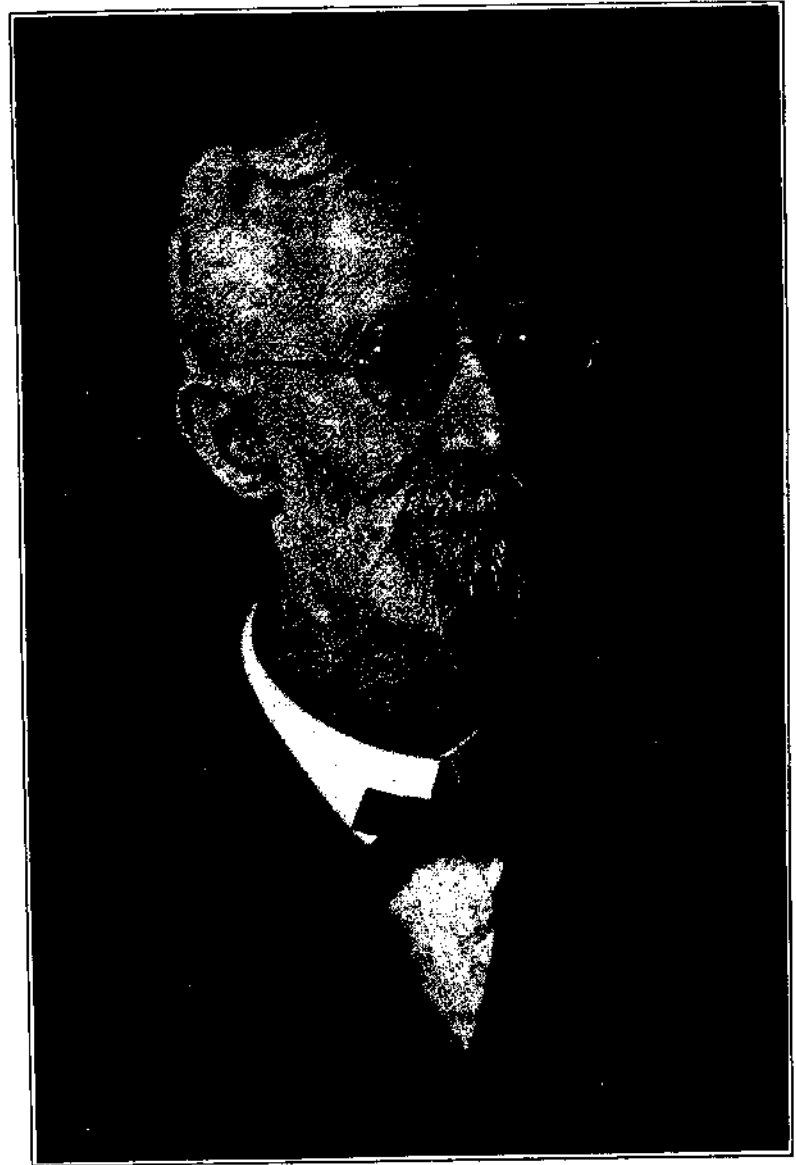
It will be admitted by all that there are certain symptoms to be found in every pathogenesis, which seem to indicate the special genius of the remedy. These symptoms are variously designated. By some they are called "Key-Symptoms"—by others "Special Symptoms", and still others, "Characteristics". They are, however, really "Diagnostic Symptoms"; *i. e.*, they are symptoms which give individuality to the medicine, and make its pathogenesis differ from others.

In giving characteristic symptoms, I do not deem it sufficient to present a bald enumeration of them. It will be of great advantage to the student and practitioner, if we place under each characteristic the names of other medicines which have a symptom very nearly resembling the one presented. By this plan, we can see, at a glance, the difference between the similar symptoms of similar or dissimilar drugs. If this differential diagnosis can be carried farther, so as to *compare* these similar characteristic symptoms, the result would be more valuable.—E. M. HALE, M. D., 1868.

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W. A. YINGLING,, M. D.  
Emporia, Kansas.



THE  
HOMŒOPATHIC RECORDER

VOLUME XLVI. DERBY, CONN., FEBRUARY 15, 1931. No. 2.

*CYRTOPODIUM PUNCTATUM\**

JOSE EMYGDIO RODRIGUES GALHARDO, M. D.

Thesis presented to the International Homœopathic Congress, held in the capital of Mexico from August 10 to 16, 1929, by Dr. Jose Emygdio Rodrigues GalharDO, professor of the Therapeutic Homœopathic Clinic in the Medical and Surgical School of the Hahnemann Institute of Brazil.

- (a) Natural History
- (b) Empiric and Industrial Uses
- (c) Pure Experiments
- (d) Pathogenesis
- (e) Clinical Facts.

\* \* \* \* \*

*To the Members of the International Homœopathic Congress.*

DEAR COLLEAGUES:

The merit of that which follows, if any, belongs to the pharmacist Oswaldo de Menezes and to Dr. Licinio Cardoso, eminent homœopathists, not only for the love they dedicated to homœopathy, but also because of the competency they revealed. Both, unfortunately, are dead, but they will always be remembered in the annals of Brazilian homœopathy.

Compiling on some points, and copying literally the major part of that written by these two homœopathists on *Cyrtopodium punctatum*, I added to this a small personal effort, in order to present, as I do, to the International Homœopathic Congress, held in the City of Mexico, that which it has been possible for me to collect on the subject of this Orchidacea.

By a happy coincidence, the *Cyrtopodium punctatum* lives in Mexico and Brazil, my country, and in the beautiful and

\*Translated from *Annaes de Medicina Homœopathica*, Vol. XXIX, March and April 1930, through the courtesy of Boericke & Tafel, Philadelphia, Pa.

brave nation where the international meeting of homœopathists is being celebrated.

This regional circumstance weighed somewhat in the choice of the subject, although my object is to arouse the attention of my studious colleagues to a vegetable which, better investigated, may offer great triumphs to the homœopathists in the problem of cures.

It was introduced in the homœopathic therapy by the well remembered pharmacist, Oswaldo de Menezes, first member to bring to the knowledge of the Hahnemann Institute of Brazil, in 1902, a regular study of this orchid; he was followed by Dr. Licinio Cardoso, first to try it homœopathically. Dr. Licinio Cardoso published the result of his pure experiment and many clinical cases in which he obtained excellent success, including a digital epithelioma.

I combined all these sparse elements, putting them in the order which seemed best to me, for the presentation to the International Homœopathic Congress, in the certainty of their usefulness.

Rio de Janeiro, Brazil, July 1929.

### CYRTOPODIUM PUNCTATUM

#### SCIENTIFIC SYNONYMS:

*Cyrtopodium brasiliensis*  
*Helleborine ramossina caulicus et floribus maculosis*, Plunier  
*Epidendrum punctatum*, Lium.  
*Cyrtopodium Saint le gerianum*, Rehb

#### COMMON SYNONYMS:

Sumaré, in the capital of Brazil  
 Rabo de tatú (tatú tail), Bisturi do Matto (Wild Bisturi)  
 and *Lanceta milagrosa* (miraculous *Lanceta*) in Bahia  
 and other states of Brazil.

#### BOTANICAL CLASSIFICATIONS:

Order—Orchidaceas  
 Tribe—Vandeas  
 Section—Catasetideas  
 Genera—*Cyrtopodium*

Specie—*Punctatum*, Ldl.

There are still the species:

*Brandonianum*

*Andersonii*, title which brings to mind the name of J. Anderson, English naturalist, who in 1829 traveled through Brazil and made collections and studies of the plants in the places he visited.

#### ORIGIN

This plant lives in several regions in America, such as the Antilles, Paraguay and very specially in Mexico and Brazil.

It was discovered by Plunier in the XVII century.

It is extensively disseminated in the Federal District, state of Rio de Janeiro and in the north of Brazil.

Of the trees on which it usually lives, it prefers the palm-trees and amongst these the species *acrocomia sclerocarpia*, where it acquires a large development. The species *andersonii* prefers the stones, proliferating abundantly.

#### DESCRIPTION

Its caulis is divided into sections, filled with a mucilaginous and albuminous juice. It is invaginated, varying in its extension from sixty centimetres to a metre, and breaking out, at its apex, into alternate leaves similar to the embryonic leaves of the cocoanut trees. Several fusiform stems, covered with membranous veins, some three to four centimetres wide; leaves numbering six to eight, strongly recurved, linear, lanceolated, very pointed, measuring from thirty-five to sixty centimetres long.

Its surface is of a reddish light green, the entire plant forming in conjunction with the bulbs or pseudo bulbs, a species of branch or panicle, having a large quantity of adventitious roots.

Inflorescence in the form of corymbs and irregular perfoliation. The bracteas are membranous, undulating, of a yellowish green, densely stained, lined transversally with dark red, especially in the lower half; the ones on the base of the branch measuring from eight to twelve centimetres, and the ones on the base of the flower from three to five centimetres. The flowers are from four to five centimetres wide, oval, oblong, sharp and undulating

sepals, of a greenish yellow, stained, and with brown transversal lines; petals are oblong, obtuse, undulating, of a light yellow, presenting small red spots in the central part and base, and sometimes spotless. The labellum is a little shorter than the lateral sepals, a little fleshy, deeply trilobous, lobules obovate, cuneiform, incurved, of a bright red colour.

The anterior lobules are widely recurved, of a yellow lemon colour, having the edges red and finely curled.

The crest of the discus forms an oblong plate, tuberculous, whitish, and dotted with red.

The stalk is trigonal, lightly incurved and of a yellowish green.

It is an orchid despised by the collectors, but deserving of the great attention of the doctors, since it contains therapeutic principles, worthy of study, in order to give us the medical wealth which it has empirically shown.

#### EMPIRICAL MEDICINAL USES AND CLINICAL FACTS

Its caulis crushed, and the paste thus formed applied in a poultice, gives immediate relief from whitlow pains, and consequent suppuration, from which it derives its name of bisturi do matto (wild bistoury) and lanceta milagrosa (miraculous lancet).

The mucilaginous juice, boiled or as a syrup, administered internally, is expectorant, promoting expectoration either in recent coughs or in those of old standing, in bronchitis, in hæmoptysis, whooping-cough, suffocation; and in general against all the diseases caused by the irritation of the respiratory tracts. It is also useful to relieve tuberculars. It is administered by spoonfuls every two hours.

The well remembered Dr. Licinio Cardoso, in 1908, brought some interesting clinical cases to the knowledge of the Hahnemann Institute of Brazil, in which he had made use of the *Cyrtopodium punctatum* in external empirical applications, one of which assumed prime importance: a case of epithelioma in the middle joint of the first phalanx of the little finger of the right hand of a lady, his client, to which neoplasm, after several homœopathic medicaments had failed, he resolved to apply a preparation of *Cyrtopodium punctatum* and *Natrum muriaticum*

with lanolin, which application cured the patient. He also applied the mother tincture of *Cyrtopodium punctatum*, soaked in cotton, to anthrax abscesses, and the results obtained were marvelous, not only relieving the pains, but also promoting suppuration. In this case, he kept the cotton on the abscess always wet. He also applied it in a clyster, in the proportion of 50 grams of mother tincture to 50 grams of water, in a case of a rectal abscess, which application presented excellent results.

The author of this work has had in his clinic many observations on the empiric and external application of *Cyrtopodium punctatum* mother tincture in simple abscesses, phlegmons and whitlows, and rare is the case where the results obtained are not excellent, not only relieving the pain but also promoting suppuration.

*Cyrtopodium punctatum* is widely applied, although empirically, in external uses, by the Brazilian homœopaths, and they all emphasize the good results obtained from such applications.

#### INDUSTRIAL USES

The gummy-gelatinous juice of the *Cyrtopodium punctatum* is widely used in industry. In the joiner's trade it is used to substitute glue and starch. It is also used to glue paper, porcelain, and glass and is preferred to any other gum for the binding of books.

The juice mixed with animal or vegetable coal, produces a magnificent paste for polishing shoes.

#### PURE EXPERIMENTS

Experimenter: Dr. Licinio Cardoso

The experiment began on March 10, 1906, the date on which the first dose was taken, and ended on the 25th of the same month, the date on which the last dose was taken. Experiments were made with the 3rd, 5th and first centesimal potencies.

#### EXPERIMENT WITH THE 3RD POTENCY

March 10, 1906. I took four drops of the medicine during the day. At first there was much sleepiness. While hearing or ex-

aming a patient I felt that I must interrupt the work in order to sleep. Sensation of fatigue. Slight dormant feeling in the sole of the feet. Later, a certain cerebral excitement and disposition for work.

March 11th. I took 20 drops of the substance in 10 doses of 2 drops. Slight heat in the feet. Slight rumbling in the bowels. Slight intestinal colic. Weight on the head, especially when lowering it. Sensation of a great quantity of blood in the cerebral cells. Increase of urine during the night.

March 12th. I took five drops at one time. During the day I felt a weight on the head, as if surcharged with blood. Other symptoms were salivation; cough caused by accumulated mucus in the larynx and in the trachea; pasty tongue, and a certain difficulty in the articulation of words. All these phenomena, salivation, accumulated mucus, cough, glossoplegia, seemed to me to be caused by the paresis of the muscles of deglutition, and the word articulation muscles, which, in view of the excess of pressure that seemed to be present in the brain, must have corresponded to some loss of energy of at least some cranial nerves.

In addition to the above there were also vesicles scattered over the body like small chicken-pox.

March 13th. I did not take the medicine, but still felt something of the phenomena of the day before. I understand that the observation was at a very interesting point, which justified its continuation, but the disturbances felt were sufficiently troublesome, so that I suspended the experiment until the 17th.

#### EXPERIMENT WITH THE 5TH POTENCY

March 18th. Ten drops of the 5th potency in a glass of water, taken during the day. There was a weight on the head as if surcharged with blood.

March 19th. The same dose of medicine was taken. The symptoms felt were the same as those of the day before, with pronounced indisposition towards work.

March 20th. Interrupted.

March 21st. I took ten drops of the 5th potency. Sensation of weight on the head.

March 22nd. Ten drops of the 5th potency. Unconquerable

somnolency, but the sleep was disturbed by dreadful dreams which awakened.

March 23rd. Ten drops of the 5th potency. Head very heavy. Indisposition towards intellectual work. Pain in the corner of the right shoulder blade such as that of *Chelidonium*. At times this pain was felt on both sides. Great pains in the inter-scapular space. Pain in the lower thorax region, as if it were on the outside, spreading to the stomach. Pains in the fingers, especially in the outer edge of the left thumb.

March 24th. Fifteen drops in 5 doses of three drops. The same sternum pain, continued, however, and aggravated at times of taking the medicament. Dormancy in the thumb of the left hand. Deadening of arms and legs.

#### EXPERIMENT WITH 1ST POTENCY

March 25th. Three drops of the 1st potency in three doses. Great heat felt on the skin of the entire body. I, who avoid the currents of air, on the night of that day, felt a very agreeable sensation upon receiving them. Great heat on the feet and hands such as that given by *Sulphur*.

Experimenter: Dr. Galhardo

Potency employed: mother tincture. Experiment from January 2 to 10, 1929.

January 2nd. On the twenty-third hour I took 5 drops of the tincture. I slept well, and experienced no abnormality.

January 3rd. At six o'clock I took 5 drops of the tincture. At half past seven I was writing with great attention when I felt a small pain in the right orbitary region, aggravated by the attention given to the work I was doing. The pain, however, was weak and could be borne perfectly well.

On the twenty-third hour I took 10 drops. I slept well without any abnormal reactions.

January 4th. I awakened in perfect condition. At six o'clock I took 10 drops of the tincture. I passed the day perfectly well. On the twenty-third hour I took 10 drops of the tincture.

January 5th. I awakened in the morning with a desire to stool, but the intestinal discharge was deficient and difficult.

After taking breakfast, the bowels again moved freely and well. I passed the day in perfect condition.

On the twenty-third hour I took 10 drops of the tincture.

January 6th. I awakened in the morning with a sore body and indisposed, having no desire to abandon my bed, which fact was in direct opposition to my habits. I left the bed and a short time afterwards felt very well. Again in the morning I had a desire to stool, but the evacuation was deficient and difficult. After having had breakfast, I again evacuated freely and well. Once again during the morning the bowels moved.

On the twenty-third hour I took 10 drops of the tincture.

January 7th. I slept well, but awakened at 5 o'clock in the morning with a pain in the stomach and a sensation of emptiness. I slept again at 7 o'clock and when I again awakened I no longer felt the pain in the stomach. During the morning I had a desire to stool but the intestinal discharge was deficient and difficult. From 9 o'clock on I felt a sensation of impatience, accompanied by weakness in the upper limbs. During the day this sensation of impatience and fear remained, as if I awaited a disagreeable event or notice.

On the twenty-third hour I took 10 drops.

January 8th. It was customary for me to get up during the night several times to urinate, which manifestation is perfectly pathologic, but I had not yet regarded it as important; after, however, starting the experiment of the *Cyrtopodium punctatum* this manifestation ceased, thus confirming the principle of similarity in the experiment of Dr. Licinio Cardoso.

During the morning there was again the desire for the bowels to move but it was deficient and difficult. I took 10 drops of the tincture during the morning, and after having left my residence, I felt a slight dizzy sensation in the street. From 10 o'clock I started to feel a disagreeable rheumatic sensation in the right elbow with a tired feeling when I extended the arm. At half past ten I had a sensation of emptiness and slight indisposition, I experimented a lack of coordination of ideas. Disturbed ideas. Cerebral laziness.

January 9th. I took 10 drops of the tincture at the twenty-third hour, having passed a perfectly good day.

January 10th. In the morning, at 9 o'clock, I felt strong prickings on the back of the right foot, quick prickings that rapidly ceased. At 10 o'clock I felt rheumatic pains in the right forearm and in the left shoulder blade.

#### PATHOGENESIS

**MENTALITY.** Indisposition towards intellectual work. Impatience. Sensation of fatigue. Fear, as if one awaited disagreeable news or as if an accident were impending. Indisposition towards material work. Lack of coordination of ideas. Difficulty in the articulation of words. Disturbed ideas. Cerebral laziness. Agreeable feeling in currents of air.

**PAINS.** Pain in the lower angle of the scapula, felt, at times, on both sides. Strong pains in the inter-scapular space. Pain in the lower region of the thorax, spreading to the sternum and stomach. Pains in the fingers, principally in the outside edge of the left thumb. Pain in the sternum aggravated by the taking of food. Muscular pains over the whole body, principally in the thorax and legs, as if they were bruised. Right orbital pain, aggravated by mental attention.

**HEAD.** Cerebral excitement. Sensation of weight in the head, aggravated when lowering it. Sensation of weight in the head, as if it were surcharged with blood. Sensation of large quantity of blood in the cerebral cells. Dizziness.

**EYES.** Dilatation of the pupils.

**EARS.** Loud noises in the ears.

**EXTREMITIES.** Dead feeling in the sole of the feet. Rheumatic pains in the right forearm. Heat in the feet and hands. Prickings on the back of the right foot. Deadness of the left thumb. Rheumatic pain in the right elbow, with tired feeling when extending the arm. Deadening of arms and legs. Weakness of the upper members. Rheumatic pains in the left scapula. Sore body in the morning.

**GASTRO-INTESTINAL SYSTEM.** Salivation. Pasty tongue. Pain in the stomach with feeling of emptiness. Intestinal colic. Desire to stool in the morning, but deficient and difficult. Normal bowel movement after breakfast. Rumbings in the bowels.

RESPIRATORY SYSTEM. Cough caused by accumulated mucus in the larynx and trachea.

URINARY SYSTEM. Increase of urination during the night, obliged to get up several times to urinate. Abundant diuresis. Paresis of the bladder.

SKIN. Vesicles like pock marks scattered over the body. Great heat felt on the skin of the entire body.

SLEEP. Sleepiness during the day. Unconquerable drowsiness, but sleep interrupted by dreadful dreams.

#### CONCLUSIONS

1. *Cyrtopodium punctatum*, by the results shown, should arouse the attention of homœopathists.
2. Experiments should be made internationally, the tincture being prepared with the entire plant, gathered at the time of inflorescence, which, in Brazil, is in the month of October.
3. The rudiments of pathogenesis now presented reveal its important action on the renal and intestinal apparatus.

A cardinal principle has been so much overlooked, at least so little literature written about it, and yet notwithstanding without it our art of healing would be a most imperfect one. This is the bright and morning star that enables the true Hahnemannian not only to cure the most obstinate chronic diseases, but also to make certain prognosis when discharging a case, whether the patient will remain cured or whether the disease will return like a half-paid creditor at the first opportunity, *viz.*: Symptoms recently developed are first to disappear; other symptoms disappear last. Here we have one of Hahnemann's general observations, a plain, practical rule of immense importance.

It might seem very natural that recent symptoms should disappear first and that older ones should disappear last, and that it ought to have been observed by all physicians at all times. But not so; we never knew it before *Hahnemann* told us.

—D. S. KISTLER, M. D., 1895.

## THE ACUTE HOMŒOPATHIC REMEDIES FOR PNEUMONIA

A. PULFORD, M. D.

All that we can possibly know of disease is expressed in symptoms; all that we can possibly see of it, its external manifestation or end product. Disease represents progressive death, which if not checked goes on to finality; it is the result of mis-directed energy brought about by disturbing the ability of the internal relations to adjust themselves to the external relations, thus bringing about a chaos that results in broken down tissue, morbid products and abnormal formations.

Drugs are of a similar force to that of disease and produce similar results, not cures, but disease similarity, and thus verify and confirm the validity of the homœopathic law of "Similars". Drugs, in themselves, do not cure disease, they primarily induce it; secondarily, when potentized, if specifically indicated, simply oppose natural disease force, thus suspending and nullifying that disease force's action, which thereby allows Nature to readily adjust itself. When this is completed, what we understand and term cure, takes place. The drug causes the primary action, the reaction is the effort of the vital force to assist the system to right and adjust itself.

Our potentization does not alter this drug force in any manner or form, neither does it decrease its energy, on the other hand it rather increases that energy by reducing the resistance of the drug's physical confines and rendering that contained force the more readily available. It is a common error, prevailing among doctors generally, that potentization both reduces the power and the volume of the drug force to a negative point. On the contrary—taking *Silica* as an example—by rendering its confined power more readily available through potentization, it so increases its action as to make a powerful active force out of what was considered an inert substance. It is not a matter of how much of the physical container of the drug we have that counts, but of the quality and the availability of the force contained therein.

When, in our ignorance, we are called to attend a serious case of any kind, as pneumonia, and are inclined to resort to crude digitalis, crude morphine and tanks of oxygen, let us revert back to the above and ponder over it carefully, that we may not wantonly snuff out a valuable life.

In the treatment of acute pneumonia, the genuine homœopath is doubly blest, for on the one hand, pneumonia is readily amenable to *the* indicated remedy which will in all cases at least shorten, if not entirely abort, the attack, while on the other hand he has the remedies to apply. There is no royal road to the treatment, each case is individual hence a law unto itself and the drug must be carefully selected. Here as well as everywhere else any remedy in the materia medica may be called upon "If, and when, the symptoms agree", and as time and space forbid all we will take up are the more prominent and pressing ones. The one which demands our most immediate attention is:

*Aconite*: Whose identification mark is: Agonized tossing about, and whose essential symptoms, including the above mark, are: Extreme anxiety and restlessness; great fear, especially of death; expression of anxiety and fear; high fever; dry, hot skin; full, bounding, rapid pulse, and an unquenchable thirst that seems to increase with the drinking. The *Acon.* patient comes down rapidly and violently, he takes a severe cold during the day and comes down violently that same night and adds to the above: Sudden dyspnœa, a dry cough with an expectoration of rust, or hot bright blood, or mucus streaked with blood. He must lie on the back slightly elevated which relieves. If *Acon.* has been improperly prescribed and has only removed the restlessness, *Bry.* is to be thought of; if *Acon.* was prescribed too late and exudation has taken place, *Iod.* is to be thought of as *Acon.* is useless after exudation has taken place. If *Acon.* has been roundly abused by the crude drug prescriber it is then that *Sulph.* comes in. (Our common error is in the grounded misbelief that *Acon.* is merely a superficial remedy when on the contrary, when truly indicated, it is a deep acting remedy having proven itself in chronic glandular troubles, and in at least one case of allœopathically diagnosed gallstone colic which has now held for over two years, after appearing monthly under al-

lœopathic treatment of hypodermics of morphia.). Along with *Acon.* we have another very valuable remedy that is capable, when properly indicated, of not only cutting short the duration of, but of completely aborting, the disease. We refer to:

*Veratrum Viride*: Whose identification mark is: Intense arterial excitement and a red streak down the center of the tongue, and whose essentials are: The above mark, cerebral congestion; high fever; hard, strong, quick pulse; white or yellow tongue with a red streak down the center. To those may be added: Dilated pupils; flushed, livid face; dry mouth, tongue and lips; breathing labored and slow; often a faint, sinking feeling at pit of stomach; cough with bloody, or clear bloody mucous expectoration; heart beat loud and strong. Like *Acon.* it is useless after exudation has taken place. Coming between *Acon.* and *Bell.* we have another valuable remedy in:

*Ferrum Phosphoricum*: But unlike the other plethoric two this remedy is anæmic and chlorotic. Its identification mark is: Hyperæmia dependent upon relaxed muscular fibre of the blood vessels, and whose essentials, including the above mark are: Full, round pulse; high fever and vomiting, especially green. Added to those we have: Great oppression of chest; dyspnœa; stitches in chest on deep inspiration; a short, spasmodic and very painful cough, worse lying, with an expectoration that is quite bloody and often accompanied by epistaxis. It is extremely valuable in the first stage of infantile pneumonia, especially if caused by suppressed sweat on a summer day. Like the two preceding remedies it is useless after exudation has taken place. Again we have another remedy that simulates *Acon.* in the violence and suddenness of onset, we refer to:

*Belladonna*: Whose identification mark is: Burning heat and redness, so hot as to almost burn the hand, and whose essentials, including the above mark, are: The sudden appearance and disappearance of the pains and sweats; the aggravation from jarring and pressure; the red face; the enlarged pupils; the throbbing carotids; high fever and the general dryness which is quite characteristic. Added to those are: Aggravation from light and noise; glistening eyes; great thirst especially for lemonade; full rapid pulse and the general 3 p. m. aggravation. Like *Bry.*

*Bell.* affects the right side, but cannot lie on it, *Bry.* must lie on it. Again when *Acon.* has been prescribed too late, the patient becomes quiet and exudation has taken place we have a valuable remedy in:

*Iodum*: Whose identification mark is: A peculiar mental and bodily anxiety that increases the more the patient tries to keep still, and whose essentials, including the above mark, are: High fever; ravenous hunger, worse if he fasts. Added to those are: A desire to be bathed in cold water or to have the face cool sponged; suffocates in the warm room during the fever; dreads the heat. *Iod.* is associated mostly with *Acon.* and *Bry.*, it has the high fever of both but lacks the agonized tossing about of *Acon.* and the stitching pains of *Bry.* Again, if *Acon.* has been prescribed when not indicated and the patient becomes irritable and averse to motion and to being spoken to, we have a splendid remedy in:

*Bryonia*: Whose identification mark is: Aggravation from, and aversion to, motion, which *Bry.* holds in the highest degree, he does not even wish to be spoken to because it will cause him motion in answering, and whose essentials, including the above mark, are: Relief from pressure, or lying on the affected side; irritability; taciturnity; sharp stitching pains; dry mouth with great thirst for large quantities, especially at long intervals; usually constipation with no desire for stool, stool usually large, hard, dark as if burned, or brown diarrhoea. Add to those: High fever; copious sweats; short dry, hacking cough with rusty expectoration, and general relief from cool air and cool applications and we get a picture quite apart and distinct from any other remedy. The *Bryonia* patient, while plethoric, comes down slower than the above mentioned; he is compelled to lie on his right side or back. As we go over this remedy it vividly recalls another with those sharp stitching pains, we refer to:

*Kali Carbonicum*: Whose identification mark is: Bag-like swelling under the brows with the 3 a. m. general aggravation, and whose essentials, including the above mark, are: Sharp stitching pains; extreme sensitiveness to cold; all the pains go to the cold parts; extreme ticklishness of the soles. Add to those: Extreme irritability; full of fear and imaginations; most vio-

lent cough with a copious, tenacious, offensive, thick, yellowish or yellowish-green, pus-like or blood-streaked mucus, and aggravation on lying on the right side and we get a splendid picture of *Kali c.* A prominent trio of this wonderful drug is: Bag-like swelling under the brows, the 3 a. m. general aggravation, and the wandering stitching pains. Wandering stitching pains through, and coldness of, the chest are very striking of *Kali c.* It is a splendid remedy for pneumonia of children, and after measles. Speaking of children reminds us of that king of children's remedies, we refer to:

*Ipecacuanha*: Whose identification mark is: Constant anxious nausea, with clean tongue, and whose essentials, including the above mark, are: Thirstlessness; gagging, choking, rattling and inclination to vomit. Add to these: A dreadfully pale, sickly countenance; blue rings around the eyes; anxiety; drawn nose; dangerous dyspnoea; coarse rattling that can be heard all over the room; a dry, racking, teasing, suffocative cough that causes redness of the face; gagging and choking even without nausea; restlessness and a prostration that comes in spells. The *Ipec.* cases are often ushered in by nausea and vomiting; come on earlier and do not have the coldness of *Ant. t.*; and rather correspond to the stage of irritation, while *Ant. t.* corresponds to the stage of relaxation. As *Ant. t.* relates more to the later stages, we will omit it and pass on to:

*Arsenicum Album*: Whose identification mark is: Irritability of fibre, anxiousness and restlessness, burning and prostration, and whose essentials, including the above mark, are: Extreme chilliness, desires the body kept warm and the head cool; general aggravation after midnight, especially 1 a. m.; fears death and must have company. Add to those: A restlessness of mind and body that requires a constant change of position or of beds; heat outside, cold inside; extreme thirst, drinks little and often; his expectoration either rusty or liver colored; the secretions acrid and of a putrid odor; and the case passing rapidly into exhaustion and collapse. Lastly, of those acute remedies, while we could go on and on and on, we will here stop at:

*Phosphorus*: Whose identification mark is: Exhaustion of



mind and body, and whose essentials, including the above mark, are: Irascibility; worse: cold, cold applications, cool, damp or hot weather, change of temperature, sweets, wetting hands especially; better: warmth and warm applications except head and stomach. Add to these: Sensitive to all external impressions; desire to be rubbed; always tired; better after sleep; fan-like motion of alae nasi; great thirst for ice cold drinks, which may be vomited as soon as they become warm on the stomach; desire for cold food which relieves the stomach; anxiety and oppression as of a load on the chest; chest tight; violent stitching pains in left chest; better lying on right side, cannot lie on left side; cough with expectoration of bright red blood, blood-streaked, rusty, or purulent mucus, in later stages, thick, yellow, sweetish. *Phos.*, like *Ant. c.*, *Lyc.* and *Sulph.*, is more apt to be indicated in the later stages than the acute, but it is sufficiently acute to be mentioned prominently in the acute class.

We think the above remedies are brought out sufficiently clear to avoid confusion, and if not given too often or too low, should reduce both complications and deaths to a minimum. The whole science and art of homœopathic prescribing lies not alone in one's knowledge of the various remedies and how to distinguish between them, but in knowing how to elicit the proper indications for the remedy from the patient.

TOLEDO, OHIO.

Prof. Hoppe, of the University of Basle, an allœopath, says that "the two great events in medicine, since the early ages, have been these discoveries of Hahnemann:

"1st. That for every individual case of disease, the specific remedy—the *individual* specific remedy—must be sought for, and found, and that thus, in every individual case of disease, the process of cure is a process of discovery.

"2nd. The discovery of Hahnemann, that the remedy acts in small, very small, doses, in smaller doses than anyone has hitherto imagined, and that in these very small doses it may act more powerfully than in large doses. *A discovery which surpasses in brilliancy all of Hahnemann's other achievements.*"—

J. T. TEMPLE, M. D., 1868.

## A BRIEF STUDY COURSE IN HOMŒOPATHY

ELIZABETH WRIGHT HUBBARD, M. D.

### IX

#### REMEDY RELATIONSHIPS

The subject of the relationship of remedies is one of the most fascinating in homœopathy, and many aspects of it have not been developed in the literature. Long before Hahnemann, Paracelsus wrote much on the doctrine of signatures and the old herbalists determined the uses of their remedies partly from those suggested signs. A vast amount of work on the relationship of remedies to each other, rather than to symptoms, has been done by such men as Bœnninghausen, Hering, Clarke, Gibson Miller, the Allens, Kent, Guernsey, and Lippe. Most of this work has been along one main line, that of *COMPLEMENTARY* remedies, in other words, those remedies which carry on or complete most successfully the action of other given remedies. Certain disparities exist in the lists of the above men, and the lists in the original should be studied by the student. The best sources for this are: Gibson Miller's little pamphlet, *The Relationship of Remedies*, printed in London but obtainable from Boericke and Tafel in Philadelphia, (no homœopathic practitioner should be without one. When your case has repertorized out to three or four remedies and it seems evident that no *simillimum* will unravel the whole condition, and, at the moment, it is impossible to decide which of two to give first, Miller's tables will often indicate that one follows the other to better advantage than *vice versa*); the fourth volume of Clarke's *Dictionary*, the *Clinical Repertory*, which contains the same type of tables and material on a greater number of remedies, although we feel that Gibson Miller has pruned wisely;\* and the very suggestive grouping of remedies by Teste, in his *Materia Medica*, (unfortunately he does not explain how he arrived at his groupings).

There are several classes of complementary relationships. A word of explanation about the practical application of each is in order: A plain complementary remedy, such as those listed immediately below, is related by symptomatology and sometimes,

\*Compare Olds' *Complementary Remedies*, *Homœopathic Recorder*, April 1928, p. 205.

as in the case of *Ars.-Phos.*, by occurrence in nature, and sometimes by constituents, i. e., *Badiaga-Iodum*. In explanation of this type of complementary remedy, it may be said ideally "one remedy, one dose", should cure, but most cases are so mixed, so confused by miasms, drugging, etc., that one must tack against the wind, using more than one remedy. Some of the main complementary relationships of this type are as follows:

<i>Ant. tart.-Ip.</i>	<i>Cham.-Mag. carb.</i>	<i>Nat. sulph.-Thuja</i>
<i>Apis-Nat. mur.</i>	<i>China-Ferrum</i>	<i>Op-Plb.</i>
<i>Arg. nit.-Nat. mur.</i>	<i>Con.-Bar. mur.</i>	<i>Petr.-Sep.</i>
<i>Ars.-Phos.</i>	<i>Cupr.-Calc.</i>	<i>Phos.-Carbo veg.,</i> and <i>Ars.</i>
<i>Bar. carb.-Dulc.</i>	<i>Iod.-Lyc.</i>	
<i>Berb. vulg.-Lyc.</i>	<i>Lach.-Lyc., Nit. ac.</i>	<i>Puls.-Kali sulph.</i>
<i>Bry.-Rhus</i>	<i>Med.-Sulph.</i>	<i>Sab.-Thuja</i>
<i>Calc.*-Rhus</i>	<i>Mez.-Merc.</i>	<i>Stann.-Puls.</i>

A more specialized class of complementary remedies is the acute complements of chronic remedies or the chronic complement of acute remedies, according to whether your patient is first seen as an acute or chronic case. For instance, an acute *Bell.* throat to prevent recurrence and finish off the case, may need the chronic complement *Calcarea*; or a chronic *Natrum mur.* case may develop an acute cold which will call for its acute complement, *Bryonia*. One of the confusing points is that a chronic remedy may have more than one acute complement, for example, *Natrum mur.* has *Bryonia*, *Ignatia* and *Apis*; *Lyc.* has *Rhus*, *Chel.*, and *Puls.*, and sometimes *Iod.* Some of the best known examples, putting the acutes first, are:

<i>Acon.-Sulph.</i>	<i>Coloc.-Staph.</i>
<i>Ars.-Thuja</i>	<i>Hepar-Sil.</i>
<i>Bac.-Calc. phos.</i>	<i>Nux vom.-Sep.</i>
<i>Bell.-Calc.</i>	<i>Puls.-Sil.</i>
<i>Bry.-Alum., or Nat. mur.</i>	

The third type of complementary remedies is one on which the least work has been done, most of the data being found sprinkled around in Kent's *Materia Medica*. This is remedies *in series*. For instance, *Calc.-Lyc.-Sulph.*; (it will be noted that all three of these are chronic remedies. They must be used in this order and

\*For *Bell.* see under acute and chronic.

not the opposite one); *Ign.-Nat. mur.-Sepia*; *Puls.-Sil.-Fluor. ac.*; *Ars.-Thuja-Tarant.*; *All. cep.-Phos.-Sulph.*; *Acon.-Spongia-Hepar*, and many others.

Of course only a few examples from among those listed in the suggested study books have been given here. The student will notice that for the most part the nosodes have been omitted, also the tissue salts; moreover certain notable remedies, like *Kali carb.*, for which many complements have been suggested but none seems wholly satisfactory.

In the above sources certain remedies are listed as *incompatible*. This means not only that these remedies cannot be given together—for no two remedies are ever given together by the true Hahnemannian homœopath—but it means that they must not follow each other without an intervening remedy or considerable time. Some of these are as follows:

<i>Acon.-Acet. ac.</i>	<i>Ign.-Coff., Nux Tab.</i>
<i>Amm. carb.-Lach.</i>	<i>Lach.-Dulc., Psor.</i>
<i>Apis-Rhus</i>	<i>Led.-Chin.</i>
<i>Aur. mur. natr.-Coffea</i>	<i>Lyc. after Sulph.</i>
<i>Bell.-Dulc.</i>	<i>Merc.-Sil.</i>
<i>Calc. after Kali bi. or Nit. ac.</i>	and before <i>Bar. carb.</i> or <i>Sulph.</i>
<i>Caust.-Phos.</i>	<i>Phos.-Caust.</i>
<i>Cham.-Nux or Zinc.</i>	<i>Psor.-Sep.</i>
<i>Cocc.-Coff.</i>	<i>Rhus-Apis</i>
<i>Ferrum after Dig.</i>	<i>Sep.-Lach.</i>

The subject of *remedy analogues* in the animal, vegetable and mineral kingdoms has been but little studied and offers a fruitful field. (Theoretically some hold that there should be a remedy in each of the three kingdoms for every ill). Examples are: *Ignatia* is the vegetable analogue of *Natrum mur.*; and *Phytolacca* of *Mercury*.

The relationships of remedies according to their chemical constituents is a highly interesting and all too undeveloped subject. It illuminates relationships, as for instance, *Pulsatilla* contains *Kali sulph.*, and *Bell.* has much *Mag. phos.*, *Allium cepa* and *Lyc.* contain *Sulph.* Quantitative chemical analyses should

be done on all our vegetable remedies. Among the animal remedies, *Badiaga* and *Spongia* contain *Iodine*.

The botanical relationship of the vegetable remedies is very suggestive. These are to be found in Clarke's *Clinical Repertory*. The student would do well to familiarize himself with the better known remedies in this group, a few of which are given below:

Loganiaceæ:	<i>Mitchella</i>
<i>Brucea</i>	<i>China</i>
<i>Curare</i>	<i>Ip.</i>
<i>Gels.</i>	<i>Galium</i>
<i>Hoang nan</i>	<i>Rubia tinct.</i>
<i>Ign.</i>	Solanaceæ:
<i>Nux</i>	<i>Bell.</i>
<i>Spig.</i>	<i>Caps.</i>
<i>Upas</i>	<i>Duboisin.</i>
Ranunculaceæ:	<i>Daturas</i>
<i>Adonis</i>	<i>Dulc.</i>
<i>Clem.</i>	<i>Hyos.</i>
<i>Hepatica</i>	<i>Lycopersicum</i> (tomato)
<i>Hydrastis</i>	<i>Mandragora</i>
<i>Puls.</i>	<i>Pichi</i>
<i>Ran. bulb.</i>	<i>Solanums</i> (potato, etc.)
<i>Ran. scel.</i>	<i>Stram.</i>
<i>Aconites</i>	<i>Tab.</i>
<i>Actæa rac.</i> ( <i>Cimic.</i> )	Berberidaceæ:
<i>Actæa spic.</i>	<i>Berb.</i>
<i>Aquil. vulg.</i>	<i>Caul.</i>
<i>Caltha pal.</i>	<i>Podo.</i>
<i>Hellebores</i>	Melanthaceæ:
<i>Staph.</i>	<i>Colch.</i>
<i>Pæonia</i>	<i>Helonias</i>
Rubiaceæ:	<i>Sabad.</i>
<i>Cainca</i>	<i>Verat.</i>
<i>Coff.</i>	<i>Yucca</i>

Some of the therapeutic snags in connection with the relationship of remedies will be taken up in a later lecture on the dangers of homœopathic prescribing.

NEW YORK.

## BELLADONNA AND FERRUM PHOS. MORPHOLOGICALLY COMPARED\*

PHILIP RICE, M. D.

Shortly after I began practice in the Hawaiian Islands I was called one morning to see the daughter of one of the local sugar magnates, a child of 12 years. It was with no small degree of pride that I walked up the broad steps leading to the expansive veranda of the mansion. In the drawing room I was met by the mother, and after a few words of greeting was led to the bedside of the sick child. Here I found a room in total darkness. As the curtains were drawn aside the child drew the covers over her head. Here was a symptom not to be overlooked. So severe was the photophobia that a cloth had to be put over her eyes while the examination was made. A hasty examination of the eyes revealed severely injected conjunctivæ, dilated pupils and some lachrymation. The face and body were red, hot and covered with perspiration. The temperature was a fraction above 104, and the pulse was correspondingly high, full and bounding. There was throbbing headache, dry mouth, thirst, coated tongue, sore throat, etc. In short, every characteristic *Belladonna* symptom I had ever heard or read about was presented in classic order. Moreover, the child was of the typical *Belladonna* type, as that type is always described—fair skin, large blue eyes, golden hair, etc.

Obviously there was but one remedy that could reasonably be chosen, and that was *Belladonna*. This was given in the 30th potency, and with a degree of confidence greater than ever before or since felt when prescribing. A brilliant result, I felt sure, would not only reward my efforts, but I could see myself installed as the family physician for all time, as a consequence. Knowing that I should be welcome I returned in the evening. Imagine my surprise to find my patient, if anything, a little worse than she was in the morning. *Belladonna* had not made the slightest impression. Further examination and questioning of the mother and nurse elicited nothing new. No other remedy

\*Read before the I. H. A., Bureau of Materia Medica, June 1930.

could possibly be indicated. I could ascribe the failure to no other cause than a faulty potency. I, thereupon, gave the 200th, and assured the mother, as best I could, that there was no occasion for uneasiness.

The following morning found my patient in exactly the same state she was in the day before. Imagine my chagrin! There was now nothing else to do but give *Placebo* and go back to my office and study to find the reason why *Belladonna* had failed to cure characteristic *Belladonna* symptoms, and, if possible, to find the next best indicated remedy.

For my first problem I found no answer, after a careful search of the literature. For the second I found, after careful scanning of several repertories, that *Ferrum phos.* had many similar symptoms, that it was the next best remedy. I returned at once and gave *Ferr. phos.* in the 30th potency. Imagine my surprise when I called in the evening to find that this remedy had done just what I had expected of *Belladonna* when I first prescribed it! Under the influence of *Ferrum phos.* my patient made a speedy recovery.

Now, why didn't *Belladonna* cure? The answer, of course, is that it was not indicated. But, if symptoms of disease are a sure guide, and, as many maintain, the sole guide to the selection of a remedy, what other could possibly have been chosen? To have chosen any other either at my first or second visit, seems to me, would have violated all the precepts laid down on the method of choosing a remedy. I had made it a habit to scrupulously comply with the teachings of Hahnemann, of Kent and others. For three years I had been a pupil of H. C. Allen. In short, I knew of no other method than the method of these men. The obvious reason for the failure in the case is that I had not taken the case properly. But in the measure in which I failed I must be forgiven, for I had never been so instructed, nor has anyone else. *Ferrum phos.* brought about a perfect cure, and probably I should have been satisfied, especially as the parents of my little patient were deeply appreciative of my skill. But I was not at all satisfied with my skill. Indeed, I was quite ashamed of it. There was neither art nor science displayed in it. The appropriate remedy was chosen on practically one symptom, name-

ly, the pulse. All the other symptoms, because as characteristic of one drug as of the other, had to be set aside. Not being able to correctly evaluate the symptoms I was unable to differentiate between the two drugs in a scientific manner. Later study of human morphology solved the problem of how a case should be taken to truly get the totality of the factors in a given case.

Here it may not be inappropriate to call to your minds some words from the address of Dr. Royal delivered at Montreal last year. When speaking of the requisites for successful prescribing he said among other things: "Next comes the knowledge of human nature, the ability to read, interpret and evaluate the make-up of a patient, and to visualize the totality of the symptoms in some homœopathic remedy." That this knowledge is of tremendous importance no one will question. But on what does it rest? Surely it must have something more substantial than some fanciful conception; and, if we are real teachers, we must be able to give a student better advice than "watch all people" in order to acquire this knowledge. If we can do no more then we are but "sounding brass or a tinkling cymbal". For it to have true scientific value we must be able to discover the facts on which it rests, and analyze and classify them.

Now in all but two things the *Belladonna* type and the *Ferrum phos.* type are strikingly similar. The former has a dominant development of the nervous system while the latter has a dominant development of the vegetative and lymphatic systems. These two things make the difference. In the thoracic region, especially, are they alike; hence the similarity of the symptoms in all inflammatory processes—the sudden onset of symptoms, rapid rise in temperature, the flushed face, injected conjunctiva, throbbing carotids, throbbing headache, throbbing pains in affected parts, hot, moist body, etc. However, while there is equal degree of arterial and cardiac excitation, the pulse of *Ferrum phos.* is always compressible while that of *Belladonna* never is. It was this one symptom which led me to give *Ferrum phos.* when *Belladonna* had failed me, and it was this which ultimately led me to understand the fundamental differences between the two types. The dominating nervous elements make the *Belladonna* individual positive, vigorous, tense, and, in severe

inflammatory diseases, excitable, at times wildly delirious, while the dominating lymphatic elements make the *Ferrum phos.* individual negative, pseudo vigorous, relaxed and phlegmatic. These differences, some may think, one should easily recognize. But this is not so unless extremes are manifested; borderline cases present great difficulty. A youth or girl of 14 or 15 in otherwise good health may be far from exhibiting a phlegmatic state yet have a strong tendency in that direction, as was the case with my little patient. I had often seen her galloping through the country lanes on her horse, and in other ways display athletic activity and skill. There was every reason to consider her a very energetic and virile little person. In such a case nothing but a careful morphological examination will enable one to reach a sound conclusion, for in no other way can the basic factors be discovered.

How is the morphological examination made?

Time does not permit a full description of the method, obviously. But these few points I want to mention: The one absolutely certain mark of a dominant development of the nervous system is shown when the bi-lateral reach is greater than the stature. Why this is so I am not prepared to say. The fact, however, has been confirmed by the ablest clinicians and anthropologists covering a period of no less than 75 years. My own observations cover no less a period than 20 years, and so uniformly have I found this true that I now put every individual down as having strong neurotic tendencies in whom I find this disproportion. These may not necessarily be pathologic in character, but the dominant disposition of the individual will always be one of great earnestness, positiveness and tenseness. There will be more or less unnecessary strain made in all efforts. There is difficulty in relaxing.

Add, now, to an habitual state of this character the strong reactions which are produced by large and vigorous thoracic organs, such as we find the *Belladonna* type to have, and one can readily understand the origin and mode of manifestation of the symptoms which are so characteristic of this drug—the reason for their positive and violent character.

Now while the *Ferrum phos.* type is not especially deficient

in either the nervous or thoracic spheres, the vegetative overshadows both to such a degree as often to make them appear so. The signs of a dominant vegetative development are, gladiopubic line greater than one-fifth of the stature, and a bi-iliac diameter greater or equal to four-fifths of the length of the abdomen. If the epigastric circumference is greater than the thoracic, and the sagittal diameter likewise greater then the evidence of vegetative dominance is still stronger. A development of this character means large organs, vigorous functions, excessive production of lymphatic material, sluggish reactions, soft, even flabby tissues. A young person in otherwise good health will appear rosy and robust, but closer examination will usually reveal a bluish tint in the skin, especially in the cold. The pulse, as has before been said, will always be compressible no matter how violent a morbid process may be. Another characteristic of the *Ferrum phos.* inflammatory process is its strong tendency to suppuration. This is because of the lymphatic saturation of the tissues and the accompanying lack of reaction. During my twenty years in ear work I found that an otitis media in this type of individual almost invariably ended in suppuration, and frequently in mastoiditis. Moreover, I found *Ferrum phos.* to come as near being a specific in the early stage of such a process as a remedy can be for any morbid process. The sudden onset of the symptoms, the severe throbbing pain, the flushed face, rapid rise in the temperature, etc., lead many to give *Belladonna* at the start and follow with *Hepar* when suppuration begins. In my opinion *Ferrum phos.* will do the work of both and do it better, and because it is the *simillimum* to both the symptoms of the disease and the underlying morphological state.

This brief and admittedly sketchy morphological study of these two drugs is but a hint of a method which when fully developed will, I believe, enable us to disclose all the facts which make an individual what he is, and so enable us "to read, interpret and evaluate the make-up of a patient" in a truly scientific manner. These facts when added to those which have already been compiled will broaden the scope of the materia medica to a degree few of us can now realize; and it is my firm

conviction that the future of homœopathy depends on this work being done.

NEW YORK, N. Y.

#### DISCUSSION

CHAIRMAN J. HUTCHINSON: You have heard this interesting paper of Dr. Rice's on the differential analysis of two remedies, and his conclusions. We are ready for discussion.

DR. A. PULFORD: I am always interested in what Dr. Rice has to say but I am very much surprised that he should mistake the identity of *Belladonna* and *Ferrum phos.* *Belladonna* is an intensely plethoric remedy. *Ferrum phos.* is the reverse. The characteristic mark or stamp which will never fail in *Belladonna* is a burning heat and redness, to which dryness may be added, enlarged pupils which are sensitive to light, a flushed skin which is generally scarlet red, especially during the fever, and a throbbing, with cold hands and feet. On the other hand, after *Ferrum phos.* has produced occasionally from only certain conditions its flushed face and its enlarged pupils, it parts company with *Belladonna*. The *Belladonna* pulse is incompressible on account of the plethoric condition. The *Ferrum phos.* pulse is compressible easily on account of the anæmic condition. I can't see where there could be any mistake. *Belladonna* did not do the work because it was not indicated.

DR. G. B. STEARNS: I should like to ask Dr. Rice one question. Is it possible for an individual of the *Belladonna* type morphologically to under any condition develop conditions that call for *Ferrum phos.*? The reason I ask this is because in my classification of remedies appearing in *The Recorder*, Sept. 1929, pp. 642-644, which was the result of thousands of experiments, actual work, *Ferrum phos.* and *Belladonna* are in the same group. I have found that classification very valuable and have many times verified its usefulness.

DR. A. H. GRIMMER: The two remedies do have a lot of similarity but there are certain clear-cut homœopathic differences, as Dr. Pulford has so ably stated. He didn't mention the fact, however, that it may be due to the insufficient proving of *Ferrum phos.* The mentals are not so striking under *Ferrum phos.* as they are under *Belladonna*. Of course, chemically *Belladonna* contains a certain amount of *Ferrum phos.* in the organic form and that probably is the chief reason for their closeness. Dr. Rice has however introduced something that I feel is instructive and interesting and well worth our study. It reaches out into the inherited conditions that we are all so much interested in. A man's morphological structure comes from his ancestry undoubtedly, and I think it is of great value for us to study these things. We can profit by them.

DR. C. M. BOGER: Dr. Rice only incidentally, however it is important, mentioned the use of *Ferrum phos.* in otitis. For many years it has been my custom to think of *Ferrum phos.* first at the beginning of an otitis, and at the beginning of a mastoiditis. I am satisfied that *Ferrum phos.* covers many more cases in mastoiditis than *Capsicum* ever did. It is only occasionally that *Capsicum* helps you out in those cases and in the pneumonias. Of course, we know that most cases of mastoiditis come on in a sluggish way. The patient doesn't have a chill and run a temperature of 102, 103, 104 in a few minutes or a few hours. He progresses from an otitis and you know the pathology. Then you get a mastoiditis, and it comes on in that sluggish, slow way which fits *Ferrum phos.* very well indeed, and the remedy must be thought of all the time.

As far as pneumonia is concerned, of course we know what a *Ferrum*

*phos.* pneumonia is. It isn't necessary for me to talk about that, about its sluggish character and its soft pulse. The pulse is soft and non-resistant and the pneumonia is of the same character.

DR. H. FARRINGTON: I think that Dr. Rice's specialty, you might call it, is useful and helpful. It seems to me that we have to take care not to ply too closely and allow it to obscure our vision in selecting a remedy. Take the science of phrenology. It is not an exact science and yet it is useful. Those who are skilled in it can determine to a great extent the character of an individual, just by feeling the bumps on the head. And anatomists have found bumps on the inside that corresponded to the bumps on the outside but there was no special development of the brain under those bumps.

*Belladonna* and *Ferrum phos.* can be distinguished if you take the characteristics as has been pointed out by one or two of our discussers here.

What would you do if you were called to see a little girl two years of age with a temperature of 106? The child was sleeping and the mother woke it up so that the doctor could get a good look at it. There was a light right over the crib which shone right into its eyes. It opened its eyes and sat up, looked around in a sort of wondering way. Its face was flushed but not particularly in the cheeks. It was an even flush over the whole face. A careful examination showed absolutely nothing more, no physical signs whatsoever. The bowels had been regular. The abdomen was not tympanic. The child had been perfectly well the day before but in the evening was taken with this high fever, 106. That child was placid. It was not sensitive to the light and it apparently was not particularly disturbed by being awakened out of a sleep and seeing a strange man looking at it. *Ferrum phos.* brought the temperature down to normal by the next morning.

CHAIRMAN J. HUTCHINSON: Dr. Rice, in your reply to the discussion, I wish you would mention whether you think the saturation with *Belladonna* before the *Ferrum phos.* was given had any influence whatever. Will you close now?

DR. P. RICE: In answer to your question, Dr. Hutchinson, I would say, "No." I don't see how it is possible for a remedy, especially in the potency, the 30th or the 200th, to create a structural condition which would bring about a combination of symptoms such as we find under *Ferrum phos.*

CHAIRMAN J. HUTCHINSON: How about other than structural conditions?

DR. P. RICE: By structural condition I mean the composition of the human organism. I don't mean to say it would change the structure to a degree that we might be able to observe with the eye, but if a remedy in a potency doesn't bring about a curative result in an active morbid state such as this child represented I do not believe it does anything at all. I think the vital reactions which are working in a different channel make the effect of that drug nil and I think that answers Dr. Stearns' question, as I understand it. Will *Belladonna* create a *Ferrum phos.* condition—that was the point of your question, wasn't it?

DR. G. B. STEARNS: Whether a typical *Belladonna* craving of a body will ever develop a *Ferrum phos.* condition. Do you see the point?

DR. P. RICE: Yes, I see the point. I think not, because as I have studied the two types morphologically during the years, I have found marked dissimilarity in their constitutional makeup. In the one I found the dominant nervous element which produces the violent symptoms which call for *Belladonna*—wild delirium, active processes, and so forth. And that can only come when there is a high degree of development of the nervous organization. On the other hand, the *Ferrum phos.* had that sluggish condition when the process reached a certain point; therefore the marked tendency to suppuration, as Dr. Boger and others have said in ear troubles.

You will find in earache in those violent cases of the *Bell.* type, and in two or three hours' time a bulging membrane, while *Ferrum phos.* rarely has a bulging membrane, except possibly after two or three days. In the former,

if the drum membrane is punctured, you will get a serum, not a pus discharge, whereas in the *Ferrum phos.* type there is tissue saturation, lymphatic saturation, and you get early suppuration.

Of course, there are true homœopathic differences, and it is sometimes possible to make a differentiation, but I would be willing to gamble anything that there isn't a physician here who would not have prescribed *Belladonna* for that child, as I did when I first saw it. It is not a question of symptoms and symptom similarity only. That is important. The great thing is to know the reason for these symptoms and their peculiar manifestations in different types of individuals, and until we can furnish reasons we are going to have difficulty in getting others to accept our materia medica and our principle of therapeutics.

DR. C. B. STEARNS: May I put another question which is apropos? Will an individual make a proving that is useful from any drug that doesn't fit his type?

DR. P. RICE: You may get a few superficial symptoms, especially in crude doses. That was brought out very clearly in that proving conducted by the O. O. & L. Society several years ago, Dr. Billings' proving of *Belladonna*. If we look through the list of provers and read over the sketchy description of the different types, we will find the most characteristic symptoms were produced by individuals who got the third and sixth potency, and there were other individuals, recorded there, that took fifty and sixty and seventy-five drop doses of the tincture every day for weeks at a time without producing anything but a transient symptom and a blurring of vision, and so on. It is possible to get them if you drive it along hard enough but those symptoms you will find when you come to study the remedy in a scientific manner are of a rather superficial and worthless character.

DR. C. B. STEARNS: They don't produce a picture?

DR. P. RICE: No, they do not. I recall a prover (I think it is Prover 9010), a woman who for three weeks took from fifteen drops twice a day up to seventy-five drops twice a day of the tincture and then gave it up. It was practically useless. There was no result. Had the individuals who conducted those provings made a careful study of the physical makeup of the different types, the susceptible types, the non-susceptible types, they would have had an explanation for symptoms which we now do not have, and we must have it. The younger generation of physicians today demand an answer to their "Why?" and we are not able when we come to the study of materia medica to give a reason.

I tried to teach materia medica for nine years. I struggled and fairly sweat blood but found it impossible and gave it up.

DR. C. M. BOGER: Does the man exist, mentally, especially, in spite of his morphology or as the result of his morphology?

DR. P. RICE: Yes, but where? in this body. And this body is the instrument of this ego who lives within it, and aside from this body there is no mental manifestation or spiritual manifestation, or anything else?

DR. C. M. BOGER: I am afraid we couldn't agree when we come to that.

DR. P. RICE: Maybe not. I am not denying it doesn't exist. If you were not here physically, no matter where you might be, we wouldn't know it and you wouldn't be able to impart any great information to us. It makes no difference how great a pianist may be, give him a piano that is out of tune and he will not produce harmony. And this symphony of life is not going to be played by this ego here with an instrument that is out of tune. There can be no organization of any kind or function without an organism. God Himself would be a blank in a blank world.

These are fundamental things which we cannot overlook and the moment we do we get more or less up in the air and that is what is happening to us.

The fact we must recognize is that the younger generation demands an answer to their "Why?"

Look about this group of men and women here, the best representatives of homeopathy that we have. Do you find any young blood here? No. You find bald heads and grey heads. Where will we be in another decade or two at the outside? And if we are not going to lead young men and young women in here to take up the work that we are trying to do what is going to become of our work?

CHAIRMAN J. HUTCHINSON: They come in when they are bald and grey.

DR. P. RICE: And that is too late.

CHAIRMAN J. HUTCHINSON: Not at all.

A special feature of *Carbo veg.* that you may find in asthma, lung troubles, bronchitis and whooping cough is the incessant gagging cough in the morning, compelling him to vomit everything in his stomach immediately after breakfast. There is one thing that a physician has to do, and it is not always agreeable—somebody will send from the country or from the suburb and you will not be requested to make a visit, but the note will say: "Johnnie has the whooping cough". You know we have no remedies for whooping cough; but when you are not permitted to see the case, *Carbo veg.* is one of those medicines that correspond so clearly to the real nature of whooping cough, that if given, I have never known it to spoil a case. It cures a great many, even in that offhand prescription way; it modifies and simplifies the case and seems to sustain a relation to the whooping cough that *Sulphur* does to many psoric symptoms, clears up the case.

When you don't know what else to give in the whooping cough, and the likelihood is that you won't, I usually say in my notes: "Take these powders marked 1, 2, 3 and 4 with you". (No. 1 will be a dose of *Carbo veg.*, and the other three *Sac lac.*) "If the child is not decidedly improved at the end of those four powders, please permit me to see the case", at which time you will ordinarily find the case in an excellent condition, one in which a short acting medicine like *Drosera* may cure promptly. *Drosera* is complementary to *Carbo veg.*, and it will eradicate the whooping cough in a few days or a week, instead of having it run its course in the old way, provided that it is appropriate.

—KENT.

## WHERE ARE WE?\*

G. E. DIENST, M. D.

Man is a divine thought. He existed mentally before he existed physically. All his powers and advancements are mental more than physical.

This is practically true with everything, and Hahnemann was exactly right when he said, that disease was *geistlich*, spiritual, more than physical. The Great Giver of all things said that, "Out of the heart proceeds evil thoughts, murder, fornication and everything that is evil", and we are also told that "Who knoweth the spirit of man but the spirit that is in man". The most powerful element in the world today is *thought*. The world is ruled by *thought*.

As man is the product of a divine thought he has a right to think as he has been taught. These thoughts or opinions may be true, they may be false. A man may be just as much in earnest with a poor thought as he is with a good one. I have no quarrel with anybody. Man has a right to think and opine what he pleases.

We are interested more particularly on the premise on which these things are based. The world is full of opinion, but much of it is wrong. This has always been so and men "Love darkness rather than light, because their deeds are evil".

"To the making of books there is no end", and yet I am free to say, that outside of my technical work I have read but few. I may be wrong, but I never pick up a book to read or study without asking a number of questions. Who is the author? Is he a creditable writer? What are his reasons for writing this book? Is it a compilation of what others have said, and arranged according to his own particular ideas, or is it a well thought out work, proven in every detail and worthy the time spent in reading it? This is not only true in books, but it is true with magazines, newspaper and other writings and when I examine them carefully I can not refrain from asking, Where are we? Take such a subject as the *materia medica*, thousands of pages are written on this subject and yet we know so little about it. Ninety per cent of our doctors who read, but do not study the *materia*

\*Read before the I. H. A., Bureau of *Materia Medica*, June 1930.

*medica* will jump too quickly at conclusions. Their minds are absorbed in the physical instead of the metaphysical. A remedy is read and if there is one point that refers to a case in which he may be interested he will dig up this point and stick to it, without knowing whether it is the real remedy. He will not study the case as it should be studied and no matter how much we teach, he continues in the same wrong way.

It has been said in this Society that *Nux vom.* and *Podophyllum* given in the tincture, in alternation and often repeated have cured recurrent liver trouble in one man for thirty years, and yet they keep right on and we are forced to ask, Where are we? With the vast amount of matter contained in our *materia medica* there is so much that you cannot depend upon, nor use with any degree of satisfaction. Who has thought of curing an exophthalmic goitre with *Sepia*? Or a gastric cancer with a high potency of *Carbo animalis* and yet such is the case. To be brief let us study our cases more carefully.

Thousands of important items lie hidden in the *materia medica* and we are either too stupid, or too lazy, or in too much of a hurry to understand their real meaning. The burden of my thought is, no matter what the concomitant symptoms are, or valuable as they are, let us study more intensely the *materia medica*, or the things that God has given us to cure diseases. We should be ahead of the question, Where are we? instead of this looming into our faces every time we read a book, study a paper or attend a convention.

When I first thought of this article many months ago and had nothing to do but think at short intervals, I was under the impression that I needed several hundred pages to finish this paper, but I have cut it down until we have these few pages, and I fear I have said too much already. With the great question staring us in the face and its almost incomprehensible powers let us ask again, Where are we?

AURORA, ILL.

## DISCUSSION

DR. A. PULFORD: I feel doubly honored in being asked to read this paper: first, because I have been selected, and, second, because I am very, very fond of Dr. Dienst.



Dr. Dienst is one of the deepest thinkers of our profession today. You may call him delusionary, illusionary, hallucinatory, or whatever you please, but I am willing personally to stack up the results of Dr. Dienst against any ultrascientific results ever produced by any man on earth.

Dr. Dienst wrote to Dr. Dayton Pulford asking that this paper be read because he felt that it was one of the very best papers he had ever written and asked if he had friends here for a discussion of it. Therefore, if he has any friends, and if I have any friends, you will do us both a personal favor by discussing the paper.

DR. J. W. WAFFENSMITH: I want to thank Dr. Dienst for this paper that he has given us, the result of many years of valuable experience.

In 1911-12 I had the great privilege of attending the greatest American Homœopathic College that we have had, namely, Herring College of Chicago. In this college each chair was manned by a Hahnemannian homœopathist. When I went into the clinic of the genito-urinary department, the venereal diseases, whether acute or chronic, were treated by the indicated homœopathic remedy, the single remedy. And I always look back to this experience as one of the high lights in my life.

It was my great pleasure during that year of attendance to come repeatedly under the tutorage of Dr. Dienst, and I can assure each one of you that as a clinical teacher as well as a theoretical one he had no peer. I mean he was not excelled by anyone. His work was most thorough, the most careful and the most comprehensive explanations that I have ever heard. I desire to pay this tribute to the doctor with a heart full of gratitude for the work he did and the time he spent in that institution.

DR. C. M. BOGER: As a friend of Dr. Dienst, I want to say a few words on this subject. In many ways Dr. Dienst and I have been closely connected, not because we meet very often, but our ideas run pretty much in the same channel. In this paper he asks, Where are we? We have to remember that, "As ye think so are ye". Now, how do you think, and how do we think? You think with your will, and if you look at it in that way you will find there are not very many people that have a will. We just go round in circles, that is all. We keep running around in circles making noises like they do at the circus.

I think the doctor in this paper has said some wonderful things that we had better take to heart. I am sorry that some of the men who should be here to hear this, the younger men, are not here, because it is the first step toward getting on the right path—to follow the ideals and ideas which Dr. Dienst has so clearly outlined in this little paper.

DR. J. M. GREEN: I should like to say that Dr. Dienst had in his mind and in his heart so keenly the need of teaching materia medica to students in homœopathy that he was willing to come down to our Post-Graduate School in its first struggling years and endure the heat of the Washington summer, when we had just one student, and another year when we had two students. Dr. Dienst knew that the salvation of homœopathy depended on teaching young people to think and to study materia medica.

I wonder if our Association might not at this time resolve to send a message to Dr. Dienst, as it did last year, to make him happy because he is so very sorry that he could not be here with us today.

CHAIRMAN J. HUTCHINSON: Your suggestion is one of others, doctor, and I am sure we shall be very glad to do that. Shall we vote upon it?

The question was put to a vote and carried.

CHAIRMAN J. HUTCHINSON: The Secretary will send a letter.

DR. A. H. GRIMMER: Dr. Dienst has brought out the fact of the power of thought, and of course it is purely a homœopathic manifestation, if we may use that word. Hahnemann dwelt on the changes in thought that preceded

sick changes many times. He showed the power of grief and shock and all the various emotions on health, and we homœopaths for a long time have had to defend that proposition. We were visionary and unscientific but now the great physicist, Compton, of Chicago, has come out with a statement that after all thought may be the dominating factor in all evolutionary processes and in nature. So I think we homœopaths have reason to congratulate ourselves and Dr. Dienst on this magnificent paper.

CHAIRMAN J. HUTCHINSON: It is rather interesting taking up this topic of thought as being a substantial and basic proposition of our homœopathic philosophy and its application. As has been so often said, we don't want to trail a long way after dominant medicine or the phases of it of which we disapprove, but dominant medicine is trailing a bit after us in this respect—I can't repeat the language exactly but what I say will probably recall it to your minds: about the complaints of patients—of course, it has been popularly supposed that a good many complainers are not patients, that there is nothing the matter with them. They are not sick. And the old school through one of its good writers said awhile ago something like this: that those that we consider not sick are the sickest of all.

DR. DAYTON PULFORD: I want to say that I couldn't say anything more in speaking of Dr. Dienst personally than has already been said. I think, however, his paper has a deep lesson and likewise an injunction; if we could take a cue from the railroad companies, and put up a mental sign, "Stop, Look, and Think!" that would bear out the gist of his paper.

DR. A. PULFORD: Mr. Chairman, Dr. Dienst's paper brings to mind many conditions that really do produce pathological results through thought. We have the indignation of *Staphisagria*, and we have the results of anger all the way through, which change the condition, which brings us down to the point of pathology. Pathology is not the cause of any trouble. It is the result of trouble. We must get to the foundation of that condition, and this does not dwell in pathology.

The question is, Is disease visible? It is not. Consequently, when you are speculating on disease, it is purely speculation, you get nothing out of it. You are spinning theories of all kinds. You are getting nowhere. The next thing that comes up is, Is it possible to show what disease is before it comes to a pathological end-result? Perhaps you recall Dr. Richard Cabot's experience. Dr. Richard Cabot, I believe, is one of the best diagnosticians in this country without exception. The result of his guesses was that he made 49 misses out of 2,000 cases.

If you are going to prescribe on pathology you are going to miss about 49 times out of every 100.

What about those of us who don't know enough to diagnose a case? Hadn't we better stick to homœopathy? Hadn't we better try to get to the origin instead of the end-results?

As I tried to demonstrate to Dr. Royal when he stated that we couldn't prescribe for a disease without pathology, I brought him the pathological results of a case of vesicular erysipelas, and I am going to repeat it. There you have your pathological disease. What is the remedy? We will add to that a semi-pathological condition. The man had a yellow watery stool. That reduced the list of remedies to ten. Now, what was the remedy? Then we go to the end-results and we have an unpathological state, which shows that this man had the stool and the stool was aggravated and he, himself, was generally aggravated immediately after eating or drinking, and the stool came out like a shot. There is nothing pathological about that. You can't get away from it. And you have the remedy!

DR. G. ROYAL: When Dr. Pulford and I were talking together, I said I

can't conceive of selecting the indicated remedy without taking pathology into consideration. Diagnosis of course is another thing. Dr. Pulford is absolutely correct when he says here is a case of erysipelas, but he has to go further. That is just a starting point. There is no use of talking any more about it here. I take the condition and I differentiate, if it is a constipation or a diarrhoea, if it is aggravated by this or ameliorated by that. From this starting point I select the remedy. But the pathology is a part of it, to me.

DR. J. W. KRICHBAUM: I wonder how much pathology has to do with thought. You seem to lose sight of the fact that thought is often controlled by pathology. Take a typhoid that goes into a condition of fear or starvation or that he is away from home. Thinking so didn't give him typhoid, when he has had the disease four or five days before he began thinking these things. Pathology produces thought. Thought doesn't produce pathology.

DR. C. M. BOGER: If you get a real mad spell and get an attack of bilious colic from it, how about that?

DR. J. W. KRICHBAUM: It may give you that. Personally, I refuse to get mad until after breakfast.

DR. A. H. GRIMMER: I think it works both ways.

Do not use *Ferrum* in the syphilitic miasm, especially in the tertiary form. In old cases, in individuals who have organic troubles as the result of syphilis, *Ferrum* might be indicated; but it is better that you know better than to use it, because it seems to have no syphilitic miasm; it seems to disagree with the patient. While it may remove some symptoms, it makes the patient worse, and has a tendency to bring on varicose veins that are friable and easily broken. It has a tendency to bring on ulcers and hæmorrhoids.

In the gummatous formation of the brain, liver, kidney, spleen, and various parts of the body where gumma are likely to locate in the syphilitic miasm, *Ferrum* might be indicated, and has appeared to be indicated, but it is a dangerous medicine because it causes these gummous formations to suppurate, and causes uterine hæmorrhages. If you were treating a case of syphilis with the gumma in the brain, where it is likely to be present in the latter stages of syphilis, *Ferrum* might produce apoplexia, because of the already friable condition of the blood vessels. Then avoid *Ferrum* in phthisis, in tuberculosis, in syphilis and in persons predisposed to hæmorrhages; and especially, *never repeat it.*—KENT.

## FINDING THE *SIMILLIMUM*

C. M. BOGER, M. D.

Although we may point out a general way of finding the curative *simillimum*, its specific application will always remain more or less an individual affair. It is very easy to say we should either work from generals to particulars, or memorize a few infallible keynotes, for certain guidance. How perfectly easy it looks, but a closer acquaintance with these methods reveals how agonizingly arduous the former really is, while the latter is apt to sadly mix up our cases and lead us into much trouble, if we really mean to cure.

The ability to envisage a general field of sickness and at the same time note the peculiarities stamped thereon by the individual, must always remain the ideal of the correct prescriber. These and their setting portray actual sickness and define its individuality.

Every living organism responds sympathetically to some other one particular substance in nature, and when in distress the human economy calls for help by using its own peculiar signals, in demanding this complement thereto, which must of necessity be the curative agent.

The ability to pick from each life history the striking and unusual features which crop out and stick to the patient through many forms of sickness and then to find their counterpart within the pathogenesis of some remedy, means the power to cure radically where others fail. It is a procedure that takes time and patience, but once having elicited a curative reaction, each successive move becomes easier and yields better results. It goes without saying that emergency cases and quite a few others can but rarely be dealt with in this way, which is preeminently corrective in its application. The man who deftly prescribes for every symptom phase will be always curing but never cure. This form of shifty prescribing is deceptive in the highest degree and was justly denounced by Hahnemann as being ultimately more harmful than the massive drugging of the regulars.

Let me cite a case in point: Mr. D., æt. 62, a man of correct

habits, had, for more than a year, crusts form and fall repeatedly from a progressive deepening lupoid ulcer in the left naso-malar region. There was no sensation but the life history of the patient revealed the following symptom ensemble:

1. *Soreness*; eyeballs; right upper teeth; right throat; eustachian tubes; across hypogastrium and kidney region, < rising; right scrotum and testis; knuckles; face of right thigh and knee; of soles; of muscles; and joints in general.
2. *Urine*; pale; trace of albumen, some pus and oxalates.
3. *Throatpit*; tickling. Hawks much thick, white mucus which flies from mouth.
4. *Nose*; blows blood from. Prolonged sneezing attacks, > cold drinks.
5. *Hands*; numb at night. Brittle nails.
6. *Left axillary gland* suppurated out as a boy.
7. *Feet*; burn at night.
8. *Bowels*, constipated, with soft stools.
9. Numb *occiput*, rubs it.
10. Bluish *lower lip*.
11. Drowsiness.
12. Troubled dreams, wakes with a nervous pressure on wrists.

13. Forgets names.

14. Sour taste, < after sweets.

August 8, 1921. *Calc. carb.* DM (Tyrrel); one dose.

September 15, 1921. Reported with delight, ulcer filled in and entirely healed, leaving a clean scar. The sequel was interesting. On a visit to a distant city some one persuaded him to have a specialist burn the scar out with radium, but shortly after his return the old ulcer reappeared, enlarged, with a much larger scab than ever which bled about the edges. Alarmed he returned to me and I am afraid I made some pretty severe comments, but he took them kindly along with another dose of *Calc. carb.* DM. In a very short time he was entirely well, lupus and all.

PARKERSBURG, WEST VIRGINIA.

## A REVIEW OF *CINCHONA OFFICINALIS* AND ITS SULPHATE, *QUININE*\*

HUNTER B. STILES, M. D.

The doctor of onion-culture must know his *Allia cepae*, and need know little else, to be successful in his line. But the doctor of medicine must know not only his *Allium cepa*, but all other medicinal vegetables, minerals, animal poisons, etc., that he can learn. And these vegetables, etc., must be always fresh in his mind.

Some doctors know very many: they excel. Some know very few: they do not excel. Therefore, *study materia medica!*

That is why the writer always stresses and presses the unremitting study of materia medica. Study it all your professional life, adding and reviewing. Spend little time playing with the passing fads, and calling yourself up-to-date. Cultivate the tried and true. Such are reliable. Those who want to be up-to-date on all the passing fads must discard all their past learning about every other year. The up-to-date things are mostly out-of-date in a few months, or maybe two years.

The assiduous study of materia medica is to be pressed not only on and by the young graduate, but also by the older physician throughout his whole professional life. The earlier in life one begins this study, the easier to learn, when the mind is most receptive, and most retentive. "Engraves" become fixed on the tablets of memory. Another advantage is that the physician has the use of all these therapeutic facts that much earlier and longer, to the mutual advantage of himself and his patients, and wins a reputation as a good physician that much earlier.

A man is in his powerful prime up to sixty or more years, and can continue to learn and use new remedies, but must frequently review the old ones. As one always finds new beauties and facts in the *Holy Bible*, with each re-reading thereof, so he can find new facts and uses in the various drugs and medicines with every review of them, even of the old and supposedly best known of them.

\*Read before the Texas Homœopathic Medical Association, Oct. 14-15, 1930.

Also we can learn their relations to each other, and their proper sequences, their antidotes, and the general actions of the various orders and genera of plants, as for example, the cerebral and nervous actions of the family of the *Solanaceæ*, the Irish potato family, including *Lycopersicum*, the tomato, and *Belladonna*, *Hyoscyamus*, *Stramonium*, *Tabacum*, *Dulcamara*, *Capsicum*. What a range of therapy is found in this family of plants! What family gives us so many important medicines? All of them have positive cerebral and mental symptoms, and congestive headaches, and mental excitement.

So also do we find in the family of the *Rubiaceæ* several of our prominent remedies, which perhaps we are not accustomed to associate: *Cinchona*, *Coffea* and *Ipecacuanha*. *Rubiaceæ* means red, and a good name for *Cinchona* would be *Cinchona rubra*. All of these are very useful in their spheres. Of this family, two are used as dyes, viz.: *Galium* and *Rubia tinctora*, otherwise Madder, a red dye. We see the red tint also in tinctures of *Cinchona* and of *Coffea*.

*Cinchona rubra*, better known as *Cinchona officinalis*, claims our attention today. It may be called the "discovery well" of homœopathy, for it is the drug which Hahnemann employed in his experiments by which he demonstrated the principle of homœopathic action.

*Cinchona*, and its sulphate, *Quinine*, are among our most useful drugs, and together are most wonderful in range. We are all well acquainted with them, and have been, since college days; but do we really know them? Do we know their basic principles, their far-reaching action? All the peculiar basic conditions on which their best results depend, which should guide us in prescribing them? The writer does not. Therefore let us devote a few minutes to renewing old acquaintance, and possibly learning some facts which have escaped our attention.

Perhaps it will not confuse us too much to discuss the two, *Cinchona officinalis* and *Cinchona sulphurica*, together. They have many symptoms in common, and the chief difference is in the more intense action and more marked periodicity of the sulphate.

The general action of both *Cinchona* and its sulphate is on

the ganglionic nerve centres and on the spine, first exciting and then depressing both. This indicates their (first), stimulating, and (second) depressing effects, and contraindicates their use as really good tonics, for which, however, they are frequently used.

In a very marked degree both affect the hepatic and splenic systems, both functionally and organically, when used too long. They deprave the blood, depressing the hæmatopoietic processes of the spleen, resulting in anæmic and chlorotic conditions, very similar to those caused by long afflictions of malaria, and by severe depletions of both vital and pathological fluids of the person. Both *Cinchona* and the sulphate, especially the sulphate, exhibit very marked periodicity, like that of malarial fever of a certain specific type. Both produce marked hyperæsthesia, involving all of the person from the skin to the depths, both physical and psychological, including the special senses. For this, sensitivity is the key word.

How these drugs cause all these results is as mysterious to the writer as the action of any other drug, or as the real nature of the attraction of gravitation, and he is content to leave the explanation to such members of the Society as care to discuss and elucidate the matter. He, in this paper, is only stating what he believes to be proven facts.

This general analysis indicates the strong and characteristic features of these remedies, which, found in patients, point to them as fitted to the patients. Briefly they are: 1. Periodicity. 2. Depravity of the blood, as in chlorosis, oligocythæmia, and anæmia. 3. Hyperæsthesia throughout, mental, physical and special senses. These are the keynotes, found in both *Cinchona* and in its sulphate, but more intensely in the latter.

Some of our authorities require, as prerequisites to their use, the actual prior occurrence in the patient of either malaria or depletion. To your reader, this appears illogical, for the provings were made on many who were neither malarial nor depleted, and the drugs produced these conditions. Therefore such conditions indicate the drugs, whether the patient ever had these prior conditions or not. Perhaps this point would afford interesting discussion. We have no record that Dr. Hahnemann was ever malarial or anæmic. He was too combative to be anæmic.

When we find these keynote symptoms, with other collateral, agreeing symptoms, use one of these remedies.

All of us have various works on materia medica, recording perhaps too many symptoms; it is unnecessary to go very far in reciting them. Therefore, let us consider only those which are most prominent, following more or less closely the usual schedule of our materia medicas.

In general, both *Cinchona* and its *sulphate* are physically and mentally depressive. But before the depression comes a brief stimulus, followed by the depression.

In the mental sphere, we find first a slight stimulation, excessive activity of mind; vivid fancies. This is soon succeeded by depression; confusion; fretting over trifles; dislike for mental effort, and wearied thereby; indifferent; gloomy; rarely maniacal or suicidal. See materia medica for minute symptoms.

In the head we find symptoms like those of *Alcohol* and *Belladonna*, congestive, throbbing, bursting ache, with flushed face. Also with pale face, indicating cerebral anæmia, worse after depletion of some sort. Periodical cephalalgia, even neuralgia, coming at certain regular hours; worse on left side, and worse in open air; worse after sexual excesses, in either sex. Whole head feels bruised, and his scalp is especially sensitive to touch, but better by hard pressure; profuse sweat on head. In both *Cinchona* and *Cinchona sulphate* the neuralgic attacks are likely to come on about 10 or 12 a. m.

The eyes are the seat of several peculiar symptoms: Amblyopia, resulting from sexual excess, and from hæmorrhage; hemeralopia, and blind at night; myopia, after typhoid; ciliary and circumorbital neuralgias, worse about 10 or 11 a. m.; eyes sensitive to light, showing again the sensitivity of the special senses.

The ears also show this hyperæsthesia, in the intolerance of noise; also tinnitus, as in malarial attacks. Later, the hearing becomes dull, even to actual deafness. Eustachian catarrh.

The nose suffers also; sense of smell too acute; epistaxis, in hydræmic conditions—blood too thin, and easily exudes. In general, a tendency toward hæmophilia. In my own boyhood I would

experience spells of nosebleed just before a renewed onset of chills and fever.

Under these drugs the face assumes a typical appearance, typical of the drugs and of the malarial and anæmic states: pale, earthy, yellowish, jaundiced, hippocratic, sallow. Visit the natives and residents of the swamps along the Mississippi River. There it may be seen in perfection.

Then comes the cinchonol and malarial neuralgia in the face, strongly periodical, usually between 10 and 12 a. m. Proso-palgia, supra-orbital, facial, worse left side of face and head; keen, darting; worse from touch; may extend to vertex and down to clavicle.

The mouth exhibits all sorts of bad tastes, but especially *bitter*. Ptyalism. Tongue coated yellow, with a thick, dirty coat. Mouth may be either dry, or *very wet with saliva*.

Appetite, either voracious, canine, in atrophic conditions, or absent altogether, in so-called bilious conditions, dyspeptic. The stomach is, as we say, upset, with various troubles. It suffers from heartburn and waterbrash, or in more technical terms, cardialgia and pyrosis. A very peculiar symptom, to be treasured as such, is a *coldness* in the stomach—just opposite to the effect of *Arsenic*. Indigestion from eating fruits, especially *sour*; and from fish of questionable freshness, calls often for *Cinchona*. Remember these two last facts, especially when you go to the seashore, where you don't always get fish as fresh as you expect. Remember also *Arsenicum* and *Carbo veg.*

Now comes a very important region for these two remedies, the hypochondria, especially the right. Here we find, first, tenderness to pressure; then perhaps swelling, accompanied with many other undesirable feelings all over the person. Perhaps the patient has been living in a malarial section, with occasional agues. Perhaps he has had too much quinine. In either case, give him whichever of the two is the better indicated, *Quinine* or *Cinchona*, in a high potency. The spleen also is swollen and tender.

If your patient has cholelithiasis, relieve him as seems best of his attack of colic, and then immediately put him on *Cinchona* in any moderate potency, for the next twelve months, at

the same time cutting out red meats from his diet. *Cinchona* applies also in cases of hepatic catarrh, where the gall bladder may become occluded and causes obstructive jaundice.

In the abdomen, we again encounter that very peculiar symptom, *coldness*. Do not forget it. The abdomen shows swelling with flatulence; tympanitic; may occur in continued fevers, of malarial or typhoid type.

The bowels are affected with various troubles. Stools vary from lienteric to scybalous. Diarrhœa comes on gradually, worse morning, worse hot weather; therefore *Cinchona* is indicated in summer complaint, even when hydrocephalus appears, also in acute exematous diseases; worse from sour fruits. *Cinchona* applies in many patients as a relief for the depleting effects of diarrhœa.

In the sexual sphere, both sexes may suffer from excesses. Here also *Cinchona* finds a place. The main usefulness of *Cinchona* in this sphere, however, is as a hæmostatic, in uterine hæmorrhage. In menstruation it is indicated by a flow that is too early, too profuse, dark clotted. It is followed by weakness, tinnitus, and trembling, if too severe, but this condition is more likely to appear in post-partum hæmorrhage. In this post-partum condition; the patient *wants to be fanned*. It resembles the *Ipecac* case somewhat, but in the *Ipecac* case, the blood is bright, arterial red, and nausea prominent. The desire to be fanned arises from the want of oxygen in the blood of the *Cinchona* patient. Dark blood indicates blood that has not received enough oxygen.

Dr. Farrington says that in cases of retained placenta, he was accustomed to check the hæmorrhage with *Cinchona*, given frequently and low, and then to extract the placenta. Maybe so, if the medicine acts quickly enough—but Dr. H. B. S. prefers to extract the placenta at once, and then give the *Cinchona*, or other remedy. And do not wait for the terminal symptoms of fainting and convulsions before extracting and prescribing.

In the nervous system we find the aforementioned sensitivity. Weakness from depletion or otherwise, with very acute special senses, irritated by noise, light, odors—the mind irritated thereby. Epilepsy, chorea and paralysis, especially from

onanism or other sexual dissipation. Neuralgias, with the characteristic periodicity, mostly in the forenoon, about 10 to 12 o'clock, but also at other regular times.

Respiration difficult, wheezy, asthmatic, like hayfever or so-called hay-asthma, *worse in the fall*. Note that, *worse in the fall*. So are certain forms of malaria. It is common to blame hay fever on pollen; but we have pollen from early spring until the frost comes. Then, if it be the cause of hay fever, why not hay fever in that same patient, from spring till frost? Maybe so.

Fevers: periodic, especially tertian, but also quartian, hebdomodal, even annual, *especially in the fall*. The Cinchonal fever resembles intermittent malarial fever of a certain type. That type is characterized by: first, three distinct stages, chill, fever, sweat. And not a polite little perspiration; it is a sure-enough *sweat, profuse*. The attack preferably starts in the forenoon or midday. May have been preceded, yesterday, by epistaxis caused by hydræmic blood. Great hunger and *thirst before chill*, but none with it. Also *no thirst with fever*, though there may be some between the chill and fever. But *much thirst with sweat*. Such the attack in the *Cinchona* case.

But the *Quinine* case, resembling the *Cinchona* in many points, especially hour of occurrence, has *thirst in all stages*. It is also indicated by a *peculiar sensitiveness of the spine*, worse in upper spine. In my practice, when *Natrum mur.*, also a 10 a. m. remedy, failed to relieve, and I was tempted to give substantial quinine, I found *Nux vomica* to do the trick.

In the *Cinchona* case the patient sweats more if covered up.

The apyrexia is miserable with the *Cinchona* patient, but clear and fairly comfortable with the *Quinine* patient. Both remedies are indicated in the post-malarial congestion of the liver and spleen. Not so many vegetable remedies or poisons produce serious chronic organic changes, but the *Cinchonas* do. Probably their most notable organic results are those on the liver and spleen. This condition of the liver produces the cachectic facies, and the languid weakness. The interference with the spleen, the blood laboratory, produces hydræmia, oligocythæmia, chlorosis, and anæmia, with all their accursed following. The blood loses not only its iron, but in so doing, loses its oxygenating power,

and the patient suffers with air hunger, especially when losing even a moderate amount of blood. Through these primary affections come emaciation, flaccidity of the muscles, dropsical appearances, which latter, with also a tendency to hæmophilia, follow in the train of hydræmia.

*Cinchona* is said in the materia medica books to be especially applicable to sensitive persons; sensitive to pain, to supposed slights, peevish, querulous, etc., like the *Pulsatilla* patients, but of the opposite complexion, swarthy, and < in open air.

In my own practice, I pay no attention to such physical features. If the symptoms indicate *Cinchona*, the patient gets it, regardless of complexion.

*Cinchona* is useful in surgery, as a restorative after severe hæmorrhage. Quinine is said to be a germicide, if applied to the wound in the proportion of 1/10,000, *i. e.*, 4x. Better, one would think, in the 3x, or 1/1,000. I have not tried it in such a case.

Quinine depresses the heart, producing palpitation and weakness of pulse. A man of my acquaintance took his first dose of quinine, prescribed by a minister who was a devotee of quinine, for some trifling ailment. The dose was moderate, two or three grains. In a few minutes he began to feel faint, and show blueness of lips and face. In two hours he was dead. I have heard of similar cases in my father's experience. These are too rare to dissuade from the use of quinine.

*Cinchona* and its *sulphate* are wonderful remedies, especially useful in a malarial, debilitating climate, and in any climate in cases suffering the effects of depletion, whether it be from loss of natural fluids, such as blood, milk, seminal fluid, perspiration, or pathological, such as pus, diarrhœa, hyperidrosis, dropsical effusions, and long attacks of sickness, especially of malarial affections.

This paper is not supposed to deal fully with these two valuable remedies, but only their highest points. It will have attained its purpose if it stimulates even one or two persons to review thoroughly their books on this subject. Again the three high points: *Periodicity*; *malarial similitude*; *sensitivity*, physical and mental.

WACO, TEXAS.

## "DISEASE"\*

DAYTON T. PULFORD, M. D.

The title is somewhat misleading as this is not to be a learned discourse on disease in general or particular but a few remarks on our conceptions of it and the dangers that lie in a name.

"Disease" has long been a word to conjure with. From the time of evil spirits until the present day disease is regarded as an entity, a thing apart. With all our teaching in the *Organon* that there is no disease but sick people we still cling to the old idea with its resultant limitations and prejudices. The high priests of the other school see the light, though dimly. That their disciples do not is only too manifest.

A name, like our conception of pathology, represents an ultimate, the ultimate of thought. It does not tell us what led up to it. Hobbes, the logician, defines a name as follows: "A name is a word taken at pleasure to serve for a mark which may raise in our mind a thought like to some thought we had before, and which being pronounced to others, may be to them a sign of what thought the speaker had before his mind". This is all well and good if the name raises a thought but often it does not. A name becomes, therefore, a symbol and eventually the symbol becomes the thing itself to the mind. Naming tends to lead us from the abstract to the concrete and to confer wrong values. Webster defines "thing" thus: "Whatever exists, or is conceived to exist, as a separate entity, or as a distinct and individual quality, fact, or idea; any separable or distinguishable object of thought." John Stuart Mills remarks: "When we speak of an object, or a thing, we are most always supposed to mean a substance. There seems a kind of contradiction in using such an expression as that one thing is merely an attribute of another thing." Thus has come all the confusion in regard to disease. One naturally asks: Is disease a thing or an attribute of a thing? Is it possible to conceive disease without that which can become diseased? Perhaps when all other attributes become independent things in themselves we will be able to treat disease alone.

\*Read before the I. H. A., Bureau of Homœopathic Philosophy, June 1930.

Thus, nosology becomes merely a matter of convenience and the writer has yet failed to find a convenience that does not breed a hundred and one inconveniences. An automobile is a convenience, but flat tires, overheated motors, dead batteries and frozen radiators can hardly be called such. Everyone will grasp at a convenience or short cut, abuse its original purpose and then condemn it with resulting prejudice. For example, gaze on the poor keynote.

To name is to confer dogmatic limitations that only the thinking can circumvent. We are especially guilty with our syphilis, syccosis and psora. It limits our mental processes in the search for the remedy. If syphilis is decided upon as the basis of a patient's trouble many would not think of giving a remedy listed as psoric alone even though the symptoms call loudly for it. *Calcarea carb.* is such a remedy and has been often found useful in syphilitic cases. True, psora may be latent and complicating, but the point I am trying to make is that our mental operations are limited by a mere name.

Names alone satisfy the unthinking. The one who wants to know the truth looks behind the name. Names are also great creators of fads and fashions. A person will pose as comfortable on a chair which would make the Spanish Inquisition look like a picnic, merely because that chair has the name of some remote period of furniture. This is also true of medicine. Acidosis has created a great fad and we see people alkalinized to the point in which they would ruin a whole keg of vinegar if immersed therein. Talk about a true homœopath being narrow-minded! At his worst he is no worse than the other fellow.

Names limit us in the most vital part of our work—the so-called taking of the case. We either think of a remedy or of a disease and we are off—God knows whither. The same is true of our erring brother. Focal infection—rheumatism means tonsils to the throat specialist, teeth to the exodontist. To the orthopædist backbone means flat feet or sacro-iliac dislocation. In any case there the search ends. *Sic exit scientia.* We had a professor of pathology at the medical school I attended who was the bane of our very existence. Strong men fainted when reciting to him. As near as I could figure out his greatest endeavor was to teach us

scientific method. He taught us never to name a thing until the last. When the most important part of the work was done, then and then only, tack on the name. He did not like the use of too many technical names in our descriptions either. If he never taught anything else that principle alone was worth the course. But we were too rushed to "pass" to appreciate it at the time. Such a procedure tends to develop an unprejudiced and unlimited mind.

You may ask: What would we do without names? Well, in our profession, especially in clinical reports, it would be better to report all the findings and let each man form his own conclusions. It would save much disagreement. I once knew a man who resigned from this Association because he thought too many men cured appendicitis without giving sufficient grounds for its diagnosis. If a name is to be the dead boundary between knowledge and ignorance let us commit ourselves to neither. Many a fall has come by using the wrong name for the right idea.

The Chairman of this Bureau made a splendid plea to the last group at the Post-Graduate School to divorce our minds from the limitations of using remedies for the miasms by name alone, but to be guided by the symptoms. Let us, then, use names sparingly and cautiously and follow the scientific method which is Hahnemann's, going where experience leads us, divorcing our minds from preconceived theory. Then, when the work which really counts is done, speculate and name to our heart's content for we have with us already what really counts and the latter is only a balm of relaxation to the tired mind, the recompense earned by hard labor with which we may indulge ourselves.

TOLEDO, OHIO.

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According to Pliny we are ignorant of what makes us live; but if I dare to give my opinion, we are much more ignorant of what makes us sick, for the infinitesimal substance that gives the first and immediate impulse to disease is entirely incomprehensible.—BAGLIVI.



## "THAT WHICH COUNTS!"

R. E. S. HAYES, M. D.

Homœopaths are certainly flabbergasted by modern-scientific medicine today just as they were compromised by modern-liberal medicine twenty-five years ago and just as they were shot in the homœopathic legs a la Hughes style by modern-physiological medicine half a century ago. Few there are who have not been bitten by it and even your unsophisticated green-horn herewith would hardly dare present a self sufficient homœopathic thesis or report in most of our "bodies" such badinage is there of particular terms, such flying of scientific fragments in dealing with medical subjects. Not that he would be hurt by any of these but he would just feel so homœopathically no account that it wouldn't be worth while.

But, good Lord! what is the poor back-number to do? Most of the professional prescribers are so put to it that they can hardly take time to get a haircut or buy a suit of clothes simply because the benefits of special prescribing bring so many seekers filled with hope of the same benefits. Most of the single remedy prescribers are forced to choose between that kind of professional service and the lesser or non-essentials offered by material medical science. And it is true enough that if they had "kept up with the times" in nonessentials and practised the preaching of the times, that they could have developed the single track, efficient homœopathic mode. They don't; or else they do and let the "times" pass swiftly by on its fleeting errands.

Yes, modern science *is* interesting, fascinating. Who is not interested in the thousand and one facts of modern medical knowledge, though it be beside the track? Who can fail to be interested in the metabolism tests, in observing the hypertension melt away, the color index or the blood count improve after using the remedy? There is quite a little satisfaction in that sort of thing, especially before the novelty wears off.

And as for the patient, such is the popular complex of the particular through which the lay as well as the medical man is struggling on his slow journey to general conceptions, that it is a help to his sense of betterment to verify his improvement with

figures, nonessential in the relativity of fate though we know them to be.

But it has been a comfort to us to observe that patients of deeper native intelligence, not pinning their faith to some one fact, those who feel life more deeply and more reasonably, are not clamorous about the tests and the figures. They are more self sufficient in their own intelligent instincts, they do not have to be told; which might well be entertaining to the thoughtful homœopathic observer.

For "that which counts", to use the phrase of a contemporary, is not the whole gamut of time taking tests which too often in our literature seem emphasized, to say to "modern" medicine, "we are like unto thee", but the handling of the individual vital current, to which, in the higher function of the physician, too much flaunting of mores and figures may obstruct the view of the truth.

It is not detractive in itself but by its emphasis, by the inevitable distraction from the real objective which is understanding of fundamental principles rather than specific knowledge, the vital flux rather than particular adjustment.

Both as to patient and to physician. For the better conception the patient has of his unity as a vital being and the less he fastens his mental teeth into some certain portion of his anatomy the better will the life processes flow from within outward. And the same with the physician's efforts.

And to the prospective homœopath. How can the prospective homœopath readily grasp the fact of homœopathic sufficiency and supremacy when its own adherents are crying out for the extension of scientific prestige?

Present scientific training is all right so far as it goes but it is not that which counts in active homœopathic practice and attainments; and it cannot fail to and has spread the impression among the uninitiated that there is something wrong or weak in the Hahnemannian method; which the experienced know there is not. Coming from Hahnemannians it is distracting from the truth.

And the scientist himself. Well, we'll let him alone. He has his work to do and we have little but respect for that, plodding

in the rear of mental progress though it be. He must take his own course. Let him discover us; the finding will be so much better! We can hardly hasten his homœopathic day anyhow. And when he does arrive it is doubtful whether he will recruit the ranks much; except perhaps with more government undesirable.

About the most futile of the woofy things that do *not* count very much is scientific verification. We do not favor four flushing but even that would be more effective. We do believe in demonstration of the Hahnemannian method and in illustrating the law. This carries its own conviction, its self evidence. Conviction by the blanket method of material tests, may cause desirable silence in some quarters but that is a stalemate condition, not reaction.

Such is the peculiar nature of human nature that the will to believe is more freely given to honest statement without scientific proof. A bald statement of a strange fact, especially with a principle or method behind it is more likely to attract the mind that is adaptable to homœopathy. Because imagination, the intelligence to coordinate abstract facts, is a greater asset in the art of homœopathy than any scientific plodding.

Oh, well, let all who *must*, go ahead with scientific verification. 'Twill do no harm if too many do not become scientific verifiers and if we continue to sufficiently demonstrate the attracting features of the Hahnemann law. But let's not have too much costuming. We have had *so* much of the same thing in various guises, for so many years, you know, that it gets just a bit weariful sometimes.

Let's harp on the things that *do* count.

WATERBURY, CONN.

A persisting skin disease in a really healthy taintless person is a sight I have myself never seen, just as I am not acquainted with any other causeless effect.—BURNETT.

## CUPRUM

C. M. BOGER, M. D.

REGION	AGGRAVATION
NERVES: Cerebro Spinal	<i>Suppressions</i> . Metastases
Axis	Emotions { Anger
Muscles; flexor	{ Fright
Digestive Tract { Epigastrium	<i>Heat</i> { Fire
{ Abdomen	{ Weather
Blood	<i>Touch</i> . Exertion
	Raising arms
	AMEL.
	<i>Cold drinks</i> > cough, vomiting and chill

VIOLENT often *spasmodic effects*; recurring in irregular groups; then collapse. *Twitchings*, CRAMPS or *spasms*; in or starting from a single part, as fingers and toes; *knot the muscles* (Phys.); *extort cries*; twist the head awry; with trismus or hic-cough; then deathly exhaustion, chills, laughters, etc.; behind sternum; in palms, *calves* or soles (Calc. c., Rhus t., Sul.); *nocturnal*; at menses; epileptic. *Jerkings*; hands and feet; in sleep. Tremblings; < hands. Latency. Poor reaction. Persistent weakness. *Easy relapses*. General stiffness. Paralysis; of tongue; of upper or lower limbs. *Blueness*. Pains; *pressive*, < touch; as of blows, being broken, like *lightning*, etc. *Acute senses*. Nervous. Uneasy; moves about. Impulsive. Stammers. Says what is not intended. Mimicry. Fears; sudden; death; shrinks from everyone (Bar. c.). *Piercing shrieks*; howls or mutters. Bites; strikes attendant. Mania. Delirium; loquacious. Confusion. Malicious jesting or gloating. Sullen; tricky; alternately yielding and headstrong.

*Vertigo*; with internal tremor; prolonged; < *before*, > *after stool*; head sinks forward; faintlike, on rising; with vanishing senses. Faintings.

*Head*; Brain feels bruised. Pressing down in. Aching over frontal sinuses. Bores it into pillow. *Congestion to*. To and fro

motion of. Meningitis. As of cold water pouring on. Crawling in vertex. Pulls her hair.

*Eyes:* Sunken. Staring. Red. Balls oscillate behind closed lids or turn up. Tightly closed.

*Face:* Sad and anxious. Livid, *distorted* or pale, < cough or spasms.

*Mouth:* Contracted jaws. Froth from. Grinds teeth. Slimy, metallic taste (Rhus t.). Puts tongue in and out like a snake (Crot. h., Lach.). Loss of speech. Hurried eating. Noisy swallowing. Spasms of gullet.

Hoarse crying. Dry throat with unquenchable thirst.

Anorexia. Sour-bitter eructations.

*Nausea;* in throat; ascending from abdomen.

*Hiccough;* then vomiting; then spasms.

*Vomiting;* tormenting; in convulsive gushes; wheyey, and purging, frothy bile; on awakening; < least motion; > drinking; with lachrymation; with *agonizing colic*, inflammatory; or solids only.

*Epigastrium:* As of something bitter or hard pressure in. Burning.

*Stomach:* Painful cutting or transfixion cramp. Sensitive. Convulsive gnawing in. Lies on, and jerks buttocks up.

*Hypochondrium:* Pain in r., to shoulder.

*Abdomen:* Hard, hot and tense. Can't bear covers. As of a hard body in. *Frightful, agonizing colic* > cold drinks or pressure, < raising arms; with collapse. Cutting at navel.

*Stools:* Spurting; flocculent; of green water; very green and very foul. Cholera.

*Urine:* Foul and turbid. Suppressed.

Cramps prevent coition (Grap.). After pains. Amenia, after suppressed footsweat or eruptions. Chlorosis.

*Respiration:* Difficult, can't bear anything near mouth (Lach.); < coughing, laughing or dampness, > lying; spasmodic < menses; unequal; interrupted; stridulous; abdominal. Spasm of glottis. Asthma.

*Cough:* In violent paroxysms; stiffens out—gets blue; suffocative; incessant; > cold drinks (Caus.); < deep breathing or bending back; with lachrymation, nosebleed, palpitation,

gurgling in throat, cramps or spasms (Zinc.). Metallic tasting or foul, bloody expectoration. Pertussis.

*Chest:* Substernal pain on swallowing. Aortitis. Angina. Spasmodic tightness. Painful constriction of (lower)—(Coccl., Nux v., Plat.), takes her breath away (Ars.); before menses. *Loud rattle in.* Pneumonia; non-reactive (Ant. t., Op.). Anxious palpitation.

*Back:* Pain between scapulæ, in elbow and knee joints. Cutting beneath left scapula. *Sensitive spine.*

Forearms seem large. Bluish, mottled arms and hands. Clenches thumbs into palms. Formication, tearing or vesicles on fingertips.

*Cramp in calves* > rubbing. Heavy ankles (Ant. t., Led., Nit. ac., Sec. c., Sul.).

*Skin:* Numb prickling. Repressed or latent eruptions, discharges, etc. (Zinc). Yellow desquamation. Old ulcers with red borders (Kali bi.).

Sleepless from crowding ideas. Somnolency.

Slow pulse.

Shudders; with the pains; after spasms.

Coldness; icy, of whole body; of tip of tongue; after every attack.

Chilly; not > heat.

Hot skin; with internal chilliness.

*Sweat;* cold, clammy at night; intermittent; *many symptoms terminate in.*

Complementary: Caus.

PARKERSBURG, W. VA.

During and after the occurrence of a crisis, neither through medicine nor any other exciting means should a further activity be developed, or the action already present be heightened, but we should quietly wait its further course.

This is one of the most important maxims developed from the most careful observation of the course of diseases which is not earnestly enough taken to heart, which deserves so well to be followed, and of which manifold violations occur.—BENNINGHAUSEN.

## THE INTELLECTUAL REMEDIES\*

ELIZABETH WRIGHT HUBBARD, M. D.

In the course of our friendship with our remedies, as with our acquaintances, we learn their qualities and who can be depended on for charm, for fun, and to do the work of the world. I would like to introduce to you anew, today, the coterie of intellectual remedies.

It would be difficult to select from any thousand people the couple of dozen noted for their qualities of mind, so I must beg your clemency for the fragmentary group that I would present to you today. They were selected, not with an eye to numbers, but from two viewpoints, first the practical clinical one, on the basis of patients showing unusual mental ability whose symptomatology had called for these remedies, and secondly from a theoretical standpoint by running through the mental pathogeneses of our frequently used remedies. By mere haphazard I found 25 remedies which I should put preeminently in this class and I want to give you just a high light on their mental processes.

We seem fated to always begin with *Aconite*, like *Genesis*, it is the beginning, and like the nature of the remedy what can be said of its intellect is strong and swift: Brainy people, full of power and vigor, with a plethora of ideas, sudden in decision, swift and accurate in carrying out, hypersensitive; yes, but in a robust way, capable of ecstasy and even of clairvoyance, but not in an effete form, subject to fears and anguish, strong as their natures, and, strangely enough, with a dash of malice which in them is a spice rather than a habit.

*Argentum nitricum* is next. This may surprise you for we associate silver with failure of the intellect but in this remedy there is an intellect to fail: This is the prototype of public performers, lecturers, flatulent mentally as well as physically, folk full of drive, hurried by the pressure of work and public contacts. They become apprehensive, fidgety, full of fear and anxiety, and, as they urge themselves to more and more effort to compensate for their failing confidence, strange conduct crops out and they are nimble at devising queer reasons and excuses

\*Read before the I. H. A., Bureau of Materia Medica, June 1930.

for their erratic mental processes, to use modern parlance, they rationalize par excellence.

*Belladonna*, so well known to us, has been intellectual from its childhood, these vigorous, plump, large headed boys with a high I. Q. Here again the force shows itself in sudden violent complaints, the mind is so active and fertile that the irritation of illness drives it quickly into the realm of delirium and violence. Unexpected acts crop up which in normalcy are piquant and refreshing and in mania may appear as biting, physical violence, boisterousness and destructiveness.

Next we come to one of the very few remedies who carry on the world's work in this country and make America what it is. We are speaking, of course, of our business man, *Bryonia*. Rich and competent though he is, he fears poverty, he may be slow on the uptake but how persistent, he can follow through with large projects, his obstinacy is an aid, his choleric disposition an added strength. The Bryonians are not negative, they are a bursting people which their pains symbolize. They are better under pressure, in mind as in body. They are a mighty folk and can produce real end results in the world.

Many of you will disagree with me about our next type, *Calc. phos.* To be sure, he is a slow starter, but he makes up for it. He begins with the trifling weakness of *Calcarea* but he develops some of the brilliance of *Phosphorus* and in the end he approaches the mental range of *Tuberculinum*.

Intellectuality and insanity are relatives. Consider the beatific state of *Cannabis indica*, its grandiose ideas, its wonderful theories, the thrilling prolificness of its mind, its enthusiasm, to a point of exaltation and clairvoyance.

*Coffea*, as we can almost all demonstrate, is a great worker. Its power to think and to debate are heightened, it has a super-sanity, its memory is phenomenal, it will quote you appositely from the poetry of any period. It labors incessantly for some great cause and then breaks down with insomnia thinking of a thousand things in bed. Hypersensitive to noise, to joy, to the pain of its neuralgias.

You may not think of *Fluoric acid* as intellectual, for in a way it is the gigolo of remedies, the male *Sepia*. But consider it in the trilogy of *Silica*, *Pulsatilla*, *Fluoric acid*. It is business

mad, hungry for thought as well as for emotion, with a curious mildness like *Pulsatilla*, and a reticence commendable in one so emotional.

On *Ignatia* we need barely touch. You all know its over educated refinement, too much cherished in mind and body, fed on Chopin instead of porridge but capable in its changeable way of great things in the arts.

Consider the mental veracity of *Iodine*, the typical thyroid, zealous, restless, often literary, feeling that if it stopped its active brain it would go mad, at the same time over careful, exigent, impulsive, a great driver of itself even more than of others.

*Kali carb.* has a more complicated and intriguing mentality, witty, whimsical, sensitive to changes of mental atmosphere also, a ticklish proposition in spirit as in body, impossible on committees because of its touchiness, trying in the family, quarrelling with its bread and butter but ingenious, and vastly capable.

Its relative *Kali phos.* whom we usually meet in nervous prostration before prolonged sorrow drove it into indifference and sadness, was an interesting type, its competence shot with unexpected cruelty, contrariness, and passions.

You have all suffered from the uplifters, the compensatory social workers who need *Lachesis*. Like Josephus in the Goop book, they never finish anything, but what they do begin! Brilliant in comprehension, always a lap ahead, their loquaciousness a form of alleviating discharge, self conscious, conceited, jealous of prominence, what promoters they are. A brilliant group who must fight to the end succumbing to their own temperaments.

What would the profession of the law or indeed the teaching ranks do without *Lycopodium*? Here the mind from the word go has been developed at the expense of the body, incompetence, dread of new or even of familiar roles, infinite procrastination coming from this sphere, indecision, misanthropy, the imperiousness of weakness, the personification of the inferiority complex, or as one of my patients put it of mental impotence.

*Nitric acid*, with its deep lines of suffering, its sensitiveness, its vindictiveness and taciturnity, shows you its mental calibre less than the others but it is there beneath the obstinacy, beneath the physical sufferings, a vivid brain.

*Natrum phos.* has the solidity of *Natrum mur.* with some

of the scope of *Phosphorus*, abundant ideas but easily distractible, hurried, angry at trifles, discouraged, fretful.

*Phosphorus*, at its best, has perhaps more brains than any remedy. It is over active, vehement and suffers from its own vehemence, excessive throughout, with a disorderly strength, it has the element of immodesty, a sort of mental exhibitionism which makes all its traits both good and bad show up to their full value. It also has ecstasies and clairvoyance although these are of a more tenuous and Celtic type than those of *Aconite*. Train and restrain *Phosphorus* and it will go to any heights.

Another of the builders of our modern civilization is *Nux vomica*, the certified public accountant, charged with detail of which he is a perfect master but which irritate him into fault finding, vehemence and even spite. He must have an outlet from his sedentary and exacting occupation, he cannot bear reading or conversation, he takes to dissipation or lets out in spells of touchiness, he will kick the chair and rip off the button from irritable weakness, he has too many irons in the fire and they are always hot, he is harried by a thousand details until he is tortured and takes it out on the family. His mental peristalsis is reversed, he is full of perversity, he strains not only to vomit, to stool and to urination but to forcing things his own way. He suffers and makes all about him suffer from mental tenesmus.

*Staphisagria* we think of in other spheres but he is one of the cultivated gentlemen of the earth, controlling himself at any price, brooding over his chagrin, soured by his pent up wrath, to the point where he has to let the bank handle his business because repression has fatigued him until he can no longer cope with it.

Of the exasperating prowess of *Sulphur* we need hardly speak, the scholar, the book worm, the inventor, the great unwashed, ill shaven, thread bare, with spotty vest, with smooched collar, his room full of papers and books, his closet full of boxes, his mind full of metaphysics. The first time you meet him he is a genius, the next time a nuisance, and subsequently a pest.

*Silica* with its neat, clean, orderly mind, with its firm yet delicate perceptions, has a mental fibre of which we need more, if only he had the confidence and the personality to impose his thought on the community.

*Tuberculinum*, the traveler, the great cosmopolite, ever in search of new people, new excitement, new ideas, the faddist, the consumer of cults.

*Veratrum*, the dowager, unkindly witty, loquacious, malicious, working destruction with rapier ability in the Woman's Club of which she is the president.

One little known to you, perhaps, *Viola odorata*, thin, fair, mild, impressive looking, with a marked increase of mental activity, over intellectual and suppressed in emotions with her aversion to music, especially the violin.

And lastly, another of the brains of the outfit, *Zincum* who vies with *Nux.* for hard work, docile yet irascible, the keynotes to whose nature are oversensitivity, and the inability to throw things off either mentally or physically. The eruptions in the spirit of *Zincum* as well as in the skin cannot be thrown off and its natural fidgetiness and activity are turned into a slow and desperate prostration.

Here you have them, some of them, the group whom it pays to cure, and who, when they have received their remedies, are capable of doing enormous constructive work in any field as well as for homœopathy.

NEW YORK, N. Y.

#### DISCUSSION

DR. A. H. CRIMMER: I don't know how we can discuss this wonderful paper. It is perfect. It is a wonderful, brief, concise, clearcut picture of the mental phases of our remedies, which we see almost every day in our practice. Yet Dr. Hubbard has brought that mental phase out so clearly and beautifully there is nothing to discuss. All we can do is just admire and thank her for it.

DR. C. B. STEARNS: It is very interesting to follow these remedies in the classification that I have mentioned before. You probably will have it in your wastebaskets or in your books somewhere.

*Iodotannin*, *Phos. acid*, *Phos.*, *Silica*, *Lycopodium*, and *Belladonna* are all in group V. They all go together. They apply to the same kind of people. *Coffea*, *Iodine*, the *Kalis*, *Sulphur*, and *Zinc* are in group VIII. The others are scattered around.

DR. G. ROYAL: I have enjoyed this paper very much. I realize however that it is impossible for any of us to get the complete, rounded-out characteristics of our best friends. So I want to add a little bit to her *Kali phos.* for two reasons: first, because I proved it upon myself thoroughly in different potencies; secondly, because I have used it a great deal and I know it is one of the best of our mental friends in the materia medica.

There is an expression that rules all through the remedy covered by the word "tired". You will find it in many of the books under the expression "brain fag". It applies to the brain especially. It doesn't make much difference what the cause is, the makeup, as far as the neurotic individual is concerned, is excellent. But how or what produces the tired feeling or the brain fag is of a great deal of importance. For instance, it has been a busy day and

a large number of patients have come in, old patients, perhaps one or two new ones, with a lot of peculiar symptoms. You have had to think and think hard. There isn't much irritation in this but there is hard thinking. Then again, you attend a meeting. You get into a discussion. Parliamentary rulings, bylaws and constitutions have to be set aside. The mind becomes just as tired from activity of this kind as it does from the other. And in addition to that tired feeling we become irritated and almost disgusted. *Kali phos.* comes in well in such a condition, and I wanted to add that to the characteristics you have heard in this paper.

If you will permit me, I may be off the question a little bit, but I want to compare the word "tired" under *Kali phos.* and *Echinacea*. "Tired" is the word in both remedies which should be emphasized, tired in the different organs of the body. *Echinacea* doesn't make your head tired or your brain tired. I have proved them both. I have used them both. *Echinacea* makes you tired physically, muscular tiredness; *Kali phos.* makes you mentally tired. There is a difference between the two.

I should like to ask Dr. Hubbard, when she puts *Zincum* down here, what *Zinc* she means, what preparation, what compound?

DR. E. HUBBARD: *Zincum met.*, plain *Zincum*.

DR. G. ROYAL: The important three *Zincums* are the metal, the *Phosphide* and the *Valerianate*.

The doctor spoke about the fidgety condition under *Zinc*. She is correct, if she will include it in all three of them, because it is very marked under *Zinc val.*

Now we will take *Zinc. phos.* That is the *Zinc*. There is where you go down, way down in deep. If you remember I gave you, I have forgotten in which of my books, I think it is in my *Practice*, a case that was led into my clinic, and put down in the chair, a man about forty-six years old. His wife had to sit him down. He had as blank an expression as you ever saw. I called out one of the students and told him to go at him. His history had been good. He was a farmer. The family history was good. The personal history was good until he had an encounter with a mad animal that gored him fearfully and he lost an immense amount of blood. A short time after that he began to have what she called spasms. The family physician was an old school physician. He came in and foolishly made a diagnosis, a very incorrect one of epilepsy. He didn't take into consideration all the four symptoms. Then, having made his diagnosis he put him on heavy doses of bromide of potash.

When I saw him at the clinic he didn't know what his name was. He could hardly walk. He was led along. The examination proved that he was impotent, gone, as you might say.

There was the case. We gave him the 3x of *Zinc. phos.* four times a day. For auxiliary treatment we put him on a meat free liquid diet.

It took a good deal of time to build up that man so that his blood was what it should be, and to overcome the effect of that foolish prescription of bromides. Gradually he got better but it took a year before he could get out and do the business of a large farm.

Again and again I have gotten conditions where there is deterioration of the nerve, especially of the optic nerve.

There is where your *Zinc. phos.* comes in.

PRESIDENT G. STEVENS: When Dr. Hubbard was speaking of *Lycopodium* it made me think of a case that I had, a boy about twelve or thirteen, large, overgrown, a boy with an exceedingly good mind but difficult to manage in school because he was so absentminded. It was difficult for him to concentrate. He had a very decided inferiority complex. He was apt to be cross and fussy in the morning, teasing his younger brother and sisters abominably at times, and teasing the grownups of the family too when he could. But the inferiority complex, the lack of confidence, I think, was what especially led me to think of the remedy, and his mother said that *Lycopodium* made him over for awhile anyway.

## ACONITUM NAPELLUS (ACON.)\*

A. AND D. T. PULFORD, M. D.

**PULSE:** Contracted, full, powerful, intermits every 6th beat. Heart heavy; slow, intermits, or feeble, weak and small; threadlike with anxiety.

**NECK and BACK:** Tearing in nape. Neck stiff, painful, worse moving neck. Pain: neck to right shoulder. Pain cutting, in a circle, spine to abdomen. Crawling in spine as from beetles. Formication.

**LIMBS: UPPER:** Formication, arms, hands and fingers. Pains: shooting, tearing, erratic, arms, forearms, wrists and finger joints. Trembling hands. Paralysis wrists. Creeping pain fingers, also when writing. Hands icy cold; cold sweaty palms. **LOWER:** Shooting pains in legs, knees, ankles and toes. Tired sense during repose. Knees: unsteady; bend on standing or walking, knifelike pains in joints. Legs: stiff on motion from taking cold; feel numb; tingle from feet up. Cramp: feet, calves. Hot prickling in toes, go to sleep while walking.

**IN GENERAL:** Tremble; tingle with shooting pains; convulsive. Cold. Convulsive contraction. Twitching in fingers and toes.

**NERVES:** Excessively restless, tosses about. Muscles weak, weary, prostrated, almost total inability to stand. Drowsy, languid, unable to rise from couch, unable to work, sense of prostration and inward fever. Faints on attempting to sit up.

**SLEEP:** On falling to: fever becomes intolerable; jerks; restless tossing. During: delirium; starts; profuse sweat; hot; restless; talks. Restless: night, must walk about; alternating cold and hot partial sweat. Sleepless: excessive wakefulness after midnight, anxiety, restless, continued tossing about. Dreams: vivid of day's occurrences; anxious, night, wakes with a start; long, anxiety in chest taking away breath and waking him; anxious,

\*Continued from January. Copies of this pamphlet may be obtained from the authors for five cents.

heavy with oppressed chest. Awakened: by asthma, nightmare, startings and cough.

**CHILL:** Shuddering lying down night. Sudden, evening, followed by heat. After violent chill, dry heat, dyspnoea, lancinating pains through chest.

**HEAT:** Face hot, hands and feet cold; mostly evening. Thirst for beer, or burning thirst.

**SWEAT:** Profuse, warm, even hot. Free. Long continued general sweat, sourish odor. Affected and covered parts sweat, likes to be uncovered. Worse sweating, better after. Cold. Bad effects of suppressed sweats, as: catarrh, fever, local inflammations.

**SENSATIONS:** Pains intolerable. Stitches here and there. Stinging and burning as if in skin. Formication, numbness and tingling. As if bruised or beaten in different parts.

**TISSUES:** Seldom useful in typhoid states. Acts more on arteries. Plethora; active capillary congestion. Local congestions and inflammations. Complaints in joints; crack, cramp, shoot, loss of power; drawing in joint and aponeuroses. Glands pain, hot, swollen.

**SKIN:** The nervous sensations, especially the formication and the asleep sensation, point to its use in certain neuroses. Tingling over whole surface. Dry. Swelling: red, shining, hot, violent pains. Prickling, fine, as from needles here and there. Erythema from sun's rays; papular. Rash: of children; scarlet, high fever (but seldom used in scarlet fever).

**GENERAL:** Heat as well as cold is injurious to the *Acon.* patient. Tension, both mental and physical. Numbness in limbs and other parts as if bound tightly. Time of aggravation at night, about midnight. Very useful in children's diseases with high fever and great restlessness. Tendency to apoplectic congestions. Old age; sleeplessness. Persons: dark hair and eyes, plethoric, who come down violently; strong, robust; rigid fibre; who lead sedentary lives; rugged children. Crawling, tingling like ants along the nerves. More indicated in women and

children than in men; sensitive, excitable, vigorous women. Trembling, tingling, convulsion of muscles.

INDIVIDUAL: FEAR OF DEATH DURING PREGNANCY; *while walking across a busy street. Formication of head, better heat. Heat of head as from a hot iron around it. Pain in head, OVER EYES FROM COLD, DRY WINDS. Cramping pain in head from suppressed catarrh. Eyes INFLAMED FROM COLD WINDS, LIDS SENSITIVE TO COLD AIR. As of cold air on tongue. TEARING PAIN IN TEETH ON GOING TO BED. Tingling in œsophagus. STOMACH INFLAMED AFTER COLD THINGS; burning pain after fright. PAIN FROM ABDOMEN TO CHEST DURING STOOL. Anxious urging on BEGINNING TO URINATE. URINATION INVOLUNTARY WITH THIRST AND FEAR. Menses suppressed by a cold bath. Dry cough from change of temperature. Inflammation of heart, must lie on back with head raised; of upper right lung. SHARP CUTTING PAIN IN CHEST AFTER CHILL. Rawness in chest after change of temperature. Palpitation on becoming chilled. AS OF BOILING WATER POURED INTO CHEST. Numbness and loss of sensation of back to lower limbs. Coldness of limbs, better motion. Formication in fingers when writing. Numbness of gouty lower limbs and legs. STITCHING PAINS; hot in toes. Paralysis of upper limbs during meningitis. TINGLING FROM FEET UPWARDS. Shaking chill, night, on lying down. Burning, dry heat extends from head and face, thirst for cold drinks. ONE CHEEK RED AND HOT, THE OTHER PALE AND COLD, IN FEVERS. Copious sweat and urine with diarrhœa. Faint, better continued walking.*

LEADER: Delusion that he was about to die. Nervous excitement. Fear in a crowd; of death during labor, predicts the hour. Vertigo, sways to right. Boiling sense in head. Stitching pain in eyes on motion, eyes red after injuries; sensitive to cold air. Dry coryza from cold, dry winds or currents of air. Face as if large. Pulsating pain in face. Pain in sound teeth; from, or in raw or cold, dry winds. Blood oozes from throat. Burning pain in navel region. Stool like chopped spinach. Urine retained every time child takes cold; also in newborn infants. Tension in bladder. Child urges to urinate ineffectually. Inflamed ovaries from checked menses. Sharp

pain in uterus. Dry trachea. Loud, barking cough. Palpitation during day; also after fright. Sense of hot water in chest. Toes cold. Left forearm numb; also legs on sitting. Chill and fever alternate, night. Faint after urinating.

MISCELLANEOUS: ABUSE of *Acon.* calls for *Sulph.*

AILMENTS from *Acon.*: CHAM., CIMIC., COFF., NUX, *Petr.*, *Sep.*, SULPH. Antidoted by: *Acet. ac.*, *Alcohol*, *Paris*, *Vin.*

ANTIDOTES: BELL., CHAM., COFF., *Morph.* (secondary symptoms), NUX, *Petr.*, *Sep.*, SULPH., VERAT.

COMPARE with: *Op.*, and *Stram.* in effects of fright, but these lack the agony of *Acon.*; *Sulph.* which is the chronic of *Acon.*; *Camph.*, better uncovering; *Gels.*, effects of bad news, fright or anger; *China*, white stools; *Bry.*, diarrhœa from anger; *Hep.*, effects of cold, dry winds; *Bell.*, *Cham.*, *Coff.*, *Ferr. phos.*

COMPLEMENTARY to: *Arn.* bruises; *Coff.* sleepless, fever, pain intolerable; *Sulph.* high in all cases.

FOLLOWED by: *ARN.*, BELL. (gastric states, and after pulmonary febrile affections); *Bry.*, *Hep.*, *Iod.* (chest), *Ip.*, *Puls.*, *SEP.*, SULPH.; colic: *Ars.*; cough: *Bry.*, *Spong.*; croup: *Hep.* or *Spong.*; Strangury of child: *Puls.*; dysentery: *MERC.*, *Sil.*

FOLLOWS WELL: *Arn.*, COFF., SULPH., *Verat.*

Related to the other *Aconites*. Acids, wine, coffee, lemonade and acid fruits nullify its action. From too many doses, or if given too strong and patient is slow in recovering from attack, or if the patient himself has taken it unwisely, *Coff.* or *Nux* will often set matters right.

*Aconite* means without dust. It grows on dry rocks almost devoid of earth. Its flower is the shape of a monk's hood. Some of its principles are said to be contained in *Hell.*, and in one variety of *Staph.* It is claimed in Persia and Switzerland the tops have been eaten as greens. Elephants are said to eat it with immunity. Tension, both mental and physical, characterize *Aconite*. The *Acon.* patient comes down suddenly, violently, and recovers rapidly, usually with a copious sweat. One cheek red, the other pale, with anxiety and chilliness, always indicates



*Acon.* Acute symptoms occurring during a chronic disease often require it.

CLINICAL: Any disease that includes the above Essentials.

ABORTION (Miscarriage): Impends from fright, anger or vexation, excited circulation and rapid respiration. Giddy on rising from lying, cannot remain up. Often afraid to get out of bed, to move, to go from room to room, or to go out of doors. (See above Essentials.)

AMENORRHŒA: (See under menses).

ANGINA PECTORIS: Intense pain in all directions, especially down left arm and with numbness and tingling; anxious, cold, fear of death, cold sweats and feeble pulse. (See above Essentials).

APOPLEXY: Unconscious as if dying; speechless; congestion, anxiety; face hot and dark red or pale; carotids throb; pulse full and strong or weak and rapid; worse toward evening; limbs cold, left side lame, eyes stare, brain burns. (Other remedies in brief are: *Apis*: complete stupor, *Op.* failing; *Arn.*: face paralyzed; paralysis left side; pulse full, strong; stertorous breathing; aching soreness all over; bed sores form readily; *Bar. carb.*: of old people and drunkards; *Bell.*: early; convulsions; paralysis follows; *Caut.*: paralysis of opposite side of body; *Hell.*: idiocy follows; *Hyos.*: convulsions; *Lach.*: threatens in drunkards; of drunkards; convulsions; paralysis follows; *Nux*: paralysis follows; *Op.*: convulsions; face red; stertorous breathing; tetanic rigidity; threatened in drunkards, occiput feels heavy as lead, stertorous breathing, free sweat which does not relieve, spasmodic jerking of limbs, numb, variable pulse; *Rhus*: hemiplegia of right side follows; *Stront. carb.*: threatens; violent congestion of head, face gets hot and red every time patient walks; mere exertion increases circulation upward toward head; *Tab.*: deathly pale; cold sweat breaks out over whole body).

ASPHYXIA: Newborn, hot, purple hued, pulseless and breathless, or nearly so. (Other remedies, in brief, are: *Amm. carb.*: from charcoal fumes; *Amm. tart.*: atelectasis;

from drowning; from accumulation of mucus; in œdema pulmonum; in impending paralysis of lungs in pneumonia; coma; delirium; face pale or dark red, lips blue, muscles twitch; pulse threadlike; in newborn, rattling of mucus in throat; *Arn.*: from blows or falls; from charcoal fumes; in newborn; *Bell.*: newborn; face very red, eyeballs much injected; *Bov.*: from charcoal fumes; *Camph.*: newborn, apparent death; *Ant. tart.*: failing; *Carb. sulph.*: from alcohol or charcoal gas; *China*: from loss of blood; in newborn from loss of blood of mother, or if infant is pale; *Chlor.*: in laryngismus stridulus; *Cochl.*: apparent apoplectic death after hæmorrhage from nose and lungs during whooping-cough; *Hydr. ac.*: during cholera; coma; respiration gasping, irregular; body cold and blue, distress about heart and repeated weak spells; *Hyper.*: after a fall with shootings and jerkings; *Ip.*: from mucus during influenza; *Lach.*: apparent, from drowning; after a jealous quarrel; *Laur.*: cholera; newborn, face blue, muscles twitch, gasping without really breathing; *Nux*: from a stroke of lightning; *Op.*: from carbon gas; from hanging; newborn; *Tab.*: speedy collapse; freely developed).

ASTHMA: From active hyperæmia of lungs or brain, or after emotions, or the suppression of an acute rash; face red, eyes staring, can talk but little at a time, as of a band around the chest, muscles feel rigid, occasional vomiting, it wakens one (See also Essential and Important above); after the paroxysms yellow or blood streaked sputum; pulse small, intermits, irregular.

BILIOUS FEVER: (See Fever, Bilious).

BRONCHITIS (See Inflammation: bronchi).

CATARRH: Acute, with the above Essentials; Gastric: From exposure, or the checking of acute eruptions, or chilling stomach suddenly by drinking ice cold water; sharp, acute inflammations; retches, vomits bile or blood, or ineffectual urging to vomit after stomach is empty (See above Essentials).

**CHILL:** On least motion; sudden, evening followed by heat; alternating with heat, terminated by sweat; violent at beginning, more evening after lying down, often one hot cheek and contracted pupil, or hot forehead and ears; alternating with heat, all night, with desire to be uncovered but gets chilly thereby. (Consult the above Essentials).

**CHOLERA:** (See Stool: Cholera).

**CHOROIDITIS:** (See Inflammation: Choroid).

**COLIC:** Violent, inflammatory, after a cold; forces one to bend double but without relief, involves bladder with constant ineffectual urging to urinate, constriction in hypogastrium in region of bladder; of **INFANTS:** Child bites its fists; with above Essentials. (Other remedies in brief are: *Bell.*: pain comes and goes suddenly, bends forward, face red, pupils large; *Bor.*: screams during downward motion; *Cham.*: angry, cross, draws up legs, better carried; *Chloral*: threatens convulsions; *Coloc.*: writhes, doubles up, draws up legs, better pressure or carried on shoulder of nurse; if it fails to cure or even give quick or prompt relief and the attacks return, consult especially *Kali carb.* or *Stann.*; *Ign.*: if mother or wet nurse suffered from grief; *Illic. an.*: 3 month colic, especially colic returning at regular hours; *Ip.*: and indigestion from acids, unripe fruit or beer; *Iris*: flatulent, better bending forward, and discharging flatus; *Kali brom.*: periodical 5 p. m.; *Mag. phos.*: flatulent, draws up legs, better heat and pressure; *Nux vom.*: from stimulating food taken by mother or wet nurse; constipated, much flatus; *Nux mosch.*: transient paleness, lassitude, faint; *Staph.*: from indisposition of mother or wet nurse.) **HEPATIC** (Gallstone colic): with the above Essentials. (Other remedies, in brief, are: *Bell.*: clutching, clawing pains, come and go suddenly, red face; *Berb.*: pains radiate in all directions; *Calc.*: darting pains, right to left, profuse sweat; *Card. m.*: pains pressive, drawing, stitching; *Cepa*: pains begin in hepatic region and spread over abdomen, worse about navel; *Cham.*: irritable, snappy, uncivil; *Chel.*: every

2 weeks; chilly; pain across gall-bladder, extends quickly downward across navel to intestines; constant pain under lower angle right scapula; clay-like stools; *China*: periodic; pains shoot, parts extremely sensitive to touch; *Chloroform*: intense pain, tympanites, restless; *Cholest.*: said to be almost specific for gallstone colic, relieved after *Card. m.*, *China*, *Nux*, *Pod.*, and other apparently indicated remedies failed; to be considered when it is impossible to obtain symptoms. By no means use morphine until this remedy has been tried; *Dios.*: pains cut, squeeze, twist, often extend to nipple; *Elat.*: dull pain in right hypochondria; cutting in bowels; *Nux*: sudden severe pain in right side, spasms abdominal muscles, stitching pain in liver; *Sang.*: skin and urine dark yellow; *Staph.*: after domestic disturbances or indignation). **MENSTRUAL** (Dysmenorrhœa): Bends double, with the above Essentials. (Other remedies, in brief, are: *Alum.*: with prolapsus; *Apis*: congestive; discharge scanty, slimy blood; ovarian neuralgia; *Arg. nit.*: day before menses (*Lach.* 1st day); *Arn.*: bruised pain and general bruised soreness; *Ars.*: burning, cutting, stinging in epigastrium, sides and back; *Bell.*: bearing down, spasmodic, labor-like, congestion to head, face deep red, pains come and go suddenly; *Bry.*: membranous; bruised pains, worse least motion; congestion to head; *Calc.*: membranous; labor-like; from excitement, cramp at beginning, cutting; *Carb. veg.*: bruised pain; desire to be fanned; *Caust.*: on appearing, cutting, tearing; *Cham.*: after anger, labor-like, back to front, uncivil; *Cim.*: bearing down, labor-like, rheumatic, down thighs; *Cocc.*: contractive, on every motion and breath, cramp, cutting, as if parts were crushed between stones; worse motion, cold and contact; *Coff.*: cramps, bends double, throws herself on ground; *Coloc.*: cramps, cutting, sometimes worse after eating and drinking, bends double, better pressure; *Collin.*: pelvic and portal congestion, piles, diarrhœa and loss of appetite; *Con.*: bearing down, labor-like;

drawing in legs; shooting in left chest or pain around heart; *Croc.*: bearing down; dark stringy blood; *Crot. hor.*: at beginning; in lower abdomen and down thighs; *Cup.*: cramps, to chest, causing nausea and vomiting; *Cyc.*: flow ceases during pain; *Dulc.*: in cold, damp weather; takes cold easily; *Erig.*: with hæmorrhage; *Ferr.*: face flushes easily, deep red; must move slowly; *Gels.*: neuralgic; rheumatic; labor-like; to hips; bearing down; congestion to head, face deep red; cramps in legs; *Graph.*: labor-like; obstinate megrim; *Glon.*: discharge scanty with epilepsy; congestion to head; throbbing instead of flow; *Ham.*: inflammatory; neuralgic; irritable ovaries; *Helon.*: delicate, chlorotic women of lax fibre; *Ign.*: labor-like; contractive; crampy; pressive, better pressure and lying, irritable nervous system and sighing; *Ip.*: sick headache; *Kali bich.*: membranous; eruption and periostitis; *Kali carb.*: chilly; griping and pressure in abdomen and groins down thighs; *Kali iod.*: urging to urinate which disappears with onset of flow; *Kreos.*: with stitches in sides; *Lach.*: first day; bearing down; crampy; flows but one hour every day; the smaller the discharge the greater the pain; on stopping violent pain in left ovary; pains run upward; *Lil. tig.*: cutting in bowels, limbs clammy, thin leucorrhœa; *Mag. carb.*: at beginning; drawing in sides; *Mag. mur.*: better having back pressed; *Murex*: like something pressing on a sore spot during first part of period, which sometimes returns; *Mag. phos.*: and during flow; better heat and pressure; *Natr. carb.*: bearing down, labor-like; *Natr. sulph.*: scanty menses; constipation; *Nit. ac.*: bearing down; cramp as if abdomen would burst; *Nux*: bruised pain, congestion to head and irritability; *Nux mosch.*: at onset; bearing down; stitches in lower abdomen worse sitting; better external heat; *Oleum an.*: cutting, menses too early; *Petros.*: strong, plethoric women; *Plat.*: pinching; *Puls.*: bearing down, labor-like; chorea; sick headache; pressing in abdomen and small of back, downward; like a stone; restless; tearful; *Rhod.*: rheumatic;

*Rhus*: membranous; rheumatic; *Sang.*: sick headache; *Sars.*: begins mornings; *Sec.*: bearing down; cutting, tearing; cold sweat; averse to covering; *Senec.*: urinary symptoms; *Sep.*: at beginning; bearing down, labor-like, lower abdomen down thighs; discharge scanty; *Sulph.*: pain small of back; labor-like; drawing; discharge scanty; *Ust.*: congestive with ovarian irritation; *Verat.*: neuralgic; chilly; cold; cold sweat, especially on forehead; prolapsus; *Verat. v.*: preceded by troublesome strangury; congestive; plethoric women with strong constitutions; *Vib.*: membranous; neuralgic; cramps; irritable ovaries; *Xanth.*: inguinal region, runs along course of genitocrural nerve; agonizing, drives one almost distracted; abundant discharge; eyes congested, photophobia; face flushed and feverish.) RENAL: *Acon.*: with the above essentials. (Other remedies, in brief, are: *Arn.*: agonizing pain back and hips; generally bruised, sore and sensitive to pressure; *Bell.*: spasmodic crampy, clutching pains, come and go suddenly, face red; *Benz. ac.*: urine deep red or brown and of a very highly urinous odor; *Berb.*: pains in loins and hips; or radiate in all directions; *Canth.*: cutting, contracting pains ureters to penis; *Caps.*: spasms of bladder; *Carb. an.*: ineffectual urging, painful pressure in loins, groins and thighs; *Cham.*: cross, irritable, uncivil; *Chloroform.*: during passage of stone; restless, tympanitic, intense pain; *Dios.*: pain from crest of right ilium, right leg and testicle to renal region, or in a spot over crest of right ilium to renal region and down right leg and into right testicle; itching; skin bathed in clammy sweat; loud moaning, trembles, writhes about bed; *Lyc.*: pain, especially right ureter, near hip, to bladder, not extending beyond median line, after catching cold; red sand in urine; *Mag. phos.*: spasmodic pains better heat and pressure, urine clear like water; *Nux.*: after anodynes; pain right kidney to genitals and right leg better lying on back, worse rising and walking; unable to lie on right side; sweat; constant urging to urinate; *Ocim.*:

right side; violent vomiting; red sand in urine; especially if subject to pain in ureters; *Op.*: pains press, squeeze, shoot from different places to bladder and testes; *Pareira*: pain down left ureter to groin; chronic; excruciating, hæmorrhage from ureters provoked by passage of stone; urinates on all fours; *Phos.*: congestive and inflammatory symptoms; purulent and chalky sandy sediment; *Sars.*: during passage of stone; excruciating pain right kidney downward; pain at conclusion of urination almost unendurable; *Senec.*: kidneys and ureters inflamed after passage of stone; *Staph.*: after domestic disturbances or indignation; *Tab.*: pain violent along ureters, cold, weak, deathly nausea.) (In all cases of colic, or other clinicals herein mentioned, consult the Essentials and Important symptoms enumerated above).

**CONFINEMENT:** After tedious and difficult labor. Delirium, talks about death. Any trouble that includes the above Essentials.

**CONVULSIONS:** The convulsions arrested by *Acon.* do not rest on a chronic constitutional base but are of recent origin, as in the puerperal state and are caused by sudden nervous shock, fright; face red, hot and sweaty, with the above Essentials; these symptoms cover the puerperal state too.

**CONJUNCTIVITIS:** (See under Inflammation: Conjunctiva).

**CORYZA:** From cold, dry winds or checked sweat; comes on in the night after taking cold from exposure, especially if too thinly clad; pressing shooting pain in forehead; headache and roaring in ears; hoarse and rattling, violent throbbing in head, better in open air; muscles sore, must support chest when sneezing; especially useful for rosy, chubby, plethoric babies; **CHECKED:** Headache; better open air; worse talking; **DRY:** Headache, roaring in ears, thirst, restless, sleepless, nares hot and dry, chill and fever, from above causes; **FLUENT:** Frequent sneezing; dropping of clear hot water; mornings; incipient; chills and fever; from above causes.

Continued in March issue.

## POINTERS

When a baby (or a kitten) presents the symptoms that little Wilmary's kitten did, see what the same remedy will do. Fits; flat worms; vomits everything it eats; heavy, drowsy, exhausted, especially after vomiting; loose or watery, green, fæcal discharges; cries as if hurt whenever picked up. *Æthusa cynapium* 10M (Fincke), one powder, cured.—R. E. S. HAYES.

Alternate symptoms of sadness and cheerfulness, associated with congestion, better nosebleed, *Kali brom.*

Alternate diarrhœa and rheumatism, *Abrot.*

Alternate piles and rheumatism, *Abrot.*

Asthma alternating with rash on chest, *Calad.*

Alternate chill and heat all night, wants to uncover, yet chilly therefrom, *Acon.*

Pains in chest alternate with those in the abdomen, *Æsc. hip.*

After the toothache lessens, the complaints in the abdomen return, *Agar.*

Alternate appearance of the symptoms of the body and the mind; as soon as one group predominates, the other ceases, *Plat.*

Lumbago alternating with headache, *Aloe.*

Alternation of heat and cold in rheumatism, or gouty pains in limbs, *Lyc.*

Alternation of gastric and rheumatic symptoms, *Kali bich.*

Eye symptoms alternate from one eye to the other, *Silica.*

Alternate constipation and diarrhœa, *NUX VOM.*

When pain in the forehead was worse the pain in the occiput was better, *Amyl. nit.*

Extreme aversion to food caused by the smell of food, *COCC., COLCH., SEPIA.*

Aversion to one's own family, *Citric acid, Fluoric acid, Sepia.*

Aneurism: many cases have been cured by *Baryta carb.* in lower potencies. (Best remedy for arterio-sclerosis).

Stool pasty, like mud adhering to bottom of vessel, *Graph.*

When *Arsenicum* fails to relieve burning and ulceration, give *Anthrax.*

Apprehension on being called to see a patient, *Heloderma.*  
—H. C. MORROW.

## EDITORIAL

## HOMŒOPATHY—A TRUE SCIENCE AND A TRUE SYSTEM

Science deals with effects alone, the material; it has little knowledge of basic causes. Homœopathy, alone, most nearly reaches that coveted goal by practical application of the knowledge gained through drug proving, which it is producing, proving and verifying daily. It comes nearer to true science than any other so-called branch of science, for it has and can prove its ground. Therefore it has a right, as a peer of all other branches of science, to take its place in the very first rank of recognized modern sciences.

We can never teach homœopathy and have it stick unless we, ourselves, thoroughly understand it. From our diversified opinions and expressions of it it is self-evident that we do not thoroughly understand it and its workings.

Homœopathy will grow and spread if we will only give it a chance and properly cultivate it; but no plant will ever thrive while being fertilized with a substance adulterated with a poison inimical to that plant. By our actions, our indolence, our indifference, and our apparent avaricious financial greed, we so-called homœopaths are denying to a suffering people the greatest medical gift ever given by the Creator to man, and we are apparently neither moved to pity nor to shame by our acts, but rather busy ourselves with finding excuses for those acts. As has been tritely expressed—"We are great for originality and science, until it comes to doing something simple, sensible and obvious. Then we balk".

As intelligent men let us pass beyond the school-boy age and be not afraid to face the truth and profit thereby.—A. PULFORD.

\* \* \* \* \*

## IS HOMŒOPATHY TO REMAIN WITH US?

To Samuel Hahnemann was given the insight to rediscover and establish the most priceless of medical gems the world will ever know—HOMŒOPATHY—founded on a natural law—the law

of similars. Is it to remain our property? It is fast slipping away from our grasp. Why? Is it because we have not the intelligence to sustain and propagate it? Is it because we are too indolent to try to understand it? Or is it purely on account of pecuniary gain?

Homœopathy does not, and will not, lend itself to the spectacular, hence does not appeal to the ignorant. And, as has been stated, 90% of the people are ignorant, it is going to be a man sized job to educate them. Especially is this so when our own members openly declare they are "tired of hearing about pure homœopathy", while others think the doctors could be educated in a proper environ. Suppose we went to a French school, in France, to learn French, would we expect them to teach us "pidgin English" and then turn us out as French scholars?

We are informed that the New York Homœopathic Medical College and Hospital is to receive a bequest of some 17 million dollars. Will our lack of—whatever it is, allow this to turn out as did the California bequest of \$70,000? If they get it, what will they do for homœopathy with it? Will it only prove to be another feeder for allopathy as all the rest of our institutions have done? Will the new million dollar Fitkin Memorial Hospital at Neptune, N. J., remain homœopathic, and if so, who is going to man it?

While we are going down for the third and last time, Europe, Germany especially, is rapidly forging ahead and fast taking from us the honors and respect our superiors had gained for us. A letter to us informs us that "even in Russia there is a strong probability of official recognition of homœopathy. South America is forging ahead, only America lags". Think of it! Only America lags! And we have not pride enough to feel ashamed. We Americans, in everything, have boasted and lauded it over the Europeans much too soon, we are still trailing in their dust in everything, except financially, this latter seems to be all that we have to boast of. Again—IS HOMŒOPATHY TO STAY WITH US? Homœopaths alone can furnish the answer.—A. PULFORD.

## CARRIWITCHETS

SIT DOWN, DOCTOR, AND WRITE US YOUR ANSWERS TO THESE  
QUESTIONS

### ANSWERS TO QUESTIONS IN OCTOBER ISSUE

*Malandrinum and Variolinum are both recommended as prophylactics for smallpox, but in any given epidemic how is one to know which to give? And re potency, should a prophylactic be given in low potency often repeated or in a single dose of the high potency?*

—*Malandrinum* and *Variolinum* are used widely as prophylactics for smallpox. In India, and especially northern India, we always face the epidemic mostly at the end of the winter season and to some extent after the rains at the approach of winter. This is especially true on the plains. *Malandrinum* has proved very useful in localities which are damp, due to excessive winter rains, or where the summer rains are short. It seems more effective when used for the type which is stout, healthy, fair colored, neat and tidy, and non-vegetarian. *Variolinum* has been more successful in localities where the climate is dry during the summer, with sufficient rain during the rainy season and a winter which is not very cold. It seems more useful in the type with a medium or weak constitution, dark skinned, and vegetarian.

*Malandrinum* has proved more successful as a prophylactic in those localities which have severe epidemics every year, while *Variolinum* serves the purpose in localities with the average type of smallpox. As *Malandrinum* is a very deep acting remedy I always use the 200th potency, once a fortnight. Generally 2 or 3 doses are sufficient. I use the 30th potency of *Variolinum* once or twice a week for a month, according to the constitution of the patient and the locality in which he lives.—G. S. VARMA.

The homœopathist has the most certain criteria and precautions at his command, by means of which he will not easily be exposed to the danger either of injurious haste or of hurtful delay.

—BOENNINGHAUSEN.

## COMMUNICATIONS\*

November 19, 1930.

To the Editor of the *Homœopathic Recorder*:

I was much interested in Dr. Grimmer's criticism of aluminum cooking utensils in the September *Recorder*. Will someone please tell me what utensils are perfectly safe for the housewife to use? We can easily see that the glass-like flakes of aluminum taken into the alimentary canal might be very detrimental to the patient. For years we have been warned against tin and the use of copper and brass kettles has been discontinued because of the danger of poisoning. Even the old iron kettles of our grandmothers are made of ferrum. That leaves nothing but pyrex glass and to boil vegetables on top of the stove in pyrex would probably destroy the pyrex. What is there left for the poor housewife to use? Is there such a thing as stainless steel for cooking utensils. If so would there be any possible objection to it? A ferrum that can't rust might be the least objectionable. What kind of utensils is the poor housewife to use?—F. E. GLADWIN.

December 28, 1930.

To the Editor of the *Recorder*:

In the *Homœopathic Recorder* for December, 1930, p. 888, there is a short article by my good friend Dr. Dayton Pulford on *The Origin of Susceptibility*, with which I cannot wholly agree, perhaps because I do not understand. Dr. S. L. Guild-Leggett, one of the brainiest women who ever graced the homœopathic profession, once said:

Now all homœopathic physicians versed in the purest application of similia know that disease, or miasmatic effect, can be eradicated, i. e., that such forms of disturbance, taken in time, can be cured without fear of recurrence. But when we come to talk of the eradication of a chronic miasm, especially psora, my experience teaches me that it is *never* done, nor do I believe it could be done except when first acquired, and except life could be extended some centuries. Eradication of tendencies is often mentioned. This is true of special tendencies, not of a tendency of the miasm, to arise again, in some new form, deeper or less violent, according to the care of the patient, and the direct homœopathicity of the treatment.—(*I. H. A. Transactions* 1903, p. 79)

The above is but a hint as to the origin of susceptibility, but that hint should lead us to see that susceptibility and the chronic miasms are most intimately related. A relation of cause and effect, I should say. Without the miasms, one or all, would there be susceptibility? I think not. Without a chronic miasm we should have absolute health of the body. We should be at the beginning again. Nor should we need immunizing agents, for we would have perfect immunity. And we should remain immune to sickness until we transgressed law, either spiritual or natural, which would afford a plane or predisposition for disorderly influx, and hence disease. There must be an active and a passive order that anything may be determined. Seed must have its proper soil in order that it may ultimate itself. Susceptibility to bodily afflictions must originate in the chronic miasms of Hahnemann, or else these miasms are nothing.—C. L. OLDS.

\*The Editors assume no responsibility for opinions expressed in this department.

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Mrs. D. 60 years old. A fleshy, full blooded, dark, blue eyed woman with black hair. For two years has had frequent attacks of so-called "bilious colic" a month to three months apart. I first saw her one Sunday morning. She was taken very suddenly about 10 a. m. without any warning—had been feeling unusually well for weeks. A sudden clutching pain in pit of stomach which continued a few minutes and eased off—then suddenly came on again. During the pain the face was flushed, pulse very full. Gradually nausea and vomiting came on. The vomitus consisted of the contents of the stomach but no bile. Diagnosis, gallstone colic. Remedy, *Belladonna* cc in water, teaspoonful doses every 15 minutes during pain. No pain, no medicine. She improved and dropped asleep in a couple of hours. Pain resumed about 2 p. m. and lasted for about an hour when it suddenly ceased. Monday morning she passed a monster stone which measured two and seven-eighths inches in circumference. I sent the stone to Chicago for analysis. They pronounced it a gallstone. A picture of it may be seen in Fisher's *Homœopathic Text Book of Surgery* on page 977. This patient lived many years but never had another attack.—C. F. ELLIS.

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General Secretary Norwegian Association of Homœopathic Practitioners  
Bergen, Norway

# THE HOMŒOPATHIC RECORDER

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## CLASSIFICATION OF REMEDIES

GUY BECKLEY STEARNS, M. D.

FOR

THE FOUNDATION FOR HOMŒOPATHIC RESEARCH

The William E. Boyd classification of remedies, published in the *Homœopathic Recorder* in September 1929, p. 641, has proved itself so valuable as to call for re-publishing in order to make available such additions as have been made in the interim.

The groups are the result of Boyd's research with his Emanometer, whereby he has demonstrated that every individual causes a characteristic effect which tends to remain at a constant Emanometer reading during his life.<sup>1</sup> This particular effect can be shown to appear at twelve different readings on the Emanometer, in twelve different types of individuals. He has also found that each drug causes a similar characteristic effect, thus making it possible to classify our materia medica into twelve groups.

*A patient usually requires a remedy that belongs in the same group to which he belongs but, in acute conditions, his characteristic reaction may change to any reading on the Emanometer, so a remedy outside his usual group-reading may be needed.*

McCrae of London, a co-worker with Boyd, states that certain of the twelve groups are peculiarly related to one another. He thinks that there is evidence to show that when, during acute conditions, a patient changes to a different group, he is likely to show a predilection for one of such related groups or for a neighboring group. His observations show that an inter-group relationship exists among I, VI and probably X and between V and VIII.<sup>2</sup> Up to now, the relationship (if any) of the seven remaining groups has not been observed. Although these groups have been worked out by means of physical apparatus, they can be utilized in the old intuitive method of prescribing. A remedy out-

side of the patient's group is not apt to bring about the optimum result but, where such a remedy is needed, a remedy within his group is usually required to polish off the case.

#### METHOD OF USING CLASSIFICATION

The grouping of the patient who has been under one's care for some time can be found by analyzing his response to the prescriptions which he has hitherto received. It will be found that most of the remedies that have yielded satisfactory results are in one group, and a study of the patient in connection with this group will usually confirm the patient's similarity to it. It is common experience that the first prescription for a chronic case is much easier to find than the second one, and the records of many patients will show that the results subsequent to the first prescription have never been as good as the result from the first. This one satisfactory remedy may place the patient in his true group and it may be found that all the other prescriptions have been in different and unrelated groups.

If, on the other hand, a patient responds well to a remedy from one of the related groups, for instance V, but fails to so respond to subsequent remedies from the same group, this might be an indication to seek for a remedy in the related group (VIII). If the group VIII drug acts satisfactorily, it will indicate that VIII is the patient's proper group and V his related group.

In the case of a patient who has never been prescribed for, this classification cannot be utilized in the old intuitive method of prescribing until some constitutional remedy has been definitely worked out. Once a patient has been established in a group, the remedies in that group should always be studied when a prescription is required. If it be not found there, study the related or neighboring groups and, if it be not there, consult the whole materia medica.

#### CASES ILLUSTRATING HOW TO USE THE GROUP

1. A chronic hay-fever sufferer wrote from out-of-town that he had had an attack of epidemic influenza which affected the larynx and left him with a husky voice, irritation in the post-

nares, and a feeling as of a woolly plug in the region of the soft palate. When this patient first applied for treatment, many years before, *Sulph.* was worked out as his chronic remedy and benefited him for two or three years, thus placing him in group VIII. By using group VIII as a rubric and taking the remedies in Kent's *Repertory* covering "husky voice," *Selenium* was found to cover his present case. A powder of the 200th cleared up the condition at once.

2. A woman of seventy-two, suffering from cardiac asthma, was seen in consultation with Dr. Lawrence M. Stanton. She had been ill for twelve days and appeared to be *in extremis*. She was drifting into a stupor, was flighty and was talking continually of death, rolling her head from side to side in anguish and gasping for breath. Whenever she fell asleep, she would awake in an asthmatic paroxysm. She craved ice and ice-cold water. Her heart was dilated and pulse was 116. Her blood-pressure was 200/100. *Lach.* had given much temporary relief, then *Ipecac* had helped slightly. *Phos.* was then given, without relief. From a repertorial and materia medica study of the case, the remedies were narrowed down to *Lycopodium* and *Spongia*. *Lyc.* appeared to cover the whole case best, but *Spongia* appeared best to cover the asthmatic phase, because of which *Spongia* was the remedy of choice. *Lyc.* is in group V and *Spongia* is in group VI. In the past, the patient had occasionally required *Caust.*, *Gels.*, and *Arsenic*, all of which were in group VI, and, once she had been benefited by *Phos.*, which is in group V.<sup>3</sup> At other times, she had been much benefited by *Kali Carb.*, which is in group VII.<sup>4</sup> With this suggestive evidence before us, and fortified by previous experience with the groupings, it was easy to determine that she was more like group VI than like group V or VII. This helped to clarify the situation for *Spongia*, which was given in the 2M potency. Her response was one of those examples of an apparently dying patient being brought back to life. The comfort that this classification gave to the physicians was almost comparable to the relief that the patient experienced from the remedy.

However, the comfort of all parties lasted for only a few days, for a relapse occurred which did not respond to *Spongia* nor did recognized indications develop for any remedy in either

hers or her related groups. At one time, burning feet and other characteristic symptoms pointed to *Sulphur* and *Sulphur* helped temporarily. She slipped from one relapse to another, with no remedy holding as long as *Spongia* held, until she reached a state worse than that for which *Spongia* was given, all of which dampened our enthusiasm for the groups but, after a month, she developed intense constrictive pains around the heart and concomitantly painful constriction of the throat, bladder, wrists and ankles and she appeared to be in deeper *extremis* than at the time *Spongia* was given. This was a clear case for *Cactus*, which is in the same group with *Spongia*. *Cactus* 30th was given with quick improvement which has continued and now, after three weeks, she appears to be recovering. The point confirmatory of the use of the groupings is that *Spongia* and *Cactus* were the only remedies that yielded sustained curative effects. The lack of indicative symptoms prevented the finding of *Cactus* until the patient was nearly lost.

*This list is by no means final; it is the result of research which is in a fluid state. Boyd says: "Later on, I have no doubt that some of the groups will be split up into sub-groups, once better apparatus is obtained." The method by which the grouping was developed is available only to those who are impelled to undertake research among the phenomena being investigated by Boyd and a few others. For the intuitive prescriber the results of drug provings must be the main guide for the selection of the similar remedy and the physician must be competent to know when the classification is or is not of value.*

The method that led to the grouping has been found of great assistance clinically and the groups have proved of such assistance in intuitive prescribing that I feel justified in publishing the list again in its present development. In my experience, the patient's remedy group is as great an aid in finding the *simillimum* as is a rubric that covers a general characteristic of the patient.

Another thought presents itself. During an epidemic there is usually one remedy which covers the majority of cases and a few scattered remedies that cover the remainder. Each epidemic produces its own *simillimum*. Since an epidemic illness

affects only the individuals who are susceptible, it will be of interest to observe whether the remedies which best fit the given epidemic belong to one of these groups. If they do, this grouping will be useful as a broad background from which to work during the busy times of influenzal and other invasions. Only the collaboration of a large number of observers will determine this. Please test this grouping in your practice and report failures or assistance to Dr. Stearns or to Dr. William E. Boyd, 17 Sandyford Place, Glasgow.

\* \* \* \* \*

1. McCrae, in a recent paper, stated that, in a pregnant woman the basic wave may change during the period of pregnancy, but not necessarily to a related group. This point is useful to the intuitive prescriber in that the related groupings may at times be ignored during the pregnancy.

2. Some of the observations of the old prescribers concerning sequence of remedies bear out the group-relationships of Boyd. There is the croup-group, consisting of *Aconite* (group I), *Spongia* (group VI), and *Hepar* (group X). There is the natural sequence that Hering observed for chronic cases: *Sulph.* (group VIII), *Calc.* (group IV), and *Lyc.* (group V).

3. It is the author's opinion that *Phos.* will often help a patient when *Ars.* is better indicated and *vice versa*. In cases of pneumonia where *Phos.* has been followed by *Ars.*, he has observed in retrospect that *Ars.* really was the better remedy at the start. The two do not, however, appear to be inimical.

4. Possibly group VII is related to groups I, VI and X. McCrae suggests that II may be related to IV.

\* \* \* \* \*

Boyd explains: "The drugs which are in bold face have strong support from clinical administration after Emanometer-selection as being grouped correctly. Where correct grouping of drugs has been obtained, the drug indicated on the Emanometer by matching the patient's group and the drug-group tends, in chronic cases, to remain constant and to stand repetition in the chosen potency, provided the original prescription is successful. The action is wide and covers practically the whole symptomatology.



<i>Group VIII (cont.)</i> <i>at 1.4</i>	<i>Group VIII (cont.)</i> <i>at 1.4</i>	<i>Group X</i> <i>at 1.5</i>
<b>Kali bich.</b>	<b>Pulsatilla</b>	<b>Arnica</b>
<b>Kali brom.</b>	<b>Rad. brom.</b>	*Ars. iod.
<b>Kali. iod.</b>	<b>Rhod.</b>	Calc. sulph.
Kali. phos.	<b>Rhus tox.</b>	China ars.
<b>Kali. sulph.</b>	<b>Ruta</b>	Cistus
Kreosotum	<b>Scleros</b>	<b>Helleborus</b>
<b>Latrodectus mac.</b>	<i>Selenium</i>	<b>Hepar sulph.</b>
Lyssin	<i>Senega</i>	<i>Laurocerasus</i>
<b>Mag. sulph.</b>	<i>Stannum</i>	<b>Nitricum acidum.</b>
Malandrinum	<i>Stramonium</i>	<i>Rheum</i>
Melilotus	<b>Sulphur</b>	<b>Tuberculinum</b>
Menyanthis	<i>Sulph. iod.</i>	Uran. nit.
<i>Merc. dulc.</i>	Sumbul	
<i>Merc. iod. flav.</i>	<b>Taraxacum</b>	<i>Group XI</i>
<b>Merc. iod. rub.</b>	Tellurium	<i>at 1.55</i>
<i>Merc. sol.</i>	Tereb.	Asafoetida
Merc. sulph.	Variolinum	Asarum
<b>Merc. viv.</b>	<b>Zincum</b>	<i>Medorrhinum</i>
<i>Mezereum</i>		<b>Thallium</b>
*Morph. acct.	<i>Group IX</i>	<b>Thuja</b>
<i>Nat. iod.</i>	<i>at 1.45</i>	<b>Stillingia</b>
<b>Nux. vom.</b>	Borax	
<b>Œnan.</b>	China	<i>Group XII</i>
<b>Opium</b>	<i>Chin. sulph.</i>	<i>at 1.6</i>
Petroleum	Gambogia	Valeriana
Petros.	<b>Sabina</b>	
<b>Psorinum</b>		

Revised to January 1931.

NEW YORK CITY.

\*Included tentatively. Grouping suggested by clinical experience, not by Emanometer selection.—G. B. S.

## NOTES ON NEW REMEDIES\*

F. J. WHEELER, M. D.

In *The Homœopathic World* of February last, Dr. E. Bach gave an outline of some new remedies. In my opinion these are going to be of very great value in the treatment of cases which do not respond to our older remedies. I give below brief notes of some cases treated with these medicines.

### CUPRESSUS

CASE 1. Male, age 50 years. Complaint, catarrh.

Both nostrils stopped up, the right being the worst, usually the left is worse than the right. Headache over eyes (forehead) most marked over right eye, better for pressure. Bad smell in nose at times.

November 7th, 1929. *Cupressus* 3x, pilules 2 hourly. (The frequent repetition was unnecessary and gave rise to somewhat severe aggravation of the headache, as the notes will show).

November 12th. Pain over right eye starting right side of nose and going up to the forehead; dreadful pain in morning, never had such headache; a dull ache, not throbbing, worse stooping. The pain began on waking and lasted up to 11:30 or 11:45 a. m., then abated and was gone by 1:30 p. m., had it every day since November 8th. Right eye looked strange and was half open.

November 21st. Headache continued but aggravation time had altered, for example:

November 13th, 8 a. m. to 1 p. m.

November 14th, 1 p. m. to 6 p. m.

November 15th, 7:30 p. m. to 10:30 p. m.

November 16th, no headache.

November 17th, headache all day.

November 18th, and 19th, slight headache at intervals, after that the headache disappeared.

Nostrils almost free, can breathe both sides easily; when first seen could not breathe lying down, can do so now. Right

\*Reprinted from *The Homœopathic World*, Vol. LXV, Sept. and Oct. 1930, pp. 232 and 269.

eye aches if reading; pain back of the eye. To the right side of right nostril a little movement occasionally as if a bubble of mucus were present, not in nose but to outer side of it; no bad smell in nose now.

December 16th. Right nostril not quite so clear; occasional return of smell in nose but only sort of cold smell now.

March 24th, 1930. Both nostrils very much more clear than they used to be.

CASE 2. Female, aged 58 years. Deafness following severe coryza.

November 17th, 1929. Severe catarrhal cold; herpes labialis; sore red areas upper and lower lips and left side of face resembling erysipelas. Deafness followed this cold. She could only hear spoken voice with difficulty; could hardly hear the ticking of the clock on the mantelpiece nor could she hear the front door bell. Patient was in bed but her hearing had hitherto been acute.

*Cupressus* 3x, a few drops in a glass of water. A dessertspoon 2 hourly.

November 18th. Hearing improving. 3 p. m. a thick piece of greenish mucus came away from throat; could hear much better after.

November 19th. Hearing much better; can hear front door bell clearly.

November 23rd. Very much better. Had felt dazed all last week; haziness over brain; now all is clear. The dazed feeling was "as if you were talking to me and I was not interested in what you were talking about".

December 3rd. *Cupressus* 3x repeated.

December 18th. "Hearing better than before I was ill."

(Note.—I examined the left ear on November 22nd: there was an inflamed area around the drum of the ear with an oval area of ulceration. This cleared up by December 18th).

CASE 3. Male, age 72 years. Florid complexion; very sensitive; abnormally nervous about his health.

This patient was treated by me in 1928 for deafness, with various remedies up to October 1929, without any permanent result. On November 23rd, 1929, three powders of *Cupressus* 3x were given to be taken at bedtime. Gradually the hearing im-

proved and by January 4th, 1930, it was practically normal and the nerves steadier. On January 18th he remarked: "I am so thankful to hear again. I could not hear the clock strike in the room, now I can hear anything." Today, August 3rd, his hearing is still good.

CASE 4. Female, aged 48 years. Chronic deafness.

This was a case of deafness of many years dating back to scarlet fever in childhood. Right ear, drum perforated.

November 4th, 1929. *Cupressus* 3x pulv. iii to be taken at night.

November 18th. First powder made her apprehensive but of what she was unable to say. Ears do not feel so dead, perhaps they are more sensitive; noises in ears have increased but are not of so long duration. Ears feel spongy inside as if cotton wool in them, not exactly a swollen feeling.

December 5th. "I still have the noises; last week was better for four days. My violin frightened me it sounded so much louder. I do not believe I am deaf now while asleep as I can hear my clock ticking before I am really awake. Taking it all around I am a little better but I am afraid to say so."

*Cupressus* 7x, one dose given.

December 19th. "A rushing began in the ears after the medicine, a noisier noise than before. I can hear without listening now, before I could be lost in a book and need not hear sounds, now I can be disturbed if a cinder drops on the hearth. If two people are talking near me I can tell they are talking, before I could not. I have always been able to hear something but soft music I could not hear before."

January 11th, 1930. "Can hear more; noise in head is much better. Can hear more now while waiting for a tramcar, a longer distance away, not louder but more clearly."

March 11th. "For the first time, yesterday I had a few minutes of very acute hearing, then it went again but my hearing is generally improving."

May 6th. "So very much better."

June 17th. "The noise in the ears has nearly vanished; the ears have been very resentful of something going on inside but

they are really very much better, I can hear so much more. I could hear the Philharmonic orchestra of New York on the wireless and was astonished."

(Note.—This patient can certainly hear much better than before treatment. There is very little difficulty in talking to her now).

### IMPATIENS

CASE 1. Female, age 70 years. Chronic rheumatism.

On November 6th, 1929, patient wrote: "My arms are still very painful and I can neither put them behind me nor raise them above my head; the pain at the bottom of my back is still very bad and causes much stiffness." *Impatiens* 3x sent.

On November 20th, patient sent the following note: "I am thankful to say the pilules gave me much relief from the pain. The restful nights have been a benediction. Still my arms are very stiff and painful when I use them, the pain at the bottom of the back still remains. Fog, damp and cold affect me very much."

On December 8th report was: "I am thankful to say I am making good progress towards recovery. My arms are less painful and I can use them more easily."

CASE 2. Female, 67 years. Cancer of both breasts; right breast a mass of cancerous tissue; left breast skin unbroken. *Impatiens* was tried experimentally to see what effect it might have on the pain.

On November 30th, 1929. *Impatiens* 3x in powders to be mixed in a glass of water and taken as required. On December 7th. Patient reported: "After the first powder it was as if an electric bulb was sending off shocks from the centre of the right breast; as if a round thing was there, and then these shocks. Previously I had a funny feeling in my right leg as if there was too much blood in it. This has gone since taking the medicine."

August, 1930. In spite of the rapidly growing cancer of the right breast this patient has kept practically free from pain. This she considers is wonderful. The growth in the left breast has remained stationary.

CASE 3. Female, 58 years. Severe pain in the chest to the right of the sternum. X-rays revealed an aneurysmal dilatation of the ascending aorta.

*Impatiens* 30th relieved the pain. *Impatiens* 3x taken when required for the pain has rendered life more tolerable.

CASE 4. Male, aged 50. Easily depressed, introspective, vague fears, headaches.

This patient had been treated by me for a few years with the indicated remedies which only helped him to a certain extent. On December 12th, 1929, I decided to try *Impatiens*. Three powders of *Impatiens* 3x were sent to him. On January 15th, 1930, he reported: "I have felt great benefit. I would describe that it has made a better man of me. I seem more assured of myself, more virile, more cheerful, and have a better outlook on life, certainly not so much depression and feeling that I was 'no good.'"

On February 18th he wrote: "I feel brighter, more self-reliant and happier in mind. The head pains are not as frequent or as severe. In particular you will remember that I often woke up in the morning with head trouble and took some little time to get established for the day, but now I frequently wake up quite bright and clear and an extra dose of business during the morning is surmounted without pains coming on."

Again on May 3rd: "I am much better in health and have a more cheerful outlook on the world."

(If the reader will refer to *The Homœopathic World* of February last, under *Impatiens* he will find "patients frequently report, in addition to relief of symptoms, a much improved mental state with loss of depression and fears, a generally brighter outlook being obtained.")

CASE 5. Male, 70 years. Musician. Angina pectoris.

*Bryonia* had relieved the pain to a slight extent. On October 19th, 1929, I gave *Impatiens* 3x in pilules to be used when required for the pain. The patient was unaware of the change of medicine. On November 16th he remarked: "Have you changed the pilules?" On asking why, he said: "Well the pain has been very much easier. I have only taken two or three of the pilules and practically had very few attacks since." From that date until



now (August, 1930) this patient has kept practically free from any anginal attacks.

CASE 6. ENCEPHALITIS LETHARGICA. (Sleeping Sickness).

This case is of unusual interest. On November 30th, 1929, a tall thin man who usually enjoyed good health came to consult me. He was suffering from intense headache, and said he had not had any pains in the head since he was in the army during the war. His facial expression was that of a person who was suffering intensely. He said he had had severe neuralgic pains in the head for a week. The pain was an intense throbbing in the temples, forehead and top of the head. *Bell.* had no effect, neither had *Gels.* On December 1st, I gave him *Impatiens* 3x, five drops in a glass of water and on calling the next day he said the pains were less and it had been the best night he had had for a week, and that he had slept all night. Before he had been unable to sleep on account of the pain. I left more medicine in case of need, but had only a 30 of *Impatiens* with me. On December 3rd, visited him and found that he was better and again had slept all night. Bowels were constipated and tongue very dirty; jumping pain in the temples only now. On December 4th, he had been delirious at night. On December 5th, pain in the head was better but he was very drowsy all the time: sleepy after sleep as if drunk; repeats the same question again and again. Tongue very dirty brown, but moist; no thirst. No rise of temperature. From the drowsy condition coupled with the intense headache I began to suspect sleeping sickness and gave *Clematis prima* 3x in water. On December 6th, I found the patient downstairs looking very ill. He had not been so drowsy and no delirium last night. Slight head pain again. If he moved head quickly sharp pains were felt in the head. His wife said he kept repeating things over again and again.

On December 7th. He complained of seeing things *double*, was drowsy and restless but no delirium.

December 8th. Visited him and found him in bed very drowsy but could be roused up and he apparently answered questions quite rationally. Then he would relapse into a kind of delirium and was going over his war experiences. It was ob-

vious that his case had to be notified to the authorities and he was then removed to the Isolation Hospital.

December 27th. He was home again and apparently normal. He said he had no recollection of my attending him not even when he was downstairs, neither did he remember going to the hospital. It was not until he had been there for 48 hours that he came to himself.

December 28th. Bright and cheerful and more like his old self. Was very weak on his legs and felt nervy. "When I wake I have a dull ache between the eyes and the root of the nose, worse when bending down, better when head is up and I am walking about; slight buzzing in the left ear."

*Cupressus* 3x given.

December 30th. Feels better, slept from 10 p. m. to 5:30 a. m., woke without any pain; this is the first time so long a sleep and no pain on walking; buzzing in ear gone.

January 6th. Brighter and better in every way.

January 11th. Legs not so unsteady. Shooting pain left side of face from nose to eye up to forehead and temple. This gets less if he closes left nostril.

January 24th. Patient returned to his work a week ago. He is very much better. Pain in nostril only feeble now. He says that for months before his illness he had lost his sense of smell, now he can smell anything.

April 19th. Has done his work all right but gets backache after working. Slight dizziness in the morning. Not feeling quite so fit on getting out of bed. Sleeps heavily and the better the night the worse he feels. No headache. Sense of smell not quite so good. Has gained 15 pounds since his illness.

*Clematis secunda* 3x, one dose given.

August 5th. Patient fit and well. Nothing to report.

Note.—*Impatiens* was given for the pain. *Clematis prima* and *secunda* for sleeping sickness. *Cupressus* for the nose and ear symptoms.

REMEDIAL MEASURES HOMŒOPATHIC AND DIETETIC  
DEVELOPED IN THE HOMŒOPATHIC CANCER  
RESEARCH LABORATORY OF CHICAGO\*

A. H. GRIMMER, M. D.

This cancer center is only in its formative stage and the work to date has been accomplished by a few men. The number of our workers recently has increased and we have promise of encouraging financial support in the near future from a number of our interested lay friends. We have recently acquired a home wherein we may conduct our clinics and better pursue our laboratory studies. Our results are mostly of a clinical nature; but so largely beneficial as to open up very hopeful possibilities for the prevention and alleviation of the ever increasing number of cancer sufferers. No research in cancer can hope to accomplish much, unless the treatment facilities are associated with the research laboratories. We are stressing the importance of cancer prevention over any specific cure that may be developed in this work; since our studies of the subject have brought abundant proofs of the advantage of preventive measures over the possibility of cure, at least in the advanced stages of the disease.

The most important factor in any case as well as in the sum total of all cases is a complete and detailed personal and family history including all essential laboratory tests used by all investigators. To the homœopathist such a history has a dual significance involving causative elements and therapeutic means. The constitutional and inherited soil tendency of cancer as fundamentally causative, was first advanced by the homœopaths. This fundamental fact is now accepted by all cancer authorities and schools of medical thought. The animal experimentation of Dr. Maude Sly of Chicago University, has established the inheritability of cancer in families beyond all doubt.

The investigations of Crile and others show that the cancer cells have lost their normal bipolar electrical state and taken on a positive electric state with a resulting change in the position and size of the cell nucleus. More recent investigations in the

behavior of the colloids in the blood of healthy and cancerous subjects show a marked electro-magnetic and chemical change in the blood, preceding the pathology of the cells ultimating in cancer.

Many secondary or sub causes enter the field as multiple factors in the growth of cancer.

Recent discoveries by means of an improved technique in photography have enabled an Italian scientist of repute, Prof. Cremonese, to photograph the "vital rays or emanations of the human body". This achievement may well be regarded as one of the most important discoveries of all time, fully confirming the hypothesis that life is an oscillatory electro-magnetic phenomenon. The Italian savant is quoted as saying:

This discovery is the missing link without which it was hitherto impossible to fully understand and explain the mystery of life. Its effects will be of incalculable value especially because, having once ascertained that the nature of life is purely physical, the treatment of disease will have to be conducted on different lines, starting from the idea that disease is nothing but an alternation of the oscillatory state of equilibrium of the organism, both in the physical and the psychic field. The photograph of vital radiations had already been attempted, but with unsatisfactory results. In 1922, Gurwitch discovered that the rays emanating from the roots of onions were capable of inducing an increased cellular growth in other roots, hence the name of "Gurwitch's mitrogenetic radiations".

Numerous scientists have devoted themselves to this mysterious problem. Among the pioneers must be mentioned two Germans, Reiter and Gabor, who were able to confirm the existence of mitrogenetic radiations which are ultra violet rays of a wave length of 2,000 to 34,000 angstroms. The angstrom is equivalent to the ten millionth part of a millimeter. They discovered that malignant tumors emit mitrogenetic radiations and benignant tumors do not. After several vain attempts they came to the conclusion that it was impossible to photograph the mysterious rays.

It is very probable that in the near future, with an improved technique, we shall be able to diagnose special pathological or hereditary conditions by means of the photography of vital rays. My discovery proves in a most conclusive manner that life is a purely physical phenomenon to be placed in the field of electro-magnetism. This is of the greatest importance because it opens up new possibilities in physiology and pathology.

If we admit that the real cause of disease is a lack of equilibrium, between the internal rays of the body and the external ones, and that disease is not the result of a pathogenous agent, but of the state of the individual, it is obvious that the alternations of this wonderful oscillatory circuit, namely, disease, can only be cured by opportunely modifying the oscillatory rhythm, thus restoring equilibrium, which means health. As science progresses, concluded Prof. Cremonese, it is more evident that we are electro-magnetic atoms vibrating in unison with the great throb of the universe.

How marvelously similar is all this to the formerly ridiculed "vital force" of Hahnemann.

The work of Tharaldsen, exhibiting the effect of shock, elec-

\*Read before the I. H. A., June 1930.

trical, chemical or physical, on normal cells is another evidence of how the currents of the body organism are the primary forces that either break down or repair it, in accordance with the direction they may be forced to take.

Among the sub-causes is the one of irritation, chemical or physical, commonly produced by the abuse of crude drugs especially those of the coal-tar group. Also the extensive use of serums and vaccines employed for prophylaxis and in the cure of infections of various kinds. These agents effect the cells of the body by inhibiting or reversing the electro-magnetic currents of the organism, thus changing the blood chemistry and later instituting actual changes in the histological elements of the body. The effects of the abuse of crude drugs on the body organism as it develops the toxæmias and changes called cancer might well suggest curative possibilities to the homœopaths, when employed in potentized form and in accordance with our well proven law of therapeutics. It might also provide an answer to the observed fact that cancer is continually occurring in younger individuals of each succeeding generation.

Our remedies, of a certain type and form, may also be successfully employed to restore an unbalanced mineral content in the blood stream, brought about either by a diet of processed foods, such as white flour and refined sugar or by foods lacking the sufficient amounts of the primary elements commonly known as the tissue salts, such foods having been grown on exhausted soils or soils deficient in these essential mineral elements. Such foods produce blood, cell, and nerve changes in the body and lower resistance to infections and irritations of various kinds. A blood replenished by low potencies of these necessary mineral elements will often restore many incipient cases and even some advanced cases of cancer, provided a consistent diet, rich in the necessary mineral ingredients and free of the irritating ones is persistently and consistently taken by the patient. Dr. Karst of Chicago claims he has authentic records of over two hundred cases of cancer in various stages cured by the application of the homœopathic preparations of the tissue salts. Some of our remedies, given in high potencies act as catalysts to restore the min-

eral balance in the blood providing such mineral deficiency has not been too far reduced by waste and disease.

Another observation, first noted by Hahnemann and only recently mentioned by several investigators of note, are the pre-cancer symptoms and states occurring in cancer victims together with the interchangeability of several systemic chronic diseased conditions, such as tuberculosis in one generation alternating with epilepsy or cancer in a succeeding one. Or in members of the same family some have one and some another of these complaints. Diabetes and cancer frequently alternate. Asthma and chronic skin diseases also many times alternate in the same individual and in succeeding generations of the same families. All this is consistent with Hahnemann's concept of the basis of chronic disease having a common cause, viz: in the inherited soil condition of the family which sets up an altered or perverted flow of the individual's life processes, or "vital force". This may be reduced to more modern terms, viz., that normal physiology produces and sustains normal cell growth, normal histology and anatomy, and abnormal or perverted physiology produces abnormal histology or pathology and these changes are preceded by a changed activity in the colloidal elements and the chemistry of the blood. This chemistry of the organism with its specialized groups of cells, endocrine glands, etc., and its multitudinous functions and activities is controlled by the nervous systems, voluntary and involuntary, conscious and sympathetic, moving in harmonious unity in all the complex and automatic processes that ultimate in, and perpetuate all life's wonderful manifestations. The electro-magnetic current of the organism is produced by the continuous exchange of gases in the lungs wherein, the oxidation of the blood is consummated to produce the recurring cycles of physical life.

This picture, wonderful and beautiful, is only the visible part of the changing and perishable body of the material world presented by scientists and physiologists, whose work we all admire. Back of all this marvelous mechanism of the material or sense world, is the inner or internal man, which exists and operates on the plane of the life force of Hahnemann. Scientists are only now contacting this force perceived by Hahnemann one

hundred and fifty years ago. The physicists who lead the world of science, have probed and analyzed the nature and behavior of the finest particles of matter so far known, the electron and the proton, and have arrived at the point where matter and energy are interchangeable, and still the baffling mystery of life remains unsolved. The intricate science of the new mathematics as evolved by the genius of Einstein, can do no more than trace the relative nature of time and space and the interchange and relationship of matter and energy. Compton is said to have announced that thought may be the deciding influence in the evolutionary process of nature. These mighty savants now bow down to the sovereign power of thought as something immortal and dominating in the domain of nature—a force defying their analyzing scrutiny, yet vibrant with possibilities as the key to unlock the vault holding the riddle of life enshrouded in the deathless circle of eternal truth.

In medicine, if not in physics and science, homœopaths have been pioneer observers in the boundless and pregnant archives of thought. They are the Einsteins of medicine who interpret and correlate thought forces with the changing processes of health and disease. The mental symptoms of our proven remedies have always held first rank as guiding symptoms in the selection of the curative remedy to the specific case.

More recently the vanguard of the old school have begun the study of thought processes and emotions in relation to health and disease. Psychoanalysis and psychology are now quite common and useful in the study and technique of every recognized nerve specialist. These things are mentioned to impress upon your minds the value of homœopathic philosophic concepts of health and disease. We need no longer apologize for such tenets, some homœopaths have done more, they have denounced such doctrines as visionary and foolish in the not so distant past. Before now the leaders of scientific thought have been led by slow and tortuous byways to the threshold of our abode where light and sustenance await to aid them in the tedious climb up the mountain heights of knowledge.

The homœopathic cancer clinic will endeavor to correlate and use all knowledge so far gathered by the workers in the vast

field. All will contribute in the upbuilding of our edifice, dedicated to the alleviation of suffering and the upbuilding of better health. The study of the chemistry of foods in health and in disease will be assiduously followed. And led by our wondrous therapeutic law we will develop remedies of great power for the prevention and cure of this heretofore baffling but not unconquered monster. Our records are replete with numerous cures and therein lies the hope for humanity.

And this brings us to the most important phase of the whole subject, the mental or psychological feature both individually and collectively. The mental attitude of psychology of the dominant school of medicine is fatally prohibitive to progress or success in the fight against the cancer scourge. They are whipped before they start to fight; to them it is useless to try to cure; palliation is the most they strive for. Such an atmosphere cannot hearten physician or patient, hence it has come to pass that a diagnosis of cancer be it right or wrong is equivalent to the sentence of death. The terror, the suffering, the childish helplessness and the utter hopelessness of modern scientific medicine in its application to cancer is a universal tragedy. The alarming increase in cancer victims of the last two decades must be a concern for all, physicians and lay people alike. Remembering that every one individual in eight past forty years of age will die of cancer, we cannot treat this thing lightly. We know not where the blow will fall, some loved member of our household or some devoted and valued friend may be the next victim or even anyone of us assembled here may be called upon to tread this path of travail down to the dark shadows of the grave; no flesh is immune to the inroads of this hideous terror.

Only the God-given truth of homœopathy offers any hope for the successful conquest of this devastating woe. A surprisingly few patients who have had the advantage of real homœopathic constitutional prescribing over an adequate period of time, say from two to five years, will suffer from any form of cancer. And if a preventive diet, one that is meat free, is followed at the same time, with other irritants eliminated, the chances for health will be still more improved and cancer less likely. Contrast the homœopathic psychology with the dismay and weakness presented

by old school leaders and investigators of cancer today. They say, "We do not know its cause and we have no remedy to cure, only surgery and radium may ameliorate suffering and prolong life, we have nothing more to offer". But a suffering world has come to know how futile and inadequate these measures are when weighed by their clinical results. Only a heavy financial burden has been saddled on the back of misery to plunge the hopeless victims down to the depths of despair.

In homœopathy's law of cure may be found an arcanum of healing, and they who wear her shining armour and wield her flashing sword are sustained by a faith born of knowledge, and are heartened by a courage begotten of oft repeated victory in the grim battle against disease. They radiate hope and bring strength to the despairing and the afflicted. They are messengers and instrumentalities of the inscrutable, all prevailing, all merciful, Eternal Architect of the universe because they labor with love and move and work with the immutable currents of irrevocable law.

CHICAGO, ILL.

I was called, about one a. m., to a husky, well rounded boy of 4 years. He went to bed apparently in perfect health. At about midnight his mother heard a hoarse croupy cough and found him sitting up in bed, with a red hot face and high fever. He was anxious, restless moving about, full of fear; the pulse was full, hard, and as fast as could be counted, the breathing was labored and stridulous; the skin was red hot and dry; everything dry. It was January and the boy had enjoyed the dry, cold snow the day before. *Aconite* 12th in water, a teaspoonful every fifteen minutes until better. He had to be awakened for the next dose and took no more medicine. The parents were thoroughly frightened as it was their first case of croup. The boy repeatedly croaked, "I'll die, I'll die". I have never seen quicker results in a case of croup, nor clearer cut indications for *Aconite*.—C. F. ELLIS.

## CLINICAL CASES\*

C. M. BOGER, M. D.

Every year we foregather to recount the good things homœopathy has done for us, saying little of the grind by which such results are made possible. We dig into repertories, manipulate card indices, etc., and lastly consult original pathogenetic texts before making a final choice of the correct remedy; especially do we do this in difficult or dangerous cases.

The beginner should be given the right start in using these helps, after which he will soon find his own way better than he can be told. This is doubly important in homœopathy where much depends upon individualization and gross classifications are so full of peril. Each case has its particular angles which must be carefully considered if we would do the best work.

The symptom complex may be made up of any possible combination of an immense number of symptoms, and every disease picture differs from every other. The concomitants of acute diseases run fairly true to form in their groupings, being more or less interrelated, yet there is always a difference in the final analysis. The ordinary concomitants find a place automatically, midway between the diagnostic and individualizing symptoms in value.

For some minds diagnosis points to treatment, others regard disease types in much the same light, while deeper thinkers find in personal peculiarities the true indicators for the needed remedy. The first is a strictly palliative method, the second is largely pathologico-physical, while the third is vitalistic and transcends as well as includes all the others, throwing on the screen the basic colors and the high lights as well.

CASE 1. S. E. F., age 61, professional occupation, diagnosis neurasthenia. The symptoms are:

1. Mental depression, with irritability, < trifles. Poor memory; sudden attacks of lack of brain power. Sluggish feeling and thinking; lazy feeling. Worry.
2. Weakness in abdomen, with flatulence in lower part, < starches.

\*Read before the I. H. A., Bureau of Clinical Medicine, June 1930.

3. Palpitation on ascending.
4. Restless sleep, > changing position, < mental exertion.
5. Sensitive to cold; cold hands and feet.
6. Has had pneumonia.
7. Agg. mental work.

*Phos. ac.* 200, followed by the *MM* at the end of four months cured completely.

CASE 2. Miss B., age 65, diagnosis chronic arthritis.

1. History of glaucoma, partly detached retina, suppurative ophthalmia, abscess of middle ear, eustachian catarrh, shingles, many attacks of grippe and sciatica, with fine pains, coming and going gradually with restlessness.

2. Finger joints enlarged and partly ankylosed; sore, stiff; pain as if twisted.

3. Anæmic, and bleeds easily.

4. Fears strangers; sleepy in company.

5. Sleepless, nervous and confused.

6. Sore over liver at night, with sore catch under thighs, < right.

7. Frequent urination.

8. Cough, < after midnight.

9. Eyelids feel puckered, with dull ache in eyeballs.

10. Stiff and achy below waist; achy in lower bowels, > passing flatus.

11. Soreness deep in ears, also in cervical glands.

12. Last of a meal does not seem to descend into stomach.

13. Takes colds, < if tired.

14. Ameliorated open air, warmth.

October 26, 1929. *Arsenicum* 200, one dose.

February 2, 1930. *Arsenicum* 1M, one dose.

April 8, 1930. *Arsenicum* 40M.

This patient has slowly improved from the start and is now in pretty fair health suffering but little.

CASE 3. J. H. C., age 34. After much suffering and emaciation, a pin was discovered imbedded deeply in the right lumbar muscles by means of an X-ray. A very good surgeon removed it with relief for two years, when the pains returned, accompanied by the following array of symptoms:

1. Crack in the middle of lower lip.

2. Yellow sclerotics. Abuses cigarettes.

3. Sore, swelled tonsils, < eating.

4. Clutching in right lumbar muscles with numbness of right lower leg, > flexing it, and suppurative chills.

The surgeon now recommended reopening the old incision and draining, but a single dose of *Calc. carb.* 200 removed all necessity for this and he feels well.

CASE 4. Miss B., age 71.

1. Sclerotic blood-vessels. Blood pressure 240. Contracting kidneys.

2. Boring in left hip joint, then in right.

3. Throat raw, with dry spot in left side causing a dry, hard, rasping cough and profuse drenching sweats, < on head and face, when she chills from the least draft of air.

4. Shootings wander over body.

5. Oppression of chest, causing sighing respiration.

6. Left side of body worse; left side of head pains.

7. Alternately hot and cold with burning of eardrums.

*Angustura* 200, every three weeks for three doses relieved almost entirely and reduced the blood pressure to 180.

CASE 5. G. B., age 31.

1. Craving appetite; craves fats; eats too fast; can't tell when he gets enough. Sour stomach with burning that ascends throat.

2. Yellow pus from nose in winter, < getting feet wet.

3. Frequent scanty urine, tickling in urethra, sharp pains in glands and filamentous urine. Gonorrhœa suppressed with *Zinc. sulf.*

4. Roaring in ears.

5. Dry skin. Emaciation.

6. Small of back gets weak; lumbago.

7. Cold, clammy feet.

8. Worries and is absentminded.

9. Aggravation lying on right side, cold wet weather.

*Merc. viv.* 200, one dose. At the end of four months he remains well.

PARKERSBURG, W. VA.

## DISCUSSION

DR. R. E. S. HAYES: It is the same old story as far as Dr. Boger is concerned.

CHAIRMAN T. G. SLOAN: Does anyone care to remark on Dr. Boger's paper?

DR. C. M. BOGER: May I hear the experiences of other men with arthritis, especially when it takes on the deformans type.

CHAIRMAN T. G. SLOAN: Has anyone had any experience with arthritis?

DR. J. W. WAFFENSMITH: I have a case of arthritis that I am going to talk about.

DR. A. H. GRIMMER: I have had some experience with arthritis and with Dr. Boger I can say that we can relieve the pain very readily, make the patient much more comfortable and improve the case, but where joints are ankylosed, crippled, and deformed we can do nothing to those deformed joints. But we can do with homœopathic remedies more than can be done by any other means, and furthermore, in the early cases, it is wonderful what you can do with the homœopathic remedies in preventing other joints from becoming involved.

DR. R. E. S. HAYES: I have one case of arthritis deformans that had been in bed for quite a long time—I have forgotten how long. Anyway I saw the case about five years afterwards and *Sulphur* did get her out of bed and into a wheel-chair, but that is all. I went from A to Z and then from Z to A without any result. Then I began in the middle and started to go both ways and struck *Manganum aceticum*. Now she gets around the house and does such things as run a carpet sweeper. She gets into an automobile and drives to Boston, New York, and so forth. She is still deformed but not in as much pain.

DR. H. FARRINGTON: All of us have had experience with arthritis and especially with the deformans type. It is one of the most difficult things we have to treat. I imagine everyone in this room will admit that. It is even more difficult to treat than syphilis. I consider syphilis comparatively easy to cure, even those that have been treated by mercury, iodide of potash, and other syphilitic remedies. I could relate a number of cases but I shall not bore you with them. I am limited to five minutes, anyway. But I have treated those cases, some with good results, some with indifferent results, and some with no results.

Thinking back a number of years, a woman came to me with her hands so crippled that they were almost closed. The joints were enlarged and she was hardly able to move a finger. If she did move a finger it was with a great deal of pain. The leading symptom in that case was that every time it rained her pains left her. She was entirely comfortable.

*Causticum* not only stopped all the pain but it took all the swelling out of the joints. It was a beginning case of arthritis deformans and as the remedy was given in the early stages the cure was complete. I saw her ten years afterwards and her fingers were as supple as they ever had been during her life.

My office girl came to me early last fall. She had a more extended involvement. It was in the smaller joints of the hands and feet and also in the shoulders, elbows and knees. Again this modality of relief, evident relief, during wet weather caused me to give *Causticum*. She not only improved as to the arthritis, but chronic headaches that had followed her for many years, and other conditions were improved and she is a very different sort of person now.

About thirty years ago a woman came screaming into my office with swollen ankles. She said that she had been to almost every doctor in Chicago. The last one was Dr. John B. Murphy who charged her \$10 and told her to go to the springs. She said, "I have been there".

"Well", he said, "go again". (Laughter)

For the small sum of \$7 I cured her with *Bryonia*.

DR. C. M. BOGER: There is not much to say in reply. I simply want to cite from memory another case of arthritis deformans that came to me about four years ago, a woman 68 years old. She could not come up the steps into my office without assistance. Under *Arsenicum* she is now free from all pain and very cheerful and is as well as most people are at 68 years of age who have had a chronic disease. She eats well and sleeps well and goes around pretty comfortably except for the disabilities from the ankylosis.

V. B. Age 65, of German parentage. A tall, (6 feet) straight, slender man, fair complexion, blue eyes, skin sallow, consulted me for an annoying skin trouble of several years' duration. A mild dry eczematous eruption of arms and legs of red blotches, not much raised but itched greatly, worse on undressing (exposure to air), relieved by scratching, exfoliation of a fine dandruff material.

Legs slightly swollen, ascites of abdomen, bowels regular but feels better when they are a little constipated. Was a fat little fellow, always very erect. Began growing very fast about eleven years of age. Sweats easily about head at night. Breast markedly "pigeon shaped". Had usual children's diseases, never sick since grown. Enjoys good eating, loves eggs, bacon, meat of all kinds, milk disagrees. Spleen enlarged, liver small, veins of abdomen enlarged about umbilicus, heart sounds weak but no abnormal sounds, no cough. Urine scanty and high colored, contains bile, no albumen, no sugar. Diagnosis, cirrhosis of liver. Prognosis, unfavorable. *Calc. carb.* 200th in pellets was given, a dose every 6 hours for three doses. Marked improvement in the skin symptoms for three weeks when hæmorrhage of stomach set in and death peacefully closed the scene in 24 hours.—C. F. ELLIS.

In some cases of acute disease, symptoms of the chronic disease remain and are active during the acute disease; such chronic symptoms are peculiar because they have not disappeared, and very often are guiding to the cure of the acute disease while the remedy will have no relation to the chronic disease yet that peculiar symptom will stand out and guide you to the remedy that will cure the acute disease, such symptoms are peculiar to the patient. A fact of that kind cannot be ascertained except by extensive observation and practice.—KENT.

## OLEANDER\*

W. W. WILSON, M. D.

The *Oleander* is a favorite ornamental shrub with us, being so tender that we must needs keep our specimens under cover during the winter, bringing them out only when all danger of frost is past. *Oleander* belongs to the botanical order of Apocynacæ and is therefore a sister plant to our old standby *Apocynum cannabinum*. Its common names are Rose-bay and Rose-laurel. It is a shrub tree that may attain a height of from ten to fifteen feet. Its leaves are lanceolate and are acute at both ends and appear in whorls or groups of three. The leaves are from four to five inches long and from one-half to three-quarters of an inch in width. The leaves are very thick and are a deep green on the upper side, pale green beneath and the veinlets in them are very prominent. The plant is indigenous to southern Europe, northern Africa and western Asia.

My attention was called directly to *Oleander* through a conversation with a patient who had spent a considerable time in Bermuda. I spoke of the oleanders I had seen in South Carolina and she countered about those in Bermuda. She remarked about what a deadly poison was the plant; that there was a superstition among the natives of Bermuda that one dare not sleep in the shade of an oleander bush, particularly at night. Also that chickens that drank of waters that gathered about the roots of the plant would die in convulsions and that if people ate of the flesh of such chickens they also would die.

I had never read the symptomatology of *Oleander*, though I knew there was a proving of the same. *Oleander* was proven by Hahnemann and several of his contemporaries. Hahnemann does not speak in his *Chronic Diseases* of the poisonousness of *Oleander*, nor does Hering in his *Guiding Symptoms*, but Clark in his *Dictionary of Materia Medica* says that the deleterious effects have been recognized since antiquity.

You may read there a considerable history of the plant, and some of his citations are indeed interesting. Two of them are of the effect of the plant on persons sleeping in the room with

\*Read before the I. H. A., Bureau of Materia Medica, June 1930.

them: how strength seemed to be sapped from their bodies and of their apparent inability to arise when awakened. I leave this part of the study to you, rather than filling up my paper with it and taking your time.

I take it from my study of *Oleander* that the effects are largely on the cerebro-spinal and on the motor systems. Clinically it is spoken of as being useful in painless paralysis. One can see that effect in the overwhelming soporosity mere close contact with exhalations of the plant produces.

There seems to be a paralysis too of the vaso-motor nerve for there is exhibited a complete lenteria. Food is evacuated absolutely undigested. The skin suffers; there is numbness of the skin showing some extension of the general paralytic effect. The skin seems to lose its power of holding in the body fluids and there is exhibited much oozing.

An exceeding prostration is exhibited. This seems to be so great that even walking is found almost impossible. I should think, with such profound prostration, that this would be a wonderful remedy in the debility that so often follows our cases of grippe.

The paralysis seems to be much like that of *Cicuta*, in that it starts in the feet and creeps directly up the body. This condition, however, is painless.

The outstanding symptoms then of *Oleander* are its paralytic symptoms as exhibited throughout the body, and the overwhelming prostration that makes one feel that life itself would depart.

Further study of *Oleander* is not only interesting but it may bring to you the much needed friend in some desperate situation.

MONTCLAIR, N. J.

## DISCUSSION

DR. G. B. STEARNS: Did you mention painless paralysis as a keynote?

DR. W. W. WILSON: Yes, I spoke of that.

DR. D. MACFARLAN: Dr. Wilson spoke about the *Oleander* in Bermuda. I think the *Oleander* in Bermuda must be bigger than it is in Florida because when I was in Bermuda, at a distance, the trees looked as if they had large bells on them and the leaves are about that long.

There are three plants in Bermuda that are different there than they are any other place, the bougainvillea, the oleander and the hibiscus. It is prob-



ably due to the different habitat. The highest point in Bermuda is only 400 feet, I think, and it is a very dry climate. Probably that is the reason the oleander is different. There it has a very big red leaf.

DR. R. E. S. HAYES: The *Oleander* has one peculiar symptom with which I had a curious experience once. A patient had an acute diarrhoea condition and lost a little stool when he thought flatus was going to pass. *Oleander* failed. Then I noticed that it occurred only when the patient had been still awhile and began to move. *Rhus tox.* cleared the sickness.

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The time of waiting after perceiving the first working of a medicine is extremely variable, according to the duration and nature of the disease. If in the acuter diseases, as for instance in cholera, this time is measured by minutes, if in the most painful sufferings of such kind, instant relief and rapid cure are possible; in chronic diseases whole weeks must pass before the curative action begins to show itself, and especially in these tedious old chronic sufferings is the too rapid repetition of the dose or the too early change of prescription most injurious, in that the harm can only with difficulty and with great loss of time be overcome. On this crag the beginners in homœopathy are most easily wrecked.—BENNINGHAUSEN.

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The greatest study of the homœopath is in becoming acquainted with diseased action. We find this in drugs, to a better advantage than in natural sickness. One of the most important things for the homœopathic physician is to get a clear understanding of the nature of the peculiarities of each kind of disease, and all the peculiarities of each member of that family of the disease. Diseases and medicines run in families, and it seems that everything with which, as homœopaths, we have to deal, runs in groups and are related to each other.

It would be almost impossible for us to have a thorough understanding of the three chronic miasms, were it not for the fact that we have cases of artificial miasms, drug sicknesses.—KENT.

## PERSONAL EXPERIENCES WITH HOMŒOPATHY IN OBSTETRICS\*

A. PULFORD, M. D.

Labor is a *natural* process, and we are thoroughly convinced, in our own mind, after forty years of practical experience, that the evil results, both attending and following labor, are mostly due to our own carelessness or ignorance, or both. After the expenditure of the enormous sum of five hundred dollars (and we think the present day graduate who spent ten thousand dollars for a no better education has been badly buncoed), and twelve months of our valuable time, on March 25th, 1885, we were turned loose on an unsuspecting public, a full fledged obstetrician. The sum total of our wide, varied and practical experience along this line consisted of a single digital examination on a woman in the first stage of labor. Our theoretical teachings consisted of minute details of accurate pelvic measurements augmented by hair-raising accounts of, and warnings against, placenta prævia, puerperal eclampsia, metritis, peritonitis, septicæmia, puerperal fever, etc., standing ready to pounce out on one on any and all occasions, to make life miserable for both the patient and the doctor. To aid us to combat all of these, we were equipped with a few stereotyped lectures on materia medica. So one can readily see that we were thoroughly prepared and equipped to start out on our perilous voyage to engage any and all of those states singly or collectively.

We were first launched in the vast sea of obstetrics in the town of Ansonia, Conn. Our first case, a negress. Our first nurse, a negress. To this nurse we owe an everlasting debt of gratitude, for *she* taught us more practical knowledge, in that one case, about obstetrics, than we had received in our twelve months' college course. Under her tutelage our case got along wonderfully and gave us great confidence in ourselves.

While waiting for the next case there marched before our vision all the horrors which our old obstetrical professor had so vividly and so indelibly burned into our brain. It started our four cylindered Ford brain to work, and for once that brain pro-

\*Read at the I. H. A., Bureau of Pediatrics and Obstetrics, June 1930.

duced a really brilliant idea. We then had, and do now own, a copy of the finest and most reliable obstetrical work ever produced, from a therapeutic standpoint, the late Henry N. Guernsey's. What was that brilliant idea evolved? It was—that obstetrics or rather labor was a natural process; that it constitutes one of the most grave and the most important parts of mechanical measures concerning the human being; that a doctor could either make a happy family or completely ruin it by his ignorance and his carelessness; that no physician should be allowed to go to the bedside and deliberately ruin a woman, and lastly, that every doctor should undergo a rigid examination to show that he had at least more than a mere speaking acquaintance with proper emergency remedies to meet all the conditions enumerated above. We therefore set about to make ourselves as proficient on those subjects as it was humanly possible for us to do, and we were amply repaid therefor.

Homœopathy never failed us. We accepted every case that came to us, without question. We have never owned nor applied a pair of either delivery or placental forceps, nor have we ever met up with any of the above enumerated horrors. While at Tiffin, Ohio, we had most of the pottery and glass workers' wives to deliver, and they bred like rabbits. It was at Tiffin that a German woman taught us how to deliver the placenta.

Our method of caring for obstetrical cases was as follows: We always liked to have our cases a little ahead of time in order that we might have time to study them and get them properly prepared. For this part there is no royal road. Medicines given merely to cause easy birth and given without reference to the patient's general physical condition too often prove a curse rather than an unmixed blessing, in the end. Before labor starts we always like to get the nurse and patient together and explain just what is expected of them. Explain to them the evils of the unnecessary use of narcotics, anæsthetics, twilight-sleep, etc., for if there is any time in a woman's life that she needs her unclouded senses it is during labor. During labor, if everything is natural we never interfere. If the pains are not natural we apply the indicated remedy, not simply a remedy to ease the pains or a remedy to increase the force of the expulsive powers. We are

a firm believer in hot water during labor, as hot as can possibly be borne, and above all, plenty of time, for to those two virtues we place the credit of having had very, very few tears. During the pains we have the patient bear down, only then, and then not too powerfully, but steadily and firmly, not in a sudden, superhuman burst of effort, for it is through this latter effort that all the tears take place, and under narcotics, etc., the victim is unconscious of what is going on, therefore does not realize the damage being done. When each pain ceases we have the patient rest all she possibly can, even sleep if possible. The hot cloths are not only relaxing but they greatly ease down the pains. During the pains we always keep our finger in close touch with the os that we may govern the amount of pressure allowed, the more the os is dilated the more pressure is admissible without fear of tearing the parts. After the head is born we always make it a point to look after the cord to see that nothing interfered with it or that it did not interfere with the normal delivery.

After the child is born, all other things being normal, we always allowed our patient, especially if rather exhausted, to rest awhile before proceeding to deliver the placenta. This allows the uterus to recover from the shock and the strain and gives the placenta a chance to thoroughly loosen. When ready to deliver the placenta we make gentle but firm traction on the cord and at the same time have the patient put the back of her hand tightly against her lips and have her blow hard against it, gently bearing down at the same time. As far as our own experience goes this method has never failed to bring the placenta away. After everything has come away, always provided no other remedy is indicated, we invariably gave a single dose of *Arnica* as both a preventive of septic conditions arising and to prevent any excessive soreness that might arise from pressure and the more or less mechanical abrasion of the mucous surfaces during the passage of the child. After three days, again always provided no other remedy is indicated, we gave a single dose of *Nux* to right the irregularities arising from the disturbed functions. Very, very few of our patients had to have further measures and all made record recoveries.

Either fortunately or unfortunately we never had a case of

placenta prævia, so that we do not know what we should have done in such a case, but we should not have refused it had it come to us. When it comes to obstetrics give me homœopathy and you may have all the rest.

We were almost stumped on three cases: The first was the largest baby delivered at the Pittsburgh Hospital while interne there, but by the aid of plenty of hot water and *Gelsemium* we got through without a sign of a tear or any evil after effects. John McClellan who had charge of the department was amazed that it could be done. The second case was that of a woman who had had four children and not a single natural birth, had never known what a natural labor pain was. The parts seemed dead, each child having had to be taken away with instruments and every placenta taken away mechanically. We took that case without a thought of how we were coming out. What if homœopathy should fail; what would we expect to accomplish with only our ten digits? We had not the least fear of homœopathy's failing, and it did not fail. *Kali phos.* came to the rescue and brought on normal labor pains, and plenty of hot water did the rest. We had a normal birth, a normal baby, a normal placental delivery and the first and finest return to normal the lady had ever known. The third of these cases taught us the most valuable lesson in homœopathy we ever had or learned in our life. The late Dr. W. H. Stover, then a member of the I. H. A., was the teacher. We had previously attended this patient and she was so pleased that she sent for us again, and almost had most excellent reason to regret it. We were with that patient three days and three nights. Had she not known of our previous work in that line she would not have stood for it. On that eventful morning we looked up and to our great joy we spied Dr. W. H. Stover. We called him in and told him of our predicament. He examined the woman, turned to me and said: "There is nothing wrong, what are the symptoms?" We replied that the pains were coming on very frequently but instead of accomplishing anything were passing off in a desire for stool and urinating. "Well", said the doctor, "what remedy covers that?" To which we promptly replied *Nuxvomica*. "Well, why in Hades don't you give it?" When we replied that we had never thought of it in those cases he indig-

nantly replied: "Does not your materia medica tell you to give it whenever indicated irrespective of the name of the disease or existing condition?" We had none with us. He had. He gave a dose and in just 30 minutes we had a fine seven-pound baby, and in another half hour we were both on our respective ways home with our fees in our pockets.

The last labor case that we saw was that of a very delicate, sensitive girl. Her mother-in-law, a nurse, insisted that she could never go through the ordeal without either anæsthetic or twilight sleep, and insisted that she have it. We said no! We explained everything to the lady. She consented to try our plan. The time arrived, the husband, the father and mother, the mother-in-law and the doctor stood about the bed expecting to hear Rome howl. The pains had located in the back and did little good. A single dose of *Kali carbonica* soon set matters right. The lady followed our advice. Not a soul knew when the head was born. Everything went off like clockwork and without a sign of a tear either vaginal or cervical for the two doctors and the nurse examined the patient very closely. HOMŒOPATHY IS WOMAN'S CHOICEST GIFT FROM HEAVEN.

TOLEDO, OHIO.

In acute troubles, if it is possible to wait the time through for the remedy, give it very high at the close of the attack, and you will be very likely to so build up that constitution that the next attack will be much lighter. At the close of that attack give another dose of the same remedy very high. If you prescribe during the attack, give a different potency from what you expect to give at the close of the attack, because it will exhaust itself during the acute disease action. The medicine exhausts itself very actively when given with the acute symptoms. After the attack has passed off, if you do not follow it then with the proper remedy, which may be the same one, quite likely the next attack will not be much lighter.—KENT.

## A FEW REMEDIES INFREQUENTLY USED\*

FRANKLIN POWEL, M. D.

*Asterias Rubens* (Red Starfish)

This is an old remedy used by Hippocrates in uterine disease, as well as by others later. It is useful in threatened apoplexy, acne, constipation, hysteria, ulcers and uterine affections. In these days of search and research for cancer remedies it should not be overlooked. Sexual desire is increased and there is a pushing out sensation in the womb, impeding walking like *Sepia*. It seems to act better on the left side. The slightest cause moves to tears (*Puls.*). It has hallucinations; he feels he is away from home; he hears voices and replies. He fears bad news of some impending misfortune; he fears apoplexy. There is sudden sensation of fulness in the head; a rush of blood to the head as if it would burst; a red, flushed face; lancinating pains in the left breast, worse at night with retraction of the nipple and hardness surrounding it. I have used it successfully in threatened apoplexy with the fulness in the head, red face, and the fear. Think of *Glonoinum*, also, which does not have the fear.

*Bellis Perennis* (Daisy)

A flower repeatedly trodden upon and always coming up smiling afterwards, the "Day's Eye". This may be the sign of its too early waking. Dr. Burnett is the chief authority for its homœopathic use. It acts very much like *Arnica*, even to the production of erysipelas. Tumors originating in a blow have been cured by it. Stasis and fatigue are the principal notes of its action; fagged womb, varicose veins, the giddiness of elderly people. It has marked action on the female sexual organs, especially on engorged uterus and breast. It is wonderful as an aid in overcoming masturbation. It is pre-eminently left sided. It has produced boils, especially on the neck and lower jaw, acne, rheumatic pains, and dilatation of the pupil when used locally. It causes a tired feeling with desire to lie down. It is not wise to give it near bed time as it is apt to cause sleeplessness, or waking at 3

\*Read at the I. H. A., Bureau of Materia Medica, June 1930.

a. m. with inability to go to sleep again. It is useful for the effects of cold or iced drinks when heated. I have cured painful distention of the abdomen during pregnancy with great soreness and a feeling as if there was not room enough in the abdomen; severe neuralgic pains over the left eye from eating ice cream; boils on the neck and lower jaw; and masturbation in a male who was emaciated and on the verge of insanity but unable to give up the habit.

Compare *Arnica*, *Calendula*, *Hypericum*, *Conium*, *Arsenicum*, *Hammamelis*, *Vanadium*, and for the effects of fag, *Uric acid*.

*Lapis Albus*

A combination tablet but not of the kind or contents used by the modern homœopath. It is useful in goitre, tumors, cancer and gland growths. There are burning, shooting, stinging pains in cardia, pylorus, breasts and uterus. The gland tumors are elastic and not hard and are found where no glands exist. It has cured dysmenorrhœa.

*Myrica Cerifera*

A great liver remedy. I have used it over 40 years. A good article in the April *Hahnemannian Monthly* gives the correct indications for its use.

*Myrica cerifera* is said to be especially indicated in the catarrhal type of jaundice. There is catarrh of the mucous membrane in general, pharynx, bronchi, bile ducts, etc. The tongue is thickly coated; the mouth dry, with tendency to crust formation. Thirst is present, and a craving for acids. The stools vary from clay-colored to light yellow and ashy gray. There are two characteristic symptoms which lead to the selection of *Myrica*.

1. Accompanying the jaundiced sclera, there is an abnormal redness of the eyelids, with some swelling, and a smarting of the eyes with burning and a sensation as of sand in them.

2. An intense itching of the skin without definite eruption accompanies the jaundice. In Hering's *Guiding Symptoms* it is described as "itching as from flea bites".

*Paris Quadrifolia*

Acidity. Neuralgic action. Acts on mucous membranes. It has cured some forms of mania, especially when there is loquacity. There is a marked effect on the eyes, they feel as if too large for the sockets; as if they were projecting and were being drawn

tightly backward by a string. It might be useful for garrulous females intoxicated by excessive tea drinking. There is a feeling of distention in the head and root of the nose; a thick greenish discharge from the nostrils; a sensation of a ball lodged in the throat with burning; a fishy, putrid smell (*Colch.*); a badly smelling diarrhœa; coldness sensation of the right side of the body, while the left side is hot; soreness to touch all over the body; hunger soon after a meal. I have cured three cases of hard, painless tumors the size of a pigeon's egg on the hard palate.

*Plantago Major*

A proving is recorded in Hale's *Materia Medica*. It has cured the toothache of pregnant women, right sided sciatica, and enuresis of children.

*Viscum Album*

Left sided sciatica exceedingly severe. Metastasis from nape of neck to buttocks and outside of left thigh. Fearful, tearing, shooting, throbbing pains. Slightest touch causes pain in the thigh. There is no relief from any position. Three cases were cured in three to four days.

CHESTER, PA.

The keystone of the arch, on it has rested and on it will rest the future destiny of homœopathy; and, like a keystone, the harder the pressure brought upon it the tighter and more immovable the stone: "The symptoms of the patient must be similar to that of the medicine intended to cure." . . . It will often happen that several remedies have both similar symptoms and one would be at sea as to which one was indicated, but for this silken cord, *viz.*: In particular the prominent, uncommon and peculiar symptoms of the patient should be the prominent, uncommon and peculiar (characteristic) symptoms of the drug. It is thus in degree that we decide on the remedy.—D. S. KISTLER, M. D., 1895.

THE HOMŒOPATHIC LIBRARY AND HOW TO  
PROFIT BY IT\*

B. C. WOODBURY, M. D.

Emerson, our own New England poet and philosopher, has informed us in his *Essay on History* that: "All literature writes the character of the wise man. Books, monuments, pictures, conversations, are the portraits in which he finds the lineaments he is forming. The world exists for the education of each man." To the mind of the Hahnemannian this latter expression may be translated into the slogan, "The world for homœopathy".

In discussing the subject before us today, we must bear in mind first of all that had it not been for the invention of one Gutenberg we should have no need for this discussion. Of the latter's achievement, which made possible the art of printing, Mr. H. G. Wells has this to say in his *Outline of History*: "Apparently the glory, such as it is, belongs to Holland. In Haarlem, one Coster was printing from movable type somewhere before 1446. Gutenberg was printing at Mains about the same time. There were printers in Italy by 1465, and Caxton set up his press in Westminster in 1477. But long before this time there had been a partial use of printing". Had it not been for Samuel Hahnemann, a Saxon, we should not be here today for the consideration of *The Homœopathic Library and How to Profit by It*. Nor is it necessary to remind our audience that had Hahnemann been as radical as was Paracelsus his predecessor, who is said to have burned the works of Galen and Avicenna and begun his own book-making, we should not be giving consideration to the chief medical writer since Hippocrates. But Hahnemann is not easy to read in the original, or so the majority are said to believe. Especially is this true when we consider that some of his writings, especially his *Dissertation on the Helleborism of the Ancients*, was written in classical Latin. So we rejoice in the printed page and render homage to the translator's art.

\*Lecture delivered at the opening session of the Post-Graduate School of the American Foundation of Homœopathy, 1928.

In 1849, the gifted Dr. Benjamin F. Joslin of New York, in his *Essays on Homœopathy*, stated that:

Educated physicians who embrace homœopathy in the present early stage of the reformation are under the necessity of sacrificing not only their preconceived opinions, but a portion of that respect which they previously enjoyed in the profession and in the community. In order to make these sacrifices, they must generally be men possessed of sound minds and actuated by pure and lofty motives—men who prefer facts to hypotheses, and the interests of truth and humanity to their own temporary advancement.

The sacrifices of the early followers of Hahnemann, those pioneers whose names are monumental in the history of homœopathy, were unrivaled in the history of medicine. Of such does the true fabric of homœopathy consist.

The love of learning and of books is the delight of the true follower of Samuel Hahnemann. Joslin has further said that "The physicians of former ages never rejected the homœopathic materia medica, for it was not known; and as the physicians who preceded Hahnemann knew but few of the symptoms which medicines excite in healthy persons, they had no means of determining whether medicines always relieve symptoms similar to those they produce; they never tried this as a general law of cure . . . homœopathy was never rejected before the time of Hahnemann". The adoption of the suggestion for the proving of drugs upon the healthy given to the medical world by Albrecht von Haller, and submitted to the inductive method employed by Hahnemann in his celebrated *Cinchona* experiment was the beginning of the homœopathic library as it stands today. Without this initial testing, we had not the materia medica. Hahnemann wrote:

Physiology, until Haller's time, looked only through the spectacles of hypothetical conceits, gross mechanical explanations, and pretensions to systems, until this great man undertook the task of founding the knowledge of the phenomena of the human body upon sensible observation and truthful experience alone. Little has been added since his time, except so far as newly-discovered products, newly-discovered powers and laws, have conspired to explain the constitution of our frame. But from these, little has been incontrovertibly established.

Then came the famous experiment. Following in the footsteps of the great Haller, Hahnemann, the searcher, the scientist, the experimenter, led the way to a new and hitherto undiscovered country. What had previously been as *terra incognita* became a rich and fertile terrain. In the *Essay on a New Prin-*

*ciple* and in *The Medicine of Experience*, he sets forth the method to be pursued; in the *Fragments* are collected the first observed facts of the new science; and in the *Materia Medica Pura*, are gathered the rich fruits of his labors, the crowning achievements of which have come down to us in the pages of the *Organon*, and in *The Chronic Diseases*.

In his *Theory and Practice of Homœopathy* Dudgeon writes:

How he executed his task I need not relate. The ten volumes of provings he has left us are an eternal monument to his energy, perseverance, conscientiousness, and self-sacrifice. "When", says he, "we have to do with an art whose end is the saving of human life, any neglect to make ourselves thoroughly masters of it becomes a crime".

We may form some idea of Hahnemann's immense industry when we consider that he proved about ninety different medicines, that he wrote upwards of seventy original works on chemistry and medicine, some of which were in several thick volumes, and translated about twenty-four works from the English, French, Italian, and Latin, on chemistry, medicine, agriculture, and general literature, many of which were in more than one volume.

For example, we are told by Bradford, in his *Life of Hahnemann*, that his treatise on arsenical poisoning contains "861 quotations from 389 different authors and books in different languages and belonging to different ages, and he gives these references accurately both volume and page". Again, so exhaustive was his knowledge of the subject-matter that in order to have written his dissertation on *The Helleborism of the Ancients*, he must have read in the original not only the works of no less than the forty-four authors therein quoted, but many more. How stupendous, therefore, were the labours of this one man! To the writings of Hahnemann as a beginning there have been added, in the course of the one hundred and thirty years of the existence of homœopathy, thousands and thousands of pamphlets, monographs, single volumes and extensive works on homœopathy.

Probably next in importance to Hahnemann as a contributor to the materia medica in the early days was Bœnninghausen who compiled much material, as well as being the author of the *Repertory*. Contemporary with Bœnninghausen was Jahr, who arranged the materia medica in what is known as the *Symptom-Codex*, to which was also appended a valuable repertory, which has probably passed through as many or more editions than any other work extant. The work of Noack and Trinks is included in the Timothy Field Allen collection, which has been so gener-

ously placed at the disposal of the Post-Graduate School of the Foundation this year, through the kindness of Dr. Elizabeth Wright Hubbard. It might be well to call attention here to the fact that this library, next to that of the late Henry N. Smith of New York, is considered the finest private collection in this country. The library of Dr. W. A. Dewey, formerly of the teaching staff of the University of Michigan at Ann Arbor, also vies with this collection in its excellence. Dr. Dewey was the collector of the Smithsonian Exhibit at Washington, D. C., which also contains a valuable collection of homœopathic works, in fact, a sufficient number for the ordinary working library. Dr. Dewey was the representative of the Trustees of the American Institute of Homœopathy in the direction of this work.

Some years ago it was my good fortune to do some preliminary work in the library of the Hahnemann Medical College of the Pacific, under the direction of the former Dean, Dr. James Ward of San Francisco. My task, a most pleasant one indeed, was the sorting of the various works to exclude all but duplicate volumes, one set of which was afterward removed to the library of the University of California, for the use of its department of homœopathy. I mention this fact because it became the service of Dr. Dewey a little later on to catalogue the entire collection. I have also been responsible for the cataloguing of the library at the Foundation Headquarters at Washington, where a large collection of homœopathic works is now available; and a good many books are still unlisted owing to lack of library space. There is much pleasure and profit to be derived from such a task, and I strongly advise the young student of homœopathic classics, if he has not already done so, to go through his own or some other physician's library, and catalogue its valuable contents. In this way he will become more than passing familiar with the majority of the masterpieces of homœopathy. This chiefly by reason of the fact that he will therein discover many a work that he would otherwise overlook or to which his attention might not otherwise be called.

In the cataloguing of the Allen library, Miss Margaret P. Blodgett, a professional cataloguer, has listed these works in accordance with the schema in use at the Boston Medical Library,

which is undoubtedly one of the finest libraries of its kind in the country.

For a complete list of Hahnemann's writings I would refer our students to Dr. R. E. Dudgeon's preface to Hahnemann's *Lesser Writings*; also to Bradford's *Life of Hahnemann*, and particularly to Dr. Richard Haehl's index of *Essays and Works of Hahnemann*, appended to Vol. II of his recent and monumental volume, *Samuel Hahnemann: His Life and Work*. This interesting and valued work if not in the Allen collection will be available to our students from the private libraries of your instructors.

In the catalogue of the Allen collection, homœopathic works, in a general way, are divided into three or four divisions:

#### MATERIA MEDICA

Section 1, let us say, is devoted to the multitudinous works of materia medica, such as Hahnemann's *Materia Medica Pura*,\* and *The Chronic Diseases*, Hering's *Guiding Symptoms*, in ten volumes, Teste's *Materia Medica*, Dunham's *Materia Medica*, Allen's (Timothy Field Allen) *Encyclopædia of Pure Materia Medica*, in its ten volumes, Allen's *Symptom Register of the Materia Medica*, Cowperthwaite's *Text-Book of Materia Medica and Therapeutics*, Jahr's *Symptomen-Codex* with Repertory, Clarke's *Dictionary of Homœopathic Materia Medica*, and others of this author's writings, Lippe's *Materia Medica*, Kent's monumental *Lectures on Homœopathic Materia Medica*, lesser works on materia medica such as H. C. Allen's *Keynotes*, Guernsey's *Keynotes*, Allen's (T. F.) *Primer*, Pierce's *Plain Talks on Materia Medica*, Blackwood's *Manual of Materia Medica*, Boericke's *Pocket Manual* (now in its ninth edition), Boger's *Synoptic Key* (now in third edition), Breyfogle's *Epitome*, Royal's *Text-Book of Materia Medica*, Schuessler's *Twelve Tissue Remedies*, Farrington's *Clinical Materia Medica*, Wheeler's *Introduction to the Principles of Homœopathy*, Hughes' *Cyclopædia of*

\*This division into four main classes is purely for the sake of simplification, and is entirely for the purpose of generalization. In the classification being followed in cataloguing, these main divisions are designated as follows:

Materia Medica and Proving; Philosophy; Rare and Valuable Works; Hahnemann (and his works); Therapeutics; Repertories.

*Drug Pathogenesis*, Hughes' *Manual of Pharmacodynamics*, already a long list.

#### II—REPERTORIES

This library will be found to contain all the works on repertorial analysis extant, beginning with Bœnninghausen's classical *Therapeutic Pocket Book*, Kent's *Repertory* in its three editions (the first edition bound in fascicles) the most complete and most widely used repertory known. Other repertories include Knerr's *Repertory to the Guiding Symptoms*, Gentry's *Concordance Repertory*, Lee and Clark's *Repertory*, the *Cypher Repertory* and Berridge's *Eye Repertory*, Shedd's *Clinic Repertory*, Boger's *Bœnninghausen* (Characteristics and Repertory), Lippe's *Repertory*, Bidwell's *How to Use the Repertory*, the *Allen Slip Repertory*, Bœnninghausen *Checking List*, the *Field Symptom-Register*, and many smaller repertories and digests, as for example Guernsey's *Repertory of Hæmorrhoids*, Dienst's *What to Do for the Head*, *What to Do for the Stomach*, et cetera.

#### III—HOMŒOPATHIC PHILOSOPHY

It is to the Kentian era of homœopathy, probably more than to any other period, that we are indebted for the classification of homœopathic principles, theory and practice, or institutes, to use still another expression, under the more comprehensive term, homœopathic philosophy. In this group is included first of all, of course, Hahnemann's *Organon*, which since the first edition of 1810 has passed through six successive American and German editions, and stands forever as of paramount importance as an exposition of the homœopathic method. The Allen collection contains one of the choicest of all books, the first edition (of 1810) published by Arnold of Dresden. The fifth American edition was translated by the late Dr. Conrad Wesselhoeft of Boston, and the sixth was translated by the late Dr. William Boericke of San Francisco, with an introduction by Dr. James Krauss of Boston. The first American edition, a much prized book, was published by the authority of the Allentown School, with a preface by Dr. Hering. This is sometimes spoken of as the Allentown edition. The first edition of the *Organon*, edited by Dr. C. E. Wheeler of London, and published by Everyman's Library, though now out

of print, is one of the most useful and valued of books, especially for the beginner.

Next in importance comes Kent's *Lectures on Homœopathic Philosophy*, a resumé of the lectures originally given at the Post-Graduate School of Homœopaths, conducted for several years in Philadelphia for the making of homœopathic physicians. Its aims were in the main identical with those of this post-graduate teaching at the American Foundation for Homœopathy. Another work of vast import is Dr. Stuart Close's *The Genius of Homœopathy*, *Lectures and Essays on Homœopathic Philosophy*, and finally such works as Dr. William Boericke's *Compend of the Principles of Homœopathy*, Dudgeon's *Lectures on the Theory and Practice of Homœopathy*, which, though written in the year 1853, are still standard sources of authority. *Hahnemann on Homœopathic Philosophy* by Drs. John Weir and Margaret Tyler of London; Hahnemann's own *Lesser Writings*, Dake's *Therapeutic Methods*, Carroll Dunham's *Homœopathy the Science of Therapeutics*, Dr. C. E. Wheeler's *The Case for Homœopathy*, Dr. John H. Clarke's *Homœopathy Explained* and Burnett's *Fifty Reasons for Being a Homœopath* (to which is added *Some Irrefutable Statistical Proof Thereof* by E. Petrie Hoyle), and many another treatise on the subject give to Hahnemann's teachings a basic philosophy that allies it to the underlying literature of the ages.

#### IV—HOMŒOPATHIC THERAPEUTICS

The delver into homœopathic verification will find ample proof and support of homœopathy in its clinical application in such monumental works as Lilienthal's *Homœopathic Therapeutics* (now in its fourth edition), C. G. Raue's *Special Pathology and Therapeutic Hints*, Guernsey's *Obstetrics*, Jahr's *Forty Years' Practice*, Jahr's *Nervous Diseases*, Jahr's *Clinical Guide and Repertory*, Dewey's *Essentials of Homœopathic Therapeutics*, Mills' *Practice of Medicine*, Arndt's *System of Medicine*, and *First Lessons in Symptomatology*, Dewey's *Practical Therapeutics*, Royal's *Practice*, and *Diseases of the Brain and Nervous System*, Bartlett's *Practice of Medicine*, Jousset's *Practice*, Rud-dock's *Homœopathic Vade Mecum*, Nash's various works, such as are so well exemplified in his *Leaders in Homœopathic Thera-*



*peutics, Leaders in Typhoid, Leaders in Sulphur, etc.*—these works are all of them worthy of the highest consideration. Though homœopathy in principle does not stand for the treatment of the sick through disease names, but treats every patient as a separate and individual case of illness, it is often of interest and profit to examine the indications of remedies as related to specific groups of cases, if not of the same symptoms, of similar general classification. A multitude of smaller works are at hand to supplement the larger and more comprehensive treatises here mentioned.

Homœopathy stands for the treatment of the patient as a whole rather than as a part, hence as an individual, not as a class. Hahnemann has said that there are no diseases; there are only sick patients. It is with this attitude of mind that we approach the treatment of a case through the use of any epitome, any practice of medicine or any clinical or therapeutic guide. We have mentioned here only a very few of the multitudinous works of larger or smaller size dealing with the great field of homœopathic therapeutics.

Aside from these works, there are a legion of pamphlets, essays, and papers on homœopathy in all its interesting and varied phases that are worthy of reading, and many of these now out of print that deserve republication. Kent's *Lesser Writings*, along with the third edition of the *Repertory*, have recently been published. There are many other papers by such masters in homœopathy as Hering, Lippe, J. H. P. Frost, Carroll Dunham, P. P. Wells, A. McNeil, B. Fincke, Bayard Joslin, and many writers of later years. This is in part some of the future work for the American Foundation of Homœopathy, in its publication and re-publication of the classics of homœopathic literature.

Some years ago, in looking up the material at the disposal of the Boston Medical Library, it was found that this library contains no less than five hundred books and pamphlets on homœopathy. Undoubtedly this number has since been greatly augmented by newer acquisitions. The Boston Public Library also contains no less than one hundred books and pamphlets on homœopathy, though this collection is woefully out of date, as but few works have been added to it in recent days. Several years

ago Dr. Oliver Wendell Holmes expressed himself as follows, relative to the establishment of the Boston Medical Library:

I would extend the hospitality of these shelves to a class of works which we are in the habit of considering as being outside the pale of medical science, properly so-called, and sometimes of coupling with a disrespectful name . . . I have welcomed Culpeper and Salmon to my bookcase as willingly as Dioscorides or Quincy . . . I have found a place for St. John Long . . . I would give Samuel Hahnemann a place by the side of Samuel Thomson. (*Medical Essays*, p. 414).

It is exceedingly interesting to note, that while Dr. Holmes was popularly known for his famous essay on *Homœopathy and Its Kindred Delusions*, the liberal spirit here engendered in his broad conception of the field of medical literature still obtains at the library. And the shelves of the library, wherever limited housing admits ever welcomes homœopathic books and pamphlets, even to the exclusion of many more pretentious and imposing systems of medicine.

The names of Wood, Flint, Mott, Simpson, Pancoast and Bigelow shine as luminously as the more modern association of the age of bacteriology—Virchow, Lister, Holmes himself, and Pasteur. Along with the massive tomes of Hippocrates, Paracelsus, von Helmont, Galen, Brown, Cullen, Boerhaave, Broussais, Detharding, Lamarck or Brown-Sequard, are the modest but impressive volumes of Samuel Hahnemann. In thus opening its book shelves to treatises on homœopathy, the Medical Library, following the example of Dr. Holmes, thus does honor to his liberality of spirit, and exemplifies likewise the fact that despite an outward medical intolerance, the great autocrat was first of all a literary savant, and secondly a medical zealot. Hence his appreciation of genuine medical literature wherever it could be found. It has been said that we are first physicians, next homœopaths, and lastly Hahnemannians. So as we enjoy the bounteous fruitage of these masterly compilers of our literature, let us not forget the least or the greatest among the pioneers of homœopathy.

Robert Louis Stevenson in his *Eulogy of the Doctor*, states that: "He is the flower of our civilization and when that stage of man is done with, only to be marveled at in history he will be thought to have most notably exhibited the virtues of the race".

And finally it is from books that we penetrate most deeply

into the secret places of the most high minds of men. Here in the pages of these masterly works we may look in retrospect upon the fading generations that have previously passed our way. Such master builders may not pass this way again.

#### HOMŒOPATHIC MEDICAL JOURNALS

We have not thus far discussed one important phase of homœopathic literature, namely homœopathic medical journalism. It is interesting to note that even at the present time, years after their publication, the files of our earlier and earliest homœopathic journals are still given the prominent place that you will observe has been given them on the shelves of this library. The fact that this is so, is due to the unsurpassable value of the materials contained in these pages. Take, for example, such early magazines as *The Hahnemannian Monthly*, *The American Homœopathic Review*, *The Homœopathic Examiner*, *The British Journal of Homœopathy*, *Stapf's Archives*, *The United States Medical and Surgical Journal*, *Skinner's Organon*, *The North American Journal of Homœopathy*, *The Clinique*, *The Homœopathic Observer*, *The Homœopathic Physician*, *The Philadelphia Homœopathic Journal*, *The American Journal of Homœopathic Materia Medica*, *The Medical Advance*, *The American Observer* and the *New England Medical Gazette*, not to mention such clinical records as are contained in *Raue's Records of Homœopathic Literature*, *The Homœopathic Clinics* and the bound volumes of the *Transactions of the International Hahnemannian Association* and some of the earlier *Transactions of the American Institute of Homœopathy*, and the *Transactions of the various World's Congresses of Homœopathy*. Among later journals may especially be mentioned *The Journal of Homœopathics*, *The Homœopathician*, *The Homœopathic Recorder\**, *The Indian Homœopathic Review*, *The Homœopathic Director*, *L'Homœopathie Francaise*, *Algemeine Homœopathische Zeitung*, *Revista de Homœopatía Practica* of Barcelona, *The British Homœopathic Journal*, *The Homœopathic World*, the *Homœopathic Survey* and the *Journal of the American Institute of Homœopathy*. This is our

\*See *Index to Current Homœopathic Literature*, Jan.-June 1930, pp. 55, 56.

literary armamentarium. Herein are the letter and spirit of homœopathy. Without the spirit the letter is dead, and our practice becomes, as Hahnemann remarked, but "sounding brass and a tinkling cymbal".

Out of Germany—Saxony—was Hahnemann born. There is at the present time what our friend Dr. Perez would call a reviviscence of homœopathy. Some of that spirit of recreation is being manifest in Germany, in Spain, in France, in Mexico, in England, in America, and in other countries of the world. May this spirit continue until the slogan mentioned in the beginning of this paper, "The World for Homœopathy", may be an accomplished fact.

*The Homœopathic Library and How to Profit by It*. First we must examine it, to determine its origin and what it contains; next we must know where to find this material; and lastly we must test and verify by experience the great truths contained therein.

Out of our books we may read the secret hieroglyphics of the past and come to interpret them in the clear meaning of today, in the language of what James Compton Burnett has called "the homœopathy that is expansive, progressive, science-fostered, science-fostering and world-conquering". In this our art live that bright galaxy of souls who have made our heritage great. Out of books we may partake of that heritage, and with truer vision interpret them anew.

#### EX LIBRIS

In an old book at even as I read  
Fast fading words adown my shadowy page,  
I crossed a tale of how, in other age,  
At Arqua, with his books about him, sped  
The word to Petrarch; and with noble head  
Bowed gently o'er his volume that sweet sage  
To Silence paid his willing seigniorage.  
And they who found him whispered, "He is dead!"

Thus timely from old comradeships would I  
To Silence also arise. Let there be night,  
Stillness, and only these watchers by,  
And no light shine save my low study light—  
Lest of his kind intent some human cry  
Interpret not the Messenger aright.

—ARTHUR UPSON.

BOSTON, MASS.

## A WORD FOR HIGH POTENCIES\*

CHARLES C. BOWES, M. D.

The homœopathic physician who leaves the higher potencies out of his armamentarium is practising under a most serious handicap, and withholding from his patients remedial agents which not only bring them back to normalcy but keep them there—when grosser products of the same remedy have relieved for the time being only.

The truth of this has been forced upon me more and more during a practice of thirty-five years.

Nature, herself, uses the utmost delicacy in bestowing her benefactions upon man. I think it is an error made very often in treating acute cases not to repeat the remedy, when given high, at frequent intervals until decided improvement is made, before leaving it off and awaiting its action.

In a case of worm fever many years ago I had a boy with nothing but *Cina* symptoms, two prominent ones being a perfectly clean tongue, and always puckering up his face to cry when I entered the room and refusing to let me touch him. As I had always been a great favorite of his, I considered this last symptom the most significant one of the case and couldn't think of any remedy but *Cina*. I gave it first in the 3rd at two-hour intervals without any favorable action, then in the 30th with the same result. I then dropped to the tincture, 10 drops in half a glass of water at two-hour intervals in teaspoonful doses, but still no result—all the symptoms persisting and the family becoming anxious. I then decided to give the remedy in the 200th, about one-third of a teaspoonful in a half glass of water that had been boiled—a teaspoonful every two hours while awake. Next morning I was greeted with a smile all around and the boy was cured. He received no more medicine and made rapid recovery. The high potency did it so convincingly there could be no doubt about it, and how high would it really be, about twenty drops in a half a glass of water?

A pregnant lady, whose whole makeup made one think of

\*Presented before the Texas Homœopathic Medical Association, October 14-15, 1930.

*Pulsatilla*, came crying into my office with an aching tooth. The day was cold, and I asked her how she was able to stand a trip in such weather, with the toothache. "Oh", said she, "it doesn't ache while I am in the cold air, but as soon as I get in the warmth it starts and I go to crying".

I gave her a dose of *Puls.* 1M dry on her tongue and sat talking with her a little while, noticing a feeling of relief beginning to show in her face. In a few minutes she smiled and said, "Doctor, I am easy". She received no more medicine and went through her pregnancy with no more toothache.

A child of four years, falling in a short spell of unconsciousness, unable to control the flow of urine day or night, was absolutely cured by one dose of *Terebinthina* 1M. The history of the case was that the child had drunk a lot of turpentine when 18 months old and had gone from bad to worse ever since. She never had another fit after that dose, and gradually but quickly got over the enuresis. She got nothing but a *Placebo* from then on.

A beautiful lady made sad by a persistent puffiness of her face, particularly in the upper part, was cured by a few doses of *Rhus* 200 after several allœopathic physicians had been tried over a period of two years. She had a history of having been poisoned in her youth with poison ivy. No return in two years.

The most conspicuous example of aggravation I have ever seen from the repetition of a high potency occurred in the first year of my practice in an eastern city.

The patient was the half-witted foster-child of a Salvation Army family, a boy. He had all the earmarks of *Sulphur*—skin, hair, eyes, and aversion to being washed. He was having seven or eight fits daily when brought to me, and, as the fit came on, if he was on his feet, he began running backwards—a *Sulphur* symptom. I gave the father 21 powders of *Sac. lac.* and put a powder of *Sulphur* cM on the boy's tongue. The *Sac. lac.* was to be taken three times daily after meals. At the end of a week the report was that he hadn't had a fit since taking the medicine; the *Sac. lac.* was repeated and the following week he had three fits, more *Sac. lac.* The following week he had seven fits. I then repeated the *Sulphur* cM and gave more *Sac. lac.*

The result of this repetition was fatal, as he began having

fits within twenty-four hours, and they succeeded each other with such rapidity that he no sooner had one than it merged into another. *Puls.* was given in an attempt to antidote the *Sulphur* but he died after about twelve hours (of exhaustion). The family (having nothing else to do, I suppose) said he had seventy fits.

What more positive evidence would one want, to establish beyond a doubt the wonderful power of the high potency? Now, as Al Smith would say, "Laugh that one off".

These cases are but a few that I can recall from memory, my records for many years having been burned in two disastrous fires, but I hope even these few cases will impress you all with this fact: That the higher potencies of our remedies have indisputable value in the cure of disease.

GREENVILLE, TEXAS.

The symptoms are really the outer reflected image of the real disease that the drug produces. Now if you do not understand this outer reflected image, and if you do not understand the symptoms, you will not understand the disease. They go together. If you do not understand the disease you will not understand the image, they go hand in hand; they are alike, and so when you see one you see the other. You may read over the symptoms, but just as long as you undertake to commit them to memory, so long as you see the symptoms in the language of the prover, and undertake to commit to memory that language, just so long you fail to see the inner nature of the disease that the drug produces.

It is more than likely that Hahnemann had a clear understanding of this, and that herein existed the wonderful genius of the master; that he had a clear comprehension of the nature of the sickness and a clear comprehension of the nature of the pathogenesis. Were it not so, how could he have had the prevision he had when studying cholera—a disease that he had never seen—simply by the symptoms and expressions he took the sphere, the inner reality of the disease itself, and named the medicines, and they have stood by us and always will stand by us in cholera.—KENT.

## ACONITUM NAPELLUS (ACON.)\*

A. AND D. T. PULFORD, M. D.

### CLINICAL:

**COUGH:** Worse: after eating or drinking, during sleep, from vexation, especially after fright, and from cold, dry winds and currents of air, and heat. Better lying on back. Constant, short, dry, with sense of suffocation which increases with every inspiration. Clear ringing or whistling, from burning prickling in larynx or trachea. Dry: short and forcible from scratching in throat; or with shooting and raw pain in chest, from change of temperature; or croupy, suffocating, wakens one from sleep. Hollow, hoarse, choking, causing blueness of face. Uvula feels elongated as if coming in contact with tongue. **WHOOPING:** First stage, catarrhal, inflammatory with above Essentials. (Other remedies in brief, are: *Ambr.*: crowing inspiration; *Am. brom.*: suffocation; *Ant. crud.*: worse in warm room or atmosphere, burning sun and radiation of fire; after measles; sequelæ; *Ant. tart.*: first, catarrhal, inflammatory stage; rattling cough; coma, cough awakens; croupy symptoms, crying, after eating or drinking or getting warm in bed; paralysis of lungs threatens; *Ars.*: during cholera infantum; palpitation: excited by burning tickling in trachea as from vapors of sulphur; *Bell.*: first, catarrhal, inflammatory stage; sclera appears one gore of blood; paroxysms short, worse evening or night, most violent after midnight; worse motion, touch, especially on larynx and throat, and talking. Worse crying, deep inspiration and on awakening; *Brom.*: symptoms of croup, croupy, hoarse; *Bry.*: worse laughing, talking or any motion; *Calc.*: during dentition; worse morning; cold, damp feet and hands; *Carb. ac.*: face red; *Carb. veg.*: in beginning, no other remedy apparently being indicated; first, catarrhal, inflammatory stage, spasmodic; vomits during, also after other symptoms are gone; *Cast.*: first, inflammatory, catarrhal stage; *Caust.*:

\*Continued from February issue.

worse eating; *Cepa*: worse afternoon and evening, after lying down; *Cham.*: during dentition; first, catarrhal, inflammatory stage; cross, irritable; *Cina*: violent, worse morning and afternoon, better night; worse: cold air, walking, drinking; waking, pressing larynx and lying on right side; sneezing; worms; from mucus adhering to larynx; as of a feather or down in throat; *Coccus*: worse awaking; ropy mucus expectoration; *Con.*: subacute bronchitis after; *Coral*: every 15 or 20 minutes, with occasional intervals lasting an hour, come on with rapid cough, paroxysms following so close as to almost run into each other; bleeding from nose and mouth; violent; larynx involved then chest; *Crot. hor.*: heart weak; face blue or pale after attack, returns to normal tardily; threatened pulmonary œdema or paralysis; *Cup.*: anxiety before attack; each attack ends in convulsions, appears as if dead, whistling breathing; complete cataleptic spasm with each paroxysm; better swallow cold water, worse solid food; long paroxysms uninterrupted until breath is gone; vomits after paroxysm; second stage: convulsions; *Cup. ac.*: tendency to phthisis; second stage: convulsions; *Cup. ars.*: symptoms of croup with distinct whoop after each paroxysm; *Dig.*: persistent fever with nervous excitement; *Dros.*: every 2 hours, barking, dull sounding; wheezing breathing; constriction chest, supports it with hands, worse after midnight, chills, disposition to sink; face blue; bleeds from nose and mouth; *Ferr.*: dry evening, copious, bloodstreaked, purulent expectoration morning, and some vomiting of food, or bile, better at once by eating a little food; *Ferr. phos.*: first, catarrhal, inflammatory stage; *Graph.*: worse mornings; strains all over with cough; flatus escapes from anus; face red; throat feels full of gurgling mucus, strangles; lachrymation; laughs at reprimands; cough following; *Guarea*: dry, hacking, bloody expectoration; *Hydr. ac.*: convulsions; *Hyper.*: worse 6 to 10 p. m.; *Ip.*: retching; constant nausea; *Kali brom.*: convulsion; vomiting; *Kali carb.*:

baglike swellings between upper lids and brows; worse 3 a. m.; with intermittents; vomits and gags; pneumonia supervening; *Kali mur.*: much opaque white mucus; *Kali phos.*: in highly nervous persons; *Kali sulph.*: retching; 3rd stage; *Kreos.*: inflammatory affections of larynx and lungs; *Lach.*: during measles (*Ant. crud.*: after); *Lact. ac.*: anxiety before attack; *Laur.*: whistling, no sputum; *Led.*: stiff before paroxysms; paroxysms with shattered feeling in chest, breathing rapid; breathing arrested; spasmodic contraction of diaphragm; bends back, then expectoration of clear frothy blood; headache; sobbing and staggering after paroxysms; *Lob.*: long lasting paroxysms; worse motion; cough racking, violent; constriction seemingly from deep in chest; ropy mucus adhering to pharynx; cough relapses; 3rd stage; *Mag. mur.*: worse deep breathing, evening until midnight, ascending steps and talking; *Meph.*: second stage; convulsion; *Merc.*: previously troubled with worms (*Carb. veg.* complementary); paroxysms: in rapid succession at night followed by long periods of rest; either by day or night only; *Mez.*: paroxysms worse and especially severe at night; *Mosch.*: spasms of larynx; 3rd stage when expectoration has nearly ceased; *Mur. ac.*: afternoon and evening; tickling in chest; expectoration dark blood; slight dislodgment of a yellow or watery mucus of a fatty taste which must be swallowed, mornings; *Natr. mur.*: lachrymation; at season of intermittents; tickling in throat and epigastrium, in evening without, in morning with, expectoration of yellow mucus often streaked with blood, generally with flat taste, sometimes sourish, rarely salty; *Nux*: after cough mixtures; worse morning and eating; pain in region of navel as if shattered and torn; constipation; face blue, splitting headache; child holds head; gagging choking spells; bleeding from eyes, nose and mouth; *Nux mosch.*: pain in abdomen; *Phos.*: takes an unfavorable course; *Pod.*: constipation and loss of appetite; *Samb.*: constriction

of chest caused by spasm; *Seneg.*: chubby children; excessive rattling of mucus, night; *Sep.*: second stage; convulsions; *Spong.*: tops of fingers numb; as of a plug in larynx, expectoration morning, scanty, tough, yellow, hard mucus, must be swallowed; obstinate; terror and fear; hoarse; sweat; *Stann.*: worse lying down night; *Stict.*: second stage; convulsions; *Stram.*: anxiety; rattling breathing; suffocating contraction of chest; violent palpitation; spits blood; *Sulph.*: 2 paroxysms in succession; frequent relapses without known cause; *Thuja*: after vaccination, in scrofulous boys; *Verat.*: hyperæmia brain; drinking cold water causes attack; epidemic in fall; cold sweat especially on forehead; face pale, sunken; attacks on entering warm room; ceases lying down, begins again on rising; spring epidemics; pulse small, quick; anxious; child fails to recover strength after paroxysm, inclined to lean head against something for support; pneumonia supervenes; *Zinc.*: child grasps genitals on coughing; night, without expectoration; from tickling in trachea; weak; tickling in larynx and trachea to chest.)

**EXPECTORATION**: Brownish red, rust color. Absent. Thin, glutinous, more morning and during day. Bloody or blood streaked. In pneumonia: scanty, falls in round lumps, dark cherry red.

**CROUP**: Children exposed to dry, cold winds come down with croup at night. Awakens from first sleep. Agonized tossing about. Aroused from sleep with long suffocative attacks. Dry short cough, little wheezing, or hard barking. Face dark red, lips blue. When breathing pit of stomach is drawn back to spine. Cough and hard breathing during expiration. Every expiration ends with a hoarse cough. Membranous, first stage, with above Essentials. It resembles *Iod.* but *Iod.* is quiet. After fever abates neither *Acon.* nor *Iod.* are indicated. (For list see Croup under *Acet. ac.*)

**CYSTITIS**: (See under Inflammation: Bladder).

**DENTITION**: Child gnaws its fists, frets, cries, costive, or dark

watery stools. Convulsions, heat, starts, single muscles twitch. Gums inflamed, hot. Great distress; also at stomach, retches and vomits especially green substances.

**ENURESIS**: With the above Essentials.

**ERYSIPELAS**: Skin smooth with the above Essentials.

**FEVER**: Attacks of acute fever will subside in a night if *Acon.*

is THE indicated remedy. Distress at stomach, retching and vomiting, at onset of an eruptive disease, urine dark, hot and scanty, and above Essentials. The *Acon.* fever is sthenic in form or type and for the most part remittent, though the aggravation toward evening is decided. It is adapted to fever without pathological lesion and not to malarial or septic poisoning, nor of a localized inflammatory process. No matter how high the temperature *Acon.* is not indicated if the patient is quiet, in which respect it differs from *Bry.*, *Gels.* and *Iod.*, all of which are quiet. Without the above Essentials *Acon.* is contraindicated in fevers that bring out eruptions or are otherwise salutatory. **BILIOUS**: Tongue coated white or thick yellow-white, with above Essentials. **GASTRIC**: With above Essentials. **INFLAMMATORY**: Spleen inflamed; **RHEUMATIC**, face red or alternately red and pale, groans, breath short and congestion to head and the above Essentials. **MILIARY**: Red, and the above Essentials. **MILK**: Mammary glands hot, swollen and above Essentials. **PUERPERAL**: If lochia is suppressed do not give *Acon.* unless you are positive that it is indicated. Breast lax, no milk. Pulse hard, frequent or tense and contracted. Wild staring, glittering eyes, tongue dry. Abdomen inflated and sensitive to least touch. From too cold a bath or change of clothing. Not often indicated. Consult above Essentials. **RHEUMATIC**: (See Inflammatory above). **SCARLET**: Roof of mouth and fauces dotted with eruption. Stage of desquamation: sudden excruciating pain, gagging, retching, vomiting of blood, gasping, cold sweat on forehead, mucous lining of stomach congested, dyspnœa, must sit up in bed and the above Essentials; **AFTER**: Agony, sits up straight,

can hardly breathe, pulse like a thread, vomits, sweat and anxiety, swelling under short ribs; after stage of desquamation, child takes cold and Bright's disease ensues, starts from sleep in agony, cold sweat on forehead and cold limbs. **TYPHOID**: Not indicated.

**GLAUCOMA**: Especially after exposure to cold, dry winds, in rheumatic subjects, pain extends down face, and the above Essentials. If its action is not prompt resort to other remedies at once, as the disease destroys sight in an incredibly short time.

**GONORRŒA**: First stage with the above Essentials.

**GOUT**: Limbs numb and the above Essentials.

**HÆMORRHAGE**: With the above Essentials. (For list see under *Acet. ac.*). **LUNGS**: Breath hot. Bright red blood and the above Essentials. **NOSE**: Bright red, hot blood and the above Essentials. **STOMACH**: Bright red blood and the above Essentials. **UTERUS**: Active; excitability; cannot sit up; giddy; bright red blood and the above Essentials.

**HEADACHE**: All the *Acon.* headaches are accompanied by agonized tossing about. Burning as if brain was agitated by boiling water. Red cheeks. Obstinate. Pain pressive. Complains. Burns in region of navel. Hot, full, pulsating pain reminding one of *Bell.*; but *Bell.* lacks the agonized tossing about. Lying relieves headache and vertigo but aggravates other symptoms. Relief from copious urination like *Gels.*, *Sil.*, and *Verat.*, but these lack the agony of *Acon.*

**HEART DISEASE**: Congestion to head. Oppression of chest when moving feet or ascending. Left arm numb can scarcely move hand, fingers tingle. Loud blowing sound over one or the other valve (here *Spig.* is particularly indicated after *Acon.*). *Acon.* suits only the hyperæmia that precedes endocarditis, *Spong.* comes in when the exudation has taken place. Palpitation worse smoking. **HYPERTROPHY**: Fainting, tingling and numbness in fingers; in uncomplicated cases only; in other cases it may do much harm; and the above Essentials. In treat-

ing these cases of heart disease do not begin too soon with *Ars.*, *Hydr. ac.* or *Lach.*, begin rather with *Acon.*, *Bry.*, *Phos.*, *Spig.* or *Spong.*, the former are too apt to weaken the patient. Unless you have a complete picture of the remedy do not give in the first stage a remedy that is usually indicated in the later stage.

**HERNIA**: Incarcerated; inflamed; vomits bile; strangulated bowel becomes inflamed, burning pains in affected part, cold sweat; and the above Essentials.

**INFLAMMATION**: Acute, general, or local with inflammatory soreness, and quick, sudden swelling of part ending in resolution. **BLADDER** (*Cystitis*): Violent burning in bladder. Constant urging, urine passes in drops with burning, mixed with blood, tension. Heat and tender over pubis. Child reaches with hand to genitals and cries out. Congestion to head. Great agony at thoughts of urination. Tongue red and dry. **BOWELS** (*Enteritis*): Acute. **BRONCHI** (*Bronchitis*): Acute. **Infants**: Cough dry, hard, ringing or dry, hoarse, loud, or spasmodic, rough croaking with danger of suffocation. **EAR**: External, even involving tympanum, caused by draft of cold air. **EYES**: Acute, from irritation from foreign bodies, as steel, etc., in cornea, or from exposure to cold, dry winds, before exudation takes place. Sudden swelling, opened with difficulty and when forced open drops of water, but no pus, fall out. Foreign bodies produce dry rubbing of lids over ball, with injected vessels. From irritation of ingrown lashes. Eyes red, vessels deep red, burning pressure, shooting pains especially on moving balls, no discharge. **BALLS**: Early stage of violent acute inflammation of deep structure of ball, when it becomes sensitive to touch and feels as if protruding; rarely after exudation takes place. **CATARRHAL**: First stage, prior to exudation; chemosis of conjunctiva, pains cause him to wish to die. **CONJUNCTIVA** (*Conjunctivitis*): From exposure to cold, dry winds, after surgical operations, or foreign bodies in eye, worse sun-

light. Acute ophthalmia, first stage. LIDS (Blepharitis): Acute aggravation of granulated lids and pannus of cornea, excessive hyperæmia, heat and dryness, especially if overheated from violent exercise, or exposure to dry, cold winds or air. SCLEROTICA (Sclerotitis): True, acute stage, pupils contracted, pains stick and tear, photophobia, blue circles around cornea and violent aching in balls. HEART (Carditis): Acute, extremely valuable, stitches at heart, violent beating. ENDOCARDIUM (Endocarditis): Stitches in right side of chest only while lying on it. Epistaxis, bright red. Dyspnœa. Must lie on back with head raised. For the hyperæmia that precedes and *Spong.* for the exudation that may arise. PERICARDIUM (Pericarditis): Full sense. Stitches at heart. Lies on back with raised shoulders, chest constricted. JOINTS (Arthritis): Rheumatic, worse evening and night, intense bright red shiny swelling of parts, sensitive to least touch. KIDNEYS (Nephritis): Stinging and pressing pains in renal region, sensitive with shooting pains. Cutting pains in renal region around abdomen in a circle over each ilium. LARYNX (Laryngitis): Inflammatory fever, suffocative spasms. LIVER (Hepatitis): Violent tearing pains. LUNGS (Pneumonia): First stage, synochal fever, hot sweat and oppression, child has rattling in chest, and when fever has been preceded by a chill, cough hard, dry and rather painful, expectoration serous or watery, a little blood streaked, but not thick and blood streaked. The characteristic expectoration in pneumonia is scanty, falls in round lumps and looks a bright cherry red. Chest as if full, must lie on back. Serous stage, cough after drinking, sputum thin froth and blood streaked. One cheek red, the other pale. The pneumonia of *Acon.* often shows itself on the face. *Acon.* is useless after exudation has taken place. MENINGES (Meningitis): Constant motion of lower jaw as if chewing. Arms hang powerless as if paralyzed by a blow. Limbs numb, icy cold, feet and hands insensible, skin hot and dry. If due to exposure to rays of sun it

is superior to *Bell.* or *Glon.* when indicated. INFANTS. SPINAL: After injury or sudden checked sweat; numb in small of back to lower limbs; legs almost powerless after sitting. TUBERCULAR: Of little value. MUCOUS SURFACES: Wherever occurring bloody water is apt to flow. NERVES (Neuritis): From cold or exposure, numbness and tingling along course of nerves, especially those nerves that run along or close to the surface, in plethoric people. ŒSOPHAGUS (Oesophagitis): Pain in middle of chest drawing toward back, worse every motion of body. OVARIES (Ovaritis): From suddenly checked menses. PERITONEUM (Peritonitis): Tongue dry, red on sides, center thinly coated white, meteorism, vomits, unable to urinate; abdomen hot, burning, tense, cutting pains, sensitive to touch. Urine scanty, red and hot. PLEURA (Pleurisy): Can lie only on back; restless though motion increases the pain; eyes glaring. Before exudation takes place; when friction sounds appear *Acon.* is useless. PROSTATE (Prostatitis): From cold, especially supervening a chronic disease. SPLEEN (Splenitis): With above Essentials. STOMACH (Gastritis): From chilling it, exposure, ice water or checking an acute eruption; stitch-like burning, pressing pain in pit. TESTES (Orchitis): Acute cases; violent, from colds, or being chilled; sudden; plethoric men. Useless if of gonorrhœic origin. THROAT: Acute, high fever dark red, fauces burn, dry, smart and sting; swollen, dry, sticking pains; tonsils very red or even whole throat. Rarely indicated after exudation has taken place. TONGUE (Glossitis): Acute, mouth dry (*Merc.*: moist); chronic; feels swollen, tickles, burns, tingles. TONSILS (Tonsillitis): Swallowing impeded. TRACHEA (Tracheitis): Inhalation difficult and noisy. Cough lying, must sit up, from a constrictive sense of suffocation. Above Essentials in all cases. INJURIES (Operation, etc.): Shock with the above Essentials. (Other remedies, in brief, are: *Arn.*: Bruises. Black and blue spots. Sensitive to pressure; *Aur. met.*, periostitis, after injury; *Bad.*, brown spots on skin after concus-



sion; *Bellis*, bruises, *Arn.* failing; tumors from blows; *Bism.*, after operation on abdomen; vomits, purges, convulsive gagging and inexpressible pain in stomach; *Calc.*, after *Rhus.* in sprains; *Calc. phos.*, non-union of broken bones; *Calendula*, torn wounds; promotes union by first intention and laudable pus; prevents gangrene; *Cic.*, concussion of brain and spine; for the spasms; *Echin.*, infection after injuries; *Ham.*, (*Arn.* bruised sore flesh; *Ham.* veins and *Hyper.* nerves); parts from which blood flows feels sore; incised, lacerated, torn wounds, checks hæmorrhage, removes soreness and promotes healing. *Hyper.*, bruised sore nerves, especially sentient nerves of fingers and toes, pains shoot up arm or leg. Injuries to spine or coccyx. Prevents lockjaw; *Led.*, especially punctured wounds; to prevent shooting pains. Parts turn cold and feel cold to the touch and to the patient. Sprains of ankles and feet. Especially extravasations of blood; unequaled (200th) as a remedy for black eye from a blow, unless the ball itself is involved, then *Symph.* is preferable; *Natr. sulph.*, injuries to head; falls on head cause mental troubles and pain at base of brain and back of neck; *Phos.*, vomiting after chloroform; sprains, joints easily dislocated; *Rhus.*, sprains after *Arn.* with much stiffness and lameness; *Ruta*, bruises and other mechanical injuries of bones and periosteum, cartilages and tendons and their insertions, cartilages about joints. Sprains especially of wrists and ankles; *Staph.*, clean cut wound. Stretched sphincters; *Stront. carb.*, strained tendons of joints with œdema. After operation on prostate. After operation with much cutting; great prostration, coldness, oozing of blood and almost cold breath; *Symph.*, promotes healing of bones and relieves pain of fracture. After bones or periosteum have been injured and *Arn.* has removed the soreness from the soft parts the remaining pain will be promptly removed by *Symph.* Unrivalled for injuries to the ball of the

eye). In all the above Inflammations and Injuries the above Essentials must be considered.

**JAUNDICE:** After fright; of newborn; from cold with catarrh of intestines or during pregnancy. Taste slimy. Pit of stomach sore to touch and meteoristic. Pain goes to navel, or changes from stomach to liver. Alternate constipation and slimy stools. White stools and saffron colored urine. Yellow skin.

**LABOR:** Predicts day of death. Head and hands glow. Increased action of heart. After tedious and difficult labor. **PAINS:** Distressing; follow in rapid succession; unnaturally violent and frequent; contractions insufficient; vagina hot, dry, tender, os undilatable, body covered with hot sweat and the above Essentials. (Other remedies, in brief, are: *Aur.*, makes her desperate, wants to jump out of the window or throw herself on the floor; *Bell.*, spasmodic, come and go suddenly, os thin and tense; *Bor.*, spasmodic, more in stomach than womb, dart up, head of child goes back; *Bry.*, worse motion; *Calc.*, false, run upward, cold sweaty feet; *Camph.*, cease, too weak; cold, averse to covering; *Carb. veg.*, cease, too weak; after loss of fluids; desire to be fanned; *Caul.*, cease; flag from too protracted labor; pass off with shivering causing great distress; *Caust.*, spasmodic, weak, sore; *Cham.*, distressing; too strong; irregular; run up; dark blood; cross, uncivil; *China*, cease from hæmorrhage; parts extremely sensitive; *Chin. sulph.*, appear like tonic spasms; convulsive, twitching, unconscious; *Chloroform*, no freedom from suffering between pains; *Cim.*, cease; too strong; excessive, labor tedious; spasmodic; cramps, faint; *Cinnb.*, false, protracted; faints, tenesmus ani; *Cocc.*, terrible, in back; hour-glass contractions; *Coff.*, cease; too strong; complains, loquacious, excited, fears death; *Col.*, cutting, bends double, better pressure; *Dios.*, false, alternating with severe pains and cramps in flexor tendons in fingers and toes; faints; *Gels.*, absent; cease and fly all over body; through to back, then up; os thick and tense, dilated,

membranes protruding; child seems to ascend; nervous chills; *Ipec.*, cutting, across abdomen, left to right, clutching in navel region interfering with true pains; *Kali carb.*, ineffectual; in back to glutei muscles, violent in back, wants it pressed; bearing down back to pelvis; *Kali phos.*, absent, complete inertia; *Lob.*, neutralized by dyspnœa; *Lyc.*, interrupted by hysterical spasms; better placing foot against a support and pressing and relaxing alternately; must keep in motion, walks about room weeping; *Mag. mur.*, interrupted by hysterical spasms; *Mag. phos.*, spasmodic, cramps in legs, better heat and pressure; *Natr. carb.*, too weak; anguish, sweat and desire to be rubbed; *Nux.*, ceasing or nearly so, or too strong causing urging to stool and urinate; cause fainting; worse in back; *Nux mosch.*, false, irregular, spasmodic, faint, drowsy; *Op.*, cease; false; spasmodic; irregular; ineffectual; muscles twitch and jerk, sopor, red face, stool and urine retained; *Phos.*, distressing, but useless; cutting in abdomen; *Phyt.*, in sacrum to knees and ankles, then up to sacrum; *Plat.*, spasmodic, ineffectual, reaching a certain point then cease; parts extremely sensitive to touch; *Puls.*, ceasing; deficient; worse toward evening; false, alternating with hæmorrhage and restlessness; from sacrum into region of stomach; worse close room; tearful; *Sec.*, ceasing, convulsions begin; irregular; protracted; averse to covering; *Sep.*, paroxysmal; ceasing; in back; needlelike darting shoots up from cervix; above pubis; as if everything would come out; *Stann.*, spasmodic, exhausting; out of breath, chest weak; *Sulph.*, frequent faint spells; desire to be fanned and more air; flushes of heat and cold feet; *Thuja*, ceasing; left sacro-iliac articulation, runs into groin; from walking must lie down; *Ust.*, deficient; os soft, pliable, dilatible; *Verat.*, exhausting; faint on least motion and especially cold sweat on forehead. AFTER-PAINS: Too painful; too long; shoot, tear, with the above Essentials. (Other remedies, in brief, are: *Arn.*, return while child nurses; after in-

strumental delivery; sore, bruised; *Atrop.*, violent in primipara; convulsions; unconscious; *Bry.*, worse least motion and deep inspiration; *Caul.*, into groins; spasmodic; exhausting; after lengthy labor; *Cim.*, worse groins; over-sensitive; nausea and vomiting; *Coff.*, continue too long; extreme fear of death; *Con.*, left to right; excited by child nursing; *Crot. hor.*, offensive menses; *Cup.*, most distressing in multipara; cramps in limbs; *Gels.*, sensitive women who cannot compose themselves to sleep; *Hyper.*, violent in sacrum and hips, after instrumental delivery; *Ign.*, sighs, sad, despondent; *Lac. can.*, severe, shoot down into thighs; *Lach.*, in ovaries; *Nux.*, worse morning; irritable women; *Op.*, extremely severe; sensitive women; *Paris*, intense; but very imperfect contraction; *Phos.*, in sacrum; *Phyt.*, sacrum to knees and ankles and back to sacrum; *Pod.*, severe; strong bearing down; heat and flatulence; *Puls.*, too long, too violent, worse toward evening and in warm room, tearful; *Rhus*, too long; after severe labor with much and excessive straining, or instrumental delivery; stiff and lame (*Arn.*, sore, bruised); *Sabin.*, back to pubis; discharge of clots and fluid blood in equal proportions; abdomen sensitive; *Sec.*, too long; too painful; worse as child nurses; averse to heat and covering; *Sil.*, felt in hips; *Sulph.*, in sacrum, pass around pubes and down thighs; *Xanth.*, down genito-crural nerve).

LOCHIA: Early; suppressed from violent emotions, with the above Essentials.

MEASLES: Face and whole body pale. Epistaxis, bright red. Cough dry, barking, or hard, croupy. Eyes red can bear no light, painful hoarseness. Tongue red. Moans, laments. Free sweats and the above Essentials. Other things being equal, it is one of our best remedies for the beginning, with photophobia, coryza, sneezing and hard, croupy cough, etc. (Other remedies, in brief, are: *Am. carb.*, undeveloped; fail to appear; *Ant. crud.*, eruption resembling measles; gastric catarrh, milky

white tongue; *Ant. tart.*, receding; much rattling of mucus; *Apis*, confluent; with diphtheria; œdematous; receding; imperfectly developed; *Arg.*, receding; livid spots; *Arn.*, cough follows; bruised, sore; *Ars.*, black; receding; pericarditis from suppressed; sequelæ; gangrenous mucous membranes as nasal cavity and typhoid symptoms; *Bell.*, spasmodic cough; brain symptoms; *Bry.*, catarrhal symptoms; to develop rash; receding, with spasms; suppressed in whooping cough; *Camph.*, fail to appear; sequelæ; cold, collapse, averse to being covered; *Carb. veg.*, especially for remaining hoarseness; *Cepa*, catarrhal symptoms, discharge from left nostril acrid; bland from eyes; *Cham.*, receding or suppressed from taking cold, nothing but bluish spots visible, with watery stools, nausea and colic; tetanic convulsions following; *China*, cough; diarrhœa following; *Coff.*, overexcitability and weeping; *Crot. hor.*, copious dark, confluent eruption; laryngitis; *Cup.*, receding or develop tardily; cough; pneumonia; cramps; *Cup. ac.*, bronchitis; *Dig.*, spasmodic cough, slow pulse; clay color stools; *Dros.*, cough during or following; worse at midnight; spasmodic; eruption resembling measles; hoarse, spasmodic cough following; *Dulc.*, swelling of parotids following; *Elat.*, dysentery following; *Euphr.*, first or catarrhal stage; acrid tears, bland nasal discharge; *Ferr. phos.*, conjunctivitis and photophobia; *Gels.*, catarrhal stage; watery, excoriating discharge; receding with livid spots; threatens inflammation of brain; chilly; fever, drowsy, dull; spasmodic sneezing; dry teasing cough; child clings to crib; *Guarea*, fœtid leucorrhœa following; *Hydr.*, catarrhal symptoms; develop tardily, sequelæ; easily excited to anger, emaciation and atrophy of liver; *Hyos.*, spasmodic cough, worse lying down, better sitting up, during and following; *Ipec.*, develop tardily or do not appear, with oppression of chest; spasmodic cough; *Kali bich.*, cough hoarse, croupy, distressing, tough mucus expectoration and night sweats; *Kali carb.*, sequelæ; cough worse eat-

ing or drinking; teasing cough; eyes weak; pneumonia; *Kali sulph.*, harsh, dry skin with the suppressed measles; *Lach.*, black; eruption livid; pulmonary symptoms; *Lyc.*, stupefaction and sopor; *Merc.*, develop tardily; mucus diarrhœa; sequelæ; otitis and otorrhœa; *Nux.*, stoppage of nose; *Phos.*, slow development, scanty, as if about to disappear; receding; *Puls.*, catarrhal stage; receding; typhoid symptoms; suppressed with deafness; sequelæ; chronic loose cough, nocturnal enuresis, otitis and otorrhœa; *Rhus*, suppressed in chorea; *Stram.*, fever before eruption; brain symptoms; *Spong.*, catarrhal symptoms; hoarse; *Sulph.*, develop tardily; recede; suppressed with cough, muco-purulent expectoration, deaf, roaring in ears; sequelæ; chronic cough; *Thuja*, chronic catarrh remains; *Verat.*, develop tardily, eruption pale; *Verat. vir.*, convulsions before eruption; febrile stage especially if congestion to lungs impends).

**MENSES:** Too late, diminished, protracted, or profuse, in plethoric women of sedentary habits with above Essentials. **AMENORRHŒA:** Impending from fright, or during puberty, with epistaxis, palpitation and congestion. **DYSMENORRHŒA:** (See also Menstrual colic above); Must bend double, but without relief; laborlike pressing in womb; from violent emotions as fright; sudden chill. **MENORRHAGIA:** Congestive headache. **SUPPRESSION:** To prevent, as if from fright, or from getting feet wet, or after bathing. Said to restore suppressed menses from any cause in plethoric women, except pregnancy. Distress at stomach, retches, vomits especially green substances. In all the cases consult the above Essentials.

**NEURALGIA:** The neuralgias cured by *Acon.* result from cold, are of recent origin and are accompanied by tingling and numbness. **CILIARY. EAR:** (Otagia): Involving parts about it. **FACE:** Of trigeminus, left side, face hot and swollen, from dry, cold winds, or air, or suppressed sweat; pains like hot wires running along either side of face; shrieks with the cutting pains; expression pinched and suffering; violent congestion of affected

parts. In left sided prosopalgia compare with *Spig.*, but *Spig.* lacks the above Essentials of *Acon.* LIMBS: Acts promptly in neuralgia of upper, they are numb as if blood did not circulate freely; from suddenly checked sweat. (*Acon. uncinatum* from Virginia is reported to have made some brilliant cures of this sort). ORBITAL. SCALP and SKULL: Sharp shooting pains along nerves like *Spig.*, and drawing, tense, numb like *Verb.*, or pulsating like *Glon.*, but these remedies lack the agony of *Acon.* In all the Neuralgias consult the above Essentials.

NEWBORN: Asphyxia, apoplectic symptoms, hot, purplish, breathless, pulseless. Jaundice. Ophthalmia. Retention of urine (almost specific). Dyspnoea after use of forceps or tedious labor. (The principal remedy for retention of urine, hardly any other one will be needed. Retention of the mother may need *Caust.*).

OPISTHOTONOS: Body rigid and bent backward; loud lamenting; fists clenched across throat; gnash teeth; consult also the above Essentials. (Other remedies, in brief, are: *Amyl.*, after a burn; *Ars.*, in whooping cough; *Camph.*, in cholera and suppressed scarlatina; *Cham.*, during dentition; *Cic.*, from sudden shock in epigastrium; head drawn backward; *Cina*, throws child backward so suddenly as to force it from lap of nurse; *Cup.*, during labor; *Ign.*, head drawn back; sighing; *Ip.*, whooping cough; *Lach.*, loss of consciousness for a moment; cries out; *Nux*, conscious; irritable; *Op.*, rolls laterally; *Plat.*, during labor; *Sec.*, puerperal; *Stann.*, during epilepsy; *Stram.*, from bright, dazzling objects, a lighted candle, a mirror, or touch, child rigid as a board, congestion to head).

OPERATION: (See Injuries, above): Shock with above Essentials.

PARALYSIS: From exposure to cold, dry winds; parts cold, numb, tingle. FACE. LIMBS: Left side; even paralysis of both legs; of motion; consult *Caust.* if the cases refuse to yield to *Acon.*

Continued in April issue.

## POINTERS

*Adrenalinum* 200 to 10M (Y) gives me great results in what other doctors pronounce high blood pressure and its results.—W. A. YINGLING.

Amelioration from motion; riding on horseback; better after midnight, *Brom.*

Aches from his fingertips to his toes, *Bapt.*

Ankle turns when walking: *Agnus cast.*, *Carb. an.*, *Helo-derma*, *Med.*, *Nat. carb.*, *Nat. mur.*, *Sepia.*

Sensation as if past were absent, *Cocain.*

Sensation as if penis were absent, *Cocain.*

Give *Psorinum* after acute attack of appendicitis has subsided, to prevent return.

Ill effects of anger and grief, *Cocculus*.—H. C. MORROW.

*Bellis perennis* is very useful in any stage of pregnancy where there is great soreness of the uterus. Sometimes the patient is unable to get about and must lie down.—H. B. BAKER.

If the action of *Arg. nit.* flags give *Puls.*—J. H. CLARKE.

Sour babies: *Mag. carb.*, *Hepar*, *Sulphuric acid.*

When your women patients complain that they become restless as soon as they close their eyes at night, but are sluggish and sleepy all day, think of *Magnesia mur.*

Walking ameliorates palpitation: *Carduus mar.*, *Magnesia mur.*, *Natrum sulph.*, *Ptelea.*

When riding in a strong cold wind brings on neuralgia, think of *Magnesia phos.*; when it brings on paralysis, think of *Causticum.*

Kent gives eighteen remedies as having cough ameliorated from lying down, the three ranking highest being *Manganum*, *Euphrasia* and *Thuja.*

Stiffness of the skin, especially of the eyelids, *Kalmia.*

It is well to remember that *Podophyllum*, as well as *Mercury*, shows the imprint of the teeth on the tongue.

*Podophyllum* has a burning sensation along the left edge of the tongue.

Cramping pain in tendo Achilles, *Anacardium orient.*

Incised wounds, *Staphisagria.*

Kent gives *Staphisagria* high rank for parasites on genitals, and adds, "She will not get them after *Staph.*"—H. A. ROBERTS.

## EDITORIAL

Is the practice of medicine changing? If so, what are these changes? Are they those of progress, or are they baneful to humanity? These are the questions that arise in our minds when we consider the tendencies in medical practice today.

There is a marked tendency on the part of physicians, because of the greater freedom in their work and their ability to curtail their working hours, to take up the work of specialists in the several branches of medicine, claiming that they can be of so much more service in the illnesses of mankind by devoting their whole time to the study and treatment of one particular organ. The profession has found it easy to encourage the laity to believe in this method of treatment, and the natural inclination of the public to believe in this specialization has brought about a craving for every kind of a specialist.

The situation has fostered a type of practice called the group practice, where a coterie of specialists band themselves together in groups, passing the unfortunate patient from one specialist to another, until all have had an opportunity to examine, prognosticate and treat. This procedure of passing the patient from one physician to another for treatment of his individual organs has proved very remunerative, for instead of the patient seeing but one physician, and paying him the usual general practitioner's fee, he has run the gauntlet of six or seven, and to each one paid his tribute, and that tribute a specialist's fee, instead of the fee asked by a general practitioner.

In some communities hospitals are organized on this group basis and are conducted as private institutions for the benefit of the practitioners of these groups. The investigation of the costs of medical treatment, which is being carried on at length in this country at this time, show this to be a decidedly expensive method for the ordinary patient.

With ordinary medicine the homœopathic physician has nothing to criticize or commend in this type of practice, if the physicians choose to carry on this group work. But what should be the attitude of the homœopath toward these movements in reference to his own practice?

In looking at the patient from the homœopathic viewpoint, he can be treated only as a unit complete in himself, and as a unit made up of the expression of all his characteristics. If he has gout in the great toe, in taking the case not only must the pain in the great toe be considered, but also the patient himself, the reactions of his entire personality to all the conditions of life, his reaction to thermic conditions, as well as his many other reactions that involve generals and particulars. Likewise a patient who bears upon himself the diagnosis of nephritis cannot be treated by a genito-urinary specialist who considers that sphere only, if he wishes to be cured; but in order that cure may be effected, the homœopathic physician must take into consideration the whole man himself, body, mind and spirit.

These two instances illustrate the point that a homœopathic physician cannot go into group practice without sacrificing the great fundamental principles that Hahnemann laid down in his *Chronic Diseases* and in his works on acute diseases, and that he always insisted upon as fundamental: that the whole man must be considered in making a prescription. This is fundamental to the application of a remedy for the reason that it is fundamental to the action in the proving of a remedy, for a remedy in a proving affects not only individual organs, but the man himself, his very outlook on life, and all his reactions thereto.

It is these principles that distinguish the homœopathic from the ordinary school of medicine; therefore, since he is better equipped with guiding principles, he must work with the tools forged by the fathers in homœopathic medicine, from Hahnemann's time onward, and which are still kept bright and keen by the true followers of today.

Forswearing group practice would mean hardships and misunderstandings to ordinary medicine, but treating the man himself as a complete whole is the only possible method of cure for the patient, and his interest and welfare should be the paramount consideration. It is time that the homœopathic physician awakens to this insidious and plausible theory of treatment, for too many of those who call themselves homœopathic are looking favorably on the greater remuneration offered in group work; and it is time that the public should be educated to look upon

this principle of the man as a whole as the acme of personal attention and development. Unfortunately, modern methods of advertising have fostered the idea of treating the individual organ instead of the man as a whole, and it is an exceedingly difficult problem to combat this effective propaganda.

However, our duty as homœopathic physicians is clear: to become specialists in homœopathic therapeutics, to study unceasingly our philosophy and its application to the patient, and to strive to teach the patient to regard himself as a complete personality. This offers us the greatest possible specialty in medicine. Upon our adherence to these principles, and upon our privilege and duty to the patient, homœopathy must stand or fall.—

H. A. ROBERTS.

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#### HOMŒOPATHY VERSUS ALLŒOPATHY IN THE TREATMENT OF SCARLET FEVER

"The treatment of scarlet fever by means of scarlatinal streptococcus antitoxin serum proved so effective in the experience of Tayoda *et al* (*British Journal of Children's Diseases*, July-September, 1930) as to reduce the death rate by half".

The original allœopathic death rate, average, and never disputed, was 21%. The present allœopathic death rate is now, according to deductions from figures given in the article from which the above is quoted, and which appears in P. D. and Co.'s *Therapeutic Notes* for January 1931, p. 18, 12% plus. Contrast that with the average homœopathic rate of but 3%, a reduction of 75% over allœopathy's very best efforts. Our own efforts, through homœopathy in this trouble, covering a period of 47 years, finds us still with our first death certificate to sign, nor have we lost a single case through transmission to the other fellow, though we have accepted many such cases out of allœopathic hands, and we have had as many cases and been through as many epidemics as the average doctor, having paid special attention to children's diseases in former years. One per cent of deaths should be the maximum for Hahnemannians, it seems to us that all over and above that amount could easily be accredited to incompetency on our part, both allœopathic and

homœopathic. The above homœopathic record sheds no lustre on the ability of the modern doctor. The results of the allœopaths' treatment have never been followed up to check up on whether the treatment was safe, effective and devoid of evil after effects. Immediate results are all that are desired and the future can take care of itself. If, as our allœopathic friends claim, "Homœopathy is all moonshine", then modern medicine is self-incriminating, for if but 3% die for want of proper treatment what happened to the other 9% that passed out under modern scientific methods? The modern doctor must eat his own words about homœopathy or automatically brand himself a criminal for unnecessarily taking human life. We do not wish this latter wished upon him, but we do insist that he present an honest and intelligent front to the world and give homœopathy its just due.—

A. PULFORD.

#### COMMUNICATIONS\*

*To the Editor of the Recorder:*

My *lapsus linguæ*, though promptly and ably refuted (page 59), reminds profitably of lunar study in relation to all phases of observation in this field. Whether coincidence or direct influence be the solution, it is most interesting to record the moon phases present with successful remedial activity. As, for instance, the demand for *Sulphur* during the week before full moon, its waxing, for sleeplessness, when *Sulphur* is otherwise indicated. Which prompts the conjecture as to the government by patient individuality dominant over everything else. A case of hereditary malignancy requiring the remedy during any one of the four weeks invites long study not only of the patient, his remedy, but also of possible effect of the different phases of our waxing and waning satellite.—J. HUTCHINSON.

\*The Editors assume no responsibility for opinions expressed in this department.

## CARRIWITCHETS

SIT DOWN, DOCTOR, AND WRITE US YOUR ANSWERS TO THESE  
QUESTIONS

2—Ever since the present management has taken charge of the *Homœopathic Recorder* I have been a reader. Perhaps a mere member of the laity employing a physician should not read such a magazine which takes you, as it were, behind the scenes, let alone asking questions.

Your January issue is the best I ever read, by this I mean I gathered more from it, in fact so much that I am forced to ask a question, for your very serious consideration.

Dr. Underhill gives a vision of the homœopathic branch of the medical profession, which should sell homœopathy to any thinking person.

Dr. Schwartz outlines some of the faults with those who profess to call themselves homœopaths. Many call themselves by the name homœopath and yet they are not believers in the true principles of homœopathy, as I, a mere member of the laity, see them.

Here is the question: How are we of the laity who employ physicians, to know when we are obtaining the services of a true follower of Hahnemann?

How are we to avoid those who treat a boil by giving one a dose of *Hepar sulphur*, so strong and concentrated that it turns the silver fillings black? Ask such a prescriber if he is a homœopath and he says "Yes". He is a graduate of a good homœopathic institution, and yet he plays a trick like that on you.

How are we to know how to avoid the doctor who says he is a homœopath but who comes into the home and says, "Your child has pneumonia, give him this every hour for his fever and give him this every half hour for his cough"?

I have learned to differentiate "the sheep from the goats" after I see them in action from my associations with physicians.

There must be thousands of people who think that they are engaging a true homœopath but get a doctor who does such things as I have outlined above. These people often do not know

the difference. I, for one, believe they should have some way of recognizing the homœopathic physician with the equivalent of "sterling" marked on him.

Please tell the laity how they can tell, other than by trial and error, the true homœopathic physician who believes in the single remedy, the potentized drug, the cyclic action of the remedy, from those who use the words *Similia similibus curantur* for nothing but a grand hailing sign.—H. C. ROBERTS.

In emergency cases the action of the *simillimum* is so speedy that there is seldom need for a repetition of the dose, if of a high potency. If there is no change following the administration, it shows that the wrong remedy has been given, and another must be selected. The length of time to wait on the action of the remedy must be determined by the judgment of the physician, and the demands of the emergency. In the ordinary complaints of labor it is well to wait a half hour, whereas, in alarming hæmorrhage, but a few moments. If no result follows, a new remedy must be selected. If there is a change for the better, the only rational act is to wait until there is need for a repetition of the same remedy, or until the symptoms point to another. No rule can be laid down to govern the decision of the prescriber. It all depends upon his selection of the remedy, and the case in hand. Yet it is safe to say that after a careful selection of a remedy it is best to wait its action a reasonable time—the emergency must decide that—and not to repeat the dose or change the remedy without a plain and sufficient reason. If there is improvement, it would be folly to repeat or change as long as that improvement is decided and continuous. If there is no change for the better within the reasonable time as above, it would be folly to wait longer.—W. A. YINGLING, M. D., 1895.

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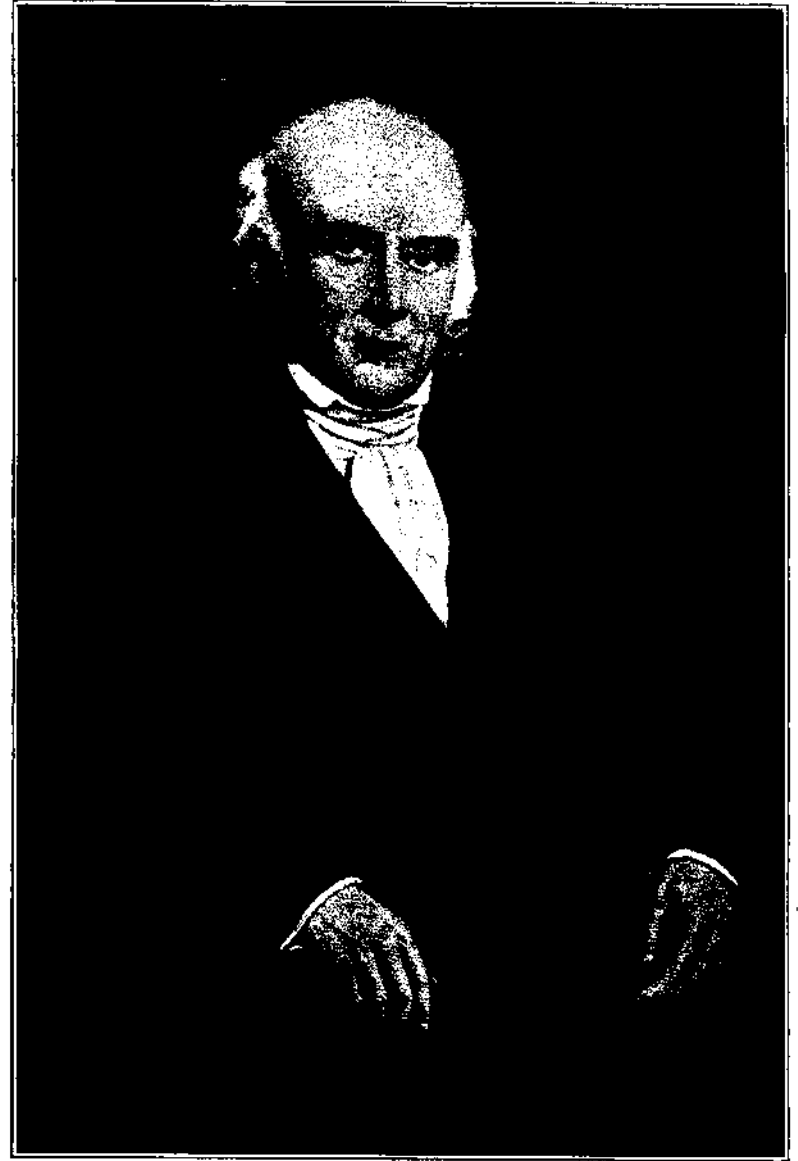
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SAMUEL HAHNEMANN  
April 11, 1755—1843

# THE HOMŒOPATHIC RECORDER

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## SAMUEL HAHNEMANN AND HIS IMPRESS UPON THE WORLD\*

BENJAMIN C. WOODBURY, M. D.

*Mr. Toastmaster and Members of the Connecticut Homœopathic Medical Society.*

It certainly gives me great pleasure to respond to a toast upon this occasion—an occasion which, from its very nature, it seems to me, is one of the most memorable that it is within the privilege of our medical generation to enjoy—a Hahnemann fest, or as the Germans called it a Hahnemann fest-jubilee. These jubilees, be it said, were very common in the later years of Hahnemann's life, beginning, if I mistake not, at the fiftieth anniversary of his graduation from Erlangen, which was held at Coethen, August 10th, 1829. Upon this memorable occasion, Hahnemann's friends gathered from all parts of Germany, and from many other places far and near, to do honor to the grand old man of homœopathy. He was presented with a jewel box by Stapf, inscribed in Latin; Hofrath Muhlenbein, with a Latin address, presented a list of all the contributors to the occasion. Rummel presented him an honorary diploma from the University of Erlangen. The Duke and Duchess of Anhalt-Coethen, his patrons and benefactors, presented him with a gold snuff box with the letter "F," inlaid in brilliants, also a valuable antique drinking cup, with personal letters of congratulation. Out of this meeting grew the Central Homœopathic Union of Germany.

It is recorded that every anniversary after 1829 was taken as an occasion for the friends of Hahnemann to show their mark of respect to his genius and service to mankind. In the year 1833, there was a special celebration at Coethen by the Society

\*Address given at the Hahnemann Birthday Dinner, New Haven, Conn., April 10, 1926.

of Homœopathic Physicians, when, according to Albrecht, deputations were received by Hahnemann from far and near. Upon the occasion of the dinner, at which his highness, the Duke of Coethen, was chairman, three songs adapted for the occasion were sung and received with great applause. The following day scientific sessions were held.

It will be remembered that it was this very year that Hahnemann had been notified of his election as a member of the Medical Society of the County of New York, a society composed of the leading allœopathists of New York. It is well to note carefully the import of this honor, for, as was pointed out at the centenary exercises of the introduction of homœopathy into America last year, this diploma, which, while rescinded finally by the Society on July 10th, 1843, was valid throughout the remainder of Hahnemann's life; and as his death occurred July 2, 1843, we are assured the Society could not have known of this fact. Samuel Hahnemann, therefore, died an honorary member of this allœopathic society in far-away America.

On Hahnemann's birthday, April 10th, 1835, a short time before he married his young and accomplished wife and removed to Paris, he was elected honorary member of the board of directors of the North American Academy of Homœopathy (the first Homœopathic Medical College in the world, which was organized on this date) and from which his wife, Madame Melanie d'Hervilly Hahnemann, received an honorary diploma a short time afterward.

In France, as in Germany, the 10th of August was still celebrated in 1836, and in Paris, on that date poems were read, of such distinction that one writer said of them: "Only upon Napoleon have we read odes which breathe equal heartiness and truthfulness of feeling and warmth of ardor".

Hahnemann's eighty-third birthday was made the occasion of a great fete, and was celebrated at his residence, the Rue de Milan, where the large salon was crowded with guests, the *beau monde* of Paris, in the middle of which stood Hahnemann's bust, ornamented with golden laurel crown and wreaths of the flowers of cicuta, belladonna and digitalis. The bust was the work of the celebrated sculptor David, who designed the bust of

Napoleon I., himself an ardent admirer of homœopathy. As, upon previous occasions, poems of distinction were read, in Italian and French, and virtuosi delighted their audience. On his eighty-fourth birthday and upon the sixtieth anniversary of his graduation from Erlangen, there were appropriate festivities. At the graduation exercises, all of the European nations sent their representatives.

His eighty-fifth birthday was marked by an assemblage of the elite of Paris in his saloons to congratulate, as reported in the Leipsic press, "the aged commander-in-chief of our homœopathic phalanx". Upon this occasion there was a new statue of Hahnemann executed by Woltreck of Dessau. It was at about this time that Hahnemann made his famous cure of the little daughter of the celebrated French poet, Legouve, which created such a stir in social and literary circles. As a result of this cure Hahnemann was by some regarded as an almost mythical person, not as a being of real flesh and blood. The circumstances of this incident are well known to all who have intimate knowledge of Hahnemann and his great benefactions to humanity. Two interesting facts stand out above all others, one being the fact that, in his great love for his little one, the poet, fancying her about to die, had engaged his friend, Amaury Duval, one of M. Ingres' most distinguished pupils, to paint the portrait of his dying daughter. In the midst of this painful and sad office, the parents were prevailed upon to send for Hahnemann.

With what a masterful, yet graceful authority, Hahnemann, upon his arrival, swept away all the powerful medicines with which the child was being tormented, and substituted the salutary regimen of fresh air, cold water and specific remedial measures. And how quickly to the joy of the astonished parents, he announced to them, "Dear M. Legouve, your daughter is saved". This from the personage, whom the poet has described as follows:

"In the midst of all the troubles that distracted my poor head, racked by pain and want of sleep, I thought I saw one of the queer people of Hoffman's fairy tales enter the room. Short in stature but stout, and with a firm step, he advanced, wrapped in a great fur coat and supported by a thick gold-headed cane. He was about eighty years of age; his head of admirable shape;

his hair white and silky, brushed back carefully curled around his neck; his eyes were dark blue in the center, with a whitish circle around the pupils; his mouth imperious; the lower lip projecting; his nose aquiline"—such was Hahnemann.

"When my daughter was cured, I showed him Amaury Duval's delicious drawing. He gazed long and admiringly at this portrait, which represented the resuscitated girl as she was when he first saw her, when she seemed so near death. He then asked me to give him a pen, and he wrote beneath it:

*'Dieu l'a bene et l'a sauvee.'*

'SAMUEL HAHNEMANN.'

In 1840, one, Guancialis, wrote an epic poem in praise of Hahnemann, which was published in Naples, and contained eight books of Latin hexameters. This poem gives a history of the discovery of the law of similars, Hahnemann's inspiration by Sophia, the spirit of learning, and its introduction into the various lands of the earth. While the original is written in hexameters, the translation which was published in part in the *British Journal of Homœopathy*, Vol. IV, and which I have personally examined, is couched in pentameters. This is probably the most exhaustive poem that has ever been written upon Hahnemann and homœopathy, and its author was anonymous.

On the 10th of April, 1841, the burgomasters of the city of Meissen, Hahnemann's birthplace, bestowed honorary citizenship upon him and presented a diploma to him through the minister of Saxony, which are said to have been the best possible proofs of the considerations and esteem in which homœopathy was held throughout the country.

The 10th of August of this year was also celebrated as usual, at which time poems were read by Drs. Calandra of Palermo, and Sommers of Berlin, in mark of their friendship, in their native tongues. Of this fete, the brilliant Croserio wrote:

"The language of the country is the one least spoken, and I had the pleasure of conversing in Spanish, Italian, English and German. This is a center where all nations unite in brotherhood, in sentiments of veneration for the illustrious founder of homœopathy, and in reciprocal testimonies to the superiority of this

doctrine over all others which have preceded it, being for the most part living proofs of that power to which they owe their health, and many of them their lives".

"What more potent answer to the great little men of the present day", writes Bradford, "who just so often inform us what an old ignoramus Hahnemann was, than to invite them to picture themselves this scene of his declining years. The old man, with his fine intellectual face, his white hair curling on either side of his lofty brow, his manner filled with the enthusiasm and unrest of genius, surrounded by learned men of half a dozen countries, able to speak to each in his mother tongue. Imagine this brilliant assembly, met to do honor to the most brilliant of them all. Here a sentence in English, there a soft Italian phrase, then some witty sentence in the diction of his fatherland, anon a Spanish question, again a witty French bon mot—Hahnemann answering each in his own tongue. The while Madame Hahnemann, the hostess, charming in her easy grace, giving to all a worthy welcome, and honoring the dear old man, her medical master and her beloved husband. And this in the brightest city in the world. As has been seen all of the birthdays of Hahnemann were utilized to honor him. His life at Paris was one long fete".

On July 2nd, 1843, Hahnemann died in Paris of a lingering illness. He was buried in the cemetery of Montmartre near the grave of the poet Heine, among the poor of Paris. These arrangements were in accordance with the wishes of Madame Hahnemann, so that the wish of Hahnemann himself to have engraved upon his stone the words "*Non inutilis vixi*" were never realized.\*

On the 10th of August, 1843, the great master having departed this life, a festival was held as usual, at which, in accord with the usual custom a poem was read; this time by his friend, Dr. Rummel, which was a sonnet in German, inscribed "An Hahnemann", which begins with these lines:

"Du willst schon schlafen, nüder Wahrheitspfeuger?  
Des neuen Lichtes Strahlen rothen kaum  
Der alten Nächte tiefsten Wolkensaum  
Und Diene Freunde schleichen träg und träger".

So distinguished was this poem that it was translated into all the languages in the different countries where the death of Hahnemann was reported. So ended the earthly life of Samuel Hahnemann.

I have dwelt thus exhaustively upon these various anniversary and birthday festivals of Hahnemann by reason of the fact that these two dates, that of his birth and his graduation from the university have been the pivotal points around which so much of the activities connected with the public observance of his service to mankind have centered. It is a fact that Hahnemann's birthday still remains the date of choice for similar celebrations, even to the present time; as for example, witness this very date that your Society has chosen for this dinner in Hahnemann's memory. I might remind you, furthermore, that the birthday of Hahnemann is set apart in the state of California, and observed by the members of the California State Homœopathic Society by contributing (insofar as possible) all the earnings of the individual members of this day as a permanent fund for the perpetuation of homœopathy. I have already mentioned the fact that the Academy at Allentown was organized on this date, and the American Institute of Homœopathy had its birth April 10th, 1844, with Constantine Hering of Philadelphia as its first president.

I should like to say a word, however, regarding the confusion of dates, as to whether April 10th or April 11th is the correct one to observe. Basing my proof upon Bradford's life and letters, I had for long believed the correct date to be April 11th. Dr. Richard Haehl quotes Hahnemann to the effect that he was born before midnight on the 10th, rather than after midnight on the 11th. With regard to this matter, I may call to your attention the following note from the *British Journal of Homœopathy* (Vol. 13, p. 525) where we are told that the question of the 11th of April was raised by the testimony of Dr. Hirschel, in *Zeitschrift*, 1851, in which reference to the baptismal records of Meissen were said to have shown that Hahnemann was born on the 11th of April, his baptism having occurred on April 13th. He was entered there as Christian Friedrich Samuel, whereas the school register where he first attended gave his name as Chris-

tian Gottfried Samuel. His biographers had previously given his name as Samuel Christian Friedrich. This latest authority gives it as Christian Friedrich Samuel Hahnemann. In this Bradford concurs, yet the 10th was the date always mentioned by Hahnemann, and was the date on which all his birthday festivals were held.

When we come to the consideration of Samuel Hahnemann—the man himself and his impress upon the world—we must first of all view him as an historical figure, and therefore in perspective. Could any one of us have lived in those stirring and eventful days when homœopathy was young, when Hahnemann was himself in full vigor, we might better comprehend the task that beset this great adventurer in the uncharted paths of medical mediævalism. It seems almost astounding to us, who go about with our small cases of carefully arranged and cared-for homœopathic vials, without odor, taste, or color, acceptable to the taste and temperament of even the crabbiest child. It seems almost incredible to us to believe that this great revolution in medicine has all come about since Hahnemann first announced his new principle and published his famous letter to Hufeland. But the wise Hufeland himself was not unmindful that here at last there had come, out of the mists and chaos, a mariner who should lead the world to new discoveries and to lands before unknown.

Hufeland, whose acquaintance with Hahnemann was, as he said, "of long standing, and who, connected with him for more than thirty years by ties both of friendship and of letters valued him always as one of our most distinguished, intelligent and original medical men" \* \* \* "I had subsequently the opportunity", he continues, "of observing many instances of good results from the use of homœopathic remedies, which necessarily drew my attention to this subject and convinced me that it ought not to be contemptuously pushed on one side, but deserves careful investigation". This, the statement of one who was called "The Nestor of German Medicine"; from one who was an eye witness to the origin, development and progress of the whole movement. Again let us hear the testimony of one who left his native American soil, in those early days when to announce one's self

as a follower of Hahnemann spelled anathema. I refer to that veteran editor and pioneer in homœopathy, Dr. Gerald Hull, for many years the editor of the *Homœopathic Examiner*, the earliest of our published American journals.

"The American homœopathist", he wrote, "besides his mere pleasure of traveling, has a sacred and unwearing pilgrimage to perform, not to the mausoleums of the departed, but to the sanctuary of a living genius. The authors of most reforms have hallowed them by death; but Hahnemann, whom a venerable senectitude of four-score and seven years personates as their type, more fortunate than they, has lived to witness his system pass triumphantly through the ordeal of prospective persecution, and is now blessed in the autumn of his life, with the vision of its elevation to a brilliant distinction, constantly progressive, and as exalted as its dispensations are prolific in happiness to the countless victims of medicine and disease".

Dr. Hull's description of his visit to Hahnemann is classic:

"At this period Hahnemann occupied a spacious mansion in the vicinity of the *Jardin du Luxembourg*, at Paris. Ushered by the attendant into the grand saloon, at a moment when he was engaged with a patient in his adjoining study, I had an opportunity of individualizing the appointments of this noble apartment. Its walls were hung with varied and choice paintings in oil, many of them the productions of his accomplished wife, vases, busts and medals—donatives from those whose gratitude his cures have evoked—were disposed in tasteful arrangement, and his center table was laden with the productions of German, French and other tongues—presentation copies—alike giving evidence of the abundant labors of his zealous disciples, and of the almost miraculous extension his system has acquired throughout the entire civilized world".

"Introduced into the library or study, I had, for the first time, the inexpressible gratification of beholding the face and grasping the hand of the great reformist of our century. I felt myself in the presence of a mighty intellect—once compelled to struggle with keen adversity, to contend with the persecution and cupidity of his rivals, and in banishment, to depend upon the protective shelter of a noble stranger—now independently situ-

ated in the heart of Europe, and proudly eminent in the admiration of literati, philosophers, noblemen and crowned heads".

Dr. Hull's description of Hahnemann, his nobility of bearing, his massive Socratic head, and silvery locks, and the kindly way in which he was received are to be found in records of Hahnemann's biographers. It would certainly be a painful parallel to contrast this opportune meeting with the story of the Rev. Mr. Everest, his *fidus Achates* during those long and arid years of profitless waiting, scanty remunerative translating; to those days at Stotteritz, in the trial or wander years, when we are told that he was so poor that he himself wore rude clogs of wood, helped his wife make bread, and with her other household tasks; and finally to review that pathetic story of the division of bread among his starving children. No; let us rather dwell upon the majesty and fulness of those master years (*Meisterjahre*), when, crowned with his well-earned success, he rested upon the lofty summit of his fame, and watched the sun of his triumph melt into the golden afterglow of a life well-spent and a night's well-earned repose.

Dudgeon, in the preface to Drysdale's translation of Ameke's *History of Homœopathy*, states that:

"The history of homœopathy is the indictment of the medical profession. A physician distinguished above his fellows for his services to medicine, chemistry and pharmacology, endowed with quite a phenomenal talent for ancient and modern languages, and well read in all the medical lore of past times, after mature thought and at a ripe age, announces to the profession that, as the result of years of arduous experiment, investigation and reflection, he believes he has discovered a therapeutic rule which will enable us to find the remedies for disease with greater certainty and precision than can be effected by any of the methods hitherto taught. The reception which this announcement met with, and which was given to all Hahnemann's subsequent efforts to give certainty and scientific accuracy to therapeutics, forms one of the most melancholy and deplorable episodes in the history of medicine".

But why dwell upon this melancholy picture? Hahnemann is not dead, but lives in the hearts of his legion of followers,

from the least to the greatest. Homœopathy is not dead, but lives in the daily and hourly application of its sane, salutary and truth-exemplifying principles and practices. New institutions are arising to carry on the great and monumental works of the founders.

Bradford tells us that Hahnemann was "born in the middle of a century whose influence shaped our own; a century prodigal in great men; in the year when Frederick, destined to be called *the great*, was masquerading among the art galleries of Holland; wandering in boyhood on the fair hills of Meissen when all Europe was engaged in the Seven Years' War and Saxony was crushed by iron heels; going forth the young scholar to academic Leipsic just when that unfortunate monarch, Louis XVI, was ascending the guillotine-shadowed throne of France; when George the Third was king and America was only a colony of England; when Rousseau was yet writing of the rights of man; when cynical Voltaire was mentor to Prussian Frederick. He was of the time of the Boston tea party and the declaration on the state house steps of Philadelphia; of the days of Washington and Lafayette. He saw Napoleon build an empire on the ashes of a revolution; saw him march across the lands of Germany; saw Austerlitz; saw the dismal retreat from Moscow, and acted there as good physician to the sick and suffering army of 1813. He left Germany for brilliant Paris when Bismarck was a student of twenty; he, the recluse, the scholar, the thinker, became in his old age the fashionable physician in the gayest city in the world". And finally, his biographer's highest tribute:

"Scholar whom scholars honored and respected. Physician whom physicians feared. Philologist with whom philologists dreaded to dispute. Chemist who taught chemists. Philosopher whom adversity nor honor had power to change".

Hahnemann's impress upon the world—we find it most graphically emblazoned upon a multitude of institutions, colleges, hospitals, dispensaries, asylums, sanitarium; in thousands of earnest physicians who wear upon their brows the seal of the master; upon millions of loyal followers who, having felt the magic of the master's hand, and touched the hem of his garment,

rejoice in a new-found freedom and a truth that has made them free.

What was there about this man that could kindle a world at his touch? He possessed a wholesome sanity, a mind of crystal clearness, a soul of unstained purity. He was eminent as we have seen as chemist, physician, translator, innovator, reformer. His was a philosophy of life moulded in the crucible of toil, and hardened in the fires of poverty, privation and suffering. He could speak from the heart. Hear his advice to the health-seeker:

"Check your ambition—what you cannot accomplish in one week do in two. Too great mental exertion is especially bad for the harassed mind. You must obtain a goodly portion of cold indifference. After you are buried men will still be clothed—possibly not so tastefully, but nevertheless quite tolerably. Be a philosopher, then you will attain good old age. . . What you cannot finish, let it not worry you. . . Obtain a modicum of indifference, then you will be my man indeed, especially if you adopt all my other suggestions. . . Care-free you will awake in the morning, quickened and soothed you will go to work, without fear about the mass of duties to be performed. . . Thus passes with measured quiet one day after the other until the last day of a fine old age finds its goal of a well used lifetime and you can go quietly to sleep. . . Is not this wise, my friend, more rational? . . . Farewell and think of me after you are well and prospering".

I like to think of this ideal attainment—of Hahnemann's man.

The criticism has many times been made that Hahnemann was autocratic, was unfriendly to his professional colleagues, was in fact an enemy to the existing medical order. It is undoubtedly true that Hahnemann was dogmatic, and at times autocratic, yet many great men have held such traits. Yet in his inner heart, we know his true feelings when we recall his affirmation that all physicians were his professional brethren, and that he bore them no ill-will. It is likewise to his credit that, to all the stings and jibes of his critics he made no reply, save the one response to Hecker, *The Defense of the Organon*, and this was published under the name of his son Frederick.



We are further reminded upon this point by Dr. William Boericke of San Francisco, in reviewing Haehl's recently published work, *The Life and Work of Samuel Hahnemann*, that, while his attitude of aloofness was most unfortunate, it had this redeeming compensation:

"His fifteen years at Coethen in comparative seclusion left him the needed quiet and freedom to develop the newly found truths, developing them according to his idea of his wonderfully trained, experienced and philosophical mind. A perfect organic whole is seen in the first edition of *The Organon*."

Certainly Hahnemann's aloofness from his fellows could but have softened "the slings and arrows of outrageous fortune" that were hurled against him by an unsympathetic world. The tender product of creation is hidden away in the mother's womb until such a time as it quickens and comes forth the child of law and circumstance. So of homœopathy: Hahnemann had to protect it, nurture it, care for it in its embryonic stage, give it safe birth and protection until it could stand, as it does today four square against the buffetings and exigencies of the world.

Emerson has said that "an institution is the lengthened shadow of one man". Homœopathy is, therefore, the lengthened shadow of the great and benevolent personality of Samuel Hahnemann; and we of the present day are basking in its cooling shadow, amid the torrid noon-day of medical misunderstandings.

I should like to picture again, at this hour, one of those last fest-jubilees—one of those unforgettable assemblies when the zealous admirers of Hahnemann gathered, as we are gathered here tonight, to do honor to one whose name must some day be written in the Valhalla of the great. At those assemblies gathered his followers from all the nations of the earth. Here we gather, for the most part of but one blood. It is probable that nowhere at the present day are there gathered so many diversified nationalities as at the meetings of the International Homœopathic League, which, the breach of past hostilities fortunately having been healed, met five years ago at Paris, where the great commander himself celebrated so many fetes, so many victories. This year, nineteen hundred and twenty-six, was the one

hundred and fiftieth of the birth of American independence, and the eighty-second annual assembly of the American Institute of Homœopathy. As we gathered at the cradle of liberty in Philadelphia as a national body, and golden summer decked the earth with perfumed fragrance, we wove our variegated garland of hemlock, purple foxglove and glowing nightshade, in all humility and reverence, and crowned anew as of old the noble brow of Samuel Hahnemann.

I would that we had a modern David to mould again the great Hahnemann's head. In lieu of the master sculptor, I am in possession of the famous modeler's medallion of Hahnemann, presented to me by my esteemed friend, Dr. Pierre Schmidt of Geneva, Switzerland. And finally, in lieu of the famous lines of Rummel, I give you this humble tribute to the father of homœopathy.

#### SAMUEL HAHNEMANN.

MEISSEN, APRIL 10, 1755.      PARIS, JULY 2ND, 1843.

O thou who mighty, guard'st the mystic scroll,  
Where mortal fate upon thy heaving breast  
Each thought, each word, in blazing print's impressed;  
Didst thou for once let other hand unroll,  
Didst freedom give to one to change the whole,  
The message write that ancient wrongs redressed,  
Wherein the past its crimes and sin confessed,  
Didst thou, Great One, bow down to this great soul?

For to this son of humble parentage  
Was given grace to blot out every line,  
Age-old tradition, folly of his age,  
New truths instill, a law of cure divine.  
S. Christian Hahnemann, the seer, the sage,  
About thy head the laurel we entwine.—B. C. W.

\*The following year after Hahnemann's death, the idea of a permanent monument began to take shape. The design and management of this memorial were in the hands of Dr. Rummel, president of the Committee of the German Central Homœopathic Association. The appeal for funds for this monument was a noteworthy one. It read, in part, as follows: "It is at once the glory and the misfortune of the great discoverer to be before his age; while

it is the reproach and the safety of the age to be behind him. It was so with Galileo, with Kepler, and Harvey. And although the general unsettling of opinion, which occurred at the end of the last century, made men less averse to investigate novelties, and recognize truth in new systems, this arose more from prevailing confusion, than extending charity. The ambassador of a great truth, which threatens mighty changes, and perplexes the minds of men, is looked on still as the herald of war, as the troubler of mankind, who is to be stifled, if he cannot be silenced. Such was the fate of Hahnemann. He fought his lonely way for many a dark night, without human encouragement and support. And the proclamation of his discovery, was the signal for his persecution. His steady and star-like course is now run".—(*British Journal of Hom.*, Vol. 2, 1844).

I should like also to quote from Dr. Eugene Austin's report of the *Eighth Quinquennial Congress of Homœopathy: A Monument to Samuel Hahneman*, (*Homœopathician*, Vol. 1, No. 1, January, 1912):

"Last September, we stood at Hahnemann's tomb, in Pere La Chaise, Paris, France. A broad shaft, winged toward the base, forms the solid background for the noble bust. Above is inscribed, in large deep letters, the legend, Hahnemann *Fondateur de L'Homœopathie*, and the dates. On each side of the pedestal are tablet memorials of his great achievements. On the base is inscribed *Souscription Internationale*.

"In the name of the host of his American followers, with my grateful patients, we covered his grave with choice roses. On the ornamental cap of one wing of the shaft hangs a large permanent wreath, which was presented by several French homœopathic physicians. To the other side I lifted a sweet child—yes, a beautiful little girl, healed, when all other help had failed, by the use of Hahnemannian homœopathy. With loving hands and grateful heart, she placed over it a corresponding wreath—all speaking words of praise of him whose sacred dust rests beneath. I thought of teachers and comrades and patients at home, and, for their sakes also, I laid my tribute, with tender emotion, on the grave of Samuel Hahnemann".

It is interesting to note that Hahnemann's famous motto is engraved, along with other well-known inscriptions, upon the exquisite bronze and granite monument by Niehaus, in Scott Circle, Washington.

BOSTON, MASS.

Now there is a group of symptoms coming on from suppressed discharges from the ear that the alloëopath has no relief for. Discharges from the ear cease, and basilar meningitis comes on, with wrinkled forehead, glassy, staring eyes, dilated pupils and scarcely any fever; the fever, if any, is low; awful pain through the base of the skull; there is a history of necrosis about the ear; a cold has resulted in stoppage of the discharge from the ear. Such patients turn their backs to the light in the room, and yet they want light in the room. When you have a patient with such symptoms, *Stramonium* will sometimes save life if given high enough to cure.—KENT.

## THE ADVANTAGES OF "PLUS DOSAGE" ILLUSTRATED

C. GORDON, M. B., CH. B.

"Plus dosage" may be an unfamiliar term to some of my readers, so let me refer first of all to its origin and author.

October 9th, 1923, was one of homœopathy's red letter days. On that date, Dr. T. M. Dishington of Glasgow read to the Scottish Branch of the British Homœopathic Society a paper entitled *Hahnemann on the Repetition of the Dose*. In it he expounded his discovery in the Sixth Edition of the *Organon* of that method of treatment which he named "plus dosage". The authority for this method is to be found in paragraphs 246, 247, 248, 280, 281. On April 3rd, 1924, Dr. Dishington elaborated further his ideas concerning this great advance on all previously known methods of using the remedy in *Gleanings from the Sixth Edition of the Organon*, a paper read before the British Homœopathic Society, in which, among other things, he indicated precisely how the remedy should be administered. I cannot do better than quote his words:

I give the patient a small vial containing one ounce, and only three-quarters full. The space that is left I explain is necessary to make the shakings effective. The vial is a little more than half filled with water, and there is added a sufficient quantity of *Spt. vini rect.* to bring it to the requisite level. A label is affixed with the date and the name of the patient, the upper edge of the label corresponding with the level of the liquid. The following instructions are written on the envelope in which the vial is enclosed: "Give the vial ten sharp succussions, then take a small teaspoonful dose, about ten to fifteen drops, in about two ounces of water daily (or every second or third day as the case may be), preferably last thing at night. After the dose add to the vial the same volume of water as medicine extracted". The volume in the vial must, therefore, always remain the same, and the upper edge of the label is the standard mark for the volume in the vial.

For convenience I have somewhat modified the above procedure. I put no alcohol in the vial, only water and the remedy. I have had a label printed to affix to the bottle, and I give each patient a demonstration of what is to be done, and make sure that they understand. Sample label here:

## THE BOTTLE TEN TIMES

One Dessertspoonful to be taken  
every . . . . . hours, for . . . . . Doses.  
Keep Bottle Filled with Cold Water  
to Upper Edge of Label  
Name . . . . . Date . . . . .

I impress upon them the necessity of never forgetting the ten jerks before the dose, and explain that if a dose is forgotten the whole process must be stopped and no more taken.

So much for introduction. Are there any advantages to be gained? It is my firm conviction, based on experience, that there are, and I hope to interest my readers sufficiently at least to investigate plus dosage for themselves. The acid test of homœopathy, as a whole, applies to this also, proving it to be a genuine part, namely, unbiased investigation which will lead you inevitably to acknowledge its intrinsic worth.

But some will say, "Is it worth while taking all this extra trouble when we can do such marvelous things already with the single dose of the *simillimum*?" Yes, but have you no cases in which the single dose fails to do what you expect, yet you are certain that it is the *simillimum* you have chosen?

By all means stick to the single dose as long as it serves you well, for it is the simplest prescription of all, *but* does it *never* fail you, even you who are our acknowledged leaders and teachers, wise and experienced in prescribing? If ever you find yourselves in such an impasse, try this plus dosage, for it will open to you still more wondrous possibilities of healing.

In acute disease as in chronic, plus dosage is equally potent for good. In acute disease the patient has had a few doses of the remedy three-hourly, let us say, and there has been some improvement for forty-eight hours only. Another few doses of a higher potency with the same result. What will you do? Give a single dose? All right, if the patient has the vitality to stand it. But what of the old and feeble who might be pushed over the brink by a single dose instead of being pulled away from it? Plus dosage is the answer, starting with a low potency, say a 12 or a 30.

A case in point: Mrs. W., 69, a wee body twisted and crippled with rheumatoid arthritis, in September 1930 took acute bronchitis. *Ars. alb.* was her remedy and on the 25th I gave her *Ars. 12*, two-hourly, (six). Fever abated gradually and cough lessened but her nights were very restless and exhaustion was severe.

Sept. 30th, *Ant. tart. 30*, three-hourly (four), for rattling in tubes with inability to raise phlegm.

Oct. 3rd, cough < *Ars. 12+*, three-hourly (six) gave a week's steady improvement.

Oct. 10th, cough much < last night. *Ars. 30*, four-hourly (five) carried her on with steady increase of strength for five weeks.

Nov. 15th, cough returning slightly. Not wishing to jump to 200 for such a frail old lady, I potentized the 30th up to 40 and gave *Ars. 40+*, six-hourly (six).

Having begun with an acute case, I will give one or two more before going on to the chronic ones.

I. S. L., 29, became pregnant in January 1930. Was then living near Glasgow. Vomiting first three months. Third month, threatened abortion, with hæmorrhage for eleven days. Sixth month, severe hæmorrhage; called the nearest doctor, allœopath, who could not stop the bleeding and, by reason of religious scruples, would not procure abortion. Finally the hæmorrhage became alarming and eclampsia supervened, so patient was removed to a nursing home and her uterus was cleared early in September.

Her husband got work in Edinburgh and they came here. On Oct. 10th I was called urgently to see her, and found her half sitting up on account of dyspnœa, and suffering from intense pain across hypochondria, < slightest movement; < right side on turning in bed, < left side from cough or deep breath. Menses had begun on the 5th. The pain began in the right iliac area and then shifted to hypochondria. Dull frontal headache, > cold applications. No fever. Pulse 120. *Bry. 1M*, two-hourly (5).

October 11th. Some improvement up to 11 p. m. yesterday, then worse than ever. Pain agonizing over apex beat. Afraid to

speak, cough or move. Pulse very weak and intermittent. Heart-sounds weak. *Bry.* 10M+, four-hourly (6).

Oct. 12th. Pain right side gone, left side much easier.

Oct. 13th. Not so well. Menses still running copiously. Refusing all nourishment. Perspiration always profuse at 2 a. m. Hands and feet hot during menses. *Carb. veg.* 30+, four-hourly (3).

Oct. 18th. Menses ceased on 15th. Making steady progress. Some wind collecting at hepatic and splenic flexures. *Carb. veg.* 33+, four-hourly (4).

Oct. 30th. One short attack of abdominal cramp.

Nov. 13th. Menses late. Slight pains about left ovary. Slight threats of abdominal cramp. *Carb. veg.* 200+, twelve-hourly (4).

Dec. 12th. Menses came on after first dose; no pain or trouble of any kind with it. Now feels perfectly fit and well and is eating enormously, mainly fruit and vegetables.

This patient was desperately ill, and without plus dosage I frankly doubt my ability to have pulled her through. Yet today she does not look as if she had ever had a day's illness.

On Dec. 17th, 1930 I was asked to see Mrs. W., a patient of Dr. Henderson Patrick's, who was staying in Edinburgh. She had had acute nephritis in 1920, which became chronic.

Three days before I saw her, she had become chilled while motoring and had a rigor during the night. Dr. Patrick sent powders of *Ars.* 30, which were taken three-hourly the day before I saw her, but without apparent result. I found the patient very anxious and restless, with insatiable thirst for hot or cold drinks, and aching intensely all over; a tumblerful at a time did not quench her thirst. T. 104.6.

I rang up Dr. Patrick and, with his consent, gave *Ars.* 200+, three-hourly (6).

Dec. 18th., a. m. T. 100.4. Began to sweat after second dose. Aching very much less. Menses begun today. p. m. T. 101.8

Dec. 19th, a. m. T. 99.2. p. m. T. 99.8

Dec. 20th, a. m. T. 98.2. p. m. T. 99.8

Dec. 21st, a. m. 98.6. *Ars.* 1M+, 4-hourly (6) p. m. T. 101.2

Dec. 22nd, a. m. T. 99.8. p. m. T. 100.2

Dec. 23rd, a. m. T. 97.8. p. m. T. 97.8

The temperature remained down. On ordinary dosage, could there have been such a startling difference between the results from the 30th and 200th, and would the temperature have come down as quickly?

Let us turn now to chronic cases and see what plus dosage will do for them.

R. M., 31, came to see me in May 1928 on account of migraine headaches which he had had for ten years, since his army service. The headaches had been away for eighteen months but returned in January 1928 and had recurred every two to three weeks since.

The pain lasted for a week or ten days, alternate sides, with nausea and retching but no vomiting. During headache, patient wanted to go into a dark room and sleep; light aggravated the pain intensely.

May 28th. *Morgan co.* 12, (1) carried him on for just over two months with great improvement in general health and a gradual diminution in the severity of the attacks.

Aug. 6th. *Morgan co.* 13, (1).

Oct. 5th. No good result from last dose. (At that time only two potencies of the Bach nosodes were available, the 12th and 30th). *Morgan co.* 14, (1) gave him another two good months.

About the end of December he contracted influenza after which the headaches were worse again.

Feb. 8th, 1929. *Morgan co.* 30, (1) did not give satisfactory results and for some months he returned to his wallowing in the mire of allœopathy, taking aspirin whenever a headache occurred during business hours.

On Oct. 10th he turned up again and reported having had a headache every week or ten days since the last dose. *Morgan co.* 17+, once daily (4).

Nov. 11th. Seven headaches, duration fifteen minutes to two hours. Very well between attacks. No aspirin.

Jan. 15th, 1930. Thirteen headaches of gradually decreasing duration and severity. Now down to five minutes.

Feb. 18th. Nine headaches ranging from ten minutes to twenty-four hours, some of them followed by mental and physi-

cal exhaustion. But recovery is more rapid than of yore. *Morgan co.* 30+, i. d. (4).

July 7th. From last dose to April 10th, seven headaches, all mild. Then none till June 13th. Three severe attacks in the last three weeks. *Morgan co.* 37+, i. d. (4).

Oct. 1st. Headaches off and on all the time. *Morgan co.* 200+, i. d. (7).

Dec. 12th. Six headaches, all mild. No medicine.

This case is not completed. It is given for comparison of duration and depth of action as between single and plus dosage.

J. K. R., 28, dressmaker, consulted me in May 1928 for dysmenorrhœa; also pain in the left shoulder coming on at 2 p. m. and becoming < towards evening. Sometimes this pain was away for weeks, but she had had it off and on for many years.

I put her on *Sepia* in double dosage with fairly good results for some months, but in March 1929 I changed the remedy, giving *Ars.* 200, (1) which was repeated in August.

November 28th. Dysmenorrhœa and shoulder-pain returned. *Ars.* 1M+, i. d. (7).

Dec. 27th, she reported decided improvement in both conditions; also a great increase of energy and a feeling of well-being; moreover, her face had become a healthy color for the first time. She has not required any more medicine since then.

T. F. M., 31, paper merchant. Had suffered from indigestion since 1915. In 1924 he developed a duodenal ulcer and, at his father's request, I sent him to a surgeon for an opinion. Operation was advised and he was put on the waiting list for a bed. Meanwhile I gave him treatment.

Jan. 15th, 1924, *Ars.* 30, (1) was given, with slight temporary improvement.

Feb. 7th. *Ars.* 200+, i. d. (3) effected such decided results that when a bed was available for him on April 11th the surgeon told him he did not consider it necessary for him to go into hospital for observation, and strongly advised him to go on with the medicine he was getting.

Mrs. K., 82, when I first saw her in February 1930, had had rheumatoid arthritis in the left ankle for two years, and it

was then beginning to affect her knees. The left leg was cold. There was no flexion or extension at ankle and toe joints, but no pain except on standing. Her doctor told her she would never walk again. She was perfectly healthy in every other way. She had to use crutches even to cross the room.

Feb. 18th. *Proteus co.* 12+, i. d. (3).

April 25th. Some aggravation the first month. She can now bear her weight on the left foot but cannot walk. *Sac. lac.* (1).

May 23rd. Dyspnœa on exertion the last three weeks. Right knee getting very stiff. Left foot no change. *Proteus co.* 18+, i. d. (3).

July 18th. Dyspnœa lessening. Foot slightly >; able to hobble with crutches. *Sac. lac.* (1).

Aug. 15th. Dyspnœa lessening. Walked a bit after the last dose. *Sac. lac.* (1).

Sept. 12th. Dyspnœa <. Pain in knees and soles prevents sleep. Cannot bear weight on left foot. Left leg no longer cold. *Proteus co.* 30+, i. d. (3).

Oct. 10th. Dyspnœa gone. Knees stiff but much less painful. Feet very painful last eight days. Pain in soles only when walking. Walking better up to a week ago. *Sac. lac.* (1).

Nov. 7th. Crutches discarded. Walking with one stick. *Sac. lac.* (1).

Dec. 6th. Forgot her stick one day. Out four nights in the week. Going to concerts, picture-houses and dances. "Weel, ye see, doctor, I like a bit o' sport".

Lastly, an example of triple dosage which, after all, is just a variant of plus dosage.

Mrs. T., 52, came to me in April 1928 for severe pain in right hip extending to knee and ankle. It had been diagnosed as "osteo-arthritis" and had developed slowly during the previous two years. Pain excruciating the last few weeks; < lying down, change of weather, cold dry weather, rubbing; > during wet or windy weather, warm applications; > 10-15 minutes' rest; can then walk for ten to fifteen minutes without much pain. Can only walk with a stick and someone's arm. Vicarious epistaxis since age 15. Hurry. Impatient. Easily offended. Weeping from

pain. Weeping amel. < Hot weather which irritates her; < warm room.

*Puls.* 12 (1), 24-hourly.

*Puls.* 30 (1), 24-hourly.

*Puls.* 200 (1), 24-hourly.

May 24th. Severe epistaxis four times. Walked much better one day.

July 20th. No epistaxis. Pain less severe in hip, < in knee and ankle. Walking >. Swelling in right side of neck, cracks on turning head quickly.

Repeat

*Puls.* 12 (1)

*Puls.* 30 (1)

*Puls.* 200 (1)

Aug. 21st. Neck less painful. Epistaxis once, moderate. Can walk much further with hardly any pain. Pain in back on walking, > on rising.

Sept. 28th. Neck swelling decreasing. No epistaxis. Pain in limb much less, but back <. Knees sore sitting.

*Puls.* 30 (1)

*Puls.* 200 (1)

*Puls.* 1M (1)

Oct. 29th. Neck all right. Back and knees > motion. Can walk with stick only. Both middle fingers painful and swollen.

Nov. 26th. Back and knees <. Left middle finger all right, much less sensitive to weather conditions.

Repeat

*Puls.* 30 (1)

*Puls.* 200 (1)

*Puls.* 1M (1)

Feb. 12th, 1929. No pain since last dose except in back. Indifferent to weather conditions now.

April 18th. Back slightly <. Leg very much >. Hands slightly rheumatoid.

*Puls.* 200 (1)

*Puls.* 1M (1)

*Puls.* 10M (1)

July 15th. Decidedly better. Can walk without a stick.

The cases here quoted may not be spectacular. Doubtless you have accomplished many more brilliant cures by the accustomed methods. That is not my point. What I have tried to show is that here is another weapon for your armamentarium, forged, tempered and tried by the master himself. I repeat, this is no modern development, but Hahnemann's own discovery, incorporated in his teaching. What is it to you? He found it not merely advantageous but necessary to use plus. (Had it not been necessary, it would never have been mentioned in the last and best edition of the *Organon* containing the accumulated wisdom and experience of a lifetime). Are you content to use the lesser methods and not even test this which was his latest and greatest advance?

EDINBURGH, SCOTLAND.

The conditions of a true and defensible homœopathic prescription require . . . that the aggregate of the symptoms presented by the patient be regarded as one malady, for which an analogue is to be found in the materia medica. We have no authority in science for arbitrarily dividing this aggregate of symptoms into groups, for each of which we are to find an analogue in the materia medica, and then giving these analogues, in combination or in alternation. This requirement is perhaps the most difficult of all to fulfill. In collecting the symptoms, our utmost sharpness of insight and our deepest and most extensive learning in every department of physiological, psychological and pathological science will be tasked to construct, from the patient's history and from his present condition, a complete picture of the morbid phenomena which he presents, from which the physiological idiosyncrasies of his peculiar temperament and personality shall all have been eliminated, and in which his symptoms shall be duly arranged with due regard to their mutual relations and dependencies.—CARROLL DUNHAM, M. D., 1865.



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35. *watched*, being: Calc. carb.  
*well*, thinks is, Iod.
36. *Destructive*, clothes: Plb.  
*Dictatorial*: Arn., Verat.
37. *Dream*, in a: Zinc., Ziz.  
*Dull*: Mang.
39. *Escape*, run away: Chel.
40. *Fear*, apoplexy: Zinc.  
cats: Tub.  
crowds: Arn., Asaf.
44. disaster, disease: Elat., Psor., Puls., Tab.  
door opening on: Cic., Con., Lyc.
45. falling: Arg. nit., Ars., Chin., Coff., Hyper., Kali carb.,  
Lys., Onos., Sanic., Tab., Zinc.  
knives: Alum., Ars., Chin., Hyos., Lyss.
46. misfortune: Bry., Caust., Nat. carb.  
ordeals: Arg. nit., Gels., Lyss.  
pins: Apis, Lac. fel.  
poisoned being: Nat. mur.
47. shadows: Calc. carb.  
suffocation: Carb. veg., Sulph.  
tremulous: Mag. carb.  
undertakings: Sil.  
waking on: Xanth.  
walking rapidly: Tarant.
48. *Finery*, wants: Lil. tig., Sulph.
49. *Forsaken* feeling: Meny., Sec.  
headache during: Meny.
51. *Haughty*: Gran., Lil. tig.  
*Hold* or being held, desires: Ars., Gels., Lach., Nux mosch.,  
Nux vom., Sang., Sep., Stram.  
*Home*, wants to go: Acon., Cimic., Coff., Meli., Valer.
52. *Hopeful* alternating with despair: Acon., Kali carb.  
*Hurry*: Cimic., Mez.  
*eating while*: Lyc., Sulph.  
*occupation* in: Cimic.
54. *Indifference*: Tell., Tub.

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58. *Irritability*, alternating with care: Ran. bulb.  
cowardice: Ran. bulb.  
wrath: Zinc.
59. *coition* after: Thuj.  
Amel.: Tarant.  
sadness with: Ptel.
60. *Kill*, desire: Sil., Syph.
61. *Laughing*, alternating with gaiety: Stram.
62. spasmodic: Ars.  
*Light*, desires: Cann., Carb. an., Grin., Phos., Plb., Sanic.  
*shuns*: Tarant.  
*Loathing* herself: Lac. can.
63. *Loquacity*, babbling: Lyc.  
*Changing quickly* from subject to subject: Arg. nit.,  
Tub.  
*Love*, disappointed: Phos.
64. *Mania*, heat, during: Cact.  
*Menses*, alternately with: Crot. casc.  
*Memories*, disagreeable, recalls: Amm. carb., Calc. carb.,  
Hepar, Hyos., Lyc., Nat. mur., Nit. ac., Phos., Sep.,  
Sulph.  
*Memory, do*, for what was about to: Carb. an.  
*happened*, for what has: Carb. ac., Hydr.  
*injury*, after: Amm. carb.  
*periodical*: Chin.
65. *say*, what is about to: Rhus tox.  
*sudden* and *periodical*: Chin., Nux vom., Syph.
66. *Mistakes*, localities: Arg. nit., Fluor. ac., Sil.
67. *Moaning*: Mill.  
involuntary: Alum., Cham.  
lifted, when: Sulph. ac.
68. *Mood*, alternating: Stram.  
*Nosebleed* >: Bor.
69. *Plays* with fingers: Calc. carb., Crot. casc., Rhus tox.
70. *Quarrelsome*, scolds to herself: Merc.



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74. *Restlessness*, coition, after: Mez., Staph.  
pains, during: Kali carb.  
strangers <: Sep.
75. *Ride*, wants to: Psor.  
*Rocking* >: Carb. an., Kali carb., Pyrog., Sacc. off.  
*Sadness*: Tub.
76. alternating with fright: Zinc.
78. *Sarcasm*: Ars.  
*Scratches* the walls: Arn.  
*Sensitive* to music: Cop., Croc.
79. noise: Syph.  
music >: Nat. mur., Sulph. ac., Sumb., Thuj.  
Tub.  
*Shrieking*: Hyper., Lac. can., Lil. tig., Thuj.  
menses, after: Aur.  
pain, from: Mag. mur.  
*Sighing*, sleep, in: Sulph.
81. *Snarls* like a dog: Phos.  
*Somnambulism*: Dict.  
*Speech*, babbling: Lyc.  
repeats same thing: Lach.
84. *Strange*, everything seems: Glon.  
*Stranger*, as if one were: Nat. mur.  
*Striking*: Kreos.  
*Stupefaction*, morning: Nat. carb.  
injury, after: Hell.
85. *Suicidal*, night, at: Phos.  
throws himself from a height: Lach.
86. *Sympathetic*: Tarant.  
*Talk* of others <: Acon., Ambr., Carb. an., Lyss., Nat. mur.,  
Petr., Phos. ac.
87. *Talks* to himself: Mag.  
of his sufferings constantly: Arg. nit.  
*Thinking*, complaints of: Lac. can.  
*Thoughts*, outside of body, as if: Sabad.  
persistent: Lyss.  
vanishing: Amm. carb.  
periodically: Chin.

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89. *Timidity*: Croc. hor.  
*Unconsciousness*: Lil. tig., Mag. carb.
91. sensation of: Mag. carb.
92. *Walks* rapidly from anxiety: Fluor. ac., Sep.
93. *Weeping* >: Puls.
95. *Will*, muscles refuse to obey: Gels., Lil. tig.
97. *Night*, waking on: Zinc.  
*Ascending* stairs: Dig.  
*Bed* in motion, as if: Lac. can.  
*Bending* >: Ol. an.  
*Blowing* nose: Cod.  
*Breath* difficult: Cur.
98. *Closing* eyes: Gels., Merc.  
*Cold* drinks, after: Colch.  
*Consciousness*, loss of with: Sep.  
*Coughing*, on: Ars., Thuj.  
*Dark* room, in: Alum., Pic. ac.
99. *Fall*, tends to: Hydr. ac.  
*backward*: Absin., Camph., Chin. sulph., Du-  
bois., Rhod., Spig., Stront.  
*forward*: Syph.  
*and backward*: Thuj.
- Floating*: Calc. sulph., Tell.
- Headache*, after: Merc., Phos.
100. *Injuries* to head: Arn., Ruta.  
*Looking* at colored lights: Art. vul.
101. *Lying*: Ail., Kali bich., Kali mur., Lac. can., Polyg.  
side, right: Eup. per., Hell., Rhus tox.  
left: Lac. def., Onos.
- Motion*, amel.: Phos.  
of floor, as from: Sulph.  
least <: Morph., Ther., Zinc.
102. *Nausea*, with: Ptel.  
*Nervous*: Phos.  
*Nosebleed*, with: Bor.  
*Occipital*: Bry., Croc. tig., Gins., Iber., Led., Pic. ac.,  
Sulph., Tab., Thuj.

- Old people: Con., Gran.  
 Pains, before: Ran. bulb.  
 Periodical: Gels.  
 Reaching up: Ars., Cupr., Sep., Sil.
103. Rising from stooping: Cocc., Op., Petr.  
 Scratching skin <: Calc. carb.  
 Sinking, as if: Bry.
104. Sleep, going to: Stann.  
 Stool, before: Calc. phos., Carbo. veg., Caust., Chel.,  
 Cocc., Colch., Cupr., Glon., Mag. mur., Mang., Nat.  
 carb., Phos., Ptel., Zinc.
105. Sudden: Ars.  
 Sunlight, in: Bell.  
 Temples, in: Coloc. (1).  
 Thinking of it: Plb.  
 Tobacco <: Zinc.  
 Turning in bed, on: Mang.  
 to left: Coloc., Con., Gran.  
 right: Lach.  
 or moving head: Zinc.  
 Unconsciousness, followed by: Sil.  
 Vertex, from: Berb., Chel., Kreos., Lyc., Med., Merc.  
 i. f., Phos., Scroph.
107. Air, wind, etc.: Amm. mur., Nit. ac., Nux mosch.,  
 Verat., Zinc.
- Ball, in forehead: Carb. ac., Kali carb.
108. Coldness, wind, as of a: Verat.

PARKERSBURG, WEST VIRGINIA.

This matter of the dose cannot be evaded by us as a mere trifling affair of personal conviction or caprice. "It is not a matter of theory and speculation but a matter of fact and experiment", to be decided only after cautious, deep, searching, unprejudiced and intelligent investigations. Upon it hangs the future usefulness and destiny of our system of cure.—A. R. MORGAN, M. D., 1865.

## A BRIEF STUDY COURSE IN HOMŒOPATHY

ELIZABETH WRIGHT-HUBBARD, M. D.

### X.

#### THE DANGERS OF HOMŒOPATHIC PRESCRIBING

The greatest danger of any homœopathic physician is that he shall not be a true Hahnemannian homœopath. Mongrelism defeats not only the doctor and the patient but the cause of homœopathy. The specific pitfalls most frequently met are as follows:

1. The physician does not bear in mind his homœopathic philosophy.
2. He fails to take a complete enough case, from which to deduce the true remedy. He omits the mentals, the profoundly important generals, or fails to elicit the modalities of the particular symptoms.
3. He lacks patience. Having given the remedy, he forgets that he must WAIT and WATCH. He repeats the remedy, in unwise zeal, before the definite slump comes after the improvement which has followed his remedy. More of a good thing does not mean a better thing in homœopathic prescribing.
4. He fails to look for the action of Hering's three Laws of Cure: That the remedy works *from within outward, from above downward, and in the reverse order of the symptoms.* (This never happens, except under the action of the curative homœopathic remedy).
5. He omits to make use of the "second-best remedy", i. e., *Sac. lac.* Thereby, he sometimes loses the patient's confidence, especially that of those who are accustomed to taking much medicine.
6. He fails to make sure that the patient has actually taken the remedy. (Wherever possible, always administer *the* dose yourself). Or, he fails to find out what other remedies the patient may be taking or what dietetic interferences there are. The physician must be cognizant of what substances interfere with the action of our different remedies, as, coffee with *Nux vom.*, or acids with *Acon.*

7. He does not search out the psychological and sociological deterrents to cure and teach the patient how to evade and overcome these.

8. He sometimes does not recognize soon enough when the remedy is *not* working, and is then often too busy to revise the case, and try again to find the most similar remedy.

9. He permits himself to give minor remedies for trivial or temporary ailments incident to chronic treatment, when *Sac. lac.* or sensible adjuvants such as hydrotherapy would suffice.

10. He changes remedy because of the out-cropping of other symptoms without discriminating between aggravation symptoms, symptoms due to idiosyncrasy, and symptoms returning under the chronic remedy (which the patient may never recall having had before) and actual new symptoms which occur because the remedy was only partially similar, and, finally, symptoms of some discharge—such as coryza, leucorrhœa or perspiration—which represent a curative vent and are due to the action of the remedy.

11. He gives the wrong potency of the right remedy. (If sure of the remedy, it is well to try another potency, or, first, three doses of the original potency at two or four hour intervals. N. B.—Always instruct patients to stop taking the remedy as soon as appreciable amelioration sets in, and to switch to the “second” remedy, i. e., *Sac. lac.*)

12. He gives too high a potency in an incurable case, or one with marked pathological changes, and so induces an aggravation with which the vital force cannot cope. (If he has done this and the patient is going down-hill, he must antidote).

13. He gives a profound constitutional remedy to a case which is too sick to stand it and should have merely a related palliative remedy. For instance, in incipient tuberculosis it is dangerous to give *Sulph.*, *Sil.*, or *Phos.* at least in high potency. A single dose of the thirtieth (30th) is as high as he should venture. If the case is far gone in tuberculosis, these remedies must not be given, but rather a palliative for the most distressing symptoms, such as *Rumex*, *Sang.*, *Puls.*, or *Seneg.*

14. He must remember that certain remedies are dangerous to mishandle. For instance, *Kali carb.*, especially in cases of ad-

vanced arthritis; or *Sil.*, where an abscess, if suppuration were brought on, would break in a dangerous location, as in the lungs; or some of the nosodes, like *Psor.* which, in deeply psoric cases, say of asthma, may induce terrific aggravation; or *Lachesis*, whose improper repetition may engraft a permanent unfavorable mental state on the patient. *Arsenicum* is another dangerous remedy. When apparently indicated in the last stages of an acute disease, say pneumonia, it may hasten demise although it will make the death tranquil, but it will not rally the patient as one might expect. In the terminal stages of chronic disease, where cure is impossible, it will sometimes bring the patient back long enough to sign a will or see the family, and will ultimately induce euthanasia.

15. He will often be surprised to find that certain symptoms or groups of symptoms are relieved by his remedy and yet the patient feels worse or develops more deep seated trouble. In this case, the prescribing has been superficial and suppressive. Suppression is perhaps the greatest danger of ordinary medicine from the point of view of homœopathic philosophy, and the deep homœopath must be constantly on his guard not to produce suppression with his remedies. If he has given an acute remedy for an apparently superficial trouble which is relieved but the patient feels badly, he should do the chronic case at once, and the deep acting remedy will right matters.

16. He may give remedies in the wrong order or inimical remedies in succession, thereby aggravating the patient and mixing up the case.

Throughout his practice the physician must sell the idea of homœopathy with brief but helpful explanations to the patients in order to insure their cooperation. He must himself have the character to sit tight when he knows what he is doing and not spoil his cases by unnecessary and harmful prescribing. Above all, he must consider each patient as an opportunity for service not only to the individual and the community but to homœopathy and to the race.

Of recent years, what I shall dub *Definitive Prescribing* has proven of noteworthy interest to me. It is a means towards an end. Provers of both sexes are called into play and they are best who are at once sensitive and intelligent to start with. To rule out the imaginative element they should be quite ignorant of the fact that a proving is being made. By painstaking interview, the sick-making powers are well revealed by the involuntary recital.

In going over the collected tally, the dominating and characteristic recurrences will obtrude themselves into the real and positive picture. And, in this fashion, a sort of clarified essence is squeezed out, and for the highly laudable purpose of "hitting the nail right on the head", as far as the very speedy and very brilliant cure is concerned.

From manifold and daily experience we are all fully aware of one fact, a fact as immutable as the law of gravitation, and this is, that *similia similibus curantur* is a definitely truthful statement of fact and will remain as such to eternity. What we should seek therefore, is to approximate our indications for the application of that law, as definitely as is humanly possible, as it has for its purpose the actual commendability of making a sick man a well one.

It therefore may be of interest to you, what a re-proving of common table salt disclosed to me . . . and here it is for your consideration.

#### NATRUM MURIATICUM IN THE 30TH POTENCY

The following is a descending scale based upon the amount of numerical repetition:

1. (A) Morning aggravation, often after the night's sleep, and often around the noon hour. Morning weakness. At the time stated, there is a flushed, full, and a heavy-feeling head. (B) A dull vertical and occipital headache. (C) The voiding of gas. (D) A burning throat. (E) A dull and constant backache.

2. Very weak and very lazy and worse in the morning, espe-

\*Read at the I. H. A., Bureau of Materia Medica, June 1930.

cially after sleep. Better by rest. Worse upon motion. Weak arms. Weak legs. Marked weakness on alternate days. Weakness with slow pulse. Weakness better by eating.

3. A distinct aggravation by lying down at night. A distinct betterment by lying down during the day. The aggravation on lying at night is very apparent with respect to sleeplessness, to headache, and to night sweats. The amelioration on lying down in daytime is especially in evidence with headache, with the asthenia, and with the palpitation of the heart.

4. Palpitation of the heart with tachycardia worse in evening and at night. The pain centres about the heart area; nervousness prior to and during the palpitation.

5. Restless and tossing in bed at night and unable to drop off to sleep for hours. Early morning dripping night sweats in bed. Dreams terrify. Unremembered dreams.

6. All evening and all night terrible shaking chill with chattering teeth. Cold hands with hot head. Cold clammy hands. Feet felt frozen, better from warmth. Sweat worse in cold spells. In daytime cold, then warm spells which keep up constantly.

7. Horribly depressed and blue with a feeling of a lump in the throat and the condition worse from 6 p. m. to 6 a. m. Nervous palpitation. Worse consolation. Better solitude. Worse from critical attitude of people. Memory defective.

8. Distension of abdomen with gas worse in the pit of the stomach. Worse between 6 and 12 a. m. and between 6 and 12 p. m. Belching worse in afternoon and evening. Worse on touch. Worse on pressure. Passing gas worse in morning. Crampy distension.

9. Marked thirst 6 to 12 a. m. and 6 to 12 p. m. with good appetite and a craving for cold water. Polyuria precedes thirst.

10. Ear involvement worse on right side. Worse in the afternoon. The pain is dull and constant as regards the earache. Thumping, hissing or squeaking ear noises. Worse lying on left side. Worse swallowing. Better cool air.

PHILADELPHIA, PA.

#### DISCUSSION

DR. J. W. KRICHBAUM: May I say a few words about my personal experience? I think this a most excellent proving, and the doctor has outlined it so clearly that it seems very familiar to me. When I went on a salt water trip recently I took *Natrum mur.* the 30th some days before the trip. I usually

get sick the second day out on the salt water. When I come down here to Atlantic City, in forty-eight hours I quit all my bad habits of smoking and drinking and chewing and swearing. None of them appeal to me. I would be a Christian man if I lived here all the time. My appetite does not return until I get away from the salt air. I once went five days on an ocean trip without swallowing a bit of food or a sip of water, and I only secreted perhaps two ounces of urine in forty-eight hours. It made me hibernate. I took *Natrum mur.* the 30th without any appreciable result. I tried it in the 200th, also with no result. Then my son, as I mentioned before, when I was starting on my recent Panama trip came in and gave me a dose of the *cm* the day before we started. It sounds like moonshine, but I didn't miss a meal all the way. The day before I came down here to Atlantic City I repeated the dose of *Natrum mur.* *cm* and I have had a better appetite than when I left home. I feel perfectly well, in fact I feel rather scrappy. That is what *Natrum mur.* did for me, *Natrum mur.* *cm*.

CHAIRMAN J. HUTCHINSON: I very much wish that Dr. Macfarlan would prove the higher potencies, 200, 1000, and *cm*. I think that with his knowledge of the technique and his keen observation he would get a great deal out of those potencies that would help us. I have done a little proving myself with the higher potencies and they are always gratifying in their yielding symptomatology. Probably the doctor has found it so, too, and since he has given us this good paper on the 30th I hope he will supplement it with other potencies.

DR. J. W. WAFFENSMITH: In reference to this lump sensation in the throat I would add that there is a very marked constriction. There also is a constriction in the mammary region which extends to the axilla. I have had several cases with this constriction to such an extent that it developed into a cancer obsession. Another factor is a constricting sensation and anxiety in the region of the solar plexus. This is very marked and produces a sensation accompanying a vertigo, with a fear of falling when going out of the house.

DR. A. H. GRIMMER: I think that we owe Dr. Macfarlan a debt of gratitude not that he has added anything to *Natrum mur.*, but because his confirmations are splendid. Many of our modern men who have been carried away with the new scientific ideas of our potencies especially will be heartened by just such repeated experiments as Dr. Macfarlan is making. He is doing a great work for the cause in these confirmations. It may not appear to be so that these remedies do act even in the 30th potency, but it really is true. There are too few of us proving remedies. It not only helps the great group but it helps the individual immensely. It is a fine work.

DR. D. MACFARLAN: I do not deserve any credit because I really enjoy making provings. I figure that I am only going to go through life once and I want to go through as happily as I can, and I am going to try to do as much good as I can and have as much fun as I can as I go. This is my philosophy: To do as much good as I can and to have as good a time as I can doing it.

It is very interesting making provings. It is like working a crossword puzzle, especially if the person doesn't know he is making a proving. It is more fun than curing people because anyone can cure people, if you know the indications. That is as easy as spelling out your name. Making provings is real good sport, like playing golf or going to a horse race.

PRESIDENT STEVENS: May I ask Dr. Macfarlan a question? How do you give the remedy if you say the people don't know they are making a proving? How do you manage it?

DR. D. MACFARLAN: People often come to me. They may be charity cases. I may have helped some relation of theirs or some relation may have been a servant of mine, or something like that, and if they are fairly intelligent and sensitive I give them the remedy and I say, "I want you to take this three times a day and come back and see me, and write down exactly how you feel". They come back with a lot of stuff and they are awfully sick generally

after the third day. Then I give them a bottle of *Sac. lac* and say, "Take a bottle of that", and they feel much better. Then they have confidence in me and I give them another crack. You have to exercise the wisdom of the serpent when you are administering a proving to someone who doesn't know anything about it.

CHAIRMAN J. HUTCHINSON: Might I interject right here: Haven't all the masters told us that proving remedies was a wholesome thing for the human family?

DR. D. MACFARLAN: Yes. You needn't have any qualms of conscience about it. I have absolutely no qualms when I make provings.

CHAIRMAN J. HUTCHINSON: You are curing people.

DR. W. W. WILSON: I was led to *Natrum muriaticum* by two of the symptoms that Dr. Macfarlan brought out so strongly, the palpitation of the heart and the excessive sweat. I had a young girl of sixteen. Menstruation ceased and remained negative for a period of nine months. The girl just kept on slipping away. She was sent out to the Dakotas thinking the dry air out there would help her. She grew worse and worse. Finally she was sent back by the people out there to die. Her mother took her to specialists in New York and Newark, and other places. They all thought it was a case of goitre, and she was about to be operated on for goitre when her father brought her to see me. I had the mother come so that I might ask a little bit closer questions. The mother told me that when the girl and she slept together at night oftentimes she was awakened by the tremendous pulsation of the heart. It just seemed to shake things, the heart beat so violently. And as far as the sweating was concerned, it just soaked everything. It soaked right through the mattress and all the bedding. My first question was, did the girl ever have malaria. It proved that as a child she had had malaria and it had been suppressed by quinine.

I gave her *Natrum mur.* and the girl is absolutely well and has been well now for some years. That case came to me during the war so of course it is ten or eleven years ago. But I was attracted to *Natrum mur.* by that excessive sweat and by the violent pulsation of the heart.

DR. H. B. BAKER: I am very much interested in that time aggravation of this proving. I have had a number of cases that I thought were *Natrum mur.* but the aggravation ran later than these. I believe that that time aggravation is all right, that those were *Natrum mur.* cases.

CHAIRMAN J. HUTCHINSON: Later than ten o'clock?

DR. H. B. BAKER: That was the usual time but Dr. Macfarlan says he gets it around noontime. I am glad to get that point.

DR. E. B. LYLE: Mr. Chairman, if Dr. Macfarlan hadn't said that he had been proving this remedy on some of his patients I might have thought he was giving my chronic history, and I can say frankly that practically every symptom he has mentioned is true, from personal experience. And I think that if he is a good prover of *Natrum mur.* I had better change my doctor and become his patient and prove one of his higher potencies because I am quite sure he would make me a bigger and better girl. Not bigger, but better.

DR. A. PULFORD: In the proving of drugs it should be mentioned that sun time is used. Sun time has been the time of proving all our drugs. With all these changes in time, there is confusion. And if the doctor will note the sun time that will correspond then with every other drug that is proved.

CHAIRMAN J. HUTCHINSON: I think the doctor gave sun time.

DR. CRIGGS: I should like to ask Dr. Macfarlan whether he used just an ordinary brand of common salt to make his potency or chemically pure *Natrum*?

DR. D. MACFARLAN: I suppose I should have potentized this myself.

CHAIRMAN J. HUTCHINSON: It had no iodine in it?

DR. D. MACFARLAN: It was just the ordinary *Natrum mur.* that I bought. Since my father died, I haven't potentized as many of them. My father used to get me to run up potencies for him. I haven't done that so much lately.

## SOME SUCCESSFUL REMEDIES\*

G. B. STEARNS, M. D.

*Phytolacca*

J. J., age 35. German. Medium build, dark-complexioned, high cheek-bones. Occupation waiter. Attack of sinus infection two years ago. Right frontal sinus treated with suction-pump for a few months, then operated on. All right for a short time, then suffered from right-sided headache. Under constant local treatment until four months ago when right antrum was opened; it was again opened two months ago. A month ago he became unconscious, temperature 106, and pus was removed from right antrum. Since then, has been losing weight; has had night-sweats, and has been chilly. Attacks of fever every few days. Very weak. Poor appetite. Everything tastes bitter. Craves sour; craves air. The attack two years ago began with right-sided sore throat which, he remembers, was relieved by cold drinks. The fauces on both sides of the palate dark-bluish, with dark veins. I gave him *Phytolacca* 200. Reported a week later; was better before he reached home and enjoyed his dinner for the first time in two years. Gained four pounds during the week. On the third day, the left face became painful and he had left-sided headache. He reported to his nose specialist, who found left antrum full of pus. This was drained and he had no further local treatments. Another prescription of *Phytolacca* 200 was given two months later. He has had no return of the trouble in two years. The keynote to this remedy was in the original attack, beginning right side of the throat with the modality "better from cool drink".

*Guaco*

P. C., age 48, head of insurance agency. Tall, dark, slender. Generally very well but has a cold about once a year, followed by sinus infection and thick yellow catarrh. Is under more or less constant treatment by nose specialist for chronic sinus infection. Hands are dry, with breaking out in the palms and, at

times, cracking of the skin. Hands and feet never perspire but easy perspiration generally. He becomes tired and has pain in the stomach region if he misses a meal, although he cannot eat much at a time. No other constitutional symptoms. His chief complaint is the nasal condition but there are no characteristics except constant, thick, yellow mucus and the sense of being clogged up in the nasal passages. *Guaco* 200th was given. Following the prescription, there was a discharge of yellow mucus at night, so profuse as to saturate the pillow. This became less after the fourth night and then he had burning of the urine and relief of all symptoms within two weeks. He remained well for five months and then he had an acute attack, head felt hot and congested. The trouble settled in the right cheek which was painful, worse leaning over, with knife-like thrusts of pain. *Guaco* 200th was given. The infection cleared up promptly and he has remained well for the last eight months.

*Guaco* is a climbing composite of tropical America. In its meagre proving, there are no nasal symptoms. It is evidently a catarrhal remedy, as it caused, in a lady who took a decoction for four months, a copious, corrosive, putrid leucorrhœa, causing great debility and tanning the inside of the thighs and staining linen yellow. (Clark's *Dictionary*). Its action in the case reported indicates the need of a complete proving.

*Arsenic and Teucrium Marum Verum*

R. J. Age 40. Tall, ruddy-brown complexion, aristocratic type; owner of chain of restaurants. Following two months of recurrent colds, began to have fever one afternoon, with pains in the left side of the head and eye and much discharge of yellow, bloody mucus. Left eye wouldn't focus on getting up from lying down. Next day, drenching sweat. Taste and smell gone. Mouth dry. Frequent drinks to quench the dryness. Soreness of the left eyeball and the left cheek, with pain worse from lying and worse from jarring. Pain in the face extended to the teeth. Hectic flush on the left cheek. Tongue white with red edges. Great restlessness. *Arsenic* 30, three powders, gave some relief. Pain and discharge, headache, and other symptoms gradually cleared up but patient was, for two weeks, in bed with the tem-

\*Read at the I. H. A., Bureau of Materia Medica, June 1930.

perature at first ranging from 99 to 101. In three and one-half weeks was able to leave the house, when an x-ray was taken, showing empyema of the left maxillary sinus and thickening of the membrane of the right maxillary sinus. No more symptoms of *Arsenic*. Gave history of having had sinus infection which had been drained and also had had polypus removed from the left nostril. *Teucrium marum verum* 200th was given. A month later, x-ray showed antrum clear. At six weeks intervals, two more prescriptions of *Teucrium marum verum*, first 50M and then CM. He has remained clear of all nasal symptoms for a year, being, in this respect, better than he has been for several years.

#### *Teucrium Marum Verum*

Miss M. V., age 42. Only daughter of elderly parents. Small in body, always with little vitality, but keen mentality. Never could stand, because her back would give out. Wore a back-brace for many years. Always painful menstruation. Always high-strung, extremely sensitive to company or any nervous strain. So sensitive to cold or wet weather that is obliged to go south winters. Five years ago, after a cold, ran a temperature all winter. Left sinus became infected and then the right and then the frontals. Went down to 70 pounds in weight.

Antrums operated on and polypi removed. Next year, tonsils removed, with hæmorrhage difficult to stop. Ever since has had green and yellow discharge from the antrums and always gets an acute exacerbation from the least wet, draft, or cold. Even putting hands in cold water will bring on the trouble. Is always better when perspires. Has constant post-nasal dripping. *Teucrium marum verum* 200th was given. Began to be better at once and improved steadily for a month, when she went to Florida. She continued to improve for a time, then during a bad spell of weather, took cold. *Teucrium marum verum* 200th relieved. Two months later, attack again and *Teucrium marum verum* CM was given, followed by steady improvement which has continued for the past three months. Is better and has more vitality than in many years.

*Teucrium marum verum* is one of the most useful remedies in polypoid conditions. Its symptomatology was not marked in

either of these cases, as it has not had much of a proving. Deschere recommended this remedy for mixed-up cases where there is not good symptomatology for any remedy. He used it frequently in children.

The remedies in the foregoing cases were obtained through tests, by means of certain body reactions. These reactions have been described at various times. There is no perfect method for using these tests at present, although several techniques have been devised. Such cases as the above indicate the importance of continued research in connection with the phenomena involved with the tests.

NEW YORK, N. Y.

#### DISCUSSION

DR. I. L. FARR: It seems to me that Dr. Stearns has given us in this paper some very remarkable work, first, because of the rarity of at least two of the remedies; and second, the work on *Phytolacca*. Until he had traced it back to the symptom of the early sore throat relieved by cold or the tonsillitis rather relieved by cold it didn't look at all like *Phytolacca*.

A young man and his wife came into the hospital five weeks ago and asked if I could do something for the girl?

I looked her over and found an extremely nervous young woman of twenty-four, scared, apparently, almost to death because she had been through the hands of four surgeons who had told her that her right breast would have to be operated. She certainly had a cancer.

At the hospital we have recently put in one of the high frequency treatment machines. There are only three of them in the United States. She had heard of that machine and had to come into the medical clinic. As I say I looked her over carefully and found that a great many of her symptoms were mental. We found a fairly large sized lump in the right breast in the upper right quadrant. The left breast had a slight hardness and it seemed to me that we were dealing there with merely a proliferated mastitis. And even though she had been diagnosed as having to lose that breast. I felt we were at least safe in making an experiment. I put her on *Phytolacca* 30th, and gave her some blank tablets to take home with her, and told her to return in a week. If you could have seen the mental attitude of that patient when she came back. She had lost all her fear. The hardness of the left breast had gone entirely and about half of the lump in the right breast had disappeared. She came back at the end of the second week and she said she thought she could go to work the next week. At the end of the third week she came back and the lump was not there. She had one dose of *Phytolacca* and *Sac. lac.*

DR. C. L. OLDS: May I ask Dr. Stearns if those sinus cases had had previous homœopathic treatment. The reason I ask that is because in my experience I can hardly recall a single sinus case that has come in that has received previous good homœopathic treatment. I think the sinus cases are almost entirely due to suppressive treatment of some sort. If from the beginning they have good homœopathic prescribing, they will not develop into bad sinus cases.

DR. C. B. STEARNS: One of those cases had had good homœopathic treatment.

DR. H. FARRINGTON: I think that Dr. Olds is right in the main. But last summer in Chicago we had an epidemic of colds and they started out with sinus trouble. It was an epidemic of that peculiar nature, and since then sinus trouble has been more prevalent than it was before.

DR. C. M. BOGER: I want to relate two remarkable experiences. One is *Teucrium marum verum* and the other *Phytolacca*.

There were two little boys, brothers, and both had polypi in the nose. They were the sons of a poor woman. *Teucrium marum verum* cured one boy. The mother allowed herself to be bulldozed by the school examiner into having the other boy operated on. Since he was operated he has been in a bad way nearly all the time. He hasn't grown. He looks badly. He looks sick. The other boy started right in growing and he is going to turn out to be a fine chap. He has been under homœopathic treatment. That is the favorable side of homœopathy.

Some months ago a woman came to me with a lump in her breast saying that the doctors in her town were determined to take that breast off.

I gave her one dose of *Phytolacca*. In six weeks she came back. Her breast was almost normal. I think she had lost thirty pounds in flesh, a tremendous amount. I hardly knew her when she came in to the office. Was that the result of *Phytolacca* or suppression?

DR. A. H. GRIMMER: I believe that sometimes we do suppress some of these deep conditions, apparently relieving the superficial ones and reversing the progress of the disease from where nature starts it, from the externals back unto the vitals, and I think perhaps *Phytolacca* was not deep enough to cover her special condition, to bring the disease still further from the center to the circumference as it should be in homœopathy.

DR. E. W. HUBBARD: May I ask Dr. Roger what potency of *Phytolacca* he used?

DR. C. M. BOGER: Either the 200th or the 1M.

DR. C. L. OLDS: Single dose?

DR. C. M. BOGER: Yes, single dose.

DR. E. W. HUBBARD: Did you prescribe the *Phytolacca* on other symptoms or just on that breast lump?

DR. C. M. BOGER: Just on that breast. By the way, she had a congenital mitral regurgitation, but I don't think that had anything to do with the case at all. I prescribed for the breast only.

DR. C. B. STEARNS: Dr. Boger gave me the thought that you must go back to the beginning of the condition, the beginning of the disease in connection with *Podophyllum* symptoms. I checked it up, after I had found the remedy, *Phytolacca*. Then I went back and I got the modality. It began in the throat and was improved by cold drinks. But I should have gotten that in the first place and I should have been able to prescribe for him on the symptoms.

You can get sinus infections primarily and this first case, the *Arsenic* case, had had this cold, which was evidently a sinus infection, for some time before it flared up acutely and he had been under good homœopathic prescribing all the time. An interesting thing about this case is that I told him he needed the gold-headed cane remedy, and he had his wife open the closet and he had a closet full of canes. They weren't all gold-headed but he was a cane collector.

He said, "I need them, having to go from bed to bed".

We can sometimes suppress a condition if we are too keen in our prescribing, that is, in covering the acute or the major manifestation, without taking into account everything that has been going on in that patient.

A patient is born at a certain time and he comes to you at another time.

All that has happened in the meantime belongs to that case. That individual is a *continuum*. As one individual, in considering this phase of life, said, "A person is a worm and you see the front end of him". Do you get the point? A person is a *continuum* from the time he is born until you get him and unless you take that into account in prescribing sometimes you will miss the things that will help you in your prescribing.

You can consider some of your prescribing the same as you consider the wind in sailing a boat. You know what happens if you jibe instead of bringing the boat around right into the wind. You are likely to go over. You may get away in a light wind, but not otherwise.

If your case is covered, we will say it must be just as one hand corresponds to the other. There is a remedy. It is the reverse of your patient. It fits like that in the same mould, but the opposite hand. We don't often get all five fingers. We miss one of them. And our case swings around on this prescription, that way, and unless we fit it this way the next time we get to running around in a circle. And how many patients do we have running around in a circle? They stay with us for years and we always have them and we never cure them. It is because we haven't studied the sequence remedies properly and we have jibed two or three times. Then it takes some awfully good prescribing to work them out.

There is only one other thing I want to mention and that is that classification of drugs I sent you through the *Recorder*. You ought to have that on your desk because if you find a patient who is a *Sulphur* patient, for instance, and *Sulphur* has helped that patient so you know it is a *simillimum*, you will almost find your other remedies needed at any other time in that group. Once in awhile it will be a complementary remedy in another group, but you will come back to it as sure as fate. And you can invariably use the classification of those twelve groups, the one that belongs to your patient, as a rubric. It will save you a lot of work.

In this first case, that *Arsenic-Teucrium marum verum* case, *Arsenic* got the whole way but the *Teucrium marum verum* didn't. But, on that hint, when I came to my next case, *Arsenic* had helped enough to make me feel that the patient belonged in that group. And when *Teucrium marum verum* came in I was pleased because I thought that probably belonged in that same group. I haven't verified that absolutely, but I believe that is so.

Another case where this was very useful was the case of one of our New York physicians who had apparently a hæmorrhage in the base of the brain somewhere. The spinal fluid showed blood apparently from a hæmorrhage. It was yellow. It showed the serum color.

I had prescribed for that man ten years ago and *Natrum carb.* was his remedy. Knowing that he belonged in the *Natrum carb.* group, which includes the *Natrum mur.*, *Phosphorus*, *Silica*, and so forth, I gave him *Phosphorus*. *Lycopodium* is in that group and when he was in a rather precarious condition toward the end I gave him *Lycopodium*, by just knowing the case and knowing the remedies that belonged in his group. It is that valuable to you if you will use it.

Study, laborious, persevering, self-sacrificing study, unswerving and inflexible fidelity to our law, have made homœopathy what it is. Without these, we should still be groping in the obscurity and uncertainty of old physic.—A. R. MORGAN, M. D., 1865.



## A STUDY OF *KALI BICHROMICUM* IN ITS RELATION TO RHEUMATIC TROUBLES

H. A. ROBERTS, M. D.

The constitution of *Kali bichromicum* is the fair and fat, what would be called chubby. The pains are constantly shifting from place to place, making us think of *Pulsatilla*; but almost always the catarrhal manifestations of the drug will assert themselves in connection with the rheumatic conditions. The alternation of the gastric disturbances with the rheumatic conditions is also peculiar, especially if one occurs in the spring and the other in the fall. The rheumatic iritis of *Kali bichromicum* occupies no mean place in the symptomatology.

**EYES:** *Rheumatic sclero-iritis with excessive pain and photophobia. Iris muddy and sluggish; cornea looked projecting; fine sclerotic injection around it; CONJUNCTIVA INJECTED; lachrymation on exposure; burning pain in upper lid when touching it; SIGHT DIM LIKE A GAUZE BEFORE THE EYES.*

**NECK and BACK:** Stiffness of nape of neck on turning head. STABBING FROM THIRD CERVICAL TO FIFTH DORSAL VERTEBRÆ, STICKING FORWARD THROUGH CHEST TO STERNUM; *worse from motion; cannot straighten spine after stooping. Sticking pains from back to sternum. Pain in small of back. Sharp shooting pains in left then right renal region extending down the thighs, worse from motion.* SHARP STINGING PAIN IN REGION OF KIDNEYS. *Aching in back and down left side to thigh. KNIFE-LIKE pain through the loins, cannot walk. Pain across the loins with coldness of extremities.* RHEUMATIC PAIN IN BACK, WHILE STOOPING FELT AS IF SOMETHING GAVE WAY, CANNOT STOOP OR MOVE FOR PAIN WHICH REMAINS CONSTANT BUT WORSE ON LEAST MOTION. *Violent aching pain in sacrum, better in daytime. Pain in sacrum, cannot straighten himself. Cutting pain in outer side of sacrum shooting up and down.* PAIN IN OS COCCYGIS AGGRAVATED FROM WALKING; TOUCH or after rising from sitting posture. PAIN IN COCCYX WHILE SITTING.

**SUPERIOR EXTREMITIES:** Rheumatic pain in both shoulders worse at night. Stitches at lower angle of left shoulder

blade. Stiffness of shoulder joint. Painful stiffness of right arm. Sensation as if right arm had gone to sleep. BURNING PAIN IN MIDDLE OF FOREARM EXTENDING TO WRISTS. *Rheumatic pains in elbow and wrist joints; stinging in left elbow.* Spasmodic contractions of hands. BRUISED PAIN IN BONES OF HANDS AGGRAVATED FROM PRESSURE. *Rheumatic pains in finger joints.*

**INFERIOR EXTREMITIES:** *Rheumatic pains in hip and knee joints worse on walking. Pain along the course of left sciatic nerve from behind the great trochanter to calf; RELIEF FROM MOTION. Stitches in left sciatic nerve. Sciatic pains coming and going quickly; left side running from hip to knee; wandering erratic pains, becoming sharp in knee and hip joint, aching in leg with trembling; jerking aching pain in hip, RELIEVED BY WALKING AND FLEXING LEG, aggravated in hot weather, standing, SITTING or lying in bed, PRESSURE CAUSES PAIN TO SHOOT ALONG WHOLE LENGTH OF NERVE. Sharp pains in outer side of thigh. WORSE IN AFTERNOON AND EVENING and from change of weather; relief in bed. Sciatic pain after getting clothes damp, RELIEF FROM MOTION. Pain in right hip extending to knee. Heaviness of legs, aching in calves on walking. Violent burning pains in shin bones extending up thighs and knees worse AT NIGHT without swelling. Sprained pains in tendons of muscles of calf. *Tearing in right tibia.* Sensation as if ankle were dislocated. Soreness on heel when walking.*

**EXTREMITIES IN GENERAL:** *Shooting pricking pains worse in morning. Frequent severe pains in limbs, especially arms, with cramps in hands, alternating pain in stomach and malar bones. Wandering periodical pains along bones without inflammation; pains shift from place to place.* Bruised pain in bones. Stiffness all over, worse in morning. *Rheumatic pain; in joints; in limbs; in hips and fingers, worse during day.* Periosteal and syphilitic rheumatism. Cracking of joints on slight motion of wrists, ankles and spine.

**CONCOMITANTS:** FŒTID SMELL FROM NOSE. NOSE VERY DRY WITH FEELING OF PRESSURE IN NASAL BONES. DISCHARGE OF TOUGH GREEN MASSES OF MUCUS FROM NOSE. NAUSEA AND VOMITING OF DRUNKARDS. STOMACH TROUBLES ALTERNATE WITH RHEUMATISM. PAINS

APPEAR AND DISAPPEAR SUDDENLY. PAIN IN SMALL SPOTS, WHICH CAN BE COVERED WITH THE POINT OF FINGER. RHEUMATIC TROUBLES ALTERNATE WITH GASTRIC SYMPTOMS EVERY SPRING AND FALL, ONE APPEARING IN SPRING, THE OTHER IN FALL.

AGGRAVATIONS: *While lying down.* AFTERNOON AND EVENING. MORNING COLD AIR. IN THE HOUSE. SITTING. *Standing.* TOUCH.

AMELIORATIONS: *Walking.* Heat. MOTION OF AFFECTED PART.

DERBY, CONN.

Many of our most eminent, profound and discreet physicians, close observers, in this and other countries, after long and critical deliberation have pronounced in favor of the superiority of the higher attenuations. (By the high or higher attenuations, I mean all those preparations wherein the drug is attenuated beyond the recognition of any material test, say, from 5th or 6th cent. upward).

The mass of clinical experience they have given us cannot be ignored without calling in question either their integrity or their ability. On the other hand, we find opposed to this carefully detailed testimony the simple, unqualified negation of the unbelievers.

Perhaps the most conclusive and comprehensive testimony yet furnished is that of Dr. Eiherr of the Leopoldstadt Hospital, Vienna. It should be remembered that these experiments were conducted by men whose convictions were decidedly on the side of the superiority of the low potencies.

The experiments were extended during a period of ten years; the disease treated was pneumonia; the conclusion arrived at was favorable to the higher potencies.

The potencies employed were the 30th, 6th and 15th decimal, equal to the 13th, 3rd and 7.5 centesimal.

The duration of the disease under the 6th averaged 19.5 days; under the 15th, 14.6 days; under the 30th 11.3 days.—

A. R. MORGAN, M. D., 1865.

## A STUDY OF *KALI CARBONICUM* IN ITS RELATION TO RHEUMATIC TROUBLES

H. A. ROBERTS, M. D.

*Kali carbonicum* is one of our leading remedies in metastasis of rheumatic troubles to the heart, when the characteristic heart symptoms are present. The tearing, sticking pains, aggravated when at rest and ameliorated from warmth, will serve to bring this remedy to mind. I have found it most often indicated in elderly people with a fatty tendency, who are pale and inclined to œdematous conditions most noticeable in the face.

HEART: STITCHES ABOUT HEART AND THROUGH TO SCAPULÆ. PALPITATION OF HEART. INTERMITTENT HEART ACTION. *Crampy pain about heart. Sensation as of bands about heart. Pains aggravated on inspiration but not exercise.*

NECK and BACK: Stiffness of nape of neck, mornings. Back of neck stiff with shooting pain through chest. Stiffness of left neck with pains extending to scapulæ, aggravated *after waking* and laughing. *Stiffness with stitching pains in right neck.* Stiffness between the shoulder blades. TEARING PAINS IN SCAPULÆ. *Stinging pains in scapulæ when in motion. Stitches from apex of scapulæ to pit of stomach during manual labor.* Drawing pain in small of back. *Pain in small of back aggravated standing or walking. Pain in small of back following a fall.* PRESSIVE PAIN IN SMALL OF BACK. SHARP PAINS IN SMALL OF BACK. BACKACHE, WHILE WALKING. Bruised pain in back while at rest. SHARP STITCHING PAINS IN BACK WAKING HIM AT 3 A. M. COMPELLING HIM TO GET UP AND WALK ABOUT, WHICH AGGRAVATES. *Pains shoot from loins into nates.* STITCHING PAINS SHOOTING FROM BACK INTO GLUTEI AND THIGH. *Backache as if it would break.* Tearing in lumbar region on respiration. *Pain across sacrum with stiffness in small of back.* GNAWING PAIN IN COCCYX.

SUPERIOR EXTREMITIES: TEARING PAIN IN LEFT SHOULDER JOINT. Pain as from blows under right shoulder when moving or touching it. Cracking in shoulder when moving joint. *Weakness and loss of power in arms.* WEAKNESS IN JOINTS OF ARM, MORNINGS, *arms become numb and cold.* THROBBING PAIN IN UPPER LEFT ARM, INTERMITTENT. DRAWING

AND TEARING PAIN IN ELBOW, ESPECIALLY THE BEND OF ELBOW. *Weakness and cramps in hands and fingers. Numbness of hands and arms.* LAMENESS AND STIFFNESS OF WRISTS. DULL PRESSING AND TEARING BETWEEN THUMB AND INDEX FINGER. *Fingers cramp while sewing. Two fingers of left hand burn like glowing coals.* STITCHING TEARING IN FINGER JOINTS.

INFERIOR EXTREMITIES: CRAMPY PAIN IN HIP *and knee joints.* PARALYTIC WEAKNESS IN HIP JOINT. PAIN IN RIGHT HIP, aggravated every change of position. VIOLENT STICKING PAIN IN THIGH AND KNEE. *Sharp drawing pains in right knee and thigh, aggravated at night.* TWITCHING OF MUSCLES OF THIGH. Numbness and falling asleep of whole leg. DIFFICULTY IN MANAGING LEGS ON GOING UP OR DOWN STAIRS. Dull pain in sides of knee. TEARING PAIN IN KNEES AGGRAVATED AT NIGHT. RHEUMATIC PAINS AGGRAVATED AT NIGHT, AS IF IN BONES OF LEG. TEARING PAIN IN TIBIA WITH PAINS AS IF IN PERIOSTEUM WHEN TOUCHED, WITH FEELING OF TENSION. *Drawing pain in tibia with aching in joints.* Ulcerative pain in tibia. *Tearing pain in ankles. Tearing pain along inside of foot and in sole.* TEARING PAIN IN TOES. TEARING IN GREAT TOE. STINGING AND BURNING OF GREAT TOE AND IN BALL OF TOE. TIP OF TOES VERY PAINFUL WHEN WALKING.

EXTREMITIES IN GENERAL: WEAKNESS OF LIMBS. PAINS MOSTLY IN UPPER ARMS AND LOWER LEGS. COMPLAINTS GO FROM ABOVE DOWN. PAINS DRAWING, TEARING, STICKING IN LIMBS. JERKING OF LIMBS ON GOING TO SLEEP. LIMBS PAINFUL WHEN RESTING UPON ANYTHING. TEARING RHEUMATIC PAINS IN BONES.

JOINTS: SWOLLEN AND PUFFY RED.

CONCOMITANTS: OLD PEOPLE WHO ARE FAT. WEAKNESS WITH PALE ŒDEMATOUS FACE. DISTENSION OF ABDOMEN AFTER EATING. PUFFY SAC-LIKE APPEARANCE BETWEEN EYE AND EYEBROW.

AGGRAVATIONS: Walking. Warmth. WRITING (hand). TOUCH OF PART. REST. 3 A. M. WHILE LYING DOWN.

AMELIORATIONS: LYING ON BACK (lumbago), WARMTH OF BED.

DERBY, CONN.

## REPERTORY CASES

C. A. DIXON, M. D.

Why do many doctors shy at the repertory? It is a well known fact that there are many who know their materia medicas well who do not regularly resort to the repertory. Why? My argument is that they do not understand it, and there is a very good reason why they do not understand it. It is hard to get a doctor to admit that there is anything in homœopathy with which he is not thoroughly conversant, yet the colleges have not given adequate instruction in repertory work, and it requires special training before one can avail one's self of the valuable information contained in the repertories. Let me illustrate just what I mean here. Take the rubric "aggravated by motion" in the section on Generalities in Kent's *Repertory*. The first remedy which comes to mind is *Bryonia*, because every doctor knows that this is a keynote of *Bryonia*. Now the man who does not use the repertory is apt to dismiss this great big General when he selects his remedy, while the repertory man works it out on his chart. The very fact that this General has one hundred and sixty-seven remedies in it, is a strong argument for using a repertory. No man should attempt to memorize such a rubric because it is always available for ready reference. Let us take a smaller rubric: "Aggravation at 3 a. m." Every materia medica student knows this a keynote of *Kali carb.*, yet I venture to say that fully ninety percent of the doctors are unaware of the fact that Kent's *Repertory* has a list of twenty-one remedies with the same aggravation. These illustrations can be amplified on every page of Kent's *Repertory*, but because of lack of special training probably three-quarters of the homœopathic graduates are not availing themselves of this invaluable aid.

Too often we hear doctors say that owing to a paucity of symptoms on which to base a homœopathic prescription they have resorted to some remedy or other.

And the pathetic thing about it is that it is true in the case of that particular man. Yet the doctor who has taken special training in case taking, homœopathic philosophy, and rep-

ertory instruction, is more apt to find it necessary to eliminate the unimportant symptoms. In other words, there are times when the acute manifestations do not in any great degree of significance point the way to a homœopathic cure. Let me illustrate this with a case report, a case in which the acute trouble was only considered secondarily, and where the result certainly demonstrates the soundness of the principle involved.

Aug. 28th, 1923. E. J. Male, age 25. Auto mechanic. Five weeks ago he was taken to the hospital, paralyzed from the hips down. Both motor and sensory nerves were affected. The bowels were also paralyzed. The hospital doctors had confined their treatment to efforts to keep the bowels open. No diagnosis other than the paralysis had been made and the prognosis was unfavorable. Through a mutual friend I was consulted, and had the man removed to his home in an ambulance. My case record is as follows:

Family history: Father killed in an accident. Mother 44, asthmatic. Past history: Typhoid malaria at age of 7. Asthma since 12. Appendectomy when 19. Hæmorrhoids when 14, cured with salves. Quinsy when 21, followed by blood poisoning.

The following generals and particulars were obtained:

Aggravated mornings.

Aggravated in hot weather.

Craves sweets.

Craves highly seasoned foods.

Sensation of fulness in head.

No sensations of fear, though he is anxious about recovery.

After taking the case at the bedside I returned to my office to consult my *Repertory*. Finding nothing in the line of acute symptoms immediately preceding the paralysis I ran through his *Generals*, which all point to *Sulphur*, so I sent him a powder of *Sulphur* 1M and instructed that all cathartics and enemas be stopped. It was fourteen days before he had a free evacuation of the bowels. I had a time fighting him, his wife, the neighbors and friends on the subject but on the eighth day he could wiggle his toes and could feel a tickle on the bottom of his foot.

Improvement was very gradual for the first ten weeks, at which time he could sit erect without support. He was walking

in six months and back to work in his garage in eleven months with only three doses of *Sulphur* in that whole time. His asthma cleared up with the paralysis. Seven years later he had a recurrence of his asthma which cleared up in twelve hours' time with a fourth dose of *Sulphur* 1M.

This man was not the usually accepted *Sulphur* type. There was nothing lean, scrawny, stooped shoulders, or dirty about him. I could get no fear symptoms from him. I have learned to think of *Sulphur* when these symptoms are missing. *Sulphur* has anxiety which must be carefully differentiated from fear. It is a different rubric.

Just another angle where we need special training or we fall down and blame homœopathy for limitations which rightly should be charged against the doctor who has never thought it necessary to take intensive training in homœopathic philosophy and repertory study.

Now I will present one more case which shows what a well selected remedy will do if allowed to work through without interference. The unskilled homœopath would have been very apt to have abandoned his remedy and would, perhaps, have failed to get what appears to be a complete recovery.

Feb. 9th, 1930. Miss Z., age 19. Chorea, as severe an attack as I have ever seen. She had been under allœopathic treatment since early in November and was getting progressively worse. She had undergone a dental operation for the removal of two impacted wisdom teeth, and had developed the chorea at that time. Her case record is as follows:

Family history: Father 43, rheumatic. Mother 43, in good health. Five brothers, all healthy. Four sisters, three healthy, one has had an appendectomy.

Past history: Was a healthy, well nourished baby, breast fed. Has had measles, whooping-cough, chickenpox, mumps, in the order given, up to the eighth year. Tonsils removed four years ago. Abscessed ear one year ago.

Menses established at age 13, always too early, always painful.

The symptoms obtained were:

Chilly, and takes cold easily.

Aggravated mornings.

Craves company.

Craves salt.

Dislikes fat meat.

Anorexia.

Fears lightning.

Energetic, and hopeful of recovery.

Running a chart for her, using Kent's *Repertory*, third edition, I selected:

Lack of vital heat, page 1366.

Tendency to take cold, page 1349.

Menses too early, page 726.

Fears thunderstorms, page 47.

Desires salt, page 486.

Appetite wanting, page 479.

Twitching, page 1409.

*Natrum mur.*, *Phos.* and *Sulph.* run through each rubric, of which *Sulph.* has the lowest numerical count. *Phos.* and *Natrum mur.* are very close but not difficult to differentiate by the mental symptoms. *Phos.* desires company and *Natrum mur.* is averse to it. *Natrum mur.* is not hopeful of recovery. So *Phos.* was selected as her remedy and was given in the 200. Improvement was marked, but not uneventful. She developed pains in the pelvis and lower right quadrant. This pain was so severe that I had to put her in bed for about two weeks, and the family was constantly asking me to relieve it. It is not always easy to keep a case of this severity in line, but if you can show the family that you are following out a definite line of treatment, and if you talk the philosophy of a cure and explain how it should come about, you can sometimes hold them in line and show results that are convincing. Such was the case in this instance. The case remained with me through that terrible aggravation of an *old symptom*. The patient is still on *Phos.*, the 10m. The chorea is completely cleared up and the girl is anxious to start training to be a nurse. She had never heard of homœopathy before coming to me.

In conclusion I want to say again, as in my opening paragraph, that it is my belief the reason doctors shy at the *Reper-*

*tory* is because they do not know how to use it intelligently. To those who feel the urge I strongly advise the six weeks' course given at the Post-Graduate School of the American Foundation for Homœopathy at Boston, Massachusetts, which opens July 6, 1931.

AKRON, OHIO.

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We have shown that alternation, as we use the term . . . is incompatible with the scientific method. It does not meet the requirements of the law. It does not take the aggregate of the symptoms as the single basis of prescription. It does not give the remedy, single and simple, such as it was used in the proving. But it permits itself to act on two assumptions: that the aggregate of the symptoms may be arbitrarily divided and separately prescribed for; and that two or more drugs which have been proved independently of each other may be used conjointly as a sort of composite analogue to the aggregate of the symptoms; and all this with equally good and sure results.—CARROLL DUNHAM, M. D., 1865.

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In truth, no symptoms should be overlooked; the most trivial and most important alike, both objective and subjective, should be noticed and considered; for we may all be sure that the vital force does not throw out signals of distress without the best of reasons. Each symptom possesses a meaning and must be considered and interpreted from a logical and associative point of view. The physician must reason from generals to particulars and trace disease to its source. There is never room for conjecture or hypothesis with the homœopath. Any surmise from pathological indication is likely to lead us astray. It may be well for our personal gratification or that of the patient to form a diagnosis, but we must be careful not to allow the name of the disease to influence our conclusions, as Hahnemann so often cautions. The totality of the symptoms is the exact record of phenomena present, and must be collected and viewed as an entity.—PROSPER BENDER, M. D., 1895.

## PRIMARY SYPHILIS\*

A. PULFORD, M. D.

Syphilis, in itself, is not a hard disease to treat, it is the company it gets mixed up with that makes it so complex as to be almost incurable. We rarely ever get a primary case at our office any more, they are all chronic cases which have been badly manhandled. It is our ignorance of how to handle and prescribe for diseases that makes us fear them so, and makes us go at them hammer and tongs. All diseases, such as syphilis, diphtheria, pneumonia, etc., are just as fear-breeding and awe-inspiring to the alloëopath today as they ever were; but to the Hahnemannian homœopath the less and less so the more and more he knows his materia medica. It is this ignorance of medicine and materia medica, and this fear of disease, that makes the alloëopath and the "modern homœopath" dope and dope and dope, thus continually mixing morbid effects with artificial drug effects. In adding drug disease to the constitutional disease he renders the original disease more and more complex, consequently harder and harder to combat, and all too often making complete or radical cure impossible. Syphilis will ever remain incurable by the wrong remedy. *Mercury*, while complementary to syphilis and attacking the bones that syphilis does not, is by no means the specific remedy for syphilis, it is only specific to such cases to which it is truly homœopathic.

In the treatment of syphilis the selection of the remedy depends more on the constitutional than on the pathological lesionary symptoms and conditions or appearances, for each and every remedy has its own characteristic stamp. Any remedy in the materia medica may be called upon in a given case, to prove which we will append a case. In the selection of a remedy for any given case the mere pathological symptoms are to be ignored as much as possible. The remedy, when found, should never be given in its crude state or in low potencies, nor repeated too often. Hahnemann, in his *Chronic Diseases*, said, "That a homœopathic potentized dose of medicine should ever

fail of having an effect in a treatment conducted *with care*, I think impossible; I have never perceived it". That is equally true of acute and chronic diseases alike. My own experience in the last 15 years confirms Hahnemann's statement as above, only I would add to that statement—by the indicated remedy.

Kent lists but 48 remedies for syphilis, but the real fact is that any remedy, if *the symptoms agree*, may be called upon with telling and effectual results. Of what is generally considered the more important or more frequently indicated remedies in syphilis, in the primary stage, we will here append a few. The correct remedy, in all cases, must contain the characteristic stamp of the drug if a rapid and radical cure is to be expected. One of the remedies given below, *Calcareo carbonica*, is not listed in Kent's 48 remedies for syphilis.

*Mercurius* is perhaps, of all the known remedies, the nearest to a perfect specific yet known for syphilis, but by no means the one and only remedy. The basic symptoms for all the *Mercuries* are: Nightly aggravation, with profuse secretions, especially sweat; aggravation from extremes of heat and cold; fetor and generally tremulous weakness. The special symptoms are: Chancre, usually flat ulcer, with lardaceous base; profuse mucopurulent, usually greenish, discharge; the ulcer or ulcers appearing on prepuce and glans. Inner surface of prepuce inflamed. *Mercurius corrosivus* differs in that it is more violent, the burning more intense, the chancre soft and the ulcers spread more rapidly. Phimosi takes place from the slightest irritation of the foreskin. With the *Iodides* the chancres are harder, in the *Binio-dide* more indolent and in the *Protoiodide* more painless. With but four doses, possibly three too many, we cleared up thoroughly in eight weeks, a case of primary syphilis with the *Protoiodide* 30x, bearing the basic symptoms together with the painlessness of the chancre. There is not the faintest trace of where the original chancre had been, nor a sign of any secondary effect whatever. This case had been diagnosed by an alloëopath of high standing.

*Arsenicum album* is perhaps next in importance to the *Mercuries*, at least in our humble opinion. The basic symptoms for

\*Read before the I. H. A., Bureau of Clinical Medicine, June 1930.

all the *Arsenics* are: The after midnight aggravation, anxious restlessness, prostration, excessive burning, better heat, cadaverous odor, drinking little and often, acrid secretions and the tendency to gangrene. The special symptoms are: Chancre, phagedenic, of livid hue, intense burning and tendency to slough; ulcer burns like fire, eats in every direction, very offensive, discharge copious, bloody pus or ichor, pain during sleep, base blue, black or lardaceous, proud flesh, better heat and worse cold air. *Arsenicum iodatum* differs in that it includes many *Iodine* peculiarities.

*Calcareo carbonica*, stepping outside the realm of the already recognized remedies for syphilis, we recite this case to show that any remedy might be called upon when indicated especially by the constitutional symptoms. The basic symptoms for all the *Calcareas* are: Cold sweaty hands and feet, feet feel cold and damp as if in cold water or as if the stocking were wet, profuse sweat on upper part of body, especially about head, more especially on occiput and that more especially during sleep, wetting the pillow, and great longing for hard-boiled eggs.

This case of syphilis was referred to us. A man of some 30 years, sandy complexion, with rather large head and prominent abdomen. He had contracted syphilis over a year previous to coming to us, had been diagnosed and treated by a reputable alloepath, but fortunately had had no external treatment. The chancre was on the frænum where it ate clear through into the urethra, the urine flowing more freely through this new opening than through the meatus. On the strength of the above constitutional symptoms which he manifested most vividly he was given infrequent doses of *Calcareo carbonica* after which the eaten parts granulated in, the ulcer healed without the least suspicion of a trace of discoloration, and the patient made a complete recovery with not a sign of any secondary effect whatever.

We are not going to take up more of your time with tedious, wearing repetitions as all that we set out to do was to say that syphilis, *per se*, is easily controllable by the indicated remedy without crude drugging or low potencies; that near crude and crude drugs were not only not necessary, but more often injuri-

ous, and lastly, that it is the constitutional and not the pathological symptoms that are the most important and decisive.

TOLEDO, OHIO.

#### DISCUSSION

DR. C. M. BOGER: I should like to say something about this subject, because, first of all, of the vast difference in resistance of the patient to syphilis. We have been told often that the American people are syphilized and that there are very few people who do not have a certain degree of natural immunity to syphilis. The American Indians came as near being immunized to syphilis as any race can be, but in the burial mounds of the American Indians the bones found showed that distinct syphilitic processes had been going on. So that the immunization is not complete. That is a little bit aside from the line of my thought. My thought is this: We meet syphilis in its worst form in the "rounders", the night club fellows who drink moonshine, and others of the kind who frequent places of ill-repute. When you have a case of syphilis from that class you are up against something. This is the type in which you see phagedenic chancres and syphilitic periostitis in about six or eight weeks after the primary chancre. My experience in this line has been fairly extensive and I am free to say that I have had great trouble with those chaps. In the first place, I have great trouble in correcting their habits. That is the first thing. Then I have great trouble in selecting the remedy to overcome this vicious constitution which is viciously undermined before they ever get a chancre. When you are up against such a proposition it is going to take all of the finesse you possess and the best homœopathic thinking, to come out whole.

DR. D. COLEMAN: I don't wish Dr. Pulford to think that I doubt that he can make cures homœopathically. I believe one can but that isn't the point. Dr. Pulford speaks about *Mercury* as affecting the bones that syphilis does not. *Mercury* isn't homœopathic to syphilis in the stage where the bones are affected. It is homœopathic to it in the secondary stage before the bones are affected. When the bones become affected then some other remedy, *Aurum*, and so on, is the indicated remedy. I think we all agree on that.

Another thing: There is no such thing as an alloepathic diagnosis. Diagnosis is diagnosis. I can diagnose as well as an alloepath. So can you, so can any of us. I repeat, there is no such thing as an alloepathic diagnosis. A diagnosis is a diagnosis no matter who makes it.

In regard to a Wassermann reaction, you wouldn't get a positive Wassermann reaction in those cases you were describing because they were in the primary stage and a positive Wassermann would not be developed at that time. It is too early. But later on you would get one and you would get it practically every time.

DR. A. PULFORD: How about the times you don't get it, though?

DR. D. COLEMAN: Change your man who does them. In the first case that the doctor described it seemed to me he was describing a chancroid, not a chancre at all. It is characteristic of a chancroid that it doesn't eat and a chancre does eat; it eats right through the ureter. It was a chancroid, not syphilis, unless you had a smear made and had a diagnosis made upon finding the spirochaete. You can diagnose those cases when you are in doubt from the smear.

DR. A. PULFORD: While the doctor was talking I was reminded of an experience I had when I lived in Connecticut. A lady called me and showed me her daughter. She was having convulsions. She had a very red face and all the symptoms of *Belladonna*. She asked me what the trouble was. I said that

the baby had worms. She said, "I took her to a doctor who said that she didn't have worms and that there was no such thing as a worm". I gave the child a dose of *Belladonna* and went on and made my call. About two or three hours later the mother called me in, turned the child over her lap, pulled up her little dress, and said, "What is that?" I took hold of "that" with my finger and pulled out an 18 inch round worm. I said, "You take that back to your doctor and ask him if that is a worm or if it is only an illusion".

Whenever a homœopath makes a cure it is an illusion or a delusion. But when "scientific" men make it, no matter what it is, you cannot convince them that it is anything else but what they say.

This man had a genuine case of syphilis. I have seen cases of syphilis. I have not practised medicine for 46 years for nothing and I have learned something in those 46 years.

DR. D. COLEMAN: How long after exposure did this sore appear?

DR. A. PULFORD: This young man had been to an allopath in the beginning and he didn't know what it was. He went back again in four weeks and was then told what it was. The doctor wanted to give him treatments at \$25 apiece, but the fellow's brother was a patron of mine and told him to go to a homœopath and have it cured properly. This was then fully five weeks after the original trouble had appeared.

DR. D. COLEMAN: That isn't what I mean. When did the chancre or chancroid, whichever it was, appear after the exposure? How many days after? That is a diagnostic point.

DR. A. PULFORD: A diagnostic point?

DR. D. COLEMAN: Sure. If it appears under ten days or a week, it isn't a chancre.

DR. A. PULFORD: It was two weeks or more before he said anything about it.

DR. D. COLEMAN: Did he have any secondary eruption at all?

DR. A. PULFORD: No, he didn't have any eruption.

DR. D. COLEMAN: Are you sure that it was two weeks before he had any sign?

DR. A. PULFORD: I have the fellow's word for it and he is an honest man. I know his brother, and he is an honest man.

DR. D. COLEMAN: He said it was ten days between the exposure and the appearance?

DR. A. PULFORD: No, two weeks. He first spoke to his brother about it because he saw the chancre.

DR. D. COLEMAN: But he might have had a doctor long before he spoke to anybody about it. What I am trying to get at is the time element. In diagnosing a case of syphilis, the time element of the appearance of the chancre is one of the most important things.

DR. A. PULFORD: He said it was two weeks before that he had had the copulation. He noticed the first pimple two weeks later.

DR. D. COLEMAN: You are sure he didn't have it before that?

DR. A. PULFORD: I know for a fact that there was no evidence of it before that.

DR. H. FARRINGTON: If we expect to report cases we must back up our statements by scientific tests. To say that a homœopath can diagnose certain conditions without nose tests and do it accurately and safely may be all right and to all intents and purposes it is all right for him. I have treated many cases of syphilis with almost unvarying success but I always resort to the usual procedure of having a Wassermann or some other test made. However, when chancroid appears early there is usually not the hard buttonlike vas that one finds in the true chancre. Whether a true chancre can be soft to

the feel under pressure or pinching sideways, I do not know. There is no doubt, however, and it can be proven again and again, that even the worst cases of syphilis can be cured by the potency, by the proper indicated homœopathic remedy.

DR. A. H. GRIMMER: I am sure that I can confirm Dr. Pulford's experiences. For the last twenty years I have had a large clientele from the stockyards of Chicago, among a class of people that are notorious for their venereal infections and for their loose habits and inability even to control. But in spite of all those things the homœopathic remedy, in the large majority of cases, cures up venereal infections of various kinds quickly, promptly, and permanently. I have had some patients who now have children, and there is not a vestige of the stigmata in most cases. There are a few exceptions I will admit, but in most cases the children are healthy looking, more so than average children.

As to the diagnostic end of it I make it a point, wherever possible, wherever I am suspicious at all, of having a Wassermann made by a competent laboratory man, in order that when we report these cases we have the tests for proof. It isn't done for our special convenience or advantage, but when people who are beginning to be interested in homœopathy ask you, "Have you had a Wassermann made?" it is a big factor with them. If you have made it, then they are satisfied that you are making a statement that they can believe; you are talking in other words in a language that they can understand.

There is such a thing as a mixed infection. You can have a chancroid and a chancre together and it is sometimes confusing. There have been a good many cases where the man thought that he had only a chancroid but years after it was found that there was a chancre, a syphilitic infection, with it. Dr. Coleman gave us some good points to remember about the time of appearance of the sore, the chancroid coming much earlier than the true chancre.

Dr. Pulford has shown the necessity of standing by our guns. He has shown the psychology, which I like, the homœopath's faith that is born of knowledge. It isn't a blind faith by any means. It is a faith born of knowledge, and of working in accordance with natural law, and if we will use that kind of psychology, by the close study of our materia medica we can not only impress our patients but we will have the actual power to give to others this confidence and courage.

DR. J. W. WAFFENSMITH: I want to corroborate what Dr. Grimmer has said with reference to mixed infections. Many years ago an old school man came to me and said, "Look at my finger. What is it?" It wasn't of primary syphilitic appearance but somehow or other in looking the man over carefully and getting what few symptoms I could get—I assure you objectively, because he was a man who was largely addicted to the use of drugs—I said to him, "Of course, doctor, I wouldn't want to make a positive diagnosis but I believe that you have syphilis". He became very indignant and said, "That can't be, because I have shown it to a half dozen old school men who are thoroughly versed in the diagnosis of syphilis". This was before the Wassermann test, and as has been said, in the primary stages we wouldn't get the Wassermann reaction anyway. I told him I was sorry to disagree with the other doctors but I believed it was a case of syphilis. As I studied the case more closely a thought came to my mind rather subconsciously, and I said to him, "If you will stop everything you are taking for a short period, a few days or a week, and give me an opportunity to make a little test, I believe it will prove whether you have syphilis or a simple infection". I gave him a dose of *Pyrogen* and said, "If this clears up I will agree that you have a simple infection, but if it does not clear up I am inclined to believe that the chancre demonstration will be intensified, that it will assume a more natural appear-



ance which will make the diagnosis easier". Whether it was just a coincidence, I don't know, but I believe now as I understand the miasms more clearly that it was a strictly inductive and logical selection of a remedy from a miasmatic standpoint. A week or so after that I saw him again and the extensive area of the infection had cleared up beautifully but there was the clear-cut indurated chancre demonstration. I said to him, "You have syphilis". He wasn't as sure at this stage as he was in the beginning. He was very much in doubt. Two or three weeks afterwards I saw him one day, and he said, "I have it". His throat showed a distinct picture of the syphilitic condition. I did not give that man a second prescription or a second remedy. He went back to large doses of mercury and the usual treatment that he was accustomed to giving to his patients.

So, when it comes to these finer diagnoses, we necessarily must be reserved in our judgment. I am inclined to believe that as we get along in our knowledge of homœopathy and its application, we unconsciously drift towards a subconscious concept of the miasms, and that many times the remedy will be a powerful pre-diagnostic factor in our relationship with the patients. When we are in doubt we must remember the value of taking the totality of the symptom picture, as Hahnemann expressed it, which may be both symptomatic and objective, or which, through an obscuration due to the wrong handling of the case, the mixing up of the case, the spoiling of the picture, may be purely and solely based upon the objective symptoms as it was in this particular case.

Consequently I believe all discussions, from their particular angle, are of value and that it depends upon the individual master, whether he is reaching into the symptomatic field or the diagnostic field or both. His circle is large enough, as he becomes more advanced in the application of his art, so that when the emergency demands, he can reach out and take from the sum total of knowledge whatever he deems most fit and most useful for his individual and particular needs.

DR. A. PULFORD: There is some misunderstanding about the chancre. This chancre was hard. It was a little over half an inch in diameter.

I dislike the fact that we are impugned as wards of the American Medical Association, that we cannot practise our own system and confirm our own reports without some super-scientific body dominating us. Are we a separate set? Are we not chartered individually? Every time that a homœopath makes a cure that is worthwhile, nothing existed. It was all a notion. That is very unfair to the homœopath and I want to register my voice against it.

For offhand prescribing, generalizing is very important. If you can generalize to the sphere of the drugs that belong to the sphere of the disease in hand, you will generalize two, three or four remedies, one of which ought to belong to this case, and this enables you to do rapid work. Now, if by individualizing, none of those belongs to this sphere, then of course you will have in that particular a case where the three will not help you, but you will find that you are able to generalize rapidly in accordance with the sphere of the drugs, seeing the miasms like the drug, and the general sphere of the medicine as you would on the tips of your fingers.—KENT.

## SOME MORE *STILLINGIA*

H. C. SCHMIDT, M. D.

One dose of the 1M confirmed the nine-day primary action or prodrome or incubation period.

The bone pains were of a drawing, paralyzing nature, increasing in severity from day to day, and nearly unbearable at night.

During the night of the ninth day there was sudden severe itching with complete relief of bone pains (metastasis). The itching was followed by stinging on scratching. On investigation I found one transparent vesicle the size of a pea, and two moist places where two other vesicles had been. All three were situated on old vaccination scars. Next day the vesicle had become turbid. The day after that vesicles had all changed to a lardaceous white consistency. On the day after that a red areola had formed around all the vesicles, and the bone pain reappeared but not very severe.

Later scabs formed, leaving bluish scars.

I call this a re-establishing of the primary lesion of vaccination, and wonder if any other cases like this are on record. This puts *Stillingia* in a class with *Thuja*.

This proving established a few other valuable symptoms:

Bone pains relieved by eating.

Bone pains relieved by eructations.

I could tell when gas would commence to form in duodenum by the gradual onset of pain in humerus.

Nausea relieved by eating.

Nausea relieved by eructation.

Bone pain and nausea both relieved markedly by protein food.

Body heat increased, not as chilly as I was.

During a recent rainstorm (they are scarce in Los Angeles) I was perfectly free from rheumatic pains, and I can sleep on the left shoulder without any inconvenience now. Whenever I have bone pain now, I know that gases are forming in duodenum and it makes me speculate along physiological lines.

*Plumbum* is a perfect antidote and complement.

NORTH HOLLYWOOD, CAL.

## ACONITUM NAEPELLUS (ACON.)\*

A. AND D. T. PULFORD, M. D.

## CLINICAL:

- PHTHISIS:** Sleepless from fright, fear or anxiety, fear of future, profuse sweat during sleep. Consult above Essentials.
- PILES:** Bleed, hot, sting; stinging and pressure in anus; sharp stitches; blood bright red. Consult the above Essentials. **BLADDER:** Hæmaturia and burning distress in urethra, and above Essentials.
- PLEURISY:** (See Inflammation: Pleura, above).
- PLEURODYNIA:** From exposure to cold after being overheated, with the above Essentials.
- PREGNANCY:** Dreads excitement or many people. Has no affection for anyone. Toothache. Jaundice. Must rise each night between 12 and 3 a. m. to urinate; dysuria. Heart beats quicker and stronger with anxiety about it. Consult above Essentials.
- PROLAPSUS UTERI:** Sudden, cold sweat, inflammation, bitter vomiting, or skin may be dry, with or without hæmorrhage, genitals inflamed, nervous excitability, and above Essentials.
- RHEUMATISM:** Urine scanty, red and hot; **ACUTE:** Knees swell, pains cut, throb and sting, sleepless, had to sit up, pain intolerable, affected parts lame and numb, pains tear, wander, better profuse sweat. **ARTICULAR:** Swelling red and hot, or pale, shifts from joint to joint, especially if from suddenly checked sweat or by dry, cold winds or air. **MUSCULAR:** Great agitation of heart; of back and limbs. In all cases consult the above Essentials. *Acon.* is rarely useful in true Arthritis.
- SCIATICA:** As of ice water running down nerve, with above Essentials.
- STOOL:** Green masses, like chopped spinach. Bloody, slimy mucus. Small and watery. Worse after getting wet.

\*Continued from March. Copies of this pamphlet may be obtained from the authors for five cents.

**CHOLERA:** Vomits and purges green water, skin cool, dry, or cold and viscous, or cold to touch, but patient feels as if burning, collapse; **INFANTUM,** or summer complaint: Stools like chopped spinach; **MORBUS:** *Acon.*, when indicated, will often cut short an attack without the aid of any other remedy if given in the beginning. **DIARRHŒA:** Bilious; of infants, colic, no position relieves; after a chill or fright; from hot days and cold nights (inflammatory); from getting wet; in summer from cold drinks or checked sweat; stools watery, green, or slimy, bloody; violent pain in bowels, tenesmus also between stools. Most of the bowel complaints of children come on from intense heat, the child cries and complains much, bites its fists and is sleepless. **DYSENTERY:** During hot days and cool nights, stools scant, loose, frequent, tenesmus, or small, brown, painful, at last bloody, violent pain in rectum; in autumn, stools scanty, bloody, slimy and much tenesmus (*Merc.* follows well). Given early, when indicated, it will cut short an attack without the aid of any other remedy. It is also a valuable intercurrent when *Merc. cor.* apparently indicated, fails. It closely resembles *Dulc.* and it is followed well by that drug, also *Bell.*

**SYNCOPE (Fainting):** From fright, palpitation, numb, tingles (cardiac hypertrophy). (Other remedies, in brief, are: *Ars.*, frequent, from least motion, before and after vomiting (hæmatemesis); *Bry.*, morning on rising; (*Carb. veg.* after); sitting up (diarrhœa); *Camph.*, cold, cold sweaty skin, face red but pale if raised; pulse thready, though icy cold throws clothing off as soon as strong enough; *Cact.*, suffocation; *Carb. veg.*, from abuse of *Merc.*; eructations; while lying in bed; after sleep; after rising (*Bry.*: on); *China*, metrorrhagia; *Cocc.*, hysterical; nausea; *Coff.*, from sudden emotions; *Dig.*, preceded by dim vision, pulse slow, irregular, complains of nausea and deathly weakness at stomach; *Hep.*, evenings, from least pain; *Hydr. ac.*, (see *Laur.*); *Ign.*,

hysterical; sobbing; *Ip.*, hæmorrhage, vomiting, clean tongue; *Lach.*, during menses in nervous women, nausea, palpitation, vertigo, faceache; *Laur.*, long lasting faints, no reaction, face pale blue, if one drinks water it rolls audibly into the stomach; *Linaria*, faints dead away without apparent cause; *Mosch.*, suffocation, convulsions; *Natr. mur.*, vertigo; *Nux.*, after vomiting or diarrhœic stool, or pain during labor, very sick or weak after attack, pain above eyes, tendency to attack morning, nausea, also from strong odors; *Nux mosch.*, disposition to, in hysteria; *Op.*, from fright especially if *Acon.* fails, whenever he attempts to rise from bed, with sudden return of animation when lying down; *Phos.* from odor of flowers, gas, ethereal oils, turpentine, etc.; *Phos. ac.*, from weakness after loss of blood or other animal fluids; *Puls.*, close room, better open air; *Sec.*, during labor; *Sep.*, kneeling in church; *Tab.*, vomiting; *Trill.*, hæmorrhage in flabby subjects; *Verat.*, cold sweat especially on forehead, vomiting).

**TETANUS** (Tetanic convulsions): Face drawn and rigid, with above Essentials. Impending, muscles tense, tingling and numbness. As preventives we have, *Acon.* as above, *Bell.*, *Cic.*, *Hyper.* (excruciating pain in wound), *Sil.*, and *Verat. vir.* (Other remedies, in brief, are: *Æsc.*, after constriction in stomach; *Amyl.*, violent after a burn; *Ant. tart.*, with trismus; *Arn.*, traumatic (*Hell.*, *Hyper.*); *Ars.*, sudden jerkings through whole body, drawing in limbs during menses, writhes; *Bell.*, infantile with trismus; *Calad.*, idiopathic or traumatic; *Camph.*, of arms and hands; of lower jaw; in measles; of newborn; *Cham.*, after measles; *Chin. sulph.*, during labor; *Chloral.*, sudden, traumatic, in infants and newborn; *Cic.*, traumatic; in cerebrospinal meningitis; *Cup.*, bending head back, urine escapes; *Cup. ac.*, acute hydrocephalus; *Guarea*, hysterical; *Hep.*, newborn; *Hydr. ac.*, in cholera; during diarrhœa or dysentery; traumatic; respiration hurried, labored, worse night, dropping off

to sleep; *Ign.*, after fright, frequent inclination to yawn; *Ip.*, from swallowing tobacco, bluish red face; *Lach.*, peculiar look, remissions midnight until noon; *Laur.*, cholera; *Led.*, puerperal; traumatic, begins in wound, parts become cold as ice; *Mosch.*, sudden contraction of larynx as from fumes of sulphur; *Natr. carb.*, left side; *Nux.*, traumatic; interruptions of a few minutes during which muscles relax; clonic spasms especially severe with opisthotonos; *Nux mosch.*, hysterical headache; *Plat.*, wild shrieks alternating with catalepsy; *Stram.*, with trismus; *Verat.*, with trismus).

**TOOTHACHE:** From dry, cold winds, or taking cold in raw winds, or during pregnancy; in young plethoric persons; neuralgic; throbbing in left side of face usually, or right to left, one cheek intensely red, congestion to head; pains are intense cutting, shooting in hollow tooth, or even in sound teeth, affecting whole head. A comforting remedy when applied to a hollow tooth on a pledget of cotton. Consult the above Essentials.

**TRISMUS:** With the above Essentials.

**VERTIGO:** From congestion, as in sun; on stooping; staggers to right; as if drunk; with nausea worse rising from a seat, less walking and none sitting; epistaxis; black before eyes on shaking head; after fright, anxious as if dying; must lie down; on rising from lying, red face becomes pale, or he becomes dizzy and falls over again; often nausea and vanishing of sight or unconscious; from sudden suppression of menses from cold; or from a fall or concussion, face pale or red, but no stupor.

**WORMS:** Seat; accumulation of water in mouth; region of navel hard, swollen; urging; slimy stools; anus itches, tingles intolerably night; child sleepless. Consult above Essentials.

**ZOSTER:** Herpes, vesicles with neuralgic pains and the above Essentials.

TOLEDO, OHIO.

COMPARATIVE DRUG SELECTION  
*ACONITUM NAPELLUS*

H. B. F. JERVIS, VETERINARIAN

Botanists have numbered twenty-two species, and upwards of a hundred varieties of *Aconite*, which are common throughout the cooler mountainous countries of both hemispheres. Some species are eaten as vegetables, some as bitter tonics, so-called; but others, such as *Aconitum ferox*, *sinense*, and *napellus*, are sedative poisons. The last of these is the subject of this paper.

Hurndall speaks of this drug as "the prince of remedies", and it certainly occupies a very important place in the homœopathic pharmacopœa. The futile attempts of the allœopaths to account for the physiological actions of this drug, with a view to the discovery of its therapeutic effects serve to prove most conclusively how incomplete a guide to the usefulness and applicability of any drug in disease such a method of selection is, and with no drug is this more forcibly displayed than with *Aconite*.

Finlay Dun, in his *Veterinary Medicines*, upon which I was "fed up" in my youth, under *Actions and Uses* says:

*Aconite* is a dangerous poison, paralyzing the nervous functions, and acting as a powerful anodyne and general sedative, acting specially on the peripheral endings of sensory nerves, on the heart, and on respiration. *Aconite* kills by respiratory arrest. Its physiological actions as a cardiac and respiratory sedative render it a febrifuge; it is also diaphoretic and diuretic. It is prescribed in acute febrile conditions, and in the earlier stages of acute local inflammations.

The same authority further goes on to relate the pitiful putting of a number of horses, dogs and cats to the pain of a lingering death, to make the aforesaid discoveries, Hurndall, aptly making the query, "What has science benefitted thereby"?

Under *Medicinal Uses* Dun states that in the early stages of pleurisy, enteritis, peritonitis, mastitis, lymphangitis, laminitis, and acute rheumatism, carefully regulated doses are beneficial. He further quotes from the experience of several eminent veterinarians, from which it appears that *Aconite* has been administered with marked benefit in contagious pneumonia, enteritis, colic, acute rheumatism, puerperal fever, tetanus, in conjunction

with a purgative, and in obstinate dropsies, and concludes this portion of his article with the following statement: "But it certainly deserves more extended and general employment, for it is the only prompt and reliable sedative for either horses or cattle; it proves safer, more manageable, and less wasteful of the vital fluids than blood-letting; whilst it is more certain and effectual than calomel and opium, tartar emetic or digitalis".

In reference to this, Hurndall has to say that:

Is it not still more remarkable that one who has proceeded so far on the road to truth, as this statement proves Mr. Dun to have gone, has not sufficient discernment to perceive from this accumulation of facts, that there is a possibility of the existence of a law in the selection of drugs as applied to disease; nay, more, that he could possibly avoid conviction of the fact?

Now for a few pertinent facts in relation to its homœopathic applications in veterinary practice.

*Aconitum* is a short acting drug and its effects soon pass away. I would strongly advise any new convert to homœopathy to be sure and read up this drug in Kent's *Materia Medica* and also the account of this drug in Dunham's *Lectures on Materia Medica*. If they do not get a thrill out of them both it should be an indication that they are not fit subjects to even consider any further investigation of homœopathy.

By a careful perusal of the provings of this drug it is easy to deduce that the animals that are likely to come down with *Aconite* sickness are of the plethoric type. These kinds when exposed to violent exposures are the ones who exhibit symptoms calling for *Aconite*. Hunting dogs, for instance, after a long, hard day in the field and then left in that tired condition exposed to cold draughts, etc., will be more than likely calling for *Aconite* before morning. Hunters (horses) early in the season, fat and soft, getting heated and then allowed to cool off too rapidly in a cold breeze will assuredly also be pretty fit subjects for *Aconite* sooner or later.

Among some of the chief indications for *Aconite* may be cited the following: Restlessness, anxiety, fear, shivering alternated with fever; skin or nose hot and dry; a remedy very often indicated at the beginning of a good many acute diseases; coldness of extremities and ears; coat rough and staring; pulse full and bounding; respirations quick, panting, labored with heaving

of the flanks; breath hot; mouth dry and hot; tongue brownish in center, edges red; indifference to food, great thirst; urine scanty and dark colored; cough dry and short. Attacks come on suddenly upon exposure to dry, cold wind, etc.

The well marked mental symptoms so well recognized in the human subject are just as sharply and clearly marked in the animals. Many a dog, and horse for that matter, has depicted to me through his countenance, the fear of death that is on him, or the abject fear of the disease from which he is suffering. When we see this intense fear on the countenance of an animal, and the violence and suddenness of the attack, we should at once think of *Aconite*. A totality of the aforementioned symptoms has no other likeness, but *Aconite*, in the whole homœopathic materia medica.

The teaching so long prevailing, give *Aconite* for the first stage of an inflammation is not good teaching, says Kent. He advises before doing that, to get all the elements for an *Aconite* case, if possible, or give a better remedy. Another old practice was to give *Aconite* for all fevers. This is also a practice to be forgotten. Never think of *Aconite*, at least, in slow coming, continued fevers, as this drug has no such symptoms. On the contrary, *Aconite* fever is generally one short, sharp attack. The most violent attack of fever will subside in a night if *Aconite* is the indicated remedy. If not, it is a pity that you made the mistake in giving it, for it will sometimes do mischief.

Hurdall, looking upon distemper of the dog as a catarrhal fever, affecting more or less severely the mucous membranes of the various canals of the body, the nervous system being not infrequently implicated, claims that this disease can be aborted with *Aconite*, repeated every three or four hours. I personally, doubt the applicability of this drug to this disease as it altogether is lacking in the *Aconite* indications. This disease is absolutely void of the stormy and fierce onset and quickly subsiding characteristics.

Weaver, quoted in *The British Homœopathic Journal*, says of *Aconite* that it is the first remedy to think of in any case of injury to the eye. Its action is twofold. It relieves the mental

anxiety that the patient invariably suffers, and it tends to shorten the stage of inflammation. His usual routine practice is as follows: (1) Removal of any foreign body; (2) thorough cleansing with boric acid solution; (3) continued flushing of the eye with boric solution if the patient goes home; (4) prescribing *Aconite* internally every two hours. This greatly relieves the pain and irritation, makes the patient more comfortable, and also lessens the danger of infection.

Our lamented Dunham in his *Lectures on Materia Medica* states:

*Aconite* produces, so far as we know, almost no localized diseased condition. Even when given in large and fatal doses, it acts as a depressant, paralyzing the cerebral-spinal nervous system, but it produces death by this paralysis, and without previously localizing its action in any organ or system. Neither does its action from beginning to end of a fatal case of poisoning resemble the well defined course of any local acute inflammation—as of the brain, heart, lungs, pleura, etc.

From this it will be seen that, if one practises strictly according to the law *similia similibus curantur*, *Aconite* cannot possibly carry a patient safely through the whole course of an acute localized inflammation; but there is a period in almost all such inflammations when *Aconite* may not only be the precisely correct remedy to give, but when, if given soon enough, it may arrest and cut short the entire disease, and this period is the initiatory one: the first stage when arterial excitement is set up, and before the inflammation has localized itself, but if the inflammation has advanced beyond the initial stage a remedy more appropriate to the organ or system affected, must be relied upon.

In recapitulation we have a remedy in *Aconite* most often needed in the early stages of acute diseases of a sthenic character, more especially when these are characterized by high temperature, violence, great thirst, mental fear and restlessness, with apprehension concerning the outcome of the illness. As exciting causes calling for this remedy may be mentioned chilling from exposure to dry cold winds particularly, and violent emotional shocks, as, for example, the ill effects of fear or fright.

NORTH HOLLYWOOD, CAL.

## EDITORIAL

## INTRODUCING NEW REMEDIES

Empirical medicine is constantly introducing new remedies and new combinations of remedies, advocated by this physician and that physician, promulgated and sustained in their laudation by drug houses of all descriptions, so that there is a constant kaleidoscopic process before the young medical student, until he becomes bewildered with the multitudinous preparations. This condition appertains to general practice.

When it comes to the medical schools, new remedies are very cautiously introduced, and great leaders, as Osler and some of the present-day heads of colleges, where they advocate any medicine at all are advocating the single remedy. This is being carried to such an extent that many of them are becoming nihilistic and even the colleges themselves are becoming nihilistic in their attitude toward remedies, because of the lack of guidance in applying remedies.

Let us look at the introduction of remedies into the homœopathic pharmacopœia.

Before a remedy is introduced, much study is devoted to it. It is thoroughly classified in its proper kingdom, animal, vegetable or mineral, as the case may be, and the preparation is made of the substance, either by trituration or by tincture, according to the kingdom from which it comes and according to specified directions for the class in which it belongs. Then a potency is developed through the process of dynamic potentization, until several stages of potencies have been prepared.

The knowledge of the remedy is obtained by thoroughly proving the remedy upon reasonably healthy human beings, until they produce symptoms that are characteristic of the species and of the individual member of the species. This process is carried on through several potencies on different individuals, and a very careful record is kept of the development of the action of the remedy as it is shown in the symptoms. The symptoms which are first produced, the order in which they appear, the primary, secondary and tertiary symptoms, all are observed and recorded. Then and not until then can we have an accurate knowledge of

the action of a remedy, and when it is finally introduced into the medical profession with the records of the symptoms produced and the method and order of their appearance, we know full well what it will do. There is no guess-work to it, but it is positive and final as the court of last appeal. We know that the symptoms appearing from a careful proving may be reproduced again and again through generations in the same manner as long as human nature is the same, and that the remedy will be applicable to sick human beings just so long as the proven symptoms call for it. Then a physician is in a position to introduce the proven remedy to the medical profession with assurance of its value. This was the course taken with *Radium*, *Kali phosphoricum*, *Lycopersicum*, *Asoka*, and many other recent provings, as well as the older provings.

It becomes the bounden duty of all physicians to observe, and observe carefully, when they come in contact with poisonous substances, to be ever on the alert for new remedies, for so long as there are individual members of society reacting individually and differently to different disease conditions, so long there will be need of new remedies added to our knowledge, so that we can apply them accurately upon the law of similars.

A remedy once proven is of the utmost value in some individual sickness. There is no such thing as having exactly similar conditions covered in dynamic medicine by partly similar drugs. Each drug has its own particular field and is applicable only in that field. The similar remedy may sometimes modify, sometimes change, the whole symptoms complex; only the *simillimum* cures. Therefore, the more remedies we have, with the accurate knowledge of their action, the more fully equipped we become to meet all conditions of the human race.—H. A. R.

\* \* \* \* \*

## CURING BY DEFAULT

In the March 1931 *Recorder*, p. 99, is given an illustration of the failure of *Belladonna* to cure a case which, as the narrator states, "contained every characteristic symptom he has ever read or heard about and was presented in classic order", but strange as it may seem the case was promptly cured by *Ferrum phos.*

The symptoms given, in brief, are as follows: "Severe photophobia, eyes must be covered or room dark, pupils dilated, conjunctiva injected, some lachrymation, face and body red, hot and covered with perspiration, high fever, pulse full and bounding, throbbing headache, dry mouth, thirst, coated tongue, sore throat, fair skin, large blue eyes, golden hair, etc." In the past 47 years we have had as much experience with *Bell.* as the average doctor and have never known it to fall down or fail to give prompt results and lasting results when properly indicated.

There is a totality, apparently not known by homœopaths, or, if known, is studiously ignored. This totality preemptory mandatory consists of the individual mark of the drug, the essential primary pathogenetic symptoms, and the exact amount of drug potential. The individual stamp of *Bell.* is burning heat and redness with something of the touch of a hot stove lid, *dry* and not moist. This moisture may appear in the reaction or with the crisis, but not in the primary storm of the *Bell.* pathogenesis, and it is that on which the drug must be prescribed. This we discovered at a severe cost. That stamp is not found in the case cited. On the other hand, the excessive photophobia which was the first symptom to attract the doctor's attention is not found under the drug storm of *Ferr. phos.* thereby ruling out that remedy. If *Bell.* had been indicated in that case in the beginning, the doctor must have found the case after the crisis and on its way to recovery and the repeated doses of *Bell.* had only prolonged the case, its suspension speeding up the cure.

In substantiation of our statement, let us cite an old case that had survived three delicate operations on the mastoid, all beginning in the same way: Patient aroused out of a sound sleep around 11 p. m. by a sudden sharp, stabbing pain in right ear, face scarlet red, pupils dilated to their extremity, photophobia, expression wild, general burning heat and redness that one does not easily forget, pulse full, hard and rapid, great thirst, mouth and throat dry and red and sore, with dysphagia. This patient, if you noticed, presented a picture of the primary pathogenetic storm of the drug. She received a single dose of *Bell.* 30x and in 15 minutes was sound asleep, waking next morning refreshed and only a watery discharge remaining. It is now over 15 years

since that occurred. We saw that patient the other day and she informed me that she had had none of the trouble since.

We have tried practically every known method for drug selection including all the short cuts and find the method as laid down by Hahnemann to be the only safe and reliable guide. The grand trio in prescribing is the individual mark of the drug, its primary pathogenetic essential symptoms, and the proper amount of drug energy. Let us not blame the lack of knowledge of it onto homœopathy, and remember that we can never get positive knowledge of the source of a river by studying simply its outlet. Let us also remember that the drug must be prescribed on the symptoms arising from the storm created by the drug on the healthy human body and not on the symptoms brought about by its reaction. Let it not be said of us that "we talk on principles, but notions prize, and all to one loved folly sacrifice".—A. PULFORD.

The great law, *similia similibus curantur*, teaches us to select a remedy the characteristic pathogenetic symptoms of which are very similar to those of the patient. This is a grand generalization, supported by a multitude of facts. We accept it. It takes no heed of *names* of diseases, not of pathological theories of the seat and origin of diseases. Giving a broad and liberal significance to the word "symptom" so as to include everything abnormal about the patient, whether it be historical or actual, this law pays regard to the symptoms alone. It requires that the symptoms shall be collected and compared with the *materia medica every time a prescription is made*, and that the drug that has produced symptoms most similar to those of the patient shall be chosen and given. This is a true homœopathic prescription. No matter how often during the sickness of a patient this process be repeated; no matter how many remedies be given in succession; no matter if the first remedy be recurred to after the second and the second after the first—if each prescription has been the fruit of a special collection of symptoms and comparison of them with the *materia medica*, it is a sound and defensible homœopathic prescription.—CARROLL DUNHAM, M. D., 1865.

## COMMUNICATIONS\*

Boston, Mass., March 1, 1931.

## GARGANTUAN TASKS IN HOMŒOPATHY

To the Editor of *The Homœopathic Recorder*:

The term gargantuan is becoming a classic one in modern literature. Dr. Elizabeth Wright Hubbard, gifted as a writer and editor, has made happy use of the word in her paper read before the I. H. A. last June, (*Recorder* for November 1930) *Revamping the Repertory*, referring to the remodelling of Kent's *Repertory* that it may be used more easily as a reference work in an acute case, and for first study of the more chronic case. Such an undertaking will indeed be, as Dr. Hubbard suggests, "a gargantuan task".

There have been many such gigantic achievements in homœopathy since the days of its beginnings, e. g.: Hahnemann's thousands upon thousands of pages of translations, his volumes of chemical and pharmaceutical writings, the publication of his early observations in the *Fragments*, and his *Materia Medica Pura*, with the *Antipsorics* included in his monumental work *The Chronic Diseases*, his various editions of *The Organon*, including his annotated copy of the Fifth, later published as the Sixth and last (Hachl's German and Boericke's English edition); and finally his multitudinous essays, pamphlets, etc., his massive fascicles of correspondence, and his tomes of patients' records. A veritable *Gargantua* was Samuel Hahnemann in respect to medical literature, and in respect to the literature of homœopathy!

Jahr, in the enormity of the task of compiling and rearranging the materia medica in his *Symptom Codex*, in the writing of his *Mental Diseases*, *Diseases of Females*, *Veneral Diseases* and his *Forty Years' Practice* was another such. Bœnninghausen, in his compilation of the repertory, *The Therapeutic Pocket-Book*, his *Repertory to the Antipsorics*, his *Whooping Cough*, and the translation of *The Aphorisms of Hippocrates* was another literary giant. Next came Hering, with his *Domestic Physician*, his ten massive volumes of the *Guiding Symptoms*, his *Analytical Therapeutics* (one volume only being published)—these too rank him as a giant star in the firmament. Then Allen with his ten stupendous volumes of the *Encyclopædia of Pure Materia Medica*, together with his *Handbook*, his *Primer*, and other writings make him a classic figure among materia medicists. Hempel with his legion of translations, his own work on *Materia Medica*, with his philosophical essays on homœopathy, has made his place among the pioneers. Hartmann's *Acute and Chronic Diseases*, together with his *Diseases of Children*, place him among the immortals. Next Kent, with his great triad—the *Lectures on Materia Medica*, *Lectures on Homœopathic Philosophy*, and last of all the *Repertory*, have placed him next to Hering, Bœnninghausen and Hahnemann. Boger's *Bœnninghausen*, his *Antipsorics*, and his *Synoptic Key* are such another triad; not to mention other present day Hahnemannians in this country who are perpetuating the literary and professional traditions of homœopathy. The single volumes or more of such master clinicians as the Allens (H. C. and J. H.), Guernsey, Dunham, Farrington, Gross, Teste, Lippe, Raue, Fincke, Lilienthal, Burt, Worcester, Boericke et al, have crowned these writers forever with unfading laurels among the Hahnemannians.

In England, such writers as Richard Hughes, with his *Cyclopædia of Drug Pathogenesis*, his *Manual of Pharmacodynamics*; Dudgeon, with his translation of the *Organon*, his *Lectures on the Theory and Practice of Ho-*

\*The Editors assume no responsibility for opinions expressed in this department.

meopathy, and other writings; Burnett, with his multitude of lesser manuals of essays and clinical therapy; Drysdale and Cooper, Skinner, with his unrivalled columns of *The Organon*, down to such indefatigable laborers in the field, as Weir, Wheeler, Tyler, Neatby, Stoneham, Woods, Boyd, Dishington and others; all these and other writers of the past and present represent a host of devotees so ardent, so brilliant that it would be extremely difficult if not impossible to equal them in any literary or scientific field. Gigantic, colossal, gargantuan are such minds! Such a task as the revamping of the *Repertory*—if such can be accomplished—will indeed be of such significance, and of such proportions. It will need not only the clear mind of Dr. Hubbard and the continuing diligence and zeal of Dr. Lyle, but as Dr. Wright herself has observed, the constructive criticisms and suggestions of the many and all.

—B. C. WOODBURY.

## CARRIWITCHETS

SIT DOWN, DOCTOR, AND WRITE US YOUR ANSWERS TO THESE QUESTIONS

Will contributors please assist by mentioning remedies which have been successfully used with subacute and chronic serum poisoning? Clinical reports of such use would be helpful.

A good account of *Serum Disease and Serum Accidents* is given in the new Cecil's *Textbook of Medicine* published by W. B. Saunders Co., Philadelphia.—ROYAL E. S. HAYES.

Such is our materia medica—a record of actual occurrences, of events that really took place, of results that were unquestionably produced upon the healthy subject. It can never grow obsolete. Theories may be originated, may flourish and grow antiquated, and at last fade into oblivion. The hypotheses that constitute the science of pathology, after passing current for a generation or two, are sure to be repudiated in favor of some newer issue, and the very terms in which they are expressed may become unintelligible as time goes on. But the facts of our materia medica, expressed in the ever comprehensible vernacular language, are always fresh. Being the results of pure observation and therefore *absolutely true*, no modifications in philosophy, no changes of theory, can supersede them. Our materia medica is an ever enduring work.—CARROLL DUNHAM, M. D., 1865.



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In setting out, it is indispensable that we bear in mind the "three precautions" of the author of homœopathy, *viz.*:

1. Beware of thinking your doses too small.
2. Beware of an improper selection of the remedy.
3. Beware of too frequent repetition of the dose.—A. R. MORGAN, M. D., 1865.

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FREDERICA E. GLADWIN, M. D., H. M.

Entered into Rest  
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# THE HOMŒOPATHIC RECORDER

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## SYMPTOMS AND SYMPTOM VALUES\*

EUGENE UNDERHILL, M. D.

The late Dr. Stuart Close defined a symptom as "any evidence of disease or change from a state of health". This definition, while apparently all inclusive, gives no clue whatever as to the value of symptoms or to the use that can be made of them either from a diagnostic or therapeutic standpoint.

If a symptom is any evidence, then all the symptoms must constitute all the evidence or the totality of the case. Such a totality should reveal the diagnosis or nature of the disease and should also lead the physician to the indicated remedy.

If this means the numerical totality we may well feel dismayed for we have in the complicated chronic case assayed a well-nigh hopeless task ere we have elicited, written down and evaluated *all* the symptoms. Imagine the job of eliciting and recording all the symptoms of a confirmed hysteric, a really versatile hysteric. While the exactly indicated homœopathic remedy will doubtless many times cover the numerical totality of symptoms in a case, we nevertheless seldom need such a totality on which to base our prescription.

Let us for a moment compare a photograph with a portrait. The photograph includes all the lines, curves and particulars, defects and all that are exposed to the lens of the camera, in short, the numerical totality. The portrait, on the other hand, includes the essential generals but omits numerous particulars. Nevertheless, the portrait if well done by an accomplished artist, will just as truly represent and identify the person as the photograph. The portrait, therefore, is the artistic totality. It is this and not the numerical totality of symptoms

\*Read before the Hahnemannian Round Table, March 1931.

that requires stressing in homœopathic practice. Learn to know remedies as you know your friends and acquaintances. By painstaking work, close study and observation, you will more and more acquire the ability to see the image of the remedy in the symptom ensemble of the patient. Only by persistent work and effort does the novice finally become the artist.

Before going further let us make sure that we understand what a symptom is—what it includes. To quote Dr. Close once more, "A single symptom is more than a single fact; it is a fact with its history, its origin, its location, its progress or direction and its conditions". In other words, a mere symptom with nothing as to its nature, location, conditions and modalities is of little or no use to the physician if he is a true follower of Hahnemann, and homœopathy. To illustrate: Suppose a patient comes in and says, "Doctor, can't you do something for me? I have a pain". If he said no more and did not reveal the location of the pain, how much valuable information have you gained? Well, you could give him a hypodermic or a *Placebo*, but perhaps you want to help him. He may be in need of constructive relief, not mere palliation.

Generally, the patient will graphically locate the site of the pain without any special inducement. Suppose it is in the upper right chest. You ask what kind of pain it is. "Why, doctor, it's like a burning". See how we are getting our pain symptom built up—we now have burning pain in the upper right chest. "When is the pain most severe?" "Well, I have it all the time, but it seems to get worse every night around twelve or one o'clock". "What relieves the pain?" "A hot water bottle". Burning pain in upper right chest, aggravated around and after midnight, and relieved by heat. Right away we have our eye on *Arsenicum*, but don't reach for the remedy case too quickly. "How does the pain affect you? Do you want to lie quiet, or what position is most comfortable for you?" "Oh, it makes me awfully nervous and restless and I can't seem to get any peace with it. The only thing that seems to help me is the hot water bottle". Restlessness, amelioration from heat, still *Arsenicum*, and so you work it out. Sometimes it's easy, sometimes very difficult, but it can be done in the vast majority of cases. Now, if instead of a burn-

ing pain in the upper right chest, we had a case with stitching pains in lower right chest, with aggravation from two to five a. m. it would lead us to consider *Kali carb.*

Another stumbling block for many is the matter of "general symptoms" which, as Kent says, can often rule out non-agreeing particulars. A general symptom is one affecting the patient as a whole, as coldness in general—the entire patient is cold, not merely his hands, knees or feet. If, since the onset of the illness, the patient is more chilly than he used to be, craves the heat, is better from warmth and worse from cold, you have pretty definitely excluded from your consideration all the warm and over-heated remedies in the materia medica. Many times a general symptom can be synthetically constructed from a group of particulars carrying the same characteristics.

To revert again to the symptom "burning pain with amelioration from heat."

Burning pain in upper right chest ameliorated from heat applied.

Burning pain in stomach ameliorated by hot drinks.

Burning pain along the spine ameliorated by hot baths.

Burning of skin relieved by applied heat.

The sum of these particular burning pains and their amelioration warrant us in assuming that this symptom is not merely local but general and therefore of high selective value in our search for the remedy.

But suppose the same patient should have all these burnings and yet a violent boring pain in the forehead, which is relieved by bathing the head in cold water. Now we could proceed on the principle that a strong general will rule out non-agreeing particulars and this method is technically correct, but in passing it will do no harm to call your attention to the fact that the complaints of the body, under *Arsenicum* are relieved by heat, while those of the head are relieved by cold.

A further illustration: Suppose in going over a chronic case with pages of symptoms, we find, in studying over the record, and scattered throughout, the following: "Pain in right temple, stiffness of right arm, fullness and stitching in region of liver, tenderness in appendiceal region, stiffness of right knee". The

vast preponderance of symptoms on the right side of the body, constitutes a general and we must select a remedy having a special affinity for the right side.

Looking at symptoms from the standpoint of evidence or clues to a case, we will realize that nothing must go unnoticed. The emergency call in the dead of night—note well the time—it may help in the selection of *Arsenicum*, *Kali carb.*, *Nux vomica* or other remedies which are commonly worse after midnight. It may assist in arriving at the diagnosis. In original cases, a knowledge of the exact time the physician was called may prove of value in working out the chronology of the case.

Many physicians are exceedingly unobservant in noting objective symptoms. Possibly this is due to the stressing of laboratory findings in modern practice. The five senses are marvelous instruments of precision. They should be employed more effectively and more painstakingly than is customary with most medical men of the present day. In the sick room the objective symptoms are not necessarily all to be found by gazing at the patient. Look around the room, notice the dish of cracked ice on the stand beside the patient's bed. It makes you think of *Medorrhinum* and *Phosphorus*. Why are all the windows open on such a cold night—who wants the fresh air, the patient or the nurse? Open windows on a hot night might have little significance, but on a cold night in winter this objective symptom means something. Perhaps it's *Pulsatilla*? Why the fan lying on the chair beside the bed? Why does the patient want to be fanned, because he feels too warm or because he wants the air moving so that he can breathe better? If the latter, it is strongly suggestive of *Carbo veg.* Why such a dim, shaded light? Why do the members of the family tiptoe so softly around the room? Is this patient hypersensitive to light and noise, and thus easily aggravated and irritated?

Bump against the bed and jar the patient—you will doubtless hear from him if he needs *Arnica*, *Belladonna*, *Bryonia*, or *Nux vomica*. (Other remedies have the same aggravation). Listen! You can hear the breathing all over the room—coarse rattling as if the chest were full of bubbling mucus. In a young child or a real old person think of *Ant. tart.*, especially if the

nostrils are sooty and it is difficult or impossible to raise the mucus. Perhaps on entering the room a strong putrid or decayed odor has greeted you—*Arsenicum*, *Pyrogen* and *Psorinum* have such characteristic odors, but further investigation is necessary before coming to any decision. Ask the nurse to let you see the chart. Note the temperature curve. If the patient has fever every afternoon from four o'clock on to eight or nine, ask when the worst time in general seems to be. If she says four to eight o'clock or thereabouts, it brings *Lycopodium* to mind. If there is a very septic temperature curve with no relation between pulse rate and temperature think of *Pyrogen*, particularly if the putrid or carrion-like odor is present in the room.

Another point of utmost importance—when a patient says, "Doctor, I have never been well since . . ." let your ears be wide open to catch the next words of the patient, for his whole condition may have come on following the death of a loved one (look up ailments from grief in the repertory), or following a terrible fright, (look up ailments from fright), or from vaccination (look up the word Vaccination in the generalities section of the repertory). "Doctor, I have never been well since . . ." when completed, this sentence has been the key that has unlocked many a chronic case. Why should this be so? For the reason that the determining and directional morbid impetus was initiated by the event. Much, if not the whole cause was associated with the grief, the fright, the vaccination, the cold ocean bathing, or whatever set the ball rolling.

If we always knew the determining cause and the remedy exactly homœopathic to the cause, many more brilliant results would be achieved.

PHILADELPHIA, PA.

The more accurately all these symptoms, which are easily found under the various rubrics, are reflected by the case under treatment, the more assured we may feel of the propriety of the choice of the remedy we have made, and the more confidently may we expect a happy result.—BENNINGHAUSEN.

ADDITIONS TO KENT'S *REPERTORY*

C. M. BOGER, M. D.

- Page.
109. *Coldness, occiput*, right: Lach.
110. *Congestion*, coition, after: Carb. veg.
112. *Constriction*, band or hoop: Coca, Lil. tig.
113. *forehead*: Sars.  
*band*, as of: Chlol.  
*over eyes*, hot: Chlol.  
*occiput*: Camph., Coca, Coc. c., Mang., Nat. mur., Pic. ac., Tab., Ther.  
*band*, as of a: Anac., Arg. nit., Cann., Coc. c., Pic. ac., Psor., Tab.  
*ear to ear*: Thuj.
114. *vertex*: Ip.  
*Contraction*, scalp: Crot. casc., Helon.  
*vertex*: Nux mosch.  
*Crackling*: Agar, Cann., Cean.  
*vertex*: Kali bich.  
*Drawn backward*: Carb. veg., Lach., Nat. sulph., Sil.  
*Elongated*: Lachn.  
*Empty*: Acon., Polyp. pin., Stann.
115. *forehead*: Act. spic., Cedr., Chel., Clem., Hell.  
*Enlarged*: Acon.
116. *Eruption*, thick: Calc. carb.  
*dry*: Hep.  
*destroying hair*: Lyc., Merc., Mez., Rhus tox.  
*mousy odor*: Staph.
118. *Falling*, pieces, in: Con.  
*Foreign body* in: Arg. nit., Ars., Cina, Merc., Phos., Phys.  
*Formication, forehead*: Phos.  
*temples*: Æsc., Alum., Arund., Guarea., Plat., Sulph.
120. *Fulness, occiput*: Zinc. sulph.  
*ears, behind*: Glon.  
*Hair, bristling*: Canth., Gran., Hep., Laur., Meny., Meph., Mez., Polyp. pin., Ran. bulb., Sulph. iod.

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- sensation of: Acon., Amm. carb., Ars., Bar. carb., Chel., Dulc., Lach., Mez., Sil., Spig., Vinc.
- brittle*: Graph.
- falling*, parturition, after: Hep., Sil.  
*eyebrows*: Kali carb., Plb., Sel.  
*moustache*: Plb.  
*sides*: Ars., Calc. carb., Merc., Phos.  
*vertex*: Bar. carb., Graph., Lyc., Thuj., Zinc.
- greasy*: Arund., Branc., Lac. can., Plb.  
*painful* if touched: Verat.  
*pulled*, as if: Mag. carb.  
*pulls the*: Ars., Bell., Cupr., Lil. tig., Med., Mez., Taran., Tub.  
*sticks together*: Jac., Sars., Sep., Sulph.  
*tangles*: Lyc., Nat. mur.
122. *Heat*, cold feet with: Zinc.  
*hands* with: Nat. mur.  
*partial* with cold other part: Kali carb.  
*occiput*: Arn.
123. *Heaviness, forehead*: Ars. iod.
127. *sleep*, as from loss of: Nat. mur., Tell.  
*side, right*: Phos.  
*temples*: Zinc., Zinc. sulph.
128. *Injuries, scalp*: Calend.  
*Itching* scalp, evening: Sep.  
*pain, during*: Sabad., Sep. (after).
129. *occiput, ears, behind*: Graph., Olnd., Rhus tox., Sabad., Sep., Staph., Sulph.  
*vertex*: Graph.  
*Jerking, backward*: Ign.  
*Looseness*: Lac. fel., Sulph.
131. *Motions, forward*: Cic., Nux mosch.  
*nodding*: Ign., Sep., Stram.  
*rolling*: Labur.  
*shaking head involuntarily* with nausea and closing eyes: Bry.

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- swaying: Acon.  
 throwing head backward: Med.
132. *Numbness*: Kali brom., Zinc.  
 brain: Nat. ars., Staph.  
 mental exertion: Mag. carb.  
*occiput*: Ars.  
*vertex*: Cupr., Graph., Thuj.
133. *Pain*, days, alternate: Sulph.  
 morning, rising, on: Cimic.  
 waking, on: Cimic.
135. 9 p. m. to 1 a. m.: Croc. hor.  
 midnight, after and morning: Ind.
136. alternating with abdominal symptoms: Cina.  
 pain, limbs, with: Sulph.  
 somnolency and many dreams, with: Ars.  
 stomach pain, with: Oxal. ac., Plb., Verat.
137. binding head, amel.: Iod., Merc.  
 breathing deeply, on: Cact., Croc. hor., Mang.  
 chewing, while: Ambr., Amm. carb., Ptel., Thuj., Verb.
138. cold applications, amel.: Apis., Lapp.
139. getting, head: Carb. an.  
 coughing, on: Phyt.  
 dinner, after: Carb. an.  
 eating, amel.: Elaps., Sang.  
 epistaxis, after: Amyl. nit.  
 amel.: Brom., Bry., Chin., Raph., Taran.  
 eructations, amel.: Cann., Hep., Ign.
140. hair, letting down, amel.: Bell., Cina, Dirc., Ferr.,  
 Phos.  
 hat, pressure of: Lil. tig.  
 heated by a fire: Lyc.
141. hold head, must: Glon.  
 increasing and decreasing gradually: Sep., Syph.  
 rapidly: Ferr.
- lies with head low: Laur.  
 142. limbs crossing, agg.: Bell.  
 looking sideways, from: Merc.

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- upward, from: Ptel.  
 lying, amel.: Mag. phos., Sel.  
 on back, while: Agar., Gels.  
 side, right: Lil. tig.
143. mental exertion, from: Cupr.
144. moving eyes: Pic. ac.  
 nervous exhaustion: Sil.
145. every seven days: Calc. carb., Epiph., Sabad.  
 pressure, amel.: Acon., Aloe, Nux mosch.
146. hard, amel.: Ind.  
 head to floor: Sang.
- rain, agg.: Phyt.
147. shaking head, amel.: Phos.
- sleep, during: Psor., Ptel.
148. waked from by: Ars.  
 sneezing, amel.: Lyc., Mag. mur.  
 spot, in a small: Cann., Ign.  
 stool, pressing at, agg.: Alet., Ptel.  
 after, amel.: Glon., Zinc.
149. stooping, amel.: Cann.  
 sun, exposure to: Verat. vir.  
 thinking of: Arn.  
 touch, agg.: Nux vom.
150. urination, during: Nux vom.  
 profuse, amel.: Agar.
- vertigo, after: Kali bich., Phos., Plat., Plb., Ran. bulb.,  
 Sep., Til.
151. wandering pains: Arg. nit., Carb. veg., Mang., Phos.,  
 Sulph.
152. weather, warm, wet, agg.: Glon.  
 wind, exposure to: Nat. sulph.  
 wrapping, amel.: Cor. rub., Syph., Tub.  
 wrinkling forehead, amel.: Phos.  
 writing, from: Raph.  
 extending, chin, to: Hyper.  
 elbows, to: Kali nit.  
 epigastrium, to: Thuj.



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- eyes, to: Sil.  
heart, to: Thuj.  
jaws, to: Phos.  
neck, to: Cocc., Kalm., Lil. tig., Onos.,  
Phel., Viol. tig., Ziz.  
head: Carb. veg., Plb.  
153. nose, to: Calc. carb., Cimic., Lachn., Phos.  
ac.  
occiput, to: Phos.  
scapula, to: Chel. (r).  
spine, down: Nux vom., Syph.  
teeth, to: Cupr., Mag. carb., Psor.  
throat, to: Psor.  
zygoma: Kali chl.  
*brain*, deep in: Anthx., Tub.  
eating, amel.: Lach.  
sutures, along: Calc. phos., Glon.  
154. forehead, extending to right side: Phos.  
155. air, open, amel.: Hydr., Puls.  
alternating with pain in occiput: Ars.  
side to side: Aloe, Gins., Lob., Stann., Zinc.  
ascending steps: Par.  
156. cold drinks, agg.: Dig.  
looking up, on: Puls.  
157. nasal discharge, amel.: Hydr., Kali bich.,  
Lach., Nux vom., Puls.  
rising, after: Bar. carb., Cocc., Ign.  
158. extending backward: Anac., Cann., Con.,  
Form., Pic. ac., Sabad., Sel., Stront.,  
Valer.  
brain, into: Agar., Cann., Croc.,  
Glon., Hell., Laur., Pip. men.,  
Plan., Ran. scel., Stann.  
base of: Sep.  
cheeks and malar bones, to:  
Kali chl., Sulph.  
chest, to: Cham.

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- eyes, to: Acon., Asaf., Bapt.,  
Bry., Carb. veg., Epiph., Kali  
phos., Nat. carb., Op., Zinc.  
lid (upper): Chel.,  
Phos., Spig.  
face, to: Bry., Merc. iod. flav.  
bones of: Lys., Puls.,  
Sulph.  
lower jaw: Bell., Brom.  
upper jaw: Acon., Kali bich.,  
Phos.  
nose, to: Acon., Aloe, Amm.  
mur., Bapt., Dig., Fago., *Ign.*,  
Mez., Plect., Plan., Thuj.  
bones of: Mez.  
bridge of: Colch., Dulc.  
root of: Cina.  
sides of: Carb. veg., Onos.,  
Sep.  
tip of: Bism., Brom., Kali  
nit., Nat. carb.  
occiput, to: Cina., Cinab., Cocc.,  
Equi.  
over head to: Anac.,  
Cimic., Colch., Sel.,  
Thuj.  
parietal bone, to: Ind.  
teeth, to: Ars.  
vertex, to: Chion., Ferr., Laur., Lyc., Phos.,  
Xanth.  
159. eyes, over: Bism., Cic., Coloc., Erig., Mill.,  
Podo.  
right: Cact., Carb. veg., Hep.,  
Prun. sp., Sabad., Sulph.  
then left: Æsc., Lyc.  
left: Chin., Led., Sulph.

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160. then right: Nux mosch., *Sil.*,  
Sulph.
161. menses, during: Phos.  
extending to eyes: Carb. veg.  
nose: Chel., Coloc.,  
Mez., Phos., Sep.  
occiput: Bell., Bry.,  
Cham., Chlor.,  
Kali carb., Lil.  
tig., Nat. carb.,  
Nat. mur., Phos.,  
Pic. ac., Sulph.,  
Ther., Thuj.  
outward: Sulph.  
behind: Apoc., Bry., Hep., Lith.,  
Phys., Puls., Sac. lac., Sulph.  
middle: Carb. ac., Kali carb., Phos. ac.  
nose, above: Ther.
162. *occiput*, alternating with pain in forehead: Ptel.  
bending head backward: Bapt.
163. coughing, on: Amyl. nit., Ign., Puls.  
lying on back of head: Bufl., Carb. veg.
164. stool, pressing at: Mang.  
amel.: Asaf.  
swallowing, agg.: Mag. carb.
165. extending, ears, to: Coca., Lil. tig., Mag. mur.,  
Thuj.  
eyes, to: Dios., Pic. ac.  
forehead, to: Canth., Lapp., Par.  
forward: Mang., Valer.  
jaw, to: Arg., Bar. carb.  
neck, down back of: Gels., Kali cy.,  
Med., Nat. sulph.  
nose, to: Acon., Lach.  
scapula, to: Hep.  
shoulders, to: Hydr.  
arms, to: Asaf.

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- teeth, to: Zinc.  
temples, to: Sars.  
throat, to: Hep.  
upward: Bell., Cimic., Onos., Phos.,  
Verat. vir.  
occipital protuberance: Chin., Glon., Guaj.,  
*Petr.*  
sides, alternating: Sep.  
right: Carb. veg., Sang., Sil.  
left: Arg. nit., Bry., Onos., Rhus tox.,  
Sep.
166. *sides*, alternating: Kali carb.  
right, looking up, agg.: Lil. tig.  
stooping, agg.: Lil. tig.  
turning over: Lil. tig.  
then left: Anac., Ign., Kalm., Phos.
167. left: Taran.  
extending to neck: Taran.  
then right: Euon.
168. extending downward: Hyper., Ign.  
forehead: Sars.  
hand: Phos. (r).  
nose: Phos. (root).  
sutures, along: Glon.
169. temples, right: Lyc.  
left: Lith.
171. extending backward: Iris.

## PARKERSBURG, W. VA.

Anthx.—Anthoxantum, a sweet vernal grass. See Boericke's *Mat. Med.* p. 89, and Clarke's *Dictionary*, p. 118.

Branc.—Branca ursina, hogweed. See Boericke's *Mat. Med.*, under *Hera-cleum*.

Chlol.—Chloral hydrate. See Kent's *Repertory*.

Epiph.—Epiphegus Virginiana or Orobanche. See Boericke's *Mat. Med.* and Clarke's *Dictionary*.

Polyp. pin.—Polyporus pinicola, pine agaric. See Boericke's *Mat. Med.* or Clarke's *Dictionary*.—ED.

## AGRIMONIA EPATORIA\*

EDWARD BACH, M. D.

*Agrimonia*—the Inquisitor. This type is not always easy to diagnose as they mask their troubles. They are often, to casual appearance, genial and full of life's interest, and decidedly likeable people. They often drink heavily, though not to obvious excess; may be addicts to drugs; and desire excitements and a full busy life. Thus they hide the suffering within.

One feels with them that there is a tragedy beneath, though they rarely admit it even to their best friends. Inside, they suffer torments; great fear of the present and especially the future, which may drive them to suicide. They care nothing for danger, and are reckless in all ways. They have no peace, are active, restless, always going, require little sleep, retire late.

They are usually very much interested in occultism and magic. They are in reality tormented souls who are weary of their suffering, and would prefer death as a better alternative, though outwardly, they put up a brave fight with forced cheerfulness.

Frequently it is found that they are worried by some tormenting individual, though their persecutor may be on another plane.

The remedy brings peace, removes their torments, decreases the desire for stimulants, and gives them calm.

As indicated above (from the *Homœopathic World*, Dec. 1930, p. 327), one of the main keynote of *Agrimonia* is the hiding of worry and anxiety under the cloak of an apparently cheerful and happy character. This characteristic is strongly marked in the five cases given below.

It seems also that most, if not all, of the patients of this remedy have highly colored healthy complexions, such as is usual with people who live an open air life.

## CASE I—Female, age 45.

HISTORY: Chronic alcoholism many years, mostly spirits. Very excessive last two months. Last week practically taken no

food, and had only an hour's sleep each night. Severe bouts associated with worry and anxiety.

PRESENT STATE: Patient semi-delirious, restless, frightened, pulse 120, pupils unequal.

CHARACTER: Patient always full of vivacity and geniality, hiding all worries under a cloak of forced cheerfulness, very active and restless; seeking excitement.

DIAGNOSIS: The character of fighting and concealing personal trouble by external cheerfulness indicates *Agrimonia*, which was given as follows:

DOSAGE: Nov. 29. Third potency, two doses. The same potency, two doses each, on Dec. 18, 24, 31.

PROGRESS: Within thirty minutes of the first dose the patient fell into a natural sleep lasting three hours. A second dose given, and seven more hours sleep obtained. Second day, marked improvement. Third day, about the house. Fourth day, the general condition better than for months. Since the first dose (five weeks ago) alcohol has been taken in strict moderation, desire for excess having disappeared. The further doses were given as prophylactic, to counteract the effect of serious anxiety and shocks, through all of which the patient has maintained fully the improvement. The patient is calmer and more restful than she has previously experienced.

## CASE II—Male, age 40.

HISTORY: Motor accident seven years ago. Fell on left shoulder. Paralysis of left trapezius followed and remained. Left scapula winged, unable to raise left hand above shoulder. Last six months, further wasting of arm muscles, with pain in region of lower cervical vertebræ. Patient worn out with pain and subsequent loss of sleep. Great worry lest paralysis should spread down arm.

CHARACTER: Living normal life, good cheery companion. Had concealed his infirmity from everyone, except his family, even his own friends had no knowledge of the trouble.

DIAGNOSIS: The cheerful concealment of pain and disability indicates *Agrimonia*.

\*Reprinted from *The Homœopathic World*, Dec. 1930, and Feb. 1931.

DOSAGE: Third potency, two doses for three days, on Oct. 20, Dec. 18.

PROGRESS: All pain ceased five days after the first dose, and has not recurred. After ten days, movement began to improve, and continued until Dec. 16th. After the second dose, further improvement in movement until left hand could be raised within two inches of the right when held straight up; less winging of scapula; improvement in muscular tone. Has gained marked benefit to general condition, and mental peace and joy from loss of fear of further illness, which would have been serious to him financially.

CASE III—Female, age 37.

HISTORY: Chronic asthma for thirteen years. Compelled to give up business eleven years ago. Condition severe throughout winter, some slight relief during summer. Frequently confined to bed for three week intervals. Condition very poor.

CHARACTER: Courageous, hopeful of finding a cure, making light of malady. Even during attack attempts to be cheerful and talkative, and to mask the condition by effort to appear normal.

DIAGNOSIS: The brave attempt, even under the greatest difficulty, to conceal affliction and appear normal, indicates *Agrimonia*.

DOSAGE: Third potency, two doses, on Dec. 5, Dec. 9, Dec. 13. Third potency, one dose, on Dec. 16, Dec. 21, Dec. 25, Dec. 28.

PROGRESS: The condition began to improve immediately after treatment started. No serious attack has occurred, and the patient has worked every day since Dec. 8th. The weight is increasing and the general condition has markedly improved. She considers the disease is conquered.

CASE IV—Male, age 50.

HISTORY: Chronic headache, and pain over eyes; about two attacks each month, lasting one or two days. Great depression continually, persecuted by vague fears, over anxious, terrible mental suffering, only with greatest difficulty able to resist sui-

cide. Tendency to alcoholism, but kept under control. Duration of about seven years. Had had many years of domestic anxiety and tragedies.

CHARACTER: Only one or two closest friends ever suspected that the patient had any worries. Always bright, apparently happy, full of humor, a good and cheerful companion at all times.

DIAGNOSIS: The magnificent success of this patient, under the cloud of anxiety and great loss, to remain outwardly happy and cheerful indicated *Agrimonia*.

DOSAGE: Third potency, two doses, on Oct. 2, Dec. 3.

PROGRESS: After three days very marked improvement began, and, with the exception of a slight recurrence on Dec. 1st the patient has been free of pain, and the whole outlook on life changed. He has been able to face all his difficulties without the least depression or worry.

CASE V—Male, age 45.

HISTORY: Chronic alcoholic of over ten years' duration; periods of great excess; had been given up by his family, and lost his business appointment one year ago. Last few weeks, drinking until three or even five o'clock in the morning. State of hopeless despair for some days.

CHARACTER: The patient had had years of domestic anxiety and unhappiness, and had fought as much as he could against the habit of alcohol. He had kept his troubles to himself, and always maintained an outward cheerfulness.

DIAGNOSIS: *Agrimonia*.

DOSAGE: Nov. 9. Third potency, two doses.

PROGRESS: Immediate improvement. Desire for alcohol ceased, and none has been taken to present date, seven weeks later. The general condition is much better, and the mental outlook markedly brighter.

WANTED

A second-hand, used copy of *Kent's Repertory*, third edition, at a moderate price. Please notify Dr. Elizabeth Wright Hubbard.

## CLEMATIS ERECTA FLORA\*

EDWARD BACH, M. D.

*Clematis erecta flora*—the ecstatic. For those who make “dreams their master”; live in their ideals; but do little on the practical side. Often book lovers, and become lost in their reading, especially in earlier life.

They are carried away with religious or patriotic movements, becoming temporarily absorbed, and neglecting their ordinary duties. They will turn their attention from one enterprise to another rapidly.

They tend to form too strong attachments to other personalities, and place themselves under their power; this is voluntary and without fear, and may be associated with deep affection and the desire never to be parted. The stronger personality may use his influence adversely during life; or after death, call his partner over, hence the absence of fighting disease.

They have no great hold on life; it is not very much to them; they show little resistance to disease; seem to have no fear of death, nor desire to get well. They are placid, calm, resigned in illness, not from patient courage, but because of their indifference.

Thus they have two phases—ecstasy concerning ideals, and in illness, calm resignation.

The remedy brings stability, and places the patient on a more practical plane; brings them “down to earth”; and so enables them to fulfil their work in this world.

The keynote of *Clematis flora*, as indicated in the *Homœopathic World*, Dec. 1930, are: Dreamy, drowsy dispositions; calm; resigned; loss of interest in daily life; often concentration too much on one individual. These patients are usually pale, sallow, and have a very weary and tired expression.

The following cases are typical examples of this remedy.

## CASE I—Female, age 40.

HISTORY: Pain and weight in left breast several months; no medical advice sought until recently. Had lost fiance four

\*Reprinted from *The Homœopathic World*, Dec. 1930, p. 330, and March 1931, p. 62.

years ago, and since then had no interest in life, or desire to live.

PRESENT STATE: Carcinoma the size of a tangerine orange present, very adherent, nipple retracted, glands in axilla. Condition considered inoperable. Recently had x-ray treatment.

CHARACTER: Patient living in the past, calmly indifferent as to the result of the disease, and making no effort to be cured; only now seeking advice for relief of pain. Desires much sleep; day-dreaming during the day; and unable to give real attention for any length of time; loss of all interest and joy in life; rather hopes to die, but wants to avoid suffering.

DIAGNOSIS: The dreamy state, the indifference to disease, and even death, the absence of effort to get well, and the attachment to the fiance, all indicate *Clematis flora*.

DOSAGE: Third potency, two doses, on Nov. 11 and Dec. 19, 1929. Fourth potency, two doses, on Jan. 16. Seventh potency, two doses, on March 20, July 16, and Sept. 4.

PROGRESS: Improvement began at once, with less pain and discomfort. There was also a remarkable return of interest in daily life, and the patient decided to work hard and get well and forget the past. After two months, by Jan. 1930, the growth had practically disappeared; the glands were no longer palpable and the nipple less retracted. In March, July and September 1930, there was some relapse into the dreamy condition, and the former mental state, desiring the past, accompanied by some return of the condition in the breast. Each time all was removed by further doses. When last seen, in November 1930, the whole state, local and general, was completely satisfactory. The x-ray probably helped to remove the growth in the first place, but there has been no such treatment since, during the later occasions of relapse. It is interesting to note that each time the patient relapsed into the longing to rejoin her fiance, the growth recurred; and how, not only did the *Clematis* remove the desire, but also with it the physical signs and symptoms in the breast.

## CASE II—Female, age 38.

HISTORY: Asthma all life. Seven years ago lost favorite daughter; since then became an invalid. Six years ago right arm

and leg became paralyzed, with difficulty of speech. This followed the birth of a son, probably due to cerebral thrombosis. The patient was unconscious for three weeks at that time.

**PRESENT STATE:** Moderate chronic asthma. Right arm completely paralyzed, hanging by side, all sensation absent. Right leg spastic, able to walk with difficulty, very rigid. Speech hardly understandable, except to family.

**CHARACTER:** Patient obviously living in dreams; unable to concentrate or give any fixed attention; continuously weeping over loss of daughter.

**DIAGNOSIS:** The dreamy state, the complete living in the past, and the absence of interest in the present, indicated *Clematis flora*.

**DOSAGE:** Third potency, two doses for two days, on Nov. 24 and Dec. 1.

**PROGRESS:** No sign of asthma since the first dose. There is a complete return of interest in daily life, and every effort is being made to get well. All sad memories of the past have disappeared. The speech is quite understandable to strangers. There is less spasticity in the leg with more natural and easy movement. The patient has walked five miles without undue fatigue. There has begun a return of power, sensation and movement in the right arm and hand. She is full of happiness and joyful excitement at every little improvement, and is steadily progressing.

**CASE III—Male, age 37.**

**HISTORY:** Sent by firm in which he held responsible position, and was a valuable servant, because for the last few months he had become indifferent to his work, and was quite unconcerned as to his failure to fulfill his obligations. Wife died one year ago.

**PRESENT STATE:** Always sleepy; great difficulty in waking in the morning; and continually feeling that he had lost confidence and ability to continue his work. Loss of power to concentrate. Perfectly complacent, and obviously paying no real interest to present day affairs, his mind being concerned with other matters.

**DIAGNOSIS:** The utter complacency to failure, lack of interest, and the dreamy state indicate *Clematis flora*.

**DOSAGE:** Third potency, two doses for two days on Nov. 7, Nov. 24, 1930, and Jan. 2, 1931.

**PROGRESS:** There has been steady, gradual improvement, and the patient has been able to continue work with increasing efficiency. He is now considered to have reached his normal state. The last six weeks an urticarial rash has been occurring, and is definitely associated with the improvement.

**CASE IV—Male, age 47.**

**HISTORY:** Overworked in city for several years. Last three months almost complete loss of memory, at times unable to remember home address or telephone number. Becomes sleepy during the day, and indifferent to his work. Domestic tragedy seven years ago.

**PRESENT STATE:** Expression vacant, thoroughly apathetic, quite contentedly resigned to the fact that he has become useless. Only with difficulty persuaded by friends to seek medical advice.

**DIAGNOSIS:** The drowsy state, the apathy, absence of all interest, and resignation, denote *Clematis flora*.

**DOSAGE:** Third potency, two doses, on May 1, Sept. 4.

**PROGRESS:** Rapid improvement, and the patient resumed business, and worked well until the end of August, when there was some relapse, and more doses were given. Since then the patient has remained well, and in a recent letter, stated that he considered himself cured.

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The next step requisite is a thorough knowledge of the action of drugs; this must be obtained from provings upon the healthy and from clinical observations upon the sick; it presents a scene of action so vast, and as yet so comparatively unexplored, that it is impossible to estimate or limit either its prospective field of usefulness, or the amount of labor which lies in the pathway and demands the attention of every faithful follower of our indefatigable master.—A. R. MORGAN, M. D., 1866.

## HOMŒOPATHIC TREATMENT OF SENILE PRURITUS AND PRURIGO

GEORGE ROYAL, M. D.

### PART I A—SENILE PRURITUS

There are two reasons for presenting this subject:

First: Because there is no other disease (condition) except cancer, for which the *apparently* indicated remedy, prescribed by me, has so often completely *failed* to cure the patients.

Second: Because the number of patients suffering from the disease is large and is constantly increasing.

In order to more clearly understand each other and thus get more out of the discussion let us consider pruritus as a disease—an entity—and prurigo simply as a symptom, the entrance complaint, not only of pruritus, but of many other diseases.

#### DEFINITION:

\*1. "This is a form of paræsthesia which is unique, in fact, that itching is the sole symptom of the disease."

\*2. "Pruritus is characterized by the occurrence of itching, in fact, pruritis is itching."

\*3. "Dermatology, itching of the skin."

My own definition is: An incurable disease of old age.

TISSUES INVOLVED are: Brain and nervous system, primarily; skin, secondarily.

ETIOLOGY: Atrophic changes, both central and peripheral, of the nervous system, of the aged. The causes of these atrophic changes are numerous, varying from a simple cold to syphilis, tuberculosis or that still more dreaded and yet less understood term, cancer. These causes may be acquired or congenital; general or local. I have had two cases of traumatism—one fracture of the skull at the base, the other concussion of the brain and in addition a fractured leg, thigh and arm, and dislocation of the shoulder.

My experience also confirms me in the belief that heroic

1. Dearborn's *Diseases of the Skin*, page 389.
2. Douglass's *Diseases of the Skin*, page 379.
3. Lilienthal's *Homœopathic Therapeutics*, pages 448 and 626.

treatment by antipyrin, antifebrin, etc., prescribed by manufacturing druggists and administered by the physicians, has caused or aggravated the suffering of many pruritic patients.

**PATHOLOGY:** In the simple, uncomplicated cases of senile pruritus, no structural changes have been found in the first stage. The only structural changes are caused by the patient's digging, rubbing, scratching or the local application of some drug. In the complicated cases and also in the latter stages of the simple cases, the structural changes are those of the complicating diseases, and those caused by the scratching and local applications.

**SYMPTOMS:** In the simple form, first stage, there are only three symptoms, itching, the entrance complaint; insomnia, caused by the itching; and prostration, caused by the sleeplessness.

In the later stages, and complicated cases the symptoms are legion.\*

**DIAGNOSIS:** It would seem an easy task to diagnose a disease of three symptoms, and so it is in the first stage, but in the later stages, during which you usually see the patient for the first time, a correct diagnosis is a most difficult and at times an almost impossible task.

**PROGNOSIS:** Never tell your patient or his family you can cure him. Tell him you can relieve the itching, to some extent; that you can make sleep, artificial; and that such sleep will help his prostration.

**HOMŒOPATHIC DRUG THERAPY:** The indicated remedy must have itching of the skin as the keynote—the determining symptom—and also an elective affinity for both nerves and skin. In addition, they must have the make-up and the modalities of each individual patient.

*Ars. alb.*, in potencies from 3x to the 1M, has served me the best of any. My notes of T. F. Allen's lectures, 1880-2, contain the following leading, general symptoms: "No drug in its

\*Dr. W. L. Kitchens, in his book, *Symptoms and Diseases Applied*, on page 105, Part II, gives twenty diseases of which itching is a symptom. The diseases are of all grades from "ivy poison and pediculosis to common duct carcinoma and chronic interstitial nephritis". Under C. I. N., page 183, Part IV, he gives 36 symptoms and old age (senile) is one.

4. See also Allen's *Handbook*.

provings and reports of poisoning has caused more profound prostration, greater irritability of the skin, i. e., itching and burning, than *Ars. alb.*"

*Sulphur* ranks second in both frequency and results. Like *Ars. alb.*, *Sulph.* has been used in all potencies.

Dearborn<sup>5</sup> ranks *Sulph.* above *Ars. alb.* Boyer<sup>6</sup> says of *Sulph.*: "Unbearable itching, especially from warmth." Kent<sup>7</sup> devotes much space to the skin diseases of *Sulph.*, e. g., "All attended with much itching." "Wherever there is a *Sulphur* patient you will find burning." The above under Sensations.

Under "Modalities", Kent has: "Many complaints come on from becoming warm in bed." And, "As to time aggravations, nightly complaints are a feature."

As to the "make-up" of the *Sulphur* patient, Kent is equally clear, concise and convincing, e. g., "He is a lean, lank, hungry, dyspeptic fellow." "He is dirty." "The *Sulphur* patient has filthiness throughout; he is the victim of filthy odors."

*Radium* I am going to give third place because from its use internally with electricity, and also externally, some patients have had much relief.

Boericke<sup>8</sup> has the following under skin: "Itching all over the body, burning of skin, as if afire." Under sleep we find: "Restless, dreams vivid, busy." Under Generalities, we find "great weakness," and "severe aching pains all over, with restlessness," also "marked increase in the polymorphonuclear neutrophiles." Boericke states that the 1,800,000 radio-activity was employed. He also recommends the 12th and 30th triturations. I have only used the 12th and that in five grain doses, repeated at long intervals.

*Antipyrin* is another remedy mentioned, by Boericke<sup>9</sup>, for pruritus. Under nerves, he gives "crawling and numbness," also "general prostration." Under skin he puts, "intense pruritus," also the diseases "erythema, eczema, urticaria, and angioneurotic-œdema." Boericke suggests the "second decimal potency."

T. F. Allen<sup>10</sup> says *Antipyrin* "reduces the temperature of

5. *Diseases of the Skin*, page 393.

6. *Repertory*, page 185.

7. *Materia Medica*, pages 920 and 921.

8. *Materia Medica*.

9. *Materia Medica*, pages 69 and 70.

10. *Handbook*, page 67.

the body, allays pain, promotes sleep and causes perspiration." Clarke<sup>11</sup> tells us "*Antipyrin* is known from the poisoning effects it has produced in old school practice." From my experience in a case, which will be related later, I am inclined to believe that *Antipyrin* is an excellent remedy to antidote the ill effects of aspirin and many other substances which are given to, or taken by patients suffering from the itching and sleeplessness of senile pruritus.

Anshutz<sup>12</sup> gave me my first knowledge of *Fagopyrum*. Allen did not mention it in his lectures, nor does he in his *Handbook*; neither does it appear in the *Cyclopædia of Drug Pathogenesis*. Nevertheless *Fagopyrum* is a well proven, though sadly neglected remedy.

Wm. Boericke<sup>13</sup> says, "its action on the skin, producing pruritus, is very marked." "Pruritus senilis;" under skin he gives, "itching; worse, scratching, touch and retiring. Itching of hands deep in. Itching of knees and elbows and hairy portions." Under Female, Boericke has: "Pruritus vulvæ, with yellow leucorrhœa, worse, rest."

Both Anshutz and Boericke stress the time aggravation, i. e., late afternoon, and Boericke stresses scratching.

Let me relate two cases illustrating two causes:

Case I. Mrs. E. G. B., age 32, mother of three healthy children with a good family and personal history presented the following: "I came to see if I could get relief from my terrible itching." "Where is it? All over my body, arms, legs, especially about ankles and knees, but the worse is in the hair above my privates." "Do I have any vaginal discharge? No, only a little once in a while, just after the menses. Is there anything visible on the parts? No, not until I scratch, which I do, and then there are streaks and scabs. Worse? After scratching; in the p. m. when I am tired."

She was given *Fagopyrum*, Luyties 12x trituration, five tablets morning and evening, until relief was noticeable. She re-

11. *Dictionary*, page 134, Vol. I.

12. *Old, New and Forgotten Remedies*, page 133.

13. *Materia Medica*, pages 327-8.



turned after five weeks with, "It did the work, I am much better, in fact I call myself well; but what I want to know is what the remedy is as my sister and family who live in Chicago are just as I was." When I said buckwheat she exclaimed, "Why I have just been in to visit them and they have buckwheat cakes every morning for breakfast." The sister was advised to go to B. & T.'s, get some of the 1M and take 10 drops before breakfast every Sunday. Two months later she came in and reported: "Isn't it funny that *Fagopyrum* high should relieve the itching caused by eating buckwheat cakes!"

I do not know, however, whether the sister got the 1M or some other "high" potency.

*Dolichos* is the remedy I found most difficult to differentiate from *Fagopyrum*. Boericke<sup>14</sup> gives the following in his general statement, "a general intense itching without eruption. Exalted nervous sensibility" and "senile pruritus."

Under Skin he has "intense itching, with no swelling or rash; worse across shoulders, also about the elbows and knees and hairy parts; itching excessively at night." And under Modalities, "worse at night, scratching." Boericke also gives "a medicine, with pronounced liver symptoms, constipation, bloated abdomen, hæmorrhoids, skin yellow in spots. Herpes zoster."

My patient had no liver symptoms. In fact, the only uncomplicated or senile pruritus I have ever had.

T. F. Allen<sup>15</sup> says of *Dolichos*, "it has been found valuable in the intense itching of jaundice; itching worse at night and from scratching." The above symptoms I have verified, but only when the constipation and hæmorrhoids were in the totality.

Now let me relate three cases bearing on the etiology and complications of senile pruritus.

Case I. Mr. F. R. F., age 69, (was under my care for over thirty years), light complexion; well educated, extremely neurotic, personal history: auto accident resulting in fracture of one leg, one thigh, one wrist and concussion of the brain, with unconsciousness for over eighteen hours. There was lack of union in the thigh and a second operation was required.

14. *Materia Medica*.

15. *Handbook*.

Beginning about four years after the accident, itching began, more in the legs and arms, also in his beard (he never shaved). There were no objective symptoms until he scratched, but after scratching all sorts of conditions, mostly bleeding and scabs. He tried everything suggested by his neighbors, by what he read, etc. Radium, x-ray, all sorts of ointments, even kerosene oil, with but little if any help.

*Arsenicum alb.* 30th internally with a solution of 1 to 1000 *Arsenious ac.* was the treatment which I gave him that afforded the most relief. The next was *Fagopyrum* 12x. About six months before his death he developed a dull pain in his liver soon followed by yellowness of the sclera and skin. The itching was greatly increased. I kept him comfortable during the last fifteen days of his life with hypodermics of morphine sulph., 1-4 grain. Post mortem revealed a liver four times the natural size, studded with cancer nodules.

Case II. Mrs. I. F. H., dark, neurotic, housekeeper, mother of one child, died at the age of seventy-one of cancer of the breast. F. H. Father died of T. B. C and mother of cancer of the uterus when patient was only eighteen months old. P. H. Sickly until she matured. Good health from then on until five years before her death, when, in an accident, she severely lacerated her right breast. The wound only partially healed. Soon ulceration begun and extended over the entire breast. Being a "faith-healer," she would not have treatment for the cancer. But about four weeks before her death her sister came with the statement that because of a "terrible itching" the patient had not slept for four days and nights and now wanted me, her old family physician, to send her something to make her sleep. The sister added, "And if you have something we can use to stop the awful odor from the breast, give that too."

The patient was given five one grain tablets of *Fagopyrum* 12th, and a prescription of Carbolic ac. dr. ss; Glycerine oz. 1 and Listerine oz. iii, to be mixed and applied to the lacerated spots of the skin. The patient got "quite a little sleep" as the result.

In this case as in Case I, I feel that the cancer was the

strongest etiological factor; also that *Fagopyrum* helped relieve the itching and permitted some sleep.

Case III. Miss E. T., a school teacher of exceedingly neurotic make-up, a poor sleeper, very susceptible to pain; made the following statement: "I am in bed today because I have a high fever and itch from head to foot. Nothing seems to help the itching. In fact, scratching or rubbing makes the itching worse and I think increases the fever. My skin is dry now, as you see, but an hour ago I was wet with sweat from head to foot." Her face was flushed, temperature 104.3 and pulse that of *Bell.*, which I gave in the 30th (B. & T.'s) ten drops in water. I promised speedy relief and that she would be able to be in school Monday (this was Saturday a. m.) But I was called again in the evening and found her no better, in fact worse every way. Questioning for a cause brought a confession that for several weeks she had come home Friday "so tired and used up" she could not sleep and that at the suggestion of a friend she had taken antipyrin. There had been no itching the first few weeks, but lately there had been not only itching but some fever on Saturday. These two symptoms had gradually grown worse. I changed the potency of *Bell.* to the 6x five drops every 2 hours. The next morning the temperature was 99.5, pulse nearly normal and she had slept from 11 p. m. until nearly 6 a. m. The *Bell.* was discontinued and I made her promise not to take any more antipyrin.

The following Friday I was called again about 11 p. m. because she had become more tired than ever and the itching was worse than ever. I gave five tablets of *Fagopyrum* 12th in a cup of water. This gave sleep after 1:30 a. m. She had to repeat the *Fagopyrum* only a few Fridays after that to effect a complete cure.

*Carb. ac.* is mentioned by Wm. Boericke in the *Repertory*, page 1011, and also in the *Therapeutic Index*, page 1095. Neither Dearborn nor Douglass mention it for senile pruritus; Clarke in his *Dictionary* gives eczema and smallpox in italics, as diseases calling for *Carb. ac.* Clarke also mentions neuralgia, psoriasis, and pityriasis, but not in italics.

I have tried it many times for complicated senile pruritus,

but only with partial success or utter failure, with one exception, when prostration was the determining symptom.

Case IV. J. B., age 68, married, Congregational pastor, both F. H. and P. H. excellent. Extremely neurotic, has been obliged to lie down and rest after preaching a sermon; all the organs except the nerves and skin functioning well, reported as follows: "Doctor, I came to you to see what you could do for my itching. You know we have had a course of protracted meetings and I have worked far beyond my strength. Towards the last of the meetings, and worse since, I have had an itching all over my body, so bad that I cannot sleep and am completely prostrated. I am so weak after stools that I feel faint, in fact did faint once." When asked to be more specific, he replied: "When this began, I thought I had the old-fashioned itch, but there were no eruptions or scabs anywhere until I scratched. I used sulphur ointment, but that did not help. Soon these spots seemed to have a watery matter and then pus. Our doctor said it was not smallpox. He gave me all sorts of external applications. The one which seemed to do me the most good was carbolized vaseline. That allays the itching some and gives me more sleep, but it seems that I am rapidly growing weaker, all the time."

He was given *Carb. ac.* (B. & T.'s) 30th on disks, five before each meal and at bedtime and advised to keep up the carbolized vaseline. The result was a rapid and complete restoration to his normal condition. P. S. Had I been familiar with Dr. J. H. Clarke's latest on *Ars. sulph. flav.*, which leaflet came with my March, 1931, copy of the *Homœopathic World*, I would have given that instead of *Carb. ac.* 30th.

Clarke quotes from Hahnemann's *Materia Medica Pura* and from Kent's article published in the August, 1907, *Critique*. From Kent we have, "*Ars. sulph. flav.*—one of our deepest acting remedies—in broken down constitution, old people with lack of reaction". Also, "faintness after stools". And again, "weakness is a red-string indication".

Under Relations we read, "*Ars. sulph. flav.* closely resembles both its elements and the other sulphide, *Ars. sulph. rub.*"

The auxiliary treatment for pruritus senilis will be given after we have considered the homœopathic remedies for the other varieties of pruritus.

## PART I B—HERPES ZOSTER

This is another condition affecting both the nerves and the skin.

DEFINITION: Dearborn<sup>16</sup> writes: "*An acute vesicular eruption, situated on a red base, and distributed along the line of one or more cutaneous nerves.*" Douglass<sup>17</sup>, "The neuralgia which precedes or accompanies zoster may exhibit any degree of severity, and may indeed persist for an indefinite period of time after all symptoms of cutaneous irritation have disappeared. Instead of neuralgia, a more or less intense pruritus may be present, confined to the affected region, and persist for a long time."

Dearborn's definition is in italics; Douglass's is not. My definition is: "A neurosis with an eruption of the skin over the course of the affected nerve as an end product.

"Bartlett's definition is: "An acute inflammatory disease believed to be of infectious origin affecting the posterior spinal ganglia, the Gasserian ganglion or other ganglia connected with sensory nerve trunks, and characterized clinically by neuralgic pains and vesicles along the course of the tributary nerve trunk."

ETIOLOGY<sup>18</sup>: Irritation of the spinal ganglia from mechanical injuries; exposure to the elements; strains; and excitement, like fits of anger, fright, etc. Gurschmann<sup>19</sup> states: "That many of the intercostal neuralgias are tabetic or spondylitic root-pains."

I am aware that some authors claim that the neuralgia is the end product of the skin manifestation, rather than the reverse, but my experience with a large number of cases convinces me that the nerves are affected first. A close study of the history of the case is the reason for my opinion.

PATHOLOGY: This will depend upon the cause. It may be all the way from a simple irritation to sclerosis; or all the way from a papule to a scab or ulcer.

SYMPTOMATOLOGY: ITCHING, *burning*; *rawness*; smarting; pains of all kinds resulting in *INSOMNIA* and *prostration*.

PROGNOSIS: In all cases of simple irritation the prognosis is

16. *Diseases of Skin*, page 419.

17. *Skin Diseases*, page 197.

18. *Diseases of the Brain and Nerves*, pages 36-40.

19. *Neuralgia*, page 96.

20. *Practice of Medicine*, page 445.

good. In complicated diseases it will depend upon the complicating disease and the stage of that disease.

HOMŒOPATHIC REMEDIES: Dearborn, in his book, gives twenty remedies for this condition, while Douglass gives twenty-four. Lilienthal<sup>21</sup> gives fourteen, Farrington names only five, and among these five are the four whose symptoms are given in my *Diseases of the Brain and Nerves*<sup>22</sup>. For the benefit of our readers who do not have access to my book, let me give the leading symptoms of the four, i. e., *Ars. alb.*, *Ran. bulb.*, *Mez.*, and *Rhus. tox.*

*Ars. alb.* in addition to itching has burning, restlessness, shooting, sticking, weakness (subjective symptoms), exudate dark and black, crusts large and deep, also bleeding (objective symptom) worse from 12 to 4 a. m. (modalities).

*Ran. bulb.*, burning, bruised, sticking (subjective symptom); vesicles of bluish color. Location of the eruption, under the shoulder blade and around the chest (objective symptom); itching worse as the eruption dries; when exposing the body to open air, motion, and damp weather (modality).

*Mezereum*, pains severe and aggravated by the slightest touch (subjective), vesicles coalesce and form large scabs under which pus, rarely blood, exudes (objective); worse from cold and from 12 to 4 a. m. (modality).

*Rhus tox.*, stiffness, drawing, tearing, crawling (subjective); vesicles contain first water then pus, but do not coalesce like *Ars.* or *Mez.* (objective); and the well known (modality) aggravated cold and wet; ameliorated dry and heat.

*Agaricus musc.*: In my book<sup>23</sup> you will find, under the head of Neurotic Œdema, the following: "*Agaricus* affects the nerves much more than the skin." Then, for sensations: "*Twitching, itching, jerking numbness and tingling*; but PRICKING AS IF BY ICE-COLD NEEDLES is the ranking, determining symptom". Also in the case: "The pains were followed by redness, and then hard, light-colored spots down the left of the spine and then around on the three lower ribs of the left side. These and the twitching of the right upper eyelid were the objective symptoms.

21. *Therapeutics*, page 412.

22. *Brain and Nerves*, page 287.

In the two cases reported were two marked modalities, viz., "worse from cold and better from heat, and the cause, exposure to cold."

Since writing the above I have had one case calling for *Agar*. A maiden lady; age 32; F. H. and P. H. good; school teacher; came with the following: "I froze my feet nearly two months ago and since then have suffered from what my folks call chilblains. The worst trouble with my feet and legs is an intense itching and trembling. My hands and face, especially the latter, also twitch and jerk. I notice some of my boys trying to imitate me. And then you see these red spots on my feet and legs with white blisters."

She was given (B. & T.'s) *Agar*. 30th, five disks morning and evening and a 1 to 500 solution of the tincture and water for local application, also morning and evening. The cure was complete in two weeks.

DES MOINES, IOWA.

We have among us a turbulent class who vehemently denounce as chimerical and unreliable all experiments with highly dynamized substances, and who clamor loudly in favor of provings obtained by crude drugs; they seem oblivious to the fact that several of our most potent remedies are powerless, or have no marked medicinal properties, in their crude state, as for instance *Silex*, *Carbo. veg.*, *Natrum mur.*, etc. These men rarely or never resort to dynamized drugs in practice and therefore are incompetent witnesses. They delight in seeing, feeling, smelling and tasting the remedy; they turn their backs on the proffered manna and hanker for the leeks and onions of Egypt; they attribute all effects to the material action of the drug, to the greater permeating power of the attenuated atom; they are incapable or averse to recognizing the dynamic theory of Hahnemann; they have no conception of the potency of spiritual forces and, in the face of abundant and capable affirmative testimony, they offer about as reasonable a general denial as the old man in the familiar story, who knew the world did not turn round, because if it did, the water would spin out of his mill pond.—A. R. MORGAN, M. D., 1866.

## A NEW ANALYTICAL REPERTORY

H. A. ROBERTS, M. D.

Dr. Boger has at last completed his *Card Index Repertory* which he promised us some time ago. This work was much delayed by the disastrous fire which destroyed so much valuable material in Dr. Boger's office. The fourth edition of the *General Analysis* has been used as the basis of this card system, which contains 305 cards or rubrics, each rubric in the *Analysis* appearing on a card by itself. All remedies mentioned in the *General Analysis* appear on each card and those remedies which have the symptom appearing in each individual rubric are perforated, so that when the various rubrics are selected to make up the totality of symptoms in any given case and these cards are put together, we have a clear vision of the remedies which have all the symptoms in common.

As every case has its own peculiar combination of manifestations or symptoms, just so this system endeavors to reproduce them in an assembled replica, which will point toward the remedies most similar thereto.

This repertory is constructed on the assumption that the character of the pain (using pain as an illustration) is more important whenever it is associated with its concomitance and when the pain has not been located primarily with the organs or part affected, considering the concomitance to be of more value than the location, as a symptom.

This is a very practical *Analysis*, quickly mastered, and we have only to use our judgment and discretion in interpreting symptoms into their "least common denominator", as it were, and into the language of the repertory. The two cases cited here illustrate the working out of the system.

A man sixty-nine years of age came to me complaining of asthmatic attacks. He gave the following symptoms:

Respiration asthmatic, < by dust; < going into cold air; < by any change of temperature; < 4 a. m. Before the attack comes on he suffers from flushes of heat to the face and head.

Upon asking further about his general condition, he vol-

unteered the information that he was troubled by pain in a small spot back of the metatarsal bone of the great toe, which was < on walking. Inquiry about his earlier history elicited the following:

Eruptions two years ago on the lower leg, associated with varicose veins; there was oozing, they became moist, itched intensely and became very red; there was burning heat. These symptoms were > by cold water. The legs would swell badly. This eruption disappeared and the asthma, which he had had as a boy, returned. As a boy he suffered from incontinence of urine until he was quite well grown.

This worked out very quickly with the cards, which were found by referring to the *General Analysis* which accompanies the repertory. The cards were selected as follows:

Respiration.

Waves, flushes, etc.

Dust, feathers, etc.

Frost, frosty air, etc. <

Change of temperature, etc. <

Time, 4 a. m.

Spots, pain in, etc.

Motion <

These symptoms were used as the first group, covering the present conditions.

Following the thread of the symptoms back into the earlier history, I selected the following cards:

Eruptions.

Moistness, fluidity, etc.

Itching.

Heat, burning, etc.

Congestion.

Bathing, cold applications, etc., >

Swelling.

To these I added the still earlier symptom of incontinence, stool, urine, etc.

The only remedy coming through all of these symptoms was *Sulphur*, which proved to be his remedy.

A young woman twenty-four years of age came to me com-

plaining of headaches, which were < on waking, with shooting, stabbing pains, and accompanied by faintness and nausea, < on waking, < stooping, < moving about.

Further investigation revealed that she was annoyed by a foot sweat, which was odorless, < from warmth; there was oozing between the toes which crusted over forming scabs; her feet were cold; there was a cream colored leucorrhœa. The case repertorized as follows:

Head.

Shooting, darting, like lightning, etc.

Sleep, waking from, after, <

Stooping <

Faint, faints easily, etc.

Sweat, partial.

Crusts, scabs, etc.

Coldness, partial.

Discharges, vicarious.

Mucous secretions altered.

This case also repertorized to *Sulphur*.

It is well to reiterate that in the case of this card system, as in all repertories, the final decision of the analysis rests upon the reference to the materia medica; the repertory cannot do more than indicate the remedies which are among those we must consider as being more or less homœopathic to the case. This system is much simplified and much more quickly worked out than any of the card types of repertories heretofore in existence.

This system depends largely upon the relation of the concomitant symptoms, and the number of symptoms has been reduced to the least number that has seemed convenient to work with. The rubrics which Dr. Boger finds necessary and which have not already appeared in the repertory as it was published are sent to the subscribers as the additions are brought out, so that there will eventually be more rubrics than there are now.

DERBY, CONN.

Provings by attenuation as well as crude drugs are advocated and vouched for by the best and highest authorities in our school.—A. R. MORGAN, M. D., 1866.

## HAS MEDICINE PROGRESSED?

A. PULFORD, M. D.

Whether we believe it or not, it matters little, medicine proper is an *exact* science. Hahnemann proved it to be so after he rediscovered homœopathy and put it on a workable basis. Only our own ignorance of homœopathy's full unfolding is the cause for our belief otherwise. Because we cannot make it do *all* our bidding with the very few remedies at our command, we condemn it as limited in its sphere of action and unscientific, a stigma that is unjust to homœopathy and a reflection on our own intelligence. We, ourselves, having been born into, and surrounded by an almost impenetrable cloak of dense medical ignorance, plunged into the inky sea of medicine and have come to the surface with a decidedly different idea and opinion of medicine than that which we formerly held in common with the rest. The doctor, whom we formerly idolized in our ignorance of the exact truth, now excites our amazement at his ignorance and assumption, and calls forth our heartfelt sympathy therefor.

Medicine, we are informed, has had a career covering a period of some 2,500 years. During all this period it has been, up to a few years ago, occupied with disease and drugs of which it seems to have known little, if anything, and especially has this been so in regard to physiology, the real basis of medicine. Now let us glance back and see just how far medicine has progressed.

When the Creator created the earth and populated it, He realized that as soon as man had his freedom and was thrown on his own resources he would roundly abuse the privilege granted him and bring upon himself disease, He therefore placed upon the earth everything necessary for his welfare and to care for his ills. Along with these things He placed also the most brilliant and the most valuable of medical gems the world will ever know, and encrusted it with almost irremovable dirt that it might not be easily recognized or discovered, so that once fully recovered it would be all the more treasured. This unmatched gem was named by Hahnemann "The law of similars",

a gem of singular beauty and of priceless value. The Creator had hoped that someone would use his brain to discover it and bring it to light and that people would accept and use it to the benefit of all humanity, but humanity seems not to be yet ready.

As we roll down the corridors of time, we are informed that this priceless gem had twice been partially discovered before Hahnemann's discovery, but neither one of the two discoverers had the intelligence to realize the inestimable value of their find, and thus the priceless gem was cast into the rubbish pile (where it looks now as though it was going again for want of intelligence to keep it out) until the immortal Hahnemann, the greatest and most intelligent physician of all time, rediscovered it and—the rest you all know. Hahnemann, alone, of all medical men, cast into the medical ranks the first and only real ray of stable medical light that has ever been cast on the benighted medical profession since medicine's first inception. Other than this, medicine, now modern medicine, is in a more chaotic state today than at any time in its drab history and has no valid excuse or reason for its existence as a school of medicine.

All through this 2,500 years doctors have dealt with disease and drugs without the most elementary comprehension of what they either meant, or represented. Medicine has never been, to them, other than a mere physical endurance test of the human anatomy against drugs. The question never has been how much good could be accomplished with the remedy in hand, but of how much the patient could stand without being killed by the treatment. One would naturally think that intelligence, if any, would revolt at a thought of that kind. Victims have been killed by the thousands by well meaning but ignorant doctors, who if not ignorant, their intelligence has not been moved thereby. This is the reason for the query: Has medicine progressed?

If our own Hahnemann, or Kent, really knew just what disease was, its cause, or what a remedy was, they never to my knowledge told it. Yet both did more than any other medical men, they took us half way, but left us there to conjecture the rest for ourselves. Both potentized their drugs, and both discovered that their potentized drugs acted more promptly and more efficiently than the crude drug, yet if they knew the rea-

son why of this they carried their secrets to the grave, as far as I know. Potentization came about rather through accident than through a knowledge of the reason why. Had they known that the resistance of the drug's physical envelope must be reduced before the drug could act at its best, that the secretions could the more easily act upon that physical envelope in order to more readily free the contained force therein, potentization would have been a scientific operation rather than a cautious experiment. Now let us take a trip through life, health, disease and drugs.

Spencer gave us the most logical definition of life, "The ability of the internal relations to adjust themselves to the external relations". Whenever these relations function harmoniously we have a perfect state of health, with immunity to all disease, for they are the natural bodily defenses. Thus we have a true conception of life, health and immunity. Then, what is disease? Disease is progressive death, which, if not checked, is very apt to go on to finality. What, then, is the primary cause of disease? The primary cause of disease is brought about by the interference of the ability of the internal and external relations to adjust themselves to each other. That is just exactly what takes place through the initial chill, it thus brings about a chaos that interferes with and diverts this ability thus allowing the natural bodily forces to run wild resulting in the breaking down of the bodily tissues, suppurations, morbid products, and morbid formations, and thus we get our pathology and our morphology. Now that we have found out what life is, what health is, what disease is and how it is brought about or caused, let us turn our attention, after 2,500 years of ignorance of it, to see what really constitutes the drug; its true character.

Our one and only concept of disease seems to be its external manifestation; our one and only concept of a drug, its physical container or envelope. The wise allœopath and his modern homœopathic sympathizer have definitely informed us how to tell just when that drug's power of influence disappears. Does he really know? Will he admit that he has ever seen life; that he has ever seen disease; that he has ever seen energy? Energy is exactly what that drug's physical envelope contains, the en-

velope disappears, the doctor says its power is gone, Nature on the other hand says not, and proves its contention by producing a miraculous result. Can Nature be wrong? The common concept is that as soon as the drug's envelope disappears from view all the power is gone, just as the allœopath honestly believes that as soon as he has driven the eruption in the patient is cured. The one is just as rational and logical as the other. When does a drug act? Only when it can be released from its physical container. How does a drug act? Physiologically, by suppression or diversion; pathogenically, by interfering with the ability of the normal relations to function properly, just as the initial chill does, thus bringing about a condition simulating disease; dynamically, or curatively, by creating or rather freeing a force equal in volume and energy to the disease force thus opposing that energy and bringing it to a standstill. If this force is perfectly equal to the disease force all active disease action is at once stopped or suspended and Nature at once sets about to readjust and right herself. This is why the proper remedy will, if the potency is accurate, cut short the course of any disease at once and start the patient on the road to recovery immediately. That accounts for the many miraculous cures we see and read about, but you never see them in allœopathy. Medicines in themselves do not cure disease, they merely arrest the destructive physical force running wild in the economy, brought about by disturbing the normal functions' relations to each other, and Nature does the rest, or real curing.

Hahnemann put medicine on a real scientific basis; the Law of Similars attests and verifies the fact; and homœopathy is the *only* progress medicine has ever made since its advent over 2,500 years ago. Our remedies are constant in their work in the provings; they repeatedly produce their own pathogenesis; they in turn remove only their own kind; no science is more accurate nor more constant. Therefore before you attempt to criticize or refute the above, be sure that you are speaking with a full knowledge of a fully unfolded homœopathy.

TOLEDO, OHIO.

## THE LOVE IMPULSE IN HOMŒOPATHICS

J. W. WAFFENSMITH, M. D., H. M.

Man by nature is a gregarious being. He wants to associate with his fellow-man. Association means understanding, which in turn brings love. The love of home, the clan, and the nation is the result. It is a basic principle in the expression of life phenomena, it pervades nature, it breaks through all artificial barriers invented by man, it is the redeeming feature amid the perversity of the ages in which man has had an intense passion for good, through which it may for a time open the portals of Elysium.

Love is the dynamis back of the desire to improve, to be of more value to the community, to lessen the discordancies of every day life. As we grow in knowledge we appreciate that in proportion as we enhance the peace of those around us we gain the larger life. Man, in his slavery to classification, endeavors to distinguish between the various types of love. No objection is offered, nevertheless it always runs true to a natural selection in expression. Often unrecognized, it largely shapes the destiny of those influenced by its subtleties, and never fails to add its beneficent quota of happiness to the recipient. Disease, through the accumulated miasmatic additions from the remote past, has given us a wrong idea of love. That which is falsely named, upon analysis, is found to come under the repertorial groups of avarice, insolence, rage, anxiety and fear, the distress signal of the mental state reaching out for healing through the dynamis of the similar. These distortions in the history of the race have developed habits of wrong thinking and action in the social state. The recognition of the fundamental homœopathic law of attractivity in group contact has been obscured. Society endeavors to supply the deficiency by standardization.

The growing fascination in our philosophy lies in the naturalistic answer it gives to these perplexing questions to the citizen, statesman, and physician. It teaches quietly, gently and persistently to correct the individual from within out, thereby lifting the miasma of psycho-mental confusion, and restoring

the warped understanding to a fuller appreciation of the larger opportunities of life. It renews the suppressed possibilities to enjoy refreshing experiences which belong to us along the way we travel.

Events do not merely happen. There is a harmonious relationship between cause and effect. Love contacts have more or less degree of attractivity, which by association should become potentized into a larger one of understanding. The process may not be rounded or symmetrical due to the particular miasmatic complex influencing the lives of the contact. There is an impairment of functional or organic health, or both. This irregular development does not signify a lack of the similarity, which would be the usual judgment. The avenues of a natural expression have become distorted, fail to function rhythmically, and we see about us unmistakable evidence of family and social incongruities. Desires and aversions, not natural to the setting of the life in question, unreasonable and inconsistent, manifest themselves to ruthlessly destroy the happiness attainable through any particular, or combination of, experience we may wish to use as an objective lesson. The dynamic similar remedy, in a strange and uncanny manner, produces in its larger aspect a growing reasonable understanding of the environment in which the individual is placed, an increasing natural self-expression.

No one except a very superficial observer can practice a reasonable number of years and fail to see the constitutional curse from parent to child potentized, more complex and requiring earlier and more persistent treatment. Youth obscures its viciousness for many years, and if it were not for a return in a measure to more naturalistic methods of diet, physical culture, expansion of hygiene, etc., which is being advocated and applied to the young, we would be compelled to take more notice of it. The efforts of social welfare methods are an indirect recognition of this self-evident fact.

There is a new approach, necessity for re-education of the individual. In proportion as the unfoldment upon the plane of our treatment proceeds the patient gains the expanding adjustment which delights the heart of the student in social science. New avenues of usefulness come into the picture of prospective



activities, and the *Love Impulse in Homœopathics* is in the ascendancy. The underlying concept of homœopathy, like universal love, never dies. The naturalness which fired the masters in the early glimmering of history, the love of David and Jonathan, is similar to that expressed by the immortal Hahnemann and his illustrious students. Advanced economic development has done much to stimulate association without a corresponding modification of deeper disease states. Homœopathy offers a definite means to study restricting causes due to disease and form a clearly discernible picture for remedy selection.

If we have an accurate technique the search will often reveal one or a group of symptoms upon which the mind of the patient is centered. This represents the miasmatic grip in the particular case, which may temporarily act as an obstruction to results from the indicated remedy. It may be more or less continuous pain, an anxiety definitely localized in some organ, a distinct fear or delusion, overwhelming desire or antipathy, etc. This major symptom to the patient represents the extent of the disease, and in proportion to the character and length of duration is of importance to us. It presents the form of active expression the condition in the patient has assumed, whether simple or complex, and is a needed part of our case record for study. To assure success we should skilfully weave this evidence into the ground-work for proper correction.

NEW HAVEN, CONN.

The symptoms of the sick man and drug proving are the foundation, and *similia similibus curentur* the key stone to the arch, but high above the arch are other important symbols—the illuminated windows, the carved cap stones, the decorated cornice and the ever-shining dome.

The true homœopathician does not halt at the threshold, but advances patiently, loyally and earnestly, to the consideration of all questions which bear upon the noble cause he has espoused. Potentization, repetition, etc., instead of bugbears, become subjects of liberal and candid thought and experiment.—A. R. MORGAN, M. D., 1866.

## ANALYSIS OF A CASE—GASTRIC ULCER

CHARLES A. DIXON, M. D.

This case is of a very common complaint. Most doctors in general practice, call in a surgeon for consultation when they find a potential gallstone, or a gastric, or duodenal ulcer case, and often, too, find themselves eliminated from the case and the surgeon in complete control. Perhaps it is because I combat their surgery that I have so many of these cases. There is still a minority of people who will only accept surgery after the internist has failed to conquer the trouble.

My reason for reporting this case is because it was unusual in as much as I was unable to use any of her acute symptoms because they were all common to her disease. The woman had been through a nationally known clinic, and a diagnosis of gastric ulcer had been made, and operation advised.

All the symptoms of gastric ulcer were present, but nothing strange or peculiar on which the keynote prescriber could base a prescription. All symptoms were common to the disease mentioned, therefore, nothing was found on which to base a homœopathic prescription.

The lady, age 37, born in Switzerland, the wife of a successful business man, was wearing her first fur coat, you know the type, and had not yet learned that money cannot buy health. It was necessary to use time, tact, and patience to explain why I was more interested in finding general symptoms than those pertaining to her sick stomach. After much questioning and explaining, I finally had the following five rubrics:

Tendency to take cold.

Desire for open air.

Aggravation from heat.

Thirstless.

Cold feet.

Not a very strong case is it? Every symptom that predicates the patient is a common one as you can readily see by the size of the rubrics in Kent's *Repertory*.

In running her chart I find five remedies that appear in all five rubrics, *Arg. nit.*, *Lyc.*, *Natr. mur.*, *Puls.*, and *Sulphur*.

*Sulphur* is lowest numerically and *Puls.* is highest, with *Lyc.* just one point lower.

*Puls. 2c* was given the patient and all food forbidden. When she asked for food we gave her a glass of hot water and five minutes later another glassful. There is a bit of philosophy involved in giving the water this way which I wish to explain. A stomach that is not functioning properly, needs a rest; likewise, a stomach cannot rest if it has to work, and food means work regardless of quantity; a stomach has to work just as long to digest a spoonful of food as it does a cupful. So I do not allow anything but water, and if two cupfuls are given close together, it excites a peristalsis which empties the stomach and washes it out. Water alone will sustain the patient's strength for an unbelievable length of time (I have kept them on it for a fortnight more than once).

These cases are usually toxic to a great extent, and the "water cure" is fine for reducing the toxæmia, and that, too, without the use of physic, which I never allow.

Now to return to the patient. My record shows *Puls. 2c*, repeated in the 5c, and later in the 1m. She was up and doing her work one week after we began to feed her. The first dose of *Puls.* was given on Jan. 4th, 1927. On June 5th, she visited me at my office and I decided to start her on her second remedy, *Lyc. 1m*, which cleared up the remaining symptoms. She has been in perfect health for the past three and one-half years, and I do not anticipate any recurrence of ulcers which so often do occur in these stomach cases.

An interesting comment on this case would be: Was *Lyc.* the remedy from the first? Would it have done faster work? Of course nobody can positively say now, but I have learned *not* to start my chronic cases off on *Lyc.*, especially if there is a suitable complement like *Puls.*, such as we had in this case.

AKRON, OHIO.

Every careful observer of the influence of potentized drugs has seen, not only curative effects, but also under their action has witnessed the development of new phenomena modifying the previous condition of their patients.—A. R. MORGAN, M. D., 1866.

## CASES FROM MY PRACTICE

THOMAS DOUGLASS ROSS, M. B., CH. B.

### CASE I.

June 2, 1926. Mrs. A., age 57. Recent attacks of prickling in the left side, which began in the left toes and ascended to the arm and face, with a rushing noise in the left side of the head. This was followed by hot flushing and then coldness of the left arm and leg, with tenderness over the præcordium. There was diarrhoea on waking, or soon after rising. Aggravated by greasy foods and by excitement. Lump sensation in the throat better after eating. No thirst. Flatulent eructations. Generally better from cold. Hot flushes. Feet burn in bed so that she sticks them out. Weeps easily, e. g., on telling symptoms. Perspires especially on left breast. Headaches, frontal, better from cold, worse from excitement. Acid leucorrhœa. At times there has been a loss of sensation in the fingers of the left hand.

Albumen and sugar were present in the urine. The second heart sound was accentuated at the aortic area. The blood pressure was high. The complexion was florid.

*Puls. 200* was given.

May 3, 1930. There have been no attacks of prickling. The patient has received doses of *Puls. 200* and lately *Puls. 1m* at long intervals, 3-6 months. The digestion and general health are much improved.

### CASE II.

October 10, 1929. Miss M., age 16. Menses were established at the age of 12. Her complaint is pain during every period, pain over the lower abdomen with bearing down sensation ameliorated by lying down. The flow lasts for seven days and is clotted and offensive. There is leucorrhœa after the menses, and nausea for a week before. She is thirsty, averse to warm drinks, has cold extremities, and headaches worse from exertion.

At the age of five she had swollen glands in the neck, otherwise she is healthy.

*Calc. phos.* 200, one powder every four hours.

April 15, 1930. The subsequent menstrual periods have all been painless.

CASE III.

June 27, 1928. Mr. McA., age 54. For the last year has had acute pain in the epigastrium, worse two hours after eating, better after eating again. Constipated. Teeth septic. Tongue furred, posterior 2/3. Wakes early, 5 a. m. Generally worse in a stuffy room. The present illness dates from a worry a year ago. Acute rheumatic fever 20 years ago. *Graphites* 12c plus, one dose every night until 7 doses had been taken. The medicine was dissolved in water and the contents diluted and succussed after each dose, according to Hahnemann's directions in the 6th edition of *The Organon*.

August 8, 1928. The pain disappeared for ten days after beginning the medicine. At first he had vertigo on lying down at night and on rising from bed.

April 15, 1930. No recurrence of the stomach pain.

GLASGOW, SCOTLAND.

The primary step of the homœopathician is to make a proper examination of his patient; each case must be individualized as though no such malady had ever before existed. A thorough understanding of the pathological condition is indispensable as an aid to correct diagnosis and sound prognosis; it also gives us a general idea of the disease under consideration, but in a therapeutic sense is of less importance than an accurate comprehension of the subjective symptoms, their peculiar features and character, the time and causes of their appearance or aggravation, the means and modes of their amelioration, a knowledge of temperament, disposition, moral characteristics and disturbances, hereditary tendencies, etc. It is also often the case that single and apparently insignificant symptoms are of the first importance.

—A. R. MORGAN, M. D., 1866.

COMPARATIVE DRUG SELECTION  
*ARNICA MONTANA*

H. B. F. JERVIS, VETERINARIAN

This is another wonderful remedy, the virtues of which have not been recognized by the alloëopathic fraternity. *Arnica montana* is a perennial growing in the mountainous parts of Central and Southern Europe, and also in Asia and America. My old mentor, Finlay Dun, gives it a mere passing mention in his work on *Veterinary Medicine*. Under Actions and Uses he says of it: *Arnica* is irritant and stimulant, has been credited with alterative properties, and is used externally as a stimulant for strains, sprains, bruises and wounds. He mentions that "Viborg gave a horse six drachms of the flowers in infusion", and records production of quickened circulation and diuresis. Williams recommends one or two ounces of the tincture in pulmonary congestion and lymphangitis in horses, stating that it stimulates cutaneous circulation. Dun winds up by saying, "It is a favorite homœopathic remedy".

Its use in mechanical injuries has come to be associated with homœopathy, but it was known in Germany before Hahnemann was born. The only credit homœopathy can claim is that it has kept the tradition of its virtues alive. It is to an injury what *Aconite* is to a chill. It will almost infallibly neutralize ill effects if given before organic mischief has been set up, and, as with *Aconite*, we must not be too ready to assume that the time for giving it has gone by. The parts specially involved in mechanical injuries are the muscles, and on these *Arnica* specially acts. Above all things a myotic; the main remedy for myalgia; over-exertion of healthy muscles, or the normal use of weak muscles; pleurodynia, known as spurious pleurisy, which may be readily induced by over-exertion; this must be distinguished from muscular rheumatism, which yields to other remedies.

Though it affects the muscles chiefly, it checks the hæmorrhage attending violence, as in epistaxis from a blow, hæmoptysis from coughing; it obviates danger from concussion of the

brain; it covers the whole effects of the injury attending violence. For external injury, it may be used locally as well as internally. It produces in some constitutions cutaneous eruption of very fine vesicles on an erythematous base with much heat and itching, hence it might be considered in the line of a preventive and curative agent against erysipelas; it also is useful for chronic congestive vertigo; for dysentery, tormina and tenesmus. It checks suppuration. As an antidote against mechanical violence *Arnica* is almost unique, but in some points is resembled by *Rhus tox.* and *Hypericum*. In action on the muscles it resembles *Bryonia* and *Actæa* and as a cutaneous irritant it is allied to *Rhus tox.* and *Croton*.

Hurdall states: "Whatever be the character of the injury, whether contusion, sprain, strain, dislocation or fracture, so long as it is due to mechanical violence, *Arnica* externally and internally administered is the sheet anchor upon which to rely". In preparing a lotion for external use mix one ounce of the tincture with fifteen ounces of distilled water. It is, however, not wise to use *Arnica* on injuries where the skin is broken as it is likely to set up erysipelas.

In racing dogs, which are much in evidence these days, *Arnica* is a very valuable agent internally and externally where one has exhaustion of muscles after a hard day's racing. Such a condition frequently is presented and by proper and careful measures, promptly carried into action, much can be done to obviate this. Immediately the dog is through he should be walked to his kennel, put in a warm bath at 100 degrees F., in which he should be allowed to remain ten minutes or so. He should then be thoroughly dried by rubbing with coarse towels and *Arnica* lotion well rubbed in to the principal muscles of the loins, thighs, shoulders, and arms. Give *Arnica*, every hour, internally; clothe the animal well, provide him with a soft warm bed and keep him protected from cool air. At least five or six doses of the *Arnica*, as before mentioned, should be given at hourly intervals, before he is left for the night. In the morning a little walking exercise before renewing racing will find the dog in perfect trim. The use of *Arnica* in horses after a hard day's work in the hunting field is also most beneficial. The hand-

rubbing of tired tendons with *Arnica* lotion, until dry, then a bandage lightly applied, together with a few hourly doses of the remedy internally will bring great comfort to the leg-weary and generally tired animal.

*Arnica* has a pronounced effect upon the blood where there is a general tendency to disorganization, with the resulting hæmorrhage of dark venous blood; and it is to be thought of not only for the condition that will result in easy bleeding, but also as a remedy to hasten the absorption of the blood for example, in apoplexy, hæmorrhage in the conjunctiva or retina in dogs or other animals, and in purpura hæmorrhagica in horses.

Occasionally, in dogs, one runs into cases of diarrhœa with a state of great prostration. The stools are putrid and during sleep they are involuntary and are accompanied by eructations and flatus, smelling like sulphuretted hydrogen. It is sometimes valuable in the diarrhœa of low fevers and in hæmorrhage from the bowels during distemper. In eczema and psoriasis Deschere says that "*Arnica* is not to be forgotten where the eruption in one part or side of the body has its fellow on the corresponding part on the opposite side of the body". Dearborn also draws attention to the fact that symmetry, in these conditions, has been found to be a very good indication for *Arnica*.

In closing it may be said in recapitulation that this remedy is well nigh indispensable in veterinary practice, in which results of mechanical violence have to be so often treated. The consequences resulting either to the part injured, or to the constitution generally, from strains, blows, falls, thrusts, bruises, etc., are happily met by *Arnica*. For the muscular pain and lameness following severe or long-continued exertion, as after racing, hunting, etc., *Arnica* is highly beneficial.

NORTH HOLLYWOOD, CAL.

Epilepsy is not a disease; you cannot prescribe for epilepsy. The symptoms which represent the nature of the sickness are not in the fit, but those which the patient has had in infancy up to the time of the fit.—KENT.

## SPLENIC HYPERTROPHY

H. B. F. JERVIS, VETERINARIAN

Some time last summer a gentleman came into my office asking if I could determine, by any means, whether or not his dog had hookworm. I replied that there was nothing easier than making a microscopical fæcal examination and once and for all clearing up all doubt about it. I gave him a specimen bottle and in due course of time he mailed me a specimen. Examination proved negative and was so reported, and I heard nothing more until October 6th, when he walked in my office with the dog just as I was closing. As it was late I told him he had better leave the dog with me and I would look him over in the morning at home. He replied that he brought him in to have him chloroformed. He certainly was a terrible specimen to gaze upon. He was a wire-haired fox terrier, three years old, and had won quite frequently at various shows. He had a most captivating personality, sick as he was; and he certainly was a sick dog. The owner plainly showed that he was passing fond of his pet and the thought in regard to the lethal chamber had been arrived at only after having run the gamut of all the alæopathic small animal hospitals and veterinarians in general. The man told me that the dog had been literally "wormed to death", as he put it and the pup surely looked near the grave. I said that I would rather take him home with me and make a careful examination and if I thought that it was an incurable case I would frankly say so and would mercifully put the little fellow to sleep. To this he readily agreed and I forthwith took the little chap along with me in my car and put him to bed for the night.

In the morning upon close examination I noted, besides the extreme emaciation that I have already spoken of, marked dyspnœa, eyes sunken, all visible mucous membranes pallid, and polyuria. A urinalysis showed nothing, no albumen, sugar or casts. On account of the emaciation the spleen could be easily felt, and, in fact, was so enormously hypertrophied that a bulging was present. There seemed to be no doubt in my mind that the spleen was the organ that was at the bottom of the whole

thing. I told the owner that if he cared to take a sporting chance I would do my best. To this he agreed, much to my delight, as I had been most anxious to find out for myself whether or no *Ceanothus americana* had in reality all the glowing virtues of which I had read in Burnett's, Hale's and Clarke's works.

I put the dog on this remedy, using the first dilution, ten drops three times daily. In a week there was a noticeable improvement, and the owner came out and was much pleased, but he saw that the patient would have to stay with me for some time. From then on improvement was somewhat slower and on talking the case over with Dr. W. W. Sherwood he told me that he usually prescribed that remedy in the mother tincture. I changed to that and at once saw marked improvement. This improvement continued, and all the symptoms gradually abated. The mucous membranes took on a normal hue, and the dog gained weight. He stayed with me until just after the new year, most of the time as a boarder and at the time of writing is holding his weight and is fit for the show ring at any time. This particular case caused a great deal of comment among my friends and clients as the dog was around the office most of the time. They all thought that he should be chloroformed he was in such poor condition, but I thought differently, and the result has demonstrated, once again, the great power of homœopathy.

NORTH HOLLYWOOD, CAL.

In general, however, the tyro in homœopathy cannot too earnestly take to heart the caution to avoid the great error of regarding a large numerical quantity of symptoms that are *general* in their character and that do not *individualize* the case, as a sufficient guide in the choice of the remedy. The keen perception and appreciation of those symptoms which, *at the same time, correspond to the nature of the disease*, and also *designate that remedy which is exclusively or at least most decidedly indicated*—this alone betokens the master mind. For it is easier—very much easier—to select the right remedy after a picture of the disease, complete in every respect and fully meeting all requirements, has been drawn up, than, oneself, to obtain the materials for such a picture and to construct it.—BENNINGHAUSEN.

## A STUDY OF HOMŒOPATHIC REMEDIES IN RELATION TO RHEUMATIC TROUBLES

H. A. ROBERTS, M. D.

Rheumatic troubles are a large part of the work of the general practitioner. We may have our own ideas as to the metabolism causing rheumatic disturbances; these should be considered in each individual case and treated with due regard to the dietetic and hygienic care, but after all is said and done, diet and the modification of metabolism will not cure rheumatic troubles, and it is only by careful work and after careful study of the homœopathic remedies that we get the brilliant results that are possible in this class of cases. There is no place where the homœopathic remedy can do more to relieve human suffering and remove constitutional tendencies and susceptibilities than in this class of troubles.

In this group of papers we are giving a study of some of the remedies that may be of great assistance to us when applied individualistically according to the law of similars. The different sizes of type used in this group of studies indicates the relative value of the symptoms.

### ACTEA SPICATA

*Actea spicata* has an affinity for the small bones, especially of hands and feet. It resembles *Caulophyllum* very closely in attacking the small joints, yet *Caulophyllum* almost always has accompanying its rheumatic conditions derangement of the female sexual system while *Actea spicata* has an affinity for men. It may be differentiated from *Ledum* by its hot swollen joints and aggravations. There is a chronic enlargement and stiffness in *Actea spicata* that has frequent exacerbations. In acute articular rheumatism, together with the fever, there is almost always the sour vomiting.

HEAD AND FACE: WARM SWEAT ESPECIALLY ON SIDE ON WHICH HE LIES. RHEUMATIC PAIN IN FACE WITH PULLING TEARING FROM DECAYED TOOTH TO TEMPLES < BY SLIGHTEST TOUCH AND MOTION. *Face sensitive.*

NECK AND BACK: *Throbbing pain in region of kidneys. Bruised pain in sacrum < lying on side.* BEATING THROBBING IN RIGHT HYPOCHONDRIUM; RIGHT HYPOCHONDRIUM SENSITIVE TO PRESSURE. *Spasmodic contraction of bowels.*

UPPER LIMBS: *Fingers cold, numb, discolored.* PARALYTIC PAIN AND WEAKNESS OF HANDS. LAMENESS OF RIGHT ARM. *RIGHT WRIST PAINS INTOLERABLY, IS SWOLLEN, MOTION IS IMPOSSIBLE; SLIGHTEST PRESSURE ON PALM OF HAND NEAR LITTLE FINGER CAUSES HIM TO CRY OUT. EXCRUCIATING PAIN IN WRISTS AND FINGER JOINTS, VERY TENDER TO TOUCH, < AT NIGHT.*

LOWER LIMBS: *Boring pains > from stretching. Thighs tremble when raised. Knees weary. Sensation of weakness after change of weather.* JOINTS OF FEET SWELL AFTER WALKING.

LIMBS IN GENERAL: SWELLING OF JOINTS AFTER FATIGUE. RHEUMATIC PAINS OF SMALL JOINTS ESPECIALLY OF THE HANDS. WEAKNESS AND TINGLING OF LIMBS. *Numbness of feet and hands.*

JOINTS: *SMALL JOINTS SWELL BRIGHT RED AND HOT.*

CONCOMITANTS: *Loss of consciousness.* GIDDINESS WITH REELING IN AIR AS IF DRUNK. WARM SWEAT ON HEAD. ALL FOOD REPULSIVE. *Very sour vomiting.* TEARING PAIN IN EPIGASTRIC REGION WITH VOMITING. BRICK DUST IN URINE. HIGH FEVER. PULSE 120. *RHEUMATISM FROM SUPPRESSED SWEAT.* PRESSURE IN REGION OF LIVER PAINFUL. BEATING THROBBING IN REGION OF LIVER.

AGGRAVATIONS: TOUCHING OF PART. *MOTION, ALMOST IMPOSSIBLE. AFTER WALKING IN OPEN AIR.*

AMELIORATIONS: *Morning.*

### CAULOPHYLLUM THALICTROIDES

*Caulophyllum thalictroides* is one of our most valuable remedies in rheumatism, affecting the small joints, especially of the wrist, ankles, fingers and toes. It is almost always associated with a deranged female sexual system, which differentiates it from

ASLEEP AT REST. LIMBS PAINFUL AS IF BROKEN ON MOTION; IF BENT. PAINFUL STIFFNESS OF JOINTS.

JOINTS: *Swollen red and stiff; puffy.*

CONCOMITANTS: ABSENTMINDEDNESS. ALTERNATING MOODS. ANXIOUS. INTELLECT BEFOGGED. QUARRELSOME DELIRIUM. STUPID. VERTIGO. SEASICKNESS. FAINTING SPELLS. NAUSEA AND VOMITING ON RIDING. GREAT DISTENSION OF ABDOMEN WITH INCARCERATED FLATUS. ATTACKS OF PARALYTIC WEAKNESS.

AGGRAVATIONS: AFTER EATING, DRINKING; *after sleeping.* TALKING. REST. RIDING, IN A CARRIAGE. MOTION. COLD. PREGNANCY.

DERBY, CONN.

This primary principle is more fully expressed by the formula *similia similibus curentur*, and is the key stone to the arch of the new dispensation of medicine; it binds the rudimentary edifice together; without it all collaterals become useless; without it we can have no permanent arch, no temple, no homœopathy.

In proceeding with our symbol of the arch, let us carefully observe its construction. First, we require a foundation on the two sides; these are necessary before the key stone is needed. So with homœopathy. Our arch is based, one side upon the phenomena presented by the sick man; the other upon drug provings; these, perfectly united by the law *similia similibus curentur*, form the entrance into the temple. Without these three features, squarely recognized as the basis, and observed as guides in practice, no man is prepared to set out in the new undertaking. These three features constitute a therapeutic trinity, one and inseparable; each must be maintained in its integrity or the whole scheme fails. He who fails in making an exhaustive analysis of the condition of his patient, is necessarily incompetent to select the appropriate remedial agent, and he who lacks in his knowledge of the pathogenesis of drugs is as impotent as one who has never heard of the new *science* of cure.—A. R. MORGAN, M. D., 1866.

## SYMPTOMS CHARACTERISTIC OF A HAHNEMANNIAN HOMŒOPATHIST

EUGENE UNDERHILL, JR., M. D.

In the March 1931 number of the *Recorder* Mr. H. C. Roberts asks "How the laity can tell, other than by trial and error, the true homœopathic physician . . . from those who use the words *similia similibus curantur* for nothing but a grand hailing sign".

This question is so simple and straight forward that one must get all set to answer it before fully realizing what a poser it is.

I propose to do a little "sniping" on it before risking a direct attack.

The average layman, and I care not what his education or position may be, is a very simple hearted soul to whom personalities mean much and principles of medicine very little.

Ninety-five per cent of all patients have faith (more or less) in their doctor. "My doctor says this and my doctor says that".

A physician can, if he will, gradually instruct certain of his patients in the rationale of his particular medical viewpoint, but even then their faith will be fixed more in him than in the system of medicine he represents.

Having disposed of ninety-five per cent of the laity what about that portion of the five per cent who know and want Hahnemannian homœopathy? Such can, upon careful inquiry, sometimes contact a known follower of Hahnemann. There are some such scattered here and there over the land in spite of the stifling dictatorship exercised by the allœopathic medical cult.

The medical college from which a man graduates affords no clue as to the methods or the principles he will later follow in his practice. Many a graduate from so-called homœopathic institutions is more truly a follower of Ehrlich and Pasteur than of Hahnemann.

How then can a real homœopathist be recognized either by his colleagues or by the discriminating layman?

*Actea spicata* which has an affinity for men. *Caulophyllum* is often of use in the rheumatism of pregnancy.

NECK AND BACK: Severe drawing in sternocleidomastoid muscle. Rheumatic stiffness of nape of neck. Dull pain in lumbar region. *Severe pain in back and loins.*

SUPERIOR EXTREMITIES: SEVERE DRAWING IN WRISTS AND FINGERS. RHEUMATISM OF WRISTS AND FINGER JOINTS WITH SWELLING, CUTTING IN JOINTS WHEN CLOSING HANDS. *Pains shift to nape of neck.* FINGERS VERY STIFF. FLYING PAINS IN ARMS.

INFERIOR EXTREMITIES: DRAWING PAIN IN ALL THE JOINTS. *Knees weak when walking.* PAIN IN FEET AND TOES. SHARP PAIN IN KNEE JOINTS.

EXTREMITIES IN GENERAL: RHEUMATISM ESPECIALLY OF SMALL JOINTS. PAINS SHIFTING TO NAPE OF NECK WITH RIGIDITY AND OPPRESSION OF CHEST. DRAWING PAINS IN JOINTS OF ARMS AND LEGS. PAINS REMAIN ONLY A SHORT TIME IN ONE PLACE THEN SHIFT TO ANOTHER.

CONCOMITANTS: TREMULOUS WEAKNESS OVER WHOLE BODY. LEUCORRŒA ACRID, WEAKENING, WITH GREAT HEAVINESS OF EYELIDS, HAS TO LIFT THEM WITH HAND. MENSES TOO SOON AND VERY PAINFUL. SPASMODIC DYSMENORRŒA. SENSATION AS IF THE UTERUS WERE CONGESTED, WITH FULNESS AND TENSION.

#### COCULUS INDICUS

Pregnant women are frequently great sufferers from rheumatism. It is in this condition that we find *Cocculus* of great value. Hysterical symptoms frequently show themselves. When there is persistent numbness and "falling asleep" of the limbs with the peculiar paralytic weakness, vertigo and fainting spells, *Cocculus* should be seriously considered.

EYES: SCLERA OF LEFT EYE INFLAMED, A ROSE COLORED INFLAMED CIRCLE DEEPER IN COLOR NEXT THE CORNEA, LESS TOWARD CANTHUS; RHEUMATIC OPHTHALMIA. RHEUMATIC GLAUCOMA WITH VENOUS HYPEREMIA, DILATED PUPILS, INSENSIBILITY TO LIGHT, HAZINESS OF LENS AND VITREOUS HUMOUR WITH SEVERE PAIN IN AND AROUND THE EYE.

HEART: PALPITATION OF HEART. ANGUISH ABOUT THE HEART. ENDOCARDITIS *occasionally looming up* WITH GREAT ANXIETY AND WEAKNESS.

NECK AND BACK: *Painful stiffness of neck on moving head.* SENSATION OF CRACKING OR STIFFNESS OF VERTEBRÆ. *Stiffness and weakness of cervical muscles.* WEAKNESS OF CERVICAL MUSCLES WITH HEAVINESS OF HEAD. STITCHES BETWEEN SCAPULÆ AND IN SMALL OF BACK. *Pressure in scapulæ and nape of neck.* TREMBLING IN BACK. PARALYTIC PAIN IN SMALL OF BACK WITH DRAWING ACROSS HIPS. SPASMODIC CONSTRICTION THROUGH WHOLE SPINE. Drawing, cutting, boring pain in back. GREAT SENSITIVENESS OF BACK AND NECK AND SPINOUS PROCESSES. *Pain in lower part of spine. Constant pain in back shooting through body to both sides.*

SUPERIOR EXTREMITIES: STITCHES IN SHOULDER JOINT AND MUSCLES OF UPPER ARM, DURING REST. *Drawing bone pains in shoulder joint and long bones of arm after eating.* SENSATION OF FINE WIRES PULLING AND DOWN ARM AS IF IN MOTION. STITCHES IN UPPER RIGHT ARM. SENSATION AS IF ARMS WERE ASLEEP ALTERNATES WITH SIMILAR SENSATION IN BACK. SENSATION AS IF ARMS WERE ASLEEP WITH LAMENESS *and a crawling feeling.* NUMBNESS AND A PARALYTIC PAIN IN ARMS. *Painful heaviness of arms.* SWOLLEN SENSATION OF HANDS WITH FEELING AS IF FOREARM WERE ASLEEP. NUMBNESS OF HAND ALTERNATES FROM ONE SIDE TO THE OTHER, PRINCIPALLY REMAINS IN RIGHT. HANDS TREMBLE WHILE RAISING THEM. *Paralysis of extensors of hands and fingers.* HANDS FEEL INSENSIBLE.

INFERIOR EXTREMITIES: PARALYSIS OF LOWER LIMBS. PARALYTIC WEAKNESS OF LOWER LIMBS, WITH NUMBNESS, STIFFNESS AND A BRUISED FEELING. PAIN IN THIGHS AS IF BEATEN. DISAGREEABLE PAIN IN KNEES, CANNOT GET INTO EASY POSITION, < BY MOTION. KNEES SINK DOWN FROM PARALYTIC WEAKNESS. *Inflammatory swelling of knee joint with stinging pains.* CRACKING OF JOINTS WHEN MOVING. *Acute articular rheumatism, pain jumping from joint to joint with redness, swelling and stiffness; slightest touch or motion causes pain.* SOLES OF FEET GO TO SLEEP ON SITTING.

EXTREMITIES IN GENERAL: TREMBLING IN ALL THE LIMBS. *Drawing pain in bones* WITH PARALYTIC WEAKNESS. BRUISED PAIN IN BONES. NUMBNESS AND PRICKLING IN ARMS AND LEGS < ON RIGHT SIDE. LIMBS FALL



Only by studying the doctor and noting well all the symptoms.

*Note:* Symptoms common to all doctors such as the *air of self-confidence*, the *scientific approach*, etc., have been purposely omitted as they are of no selective value.

1. The kind of investigation and examination made by the doctor:

- (a) When and how patient was first taken ill?
- (b) What were the first symptoms noted by patient or his family?
- (c) Inquires in detail as to present symptoms, noting particularly what aggravates and ameliorates the patient.
- (d) *Pays especial attention to eliciting any mental symptoms* present in the case. (Highly characteristic but do not confuse with psycho-analyst).
- (e) Very apt to inquire as to any marked desires or aversions in respect to food and drink. Also as to what foods aggravate or ameliorate. (One of the keynote of a homœopathician).
- (f) Informs himself as to the patient's reaction to heat and cold, to motion and rest, to the open air, etc. Whether better or worse after sleep, time of aggravation, etc. (This kind of inquiry is almost pathognomonic of a homœopathist. In fact it is "strange, rare and peculiar" and therefore "characteristic".)

2. Physical Examination:

Sometimes careful, sometimes perfunctory, sometimes obviously of minor importance in the physician's mind to the symptomatic investigation above outlined. (The reverse is often observed—asks no questions, gets busy right away examining, percussing, auscultating, testing—he may be a diagnostician, a surgeon or a specialist but he is no homœopathist.)

3. Laboratory Examinations:

If properly co-ordinated with the symptomatic studies and the physical examination well and good; but if stressed out of all proportion and to the neglect of

the subjective and objective symptoms, our friend has at best but casual interest in the law of similars.

4. The Prescription:

(Affords a good opportunity for differentiation).

- (a) Writes out a regular prescription and says, "Get this filled at any drug store". (He may be a jolly good fellow but the chances of getting the *simillimum* are certainly slim.)
- (b) Leaves a bottle of "horse medicine" and some husky looking tablets that can only be swallowed with the aid of a "chaser". (Suppose he did graduate from one of our homœopathic colleges.)
- (c) Advises immediate operation or perhaps counsels waiting until the acute symptoms subside and then operating. (This man is a surgeon, or at least surgically inclined.)
- (d) Advises a course of serum treatment. (He's got the bug but it's not the homœopathic breed.)
- (e) Asks for two tumblers half full of water. Puts strong looking and strong tasting medicine of different kinds in each and orders them taken in alternation every two hours. (This doctor needs to study homœopathic philosophy.)
- (f) Gives a "sugar powder" dry on the tongue and deftly from another vial makes up some more "sugar powders" to be taken every so often or he may fix up some "water medicine", or may leave a vial of pellets to be taken as ordered.

It would seem that we have found him at last for while we cannot absolutely prove it the evidence is that the doctor believes in the single remedy, the potentized drug, the minimum dose and *Saccharum Lactis* as often as may appear necessary.

Our doctor has taken the case according to the principles long ago laid down by Samuel Hahnemann, and his method of prescribing has not disappointed us. The totality of the symptoms point to his being a Hahnemannian and one well-grounded in homœopathic philosophy.

May success ever crown his efforts.

## POINTERS

Many cases of severe asthma, the results of suppressed gonorrhœa, are speedily cured by *Medorrhinum*, and the symptoms of gonorrhœa brought out. Epithelioma, phthisis, cauliflower excrescences, sterility, and erosions have been traced by me to a sycotic origin; pernicious anæmia often has gonorrhœa as its basis; suppressed gonorrhœa may produce iritis; syphilis produces it without suppression.—KENT.

Sycotic children (so born) when one or both parents have gonorrhœa, have cholera infantum, marasmus and are pining children.—KENT.

*Medorrhinum* and *Thuja* have thick, long hair on the extremities, from the elbows and knees down.

The *Medorrhinum* patient is better near the seashore.

*Kali bromatum* is equally useful in the night terrors of child life and the loss of memory and hesitancy in remembering words, of old people.

Clear, stringy gleet, resembling the seminal fluid, may be cleared up and the patient cured by *Kali hydroiodatum*.

A patient reports a Persian cat greatly benefitted by a dose of *Paris quad.* 30. This was prescribed on the symptoms of diarrhœa coming on in the fall, a soft stool changing in character, but much urging with small results, and at frequent intervals, which had a smell as of putrid fish; a fishy smell about the animal at all times; appetite almost entirely gone, smells of his food but would not touch it, but acted as though it sickened him; having once eaten, however, he became ravenous; kept swallowing as if he had a ball in his throat; exceedingly nervous and appeared to have headache and eye irritation, although not sensitive to light.

Think of *Ruta* for pip or roup in fowls, where there is chokiness and the comb of the fowl turns black, especially if contagious or from impure water.

When a patient complains of a feeling as if the heart were swollen to enormous size, as if the whole chest were distended, and as if the heart suddenly fell into the abdomen, think of *Cenchrus contortrix*. This patient will also complain of a profuse, bland foot-sweat, corns that are troublesome in wet weather, and his hands chap very easily.—H. A. ROBERTS.

## EDITORIAL

A MESSAGE FROM THE PRESIDENT  
"UNITED WE STAND"

The principles of pure homœopathy have been vindicated, but the knowledge and practice of our art have not kept pace with the valid claim. If there be fault, we, as individual proponents, are culpable. The harvest is ripe, so let us take account of our personal assets.

Let us consider our meeting at Cleveland, in June, as having prior claim. Let us both give and receive of inspiration, as we gather about the memorial tables, dedicated by memorials to our gallant pioneers. We cannot afford to miss the scientific meetings and interchange of thought, which give promise of inspiration and help.

We need the united strength of our Association. Our Association needs the support and help of each one of us. Let us assemble with our heart and eyes single only to the consummation and realization of our ideal, as a strong united body of believers in and exponents of Hahnemannian homœopathy. Let us do all in a manner becoming our high calling.

As a personal favor to homœopathy and your president, will you not make every possible endeavor to attend our meeting, take an active part in the scientific and secular proceedings, and make of the year 1931 the best yet? Thus we shall usher in the dawn of the day of better understanding and more harmonious team-work in putting homœopathy, the International Hahnemannian Association, and every believer in Hahnemannian humanitarianism upon the map of life, with the solid rock foundation—*Similia Similibus Curantur*. May we all meet and unite forces at Cleveland, June 21-24, inclusive!—PLUMB BROWN, PRESIDENT.

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It is with a grave sense of loss to the world fraternity of homœopaths that we receive the notice of the death of Sweden's veteran homœopath, Dr. Petrie N. Grouleff. He was Vice-President, for Sweden, of the International Homœopathic League, and

a pure homœopath of the first water, whose abundant and genial personality rejoiced, as did his patients, in the wonders he was able to perform with his beloved *cm potencies* in single dosage. Our lament at the loss to homœopathy and the passing of this international figure is warmly tinged with personal regret which will be shared by all who encountered that robust and brilliant personality whose contagious love of homœopathy we trust has kindled a similar spark in an ample following of Scandinavian disciples.—E. W. H.

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INTERNATIONAL HOMŒOPATHIC LEAGUE MEETING IN GENEVA  
IN AUGUST

We have received, with delight, the distinguished program of the meeting of the International Homœopathic League, which is to be held the second to the fifth of August, 1931, in Geneva, Switzerland.

We wonder how many of our readers are fully cognizant of this most valuable centralizing and vital organization of true homœopathy. Those of our members who had the great privilege of attending the Quinquennial Homœopathic Congress in London in 1928 could not fail to be keenly aware of the importance, dignity, and presage of this organization. Its yearly meetings in a different country each time are attended by many of the most distinguished colleagues of our world-wide homœopathic brotherhood. It forms a unique opportunity for meeting the elite of our profession and for the most stimulating contacts, homœopathically speaking, which we have ever encountered.

The president for this year is Dr. Pierre Schmidt of Geneva, who received his main homœopathic training in the United States at the devoted hands of Dr. A. E. Austin of New York City and Dr. Frederica Gladwin of Philadelphia. Dr. Schmidt and his wife—who is a graduate pharmacist and botanist, a second Mme. Hahnemann in her untiring work for, and deep knowledge of, homœopathy—came to the International Hahnemannian Convention in New York in 1925 and are well remembered by our fellowship. Dr. Schmidt ranks easily as one of the very few leaders of pure homœopathic thought and practice. He is also

one of the editors of *Le Propagateur de l'Homœopathie*. His laboratory includes the latest machine for the making of potencies and his library is one of the rarest homœopathic collections in the world.

The provisional program of the Congress includes an address by Dr. Fergie Woods of London (one of Dr. Kent's students on the Tyler Fellowships; and for many years secretary of the International Homœopathic League); the president's address upon a text from Hahnemann, "When dealing with the sacred art of healing, neglect to learn is crime"; a *History of the I. H. L.* by Dr. George Burford of England; the *Import and Future of the I. H. L.* by Dr. Roy Upham of the U. S. A.; an address on the *Management of the I. H. L.* by one of its recent presidents, Dr. Tuinzing of Holland; and the main oration of the Congress on *Confirmation of Hahnemann's Doctrine in the Treatment of Disease* by Dr. John Weir of London.

The scientific sessions will include papers of an essentially international character on homœopathy—its history, development, advantages, scope, and specialties—such as can be utilized as means of propaganda; papers on the homœopathic pharmacopœia, provings, etc.; and miscellaneous dissertations on materia medica and clinical subjects.

Homœopathic physicians are hereby invited and urged to present papers to President Schmidt before May 31, 1931, each paper to be typewritten, not to exceed ten or twelve pages, and to be accompanied by a summary in at least two other languages (English, French, German, Spanish).

Every homœopathic physician is invited to this International meeting. The official hotel of the Congress is a beautiful but reasonable pension, La Residence, II, Route de Florissant. (We lived there for nine months and have never more greatly enjoyed a hotel.)

Aside from the privilege of meeting the masters of homœopathy and participating in the invaluable scientific sessions, Geneva will be found an enchanting city not only for scenery, climate, quaintness and cleanliness, but also owing to the interests of the League of Nations and to its central position among the beauty spots of Europe.

The International Homœopathic League is our American affair as much as it is Europe's. The interrelationship must be more strongly knit and the International Hahnemannian Association is urged to send official delegates and to strain every point to participate in the success of this great homœopathic occasion.—E. W. H.

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At a recent convention of chemists in Indianapolis, Dr. Oswald D. Avery of the Rockefeller Institute reported that an enzyme had been discovered and developed from the peat and cranberry bogs of New Jersey, which raises the resistance of animals to a marked degree against Type III pneumonia. This was developed in the attempt to raise the resistance against disease, and in the experiments with mice it was found to raise the resistance from 10 to 100 times.

The work of the enzymes is essentially that of a digestive fluid and it is claimed that this substance partially digests the pneumonia germ, leaving it to the body resistance to do the rest. This is interesting, but it is questionable how valuable this discovery might be in the care of sick human beings.

The well equipped homœopathic physician knows well how much benefit the pneumonia patient receives from the well selected remedy, which is a prompt and safe method and one that effects its work, not by the action of the digestive fluids, but following the indications for the application of the proper remedy and affecting primarily the vital energy to the point where it is lifted rapidly, smoothly and gently to a state where the body can resist the onslaught of disease. This method is so far superior to any digestive process that may be devised by the chemist that it seems a waste of time and energy, with the records that we have in pneumonia, for the chemist to conduct so much needless research for chemical substances to use in curing the sick. It is not by crude chemistry that healing may be accomplished, but by setting in motion the rehabilitation of the vital energy by infinitesimal curative measures on the sound basis of symptom similarity, so that the human being may extract from the substances that we eat and drink and breathe the essentials that enable the vital energy to keep the physical body in a condition where it functions normally.—H. A. R.

The question often arises in the minds of all physicians in regard to the question of immunity of individual units and individual families, why it is that of a number of people, all living under exactly the same external conditions, one group will succumb to contagious diseases and infectious diseases and are subject to certain types of chronic diseases, and these families and individuals never have anything in any other phase of disease conditions except according to type. Some have a natural immunity against infectious diseases, or contagious diseases, and some have against contagious diseases at one time and not at another. These are problems which constantly come to the fore and demand solution.

Dr. Ernest Risley Eaton, A. M., M. D., of New York, has written an article on "Chronic Arthritis in its Relation to Allergy and Skin Sensitization." In giving the analysis of this work, Dr. Eaton refers to the causes of chronic arthritis, one cause frequently being exposure to cold; then he asks why, of two persons occupationally exposed, one develops arthritis and the other does not. He also speaks of the effect of the endocrine glands, and asks in his observation, why, of two patients having similar thyroid and ovarian dysfunction, one develops chronic arthritis and the other does not. Again he refers to traumatic effects as a predisposing factor of chronic arthritis, and asks why one person suffering from trauma will develop arthritis and another person suffering from an identical condition will not. The same question is asked of fatigue; again, he speaks of hereditary influences, and asks why one of a family will manifest an arthritic diathesis and another will not.

Speaking of age as a factor, Dr. Eaton asks why all people, as they grow old, do not suffer from arthritis, instead of a limited few. He devotes some space to sepsis and focal infection as a cause of arthritis, and again asks the question, why of two, in similar conditions, one precipitates chronic infection and the other does not. Then Dr. Eaton goes into the allergic group as causes.

It would seem that no better place could be found, nor no better questions could be asked, to bring out the answer show-

ing the cause for these conditions developing in one family or in one person and not in another, than is here presented. We always get an irritating cause for all diseases, but back of the local irritation and local manifestation of all diseases lies the basis of all disease—in a derangement of the vital force that controls the life-giving principles that maintain health; and no local disease is ever manifest until after the vital energy is deranged.

When we, as homœopathic physicians, get this fact thoroughly ingrained into our concept of disease, instead of seeking the local irritation, we will study the individual patient from the miasmatic point of view. This was first pointed out by Hahnemann as being the true source of chronic disease and like so many of his other precepts, it has stood the test of time as no other pathological theory, because this is based on facts. It is only by working with this in mind that we can prevent the local manifestations by curing the man himself. Why it is that homœopathic physicians do not recognize this philosophy of Hahnemann, Bœnninghausen, Hering, the Lippes, Kent, and the other great thinkers and teachers one cannot see; for it is entirely ignored in the modern medical colleges; yet without this concept of disease, we may seek in vain for the cause, nor will we find the key to the cure.—H. A. R.

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#### THE SPECIALIST INFERIOR MEDICALLY

We are abundantly reminded that this is the age of specialism. And may we add—the age of increasing medical ignorance.

The man who, at this age, is mentally unable to grasp the real *raison d'être* of medicine, now enters himself as a specialist. In what? Surely not in medicine. Do any of us know of any drug that affects a single part or organ to the exclusion of all others? Then he who confines himself to a medical specialty on any part of the human anatomy is a man of very limited knowledge of medicine and is therefore not the superior but decidedly the inferior of the general medical man and therefore his services are worth much less. This we have confirmed many, many times.

On the other hand the specialist in surgery, where only true specialism can possibly be admissible, is a man to be sought, for there he can become very proficient in certain operations on certain parts, because he does and can confine his activities to a certain organ, section or location and therefore his skill is greater and consequently worth more than that of the general surgeon. But even he loses his prestige as a specialist as soon as he steps over in to the field of medicine which knows and countenances no special organ or section.—A. PULFORD.

## CARRIWITCHETS

SIT DOWN, DOCTOR, AND WRITE US YOUR ANSWERS TO THESE  
QUESTIONS

3. A child was born during a very severe snowstorm. Her first menstrual period appeared during a violent snowstorm. Since then she always anticipates or delays so as to menstruate during a storm. Is this an aggravation or an amelioration, or what bearing has it on the constitutional remedy?—H. A. ROBERTS.

4. The derangement of the vital force and the symptoms through which they are manifested: are they two different entities such as would permit the existence of one without the other, or what is their relation?

5. How may a physician pursue his investigation of the causes of a disease, especially those which the patient may conceal, either from shame or other motives?

6. Which does the Hahnemannian consider easier to treat, acute disease or chronic disease?—W. R.

An answer to the query of H. C. Roberts, appearing in the March 1931 *Recorder* will be found as an article entitled *Symptoms Characteristic of the Hahnemannian Homœopathist*, in the body of this number of the *Recorder*.

## BOOK REVIEWS.

*Symptoms and Diseases Applied—Differential and Mathematical Diagnosis*, by W. L. Kitchens, M. D., Texarkana, Texas; price \$10.00, net.

In his work with disease the homœopath bases the treatment on the totality of the symptoms, both objective and subjective. In his work of treating diseased conditions the homœopathic physician becomes an expert diagnostician because of his consideration and comprehension of all the detailed symptoms. It has remained for Dr. Kitchens to produce a book on differential diagnosis based fundamentally on the totality of the symptoms, giving marked space for subjective symptoms as well as the objective symptoms.

In Part I of the book we find an index to all subjective sensations, with a number before each symptom which indicates the page in Part II where the diseases having that symptom are named. The objective symptoms are treated in the same way, giving the reference to the page where those objective symptoms may be found, with the corresponding number before each of the diseases having the particular symptom. Then a chart is prepared, giving all of the number of pages where this disease is contained, in parallel columns, and that page and disease which has the greatest number in common refers to the page of the disease in question.

In other words, Dr. Kitchens has adopted the repertorial schema of the homœopath and has applied it to the finding of diagnosis in any given case. It is exceedingly practical, quickly understood by the homœopath and may be very rapidly worked out. We consider Dr. Kitchens has done a remarkable feat on unencroached ground, where it would seem that a true homœopath would have been led long before. While we as homœopathic physicians do not find our remedy by the diagnostic process from the disease point of view, it is most important that the homœopath keep his feet on the ground and know the names of the diseases he is treating, for hygienic and legal requirements.—H. A. R.

March 5, 1931.

To the Editor of *The Homœopathic Recorder*:

It is interesting indeed to me to note what your Editors cover in the way of valuable therapeutic hints and procedures, such as, for example, the wise words of such masters as Bœnninghausen, Kent, Temple, Baglivi, Ellis, *et al.*, whose names appear in the last issue of the *Recorder*. Among those not mentioned in this list is that of D. S. Kistler (*loc. cit.*, p. 88). The wisdom of this writer's words cannot be questioned. What I should like to point out in this connection, is the very probable origin of the idea embodied in the writer's observations as to prognosis, i. e., "whether the patient will remain cured or whether the disease will return like a half-paid creditor at the first opportunity, *viz.*: Symptoms recently developed are first to disappear; other symptoms disappear last." Here we have one of Hahnemann's general observations, a plain, practical rule of immense importance. If I am not very much mistaken this has reference to Hahnemann's three well-known rules to which he it known, Hering added a fourth, the Rule of Sides. But the especial point I desire to make is that the reference to the creditor (disease) originated with Hering, and is to be found in his paper on Hahnemann's *Three Rules* (*Hahn. Monthly*, Vol. I, p. 7), a reference to be found in a brief paper I published in the *Recorder* for April 1929, pp. 239-241 (*vide* Dr. Lyle's *Index to Current Homœopathic Literature*, p. 70).

Dr. Hering further observes, with respect to chronic and lingering cases:

In all chronic and lingering cases, the symptoms appearing last, even though they may appear insignificant, are always the most important in regard to the selection of a drug; the oldest are the least important; all symptoms between have to be arranged according to the order of their appearance. *Only such patients remain well and are really cured as have been rid of their symptoms in the reverse order of their development.*

This wise observation is to be found in Hering's *Analytical Therapeutics*, one volume only of which was completed. These were commonly spoken of among Hering's students as the "youngest symptoms", and the value of such notation in the treatment of chronic cases has been well-proven in practice. Another most important observation (very probably having originated with Lippe) was that an acute cold (manifestly a natural eliminative process) occurring in the course of a chronic disease was a salutary and encouraging sign, that is a sign not only of improvement, but of approaching cure.

Let us endeavor, in our reappraisal of homœopathy, to evaluate properly its fundamentals, and to render just credit, wherever possible, to the originality of the pioneers.—B. C. WOODBURY.

7, Rue Daru Paris (VIIIe)

March 13, 1931.

Dear Dr. Royal:

I regret most sincerely not to have been able in 1929 to furnish you with the detailed and complete information that you required in regard to the position of homœopathy in France. Your letter never reached me which, perhaps, was not surprising in view of the fact that my address was unknown to you and that even now you have been obliged to write to me through the intermediary of Dr. Vannier.

I sincerely trust that you were in no way offended by the conclusions of my report on "Homœopathy in France, July, 1930", as I should be exceedingly

\*The Editors assume no responsibility for opinions expressed in this department.

sorry if that were the case. In point of fact, it was scarcely possible for you to be more fully informed than you were since at that time, homœopathy throughout the world had, and even today has no central organ, such as an office entrusted with the task of collection of all necessary information and statistics. This is an idea that you yourself supported when you proposed the creation of a homœopathic review to be published in several languages, and, according to one of his letters to me, Dr. Hoyle holds the same view. I believe that all French homœopaths are unanimously in agreement with you on this point.

Before your visit, and that of the 500 American homœopathic doctors who were in Europe in 1929, our idea of the position of homœopathy in the United States was indeed only very vague; it is not surprising therefore that the same lack of information should have existed in America.

All my friends, with myself, felt most honored and exceedingly gratified to learn that our chief, Dr. Vannier, had been elected Vice President of the "Hands Across the Sea" Association, and we wish to thank you and your colleagues for this recognition of the great value of one who, with the help of his collaborators, has raised French homœopathy to a degree of prosperity which it has never before attained.

With kindest regards, believe me to be, dear Dr. Royal,  
Yours very sincerely,

DR. FORTIER-BERNOVILLE.

P. S.—If you are in agreement, I should very much like this letter, which is written with a view to rendering justice and homage, to be reproduced in your journal or in other American homœopathic reviews.

\*Also sent to *Mid-West Homœopathic News Journal* and published April, 1931.

\* \* \* \* \*

During the month of March I have received literature from India, from Spain, from Germany, from France, from Mexico and from Brazil telling of the progress of homœopathy in these countries. Never in the history of the American Institute of Homœopathy has such world-wide development in homœopathy taken place. In the United States and Canada interest in our school has been tremendously advanced by the splendid bequest received by the New York Homœopathic Medical College and Flower Hospital. It is gratifying to know that in Dean Claude A. Burrett, Flower Hospital has an administrator who will direct this magnificent fund to the best possible advantage of the community. Not only in New York but throughout other parts of the United States new homœopathic hospitals are being erected and definite progress is being made.

When we remember the circumstances under which the homœopathic physicians of earlier days were forced to continue their work with inadequate hospital facilities and practically no laboratory advantages, we realize something of the tremendous advances that have been made in medicine. With these advantages the older men are expecting much more from the younger generation. As a fairly successful family physician perhaps I might suggest to the recent graduate that, while the laboratory is useful for diagnosis, they will be well advised to make themselves masters of symptomatology. To know the drugs and the symptoms produced on the healthy human body is as important today as it was in the day of Hahnemann.

The Convention of the American Institute of Homœopathy meets this year at the Hotel Statler in Cleveland, June 21st to 25th. The program promises to be of exceptional value. It will be worth traveling far to hear Dr. Linn J. Boyd deliver the Endowment Lecture on June 23rd. There will be other papers and discussions of equal importance. Plan to remain until after the banquet on Thursday night.—A. R. GRIFFITH, *Pres.*

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<i>Remedies Derived from Warm-Blooded Animals and Humans:</i> This article is a category of derivatives of warm-blooded organisms which are used as homœopathic remedies. It includes no indications, however. The list described follows: <i>Albumen ovi; Fibrin; Hæmoglobin; Hamatin; Peptone; Leucin; Neurin; Keratin; Pepsin; Trypsin; Pancreatin; Pankreaden; Adrenalin; Testes siccate; Ovarium siccata; Hypophysis cerebri; Thyroidin; Vulpis hepar; Vulpis pulmo; Vulpis fel; Tauri fel; Natrum choleinicum; Cholesterin; Thyroidin; Urea; Uric acid; Hippuric acid; Xanthin; Bezoaris lapis; Cervus Brasilicus; Ambra grisea; Calculi biliarii; Calculi renales urinæ; Calculi pulmonium; Castoreinum; Mephitis putorius; Moschus; Lac caninum; Lac defloratum; Colostrum; Lacticum acidum; Castor equi; Hippomanes; Pyrogenium; Pyrocarbonum; Oleum animale ætherium; Carbo animalis; Carbo carnis; Ovum, membrana ovi; Festa ovorum; Guano australis.</i> —E. W. H.	

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<i>The Radish as Diet and Remedy:</i> The radish is found to be one of the best substances with which to combat uric acid and is helpful towards the prevention and even the cure of rheumatism, gout, gall, kidney and bladder conditions, and metabolic diseases in general. It has been found useful in cases of ischias. Also in certain chronic bronchial and intestinal catarrhs, long lasting whooping-cough, and certain cases of cholera.—E. W. H.	



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<i>The Wisdom of Life for Doctors</i> : Consists of three pages of quotations from such sources as Hippocrates, Homer, Kant, Goethe, Luther, Bacon and Latin classics on doctors.—E. W. H.	

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## The Fifty-Second Annual Meeting of the I. H. A.

will be held at

Hotel Statler, Cleveland, Ohio, U. S. A.

June 21-24, 1931

## PROGRAM

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CHARLES A. DIXON, M. D., *Chairman*

The Relation of Acute Disease to the Chronic Miasm,  
H. A. ROBERTS, M. D., Derby, Conn.

Hahnemann's Theory of Mental Symptoms and Modern  
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C. A. BALDWIN, M. D., Peru, Indiana

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The Homœopathic Philosophy of Cancer Cause,  
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Symptom Values,  
RAY W. SPALDING, M. D., Boston, Mass.

The Management of the Chronic Case and the Removal of  
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EUGENE UNDERHILL, JR., M. D., Philadelphia, Pa.

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JULIA M. GREEN, M. D., *Chairman*

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-MARGARET BURGESS-WEBSTER, M. D., Philadelphia, Pa.

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MARTHA I. BOGER-SHATTUCK, M. D., Portsmouth, N. H.

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H. A. NEISWANDER, M. D., Pandora, Ohio

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BUREAU OF CLINICAL MEDICINE

ELIZABETH WRIGHT HUBBARD, M. D., *Chairman*

Asthma and Its Homœopathic Treatment,

EUGENE UNDERHILL, JR., M. D., Philadelphia, Pa.

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ALFRED PULFORD, M. D., Toledo, Ohio

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

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DAYTON T. PULFORD, M. D., Toledo, Ohio

Medical Treatment of Goitre,

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The Value and Relation of Diet to Our Homœopathic Remedies,

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Eczema—and Some Other Clinical Cases,

RAY W. SPALDING, M. D., Dedham, Mass.

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## PHYSICS OF HIGH DILUTIONS

GUY BECKLEY STEARNS, M. D.

FOR

THE FOUNDATION FOR HOMŒOPATHIC RESEARCH

Scientific knowledge of the ultimate nature of matter is purely conceptual. High dilutions, which term refers here to homœopathic high potencies above the 200th (100/200), probably represent one of the manifestations of matter in its ultimate form and they offer an unique and possibly the most direct means of investigating the ultimate. Probably the physical laws governing high dilutions differ from those which govern crude solutions as much as the laws governing high-frequency electricity differ from those governing low-voltage direct currents. Since the laws governing them are not known, a discussion of the physics of high dilutions must be merely suggestive. On the other hand, concepts of the ultimate of matter which are arrived at by other methods can be questioned, unless confirmed by the facts related to high dilutions.

## CONCEPTS OF PRIME MATTER

Mankind has always wondered about the nature of prime matter. There have always been philosophers who were keen observers with great intuitive insight. There were the earlier myths of two or three thousand years ago in which prime matter was thought to be a solution from which the earth crystallized out. There was the concept of Democritus over 400 years B. C., wherein matter consisted of discrete atoms with empty space between. Aristotle did not accept this, so for many hundred years prime matter was classified under four heads—Earth, Air,

Fire and Water—with water as the most important element, because it was thought that it could be transmuted into all of the others. The Atomic Theory was again revived about 300 years ago. The discovery that there are many simple elements followed, and the relationship between them was formulated into laws until the simple liquid of the Ancients, and the four basic elements of the Greeks had expanded into the 92 elements which we know today. Until the discovery of Radium, the atom was conceived to be the smallest particle of matter, but during the last 30 odd years there has developed the present concept: that matter consists of electrons and protons. All electrons are conceived to be alike, the different elements being made up of different numbers of electrons revolving in planetary orbits around a central nucleus. Today we are guessing as to the ultimate nature of electrons and protons, just as humanity, from time immemorial, has been guessing as to the nature of things.

By some, the electron is conceived to be a particle, whilst others believe it to be so much energy in the form of an electric charge. Lately, the electron has been shown to have not only the characteristics of a material particle but also the characteristics of a wave. This paradoxical structure does not fit into anything with which the human mind has had experience. Another paradoxical fact has to do with the orbit which an electron occupies in an atom. For each kind of atom there is not only a definite limit to the number of possible orbits but there is a definite and uniform distance between all possible successive orbits. The paradox lies in the fact that an electron can jump from one orbit to another, and does so, in no time at all, without occupying any space between the orbits. For the reason that we cannot know the true nature of these so-called ultimate particles, our conceptions of electrons are necessarily only symbols for the entities which they represent. Even less is known concerning the nucleus of the atom. It is known to be much smaller and much heavier than the electron and the distance between the nucleus and the revolving electrons of the atom is relatively as great as the distance between the sun and its planets. Thus the mass of an atom is mostly empty space. Regardless of its ultimate characteristics,

in everyday life matter has very real qualities and states which are obvious to our senses.

#### STATES OF MATTER

In the Earth, there are three common states of matter—solid, liquid and gaseous. Temperature and pressure determine the state in which matter shall be. Water is the one substance which appears in all three states at the pressure and temperature normal to the surface of our earth. Boiling water can be subjected to a pressure which changes it to the solid state and this is just as much ice as the solid water in our refrigerator is ice, and an egg encased in this hot ice would be cooked just the same as though it were in water in the liquid form at the same temperature. If the pressure of water be reduced sufficiently, such as it may be on the top of a high mountain, water boils and enters into the gaseous state at too low a temperature to coagulate an egg. Because the earth's surface is solid, matter in the solid state is apt to be accepted as its most usual form. As a matter of fact, the gaseous state is the most usual state of matter throughout the whole universe and matter in the solid state is one of the rarest. The billions of stars, including our own sun, are composed of the same elementary substances as the earth, only in the form of gas. However, star-gas and earth-gas have markedly different characteristics. When we think of a gas, we think of something tenuous, with a consistency something like that of our atmosphere. Really, the density of gas varies with the conditions under which it happens to be. Some of the stars have the mean density of the atmosphere in which we live, while others have a density equal to or greater than that of platinum and yet are supposed to be gaseous. This last puzzling fact is explainable by the conditions within the stars. The difference between a gas and a liquid or a solid has to do with the closeness with which the atoms are crowded together. In order to be a gas, there must be room for the atoms to move freely about. On this earth, when a gas is sufficiently compressed to impede the freedom of motion of the atom, matter assumes a liquid form and when the molecules are crowded closely enough together to stop the motion of the individual molecules, matter assumes the solid state.



When matter is subjected to pressure it becomes heated; the greater the pressure, the greater the degree of heat. When compared with the earth, the mass of a star is enormous. This means that the gravitational pull toward the centre of a star is proportionately enormous and the pressure within the star becomes so great as to cause a temperature of millions of degrees. This great temperature is accompanied by an enormous expenditure of radiant energy which in turn prevents the electrons from remaining in their orbits around the protons. Since nearly all of the bulk of an atom is empty space, only a minute fraction of an atom is occupied by the nucleus. When most of the electrons are stripped off, the small emasculated atoms can be crowded into very much smaller space and still have the freedom of movement which is necessary for the gaseous state. It is computed that, if all the atoms comprising the earth were stripped of all their electrons and the nuclei were crowded together, they would occupy a space only the size of an orange. Atoms which have lost part of their electrons are known as ions. The whole of the sun is composed of three states of matter: ionized atoms in the form of gas, free electrons and radiant energy. It sounds strange to speak of radiant energy as matter but modern physicists conceive matter and energy to be manifestations of the same thing. Whatever form matter assumed before it began to condense into star-form, when it does so condense the great heat caused by condensation transforms a part of the star-material into radiant energy. During every second of time, the sun is radiating away four million tons of its substance. The earth receives the minute fraction of one hundred and sixty tons a day of this energy, in the form of radiant energy. This is partially represented by the light and heat which we receive from the sun. All forms of life, all rain, all winds, in fact all the conditions necessary for life are dependent on the radiant energy coming from the sun.

It is generally accepted that the matter which is constantly radiating away from the sun and the stars is lost forever and that it is only a question of time when the whole universe will have run down and become dead. Milliken thinks differently be-

cause of the following fact. A form of radiant energy having a much shorter wave-length than the radiant energy coming from the sun reaches the earth. Milliken has investigated this and finds that it comes from the far reaches of interstellar space. He believes that the radiant energy resulting from the annihilation of star-matter recombines into matter somewhere in space and that the cosmic rays are the result of this rebirth.

The foregoing brief resumé of the various states assumed by matter, together with some of the successive concepts of the essence of matter, shows how inadequate are our senses to reveal any of its ultimate qualities or even to make contact with many of its protean forms. Each concept has been related only to the imperfect knowledge of its day and new knowledge has necessitated each successive concept.

Although the materials of the earth and its atmosphere are basically the same as those in the sun and stars, they are on the earth in a much more complex state. The mass of the earth is such that the internal heat resulting from its gravitational pressure is low enough to allow the atoms to draw to themselves their full complements of electrons and to retain them in their orbits. The heavy elements condense to the liquid or solid form, while the lighter ones remain as gas. The atoms of most elements have, in their outer orbit, either too many or too few negatively charged electrons to neutralize the positive charge of the nucleus. The elements with a deficiency of electrons seek those with a corresponding excess and join with them, thus forming the various chemical compounds which compose the earth. A few elements, such as helium, have just the right number of electrons to satisfy the proton, so they are inert, because they can never form compounds with other elements. The heavier material goes to the centre of the earth and the lighter floats on the surface as slag floats on molten metal. In fact, nearly all of the land above water is slag. The gases form a layer outside of all the rest. Because of the great affinity between oxygen and hydrogen, these two elements unite as water when the temperature becomes low enough and this later condenses and runs into all the depressions of the outer crust. It is only when matter assumes the liquid state that solutions can occur.

## SOLUTIONS

Scientists are not agreed as to whether a solution is the result of a chemical or of a physical process. For the purpose of discussion of high dilutions, this problem has no significance. It is enough to say that substances having a certain kind of affinity for each other can enter into a solution.

When a solution consists of a solid dissolved in a liquid, the liquid is called the solvent and that which is dissolved is called the solute. Only a certain amount of the solid can be dissolved by a given amount of the liquid and when all that the liquid can hold has been dissolved, the solution is said to be saturated. Certain liquids, such as alcohol and water, can come into a solution with each other in any proportions. Heat will hasten solution and increase solubility. For the sake of clarity in this discussion, consider temperature, pressure or other factors (except the one under discussion) to be standard.

Everybody is familiar with water and with ordinary salt and, as water is one of the most common of solvents, and as, between water and salt, there is a marked attraction, a solution combining the two can represent the principles of solution in general.

There exists between substances in solution and gases a far-reaching analogy. Between the molecules of gas there exists a mutual repulsion which keeps them constantly in motion and uniformly dispersed throughout the volume of a containing vessel. The molecules of a substance in solution are also dispersed uniformly throughout the solvent, although the mechanism of their diffusion is different. There is an inherent expansive force within the gas which causes it to expand but, between water and salt, there is a mutual attraction stronger than the cohesive attraction of salt for itself. The result of this attraction is that the salt is dispersed through the water exactly as if there were, within it, an inherent dispersive force.

Another analogy between a gas and a solution has to do with the mathematical laws regarding density and pressure. To wit, the density of a gas at a given temperature is in direct proportion to its pressure and the density of a solution is in direct proportion to its osmotic pressure.

## DILUTIONS

A dilution is made by adding more water to a saturated solution. Although the amount of salt that can be dissolved in a given body of water is limited by the saturation-point, the proportion of water, that can be used to dilute a saturated solution is unlimited.

The homœopathic method of making a dilution by the centesimal scale is to dilute one part of a saturated solution with 99 parts of water. This is agitated and succussed which quickly brings about complete dispersion. The second dilution is made by adding to one part of the first dilution 99 parts of water and this is vigorously shaken. Each succeeding dilution is made from the previous one in the same way.

Going back to our analogy between gases and solutions, if we assume the expansion-force inherent in a gas to be 10 units, 10 units will represent the force which the gas exerts against the walls of its container. If we assume in a standard dilution of salt and water that the cohesive attraction in a salt crystal is 5 units and the mutual attraction between the salt and water is 10 units, the result in expansive force exerted by the water on the salt will be the difference between the two, that is, 5 units.

Now let us take two vessels, one containing gas and the other containing a saturated salt-solution. If a suction-pump be applied to the opening of the vessel which contains gas and 99% of the gas be withdrawn, there will be brought about a negative pressure in the vessel which is known as a vacuum. In a vacuum, the molecules of gas, which remain in the vessel move with greater freedom and increased speed and the space within the vessel has different properties as regards electric currents, etc., than it had when the gas was at its original pressure. If, to the vessel containing the saturated salt solution, enough water be added to dilute it 100 times, in such dilution there remains only one one-hundredth the amount of salt necessary to satisfy the attraction which the water has for the salt, and we have, between the salt and the water, a state analogous to that between the suction-pump and the gas within its containing vessel. The pump

causes a vacuum within a group of gas-molecules, while the water causes a vacuum within a group of salt-molecules.

In the salt-solution, that which, at the saturation-point, was a mutually satisfied attraction between salt and water, becomes a 100 to 1 leverage of expansion exerted by the water on the salt, and each succeeding dilution increases by 100 this leverage over the preceding one. Whereas there is a limit to the degree of vacuum which can be produced, the analogous state in a dilution can be carried up to any desired degree.

The question is at what dilution does it become impossible for us to demonstrate effects attributable to salt? By spectroscopic and other physical means, the limit is somewhere around the 13th dilution.

The experiences of thousands of homœopathic physicians with high dilutions during the last hundred years, both in provings and in clinical prescribing, do not indicate any limit to the degree of dilution which remains effectual. This experience is based on reactions occurring in individuals who were especially sensitive to the drugs being used. Since no two living beings in the whole world are exactly alike, it is evident that a person used as a re-agent in an experiment is necessarily a variable quantity. However, drug-provings reveal that there are type-groups which show similar susceptibilities to a given drug and, if experimental or clinical results have any scientific value, results based on special sensitiveness should be more valuable than those obtained from heterogeneous groups, many individuals of which yield symptoms only when forced by heavy dosage.

Psychic factors enter into experiments involving the human re-agent. To eliminate these, the Foundation for Homœopathic Research conducted a set of experiments with high potencies; one on guinea-pigs and another on fruit-flies, which have been reported at previous times.

The guinea-pig experiments were continued over a period of two years, the animals being dosed with ordinary salt in potencies of from the 30th to the 2000th. Altogether, 212 animals were used and the experiments were under strict control. The experiments were begun with animals about two-thirds grown. There were definite general effects, the most marked being a slowing

of the rate of growth, a lessening of the frequency of birth, and the final abolition of virility. All this resulted in a progressive slowing of the normal increase in numbers of the proving-group until there was no longer an increase, and then a gradual decimation until there remained only a fraction as many as there were in the original groups, in contradistinction to the steady geometrical increase among the animals of the control-groups.

The fruit-fly experiments were conducted by Dr. Mary Stark. There is a strain of fruit-fly (known as *Drosophila Melanogaster lethal No. 7*), the members of which are hereditarily affected by tumour-growths. The tumours occur in one-half of the males, making their appearance in the larval stage and killing the larvæ before they emerge into the following state. These growths have the characteristics of cancer.

Various colonies of these flies were dosed by Dr. Stark with *Arsenic* in the 30th and 200th potencies and other colonies were dosed with the 30th and 200th potencies made from a triturate of the tumours themselves. Both the 30th and 200th potencies of *Arsenic* freed certain colonies of their hereditary manifestations. Potencies of fly-tumours did the same, only not in as many instances.

Whilst studying in Germany, Dr. W. J. S. Powers—one of our own I. H. A. members—interviewed many research men of that country. One experimenter was able to demonstrate material substance in dilutions of colloids as high as the 30th and concluded that not enough is known about high dilutions to fix any limit. Dr. Powers interviewed one of the research-workers in the Eppendorf Hospital in Hamburg. This man was experimenting with the effects of the tissue-salts on paramecium. On these animalculæ, he was able to cause effects with succeeding dilutions up to the 12th, above which point they ceased to occur. After repeating the experiment many times, he one day decided to carry the dilutions a few points higher and was astonished to find that effects appeared again at the 17th dilution and that they continued to occur with each succeeding dilution until he reached somewhere above the 30th, without reaching the limit. But he was working alone and the amount of labor involved in

sterilizing receptacles, etc., compelled him to stop while results were still being obtained.

Another approach to the problem of high dilution is furnished by phenomena first discovered by George Starr White of Los Angeles, who claims that, in his boyhood, he observed that carrier-pigeons seem to possess a sense of orientation which enables them to find their way through the air at night. Later, after years of experimenting, he found that a change from facing East-West to a position facing North-South causes a change in the human body and that this alteration in the body can be demonstrated by the alteration in pitch of the sound produced by percussion upon certain parts of the body. Also he noted that the same phenomena occur when drugs and other substances are placed in a metal container and the container and the human body are connected by a length of wire.

Abrams, of San Francisco, learned of these facts through White, and found that he could modify the effects by introducing resistance-coils between the person and the substance which caused the effect, and that the effects occurred in different areas of the body when different resistance-coils were introduced. He also claimed that high dilutions of drugs would cause the effects. He experimented with blood and disease products, and developed a diagnostic system and nomenclature which received a type of publicity that aroused so much opposition from the conservative part of the medical profession, that attention was diverted from the basic discoveries, and, in fact, led to the rejection of his claim that the basic findings were valid.

Around 1920, W. E. Boyd of Glasgow who, under the auspices of the Beit Foundation, was doing research in connection with the nature of the activity in a high dilution, read of Abrams's claims. He obtained Abrams's diagnostic coils and observed results which convinced him that Abrams was dealing with realities. In 1922, the International Hahnemannian Association, without knowing of Boyd's work, appointed a committee to investigate Abrams's claims and this committee arrived at the same conclusion that Boyd reached. Both Boyd and the workers of the I. H. A. committee had difficulty in duplicating experiments with the coils which Abrams had devised. After a

time, the I. H. A. investigators dropped the use of Abrams's or any other apparatus and continued to experiment with the basic phenomena. Abrams's apparatus was constructed of a series of coils wound for resistance. Boyd, over a period of years, devised an apparatus having a combination of inductance and capacity, which was introduced into the circuit between the subject and the specimen with which he was working. He then introduced elaborate screening and developed a technique which enabled him to control his findings.

Members of the British Air Ministry became interested in certain of Abrams's claims but failed to find satisfactory substantiating evidence until they came upon Boyd's work. A committee, composed of the members of the Physical Research Department of the War Office, a medical adviser to the Director of Civil Aviation, the head of the Wireless Research Air Ministry, and a member of the Physical Department of the Air Ministry, with Sir Thomas Horder, M. D., chairman, entered into an investigation of Boyd's experiments which they continued for more than a year.

The final crucial tests were repeated at two different dates. In one of these tests, two vials were used, exteriorly identical; one containing granules of sugar impregnated with a drop of the ten-thousandth centesimal dilution of *Sulphur*, and the other containing an equal amount of plain sugar granules. Under strict control, Boyd was able to distinguish between the two vials with a degree of probability of thirty-three million to one in favour of the physical reality of the phenomena.

This test is mentioned here because of other less competent investigations in which there was failure to obtain evidence convincing to the investigators.

The following two quotations from the committee's final report sum up the fact-finding element of their investigation:

"Certain important experiments were carried out in which homœopathic drugs happened to be used as test-substances."

"Certain substances, when placed in proper relation to the emanometer of Boyd, produced, beyond any reasonable doubt, changes in the abdominal wall of the subject, of a kind which may be detected by percussion."

In the meantime, the I. H. A. Committee had continued its investigations until the Foundation for Homœopathic Research took it over. The Foundation's research has been directed to the relationship of the basic phenomena to potentized homœopathic drugs. Twelve different types of reactions have been confirmed as resulting from the presence of a drug (crude or in high potency) which in a corked vial is brought within a certain distance of an individual. These will be published at another time. Only the report of the Horder Committee will be taken as evidence in this discussion.

#### THE SIGNIFICANCE OF THE EVIDENCE

The experience of provers and of homœopathic physicians, the experiments with guinea-pigs and fruit-flies, the experiment with colloids, the experiments investigated by the Horder Committee and those of the I. H. A. Committee and of the Foundation for Homœopathic Research, and the experiments with paramecium and with tissue-salts, all indicate that certain attributes of drugs remain as a persistent reality in very high dilutions.

But a concept of the electron as being a discrete particle does not admit of this reality.

Our resumé of the successive concepts of the essence of matter shows how the inadequacy of each concept to explain advancing knowledge has led to the adoption of each new one. At no time in history have there been so many new discoveries to disturb old concepts. New concepts are superseding old ones so rapidly that a recent editorial was facetiously given the title *This Month's Atom*. In one of the most recent concepts of the atom it is described as an unimaginable structure consisting of a continuous though not a homogeneous medium capable of natural vibrations, these vibrations taking place in a space of more than three dimensions. If this atom be accepted, we can get somewhere with our abstract study of high dilutions, because, as this structure is a continuum, it can be conceived to have the possibility of indefinite expansion.

#### ENERGY AND MATTER

The next problem is to find in a grain of salt, a reservoir of energy sufficient to be manifested when the salt has been diluted to the point where it was used in the experiments noted above.

Physics has already indicated an enormous amount of energy locked in an atom in the form of balanced positive and negative forces.

Sir Oliver Lodge estimates that, in a cubic centimetre of matter, there is sufficient energy (if it could be released) to run a forty-million horse-power electric generator for forty million years, day and night, without stopping. Dr. Irving Langmuir in a recent address remarked that, if the negatively charged electrons were not balanced by the positive protons, there would be, in one drop of water, energy as explosive as a million tons of dynamite. We are thus, in our solution of salt and water, dealing with two kinds of unimaginable amounts of energy, one composing water and the other composing salt. By adding more water to a saturated solution of salt in water, we construct a peculiar kind of lever. Every kitchen has a fork with a bent tine which has been used as a lever to remove corks from bottles, but the lever which we have constructed, when making a high dilution, consists of pure force represented by an enormous number of units, the leverage of which can be increased geometrically in successive steps so as to overcome and expand in all directions an opposing force which is also represented by a great number of units. We can imagine how, with each succeeding dilution, that energy which we know as salt is relentlessly put under enormous tension, expanding uniformly in all directions, its inherent energy constantly resisting the outside pull, like a coiled spring which, the farther it is stretched, the harder it tries to return to its original form; only, in our dilution, we are dealing with an entity which can be infinitely stretched but never pulled apart.

Let us compare the process of dilution with the process of ionization within a star. In the center of the sun, gravitational pressure causes a temperature of as much as forty million degrees. The energy of this great heat tears electrons completely away from the atoms, leaving the nuclei more or less bare, and transforms a small fraction of the atom into radiant energy. This temperature cannot be duplicated on earth. However, energy is transmutable into many forms. If forty million degrees of heat-

energy were transmuted into mechanical energy, the effect on an atom would be just as great but not necessarily of the same nature.

The expansive force of successive dilutions is energy in a cold form but it can be compared to the energy of the highest imaginable degrees of temperature. However, a temperature of millions of degrees will destroy the salt-molecule itself, not only by breaking up the combination between sodium and chlorine but also by mutilating the sodium and chlorine atoms themselves. The nature of the energy of dilution being similar to the nature of the energy against which it is exerted does not destroy the inherent nature of the salt.

Possibly a high dilution represents a state of matter which is not duplicated in the natural processes of any part of the universe. The fact that high dilutions cause characteristic reflexes in the human body when in contact with it suggests a state of matter similar to radiant energy.

The fact that wire coils of different sizes modify the effects suggests that the energy in high dilutions has an undulatory quality of different frequencies. Present-day science, however, does not give us definite knowledge as to its nature.

Of the inherent nature of salt itself, is nothing known which gives light on the subject? What makes salt that which it is? It is in the nature of sodium and chlorine to unite under certain conditions, the union resulting in salt, a substance which has a nature essentially its own, and the only thing that will change that nature is something which will destroy the combination itself. It has certain characteristics which, combined, do not belong to any other substance. It crystallizes in a certain angular pattern and no amount of outside force can alter that pattern. Its taste, its appearance, its chemical and all other characteristics are those of salt and nothing else. It is an entity which, from the beginning, existed as a possibility and it manifests itself as salt when physical conditions are right. It has a potentiality which can be defined as "the determination to be," and this term can be used as a first name for every possible or actual substance in the universe. This term implies individuality, almost personality—but it neither explains nor offers any but a meta-

physical concept—and this is not science. A study of the mechanisms through which high dilutions manifest themselves may give a hint about the ultimate nature of our potencies. Thus far, living things have been the best medium for registering very high dilutions. Maybe this is because of a unique quality of the element carbon. Carbon is one of the chemical elements always present in every molecule of living substance. Without it, life, as we know it, could not exist on this earth. All elements except carbon unite chemically in more or less stable combinations, containing only a small number of atoms—e. g., one atom of sodium unites with one atom of chlorine to form salt. Life could not exist if all chemical combinations were as stable and as simple as this. The carbon atom, with six electrons surrounding its nucleus has, among all the elements, the unique quality of combining with other elements in large, unstable molecules. The more important elements which compose molecules of living structures are hydrogen, nitrogen and oxygen in conjunction with carbon. Hydrogen, nitrogen and oxygen among themselves do not form molecules of more than four atoms, but with carbon they form molecules containing from hundreds to tens of thousands of atoms. Such chemical structures are exquisitely labile, and the thousands of different combinations in a living body, all working together as a unit, constitute a machine so delicately balanced chemically and mechanically as to respond to influences which have neither weight nor substance.

Back of all vital phenomena is life itself. Mind, thoughts, emotions, likes and dislikes, the indefinable something for which the words "spirit" and "soul" are used are associated with life. None of these entities, all of which represent energy, are included in physical science. It may be that the energy in high dilutions must be investigated along other than physical lines or perhaps a new branch of physical science will have to be established.

In physical science, there is a term known as a "field;" for example, if an electrical current pass along a wire, the space surrounding the wire is filled with an electrical field. There is an electrical field associated with atoms. For the study of our present subject, we may be obliged to conceive of another field which

we can call "the field of possible things". Such a field actually exists, and there are men whose minds work in the field of possible things. Such a man is Einstein, whose mind grasps abstract mathematical principles and he evolves in his mind formulæ to fit possible conditions; he tests the formulæ in connection with known conditions and, if they are consistent with each other, he continues along the same line and takes further steps in the same direction. This was his method of developing the idea of relativity. Steinmetz, the magician of the General Electric Company, was a great thinker of the same order. Most electrical discoveries have been made through observation of simple facts and the step by step elaboration of apparatus through experimenting. Steinmetz went into the realm of possibilities with his formulæ and worked out, from pure abstractions, principles which could be applied practically. It is probable that the discovery of the nature of the physics of high dilutions will come through the intuition of some genius working in the field of possibilities.

NEW YORK, N. Y.

#### DISCUSSION

DR. A. PULFORD: I have been very much interested in this paper, and especially about the high dilution. I think that we homœopaths mistake the drug envelope for the drug. Every drug contains within itself a fixed power that never changes. If you dilute your remedy the ultimate resultant symptoms will be absolutely the same. When you have removed the envelope you have gone as far as physical power can go. When life leaves the body nothing will act on that body. The something which acts upon that body, which animates it, cannot be physical. When you reach this point you will find that the power cannot be measured. No amount of physical instrumentation will ever determine it. When you combine one power with another, for example when you combine your lime with sulphur, you get an entirely different result. In my opinion we are taking the drug envelope for the drug.

Take *Belladonna*, for instance. Dry *Belladonna* and it becomes practically inert. What has disappeared? The power that that drug envelope contained has disappeared and you get practically no action from your drug.

I think we are wasting much time trying to demonstrate this thing physically. It can't be done. No microscope, no instrument will ever be devised or developed which will demonstrate the point at which the drug disappears as such, the point at which it becomes inactive.

DR. I. FARR: I have enjoyed this paper because it is taking our homœopathic remedy and applying it along the line of scientific medicine, so-called. We have been criticized as homœopaths because we get away from the crude drug strength. The following illustration has many times been cited: One could put a drop of a drug in the Mississippi river and have a potentized medicine at New Orleans.

It seems to me in Dr. Stearns' paper we have a basis for believing in

homœopathic dilutions. We have one in our own ranks who has, from the scientific standpoint, suggested the difference between a crude drug and a dilution or a potency. This should help to put homœopathy before the world on something more than purely a philosophical basis.

There is no question but that philosophy is perhaps the keynote to successful homœopathic prescribing. It was the basis of Hahnemann's work. Hahnemann was a chemist with a philosophical mind. He has given in the *Organon* and his other work practical demonstrations of what can be done with a remedy when we get away from the crude strength of it. Now if we can demonstrate through physics what a dilution is, what power, not found in the crude drug, it has acquired, it seems to me that we will be making progress.

DR. G. ROYAL: Mr. President, I want to say just a few words about this paper. I do not know anything about what Guy is talking about but I do know that he knows what he is talking about. Such a paper and the influence of such a man as Guy Stearns is of great benefit for the homœopathic profession.

Years ago Abrams had an instrument with which he made certain diagnoses. He selected remedies according to the diagnoses which he made. I have a good friend, in Newton, in Kansas, who has an instrument by which he can make his diagnosis, select his remedy, and tell the effect of the potency. William E. Boyd has an instrument which works in a similar manner. I don't believe that Abrams, or Guy, or anyone else, ever claimed that his process was an absolutely scientific one. "Scientific" is a word that we apply to everything. But "science" has a meaning and I claim for science this: That the proving of our drugs and verification of our drug provings is just as scientific as anything the old school claim they ever did.

DR. C. M. BOGER: Mr. Chairman, Dr. Stearns' paper is very, very interesting. There is one point in the paper which he hasn't brought out as fully as he might have, but the germ of it is there.

As I have so often insisted before, the action of a homœopathic potency is a conversion of energy. When we go into chemistry what do we find? We cannot have chemical reactions without the presence of some other chemical, the actual presence of it, not in solution. In making a chemical combination of this kind we do not have to have the third chemical in the solution, just the radiation of it from the outside. Otherwise the chemical reaction cannot take place although the mixture has already been made. In other words, this radiation helps to produce a certain chemical reaction, a conversion of energy. We can't have a chemical reaction without conversion of energy. In order to make a cure we must have a conversion of energy. I believe that the best definition of potency we have so far—it is not a perfect one—is that the potency is a chemical converter, acting as chemical radiation does.

DR. DAYTON PULFORD: Having gotten through physics by the skin of my teeth, I can't discuss Dr. Stearns' paper from an academic standpoint but I would like to suggest that we appoint him as an ambassador to attend the A. I. H. conference, at which Dr. Farrington is going to present a thesis on the subject, *High Potencies Do Not Act*.

DR. W. J. S. POWERS: Dr. Stearns has spoken of solutions and Dr. Boger has spoken of potencies. I should like to know if there is any difference between a solution and a potency?

DR. W. W. WILSON: What do you think?

DR. W. J. S. POWERS: I think, as a good believer in Hahnemann, that a potency is not a solution.

DR. W. W. WILSON: It isn't.

DR. W. J. S. POWERS: And when we talk of a high solution we are not talking of a high potency. I have been trying to crack the nut, because I had



this experience in Germany: I went into a pharmacist's and asked him to give me a thirtieth potency. He took a sixth decimal potency and added alcohol to it as a solution. Did I get a thirtieth potency or not?

I think that we ought to be careful to differentiate between the potency and the solution. This pharmacist wasn't really giving me a thirtieth potency.

DR. C. B. STEARNS: You asked for a dilution?

DR. W. J. S. POWERS: No, I asked for a potency and he gave me a dilution.

DR. J. HUTCHINSON: He gave you the sixth potency.

DR. W. J. S. POWERS: Yes, but don't you see that there is a distinction between a solution and a potency in Dr. Stearns' problem? Are we going to get that radiation from a solution and not from a potency? I mean, doesn't it make a difference whether we have a potency or a solution in whether we get a reaction?

DR. G. ROYAL: I should like to ask a question: Don't you get a thirtieth potency from a trituration as well as from a solution?

DR. W. J. S. POWERS: Yes, but that is not a solution. That is a potency. When you pour a thing in that way (demonstrating) you are not potentizing it.

DR. G. ROYAL: Of course not. Then another thing I would like to ask—I don't know much about that—when you liberate an electron can't you do it by trituration or succussion?

DR. W. J. S. POWERS: It will take a better man than I am to answer that.

DR. C. M. BOGER: There is some reason to think that all substances become radioactive when highly enough potentized. If it is true doesn't it answer Dr. Powers' question?

DR. C. L. OLDS: Mr. Chairman, it seems to me that the matter of potency has nothing whatever to do with chemistry, but has to do with physics entirely. It is a matter of motion and that of course would come under physics.

In regard to this question that has been raised as to the difference or the similarity or the sameness of potencies and dilutions, you will remember that last year I read a very short paper giving some experiments in making potencies without dilution, after a certain point. With a modification of the Abrams machine I showed that they were potencies, the same as potencies ordinarily made. I have used quite a number of potencies made in that way and they seem to react quite differently from a dilution. I can't say that they act the same as the hand-made or the fluction potencies but there certainly is a very great difference between their action and the action of a mere dilution.

DR. A. PULFORD: Mr. Chairman, I think there is quite some misunderstanding about potentization, and I think the term is a misnomer. Your potentization does not add power. Neither does it detract. It simply regulates the amount of that power. It doesn't change it in anyway as far as the ultimate symptomatic result is concerned. We merely regulate the dose. When it is properly understood I think that there will be less misunderstanding because when you talk about dilution you suggest subdivision and potentization has no relation whatever to subdivision. We are discussing two things which do not concern each other. In potentizing you are subdividing power and using a more direct dose by freeing that power from its confines. Take a dose of *Silicea*, for instance, and give it in its crude form. It is inactive. *Silicea* contains a wonderful power, and the more you dilute that envelope, or thin it down, so that the power can escape, the more active it becomes. The power is the same. It doesn't change at all. Potentization has no place in our work in any way, shape, or form that I can see.

DR. H. B. BAKER: Some years ago, Dr. W. E. Boyd and Dr. McCrae in London carried on a good many experiments, very careful experiments, with remedies, by use of the emanometer, and I think I am correct in saying that

they found they could take one dilution and register a certain reaction. Then, if they succeeded that once, they registered a different reaction, which changed every time up to twelve succussions. After that the reaction remained constant. Isn't that correct?

DR. G. B. STEARNS: That is right.

DR. H. B. BAKER: But then they had to dilute to get a change.

DR. C. B. STEARNS: Yes, they had to dilute.

DR. H. B. BAKER: Those were very careful experiments, checked up very carefully, and these men certainly are very capable experimenters. This result of theirs may be of interest.

DR. G. ROYAL: Newton, whom I spoke of earlier in this discussion speaks of a succussion that changes the entire face. Then dilution will do the same, and I told Dr. Pulford that I was glad he had used the words "liberate the power."

DR. G. B. STEARNS: I would like to say just a word about the difference between a solution and a potency. If you put a spoonful of sugar in your cup of tea and don't stir it, it takes quite a while for it to dissolve, but if you leave it long enough, it will dissolve. If you stir it, it dissolves quickly. I believe you can make a potency without shaking if you wait long enough.

Physically, it seems to be true for it is one of the laws of matter that a substance in solution will diffuse equally throughout the solvent, if you leave it long enough. A gas diffuses equally throughout its containing body if you leave it long enough; if you agitate it, it diffuses more rapidly.

When we get into the higher dilutions, I don't know if there is a different law. I have purposely made this paper suggestive, starting with things which we know, and some things that we think we know, without attempting to reach any specific conclusion.

DR. W. W. WILSON: What is the difference between a dilution and a solution? The terms "dilution," "solution," and "potency" have been used.

DR. C. B. STEARNS: We will assume that a solution is a solvent which contains all the solute it can dissolve, while a dilution is made by adding more solvent to a saturated solution. Solutions between some substances, such as between alcohol and water, have no point of saturation because any amount of either water or alcohol can be added to a solution between the two. The density of a solution varies with the temperature. In order to make the discussion simple, these variations were not brought out in my paper.

As mentioned in the first paragraph, I assumed that high dilutions were all made in the way we make our potencies and I intentionally did not differentiate between simple dilutions and dilutions with succussion. We don't know whether there is a difference between the two and discussion of that point belongs to homœopathic philosophy. I wished to bring out points that had to do with the physics of high dilutions, points which we can utilize as thinking-posts.

As you know, the concept of matter today is that it is nothing but a form of energy. In fact, if you project a body so rapidly through space that it assumes the speed of light, it is no longer material, it is shortened to zero and has disappeared as matter and appears as energy. If it can be slowed down to less than the speed of light, it will again assume the form of matter as we know it.

In chemistry, there are substances called enzymes. I don't know whether Dr. Boger meant "enzymes" when he spoke of "chemical converter." Our remedies may act not as enzymes but as catalyzers. We must remember that matter expresses itself in multiple forms. The three common ones are solids, liquids and gases. We all know what water is like in these three forms. We know less about water in the gas form but we know that there is such a



thing as water-gas. In humid weather, we know there is too much water-gas in the air.

We should keep clearly in mind the difference between science and art. We can't get along without science in medicine but the only thing that is worth while, so far as our patients are concerned, is the art of medicine.

If I should sit down at that piano, I could empty this room quicker than a fire, but if Paderewski sat down there, a fire wouldn't drive you out. That is the difference between art and something that isn't art.

I don't fully accept Dr. Pulford's statement that this something in our potencies is not physical. I get what he means but I think we should avoid dogmatic statements. My own concept is that a potency is a form of matter different from anything that we know. It is the fourth state of matter and we can leave it in physics.

Also, it is pretty broad to say that it can never be registered mechanically. I think some day we shall have a mechanical register of this energy. Hillhouse, who worked a great deal in this field, used colloids as his re-agent. The only trouble was when he would get the reaction the colloid would be destroyed. Then he had to start with a new re-agent, and when he got his end-product he no longer had an instrument for measuring. It is the same as with a match. When you light it, it disappears.

Remember that any concepts at which we arrive must be only tentative. No two people in this whole universe are alike, never have been and never will be. Everybody sees things differently. Everyone thinks differently, and no one sees more than part of any truth.

DR. A. PULFORD: Do you think we see life?

DR. G. B. STEARNS: Each one thinks he sees it. We don't see it. We only have different concepts of it.

After we have obtained a full and complete account of the patient's symptoms and cleared away by painstaking investigation obscure or doubtful points, we must next group and classify symptoms in accordance with our estimate of their value, to facilitate our subsequent task of selecting the required remedy. Symptoms originating from the mind, are to be noted down first, and then those most uncommon and peculiar. To distinguish between these and the unessential and unimportant is often very difficult and not seldom calls, as you are well aware, for great skill and discernment. As a rule the less diagnostic is a symptom, the more important it is as a guide to the needed remedy. The most constant, the most recent or the latest symptoms developed must be considered—they are the *sine qua non*. All symptoms not founded upon reliable or positive premises must be discarded; the fleeting are generally of less value.—  
PROSPER BENDER, M. D., 1895.

ADDITIONS TO KENT'S *REPERTORY*\*

C. M. BOGER, M. D.

Page.

171. *Pain, temples*, extending ear, to: Atrop., Gymn., Lach., Strych.  
parietal bone, to: Bry.  
teeth, to: Nat. mur., Rhus tox.  
throat, to: Croc.  
upward: Bry.  
vertex, to: Berb.  
*vertex*, right: Prun. spin.  
left: Anac.
172. lying, while: Calc. phos., Glon., Mur. ac.  
noise, from: Tub.  
pressure, from: Ther.  
amel.: Nat. mur., Zinc.
173. extending brain, to: Amm. carb., Ox. ac.  
across (ear to ear): Chel., Naja,  
Nit. ac.  
eyes, to over: Sil.  
eyebrows, to: Sumb.  
face, to: Sach. (r.)  
forehead, to: Agar., Sulph.\*  
head, center of: Bar. carb., Bov.,  
Lach., Petr.  
sides of: Hyper., Nit. ac.,  
Pall.  
neck, to: Dios., Gels.  
occiput, to: Aloe, Card. ben.,  
Cimic., Kali bich., Phys.  
scapula, to: Lil. tig.  
temples, to: Arg., Hell.  
upward: Glon.
- Blows*: Acon., Apis, Ars., Bell., Calc. carb., Cann.,  
Croc., Dig., Glon., Ign., Kalm., Lyc., Mur.  
ac., Naja, Nux mosch., Phos., Stann.,  
Tarant.

\*Continued from *Recorder*, May 1931.

- occiput*, on: Bell., Cimic., Dig., Lach., Lapp.,  
Plat., Ran. bulb., Sabad., Tab., Tarant.
175. *Boring*, eyes, over: Ol. an.
176. *Burning*: Sarr.
177. temples: Lyc., Mez.
178. *Bursting*: Lac. can., Ran. bulb.
179. forehead: Mez.  
occiput: Cimic., Podo., Thuja.  
temples: Acon., Caust., China, Usnea.  
alternating: Ip.  
left: Bry., Kreos.  
vertex: Syph.
180. *Come off*, as if head would: Cinnb., Helo., Iris, Kali  
bich., Syph.  
*Compression*, see Pressing, armor, cap, etc.  
*Crushed*, shattered, etc.: Verb.  
vertex: Ipec.
181. *Cutting*, forehead, left: Ferr., Iod., Sep., Stann.  
vertex: Caust., Phos.
184. *Drawing*, occiput: Thuj.  
side, left: Phos.
186. *Hard ache*, temple: Sinap.
188. *Plug*, forehead: Mosch., Rhus tox.
190. *Pressing downward*: Graph.
192. weight, as from: Bry., Med.
194. shaking head, amel.: Hyos.
201. vertex, inward: Arg. nit., Bism., Cina,  
Lach., Lyc., Phel., Puls., Spig., Thuj.,  
Tub., Verat.  
weight like: Acon., Cact., Lach.,  
Meny.  
pressure, amel.: Lach.  
sleep, after: Ambr.  
touching hair, on: Kreos.  
upward: Glon., Sulph.
- Pulled sensation*, hair: Lept.  
vertex: Phos.

203. *shooting*, eyes, over, right to left: Mez.  
left to right: Squil.
204. sore: Tel.\*
205. occiput, ascending steps, on: Nat. sulph.
206. side, left: Rat.  
vertex: Merc., Nux vom.
209. stitching, eyes, over, right: Nux mosch.
212. temples, right: Ind.
213. stunning, Ptel.
214. occiput: Lapp.
219. tearing sides: Phel.
221. ulcerative: Bry., Nat. mur.
223. *Prickling*, occiput: Phos. ac.
225. *Pulsating*, sleep, on falling to: Sil.  
standing, while: Chin.
226. forehead, right: Bell.  
left: Nat. mur., Sil., Zinc.  
eminence, frontal, right: Meli.  
eyes, over: Carb. veg., Lyc., Naja.  
root of nose, above: Phos.  
occiput: Frax.  
morning: Petr.  
sides of: Ars.
- sides: Arg. met., Bov., Coc. c.  
right: Anac., Bov., Bry., Canth., Lach.,  
Laur., Lyc., Rhus tox.  
left: Glon., Kali bich.
228. temples, right: Thuj.  
left: Æth., Amyl. nit., Aur. mur., Clem.,  
Glon., Hyper., Kali iod., Petr.  
vertex: Syph., Visc. alb.  
morning: Sulph.  
exertion, on: Syph.
229. *Rolling*, lead ball, like: Plan.  
*Sensitive*, brain: Vib.  
brushing hair, on: Vib.  
*Separated* from body, as if: Alum., Ant. tart., Cann., Nat.  
carb., Nat. mur., Nux mosch.

\*Tel.-Tela araneorum.



260. *Canthi*, inner, right: Arg. nit., Brom., Coloc., Eug., Fluor. ac., Grat., Ind., Led., Mag. sulph., Sol. nig., Spig.  
left: Agar, Alum., Arg., *Aur.*, Aur. mur. nat., Calc. carb., Cann., Carb. an., Clem., Elat., Nat. carb., Nat. mur., Nat. sulph., Nit. ac., Rhus rad., Spong., Stann.
261. *Paralysis* of lids, right: Gins., Med., Nat. mur., Radm.  
left: Ars., Bar. carb., Caust., Coloc., *Kali phos.*, Thuj.
262. *Protrusion*: Kali nit.
263. *Pupils*, contracted: Ruta.  
and dilated alternately: Arn., Staph.
264. *Redness*, morning: Acon., Act. spic., Eug.
265. Rub, desires to: Sanic., Seneg.  
*Spasm*, of lids: Hyper. (r).  
*Spots*, brown: Kali bich.  
*Staring*: Ang., Dig.
266. *Stiff*, eyeballs: Sil.  
*Stones*, as if full of little: Kali nit., Lac. def.  
*Strabismus*: Thuj.  
convergent: Alum., Art. vulg., Calc. carb.  
periodic: Thuj.  
*Styes*, left eye: Sulph.  
*Sunken*, sensation: Ambr., Apm. grav., Aur., Chin., Cinnb., Iod., Lac. fel., Lyc., Teucr., Zinc.
267. *Swollen*, sensation: Acon., Arg. nit., Chel.  
lids: Chin.  
lower: Calc. carb., Glon., Rhus tox.  
upper: Nux mosch.  
right: Sep., Vesp.
268. *Tears*, thick: Tarant.  
*Tingling*: Phos. (bones).  
*Turned*: Phos.  
outward: Plb.
269. *Twisted* sensation: Chin., Petr., Phos., Phys., Pop. can.  
*Twitching*, agg. looking fixedly: Lach.  
lids, right: Sulph.

270. *Weak*, coition, after: Kali phos.  
weeping, as after: Cycl.
271. *Blurred*, headache, before: Lac. def., *Psor.*
272. *Colors*, black: Thuj.  
rings: Hell., Spir. nit. dulc.
273. blue: Amyl. nit., Coff., Dig., Jab., Kreos., Sulph., Thuj., Valer.  
brown: Agar., Atrop., Lac. can., Med.  
gray, objects seem: Amoniac., Arg. nit., Brom., Calc. phos., Chenoidin., Elap., Lachn.
274. green: Amyl. nit., Bry., Caust., Hep., Verat. v.  
halo: Amoniac., Anag., Atrop., Chin., Como.  
radiations: Bell., Con., Ign., Phos. ac.  
halo, rainbow colors: Calc. carb., Cic., Nicc., Osm., Phos. ac., Stann.  
red: Atrop., Bry., Como., Cund., Fluor. ac., Iodf., Ip., Nux vom., Stram., Verat. v., Zinc.  
spots: Dubois.  
striped: Sol. nig., Sulph.  
white: Alum., Apis, Ars., Atrop., Caust., Chlorf., Coca, Sulph., Thuj., Ust.  
bottles of water: Thuj.  
flies: Atrop., Dig.  
serpents: Ign.  
sparks: Rat., Ust.  
stars: Calc. carb.  
yellow: Amm. carb., Amm. mur., Amyl. nit., Aur., Bry., Calend., Ced., Chin., Coff., Coloc., Hyos., Irid., Lachn., Osm., Petr., Phos.
- Dazzling, amel., dark: Ferr.
276. *Dim*, headache, during: Hyos., Ign.  
menses, before: Nat. mur.  
motion, from uneven: Cic.  
nausea, with: Kalm.
277. sideways, see objects, when looking: Lil. tig.  
siesta, after: Lyc.  
twilight, amel.: Bry., Lyc.

278. *Distorted*: Bell., Nux vom., Stram.  
*Fiery balls*: Act. spic.  
*Flickering*: Amyl. nit., Arn.
279. *Foggy*: Calad., Cep., Lact., Mosch., Oxal. ac., Vinc.
280. *Hair*, as of a: Kali carb., Lach.  
*Haemiopia*: Chin., Hyos., Ran. bulb., Verat.  
 Large, objects seem: Kreos.  
 raises foot high: Agar.
281. *Lightnings*: Thuj.
282. *Loss of vision*, lying down, on: Cham.  
 sunset, at: Bell.
283. *Nyctalopia*: Sil., Sulph.
284. *Sparks*, blowing nose, on: Nat. sulph.  
*Stars*, sneezing, agg.: Nat. carb.  
*Wavering*: Chlorof., Morph.  
*Zigzags*: Cann., Coloc., *Con.*, Fluor. ac., Kali bich., Lach.,  
 Lyc., Phos.
286. *Coldness*, warmth of bed, agg.: Merc.  
*Discharges*: Calend., Kino.  
 bloody: Kino.  
 foetid: Syph.  
 flesh colored: Carb. veg., Kali carb., Zinc.  
 mucous: Bov., Tarant.
287. puslike: Bry.  
 purulent: Acon.  
 sensation of a: Acon., Agar., Calc. carb., Chrom.  
 ac., Cinnb., Dirc., Graph.,  
 Merc., Sil., Tel.  
 watery: Spong.
- Discoloration*, red, one side: Ant. crud., Kreos., Nat. mur.,  
 Sep., Tel.  
 right: Calc. carb.
- Dryness: Fago.

PARKERSBURG, W. VA.

## THE RELATION OF CASE TAKING TO REPERTORY AND MATERIA MEDICA STUDY

RAY W. SPALDING, M. D.

*Organon* paragraph 104, "When once the totality of the symptoms which especially characterize and define a case of disease, or in other words the image of any disease has been accurately noted down . . . then also the hardest work is done."

The importance of faithful case taking is thus emphasized by Hahnemann. Paragraphs 84 to 104 in the *Organon* describe how this should be gone about. With repertory and materia medica study in mind certain points of emphasis may be brought out in reference to such recording.

The writing down of the totality of the symptoms which especially characterize and define a case of disease affords a record for study and reference. As a record it is as essential in true homœopathic prescribing as an analysis or balance sheet in the field of industry. This application of sound business procedure to the province of medicine is not universal. The jotting down of occasional notes hard to read when cold, or carelessness in permanently filing these pen pictures of the sick individual for future reference or study is seen too frequently in practice. Some degree of uniformity in case records would enhance our prestige in the medical field. Few patients are unimpressed by the physician's reference to a well kept resumé. The value of a complete analysis is only too apparent in the unsuspected legal contingency. Miasmatic study is hopeless without a well taken image of the disease permanently before one for consideration, comparisons, and the noting of perhaps later modifications.

The integrity of the examination should be above reproach. No amount of repertorial analysis or materia medica study can survive a false premise. Time must be taken and care exercised that scrupulous accuracy be observed in every statement in the record. Allowance for exaggerations must be made. Nor must the obscurity due to timid or modest patients be allowed to render a partial or incomplete symptom picture. The patient should not be hurried. The search for an accurate similar remedy pic-

ture demands truth in the image created by the totality of the symptoms. Hence the importance of keeping a free mind as to possible remedies until all the evidence is in. Questioning with a remedy in mind is one cause of a biased record. To keep the integrity of the picture the examination must be unprejudiced, and the physician should avoid snap judgment during the taking of the case.

The record should be complete. The relating of troublesome complaints by the patient is by no means sufficient. Symptoms, minor to his mind, perhaps may be characteristic of the disease and hence decisive in regard to the choice of a remedy. There should be minute investigation as to the most minute particulars. States of the mind or mood, especially if these are changes produced by the sickness, are important indeed. Likewise the exact location and character of pain, time, position, circumstances, aggravations, ameliorations, and all symptom modifications are characteristic and to be carefully noted. The physician is seeking an accurate individualization of every single case. To this end the usual habit of life, occupation, domestic relations, diet, nature of discharges, and conditions of sleep must not be overlooked. Some unusual or striking event may have preceded the illness. This circumstance should have careful check and note. In short, no symptom is without value so long as it be a symptom of the patient or of his parts. This is equally true in acute cases. Symptoms due to morbid anatomy will not lead to the similar remedy in repertory or materia medica study. The case may be masked or mixed by the previous use of drugs, too frequent repetition, or careless prescribing. In such conditions the examiner should wait until the image of the disease is again definite. A complete record may require several consultations. On the other hand, the characteristic symptoms may be so striking as to quickly suggest the remedy.

When the case has been taken, as previously noted, the use of repertory may be helpful in narrowing the field of remedies to be more closely studied. Here a knowledge of homœopathic philosophy is essential in evaluation of the symptoms. Briefly put, those pertaining to the whole man, in other words the generals, are first to be considered. These are of supreme

importance. Unless they are to be found in the case record it is difficult to get far, for they serve to individualize and distinguish. Against this list of remedies found by the use of the general and peculiar symptoms, are checked those pertaining to the parts of the patient with all their various modifications. Thus we see the repertory work presupposes a well taken case. Otherwise the labor of repertory may be inaccurate or even mislead. It is never an end in itself. Materia medica study is basic in all good prescriptions.

The image of the sickness as revealed in the case record must have its counterpart in the image of the remedy as found in the provings. Symptoms common to all remedies or all diseases are of little discriminative value, and the same may be said for those that come and go merely on occasion. In the materia medica study, as generals, characteristics, symptoms strange, rare, and peculiar are individualizing the search for a similar remedy; again is the necessity for a permanent, accurate, complete case record absolutely fundamental.

DEDHAM, MASS.

A case of P. P. Wells in which the necessity of a thorough first examination of the patient is shown: A young man came limping in with a cane, he could just step and that was all. He had pains in his feet and ankles, and could not walk. He had had what was considered homœopathic treatment for two years. He had taken *Bryonia* and *Rhus* and was no better. There was a suspicion about this young man and so he was asked a plain question and said "yes". He was given a dose of *Thuja* 200 and nothing for three months but sugar of milk, and is cured. He had that one dose and nothing more and the secret was in letting that dose alone.

In rheumatism, after suppressed gonorrhœa, *Thuja* has proved a blessing to many a sufferer, especially articular rheumatism with prostatitis and impotence. The rheumatic symptoms are tearing and biting pains, as if from subcutaneous ulceration. Feeling of coldness and numbness in the parts, like *Nux vomica* and *Pulsatilla*.—KENT.

## "TAKING THE CASE"

DAYTON T. PULFORD, M. D.

A rather large subject to write upon and to crowd into a small space! There are, however, a few personal remarks not usually found elsewhere, which the writer would like to get out of his system. As the law of similars is the keystone of the homœopathic arch, so is the "taking of the case" the keystone of homœopathic practice. The writer likes to think of this term as including everything in the preparation of the case for the prescription, hence, it means the eliciting of all the facts, their analysis and their synthesis into a picture which leads us to the remedy.

Any one of these divisions is difficult enough. Even to one, whose experience in analyzing cases is great enough to make this a comparatively easy task, the getting of the information is the most difficult part of the whole business. If we could have a divining rod, as did Moses, and by merely tapping the patient have the information gush forth, it would lighten matters in the majority of cases. There are some patients so mentally numb and inarticulate that it makes the examiner feel like hitting them with a mallet, rather than a rod like that of Moses, and thereby dispense with them. Others need no rod, and the physician feels like springing up with the cry, "The dam has burst!" He is overpowered by the tide and writer's cramp lays hold of his hand and arm. With the patience of an Egyptian tiller of the soil he sets about to separate the wheat from the chaff. These types are, of course, the extremes, and between them lie all sorts of variations.

To handle all types one must needs be a psychologist. The whole thing is a matter of getting into tune with the patient so that he will talk freely, by this is not meant voluminously, but with freedom from restraint.

There is the dignified person, often dignified without reason. The only way to handle him is to either be dignified with him or to gently but effectively puncture his dignity and bring him to a common level. If he is truly dignified and with reason the former method is preferable.

Others come in and joke, joke about themselves, their troubles, you and your methods, in fact about everything. Then it taxes your skill to make them serious enough to get a few facts. These people stand harmless jesting best, so do not get pointed with your jesting or try to make them serious too quickly or you will be lost.

The timid ones must be handled carefully and every effort made to inspire confidence. Gentleness, yet firmness, in both manner and speech will help to bring them out.

There are those who come in with the opposite frame of mind. They bluster and act as though they wished to put the fear of everything into your heart. They know it all. At heart they are cowards. Many a man, who is the terror of his office or his employees, is, when sick, a disgusting coward worse than any baby. This type requires a physician more aggressive than the patient, one who can deftly find weak points in the patient's knowledge and make him feel small enough to "talk business."

The modest ones give trouble. Both mentally and physically they wish to put their heads into your office but no more than that for fear the physician might see something he should not. One woman who suffered both ways deluded me for a long time about a pain in her lower extremity. Finally in desperation I quizzed her hard and found her lower extremity to be no less than the uterus and vagina which a mid-Victorian training had taught her to shun as one would the ophidia. Once the pain was located properly the relief was soon in coming.

The class which harms itself most is the one which deliberately conceals facts from the physician. Often the information can be brought out by indirect questioning, sometimes it may be correctly surmised without questioning, but more often it is never found.

Each of these must be treated according to the individual aspects. Some are incorrigible and we are better off without them. All cases have to be cross-examined and the physician must become as proficient in this as his legal brother.

It has always been a personal opinion that any means to get the information was justifiable, but that any old method of handling that information was not justifiable. Dr. R. F. Rabe

said that it might be permissible to look "cockeyed" to find the remedy. If such is the case any artifice might be used to get the information for a prescription. One method the writer often uses to get the patient to tell how he is, is to describe the condition wrongly to the patient. The patient says, "Oh, no, no," and then goes into considerable detail so that you will be sure to know just how it is. Regardless of his mental makeup he is desirous that you get his symptoms rightly.

Sometimes we get a great deal by casual observation. When talking about other matters they often let something drop which furnishes an excellent clue. One of the most exasperating things is to have them give the clue as they pass out the office door.

Developing a keen observation gives a great amount of information that all the "pumping" in the world cannot give. The manner in which they tell you things, their reaction to what you say and do, and, of course, the whole gamut of observable physical symptoms furnish a gold mine of facts. To do this requires a long practice and close application.

Underlying our relation to the patient is an undeniable personal attraction or repulsion. This, no doubt, accounts for the reason that one homœopathic physician fails where another succeeds.

The analysis of the case, as well as the synthesis of the drug picture, requires a certain artistic type of mind. We cannot go about this mechanically. It is here that what is known as skill plays the supreme role. Some artists could take three colors and paint a wonderful picture. Others with all colors and shades at hand would produce a veritable "nightmare on canvas". Only general rules for this work can be laid down. A reprint of Gibson Miller in the *Recorder* is one of the best guides available to help in the evaluation of symptoms. Success depends upon its proper application.

Much of the same is true for synthesis. Kent gave the best and most reliable advice when he said to study the taken case until you saw its image as a picture in your mind.

The use of the repertory requires a word of warning. It cannot be used mechanically. This sort of use reminds one of the old corn shelling machine on the farm. Ears of corn were placed

in the top and at the bottom were found two piles, one of kernels, the other of cobs. You cannot throw symptoms into the repertory and get out the indicated remedy by simply turning the crank. Dr. Grimmer gave a case in Boston that a great amount of repertory work failed to solve, yet to one acquainted with the materia medica the prescription was arrived at instantly. We must continually study the materia medica and always refer to it as the court of last resort, especially before prescribing.

The greatest thing to cultivate in the "taking of the case" is versatility. We must be versatile and resourceful in eliciting the facts, versatile in finding clues in our analyses which will help in the syntheses, versatile in our search for the remedy. One fundamental fact that the homœopath must always keep in mind is this: Homœopathy of all sciences stands out against iron-clad rules and standardization, it bids for individualism from beginning to end, in its practice and in its theory.

TOLEDO, OHIO.

#### THE HOMŒOPATHIC DECALOGUE

1. Thou shalt have no other therapeutic guide before these commandments.
2. Thou shalt seek for the totality of morbid symptoms.
3. Thou shalt search diligently the pathogenesis of drugs.
4. Thou shalt match drugs with disease-symptoms to find the nearest *simillimum*.
5. Thou shalt give the single remedy.
6. Thou shalt give the minimum dose.
7. Thou shalt learn to wait.
8. Thou shalt not alternate.
9. Thou shalt not unwisely repeat.
10. Thou shalt require obedience to hygienic laws.

A. R. MORGAN, M. D., before the Connecticut Homœopathic Medical Society meeting, October 1895.



## A STUDY OF HOMŒOPATHIC REMEDIES IN RELATION TO RHEUMATIC TROUBLES

H. A. ROBERTS, M. D.

### GUAIACUM OFFICINALIS

*Guaiacum* is useful in rheumatic affections, especially after the abuse of mercury; in rheumatism with contractions of tendons or fibrous tissues; in the growing pains of children; in women suffering from rheumatism when associated with ovarian and menstrual irregularities; when there is a tendency for alternating tonsillar and rheumatic troubles.

**HEAD:** *Rheumatic pains in one side of head extending to face. Attack of gouty pains in head.*

**NECK AND BACK:** AFTER RIDING IN OPEN AIR, RHEUMATIC STIFFNESS OF LEFT SIDE OF NECK AND SHOULDERS. *Frequent stitches on left side of nape extending from scapula to occiput.* DULL ACHING PAIN IN SIDES OF NECK EACH SIDE OF VERTEBRÆ. STIFF NECK FROM COLD, MUSCLES OF SHOULDERS AND SPINE AFFECTED. EXCESSIVE STIFFNESS OF LEFT SIDE OF NECK EXTENDING TO BACK, *worse from motion.* CONTRACTIVE PAIN BETWEEN THE SCAPULÆ. *Rheumatic stiffness along the whole of left side with intolerable pain on slightest motion. Stitches on left side of back below true ribs near spine.* LEFT SIDE OF NECK AND RIGHT SIDE OF BACK MOST AFFECTED.

**SUPERIOR EXTREMITIES:** *Sharp stitches on top of right shoulder. Rheumatic pains from shoulder to elbow, or wrist in left arm. Painful drawing and cutting in arm.* Rheumatic pains in left wrist joint. *Pain in knuckles, then the whole hand. Stitches in right thumb.*

**INFERIOR EXTREMITIES:** Prickling in nates as if sitting on needles. TENSION IN THIGHS, ESPECIALLY THE RIGHT, AS IF MUSCLES WERE TOO SHORT, WITH LANGUOR WHEN WALKING, < WHEN TOUCHED, > from sitting. SCIATIC PAINS. PRESSING and crawling PAINS IN THIGHS WHEN SEATED. PAINS BEGIN IN MIDDLE OF THIGH AND EXTEND TO THE KNEE. *Tearing drawing in muscles of leg from tarsus to the knee.* SWOLLEN SENSATION IN LIMBS WITH PAINS IN

**BONES OF LIMBS.** *Violent pain in knee with gouty inflammation. Darting pains extend from feet to knees.* Whole left leg is cramped. RIGHT LEG SWOLLEN AND CONTRACTED, STIFF, IMMOVABLE AND DRAWN UP TO THIGH. *Violent stitches from outside the right calf down to ankle.*

**EXTREMITIES IN GENERAL:** TEARING AND STINGING IN LIMBS. *Tearing,* PRICKLING PAINS IN MUSCLES OF LIMBS WITH HEAT OF PARTS. GOUTY TEARING AND STITCHING IN LIMBS WITH CONTRACTIONS OF AFFECTED PARTS. *Stinging pains in limbs < from least motion.* RHEUMATIC CUTTING PAIN FOLLOWED BY CONTRACTIONS OF LIMB. SENSATION OF HEAT IN AFFECTED LIMB. MARKED STIFFNESS OF AFFECTED LIMB. LIMBS GO TO SLEEP.

**JOINTS:** *Swelling, puffy and hot.*

**CONCOMITANTS:** SENSATION OF SWELLING AND PROTRUSION OF EYES; EYELIDS APPEAR TOO SHORT TO COVER THEM. FLATULENCY. OVARY INFLAMED AND TENDER. HEAT IN PAINFUL PARTS. VERY OFFENSIVE SWEATS.

**AGGRAVATIONS:** WALKING IN OPEN AIR. *Touch. Sitting.* AFTER RISING FROM BED. PRESSURE. OPEN AIR. *Motion.* FORENOONS AND EVENINGS.

**AMELIORATIONS:** RUBBING THE PART. WHEN IN THE HOUSE.

### *Graphites*

*Graphites* is often overlooked in the treatment of rheumatism. It is especially suited for plethoric women at the climacteric period when suffering with rheumatism; also in gout with the large number of nodes deposited. The tearing pains are very prominent in whatever condition, the aggravations are marked, and together with the accompanying symptoms which are characteristic of the remedy, will help to make its selection.

**EYES:** ARTHRITIC OPHTHALMIA WITH CONTRACTION AND IRREGULARITY OF THE PUPIL.

**NECK AND BACK:** PAIN IN NAPE OF NECK. *Stiffness of nape of neck. Small of back aches as if bruised or broken. Pain in small of back as if broken, especially on touch;* PRESSING, *grasping,* TWITCHING IN BACK. CONTRACTING PAINS IN BACK. *Weakness in back and loins with aching pains. Stitching pains in*

*sacrum* with crawling sensation. *Numbness from sacrum down.* *Dull drawing pains in coccyx evenings.* PAIN IN OS COCCYGIS WHILE URINATING.

**SUPERIOR EXTREMITIES:** Shoulder and neck painful. TEARING IN LEFT SHOULDER JOINT ON MOVING ARM. RHEUMATIC PAINS IN LEFT SHOULDER. RIGHT UPPER ARM SORE, TENDER AND SWOLLEN. ARMS GO TO SLEEP. CRAMPS IN HANDS. RHEUMATIC TEARING IN HANDS. *Hands numb, with formication.* Sensation as if muscles were too short when bending elbow. GOUTY SWELLING OF FINGER JOINTS. SPRAINED PAIN IN THUMB JOINT. RHEUMATIC PRESSIVE TEARING IN FIRST JOINT OF RIGHT THUMB. GOUTY NODES IN FINGERS.

**INFERIOR EXTREMITIES:** TEARING OR BRUISED PAIN IN THIGHS. NUMBNESS OF THIGHS. BRUISED PAIN IN KNEES. *Stiff sensation in hollow of knee as if tendons were too short.* CRAMPS IN CALVES. Gnawing pains in bones of ankle and heel. RHEUMATIC TEARING IN FEET AND TOES. Tearing in back of foot. STITCHES IN HEEL WHEN PUTTING IT DOWN. GOUTY TEARING IN TOES. NODES IN JOINTS OF TOES. *Stiffness and contraction of toes.*

**EXTREMITIES IN GENERAL:** *Drawing pains in all the limbs.* TEARING PAINS IN ALL THE LIMBS, ESPECIALLY THE HANDS AND FEET. LIMBS GO TO SLEEP QUICKLY. HEAVINESS OF LIMBS. LIMBS SEEM DEAD WHILE WALKING IN OPEN AIR.

**JOINTS:** GOUTY NODES IN FINGER AND TOE JOINTS.

**CONCOMITANTS:** SENSATION AS IF A COBWEB WERE ON THE FACE. HARDNESS IN REGION OF LIVER. PAIN IN ABDOMEN AFTER EATING. STOOLS HARD, KNOTTY, UNITED BY MUCOUS SHREDS. DURING CLIMAXIS. LEUCORRŒEA PROFUSE, WHITE. CRACKS AND FISSURES OF SKIN. ERUPTION ON VARIOUS PARTS EXUDING A STICKY WATERY TRANSPARENT FLUID; SKIN ITCHES DREADFULLY. NAILS BRITTLE AND CRACKED.

**AGGRAVATIONS:** WALKING. MOTION. AFTER LIFTING. ON BECOMING COLD. AT NIGHT.

**AMELIORATIONS:** EXTERNAL PRESSURE. WARMTH.

DERBY, CONN.

## PRURIGO

GEORGE ROYAL, M. D.

Let us now study a few remedies which cause and cure itching of the skin caused by the abnormality of other tissues or organs than the brain and nerves. Leftwich, in the second edition of his *Index to Symptoms*, page 79, gave sixty-one conditions in which the word itching or its synonymous formication or tingling appear. The list includes diseases all the way from anæmia of the brain to worms. Among them may be found drug rashes and arsenicum poisoning.

### LIVER

W. L. Kitchens in his *Symptoms and Diseases Applied*, states on page 105, Part II, that general itching of the skin is found under twenty diseases. Among these are carcinoma of the common duct and hæmolytic jaundice. On page 531, Part IV, Dr. Kitchens puts general itching of the skin and enlarged liver, also jaundice, under the head of catarrhal jaundice and then adds, stools clay colored. Then, under cardiac decompensation he gives enlarged liver. The above shows that itching may be a prominent symptom of conditions of the liver, varying from a simple irritation to a most profound structural change.

CASE I. Mrs. B. E., grandmother and mother of healthy children. There had been menorrhagia during all her menstrual life. After the menopause, she was subject to severe attacks of epistaxis, which was controlled only by plugging the nostril with cotton saturated with common table vinegar, one part vinegar to two parts of water. Three years ago I was called in haste because a dish had fallen on her head and cut a blood vessel. She had bled till she fainted. Tying the artery and a diet for anæmia, plus *Phos.* 30th restored her to normal in seven months. About eighteen months later I was called and secured the following: "Beginning about two weeks ago I began to itch all over but more on my legs and feet. That has grown so much worse that I have not slept for three days and nights. I itch worse when

undressing for bed or dressing when I get up. Also, worse the two damp days of last week." The skin and white of the eyes were light yellow, and there were little red spots on the legs and arms. The urine was loaded with bile. The patient said, "The stools are changeable, soft and hard, but almost white". She ended with, "I must get some sleep tonight or I won't be here tomorrow". I wrote a prescription for four ounces of chloroform and sweet oil, equal parts, to be applied to the red spots. I gave *Natrum sulph.* (B. & T.) 30th, five disks three times daily. Her diet to be mostly fruits and vegetables. She was herself again in six weeks. She used the chloroform and oil only three nights. The *Natr. sulph.* was continued, at longer intervals, for nearly four weeks. I have used *Nat. sulph.* in the 12x and 30th with success in many cases, but more for functional changes.

**CARCINOMA.** I have never been able to cure a patient of carcinoma of the liver though I have had several, including the case of my former partner, Dr. A. M. Linn, who suffered intensely from itching insomnia, and rapid prostration. Post-mortem revealed carcinoma of the duct which was completely obstructed by three nodules. Nothing by way of drug therapy or artificial feeding seemed to check the rapidity of the course in Dr. Linn's case.

In only one case have I been able to prolong life and allay pain in carcinoma of the liver.

**CASE II.** Mrs. M. G., age 42, with history of cancer in three generations; mother of healthy children; with good personal history until three years ago, when there developed pain and soreness over the liver, after an injury. The pain was at first an ache, but later burning. Some vomiting, green and bitter, followed; then jaundice and intense itching. The stools were dark and watery. Seven months after the injury, there were burning pains in the pelvis and a surgeon operated for ulcers of the cervix. The wound never healed and a vaginal-urethral fistula followed. She then took Koch's treatment, but without improvement. Two months after the operation she came into my hands. *Ars. alb.* 6x (B. & T.) internally and a solution of the 1x and water, equal parts, externally gave some relief to the itching, the

burning and also diarrhœa. She lived nearly eight months after the *Arsenicum* treatment was given.

**CASE III.** Mrs. B. N. W., age 74, dark, swarthy skin, sluggish temperament; F. H. good; P. H. "Always had liver and uterine trouble". Patient gave the following, "Dr. A. M. Linn was my doctor until he died. He used to give me *Sepia* 30th. I had some on hand and took it, but it does not help this time. My bowels became constipated, with hard and large stools, also light colored; then I began to bloat; then dull pains about my waist; worse on right side; then the skin became yellow, also the whites of my eyes; then a tight pain from the liver to pubis; and last of all a feeling as if everything would fall out. This time there is a new symptom, a most violent itching, with a few pimples all over my body, and the more I scratch the more I itch."

*Chelidonium*, 3x (B. & T.) on disks, five, every three hours, six doses daily, cleared up the case. She took the *Chel.* five days. The itching was the first symptom to yield.

*Sepia.* Two years ago last spring a tall, slender, dark skinned woman came in with: "Doctor, give me something to stop this terrible itching or I will go crazy." When asked for the location, she answered, "Everywhere, on my face, joints, body, but worst on my abdomen, low down to the pelvis. You remember I have had brown spots all over me before, but never this itching. My mother insisted it was my sluggish liver and six weeks ago had me take sulphur and molasses. It has made me neither better or worse. Scratching does no good, but I do scratch and make sores. Sometimes I think hot water makes it better, then again cold, either helps a little. The spots are worse on my abdomen. My bowels are always constipated. They were loose while I was taking the sulphur, but have been worse than ever since. I want to get off by myself and cry."

She was given *Sepia* 30th (B. & T.) tablets, five in a glass of water every third morning. This restored her to normal, but not to a well woman. I had known her for twenty-three years and she was never in good health. She always complained about her liver.

*Croton tig.* T. F. Allen says *Croton tig.* is "a powerful drastic

purge", and compares it to *Jatropha* and *Gambogia* in this respect. Allen also says: "When applied to the skin it produces an eruption of small pustules with inflamed areolæ." Boericke, under skin, has "feels hide-bound, intense itching, but scratching is painful." Douglass says, "*Croton tig.* Any form of eczema unaccompanied with disease of other organs; watery diarrhœa, gushing out forcibly; excessive itching, but the patient cannot bear to scratch very hard or it hurts; a mere rub suffices to allay the itching." Dearborn, page 353, writes: "Croton oil applied to the mucous membrane or the skin excites a catarrhal inflammation. Given internally it seems to have an elective affinity for the skin of the face and external genitals, producing a dark red erythema, vesicles and pustules, accompanied with corrosive itching, smarting, burning, tickling and other pruritic sensations. These are worse night and morning, from waking, touch, washing and exposure to air."

The only use I have made of *Croton tig.* is for poisoning with poison ivy, and eczema. With the former I give the 3rd of B. & T's, five drops on disks, every three hours, and a solution of diluted carbolic acid, two drams to a pint of water, applied to parts involved. For the eczematous patients, I give the 30th internally and a solution of the 3rd, one part to one hundred parts of water, locally. Next to the itching the urgent, watery, gushing stool is the ranking symptom of the group.

#### PANCREAS

*Arsenicum alb.* Many of my diabetic patients have come to me and stated that though the amount of sugar was no larger than normal, yet for some unknown cause there was much more itching of the entire body, also that the skin and mouth were a good deal dryer than usual.

Such patients (including myself) always secure relief from the itching (which changes to burning on scratching) by *Ars. alb.* in potency suited to each individual.

*Arsenicum bromatum* will often excel the *Ars. alb.* in relieving the pruritus of the diabetic patients, who have syphilis as a complicating factor. I have used it only in the 1x, five drops in a teacup of water, three times daily.

#### KIDNEYS

*Arsenicum alb.* The two of the many conditions of the kidneys in which I have found itching a marked symptom are chronic interstitial nephritis and uræmia. In these, again *Arsenicum alb.* ranks first in frequency and effectiveness.

*Ammonia carb.* is the second in rank for Des Moines patients, due to the sudden rise and fall in temperature which causes patients of *Ammonia carb.* type, who are very susceptible to atmospheric changes, to suffer from uræmia.

T. F. Allen says "*Ammonia carb.* is indicated in uræmia with the characteristic symptoms of the drug", and Boericke gives these characteristic symptoms as follows: "Frequent desire; involuntary at night; urine white, sandy, bloody, copious, turbid and foetid."

In addition to what the patients usually call "a fresh cold", I have found *Ammonia carb.* of great value for patients of low vitality when the eruption is caused by measles, scarlet fever, chicken or smallpox, and fails to appear at the proper stage or time, and there is a violent itching and the eruptions of the skin as ranking symptoms of the uræmic group. For the many cases I have had, the 3rd has always been used, and repeated at short intervals, one to two hours.

*Hydrocotyle:* J. H. Clarke<sup>1</sup> gives it as useful in the following conditions: "Acne rosacea, elephantiasis, ichthyosis, lupus, follicular inflammation of uterus, pruritus of vagina".

T. F. Allen<sup>2</sup> has the following: "Spots almost circular, with raised scaly edges. Yellowish spots on legs. Erysipelatous redness. Papules on face. Pustules on chest. Pricking on different parts, itching in several places." Above in italics.

Under clinical he gives: "Suppurating lupus, lymphatic tumors, leprosy, elephantiasis, psoriasis, and dry eczema" as either cured or relieved by *Hydroc.* and closes with, "Excessive thickening and exfoliation of the epidermis is a strongly marked indication for its use (*Kreos.*)".

Wm. Boericke<sup>3</sup> has the following in italics: "Heat within va-

1. *Dictionary*, page 924, vol. I.
2. *Handbook*, page 458.
3. *Materia Medica*, page 384.

gina. Granular ulceration of womb. Great thickening of epidermoid layer and exfoliation of scales. Intolerable itching, especially of soles." Boericke names the following conditions in which some or all of the above have been prominent, "Pruritus of vagina, psoriasis gyrata, pustules, acne, leprosy, and elephantiasis".

The three conditions for which the patients' entrance complaint was itching and that I have successfully used *Hydroc.* in, are pruritus of the vagina, psoriasis and elephantiasis.

CASE I. The pruritus case was a woman. Married, two children, age 37, dark skin. F. H. cancer in two generations. P. H. suffered with a profuse leucorrhœa since puberty, always had pimples on face at menstrual periods, also pimples and vesicles on inner side of thighs. But of late the skin on the soles of feet has grown thick and cracks appear between the toes and on the heels. "These cracks are painful but I could stand that were it not for the terrible itching of both feet and around the vagina, worse on feet." Questioning failed to secure anything about the gastric or intestinal canal. She was given *Hydrocotyle*, B. & T's 30th, five (5) drops on disks night and morning. She was also to use a solution of one part of *Hydroc.* to ten parts of water as a douche and topical application night and morning.

*Graph.* first came to my mind but the results of the quizzing soon caused me to decide for *Hydroc.*

The improvement was slow, but without any other treatment she became normal. Yes, better than normal because she was cured of her leucorrhœa.

CASE II. A psoriasis case with a dry skin generally and profuse thick scales on elbows, legs and feet, with intense itching, was sent to me by her physician, who said *Sulph.* and *Ars. alb.*, high and low had utterly failed to make an impression. This case was cured by Luyties' *Hydroc.* the 6th, five drops on disks. before each meal and at bedtime for two weeks, then once a week for two weeks. Her physician wrote up the case for me, I never saw the patient.

Elephantiasis of the scrotum very pronounced, and of the feet less pronounced with "no itching of the feet compared with

that of the scrotum" was greatly improved by a course of *Hydroc.* the 6th. The scrotum completely cleared up and remained so, but the swelling of the feet, and especially the itching will return now and then without any known cause that we can find.

*Rumex crispus.* Dearborn mentions *Rumex* under prurigo and urticaria but gives no symptoms.

Douglass gives the following for prurigo: "Itching better from warmth, contagious prurigo."

Bartlett, page 617, Vol. III, has: "The utility of *Rumex* appears to be limited to acute tracheitis with hyperæsthesia of the mucous membrane of the larynx and trachea."

T. F. Allen has: "Prurigo worse from cold, better from warmth; excessive itching on undressing. Chronic urticaria. (Compare *Rhus tox.*, *Caust.*)"

Wm. Boericke has: "Intense itching of skin, especially of lower extremities; worse, exposure to cold air when undressing. Urticaria; contagious prurigo."

I am including *Rumex* because of the large number of my patients which it has cured. The make-up of the *Rumex* patient is of all varieties. The symptoms are, according to my experience, INTENSE ITCHING, caused by cold air both when undressing for bed or when getting out of bed. The "better from warmth" I have never found in this group but often in the respiratory organ group. I use the 3rd and 30th. People of the mid-west call contagious prurigo "prairie itch".

*Carbo veg.* is like *Rumex* in a few symptoms but unlike it in a great majority of symptoms, viz., the *Rumex* patient (skin) is never seriously sick, while the *Carbo veg.* patient (skin or otherwise) is always seriously sick; the skin symptoms of *Rumex* are seldom accompanied by those of other tissues, while those of *Carbo veg.* are always accompanied by other conditions like carbuncle, gangrene, etc.; the *Rumex* itching is aggravated by cold air while the *Carbo veg.* coldness is aggravated by cold of any kind; the cough of the *Rumex* patient is better from warmth, and the coldness of *Carbo veg.* is better from warmth. Use B. & T's 1M or higher.

## COMMENTS

My purpose in presenting the articles on pruritus and prurigo is not to present a complete study of either condition and remedies used, but rather to give the authorities to which the reader may go for further information. I have given many of the tissues or organs effected so that our principle of elective affinity may be applied.

DES MOINES, IOWA.

An invaluable piece of advice the master gives us concerning the examination of patients, is to let the sufferer tell of his pains, sensations and so forth, without interruption, for, he cautions us, if the patient be questioned before he has told his whole story he may, through confusion or timidity, forget some essential symptoms. Another equally important suggestion is to note down in writing all that falls from the lips of the patient, relating to his symptoms, and these, he counsels us, to take down as much as possible in the patient's own words and in the order given. Subsequently his statements may be corrected or corroborated by the attendants or friends. The master also particularly warns us, not to put leading or suggestive questions; or, in other words, we are to avoid making inquiries which may be answered simply in the affirmative or the negative. It may be necessary, unless the patient be in danger or in great distress, to defer prescribing until some of the effects of the medicine have passed away. Every one of these suggestions is worth its weight in gold—aye, a hundred fold more—as the observing homœopath daily realizes.—PROSPER BENDER, M. D., 1895.

Let us then say it—emphatically, loud and frankly—that the determining symptoms may appear in many respects to be insignificant and unimportant, and let us proclaim it to be a requisite condition, that in proving drugs and in examining patients, the insignificant symptoms are not to be neglected, but even to be noted and regarded with *especial* care.—PROF. DR. J. HOPPE, 1864.

PROVINGS OF *LAC VACCINUM BUTYRACEUM*  
(BUTTERMILK)\*

S. SWAN, M. D.

1871, Dec. 19th. Took one dose of 30th in evening. At 11:30 p. m., pain in bone beneath right eye, pressive as with the point of a finger.

Dec. 20th. Scanty urination, slow in passing. Took a dose at eight o'clock.

Dec. 21st, 22d. No marked symptoms, except loose lumpy stools. Dryness on skin of hands, requiring constant wetting of the fingers in order to hold anything or turn leaves of paper.

Dec. 22d. Great dryness of hands. Rumbling in abdomen, loose lumpy painless stool, the lumps the size of small peas, with a pressure on anus as if the rectum protruded, though this was not the case. Hands feel very hot. Pulse 76. Tongue natural.

Dec. 25th. Same loose lumpy stool, sometimes very fetid. Scanty urination, extremely slow in passing, dribbling. Pimples on skin, in various parts; a group, slightly itching, midway between distal end of clavicle and umbilicus; also in the fold of nates, on the back, abdomen and thighs; they are painless, except when rubbed or scratched.

Dec. 30th. Great heat and dryness in nostrils, mucus becomes hardened and difficult to remove. Great restlessness at night. Musty smell from body with moisture of skin, but no sweat.

1872, Jan. 1st. Soreness under nail of right index finger as if it had been torn from the flesh. Great depression of spirits, the future looks dark and hopeless.

Jan. 2d. Dryness of posterior fauces.

Jan. 3rd. Itching of point of right elbow at night.

Jan. 7th. Took one dose of 200th.

Jan. 8th. Soft lumpy stool, very offensive. Itching pimples, very small, in various parts. Dreams of the bodily appearance of the devil.

Jan. 9th and 10th. Itching on metacarpal bones of thumbs.

Jan. 15th. Moist itching eruption in left popliteal space.

\*From original manuscript.

Jan. 16th. Heat in head, with dull pain in coronal region with fulness; a creaking sound as the head is turned, with throbbing in base of occiput. Dryness and heat in nostrils; plugs of hardened mucus. Small white vesicles on sides of nose.

Jan. 17th. Pain in and around right eye, the ball is sensitive to pressure.

Jan. 19th. In evening, profuse secretion of watery mucus from left side of right nostril, which was shortly followed by a sharp pain in forehead over eyes, with a slight soreness in right eye; the pain extended to the inner region of the superior arch of the orbit to the root of nose, followed by an increased discharge of mucus.

Jan. 20th. Woke at 4 a. m. with no further desire for sleep. Sore spot on inner commissure of left eye on which a scab formed; on removing the scab, a raw sore place remained; long morning; hawks from posterior nares a large plug of mucus discolored probably by dust.

Jan. 21st. Pain in forehead over and in outer end of right eyebrow. Sleepy during day.

Jan. 22d. A sharp hot pain passing through left eyeball leaving a sense of heat afterwards.

Jan. 23rd. Burning in both lids of left eyes with redness of the meibomian glands, and dull pain in superior arch of orbit. Tough adhesive mucus in left posterior nares, difficult to hawk out, but which instigates frequent swallowing. Inflamed pimple on point of nose. Numerous pimples on nates and thigh, no sensation, one had a white head, the rest were simply red with slight areola.

Jan. 25th. At night great dryness of larynx, especially at region of glottis, causing irritation and coughing.

Jan. 26th. Continued dryness of larynx, not causing coughing, but unpleasant irritation.

Jan. 27th. Dryness better, but very hoarse; no cough.

Jan. 28th. Coryza and hoarseness, slight dryness, sneezing. Both shoulders pain as if dislocated.

Feb. 1st. Took one dose of 1M. In afternoon, tickling and itching of left edge of tongue.

Feb. 2nd. Itching on metacarpal bone of thumb, no erup-

tion. On waking, stitch in left breast above nipple, on stooping or drawing a deep inspiration, as if there was an adhesion between lung and pleura; it passed away after breakfast. At 10 a. m. pulse was 92, respiration 16, skin dry and hot 96 degrees, temperature of hands 96 degrees, under tongue 99 degrees.

Feb. 7th. Watery running from nose while eating; for several days. Stinging sensation on left edge of tongue, several times. Canker sores on inside of cheeks and lips. At 11 a. m. touched my tongue to the 16th potency. In a short time great drowsiness, could scarcely keep eyes open.

Feb. 9th. Dull heavy pain over eyebrows, with sensation of heat in forehead.

Feb. 16th. At 6 p. m. dulness of hearing as if right ear were filled with water, or as if there was a thin film of wax on *membrana tympani*, lasting two hours.

Feb. 18th. Recurrence of the last symptom, morning after breakfast. At 10 p. m., itching in dorsal surface of first metacarpal bones, particularly the right.

Feb. 22nd. Tough adhesive mucus in posterior nares, difficult to hawk out. Dulness of hearing as if there were water in right ear (examined by an aurist and found perfectly healthy).

Feb. 27th. Rough skin on inside of metacarpal phalanx of left thumb, with painful transverse fissures bleeding slightly.

March 7th. On waking, painful throb in right testicle, seemingly in epididymis and extending up the cord; accompanied by a slightly sinking sensation at pit of stomach, as if, should the pain be intensified, I should faint.

March 23rd. Took one dose of 1M.

March 25th. Great deal of flatulence.

March 31st. Flatulence passed involuntarily.

April 7th. After evening dose (potency unfortunately not recorded) the following night I had a nocturnal emission, generally unconscious and without dreaming; for the most part of next day the glans is congested and quite hard as during an erection while the rest of the penis is flaccid.

April 8th to 10th. Itching eruptions under left knee, rough.

April 10th. Stitch in left side below nipple and to the left

of it, on drawing a deep breath. Great deal of flatulence in bowels.

April 11th. Violent itching on dorsal surface of second phalanx of right middle finger, slightly red spot.

May 2nd. Took one dose of 200th. Painful stitch on right side between 6th and 7th ribs, a little to the right of a line from nipple down. Slowness on urinating, there seems to be no power to urge the urine. A slight painful numbness on upper side of left thumb between carpal and metacarpal joints, most on outer side with slight sensation of heat.

May 6th. Tightness under sternum just above centre; a peculiar sensation; and after stooping it seems as if the anterior mediastinum were filled with something tenacious sticking the parts together, and inducing a disposition to stretch and throw the shoulders back in order to separate the parts.

1874, Jan. 26th. About five days since, I took two doses of 30th. Yesterday, noticed an eruption on various parts of body apparently in groups, slightly itching, but sore to touch so could not scratch them. Today, took one dose of 1M. Pain in gluteus medius and gluteus minimus, a tired aching that makes sitting very uncomfortable.

1872, April 1st. Gave one dose of 10M to Mrs. B., who suffers from flatus from uterus. Result, a great increase of flatus which could be felt passing into uterus and down through it and vagina, like marbles; the discharge was with a puff instead of a report as before taking the remedy. *Bromine* caused a violent aggravation followed by an almost entire cessation of the flatus as well as the throbbing or hammering experienced in the ovaries, leaving an apathy and indifference to everything.

1873, Dec. Miss C. took a dose of 1M. Began to yawn immediately, continuing for 20 minutes. Menses appeared next day, one day too soon. Was wearied at the time she took it, but soon began to feel easy and soothed (compare *Sac. lactis*). Lameness through chest.

#### CURES

Dr. Boardman reports a man of 68, after cerebral typhoid fever, had erysipelalous inflammation of right eye, lids both swollen and of light red color, with much heat, some itching

and great photophobia. A compress wetted with buttermilk applied to the eye immediately relieved the soreness, and by the third day the eye was quite well.

I have cured a throbbing beating in right ear with 1M. I have also verified with cures of dulness in ear as if filled with water; the scab in corner of eye; and the soreness under finger nail.

Fincke's potencies were used in the above.

Dr. Price writes that he cured a severe case of dysentery, where the passages were nothing but bloody mucus, with the free use of buttermilk; while in a case of dyspepsia, milk produced dreadful flatulence and constipation.

One single word, one look, may illumine one who knows the materia medica. Not seldom after I had failed to grasp what a patient meant I would later come across the very symptom he had attempted to describe. In the treatment of patients suffering from the chronic miasms, especially when two or more are present, the symptoms will manifest themselves in such manifold and mysterious guises, physical, psychical and mental, that the sufferer is puzzled to explain and the physician to understand.

On examining a patient there is not only the difficulty of estimating symptoms on the part of the physician, but he must bear in mind the possibility of the patient misleading him, through a variety of reasons—unintentionally, through ignorance, or through a desire to conceal the nature of the disease, or again from fear that he is actually suffering from a malady the existence of which he would prefer to ignore. The examiner must be on the alert against all such contingencies. And yet in spite of his being aware of such possible pitfalls, he will not succeed in avoiding them.—PROSPER BENDER, M. D., 1895.

Where no dazzling facts present themselves, the examination, the investigation must keep to the insignificant circumstances, and it lies in the nature of the thing, that these occur *more frequently* than the striking indications and are often even *more important* than the latter.—PROF. DR. J. HOPPE, 1864.



## HOMŒOPATHIC REMEDIES FREQUENTLY INDICATED IN GASTRIC AND DUODENAL ULCERS\*

PAUL S. WYNE, M. D.

I will review a few of the symptoms of remedies that we use most frequently in treatment of ulcer cases:

### *Belladonna*

The *Belladonna* case is seldom anæmic nor do they present catarrhal symptoms. Pain is the big symptom and it is due to the hyperesthesia of the sensory nerves. The sensitiveness and pain over the stomach may be so severe that they can't tolerate even the weight of clothing. The pains are worse by every jar or motion. The pains are usually lancinating, but occasionally they are throbbing in nature. Other *Belladonna* symptoms such as sleepy but can't sleep, starting and jerking or twitching in sleep, throbbing headaches, flushed face, dilated pupils, throbbing carotids may be present. The abhorrence of liquids, especially water, causes them to refuse to be placed on a liquid diet. Hyperchlorhydria is marked. *Belladonna* fits the acute ulcer case where the ulceration is deep and nearing the peritoneum or where peritoneal inflammation is beginning.

### *Atropine Sulphate*

Occasionally you will find cases apparently calling for *Belladonna* but which are not relieved by *Belladonna*. Here *Atropine*, which is deeper acting, will often help, especially in controlling the lancinating pains and hyperchlorhydria. Its action is only palliative and must be followed by a more curative remedy. It prevents pyloric spasm and inhibits the oversecretion of hydrochloric acid. Some physicians claim *Sulphur* prolongs the action of the *Atropine* if given intercurrently with it while others alternate *Atropine* with *Uranium nitrate*, which helps heal the ulcer.\*\*

\*Reprinted from *Pacific Coast Journal of Homœopathy*, April 1931, p. 193.

\*\*Alternation is never pure homœopathy.—ED.

### *Robinia*

Is indicated in acute ulcer cases with extreme hyperchlorhydria. They have frequent acrid sour eructation and when they vomit they say it is so sour it sets their teeth on edge.

### *Anacardium*

Is another remedy indicated in the acute cases, especially in nervous young people who are always in a hurry. They are often referred to as the "lunch counter type," because of their hurry and hasty eating. The stomach is unduly active and they are hungry much of the time. The pains in the stomach occur when it is empty and are temporarily relieved by eating, only to return again soon after eating. Hyperchlorhydria is marked. Other symptoms such as ineffectual urging to stool with paralytic weakness of rectum, sensation of plug in rectum, desire to swear and forgetfulness may be present.

### *Argentum Nitricum*

*Arg. nit.* has an elective affinity for the mucous membrane and submucosa and its most frequent action thereupon is ulceration. The pain is localized to a spot which the patient can point out and from this spot the pain radiates in all directions. The pains are gnawing, burning, stinging, griping, or spasmodic and usually associated with a great deal of gas. The pains are greater by touch, deep inspiration, eating, and drinking, and are ameliorated by eructations, vomiting, and also for a short time after food leaves the stomach. The stomach is distended with gas and they have frequent eructations which relieve. Vomiting often occurs about an hour after eating. The papillæ of the tongue are prominent and erect and the tip of the tongue is red and painful. Violent attacks of gastric pain occur at night. *Arg. nit.* is most frequently indicated in nervous women who have many strange fancies, are melancholic, impatient, want to do everything in a hurry and yet while they may have suicidal thoughts even to considering jumping out of a window, they are afraid of crowds, afraid to go out on the streets for fear they will be injured. Extreme craving for sweets with aggravation from eating them is another prominent symptom.

*Arsenicum Album*

*Ars. alb.* produces inflammation of the mucous membrane of the stomach and entire gastro-intestinal tract, consequently they are unable to retain any food or liquids in the stomach, it being vomited immediately after being taken. They have burning pains as if there were red-hot coals in the stomach. These pains are relieved by taking hot liquids. Cool drinks relieve the dryness in the mouth but irritate the stomach, producing nausea and vomiting. They have intense thirst and can retain water only when small sips are taken. Prostration, weakness and rapid emaciation result from inability of retaining nourishment. They are fearful of the outcome of their condition. Midnight aggravation with restlessness and desire to move are present. They look cachectic and tired; *Ars. alb.* will keep the case then that is rapidly going bad, especially where vomiting is a big symptom.

*Phenol*

There are violent pains in stomach which come and go suddenly (*Mag. phos., Bell.*). The pains are worse from eating solid food. They crave stimulant and tobacco. They have constant belching and acid eructation. The breath is offensive and foul. They vomit dark bloody or green offensive material. There is blood in the stools. The sense of smell is acute and gastric symptoms are worse from odors. They look and feel languid. They don't want to study or think. Headache as of band around head. The severe cases are cachectic and weak.

*Phosphorus*

*Phos.* is indicated when there are burning pains in the stomach which are worse after eating. The pain at times may also be tearing or knife-like. The epigastric region is sensitive to touch. They have an unquenchable thirst and crave cold water which relieves the burning in the stomach, but as soon as the water becomes warm they vomit it. Warm foods also cause pain, nausea and vomiting. Because of temporary relief from cold fluids you often find them sucking ice for relief. They often have excessive hunger even to point of being unable to sleep until

they get up and eat. They crave salt and acid drinks. The patient is usually pale and anæmic. At night they are unable to lie on the left side. *Phos.* is also beneficial in hæmorrhage from ulcers. Often the vomitus is dark and coffee grounds in nature. Other times it contains bright red blood.

*Uranium Nitrate 2x*

*Uranium nitrate* was introduced by English homœopaths, especially Hughes. Many of the English doctors used it routinely in ulcer cases. The ulcers are supposed to be irregular shaped or if occurring in pylorus to be round. The patient is weak and emaciated and extremely sensitive over the pyloric region. They vomit mucus and blood and the stools are dark and tarry. They have gnawing, sinking feeling in epigastrium with ravenous hunger and thirst. There is tendency to anasarca and ascites. Abdomen is always bloated. There is frequent urination and oftentimes the urine contains sugar. *Uran. nit.* is supposed to have direct healing effect upon the ulcers.

*Kali Bichromicum*

*Kali bich.* is indicated in the deep round punched-out ulcers. There is great weight, fullness and distress in stomach immediately after eating and this continues until he eats again. The food lies in the stomach for a long period undigested. Tongue has heavy yellow coating and edges are red as if scalded. Vomiting occurs after attempts to eat or drink and the vomitus contains large amounts of viscid stringy mucus. There is a great deal of distress and burning rawness in region of stomach. The pain is referred to a localized small spot. The appetite is usually poor and they crave acid drinks or beer. In the past these people have indulged in eating to excess and also drinking excessively of beer.

*Nux Vomica*

Is indicated when the pains occur two or three hours after eating and last until digestion is completed, then they are relieved. They prefer warm foods. Irritability characterizes the mental attitude. The patient suffers more from intense nausea

than vomiting and has the feeling if only he could vomit he would feel better.

#### *Ferrum Metallicum*

Is valuable in the chronic ulcer case when they are debilitated, emaciated, have loss of appetite and have become anæmic. Dyspnœa is marked. They complain of severe epigastric pain and often have hæmorrhages from the ulcers. *Ferrum* strengthens the musculature, especially the heart, and helps overcome the anæmia. Its action is more of a tonic in nature.

#### *Sulphur*

Is a good remedy for many of these cases. They have a weak, all-gone sensation about 11 a. m. and 5 p. m. and feel worse when hungry or if the stomach is empty with corresponding increase of snap and energy after eating. *Psorinum* is also worse when hungry but with this marked difference: that instead of getting faint and weak they get cross and ugly and scold because dinner is not ready. Both *Sulphur* and *Psorinum* make good prescriptions in chronic ulcers. Dr. McLaren in a recent *Homœopathic Recorder* (45:840) claimed that *Sulphur* would cure nine out of ten cases of chronic gastric ulcer with *Carbo veg.* coming next.

#### *Carbo Vegetabilis*

Is beneficial in chronic ulcers in old or debilitated people. The digestion is slow and imperfect and they have sense of weight in the stomach or faint, gone sensation, not relieved by eating. About one-half hour after meals they have sensation of heaviness and fulness in stomach and sleepiness but these are not as marked as under *Lycopodium* or *Nux moschata*. *Carbo veg.* has most of the gas in the stomach with tendency to diarrhœa, aggravation from 4 to 6 p. m. and the flatus and eructations are very offensive, while under *Lycopodium* we have the gas chiefly in the intestines with constipation, 4 to 8 p. m. aggravation and non-offensive flatus and eructations.

SAN FRANCISCO, CAL.

## URTICARIA: HIVES OR NETTLE RASH

IRVING L. FARR, M. D.

This is a mild, to severe, inflammation of the skin. The condition, acute to sub-acute, manifests itself by an intense itching of the skin, with the sudden appearance on the skin, of wheals, rings, ridges or welts. There is much stinging and burning and the patient gets no relief from scratching. In rare cases are found nodes, papules, bullæ or blebs.

At the beginning, the skin irritation may be the only symptom; however, if the condition is quite generalized, there may be some malaise, moderate headache, and some gastro-intestinal disturbance with coated tongue. The systemic symptoms, as a rule, are not troublesome, but the burning, stinging, pricking and itching sensation of the skin, cause the patient great discomfort, especially if the individual be of the nervous, high strung type; he is almost beside himself. Then he attempts to show his friends where his lesions are, and behold there is nothing to be seen. The spot he last rubbed, or scratched, shows not a trace of welt or wheal, which is very like the moss-grown railroad story told on Pat Finnigan, section boss on the Northern Pacific. Pat was accustomed to write a lengthy report after every train wreck he cleared up, and send it to the main office of the road. As wrecks were fairly numerous, the superintendent grew weary reading Pat's long epistles, so one day he called Pat up on the carpet and admonished him to make his reports more brief. The very next day, there was another wreck, and the superintendent received the following telegram: "Off agin; on agin; gone agin, Finnigin." So with the hives, the more one scratches, the more itching there is, but the wheal is often not to be found. This sudden itching, with its raised section of skin, which when looked for again is not there, is very diagnostic of nettle rash.

Urticaria as a rule, appears with no warning; so the question as to its cause is purely an individual one. In general, some indiscretions in diet; an overloaded alimentary tract; an idiosyncrasy to certain articles of food, among which the more common are seafood, especially shellfish, pork and its products, certain

acid fruits, as strawberries or raspberries; mushrooms; drugs, such as salicylic acid, quinine, arsenic, coal tar products; anti-toxic sera injections; any one may be the cause for the appearance of the rash.

Again, urticaria does not present itself to all persons. It generally manifests itself upon the so-called thin skinned individual; on one who is sensitive to outward impressions; on the nervous, easily startled person; on the man or woman easily annoyed or made irritable by trifles; upon the individual whose elimination of waste products daily, is slightly less than the daily production, hence he is always a little toxic. Therefore, a patient suffering from an attack of hives, requires careful individualization and study, before a cure may be attempted. It is wise to question carefully, to learn if the patient knows of any article of food or drink, which may possibly cause his distress; to ask as to character of stool and condition of urine; to learn whether the perspiration is much, little or none; number of hours of restful sleep, per twenty-four hours; to discover the eating habits of the patient, whether the food is well masticated; the amount of fluids drunk at meals. It will also be wise to learn if stimulants, drugs or narcotics are frequently used.

A correction in any of errors, made by the patient, which the above examination may show, will be a great aid in effecting a cure. The length of time that the rash has been bothering the patient may be an aid in giving the prognosis.

For the relief of the itching, the parts may be bathed in alcohol, hot normal saline, hot five per cent soda-bicarbonate solution, potassium permanganate, cold 1-5,000 solution. The whole body may be given a hot tub bath, at bed time, with the addition of a liberal supply of sea salt to the water, or one-quarter pound of washing soda to each 20 gallons of water. Olive oil plain, or with phenol five drops to the ounce, rubbed well in will often give relief to an itching part.

At last but by no means least, the well indicated remedy will be necessary to effect a cure, for although urticaria is a simple rash, it is generally caused by some dyscrasia in the individual and the appropriate remedy is necessary to set right the body

mechanism. The following remedies come most frequently to mind:

*Aconite*: Early in the rash, in the plethoric, active person.

*Belladonna*: Also acute stage, with flushed face, dilated pupils, nervous, slight temperature, moist neck and hands.

*Anacardium*: Patient angry at the condition, apt to swear at the stings; dreads to go to his job; patient looks rheumatic.

*Apis*: Rash apt to be in welts, instead of wheals; general puffiness; sluggish type of individual.

*Arsenicum*: If history of eating shell fish, or indications of any spoiled food as the exciting cause.

*Cimicifuga*: If patient is a woman, nervous, subject to neuralgic pains; apt to be irritable, or easily offended.

*Calcarea carb.*: Patient fat, blonde, craves sweets, rash very fleeting in its stay.

*Dulcamara*: Itching worse during cold or wet weather. Sour eructations together with the rash.

*Pulsatilla*: Women or blonde girls; weak and weeping; condition and rash brought on by eating rich food.

*Sulphur*: Terrible itching; worse at night; apt to be a careless person; dreads water, either to drink or bathe.

*Urtica urens*: Much stinging in the lesions; wheals pronounced; urine shows much uric acid; sub-acute stage.

The following cases illustrate the simplicity of curing such conditions.

#### CASE I

A young married woman, mother of one four year old boy, came into the office, as a new patient, for advice as to what to do for a cold for herself and her boy. In taking her history it was learned that for the past 16 months she had been on "a wheat free diet." Curious as to the cause, she said she had had an attack of hives, which had bothered her. Her skin had been tested and she was told that if she would drop all wheat from her diet her hives would leave. She did and never ate wheat bread, bun or cereal, from that day on for 16 months. Innocently, I remarked, "No more hives; diet cured?" "It did not. The

diet made no impression, whatsoever, and I still have my hives", she replied. A return to a full wheat diet and a few doses of *Urtica urens* within ten days wiped the hives off her calendar.

## CASE II

A colored woman in her early twenties, presented a case of urticaria, in which great welts appeared on her back and chest, also on the hips. These lesions had persisted for some months and were particularly annoying at the regular menstrual periods, together with serious cramping of muscles of the back. After a short course of *Apis mel.* 30th, the welts disappeared. A few days each month of B. & T's *Thyroid* and *Ovarian* in potency, rendered the periods painless.

## CASE III

Miss J., æt. 19, a blonde, weight 140 pounds, very fond of cakes, pastry, candy and ice cream, suddenly developed a case of hives, in which the itching was quite pronounced, the lesions largely wheals and confined chiefly to arms and shoulders. She was advised to omit sweets largely from her diet and add salads and meat. She was given some ointments to rub on the lesions and ordered to go to the country for a month. When I saw her on her return she was a sight. Very little of her skin was free of the developing lesions, many of the other lesions were excoriated, some scaling and some covered with scabs.

A milk and vegetable diet was prescribed, with frequent olive oil rubs, together with *Sulphur* 200th. By the end of a week, most of the old lesions had healed but plenty of new ones had appeared. She then had *Calcarea carb.* 30th in tablets and in a month her urticaria had cleared and she has remained free since, but she has never returned to her excessive carbohydrate diet.

Thus it seems that the finding of an indicated remedy is very largely responsible for the cure of urticaria.

MONTCLAIR, N. J.

## SCARLATINA

A. PULFORD, M. D.

Around the age of three years, Frederick, son of a wealthy manufacturer in D., Ohio, had an attack of measles. The father, a highly prejudiced disciple of alloëopathy, had the very best alloëopathic talent he could possibly get. Under scientific medicine the boy struggled through with the trouble and was left with a souvenir in the form of a chronic otitic-otorrhœa. In other words he would have frequent recurrent attacks of otitis followed by otorrhœa lasting until the next attack of otitis. The boy showed a strong tubercular tendency complicated with a sycotic dyscrasia as shown by his serrated irregular teeth. This condition of otitic-otorrhœa continued unabated until about two years ago, when, while on a visit to Chicago, he came down with the following symptoms:

A sudden violent fever, 104, body scarlet red, hot, fairly sizzling the hand, and dry, great thirst, great restlessness, starting in and on going to sleep, throbbing carotids, cold hands and feet, photophobia, and dread of least jar. Again the very best alloëopathic skill was sought. The boy was given antipyretics and aspirin for the pains all of which left their deep impress on the otitic-otorrhœa. The case was diagnosed scarlet fever. The boy lay for seven weeks in an extremely precarious condition, but finally they got his temperature back to near normal, but he was left in a dilapidated state, every little cold and every little error in diet laid the boy up, his ears either aching or discharging continuously.

About a year ago the mother was referred to us for herself and was completely converted to homœopathy, but not the father. She finally persuaded her husband to let her put the two boys under our care. This he promised to do for a period of three months. The history of Frederick strongly pointed to *Mercury* which he received in a single dose of the 1M, and which brought prompt relief, all going along merrily until March 14th, when the telephone bell rang and an excited voice announced to us that Frederick had come down just as suddenly and as violently as he had done in Chicago. They immediately called

in their family doctor who pronounced it a severe case of scarlet fever, but she would not let him prescribe for the boy. Though we could not spare the time to visit the boy she insisted that we treat him by telephone.

Who could have missed *Belladonna* in such a case? He was given a single dose of the cc. For three days it worked wonderfully, the rash well under way, when the boy's bowels took a sudden notion that they wanted to move. The boy got up out of his warm bed, eluded the nurse and went to the bathroom that had just been aired out and was quite cold. Here the boy got a severe chill, the rash promptly receded and the whole picture changed. He became quiet, irritable, did not want to move or be moved or spoken to. Wanted something but did not know what, tongue changed from a strawberry to a thick white coating, the temperature shot back to 104 but this time the skin lost its sizzling dry heat for one at times quite moist, differentiating it from *Bell.* Here a single dose of *Bryonia* cc promptly brought back the rash in such profusion covering the entire body. A second dose of *Bry.* would have carried the case to completion but through some unaccountable source or reason the boy got a second chill. Here the scene completely changed again. The temperature shot up again to 104, he became delirious, nose bled, picked his fingers, lips and nose until they bled, bored into and into the sides of the nose continually, the urine almost dried up. A single dose of *Arum tri.* cc and in 24 hours the urine was quite profuse, the delirium and picking stopped and progress went on to completion without further doses or mishap.

This completes our 46th year in the treatment of scarlet fever with an unbroken line. What other method of medical healing could have enabled any one to accomplish such a record but homœopathy?

TOLEDO, OHIO.

Hahnemann taught the efficacy of small doses. He showed that when drugs are prescribed according to the homœopathic law, it is indispensably necessary that the doses be small, and that *infinitesimal* doses are more efficacious than large ones.—CARROLL DUNHAM, M. D., 1864.

## COMPARATIVE DRUG SELECTION, *BRYONIA ALBA*

H. B. F. JERVIS, VETERINARIAN

This wonderful polychrest in homœopathic medicine is very conspicuous by its absence in all alloëopathic materia medicas; even Finlay Dun spurns all mention of it, and I believe it was dropped from the U. S. Pharmacopœia about the year 1905. Here is another good remedy that the old school has overlooked, and it really is amazing beyond words. A homœopathician would as soon start out on a case without *Bryonia* either in his grip, or knowing where he could procure it easily, as a man would go off on a shooting expedition without a gun.

We owe our knowledge of *Bryonia* entirely to Hahnemann's original proving on healthy people; it was also proved by the Austrian provers. Its pathogenesis is so immense, covering such a large part of the system that it really seems incredible that alloëopathy has never recognized it. To briefly state a part of this we may mention the following: Inflammation of various organs, with a special affinity for the lungs and serous membranes; great aggravation from motion of any kind; patient is apt to be worse in the morning; great thirst, etc. Speaking strictly in a veterinary sense the following indications may be noted: Breathing oppressed, difficult, or short and catchy; irritation of the bronchial tubes; rattling rales heard on auscultation of chest; on taking breath the animal evinces pain; catching stitches; he looks around at his sides, and points his nose to the flank; groans, as if he cannot get relief from pain; animal is unwilling to move; the pain is evidently increased by motion; tenderness of the body and flanks to pressure; greatest weakness on slight movement, or walking a very short distance; in horses, sweat breaks out in patches on the body, mouth and tongue dry and hot; in horses, ears cold; cough dry, short and painful; pulse quick, hard, wiry, or weak and thready; fæces scanty, dark-coloured or totally suppressed, or a little foul-smelling, dark-coloured liquid passes; urine scanty, dark in colour, sometimes bloody, and appears to be passed with difficulty. These may be taken as a few of the chief indications for the use of *Bryonia* in veterinary practice.

This remedy is a pure tissue irritant, with some direct influence on the blood. It is held in high repute for some fevers (typhoidal and rheumatismal) which have their primary seat in the blood; affecting serous membranes and their contained viscera, some of the mucous membranes, and the muscles.

After *Aconite*, *Bryonia* is most useful in acute rheumatisms. It exercises powerful influence over serous and synovial membranes and muscular fibre. It appears equally suitable for articular and for muscular rheumatism; is less fitted for affections of the fibrous tissues proper. It is always homœopathic when any serous membranes are inflamed in the course of rheumatic fever. A capital remedy when rheumatism attacks particular muscles, i. e., those of the loins, neck, etc. It is specially indicated in chronic rheumatism when the pain is increased by motion, i. e., when the affection is, so to speak, sub-inflammatory. Trinks says of it that it is "the sovereign remedy in all inflammations of the serous membranes which have advanced to the stage of serous effusion". As long as the local inflammatory condition has not reached this stage, the fever being still of a sharp, well pronounced, synochal character, *Bryonia* is of no use, but at this time *Aconite* and *Belladonna* are the specific remedies which arrest the inflammation. After it has been developed to the stage of serous exudation in all cases *Bryonia* shows itself a remedy of quick and certain operation. In inflammations of serous membranes *Aconite* should be given first, and continued should the exudations be plastic; but if serous effusion occur, its place must be taken by *Bryonia*. Especially in pleurisy should this treatment be adopted. In peritonitis from exposure to cold *Bryonia* acts exceedingly well after *Aconite*; it is also recommended for the puerperal form of this disease. It is also of value in simple congestion of the brain and meninges. As with *Nux vom.* and *Lycopodium*, gastric derangement requiring *Bryonia* is generally accompanied by constipation.

In affections of the liver *Bryonia* frequently comes into play, often in conjunction with *Mercurius*. It is the best remedy in dogs and other animals, where a nasal catarrh has run down the air passages to the first or second divisions of the bronchi, with pain and soreness behind the sternum, on pressure, where there is a

dry, irritative, shaking cough, more or less severe, often rising to the point of retching. In pleuro-pneumonia it is regarded by some as a specific; in pneumonia simplex it yields only to *Phosphorus*. In times past it was regarded as curative for the epidemic pleuro-pneumonia of cattle.

Over the mammary gland *Bryonia* has remarkable power. In the case of weaning puppies from bitches, where the breasts become swollen, tender, knotty, and painful, *Bryonia* will almost certainly resolve the inflammation and prevent the formation of abscess.

Although *Bryonia*, perhaps, is more generally used in cases of constipation, this remedy finds its place occasionally in diarrhœa, especially during the heat of summer when looseness of the bowels follows exposure from great heat to sudden cold, in horses, or as the result of drinking large draughts of cold water when heated by exertion.

To recapitulate it may be said in conclusion that in acute rheumatism, after *Aconite* has been given, *Bryonia* comes in to bring the case to a successful issue. Whether the rheumatism attacks muscles or is located in joints, this drug is indicated. In inflammation of serous membranes, such as pleurisy especially, *Bryonia* is indispensable in the stage of effusion. The same remark applies to peritonitis. In congestion of the liver with yellow discolouring of the visible mucous membranes, with lameness, *Bryonia* gives good results. Catarrh beginning in nasal cavities and traveling downwards to the lungs, attended with dry, shaking cough, and rales in the trachea and larger bronchial tubes, requires this remedy. There are some kinds of diarrhœa which it cures quickly. Pains in the limbs, which are evidently increased by moving, and which may be assumed to exist from the animal's reluctance to move, indicate *Bryonia*.

NORTH HOLLYWOOD, CAL.

So far as there is morbid anatomy to account for symptoms, so far is it unimportant as a symptom, for if no other symptoms are present you can find no remedy.—KENT.

## HOMŒOPATHY AND DUMB ANIMALS

EMILIO PEREZ GAVILAN

Recently I had a very interesting case in a fowl. I report this with much pleasure, claiming no praise for myself, as I am far from being a good prescriber, but with the hope that it may create or increase the belief in the power of the high potencies in the cure of the sick, be the patient a human being, or just one of those animals which is customary for the people of the United States to eat and relish on Thanksgiving day.

In the fourth patio of our house we have a small corral with a few hens and turkeys kept there so that we may have always at hand fresh eggs and meat. While feeding them one day my aunt noticed that one of the female turkeys had some horrible looking "pimples" on the head and that the appetite of the bird was far from good. As I am considered the house doctor, she brought the bird to me and asked me to prescribe something quickly, being much afraid that the disease might be contagious and would contaminate the rest of the fowls.

I was busy at the time and did not pay much attention to the matter until that evening when I saw the possibilities of trying out and further convincing myself of the curative power of the potentized drugs. I went to see the fowl which presented four warty growths on one side of the head and three on the other side, with one or two that were beginning to develop further down the neck. Two of them were as large as a nickel coin and the appearance of the excrescences was just like a cauliflower. After a short study of the repertory I administered one dose of *Thuja* 10M. The curative action could be seen after two days from the administration of the remedy by the shrinkage and disappearance of the last appearing growths and in the improvement of the appetite. At the end of two weeks the rest had dried up and fallen.

I believe there is open a wide field in the use of the high potencies in the cure of domestic animals and I hope to further experiment in the farm along this line. I think also that although

prescribing in the case of animals has to be done wholly on subjective symptoms, the choosing of the remedy does not have to be so much the *simillimum* to bring about a cure as when treating human beings in which you have the subtle shades of the mental symptoms into consideration. Then too, in the animals you find less interference with the remedy than on people as the latter very often are prejudiced as to the virtues of the sugar disks and powders and like to add this or that of the old school, or they do not want to leave off their bad habits, or are inveterate wine or coffee drinkers, or still have been doped and drugged the limit with all kinds of hypodermics and serums which imprint a drug disease and make the recovery of those individuals under the homœopathic remedy more difficult.

DURANGO, MEXICO.

*VERBENA OFFICINALIS\**

EDWARD BACH, M. D.

This is a remedy for those of definite spiritual advancement, who are endeavoring to live lives of altruism and service, and yet through a deficiency of some quality, such as wisdom, courage, steadfastness, tolerance, etc., are suffering as a consequence. They are the people who, quietly and uncomplainingly, make many sacrifices, and whose desire and object in life is to be of service to others. With them the motive is good enough, but they lack some quality to perfect their work.

CASE I—MALE, AGE 68

HISTORY: Pain and weakness of the muscles at the back of the neck; unable to lift head, which hangs forward; both upper eyelids drooping; some difficulty with speech; attacks of giddiness and double vision. This condition started six months ago, and has steadily progressed. The patient is now worn out with

\*Reprinted from *The Homœopathic World*, April 1931, Vol. LXVI, p. 95.



pain and the tiredness caused by the difficulty of getting about with the drooping head and impaired sight.

**CHARACTER:** A very gentle, kindly farmer, devoted to animals, and utterly regardless of self-sacrifice in his care and attention of them. High of principle in all affairs of life. Much respected for his ability and character. Some weakness in refusing dominating interference of relatives.

**DIAGNOSIS:** The gentleness and self-sacrifice denote *Verbena*.

**DOSAGE:** October 30, November 12, December 26, 1930, *Verbena*, third, two doses for three days. January 6, 1931, a third, two doses for three days.

**PROGRESS:** Improvement began immediately after the first doses and was steadily maintained. The pain disappeared first, and then there was a gradual return of muscular strength of the neck and eye muscles. Since Jan. 10th the patient has remained normal in all ways, and no doses have been necessary since then.

„CASE II—FEMALE, AGE 45

**HISTORY:** Sick headaches since a child, at first one a year, then two a year. For the last two years there has been a severe attack each month which keeps the patient in bed for two or three days. Constipation all life.

**CHARACTER:** Very gentle, with great desire to be of service to others. Devoting her life to the care of children. The excellence of her work was being interfered with by over anxiety, causing strain to herself.

**DIAGNOSIS:** The gentleness of nature, combined with ideal of devotion indicates *Verbena*.

**DOSAGE:** November 16, 1930, *Verbena*, a third, two doses for three days. January 2, February 1, 1931, a third, two doses for three days.

**PROGRESS:** There have not been any severe headaches since the first dose, and the general health has improved. The doses were repeated for the constipation which has been less during the last two months, and is steadily disappearing.

## POINTERS

Another animal prescription which was remarkably successful was on the following symptoms: Refusal to eat or move; did not leave his bed for twenty-four hours; abdomen seemed tense and he appeared to be sore all over; uncomfortable if touched, yet patient. *Arnica* 30, one dose, and he got about more, but did not evacuate and the bowels seemed distended in one portion. *Sulphur* 200, three days after the *Arnica*, reduced the distension and regular habits and normal appearance were restored.—H. A. ROBERTS.

“The relationship which constitutes the drug a curative of the disease, consists in the similar nature of the concomitants of the morbid and drug action.”—P. P. WELLS.

“If all persons coming under the influence of a miasm were affected precisely alike, then only would it be rational to apply the potentized product of this miasm for the cure of it.”—LIPPE.

When the patient complains that his eye feels as if it were jumping, *Tarentula* will bear consideration.

*Kali carb.* has stitches beneath the fingernails of the left hand, while *Ambra* has tearing under the nails of the right.

When your patient complains of icy coldness of the fingers, especially if there is < before storm, think of *Rhodo*.

We have several remedies which may be indicated in periodic headaches. In considering “Sunday headaches” it may not be amiss to think of the relationship to a Saturday night bath, following a busy day when the patient has been trying to get ready for Sunday. *Sulphur's* well known aggravation from bathing may show up more sharply when the patient is tired from the week's work.

*Strontium carb.* wraps up her head warmly, as do *Silicia* and *Mag. mur.*

*Strontium carb.* is a deep acting remedy, directly related to sycotic influences, especially when there is eruption; and the pains, which are boring, tearing, pressive, tensive, alternate with the itching eruption.

The man who is hard to get to work, and dodges it as long as he can, but works well after he gets started, may need *Taraxacum*.

## A TRIBUTE

Through faith in the Jehovah-God, Dr. Frederica E. Gladwin on May 7th, 1931 passed from this life, limited by the physical, into the unlimited, infinite life.

Born of Puritan ancestry and reared in a Christian home, Dr. Gladwin possessed the qualities which lead to success. Her education in the New England public schools was followed by some years of teaching in the high school of Chester, Pennsylvania; during her last years there she began her direct preparation for the study of medicine under Dr. Franklin Powel. Handicapped by a physical barrier, which to many would have spelled discouragement, Dr. Gladwin moved quietly and bravely on, graduating in medicine from the University of Missouri. After returning to Pennsylvania, she spent some months in Chester and Newtown and finally located in Philadelphia where she remained until the completion of her life-work. Under the teaching of Dr. James Tyler Kent, she continued her study in the philosophy of medicine and the homœopathic materia medica, being one of the first students to be graduated from the Philadelphia Post-Graduate School of Homœopathy. After graduation her services were freely given to the school, serving as clinician and professor of children's diseases until the removal of the school to Chicago. Since that time she has continued to write on repertory work, homœopathic philosophy and materia medica and to teach in the summer school of the American Foundation for Homœopathy.

Dr. Gladwin loved her work and gave herself unstintingly to her patients. Her patients testify to her faithful service and sacrifice on their behalf. Only four weeks before the home-call she was in her office. During the days in which she was confined to bed her message repeatedly was, "Tell the members of the International Hahnemannian Association and of the American Foundation for Homœopathy to be true to God, to homœopathy and to one another".

Bravely did she live and bravely did she die. With bowed heads and uplifted hearts may we press on to carry on the work so loved by her and to which she gave her life.—MARGARET LEWIS.

## EDITORIAL

The whole homœopathic world is grieved and saddened by the death of Frederica E. Gladwin, which occurred on May 7.

Dr. Gladwin was one of those rare souls who combined in her makeup a grasp of the great principles of Hahnemann in no small measure with the missionary spirit and the power to give of her knowledge to others. It was given her to sound the depths of homœopathic philosophy, and particularly given her the power to apply those principles to the healing of the sick. Dr. Gladwin was one of the greatest teachers that our school of medicine has possessed.

Reared in the rural part of Connecticut, from an ancestry rich in family traditions and with the true New England love of learning, she spent herself in preparation for the work of teaching; then grasping the wonderful truths of homœopathy, she pressed on and made herself a physician where she attained great success in her profession. She studied under Kent and became one of his greatest followers. Probably no one in this country had her knowledge of the repertory, having worked with Dr. Kent in helping to prepare it.

She was one of the founders of the American Foundation for Homœopathy and became a Trustee of that Foundation, where she served for several years. She taught the use of the repertory in every session but one of the Foundation Post-Graduate School, and was only absent for that period because she had been called, by special request, to attend the London Homœopathic Congress in order to present a paper before that body on the repertory. In her position as teacher in the Post-Graduate School her ability was fully demonstrated, in spite of her extreme deafness, a handicap that would have spoiled the life of many a weaker individual.

She was a woman of lovable character and personality, with a clear determination to do that which was right and to help the cause of homœopathy to her utmost. While teaching in the Post-Graduate School one summer she found a one cent piece on the sidewalk as she left the classroom. Characteristic of her interest in homœopathy and her determination to let pass no oppor-

tunity for furthering the cause she loved, she picked up the penny with the remark that she was going to potentize it for the students of homœopathy. Through her manipulations of that one cent, and seeking contributions toward that end of "potentizing" the original penny, she was able to create a loan scholarship fund of about \$800 for the use of the students. This was to a large extent done by the odd change in the pocketbooks of her own patients, for not only was Dr. Gladwin a teacher to medical students, but she never failed to try to instill some understanding of homœopathic principles into her patients.

Her attitude, personally and homœopathically, was well summed up in an admonition which she wrote for *The Recorder* in 1928:

*"Are you one who 'carries a chip on his shoulder' for those who do not see the homœopathic truth as you see it? Knock it off yourself immediately and forget it. Concentrate your thought on the truth of homœopathy as you have found it. Make it so vivid that all the world must get the vision but even then don't expect all to register it alike. When a ray of light is thrown upon a diamond it flashes back red or blue or gold but the diamond remains steadfastly clear."*

It is not given to many to leave so profound an impress of their personality upon Hahnemannian homœopathy but Dr. Gladwin gave to the world a demonstration of the true loveliness of the jewel which is entrusted to our care and keeping.—

H. A. R.

\* \* \* \* \*

Since the time of Hahnemann, and indeed, by his pointing the way, the homœopathic school has constantly felt the urge to work from the crude drug to higher and higher potencies. This urge was prompted by the effects, which were more prompt and far-reaching as the potencies mounted. Hahnemann, during the latter part of his life, used the 30th potency, which was as high as had ever been attempted at that time. Since then the followers of Hahnemann have constantly gone forward in the upward reach of the potencies until all crude substance has been eliminated from the menstruum, as far as human ability to detect can be exercised.

For years the Hahnemannians have realized this gap between the known and the unknown—known by the action of the higher potencies, but as yet unknown by demonstration. There has naturally arisen a question among many as to the why and wherefore of the action of the higher potencies; it has not been enough to know that the higher potencies do act, but there has been a worthy desire that this be demonstrable from the physical point of view. Undoubtedly it has been the lack of an answer to this question that has kept the vast majority of medical men, in their honest search for light, from looking upon the higher potencies except with scepticism. Possibly it has been due to the inability of many minds to penetrate the seemingly inanimate realm of matter, and the silence of the laboratories on this question, that has held back many honest seekers from the use of the potencies; and it is undoubtedly due to this that so many of the graduates of homœopathic medical colleges see their way to deal with the lower potencies only, since the trend of the colleges today is to deal with what may be demonstrated by laboratory methods rather than to test by results.

In this issue of *The Homœopathic Recorder* we are printing an epoch-making article by Dr. Guy Beckley Stearns on *The Physics of High Dilutions*. We trust that this will be thoughtfully studied by the Hahnemannians, the "low potency men", and the intelligent students and honest thinkers of the ordinary school of medicine, for it throws an illuminating light upon the question which has been a stumbling-block to many searchers.—

H. A. R.

## ERRATA

### THE APRIL ISSUE:

Page 256, 3rd, 4th and 5th lines from the top should read:

<i>Puls.</i> 12 (1)	} 24 hourly
<i>Puls.</i> 30 (1)	
<i>Puls.</i> 200 (1)	

## CARRIWITCHETS

SIT DOWN, DOCTOR, AND WRITE US YOUR ANSWERS TO THESE  
QUESTIONS

4. What preparation of *Cupressus* is referred to in the article on this remedy in *The Homœopathic Recorder* for April 1930, pp. 297 and 308?—RAYMER.

5. Will our readers please analyze this case and suggest treatment: Male, age 65, presents the following symptoms: Dull, hard pain in the left side of the head, sometimes worse in the vertex, at other times in the occiput, and for several years this pain has been present in some part of the left side of the head; worse at midnight and in the early morning; vertigo on sitting up from a reclining position; much pain and soreness and stiffness of the muscles in the back of the neck, worse in the early morning, relieved by walking around; hissing noise in the left ear; weakness and numbness in the left hand and arm. These above symptoms have been present more or less for twenty years. The history of the case would indicate syphilis as the probable cause. Recently he has complained of a tickling sensation in the larynx and pharynx which, at times, causes a cough. Physical exertion, talking and laughing always brings on a wheezing cough which continues for some minutes and brings up a slight amount of tough mucus with some relief.—H. B. E.

Nobody can pretend to deny this fact: that cures have been related by the administration of low potencies and crude drugs. The first attempt to apply the homœopathic law to the curing of the sick was made by administering crude medicines, and had this attempt failed, had it not proved the correctness of this law (*similia similibus curantur*), all further progress in the development of the new art would have been checked at the very outset. Those first experiments not only proved the correctness of the fundamental law, but gave rise to the development of the most important homœopathic law, the dynamization theory.—AD. LIPPE, M. D., 1864.

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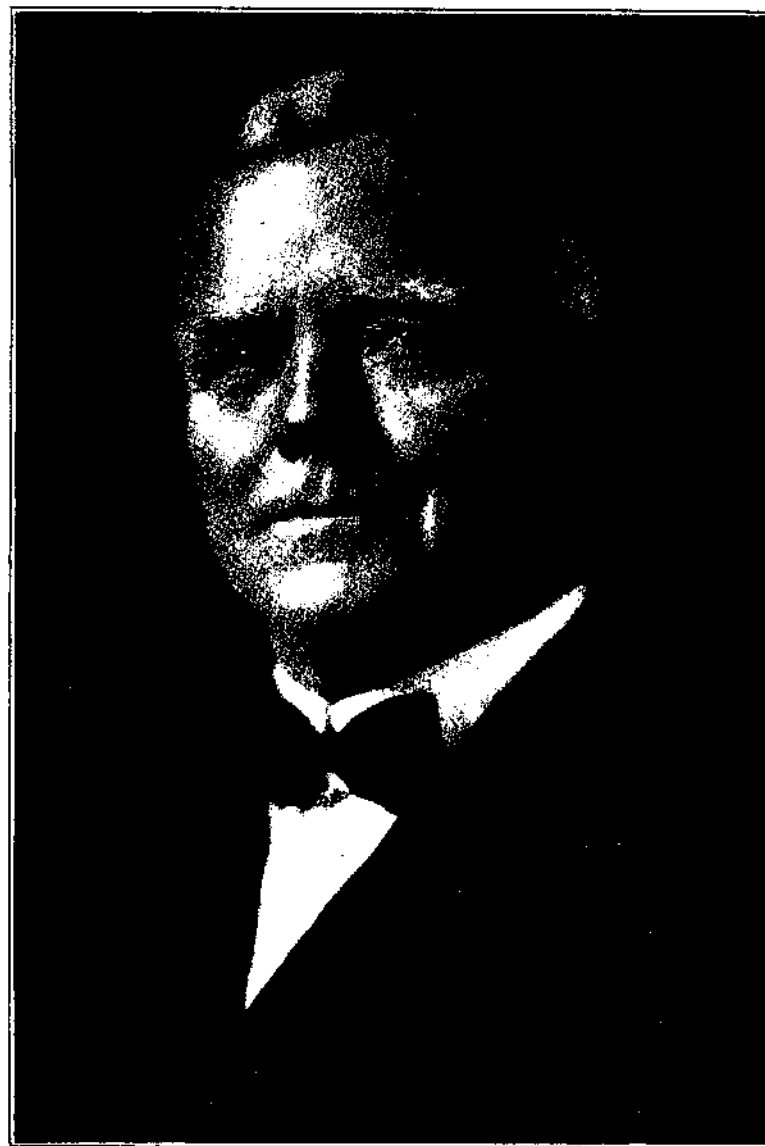
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If such a mode of practice as this be, as is charged, *unscientific*—if it ignores the sciences of pathology and diagnosis as bases of treatment—this much at least may be said in its favor, that it far surpasses every other method in the facilities it affords for the fulfillment of one not unimportant object of the physician—the *cure of the patient*.—CARROLL DUNHAM, M. D., 1864.

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PLUMB BROWN, M. D.  
Reelected President, I. H. A.

THE  
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SANICULA

MARGARET BURGESS-WEBSTER, M. D.

**MIND:** Mentally there is instability of purpose, constantly changing work, impossible to keep his mind on one subject, even in conversation, undertakes many things, completes none, starts to do something and forgets what it was. (*Kali phos.* starts to do something, drops it to try something else, then returns to first task).

Restless desire to go from place to place (*Calc. phos., Tub.*, desire to travel), restless but not relieved by moving.

Depression and sense of impending misfortune. (*CALC. CARB., CHINA SULPH., PSOR., Kali phos.*)

Misconstrues the actions of others.

Fears he is losing his reason (*CALC. CARB., CANN. IND., CIMIC.*)

Feels like cursing (*Anac., Lil. tig., Nit. ac., Tub.*).

Stubborn and touchy. Child headstrong and mulishly obstinate, irritable, wilful, cries and kicks and throws himself backward, wants to be in constant motion day and night, nothing pacifies, does not want to be touched (*Ant. crud., Ant. tart., Cham., Cina*), or looked at (*Ant. crud., Ant. tart., Cham., Cina, Iod.*).

Great aversion to darkness (*Grindelia, Med., Stram.*), or to remaining in dark room. Feels that someone is sneaking up behind her when walking in the dark (*Med.* fear of the dark, thinks someone is behind her, hears whispering).

Dreads her work because she feels so exhausted, lack of energy with irresistible desire to lie down, > in the open air, < in a warm room (*Kali sulph., Lyc., Nat. mur., Puls.*), drowsy and sleepy.



SENSORIUM: Dr. Gundlack, who proved *Sanicula*, had served six years in the U. S. Navy and had suffered from seasickness all this time. He could not ride in a train or a closed carriage without having to vomit, he could not endure the downward motion of an elevator, it produced a feeling as if everything gave way under him, and as if the top of his head would fly off (*Bapt.*, *Cimic.*, *Iris*, *Syph.*). All of these symptoms were removed by proving *Sanicula*. (*Cocc.*, *Petr.*, *Tab.* are to be compared in seasickness).

Child dreads downward motion, clings to the nurse (*Borax*, *Gels.*).

Head in a whirl, feels half crazy with it.

Vertigo after eating (*Grat.*, *Nux vom.*, *Puls.*), vertigo on first rising in morning.

INNER HEAD: Headache begins in cervical region, extending to forehead and eyes (*Sang.*, *Sil.*, *Spig.*), with sensation of contraction of scalp and desire to elevate the eyebrows.

Headache < by motion, < misstep or jar of any kind, < noise, < light, < leaning head forward, < DRAFT OF AIR, especially cold air, wraps head up even in summer to protect it from the wind (*Psor.*), > riding in open air (*Puls.* > by walking slowly in the open air), (*Nit. ac.* > by riding). Cannot stand cold air about back of head or neck. Sensation as though wind passed through head.

Dull frontal headache, dull pain in frontal sinuses, < stooping, < laughing, < pressure. Sensation as if scalp were all drawn up to vertex.

Wants head cool, can't stand heat of stove about the head, but warmth relieves body pains.

OUTER HEAD: Child cannot hold head up, neck is so weak and emaciated (*Æthusa*, *Calc. carb.*, *Lyc.*, *Nat. mur.*, *Puls.*, *Sil.*).

Child sweats profusely about back of head and neck during sleep, wetting pillow all around.

Small boils on head which do not mature.

Hair dry (*Calc. carb.*, *Kali carb.*, *Psor.*, *Thuja*), lusterless (*Kali nit.*, *Psor.*). Dandruff on top of head. Scalp itches

on getting warm. Hair seems electrified, making a crackling noise when combed. Falling out of hair (*Fluor. ac.*, *Graph.*, *Sil.*, *Thuja*).

Crusty eruption on scalp.

EYES: Conjunctiva very red < when child has been playing hard. Lids agglutinated every morning with brown matter, so profuse that it runs out on pillow. Eyeball covered with mucus which obstructs the sight and must be wiped away.

Photophobia < from sunlight (*Graph.*).

Eyelids burn, exude a sticky substance which dries on margins into white scales, awakens with dryness of whole eye as if sticking to lid.

Catarrhal ophthalmia with profuse yellow discharge.

Great photophobia without much inflammation (*con.*).

Rapid winking, spasmodic opening and shutting of eyes (*Lac can.*).

Must close eyes continually.

Discharge from eyes thick yellowish, greenish matter, excoriating every part it touches.

EARS: Eustachian catarrh with stuffed feeling in left ear.

Soreness behind ears with discharge of white sticky, gluey substance (*Graph.*, *Psor.*).

NOSE: Honeycomb like scabs from anterior and posterior nares, nose sore, stuffed up with yellow scabs or green crusts. Crusty sores in right nostril (*Aur.*, *Iod.*).

Discharge from nose yellow green with streaks of blood, thick, yellow, ropy, tenacious mucus from posterior nares, must be pulled out with fingers and stretching two or three feet without breaking (*Kali bich.*, *Hydrast.*, *Sang.*).

Thin, acrid discharge from nose, nose obstructed, must breathe through mouth.

Fluent coryza < eating (*Carbo an.*, *Clem.*, *Nux vom.*, *Plb.*, *Psor.*, *Sil.*, *Zinc. ox.*).

Green yellow discharge excoriating nostrils and lip.

Child rubs nose constantly, looks frightened.

Water smells like old, musty rain water.

**FACE:** Face pale, often ashen. Thin or old looking with dirty brownish skin (ARG. NIT. < about neck). Face deep yellow.

Copious dandruff in eyebrows and beard.

Pimply face.

Constantly picking large scabs on upper lip until they bleed.

**MOUTH and TONGUE:** Tongue coated yellow, breath fœtid. Dark brown streak down center of tongue in morning on waking.

Tongue furred and dry as leather, so dry it sticks to the roof of the mouth (*Bry.*, *Nux mosch.*), no thirst.

Mass of ulcers under tongue and inside of lips. In ulcers under the tongue *Fluor. ac.* and *Lyc.* should be compared. Ringworm on tongue (*Nat. mur.*, *Ran. scler.*, *Tarax.*).

Child protrudes tongue, cannot take nourishment on account of pain. Burning of tongue, must protrude to keep it cool.

Roof of mouth raw and ulcerated < hot drinks. Burning in mouth > by cold water or drawing in cold air (*Phos.* < breathing in cold air). Great dryness of mouth, no thirst.

Profuse salivation. Sore mouth of children with appearance of curdled milk.

Aphthæ on lips and in mouth which can be scraped off with finger.

Fishy odor from mouth before asthma paroxysms.

**THROAT:** Dryness of throat, constant desire to swallow and moisten parts but cannot. Can swallow solids better than fluids (*Lach.*). (*Sang.* dryness not > by drinking).

Cold sensations as though a piece of ice had been held there.

Throat feels too large.

Throat and posterior wall of pharynx of a purple color (*Lach.*, *Ail.*, *Bapt.*).

Coughs out tough blood streaked clinkers in the morning.

**APPETITE:** Craves bacon (*Calc. phos.*, *Mez.*, *Rad. met.*), cold milk (*Chel.*, *Phos.*, *Rhus tox.*, *Tub.*), wants all food cold, craves salt (*Nat. mur.*, *Phos.*, *Verat. alb.*, *Med.*).

Loss of desire for bread unless fresh baked (*Chin.*, *Nat. mur.*).

Child wants to nurse all the time, is never satisfied yet loses flesh (*Iod.*, *Nat. mur.*, *Tub.*), irritable and cross, vomits large tough curds, no rest day or night, always < from 9 p. m. until after midnight.

No appetite, no desire for anything but water, drinks little and often, water is vomited as soon as it reaches the stomach (*Ars.*, *Cad. sulph.*, *Bism.*, *Pyrog.*).

**STOMACH and HYPOCHONDRIA:** Stomach sensitive to pressure. Pain from epigastrium down through bowels into right testicle.

Tremor in stomach. Quivering from stomach up to throat.

Full feeling in stomach and abdomen, full up to the neck.

Qualmishness < after eating, oily food disagrees.

Shooting in right hypochondriac region.

Soreness through stomach and region of liver, liver enlarged with great tenderness to pressure or jar, could not laugh without supporting stomach and bowels with hand, > when stomach was full, < empty stomach.

Gurgling in left hypochondrium passing down descending colon, often with acute pain followed by soreness, < after meals or the rumbling in the intestines may be relieved by eating. Faint and weak after eating, must lie down.

**ABDOMEN:** Gurgling in the abdomen like distant thunder. Gurgling and whistling in the abdomen, afraid to move for fear it will be heard.

Abdomen bloated as if it would burst.

"Pot bellied" children, abdomen is the largest part of them.

**STOOL and RECTUM:** Most obstinate constipation, resembling *Alumina* in total lack of desire for stool and complete inactivity of rectum. Takes hold of seat with both hands and strains until it seems as if the head would burst (*Alum.*), on stopping straining to get breath stool recedes (*Op.*, *Sil.*, *Thuja*), even a soft stool requires a great effort to expel. Goes a week without desire for stool.

Stool must be removed mechanically (*Sel., Sil.*). Stool so large and painful feared she would rupture sphincter, causing GREAT PAIN IN WHOLE PERINEUM, had to restrain urging, and pick away small grey balls composing stool.

Burning in rectum and perineum for hours after stool (*Sulph., Nit. ac., Ratanhia.*)

STOOL IN ONE LARGE HEAVY MASS, IMPACTED (*Calc. carb., Sep., Sel., Sil., Pyrog.*)

Stool feels full of jagged particles, very painful, lacerating anus, sensation as though passing sticks (*Æsc., Hell., Iris, Rat., Thuja.*)

Stool greyish white balls looking like burnt lime, hard and crumble to pieces when pressed. Smell like rotten cheese (*Bry., Hep., Tub.*), no amount of washing will get rid of odor (*Sulph.*)

Stool has appearance of scrambled eggs, turns green on standing (*Arg. nit., Chin.*), or becomes pale on standing.

NO TWO STOOLS ALIKE (*Puls.*)

Stool heavy like lead.

Stool square as if carved with a knife. Stool when eating (*Ferr., Trom.*), White stool, chalk like stool (*Calc. carb., Podo., Sil.*). Stool escapes when passing flatus. Urging from flatus, must cross legs to prevent stool escaping.

Stool so flat at times looks as though passed through a machine. Stool three sided like a file. Yellow, soft, wedge-shaped stool, like an almond nut, without power to expel. Stool looks like a bunch of grapes pushed together.

Stool covered with slime, or may pass pieces of slime.

Stool sticky, hard to pass, a lot of sticky small marbles.

Stool passes better when standing (*Alum., Caust.*)

"Not done" sensation after stool.

Odor of stool like ROTTEN CHEESE, very foul, mouldy. Flatus has rotten cheese odor.

STOOL RECEDES (*Nat. mur., Op., Sil., Thuja., Psor., Pyrog., Tub.*)

Bloody mucus stools every fifteen or twenty minutes, invol-

untary during sleep, changing during sleep did not waken the child.

Excoriation of skin about anus, skin like raw beef.

Although inveterately constipated bowels will move if excited or going anywhere unusual.

Prolapse of rectum during stool. Piles protrude like a bunch of grapes (*Æsc.*)

Piles prolapse, SORE, bleeding. Stool cannot pass because piles are so large. Sharp stitching pain in piles so severe will jump out of chair or off feet with the severe knife like pains.

URINARY ORGANS: Nocturnal enuresis in children, urine stains diaper red.

Child strains at stool to pass urine, cries before urinating.

Frequent and profuse urination. Sudden desire as if urine were at *meatus urinarius*, must urinate as soon as thought comes to mind or has enuresis.

Urine dribbles when bowels are constipated.

Urine green.

MALE SEXUAL ORGANS: Fig wart on glans penis, with discharge from its surface smelling like fish brine.

Scrotum itches from exposure to air.

Child's parts smell of fish brine even after bathing.

FEMALE SEXUAL ORGANS: Great desire to place hand on vulva as all parts seem relaxed and unsupported (*Lil. tig., Murex.*)

Soreness of uterus and bearing down < motion, walking, misstep, jar, > lying down and rest in general.

Menstrual pains relieved when flow appears (*Lach., Zinc.*)

Leucorrhœa smelling like FISH BRINE, like thick glue, with swelling and itching of labia and perineum, < bathing.

Leucorrhœa changeable in color, milky, yellow, < during stool, odor of old cheese.

Female parts smell like sweetish pus.

VOICE, LARYNX, TRACHEA: During respiration larynx moves up and down (*Alcohol, Ant. tart., Lyc., Op., Sulph. ac.*)

Stuttering, stammering, whizzing speech, nasal, hoarse,

husky voice; slow to begin speech, cannot get out first words unless he sings them (*Lac. can.*).

Raw feeling in trachea, relieved after expectoration of large chunks of mucus.

RESPIRATION, COUGH, ASTHMA, onset at any time, closes lips tightly during paroxysm, breathing through the nose, kneels on mother's lap, laying her head on mother's shoulder, or kneels on bed with head bored in pillow, FISHY ODOR FROM MOUTH BEFORE PAROXYSM.

Hacking cough from trachea after rising in morning, also in evening.

Cough, continued slight hacking without expectoration.

Chest, continued slight rattle even when in apparently good health.

Rattling cough, child gags and vomits a mouthful of stringy mucus.

Cough < laughing, talking, in a warm room, in morning, > open air.

Sweet expectoration (*Stann., Zinc. chr.*).

OUTER CHEST: Itching eruption on sternum.

NECK and BACK: Neck so weak and emaciated that child can hardly hold its head up.

Skin about neck wrinkles and hangs in folds (*Abrot., Ars., Iod., Nat. mur.*).

Emaciates from above downward.

Pain between scapulæ, < motion, whole left scapular region very sore. Pain between inferior angle of left scapula and spine, dull hard ache only RELIEVED BY PRESSING AGAINST SOMETHING HARD, will reach over left shoulder with right hand in order to press spot; also in a less degree relieved by heat.

Aching under right scapula.

Dampness between scapulæ.

Deep seated pain in muscles along spine, < left side, < motion.

Back very weak in lumbar region as if it would break, comes on in morning after rising, gets gradually worse until noon, then gradually better until free from all pain by

6 or 7 p. m. He could tell when it was noon the back was so painful.

Sensation in lower back as if vertebra were gliding past each other, < rocking in chair.

Sacro-lumbar backache burning > gentle exercise, > lying flat on back.

Sharp pain in back from least turning, must hold self stiff and turn whole body in order to look around, pain < moving shoulders or lifting arms.

Lumbago. Pains in back < *putting hands behind him, or raising arms*, < while sitting.

Aching in muscles of back with stitches upward, < motion.

Cold sensation in lumbar region as from a cold cloth.

Itching pimples on coccyx. Small boils on back that do not mature.

Catch in back on reaching or straining.

UPPER LIMBS: Constant pain in right shoulder joint, < motion, cannot raise arm or put it back, pain acute on putting hand behind body or on head, with sense of coldness from elbow up. Pain in left shoulder, extending to chest, > heat, sits with back to heat.

Profuse sweat in axilla, excoriating (*Sepia*) (offensive sweat in axilla from least nervous excitement, *Sepia*).

Gooseflesh on arms (*Ham., Sulph.*).

Cracks in hands exuding watery fluid and blood, forming crusts.

Burning, smarting, soreness in deep angry, ragged cracks on hands, < cold weather. Knuckles of fingers crack and leak (*Merc., Sulph.*).

On putting hands together they sweat so profusely it drops from them, (*Rheum*, sweat of palms when pressed together). Profuse sweat of palms, cold clammy hands.

Hang nails.

Boils on wrists do not mature, hard and painful but not very red, pain extends to axilla. Itching pimples on upper arm.

Hands as cold as though handling ice. Burning of palms, hot to touch.

LOWER LIMBS: Sore bruised sensation whole length of limbs.

Burning in feet especially soles, wants to put them in cool place, in water, or to uncover them. Child kicks the covers off in coldest weather.

Child's legs emaciated, can neither walk nor stand alone at 16 months. Child often falls while at play.

Feet cold in winter, burning in summer. Cold, clammy feet.

Feet offensive in spite of washing, foot sweat offensive (*Bar.*

*carb.*, *Kali carb.*, *Maland.*, *Puls.*, *Sil.*, *Tell.*, *Thuja*).

(*Malandrinum*, toes feel as if scalded and itch terribly

underneath, compelled to change hose twice a day, >

by bathing in cold water. Profuse foot sweat with car-

riion like odor, toes so sore unable to walk, only > when

feet are bared and elevated, itching and sweating would

return as soon as feet hung down).

Foot sweat corrosive, eating the lining of the shoes (*Sec.*

*corn.*), sweat and excoriation between the toes (*Bar.*

*carb.*, *Nit. ac.*, *Sil.*). Foot sweat stiffens the hose, sticky.

Feet cold, damp, offensive, stockings stiff and sticky,

as if full of gum.

Sweat on balls of feet, balls of feet burn and ache, changes

shoes several times a day.

Child's soles burn all the time, hot to touch.

Cramps in feet in bed at night, they are so cold.

Feet restless, never still a minute.

Eczema of toes with offensive, sticky foot sweat.

SLEEP: Twitching and jerking cause waking with a start. Moan-

ing and starting in sleep. Child is restless during sleep

and wakens cross and crying (*Lyc.*, *Tub.*). On waking

child rubs nose and eyes with fist (*Scilla*). Wakens

screaming with fright.

Sleep restless, tossing, wakens at 3:30 a. m., wakens with

arms under head.

Cannot bear anyone to lie close or touch him.

Dreams of robbers (*Mag. carb.*, *Nat. mur.*), must search the

house, dreams of murder or having committed murder.

FEVER: Chilliness all day, < in warm room. Chilly all the time,

mixed with flushes of heat.

Chills at irregular times, may come at night in bed, spread-  
ing from below up, chills < from motion, even turn-  
ing over in bed.

Chill at 8:30 a. m., at 5 p. m., every day at same hour, or  
every other day, postponing two hours.

CHILLY, craves warmth, but head may feel better in open  
air.

Coldness along the spine > by external heat (*Caps.*), with  
gooseflesh on back and arms.

Sweat on side lain on (*China*, *Nit. ac.*, *Benzinum*, sweat on  
up side).

Sweats most where limbs come in contact or cross each  
other.

Profuse night sweats, most profuse on head, neck and chest  
during first sleep, wetting the pillow and clothing.

Sweat from above downward over entire body. Wants to  
move to a cool part of the bed.

Clothes feel damp (*Calc carb.*, *Sep.*, *Tub.*).

According to Dr. Gundlack, the prover, *Sanicula* spring  
water has cured many cases of chronic chills and fever.

SKIN: Itching, ill nourished skin, itching < by scratching, itching  
< at night.

Intertrigo, skin in a very high state of inflammation, ex-  
tending down the thighs, child cries during urination.  
Rhagades and roughness.

Neurotic eczema with an appearance of psoriasis. When  
first seen FACIAL eruption of 6th cycle in 8 weeks. Le-  
sions with inflamed base, white crust. *Silica* given and  
failed, *Sanicula* CM cured promptly.

Condition of skin similar to psoriasis, persisting for many  
weeks, with many repetitions of the following disease  
cycle. All the disorder seemed limited to the face and  
there localized, the face being so changed in appear-  
ance as to baffle recognition of its owner. A cycle began  
with a slight redness of the skin, followed by irrita-  
tion, pronounced erythema, formation of scale, intense  
itching until the white scale was removed, then slight  
subsidence of discomfort, followed speedily by a renew-

al of the cycle in the same manner. This has occurred eight consecutive times. The scale was sometimes large, not always confluent, but numerous enough to spread over the entire face. When recovery began, the skin gradually resumed its fine, even texture, and became as delicate as that of a healthy infant. It became entirely clear in a few weeks, though still remaining pink, while not the red of inflammation. In comparatively little time the skin attained its normal health and has remained so ever since. This case dates back five years. Dr. John Hutchinson in reporting this case, states further that no so-called generals were considered, only what was most annoying to the patient.

Dry brownish skin, < neck.

GENERALITIES and TISSUES: Progressive emaciation. MARASMUS.  
Looks old and thin.

Weakness, emaciation, itching, ill nourished skin, child looks old, dirty, greasy, brownish, kicks the covers off at night.

Dread of work on account of weakness and exhaustion, irresistible desire to lie down.

Enlarged feeling in throat (*Fluor. ac., Iris, Lob., Xanth.*), vagina, etc.

Thick yellow, acrid pus.

Old cheese odor of body, of discharges; fish brine odor.

Great soreness, stiffness and lameness of parts. Pains shift.

Wants to lie on something hard.

AGGRAVATIONS: Touch, slight pressure worse than hard pressure.

Descending.

Motion, misstep, walking, jar. MOTION OF HANDS BEHIND HIM, reaching backward (*Pib.*).

Light, noise.

Draught of air especially on occiput or neck.

Change of weather, especially to damp weather.

AMELIORATIONS: Rest.

After eating.

Sunshine.

Warmth.

RELATED: *Alum., Borax, Lyc., Calc. carb., Nat. mur., Psor., Sil., Sulph.* Possibly chronic of *Cham.*

REFERENCES: Dr. Frank M. Patch, *Transactions of I. H. A.* 1891; Dr. John H. Clarke, *Dictionary of the Materia Medica*; Dr. C. M. Boger's *Synoptic Key of the Materia Medica*; as well as clinical cases reported by Drs. Boger, John Hutchinson, E. E. Case, R. E. Belding, W. L. Reed and Drs. Gundlack and Sherbino, both of whom proved the remedy. Many of the most peculiar stool and back symptoms the writer has personally verified.

PHILADELPHIA, PA.

The prescription of the homœopathic diet which is throughout in accordance with the laws of nature (this is not the place to specify it in detail) requires of the patient nothing more than the *avoidance of all influences* which can be *injurious* to the living organism as well as a *suitable moderation* in the use of all things which conduce to the nutrition of the body. It is obvious that a small but, as experience shows, an all sufficient dose and what is very important—a dose which leaves all parts of the organism undisturbed—cannot develop its action without hindrance if at the same time other drugs or poisons, which are the same thing, and for the most part in large doses, are suffered to affect and rule over the organism. Just as little propriety is there, on the other hand, in withholding or diminishing the supply of that which is needed for the normal sustenance of life and its forces, and which is accurately enough indicated by the individual desires of the patient. Whoever in the latter case diminishes the appropriate measure (through hunger) or exceeds it (through inordinate indulgence) fails to recognize and disturbs the power and efficacy of the rightly chosen remedy and denies it the confidence it deserves. In the illiterate alone can we forgive the ridiculous confounding of "homœopathic" and "small", because to them the very essential distinction between *health* and *disease*, between *drug* and *nutriment* and finally between the laws and conditions of *dead* in contradistinction to *living nature* are wholly unknown, and they are therefore in this respect anything but responsible.—BÖNNINGHAUSEN.

## "TREAT CANCER EARLY"

GRACE STEVENS, M. D.

"The cure of cancer depends on early discovery and proper treatment. Delay is always dangerous. Secure competent medical advice. From the American Society for Control of Cancer."

This announcement confronts the public in trains and trolley-cars. The advice is good. The only difficulty is in following it. If, as the dominant school contends, cancer is at first a local thing, it cannot be discovered until there is some visible or palpable sign of it. It is then, as the world knows to its sorrow, often too late for anything in the way of cure. Although the ordinary physician considers the knife or radium to be the proper treatment, their use is too often followed by a return of the growth, or by manifestations of the disease in other parts of the body. Evidently there has been too long delay; the medical advice was not competent. Is there no better way?

The homœopathic school contends that cancer is not a local, but a systemic condition, and there are certain general symptoms which suggest the presence of, or tendency toward the disease. In addition to these, it has been discovered by electronic physicians that the blood of the cancer patient has a changed polarity. Here, then, we have the means for making an *early* diagnosis. A specimen of the patient's blood, carefully taken on a blotter, may be sent to a physician who uses the electronic method and the normal, or abnormal polarity may thus be discovered. In the same way, the correct homœopathic remedy may be found, if the attending physician is not sure what is indicated.

One of the benefits of the early diagnosis is the opportunity it gives for the removal of irritants in the way of food and drink. A fruit and vegetable diet is the thing agreed upon by a number of physicians who have attacked the cancer problem from different angles and the earlier this diet is begun, the better the results.

Two cases which have been much helped are here reported. Both had had for many years the prescribing of very skillful homœopathic physicians.

## CASE I.

Miss M. H., age 70, has had for thirty or forty years a chronic diarrhœa, held in abeyance at times by the remedies prescribed, but recurring in case of much walking, or any excitement, or any acute attack, as, for example, tonsillitis. Of late there has been much weakness, marked emaciation and very trying attacks of vertigo. A specimen of the blood was sent to Dr. A. H. Grimmer, who prescribed *Cad. met.* 30, and a fruit and vegetable diet. The *Cadmium* was repeated in a month and later followed by other remedies at intervals of two or three months, *Iodine*, *Silica*, *Gels.* and *Silica atlantis*. Inside six months the diarrhœa was so much improved that the patient could walk easily without any aggravation and the vertigo had disappeared. During the past months she has said, "I feel better than I can ever remember feeling." The blood tests also have showed marked improvement.

## CASE II.

Miss M. E. T., age 53. Never strong, but has done much hard work in spite of pains. For last two years has had recurrent attacks of very severe pain in the gall bladder region, with constant soreness. Otherwise symptoms are mostly left-sided. There has been marked loss of weight. A blood-test sent to Dr. Grimmer brought a prescription of *Cad. met.* 30, and a diagnosis of incipient cancer of spleen, intestine, uterus and bladder. The remedy was given October 20, 1930. On December 12, after another blood test, the prescription was changed to *Mag. mur.* 10M, which relieved the attacks of pain and the soreness of the gall bladder region. This remedy was repeated January 7 and February 8, with continued improvement. On February 26, the blood test showed very great improvement and a change of polarity. The prescription was then *Aurum iodide* 10M. On April 14 the patient reported an advance in weight of 17 pounds and marked gain in strength and comfort. She has gone a long way toward attaining a normal state of health.

When a physician is not sure of his diagnosis or treatment, he is wise to call in counsel. Let us not neglect the blood-test as a means of early diagnosis and an aid to choice of proper treatment.

NORTHAMPTON, MASS.

H. R. EDWARDS, M. D.

In this paper on the mental deficiency in children I shall confine myself to a discussion of the classic type of cretinism, as being the type with which I am most familiar.

There are certain types of mental abnormality, and conditions of failure of normal development of the mentally defective, which have been definitely related to defects of the endocrine glands. The effect of the internal secretions on tissues and on the mind is so great that, even if the ultimate causes lie beyond the endocrine system, the actual clinical picture is largely due to the abnormal endocrine make-up. This is shown by the enormous influence on mind and body of the thyroid, pituitary, sex glands, and adrenal cortex.

The cretin who has not enough thyroid or is void of thyroid is an imbecile because of the deficiency. Supply him with thyroid or the homœopathic remedy that will enable him to assimilate the necessary thyroid substance and he will be restored to at least a moderate intelligence. To Dr. W. W. Nuss of Elkland, Penn., we owe a great deal along this line, as he is working out a theory and says that "if the endocrine and chemical balance of the body are maintained to a normal balance, cell metabolism will throw off disease from the body, the body being given help until the disease has disappeared".

Cretinism is an infection beginning in infancy, characterized by retarded and imperfect physical development, due to deficiency of the thyroid gland, a feeble-mindedness, ranging from stupidity to imbecility, a direct effect of insufficient endocrine supplied to the brain cells. Such children present the peasant's face with the broad nose, a tough skin, coarse straight hair and an enlarged lower lip drooping with salivation. They show an undergrowth, both mental and physical, and a retarded self-control. On being aroused in the morning they are still tired, dull and restless, slow in dressing, dawdle over everything and have to be coaxed or forced to wash and dress. They are always dirty, with

\*Presented before the Connecticut Homœopathic Medical Society, May 19, 1931.

no idea of cleanliness, and they are usually late for school. There they show their backwardness in nearly all branches of study, for their comprehension is slow or prolonged as compared with the average, yet they seem energetic, and as a rule are the best in athletics or gym work. They perspire little, even after exertion; are subject to frequent colds and tonsillitis, have adenoids, and acquire every disease of childhood that happens along.

It is a known fact that such mental qualities as irritability, stupidity, the power to recover quickly or slowly from fatigue, sexual potency and impotence, apathy and enthusiasm are endocrine qualities. Included in this are all sorts of examples of feeble-mindedness from the moron to the imbecile and idiot.

While it is quite true that our general knowledge of symptom-complexes is not yet quite adequate to enable us to definitely fix upon the exact gland or glands involved in many cases, except through the electronic reactions, it is equally true that a single gland may be primarily involved in many instances. These manifestations are attributed to a derangement in varying degree and proportion of the whole endocrine system.

The chief thing in the care of these cases is that they must be made to obey; they must have routine duties, and are best when dressed in uniform as soldiers or sailors, and well-disciplined. Obedience and routinism is the best and most effective method of caring for them.

The typical classic cretin, due to endocrine insufficiency, once looked upon as an eternally damned defective, can be transformed by feeding thyroid and administering the well selected homœopathic remedy into an apparently normal being, as instanced in the following cases:

CASE I.

May 12, 1922. F. G., female, age 6. Short, stocky, broad hands and short nails, light tow hair, which mats easily; complexion ruddy and clear; nose broad at nostrils and flattened at bridge; eyes blue and restless; a frog-like appearance of face. There is no sense of obedience and there is a marked tendency to cruelty, shown in great pleasure when hurting animals or humans. She contradicts everyone by shouting "no, no, no" to everything. If



reprimanded, she rushes at one, trying to bite and kick. There is enuresis and she masturbates during sleep. A marked strabismus is corrected by glasses. She is subject to colds and frequent attacks of tonsillitis. There have been three unsuccessful vaccinations.

*Bufo* 30th helped considerably after the fifth day. She showed a little less temper for ten days, then was aggravated again.

May 30, 1922. Repeated *Bufo* 30. This helped right away, and she seemed better in every way. The improvement lasted about twenty days, then signs of irritability appeared.

June 15, 1922. Not so well. *Sac. lac.*

June 20, 1922. Worse every way. *Bufo* 30. Improved in about forty-eight hours.

July 1, 1922. Not so well. *Bufo* 200.

July 10, 1922. Somewhat improved. *Sac. lac.*

August 1, 1922. Has changed somewhat in appearance and has grown a little. The hair is not so dry, but still mats to some extent. There has developed a foul stool with attacks of diarrhoea. The body has a marked odor and there is a discharge from navel. Pediculosis. Complains of food not tasting right and will spit it all over table. Temper bad. *Psor.* 42M.

August 10, 1922. Has developed a bad attack of quinsy, tonsils enlarged, covered with mucous patches, breath offensive and cussed beyond words. *Sac. lac.*

August 15, 1922. Marked improvement. Throat clearing up. actions much better. *Sac. lac.*

August 20, 1922. Up and taking an interest in her playthings and playing with cat without hurting it. *Sac. lac.*

Sept. 30, 1922. I have just returned from the country and see a decided improvement. The temper is more controllable and she will play with other children with less tendency to quarrel. *Sac. lac.*

Nov. 10, 1922. Not so well again. Another cold and showing signs of temper. *Sac. lac.*

Nov. 20, 1922. No better and showing signs of old tricks. *Sac. lac.*

Jan. 5, 1923. Has been real good over the holidays, taking an interest in her toys but still masturbates and wets the bed.

Body odor gone or not noticeable. Face has changed its appearance a little. Will now wear a ribbon in her hair, which is also more natural. Face is showing a tendency to becoming greasy. *Sac lac.*

Feb. 1, 1923. Has been bad for a week. *Psor. cm.* Apparently not much change for ten days, then improvement began.

March 2, 1923. Warts are seen appearing on hands and neck, hair greasy, also face. *Thuja 1m.*

March 8, 1923. Has broken out with what seems to be a bad case of chicken-pox but feels fairly well and has taken off her glasses as eyes are straight. Much improved in temper. *Sac. lac.*

Feb. 10, 1924. Improvement continued under *Thuja* for nearly a year.

Jan. 10, 1925. Shows that she has not progressed in her lessons to any extent but better tempered. Does not masturbate and only occasionally wets the bed. *Baryta carb.* 200.

Jan. 25, 1925. Much improved. *Baryta carb.* 10M.

Jan. 10, 1926. Under *Baryta carb.* she has gained for a year. Not so well again. *Baryta carb. cm.* Improvement continued for about nine months.

Oct. 10, 1926. Has still gained in her physical condition but mentally has become tired. Does not show as much interest in her work, is listless, wants to sleep and at times shows decided signs of irritability. Began at this time giving her thyroid extract, and since then she has steadily improved, catching up with the average ones in her class.

I have not prescribed for her for two years except for an odd cold now and then.

#### CASE II.

A. T., age 16. Mentally backward. Has the mentality of a child six years, and the growth of a boy of about twelve. He is short, fat and well nourished. For six years he has been under the care of old school specialists who diagnosed the case as hypopituitary, and have been administering pluriglandular remedies. The most important symptoms are mental associated with lack of growth.

Nov. 15, 1928. *Baryta carb.* 200. This did not seem to improve his condition any.

Dec. 15, 1928. *Baryta carb.* 10M. Thought we noticed a little improvement but nothing startling.

Jan. 15, 1929. *Sulphur* CM. This stirred him up and produced quite an irritability, so much so that we were obliged to change his surroundings. I sent him to the country where he could be outdoors, which seemed to improve him for a short time.

March 20, 1929. *Baryta carb.* CM. Under this he showed an improvement which continued until July, when we sent him to a boys' camp. There a very annoying feature developed of involuntary stool, resulting in his expulsion from the camp. He was placed in a farmhouse in the district under the care of a motherly woman.

August 1, 1929. On going over his case again, I found he had grown about two inches. Seems more intelligent, can follow a line of conversation and is able to hold his attention longer. *Baryta carb.* CM.

October 5, 1929. Has grown another inch, *Sac. lac.*

Jan. 11, 1930. *Baryta iod.* 1M.

Feb. 2, 1930. Still improving. Has grown another inch. Lost some of the excessive fat and since the *Baryta iod.* involuntary stool has ceased. Has passed out of the class he was in for four years and has become organist in the country Sunday school. Takes more interest in being with other children. *Sac. lac.*

May 5, 1930. Not so well. More self willed. *Baryta iod.* 50M.

June 30, 1930. Has mentally improved but still very juvenile. The height in spite of above growth is only four feet, three inches. *Sac. lac.*

July 20, 1930. At summer camp again and the instructor tells me that the change in him is remarkable from last year. He is now eighteen years old this summer and learning to swim. I might say that the mother of the boy informed me that involuntary stools were a marked feature during his early infancy. He is much thinner, has grown taller and is beginning to look like a boy of his age. *Sac. lac.*

Dec. 1, 1930. Has remained in the country and is going to school there. The last I heard of him, he was still progressing.

I quote these two cases as being interesting, in that the first showed an improvement on the homœopathic remedies, and appeared to come to a standstill, and yet under the action of thyroid extract has gone on steadily improving, while the second, who had been under treatment for years with the pluriglandular remedies and had come to a decided standstill, where he had been given up by the specialists, under the influence of the potentized homœopathic remedies, in two years has taken on new growth, both mentally and physically, and will, I believe, eventually become self-supporting.

MONTREAL, CANADA.

#### CLEMATIS VITALBA\*

Native of the British Isles. Three separate preparations made—*prima*, *secunda* and *tertia*, to be used according to the severity of the case, *prima* for the mildest. The mentals are the most important. There is little desire for life, no enjoyment equal to that of death. They have no fears, but are calm and of the day-dreaming type, content to be left alone and with no wish to do more than is absolutely necessary. They often require many hours of sleep at night and are difficult to wake. The whole constitution is sluggish and the complexion pale and muddy; they easily contract disease, but are not in the least perturbed. They are not nearly as sensitive to noise as the *Mimulus* type. The mentality is like that of an individual who has lost all that is dear to him and has little ambition to survive, whose life becomes a patient duty, merely to be borne, until release occurs. Hence the absence of fear or of aversion to illness; indeed, many wish for this in the hope of passing out, and make no fight for recovery.

The physician with keen observation will notice this condition in all grades of severity in his practice, from the mild day-dreamer to the subject of the most hopeless yet patient and placid depression. The severest type is sleepy sickness, in which this remedy has proved effective and there is every reason to hope that it will also be useful in some types of coma.—E. BACH, M. D.

\*From *The Homœopathic World*, Vol. LXV, Feb. 1930, page 35.

ADDITIONS TO KENT'S REPERTORY\*

C. M. BOGER, M. D.

- Page.
288. *Eruptions*, blotches: Bry., Calc. carb., Carbo an., Caust.  
behind ears: Anac., Chin., Mur. ac., Nit. ac.,  
Sabad.
291. *Itching*, alternating ear to ear: Chel.  
mouth, into: Coc. c.  
behind ear: Mosch., Rhodo., Ruta.
292. eustachian tube: Ign., Kali mur.
293. *Noises*, lying, while: Ferr. phos.  
menses, before: Phys.
294. moving head, agg.: Nat. carb.  
occiput, in: Phos.  
pressure, amel.: Bursa past. (*Thlaspi bursa pastorio*)  
stooping, on: Grap., Mang.  
teething, while: Aloe, Caust., Bursa past., Mang.,  
Nit. ac., Phos.
295. cracking: Rhus tox.  
right: Hep.
296. opening mouth, on: Glon.  
crackling: Thuj.  
flapping: Calc. carb.
297. loose, as if: Calc. carb., Graph.  
rattling: Bar. carb., Rhus tox., Sep.
298. reverberating, own voice: Spig., Zinc.
300. headache, with: Aur.
301. rushing, right: Mag. carb.
302. valve opening and shutting, as if: Graph., Xanth.  
whistling, left: Caust.  
Numbness, behind: Ox. ac.
303. *Pain*: FERR. PHOS.
304. air, draft: Act. spic.  
cough, during: Sep.  
damp weather: Nux mosch., Petr.

\*Continued from June Recorder.

306. extending, forehead: Bell., Spig.  
jaw: Lyc.  
neck: Ars., Coc. c., Crot. hor., Hæmat.,  
Kreos., Lyc., Nat. mur., Ther.,  
Zinc.  
occiput: Bell., Mur. ac.  
other ear: Thuj.  
palate, to: Kali bich.  
right to left: Arn.  
shoulder: Ars., Kreos.  
vertex: Ol. an., Psor., Sars.
307. behind ear: Carb. ac.
308. aching, left to right: Calc. phos.  
boring: Arund.
309. burning: Sep.  
tympanum: Ang.  
cramp: Glon.
310. cutting: Canth., Hydrast., Hyos., Nit. ac., Puls.  
behind ear, extending downward to neck: Mur. ac.,  
Sil.
316. *Perspiration*: Act. spic., Zinc.
320. *Wax*, foul: Caust.  
red: Con.  
*Wind* passing out of: Æth., Calc. carb., Mill., Psor.
321. *Acute*, headache, during: Acon., Coff., Phyt.
322. *Impaired*, damp weather, in: Calend.  
menses, suppressed, agg.: Cub.
324. *Air*, sensitive to inhaled: Ant. crud., Cimic., Cor. rub., Fago.,  
Ign., Kali bich., Kali iod., Ox.  
ac., Rumx.
325. *Catarrh*, epistaxis, with: Ip., Kali bich.  
*Coldness*: Apis, Laur., (icy), Polyp.  
tip: Anac., Ant. crud., Meny., Polyp.
- Coryza*, amel. general symptoms: Thuj.
326. morning and evening: Mag. carb.  
annual: Med., Phle., Senec., Succin.

328. eating, after: Cann., Clem., Fluor. ac., Plb., Sanic., Sulph.  
 exhausting: Arg. nit.  
 menses, during: Lach.  
 nosebleed, with: Ant. tart., Ars., Graph., Kali bich., Puls.
329. *Cracks*, nostrils, corners: Fago.  
*Desquamation*: Sumb.  
*Discharge*, amel., open air: Hydras.
330. blood streaked: Phos.  
 dripping: Acon., Agar., Ars., *Cep.*, Cham., Chin., Con., Hep., Kali iod., Lach., Mag. carb., Nat. mur., Nit. ac., Nux mosch., Phos., Sep., Sulph.  
 eating, agg.: Plb.  
 coughing, agg.: Agar., Caps., Lach., Nit. ac., Sal. ac., Scil., Sulph., Thuj.  
 creamy: Hippoz.  
 crusts, bloody: Hydras., Thuj.  
 branny: Sulph.  
 cold, parts becoming, agg.: Chin. sulph.
331. foamy: Sil.  
 gluey: Hep.  
 hard, plugging nose: Mur. ac.  
 hot: Kali iod.
332. offensive, foetid: Bufo.  
 sudden, gushing: Fluor. ac., Hydras., Kali bich., Lach., Nat. carb., Nat. mur., Phos., Sel., Staph., Thuj.
333. watery, eating, on: Plb.  
 yellow, orange: Kali bich.  
 posterior nares: Bufo., Caust.
334. *Discoloration*, redness: Agar., Apis, Chel. *Nit. ac.*  
 eating, on: Sil.  
 tip: Vinc.
335. *Dryness*: Graph., Quillyia (Quillaya).  
*Epistaxis*: Amm., caut., Gran., Meny., Merc. cy., Merl., Prun. spin.

336. left: Ferr., Kali nit.  
 morning: Agnus cast., Meny., Petr. bed, in, amel.: Mag. mur. 6-7 a. m.: Chin. 8 a. m.: Bry.  
 afternoon: Ant. tart., Sulph.  
 evening: Coff.  
 night: Aloe, Caps.  
 amenorrhœa, with: Sep.
336. anæmia, with: Bry., Chin., Ferr., Hydras., Kali carb., Puls.  
 bleeding general, with: Croc. hor., Lach.  
 blood, clotted: Arn., Lach.  
 livery: Sabina.  
 quickly: Croc., Puls., Rhus tox.  
 slowly: Ham., Lach.  
 dark: Mill., Verat.  
 hot: Acon., Bell.  
 pale: Carbo an., Ferr., Kreos., Sabad., Sulph.  
 stringy: Kreos., Lach., Naja, Verat.
337. blowing wind instruments, on: Rhus tox.  
 children, scrophulous: Calc. carb., Sil.  
 chill, after: Eup. per.  
 climaxis, at: Bell., Bry., Ham., Nux vom., Puls., Sep.  
 coffee, agg.: Nux vom.  
 cough, with: Caps., Lach.  
 crying, after: Nit. ac.  
 drunkards, in: Hyos., Nux vom.  
 ear noises, with: Bell., Chin., Graph., Nux vom.  
 eating, after: Arg., Kali carb., Zinc. amel.: Tarax.  
 fever, during: Bry., Carbo veg., Erig., Phos. ac. amel.: Croc. hor., Lach.  
 typhoid: Ars., Carbo veg., Phos.  
 flushes, after: Ferr.

headache, with: Cham., Chin., Crot. hor., Dig.,  
Kreos., Mag. carb., Mill.,  
Nux vom., Rhus tox.  
after: Amm. carb., Bell., Sep.

hæmoptysis, with: Ham.

heated, if: Thyroid.

hæmorrhoids, suppressed: Sulph.

itching, after: Amm. mur.  
with: Arg., Arn., Bell., Carbo veg., Kali  
bich., Lach., Rhus tox.  
followed by: Hydras.

lifting, agg.: Rhus tox.

measles, agg.: Bry., Puls., Sabad.

menses, before: Ip., Nux vom.  
during: Nat. carb., Verat.  
profuse: Calc. carb., Croc., Sa-  
bina.  
scanty: Bry., Graph., Puls., Sec.  
corn., Sep.

intermittent: Nat. carb.

motion, agg.: Carbo veg., Rhus tox.

old people, in: Chin., Ferr. phos., Verat.

ozæna, in: Sang.

periodic: Chin., Croc.

persistent: Ferr., Led., Mill., Tril.

plethora, in: Abrot.

salivation, with: Hyos.

sitting, while: Carbo an., Sulph. ac.

sleep, during: Bell., Merc. cor.

smell, lost: Ip.

sneezing, on: Amm. carb., Mag. carb., Sabad.

spasms, with: Mosch.

standing, agg.: Sulph. ac.

sweat on forehead, with: Crot. hor.

vertigo, with: Bell., Lach.

vomiting, with: Sars.

walking in open air, on: Lyc., Nat. carb.

warm becoming, on: Carbo veg.

338.

washing feet, on: Carbo veg.  
weakened by: Chin., Ferr., Sec. corn., Verat.

338. Heat: Illic.

339. Heaviness: Ind., Phyt.  
Itching, night: Amm. mur., Arg. nit., Gamb.  
right: Nux vom.  
rubs constantly: Bor.

340. posterior nares: Kali phos.  
Motion of wing, fanlike: Bapt., Chlorof., Kali bich., Ol. jec.  
Numbness: Kali bich., Nat. carb., Spig.  
bones: Asaf.

Obstruction, right: Merc., Sulph.

341. air, in open: Rhus tox.  
agg.: Arg. nit., Nat. mur., Rhodo.,  
Sulph.  
epistaxis, with: Acon., Calc. carb., Puls.  
side, one: Coc. c., Hep., Lach., Pyrog., Sinap.  
alternately: Gels., Kali bich., Manc.,  
Nux vom., Phyt., Sabad.,  
Sinap.  
on which he is lying: Rhus tox.  
warm room, in: Hydras., Thuj.  
watery discharge, with: Amm. mur., Calc.  
carb. Mag. mur.,  
Nit. ac.  
wet weather, dampness, agg.: Calc. carb.,  
Lemna.  
root painful: Arg. nit.

342. Odors, fæces, of: Chel.  
oil, burning: Raph.  
onions: Plat.

343. Pain, epistaxis, with: Mill., Rumx.  
pressure, agg.: Lyc.  
amel.: Kali bich.  
spectacles, agg.: Cinnb., Lyc.  
talking, agg.: Canth.  
extending, ear, to: Berb., Fago., Psor.  
malar bone, to: Thuj.

344. root: Ferr. phos., Kali iod., Lach.  
extending, occiput, to: Acon., Agar.
345. burning, cold air, agg.: Æsc.  
epistaxis, with: Hydras., Led.  
wings, edge of: Sulph.  
contracting: Fago.  
cutting, left: Agar., Sep.
346. gnawing: Fago.  
pressing: Sil.  
root, followed by epistaxis: Bry., Dulc., Kali bich.,  
Ruta.  
rawness, posterior nares: Quillaya.
347. saddle, like a: Cinnb., Thuj.  
inside: Illic., Led.  
stinging: Sep.
348. Perspiration on: Mar. v. (Teucrium marum verum).  
Picking nose: Lyc.  
until it bleeds: Phos., Sil.
349. Pimples in: Cub.  
Polypus: Kali iod.  
Pulled, as if: Nat. carb.  
Shiny: Calc. carb., Hydras., Iris, Mez.
350. Sneezing, morning: Thuj.  
rising, after: Bov.  
waking, on: Hydras.  
and evening: Nit. ac., Sulph.  
ascending, agg.: Sol. tub. æg.  
coughing, before: Ip.
351. dust causes: Benz. ac.  
eating, agg.: Kali phos., Zinc.  
eructations, with: Ham., Lob., Phos.  
eyes, opening, on: Amm. carb., Sang. nit.  
itching, with: Strych.  
lying, agg.: Kali bich.  
nose, blowing, agg.: Carbo veg.  
rising from bed, agg.: Stach.  
sleepiness, with: Petr.  
stomach, as from: Dig.  
sunshine, in: Aur., Hydras., Merc., Sang.

- throat, vapor in, as from: Sal. ac., Thuj.  
uncovering, from: Nat. mur.  
yawning, with: Cycl., Lob.
- Snuffles*: Alum., Apoc., Ars., Cupr., Kali iod., Med., Merc.,  
Nat. mur., Sep.  
of the new born: Merc.
- Sooty nostrils*: Croc. hor.
352. *Tension*, root: Graph.
353. *Twitching*: Ambr., Glon., Lyc., Zinc.
354. *Ulcers*, septum, around: Alum., Nit. ac.  
*Upward*, tip feels drawn: Croc. casc.
355. *Air*, cool, blowing on: Olnd., Thuj.  
*Cancer*, lip, lower: Dulc.
356. *Cobwebs*, as of: Sang. nit.  
*Coldness*, left: Ars.
357. *Convulsions*, beginning in face: Kali brom.  
*Cracked*, lips: Mang.  
lower middle: Agar., Calc. carb., Chin., Nat.  
carb., Nux vom., Phos.,  
Phos. ac., Sep.  
upper: Calc. carb.  
corners of mouth: Bursa past., Iod., Lyc. (r).
- Cracking*, jaw: Cor. rub., Gamb., Strych.
358. *Discoloration*, bluish, asthma, in: Cupr.  
heat, during: Lach.  
red: Carbo veg.
359. brown, eyes, around: Lach.  
dark: Phos., Thuj.  
mottled: Lachn.
360. pale, epistaxis, with: Carbo veg., Chin., Ferr.,  
Ip., Puls., Verat.  
eyes, about: Ptel.  
heated, when: Hep.
361. red: Lachn.  
alternating with pale: Amyl. nit., Aur.,  
Cimic., Sep.
362. eyes, about: Elaps., Lappa., Maland.,  
Puls., Sil.

- nosebleed, amel.: Bell., Bapt., Erig.,  
Ferr., Meli., Nux vom.  
one sided: Ars., Bar. carb., Calc. carb.,  
Lyc., Nat. mur., Phos., Pib., Rhus tox.  
pain, when in: Cimic., Terb.  
rising, on: Verat.  
sudden: Calc. carb., Ferr., Phos.
363. sudden: Calc. carb., Ferr., Phos.
364. yellow, eyes, around: Collin., Mag. carb.  
*Distortion*, one side: Tell.  
*Drawn*, point to a: Brom.  
upper lip, drawn up: Acon., Ant. tart., Phyt.
365. *Emaciation*: Tarant. verat.  
*Eruptions*, forehead: Chin.  
mouth, corners, right: Bell., Hep., Merc., Sep.,  
Til.
368. crusty, lips: Sep.
370. pimples, forehead: Chin.  
pustules, forehead: Chin.
373. nose, inside, right: Ars.  
*Excoriated*, menses, agg.: Kreos.
374. *Expression*, absent: Camph., Graph., Mang.  
bewildered: Phos. ac.  
frightened: Cupr.  
looks in a glass to see: Nat. mur.
375. vacant: Arn., Phos., Sulph. ac.  
wretched: Nat. mur.  
*Formication*, side, left: Arg. nit.
376. Heat, burning: Cham., Puls.
377. nose, blowing, amel.: Acon.  
waking, on: Bry., Chin.  
washing with cold water, after: Euphor.
378. *Itching*: Bry.  
night: Ail., Dig., Puls., Zinc.
379. Numbness: Ruta, Tab.  
lips: Phos.  
upper: Phos.  
zygoma: Fluor. ac.

## OVI GALLINÆ PELLICULA AND OVA TOSTA\*

E. W. BERRIDGE, M. D.

*Ovi gallinæ pellicula* was prepared by Dr. Swan by triturating the fresh pellicle or lining membrane of eggshell in alcohol of 95 degrees, and then allowing it to digest for several days before potentizing it.

Some of the following provings and cases were published in an abridged form in the first volume of the *Transactions of the I. H. A.*, but the record was not only incomplete but contains several errors. The following is copied from the original day-books sent to me by the provers.

(1). Proving on a young lady by J. C. Boardman, M. D. Miss I. V., aged about 29, small, lithe, elastic figure, nervo-bilious temperament, has never taken much medicine, rather below medium height, thin in flesh, in excellent health except for the following symptoms: At the age of 16, during menses, shovelled snow, and while doing so felt something give way in left groin causing great pain extending down thigh to knee and thence to foot and toes, compelling her to keep her bed. These symptoms always appeared after slight exercise or walking, lifting, using arms, as in sweeping, dusting, reaching upwards, and especially when menstruating, which added severe bearing-down pains and increased pains in left ovary. Since age of 16 has also been constipated, going a week or more without stool, or sometimes a partial movement every four or five days. She had also a pressure against spinal column, which while it caused no pain, suggested in connection with the dysmenorrhœa, retroversion. In connection with menses, the abdomen would become greatly and painfully distended; this would begin a week before menses, continue all the time, and continue for a week after menses; it would rise and then fall, and so on. In this long period, she says if she keeps quiet, walks or stands very little, lives well, and amuses herself with light reading and music, she feels perfectly well; but any extra efforts, or exercise in walking or standing, causes her to break down with pain in the left ovarian region,

\*From original manuscripts.

thigh, knee and foot, followed by deep melancholy. Last menses commenced March 21st; on the first day they were pale; on second day there was a decided red color for about 24 hours, but they were scanty; on third day they entirely ceased. Her regular menstrual period is on the 23rd of each month; but this time it was two days earlier. Has never had what is called a "backache", her pains being all in the left groin, sometimes extending down left leg.

April 4th, took one dose of *Ovi gallinæ pellicula* CM (Swan) just before retiring. That day she was suffering severely from left ovarian region to left foot, arising from a little extra exertion. In about an hour after the dose, the pains suddenly left her and did not return.

April 5th. This morning, two or three slight piercing pains in left ovarian region. In afternoon she took a very long walk on business, but without bringing on the pains which uniformly used to occur under similar circumstances since the age of 16.

April 6th. The slight piercing pains in left ovarian region returned this morning, but not subsequently. Today she went into regular housecleaning, but there was no return of the pain or prostration, as was usual under such circumstances.

April 7th. Feels perfectly well this morning, the piercing pains not having returned. In the morning she was at real work, and in afternoon went out for a long walk shopping, but without return of pain. Urine this morning of sp. gr. 1020.

April 12th. On April 8th or 9th left off one of the light articles of her underclothing, and the result was a severe cold, but today (April 12th) it is almost entirely over; notwithstanding this severe cold, there was no return of her left ovarian pain, not even when assisting in housecleaning, and within these three days she has taken several good walks. The coryza came on suddenly, continued two or three days, and then ceased as suddenly as it came on; it was accompanied by an unusual discharge of nasal mucus, filling three or four handkerchiefs daily, and there was also tightness across chest, a great oppression, and violent cough. This was an abnormal condition with her, as she does not easily catch cold and when she does, she is not severely affected, and it passes away gradually after many days, the chest

not being much, if at all, affected, the nasal discharge quite moderate, and the cough not so severe.

April 20th. Menses commenced at 1 a. m.; menses were as usual, but there is a characteristic peculiarity—she has an exceedingly and peculiarly offensive breath at that time, and for several days preceding menses, and also after menses. A lady in the house says that when she happens to be near her, the breath is so offensive that it seems to enter her mouth and she feels it passing down directly to her uterus; she cannot tell what to compare the odor to; it is a great and terrible smell, and it comes from her breath, not her body. Bowels are now regular, or nearly so; perhaps she passes over a day once or twice.

April 23rd. Menses continued only twenty-four hours, of proper color, but very scanty; more scanty and of shorter duration than the average of previous months. Since last menses, has had occasional fits of melancholy without any appreciable cause; it passes off suddenly, like sunshine after a storm, without any apparent cause. Today she cannot bear the least pressure from her clothing, and for that reason does not wear corsets, but has her underclothing supported by straps from her shoulders, and wears her dresses as loosely made as possible; this passed away in a few days. This morning, had a return of the small shooting pains in left ovarian region; they passed off in a few minutes; such pains have appeared at intervals since taking the medicine. The night preceding last menses was awakened about 1 a. m. with a pushing downward sensation in lower abdomen, as though the blood might rush out in torrents; the suffering was intense and continued about one hour, but no blood or fluid really escaped; during this pain, abdomen was distressingly distended, a feeling as if she must burst. The following night at the same time, menses appeared, of normal color and more scanty than usual, and ceasing altogether in 24 hours. These premenstrual symptoms are quite new. There was no enlargement of abdomen before last menses, except that which occurred during the pushing down pain; neither was there any even on the day of the menses, till the evening, and next morning on rising it had passed away, and did not return.

April 24th. At 11:30 a. m., while playing on banjo, was sud-



denly seized with strange feelings, a whirling sensation in head, sense of depression, weakness, and a giving-way feeling; felt most in legs, particularly in knees; this was followed by a pushing down rushing feeling in uterus, and this was followed immediately by a profuse flow of blood which came rushing out, flowing freely for about an hour, and then ceasing; as it flowed, the other symptoms passed away. There was no fulness or enlargement of abdomen all this time, nor any pains except the downward pushing and rushing. These symptoms are quite new to her.

April 26th. At 8:30 a. m. was seized with a pain in epigastric region which passed downwards in middle line of body; then pain in left ovarian region, then in left hip, then down posterior side of left thigh to hollow of left knee; at the same time, a sense of great weakness in left side and particularly in left leg; then began another discharge of blood from uterus, which continued moderately for about fifteen minutes. These flows seem to be an affair of every other day; for instance, April 20th at 1 a. m., (the regular period); then April 22d, morning, moderately; then April 24th, morning; then April 26th, morning.

April 27th. At noon, a heavy pressing-down sensation in lower abdomen; had the same pressure in abdomen the day before the menses of April 20th.

April 28th. A feeling as though menses were coming on, but they did not.

April 30th. At 8:30 a. m., a very sharp pain passed from epigastric region in a direct line to left ovary; this was repeated at intervals three or four times during day, each time the pain being only momentary. Since menses ceased has had leucorrhœa, thick, white, cream-like in consistence, preceded by sharp pains in uterus as during menses; the leucorrhœa continued about as long as the menses had done during last week; but it occurred every morning, whereas the menses last week were every other day. She never had leucorrhœa before, except once in a very great while after some unusual exertion and fatigue, when there would be a very slight momentary appearance of something like it. It is now considerable in quantity, when it comes on, but does not cause any sense of debility.

About May 4th, suddenly felt a sharp pain in left lower ab-

domen; and at or about the same time, felt as if something had tumbled, rolled or fallen over in the uterine region to the left; she thinks her uterus turned over; it occurred when in the stooping posture. No symptoms followed; no pain, blood, or leucorrhœa.

May 11th. Since last event, has been feeling exceedingly well, has seemed more a thing of life, taking long walks; is more joyous and happy; seemingly no bad effects from protracted walks; seems to enjoy life more in every way; not so often depressed in spirits.

May 26th. Menses appeared on 18th, bright red, but very scanty indeed; less in quantity than at any previous period; continued about 24 hours. Two days after their cessation, complained of soreness and aching pains in abdomen; she said the suffering was so great that at times she could scarcely stand; the soreness did not seem increased by external pressure; the soreness and pain in abdomen continued for one day, and then ceased altogether. There was no enlargement of abdomen as formerly, nor any return of the former pain in left side, groin or leg. Since then she seems fretful, discontented, and complains of her great disappointment in not having freer menses.

June 1st. Took one dose of *Ovi gall. pellic. CMM* (Swan) at 5 p. m.

June 11th. No longer cross, irritable, or fretful, and seems more contented and happy.

June 16th. Menses appeared, attended with a severe backache, which she never had before; menses deeper red; stopped at night and returned next day, and so off and on for two or three days; though scanty, were more free than formerly.

July 1st. Took one dose of *Ova tosta CM* (Swan).

July 9th, 10th, 11th. Suffered much from headache, alternating with her old left-sided pains.

July 12th, 13th. Free from all pains; feels perfectly comfortable.

July 14th. Early this morning, menses came on rather freely for her, attended with almost unendurable uterine pains; this continued all day and evening.

July 15th. Menses continued more or less all day, with now and then some uterine pains.

July 16th. Early morning, menses moderate; no uterine pains. Menses stopped early in forenoon. In evening returned from a picnic, has been rowing on the lake, and is in fine spirits.

Aug. 8th. For several days past has had symptoms new to her—at intervals, severe prickling pains apparently in *os uteri*. At the same time a pressure downwards attended with intense aching and a desire to keep her thighs wide apart.

Aug. 27th. Has had better health since last menses, though it was then more scanty than before; and now and then her body bloats, then in a few hours the swelling disappears. Her former left-sided pains are scarcely noticed in these days.

(2). (The name of the physician who cured this case has been unfortunately omitted in my record.)

Mrs. X complained of the following symptoms: Stitching pains constantly in region of heart. Feeling as if the heart was too narrow, especially on left side thereof, which feels smaller than the right. Dull pain from heart to left ovary. Pain extending all over stomach and abdomen. Dragging-down as if *prolapsus uteri* would occur. Stitches in left ovary day and night, running down into vagina. Menses scanty; before menses, scalding leucorrhœa. Fulness in vagina, hindering walking. Walking brings on a tired feeling in both groins, especially the left. Often has diarrhœa, frequently mixed with long strips of "corrupted skin". Often no stool for three days. General debility. Fanciful appetite. Losing flesh. Haggard look; sunken eyes. Skin discolored, dark. Melancholy and downhearted. Has suffered thus from Nov. 10th to the middle of December, 1883. Was cured with seven doses of *Ovi gallinæ pellicula* cmm (Swan).

(3). Proving on a man, by J. C. Boardman, M. D.

1883, July 26th. Mr. F., aged about 30. Had typhoid pneumonia about three years ago; during his convalescence constant pain in renal region. This pain is now worse than ever; he suffers dreadfully at times, worse on stooping or bending forwards; it then not only aches but as he is in the act of stooping, a terrible sharp pain passes through the spine laterally; when sitting or lying for a time he is comparatively comfortable. I gave him one dose of *Ova tosta* cm (Swan). He remained in my office for a while, and then noticed some new symptoms, *viz.*, a pain start-

ing from the affected spot (apparently one or more of the lumbar vertebræ) across abdomen, from both sides simultaneously, but most perceptible from the left side; then a soreness seemed to diffuse itself over the whole abdomen, felt most in stomach-pit. He then left my office in this condition.

Aug. 4th. Brings the following report. Feels a great deal worse and has been getting worse all the time. His greatest suffering is the return of sharp pains between two of the lumbar vertebræ, felt laterally, upon rising, and increased by stooping. On July 30th, had increasing pains in small of back and base of spine. On July 31st pain in back, gradually working over to stomach or bowels. Aug. 1st to 3rd, excessive pain in back and stomach and griping pain and cramps in bowels; slight looseness of bowels. Last night he had diarrhœa and griping pain in epigastrium and particularly in stomach-pit; and griping pain and cramps in bowels attended with diarrhœa.

Aug. 8th. Reports all the pains and most of the soreness gone, but his back is the same as before he took the dose.

Aug. 12th. His spinal pain has changed to a severe pain in liver, under short ribs; it was exceedingly severe. I now gave him one dose of *Ova tosta* cmm (Swan). The pain almost immediately passed down into right knee and afterwards ceased. All he subsequently noticed was a weakness on extra exercise.

(4). Case by J. C. Boardman, M. D.

Dec. 4th, 1883. Mrs. X, a widow of middle age, complains of the heart feeling heavy, dull, numb, just as the foot feels when asleep; this has been so for many years. I gave her one dose of *Ovi gallinæ pellicula* 200 (Swan). Almost immediately she began to get relief, and in ten minutes it had entirely ceased. When seen four weeks later, it had not returned in the least.

(5). Proving under Dr. Swan's direction.

Mrs. M. B. took several doses of *Ovi gallinæ pellicula* 30, commencing about April 1st.

2nd day. Sore throat on left side, as if it had been scalded; continued several days only at night. Catarrh with hard clinkers hawked back, which would invariably shoot down the throat; it came at 10 a. m., 3 p. m., and 10 p. m.

2nd and 3rd day. Aching pain in afternoon from back of

left ear extending down towards shoulder, half way from neck. An ache over left hip seems to extend in deep; this disappeared during menses, and reappeared when menses ceased.

4th day. Pains and aches in uterine region and left ovary as if menses were coming on, though they are not due for 18 days. Itching of right labia extending outwards to the edge.

5th day. A congested suffocative feeling in chest as from wind in the centre of under the sternum; beating it with the hand temporarily relieves, apparently by jarring. (Possibly a cardiac symptom).

April 18th. When riding in the cars sudden bright hæmorrhage from rectum; a severe pain across sacrum.

April 19th. Menses appeared; the same day had another hæmorrhage from bowels, followed by burning at anus.

April 20th. Awakened at night by great heat in sacral region, rest of body cool; a good deal of aching pain across sacrum and nates.

April 21st. Lay awake all night, as is usual before menses. Sleepy all the time and tired; can go to sleep any time day or night. During sleep, and immediately on going to sleep, the whole body jerked. Between 10 a. m. and 3 p. m. taken suddenly with intense drowsiness, sometimes overcoming the will to keep awake. Especially sleepy during menses. After menses, slight pains in anterior part of left thigh. Sore spot on pressure in left ovary; also mammæ sore and sensitive to pressure.

May 17th. Menses commenced at 5 p. m., flowed all night, colorless, profuse, saturating the clothing.

May 18th. In morning menses began to be bright red, fluid, profuse, painless, saturating five napkins during day. Menses preceded for 24 hours by depression of spirits, and dull dragging pains in lower abdomen. Between 4 and 5 p. m., after a natural stool, had another hæmorrhage from bowels as on April 18th and 19th. Every time she sneezes or coughs the urine spurts out, but only since menses ceased. Urine scalds vulva on right side, which itches intensely. Between menses, left side of abdomen very sore, with sharp pains occasionally darting through it; also a bearing-down as if a weight were hanging to uterus.

(6). Case by J. C. Boardman, M. D.

Mrs. P., aged 30, has suffered for years at intervals when under some mental or physical excitement; finally she was troubled more or less when fatigued; the suffering took the form of congestion of heart. In one attack, in addition to the usual dull heavy aching feeling, there was a heavy, numb, cold feeling internally in chest, like a cold stone. She is easily excited to rage, when she is sure to have an attack. The remedies given would relieve, but did not cure.

April 27th. Last evening had a very severe attack. At 8 p. m. I gave her one dose of *Ovi gallinæ pellicula* CM (Swan). In 15 minutes, had a sharp pain in region of heart passing down directly into bowels; at the same time she had to hasten to a privy, and a large volume of fluid flowed from her bowels with a pleasant smooth oily sensation, and not like fæces; as it was dark, she could not ascertain if it was blood, which it seemed like. Slept splendidly and woke without any annoying feeling in heart, which she had not done before for a great while. She got very angry next morning at the fish market, was never more mad in her life; yet after all that strain, her heart was quiet and did not trouble her.

May 1st. This morning was awakened with a feeling exactly like a bee sting in heart or cardiac region; she never had it before.

May 5th. At 2 p. m., felt suddenly a single thump or blow in heart.

May 7th. All day long, felt great uneasiness and sense of dull weight in cardiac region. In evening I gave her one dose of *Ovi gallinæ pellicula* CMM (Swan). In a few minutes had a sweetish taste, a taste of blood, in mouth; but at the same time, the great heart suffering began to diminish slowly. Finally, in about 15 minutes more, left nostril began to bleed freely, and did not cease till it had half filled a teacup; the blood was bright red. During childhood, frequently bled at nose, but always from both nostrils; very seldom since menses first appeared, and then only just before menses, and from both nostrils; and even this has not happened for several years.

May 8th, wrote "My heart and whole life and whole body are as light as a feather; I feel in great delight; perfectly well."

May 12th. Menses appeared today at regular time. The first day had what seemed labor pains in uterus, pushing downwards; passed several times during day large masses of clots like pieces of liver; after this day, the flow was fluid and free for a whole week. Never passed clots before.

(7). Case by Dr. Boardman.

Miss Clara H., aged 22, a perfect blonde. Has had leucorrhœa since childhood, like albumen or white of egg. Menses regular, scanty, painless, nearly colorless.

May 12th. Menses appeared as usual. Gave her a dose of *Ovi gallinæ pellicula* cmm (Swan) in evening. Next morning had such pains as "healthy" women generally have the first day, and the flow was bright red all that day for the first time in her life; it was not very free, and ceased on 16th. Has had better health ever since.

June 9th. Menses appeared today, at regular time; bright red, more abundant, lasting five days.

(8). Case by Dr. Swan.

Sarah S. March 21st. Menses suppressed for six months; pain in sacral region, hard lump in stomach-pit and vomiting. Gave two doses of *Ovi gallinæ pellicula* cm (Swan). Next day all symptoms gone.

April 22d. Being full moon, she menstruated naturally, and it lasted four days.

April 29th. Vomited a clot of blood.

(9). Dr. Swan's case.

Mary McG. March 31st. Menses suppressed for ten months; could elicit no other symptoms. Gave two doses of *Ovi gallinæ pellicula* cm (Swan).

April 22d. Being full moon, menses returned, and lasted one week; flow dark and clotted.

(10). Dr. Swan's case.

Lillie P. May 12th. Menses had ceased for four months; no other symptoms obtained. Gave two doses of *Ovi gallinæ pellicula* cm (Swan).

May 23rd. Menses returned, natural in color and quantity.

(11). Dr. Swan's case.

In a case of apparently malignant disease of uterus, the first dose of *Ovi gallinæ pellicula* caused an aggravation and increase

of hæmorrhage, followed next day by great improvement lasting three weeks; the hæmorrhage ceased, and she was able to leave her bed. At the end of this time, the curative action seemed to cease; a repetition of the medicine did no good, but *Pyrogen* improved her greatly and continuously.

(12). In *Advance*, May 1885, p. 550, Dr. Gilbert publishes a case of diarrhœa cured by the 30th potency of *Ovi gallinæ pellicula*, the keynote being "after stool, so exhausted in bowels that she was obliged to lie down".

In studying the materia medica, special attention should be paid to what are termed *characteristic* symptoms. Characteristic symptoms are those which distinguish each drug from all others. Taking two or more drugs, capable of producing nearly the same general effects, you will find among them some dissimilar feature which serves to distinguish each one; this dissimilar feature is its characteristic. To illustrate, *Pulsatilla* and *Cyclamen* bear a close resemblance to each other, except as regards the mental phenomena presented; under *Pulsatilla* we find a mild, yielding, weeping disposition, while under *Cyclamen* we find the patient obstinate, irritable and fault-finding, and these features are the *characteristics* which should decide us in the choice of either remedy.—A. R. MORGAN, M. D., 1866.

So exact and definite is our system of cure, that the scientific homœopathician is able, long before the advent of an approaching epidemic, to predict, with almost absolute certainty, the remedies best adapted to meet it. Hahnemann thus anticipated Asiatic cholera while it yet raged with terrible fatality in India. He proclaimed that *Camphor*, *Cuprum* and *Veratrum album* would stay the ravages of that fell destroyer, and the splendid results of homœopathic treatment in that disease arrested the attention of the civilized world and vindicated the soundness of his philosophy.

If such accuracy was attainable in the infancy of our science, how vastly superior, with our relatively increased knowledge, should be its scope today, and if thus powerful in the growing strength of our stalwart youth, who shall predict or venture to bound its future?—A. R. MORGAN, M. D., 1866.

## LAZINESS

C. GORDON, M. D.

In the rush and bustle of modern life, how many are there who take time to eat? They hurry in from office or mill or workshop, rapidly fill their stomachs and hasten back to work. And these same people would be astounded if one told them that they were lazy. Yet that accusation can be justified. They are hungry. Hunger means an empty stomach. The stomach must be filled in the shortest possible time and so the food is pushed in and washed down and the digestive system left to get on with its job as best it can.

May not that be characterized as laziness? Does "eating" merely signify filling the stomach, regardless of the pabulum and the means used? Surely not. Does not one's daily work proclaim *ad infinitum* that the vast majority of people are appallingly ignorant of how to eat and too lazy to exercise a little common sense about it?

How few there be who can truthfully say that they come hungry to every meal, and fewer still who have sense enough to refrain from eating when they are not hungry. The stomach has been filled at the last meal in the manner described above, (no leaving off while still hungry for such as these), and before it has time to deal with it and also get rid of the resultant evils, another meal is taken. No wonder these people are never hungry.

"Indigestion," flatulence, acidity, heartburn, gastric and duodenal ulcer, gastroptosis, enteroptosis, constipation, even cancer—are not all these possible results? How? Well, what processes are included under "eating"? I should say three, salivation, mastication, deglutition.

**SALIVATION.** The sight or smell of food induces in the hungry an outpouring of saliva. What is its purpose? To act as a lubricant and enable one to swallow the food more quickly, say ignorance, laziness and impatience. Not so. Lubrication may be a part of its duty but its more essential use is to digest starch and in order to attain that end it must be thoroughly mixed with the food.

**MASTICATION.** The lazy ones masticate just long enough to enable them to gulp the food down, whether its passage is hastened by a mouthful of some liquid or not. The real purpose of mastication is twofold: (1) Maceration, reducing food to pulp so that digestive juices can reach every particle, and (2) thorough admixture of food with saliva so that all starch will be digested.

**DEGLUTITION,** not an action to be inaugurated at the earliest possible moment, but a passive involuntary process following the completion of mastication. Chew a mouthful of bread until there is nothing left to chew and you will find that most of it has disappeared though you are not conscious of having swallowed it. Repeat that with every mouthful of solids or semi-solids, and when you have thoroughly accustomed yourself to this method, it will be uncomfortable or even painful to swallow anything that is insufficiently masticated.

"Haven't time," say laziness and impatience. No? Well, make your choice. Either take time to eat correctly or, a few years later, *make* time to be in your doctor's hands, to be off work at intervals, to be in hospital for weeks, to have operations or, perhaps, finally to hear that dread word, "inoperable" "Haven't time?" You *may* take ten minutes longer over your meal, but you require less food because you get the last ounce of nourishment out of what you do eat. Is not it worth while even to save your pocket?

Now eating is finished, what is the next stage? Stomach, filled by the lazy ones with chunks of solids which cannot quickly be penetrated by the gastric juice, diluted as it is by the liquids used to wash down said chunks. Digestion, therefore, is delayed, and the stomach is not fully rested before the next meal is pushed in; when it *is* accomplished, what is the state of affairs? Fats and proteids and some starch have been dealt with and passed on to the bowel digestion, but a mass of undigested starch is left behind. In the effort to do something with it, the stomach pours out more acid which, not being able to tackle un-salivated starch, is left "free" and becomes the source of acidity and heartburn and, in some constitutions, ulceration and, eventually, carcinoma if they escape perforation. The starch decom-

poses into gases causing flatulence and distension with all their attendant ills.

R. W., 45. Clerk. 2-3-31. Complained of abdominal pain last two months, right or left iliac or umbilical. At first, pain began about 7 p. m., and ceased on going to bed; now comes any time; gnawing, not acute; becoming more frequent and more severe; < cough; slightly > passing flatus. Took all meals in a hurry, alternating bite and sup. Can eat anything. Craves strong tea and highly seasoned food. Smoking three ounces of pipe tobacco and 60 cigarettes a week. Constipation. Stomach dilated and slightly ptosed. TREATMENT. Stop cigarettes and reduce pipe tobacco to 2 ounces. Moderate strength of tea. Take all meals dry and drink afterwards. Masticate thoroughly. Avoid beef, liver, pork and bacon. For constipation, stop cascara, and take olive oil at bedtime and half a pint of cold water on rising in the morning. No medicine given.

30-3-31. Very much better. Abdominal pain much less, though severe one day after beef. Bowels still costive, but has not taken any cascara. This is an illustration of what can be done even without the aid of the *simillimum*.

So far the laziness has been laid entirely at the patients' door. But are we altogether blameless? Are we educating our patients in these important matters or waiting till they come to us in need of treatment? Some teaching will fall on deaf ears—the ears of those who refuse to profit by the mistakes of others, but some will be forewarned and saved much needless suffering. So much is heard now-a-days of preventive medicine. The correct ingestion of nourishment is one aspect of preventive medicine, and one that is of far greater value than many vaccines and so-called specifics.

Here is another. During school-days we are playing games or taking strenuous exercise of one kind or another and, consciously or unconsciously, keeping our muscles fit. But what of those who afterwards go to sedentary occupations? For the first few years many keep themselves fit by games, gymnasium, swimming, etc., but sooner or later comes a day when these fail to attract, and laziness begins to hold sway. Then that most impor-

tant group of muscles, the abdominal wall, becomes slack and fatty, no longer able to keep the organs in their places. Ptosis in greater or lesser degree becomes the order of the day and many evils follow in its train, of which I will mention two as subjects for remark.

1. Constipation. Laziness knows at once what to do for this; the only possible cure is a purgative whose name is legion. Is it? What did Isaac Newton say in the 17th century? "To every action there is an equal and opposite reaction." To every action of a dose of opening medicine comes unfailingly the reaction of increased constipation. The bowel is being taught to wait for the artificial stimulus instead of initiating peristalsis by natural means.

2. Increasing weight and the drag on abdominal organs causing dyspnoea, discomfort in walking, a tendency to catch the feet and trip, etc., etc. If one is to believe the innumerable advertisements in public and medical papers, the only cure for a pendulous abdomen is some form of belt or corset, and laziness would rather spend money on these than bestir himself or herself to obtain a real cure.

In both conditions, the essence of cure consists not solely in medicinal treatment but also in restoring and maintaining muscle tone and the integrity of the abdominal wall. The passive movements of massage and a belt may be needed in the initial stages, but these should be regarded merely as a means to an end, not as a permanent substitute for muscular activity, and as soon as possible suitable exercises should be begun and continued as long as the patient has the vitality to do them. Of course, diet should be regulated according to individual needs, and half a pint of cold water taken first thing in the morning is a great help towards encouraging natural bowel action; it matters not at all whether it is taken quickly or sipped, but it must be swallowed cold.

The following simple abdominal exercise I have found invaluable: Any clothing which prevents full expansion of chest and abdomen must be removed. Lie flat on the back. Fill the lungs to capacity, hold the breath and, while doing so, alter-

nately contract and expand the abdomen at the rate of fifteen contractions to the half-minute.

This keeps the abdominal muscles in excellent condition, and massages the abdominal organs; if practised before rising in the morning, it starts peristalsis and obviates constipation; it will shift obstructed flatulence more quickly than anything else that I know of.

I have only touched upon a very few of the innumerable ramifications as regards both causes and effects, of the conditions mentioned here. It would need a book to cover them.

The aim of this somewhat rambling paper is to show (1) that these digestive disorders are frequently avoidable; (2) that the unguided patient almost invariably goes the wrong way to get rid of them; (3) that it is our duty to educate our patients and to show them that the use of artificial aids, be they indigestion tablets, purgatives, belts, arch-supports, etc., etc., are only palliatives and therefore almost always harmful, and that the road to health may be arduous but is infinitely worth while.

EDINBURGH, SCOTLAND.

We use the term science as distinct from that of art, in its relation to homœopathy, because art is human, arbitrary, capricious, fitful, fleeting, and depends solely upon the personal creative genius of the artist, while science is based on fixed, un-deviating and eternal principles in nature. Man, in developing science, does not originate, but merely discovers, works out and adapts what has always existed behind the veil of human ignorance. Discoveries in science are but occasional glimpses at the methods of the great Creator. Science is inflexible and omnipotent; it is the economy of the Supreme Intelligence. Science does not spring suddenly into full maturity, like Minerva from the brain of Jove, for it extends to the infinite, and demands the arduous, patient, persevering labor of lives. We advance in its light just in proportion to our opportunity and ability to seek out, grasp and retain truth.—A. R. MORGAN, M. D., 1866.

## A STUDY OF HOMŒOPATHIC REMEDIES IN RELATION TO RHEUMATIC TROUBLES\*

H. A. ROBERTS, M. D.

### ABROTANUM ARTIMISIA

This remedy is useful in rheumatism from checked diarrhœa, with inability to move, with great pain but no swelling; also early in inflammatory rheumatism before swelling begins, but when there is great pain on slightest motion; in gouty conditions of the wrist and ankles alternated with hæmorrhoidal troubles. It is a valuable remedy in metastases of acute diseases when taking a rheumatic course, especially if the heart is attacked.

HEART: SHARP AND SEVERE PAIN ACROSS THE CHEST IN REGION OF HEART. PULSE WEAK AND SMALL.

NECK AND BACK: Weak back. Drawing pain in chest muscles, especially on motion. PAIN IN SACRUM.

SUPERIOR EXTREMITIES: (Fugitive pains in shoulders at night preventing sleep.) Aching pain from shoulder joint to elbow. Numb sensation in fingers. Dull aching in fingers. GOUTY INFLAMMATION IN WRISTS.

INFERIOR EXTREMITIES: Drawing in ankle joint. Deadness and coldness of feet. GOUTY INFLAMMATION OF ANKLE.

EXTREMITIES IN GENERAL: INABILITY TO MOVE ARMS; LEGS ONLY WITH DIFFICULTY.

CONCOMITANTS: VERY LAME AND SORE ALL OVER. GREAT WEAKNESS AND PROSTRATION. HIGH FEVER. ALTERNATE DIARRHŒA AND CONSTIPATION. RHEUMATISM AFTER CHECKED DIARRHŒA. HÆMORRHOIDS GET WORSE AS RHEUMATISM GETS BETTER.

### GRINDELIA ROBUSTA

*Grindelia* has marked rheumatic troubles of the eye resulting from exposure to cold or metastasis from some other part, always with intense pain and high fever.

EYES: RHEUMATIC IRITIS FROM EXPOSURE TO COLD OR METASTA-

\*Continued from June Recorder.

SIS OF RHEUMATISM; PAIN IS INTENSE, RUNNING DIRECTLY BACK TO THE BRAIN, < ON MOVING EYES.

CONCOMITANTS: HIGH FEVER. FEAR OF GOING TO SLEEP ON ACCOUNT OF LOSS OF BREATH, WHICH AWAKENS HIM.

## IGNATIA

The singularly contradictory character, both mental and physical, of *Ignatia*, gives an insight into the sphere of usefulness in whatever condition. The pains are acute and excruciating in character; the aggravations and ameliorations are peculiar and marked, and when taken in connection with the concomitant symptoms point unmistakably to its selection.

EYES: *Rheumatic ophthalmia with feeling of sand in eye.*

NECK AND BACK: STIFFNESS OF NAPE OF NECK. STITCHES IN NAPE OF NECK. *Tensive pain in back on standing erect.* SIMPLE PAIN IN BACK WHICH IS APT TO BECOME EXCESSIVE FROM SLIGHTEST TOUCH; *jerking pain through body.* STITCHES IN SMALL OF BACK. SHARP CUTTING STITCHES IN BACK, *through loins into legs.* PAIN IN SACRUM WHEN LYING DOWN IN BED MORNINGS. Violent pain in small of back like clawing and working together.

SUPERIOR EXTREMITIES: *Quivering jerks in deltoid muscle.* PAIN IN SHOULDER JOINT AS IF DISLOCATED *on moving arm.* LANCINATING CUTTING PAIN IN SHOULDER JOINT *when bending arm forward.* *Bruised pain in joints of arms when bending them backward.* NUMBNESS OF ARM AT NIGHT IN BED. Drawing pains in arms.

INFERIOR EXTREMITIES: *Lancinating, cutting pain in hip joint.* PAIN INCISIVE, THROBBING, INTERMITTENT—AT FIRST EVERY OTHER DAY, THEN EVERY DAY; RETURNS EVERY WINTER ALONG THE COURSE OF THE SCIATIC NERVE. *Paroxysmal tearing, boring, digging pains along course of sciatic nerve, preceded by intense coldness, < at night, lasting from one to three hours.* BEATING PAIN *in ischial region as though it would burst hip joint, intermittent with chilliness and < at night.* TEARING PAINS IN BACK OF LEGS. Cracking of knee joints. TEARING PAINS IN BACK OF BOTH LEGS, ESPECIALLY CALVES AND TENDO ACHILLES, AS THOUGH PARTS WOULD BE CUT OFF, < *when standing or on motion.* Numbness of feet and legs. *Bruised or stinging sensation in soles of feet.*

EXTREMITIES IN GENERAL: SINGLE JERKS OF MUSCLES WHEN FALLING ASLEEP. LIMBS GO TO SLEEP EASILY. PAIN AS IF DISLOCATED IN SHOULDER, HIP AND KNEE JOINTS. *Neuralgic pains in all the limbs.*

CONCOMITANTS: MELANCHOLY; SILENT GRIEF, BROODING OVER SORROWS. VERY SENSITIVE CONSCIENTIOUSNESS. PAIN IN HEAD AS IF NAIL WERE DRIVEN OUT THROUGH SIDE. SORE THROAT > FROM SWALLOWING. *Heat without thirst.* CHILL WITH RED FACE. EXTREME AVERSION TO TOBACCO. DURING FEVER WANTS TO BE COVERED; DURING CHILL THIRSTY AND DOES NOT WANT COVERING. WEAKNESS.

AGGRAVATIONS: MORNINGS. IMMEDIATELY AFTER SLEEP. EVENINGS AFTER LYING DOWN. FROM SLIGHT TOUCH. FROM TOBACCO AND COFFEE. WALKING FAST. *Winter.*

AMELIORATIONS: WHEN LYING ON BACK IN EVENING. CHANGE OF POSITION. *Firm pressure.* EXTERNAL WARMTH.

## HEPAR SULPHUR CALCAREA

*Hepar* is especially to be thought of after the abuse of mercury in scrofulous patients when the marked indications for the remedy are present. In rheumatic troubles, the result of exposure to cold dry winds, and in suppurative articular arthritis it is one of the first remedies in importance. In all articular affections the hot red swollen joint with the marked aggravation from touch and the relief from wrapping the joint up warmly, together with the general symptoms of *Hepar*, make a picture not seen elsewhere in our materia medica.

NECK AND BACK: *Drawing pains between the scapulae.* Great weakness of whole spine. BRUISED SENSATION IN SMALL OF BACK. *Sharp pressive pain, as if from bruises, in small of back and lumbar vertebrae, worse at sacro-iliac symphysis, felt constantly.* *Stitches with rheumatic pains in back.*

SUPERIOR EXTREMITIES: *Pain in shoulder as if a weight were resting upon it.* TEARING IN ARMS, EXTENDING TOWARDS THE BREST. BRUISED SENSATION IN THE HUMERUS. HOT RED SWELLING OF JOINTS OF FINGERS AND HANDS. *Swelling of fingers of both hands with stiffness.* Tingling in tips of fingers.



INFERIOR EXTREMITIES: SPRAINED PAIN IN LEFT HIP WHEN WALKING. Buttocks and posterior thigh painful when sitting. Sensation of soreness in thighs. Bruised pain in anterior muscles of thighs. Bruised pain in knee joint. Swelling of knee joint. Cramps in calves. Swelling of foot about the ankle. Pain as if he had taken a misstep, in foot after taking cold. Cramps in soles and toes. Burning, stinging pains in toes. VIOLENT STITCH EXTENDING TO GREAT TOE. Gout with arthritis.

EXTREMITIES IN GENERAL: BRUISED FEELING WITH WEAKNESS IN LIMBS. Drawing pain in limbs, especially mornings. RHEUMATIC PAINS AFTER THE ABUSE OF MERCURY. RHEUMATIC PAINS IN LIMBS WITH STITCHES IN JOINTS.

JOINTS: RED AND HOT SWELLING.

CONCOMITANTS: FRETFUL AND IRRITABLE MOOD. FAINTING FROM A SLIGHT PAIN. SENSATION AS OF A PLUG IN ONE HALF OF THE BRAIN. PURULENT CONJUNCTIVITIS. STICKING IN THROAT AS OF A SPLINTER. SWELLING AND SUPPURATION OF GLANDS. CROUPY COUGH. CANNOT BEAR TO BE UNCOVERED. GREAT CHILLINESS IN OPEN AIR. SWEATS EASILY; SOUR OFFENSIVE SWEATS. UNHEALTHY SUPPURATIVE SKIN; SLIGHT INJURIES SUPPURATE.

AGGRAVATIONS: AT NIGHT. COLD DRY AIR. AFTER BECOMING COLD. IN DRAFTS. DRY WEATHER. WHEN LYING ON PAINFUL SIDE. AFTER ABUSE OF MERCURY. MOTION. WHILE RISING FROM BED. STOOPING. TOUCH OF PART. UNCOVERING. WALKING. GETTING WET. NORTHWEST WIND. WINTER.

AMELIORATIONS: WARMTH. WRAPPING UP WARMLY.

DERBY, CONN.

It is of the utmost importance that our materia medica should always retain this quality of "purity", this freedom from fiction and from hypothesis. Very justly, therefore, do the leaders of our school denounce and discourage all attempts to incorporate into the materia medica speculations upon the *modus operandi* of remedies, and inferences concerning the diseases which they may be likely to cure.—CARROLL DUNHAM, M. D., 1865.

## CASE REPORTS

CHARLES A. DIXON, M. D.

This month I want to tell you some of the things *not* to do. I think one of the classics in homœopathic literature is Kent's second prescription. I wish I could place that thirty-sixth chapter of his lectures on *Homœopathic Philosophy* on every homœopathic physician's desk that they might read it over and over again till they knew it *verbatim*. Unfortunately this book is now out of print and only an occasional copy may be picked up. Some day I trust some philanthropic individual will give us the money to print another edition.\*

This second prescription is just as important as the first one and in *many* ways, more so. I am going to give you a case report illustrating this point, but first I want to tell you more about the *whys*, believing I am well qualified to talk on this subject because of over thirty years' experience in trying to un-snarl the tangles resulting from good, bad, and indifferent homœopathic prescribing. I wish to speak a word or two here in defense (or extenuation) of my high potency colleagues as well as myself, for I am sure my position is not a unique one. We become known over a large territory as practising a different kind of homœopathy, and people in the extremities of an obstinate or baffling illness suddenly decide to try us out, which results in the aforesaid snarls and tangles. It would be amusing if it were not so pathetic. I think the homœopathic doctor and his family is the worst. Why? Because, almost invariably, there have been too many doses of too many remedies given the patient. Drug provings and symptoms all in a snarl. The pathetic side of it is that we are supposed to be wizards and establish "harmony within" pronto. So many of these cases result in disaster that it is no wonder we high potency men dread to see them appear. The handling of these cases is nearly always a problem. If it is a real emergency, a palliative remedy is justified. If time can be taken the only thing to do is to wait until the turmoil subsides. Perhaps an antidote may be found, perhaps time and *Placebo* is the only solution. In any event, *don't* prescribe a remedy until

\*This book was reprinted in 1929 and may be secured from Ehrhart & Karl.—ED.

the drug picture is before you. I do not know of a harder thing to do than to passively wait, I won't attempt to tell you how long, it may be months rather than weeks or days. Now is the time you need your philosophy. Get the patient interested in it, tell them how a remedy is chosen and how a cure comes about, your success depends on arousing their interest and cooperation. Even so, many failures accumulate because the materialists cannot grasp the infinitesimal. Don't let these failures depress you, just lean on your philosophy and realize that evolution is a matter of ages rather than years, that this is a material age we are living in and the masses are not prepared to follow us.

Now, assuming that we have waited till we have the drug picture and have given the remedy. We have now very definite laws to follow, and I want to give you a few *don'ts* so that you won't fail to cure your patient.

Don't lose sight of your philosophy.

Don't be worried about the so-called limitations of the homœopathic remedy. The limits are so far beyond the ken of these materialists who are always haranguing about it, that we need not be disturbed.

If your patient is better, even though new symptoms appear, *don't* repeat when improvement ceases. Wait until there is a return of the old symptoms on which you made the first prescription. Kent has told you all of this in that thirty-sixth chapter much better than I have, and that is just why I have said that I wish every physician would memorize the whole lecture.

My case report this month will be an interesting study because I was able to uncover an old syphilitic condition that had been treated in the routine manner twenty-two years previously and which the lady assured me had been all cleared up and forgotten. She had never enjoyed good health since a miscarriage and severe hæmorrhage at the age of twenty-seven. She came to me from a clinic with a diagnosis of a distended and relaxed stomach, weight 103 (formerly 155). The outstanding symptoms were, emaciation, anorexia, irritability.

Without elaborating any more on history I will give you the findings, and rubrics selected in her chart:

Aggravated from drafts, Kent's *Repertory*, p. 1344.

Aggravated mornings, Kent's *Repertory*, p. 1341.

Emaciation, Kent's *Repertory*, p. 1357.

Irritability, Kent's *Repertory*, p. 57.

Craves sweets and fats, Kent's *Repertory*, pp. 485-6.

Fears robbers, Kent's *Repertory*, p. 47.

Vertigo from heights, Kent's *Repertory*, p. 100.

*Sulphur* runs high, and the only remedy appearing in all the rubrics, *Calc. carb.*, is next, and *Nitric acid* third, *Nux vom.* showing equal strength for third.

The lady was given a powder of *Sulphur* 1M July 17, 1930 with instructions to report in one week, at which time there had been no change in the symptoms and no relief. *Placebo* was given *ad liberatum* because I was leaving the city for three weeks. Her next visit was Aug. 22. I found there had been considerable stirring up of old symptoms but no improvement. She is discouraged and disgusted. It surely was a situation that would tempt a man to change his remedy, but I did not do it. I think I talked to her and her husband for fully an hour about the philosophy of how a correct remedy worked through in a chronic case. How it first had to work on back through old complaints that had been treated in a suppressive manner and that this remedy of mine was doing just that. That is what Garth Boericke calls selling homœopathy or making the patient homœopathy conscious in a mighty fine article appearing in the current issue of the *A. I. H. Journal*, and after all is said and done it often turns defeat into a glorious victory. Now to resume. The patient is persuaded to continue the experiment and reports back Sept. 9th feeling very much worse but with a pretty picture of *Nitric acid*, which you remember was tied with *Nux vom.* for third place on her chart. Red mouth and tongue, bleeding gums, putrid odor, irritability up to the nth degree. Have we turned back to the old syphilis? Her blood Wasserman was negative at the clinic. Anyhow she took a powder of *Nitric acid* 1M before she left the office, and improvement has been startling since that date. She now weighs 124 pounds, has lost her irritability, does her housework and enjoys it. Needless to say they have acquired a wholesome respect for the little sweet powders.

AKRON, OHIO.

ROBERT LOWELL WOOD, M. D.

At the last meeting of this Society, Dr. Lynn J. Boyd told us of the investigation of the potency of our remedies now being carried out in Europe by Bier and others. He did not mention the fact that he himself is untiring in the same work. However, he made the point that Bier does not individualize his cases (of furuncle, for example) but that they all receive the same potency of *Sulphur iodide*. That is not homœopathy, and Bier must be disappointed in a goodly percentage of his cases. Again, animal experimentation is not the way to reach conclusions as to the real value of our remedies, since the animal cannot give us his reaction to the drug in words. We shall have to depend upon the old method of drug proving upon healthy human beings for results.

Anyone specializing in a particular subject is supposed to maintain a discreet silence upon all subjects foreign to his particular line of effort, lest it be thought that he does at times see something outside of his province, and thereby tread upon the toes of others, with consequent loss of referred patients. While my own major interest is in obstetrics and gynecology, the study and application of homœopathic therapeutics has always had its appeal.

When I entered medical college (how many years ago I shall not disclose) after the initial shower of amputated fingers had descended from the dissecting room gallery, where the sophomores were laboring, there began an intensive series of lectures on homœopathic materia medica and therapeutics, which ceased not until we received our diplomas. And in every subject connected with the treatment of a human being, homœopathy was stressed. I remember that we were impressed with the sincerity of the teachers, and we believed that they practised what they taught. The teaching was mainly by didactic lectures, which are obsolete, instruction being now given by bedside clinics.

Why, if didactic lectures are a failure, do I after many years of practice, believe more fully in homœopathic principles,

\*Read before the Homœopathic Medical Society of the County of Kings.

and use my remedies more freely as the years go by, and why do the products of homœopathic colleges over the last fifteen years know or care nothing for the particular mode of practice which they were presumably taught in medical college? This is not an assumption of fact on my part, but is based on daily bedside rounds with internes who graduated from my own alma mater.

Is this because the student no longer has to pass a State Board examination in materia medica and therapeutics? Is it because, in the present shortage of medical educational facilities in New York City the student does not care from what college he graduates, so long as he gets a diploma? Is it because the present teachers of materia medica are impractical, uninteresting, have not the gift of putting across to the student the real personality of a remedy, and creating in him an enthusiasm for the principles of our school? I leave the answer with you.

The great reason why homœopathy fails to make rapid converts is that one has to *study* drug therapy and symptomatology instead of reading the advertisements in the medical journals. I wish I had all the money I have spent on brightly colored tablets which were to reduce the tension of my arterio-sclerotic patients to normal within two weeks. Now I have gone back where I should have begun, to our own remedies, notably *Aurum muriaticum natronatum* (*Sodium chloroaurate*), with better results.

If the statement of science, that matter becomes more active in proportion as it is more finely subdivided, is true, then must the homœopathic theory of the attenuation of drug potencies be true, and we have a stable, unchanging basis upon which to work. How many old school books on materia medica are of any value five years after they are printed? A system of medicine based on pathology is not sufficient. Take an old school man away from the bacillus to which he fondly clings, leave him without any tangible object which can be measured, seen or evoked in a test tube, and he is more or less helpless. Homœopathy treats the patient, and not the name of a disease. This does not imply that we are to neglect diagnosis, which was a fault of our pioneers, but it does mean that we are able to treat an individual without waiting to establish a definite diagnosis.

When I used to see contagious diseases, I was impressed by the fact that complications and sequelæ were relatively infrequent under our school of practice. *Belladonna* I regard as a true prophylactic to scarlet fever, since I have had no case develop in any person to whom I gave it soon after exposure to the disease. If you want to avoid nephritis in a scarlet case, give a few daily doses of *Apis* as an intercurrent remedy together with the indicated remedy.

Acute adenoma of the thyroid gland, not toxic, not exophthalmic, may be cured by our remedies. Iodine will not do it, and in my limited experience the patient with goitre is not often of the iodine type, but associated remedies which contain iodine will help, especially *Spongia* and *Fucus vesiculosus*. *Spongia* is made from the burned sponge, and contains iodine, is indicated by the hardness of the gland, in light complexioned people, with shooting pains around the neck aggravated by motion. *Fucus* (sea kelp) is indicated in stout patients, who are greatly troubled with flatulence. Another remedy which has served me well is *Lycopus*, with its hot flushes, palpitation, and apprehension. In valvular disease, it has hæmoptysis, forcible, tumultuous heart action, and sense of cardiac oppression. This leads me to speak of *digitalis*, a much over used remedy. I can see no rational basis for its routine use by some surgeons after operation, and I remember twenty years ago that I had to stand by and watch the wife of my best friend practically killed by her well-meaning father, who was a medical director in the navy, and by another eminent allœopath, when she developed scarlet fever and a complicating pneumonia, after taking care of her small daughter, who was ill with scarlet. Day after day, she was given *digitalis* in material doses, with a temperature of 104, and a heart which was already driven to the limit, when all her symptoms cried aloud for *Belladonna* to the eye of the homœopath. There is a remedy with no cumulative or poisonous action, which is especially indicated in cardiacs when there is great insomnia present, and that is *Cratægus*. There is another remedy from Russian sources, *Adonis vernalis*, which is indicated in the failing compensation of old cardiacs; which does increase the power of contraction of the heart muscle and causes increased elimination

of urine, relieving the œdema. I recall the uncle of one of the Manhattan physicians, whom we found early one morning almost pulseless, œdematous, cyanosed, and with subnormal temperature. Dr. Foote had been called in emergency, and had very properly given a quarter of morphine. We called an ambulance, and it was a question whether the patient would live to reach the hospital, but he did, and under ten drop doses of *Adonis* he regained his compensation to a fair degree, and was moved to Manhattan after three weeks, and lived some time in a fairly good state of health.

You are familiar with the respiratory picture of *Bryonia*-dyspnœa, lying on the painful side, thirst for large quantities of water frequently, and the sharp, shooting pains through the lung on the least motion. *Asclepias tuberosa* has the same picture, and is infinitely superior in relieving the pains. I have personal knowledge of pneumonia, having had a right sided lobar pneumonia fifteen years ago, followed by left diaphragmatic pleurisy with effusion. Should I ever have another attack of pneumonia, I hope to have the same good homœopathic treatment which I had then. I remember that the late Dr. Walter S. Rink gave me the first dilution of *Amyl nitrite* on sugar, to relieve the sharp pain that came on upon the slightest motion of my head. If you can find a druggist patient enough to break ampoules of *amyl nitrite* until he has ten minims, and shake this up one hundred times with ninety minims of alcohol, it will prove more effective than the coal tar derivatives, and better for the patient.

If one is called to an elderly patient, usually at the close of a blustery winter day, and finds him with his head over the side of the bed vomiting copious mouthfuls of frothy mucus tinged with blood, with a high temperature, mucous rales, and dyspnœa, that patient is all set for pneumonia, and *Aconite* is not indicated, for he is entirely too busy to have any apprehension of impending death. Give him *Veratrum viride*, and the next day he will be in his usual state of health. Remember *Sanguinaria nitrate* in frontal sinusitis, after the thick mucus begins to drain, particularly in right-sided sinusitis, with atrocious pains over the frontal eminence. It is also useful in acute pharyngitis, with rough, scrapy throat, oppression behind the sternum, and short,

hacking cough. *Eucalyptus* and *Sabadilla* are two remedies to be thought of also in this connection.

Hæmorrhage in uterine fibroid which is not large enough for operation is often controlled by the alkaloid of *Trillium*, that beautiful purple flower which I often find growing in moist places along the roads of Connecticut in May. It is known as *Trillin*. After labor, in multiparæ, when the uterus does not contract well, with resultant bleeding, *Cinnamon tincture* in water, in divided doses will contract it. If you have a gynæcological patient whose menses flow only when she is moving about, with bearing down feeling as though she were about to lose all of her pelvic organs, who holds her hands over the pubes in an effort to retain the uterus *in situ*, and especially who *worries* over her condition all the time, *Lilium tigrinum* is the remedy. It lacks the peculiar combination of sweat, weakness and backache which *Sepia* presents, but the bearing down sensation is equally severe. The *Sepia* patient will sit down and cross her legs as tightly as possible, not from motives of modesty, but because she is trying to relieve the feeling that she is losing her uterus. Much may be learned from the attitudes and demeanor of a patient while taking her history.

In the new-born, after a hard labor when there is the probability that some degree of cerebral hæmorrhage is present, even though it does not produce focal symptoms, *Lachesis* 30 three times daily for a few days will serve to clear up the blood clot. I know that Dr. Blackman uses *Phosphorus* in hæmorrhage from the bowel of the new-born, and with success. Think of *Tuberculinum* in children who take cold easily, even though X-ray of the chest and physical signs are negative for tuberculosis. Many a pre-tubercular patient has been restored to health with this remedy.

BROOKLYN, N. Y.

The Personal stamp is upon every disease and upon every proving, and the individual must be permitted to stamp himself upon the disease as well as upon the proving.—KENT.

## DIAGNOSING CASES BY THE ACTION OF THE REMEDY\*

E. W. BERRIDGE, M. D.

Remedies sometimes prove diagnostic by their action. Cases of spurious pregnancy are sometimes very difficult to diagnose, and have deceived some of the very best gynæcologists. I was once deceived thus myself, about eight or ten years ago, in a case where there were *almost* all the symptoms of pregnancy, and in which I was afterwards informed the same mistake had been made some years before by the patient's usual physician.

It has occurred to me that in such cases, remedies would help the diagnosis, and that it might be useful to try the effect of one of these eight remedies (*Con.*, *Croc.*, *Carlsbad*, *Lac defl.*, *Puls.*, *Sepia*, *Sulph.* and *Thuja*) or of any others which may be found to have the same symptoms, carefully selected according to the totality of the symptoms.

Another use of remedies as diagnosticators also occurs to me. About four or five years ago, a colleague asked me to see a patient for him for a week or two. There were throat symptoms, and he told me that his diagnosis was "hysteria" and that he had given *Lachesis* but without much benefit. I found *Lachesis* was certainly the *simillimum* (and this selection was confirmed later, as I was informed, by one of our oldest homœopaths) but I could get very little benefit from it. Had the patient been under my own care, I should have suggested a consultation with the throat specialist, Dr. Morrell Mackenzie, not of course for treatment, but for diagnosis, as I did not believe it was only a case of hysteria. But as she was not my patient, and as, moreover my colleague belonged to the great infallible tribe and might have felt offended, I did not suggest it. I did not of course see her again, but I was informed that she eventually died, not of hysteria but of cancer of the larynx with pulmonary complications. *When the best selected remedy fails to relieve except temporarily, be suspicious of fatal, possibly malignant disease.*

\*From original manuscript.

A PARTIAL PROVING OF *MOLYBDENUM METALLICUM*

V. G. DIVANJI

The 3x trituration was given two men. Effect after two weeks; prolonged twelve weeks.

**MIND:** Desire for solitude, melancholia, confusion, depressed, anxious, apathetic, discontented, dissatisfied, cross, irritable, taciturn, despondent, sadness.

**HEAD:** Congestion of blood; headache from cold; catarrh and coryza; congestive and nervous; frontal, right supraorbital and right eye involved; temples aching, boring, excruciating from 8 a. m. to 10 p. m., stupefying, tearing, stabbing, hammering with much chilliness, wants much heat; coryza, yellow, foetid, profuse discharge; eyes sore, very painful—right eye; thirst for cold water.

**EYES:** Above. Right eye painful, letters seem flying.

**NOSE:** Above. Coryza, fluent with headache, yellow, thick, viscid, profuse discharge, sense of smell diminished.

**MOUTH:** Ptyalism, foetid, offensive.

**THROAT:** Hawking tenacious, viscid mucus.

**STOMACH:** Anorexia, indigestion.

**ABDOMEN:** Constipation. Dry, knotty stools, colic.

**URINARY SYSTEM:** Dark, yellowish urine, with burning pain, quantity diminished.

**MALE SEXUAL ORGANS:** Aversion to coition, desire diminished, power decreased (clinical).

**SKIN:** Eczema gone (clinical), skin dry, chronic, much pruritus, showing bee hive like condition after scabs—like psoriasis dropping.

**NERVOUS SYSTEM:** Neuralgias.

**GENERALITIES:** Weakness, marasmus.

**MODALITIES:** Better dry, strong heat, cold water.

POONA CITY, INDIA.

POINTERS

In measles, when they run an irregular course, think of *Viola odorata*; it has a hot dry skin, with moist palms, and a sensation as of burning in small spots here and there on the body, coming and going as if someone held a flame against the spot and then removed it to another place.

In ailing, whining, fretful children who are fearful and timid, especially of dogs, consider *Tuberculinum*.

When shrill sounds penetrate through the whole body, and especially the teeth, look up *Theridion*.

*Belladonna* lies with feet crossed and cannot uncross them; *Theridion* sits with them crossed and is powerless to uncross them.

*Asparagus officinalis* has as marked effect on the urinary organs in the proving as it has when used as food.

*Strontium carb.* shows its miasmatic relationship in the mental sphere—the apprehension and anxiety as from a bad conscience.

A feeling as if abdominal walls were retracting against spine; *Zincum*; actual retraction, *Plumbum*.

Deafened by the noise of crowded streets: *Asafœtida*. This is a manifestation of the lessening of all perceptions, without loss of consciousness, which is one characteristic of the remedy. The eyes also have dimness of sight after much reading or writing.

When your patient complains of being dizzy in church, ascertain if the light falling through stained glass windows has anything to do with it; it may be she needs *Artemisia vulgaris*, especially if the history of the case leads you to think of epilepsy, chorea, or serious nervous states.—H. A. ROBERTS.

If your patient tells you his left eyelid lies heavy on the eyeball, think of *Colocynthis*. This remedy has also heaviness of the eyelids without sleepiness.

When the eyelids, especially the right, is so contracted that it has the appearance of being looped into a festoon, think of *Iodum*.—H. A. ROBERTS.

The fifty-second annual Convention of the International Hahnemannian Association was held at the Hotel Statler, Cleveland, Ohio, on June 21-24, 1931, under the able guidance of our President, Dr. Plumb Brown. Old friends met again during the social hour preceding the banquet, and Mrs. Abbott gave a pleasing program of harp music during the evening. At the banquet following, short toasts were given on the lives, achievements and character of twenty-two of our leading homœopathists, beginning with Hahnemann and ending with Krichbaum.

During the year seven of our members have left us for the "Great Beyond": Henry Becker, Toronto; C. F. Ellis, Eureka Springs, Arkansas; Frederica E. Gladwin, Philadelphia; P. L. MacKenzie, Portland, Oregon; F. L. McIntosh, Newton, Massachusetts; A. F. Starcke, Kansas City, Missouri; Charlotte V. Wandell, Chicago.

The business meetings were held each morning at 9:15, an excellent innovation, for the days were much less crowded. The bureau essays were many and excellent, and the discussions unusually profitable in practical applications and clinical suggestions. These will appear during the coming year in the *Recorder*.

Many valuable ideas were presented by the President, Secretary and others. Chief among them were the following:

1. The formation of a committee to investigate and act on the subject of diet in relation to homœopathy.
2. Steps to obtain an endowment large enough to make the *Homœopathic Recorder* financially independent, so that its ideal of teaching and spreading pure homœopathy can be better accomplished throughout the world.
3. Proving to be continued, increased and published during the year. There are many partly known remedies and innumerable new ones. Stop and think how few men have so well proven so many remedies. We should do our part in this line.
4. And last and most important, one of the keynotes of the *President's Address*, the great ideal of a closer union and cooperation into one parent society of all true homœopathic medical men and women, with sectional meetings during the year preparing for the annual meeting of all. The abolishment of in-

dividual effort by itself, alone, the abolishment of obstructive criticism and politics, and the welding into a great, solid, unified whole, which, by its union, will have increased power for the growth and spread of homœopathy. *A practical ideal! A workable plan!* Two things only are necessary for accomplishment—true, unselfish belief in Hahnemannian homœopathy and true desire for the spread of our art. In numbers, united in unselfish spirit and desire, there is power of achievement.

Let us all support our genial President, re-elected for the coming year! Let us not fail him in attaining some of these objectives!

This was a rather small meeting of Hahnemannians, smaller than usual. Many well known faces were missing, but there was such a friendly, co-operative spirit abroad that all who attended will feel its effect throughout the coming year.—E. B. L.

\* \* \* \* \*

At the meeting of the International Hahnemannian Association in June Dr. Elizabeth Wright Hubbard expressed the desire not to be considered for the position of Literary Editor of *The Homœopathic Recorder*, and Dr. Eveline B. Lyle was elected in Dr. Hubbard's place. The Business Manager wishes to express his appreciation of the valuable help that Dr. Hubbard has been during the formative stage of *The Recorder* when her genius and constructive ability were so greatly needed.

It was with a feeling of regret, but with full appreciation of what she has done for *The Recorder*, that the Association acceded to the request for Dr. Hubbard's retirement at the end of her three-year term of office; but we feel very happy indeed that we have in Dr. Eveline B. Lyle, Dr. Hubbard's successor, one with marked ability and one who has already proven herself to have done much for the journal, especially in her work of editing the *Index*, which has proved so valuable. It is with pleasure, therefore, that we look forward to a year of constructive work.—H. A. R.

\* \* \* \* \*

In the providence of the world's progress it is given to man to discover the great fundamental laws of Nature. These laws have been in existence since time began, and the price of each man's pilgrimage on earth is that he add something to the sum

total of knowledge and development, by taking advantage of the natural laws as they have been revealed, each doing his part as best he may to reveal more perfectly the workings of those laws.

Hahnemann, the great discoverer in the field of medicine, presented and perfected the knowledge of those laws governing the action of cure. Following Hahnemann, and building on the foundation he laid, and adding to the priceless knowledge of the law and its working, came Jahr, who made valuable contributions in those early days of homœopathic medicine; then Bœnninghausen, with his practical idea of assembling the knowledge of the remedies that had been gained by observation and practice into a practical form for ready reference; then, in this country, Hering with his great contributions to our armamentarium and his observations relating to the direction of the cure, but even that was foreshadowed by Hahnemann. Then the Lippes, developing more intimately the *modus operandi* of the repertory in the finer details and in more practical form; then Kent, producing his greatest contribution to the art of healing through that addition to homœopathic literature, his *Lectures on Homœopathic Philosophy*, and his continuation of the development of the repertorial form. Then T. F. Allen, that indefatigable worker, who produced the *Encyclopædia of the Remedies*, and his revision and bringing up to his time Bœnninghausen's great work; and Close, with his philosophical works which have an unusual appeal to the student, especially to the beginners.

Tremendous labor has gone into the making more practical the application of homœopathic philosophy and adding to our armamentarium, from those early days when Hahnemann's seventy-four remedies were all that were well known; but of real discoveries comparable to those of Hahnemann there have been none. The power of discovery is unique and given to but few; there was but one Columbus; there was but one Newton; there is but one Einstein. There was but one Hahnemann.

Hahnemann looked ahead of his time at least two hundred years; the world has not yet sounded the depths of his philosophy nor grasped the vision of his pronouncements, nor have we begun to touch the possibilities of the practical application of his philosophy in the medical sphere. Homœopathy has advanced—yes—but in just the particulars of application and attaining

practical results. Is it not possible that the spirit of progress may grasp every individual follower and inspire each in his place to not only advance the practical side as far as in him lies, but to develop in himself that higher insight that searches out from the known into the unknown reasons why these things are so? By developing ourselves to the utmost, while many of us will never reach beyond the boundaries already known, some few will catch at least the gleam of farther and higher things, and will give to us at least a reflection of the things we cannot ourselves see.

All there was to know in homœopathy was not attained by Hahnemann, nor Bœnninghausen, nor Lippe, nor Kent. There are worlds yet to conquer in the medical sphere; and if each will strive to gain the spirit that was Hahnemann's of giving the best he has and to the last ounce of his being, with a spirit that forgets self and makes of self but a tool to advance further and reveal to a greater degree this law of Nature, he will have served mankind in a high degree.

It is a rich inheritance that we have received; but an inheritance is worth nothing unless we can contribute to its further development.

The human mind cannot conceive—cannot even conjecture—the bounds of the application of the law of similars, in fields other than medicine. It applies to the physical as well as to the spiritual sphere. It is the law of life on this earth.

Homœopathy needs original thinkers, people who can see something beside the ordinary run of things; people with the vision to conceive of wider ranges, who have the possibilities of looking into reasons and causes, and who will see in them the revelations of the laws of Nature and their workings; who can understand the intimate knowledge of matter in its infinitesimals, the finest and yet the most potent forms of matter.

For the most part the homœopathic world has been content to live on the discoveries of others, and loath to adopt the discoveries to the full. It is within the province of Hahnemannian homœopaths to take the lead in medical discoveries, for we stand today at an open door, through which comes much further light for the medical world and for suffering humanity. Let us go on to new glories and not rest in the glories of the past!—H. A. R.



## HOMŒOPATHY AND INFINITESIMALS

There seems to be a grave misunderstanding as to what constitutes homœopathy. We seem to be quite elated that the allœopaths are fast coming to, and espousing, more and more the infinitesimal. Sera are held up to us as representing the infinitesimal and therefore homœopathic, and are being used more and more by the allœopath, and since they are thoroughly indorsed by the rank and file of those who choose to call themselves modern homœopaths the public is led to believe that that is true homœopathy. What a delusion!

The infinitesimal has to do with the material only, the envelope, covering, or base to which the true drug is contained or bound. It has no relation to the drug proper which is a part of universal energy, confined, regulated and limited in power.

Homœopathy is concerned with the ethereal and not with the material; it is the ethereal that brings about the change, and that all the material is capable of doing is to reflect the result of all these changes; homœopathy deals alone with energy, as our frequently used term *dynamis* signifies; and that it is the symptomatic indications alone that make a drug truly homœopathic and not the size of the dose.

The drug proper, a part of universal energy graded as to quality and power and confined in an envelope or attached to a base, is of necessity invisible, tasteless and odorless. So that no man made instrument of precision will ever be able to view it. The odor of *Asafœtida*, the bitterness of *Strychnine*, the color of *Hydrastis* have nothing to do with the action of their contained energies, their appreciable qualities are merely their labels that lead us to the proper power we seek, thus distinguishing one drug from another. When the odor, taste and color of those drugs have all passed beyond the detection of our every sense the drug proper, if still present, will continue to act, even more rapidly, more deeply and more effectively. That gives you, for the first time in medical history the true character and definition of the term—drug.

You may connect allœopathy with the material; the gross or the infinitesimal, but not homœopathy.—A. P.

## CARRIWITCHETS

SIT DOWN, DOCTOR, AND WRITE US YOUR ANSWERS TO THESE QUESTIONS

8. The following case is presented for analysis and prescription. It has been through the hands of several prominent allœopaths and at least three homœopaths without relief. A successful prescription will mean a new convert to homœopathy in a person with considerable influence in a large community.

Miss G. W., age 35. Complaint severe headaches with menses, all life. Entire head, eyes and teeth have neuralgic ache. Worse back and sides of neck. Muscles here swell. Headache beating, thumping in character. Begins with menses. Always starts about 3 a. m. and ends always at sundown. Used to be better from biting hard on a hairpin. Accompanied by nausea and vomiting. No position lying comfortable. Very nervous with attacks. Worse eating; cold; markedly worse from noise of any kind, even slightest; worse talking and least motion. Better standing and heat. Generals: Cold blooded (temperature subnormal); sensitive to everything, color, noise (very), talking in groups of people (must have quiet in group); very tactful; never resentful or despondent; very conscientious; very religious (not in abnormal sense), filled with fine sense of service, gave up chance for training for opera to do church work; fears only getting up to sing in church (but always does it); dislikes large crowds and people crowding; sweats less than normal; hypothyroid; happy, good natured; loves air; loves rain and always markedly better in rain, does best work in rain; craves spinach and greens; prefers food hot; loves hot sun and summer and is markedly better then; fond of seafoods and fish. Menses were established at 16 years, regular every 28 days, duration 4-5 days, at first profuse, bright red in color, a few dark clots, some sharp intermittent pain in left side at start, better hard pressure, heat and lying. Patient is a large framed, tall woman, blond, in wonderful physical condition except thyroid insufficiency, low blood pressure, 106/68, and above trouble. Wonderful disposition. Talented singer. Splendid manager. Once had an abscessed tooth with severe neuralgic

pain better from cold. It is interesting to note that her mother had this same "wild" headache at the menopause, beginning at 4 a. m. and ending at sundown, worse from slightest noise.—E. B. L.

## ANSWERS TO QUESTIONS IN JUNE ISSUE

*What preparation of Cupressus is referred to in the article on this remedy in the Homœopathic Recorder of April 1930, pages 297 and 308?*

It is the *Lawsoniana*, Bach. He (Bach) has struck out a somewhat new line and prepares his own tinctures.—J. H. CLARKE.

See *Index to Current Homœopathic Literature*, January to June 1930, p. 13, *Cupressus Lawsoniana*.—E. B. LYLE.

Hahnemann's discovery of homœopathy was the result of experiment, but his subsequent development of the theoretical and practical features of the system almost approached inspiration. There can be no doubt of the solid and lasting basis upon which he erected his new structure or method of the treatment of disease. As a doctrine it is complete. It may be wanting in some minor details; but the span of human life is the measure of man's opportunity, and it is only a cause of wonder that he could have accomplished so much in a single lifetime. All the principles of homœopathy are logically, systematically and indissolubly bound together. There is nothing contradictory in any portion of it; and the attempt to separate one part from another would cause the whole edifice to crumble to the ground.—PROSPER BENDER, M. D., 1895.

In seeking for progress in our science, we should never forget that it is the imperative duty of each and every one of us to bear his portion of the burden. Indolence is a formidable enemy to our future growth. To be drones is unworthy our high calling, and must necessarily result in professional degeneracy. Let us, therefore, shake off the shackles of apathy and prejudice and consecrate our hearts and our energies anew to the elevation and improvement of homœopathy.—A. R. MORGAN, M. D., 1865.

## COMMUNICATIONS\*

186 Rastaspeth, Poona City, India, May 1, 1931.

To the Editor of *The Homœopathic Recorder*:

Having read the January issue of the *Recorder* I send herewith a reply to the article therein, *The Times of Remedies*, by Dr. C. M. Boger.

In the enclosed article an effort is made to clear the indefiniteness of the issue in question. It is made clear how and why a remedy should have any special aggravation during one phase of the moon and not in others. If either Dr. Boger or any of your many readers desire to correspond with me, I shall, with pleasure, try to clear all doubts they may have regarding this article.—V. S. R. MURTY.

## THE PHASES OF THE MOON\*\*

The ancient system of Hindu medicine teaches us that a close relation exists between the rising of the moon and disease.

Dr. C. M. Boger has referred us to the possibility of this relationship in his article *The Times of Remedies* published in the January issue of *The Homœopathic Recorder*. He was very indefinite about it and wanted either to establish or disprove the same in light of further research. I have been a student of this subject for quite a long time and I give below the conclusions I have arrived at.

Every disease is aggravated at the rising time of the moon. When the rising time of the moon coincides with the aggravation time of a particular remedy, a patient of that remedy suffers more than usual. Thus, when the correct remedy is administered at this time the greatest relief is obtained for the patient and the cure is hailed as miraculous.

It can be seen from any almanac that the times of the rising of the moon increase by 48 minutes per day commencing with the new moon day, when the times of the rising of the sun and moon are identical. Calculating on this basis, the rising of the moon tallies with the setting of the sun on a full moon day. At this time, every *Phosphorous* patient suffers from the two-fold cause of aggravation, viz., the rising of the moon and the natural aggravation time of the remedy. In the same way, for every remedy, there will occur one time in every month when the rising time of the moon coincides with the aggravation time. From this, times of monthly aggravation for drugs can be easily calculated.

It has also been found that the aggravation due to the rise of the moon is *optimum* when such a rise is in what is known as an exalted position. And, when this rise in an exalted position coincides with the daily aggravation time of a remedy, a patient of that remedy suffers the most. For any remedy, this can happen only once in an year.

A ready and easy way of calculating the yearly aggravation times of any remedy is as follows: Represent each bi-weekly period of the year commencing from April 15th by each hour of the day from 6 a. m. and prepare a table. Then the yearly aggravation time of any remedy tallies with the corresponding daily aggravation period on the table. Taking for example *Nat. mur.*, the daily aggravation of this remedy comes at 11 p. m. The corresponding period of July 1st to 15th is the yearly aggravation time of *Nat. mur.* Yearly aggravation periods for other drugs can be calculated this way. This can be verified by study of the old cases as well as the repertory.

It is also possible to calculate the daily, monthly and yearly aggravation times of any remedy when any one of the data is available. And this knowledge may be utilized for selecting right potencies at right times.—V. S. R. MURTY.

\*The Editors assume no responsibility for opinions expressed in this department.

\*\*A reply to Dr. Boger's *Times of Remedies* in January issue.

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<i>The Treatment of Asthma:</i> Among the homœopathic remedies frequently prescribed, the following are of most value: <i>Ailanthus</i> , attacks occur just before retiring, or upon arising. Farrington also recommends this drug for hay fever if the symptoms correspond. <i>Ambra grisea</i> , spasmodic attacks believed to be of a nervous or hysterical nature. <i>Ammonium carbonicum</i> , dyspnoea is accompanied by a short cough from irritation in the larynx together with a painful sensation of spasmodic contraction of the chest. <i>Amyl nitrosum</i> , associated with the attack a desire to eructate. <i>Antimonium tartaricum</i> , much mucus present in the chest, together with a rapid pulse, nausea, vomiting, and drowsiness. <i>Aralia racemosa</i> , whose chief use is in asthma and hay fever since its chief action is everted through the pneumogastric nerves upon the organs of respiration. <i>Argentum nitricum</i> , especially useful in asthmatics whose paroxysms are made worse from tobacco smoke. <i>Arsenicum album</i> , attacks occur after midnight, and of such severity that they spring out of bed and sit with their chest declined forward to permit better expansion. <i>Badiaga</i> , occasionally useful where the cough is accompanied by the ejection of viscid mucus from the bronchial tubes. <i>Belladonna</i> , an important remedy in those cases associated with hoarseness and a dry, unproductive cough. <i>Benzoic acid</i> , in asthmatics with a concomitant renal condition. <i>Bromium</i> , a most valuable remedy indicated by the severe suffocation attacks apparently from spasmodic constriction. This is the most essential feature of the drug in respiratory troubles. <i>Cactus</i> , constriction is marked, worse on motion. <i>Camphora</i> , often a palliative in asthma, other symptoms agreeing. How-	

ever, it should never be given when there is perspiration present. *Carbo vegetabilis*, particularly to old people. *Cistus*, tracheitis is a prominent symptom during the attacks. *Ferrum*, sputum contains blood, or streaks of blood. *Hepar sulphur*, attacks seem to be initiated by a draft of cold air, tendency to easy and profuse sweating. *Ipecacuanha*, rales are particularly numerous, when the dyspnoea is very severe and attended with wheezing, great weight and anxiety. This drug specially indicated in asthmatics who are sensitive to dust. *Kali iodatum*, in young people, especially. *Kali nitricum*, great dyspnoea, stitching pains and rather free expectoration. *Lachesis*, most valuable in cases of pollen asthma. *Lobelia*, attacks are accompanied by nausea, vomiting, and great prostration. *Mephitis*, inspiration as well as expiration is difficult and when the attack is accompanied by hoarseness and pain through the chest. *Natrum sulfuricum*, in young people, when the attack is initiated by a bronchitis and is worse after every change to damp weather. *Nux vomica*, attacks seem to be related to meals. *Verbascum*, useful in children.

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