

A SURVEY OF THE NOSODES

ELIZABETH PATERSON, M.B., Ch.B., D.P.H., F.F.Hom.

This paper has been headed, "A Survey of the Nosodes", but perhaps it would have been more correct to call it "a survey of the bowel nosodes", as it is with them that it chiefly deals. Other nosodes have been administered in this series of cases and are mentioned in the appropriate groups, but it is with the effects of the bowel nosodes that we are principally concerned.

At the International Homœopathic Congress held in London in 1927, papers were read by Drs. Wheeler, Bach and Dishington, entitled "The Problem of Chronic Disease". They then gave their opinion of the relationship of certain Non-lactose Fermenting Bacilli to this problem and their experiences in the treatment of diverse conditions with vaccines made from these organisms. Their contention was "that these bowel nosodes are a valuable addition to the materia medica".

To find out if this contention has been proved in the thirty years since 1927, is the object of this survey.

Since these authors were the originators of the bowel nosodes some investigation into the reasons for these assertions must be made, and followed by an attempt to justify their statements.

A few quotations from these pioneers are necessary, as they supply some details of the facts on which their reasoning was based.

They say: "About 1912 it was recognized that there were to be found in the intestinal content of both apparently healthy, as well as diseased people, a class of bacilli which had hitherto been considered unimportant, but which were then proved to be associated with chronic disease. These organisms were the various types of non-lactose fermenting bacilli belonging to the coli-typhoid group, very closely allied to such organisms as the typhoids, dysenteries and para-typhoids, yet not giving rise to acute disease, and in fact not associated with any specified marked condition. Since there was not this connection they had in the past been regarded as

of no importance, and had been disregarded by bacteriologists and clinicians.

"Although these organisms are often regarded as non-pathogenic principally because they do not give rise to active symptoms in laboratory animals, and can be present for long periods in the human being without causing obviously associated disease—nevertheless they are so constantly present that in time the persistence of their toxins makes up for their relatively slight virulence, and disease results which is—emphatically—chronic.

"This sub-group of non-lactose fermenting bacilli which has hitherto been considered non-pathogenic is in reality one of the most important groups of organisms in Nature, and although these organisms are incapable of giving rise to acute disease or local manifestations, by means of their insidious persistent and chronic poisoning extending over many months or years, they are certainly associated with the basis of chronic intestinal toxæmia, and as the result of this of chronic disease of a great variety.

"It seems to be the nature of these toxins to affect primarily the internal secretion glands and the nervous system. The results are, that the sufferers from the toxæmias become liable to all kinds of secondary infections, which further weaken them, and complicate the diagnosis of their troubles.

"Given these generalized toxæmias the symptoms presented will vary according to the constitution of the patient—for in one and another there will be different powers of tissue resistance, and the weakened tissue will yield first. Moreover, it is most likely that toxins from different strains of organisms exercise selective powers over different organs of the body. Therefore one sufferer may show a chronic arthritis, another a chronic dyspepsia, another migraine or asthma, due to one or another of these non-lactose fermenting organisms. The body puts up some sort of fight against them and careful diet and some forms of treatment can do something to lessen the violence of their attack."

This is a brief statement of Dr. Bach's theory of Chronic Disease: it attributes, as you see, symptoms of most diverse character to one underlying group of agents. Drs. Bach and Wheeler elaborate the evidence for these views in their book, *Chronic Dis-*

ease, and it must suffice here to say that the clinical evidence for the truth of Dr. Bach's theory is overwhelming.

The term *Toxæmia* is used and in the present instance it is of minor importance whether the toxin is bacterial toxin as such or a poisonous metabolite produced in the intestine. The presence of non-lactose fermenting bacilli in the intestine is associated with symptoms of ill-health which disappear when the condition of the intestine is changed and the bacilli disappear. This is not the time or place to discuss whether these non-lactose fermenting bacilli are cause or result of disease, but it seems established that they are definitely associated with disease.

The normal *B. Coli* in the intestinal tract performs a useful function and is considered a harmless saprophyte and non-pathogenic. Any change in the host which affects the intestinal mucosa will upset the balance and is followed by a change in the habit and bio-chemistry of the *B. Coli* which may then become pathogenic.

The normal *B. Coli* ferments lactose and when this power is lost the bacillus becomes harmful. It is of interest to note that lactose is the only animal sugar commonly used in testing the fermentive powers of organisms.

Anything which alters the bowel flora must, of necessity, affect the health of the individual. It stands to reason to expect that such drugs as antibiotics, which destroy the bowel flora with resulting a-vitaminosis, must adversely affect the patient.

When the bowel flora is altered there is a corresponding change in the patient. This alteration can be brought about in several ways, such as diet, the potentized drug and the nosode.

The effects of diet, though definite, are not so rapidly achieved, and unless the patient persists in the diet, the symptoms return and the condition tends to relapse. With the potentized drug or the nosode, the alteration in the bowel flora is more rapid and also much more permanent.

Originally each nosode was an autogenous nosode, that is, the patient's own organism was potentized and administered as indicated.

This was comparatively simple when the organism had been isolated. Unfortunately this is not always possible, although the

patient may present symptoms. So the next step was to use the nosode in a case showing similar symptoms. Gradually many vaccines were accumulated and put together in a composite vaccine of each organism, which might therefore contain many hundreds of different strains of this organism. These vaccines were potentized and form what we now know as the nosodes Morgan, Proteus, etc.

Proving in the usual sense, that is experiment on the healthy human, had not been made, so the symptom picture was not available.

In order to obtain a picture of each nosode, notes were kept of symptoms appearing or cured when the corresponding organism was found in the stool.

The brief outlines of these symptom pictures have already been published in such papers as "The Bowel Nosodes".

In the present survey, note has been taken of the symptoms arising in patients when the nosode has been given with benefit, the nosode in each case being prescribed on the symptom pictures already mentioned. The symptoms have been classified under each nosode, but actually no patient complained of all the symptoms nor were all his symptoms necessarily present at the same time in any one patient. However, the symptoms listed had been complained of and removed or ameliorated by the appropriate nosode.

Also each patient is quoted once only so that even if the nosode required repetition at a later date, the same patient does not recur.

Similarly, the remedies mentioned are quoted once only for each case, although they may have been repeated later several times.

If the symptoms persisted after the administration of the nosode, the indicated remedy was then given and frequently acted much better than previously, either more rapidly or the improvement continued for a longer period.

As has been emphasized on previous occasions, the nosode is not repeated for at least three months and indeed is not often required again for many months or years.

In all, 330 consecutive unselected cases are quoted. That this is a small number I am well aware, but in the last 100 there seem

to be no fresh symptoms arising, merely a repetition of earlier symptoms. These are of course the commonly occurring ones. Perhaps later investigation into the thousands of cases where nosodes have been used over the years, may reveal some rare or peculiar symptoms. Meantime, I hope the symptoms presented will help to widen the picture of each nosode already placed before you.

Now follow summaries of the symptoms noted under each nosode with a list of the remedies given, and may I say they are symptoms rather than pathological diagnoses.

Morgan: Gaertner	69 cases	F.	31; M. 38
Sycotic Co.	53 ..	F.	43; M. 10
Dys Co.	14 ..	F.	9; M. 5
Proteus	13 ..	F.	5; M. 8
Gaertner	11 ..	F.	3; M. 8
Morgan (Pure)	156 ..	F.	116; M. 40
No. "VII"	9 ..	F.	8; M. 1
No. "X"	5 ..	F.	4; M. 1

MORGAN GAERTNER

Females—31	} 69
Males —38	

Age: 2 years to 76 years.

Appearance: *Pale faced*—ratio of 2 to 1.
Florid —ratio of 1 to 2.
Dark haired: thin (F. aet. 40; 5 st. 6 lb.).

Mentals: *Irritable; quick tempered; impatient.*
Tense; nervous.
Restless; weepy; depressed.
Jealous; particular; apprehensive.
Fears crowds; excitement and company.
Claustrophobia: nervous breakdown.
Bites nails.

Scalp and Face; *Alopecia areata.*
Scalp painful.
Epithelioma forehead.
Sudden œdema face.
Herpetic eruption left side face.
Neuralgia left side face.

Eyes:	Blepharitis. Styes. Cysts on lids. Vitreous opacities. Ulcer cornea.
Ears:	Boils in ear. Otitis. Mastoiditis. Singing in ears.
Nose:	<i>Nasal catarrh</i> ++. <i>Post nasal catarrh</i> ++. Dry catarrh—crusts, ulcers in nose. Polypus nose. Red nose. Herpes nose. Epistaxis. Sinus infection.
Mouth:	<i>Bitter taste</i> +. <i>Bad taste</i> . Gums inflamed. Pyrrhœa. Tongue burning. Pins and needles tongue. Tongue glutty in morning. Dirty tongue. Saliva glutty. Fissures at angles of mouth.
Throat:	Acid burns throat. Tonsillitis (recurrent). Edematous uvula.
Appetite:	<i>Fond of sweets</i> ++; <i>salt</i> +; prefers food hot. Fond of fat; eggs; meat. Averse fat; eggs; meat.
Stomach:	<i>Flatulent indigestion; eructation excessive</i> . Eructation of bad odour. Sour mouthfuls (Pyrosis). <i>Fullness epigastrium</i> , unrelated to food. Pain in epigastrium after food.

- Vomiting after food—afternoon or night.
History of duodenal ulcer.
- Abdomen: *Flatulence excessive* in bowel.
Distended feeling.
Distended colon (prevalent).
Pain right and left hypochondrium and epigastrium.
Pain right and left iliac fossæ.
Pain ileocolic region.
Pain gall bladder: cholecystitis.
Tenderness gall bladder.
Pain right shoulder blade.
Pain left shoulder blade.
- Bowels: *Constipation* more common than looseness—ratio of 2 to 1.
Sluggish bowel.
Looseness urgent.
Piles—painful, itchy, bleeding.
Anal fissure; pruritis ani.
Prolapse rectum.
Mucus per rectum even if motion is not stiff.
Stool—hard, dry with mucus.
- Urine: Frequency micturition.
Enuresis.
Cystitis.
Renal colic—renal stone.
Nephritis; pyelitis.
- Genitalia: Dysmenorrhœa.
Irritable before menstrual period.
Warty condition of nipples.
Pruritis vulvæ.
Leucorrhœa—heavy; brown; bad odour; corrosive.
- Chest: Pectoral pain.
Tightness chest to left arm.
Pleurodynia.
Intercostal neuralgia.
Chesty colds.

- Respiration:** Asthma.
Shortness breath.
- Cough:** Ticklish cough night and morning; on waking;
on lying down.
- Circulation:** Discomfort cardiac area.
Myocardial enlargement.
Palpitation at night which wakens patient:
better—eructation.
better—flatus.
better—moving about.
- Body:** Paniculitis chest wall.
Fibrositis neck.
Rheumatism neck; back.
- Arms:** Rheumatism right shoulder;
right arm;
right wrist;
right deltoid muscle, elbow.
Neuritis arms.
Rheumatoid arthritis wrist.
Fibrous rheumatism wrist.
Pain fingers and thumb: thumb swollen.
- Legs:** Arthritis of knee joints.
Knees stiff and painful
Sweaty feet.
Right foot warmer than left.
Feet too hot at night.
- Skin:** Psoriasis—elbows; knees and ankles, legs or
body, even toe nails.
Eruption thighs; wrist where metal contact.
Herpetic eruption on sole of foot.
Eruption vesicles hands.
Papulo-pustular eruption face; brow; scalp;
weepy; crusty; scaling and cracked.
Urticaria arms—large weals.
Warts hands—large, flat or jagged.
Shingles +.
- Sleep:** Insomnia (common).
Drowsy after food.

Night terrors, shouts in sleep.

Remedies in 69 Cases
(F. 31; M. 38)

Name of remedy			Number of patients
<i>Lycopodium</i>	...	...	44
<i>Pulsatilla</i>	...	...	14
<i>Silica</i>	...	...	14
<i>Kali bich</i>	...	...	13
<i>Natrum mur</i>	12
<i>Nux vomica</i>	12
<i>Sulphur</i>	16
<i>Sepia</i>	13
<i>Graphi.</i>	8
<i>Calc. carb.</i>	7

(To be continued)

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EDITORIAL

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pressure upon the Government, all the demands can be achieved in no time, and Homœopathy can proceed on the path of limitless progress. It is no good trying to avoid this positive but difficult path and advocating a negative path of cursing the statutory recognition itself.

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(Continued from page 444)

SYCOTIC Co.

Females—43 }
Males —10 } 53

Age: 1½ years to 67 years.

Appearance: *Sallow; pale; anæmic; puffy;*
Greasy skin.
Dark haired more than fair haired.
Prematurely grey hair.
Hairs on face, and upper lip.
Alopecia.

Mentals: *Nervous; tense.*
Cross; restless; weepy; depressed; shy; sensitive; fussy.
Fear of being alone; of animals and dogs.
Exhausted.
Mostly cold sensitive.
Bites nails.

Head: *Headache—weekly; every Sunday morning.*
< left side (lasts weeks);
throbbing > heat and rest, < noise.
Headache—frontal congestive; lasts days.
Headache—sick headache < at menstrual period (before or after).
Headache—slight, but recurring in child.

Scalp: *Alopecia.*
Painful dry scaly spots.

Face: *Puffy in morning, especially under eyes.*
Acne rosacea.
Erythema.
Vesicular eruption cheeks.
Malignant growth right cheek (prognosis hopeless).

- Eyes: Facial neuralgia (left).
Conjunctivitis.
 Tarsal cysts.
 Photophobia; hemiopia.
 Pain eyeballs.
 Vitreous opacities.
- Ears: *Deafness.*
Otorrhœa.
 Formation of wax in excess.
 Cracks under ears.
 Itch meatus.
- Nose: *Nasal catarrh* (50 per cent of cases).
Post nasal catarrh.
 Turbinates congested.
 Sinus infection.
 Dry; crusting and burning.
 Polypi.
Cracks in angles of nose.
 Epistaxis.
 Sense of smell lost.
 Hay fever.
 Vasomotor rhinorrhœa.
- Mouth: *Lips dry and cracked.*
Cracks in angles of mouth.
 Persistent herpes of mouth.
Tongue—sore; scalded; dry; fissured; furred.
Deep ulcers on tongue.
 Tongue dry, sticks to roof of mouth.
 Wart on tongue.
 Bad taste; sense of taste lost.
 Pins and needles on tongue.
Ulcers in mouth.
 Salivation increased.
- Throat: *External—Goitre.*
 Glands—posterior triangle enlarged.
 Fibrositis neck and throat.
Internal—Tonsillitis (recurring), cheesy masses
 from tonsil.

Tonsils and adenoids enlarged.

Quinsy.

Throat feels raw; scorched; dry.

Profuse mucus from throat in morning.

Swallowing difficult; chokes easily.

Tracheitis.

Appetite:

Finicky: pernickety; fastidious.

Averse—egg (50 per cent of the cases).

Upset by egg—nausea, vomiting, bilious attack and hay fever.

Even thought of egg in morning produces nausea.

Upset by fat, onion and oranges.

Aversion to egg, fat, milk, milk pudding, cream, salt, sugar, vegetables, tea, vinegar, cheese, meat, bread, potato and tomato.

Fond—Butter, fat, cheese, sweets, milk and salt.

Averse to breakfast.

Nausea with smell of cooking.

Stomach:

Nausea.

Anorexia.

Burning pain in stomach.

Eructation (acid); bilious attacks.

Pain and distension in epigastrium.

Flatulence.

Nocturnal vomiting—must empty stomach.

Acidosis attacks.

Abdomen:

Distended colon—? Hirschsprung.

Enteroptosis.

Abdomen distended.

Pain R.I.F. (Acute Appendix at 69.)

Pain L.I.F.

Bowels:

Constipation or looseness (in morning or with excitement).

Distended feeling in rectum.

	Splinter pain in rectum.
	Prolapse of rectum.
	Peri-anal warts.
Stool:	Liquid motion after every meal.
	Loose frothy motion.
	Mucus P.R. or with motion.
	Motion pale, crumbly; bad odour.
Urine:	<i>Albuminuria</i> . (High percentage of cases.)
	Urine—heavy smell.
	Nephritis; pyelitis; nephrosis; cystitis.
	Frequency and urgency with micturition—pain.
	Urinary tantrums.
	Kidney pain.
	Urine corrosive.
Genitalia:	Menorrhagia and metrorrhagia.
	Polyphi uterus.
	Amenorrhœa up to 6 months.
	Dysmenorrhœa.
	<i>Leucorrhœa</i> : Yellowish, white, dark brown, offensive and corrosive.
	<i>Leucorrhœa</i> : Profuse and bland (one case).
	Pruritis-vulvæ.
	Ovarian cyst.
	T.B. ovary and gland.
	Mastectomy—malignancy.
	Balanitis.
	Impotent.
Chest:	Pleurisy.
	Intercostal neuralgia.
	Pleurodynia.
	<i>Fibrositis of chest wall</i> .
	? Patch lungs—Sudden pain at base of right lung.
	Pain in left shoulder blade—râles apex. (X-ray neg.)
Respiration	<i>Asthma</i> —
	<i>Asthma and bronchitis</i> —generally < with damp and frost and > at the seaside.

Fingers deformed; nodules on fingers.
 ARTHRITIS *metacarpo-phalangeal joints*.
 Arthritis—especially of middle finger.
 Nodule between metacarpal 2 and 3.
 Fingers go dead; numb; with spasm of the
 fingers.

Prickly feeling in hands.
 Nails brittle.

Legs and Feet:

Rheumatism knees.
 Bursitis knees.
Ankles swollen and stiff + +.
Soles of feet painful + +.
 Feet swollen at night.
 Big toe joint painful.
 Fidgety feet.
 Pes planus.

Feet and legs painful at night.

Skin:

Cracks on finger tips.
Cracks on heels; *Tænia* heels.
Warts—hands—large, flat and rugged.
Warts—feet.
Warts—body.
 Circinate eruption each arm.
 Nails brittle.
 Palmar dermatitis—*vesicles* itch + at night.
 — + heat.
 — < excitement.
 — < flour.
 — < detergent.

Wrists dermatitis—erythema: *cracks*.

Eczema—back of hands—*pustules* with heat
 and itch.

—arms to elbows.

Circinate eruption of thighs and shins.

Varicose eczema of ankles.

Toe nails painful.

Toe nails brittle.

Chilblains on feet— < with heat.

Paronychia.

Herpes on face; neck and chest.

Herpes groin.

Varicellar eruption of limbs since immunization.

Intertrigo breasts.

Eczema of face from 4 months to 2 years of age.

Sleep:

Restless: won't be left alone.

Night terrors.

Nightmares.

Perspiration ++ head and body during sleep.

Dreams of dead people.

Wakes—2-3 a.m.: wheeze or cough.

Can't sleep till 3 a.m.

Insomnia.

Remedies in 53 Cases

(F. 43; M. 10)

Name of remedy	Number of patients
<i>Pulsatilla</i> ...	23
<i>Thuja</i> ...	19
<i>Lycopodium</i> ...	14
<i>Sepia</i> ...	14
<i>Natrum mur.</i> ...	14
<i>Tuberculinum</i> or <i>Bacillinum</i> ...	11
<i>Kali bich.</i> ...	9
<i>Sulphur</i> ...	7
<i>Silica</i> ...	7
<i>Calc. carb.</i> ...	7

Dys Co.

Females—9 } 14
Males —5 }

Age:

3 years to 66 years.

Appearance:	<i>Thin.</i> <i>Fair hair; dark lashes; pink and white skin.</i>
	Dark hair; pale; good colour.
Mentals:	<i>Tense; nervous; full of fears.</i> <i>Shy; lacks confidence; apprehensive, worried trifles.</i>
	CLAUSTROPHOBIA—afraid in train, tram, bus and church. —afraid in theatre, lift, office.
	Afraid of meeting strangers, new doctors, new patients.
	Afraid to go out of house.
	Unable to cope.
	Trembles, stammers on excitement.
	Restless; fussy; depressed.
	Extreme exhaustion.
Head:	<i>Blinding headaches</i> with looseness of bowel.
	Frontal; persistent.
	Migraine—more headache than vomiting.
	Fuzzy head.
Scalp:	Painful to comb.
	Dry, scaly painful spots.
Face:	Neuralgia—supra and infra orbital.
	Twitching of muscles of face.
Eyes:	Blepharitis; styes.
	Conjunctivitis: photophobia.
	Twitching eyelids.
	Floating bodies; wooly spots before eyes.
	Yellow colour vision.
Ears:	Otorrhœa.
	Sudden swelling ears—blue red then scaling.
Nose:	<i>Hay fever.</i>
	Vasomotor rhinorrhœa.
	<i>Frequent coryza.</i>
	Pain root of nose.
Mouth:	Taste bad.
	Tongue raw and burning.
	Lips dry and cracked.

Throat:	Rheumatism jaw. Enlarged thyroid. Dry throat. Recurrent tonsillitis. Pharyngitis.
Appetite:	Fond— <i>fats; sweets; salt; milk.</i>
Stomach:	Pain P.C.— > eating. <i>Indigestion for years—distension and discomfort p.c.</i> Eructation; heartburn. Ptosis stomach; dilation; splashing. No heartburn, no vomiting, no nausea, no pain.
Abdomen:	Distension; flatus. Colitis. Pain and tenderness over gall bladder.
Bowel:	<i>Looseness—frequent motions 5 or 6 per day.</i> Diarrhoea on excitement or worry. Throbbing rectum with sense of block or cork. Mucus with motion.
Urinary:	Urge to micturition in tram or train.
Genitalia:	Dysmenorrhoea. M.P. irregular. Throbbing pelvis and perineum. Infantile masturbation.
Chest:	Pain chest on exertion. Pleurodynia. Sense of tightness lower ribs.
Respiration:	Shortness of breath. Bronchial catarrh.
Cough:	Blood stained sputum. Cough like pertussis.
Circulation:	D.A.H.—? Thyrotoxicosis. Tachycardia; palpitation; extra systoles.
Neck and Back:	Fibrositis neck and shoulders. Rheumatism neck and shoulders. Backache. Spondylitis.
Limbs:	Pain ankles—arthritis.

Osteo-arthritis and periostitis foot.
 Osteoporosis.
 Pain knees.

Skin: Herpes face; neck; chest.
 Blisters between fingers.
 Scaly eruptions flexures.
 Dermatitis hands—palms dry, cracked and painful.
 Flat warts hands.
 Psoriasis.
 Urticarial attacks.

Sleep: Insomnia.
 Restless.
 Wakes 2 or 3 a.m. with pain and discomfort epigastrium.

Remedies in 14 Cases

Name of remedy	Number of patients
<i>Argentum nit.</i> ...	9
<i>Ars. alb.</i> ...	8
<i>China officinalis</i> ...	5
<i>China arsenicum</i> ...	3
<i>Tuberculinum</i> ...	5
<i>Pulsatilla</i> ...	4

PROTEUS

Females—5 }
 Males —8 } 13

Age: 38 years to 60 years.

Appearance: Dark haired; pale; thin: 4 florid.

Mentals: Tense; irritable; depressed—could commit a murder if crossed.
 Averse company.
 Weepy.
 Exhausted.

Head: Headache frontal with sense of weight.

- Headache < before menstrual period for one week.
- Eyes: Headache in morning.
Occasional dimness vision.
Meibomian cyst.
- Nose: Fluent coryza.
Stopped—worse indoors.
- Mouth: Cracks corners mouth—resistant.
Salty taste mouth.
Gums tender.
Ulcers mouth.
- Throat: Relaxed throat—speech difficult.
Ball of flatulence throat.
- Appetite: Averse—butter; pork; butcher meat; egg
(especially boiled).
Fond—fat; sweets; salt; butter; eggs.
Upset by eggs.
- Stomach: *Acidity; heartburn; sourness.*
Flatulence.
Hunger pain not better with eating.
Vomiting after meals.
Dilated stomach.
Bilious at menstrual period.
- Abdomen: Flatulence.
Pain R.I.F.; pain L.I.F.
Sensation of ball in bowel.
- Bowel: *Constipation.*
Oxyuris.
- Anus: Piles which itch and bleed.
Itch very bad.
- Urine: Terrible burning urethra.
Ache in kidney region.
- Genital: Offensive leucorrhœa (profuse).
Brown; thick; scalding leucorrhœa.
Vaginitis.
Boil in vagina.
Pruritis vulvæ.

- Respiration: Cough bad; sputum.
Chest: *Pain*—<with cold.
<with exertion.
Tightness; shortness of breath.
Panniculitis.
- Heart: Anginal attacks.
Coronary attacks.
Sudden cardiac attacks—at rest or walking.
Heart strain: E.C.G.—coronary insufficiency,
but no infarction.
- Circulation*: Phlebitis.
- Neck and Back: Backache.
Fibrositis head and neck.
Slipped disc.
- Upper limbs: Hands dead at night.
Hands burning at night.
Contraction palms and finger five.
Lack of power in palm.
Hands numb in morning.
- Lower limbs: *Intermittent claudication.*
Pain calf; pain crutch; cramps legs.
Numbness feet.
Feet feel frozen.
< cold atmosphere.
Sciatica.
Bruised appearance leg.
Raynaud's disease.
Hammer toes.
- Skin: Pruritis—intense.
Skin; body and perineum; axillæ.
Boil axilla.
Dermatitis back of hand with discharge (very
bad).
Hot; prickles; stings.
Chin and upper lip: erythema with papulo-
pustular eruption—dry, scaly, crusting, itch-
ing six months duration.

Remedies in 13 Cases
(F. 5; M. 8)

Name of remedy	Number of patients
<i>Natrum mur.</i> ...	8
<i>Calc. mur.</i> ...	4
<i>Ferr. mur.</i> ...	3
<i>Mag. mur.</i> ...	1
<i>Kali mur.</i> ...	2
<i>Baryta mur.</i> ...	1
<i>Cholesterin</i> ...	1
<i>Cuprum</i> ...	1
<i>Secale</i> ...	2
<i>Sepia</i> ...	2
<i>Aur. mur.</i> ...	1

(To be continued)

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(Continued from page 500)

GAERTNER

Females—3 }
Males —8 } 11

Age: 2½ years to 76 years.
Appearance: Fair hair; blue eyes; freckles.
Pale; thin.
Long black eyelashes.
Mentals: Nervous—alone; noise; crossing street.
Intelligent.
Fidgety hands and feet.
Excitable.
Irritable; depressed.
Bites nails.
Eyes: White sclerotics.
Styes.
Nose: Polypi.
Catarrh.
Mouth: Salivation.
Herpes.
Dry scaly eruption.
Dry scaly eruption round.
Teeth: Black.
Tongue: Deep fissures.
Appetite: Craves—oatmeal (porridge and oatcakes);
cheese; eggs; milk pudding; sugar and sweets.
Averse—bread; butter; butcher meat; fish.
Stomach: Pains stomach.
Vomited everything: vomiting < after sweets.
Headache and vomiting: acidosis attacks.
Dilated stomach.
Bowels: Constipation.
Diarrhœa—offensive: attacks every few weeks

- Thread worms.*
 Blood and mucus in stool.
- Anus: Pruritis.
- Urine: Blood and mucus with urine.
 Burning in urethra.
- Genitalia: Profuse offensive leucorrhœa.
 Hydrocoele.
 Pruritis vulvæ.
- Chest: Bronchial colds.
 Nocturnal cough.
- Neck and back: Pain hip and back (severe).
- Upper limbs: Fibrositis shoulders—Rheumatism shoulders
 (worse at night).
 Rheumatism hands.
 Chilblains hands in winter.
 Bites nails.
- Lower limbs: Sciatica.
 Rheumatism feet.
 Pes planus.
 Soles of feet covered with blisters which itch
 and are < at night.
- Skin: Urticaria; heat spots.
 Boils arms and legs.
 Eruption—back, head and neck.
 Circinate eruption sternum.
 Perspiration < at night.
- Sleep: Wants light in room.
 Wants company; won't sleep alone, wants
 beside mother.
 Late in falling to sleep.
 Sleep walking.
 Not afraid dark or alone.
 Restless sleep: night terrors.

Remedies in 11 Cases

(F. 3; M. 8)

Name of remedy	Number of patients
<i>Silica</i> ...	... 8

<i>Phos.</i>	...	...	5
<i>Tuberculinum</i> or <i>Bacillinum</i>	...	...	7
<i>Zinc phos.</i>	...	...	4
<i>Nat. phos.</i>	...	...	2
<i>Calc. phos.</i>	...	...	2
<i>Kali phos.</i>	...	...	1
<i>Calc. sil.</i>	...	...	3
<i>Nat. sil.</i>	...	...	1
<i>Ferr. phos.</i>	...	...	3

MORGAN (PURE)

Females—116	} 156
Males —40	

Age :	7 weeks to 90 years.
Appearance	<i>Florid</i> : dark more than fair (120 cases). <i>Pale</i> : either dark or fair (30 cases).
Mentals :	<i>Tense; active.</i> <i>Weepy; depressed; irritable.</i> Fears crowds, unknown and ill health. Mongoloid.
Head :	HEADACHE : <i>morning (congestive).</i> Frontal, vertex, occipital. <i>Migraine.</i> Weekly sick headache.
Scalp :	Hair falling out. Alopecia complete. Scalp sensitive.
Face :	Acne rosacea. Hairy face.
Eyes :	<i>Granular lids.</i> Conjunctivitis. Tarsal cysts. Styes. Iritis; keratitis; phlyctena. Spots before eyes.
Ears :	<i>Catarrhal deafness.</i> <i>Otorrhœa.</i> Noises ears.

- Boils meatus.
Ménière's disease.
- Nose: *Catarrh.* } 30 per cent. of cases.
Post nasal catarrh }
Sinus infection and antral infection.
Dry mucous membrane.
Cracks angle nose: crack nose.
Sense of smell lost.
Epistaxis.
- Mouth: *Ulcers* mouth.
Burning tongue.
Tongue raw and dry, burning; coated; slimy;
swollen.
Tongue stiff in morning: wart on tongue.
Mouth and lips dry—lips stiff in morning.
Bad taste in mouth (day, nocte); halitosis;
salivation.
Taste deficient or lost.
Cracks angles mouth; lips very red.
Pain root of tongue.
Jaw bones ache.
Periostitis jaw.
- Throat: Thyroid enlarged.
Adenitis neck.
Throat dry and burning.
Throat parched, raw and granular.
Recurring tonsillitis: cheesy pieces come out.
Pharyngitis; laryngitis; tracheitis.
Apple core sensation: easy choking.
- Appetite: *Fond of fats; sweets; eggs and butter*, more than
averse.
- Stomach: Upset fats and eggs; or
Avoids fats and eggs.
Waterbrash; heartburn.
Sour, acid, bitter, mouthfuls.
Eructation; pyrosis.
Burning in throat and stomach.
Pain and acid > with food.

- Nausea; vomiting; hæmatemesis.
 Duodenal and peptic ulcer.
Bilious attacks.
 Bilious attacks at M.P.
 Bilious attacks since 14 years old.
- Abdomen: Epigastric pain or discomfort.
 Tenderness epigastrium.
 Pain right and left hypochondrium.
 Pain right and left iliac fossæ.
Pain liver and gall bladder + + +.
Tender liver and gall bladder + + +.
Gall stones: confirmed by X-ray or operation
 + + +.
Attacks jaundice.
 Flatus.
- Bowels: Redness and moisture at umbilicus: bad odour.
Constipation—present in 95 per cent. of present
 series.
Pruritis ani + + +.
Piles—bleeding; itching or painful.
 Anal fissures.
 Mucus P.R.
 Bowel motion without help; loose; urgent in
 the morning.
- Stool: Immediately after food.
 May be pasty, foul and contain blood and
 mucus.
- Urine: *Cystitis:* with frequency and pain.
 Urine of strong smell and corrosive.
 Urine contains sugar.
- Genitalia: *Pruritis vulva and vagina + + +.*
Menorrhagia and *metrorrhagia*—polypi and
 fibroids of uterus.
Leucorrhœa—corrosive, offensive, brown; green;
 yellow.
 Boils vulva.
Urethral caruncle; bartholinitis.
 Dyspareunia.

- Chest: Pleurodynia.
Fibrositis chest wall.
 Emphysema.
 Angina.
 Pain since shingles.
- Respiration: *Bronchitis each winter.*
 History of pneumonia or bronchopneumonia;
 never well since.
 Bronchitis and asthma.
 Emphysema.
 Suffocative attacks nocte.
 Shortness breath.
- Cough: Dry tickling cough,
 Morning cough—loose or sticky.
 Dry asthma.
- Circulation: *Varicose veins: Vertigo.*
Phlebitis: Flushes.
Varicose ulcer.
 High blood pressure.
 Sluggish circulation.
 Cerebral thrombosis.
 Easy bruising.
- Neck and back: *Fibrositis neck and shoulders.*
 History of rheumatic fever.
 Pain generally < nocte.
 < heat.
 > moving.
 < beginning to move.
Lumbago, acute or chronic.
*Fibrositis generalized; dorsal; lumbar; sacro-
 iliac.*
 Arthritis spine.
 Arthritis sacro-iliac joints.
- Upper limbs: *Pains shoulder ++: rheumatism shoulders.*
 PAIN—arms; wrists; hands.
 Neuritis arms; pain keeps awake nocte.
 Numbness and tingling arms.
 Arms puffy; useless; stiff.

- Hands puffy; stiff and grip poor.
 Hands too hot nocte.
 Fingers stiff in morning.
 Fibrous rheumatism hands.
Rheumatoid arthritis wrists (confirmed by X-ray).
Rheumatism thumb: osteoporosis.
Finger joints swollen and painful.
 Metacarpophalangeal joints swollen and painful, especially middle finger.
Nodules on fingers.
- Lower limbs:
 Lack power legs; limbs stiff; limbs numb.
 Tingling legs; feet numb: growing pains legs, ache legs.
 Limbs cold in patches; sense of touch lost.
Knee: swollen and painful: grating.
 Peri-arthritis knee.
 Osteo-arthritis knee.
Feet: Pain soles of feet.
 Metatarsal-phalangeal joints painful, swollen.
 pain heels.
 Thick skin soles of feet with cracks heels.
 Pes planus.
Feet too hot nocte: offensive foot sweat.
- Skin:
Face: Eruption—face; scalp; neck;—pustular, weeping.
 Eruption—brow: scaling and very itchy.
 —face: hot, red, dry and fissured.
 Eczema chin and forehead.
Cracks and eruption behind ears;—weepy, itchy, scaly and fissured.
 Neurodermatitis—chin, forehead and scalp margins.
Eruption scalp margins:—pustular, itchy and scaling.

- Eczema ear passages.
 Erysipelas face.
 Acne face and scalp.
- Neck and body: *Eruption neck, body and chest*:—erythema, vesicular, papulo-pustular; *with marked itching.*
 Herpes-zoster both axillary regions.
 Herpes-zoster R. hypochondrium.
 Eczema left nipple.
 Intertrigo breasts.
Acne shoulders and back.
Boils and carbuncles neck.
- Arms and hands: *Eruption flexures arms*:—*dry, cracked, fissured itching.*
 Prickly heat *dorsum* arms and elbows.
Eruption wrists to elbow:—*dry, scaly, cracked and itchy.*
 Infantile eczema.
Backs and palms of hands and between fingers } *dry, cracked fissured, weepy, itchy and burning.*
Cracks knuckles, fingers and thumbs.
 Flat warts hands.
 Nails brittle.
- Genitals: *Eruption scrotum*: vesicular, *scaling, weepy, red, raw, itching.*
Eruption perineum and groins } *itch, red raw, and burn.*
Dry scaly eczema: pudenda and groins
- Skin—legs: Varicose eczema.
 Chilblains, erythema florida.
 Erythrocyanosis puellarum: leukoplasia foot (and neck).
 Circinate eruption both legs inner side.
 Dermatitis dorsum foot, inner side heel, ankle.
 Erythema nodosum legs.
 Athlete's foot.
 Fidgets feet.

Eruptions generally < heat, washing and nocte.

Cannot wear wool next skin.

Skin sensitive to sun—prickly heat.

Sleep:

Insomnia; light and restless.

Remedies in 156 Cases

(F. 116; M. 40)

Name of remedy	Number of patients
<i>Sulphur</i>	90
<i>Pulsatilla</i>	60
<i>Graphites</i>	54
<i>Sepia</i>	47
<i>Calc. carb.</i>	43
<i>Kali carb.</i>	40
<i>Calc. fluor.</i>	37
<i>Nux vom.</i>	31
<i>Nat. carb.</i>	30
<i>Causticum</i>	27
<i>Petrol.</i>	26
<i>Lycopodium</i>	19
<i>Psorinum</i>	18
<i>Thuja</i>	18
<i>Tuberculinum</i>	20
<i>Rhus tox.</i>	28
<i>Kali bich.</i>	25
<i>Silica</i>	25
<i>S.S.C.</i>	22
<i>Kali sulph.</i>	15
<i>Hepar sulph.</i>	14
<i>Nat. sulph.</i>	15
<i>Calc. sulph.</i>	17
<i>Medorrhinum</i>	16
<i>Calc. silica</i>	16

} 61

No. VII

Females—8 }
 Males —1 } 9

Age: 48 years to 69 years.
 Appearance: *Dark; pale; puffy*
 Mental: *Tense.*
 Tired.
 Face: Angio-neurotic œdema; eyes closed; lasted one
 week
 Eyes: Thrombosis central retinal vein.
 Ears: Catarrhal deafness.
 Throat: Tonsillitis.
 Quinsy.
 Appetite: Averse fat.
 Stomach: Eructation.
 No vomiting.
 Abdomen: Pain in liver region.
 Flatulence.
 Bowel: Constipation.
 Hæmorrhoids.
 Genito-urinary: Had menorrhagia and metrorrhagia—better
 with deep X-ray.
 Pain vulvæ, no leucorrhœa.
 Chest: Some pain.
 Bronchitis.
 Circulation: Fainting.
 Excessive perspiration.
 Neck, back and body: Stiffness neck—"cracks like a nut".
 Fibrositis neck and shoulders.
 Fibrous rheumatism, neck and back, abdo-
 minal muscles; shoulders and arms.
 Spinal osteo-arthritis.
 Backache, > heat and rest.
 < damp and cold.
 < commencing to move.
 Lower limbs: Joints swollen and painful.
 Fibrous rheumatism thighs.

- Stiffness limbs.
 Pain shoots up and down leg.
 Stabbing pain hip.
 Pains right hip.
 Cramps in leg at night.
Osteo-arthritis knees.
Peri-arthritis knees.
Left hip fixed, arthritis.
Rheumatoid arthritis, knees and ankles.
- Feet:
 Pes planus.
 Feet painful.
 Gout L. toe.
- Arms:
Rheumatoid arthritis shoulders; elbows; wrists.
 Ganglion right hand.
 Fingers swell.
 Blood vessels burst in fingers.
Rheumatism wrist.
Rheumatism thumb—osteoporosis.
Wrists and ankles immobile, rheumatoid arthritis.
- Skin:
 Cracks knuckles—tips of fingers.
 Cracks palms.
 Circinate eruption hands (palms)—hot, nippy and scaly.
 Paronychia fingers.
- Sleep:
 Light.
 Wakes 2 or 3 a.m.
 2 hours to fall off.

Remedies in 9 Cases
 (F. 8; M. 1)

Name of remedy	Number of patients
<i>Kali carb.</i> ... ..	... 5
<i>Calc. fluor.</i> ... ..	... 4
<i>Calc. carb.</i> ... ..	... 4
<i>Rhus tox.</i> ... ..	... 3
<i>Causticum</i> ... ..	... 3

No. X

Females—4 }
 Males —1 } 5

- Age: 20 to 61 years.
- Appearance: *Fair; florid.*
Dark; pale.
- Mentals: *Anxious; active; irritable; depressed.*
- Head: Headache forehead, left eye.
- Nose: Catarrh.
- Mouth: Gums spongy.
 Halitosis.
- Neck: Fatty cyst.
- Appetite: *Averse egg; bread; tomato; tea.*
Averse breakfast.
Craves sweets; chocolates; fried fish.
 Upset egg and fat.
 Anorexia.
- Stomach: Nausea; vomiting.
- Abdomen: Occasional pain gall bladder.
- Bowel: Bowel motion first thing in the morning.
 Bowel motion sluggish.
 Pruritus ani.
- Urinary: Frequency micturition.
- Genital: *Pruritus vulvæ.*
Leucorrhœa fishy odour; greenish; corrosive.
 Flesh groin raw; dry and cracked.
 Urethral caruncle.
 Pain left iliac fossa and right iliac fossa.
- Chest: *Asthma.*
 Cough < in the morning; sputum difficult.
 Paniculitis chest wall.
 Lipoma lower ribs.
- Body and
 Limbs: Tenderness coccyx.
 Rheumatism thigh.
 Rheumatoid arthritis left knee.
 Paronychia.

Skin:

Warts hands—numerous flat or pointed (after working with pickled hams).

Dermatitis flexures—? allergy to drug given for asthma.

Ringworm.

Axillary perspiration.

Remedies in 5 Cases

(F. 4; M. 1)

Name of remedy	Number of patients
<i>Thuja</i>	4
<i>Natrum sulph.</i>	3
<i>Aralia</i>	2
<i>Sepia</i>	2
<i>Calc. phos.</i>	2
<i>Kali bich.</i>	2

CONCLUSION

Sometime the selection of the similimum is more than difficult, or it may happen that the remedy has not given the desired amelioration. In such cases the administration of the appropriate nosode so clears the picture that the next administration of the chosen remedy gives the desired result.

As has been said earlier, the 330 cases here quoted are consecutive and unselected, and so may not necessarily illustrate in detail the symptom picture already published. Nevertheless, I hope they supply some evidence for the use of the bowel nosodes.

I trust they also prove the contention that "the bowel nosodes are a valuable addition to the materia medica".

If the evidence is not convincing, the fault lies not with the nosodes, but with my presentation of their case.

DISCUSSION

The President thanked Dr. Paterson for this comprehensive clinical survey which meant a great deal of work.

Dr. Kennedy said that it was difficult to open a discussion on such a full paper. He took five lectures to post-graduates to cover

the same ground. He would like to say how glad they all were to see Dr. Paterson, her visits south were very rare and their Scottish colleagues always brought a refreshing air with them. He hoped that she had recovered from her recent illness and would not find giving this lecture too heavy a burden.

It was many years since he first met Dr. Paterson. As a young practitioner he had the honour of working with her and Dr. John Paterson and seeing the whole technique of the bowel nosodes. One appreciated the energetic and enthusiastic atmosphere which existed and enabled such an amount of information, bacteriological and clinical, which culminated in the presentation of the nosodes as they were known today.

Medicine had altered a lot since Hahnemann's day. He had just come from a consultants' clinical meeting of the North-Western Regional Hospital Board, it was very impressive, but it was entirely pathological a meeting except when the surgeons intervened and presented some facts and standards of cure in their patients. He felt, however, that Homœopathy was the only branch of medicine which attempted to cure the patients. The word "cure" was seldom mentioned that afternoon. There were many problems and in chronic diseases they were very difficult, and he wondered if they might be able to show their colleagues how to deal with them. He felt in the bowel nosodes they might have the answer to such cases, but they needed cases to present of cures in such illnesses.

The work which Dr. Elizabeth Paterson had done in reviewing some 330 cases must be at the outset a tremendous task and to be able to view them so clearly to an audience which knew little of the nosodes was an enterprising task. One must realize that Dr. Elizabeth Paterson was not only interested in the clinical side but also in the bacteriological side and he thought one of her great assets which she has brought to the subject, and which the late Dr. John Paterson has brought to the subject, was the ability to amass the information, digesting it and presenting it to a lay audience with no bacteriological knowledge, giving the information in such a way that they themselves could use it and get results.

Dr. Foubister asked if all these cases received the bowel

nosodes along with other remedies, or given separately.

Dr. Paterson said they were usually given separately. One seldom gave a bowel nosode along with the remedy unless the patient was in such a malignant condition nothing else was possible. Usually the nosode was used prior to or followed the remedy.

A Lady Member said it seemed to her that the prescription on the symptom picture was difficult, especially in skin eruptions or migraine.

Dr. Paterson replied that she thought she said that the skin eruption with *Morgan* was significant; the migraine symptom was an outstanding one, and also every possible kind of skin condition. These were usually hot; and dry or weepy. *Morgan* patients were florid and heat sensitive. She did not think one was likely to confuse the *Morgan* type of skin with any other, the heat and the itching were so outstanding. Even in the few where the patient was not outstandingly heat sensitive, such as children who required *Calc. carb.*, they were miserable with the skin condition, perhaps covered with eruption which was itchy and made them restless and uncomfortable. Other skin patients were usually pale and the mental symptoms would put them quite outside the *Morgan* group.

The President asked if Dr. Paterson could give them the key-notes of the various nosodes. In some publications they were heavily underlined and that emphasized the difference between them.

Dr. Paterson said that in *Morgan* the general picture was *congestion*; headaches, burning acid indigestion, burning in the mouth, ulcers, gall-bladder difficulty, and frequently calcinosis. Constipation was outstanding; 95 per cent. of this series of patients were constipated. Rheumatism was very difficult, it seemed to occur in so many patients, but she thought one must decide the patient rather than the rheumatic condition. The rheumatism was generally worse, though not worse from heat, in bed; they kept better with moving about, but were generally bad on beginning to move. The rheumatism was very difficult. When she was doing this review, she could not pinpoint exactly any type of rheumatism which would seem to be outstanding. She thought the

type of patient would decide the group in which the rheumatism would come. *Morgan Gaertner* was the *flatulent dyspepsia* type. *Sycotic Co.* had nearly always a history of some sort of *albuminuria*, or something of that kind; and in children there were *digestive difficulties* with a history of looseness of the bowel. *Dysentery Co.*: she thought the mentals was most outstanding in *Dysentery Co.*; *claustrophobia* was very outstanding, the patient could not go to church or the cinema. She had one patient who ran out of his office because he could not stay there any longer.

Proteus: it was difficult to get a term—contraction or *spasm*, intermittent claudication was outstanding and one did get brain storms, although they were not very common.

Gaertner was *nutrition*; they were always thin, pale, nervy people, either young or old, and usually had stomach attacks or gastro-intestinal attacks.

No. VII she put in because one or two very good rheumatoid *arthritis* cases had come out of *No. VII*, they were tense people, tired, pale and tense.

No. X: the most outstanding symptom was *asthma*, and the people very often had diarrhoea; it seemed to help these patients.

Dr. Alva Benjamin said how delighted he was to see Elizabeth Paterson again and to see that she had recovered from her illness sufficiently to come and give this talk. He had used the nosodes a little and he was apt to use them in two ways, either when he could not get an ordinary remedy to cover the patient, when he got Dr. Kennedy as a rule to do a culture of the bowel. It was surprising what one could do, particularly in severe osteo-arthritis of the spine. He had had quite a number of these cases where from the X-ray picture one thought one could not do much for the patient's pain and it was surprising what the nosodes would do to ease the pain and, in fact, it looked as though one had completely cured the patient because they did not return.

He would like to ask Dr. Paterson whether it was still the accepted idea that in order that the nosode should be effective there should be a small percentage of a particular organism in the stool. Dr. John used to say that a high percentage of a particular organism in the stool was rather a contra-indication to using the nosodes.

The other way in which he used nosodes was if one got a remedy which one thought was very well chosen and yet did not do all one wanted, if one referred to the tables which Dr. John gave them and found the corresponding nosodes to the remedy and gave it, then one got remarkable results.

Dr. Paterson replied, with regard to the non-lactose nosodes, she thought it was accepted that the higher the percentage of lactose the less the indication.

Dr. Benjamin said that *No. X* was quite new to him.

Dr. Paterson said that it was mentioned in one of the cases and it was because it helped the asthmatics that she put it in.

Dr. Benjamin asked what were the characteristics.

Dr. Paterson: It is a sub-type of *Morgan Gaertner*, showing a fermentation in lactose at a later stage.

Dr. T. M. Gibson asked if the original classification of the 300-odd cases was on a pathological basis, that is, of isolating the organism from the bowel.

Dr. Paterson replied that the original nosodes were made from people who had had bowel cultures done. This review was of people who had been given nosodes with benefit with no reference necessarily to bowel culture at all. Some had, and some had not, had any bowel culture.

Dr. Gibson asked if the 300-odd patients went to see her consecutively with *Morgan Gaertner*, *Proteus*, etc., not necessarily on the bowel analysis but on a therapeutic basis of administering a nosode, and finding which one benefited them.

Dr. Paterson said that when the patient came he was classified as *Morgan Gaertner*, *Proteus* or whatever it was.

Dr. Gibson asked if it was based on an earlier proving of the nosode, to which Dr. Paterson replied that the original proving was made on the symptoms.

The President asked at what stage the nosode should be used.

Dr. Paterson replied that if the complementary remedy had had the result one desired there was no need to give a nosode, but should the case lag in any way the nosode gave it the necessary impetus. Sometimes one needed nothing more, sometimes it was necessary to repeat the remedy and the case made a wonderful leap forward.

Dr. Kennedy thought it would be true to say that one would first give the indicated remedy.

Dr. Paterson said if the drug was well indicated she always gave it first.

Dr. Kennedy said that if there were two or three drugs equally indicated and not one specially one might turn to a nosode to cover them.

Dr. Paterson, in reply to a question which was not properly heard, said that if the mental symptoms were outstanding, such as in *Dysentery Co.*, it was given in high potency; but if there was a pathological finding of carcinoma, or a bad rheumatoid arthritis it was better to begin very low.

Dr. McCrae asked for the classification of high and low, and Dr. Paterson replied: high 30c, 1m upwards; low 3c, 6c.

Dr. Kennedy thought there was a doctor in South America who brought nosodes into disrepute because he gave them in much higher potencies than was necessary and the patients suffered. He thought he came to the conclusion that they were no good.

Dr. Paterson said he had been using them against the teaching which had been put forward at that time, he disregarded all the rules and got a bad result.

Dr. Kennedy: But he got a result!

Dr. Paterson: Definitely.

The President asked if *Morgan Gaertner* was the same as *Morgan Co.*

Dr. Paterson replied it was not. *Morgan Co.* was Bach's original nosode, then it was found that there was this split between *Morgan Co.* and *Morgan Gaertner*; *Morgan Gaertner* was typical *Lycopodium* and *Morgan Co.* was everything else.

Asked the idea behind not repeating the nosode for some months, Dr. Paterson said that originally it was thought that the higher the percentage of the organism the more the nosode was indicated, and it was repeated. This gave such an aggravation that one learned by experience that it was not wise to repeat it until the reactions had finished, which was usually at least three months.

Sir John Weir said he had no questions, but he would like to say "Thank you".

A Member said that *Sycotic Co.* was a sycotic remedy which was made originally from diplococci from the stool and therefore it embraced a lot of sycotic symptoms. There was the old question of gonorrhœa and sycosis, he thought one was susceptible to gonorrhœa because of a sycotic constitution, but they were not necessarily the same thing.

The President asked the difference between the sycotic miasm and the sycotic remedy.

Dr. Paterson replied that the sycotic remedy came out in people who had a sycotic miasm. It must be due to something in the person, that they had a miasm. Broadly speaking, it was a catarrhal remedy depending, she thought, on the type of person, the type of patient, even more than on peculiar symptoms. Unless one had a definite type of person, the same symptoms could occur in many types. Perhaps that was not the correct thing to say, but some day they would have to go into these matters.

Dr. McCready asked if diet affected very much the bowel flora.

Dr. Paterson said that originally it was thought that a fresh diet as far as possible was indicated. Uncontaminated, unsterilized food, as fresh as possible, as natural as possible, free of meat, with nuts and cereals, would affect some sort of change; but unless one persisted the patient would revert to his original diet, and so would the bowel flora revert to its original type. That was the experience. A natural diet, free from cooking, contamination, sterilization and that sort of thing, free from meat, would affect the bowel flora.

Dr. McCready asked how long it would take that sort of diet to affect the bowel flora.

Dr. Paterson said that it might take weeks or months.

The President asked if they had attempted to do it by giving Nature Cure.

Dr. Paterson replied that this had been done. The Nature Cure people had helped to clear the bowel and had helped to instruct patients on diet, and they did well, but as soon as they got back to their normal diet all their symptoms returned.

Dr. McCready assumed the endeavour was to convert them to vegetable diet, but they revert.

Asked if they were any cases of Mutabile in this series, Dr. Paterson said there were none at all. She had not picked out the cases. Many of the migraine cases got *Pulsatilla* and it was very often associated with Mutabile. She did not think Dr. Kennedy found Mutabile common.

The speaker said that it was used in the Children's Ward in the hospital for urinary infections and it seemed to wipe it out.

Dr. Paterson thought it was very good for clearing out sub-acute cystitis. She did not select the cases because she only took them consecutively and there might be many which had been missed out.

The President thanked Dr. Paterson once again very much indeed for her delightful paper and the discussion in which she had taken part. (*Concluded*)

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