

of a man suffering from, or rather "enjoying", what he, Dr. Le Hunte-Cooper, had named a "discriminating stomach". This individual could imbibe a comprehensive, and varied meal, but if any one substance taken did not agree, he would reject this, while retaining the rest of the meal.

Dr. Templeton had expressed his hopes that this Meeting would produce some "tips" as to specific remedies relating to the subject of this paper and he, Dr. Le Hunte-Cooper, offered him one, for which Dr. Clarke was responsible; "In cases of vomiting of pregnancy which fail to respond to *Symphoricarpos* try *Mancinella*."

Dr. Foubister said that he was fully aware of the danger of aluminium sensitivity. When there were indications for aluminium and the food was prepared in aluminium cooking utensils, he stopped the use of Aluminium, and usually antidoted by giving *Alumina* 200.

Dr. Foubister said that sometimes great help could be obtained in prescribing from the parents constitutions, especially when a young child was nearly a replica of one or other of the parents. *Sepia* had a feature in its make up which sometimes helped to decide on its prescription, that was the love of dancing which often characterized *Sepia* patients. One could often confirm the choice of *Sepia* for a child by finding that the mother had the intense enjoyment from the rhythm and movement of dancing which was so very prominent in these patients. Another remedy which was often confirmed in this way was *Phosphorus*. The typical appearance of *Phos.* in the mother confirmed its indication in the child.

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## MIRACULOUS ACTION OF THE HOMŒOPATHIC REMEDY IN INFANTS AND CHILDREN

DR. HARVEY FARRINGTON, M.D., *Chicago, Illinois*

It is well known that the homœopathic remedy acts more promptly and, as a rule, more completely in infants and growing children, than it does in adults. The reasons for this are obvious. The child's nervous system is more sensitive and responds more readily to both intrinsic and extrinsic stimuli; its tissues are softer and more pliable; all its functions are more active; new cells and fibres are being added every minute of the day, and, what is usually overlooked, it is free from the anxieties and the worries that

interfere with remedial action in later years. Of course, in some cases, there are inhibiting factors such as wrong feeding, prophylactic "shots", vaccination or the presence of some latent miasmatic taint. But, even here, the well-selected remedy clears the way for nature to reassert herself more quickly than it does in the adult, as we shall see later.

The following cases were selected because they are typical illustrations of our thesis, and also because they present some useful hints in prescribing.

CASE I—Many years ago, while still interning in the clinic connected with Kent's Post Graduate School, I delivered a baby girl in a dark and dingy cellar. The walls were festooned with spider webs black with coal dust. A few weak beams of daylight found their way through two small windows at the level of one's head. Labor was short and not too painful for a primipara; there were no complications. The infant was apparently normal in every way. But on the morning of the third day, her eyes were running profusely with thick, yellow pus. Her face and the edge of her little blanket were smeared all over. She seemed to like her eyes washed with cold water, so naturally I gave her a dose of *Pulsatilla* 1M. After warning the mother and attendant of the possibility of contagion (there was no money for a nurse), I took a specimen of the discharge at once to a laboratory. The microscope revealed the fact that it was teeming with gonococci. On my next visit, I found the amount of discharge greatly reduced. But I made many visits in the week that followed and, I must confess, spent some sleepless nights before I was finally assured that the disease had been whipped. In the first place, owing to a marked blepharospasm, it was exceedingly difficult to get a view of the cornea. How happy I was to get a glimpse of a perfectly bright and clear membrane. In about five days the discharge became more profuse, there was more swelling of the lids and the photophobia seemed to have increased. I

then gave the deeper acting *Argentum nitricum* which completed the cure in another week or so.

CASE II—A little girl, nineteen months old, presented symptoms resembling those of the case just described, except that the discharge was less profuse, thinner and somewhat acrid. I received the same message from the laboratory. Since she kicked the covers off at night, was always hungry and cried all the time she was getting her bath, I gave her a powder of *Sulphur* cc. In half an hour she had a profuse, diarrhetic stool, and in five days the eyes were back to normal.

CASE III—One evening I was called by Dr. Annie Anderson of Chicago to see her eleven-year-old nephew. She had carried him successfully through a severe attack of scarlet fever, but had been unable to check the nose-bleed that marred his convalescence. His small face was somewhat thin, his nose bristled with numerous toothpicks which had been inserted in order to carry pledgets of cotton deep into the nose and, from the right nostril, there was a line of black blood running past the corner of the mouth almost to the chin. To me the zymotic character of his illness and the black, uncoagulable blood spelled *Crotalus horridus*. I asked a few questions, put a dose of the 10M on his tongue and sat watching the results. They were soon evident. In five minutes I wiped the blood from his face and found that it had ceased to flow. In another five minutes, I gently withdrew the toothpicks and cotton. Only a few drops of blood followed. The epistaxis had ceased, never to return. When I happened to meet the doctor a short time afterwards, she told me that she had asked the boy what he thought of "our doctor". He had replied: "He is a man of few words!"

CASE IV—When the apparently indicated remedy fails to act, the experienced homœopath knows what to do. Here is a blond, blue-eyed boy two years of age. His face is a bright red; his breathing difficult and wheezing, worse on

lying down; his temperature 103°. He has a loose, rattling cough and occasionally he raises a gob of yellowish-green mucus. He is quite thirsty. There he sits, half propped up in bed, making no complaint, but placidly enduring his suffering. The remedy? *Ferrum phos.* of course. But the next morning he was worse. His chest was filling with mucus and he seemed much weaker. Something was interfering with the remedy. I asked the mother what position the boy took during sleep; she replied: "On his stomach". This settled the matter. I placed a dose of *Medorrhinum* 10M on his tongue. A remarkable change took place over night. The râles in the chest had abated considerably, the temperature had dropped to 101° and his face was covered with a measly rash. I had not thought of looking in his mouth, or the diagnosis would have been certain. The little fellow passed through the regular course of an ordinary case of measles and made a rapid recovery with no further medication.

CASE V—Another small, fair-haired, blue-eyed boy aged twenty-one months. On the 19th of December last, his mother called me on the telephone in great alarm. She said her baby was in convulsions and she could not locate Dr. Don Gladish, her family physician. I told her that I did not make house calls any more, but would come if they sent their car for me. I got there in about fifteen minutes. The convulsions had ceased but the little fellow was unconscious. His face was flushed, his eyes wide open and the pupils contracted to a pin-point. His temperature was 104° per rectum. It was plainly a case for *Opium*. I put a powder of the 1M on his tongue, saying to his mother that if he started to make a big noise she should not be frightened, for it would only mean that he was coming to life again and would surely get well. The "big noise" was not forthcoming, but in exactly sixty seconds, he began to cry softly and opened his eyes, looking around as if he wondered what it was all about. I saw this boy in his father's arms,

at some tableaux which were being shown at a nearby church, on December 23d! He seemed as well as he ever had been.

CASE VI—Here is one that could be considered a midnight thriller. It is that of a boy about two and a half years of age, one of twins that I had delivered for Dr. Frances B., a loyal homœopath and skillful prescriber. She asked me to see the case with her. Dr. A., another conscientious woman homœopath, was present when I arrived on the scene, around 4:30 p.m. They had brought in a veritable library of books, over which they were pouring with the greatest diligence, for they realised that they had a very serious case. They had Kent, Knerr, a book or two by H. C. Allen and, I think, two or three others. Little wonder that their remedies were of no effect, for the one that cured the little patient could scarcely be found on purely symptomatic indications.

The child lay in a crib with high sides, and all that was visible of him were his eyes, nose and mouth. He was wrapped in blankets up over his chin and literally packed in hot water bottles or hot bricks. He had been in a tonic convulsion with slight twitching of muscles, for over two hours. His face was a deep red, his lips quivered, and whether from the ailment or the hot packs, he was sweating profusely. Never will I forget that night! I sat watching the boy for half an hour, giving one or two remedies the names of which I cannot remember. Then Dr. B. said: "Excuse me, doctor, I must go to see a case of scarlet fever and of course will not dare to come back." At six o'clock, Dr. A. said that her office hours would begin shortly and she would have to leave, which she did. There I was alone with the sole responsibility of the little invalid on my shoulders. Fortunately, in those days, I was very phlegmatic. The small house of two rooms was built so that it could be easily taken down. The walls and roof consisted of sheet iron supported by wooden frames. It was situated

in a small back yard between tall buildings. About ten o'clock a terrific thunder storm blew up. The rain descended in torrents, the thunder roared and, as if this were not enough, the wind every now and then sucked the tin roof upward and let it fall with a loud bang! It was pandemonium let loose. Fortunately it did not disturb the poor little invalid, for he was totally unconscious. I kept my vigil until a little before 2 a.m. Then I fired my last shot. It was *Tuberculinum*. During the past hour the boy had developed a chewing motion, the first definite use of muscles that had exhibited while I was watching him. *Bryonia* did not fit the case; *Calcarea*, *Phosphorus* and *Stramonium* were out. But in simple language, I had a lunch. If you turn to page 508 of Allen's *Nosodes* you will find that *Tuberculinum* has cured "clonic convulsions of the musculus orbicularis inferior," and "convulsions in region of facial muscles, especially buccinator". Whether this syndrom is a reliable indication for the nosode, I cannot say, as fortunately I never again met a case like this one. But it was a last straw. I gave a dose of the 10M. Then I lay down to catch a few minutes of sleep. At 2:15 a.m., by the clock, the youngster began to howl in a loud, hoarse voice and to move his arms and legs. The mother called me in great distress, "Come doctor, quickly, he's dying." The unearthly noise of the child had already wakened me but it was music in my ears. I took one look at him and said to her, "You must not be frightened; your boy is coming to life again."

When the boy was well enough, a lady osteopath and homœopathic physician was called in because his bowels were not moving. She soon detected an accumulation of feces to the left of the umbilicus. Careful manipulation removed what seemed to be lump of feces, but there was one small object that resisted all her efforts. It seemed to be about an inch long and an inch and an eighth wide. It had two little protuberances, one at one corner and the other diagonally from it. It was about a quarter of an inch thick.

Then the mother remembered that a little cow was missing from a Noah's Ark that the boys were very fond of.

Dr. C. Edward Sayre was asked to examine the child. He confirmed the size and shape of the little object and the mother's conclusion that it was from the Noah's Ark. However, he said that the boy was rather too young to be operated on and that it would be best to wait for a week or two. In about two weeks it disappeared, probably due to the dissolving effect of the intestinal juices. Whether it had anything to do with the convulsions is problematical. A well-known pediatricist said that the boy had had a cerebral hemorrhage, which was probably true, for there was a slight paralysis of the left arm, which disappeared slowly over a period of three months. A bizarre case with an equally bizarre ending. The last time I saw this boy he was a husky grown up, twenty-one years of age.

#### DISCUSSION

DR. A. H. GRIMMER [Chicago, Ill.]: This paper illustrates what the homœopathic physician sometimes must do, and it is only a master homœopath that can take positive symptoms, and sometimes in dire emergency, arrive at the remedy needed.

The ability to read between the lines in a given case, a case presenting mostly common symptoms, common to so many remedies, then to pick out that which is best in an unconscious case or in a case with a few pathological symptoms, there is where it really is a test of what is in the subconscious mind of the physician. You may call it intuition but intuition is only stored up knowledge that has been acquired by years of use and application.

This is a very nice paper, Dr. Farrington.

DR. H. A. NEISWANDER [Pandora, Ohio]: A number of years ago, perhaps twenty-five, I was called upon to see a certain lady to confine her. She had had two girls that were normal. This was the first time I had taken care of her in delivery. She had lost two or three boys.

The delivery was normal. She was a very nervous individual. The baby seemed normal. On the third day I made my return call, and this baby had a temperature of 103°, may be 104°. It was rather jerky, had a

somewhat flushed face. I looked at it a minute. I said to this mother, "Can I take this baby along home with me?"

I no sooner got that out of my mouth when she said, "Yes." I thought I stuck my neck out a long way that time. I took the baby along and let my wife take care of her. For about four days we worked with that baby. It had one convulsion after another. We gave that baby *Helleborus*. Today that boy is a husky chap, I think he is in the Army. I am sure she would have lost him if we hadn't taken him home and worked with him. [Applause]

DR. O. O. SINK [Smithfield, Ohio]: I wish to confirm the Doctor's use of *Crotalus horridus*. I delivered a mother of a nice baby. Just the next day we had a severe hemorrhage in the auditory canal. I took the father's blood, made a serum and injected it but with no result.

The next time I called, I got there just as the baby's bowels moved. They were black, watery blood. *Crotalus horridus* 200th cleared that up nicely.

Another case, a man about forty-five, had a tooth pulled, and they called both me and the dentist about three o'clock in the morning. After working about three hours, we finally got it stopped, but about eight o'clock they called me back, and there was that black, watery blood coming out at the mouth. A few doses of *Crotalus horridus* saved the case. [Applause]

DR. A. W. HOLCOMBE [Kokomo, Ind.]: It is a pleasure to take part in a discussion of this kind. It is not often I have the opportunity. I hope you folks don't get bored over what I say. I like this kind of a paper. It shows that homeopathy is dependable. One does not have to depend on a lot of surgical knowledge and surgical interference and manipulation and a lot of those things. If one gets the right homeopathic remedy, things ease off and everything is all right.

I have a case that I want to relate. It wasn't an emergency case, and it wasn't a case of acute trouble. Up in our part of the country a great part of Northeast Indiana is settled with Amish people, originally from Pennsylvania, of German extraction. They don't go very much for medicine. They have a lot of simple remedies that they use themselves. They won't be vaccinated. I have an office full of them every once in a while.

One morning a man brought a baby in there, about two years old. It was about an hour before my office hours began, and I was up filling the medicine case to make calls. He came in and had the boy all wrapped up in two or three blankets. He said, "I want you to wait on this boy."

I said, "What is the matter with him?"

He said, "He got a mastoid. I am on my way up to the surgeon to have operation. It will cost \$350."

"All right," I said, "open him up."



There was a large swelling back there, very tender, red, swollen, painful. The kid would yell if you touched it. He said, "What do you think?"

"I am going to give him a dose of medicine and you can do as you please. You give him this medicine and you wait until tomorrow before you fulfill your surgical appointment."

I gave him a dose of *Capsicum*. The surgeon never did see that fellow. The point of the story is that that doctor won't speak to me to this day. [Laughter]

Another peculiar case I had, and I never saw one like it or never heard of one like it. You probably think I am springing a lot of extraordinary cases on you folks, but this one gave me more satisfaction, for personal reasons, than any one I think I had.

An Amish lady brought in a female baby about eight months old. Her speech was broken; I could hardly understand her, although I used to speak German. That baby had no vaginal opening. The opening from the rectum and from the urethra were perfect. The baby was small and couldn't talk, so I couldn't get subjective symptoms. I had to prescribe objectively. I was up against it.

As Dr. Farrington says, I was behind the eight-ball. I didn't know what to give her but I happened to think of how old H. C. Allen, in his lecture on *Graphites*, spoke of its effect on scar tissue. "I think I will try it," I said to myself.

I gave her a dose of *Graphites* 50M and told the mother to go home and I would see the baby in a month. I knew it wouldn't die. It wasn't until two weeks that she had a normal vaginal opening. [Applause]

DR. FARRINGTON [closing]: Thank you for your discussion. Dr. Grimmer's remarks are especially to the point. I feel as if Dr. Holcombe's case goes me one better. [Laughter] I would give a great deal to know what kind of a condition that actually was there and what was the structure of the closing of that vagina.

DR. HOLCOMBE: I couldn't find out. I just shot at her in the dark. [Applause]

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