future Homeopaths! But the sacred principles of Homeopathy must not compromise with the fallacies of modern science. In any case, to drag Homeopathy down to the level of an experimental science should be scrupulously guarded against for reasons self-evident.

In fact no institution can make the student learn his vast Materia-Medica by rote or arm him with a mode of specific treatment of disease as in Allopathy. The technique of Homeopathy is right about the other way.

Even for reasons of politics, especially in the present world of hurry and materialistic thinking, if the Homeopathic institutions should make the course of studies for as many years as in M.B.B.Ss. course, it may just be a problem to find parents who would send their wards to learn Homeopathy in our institutions.

There should, therefore, be a short course of about two years' duration during which period Materia-Medica, Organon, Philosophy, Case-taking and Repertorization may be taught in right earnest and the student left to his ability to grow into a giant Homœopath, according as he can and shall make the knowledge so imparted his own!

HYDRASTIS CANADENSIS IN MAMMARY CANCER

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Pathological diagnosis is very interesting, especially when it is completed with a homeopathic prescription—Royal E. S. Hayes, M.D.

Mammary cancer in woman is that form of cancer which in the order of its frequency and malignity takes third place as a cause of death in statistics throughout the world, the first place belonging to cancer of the womb and the second place to cutaneous cancer.

Inheritance, unique or continual traumatism and endocrinous factors, especially ovarian disorders in which are a verification of follicular hyperfunction, are pointed out by Velpeau, Gross, Williams, Winiwarter, Hubbart, Nunn, Ewing, etc. etc., as a predisposing cause of mammary cancer. (Zuckermann).

There are many classes of mammary cancer, which have been elaborated under the basis of clinical interpretations and histological investigations; so we find:

1st—Cancer of glandular epithelium, simple carcinoma or cancerous scirrhus.

2nd—Adenocarcinoma which embraces intracanalicular adenocarcinoma, papillary adenocarcinoma and gelatinous adenocarcinoma.

3rd—Cancer of plain epithelium of this mammary region, which includes: Paget's carcinoma, pagetoid cancer of the ducts and epidermoid cancer.

Simple carcinoma or cancerous seirrhus is of all cancer of the mammae the most frequent and it is clinically demonstrated by a hard and non-encapsulated tumor with an infiltrative character that sends prolongations to the surrounding tissues which adheres very soon to the skin and nipple of the breast. The volume of this tumor according to the phase in which the patient is observed varies in size from one half inch to four or more inches.

In regard to their evolutive form, cancers follow different courses according to the character of scirrhus, Bloodgood's adenocarcinoma, Paget's carcinoma, etc., proving that these malignant neoplasias show a variable tendency to propagation whether local, regional or metastatic to distant organs and can invade the viscera and osseous system. (Hellner).

. Simple carcinoma, cancerous scirrhus of the breast or cancer of the glandular epithelium, is the most frequent mammary cancer and for that reason I am giong to make mention of it.

In most cases, cancerous scirrhus is asymptomatic at

the beginning and the only thing that the sick woman and the physician can appreciate is a mobile nodule or induration lightly fixed to the pectoral muscles, with imprecise borders and irregular edges; in advanced cases there exists a firmness of the tumor, alterations of the skin, taking on the aspect of orange peel due to the adherence of the tumor to the periphery, the nipple of the breast is retracted and changes position.

The most frequent place of this tumor belongs to the supra-external quadrant of the mammary region, and the zone which follows in frequency is that placed behind the nipple of the breast region. In advanced cases there is no possible localization because the tumor has invaded all the tissues.

The evolutive period is slow, but the march is progressive and of great propagation, especially in the axillary, intercostal, paraexternal and supraclavicular ganglia.

This symptom is one of the most serious, because it reveals intrathoracic propagation.

The prognosis of this disease is serious, the average of life to these patients is from 2 to 3 years (Wakeley, Pfahler, Parry, etc.), notwithstanding one can find cases of low evolution whose period is of several years. This prognosis is based upon the sick woman's age, race, as well as the size, localization and variety of the tumor, pregnancy influence, lactation, etc.

From the point of view of prognosis and treatment, the Traditional School only employs the early axilla-mammary surgical intervention, X-Rays, radium and hormonotherapy.

As a prophylactic measure, castration by Roentgen rays of those women predisposed to cancer is proposed and feeding by a wet-nurse or artificial preparations in order to avoid the possible factor of cancerism in mother's milk when any cases of cancer in any of its clinical forms have been registered in the line of ancestors. (Bittner). In the same way radical mastectomy is proposed even in benign tumors of the breast. (Reed).

HYDRASTIS CANADENSIS

From the point of view of Hahnemannian therapeutics, we have a great number of remedies that, on account of their selective action on the glandular and endocrine system and their constitutional effects, are perfectly well indicated in precancerous states, as well as in the different types and evolutive periods of mammary cancer in the female sex. The most important remedies are: Arsenicum album, Arsenicum iodatum, Conium maculatum, Asterias rubens, Condurango, Iodium, Baryta iodata, Baryta carbonica, Scirrhinum, Carbo animalis, Phytolacca decandra, Plumbum metallicum, Plumbum iodatum, Thuja occidentalis, Sulphur, Silicea, Lachesis, Nitric acid, Aurum metallicum, Ferrum picricum, Radium bromatum, Carcinosin, Hydrastis canadensis, etc., etc.

Hydrastis canadensis from its selective action on the glandular system and the sexual feminine organs, also on account of its general action upon all the economy, is a perfectly well indicated remedy in cases of mammary cancer in simple carcinoma, cancerous scirrhus or cancer of the glandular epithelium type, when its prescription belongs to the invasion period in its phase of "exclusively mammary stage," with painless or little sensible tumor without ganglionic invasion.

The physician must be on the alert and must not confuse it with the temporal, premenstrual and painful "noduli" which belong to hormonal mastopathy and only when these "noduli" are permanent, induces one to think of a precancerous state, which calls for the administration of Hydrastis canadensis.

The patient with mammary cancer in whom *Hydrastis* canadensis is indicated, suffers great debility; she feels depressed; her skin is yellowish, straw-colored; a wide tongue shows the imprint of teeth; loss of weight. She is constipated and suffers dyspepsia of an atonic or catarrhal type. She is subject to nasopharyngeal catarrhal troubles

`and in this class of patients the catarrh injures the middle and external ear. In catarrhal cases of the eyes, ears, nasopharynx, uterus or vagina, it is producing thick, tenacious, yellow-greenish and filamentous secretions.

It is very frequent that among these patients with mammary cancer, with characteristics indicating Hydrastis canadensis as remedy, are associated indurated tumors of intense and burning pains and the contracted nipple of a breast; fissures and excoriation of the nipple of a breast (Paget's cancer); uterine troubles with congestive phenomena manifested by abundant, viscous, excoriating, sour and filamentous leucorrhea; pruritus vulvae; ulcerous and fungous cervicitis; precancerous ulceration of the cervix uteri; menorrhagia; hepatic insufficiency phenomena which are manifested by vesicular pains; dyspepsias of a hyperacid type and gastroduodenal catarrh.

• Intestinal troubles in the form of mucomembranous colitis are found, where the main symptom is constipation and rectocolitis of a hemorrhoidal type.

For the most precise indication of *Hydrastis* canadensis, for mammary cancer, besides finding the specified characteristics, I must insist that its prescription belongs to the precancerous phase and nodular cancer type, when neoplasia has not yet reached its phase of visceral or osseous invasion.

The diverse provings performed from the Hahnemannian point of view with *Hydrastis canadensis* started in 1856. The first one was carried out in that year by Dr. Hastings; later on Drs. Hering, Allen, Burt, Whiteside, Hale, Vayes, Clifton, Clark, Cowperthwaite, Boericke, Vannier, Charette, etc., etc., gave us the following characteristics for its indication in mammary cancer:

- I—General exhaustion, sensation of weakness, profound asthenia and cachectic condition.
- II—Depression and melancholia with loss of appetite.
- III—Cancer and cancerous state, before ulceration, when pain is principal symptom.

IV-Straw-colored skin. Sallow complexion.

V—Constant pains of a burning type at the level of the mammary glands which become worse at night. (Neatby).

VI—Hard and painful, irregular enlargement of breast with nipple retracted and enlargement of axillary ganglia.

ANTIDOTE—Sulphur.

Dose-Tincture, 3x, 6x, and 30x.

CONCLUSIONS

- 1st—Mammary cancer of simple carcinoma type, on account of its frequency, demands an early diagnosis.
- 2nd—Clinical cases prove that it is possible not to employ Roentgen-therapy and radical mastectomy if one can carry out the opportune prescription of the right homoeopathic remedy and
- 3rd—when Hydrastis canadensis covers the totality of the symptoms in a female patient of simple carcinoma of the breast, one can be assured that she will recover her health in a prompt, smooth and lasting way, according to the immutable law of similia similibus curentur.

-The Homœopathic Recorder, March, 1954.

GAMMA GLOBULIN DISAPPOINTS

A committee of twenty experts was requested by the United States Public Health Service to evaluate the results of the mass inoculations with gamma globulin last year. The twenty experts were appointed in collaboration with the Association of State and Territorial Health Officers, the American Physical Therapy Association, and the D. T.