not even during sleep. It cannot be put down out of the nurse's arms: it awakens and cries on the attempt being made. It has much colic and indigestion.

Bryonia. She must evidently be kept very still, in order to relieve her colic and other sufferings. The stools are dark, dry, and hard, as if burnt.

China. Colic comes on at a certain hour every afternoon.

Jalapa. When the child is "good" all day, but screams and is restless all night.

In practice it will often be found that the "key-note" gives the clue, and that further questioning will bring out at least two other symptoms to make the three legs of the stool upon which we may rest in safety. Thus we see that the "rule of three" and "key-notes" are really complimentary and not the result of different Homœopathic philosophies.

—*Journal of the American Institute of Homœopathy, November, 1946.*

GLANDULAR DYSTROPHY

HOWARD M. ENGLE, M.D.
SAN FRANCISCO, CAL.

The subject of glandular dystrophy is a vast one. In the diagnostic field, especially, it covers many phases of disease. Glandular disfunction is oft a much abused term, particularly in cases where the symptoms presented to us, defy our diagnostic acumen. Under this heading we have chosen for our discussion today

the homoeopathic remedy bellis perennis and its action on certain glandular lesions. I shall only refer to the glandular lesions that are common in every day practice.

When a patient presents frank lumps somewhere in his body the orthodox procedure immediately suggests a biopsy. Laboratory diagnosis is important, of course, especially in cases of malignancy and in blood dyscrasias, such as Hodgkins Disease, and the various leukæmias. But, regardless of the name of the disease or the histopathological findings, the homoeopath's chief concern, regarding his therapeutic approach, lies in gathering the totality of symptoms, and from their study he may choose his remedy.

When a patient develops a lump which is associated with a history of trauma, be the trauma external or internal, bellis perennis is to be thought of and closely differentiated from our classical injury remedy, arnica. Even in trauma of the bones bellis perennis has its place, when symptoms agree, and in such instances should be thought of as well as that excellent bone remedy, symphytum. To illustrate the efficacy of bellis perennis in glandular lesions, I shall offer three cases which have recently come under my care. I must confess that even after fifty years of practice each has been a problem and a worry.

CASE 1

This patient came to me with a bilateral swelling of the parotid glands. This was the main complaint. My first thought was that the patient was suffering

from parotitis. I prescribed Baryta Iod. The patient grew worse. At the end of a week the lump had become larger, more indurated with discrete superficial nodulations, hæmorrhagic in character. Instead of a confluent mass, as it was before, it had become serrated to the touch, and gave the impression that it might be sarcoma of the glands especially, since the lump had now become fixed giving the impression of its attachment to deeper structures. Blood picture, aside from showing a marked toxæmia, revealed nothing of note. Wassermann reaction was negative. Because of its bilateral nature I was very doubtful of the diagnosis of sarcoma. Sarcomatous lesions are unilateral. The rapidity of its onset and the progress of the enlargement also would deny the probability of malignancy. I hesitated to resort to an immediate biopsy, as I did not wish to excite the lesion by traumatizing the tissue. I studied the case further. The patient had no collateral symptoms, therefore, I was forced to direct my treatment to the gland itself without benefit of symptomatology or modalities. You will recall that Burnett emphasizes the efficacy of bellis perennis in glandular disturbances particularly those of the breast. In his book "Change of Life in Women," he cites two cases in which uterine disturbances, simulating multiple fibroid growth, were helped by bellis perennis. The thought occurred to me that if bellis perennis proved of value in such conditions of the uterus, why should it not act on like conditions which manifested themselves elsewhere in the body.

This patient was given bellis perennis 6x. Within a short period of time thereafter, noticeable improvement was apparent, however, the enlargement was slow in receding. Her general appearance seemed to improve. The jaundiced tinge of the sclera, which I noticed when she first came to me, began to clear, and the lumps were no longer annoying her, although the swelling was still present. I continued her on bellis perennis, diminishing the frequency of the dose as she grew better. I kept her on bellis perennis until her face became normal once again. This is not a miraculous cure, since it took three months exactly for the lumps to disappear, yet I feel that bellis perennis took good care of the situation.

CASE 2

This patient came to me with a history of definite trauma. She was dragged by a pulley line, which got out of control, while hanging out her wash. Her entire chest remained sore for sometime as a result of this experience. Some days after the accident a lump appeared in her left breast. Because of her unbounded fear of cancer she kept this secret for about three months. At the end of this time, and driven frantic by the thoughts of developing cancer, she came to me for advice. Upon examination I found a lump which measured approximately five centimetres in diameter, freely movable, and not attached to the skin. It was sensitive on palpation. Just beneath the lump I could elicit pain over the rib which I attributed, also, to the past injury. Neither the history or the examination

led me to suspect malignancy. The patient pressed me for an opinion. I recorded my findings as traumatic mastitis and periostitis of rib underneath the breast.

You will recall that earlier in this paper I mentioned that in cases of trauma it often happens that bellis perennis, arnica, and symphytum vie with each other for prominence. In this case bryonia was also entertained, because the patient was suffering from periostitis and her pain was aggravated upon motion. Arnica would be thought of, because of the direct result of injury. Symphytum because of the bone injury. Obviously there was no nerve involvement for intercostal neuralgia was absent. Now, bellis perennis has symptoms identical with the other three drugs mentioned. In addition it has a seeming specificity, if we have a specificity in homœopathy, for lumps of the breast. Bellis perennis 6x was prescribed, four times daily, in sufficient amount to last two weeks. At the end of the fortnight the patient was requested to return. This she failed to do, when two months elapsed I sent for her. She protested that her visit to me was utter folly. She was in perfect health. The lump in her breast, according to her report, had disappeared in about two weeks time and the soreness had vanished sooner. Examination of the breast revealed no lump, and there was no longer any pain elicited in the periosteum. This patient had had no other symptoms or modalities.

CASE 3

A young woman, consumed with fear over a lump in her breast, the size of a hen's egg, came to my

office recently. Physical examination revealed a lump freely movable without pain. The onset was seemingly sudden. In fact she had just discovered the lump the evening before consulting me. A slightly uncomfortable feeling in the breast, while playing the piano, had prompted her to investigate. Both history and physical findings spoke against malignancy. Blood studies were negative. This patient was kind enough to accommodate me by presenting some symptoms typical of bellis perennis. Namely, she complained of rumbling in the bowels, and considerable bloating of the abdomen which became aggravated at the time of menstruation. Now in this instance the concomitant symptoms unmistakably pointed to the remedy. Bellis perennis 6x was given and continued for the entire period of treatment, which was three months. She visited me regularly every two weeks. First the abdominal symptoms left her. Then I had the opportunity of watching the lump gradually recede and finally disappear.

Most of you, if not all, have treated cases of lumps in the breast with bellis perennis. Its action in this sphere is no news to you.

I have presented these three cases merely to demonstrate, once again, the importance of differential diagnosis of drug pathogenesis in the management of our cases, and to leave you with the thought that bellis perennis is also to be remembered in glandular dystrophy in general.

—*Journal of the American Institute of Homœopathy, November, 1946.*