



WILLIAM R. POWEL, M. D., PRESIDENT

# PROCEEDINGS

of the Forty-Sixth Annual Session of the

INTERNATIONAL  
HAHNEMANNIAN  
ASSOCIATION



HELD AT HOTEL COMMODORE  
NEW YORK CITY

JUNE 25th to 27th, 1925



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\*Died.

‡Died Nov. 25, 1925.



PROCEEDINGS OF THE BUSINESS SESSIONS OF THE  
FORTY-SIXTH ANNUAL MEETING,  
HOTEL COMMODORE, NEW YORK CITY,  
JUNE 25TH TO 27TH, 1925.

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The forty-sixth annual meeting of the International Hahnemannian Association was called to order by President William R. Powel, M. D., in the east ball room of the Hotel Commodore, New York city, at 10:20 a. m. June 25, 1925.

The minutes of the 1924 meeting were read by Secretary H. A. Roberts and on the motion of Dr. Woodbury were approved.

The Secretary then read the report of the status of the association and the report was approved.

The report of the Treasurer was read by Dr. H. A. Roberts together with the report of the certified auditor, Mr. F. W. Beardsley, and they were accepted and ordered printed in the proceedings.

Dr. Edward Rushmore, the Necrologist, read his report and the same was ordered printed in the proceedings.

Dr. W. W. Wilson reported for the Publication Committee, stating that last year's papers had been published in the proceedings.

Dr. Woodbury gave a verbal report for the Committee on New Members and the committee was continued.

Upon the motion of Dr. Wilson, which was carried, the President appointed the following Nominating Committee: Philip E. Krichbaum, F. E. Gladwin, B. C. Woodbury.

It was moved and voted that the place of the next meeting be left with the Executive Committee.

Dr. Underhill was called to the chair and Dr. Powel read his annual address.

Dr. Underhill appointed Drs. Sloan, Austin and Krichbaum

as a committee on the President's address. President Powel then resumed the chair.

The Secretary read the resignation of Dr. P. R. Vessie from membership and the same was accepted.

Dr. Underhill again took the chair and called for the report on the President's address, which was presented by Dr. Sloan.

The chairman of the Board of Censors reported favorably on the following applications: Virginia M. Johnson, Higinio G. Peres, Antonio Orozio, Wm. Erickson Van Norden, John Dike, E. H. Zerlinger, N. D. Murbaker, Hugh Porter Skiles, Gustavus A. Almfelt, Ray W. Spalding, Rita E. Dunlevy, Effie Howe Turton, James Krauss, L. G. Wilburton, U. Z. Junkermann, Edward Leach Compston, Joseph S. Pugh, Pierre Schmidt, and to elect Edwin A. Taylor, M. D., to be an honorable senior. All of the applicants were elected by ballot.

The Nominating Committee presented the following nominations:

For President—Royal E. S. Hayes, M. D.

For Vice-President—Myron G. Clark, M. D.

For Secretary and Treasurer—Herbert A. Roberts, M. D.

For Corresponding Secretary—Julia M. Green, M. D.

The Board of Censors to remain as at present.

Publication Committee (for three years)—W. W. Wilson, M. D.

It was moved and carried that the Secretary be instructed to cast one ballot for each nominee as made and after the Secretary had so done the President declared them severally elected.

The resignation of Dr. Taber of Richmond, Va., was tabled, pending a request that Drs. Faris and Baker see him and solicit his continuance as a member.

It was moved and carried that the Association remit the dues of Dr. W. W. Wilson while he was its Secretary and Treasurer.

It was moved by Dr. Gore and carried that the Executive Committee pass upon all exhibits and to solicit exhibits for our convention next year.

It was moved and carried that the Secretary-Treasurer be

given carte-blanche authority to raise funds to properly finance the Association's work.

Dr. Underhill moved and his motion was carried that we donate a complete set of Proceedings to the American Foundation for Homoeopathy.

It was moved by Dr. Olds and carried that the fixing of the price of the proceedings be left with the Publication Committee.

The following resolution was presented and adopted:

*Whereas*, The International Hahnemannian Association in its forty-seventh annual convention assembled learns with pleasure of the plans for the development in greater proportions, giving greater opportunity for medical education and more extended opportunity for a larger student body in the future; be it

*Resolved*, That we therefore extend to the trustees of the New York Homoeopathic Medical College and Flower Hospital our best wishes for the fulfillment of their hopes and a cordial support of the same by the members of this Association.

Dr. Seward showed a medicine case which Hahnemann used in his practice which was a great treat to the members and a rising vote of thanks was given Dr. Seward for presenting the meeting with such a relic.

A rising vote of thanks and appreciation of the energy in homoeopathic study and work accomplished by Dr. Pierre Schmidt was given him after he read his paper on Homoeopathic Education.

It was moved by Dr. Dienst and carried that the Secretary give Dr. Schmidt as many copies of the Proceedings as he wished to distribute among his confreres.

Dr. Stearns, chairman of the Committee on Electronic Methods made a full report of progress. His report was ordered printed in the Proceedings and the committee was continued with a vote of appreciation for the scientific and thorough methods employed by this committee.

Dr. Dienst read his report on vaccination. It was moved by Dr. Wilson and carried that we accept this report and continue the Committee on Vaccination.

The committee to meet in Europe reported the following through Dr. Stearns: "That we go over there next year, have

our regular meeting here, but go as delegates from the I. H. A. and attend the international council which will convene in September and some of us present papers." The committee will keep us informed as to the rates, etc. The report was received and the committee continued.

A vote of thanks was given the hotel management for their courtesy.

Adjournment was at 4:55 p. m. Saturday, June 25, 1925.

H. A. ROBERTS, M. D.,  
*Secretary.*

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#### REPORT OF THE SECRETARY, H. A. ROBERTS, M. D.

Last year we had 162 members and we added 20 members. We have dropped 12 from our list for non-payment of dues.

We have lost four members by death, Drs. Banerjee of India, Geiser of Cincinnati, Hurnance, Rochester, and our Vice-President Richberg.

This leaves us with 166 members, of whom 14 are honorable seniors and seven are honorary members, so that we have 145 members who pay dues, giving us an income from dues, at the present rate of \$5.00, of \$725.00, which is not enough to successfully carry on the work of the Association. Some authority should be given to the Secretary-Treasurer by which more money can be provided. This year we have published the Proceedings for 1922-1923 in one volume and the 1924 volume. Both volumes have been in the hands of the members for some time.

The collection of dues is decidedly improving. We have still on the books only five who are one year in arrears, four two years, four three years and nine four years or more. If these could be secured we should have \$305.00 more. Those who are in arrears complain that they receive no benefits and this is partly true, for they do not get the Proceedings. This improved condition is partly accounted for by the increased contact with the members by letters. This is important in keeping the membership alive to our situation.

We cannot urge too strongly the need of each member getting good Homoeopathic physicians to join the Association, for never in the history of medicine was it more apparent that true Homoeopathy should be taught and practiced and never a time when it would be better received by the layman and regular graduates in medicine.

The Proceedings of this Association are of great value—but are of value only as they are used. They contain a great deal of the best thought in Homoeopathy. We have on hand the following volumes:

4—1884, 82, 83, 84	5—1891	4—1898	6—1905
3—1884, 85	5—1892	5—1899	3—1906
2—1886	5—1893	4—1900	4—1907
5—1887	5—1894	12—1901	6—1908
4—1887	6—1895	4—1902	7—1909
3—1889	5—1896	4—1903	6—1910
2—1890	5—1897	5—1904	6—1911
41—1912	37—1915	92—1919, 20	45—1924
58—1913	77—1916, 17	65—1921	
68—1914	118—1918	46—1922, 23	

The volumes published prior to 1912 are few and very valuable yet the price fixed by the Association is only \$2.85 per volume up to and including 1910, 1911-1915 inclusive \$3.00 per volume and after 1916 to 1924, \$5.00 per volume. The Secretary would recommend the prices of the earlier volumes be increased according to their value and some plan of utilizing these be devised whereby some of the surplus of the volumes after 1912 can be realized. It might be of value to send them or some of them to our foreign associates who are not members of the Association. Two of our members have asked for copies since 1912 and they have considered the price too high. I understand that Dr. William R. Powel has some of the older volumes in his care, how many I have not been able to ascertain.

Respectfully submitted,

H. A. ROBERTS,

*Secretary.*



## TREASURER'S REPORT.

H. A. ROBERTS, M. D.

Dr. H. A. Roberts, Treasurer, in account with the International Hahnemannian Association for the year ended June 16, 1925.

## RECEIPTS.

Balance on hand June 17th, 1924.....	\$1,193.32
Received for dues .....	594.42
Received from contributions .....	285.00
Received from sale of books.....	43.50
Received from sale of pamphlets .....	225.27
Received for American Foundation of Homoeopathy..	210.00

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\$2,551.51

## DISBURSEMENTS.

Refund, Cora S. King .....	\$ 10.00
American Foundation of Homoeopathy.....	210.00
Reporting convention .....	164.20
Printing and mailing pamphlets .....	412.50
Printing Proceedings, 1922 and 1923.....	703.25
Refund, P. E. Krichbaum .....	2.00
Printing Proceedings, 1924 .....	712.70
Expenses, postage, telephone, telegraph, etc...	63.06
Freight paid .....	11.63
Printing letters and signs .....	20.40

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\$2,309.74

Balance on hand June 16th, 1925..... \$ 241.77

Respectfully submitted,

H. A. ROBERTS,

*Treasurer.*

The above and foregoing is a true transcript of the books of the International Hahnemannian Association for the year designated.

F. W. BEARDSLEY,

*Auditor.*

## REPORT OF THE NECROLOGIST.

EDW. RUSHMORE, M. D.

Eloise Olivia Richberg was born November 12, 1849, and died October 7, 1924; birthplace, Woodstock, Vermont. Father, Dr. Nathaniel Randall; mother, Dr. Mirenda Briggs Randall. Dr. Richberg's mother was reputed to be the third woman physician in the United States, having graduated with special honors from Penn College of Medicine, Philadelphia, in 1856 with degree of M. D. Dr. Eloise O. Richberg herself graduated from Woodstock high school at the age of 14, being given her teacher's diploma on condition that she would not teach until 17 years old. Taught in Vermont district schools after 1866 until she came to Chicago early in the '70s and taught in the Chicago public schools, becoming eventually principal of the Clark school. She was married in 1880 to John C. Richberg, a Chicago lawyer, former president of the board of education of Chicago and for many years president of the Illinois commission on uniform state laws. Her husband attended Knox College and Annapolis Naval Academy and received the degree of LL.D from Knox College. Dr. Richberg's children who survive her are Donald Randall, born 1881; Windsor Vermont, born 1885, and Leda Briggs, born 1887.

When Mrs. Richberg was 55 years old she was able to realize a life long intention of studying medicine and becoming a practicing physician following in the footsteps of her mother and father. She entered Hering Medical College in 1904 and received the degree of M. D. in 1908 and subsequently lectured on dietetics and hygiene and became professor of embryology and physiology in the same institution. She also obtained the degree of doctor of orthopedic surgery. She began and continued in active general practice specializing in chronic diseases for 16 years until her death in 1924. She was the author of several books including fiction, poetry and a brochure on diet entitled "Eat, Drink and Live Long." She also contributed extensively to medical and philosophical magazines. She was a member of the American Institute of Homoeopathy, Illinois Homoeopathic

Medical Society and the Homoeopathic Medical Society of Chicago, and at the time of her death was vice-president of the International Hahnemannian Association. She was also a member of the Daughters of the American Revolution. She was a forceful and trained public speaker, having taught elocution for many years, and at various periods was quite prominent in activities in women's clubs in Chicago.

#### MEMORIAL NOTICE OF DR. S. R. GEISER.

Dr. S. R. Geiser was born in Osage Co., Missouri, in the year 1850, and died, after some years of failing health, of angina pectoris on the 19th of December, 1924. He was graduated from the Central Wesleyan College at Warrenton, Mo., in 1873, and from Pulte Medical College in 1875, and remained in Cincinnati to the end of his life. He taught in the latter institution in the departments of pediatrics and materia medica for 25 years, and for 25 years he was chief of staff of Bethesda hospital. He was an accurate prescriber and a gentle, unassuming man. He was a member of the Cincinnati Homoeopathic Lyceum, the Miami Valley Homoeopathic Society, the Homoeopathic Society of Ohio, the American Institute of Homoeopathy and of this, the International Hahnemannian Association.

He is survived by his wife, a son, Dr. Charles E. Geiser, and a married daughter, Mrs. Clifford Shober.

Dr. Geiser was also well known as a contributor to medical journals.

#### MEMORIAL NOTICE OF DR. ALEXANDER C. HERMANCE.

Dr. Alexander C. Hermance was born in Brooklyn, N. Y., on the 8th day of June, 1857, the son of Charles and Charlotte Hermance. His early education was in the public and private schools of Brooklyn. Later he attended and was graduated from the Hahnemann Medical College of Chicago. He practiced in Rochester, N. Y., from the time of his graduation until his death on November 23, 1923.

He was a member of the American Institute of Homoeopathy, of the Monroe County Medical Association, of the Hahnemann Society of Rochester and of this Association. He was also chief of staff at the Highland hospital at the time of his death.

He contributed many articles to various medical magazines.

He was married to Miss M. Margaret MacCallum, who survives him. They had no children.

### MEMORIAL NOTICE OF DR. RADHIKANATH BANERJEE.

SECRETARY ROBERTS: Dr. Powel's daughter knows something about Dr. Radhikanath Banerjee, M. D., Benares City, India.

MISS POWEL: I visited Dr. Banerjee in Calcutta one summer vacation for a prescription. He was the foremost Homoeopathic physician in Calcutta. He was a high cast Brahma, that much I know. He has a brother who is with him, and I think a nephew, either a young nephew or another son (he had four sons as I understand it) studying in Chicago. He was at that time a very elderly gentleman, but had the reputation, as I say, of being the finest and only man perhaps in Calcutta that had that reputation, Homoeopathic physician. He was known all over India although Banerjee is a very common name in India.

DR. NELSON: He had a son who came here to study medicine and he changed his course to something else. He was at the University of Illinois and was rooming at our house.

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### HAHEMANN'S MEDICINE CASE.

Dr. Seward has a case of Hahnemann's that he would like to show you.

DR. SEWARD: I might introduce my showing this case by

saying that four years ago this month, Dr. Gorham Bacon of this city, with Cornell University Medical School, called me to his office and said that since the death of his wife and his retirement from practice, it was necessary for him to close up and give away a lot of stuff that he had, and that he wanted me to accept this medicine case which forty-five years or forty-nine years before that, was given to his wife, who was then Miss Simpkins of Brooklyn, by Dr. Talmadge, of high Homoeopathic standing in Brooklyn. It was given to her with the statement that it was Dr. Hahnemann's own medicine case, and had been in the family ever since.

I took the case and on examination found that it contained three small trays, each containing a lot of little bottles lying on their sides, as you will see. There was room for a fourth, and the statement of Dr. Bacon, while extremely interesting was not absolute proof of the authenticity of the relic. I, however, took that chance, and showed a good many members of the institute this case, stating that it was said to be Dr. Hahnemann's.

The day before yesterday I took luncheon with Dr. Henry Minton of Brooklyn. I told him I had a case of Hahnemann's and he said: "I also have some medicines in a box that used to belong to Hahnemann." I said: "What is the shape?" And he said that it was a little tray and it contained a lot of little bottles lying on their sides. I said: "What is the color of the labels?" He said that they were on green paper, and I took him out and showed him the box, and he said: "My tray, which was given to me by a patient a good many years ago, and which has been in a cabinet in my office as Samuel Hahnemann's original medicine, belong to this box." And he brought it over to me yesterday, and last night, for the first time in forty-nine or fifty years this particular tray was put in its place in the box. (Applause.) This it would seem to me, established the authentication of this box without a shadow of a doubt.

I am planning with Dr. Minton's assistance, and Dr. Cus-tiss' help to place this case in the Smithsonian Institution where I am given to understand there is a large collection of relics of

medical nature, including a good many Hahnemannian relics, and I think that seems to me the most appropriate place to put it. But I thought it would be of interest to you to see this case and its remedies, the remedies are in pellets.

This case you will see has been weathered for it has been out in the open; these labels are comparatively fresh. In this corner there is a small place for papers, and these are the powder papers which were found in it, cut up crudely, from correspondence paper such as is used for correspondence, crudely cut with the scissors.

The potencies, according to the labels, are 12th or 30ths.

I would like to have you notice the tooling of the leather. We don't have medicine cases of this kind any more. This is the lid of the box which has become disconnected.

(The medicine box is passed around to the members.)

I asked Dr. Minton about the identity of Dr. Talmadge and was assured that he had married money and was in a position to do a good deal of traveling and to indulge in anything he wanted and he would very readily have traveled to Germany, being a Homoeopath of high standing, and seen Hahnemann, but the circumstances under which that was given are lost.

It has been a great pleasure to me to have the opportunity.

DR. WRIGHT: Might I ask if Dr. Seward has a list of the remedies contained in the box?

DR. SEWARD: I have no such list. Some of the labels are clear and some of them are very much spoiled by time. Some of them are legible by reason of being apparently in English, pullsitila, silica, kali carb, but others are a little confused, so I never took the trouble to list them.

DR. FIELD: I note the authenticity can be proved by comparing the handwriting on the labels with some of the other writings of Hahnemann.

CHAIRMAN DIESNT: You will find they correspond.

## SECOND REPORT OF THE INTERNATIONAL HAHNEMANNIAN COMMITTEE ON THE ABRAMS PHENOMENA.

The preliminary report of this Committee, which was presented to the Association in 1923, represented the combined opinions of its members, based on observation, experiment, and use of the phenomena in practice. Its only purpose was to inform the Association which appointed it of its belief in the reality of the phenomena and to interest them in its possibilities in medicine and particularly in its relation to homœopathy.

Since this preliminary report, two other investigations have been made.

### BRITISH PHYSICIANS AND SCIENTISTS, THE SCIENTIFIC AMERICAN.

In order to orient this Association with the present status of the question, we must briefly outline these two investigations: First, the more authoritative is the investigation made by a committee of British physicians and scientists, the report of which was presented to The Royal Society of Medicine, 16th January, 1925. The work of this Committee had to do chiefly with the experiments and discoveries of Dr. William E. Boyd of Glasgow and had, for its immediate purpose, the determining whether there is any basis in fact for the so-called "electronic reactions of Abrams." This report is exhaustive and can be obtained from John Bale's Sons & Danielson, Ltd., of London\* (See footnote).

Various tests were made, the final, crucial ones being affirmatively conclusive. In one group of eight tests, the chance of accidental success ranged from 1 in 9 in the lowest, to 1 in 65,000 in the highest. In the last and most convincing, which consisted of 25 consecutive tests the chance of accidental success was 1 in 33,500,000. Their conclusions were:

"(1) That certain substances, when placed in proper relation to the Emanometer of Boyd, do produce, beyond any reasonable doubt, changes in the abdominal wall of 'the subject,' of a kind which may be detected by percussion.

This is tantamount to stating that the fundamental proposition underlying, in common, the original and certain other forms of apparatus devised for the purpose of eliciting the so-called Electronic Reactions of Abrams, is established to a very high degree of probability.

“(2) That no evidence justifying this deduction is as yet available from the work of those who practice with the apparatus as designed by Abrams himself.

“(3) That the phenomena appear to be extremely elusive and highly susceptible to interference so that, in order to obtain reliable results, it is essential to take most elaborate precautions, especially as regards the elimination of effects due to irrelevant objects.

“(4) That it would be premature at the present time even to hazard, in the most tentative manner, any hypothesis as to the physical basis of the phenomena here described.”

The other investigation was made by *The Scientific American*. This was reported in a series of articles in that journal and its official verdict was as follows:

“This Committee finds that the claims advanced on behalf of the electronic reactions of Abrams and of electronic practice in general are not substantiated, and it is our belief that they have no basis in fact. In our opinion, the so-called electronic reactions do not occur, and the so-called electronic treatments are without value.”

#### REASON FOR OPPOSITE CONCLUSIONS.

The reason for these two committees reaching opposite conclusions is that they went about obtaining evidence in exactly opposite ways.

#### THE ENGLISH COMMITTEE—A MODEL INVESTIGATION.

The English Committee conducted its investigation in a manner that is a model for all such investigations. They started out with full appreciation of the seemingly fantastic claims made by Abrams and sponsored by his followers, and of the fact that most of his followers are what they termed “of the variety



known as advertising specialists." But they also recognised that, in their own words, "there has always been and there still is a certain reputable minority who, whether they have adhered to the original Abrams apparatus or, like Boyd, have devised conspicuous modifications, have sought patiently and sincerely to elucidate the problems involved and to eradicate such errors as they have encountered."

The British investigating committee set about its tasks by getting in touch with those believers in the phenomena whose honesty was unquestioned and it met that honesty with dignity and sincerity. The experiments were conducted with entire understanding of the difficulties connected with the problem.

#### THE SCIENTIFIC AMERICAN COMMITTEE JOURNALISTIC RATHER THAN SCIENTIFIC.

The Scientific American undertook its investigation quite differently. No doubt its committee desired to obtain the facts. This journal holds an enviable position amongst the periodicals of the day. Its investigation was undertaken in journalistic, rather than in scientific style, and the publication of its first article killed all chance of its obtaining the cooperation of those who could have shown it enough presumptive evidence to convince it that Abrams's claims had at least some basis in fact.

The Chairman of The Scientific American Committee complained that he could not obtain from electronic practitioners a willingness to submit to tests under experimental control. The Chairman of the International Hahnemannian Association Committee had no difficulty, at any time, in obtaining tests from various sources; with, always, a certain proportion showing evidence that the claims of Abrams have a foundation in fact. These tests were always obtained with the understanding that our Committee was neither exploitive nor destructive, but that it was trying to discover how much, if any, of the claims of Abrams could be proved. The Chairman of this Committee has always gladly thrown open the experiments conducted in his office to any person qualified for scientific observation and he has welcomed all suggestions, criticisms and cooperation,

because he realizes that only in this way will the facts ultimately be determined. He was, therefore, very willing to show The Scientific American Editor the running experiments which were being conducted in his office.

#### NONE BUT NEGATIVE EVIDENCE REPORTED.

Several facts detract from whatever of scientific value there might be in the report of The Scientific American. Firstly, in utilizing in its report some of the experimental work thus observed, none but the negative evidence was reported.

#### BOYD'S WORK IGNORED.

Secondly, although fully informed concerning the work that Boyd of Glasgow was doing, The Scientific American Committee made no attempt to get in touch with him.

#### ALL EFFORTS DIRECTED TOWARDS DISPROVING.

Thirdly, it was plain early in their investigation, that they had decided that there was nothing in the phenomena and all further efforts were directed towards disproving the validity of these phenomena.

#### ACKNOWLEDGED DELIBERATE FALSE MANIPULATIONS.

Fourthly, the Chairman of their committee acknowledged deliberate false manipulations of apparatus in order to show the fallacy of results in certain demonstrations that were made in good faith for him.

#### FAILED TO FIND THE PRESUMPTIVE AND ABSOLUTE EVIDENCE.

At any rate, for one reason or another, they failed to find either the presumptive evidence that the I. H. A. Committee found or the absolute evidence found by the British Committee.

#### SERVED A USEFUL PURPOSE.

That investigation did, however, serve a useful purpose in challenging the claims of the advertising element of the E. R. A. followers.

## I. H. A. COMMITTEE INCREASED.

Last year, the I. H. A. Committee did not report because, except in the matter of technique, it had made no advance over the preceding year; for this reason, it was deemed wise to continue its work until it could overcome the errors that it encountered, or could have the evidence that someone else had done this or could finally report that its earlier findings could not be substantiated. Upon request of the Committee, the Association, at the 1924 meeting authorised it to increase its members and to include, at its discretion, individuals not necessarily members of the I. H. A. We have been fortunate enough to obtain:

William J. Sheetz, M. E., Sc. D., Consulting Engineer.

W. J. S. Powers, M. D.

Willard C. Palmer, M. D.

John TenEyck Hillhouse, Electrical Engineer.

T. Proctor Hall, M. A., Ph. D., M. D.

Capt. Abraham Beekman Cox, B. A., Mechanical Engineer.

Charles P. Bryant, M. D.

## SUBJECT APPROACHED FROM EXPERIMENTAL, PRACTICAL AND ACADEMIC STANDPOINTS.

Some of the members of this Committee have approached the subject from the experimental angle; others have used the methods in practice, and others have observed the experiments and results from a purely academic standpoint.

## RESULTS FROM EXPERIMENTS, DIAGNOSIS, TREATMENT, REMEDY SELECTION.

At the present time, in our country, there is only the same evidence of the reality of the Abrams phenomena that there was two years ago. This consists of (1) the results from experiments made in connection with the basic phenomena; (2) results obtained from diagnosis; (3) results of treatment instituted in accord with the diagnostic findings; (4) experiments in remedy-selection.

## BOYD DEMONSTRATED BASIC PHENOMENA SCIENTIFICALLY.

In the matter of basic phenomena, that is to say, the presence of the energy and of the reactions, to Boyd and to Boyd alone, belongs the credit of having demonstrated them scientifically. At this writing, it is the belief of the majority of this committee that no apparatus has been made in the United States with which this can be done. This does not mean that the phenomena have not been sufficiently under control for certain experimental and practical results, although the results have been subject to errors.

## THE GENIUS OF ABRAMS.

In view of the precautions which Boyd has demonstrated must be taken to eliminate energies extraneous to those of the specimens under examination, it is astonishing that the original discoverer was ever able to observe the phenomena in the first place. None but a man possessing the genius of Abrams could, in the face of so many conflicting conditions, perceive such elusive happenings. In recognizing his genius, this Committee does not attempt to justify Abrams in his method of putting his discovery before the world. It was after a particularly sharp attack in the American Medical Association Journal that Abrams impetuously resigned from both The A. M. A. and the California State Medical Society and, defying the recognized standards of medical ethics, put it up to the public to decide upon his claims.

## TURNED ON BY HIS OWN CLAN.

Abrams ran true to medical ethics until he was turned on by his own clan; after that, he took his own way to let the world know about his discoveries.

This, however, does not alter the fact that to Abrams belongs the credit of his discoveries. In the degree that one's dignity rebels against the methods of the charlatan in exploiting these discoveries, to the same degree every honest man rebels at denying credit where it is due.

## NO SYMPATHY WITH EXTRAVAGANT CLAIMS.

This Committee has no sympathy with those who have represented the Abrams method as a perfect diagnostic procedure, or who have advertised the treatment. At best, the diagnostic findings are suggestive and only indicate lines of investigation by means of accepted methods. When Abrams asserted that everybody had congenital syphilis, because he obtained from everybody the same reaction that he obtained from known congenital syphilitic blood, and that certain reactions positively represented syphilis or cancer, and that his new treatment offered the one sure method of curing both conditions, he forged a weapon of fear which the ignorant and unscrupulous were quick to utilise to their advantage.

## NEW PRINCIPLES—NOT UNDER FULL CONTROL BUT CAN BE USED BENEFICIALLY.

The most that anybody should claim for either the diagnoses or the treatment by this method is that they involve new principles and that these principles have not been brought under full control, and that an enormous amount of work must be done before absolute deductions can be made. This does not mean that one is not justified in utilising the phenomena in medical practice, for the experience gained by competent individuals shows that, with even the present crude control of the underlying factors, they can be used beneficially.

## PURPOSE OF THE PRESENT REPORT.

The purpose of the present report is to stimulate continued interest in the investigation of the phenomena by competent persons. To this end, let us make a *rèsumè* of the factors which enter into the phenomena and discuss the use of the reactions in finding the homœopathic remedy.

## BOYD DEMONSTRATED REALITY OF ENERGY AND REACTIONS.

From the start, this Committee has interested itself in the attempt to capture and isolate the elusive basic energy. Through its Chairman, it has kept in touch with Boyd's experiments and has been aware of his progress. Rather than attempt ex-

pensive and time-consuming duplication of his developmental work, it has considered it good policy to wait until he brought to completion this first step. Now that this has been accomplished and that Boyd has demonstrated the reality of the energy and the reactions, this essential step will not be further discussed, but all who are interested are referred to the report of the English Committee.\*

Without an instrument which eliminates all major sources of error, it is impossible to work out scientifically the diagnostic significance of the reactions that are caused by the secretions of the patient. This means that all evidence concerning diagnosis must await the results of check-up experiments made with instruments at least as accurate as Boyd's.

The value of this report will not be enhanced by giving instances of correct diagnosis made in obscure cases or of failures made in frank cases. There are striking authentic instances of the former and any number of instances of the latter. Suffice it to say that a few physicians of acknowledged judgment and adequate experience and training are satisfied that they obtain, by means of this method, useful information.

In Boyd's last published report, he says:

"I do not, therefore, consider the Emanometer of much practical use for giving a single disease-name and it is, therefore, unlikely to appeal to our allopathic friends whose method of treatment differs from ours. Its great significance is in relation to its analytical qualities and to its value in preventive and curative treatment with homœopathic drugs or their equivalent, e. g., potentised vaccines."

All future time is available for the diagnostic problems in connexion with the phenomena and this phase is receiving and will receive due investigation.

## THE FACTORS THAT ENTER INTO THE PHENOMENA.

### THE REACTIONS.

The reactions consist of areas over hollow organs which give off a dull note when percussed. These areas can be detected also by passing a rod of glass, hard rubber, or bakelite, or the

tips of the fingers, over them. They are of different shapes and sizes. Abrams worked out areas on the abdomen and on the back. Apparently, reactions occur all over the surface of the body. Only those over the hollow organs are available to the one who uses the percussion technique. The friction technique reveals reactions in the other parts. They occur on the thighs, the chest, the arms, and probably on all parts of the body. There are variations in the character of the reactions; some occur promptly and are very pronounced; some are delayed but gradually gather intensity; some come and go at three-four second intervals.

What is the nature of a reaction?

A change of pitch over a hollow organ can be caused by (1) an increase in the thickness of the wall of the organ, or (2) making the wall more tense, or (3) reducing the size of the organ. These conditions can be produced by contraction of the wall of the hollow part.

The contractile tissues in the hollow organs are fibrous and muscular.

The walls of the hollow organs and the blood-vessels both have layers of involuntary muscles which are under control of the autonomic nervous system.

The reactions give to the one who percusses, a sense of muscle-contraction. Contraction can take place through direct stimulation of tissues or through stimulation of the controlling nerves. Therefore, probably, in the Abrams phenomena some energy that is capable of stimulating these tissues is conveyed directly to the contractile tissues of the body or else to the autonomic nervous system.

If the subject touch his body with the tips of his fingers, except on the area which is reacting, the reactions at once disappear. If, however, he touch the area that is involved, the reaction reappears. This fact enables one to map out the shape and position of the areas. When dullness is elicited, the subject, with either the finger or a bit of wire held in his hand, traces the line that demarks between dullness and hollowness. If he gets off the area, dullness disappears; if on it, dullness returns.

## PHENOMENA OF THE ROD.

The rods that can be used are all dielectrics (hard rubber, bakelite, glass). The skin also is dielectric.

Activity in any living cell is accompanied by alterations in electrical potential. If the skin becomes oily or moist from perspiration, the reaction cannot be detected by the rod. This is probably because the stickiness of the skin, due to moisture, masks the stickiness of the reaction.

Frequently, a reaction does not begin until after percussion has been started or until the skin has been rubbed a bit by the rod. With a sensitive subject, it is usual to get distinct reactions with the rod at the first contact. If silk or woolen cloth be laid over the skin and rubbed with the rod, the reaction is manifest just as it is on the bare skin. Query: Is the reaction detected by the rod a static or some other electric effect?

## THE ENERGY.

The energy follows the laws of oscillating electric energy, inasmuch as it can be tuned by coils and variable condensers; that is, it appears to have various frequencies or wave-lengths. Second, it apparently is radiant, for it will traverse space. In Boyd's apparatus, the specimen is on a movable grounded carrier that runs on a track one meter long. He gauges the "intensity" of an energy by the gap that it can traverse. It is claimed that it can be focussed by a lens made of paraffin and separated into different wave-lengths by means of a paraffin prism. There are variations in breadth of tuning, indicating a quality analogous to radio transmission. The energy apparently travels in straight lines. It can be screened by means of a cage of non-magnetic metal or netting that is grounded. The screen must be so constructed that the rays cannot be reflected from any surface. All reflecting angles must be so arranged that the rays from outside are trapped. The principle of constructing a dark room for X-ray-plate-developing should be followed in screening. If one of the wires in the screening-mesh be out, the energy will leak through. If, however, the intersecting wires be somewhat sepa-



rated, so as to enlarge one of the mesh-openings, without cutting the wire, the energy will not leak through.

The energy can be conducted by means of a wire. In using the word "conducted" we may be using a term that only explains what appears to be. In all the apparatus that has come to our attention the conducting wires may serve in the same capacity that the antenna does for radio energy. The length and size of the cord appear to modify the effects on the subject. Boyd claims also that the distance between the feet of the subject affects the result as does also any shifting of the position of the subject's head.

Dr. T. Proctor Hall informs us that (a) from a flat aluminum surface the energy comes off in the form of waves perpendicularly with very little scattering. The inference is that, from a large spherical electrode (or a part-sphere) great concentration at the centre is possible and (b) in a step-up transformer the energy follows the laws of alternating electric current. The resulting wave has much greater penetration than is shown by the wave of lower potential.

PROOFS AND CONCLUSIONS, WILLIAM J. SHEETZ, M. E., SC. D.,  
CONSULTING ENGINEER.

Mr. Sheetz has been interested in the Abrams phenomena for three years from the purely scientific standpoint. The following are his conclusions:

"While much has been written for and against the Electronic Reactions of Abrams, the work of Boyd if nothing else, has definitely proven the basic energy to be an established fact, although I proved it to my satisfaction over two years ago and have occupied my time since in efforts to produce a precision detector.

"The writer has a theory which appears to him to be sound. It is known that all of the elements are radioactive in a greater or less degree, although the frequencies of their emanations differ, and every element emanates radiant energy proportionate to the electronic structure of its atoms, a fact apparent to the physicist. The energy

manifests as oscillations of very high frequency and correspondingly short wave length.

"The rate, or frequency, of the energy emanating from blood or tissue, for example, must necessarily be induced by the rates of the basic materials composing it, and any change from the normal condition of the electronic structure of the atom must be reflected in the molecule, (affecting in this manner the proportion of the particular element involved) and destroy the balance. Thus, physiological changes resulting in a pathological reaction would be brought about, and the rate changed from the normal, or health, rate to that of disease. The rate of any compound would be determined by those of the elements composing it.

"That the basic energy radiates and is modified by disease-activity has been definitely proven, and the fact that it has proven elusive and difficult to isolate has been due in a great measure to crude apparatus and interference from extraneous influences. The writer has constructed and experimented with an instrument eliminating the human reagent and detecting and indicating the rates by a swinging needle on a scale. The functioning of the needle depends on treatment of the wave induced by the energy given off by the patient or specimen.

"The writer specialises in radiant energy, and his work with vacuum tubes has shown that there is practically no limit to the possibilities of the three-element tube. He began with one of these as a detector, and, while it functioned well, he found difficulty in keeping the electronic emission sufficiently constant, due to the difficulty in maintaining the filament at a constant temperature. The standard tube was finally dispensed with and various highly radio-active materials were tried for the electronic emission with good results.

"It was now possible to detect the energy, but it must be amplified before sufficient energy could be secured to actuate an exceedingly sensitive electro-magnetic recording instrument specially designed for this purpose. The energy was of extremely high frequency, and inductances could

not be employed satisfactorily for the simple reason that, as the frequency increases, the efficiency of any form of inductance falls off very rapidly. This difficulty was finally surmounted, and an instrument produced that, while crude, proved the writer's theories sound. It is his intention to work out some new ideas on amplification and then to construct a new instrument which he has reason to believe will be one hundred per cent. efficient. The dial of the recording instrument will have two scales, the indication of the rate being obtained on one, and the measurement of an opposing factor indicated on the other, showing the intensity of the rate.

#### SUMMARY.

"First—The basic energy is oscillatory and of extremely high frequency, lying in a band of wave-lengths between those of light and the so-called radio waves.

"Second—Light did not affect the energy, but interfered when using a human reagent.

"Third—With the instrument alone, grounding was not necessary except as regarded the shield.

"Fourth—Directional energies did not affect the shielded instrument.

"Fifth—That a three-element tube would detect the energy, but electronic emission must be constant for accurate results. This was not possible.

"Sixth—Amplification was necessary, and the recording instrument must be highly sensitive to react to the feeble energy even though amplified.

"Seventh—That the entire apparatus must be so shielded as to shut out all variant frequencies, etheric, atmospheric, earth currents, and even waves set up by lighting circuits, electric fans, etc."

#### CONDITIONS NECESSARY FOR DETECTING THE ENERGY.

Thus far, insofar as this Committee knows, no practical mechanical detector has been perfected to take the place of the living subject.

When obtaining the reactions with the unmodified energy, the subject must be oriented east or west, preferably facing west. Some experimenters have announced that when a step-up transformer is used in the circuit, this orientation is unnecessary.

There are two kinds of known directional energy that may be related to this orientation. First, the earth's magnetism (the circular earth's currents), and, second, the earth's rotation. Query: Does either of these directional energies affect this energy or do they inhibit the reaction caused by this energy?

The reactions are less strong in the presence of light. Query: Does light affect the energy or does it affect the reactions?

The reactions are affected by color. Query: What relationship does the "spectrum" of this energy bear to the light-spectrum?

The reactions are stronger if the subject is grounded. Query: What relations do these reactions have to grounding?

#### THE MENTAL ATTITUDE OF BOTH SUBJECT AND OPERATOR MUST BE RIGHT.

There must be absolute mental detachment, for the reactions are influenced by the attitude of either party, and probably by any person near.

Fatigue of the subject influences the reactions. If the subject becomes tired, the reactions get out of control, i. e., they become erratic.

Exhausted nerves are more excitable than rested ones.

The reactions seemingly can be induced on anyone, but some persons are better subjects than others. Probably all living things react to the energy. Some individuals are able to detect the reactions subjectively. Probably animals and birds are more sensitive to this or to an analogous energy than is man. This may account for their ability to orient themselves at night and may be the energy that guides dogs instead of scent, when following game.

#### SUBSTANCES THAT WILL CAUSE REACTIONS.

Apparently everything gives out this energy. Boyd shows, however, that, by means of dry heat, substances can be sterilised

so that the jump of the energy is reduced to about a centimeter. According to him, moisture is necessary for the energy to manifest itself strongly. Query: Does the energy have anything to do with ionisation?

The reactions occur from high potencies as well from the crude drugs. Query: What is the nature or the energy that remains in a high potency? A 30th is beyond the mathematical concept of the electron. Boyd, in his crucial tests, used potencies as high as the 10M.

Boyd observed that potencies can be killed by heat and that they cannot be restored by moisture. Query: Does this energy occupy a place in the shorter waves above light or in the longer waves below light?

It seems reasonable to deduce that there is a band of energy comparable to the spectrum of light, and this can be called the "energy of Abrams."

The outstanding difficulty in the practical use of the phenomena is the necessity for a living subject as a detector.

The method of working on the patient himself is open to objections.

Mr. William J. Sheetz has made progress in this direction, as indicated in his report, and the other physicists on this Committee are working on the problem.

#### USE OF PHENOMENA IN FINDING HOMOEOPATHIC REMEDIES.

As every homœopathist knows, the true simillimum is that remedy which produces symptoms like those from which the patient is suffering. As a matter of fact, there are degrees of similarity between the remedy and the patient's symptoms, and even the best of prescribers more often find remedies that cause symptoms nearly similar than they do the one causing just exactly the same as the patient has; that is, there are various degrees of similarity. It is common experience that a close similar will produce curative results. The problem in remedy-selection by means of the reactions is: "Can the reactions be utilised to find a curative remedy?" In other words, "Do the reactions bear any relation to the symptoms?" When Boyd began his experiments, he did so for the purpose of ascertaining

whether the Abrams phenomena could be utilised for detecting the energy inherent in the homœopathic high dilutions. At first, he used the Abrams technique with the Abrams reflexophone, but found this apparatus too crude for satisfactory results, so he devised his own instrument which he has named the Emanometer. At first, he used the blood of an individual as recommended by Abrams; but later, he found that saliva would do equally well. He noticed that certain energies given off from the blood decrease in intensity as the patient gets well, while a certain other energy increases. He conceived that these energies are different wave-lengths of the same basic energy and that the one that increased with returning health was a wave which represented vital reaction, so he named this the V-wave. He considered that the ones which decrease as health returns have to do with disease-processes. From this he deduced that a curative remedy should intensify the V-wave and cancel all other waves. He found this to be so and not only that, but that the remedy which did this was symptomatically homœopathic to the case. He found that the V-wave always produces a reaction on a definite area on the subject and that this wave, although varying slightly in the blood of different persons, always "logs in" within a certain narrow range on his tuning apparatus. This always falls within the tuning range indicated on his tuning dial between the numbers 8 and 8.5.

Individuals can be grouped according to where their V-wave appears; thus, one group of people have a V-wave that tunes at 8.1, another at 8.15, another at 8.2, etc. Remedies also have waves tuning in at the same readings. Thus, he has been able to classify patients and remedies according to this wave. Having once determined the V-wave of a person, he is interested only in those remedies that have a similar V-wave, and, from these remedies, he selects the one which cancels all other waves. This is a truly scientific method because it reduces the remedy-factor and the disease-factor to a common mensuration. This method has led to very practical results in the hands of Boyd and of those who have used his method for, although before Boyd had devised proper screening, the method was subject to the same gross errors as was the diagnostic effort, yet, because the remedy

and the blood-specimens were tested together in the same apparatus, they were subject to errors that were common to both, so that there was a fair probability of their mutual relationship being determinable. However, compounding and interference occurring from outside sources often confused the results. All of this can be controlled by screening, but there is still the trouble which arises from contamination, for a blood-specimen can easily pick up extraneous energies and register them on the subject unless scrupulous care be taken.

In the current issue of the *British Homœopathic Journal* (July, 1925), there will appear an article by Boyd stating his latest views on the subject. Reprints will be available from John Bale's Sons & Danielsson, Ltd.

#### REMEDY TESTS IN AMERICA.

In the first attempts at remedy-selection by means of the reactions by the members of this committee, the diagnostic apparatus of Abrams and his technique were employed. The Chairman of this Committee and Doctors Powers and Gore devoted most of their energies to experiments in remedy-selection. At first, the diagnostic apparatus of Abrams was used, but this was found to be an embarrassment rather than a help. Some tests were successful with the machine and many were not. Whilst making one test, Doctor Powers observed that the reactions were enhanced by one of the remedies in the test. Up to that time, we had been seeking the remedy which annulled the reactions. A study of the case involved showed the intensifier to be a close similar. At this time, we were using a subject and the patient's blood. Later, it was discovered that the results were more accurate when the patient himself was used, instead of a subject, until finally the method that is now utilised in your Chairman's office was worked out. This requires no apparatus except ground-plates and a dielectric rod. We must keep in mind that this method is crude and that it is only a part of an experiment which is not yet completed. It employs the basic factors, the energy and reactions, but apparently on a different principle from that of Boyd. It can be used practically with a high degree of success in remedy-finding, but it is not a thing

to place in the hands of men who are not willing to expend much time in experimenting. Crude as it is, it opens up new remedies, frequently leading us to remedies which have not been proved. The technique is as follows: First, the patient's case should be taken carefully and the leading symptoms determined. From these symptoms, a group of remedies should be selected for testing. In our work, usually two or three full rubrics are taken from the repertory, so that a test actually is made with from 25 to 100 or even more remedies. The patient faces west and stands on the ground-plates. Recently, the patient is allowed to sit for, in a long test, the reactions become erratic through exhaustion. Errors are more numerous while the patient is sitting than when he is standing; but these are counterbalanced by the errors due to fatigue when standing. All the remedies for the test are placed together in a position that is convenient to the operator's assistant. The operator sits in front of the patient. The remedies are placed, one at a time, in the patient's open hand and the operator goes over one of the areas on the abdomen with a rod. All remedies that cause a reaction are kept and those that do not are eliminated. It is well to go over those that are eliminated and re-check them. The ones that cause a reaction are then used on another area and all eliminated that do not cause reactions. This process is continued, usually over five areas, the last one being over the V-area of Boyd. At the end, there are usually from two to five remedies which intensify all areas. A note is made of these and then these are mixed with all the remedies that come through after the second or third areas; these are tested over all five areas and a note is made of all that go through to the end. This re-checking is done four or five times. If the simillimum is in the group, it will generally come through each time or four out of five times. At the end, the three or four that come through oftenest and strongest are tested on each of the areas, one after another, and the one that causes the strongest reactions on all areas is selected for the patient. The reason for this re-checking is as follows: This work is done without any screening, so that, in addition to the remedies, all substances in the room, including such as emanate from operator and assistant, influence



the reactions of the patient. This leads to a percentage of errors. A remedy that bears a very close relationship to the patient apparently has a quality of energy that blankets all others although the errors mentioned above are interferences. Long practice and infinite patience make it possible to do practical work in spite of this handicap. Reactions occur in all parts of the body and it has been found that the areas on the forearm, the chest, and the back can be used as well as those on the abdomen. Remedies that go through on the abdominal areas alone are curative, but those that go through the areas on other parts of the body as well, are proving to be the best of all. Lately, the areas on the forearm and the chest are included in the final checkup.

All this work sometimes takes one or two hours—sometimes longer. It is hoped that this cumbersome technique will some time be replaced by some mechanism that registers both the patient's reactions and the energy from the remedy; experiments that are under way have this object in view.

Whether the relationship that Boyd uses, wherein the remedy is chosen that annuls the reactions caused by the pathology-energy and intensifies the normal energy, is the same as the relationship just described, or whether they are different, is not yet determined; or whether these two relationships are better than some other relationships not yet worked out is not known at present.

It must be borne in mind that Boyd uses the energy from the blood or saliva of the patient and registers it through his tuning instrument and the reactions of a subject. The supposition is that he utilises energies originating in pathological processes together with that representing normal vital reaction. In our remedy work, described above, there is no intervening apparatus, the patient himself being used, and that remedy selected which causes a reaction or increases one on several areas. This may represent a general stimulation of the autonomic nervous system and the two methods may be utilising two distinct phases of the same phenomena.

An experiment made on the eve of the presentation of this report indicates that the remedy that causes the reaction distin-

guished by the rod will annul the dullness distinguished by percussion. If this be true, Boyd's technique and our technique lead to the same remedy. As soon as we have installed proper screening, the relationship between the remedy rod effect and the remedy percussion effect will be worked out.

#### IN CONCLUSION.

1. The actuality of the basic phenomena claimed by Abrams had been scientifically proved—that is to say, the presence of a heretofore unknown energy that, under proper conditions, can be detected through reactions on a living subject.

2. The state of a person's health is a factor in determining the kind of energy that is given off by his secretions. But the place of this energy in the field of diagnosis has not yet been determined.

3. The phenomena can be utilised for selecting curative measures, especially for remedies having a homœopathic relation to the patient.

4. All of the phenomena connected with the energy and the reactions are very delicate and labile and their control is difficult. Their importance, however, is sufficient to command the attention of the best minds in Medicine.

Wm. J. Sheetz, M. E., Sc. D., Consulting Engineer.

Abraham Beekman Cox, B. A., Mechanical Engineer.

Benjamin C. Woodbury, Jr., M. D.

Harvey Farrington, M. D.

Eugene Underhill, M. D.

Charles P. Bryant, M. D.

John TenEyck Hillhouse, Electrical Engineer.

T. Proctor Hall, M. A., Ph. D., M. D.

Harry B. Baker, M. D.

Henry Becker, M. D.

W. J. S. Powers, M. D.

Willard C. Palmer, M. D.

Guy Beckley Stearns, M. D., Chairman.

\*A Preliminary Communication Concerning the "Electronic Reactions" of Abrams, with a special reference to the "Emanometer" technique of Boyd.

Publishers: John Bale's Sons & Danielsson, Ltd., 83-91 Great Titchfield street, Oxford street, W. 1., London, England.

DISCUSSION OF DR. STEARN'S REPORT ON  
ELECTRONIC INVESTIGATION.

DR. UNDERHILL: I have been doing some experiments and have a patient who is an executive in one of the greatest electrical concerns in the world. He is working on this and has produced some of the most remarkable results, using this same principle. They are so weird and fantastic that I wouldn't take the chance of reporting them to you.

As an outgrowth of that, an old-school physician connected with one of our greatest universities has been to our office two or three times and he said: "It's too bad we took this attitude."

Now, of course, this electrical expert, with all the great resources at his command, has not been able to explain it. He says: "I don't know what the thing is," but he is working on it. But it is worth our while, and one reason of this report is to get the people thinking along this line. Notice, we are not endorsing it, we are simply investigating it.

Before you leave, I don't think it would do any good to discuss this, but I think it would be a great plan if you would give an opportunity for questions. Perhaps we will not be able to answer the questions, but they may be suggestive to us in our further investigation.

DR. GORE: Who are the British committee?

DR. STEARNS: Sir Thomas Horder; Dr. C. B. Heald, medical adviser to the director of civil aviation; Major H. P. T. Lefroy, head of wireless research on behalf of the war office, Hart, engaged on physical research on behalf of the war office, and Mr. Whateley Smith, engaged on similar research at the air ministry. Sir Thomas Horder acted as chairman of the committee.

DR. UNDERHILL: The committee was recognized by the Royal Society of Medicine.

MEMBER: Have you Boyd's reprints here?

DR. STEARNS: Reprints of Boyd's latest communication will be released at the time the British Homoeopathic Journal comes out, July 15th.

DR. FIELD: Once a remedy is found, do different potencies produce different results?

DR. STEARNS: Boyd claims that he can not only select the remedy but also the potency. When he finds the correct remedy, he tests different potencies until he finds one that is close and then he plusses this up to the exact point required. His emanometer is so delicate that, with skilful handling, he can detect the slight difference caused in a fresh dilution of a potency by lifting it from the table and setting it down again. If the dilution be given ten or twelve hard succussions, the potency then becomes fixed and no further agitation changes it. Until it is fixed by succussion, each agitation causes a detectable change. This coincides with Hahnemann's directions for making a potency.

DR. WILSON: Mr. Chairman, is your report to be printed fully in the transactions this year?

DR. STEARNS: We have presented our report and it is in the hands of the Association. I recommend that it be published, and that our committee be continued.

DR. WILSON: You remarked that the first report was misunderstood. I would say that, if there is any danger of this report being misunderstood, it might be mimeographed and sent to the members rather than be put directly into the transactions.

DR. STEARNS: I think that eventually it would be of benefit to this Association to have the report published now. It has been written very carefully and conservatively, and has been passed on by all the members of our committee. It brings our work up to date and shows where we stand today. The English committee's report vindicates our original stand. The basic claims are already established scientifically. Where will those who have bitterly opposed the whole thing (without knowing anything about it) stand two or three years from now?

DR. WILSON: Mr. President, in the present state of the report, I move you that the report of this committee be incorporated in the transactions of 1925 and that the committee be continued.

Motion seconded by several.

DR. LOOS: In 1957 when the boards of health and child wel-

fare societies are immunizing children through this method, it will be very interesting to have this on record.

DR. AUSTIN: I think this organization cannot do less than thank these members for the work they have done. If it had not been for these men, we would never have had this. They have spent hours, they have spent all kinds of money, they have been most scientific in it; I have watched it with the keenest pleasure; I have seen Dr. Stearns apply some remedies of which, I am very sure, if I should give the symptoms, there is hardly a man who would detect the remedy. He has done that time and time and again. I think this is something that is going to lead us to something. Let us not condemn anything. Let us always try to find things, and be open-minded enough to help these men and encourage these men; where they had only a few things just a year or so ago, now they have hundreds of things, and the old school, as you say, is crawling, but the old school have committed themselves, and it takes some time for them to get courage to come out into the open. There is one thing—they cannot steal it from you.

DR. STEARNS: They certainly cannot.

DR. BOGER: Mr. Chairman, we all know that Madam Curie's discoveries were the first great blow that allopathy received from Homoeopathy, which reached not only into medicine, but more—into the scientific world. That was the first great blow, and here is an equal blow which will cause them to concede that there is much, very much, in Homoeopathy. This will equal her blow if you give it a chance.

DR. BLANKE: There is no question in my mind but what not that I am interested in any machine, as far as treatment is concerned, but that the common radio will make one of the best machines for treatment, but that the remedy—the remedy that fits the case—is the thing that is going to cure the patient and that the remedy can be picked, can be proven, that it will do it, before you give it to the patient.

DR. STEARNS: About seventy-five years ago, a German observer wrote about human energy and called it odic energy. This probably is the same energy that Abrams discovered, but the world was not ready to receive it.

Radio was discovered in 1865 and messages were sent without wires, but the rest of science had not advanced sufficiently for the discovery to be developed until just before the beginning of this century.

Both Lippe and Hering observed that some patients were so sensitive that they could detect certain remedies held in the hand.

Different branches of science have advanced so that today the phenomena on which this committee reports can be understood, or at least accepted; and just as sure as we are sitting in this room, the basic facts will be accepted in a reasonably short time.

Question called for and motion to spread the report in the transactions and continue the committee was carried.

DR. FARIS: I move that a rising vote of thanks be extended to this committee for their work.

Motion seconded by a rising vote of thanks.

DR. STEARNS: The committee appreciates your good will and thanks you for it.

Applause.

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## REPORT OF THE COMMITTEE ON VACCINATION.

*To the President, Officers and Members of the International Hahnemannian Association.*

As chairman of the Committee on Vaccination, appointed at our meeting in Cleveland last year, I beg to report that I have had considerable correspondence with members of the committee, have accumulated a mass of material for and against vaccination by scarification with cow-pox, have looked it over carefully and was amazed at the evidence against it. Not only from physicians of the Homoeopathic school, and drugless physicians, but startling opposition by certain members of the dominant school of medicine. This material was too voluminous to bring with me. Dr. Lehman, of Dixon, Illinois, has a tremendous amount of material, original and otherwise, the contents of which he will gladly communicate to any who may desire.

I have brought a copy of Dr. Bryant's report of their work in Oregon, also a letter from Dr. George Royal, relative to internal vaccination in Iowa. These you will find on the Secretary's desk. Relative to the use of internal remedy as a prophylactic, permit me to say that, reports from those who have tried it approve it highly. Indeed it seems a much safer and more durable prophylactic than that by scarification.

Recent reports from some states, as found in Dr. Lehman's collection of material, cast suspicion upon the purity of the vaccine used, and places that as a cause of much negation in modern vaccination.

The conclusion of the entire matter of prophylaxis, by our most careful thinkers, is keep the body clean internally, and externally, and maintain a normal state of health, by the sanest methods possible. As a Homoeopathic physician permit me to emphasize this thought and add, that there is no better way known to man in matters pertaining to health and protection against contagion than the Homoeopathic way.

G. E. DIENST, M. D.,

## President's Address

WILLIAM R. POWEL, M. D., Philadelphia, Pa.

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It gives me great pleasure to welcome you all at this 46th annual session of our International Hahnemannian Association.

It is time well spent to set aside these few days from active pursuits to take the opportunity for considering, not only the dynamic truths of Homoeopathy and to share experiences, but also, to make a survey of the medical world and to meet the ever increasing demands of people groping for health.

President Coolidge, in a speech before the Associated Press here in New York, some months ago, made this statement: "Selfishness is only another name for suicide." I believe that should be applied, not only to politics, but professionally.

That we are an International Hahnemannian Association proves that we have a heritage and what is of deepest concern to us, as followers of the only real law of cure, is to see to it that the privilege and knowledge we possess we shall pass on to others.

I am reminded of an instance of which I have heard. In the western mountains there is an artificial lake, used as the reservoir for a busy city at the foot of the mountain. During a summer drought the water sank to the lowest level and rigid economy was urged. Every effort was made to increase the supply and the pipes examined and found in good condition. Finally a further investigation took the authorities to the stream that was the source of supply and as they traveled up the mountain they came to the spring, which when found was filled with the leaves and debris of the early season's freshet. Once cleaned out the abundant flow of a natural fountain was sufficient to replenish the water supply of the town, even in a dry season.

Since the foundation of the Society our task has been to keep the stream free at its source from all "cults" and "isms"



and to be the channel through which the immutable law of the Similia shall be given to the world by the pure practice of Homoeopathy.

This is a challenge which only the courageous are willing to take up, for it calls upon an eternal vigilance, a vigorous warfare, an increased activity, a tireless, patient endeavor and a pure unselfish devotion.

We hear of our Homoeopathic colleges giving but a few hours a week to the study of the Homœopathic materia medica. We see that Homoeopathic clinics do not so greatly differ from the hospital clinics where Homoeopathy is not practiced. We know of the young, graduated doctor, who, even if convinced of the truth of the Organon, lacks the moral courage to stand against ridicule and the rush of competition. These are facts we know and need not even dwell upon, but does it not give us a sense of our responsibility, to use every effort, as a Society, as individuals, to make a concentrated and real effort to acquaint the medical world, as well as the laity, with the very truth of that which we uphold and practice.

Let us thoughtfully reconsider in what practical way we may give to others that which has been reaped from our experience.

First, I should say, let us be absolutely *sincere*, and make no compromise.

People today in every phase of life are asking "Why?" Many disgusted with the use of drugs are turning away from all medical aid and seeking health by correct living and sanitation. Some are following formulas they have picked up from magazine articles, while an increasing number are turning to the many avenues leading to all sorts of cults and humbug.

Is it not the time and opportune moment when we can acquaint people with the law guiding our every prescription and show them, that we are not experimenting, using their maladies as opportunities for speculation?

If we are thus to educate the young physician and the laity we cannot afford to compromise. Compromise never fosters respect.

I would therefore repeat that we be sincere by keeping to

the truth, and see that the truth is given in the making of every prescription and in the educating of the laity.

No one will do this if we do not.

The physician who is instructor in colleges should be so sincere that he will inspire his class to remain true to the law. In the hospital where patients are brought to receive Homoeopathic treatment, there should be the Homoeopathic principles applied in every department of that hospital. In free Homoeopathic clinics the public should be taught not to expect "taste, color and quantity." To the sincere inquiring patient let us take time, with tact, to lay a foundation that will inspire their confidence, not in the individual, but in the truth of the Similium.

So, let us be, first, *sincere*, then our next step will be *service*.

By *service* I mean using our applied principles to make more provings.

We have come the long road and today have our Repertories and enlarged Materia Medicas because before us the founders of this Society, men like Lippe, Allen, P. P. Wells, Berridge, and Dr. Rushmore, were making provings. Today we are the richer because they have given us this heritage.

We sometimes are prone to be pessimistic when we see the foolishness of the public and the absurdity of so-called cures. We are too rushed, however, to make the extra endeavor that it takes to make a proving, but certainly one of the proofs of our sincerity will be the way we work for our cause. I would therefore urge that we put our sincerity into practical application by *service*.

Because our school of practice has very definite means of proving a remedy we can afford to do so more than the old school practitioner can afford to experiment with his toxins, and anti-toxins, his vaccines and experimental surgery. In this fact I should say we stand as unique and ultra-modern, for while other practices are searching we have found the way which will guide us to new remedies and new cures with old remedies.

And last of all I should suggest the practice of *stewardship*.

By this I mean just what the word implies. A steward is the manager of another's affairs. Our founder has given to the world the true method for the cure of the sick. The truth

can always submit itself to testings and to experience and the results are and always will be, still the *truth*. The affairs we are to manage are the health of the peoples of the world, for we are not only an American society, but have the name international.

It is a task indeed that needs only the best in the realm of the thought life, and scientific life, it is a clarion call for the faithful, trustworthy steward to give that which is, after all, not for us alone, but is for the world.

Let us then go forward as an International Hahnemannian Association in the *sincerity* of our purpose, in the joy of further *service* and in the faithfulness of our appointment to a God given and God directed task.

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REPORT OF THE COMMITTEE ON THE  
PRESIDENT'S ADDRESS.

It is a pleasure to hear old truths restated and in a way better than before.

We heartily commend his plea for pure Homoeopathy and for more emphasis being placed on its teachings in our schools.

(Signed) T. G. SLOAN,  
ALONZO EUGENE AUSTIN,  
P. E. KRICHBAUM.

# Bureau of Homeopathic Philosophy

GEO. E. DIENST, M. D., Aurora, Ill., Chairman.

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## REPERTORY IDEA.

F. E. GLADWIN, M. D., Philadelphia, Pa.

The Homœopath of today has so many repertories that he accepts them as he accepts his breakfast—approves, disapproves, or rejects them according to his will, but time was when no repertories existed, then it was that the immensity of the materia medica was realized if there was a difficult case to study. If you want to realize the difficulty of that time just lay aside your repertories and take a case to Allen's Encyclopedia and hunt the remedy. It's no wonder that the great Boenninghausen and a few of his colleagues devoted their lives to discover an easier way. It is interesting to search the repertories for the remedies that cover our cases, but it is far more interesting to study the repertories themselves in the hope of finding the thought that underlies their construction.

With the idea of saving time and space, Boenninghausen worked out his repertories, and his Therapeutic Pocket Book, which he tells us he began after studying the materia medica for fifteen years, is the acme of "much in little." The second idea that runs through Boenninghausen's work is generalization. In generalizing he divided the symptoms. The place of the symptom he put under parts; the kind of symptom, under sensation; and the modification under aggravation and amelioration, etc. In working out a case he built up the symptom of the patient from the parts of the divided symptoms in the Pocket Book.

Boenninghausen must have reasoned that among characteristic symptoms, what was true of a part must be true of a whole, and what was true of a whole was true of each of the parts, otherwise when a symptom of the patient was built up by the parts of the divided symptoms in the Pocket Book, it would sometimes

lead to remedies that had never shown that symptom in the proving and of which the symptom would not be characteristic.

Boenninghausen's idea of a "symptom in general" was that any remedy having a symptom that effected a part belonged to that part in general; any remedy that produced a sensation wherever it appeared, belonged to that sensation in general. For instance, "stomach in general" contains any remedy that affected the stomach and he let another rubric decide whether the disturbance was nausea, distention, or pain. Even his "special" symptoms are generalized. All remedies having "burning pain" anywhere he placed under "Burning Pain in General" and another rubric decided the modification of the burning pain.

Jahr's idea was not only to shorten time and space, but to make a repertory that his students could understand. He must have been a born teacher, for he evidently believed that he should begin with what his students knew and lead them to what they didn't know. Evidently Jahr's students had all qualified in the old school and the one thing they did know was diagnosis, so in his repertory he began with diagnosis, giving the remedies that had been found useful in the diagnosed disease; then he gave the symptoms of the disease, with the remedies that covered each symptom; then he gave the symptom of the patient, each with the remedies that covered it. In the preface he told his students that while the remedy must cover all of the symptoms of the disease, the symptoms of the patient were more important in finding the remedy.

Jahr's idea of what remedies belonged to a symptom in general differed from Boenninghausen's. In our provings unfortunately are many symptoms without modification. The headache or pain, etc., was reported simply as headache or pain, leaving the reader to suppose that the headache or pain might have had any or all kinds of modifications. Other provers reported headache or pain, etc., with several modifications in regards to time, place, or condition. Jahr has gathered the remedies that have the indefinite symptom and those that have one modification only.

Jahr was persuaded against his will to make a repertory for the Germans. This he called the Hand Book. Between the time of making his repertory for the French and the hand book for

the Germans, he discovered that his French students were dividing the symptoms of the patient into different diagnostic groups and calling them different diseases. Then they prescribed for the most important, leaving the others to be prescribed for after the worst was cured. In order to save the Germans from this pernicious practice, he, in the hand book, divided the symptoms into as many diagnostic groups as possible and told the Germans they must find a remedy that would cover all the diseases that the patient had. He evidently thought that in that way he would compel them to cover the totality of symptoms. Poor Jahr! Even yet he is accused of teaching heresy and he was only trying to make a repertory that his students would understand.

When Charles H. Hempel translated the *Symptomen Codex*, he thought it should have a repertory. Hempel believed that if the provings should be written down in the words of the prover, they must always be kept in those words. He couldn't translate Jahr's repertory because Jahr's repertory "treated the disease" and he couldn't use Boenninghausen's repertory because Boenninghausen divided symptoms, so he spent four years in making one. With Hempel the "symptom in general" was the unmodified symptom.

In Hempel's repertory the symptoms are strictly in the words of the prover. If one prover said "tearing in stomach" and the next prover said "tearing pain in the stomach" it went down as two different symptoms. If one had "vertigo on rising from sitting" and another "vertigo on rising from a chair" Hempel would not put the two remedies down for the one symptom, it had to go into his repertory as two symptoms.

C. Lippe, in the preface of his repertory, tells us that it is based on the repertory to the manual published in Allentown, Pa., by Dr. C. Hering and the faculty of the college at that place. I have not been able to find the above repertory, but the order of arrangement of the Lippe repertory is so much like Dr. Boger's translation of Boenninghausen's earlier repertories that one is led to believe that those men in Allentown used the form of Boenninghausen's earlier repertories. Those men in Allentown did not believe in dividing symptoms so we note in Lippe's repertory, although he made additions from Boenninghausen, that all the

symptoms in general of the parts are omitted. As far as I verified Lippe's remedies in his "Symptom in General" his idea of what a symptom in general should be was like Jahr's.

Gentry's repertory is just what it represents itself to be—a concordance. Gentry did not believe in changing the words of the prover even though a synonym was used, therefore he found difficulty in finding symptoms in the repertories that existed, so he compiled the concordance and puts the symptom in as many places as it has nouns, verbs and prominent adjectives. The symptom—"Aberation of mind, singing, performing the most grotesque dancing steps, and shouting" appears eight times in Gentry's concordance repertory. It took eight volumes to carry out this idea but Gentry's repertory is very convenient if you want to find a queer symptom.

The Knerr repertory suggests Hempel's. Neither believed in dividing the symptoms or changing them in any way. Hempel's was a Repertory of the Symptomen Codex and Knerr's is the Repertory of the Guiding Symptoms. Knerr's symptoms in general, like Hempel's are the unmodified symptom.

This brings us to the Kent repertory. I know this repertory best because I saw it grow. Dr. Kent's first step in repertory building was to add to Lippe's repertory the things that Lippe left out. He filled his Lippe's repertory so full of notes there wasn't room for more in the places where they belonged; he then took an interleaved Lippe and when that was filled, began loose-leaf notes, and when the loose-leaf notes became voluminous enough he decided upon making a new repertory, making it as complete as possible. Dr. Kent worked ten years on his repertory before the first edition appeared in print.

Dr. Kent argued that a repertory was only a compilation at best and all reliable symptoms were the property of all Homœopaths alike. He thought it would be helpful to everybody if he started where the others left off. His idea was to gather together all that had been already repertorized and then add his notes and what he might thereafter verify from his clinical experience, and then verify everything that had been so gathered together. He found that the mechanical copying of the existing repertories was taking too much of the time that should be used in verifying the

symptoms, so he called upon his students to do the drudgery of copying. Dr. Milton Powel and Dr. Mary Ives each copied a goodly portion. I remember he gave Dr. Arthur Allan the "eye." He gave me "thirst." He finally gathered these copies together and began adding his notes and verifying symptoms. In doing so he found such symptoms as "headache after breakfast." It was a head symptom and logically it belonged in the chapter on "Head," but his copy compelled him to put it in "Complaints After Meals." The same was true of "pains in chest after meals," "eructation after meals," etc. They logically belonged in the part affected and so all through the copy he found symptoms that logically belonged elsewhere.

He had worked a long time and had quite a large manuscript. It looked to me like a large repertory before he finally made up his mind that the repertory would be more useful if all the symptoms of a part with their modifications were in the chapter on that part. The same was true of all the parts. So he cast aside the work accomplished up to that period and began again. All of his work to that date and the work of his students counted for nought excepting to show him that there was a more logical way of making a repertory. Again he commenced a repertory—this time without the help of his students, because it was a kind of work that they could not do. Imagine the work of verifying each symptom in all of its remedies as he took it from the old repertories! The arrangement of this new repertory is so different from all others that complaints had been made that it was hard to find things, but really it is very simple and it is not so different after all, for close scrutiny shows that it has the form of Boenninghausen's earlier repertories carried out to the logical end. The arrangement of the chapters is in the order followed by Hahnemann, excepting that the mental symptoms and vertigo are in chapters by themselves instead of in the "Head" chapter. The symptoms in each are arranged in alphabetical order—First the "Symptom in General" and then the "Symptom in Particular."

Dr. Kent agreed with Jahr as to what constitutes a "Symptom in General" and "Symptom in Particular" controls the whole book.



As an illustration we will take "Pain in the Lower Limbs in General." This contains the remedies that have unmodified pain anywhere in lower limbs and it contains the remedies that have pain in lower limbs with several modifications. Farther on is "Hip in General." All of the remedies in "Lower Limbs in General" might not appear in "Hip in General" because the omitted remedy might have the symptom unmodified or it might have them in several other parts of lower limbs and not in hip. All of the remedies that are in "Hip in General" do not appear in "Lower Limbs in General" because the hip is the only one place and a remedy may affect the hip and no other part of the lower limb. If the same symptom appeared in hip, thigh or knee it would be in "Lower Limbs in General." These remedies are in "Hip in General" because they are unmodified or have several modifications. The same is true of "Pain in the Thigh in General." On going through the particulars of the symptoms in the thigh, it will be found that some of the remedies of the particular symptoms are found under "Pain in the Thigh in General" and some are not. When the remedy is found in both places it either has an unmodified "pain in thigh" or there are several particular symptoms of the thigh that contain this remedy, therefore it belongs in the two places; when it appears in one particular symptom only it is not a symptom in general, therefore does not appear there. It is well to know these things because it means something when working a case.

This repertory gives first the parts having the pain in general and particular. Then after finishing the parts it begins with the kind of pain in general and in particular and then it gives the parts in which this kind of pain appears in general and particular.

Dr. Kent believed in keeping the symptoms as nearly as possible in the words of the prover, but on account of saving space he often combined synonyms as "stitching and sticking" are included in "stitching;" "Cutting" includes "darting and stabbing;" "Pulsation" includes "throbbing," etc.

There are two more general repertories of which I would like to speak—Dr. Boger's translation of Boenninghausen and Dr. Field's card repertory, but my paper has already reached the

time limit and both of these authors are here and can tell of the idea that underlies their repertories better than I.

If you ask me which is the best repertory, I would say mistakes have crept into all and all have their good points. If you ask me which I would advise for the library I would answer, one of every kind that you would be fortunate enough to obtain. One can't own too many repertories!

I would like to add, if anyone is tempted to think lightly of any repertory author or depreciate his work in any way, I would like him to take just one of that author's "Symptoms in General" and go to his materia medica and verify each of the remedies found in that "Symptom in General," then I would like him to come and tell us what he thinks. I think he would be ready to say with me, "Hail!" When I think of the time and tedious work so freely given by each compiler, I stand with bared head and gratitude in my heart, while to each my lips repeat the salutation, "Hail!"

The sluggard or the thoughtless could never compile a repertory!

#### DISCUSSION.

Chairman Dienst: I would like to ask visitors here who desire to do so, to discuss this paper. You have the liberty of the floor.

Dr. Krichbaum: Mr. President, the doctor brought out one point that I think ought to be emphasized, and that is the symptoms may come under different headings meaning the same thing. It brings us back to the point of reading and studying the materia medica. It isn't what you can read out of the materia medica, but what you can read into it.

Dr. Green: I would like not only to call the repertory work a monument of industry—I would like to call Dr. Gladwin a monument of industry.

Dr. Krichbaum: We do. It's the best paper I ever heard on repertory or anything pertaining to repertory.

Chairman Dienst: Dr. Gladwin's papers are always the best.

Dr. Underhill: Dr. Krichbaum just took the words out of my mouth. It is the best paper I ever heard on repertory.

Dr. Custiss: What is the difference between a repertory and

an index? As I see it after all the repertory is but the index of the materia medica in so far as a person's whole idea has to be interpretations of remedies in repertory, that repertory, it seems to me, is bad, and insofar as a repertory is a true index of the materia medica we have, that repertory is good. That is my conception, and I have thought pretty well on it.

Dr. Boger: All this reminds me a little bit of a story I read not long ago. A certain man was very sick. He gradually became delirious and in his delirium he passed from one stage to another. Finally he dreamed that he woke up. When he woke up the sky was overcast with clouds, and occasionally through the rift in the clouds he saw the stars and heard tropical sounds in the forest, and all that sort of thing, and directly he looked about him, and there he found, sitting on a gnarled tree, trying to grasp his surroundings, a stone beside that tree, over which the tree had grown, and he looked at the inscription on the stone and there was his name—2,000 years ago he had his name engraved upon that stone—he had just waked up after 2,000 years of sleep.

There are some among us who are just beginning to wake up to what a repertory means.

The repertory—and I have had a little experience in them—is a wonderful thing to work at. We all need something to work at and a repertory is a good thing to work at. My principal trouble with repertories has been the using of them. Not many people know how to use a repertory, and most people when they try to use one get lost.

One physician told me not long ago, he was a very busy man, he said: "If I take the time to look up a case in repertory I will never get anywhere. I have no time for that. I can see a dozen patients while I look up a case in repertory." He gets lost. When you take up an individual symptom and try to run it down in the repertory you are going to get lost. That is, you are going to lose the thread of your case. The idea is to work from above downward. By that I mean from the mind down, and unless you can do that you haven't got the genius of the repertory in your mind, the method of working properly, in your mind. If a patient has a cramp in his big toe and you begin to hunt

for a cramp pain in the big toe you are going to have the time of your life to find the remedy for that patient. You must look at the whole patient. You must.

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## IMMUNITY.

R. S. FARIS, M. D., Richmond, Va.

Immunity is defined as: That condition of the living body which renders it secure against any particular disease.

Every infectious disease is the result of a struggle between two variable factors—the pathogenic powers of the infection on the one hand, and the resistance of the subject on the other; each of these is again modified by variations in the conditions under which the struggle takes place. Thus a given infection may be capable of causing a fatal result in one individual, but may be highly susceptible to one variety of disease but entirely resistant to others. The susceptibility or resistance of the individual varies with his physiological state or by the environmental conditions under which the two factors—invader and invaded—are brought together. Therefore, immunity can never be properly discussed without careful consideration of all modifying conditions which influence it.

There are two forms of immunity—natural and acquired.

Natural immunity is that innate power of the body to throw off or to overcome any diseased condition with which it may come in contact. To a certain extent, of course, this escape from harm is due to the external defenses of skin and mucous membrane which, in the healthy state, mechanically prevent the entrance of infection into the body. Moreover, added to this, there is some protection in the bactericidal properties of the secretions; and the activity of the blood serum and the phagocytic powers of the leukocytes. These forces are active against all diseases, but they may vary in different races, or even individuals, in potency against any given infectious agent, and, to a certain extent, variations in resistance may be referable to this.

Acquired immunity is secured by an inoculation with a

specific virus, vaccine or antitoxin, or by a previous illness. It is divided into active and passive. If the subject is stimulated to develop its own immunity by the injection of dead parasites or their metabolic products, the resulting stage is called one of *active immunity*. However, if the blood serum of an immune animal be injected into a normal one the resulting condition is known as *passive immunity*.

Hahnemann in his *Organon* shows us how the body acts under different conditions. First, if two dissimilar diseases meet in the same body, and if the older one be stronger, the new one will be repelled and not allowed to affect the body. A patient suffering from a chronic disease will not be affected by a moderate epidemic. In any violent epidemic there are always some individuals who go through it unscathed, and we wonder how they escape. A large number of these fortunate one have unusually strong vigorous bodies and their state of health is good. Again, we will find quite a few who are anything but strong and healthy—one may have tuberculosis, another may be in the last stages of Bright's disease, and possibly the next may be suffering from diabetes; but in any case, the stronger chronic disease prevents the accession of the weaker epidemic one, which is dissimilar.

Rachitis, according to Jenner, prevents smallpox vaccination from taking effect. Under other than Homœopathic treatment the old chronic disease remains uncured and unaltered, i. e., it is not affected by medicines which are incapable of producing in a healthy individual the state of health found in the diseased condition which has been encountered, provided the treatment is not carried on too long or too violently, in which case other diseases are formed in its place, which are most difficult to cure and more dangerous to life.

Second, a new and more intense disease suspends a prior and dissimilar one, already existing in the body, only so long as the former continues, but it never cures. A patient who had been suffering from smallpox for six days acquired measles. The inflammation from smallpox remained stationary until the desquamation of the measles, after which the smallpox continued to run its regular course, appearing on the sixteenth day about as an ordinary case would look on the tenth. This shows that dis-

similar cannot cure, but only suppress, and that as soon as the stronger disease disappears, the weaker one will take up its course as if it had not been interfered with.

To illustrate this farther: A patient is suffering from Bright's disease in the early stages, but still far enough along to make a diagnosis. He contracts syphilis; his kidney condition seems to clear up; albumen disappears; his waxiness fades away and he appears to be better. After a year's treatment his syphilitic symptoms may be conquered, and as they leave the albumen returns in the urine; the waxiness comes back and the patient goes on to the terminal stages of an ordinary Bright's.

Third, a chronic disease may be held in abeyance or seemingly be made to disappear by the use of violent medication. A patient suffering with malaria has been "cured"—so called—by massive doses of Quinine, but the patient is not well. The artificial drug disease of Quinine has been engrafted upon the underlying malarial diathesis, and the patient is worse off than he was previously. Proper Homœopathic treatment will antidote the Quinine and then the malaria will manifest itself again; the chills and fever will return and can then be cured by the application of the proper Homœopathic remedy.

On the other hand, a new disease, after acting for some time, may join itself to the old dissimilar diseases, neither of which is capable of curing or annihilating the other. Each of these seem to occupy the part or organ peculiarly adapted for it, or, as it were, the only place belonging to it, leaving the rest of the body to the other.

For instance a syphilide may become psoric. These diseases, being dissimilar, cannot cure or remove each other. At first the venereal symptoms are kept in abeyance as the psoris eruption appears. In the course of time, however, they may join together and then each seeks the part most appropriate to it. This renders the patient more diseased and more difficult to cure.

Much more frequently than a super-added natural disease is a superadded artificial disease, caused by the long-continued use of violent unsuitable remedies. This combines a drug disease with a prior natural disease, and, being dissimilar, a cure is

impossible. Frequently, cases of venereal chancre are complicated with condylomatous gonorrhea. This condition cannot be cured by long-continued or frequently repeated treatments with large doses of unsuitable mercury preparations, but assumes its place in the organism beside the chronic mercury affection that has in the meantime gradually developed, for mercury besides the morbid symptoms which, by virtue of similarity, can cure venereal diseases Homœopathically has also among its effects many others unlike those of syphilis, such as swelling and ulceration of bones. If large doses of mercury be given, the new malady will be engrafted upon the patient, engendering fresh evils and committing terrible ravages upon the body.

The result is entirely different, however, when two similar diseases meet together in the same organism. They cannot, as in the case of dissimilar diseases, repel each other; neither can they suspend one another to return at a later time; nor can they exist together side by side; but the stronger must, and will, annihilate the weaker because they both act on the same parts of the body in the same way that the rays of a lamp are rapidly effaced from the retina by a sunbeam which strikes the eye with greater force.

It is claimed by many that acquired immunity may be obtained by injecting various substances into the body, such as anti-diphtheritic serum for the cure or prevention of diphtheria; the injection of toxin-antitoxin, commonly called the Schick Test, to ascertain the patient's susceptibility to diphtheria, and to develop immunity against the disease. Vaccination is used to protect against typhoid fever, smallpox, cholera, plague, dysentery, staphylococcus infection, acne, gonorrhea, pneumonia, and many other diseases, for some of which autogenous vaccines are also used. Favorable results seem to have been obtained in a great many cases, but on the other hand, bad results are not unknown—sudden death has occurred immediately following the administration of some of these agencies as shown by Underhill.

From all of these studies we can only reach the conclusion that the best immunity is that offered by a normal, vigorous body, maintained in a healthy condition.

## DISCUSSION

Dr. Krichbaum: I want to discuss it. I want to thank him for it, it's fine, it's a great paper, but on immunity he said something that I might say, all things that go into the body are not appropriated as a food becomes an irritant, and everything that comes from within, out, is curative. Now you cannot produce a disease by medicine only by giving it long enough to exhaust the vital force within, and then you can induce a disease.

Now the reason that drug diseases are incurable, practically, or hard to cure, is because when you give medicine to cure you have to act in the same direction that causes the disease.

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PHILOSOPHY THE CORNERSTONE OF RATIONAL  
TREATMENT.

ALONZO EUGENE AUSTIN, M. D., New York City.

*"Nothing is law that is not reason."*

We rejoice that divine love made the law of cure and established the philosophy of Homœopathy, the cornerstone of rational treatment. Through Moses He gave those laws which, obeyed, would keep His people in health of soul and body. You know how Galen was led to bring the medical schools of Greece and Rome together and how his teachings were adopted throughout the east; how Plato studied these and quoted them; how Hippocrates wrote of "similars and dissimilars."

You have read what Shakespeare wrote in King Henry IV:

"In poison there is physic, and these news,  
Having been well, that would have made me sick  
Being sick, have in some measures made me well."

In these latter days God gave to the marvelously well-equipped Samuel Hahnemann the power to concentrate and build up the philosophy of rational treatment. While Samuel Hahnemann was praying and watching for some reliable law of cure,



the answer was coming from America. A poor fever-stricken Indian in South America dragged his wretched body to drink from a pool in the low malarial land where he was stricken. The bark of the Cinchona tree, and the leaves and small twigs fell into this pool. He was amazed to feel the fever leave and health come back. The news of the healing power of the Cinchona bark spread, and a French missionary wrote the story and sent it home. Hahnemann was engaged to translate these writings. Suddenly, as he was translating, he read what the finger of God had written there for him to discover: "Like cures like." *Similia similibus curantur*. He had found the cornerstone upon which he built Homœopathy, and he praised that divine love for the revelation of the Law of Cure even as he spoke his last words: "To God I owe it all!"

Let us stand by, stand upon, and make our own the Organon of Samuel Hahnemann. If we could give to the world that rational and sane treatment which the Law of Cure gives us the power to exercise.

Speaking of law recalls a very celebrated jurist, a near neighbor, to whose sick bed I was called. "Look at my face, doctor. It certainly looks as if a hive of bees had been feasting there. I am the more distressed because in a few days some important cases are coming up at which my presence is required." "That is all right, judge, you'll be there." "Impossible, doctor. The last time I had erysipelas I was sick in bed for three weeks!" The totality of symptoms asked for Apis, and it did the work. In a few days the judge was back in court. "Well," said he, "that is the first I ever knew of Homœopathy, but I do not care what 'opathy' it is; I know it cured me and cured me quickly!"

It is not enough to know that we know our remedies well. We must know how to find and ascertain the remedy to be called into use, by the most painstaking care in getting the history of the case. We must spend hours in assembling the most valuable symptoms. Dr. Hahnemann called them "odd and peculiar," and Dr. James Tyler Kent called them "the generals." It depends upon how well you have taken your case, what the final result of your work will be. Dr. Kent told me that Dr. Bigler, of Rochester, N. Y., had a genius for getting a perfect and complete

picture of the totality of his patient's symptoms, for he knew that a case well taken was partially cured, and this was one of the reasons why he made cures where other men had failed or only kept knocking off symptoms.

I find it a wise plan with my patients, after I have been spending hours in taking their history, to have them come back in a day or two, for then some forgotten symptoms may be recalled and others brought out by their discussion with the family. Every detail of the history of the parents, prenatal influences, the mental attitude, the likes and dislikes, can prove of great value.

The law of cure gives us the power that we exercise. This calls to mind the case of a very sick child, almost at death's door, that was cured by Dr. George E. Dienst. There were few symptoms, only subjective ones. The able doctor found out that the mother had a peculiar craving for salt before that child was born, and that she would take some every time she saw it. Natrum Mur. saved the child's life.

I had a case of a southern woman who disliked even the odor of tobacco. Touching tobacco would make her vomit. When carrying her child she had to take it twice in the form of snuff and rub it on her gums. This remedy has done much for her daughter.

It is not only necessary to find the remedy, but also to know when to give it and when not, and in what strength. A little patient is brought to you who is extremely sensitive, with a tendency to constant colds accompanied with high fever and delirium. Belladonna helps; in a few hours the child is well. These colds come too often. After careful study you find that Calc. Carb is his remedy. It helps, but does not last and hold as it should. Then to the history. You read that in that child's family there has been tuberculosis. You must remove this taint before his remedy will cure, and you keep him on it as long as it helps, changing the potency, and you will make that child over.

One of the most valuable points in our cornerstone is having the different potencies to use in satisfying the different planes of disease. This seems beyond reason, but is not contrary to it. What has been proved a fact, it would be unreasonable to

deny. Hippocrates wrote that "extreme remedies are very appropriate for extreme diseases." Those were extreme remedies that the heroic Hering proved from poisonous vipers.

When Dr. E. P. Nash was beginning his medical career he was stricken with paralysis. He took Lachesis, but it only helped. Discouraged, he reached Dr. Lippe, a great master. The venerable doctor gave him a remedy. "When you are cured, come back and then I'll tell you what I gave." Dr. Nash later returned to Philadelphia. "Here I am, entirely well now. What was it?" "Lachesis, Lachesis!" "Yes, but I took Lachesis!" The old doctor jumped up and down in his delight, and laughing, said: "You did not take it high enough."

A man flooded the bed as soon as he went to sleep. The medicines which have this are limited; he had received them all. Dr. Kent figured it out on another basis and ascertained that when the man was moving about at work he had no difficulty in retaining urine, but while resting he had to make an effort to control it. At the time this trouble developed he had been bathing much in the sea. Here was the aggravation and amelioration of Rhus, and Rhus cured him.

Would you cure chronic and supposedly incurable cases? Then study deeply the planes of disease and learn how to meet each plane of disease with the more powerful potency! A nurse came to a case that was being cared for by Dr. Kent. She came skeptical, thinking "this high potency business" is the silliest of all absurdities. Pyrogen 10M was given. It helped, but it was not holding the patient. 50M was given, and the aggravation was fearful. She saw all this effect on the patient, and thus the nurse and a young doctor who saw these things came to believe in the power of potency.

Another beautiful stone in the arch is the philosophy of the psychology of the physician. When we enter the sick room, let Dr. Quiet go with us, a calm assurance that brightens the atmosphere. Also take Dr. Merryman, who has a smile, a sunny story that will bring a smile to the wan face of the invalid. And never leave out the good company of Dr. Diet. We all know that fresh, temperate air and sunlight and proper diet hasten recovery.

Dr. James Tyler Kent, that great, beloved master, urged his students: "Study the *Organon*! Study the *Organon*!" Here we find at first hand the exposition of the philosophy of Homœopathy, the cornerstone for the rational treatment of the sick. I say, read Dr. Close's good book on philosophy and study Dr. Kent's *Homœopathic Philosophy*.

When Daniel Webster was given a dinner by the legal profession, he spoke his famous toast: "The Law, it has stood by us, let us stand by it!" So let us say of the Law of Cure, as revealed by Hahnemann: "The Law, it has stood by us, let us stand by it!"

#### DISCUSSION.

Dr. Olds: Dr. Austin stressed, to some extent, the taking of the case. It seems to me that that is one of the great hardships, one of the great troubles with the Homœopathic physicians, we may know our remedies very well, but we do not always take our cases well. We may not be able to do so. I remember that Dr. Kent said: "When you are unable to find your remedy take your case again." It takes a good deal of courage to wait, wait sometimes week after week, because you cannot see your remedy, but if we go on and study our patient, I think in the majority of cases we will find the remedy and when we do not find the remedy, or when we say the well-selected remedy does not seem to act, it is because we have not taken our cases properly.

Chairman Dienst: I wonder if somebody hasn't something to say about the sober-sided face of the Homœopathic physician. Is there any virtue in going into a sick room with a smile on your face when everybody thinks there is going to be a funeral? Sometime I want to tell you a story.

Dr. Olds: Tell it now.

Chairman Dienst: I am too pessimistic, doctor. I appreciate Dr. Austin's statement with reference to a small farm, for I have just come from a very severe case in La Grange where a patient had been in a sanitarium for a number of weeks, and was growing worse. I hadn't talked for more than four or five minutes before the patient said: "Doctor, you're a chump." That

patient was up and driving her automobile and doing housework. I don't know whether it was the smile or the dose of Borax I gave her, but I want to emphasize the virtue of having a smile.

One Sunday evening I was called to a neighboring village and I refused to go. The street car had just left and I didn't want to take my car out and drive through the mud. (It was raining). They said: "We will come after you if you will come." So I said that if they called for me I would go. They came after me, splashing through mud and water in the dark, and I jumped into the car and took the rear seat, and away we went. I didn't know whether I was going to keep that seat or not. When I came into the village and saw the patient I found, I thought, the entire village there. Every room was lighted up, the patient was lying in the sitting room on a couch, and some were rubbing her hands and some were rubbing her feet and some were putting cold applications on her. I stood and looked at her—really it was comical. Her husband came to me and whispered, "Doctor, what do you think?" I told him the most ridiculous story I ever heard in my life and I had him laughing out loud. The whole congregation was laughing. I looked at my patient (I knew her very well) and I knew the game she was playing. I saw a smile trickle down the corner of her mouth. I left a little Ignatia, a teaspoonful every thirty minutes, and she recovered immediately.

Dr. Olds: I would like to say if we can't smile, if we can only make our patient smile that will do good.

Dr. Waffensmith: I also would like to express my commendation for this remarkable paper. I always appreciate everything that Dr. Austin says and I have especially appreciated his reference to the Organon, that poor old Organon that has been condemned and has been cast aside, and we have been told it is ready for burial. I always enjoy hearing someone today saying something in favor of it, because the truth that it represents to me is eternal, and I don't believe it ever will get out of date, and I have especially appreciated today the reference of Dr. Austin to the Organon.

Dr. Miller: Speaking of taking a case reminds me of a case that I had one time. I came into a home where there was a little

child dying, (everybody said so) and six or seven women were sitting there making long faces. I looked at the baby, studied it, and I said give me a glass of water and a teaspoon. They brought it and I sat down and fed the baby the glass of water. I took it on my lap and it went to sleep. I told the mother the next time the baby was dying to give it a drink.

Dr. Faris: The remark of Dr. Dienst just brought back a memory of a case that I was called to see, another of these hysterical cases. The woman was apparently suffering. At least she had all the neighbors in there doing this, that and the other, and it happened that two or three doors away there was a graduate nurse living and she was asked to come in the emergency, to help save the woman, while the doctor was coming. When I arrived the room was full. I don't know how many people were in there, it seemed to me two or three or four hundred, and the first thing I did was to tell everybody to get out. Of course a good many of them didn't like that, but they got out, all except the graduate nurse. She was the last one, and she turned and told me in a deferential way that she was a graduate nurse and if there was anything she could do she would be glad to stay, but if not of course she would go. I told her if she was a nurse I would be glad to have her stay and I was glad that she stayed, because in due time I happened to marry that nurse. But with the nurse's help and getting this crowd out, and the Homœopathic remedy, all together, we got this woman up in a very short time.

Dr. Olds: I want to ask Dr. Miller a question. That was certainly an interesting experience he had with the baby. What I wanted to know was how Dr. Miller knew that the baby needed a drink.

Dr. Miller: That is a question that is very hard to answer, how a man knows when a child is dry and when he is sick, but to me the child looked as though it was starving for want of water and I gave water and the child was well and I went back the next day, but he was all right. The expression on the child's face told me it was really a want of water was what was wrong. I can't explain it, but I could tell you if I saw a child in the same condition at a moment's glance, whether it was that or whether it was sick.

Dr. Austin, in closing: I will be brief. Always when I am asked to write a paper and when I came before you all I come with fear and trembling, and I thank you so much for encouraging me and helping me.

I want to say this—In the great circle it always comes around to the circle—how big will you make the circle? That is all, how large do you want that circle to be? It is for you to say, or the other fellow to say. There is no time, there is no space. We might have the sixth dimension and the eighth if we had the mentality. God has so many things for us when we knock and are ready. Some of my brothers sitting here know in one of the degrees what they say to you: You have kind friends to lead you, but now you must lead yourself. You must ask for yourself. You must knock. You must hear the Master when He knocks at your door. Do not send him away. You must hear the whispers in nature, you must make yourself so worthy that you may see His face, and if you see His face it matters not what all the world may say, you can never be a poor man again.

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## THE STUDY OF POTENCY.

JOHN HUTCHINSON, M. D., New York, N. Y.

The power of one after another medicinal agent to cure the maladies of mankind is receiving constant attention the world over. But how idle some of the conclusions! How dire the consequences! When the law of cure is overlooked through either obstinacy or ignorance, other means prompted by other theories, with other outcomes, fail.

Any survey of medicine in general discloses small knowledge of what is curable in disease with what is curative in medicine. Observation is not to be limited to the work of Homœopathy. Great as are its reforms wherever established, they should be extended and multiplied. Hence, of much importance, negatively, are the aims and accomplishments of whatever practices dominate public attention with unwholesome result. Much of it is,

it must be confessed, entitled to condemnation. The reason for such condemnation is obvious. The sick are not cured.

It continues to be rather hard not to quarrel with the loose use of the words "science" and "scientific." Good words by themselves, they suffer greatly by misapplication. What is untrue is unscientific, and what is scientific is true. A mistaken notion is promulgated that it is only necessary to ignore the inborn vitality of the human organism, and to treat it as merely another chemical reagent adaptable to the purposes of the laboratory, out of which shall come at some future day—not now when the patient needs it—a specific for whatever disease is deserving the highest publicity. The times now being much the same as during the life of Hahnemann, his last edition of the *Organon*, recently translated, brings with it renewed admiration for the system unapproached by any so-called discovery of modern medicine.

Why this is true should be entirely plain to any sincere student of medicine. That it is not plain to some minds is explained by the retort of one physician who once said to me with manifest pride: "I know nothing at all about Homœopathy!" The implication being, "and I don't want to know anything about it." So let us look at this state of mind as it is, not troubling about it, but seeking to overcome the sinister aim and influence by using to the best of our ability the marvelous remedies that bring healing and comfort and happiness to families depending on rational medicine.

The application of the remedy chosen by virtue of its power to originate symptomatology expressing definite disorder engages our highest interest. Fraught as it is with promise of certain response, there is no joy in constructive achievement equal to it. The life study it involves is a never-ceasing fund of rich reward as discernment, understanding and skill increase.

When in the evolution and the perfecting of the facts of Homœopathy it was realized that mind and temperament and emotion play no small part in the rational determination of the remedy, it was also seen that that remedy must be administered in potency of exact suitability. In truth this adds to the difficulties already present. With hundreds of proven drugs, some in varied attenuations, there is now the further involvement of



graded potencies for each single medicinal substance. Was there ever a more eloquent anticipation of successive discoveries in physics—the triumph of the infinite divisibility of the atom? When the mass of an electron is only about one seventh-hundredth part of that of the hydrogen atom, it is not hard to believe that the vibratory power of our highest potencies has come to stay. Often we may tell our intelligent patients that these potencies are the only beneficent medicines in otherwise hopeless cases.

The extent to which the study of potency enters into the practice of medicine is variable. One has heard too often the slogan—Potency doesn't signify when the remedy is right—one of those phrases that somehow elicits approval before it is hardly heard, and is at core as false and empty as mob applause. But the sophistry has found some permanent places of survival in spite of high authority to the contrary.

Study of potency takes into account the character of the remedy itself, as, for instance, whether it is Hamamelis or Phosphorus, these two remedies representing, for example, wide diversities of power. But particularly are we concerned with the patient receiving the prescription, his requirements as based on age, gravity of illness, personal sensitivity.

Three different prescriptions of Rhus may illustrate variability. Case number one—Young man, athletic, acute posterior urethritis, particular symptom of agonizing pain not permitting rest in any posture except the upright one and in constant motion. Could not endure the pain unless walking rapidly. Rhus Toxicodendron 200, one powder relieved immediately and permanently. Case two—Man of 45 with apparent erysipelas at onset, swollen face, little pain, disorder localized without modalities. Rhus 30 removed the condition without further development. Case three—Young man had been treated for indigestion and seemed on the verge of typhoid fever, and complained that he was too restless to rest or sleep, that it was the only discomfort he felt, but that greatly. Had lost seven pounds in as many days. One powder of Rhus 1000 relieved immediately, strength returning rapidly, and Homœopathy called miraculous.

These cases were measured carefully in respect to individuality, and while other potencies might have fitted, those chosen

seemed most appropriate, and certainly left nothing to be desired. The taking of the case means also the interpretation of the case. Facts count. The peculiar ones count most and highest. Numerical totality without the single, singular, striking, and peculiar, often misleads to a similar remedy, it may be, but of insufficient suitability and value. While there are many similar remedies for almost every case, it is the *simillimum* most to be desired.

The idea is suggested by experience with different potencies of the same remedy that different phases of disorder merit selection according to region, structure, or temperament affected. In short, the whole picture of disturbed health as it presents to the examiner has in it an unmistakable character and quality of demand on a specific therapy for a certain state and a certain patient. It gives good justification—this demand—for engaging the patient in general conversation on any casual topic. It may be urged that this expenditure of time is expensive. I hold to the contrary, that it is often profitable and productive. Many times an intelligent patient is bored to the extent of inaccuracy by a battery of definite questioning. Voluntary statements from the patient cover a multitude of sins of the examiner. Here is a situation where we may safely favor self-expression without fear or favor. Analysis of it gives good results in remedy and potency selection. (Incident).

I recall a case like those you all have met, in which a chronic ailment was somewhat obscure till chance favored an interview with two members of the same family at the same time. The psychic reactions on each other of these two estimable persons disclosed otherwise hidden causes of disorder, and led immediately to successful cure. Undoubtedly the highest attenuation of the remedy is not here the best. Sometimes it is necessary to repeat the remedy in varied strength.

Let it be recalled that Hahnemann is very clear on the point of not repeating the same potency.

Paragraph 247.—It is impractical to repeat the same unchanged dose of the remedy once, etc. The vital principle does not accept such unchanged doses without resistance, etc.

Paragraph 248.—Thus in chronic diseases, every correctly

chosen Homœopathic medicine, even those whose action is of long duration may be repeated daily for months with ever-increasing success.

From note 133.—It almost seems as if the best selected Homœopathic remedy could best extract the morbid disorder from the vital force, and in chronic diseases to extinguish the same only *if applied in several different forms*.

The physician whose practice is Homœopathic has with him an enduring sense of potency. What it does, what it fails to do in a given case and a given selection is something from which he cannot separate his mind and judgment. A sense of the appropriate initial potency comes to the mind of the Homœopathist as an involuntary incident. He decides what power is suitable just as regularly as he decides what remedy is best.

Fincke said in his book, *High Potencies and Homœopathics*, published in the year 1865 by Tafel, Philadelphia—any potency being the dose in a given case—"From this arises a necessity to individualize the dose as well as the remedy." Which brings to mind the fact that our range of potencies is remarkably comprehensive, perhaps, however, no more so than the idiosyncrasies of the human family.

As to the favorable action of the remedy administered, its promptness may be estimated by keen observation, the exercise of which being the reason d'être of the physician, as impressed on his classes by one of the old guard. I have always had real admiration for one of our Dr. Philip Krichbaum's most brilliant illuminations—that the correct remedy establishes its career of usefulness quickly as the lightning flash when absorbed as it is by the mucous membrane.

There is some ambiguity conveyed by the word "strength" applied to potencies. It has been applied to both low and high. In the light of the great progress made in physical science as to the properties, divisibility and energy of matter, it would seem to call for no effort of judgment or imagination to identify our highest potencies of medicinal remedies as strongest. Certainly they cover the larger picture of greatest need of the organism, while the lower and lowest quite fail to do so, making little impression except on the simpler functions of the body. An

exception to this is possible, another instance of the paradox to which is susceptible every phase of existence. Again experience must decide.

The factors in potency selection being numerous, here again is the physician's reason d'être. There are paradoxes innumerable, as true of all art. For medicine applied to the problem of curing the sick of all kinds and classes is first, last and always art. Much of what is vaunted as science does not relate and has to be eliminated altogether.

The Organism instructs in minutest detail the physician who would correct his faults of judgment, inaccurate prescribing, misuse of a remedy. We learn how changes should be made safely and well. The prescriber has reason to rejoice that he is permitted to understand clearly what are the results of his work when he will attend their expression. His compensation is priceless.

To quote again from Fincke: "Previous to Hahnemann nobody had ever found, thought, or practiced the fundamental Law of Homœopathy, covering both the quantification and the qualification of the remedy. Hippocrates never thought of potentiation. The Galenic school always cared for and sought for the limit of the maximum dose. The new medicine, directly opposite, cares and seeks for the limit of the minimum dose. This is Hahnemann's work."

These words are refreshing at the present time, when we are most aware of the superiority of Homœopathic treatment over all the crude systems that ignore health prerogatives. Vital and mortality statistics remind us constantly that the potency for cure is too rarely given. The following merit reflection.

City of New York, deaths from March 14 to June 6, 1925, period of 13 weeks:

Acute infectious diseases, 503; pulmonary tuberculosis, 1,370; influenza, 267; lobar pneumonia, 1,537; broncho-pneumonia, 1,218; cancer, 1,733.

Annual death rate, 13 per 1,000.

The deaths under one year were 1,377, or 72 infant deaths per 1,000 births.

Deaths under 5 years, 3,395; deaths 5-65 years, 11,650; deaths over 65 years, 4,945.

It is doubtful if there is any therapy entitled to the appellation "preventive medicine" except Homœopathy.

All about us float misrepresentations based on medical assumptions. The propagandic reiteration of untruths is wearisome, and perhaps that is enough to say of it, inasmuch as those who know better have little time to spare from the appeals of the sick, to fight foes sure to precipitate their own destruction.

As to publicity given as repeatedly as commercial acumen dictates, that the span of life has been extended by modern medicine, practiced by the schools of misguided, misapplied, and destructive force, it has been pointed out that of the more than one hundred associates of Dr. Johnson mentioned by Boswell, one hundred and fifty years ago, the following vitality record stands: Seventy-five men lived to be 70 years old, twenty-seven to be over 80, three over 90, one 99, six 80, three 81, six 82, two 83, five 86, five 88.

These were citizens of an unsanitary age, moreover men whose lives were not well-ordered according to our ideas of hygiene, and we may safely believe that no board of health favored them with its advanced uplift. It would appear that present conditions do not result in longevity surpassing that of the eighteenth century.

One of the great misfortunes of the human family is that the potent remedy for its diseases cannot supplant and overcome all the puissance of inimical propaganda from destructive medicine. This is not futile pessimism, on the contrary, in the words of that writer and thinker, Thomas Hardy, "It must be obvious that there is a higher characteristic of philosophy than pessimism, or than meliorism, or even than the optimism of these critics—which higher characteristic of philosophy is truth!"

#### DISCUSSION.

Dr. Miller: The point that he makes there I don't think can be exaggerated. I think the potency, in a great many cases, is almost more important than the remedy. I many times could

get no result from the remedy with the wrong potency. I have always found that to be a pretty hard thing to know which to select too. I don't believe there is any rule for it. You have different susceptibility from certain patients, and you know certain patients are going to interfere with the action of your remedy, and you cannot get around that.

Sometimes in those cases I think you can get ahead of it by repetition. I do that sometimes, where I know that the patient is going to do something to knock the action of that remedy out in a short time. That is the best I can do. As a rule I depend on the single remedy and let it act as long as it will act and then probably raise the potency, but sometimes you have to go down.

Dr. Krichbaum: I want first to commend the paper and to say that it is absolutely essential to have the dose as well as the remedy. The Homœopathic prescription is similars cure similars, but the cure has got to be absolutely opposite. You cannot get away from it. It kept me awake for three nights. I didn't sleep. I couldn't go to sleep and I couldn't turn it loose until it would let loose of me.

The body is made up of a confederation of cells. Every cell in that body is alive, the same as the other body, but the whole confederation of those cells make up the vital force, don't they? They do. You look at the type of men and women along here you would say that is a healthy specimen. Then when they get sick you talk about the vital force being sick. You are taking the subsequent from the consequent.

Now then, I gave as a definition of disease, disturbance of function, to which may be added a pacific micro-organism or a pacific disease. We are using terms we don't know anything about and we are placed in the Christian Science ranks. It is material we are talking about, there is nothing spiritual, for God put us here for us to handle the material, he can handle the spiritual part himself.

The next question is: Why does the Homœopathic remedy act? No one had ever tackled that. You give medicine; why do medicines act? Now listen: Organic substances—by that I mean the living substances—cannot appropriate inorganic substances or things without life. If they could they could assimilate it,

but they could not appropriate it. I don't know if I am right or not, but I had to sit in that little group and teach the Organon and at the same time I didn't know whether to believe or not, but I crossed the stream and I did not disturb them, but I saved it for you fellows. There isn't anything on earth that needs revising more than Hahnemann's Organon. It's the biggest piece of silly nonsense I ever read.

Now then, as I say, with your organic substances you can prove it when you commence with the potency. Remedies have a chemical action as well as a dynamic action, and when you get them away from the chemical and you leave the dynamic, and so far as being stronger, it is all darn nonsense. You have taken away part of it. We forget that and then we come talking about the actions of remedies, and we lose the fact that we are talking about dynamics all the time.

So there is the thing, gentlemen. This is something for us to think about. We have not thought about it. I have thought about it until I have resigned my position there, of teaching the Organon. I can no longer teach it because it may sink my philosophy. I want you, if I am right, to sustain me, and if I am wrong, tell me where I am wrong and prove it to me. I am still a Homœopath and more enthusiastic than I ever was.

Dr. Krause: The question, Mr. Chairman, can never be what Homœopathy is in this light or in that light for then we may fall easily into the Einstein Utopian squabble over space and time and light and weight and light flakes. The only question there can be is what is Homœopathy, and that question has been answered by Hahnemann. All you have to study is paragraph 70 of the 5th or 6th edition of the Organon, or if you want to have a modern statement, please read the introduction to the translation of Dr. Boericke's given in the sixth edition of Hahnemann's volume. Homœopathy is the central method of therapeutics, for looked at from all the angles of pathology it is the curative method of therapeutics. We must not allow false notes to enter into our discussion and extol, on the one hand, Pasteur, for instance, because he is supposed to have discovered something new, and detract even in our own ranks, Hahnemann, because he has discovered what is supposed to be altogether old.

And perhaps because it is called foolishness it is not foolishness, because of the three organons in the history of the world, one was written by Aristotle, and another by Bacon, and the third by Hahnemann.

I want you to understand that Pasteur didn't discover anything new. Little Jimmy Fipps was vaccinated a hundred years before John Meister was vaccinated, and if these gentlemen who are so much lacking in Greek would read Pliny they would know that Mithridates, two thousand years before Pasteur was born, accustomed himself to poisons in order to resist poison.

The methods are two opposites, and, according to all the laws of science we know, two opposites cannot occupy the same place.

I want to say in one word that without Homœopathy there is no scientific medicine. The Homœopathic physician, let him be general practitioner or specialist, has it in his hands to make of himself the most scientific of all physicians, for he can wield the only one direct method in existence, of curative medicine, Hahnemann's method, Hahnemann's Homœopathy.

Dr. Hutchinson, in closing: I thank the society very much for its attention to my paper. I want to say two or three things. One is that Dr. Krichbaum would be, we don't know how much, more interesting if he would tell what he does believe instead of insisting upon what he does not. And the speaker, Dr. Krause, who has just given such a fine address, we can follow. I particularly like what he said because the whole point of my paper, that I tried to make was that Homœopathy was the only scientific medicine we know. I want to say, as to potencies, I recall one case that somehow the discussion brought out, of a very delicate woman whom I have treated medically for a good many years, and who, about fifteen years ago, had a very serious heart failure. The potency that suits her case whenever she is ill is the *cm*, or higher, one powder being absolutely sufficient, and she consults me very rarely. She is not robust, but perfectly healthy as human beings go.



## THE REPETITION OF THE DOSE.

CHAS. A. DIXON, M. D., Akron, O.

In reviewing my failures and successes, in thirty years of practice, there has been two large outstanding principles of Homœopathic philosophy involved so often, that I am persuaded to put on record here the things that seem to me are essential in carrying to a successful finish any of the chronic diseases which come to us for treatment.

I believe it is a very useful habit, and one which I have carefully followed for several years, to pass in review the whole case when it is finished, (whether cured or passed on to the undertaker) to visualize just where and why I did the right thing, if successful, and the wrong thing, if I failed.

I feel sure that I have learned more from my failure than from my successes, and I attribute that fact to this habit of "taking stock" as it were before passing my records back to the permanent files. In passing let me say a word right here about records, so many doctors do not keep a permanent record.

Many doctors, because of the irksome routine, just naturally *flunk* the whole proposition and do without records. Some claim that their memory never fails them, that they can always remember their treatment and the correct sequence of the various remedies, time of giving, potency, etc.

I am going to be very charitable and believe them when they say that, but I would also remind them that they still owe it to their patient to leave a record of their treatment when they pass on to their reward, and they could check up as to the why when the patient dies.

Of course, the one *big* reason for our failures is in not selecting the proper remedy, but next in importance I believe to be due to repeating the dose too soon. This is really the subject of my paper today: *The Repetition of the Dose*.

Hahnemann says somewhere in his writings: "If physicians do not carefully practice what I teach, let them not boast of being followers, and above all, let them not expect to be successful in their treatment."

The fundamental rule in treating chronic diseases is this: To let the carefully selected Homœopathic antipsoric act as long as it is capable of exercising influence, and there is a visible movement going on in the system.

This rule is opposed to the hasty prescription of a new, or the immediate repetition of the same remedy.

About as good an illustration of that piece of logic as I ever heard, I read in an article by one of Hahnemann's pupils in an old German book. He said: "When we plant an apple seed we wait for it to sprout and grow, we don't go around the next day and stick another seed in on top of the one we planted yesterday."

That bit of philosophy has helped me keep from meddling many, many times since I read it, and having proved its worth I now pass it on to you.

I have spoiled well selected remedies many times in both these ways, either too early a repetition or hastily changing to a new remedy. Another pit-fall that has caught me many times is breaking in on an aggravation of symptoms caused by the first remedy.

The best way to avoid this mistake is in making exhaustive notes in your case-taking and in reviewing them carefully before prescribing a second time.

If this is done, few mistakes will be made by him who knows the way the antipsoric remedy acts in a curative way, or in other words—how a Homœopathic cure should come. Viz: From within, outward, and from above downward.

I never saw a more startling demonstration of this in my life than within the past month, in the case of a young lady I was treating. It demonstrates this bit of philosophy so clearly that I beg to present it to you from my records.

On February 14th, Miss S., a stenographer, 19 years old, came to me with a tonsilitis. She was here from Indiana visiting her uncle and aunt. She gave me the history of repeated attacks of tonsilitis, the last one during the holidays, less than two months previous. I took considerable pains in eliciting the symptoms of her previous attacks and got that priceless symptom of its alternating sides, for which we always think of Lac. Can.

This remedy I gave her in the 10M, one dose. She reported on the 23rd, very much improved and received no more medicine. April 4th her aunt reported at the office that my patient was confined to the house with rheumatism of the shoulders and elbows. I sent her another powder of Lac. Can. 10M. Three days later (April 7th) was called to the house and found the young lady bed fast. The rheumatism was now in her hands and knees. She undoubtedly was suffering, and the family was insistent that I relieve her pain. She had not slept since the powder was taken on the 4th.

The patient was very impatient with her doctor when I told her that her attack of rheumatism was undoubtedly due to the remedy, even when I assured her of a speedy clearing up of her rheumatism, and that her health and happiness undoubtedly were assured if the remedy was allowed to act without interruption.

I was patient with her and sat by her bedside and explained to her and her relatives the philosophy of the antipsoric remedies and the way they act in producing a cure, but I found it necessary to threaten them with leaving the case and haunting them with reproaches of "I told you so" if they called in an "old school" man and his hypodermic.

Finally, I won them to my side and left the girl to fight it through, without even a physic, although the bowels had not moved for four days.

I visited her on the 8th and found she had had a good bowel movement and was then sleeping. I did not disturb her or give her any medicine. Visited her again on the 11th and found her free from pain and sitting up in bed. Her appetite had returned and she greeted me with a smile. Her trouble is *over* and I did not fail to impress this fact upon her and her family.

I told them they had watched a *miracle*.

That is not bombast! That is the truth, as every man who follows Hahnemann's teachings can testify. I believe if we would only take the time to talk these things over with our patients, we can educate them away from the damnable propaganda of a commercialized medicine.

Now to get back to the text!

I wish it were possible to say just how long a remedy may act in every instance, but that I believe is an impossibility, due entirely to the fact that we treat an individual instead of a disease.

In closing I will quote from the introduction Hahnemann wrote for Boenninghausen's Repertory of the Antipsorics way back in 1833. They are just as pertinent today as they were when written.

Therefore, as no more helpful proceeding than the one formerly advised by me could be ascertained, the human rule of safety, "*si non juvat modo ne noceat*," directed that the Homœopathic physician, who held the welfare of mankind as his highest aim, should generally act upon the patient in a single dose at a time, and that, the smallest, allowing it to exhaust its action.

Smallest I say, inasmuch as it is and ever will be, that no experience in the world can tenably disprove the Homœopathic law of cure which does and will hold that the best dose of the correctly chosen remedy for acute, as well as chronic disease, is always the smallest one, in one of the highest potencies, a *truth* the priceless property of pure Homœopathy and which separates it from Allopathy, and not much less than new eclectic sect jumbled together of Homœopathic and Allopathic experiences, as long as they gnaw like a cancer at the life of the invalid, seeking to despoil it by ever increasing doses of medicine, and will keep those debased arts at a distance from pure Homœopathy as by an immeasurable chasm.

#### DISCUSSION.

Dr. Hutchinson: I would like to ask the essayist if in his closing he will tell us how, in his opinion, he would have avoided the extremely severe aggravation.

Dr. Krichbaum: Mr. Chairman, I want to commend the paper. The action and the duration of the action of the medicine gets on my nerves every time it is used. Now the medicine doesn't act longer than a second, and as soon as the contact comes. We put in all of our lives talking about the vital force and what it does, then when we get it started in the right direc-

tion we talk about our remedies acting. Why should we not repeat it as long as it is coming this way, we are gaining in strength, there is bound to be something going, you have to have force acting on force or we won't live a second, and that is why you have it, and as long as the patient is improving of course you don't need any repetition of it, and it doesn't hurt you if you do, you can repeat it every day, they will get well just the same, you can't stop the vital force when it gets started.

Dr. Faris: He spoke of the patient's bowels not having moved for four days. I would like to ask him why an enema would not have been of value to the patient in those cases?

Dr. Olds: Mr. Chairman, as regards the length of action of the remedy or the repetition of the dose, we have a certain law that causes being the same, the effects will be the same, providing the medium through which those causes act are the same, but it is very obvious that in different patients, the patient being the medium, that the mediums differ in almost every instance, therefore the length of action of the remedy would be different. Also I think the similarity of the remedy to the disease being different in different cases, has a large affect.

Dr. Austin: I enjoyed the paper greatly. I think we must be very cautious how we repeat remedies. We all have made those very same mistakes—not letting them work out from their whole lengths. If you throw a little pebble in mid-ocean those waves go out until they have reached every shore. You cannot detect them with your eyes or with the five senses, but that is a fact. The song of the bird that you hear in the trees and walk away from and think it is lost, that song cannot be lost, it never dies. Thousands of sounds that we are incapable of hearing, find themselves miles away. How? By sending messages to each other when they have been taken away from each other. And insects are capable and able to send a message and find each other again. So let us wait patiently after we have given the remedy, until those waves have reached the end, then repeat. It is a mistake all of us have made and fallen into because the patient is so anxious to get another dose when one has helped him. It takes courage to say not yet, give me your symptoms, keep bringing them, and let it work.

Dr. Underhill: Dr. Krichbaum says some good things, it is no wonder, he says them very often, but once in a while he misses fire, and I thought he missed fire on this when he began to say that he would plant an apple seed every second after he had planted the first one, I thought he would make a mess of the apple tree when it began to grow.

Dr. Miller: I wonder whether it wouldn't be a good thing to think a little bit when you think about the repetition of the dose. A piece of radium so small that you can hardly see it has never been known to disappear, and sends out its emanations all the time, and yet on the other hand that would say that your dose is going on and working all the time if it does the same as the radium. On the other hand if you say you throw a pebble into the water the waves go on all the time; if you throw two pebbles in when the waves come together there is nothing.

Dr. Skiles: Mr. Chairman, I take it that in Hahnemann's instructions in regard to repeating the dose we should increase the potency if it is only one or two potencies higher, he says put them up higher each time, and do not repeat the same potency.

One thing is the remedy, the next thing is the potency, and to change the potency each time.

One other thing is in my mind, that we have a difficulty, I think every physician has the same difficulty, in the patient's using something that will upset the remedy, probably "upset" is not the proper expression, but I take it that the Homœopathic remedy restores function. The patient every now and again will take something that will upset the function and that is the reason why we should not take any physics, and why we should not take any enemas and why we should not do anything except what nature does. There is our greatest difficulty. Hahnemann says to follow the regimen and that regimen we must take out. I don't believe that any physician, I don't care where he comes from, who he is, or what school he belongs to, can cure one case of auto-intoxication by physics or if you allow the patient to take physics, whether that auto-intoxication produces a very high blood pressure or a very low blood pressure, because the poisons will be reabsorbed as soon as you take the physic, or as soon as

you take the enema. The covering which is in the colon will be broken, the insulation which keeps the toxins from getting back into the blood will be broken and the contents will become liquified and will go back into the system and produce either your high or your low blood pressure instantly.

Dr. Underhill, Jr.: I think we all have some patients which we might call steadies, who come every week, year in and year out, and others who are more fortunate so far as they themselves are concerned, who only come once or twice a year, maybe once in two or three years.

It has been my observation that on the average those are the cases that get along the best. They don't have a chance for me to give them a remedy too soon, and it also seems to me that the too early repetition of the Homœopathic remedy is a mistake as serious as the improper selection of the remedy in the first place.

Dr. Dixon: The question was, how avoid extreme aggravation? Very seldom do I stop an aggravation. I try to not get an extreme aggravation, but sometimes I do it. As I analyze the case I find I had no business giving that dose. I repeated it and got the aggravation. It was not severe enough to be alarming to the physician, it was to the family. I was not alarmed. I let it ride through and I think I did right. We all have our own ways of handling these cases, I think. That applies to a good many of the other questions asked here.

Dr. Underhill: Don't you suppose if only 1M instead of 10M had been given you would have avoided aggravation?

Dr. Dixon: That is possible, too. Dr. Krichbaum thinks it acts only for an instant and you can repeat it often. There are plenty of men doing good work that way, they repeat their remedy plenty of times, often and get away with it. I myself am associated in Akron with a doctor who uses nothing lower than the 30th. He is a one-remedy man. He will fill a 2-dram bottle full of those 30ths and give them every hour and keep them going for weeks or even months, and he gets away with it.

Dr. Krichbaum: Do the patients get better?

Dr. Dixon: Most of them do.

Dr. Krichbaum: Then I would say it wasn't necessary.

Dr. Dixon: I think I lose more patients than most of them. Maybe it is because I am so arbitrary about physics. I don't consider that an enema is justified any more than a physic. The action of the enema is to remove the bowel content and that is what I call using a crutch. The ideal proposition is to get peristalsis established there, and the individual getting function properly, and an enema is just using a crutch over the situation. Still, as I say, other people do that and get away with it, and I presume that my crankiness on that along those lines causes me a good many losses of patients. I think a good bit of this stuff is individualized, or we each have our individual way of handling this stuff. That just happens to be my way. I don't know as I care to defend it any more than I am following out the lead of the old American Homœopathist, Dr. Frank Kraft. He had a slogan: "Hew to the line and let the chips fly where they may." That is what I do. I don't give them any physics or allow them to take it.

Dr. Austin spoke about it being a mistake to interrupt and those are my sentiments. You drop in your infinitesimal and you start your machinery, then keep your hands off. And I think, as I said in the paper, I have bungled more cases by over-anxiety and attempting to do too much. I think if you just have the fortitude to keep your hands off it is the biggest blessing that the patient can have.

On the changing of the potency, there again I don't think there is any cut and dried plan for that. I think as individuals we can do things that look like murder to you folks, and likewise what you do looks like assassination to me. We all have our own way of doing those things. I am not here to criticise what the other man does along those lines, Lord knows I have done rotten work!

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### THE THREE SIMILITUDES.

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#### INTRODUCTORY.

If this paper were a sermon and not a discourse upon the most fundamental subject in therapeutics—the basis of Homœ-



opathy—my text would in all probability be found in that most fascinating Book of the Apochrypha—Esdras IV.

“And the angel, whose name was Uriel, answered me, and said, I am sent to show thee three ways, and to set forth three similitudes before thee.”

Fortunately, I feel sure you will agree that this is not a sermon; quite on the contrary, it is a very prosaic dissertation. There are seemingly but few prophets and fewer mystics among us at the present day; surely less than in the days of ancient Israel or even in the days of Esdras and the Maccabees.

There have been in medicine during the past, some of these prophets. Hippocrates, Paracelsus, Stahl and Hahnemann have perhaps most signally influenced the trend of Homœopathic reasoning.

In the post-Hahnemannian era, such names as Boenninghausen, Jahr, Hering, Lippe, Guernsey, Dunham, Wells, the Allens and Kent have been conspicuous. Aside from these brilliant luminaries, these giant stars that blossom but seldom in a generation, there are countless lesser lights, whose single rays focussing their light from a single sun have illumined the dim atmosphere of medical science since its beginnings.

#### PHILOSOPHIC BACKGROUND.

In his instructive and intriguing introduction to a modern treatise on philosophy, Ouspensky's “*Tertium Organum*,” Claude Bragdon, himself an author of great charm, thus writes:

“In naming his book *Tertium Organum* Ouspensky reveals at a stroke that astounding audacity (we must remember Hahnemann's motto, *Aude Sapere*—dare to be wise) which characterizes his thought throughout—an audacity which we are accustomed to associate with the Russian mind in all its phases. Such a title says in effect: “Here is a book which will reorganize all knowledge. The *Organon* of Aristotle formulated the laws under which the subject thinks; the *Novum Organum* of Bacon, the laws under which the object may be known. Behold I give you a *third organ* which shall guide and govern human thought henceforth.”

I make this reference to the work of Ouspensky in view of the fact that one of the most brilliant achievements in the development of Homœopathy, the use of high potencies, originated in the mind of the celebrated Russian, Korsakoff.

In order to indicate a certain parrallelism in the evolution of these three organs and that existing—and several times previously pointed out—between the organons of Aristotle and Bacon and that of Hahnemann, let us briefly examine the main tenets of these philosophers, and then place in juxtaposition the principles enunciated by Hahnemann in his *Organon of Medicine*.

Dante said of Aristotle that he was "the master of those who know." Hegel spoke of him as one of the richest and most comprehensive geniuses who ever appeared, and Goethe remarked: "It is beyond all conception what that man saw."

The surviving writings of this great master are said to contain more than a million words. (No one has ever estimated the works of Hahnemann).

H. G. Wells traces the rise and influence of the great philosophers following Pender and Aspasia. Among Aristotle's chief followers was Plato, who came to him when the latter was in his old age—"A certain good-looking youngster from Stagria in Macedonia, Aristotle, son of the Macedonian king's physician." (884 B. C.—322 B. C.)

After the death of Plato, Aristotle established a school at the Lyceum in Athens, where, among other things, he set himself to the task of gathering well-ordered data on knowledge. "He was, therefore," says Wells, "the first natural historian."

Less theoretical and idealistic than had been Plato and Socrates, he anticipated Bacon and the modernists in his realization of the importance of ordered knowledge. Quotes Wells: "The Athenian writers were, indeed, the first of modern men. \* \* \* Their writings are our dawn."

Among Aristotle's best known works may be mentioned his *Organon* or logic which is said to have been known to the western world since 1130; his *Ethics and Politics*; his *Physics and Metaphysics*; his *Politics*, the *Art of Rhetoric*, and the *Art of Poetry*, etc. Besides these he was renowned as a geologist and as a writer on natural history. He is said to have been the

"Father of Logic." His use of the syllogism is basic; it is illustrated as follows:

"All men are mortal;  
Therefore Socrates is mortal."  
Socrates is a man;

If Aristotle was the "Father of Logic," Francis (Lord) Bacon has been called the "Father of Experimental Philosophy." His philosophy, the *Baconian* method or *logic*, is, broadly speaking, (1561-1626) the *inductive philosophy*, *induction*, or the *inductive method*, "the essential feature of which is the collection of particular instances of the phenomena under investigation and the progressive exclusion of non-essentials, the result being the apprehension of its generalized character."—Webster.

Aristotle, Bacon and Ouspensky—what has the author of the *Tertium Organum* of interest to us?

"Since the remotest antiquity," the author writes, (*Novum Organum*) "the question of our relation to the true causes of our sensations constituted the main subject of philosophical research \* \* \* and that the cause of all observed phenomena lies in the movement of atoms and the oscillations of the ether. It is believed that if we cannot observe these motions and oscillations it is only because we have not sufficiently powerful instruments, and when such instruments are at our disposal we shall be able to see the movements of atoms as well as we see through powerful telescopes stars the very existence of which were never guessed."

Here, in the utterances of a modern philosophic mind, is the basis for an argument in favor of one of the chief claims of Homœopathy, namely, the potentiated drug, for is it not a fact that there are all about us varied forms of microscopic motion and life so infinitesimal as to escape detection even by the ultra-microscope?

An *Organon* (from the Latin, *organum*) is literally an instrument. Hence by implication it becomes a means or method by which philosophical or scientific investigations may be carried out. The term in this sense, then, is an adaptation of the Aristotlian writers and from Lord Bacon, who called his philosophical treatise—*The Novum Organon*.

## THE THREE SIMILITUDES.

Let us examine the three similitudes given to the medical world by Samuel Hahnemann. We may consider them in their order of development: *Simile* (the law; *Simplex* (the logic); *Minimum* (the method).

There are three ways, wrote Hahnemann, by which drugs may be applied. First, that which he called *Allopathic*, which endeavors to remove disease by the infliction of other or different conditions, chiefly through its action upon healthy parts. E. S. Through the use of purgatives, diuretics, sudorifics, deobstruents, etc. Second, the palliative or anti-pathic, where the disorder is sought to be removed by direct antagonism. E. G., by the use of soporifics, sedatives, opiates, etc., and finally—Third, the Homœopathic. E. G., in accordance with the therapeutic law of similarity, whereby the disease is cured by the interposition of a drug substance (remedy) which is related to the symptoms of the disease, only in the sense of its power of inducing similar but not necessarily the same (actual) conditions in the healthy. "This," states Hahnemann, "is of all the only direct one leading to gentle, certain and permanent cure, without ill effects or disability."

Here we have another series of similitudes, upon the last of these precepts he based his therapeutic system—a system of cure, which if used wisely and logically followed will emancipate humanity eventually from the ills of inheritance and acquirement.

As Homœopathy means the application of the three fundamental principles previously enumerated, we need only consider such subject-matter as pertains to these three fundamental relationships.

The similitudes that run through Hahnemann's writings are unique. There are the similitudes that he shows us with regard to his maxims of experience relative to, first, the meeting of dissimilar diseases in the organism wherein the weaker is suspended by the stronger; the meeting of similar irritations, when the one is entirely extinguished or cured by the other analogous power; and finally the third maxim relating to the actions of medicines as to their similitude or dissimilitude.

Again there is the basic similitude of cure enunciated by Hippocrates; that diseases are cured by contraries, by similars; and sometimes, by remedies which are neither similar nor dissimilar. This of course is the basis of all schools of therapeutics, Allopathy, Homœopathy and possibly eclecticism or empiricism in its broadest sense.

Then there are the similitudes of primary, secondary and alternating actions of medicines, explained by Hahnemann, Boenninghausen and Hering.

What were the chief similitudes shown to the world by Hahnemann—most illustrious light-bringer known in the history of medical science?—the familiar triad—*simile, simplex, minimum.*”

A similitude is literally a likeness or similarity. There is an unmistakable relationship between these three-fold principles of Homœopathy. We shall therefore consider them as Hahnemann’s three similitudes. Let us first consider certain aspects of the first similitude—

#### THE LAW OF SIMILARS.

In its widest usage the Latin phrase, “*similia similibus curantur*” (like cures like) is the recognized principle of Homœopathy.

The more ancient doctrine of signatures likewise recognized a similar principal, *similia similibus percipuntur*, similars are perceived by similars. I. E., the assumption that there is a relationship between perception and the various effluia, etc.

Reference has often been made to this old idea by writers on Homœopathy.

Dudgeon speaks of it in his lectures on the theory and practice of Homœopathy. Burnett traced the thread of it through the Organotherapy of Rademacher; and Dr. John H. Clarke has thus spoken of it in a recent address before the post-graduate session at the London Homœopathic Hospital: “It will be remembered that many of the remedies in the Homœopathic Materia Medica have some distinguishing external mark about them suggesting their therapeutic uses. I may mention the fruit of the Horse Chestnut and the root of the Lesser Celandine, Ranun-

culus Figaria, and their uses in cases of hemorrhoids as example. But there is more in the doctrine of signatures than this. It is the *invisible* 'signature' which is of chief moment."

"This signatum (or signature) is a certain organic or vital activity, giving to each natural object (in contra-distinction to artificially-made objects) a certain similarity with a certain condition produced by disease, and through which health may be restored in specific diseases of the diseased part."

Paracelsus also wrote: "*Sic similia ad similia addiderunt et similia similibus curantur.*" Here is the very evident trace of Hahnemann's Law of Similars. Hippocrates, as we have previously mentioned, did, however, first mention its probability.

There is, it must be recalled, a law of attraction in nature, that may be expressed thus: Likes attract likes, unlikes repel unlikes.

There is also the Latin phrase *similia simili gaudent*, (like takes pleasure in like).

There is, however, a so-called ratio of similitude found in Euclidean space; namely, "the ratio of corresponding areas is its *square*; the ratio of corresponding volumes is its *cube*."

Then there is a principle in psychology known as the *Law of similars*, that is, the association of ideas based upon similarity of percepts.

Hahnemann's first intimation that the observations he had made upon Cinchona must have a basis in law and in fact thereby demonstrable dawned upon him as he thus expressed himself in his famous essay, "For the Great Necessity of a Regeneration in Medicine."

"In an eight years' practice, pursued with conscientious attention, I had learned the delusive nature of the ordinary methods of treatment. \* \* \* Thou must, thought I, observe how medicines act on the human body, when it is in the tranquil state of health. \* \* \* That morbid state which a certain medicinal agent is capable of curing, must correspond to the symptoms this medicinal substance is capable of producing in the healthy human body!

"This law, dictated to me by nature herself, I have now followed for many years, without ever having had occasion to

have recourse to any of the ordinary methods of medical practice. \* \* \* And with what result? As might have been expected, the *satisfaction I have derived from this mode of treatment I would not exchange for any of the most coveted of earthly goods.*"

"But this discovery of mine is so important that if it were known and acted upon, experience would teach every one that it is only by the curative employment of medicines, (*similia similibus*) that a permanent cure—this is especially observable in the case of chronic diseases—can be obtained by the smallest doses in a short time. \* \* \*

In these paragraphs we have the first foreshadows of the three similitudes as they are later perfected in the paragraphs of the Organon.

Inextricably associated with this similitude of *law* is the means by which the observations of "how medicines act on the human body"—or *proving* as it was later called by Hahnemann. We have as a guide to this the sections in the Organon, and the exemplary provings of Hahnemann and his friends and disciples throughout the constructive period of the *Materia Medica Pura*, the reconstructive period of the Chronic Diseases; and the later observations of the post-Hahnemann proverbs.

To focus our attention upon this important, and at the present much neglected, procedure in the upbuilding of a scientific therapeia I wish to call attention to the admirable outline for International Homœopathic Drug Proving that has recently been formulated by Dr. Pierre Schmidt of Geneva, Switzerland, a member of this Association. Nothing approaching it, it seems to me, has appeared in Homœopathy for many years, and with the cooperation of the profession in various parts of the world, this outline should yield a bountiful harvest. The work now under the direction of Dr. Schmidt was undertaken at the last session of the international council at Barcelona in 1924; and undoubtedly during his stay in America this year, Dr. Schmidt will make the details of the work more explicit.

In this modern age of objectified science, it is indeed interesting to witness a return to that more subjective, but inductive science of drug proving so much neglected in our time of laboratory domination.

The work of the International Drug Proving, however, needs arduous support by all qualified by experience and interest to assist. (Vide British Hom. Journal, Vol XV, No. 2, pp. 256-260).

It is interesting to note how readily old school authorities testify, even though unwittingly, to the existence of this law of similitude. For example, pathologists have observed that even the *law of similars* must be observed in the selection of donors' blood for transfusions, in order to insure the safety and benefit of the patient.

In his scholarly address before the American Medical Association in May, 1924—"The Romance of Medicine," the president, Dr. W. D. Haggard, of Nashville, Tenn., calls attention to the fact that there is a certain specificity between certain microorganisms and the structures which they attack.

Dr. Haggard thus draws the very striking analogy between the eternal search of man for his essential selfhood.

"Kipling," he states, "tells of a legend in which the gods stole the godhood from man, who was at that time a sort of deity. They agreed to hide it. The wisest of the gods, Brahm, hid this tiny, unstable light of the stolen godhood where man would never dream of looking for it—inside man himself. That has ever since been Brahm's secret and will always be until man himself discovers it. Can the physician not help him to find his lost godhood?"

It is likewise a fact that it is only the susceptibility in certain animals that makes their bodies available for scientific investigation with the flora of human diseases; and it has long been known that it is only certain forms of culture media that can be utilized in the growth of specific bacteria.

"Shall it be said," wrote Hahnemann, "that the infinite wisdom of eternal spirit that animates the universe could not produce remedies to allay the sufferings of the diseases it allows to arise? \* \* \* Shall He, the Father of All, behold with indifference the martyrdom of His best-loved creatures by diseases, and yet have rendered it impossible to the genius of man, to which all else is possible, to find any method, and *easy, sure*, trustworthy method whereby they may interrogate \* \* \* medicines as to what they are *really, surely* and *positively* for?"



May it not be that Hahnemann has given to us the one means by which the physician can aid his fellow man in the recovery of "*his lost godhood?*"—and that is by the therapeutic Law of Similars.

Perhaps it was even that "great fundamental principle," enunciated by the late Sir James MacKenzie, in his last letter (to a young correspondent explaining his reasons for leaving London and going to St. Andrews)\* "*which if discovered, would do for medicine what the atomic theory has done for chemistry.*"

Was not such a principle discovered, or reapplied rather, by Hahnemann in his promulgation of Homœopathy?

If the shade of the illustrious Sir James should return to earth a few decades hence, may we not hope that it would find such a principle accomplishing for medicine this very task? That the law of similars is such a principle there can be little doubt; it only remains for the followers of Hahnemann to do for the school of Sir James MacKenzie what he felt was so deeply the need. *Simplex*, the second similitude:—*The Single Remedy*.

There is not much encouragement in orthodox medicine for the future of research along lines suggested by Hahnemann in his essay on "A New Principle for Ascertaining the Curative Power of Drugs," until they at least will investigate in the line of their own Haller, whom even Hahnemann concedes was the first to suggest that the proper reagent for studying the pure effects of drugs is the human body.

The search for specifics has at all events long engaged their attention. They have, they believe, been to some extent rewarded, as for example, in the use of mercury in syphilis, quinine in malaria, ipecac in amebiasis, iron in anemia, etc.; yet the search for such agents as salvarsan (606) as the "great sterilizer" leaves a good deal to be desired in specific, to say the least.

The recognition of the causative factor in syphilis has, as also is the case in the orthodox treatment of diphtheria, done away at a single stroke with the bulk of local treatment once considered the *sine qua non* in its successful treatment.

Some writers on dermatology in its relation to syphilis even go so far as to suggest that there is an internal aspect as well as

\*The Homœopathic World, March, 1925.

an external manifestation of syphilis, scabies and all dedermatoses. (Journal of the American Medical Association, Vol. 34, p. 1616).

Hence the abandonment to a large extent, through the use of specifics of the nauseous and degrading polypharmacy once so universally practiced.

This in reference to physiological therapeutics only; it can and does not have the slightest relation to the use of the single remedy in Homœopathy based upon its proving on the healthy.

Wright, in his experimental work in vaccine-therapy, made possible the investigation of reactions according to negative and positive phases of immunity which are not greatly in disagreement with the observations so long common in Homœopathic practice following the use of the single remedy in the minimum and often the single dose.

Hence the philosophy of dosage and repetition employed in Homœopathy becomes more intelligible to the layman, who has perhaps been well schooled in so-called progressive and preventive practice, and has unfortunately but recently heard of Homœopathy.

Similarly the advent of vaccine-therapy with its employment of the single agent has, we feel, routed the too widely prevalent habit of polypharmacy in Homœopathy—the combination tablet. In other words, it has been of negative service at any rate in abolishing some of the prejudice regarding such terms as *potency*, *single remedy* and *minimum* or *optimum dose*.

Hahnemann's own clear-cut rule for the use of the single remedy is to be found in sections 272-274 of the Organon, as follows:

"In no case under treatment is it necessary and *therefore not permissible* to administer to a patient more than *one single, simple medicinal substance* at one time.

"\* \* \* He will never think of giving as a remedy any but a single, simple substance. \* \* \* Because even though the simple medicines were *thoroughly proved* with respect to their pure peculiar effects on the unimpaired healthy state of man, it is yet impossible to foresee *how* two or three more medicinal substances might, when compounded, hinder and alter each others' actions on the human body. \* \* \*"

This should answer, once and for all, any of the insubstantial arguments for the use of compound medicines; and also the use of medicines in alternation. The method of the single remedy forever stands for the truth, integrity and survival of Hahnemannian principles and practice.

#### THE THIRD SIMILITUDE.

Probably there has never been a principle or precept in medicine that has been more definitely attached to a school than that of the *small dose* to Homœopathy. That it has a foundation in fact is, of course, self-evident, yet its importance—and this is coming to be more definitely understood of late—has been greatly over-rated. When the small dose came into being even the centesimal doses of Hahnemann, the 3rd, 6th, 15th, 18th, 30th, etc., were infinitesimal indeed as compared with the massive doses of the times. Hence it was inevitable that the dose question should be a factor to be conjured with. It accordingly was not only the chief point of difference to the uninformed between the two prevailing schools, but the finely drawn lines of high and low potencies soon became paramount, and for long seemed to threaten the very life of the school. With the leaning of many of the adherents of the lower more material potencies to the methods and practices of the regular school, whatever of vitality there is at the present time is more and more found to be vested in the Hahnemannian or high potency wing. Veering as they mainly do to the old school, the remainder are content to leave the moot question of potencies alone (if as yet unanswerable) and the followers of Hahnemann are again finding themselves more united and of a more liberal mind toward the potency question, and more willing to meet on the common ground of Homœopathy as a still vigorous reaction against a good deal in the regular school that is narrow, bigoted and sectarian. In other words, the whole question is at the present time not: Are you a high or a low potentist; but are you a Homœopathist at all?

This is silently being answered in the affirmative by a minority group in the American Institute of Homœopathy, in our state societies, and we are glad to say with unanimity in this association.

Let us see what reaction was made by Hahnemann to the high potencies of Korsakoff? Hahnemann makes the following statements, "Remarks on the Extreme Attenuation of Homœopathic Medicines," in the form of postscripts to Korsakoff's paper in the *Arciv. F. Hom. Heilk.*

In this paper the author states that he has diluted medicines up to the 180th 1000th and 1500th attentuations, and that he found them even in this degree of dilution quite efficacious. He states that possibly the material division of the medicinal substance attains its limit (at) the third or sixth dilution, and that the subsequent attentuation obtain their medicinal properties by a kind of infection or communication of the medicinal power, after the manner of contagious diseases, to the non-medicinal vehicle; and in corroboration of this notion he relates several experiments, in which he says he communicated medicinal properties to large amounts of unmedicated globules by shaking them up with one dry medicated globule. He likewise remarks that by diluting medicines highly, and by employing such infected globules, the force of the primary action of the medicines, or their tendency to produce Homœopathic aggravations declines whilst the reaction of the organism, or the curative action of the medicine, continually increases.

Hahnemann then states that Korsakoff's observations corroborate his own, "1, That the development of the powers of medicinal substances by the process peculiar to Homœopathy, may be assumed to be *almost illimitable*; 2, that the higher their dynamization (*dematerialization*) is carried, the more penetrating and rapid does their operation become; 3, that, however, their effects pass off so much the more speedily."

This letter is altogether too lengthy to reproduce here. He concludes that the thing must stop somewhere—that it cannot go on indefinitely, else we shall have no normal standard of dosage. He therefore recommends the thirtieth potency as the highest of attenuation. "Who can say that in the millionth or billionth development the small particles of the medicinal substances have arrived at the state of atoms not susceptible of further division of whose nature we can form not the slightest conception? For if the living organism shows an even stronger

reaction to the more highly dynamized attenuation \* \* \* there can be no standard for measuring the degree of dynamic potency of a medicine, except the degree of the reaction of the vital force against it." \* \* \* The communication or infection appears to take place by means of the power which is perpetually spreading around, like an exhalation or emanation from such bodies, even though they are dry, just like those globules the size of a mustard seed that had previously been moistened with a fluid medicine which we employ for the cure of patients by olfaction. A globule of this kind, E. G., of *Staphisagria X*, which in the course of twenty years had been smelt several hundred of times after opening the bottle \* \* \* promises at this hour medicinal power of equal strength as at first, which could not be the case did it not continually exhale its medicinal powers in an inexhaustible manner."

These remarks of the venerable master of Homœopathy, incredible as they must have seemed even to those who had followed him in the developmental aspects of the new system, are not the less incredible to the modern investigator.

In recent years, however, we have seen the wonder-making experiment with radium, which to the student of modernism are now readily acceptable facts of science. In fact such scientists as Prof. J. J. Thompson and Prof. Rutheford have already predicted that the time is not far distant when the dream of the alchemists—the trasmutation of metals—may become an accomplished fact.

Of this magic element Radium, about which we hear so much, there is said to be but three ounces or thereabout, in the known world; yet think of the concentration of this small amount. It must represent tons upon tons of the various crude ores from which it is extracted. In fact so unstable is this element that certain of its rays are, so far as is known, inexhaustible. Dr. Stillman Bailey, of Chicago, has said of Radium that "this energy is constantly being evolved—it is a ceaseless flow measured alike by years and centuries. Its one time mystery has been mastered by a group of scientists who have literally formulated a new chemistry—a new mineralogy and have disclosed to a part of the world the meaning of the molecule, the atom, the ion

and the electrom and, if the term fits, the ultra infinitesimal proton. The radioactive substances evolve a perennial supply of energy from year to year without stimulus and without exhaustion, and yet the whole part is still so mysterious because the physical senses are so obtuse. \* \* \* Radium alone has the property of imparting to other substances with which it comes in contact, the making of all such substances to a degree of radioactivity. \* \* \* The emanation of radium gives three times as much energy as the radium from which it was derived, although the actual amount of matter in the emanation is practically imperceptible, and altogether invisible."

Kent states in his "Lectures on Homœopathic Philosophy" that "everything in the universe has its aura or atmosphere. Every star and planet has an atmosphere. The sun's atmosphere is its light and heat. (It has been suggested that the sun owes its heat to the amount of radium which it contains—.) Every human being has his atmosphere or aura; every animal has its atmosphere or aura. This aura is present in all entities."

It is a fact probably known to all of you that the late Dr. Walter J. Kilner, formerly electrician of St. Thomas' hospital in London, claimed to have demonstrated this aura or human emanation and made such demonstration visible through the use of a dye called dicyanin. He states in his book entitled "The Human Atmosphere" that this aura is not only visible by the aid of screens, but it varies in health and disease and these variations can be made use of in the diagnosis of such conditions as malignancy, epilepsy, pregnancy and the like. He states, furthermore, that while its exact nature is unknown, its behavior suggests that it is not unlike in many respects the magnetic cloud, the emanations from the poles of a galvanic cell, from the magnet, and is not unlike radioactivity.

He cites the previous experiments of Reichenbach with fifty or more sensitives who could detect the emanations from crystals, magnets, etc., the so-called odic force which the latter claimed was emitted from all living bodies and from certain crystalline and metallic bodies as well.

It is a well known phenomenon that certain insects, such as the firefly, are phosphorescent, hence self luminating in the dark;

and but recently in the experiments now being conducted by the expedition of the Arcturus in search of the fabled Sagarso Sea, certain forms of fish have been photographed by their own livingsity.

In a paper read before the International Homœopathic Council at Barcelona last year, by Dr. Auiceto Surmal, "Homœopathic Dynamization Vs. Science," the author would give us to understand that from the standpoint of science there are three distinct periods in the different potencies. 1st, the chemical or atomic mode of action; 2nd, an electrical mode; and lastly, a vibratory. These three periods may in all probability be commensurate with potencies up to the 26th decimal. Beyond this numeral there exists an electronic state (designated as  $M + 2$ ) which, though it may have disappeared in the 30th potency, may be continued as a vibratory energy transmitted in the accompanying menstruum. This may or may not be a plausible explanation of the presence of drug substance in the high potencies. I mention it merely in view of the recent demonstration of Dr. Boyd of the 10M potency of Sulphur with his emanometer before the Royal Society of Medicine.

I do not intend to enter into a discussion of this subject at this time. I wish merely to call attention to the statement made by Dr. Granville Hey, president of the British Homœopathic Society, in his report: "An epoch has been reached to which all true followers of Hahnemann had looked forward—the time when Homœopathy would be placed on a physical foundation. Clinically Homœopathy was there already, but in physical reality it was not. This was the event Hahnemann foresaw and did his utmost to hasten, but was not permitted to see. Could he have lived to see this event he would have found in it a healing balm and a recompense for all his suffering at the hands of those who claimed to be members of what was called 'the most liberal profession in the world'—the tests rendered were made under the strictest conditions that modern science could devise to eliminate error. \* \* \* The tests showed that Sulphur 10M had an energy which was demonstrable, recognizable and measurable by Boyd's machine, so this put an end once and for all to the old statement that there could be nothing in it."

What there is in it I do not profess to decide.

What I should like to call to mind is the fact that this energy, which Dr. Boyd feels is a heretofore undetected energy, must in all probability belong to that type of aura or atmosphere which in the language of Kent "is present in all entities."

May it not be, therefore, that Boyd, by his patient and indefatigable research, has at last been able to detect and measure that "power" described by Hahnemann as "perpetually spreading around, like an exhalation or emanation from such bodies (globules) though they are dry. \* \* \*"

Such a consummation is that which is devoutly to be wished. And should future research demonstrate that this physical energy which science has been forced to acknowledge, has a definitely demonstrable relation to the energy of the potential states of health and disease, the day of Hahnemann's recognition and vindication cannot be far distant. So much for the three similitudes.

#### THE FUTURE OUTLOOK.

J. B. S. Haldane, Sir William Dun Reader in Biochemistry, Cambridge University, in his delightfully written monograph, "Daedalus or Science and the Future," has made an interesting commentary on medicine:

"The recent history of medicine," he writes, "is as follows: Until about 1870 medicine was largely founded on physiology, or, as the Scotch called it, 'Institutes of Medicine.' Disease was looked at from the point of view of the patient, as injuries still are. Pasteur's discovery of the nature of infectious disease transformed the whole outlook, and made it possible to abolish one group of diseases. But it also diverted scientific medicine from its former path, and it is probable that, were bacteria unknown, though many more people would die of sepsis and typhoid, we should be better able to cope with kidney disease and cancer. Certain diseases, such as cancer, are probably not due to specific organisms, whilst others, such as phthisis, are due to forms which are fairly harmless to the average person, but attack others for unknown reasons. Eventually on Pasteur's lines we must divert our view from the micro-organisms to the



patient. While the doctor cannot deal with the former he can often keep the patient alive long enough to be able to do so himself, and here he has to rely largely on a knowledge of physiology."

There are two important points here, it seems to me, that are of supreme importance to a correct interpretation of the medicine of the future.

The researches of Pasteur have undoubtedly led to measures which have lessened, as the author indicates, the mortality in infectious diseases, but what a harvest of mental and nervous wreckage has been left in its wake, and just so long as we follow the vaccine and serum route, we shall suppress the manifestations of infectious diseases which are unquestionably psoric, and shall the more effectively turn these outward manifestations inward upon the central nervous system.

The reason why cancer and nephritis are so rife and so intangible is that they too are psoric, and have to do with various forms of suppression due to lack of understanding of the fundamentals of hygienic living.

The physiology upon which we shall finally have to rely for the cure of these disorders is the dynamic physiology envisaged by Hahnemann in his doctrine of the chronic diseases. Hahnemann was accused by his critics of not having any pathology upon which to base his statements. He had, however, cultivated the power of seeing with the understanding, of perceiving in the outward manifestations the inner hidden disturbances—what more fundamental philosophy than this?

EN PASSANT.

One hundred years ago in the early Springtime, there came to our American shores a young and enthusiastic pupil of Hahnemann, Dr. Hans Buch Gram; in fact later on in the flowering summer and early flush of autumn he reached New York, where, in his earnestness he sought to share with his professional colleagues his new found treasure. He was especially endowed by intellect and had won the highest honors at the University of Denmark. His career in the old world, at the cultural center

of Copenhagen, had brought him the highest of the three degrees granted in that country. He rose rapidly to a high position at court and was assistant physician to the king.

Touched as he was by the softening and benignant teaching of Hahnemann, his one ambition now was to return to America, the land of his birth, to spread the new gospel of healing. Accordingly, in 1825, Hans Burch Gram introduced Homœopathy into America with the publication of Hahnemann's "Spirit of the Homœopathic Doctrine."

We have already heard at the centenary exercises of the American Institute of the signal achievements of Gram and his followers. We have been told of his triumphs, his sacrifices and his sorrows. Gram's remains rest in the Greenwood Cemetery beside his friend and pupil, Dr. John F. Gray.

If his alter ego—that intangible something that men call the shade—should return again to earth, and pause perhaps beside this erstwhile tomb, would not the spirit of the great Hahnemann himself come to him, as Uriel (here in our very midst), whom Milto has called "the sharpest-sighted spirit of all in heaven—the regent of the sun" appeared to Esoras of old, and say, "I am sent to show thee three ways, and to set forth three similitudes before thee."

The "three ways" are as I have explained to thee, the three ways of applying drugs, the most exemplary of which is the Homœopathic way."

"The Three Similitudes" are the Law of Similars, the Single remedy and the Minimum Dose.

And, in the language of Esoras, he might answer him saying: "Like as the field is so is also the seed; as the flowers be, such are the colors also; such as the workman is, such also is the work; and as the husbandman is himself, so is his husbandry also: for it was the time of the world."

"Sorrows are passed, and in the end is showed the treasure of immortality."

#### DISCUSSION.

Dr. Austin: Mr. President we cannot discuss this classic. It is a beautiful paper the doctor has given us. I hope everybody

in the world will have the opportunity of reading that paper. I want to thank Dr. Woodbury for it.

Dr. Gore: As Dr. Austin said, we cannot discuss that paper, but there was one person that he referred to in that paper, Paracelsus, and if anybody has not read Paracelsus, by Dr. Franz Hartman, I recommend that they do. They will find very much in Homœopathic philosophy, perhaps couched in different terms, but very much of the organon, and very much of Kent's Philosophy is found there.

Dr. Boger: Mr. Chairman, I would add a few words to this. Maybe it will help to clarify our ideas on Homœopathic philosophy. He takes the three similitudes as a trinity from which to start. The trinity from which we all start is first, the ego, then the force, then the form. Through the ego—the ego perceives through form, that is, the ego in itself sees perfectly, but it seems imperfectly because of the form through which we look. The perception of the ego is perfect, but it is limited by the body through which you look. Now the first attribute, the first step which force or energy takes is form, that is the first manifestation of force. The body is formed by force, the body is therefore called the form-body. The greatest manifestation which we have of force in the human body is the vital force. The vital force presides over this form which we have here, and that it is to which Hahnemann appeals in his prescriptions, to the stabilization of the vital force. When you get the stable vital force you are healthy. Unstable vital force means illness, therefore the vital force manifests itself also through the form body, and is subject to the limitations of the form. I trust I am making this clear to you. The more imperfect the form-body is, the less able the vital force is to hold a stable position. Now in sickness the physical body is disordered through the vital force being disordered first. Hahnemann teaches that very distinctly in the Organon—the vital force is disturbed first by sickness, and the manifestation is made through the form, through the body. We ought to get that very clear in our minds because it means so much to Homœopathic prescribers. Unless you grasp that idea you don't know precisely, you are wandering around and don't know where you stand. When you once comprehend the

idea and grasp it thoroughly, then you can step forth and know what you are doing. It is like a man trying to work out some problem in mathematics and not knowing the rules which it is dealt with. This is the rule by which the symptoms appear.

Dr. Gore: I have been asked by several where to get the book and I am going to save myself some labor by saying that the book is Paracelsus by Dr. Franz Hartman. I am not certain, but I believe he was a pupil of Hahnemann's, and it is to be found on Forty-third street, between Fifth and Sixth avenues—The Philosophical Book Company, on the left hand side, near Sixth avenue.

Dr. Schmidt: I thank Dr. Woodbury very much for his marvelous paper, and, by the way, I may tell you, I don't know if you know, that Paracelsus was a Swiss. About the proving—I can say that I have here with me some samples to be given to those who will ask for it, and I hope you will take it as a duty to prove this remedy yourselves. I am sorry not to be able to tell you today the potency and even the name of the remedy. It is a very interesting remedy which shall have a very great future.

Now if you or any of your relatives may prove the remedy according to the indications, you may find complete in the Journal of the American Institute, I hope you will find it interesting and I hope you will be able to send it to me by the end of this year, or maybe the first of March next year. I hope to receive numerous letters of all the members of the Hahnemannian Association. This proving is to be under the auspices of the International Homœopathic Council, and I hope that every physician in America will take first place in sending me the most numerous details.

Dr. Almfeldt: I certainly think this is a splendid paper that Dr. Woodbury just gave us, because it deals with the basic principles of Homœopathy and it goes to show that the human mind during all ages, some minds here and there, have been able to discern the finer things in nature. During our present time we perhaps have gone further than men in the past because of the fact that we have developed our instruments and machinery to a higher degree for detecting the finer forces, and I believe

that I am correct in stating that most scientific minds today recognize the fact that the law of vibration is the basis of all physical phenomena including all bodies, shapes and colors, and from this vibration or activity the very finest things in nature, certain energies emanate and go forth. Every organized body has its own time and rate of vibration and its own strength of emanation. The human body in health has a distinct definite energy emanation which is harmonious and orderly. Disease, on the other hand, is a different manifestation of energy emanation, of a disharmonious kind, which disturbs the harmonious emanation of the whole of the life of this body, and for that reason when we deal with a disease, it is potentially a disturbance of the inner electrons and protons of the atoms, because a disharmonious emanation of energy, a potency, for instance, is of a similar kind, and so when we are trying to prescribe for this perverted energy emanation, we are looking for some substance that is similar in kind and nature to that disease vibration, and I think it is a recognized fact that when two energy emanations of the same kind meet on the same plane, the stronger will dissipate the weaker or they will merge into one, and naturally the one with the greater force behind it will become the prevailing force. For this reason, if your potency which is administered has an energy emanation greater than the disease, it will dissipate the disease and life as a whole will take charge of the body and there will be an orderly emanation of life again.

Dr. Woodbury, closing discussion: It is certainly encouraging to write anything that doesn't always get a note of disapproval, and I am sure this has met with a great deal of approval.

Dr. Gore spoke of Paracelsus. I think he was very clearly recognized as a forerunner of Hahnemann. He has also spoken of the translation—I have read that book in part, not wholly, but it is a truly remarkable book. The family of Hartman is, I think, descended from the original Hartman who translated Hahnemann's *Acute and Chronic Diseases*. I am not sure whether this Franz Hartman was the original Franz Hartman or not, he was in a way a mystic. I think he is not living at the present day. I know a person who at one time knew him very intimately and told me he was an extraordinary man.

Dr. Boger's remarks are always to the point, and I am reminded of the quotation from Spencer who said: "Soul is form and doth the body make." There you have the same idea of the ego first, then the form, and then the manifestation. The Hindus have held to that idea, that man was a spirit, that he had a soul, and his soul had a body, therefore making a trinity, and I am sure that this vital force of Hahnemann or his Dynamis or Suralwis as the Greek puts it, is certainly the vital expression of this same energy.

Dr. Schmidt's outline of his work certainly must interest us from the standpoint of members of this association because this association is itself an international organization, therefore I think we should cooperate with him, those of us who can. Not all people are good provers, but some are, and there are some who are very sensitive and make excellent provers.

The remarks of Dr. Almfelt along the lines of vibration undoubtedly illustrate the trend of modern science going back to the electron and its configurations, its constellations of worlds within that particular world which manifest in various forms and at different rates of vibration upon all the different physical planes of expression.

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## CHRONIC MIASMS IN FAMILY GROUPS.

*(An Outline).*

JULIA M. GREEN, M. D., Washington, D. C.

In two former papers before this association I tried to give rather full notes, with detailed symptoms, of each member of the family which formed the subject of the study. This allowed definite conclusions to be drawn concerning the miasms lying behind the symptom lists in each case.

The family under consideration this time is known to the writer not in the intimate relationship of physician and patient, but from an excellent opportunity to observe many members of it and ask questions about the others.

Here, then, is the information gathered: (Numbers and sub-letters indicate different ones in the same generation).

1.—a. *Grandfather*: Healthy until young manhood when he went to sea and spent nearly half his life on sailing vessels, returning when forty-seven years old and marrying a girl of nineteen. Then more or less rheumatism and neuralgias, tendency to too much drinking and some connivality, lack of ability to settle down to hard work. Died at 62 years of a complication of troubles which made him seem like an old man.

b. *Grandmother*: Strong, vigorous, hearty, able to do the work of three or four; well while working hard bringing up eight children after death of husband. Rheumatism began to cripple her about middle life; many attacks of inflammatory rheumatism. Last fifteen years of life spent in wheel chair, all bent up and suffering terribly in attacks. Died at 85 years.

Brother of a. and brothers and sisters of b. apparently well.

Nephews and nieces of 1 a.: Children of brother—a. Not strong. A drinking man and fast liver. Mentally different after young manhood and in sanatoriums rest of life.

b. Exceptionally well, strong; vigorous in old age; died suddenly from apoplexy. Unmarried.

c. Another fast living man who drank more or less and ruined health, dying in middle life from some organic disease. Three children all somewhat unusual mentally and holding aloof socially.

d. Healthy, strong woman who lived to old age, but lost her mind and was a living wreck in bed for many years before death released. Unmarried.

e. Vigorous man full of mental activity; college professor. Died very suddenly from apoplexy when about sixty. Two children also considered odd; one always rather delicate. Both unmarried.

f. Physically well until after middle life; mentally queer; could not get along with other people. Progressive nervous disease which disabled her gradually for years and took her mentality too before death. Unmarried.

Children of 1 a. and b. nine:

a. Strong man mentally and physically, full of executive

ability. Chronic catarrh all his life with thick, tough expectoration. Cracks in ends of fingers; deep, bleeding. Phthisis in young middle life, reaching climax at 37 years with laryngeal involvement and cavities both lungs, hemorrhages, etc. Recovered in right climate and no more active trouble except attacks bronchitis. Deep brain headaches began at 57 years, very prostrating. Eptileptiform seizures began at 65 and continued at intervals with slightly progressive mental deterioration until death from embolis at nearly 71.

Children: (1) Well, strong; tropical malaria and much quinine left him of bilious temperament. Blind spots on retina after middle life. Children, four, all fairly well; fourth one threatened with phthisis but recovered.

(2) Slight and rather frail first ten years (almost died of pneumonia at 5 years and severe bronchitis every six months afterward until ten years). Then strong but attacks migraine and nervous endurance not good. Strained sensations in brain and difficulty using it for clear thinking. Skin chaps easily; ends of fingers crack. Unmarried.

(3) Tonsils and adenoids tremendous in early childhood; respiration heard all over the house at night; frothing at mouth; almost died of diphtheria. As soon as reached adult life, became very well with great nervous endurance. Extremely sensitive. Children: (a) Frail childhood, tonsils and adenoids large, many colds. Tendency to hay-fever in adolescence. Now 20 years old. (b) Same frail childhood with same tonsils and tonsilitis frequent. All illnesses accompanied by high fever and much prostration. Menses late, irregular or absent; painful. Now nearly 19 years. (c) Same throat and illness, not so severe as b. Extremely nervous. Now 14 years.

(4) Well during childhood. Same migraine as (2). Same mental confusion and difficulty of application, with a physical heaviness or inhibition accompanying it. Violent temper when roused. Children: (a) Instrumental birth with rough handling. Malnutrition baby; began to show signs of mental sluggishness at 8 months. Small child with weak legs, uncertain balance and head flattened in occipital region. Sensitive; feels apart from other children; will not play with them and feels that nobody



wants him; moody, aloof, yet sunny disposition when these spells are not on. A fight within him between his abnormal self and the normal one. Growing better but still much improvement needed; is up to his age in school. Now 13 years. (b) Very well and vigorous mentally and physically. When ill, runs high fever with acute symptoms. Now 12 years. (c) Slight; looks frail but good endurance; weeps easily. Now nearly nine years.

b. Apparently well until young adult life when began on slow phtisis which dragged along for years until death from it at 37 years. Unmarried.

c. Apparently well, although mentally rather odd, until past middle life when developed one of the creeping nerve degenerating diseases which caused mental deterioration also before death. Children: (1) Rather delicate child; grew tall very rapidly; died suddenly one night when 14 years, in a single convulsion. (2) Strong sturdy child growing into large, fine young man who caught cold one windy night in November, went into pneumonia and straight from that into hemorrhages from phtisis. Lived a year in sanitariums and died in another pneumonia. Children: two young ones who seem healthy so far.

d. Healthy man living to fairly old age, then Bright's disease. Same tendency to cracks in ends of fingers. Married late.

e. Slight, fair young man beginning phtisis in early twenties and dying at 27 all wasted from it. One child: Lived to be  $2\frac{1}{2}$  years old with tubercular hydrocephalus; never held head up straight; would sit gazing about with large, solemn eyes, supporting body by crossing hands between legs and head bobbing about; size of head tremendous compared with body.

f. Oversensitive; rather odd all her long life; afraid she is making trouble for other people and so more or less of a recluse. A scholar and voluminous reader; quite a traveler. Unmarried. Many colds in childhood, each of which left her deaf temporarily; deafness settled down upon her in early middle life and gradually increased. Migraine attacks frequent and extreme until early old age. Hemiplegia at 72 years, rapidly clearing up with return of all motion; this only a few months ago.

g. Healthy, all-around sensible person. Rheumatism pain-

ful and somewhat deforming after middle life; inflammatory attacks. Then heart affected and died at 64 from enlargement of the heart and all its concomitants. Children, 9: (1) A large mind and a small body; vision poor. Much catarrh in childhood. Married late. (2) Apparently perfectly well during the first few months. Died at 8 months of tubercular meningitis. (3) Always a little queer mentally; thoroughly self-centered. Never strong; just lack of endurance; dysmenorrhoea marked; frequently near a nervous breakdown. Children two, now 13 years and 8 years. Both frail and very nervous; frequently ill. (4) Much trouble with vision; tonsils and adenoids troublesome; growths in nose; many catarrhal colds; same cracks in fingers. Otherwise well and brilliant mentally. Unmarried. (5) Generally well and strong. Children, three; all well; still quite young. (6) Generally well, but growing deaf in young middle life. Children, two; well; quite small. (7) Never strong; endurance poor; headache; catarrhal colds; same cracks in fingers; menstrual irregularities; urethral caruncle. Married; no children. (8) Apparently well and strong. Children two; well; quite young. (9) Delicate child but strong man. Married a year ago.

h. Apparently healthy baby; died at 2½ years from some cause I do not know.

i. Very well and strong, now 64 years old. Unmarried. Developed peculiar trouble with vision in early adult life which soon almost cut off vision by making the pupil conical in shape. Vision has remained stationary since the first damage was done. Rheumatism now in older days.

Conclusions from this outline:

1. There is great virility in this family gained from both sides of the house.

2. Active tuberculosis runs into all the branches. What lies behind it? Sycosis in the man who went away to sea? Psora in his whole family from way back?

3. Indirect effects of tubercular inheritance run all through the family. Catarrhs, adenoids, bad tonsils, severe headaches, deafness, defects of vision, skin symptoms.

4. Rheumatism crops out here and there, probably inherited

from the first grandmother, but where did she get so much of it? Is this sycotic, too, and gained from her husband?

5. Nervous troubles predominate, too, with tendency to enervation and nerve degeneration. Is this tubercular in origin or does it depend primarily on the same causes which produced the troubles of the nephews and nieces of the first grandfather and are these causes psoric?

6. Children of the older ones in each generation generally fared worse, especially first children.

7. Homœopathy could have done wonders for this family in the second generation when the children were young.

#### DISCUSSION.

Dr. Green: This paper is given at this time in response to requests that I should repeat what I have already done twice before this association, trace chronic miasms through a family.

Unfortunately it is difficult to find many families one can observe long enough to get the data.

Dr. Rushmore: Mr. Chairman, I feel quite well assured of the reality of mental disease. I can recall a family of four generations in the first member of which I have knowledge there was insomnia, where the lateral line descended. This same family had five children, four sons and a daughter. They were all of sound mind except one son. All the other members of the family, the daughter and four sons, had insane children or grandchildren.

Of another line, a woman who lived before my recollection, but of whom my mother told me, was insane. Her brother was not insane, but this brother had several descendants, particularly in the grandchildren, who were insane. I think the method of this transmission by inheritance of personal peculiarities is explained to us by the system of Mendelism which was very fully illustrated on the floor of the Institute last Monday afternoon by Dr. Stark.

Dr. Wright: I would like to ask Dr. Green whether she means to imply that sycosis is often a component of tuberculosis.

Dr. Faris, Mr. Chairman, Dr. Green seemed to emphasize the point of the cracked finger running through. That is rather

new to me. I would like to ask her to explain a little more about that point, the significance of it.

Dr. Green, in closing: Several of our older Homœopaths believed, after many years' experience, that tuberculosis is sycotic in origin. That does not mean that it is, but there is some evidence in these men's minds to show that it may be.

About the cracks in the fingers running through a family, it seems to me that is a very strong psoric characteristic. I put it in the paper to try to bring out the mixture of psoric and sycotic symptoms.

# Bureau of Materia Medica

F. E. GLADWIN, M. D., Philadelphia, Pa., Chairman.

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## MATERIA MEDICA TEACHING.

GEO. E. DIENST, M. D., Aurora, Ill.

What is Materia Medica teaching? Why teach the Materia Medica? Is it not enough to know the structure of the body, and the functions of its several organs, to be efficient in correcting abnormal changes? This is true as long as the changes are caused from external influences or accidents. As physicians, however, we are not concerned so much with normal functioning of the organism—for this is all that is required in health—as with a disturbed functioning.

The human organism is actuated by a *force* and when this force is unimpaired, the functioning proceeds normally; but when impaired by any cause, the organism is put into disorder. It is this disorder, of whatever nature, that the physician is supposed to correct. As disorder arises from within the organism, as it manifests itself first in impairment of life force or forces, which cannot be reached, successfully, by mechanical or external measures, and since, from the beginning of time the human family has been afflicted with a disturbed functioning of soul and body—the primary cause of death, men have sought for ages to find a substance or substances to correct the impaired force and set in order that which has been or is in disorder. Centuries came and went, during which time men floundered in mazes of uncertainty and gross materialism, with no true success to find remedies, until during the past century it was discovered that the true cause of many ills was an unseen, intangible, disturbed force, and to conquer which intense thought was given to a study of the Materia Medica, not so much from a gross materialistic standpoint, as to the thought that in each material substance used as medicine, there was a force, which, if properly liberated, and administered in the form commensurate with the degree of vital disturbance, would not only hold in abeyance the ravages of a

disturbed vitality, but would set in order the disorder and restore normal function. To reach this point, so called provings were made on the healthy to see in how far a drug substance when administered to the healthy would produce sensations similar to a so-called natural disorder. This was done with almost miraculous success, and for the first time in history, men began, with these minute substances to restore harmony, where there had been so much disorder. As time passed they also learned that certain elements in nature, had certain affinities for certain people, and men began to compare the sensations produced by those liberated forces to symptoms caused by natural disorder. It was discovered that acute, as well as chronic disorders, differed in their manifestation in different individuals. Thus Jones and Brown each have typhoid fever, but the sensations caused by this fever were not alike in certain particulars in these two men, although the common symptoms which gave name to the fever were similar.

In proving drug substances on the healthy it was most carefully observed that remedies had peculiar affinities for certain individuals, or rather, that a certain type of individual was more sensitive to the influence of certain substances than others, and that these substances would cause a certain uniformity of sensations, one type of individuals being more definitely afflicted than others. For instance, in the proving of *Pulsatilla*, it was observed that the blonde, rather well nourished, but very sensitive individuals, those given to easy tears, easily offended, but easily and quickly pacified, were more deeply affected by the remedy, than the brunette or those given to anger and hatred, and slow to forgive and forget.

With this fact before them the provers observed that this type—not necessarily blonde, but of mild disposition—was subject to peculiar symptoms when ill common to this type and not common to others, such as: "As if beside himself. As if in a hot atmosphere. As if death were near. As if looking through a sieve. Limbs as if bruised; as if asleep. As if one had turned in a circle a long time; as if he would fall; as if he were dancing. As if brain would burst and eyes fall out of head. As if skull of forehead too thin. As if skull were lifted up. As if one had

eaten too much. As if a nail were driven into occiput. As if joints would be easily dislocated. And many other symptoms.

The one peculiar feature is this—practically all pains increase slowly to a certain degree of severity and then cease suddenly as with a snap.

Now, does this picture of a blonde fit all blonde individuals? No, will not a brunette or one of a mixed type have some of the sensations found in a blonde? Yes. Such symptoms must be secondary to other major colorings of the picture and do not exert a controlling influence. It is when the type is blonde, of a gentle disposition, and where one or more of these strange sensations appear that we have a more exact picture of Puls. Do particulars always correspond to the generals, in complexion, size and disposition? Not always, for a severe uterine cramp in a brunette may be cured with Pulsatilla, provided the symptoms agree—viz., mild disposition, scanty menses, pale menses, and a general aggravation from heat. This applies to all conditions of mankind, and to all remedies, that there must be an agreement in the sum total of the aches and pains, and the sum total in the provings of remedies. They must agree to be curative, for to picture a remedy as good for this or that symptom, regardless of their complexities, is but a shallow way of palliating instead of curing sick people.

In teaching the *Materia Medica* then, thought must be given to each and every remedy in its total pathogenesis, before one can comprehend its curative powers in particulars. In other words, the totality of symptoms must be the guide in selecting curative remedies.

#### DISCUSSION.

Dr. Boger: Madame Chairman, I want to repeat a thought that came to me while he was talking. If I had before me a great picture, and if it were possible for me to leave all the delineations in that picture exactly the same, but change the ground color radically, in an instant I would change from one remedy to another, right there. If I were to leave all the delineations exactly the same, but could instantly change the ground coloring, the picture would change from one remedy to another.

You realize that the expression in that picture would be changed by the ground color. The ground color is the fundamental outline. Can you grasp the idea? If this is white and I draw certain figures on that white, and I instantly turn that to green, would those figures be just the same, would they stand out the way they did before? Certainly not. Some will recede and some will stand out more prominently, if you change the green or yellow or some other color.

Now this ground color idea may be compared to disease. Take pneumonia, we will say pneumonia has a typhoid type. Why? Because the ground color has changed, hasn't it? If you have typhoid fever and you have a hemorrhagic type, the ground color changes right there. Typhoid fever doesn't necessarily mean hemorrhage.

Now in the assembling of symptoms we all know that we have clinical assembling of symptoms. These symptoms have been assembled in groups and symptom groups are what we see when we see symptoms in a certain sickness.

Now these groups may be frequent, infrequent and rare. Frequent grouping is what we see in acute, infrequent in chronic, and rare groupings in chronic diseases. Rare groupings don't admit of a diagnostic definition so readily, as we know the different complications of the different groupings fit into each other in different ways according to the different combinations that have been made in the system, kidneys and lungs and bladder, whatever combination happens to come. That is the idea.

Dr. Underhill: Mr. Chairman, I would like to ask Dr. Dienst a question about the paper. The object in the teaching of the Materia Medica must be to enable the pupil to prescribe. I would like him to outline what are the paramount things that we are to teach this student. We must start him right.

Now then, of course it is very valuable to read all the Materia Medica and read everything about a drug, but it is impossible for any human being to remember all these things, but there must be some great central facts that ought to be presented to the pupil very soon. If he gets that, around these things might be grouped all the other factors. I would like to have him, in a very brief way, start the student in this.



Dr. Skiles: I want to say one thing. If you can get the picture of the drug and treat that picture as a person you go in and see that patient, you instantly say, this is a Sulphur case or a gelsemium case—in acute cases the busy man doesn't have time to go over his *Materia Medica*, he has fifty or sixty cases to see a day, when he gets into the case he decides immediately what it is, then he can go to the *Materia Medica* if necessary and work it out a little. But we must take these remedies as so many different individuals who some I send here, some I send there. They are personalities, and we treat our medicines as personalities.

Dr. Nelson: The teaching of *Materia Medica* is not in the *Materia Medica* at all, but it is in taking the case. If the case were taken right, then compare the symptoms of the case to the symptoms of the medicine. They can read *Materia Medica*, but they don't know how to take the case, and if they don't know how to take the case and compare them, they don't get very far.

Dr. Austin: I was very happy to hear what you said, Dr. Skiles. When I first came in touch with Dr. Nash he said to me: "Keynote, keynote, keynote. Well, when you get into the sickroom and the people are sitting around, and they expect you to do something, I want to tell you keynotes go out of the window, and it was not until I got into Chicago and found how those men worked, they never work that way at all. I heard Dr. Kent speak of the *Nux Vomica*, and he thought of it as a person, and I like to think of my remedies as people whom I have met, whom I have known, and whom I have grown up with, whom I have loved. And often when I go through my drawer to pull out a remedy, I would like to almost say: "Good morning, Mr. *Nux Vomica*," and "How are you today, Sulphur."

Another thing I would like to bring out. If you get to know a remedy as a person, the minute you come into the sick room you feel that that is a *Pulsatilla* case or this is a *Lycopodium* case. It is an acquaintance you have made of long standing, that you love.

Now let me tell you something. When someone rings you up on the phone and speaks to you and you have not heard that voice—when Guy speaks to me I always know him, I don't have to say: "Is that you Guy Stearns?" He doesn't have to say: "Is that you Bob Austin?" When I see Coleman walking down

the street I know Coleman, or I know Dr. Dienst. There is a picture of Dr. Dienst in my mind, there is a picture of Dr. Boger in my mind, no amount of time, no space of years can ever take away. You know that. So get to know your remedies as you get to know people, then when you see the correspondent in the picture, of course you get in your mind the remedy. You cannot help it, it is back in your head, it is there much more than you think, and the more familiar the man is with the *Materia Medica* the more acquaintances he has that way.

Dr. Underhill: I think Dr. Austin has made a very valuable contribution to this discussion, but you know there are quite a group of these remedy people, any one of which might be just as valuable as any other one. I can readily see that Dr. Austin, after 35 years' acquaintance with Dr. Stearns can know him, and he might know these thirty-five remedies, but I am thinking about the younger chaps. Of course in these days you know, of bobbed-haired girls and powdered noses you see them all together, it is pretty hard to pick them out, and here you get these remedy people all together.

Dr. Austin: That is why you have your repertory. You go back to it when you are not quite sure of your man.

Dr. Almfelt: I don't pretend to teach you ladies and gentlemen *Materia Medica* because you all know more about it than I do, but speaking about teaching of *Materia Medica*, it has brought to my mind the trouble I had twenty-five years ago when I was trying to learn something about it. I went to medical school in Chicago for three years and a half, and I was taught *Materia Medica* in the old-fashioned way of symptoms, and I could not get any sense out of it at all. Finally, when I got under Dr. Kent's instructions, I began to see some light in it. It began to dawn on me that there was some order and some reality in it because he presented the remedy from the standpoint of the picture, like Dr. Skiles mentioned. I could see the picture.

For instance, Aconite, Belladonna, they suggest congestions, inflammations, but which one shall I use?

Dr. Kent gave us to understand that if the patient presents the symptoms of great anxiety and fear and certain others, then

you have an Aconite. So I began to picture the remedies, and from that time on I was able to do better work and get something out of it.

Of course that isn't all there is to *Materia Medica*. I don't mean it that way, because sometimes keynote symptoms are valuable. I remember a case now that I had some time ago, a woman, large, fleshy, heavy, who suffered intense pain in her feet and limbs, couldn't walk at all. There was nothing at all about her pains or her general makeup that suggested any remedy whatever. I inquired further and she told me in the winter time she was worse, that suggested *Kali bich*. That relieved the condition of her limbs, and I started with a 30th and a few weeks later repeated at 1M, so all these things are valuable, I think, but the main thing that has helped me was the principle and plan that Dr. Kent followed in his teaching.

Dr. Olds: I think I can sum up this situation in a very few words. We know a person by his characteristics and peculiarities. In the same way if we know a drug then we can place it. If we know the characteristics and peculiarities of the drug we see that drug just as we see a person.

Dr. Stearns: One of our troubles is we do not classify the observations we make or the knowledge that we have. We often, through intuition, we call it, discover a remedy and we can't tell someone else how we do it. That is all wrong. We can tell them if we set about to find out.

One of the exercises we use in our clinic with the students is to have the students, after they have analyzed their case carefully, and have got down to a half dozen remedies—and we don't allow them to go nearer than a half dozen with the remedy—read over the mental symptoms with those half dozen remedies and look at the patient with the instruction to let the impression of the patient come to them, not go after it. It is a receptive attitude toward that patient, and let the meaning of the sentences, not the meaning of the words, sink in from the reading of those mental symptoms. Any of you can do that. I don't care how long you have been in *Materia Medica*, if you will make a practice of doing that you will learn more *Materia Medica* than you can in any other way that I know of, because the meaning sinks in.

There is a difference between the words, words mean different things to different people, but the sum total of those sentences that describe the mentals means that patient. There isn't a single thing in a patient that does not lead to the remedy; the more Materia Medica you know the more Materia Medica you know when you get through. The diagnosis as well as the symptomatology, and the mental symptoms—when you get through, the more you have comprehended of that patient, the more you know of your Materia Medica.

You should always, when you have found the remedy, no matter by what entrance you find it, go back on the other lines of the case and see how they relate to this remedy, work from the center out, after you have once found it. There are a thousand lines leading from the center out, after you have once comprehended that you know nothing about when you first enter the case in accordance with your own understanding, which is very limited. There is an enormous amount that you don't see at first.

Dr. Gore: I want to supplement what Dr. Stearns has said. A patient can always help you, especially an intelligent patient, because he knows himself pretty well, and by reading over the remedies to him he frequently can spot the remedy for himself.

Dr. Dienst, in closing: Madame Chairman, I don't want to take time to answer those who have spoken on this paper, except to emphasize what Dr. Stearns has intimated, and that is: Get a picture of the appearance of your remedy, then from that, branch out.

It doesn't take long to tell that a man belongs to the Caucasian race; it doesn't take long to tell that a man belongs to some other race. Picture your remedy. You want to be very careful that the picture is accurate, for even in the Caucasian race two men may appear very much alike, they may part their hair as I do mine, and yet our feelings, our sensations, may differ.

In answer to Dr. Underhill, the first thing is to impress the student with the general appearance of the remedy. When you are sure that he has that, how does the remedy affect the parts of this man in his illness.

## PERSONALITY +.

H. A. ROBERTS, M. D., Derby, Conn.

Recently, in the middle of a busy day, a patient said: "Doctor, I should think you doctors would get everlastingly tired of diagnosing cases and treating the same old diseases, day after day, year in and year out." "But, my dear fellow," I said, "the Homœopath does not treat diseases, he treats sick individuals, and no two patients ill with the same disease are ill in exactly the same way. The patient's individuality is present, be he well or ill, and the individuality is a part at least of the spice of medical life, which gives it variety enough to flavor it." As I went on my rounds the train of thought he had aroused went with me persistently, and I present it to you for your consideration.

Modern criminology has its rogue's gallery, wherein its records, photographs, measurements and thumb prints of offenders against society. Homœopathic *Materia Medica* has its rogue's gallery with just as unmistakable records. The Homœopathic physician follows the old adage and sets a rogue to catch a rogue.

Patient No. 1 comes in.—"Phew, it's hot here!" It isn't hot, but the patient is, and the thumb prints of the remedy are presented for my identification as she continues, "Doctor, I am so tired all the time, I can't get rested. I am more tired when I get up than when I went to bed, and when I sleep I have such terrible dreams." The patient is about fifty years of age and is passing through the experience of the cessation of the function of the ovaries. She is ill and to cure her I must act the part of the angel in the Garden of Eden and drive out the serpent—Lachesis.

Patient No. 2.—A young woman of twenty who had influenza in 1920, but was not under my care at that time. Since then she has had tonsilitis at intervals of three or four months. The inflammation always begins on the left tonsil and then goes over to the right side. The left tonsil becomes very much enlarged and the right follows suit. The throat is always very much more sore after sleep, even after a short nap and she always

wakens choking. An "empty swallow" is always more painful than swallowing either solid or liquid food. With a temperature of 102 the patient complains of being both hot and chilly. Here is the trail of the same serpent. Lachesis cures the acute tonsilitis and removes the tendency induced by the influenza.

Patient No. 3.—A woman of 68. She suffered during the night with acute pericardial pain, which extended down her left arm to her fingers. The pulse was very weak and irregular. A pallor extended all over her face. This patient has had similar attacks previously and they always come on during sleep and she has awakened with a start, in severe pain. Here we have a serious case of angina pectoris and again I bruise the head of the serpent Lachesis.

Patient No. 4 had to call to me to "come in" when I rang the bell. I found her sitting on the side of a big chair, holding a cane. She had such severe pains in her left leg, extending from the left lumbar region down the back of the leg to the heel that she could not walk, but she could not keep still and had to get up and move in spite of the pain. Wet feet in a cold rain the previous night was the opportunity seized by the rogue Rhus Tox to make his thumb prints unmistakable.

Patient No. 5 was almost hysterical, quiet physically and excited mentally. Her eyes were full of tears, the lids badly swollen, eyes half open. She was suffering from a severe headache with the pain coming in waves, the crest of the wave being in the occiput. Very frequent micturition of clear light colored urine. The menstrual period was just over. The face and thumb prints of Gelsemium were unmistakable.

Patient No. 6 is Miss Baby, about a year old, well nourished, with an exceedingly white skin. She is extremely constipated. For several days there will be no stool, then the rectum will be packed with little hard lumps of fecal matter, held together by mucous. I am not a great believer in heredity, but it is interesting to note that both the mother and the grandmother had the same arch enemy and the constipation of three generations was cured by Aluminum.

Patient No. 7 is at the other pole in age, 74. A sharp chill in the night was followed by severe stabbing pains in the right

side of her chest. Her face was pale except that her lips were very red. She sat propped up in bed, her chest filling rapidly with bloody mucous, which was easily expectorated. There was constant nausea. Temperature 102, respiration 52. Remember that she was 74 years of age, and the symptoms listed above are grave at that age. Ipecac is unmistakably the thief to catch the thief. The patient made a good recovery from her pneumonia.

So also did patient No. 8, a girl of 17, who had the characteristic chill and a sharp pain in the right side of her chest. She had a loose, rattling cough with no expectoration. Labored breathing with dilation of the alveoli at every respiration, temperature 104, thirst for large quantities of water. *Lycopodium* was recognized.

"Same old disease" pneumonia, but two individuals, each requiring a different remedy. I did not prescribe either Ipecac or *Lycopodium* for pneumonia, but Mrs. G. had the pneumonia of Ipecac and Miss D. had the pneumonia of *Lycopodium*. Both recovered.

I feel like quoting "Be sure your sin will find you out" as I cite the case of patient No. 9, a man of 24. When I entered the room he asked me to close the door, thereby preparing me in a measure for what followed.

"My right testicle is so sore and very tender to touch. If I keep still the pain extends to my back, and yet moving is very painful." He lay with his legs drawn up. Temperature 103—a good deal of aching all through his body. For two days previous he had been working in a cold rain. The testicle was very much swollen, about twice its normal size. He denied that there had been any discharge from the urethra, also that he had been exposed to infection in any way. Here were all the identification marks of *Rhododendron*, so I set the devil to catch the devil. The next morning the soreness and the swelling in the testicle were very much improved and I found what I expected to, a thick yellowish discharge from the urethra. He wondered how I knew that he had gonorrhea? Do you?

I have tried to present to you some of my individuals in my rogue's gallery that I met in one forenoon. If I have made you see what I meant when I said that "the Homœopath does

not treat diseases, he treats individuals," the object of this paper is accomplished.

### DISCUSSION.

Dr. Underhill: Dr. Roberts' paper is certainly a very marvelous comment on Dr. Dienst's presentation.

Dr. Dienst: Madame Chairman, I appreciate Dr. Roberts' paper, but what has this to do? I said to myself: that is easy. The thought came to my mind: I will not present it, they will make fun of me, but what will you do with young ladies who want to flirt with you? Cure them with remedies? Sure. To show how that thing works. I had a call one day to see a young lady where they had diagnosed typhoid fever. This young lady was from Pennsylvania, near Philadelphia. She came to Chicago to study art, and was a member of the Art Institute. When I came into the room she looked up at me and said: "You didn't keep your appointment." I had never seen her before. Her sister, who was living with her, burst into tears, afraid the girl was going to die. I took her temperature. It was 104. I didn't stop to find out whether it was typhoid or not, but she said: "The next time you make a date with me you keep it." I said: "Aren't you mistaken?" She said: "No, you are Dr. Case. You promised to meet me at the corner of such and such a street. I am going to keep my eye on you." Inside of five minutes I had that young lady sleeping, and she didn't know that she had been flirting with me. That remedy was stramonium, 50M.

Dr. Roberts: In closing, there is nothing to say. My paper was discussed before I read it. It is true that we must become so familiar with the personalities of our remedies that we recognize our friends, our enemies, and our "flirts."

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### REMEDY STUDY.

*(With Kali Carbonicum as the Remedy for Investigation).*

JULIA M. GREEN, M. D., Washington, D. C.

Many students of Materia Medica begin with the chemical formula of the drug under consideration, giving its relationships



in the drug world and sketching the pathological states likely to need such a medicine.

For instance, Hughes says of Kali Carb. in his pharmacodynamics: "The carbonate of potash is not credited with any specific action of its own in old-school therapeutics; but is classed with the acetate citrate, and other vegetable salts of the alkali. The only exception is whooping-cough, where it has some reputation.

"Dr. Drury recommends it also in cough from relaxed uvula. It is in affections of the respiratory organs that it has found its chief use.

"It seems agreed that the chief indication for it is profuse, purulent expectoration, but also—which is peculiar to it—much pain in the walls of the chest.

"Another specific action of Kali Carb. is that which it exerts upon the ovario-uterine system.

"Besides these more defined uses of Kali Carb. it is a medicine which not infrequently comes into play in the treatment of complex cases of chronic disease. When the symptoms present are, on consulting our repertories, found in its pathogenesis, we may generally use it—preferably in the higher dilutions—with good hope of benefit."

Kali Carb. is one of the big polycrest remedies; yet there are just two pages devoted to it in this book.

Could any student learn to know this remedy from such a description of it? Is there anything distinctive one can remember? What sort of patient needs this drug? He could not tell.

Others pay not so much attention to the chemical side, but go on to a brief survey of the parts of the body affected, giving a regional outline of diseases or disorders calling for the drug, with a few symptoms under each heading. It is all true so far as it goes, but it does not go far enough. There is nothing really distinctive here either, so the student must memorize these symptoms. After doing this for many remedies the memory begins to play tricks and the result is something near helplessness at the bedside in time of need.

A smaller group follows the keynote method in studying *Materia Medica*. These hunt for the famous "three legs to stand

on" and drill on a few characteristics of each remedy, expressed oftentimes in terms of small details.

There is no broad vision here and the student is disappointed in practice because the keynotes do not bring success.

These groups of students seek to condense the *Materia Medica*. Many small volumes are the result. The use of these exclusively cannot lead to adequate knowledge of any drug, much less a knowledge of how to study the *Materia Medica*.

The Homœopathic *Materia Medica* is too vast a thing to memorize. All any student can do in class is to learn how to study it; then he goes on studying it all his life.

The best preparation for remedy study is the observation of people, appearances, modes of thought, actions, reaction to environment, circumstances, etc. The Homœopath should have had some training in psychology as well as the medical sciences.

The provings must not be condensed but the student must be shown how to use them, how to study. He is given the idea of searching for evidence of the personality of the drug, of how it behaves under all sorts of circumstances, how various things react upon it, what one may expect from it.

Then the drug provings are used as the field for observation from which to gather and formulate the characteristics of the drug which will be invaluable in actual practice and will differentiate the drug under consideration from all other drugs.

The symptom lists seem interminable. At first there seems to be no character or order to them, but soon the real personality of the drug begins to appear and generalizations can be made.

Taking Kali Carb., then, let us turn to the symptom list, based upon the proving, as given in Hering's *Guiding Symptoms* and Allen's *Encyclopedia of the Materia Medica*, and after reading them, begin carefully to generalize about the patient who would need this remedy.

Perhaps the first thing that appeals to the reader as running all through the proving is the character of the pains—sticking, stitching, burning pains.

"Stitches in forehead and temples."

"Stitches into eyes and root of nose."

"Stitches extend from nape of neck into the occiput."

"Sticking in the teeth."

"Twitching in left cheek with fine, burning stitches."

"A stitch in the upper lip."

"Sticking and biting in posterior portion of palate."

"Sticking pain in pharynx as if there were a fishbone in it."

"Sensation as if a stick extended from throat to left side abdomen, as if stick had a ball on each end."

"Sticking in the stomach."

"Sticking-tearing in right hypochondrium."

"Stitch pain in right side chest through to shoulder."

"Cutting, shooting, darting, stitching all over abdomen."

"Stitches in groins on moving or stretching out."

"Needle-like stitches in haemorrhoids."

"Proctitis with violent stitching pain."

"Stitches in region of the kidneys."

"Sticking-itching in the glans penis."

"Stitches transversely through the pudenda."

"Uterine tumor; stitching pains."

"Labor pains stitching, shooting."

"Tearing-stitches in mammae on flow of milk."

"Hoarseness as if something were sticking in the throat."

"Pleurisy: stitches in left chest."

"Systolic Murmur; stitch pains."

"Stitching-tearing extending into finger joints."

"Stitches fine but very acute in left hip joint while standing."

"Stitches in corns."

This comes near being predicated of the patient as a whole and therefore general, doesn't it?

"Burning and biting in the eyes."

"Burning on tip of tongue as if it were raw or covered with blisters."

"Painful blisters in all parts of the mouth, with burning pain."

"Ulcerated nostrils with burning pain."

"Burning in haemorrhoids."

"Feeling as if red hot poker were being thrust up rectum."

"Burning in urethra during and after micturition."

"Burning in hips before menses."

"Burning stitches in both costal regions."

"Burning pressure in back."

"Burning at insertion of nail of middle finger."

"Stitching-burning in ball of great toe."

"Burning in skin."

Another generally characteristic kind of pain; and here is another one:

"Throbbing and beating in the forehead."

"Congestion to the head, with throbbing and humming."

"Throbbing in head and whole body."

"Beating vibration in right temple."

"Throbbing behind ears."

"Toothache only when eating; throbbing."

"Throbbing in the pit of the stomach like a violent palpitation of the heart."

"Throbbing in the praecordial region."

"Pulsations in the abdomen."

"Feels pulsation of all arteries even down to tips of toes."

"Pulsation pains in upper arms at intervals."

Tendency to dropsy is another phase running all through this remedy:

"Swelling between the eyebrows and lids like a sac."

"Ascites."

"Body, legs and scrotum dropsically swollen."

"Painful bloatedness in groins."

"Tension, heaviness abdomen."

"Oedema left foot extending upward over whole body."

"Great swelling of feet extending to the malleoli."

Now what would the following denote?

"Coryza thick, yellowish, purulent, yellow, green or bloody."

"Sore, crusty, nostrils, scurfy."

"Much mucus in the back of the throat."

"Tenacious mucus in fauces and posterior pharynx, difficult to hawk up."

"Expectoration of small round lumps from throat."

"Must expectorate much mucus frequently for half an hour."

Some will say that this merely shows that the remedy under discussion belongs to the potash group. It does show this, but

discharges are important in indicating the kind of patient who needs the remedy and the kind of discharges listed here points to a patient with deep chronic tendencies toward organic disease.

The next thing which commands the attention of the reader of symptoms is the time of aggravation. This, too, is important and characteristic of the remedy and of the patient who needs it.

"Begins to cough as early as 3 a. m."

"Dry, hard cough, especially worse 3 a. m."

"Sharp, stitching pains awaken him 3 a. m."

"She awoke every night for three nights consecutively at about 3 o'clock with the sense of water running from the mouth."

"Awakening between 2 and 4 a. m. with nearly all ailments."

"At 3 or 4 a. m. diarrhoea worse."

"2 or 3 a. m. wakened by tensive pain at pit of stomach."

"At 3 a. m. terrible attacks of asthma."

"5 a. m. suffocating and choking cough."

So far we have found characteristics of the *drug* which are strong and peculiar and interesting, but these things are not characteristic of the *patient* or descriptive of the *person* who needs Kali Carb. So we look further. Ah! here they are:

"Oversensitiveness to all sorts of things: drafts, weather changes, any illnesses, least touch, etc., etc."

"Every noise is unpleasant."

"Intolerance of the human voice."

"Starts when touched."

"Frightened and cries out whenever he is touched lightly on his feet."

"Patient shrieks when even slightly touched on three painful vertebrae."

"Great sensitiveness of the epigastric region externally."

"Pit of stomach tense, swollen, sensitive to touch."

"Painfulness of umbilical region to touch."

"Great soreness about the genitals before, during and after menses."

"Sore pain in vagina during coition."

"Uterus tender."

"Sore pain in upper part of chest on breathing, touching or lifting anything heavy."

"Tips of toes very painful on walking."

"Corns painfully sensitive."

"Touch startles; causes pain which makes the patient shriek."

"Can hardly bear pressure of clothing."

This shows the kind of patient, physically speaking, with whom we are dealing and here is further testimony.

"Weakness of vision."

"Paleness of face and weakness."

After the spasmodic attack, eructations followed by extreme prostration; weakness; she could speak only very softly."

Nausea as if to faintness."

"Wants to eat frequently on account of gone feeling in stomach."

"When hungry, feels nauseated, anxious, nervous, tingling; cough and palpitation, better after breakfast."

"Nausea and loathing from emotions, with anxiety and faintness."

"Sick during a walk; feels as if she must lie down and die; pregnancy."

"After attack; supefaction, loss of consciousness, sopor; sometimes with delirium and followed by exhaustion."

"In morning exhausted."

"Great loss of vitality."

"Feeling as if rectum were too weak to evacuate stool."

"Vomiting with a swoon-like failing of strength."

"Weakness of chest; weakness and weariness from rapid walking."

"Heaviness in limbs; scarcely able to lift feet."

"Trembling of hands and legs and easily fatigued from walking."

Weakness and loss of power in both arms."

"Weakness of wrists as if sprained."

"Tremulous fatigue."

"Attack of faintness as soon as she moves but little."

A worn out, broken down constitution, ready to take on serious illness. Now to come to the mental and spiritual side of this remedy, the real ego of it:

"Dull, confused, stupid."

"Excessive hurry in thought and action."

"Irresolute mood."

"Sensation as if thoughts vanished for a moment."

"She would at any time burst into tears."

"Obliged to weep much."

"Despondency."

"No joy in anything."

"Irritable mood; peevish, morose."

"Easily becomes more violent."

"Every trifle vexes; impatient with her children."

"Full of fears."

"Dread of being alone."

"Fears that she cannot recover."

"Anxious about her disease."

"Very easily frightened."

"Sad presentiments of the future."

"Anxiety every day."

"Obstinate; frequently does not know himself what he wishes."

"Longs for things with impetuosity; is contented with nothing."

"Gets into a rage if everything does not go according to her wishes."

"Constantly in antagonism with herself."

"Alternating mood; at one time quiet, at another excited and angry at trifles."

Here is the person himself, his loves and passions, his moods and his turmoil states.

And what a patient it is! Full of conflict mentally and emotionally and physically; never quiet and contented; wearing himself out with irritability; full of anxiety and fears; obstinate and yet sensitive; over-sensitive to pain and touch and noise and nearly everything; weak, prostrated, ready to take on organic disease; broken down in vitality; full of tremors and pulsations, of burnings and stitching pains.

No wonder Kali Carb. fits into many situations and no

wonder it is not used as often as it should be. We have Kali Carb. patients all around us; we meet them in daily life.

"If we can keep in mind the genius of this wonderful remedy we may turn back to health many a poor broken, irritable human being."

#### DISCUSSION.

Dr. Dienst: Madame Chairman, this is indeed a wonderful remedy. I see it practically every day. But something more than a year ago I had occasion to study it in a light that I hadn't studied it before.

A man, 73 years of age, a dry-goods clerk in Mandel Brothers Store, in Chicago, came to see me and told of his wonderful symptoms, but the principle thing, that was his cough, did not come on at 3 o'clock in the morning always. He had a very bad stomach and all that went to make up a Sulphur case and a Kali Carbonicum case, and I thought while he was talking that I had the thing pretty well in hand, when he said: "Doctor, there is one other thing that worries me, a sensation of cold water trickling down the left brain."

I said: "You give me until tomorrow, give me a little time to think this matter over." I took down my repertory and searched and finally found that in small type under Kali Carb. I gave him one dose of Kali Carb. at 10 a. m. I am sorry to a great extent, for I lost my patient. He has been well ever since.

Dr. Underhill: I seldom ever disagree with Dr. Green. She seems to hit the nail on the head so universally, and I think she has done remarkably well with the subject that she had in hand, considering the material which was available in reference to this drug. I cannot but feel that her paper is pretty well described by three words which she used in the paper in reference to the drug: "strange, peculiar and interesting."

However, this thing called up memories, my early attempts to wrestle with materia medica. Now, taking these symptoms presented—pain, burning pain, burning in the skin, throbbing, pulsation, coryza—you can find these under dozens of remedies, and as a boy I wrestled with these things until finally I said that I couldn't learn this thing in a thousand years, I would just as



soon chuck the whole business into the ash barrel. There is not one solitary thing there that you could prescribe on. It will lead you to a blind alley. You will never get anywhere, but she has done remarkably well. She has shown up this remedy as it is given to us. It isn't adequately given. She has well related it to the Kali group, and if I were to describe Kali Carb. I should get next to the Kali group pretty thoroughly.

One thing that is very suggestive is the time, but as Dr. Dienst has already indicated, that is not always reliable. Now those systems, most of them, are only of value if other drugs have been eliminated, and we must then turn to the rare, strange and peculiar, but we have here only the presentation for generals.

Dr. Rushmore: Madame Chairman, just to mention a few indications which I have often verified. One is the passing of epigastric pain to the back, and then mucus accumulation in the throat in the morning, then the occurrence of symptoms from 3 to 5 a. m., and in a remarkable degree the value of Kali Carb. in cough proceeding of the elongation of the uvula. I think it exceeds all other remedies in the frequency of being indicated in that condition.

Dr. Green, in closing: I have nothing further to say except this: Studying drugs one after another for a long time gives one rather a familiarity with generals, and perhaps an intuitive feeling about them which makes a doctor recognize a remedy without knowing what symptoms of recognition it is based on, and without having these strange peculiar symptoms to guide him every time.

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#### EXPERIMENTS WITH HOMOEOPATHIC POTENTIZED SUBSTANCES GIVEN TO DROSOPHILA MELANO GASTER WITH HEREDITARY TUMORS.

DR. GUY BECKLEY STEARNS and DR. MARY B. STARK  
(*For the Foundation for Homoeopathic Research*).

The credit for the following work belongs entirely to Dr. Mary B. Stark, because she personally conducted all of the experiments; indeed, the nature of the experiments was such as

to require the training in handling the minute flies which can be gained only by many years' experience. The fruit-fly or the "banana-fly" gathers wherever bananas or other fruits are exposed. Their natural history can be observed as follows:

"Leave a wide-mouthed bottle with a small piece of banana in it in any fruit store for twenty-four hours. Stopper the bottle with cotton. In a few days, the piece of banana will be alive with fly larvae, the flies around the bunch of bananas having laid eggs upon the piece of banana in the bottle. These will bore through the banana, literally gorging themselves with the food for three or four days. Then, suddenly, they will stop feeding, enclose themselves in a brown case and, while enclosed in this case for three or four days, change into pretty little flies with red eyes, tannish grey bodies and iridescent wings."

To understand the significance of the following experiments it is necessary to become familiar with certain biological facts. The individual cells which we are wont to think of as simple bodies are really complicated structures. The two germ-cells, the ovum and the sperm, contain the potential structures that go to make up the adult individual. In the cells of all animals and all plants are bodies known as chromosomes. The chromosomes in the ovum and the sperm contain all the factors of heredity.

These chromosome bodies occur in pairs and there is a definite number of pairs in each species of animal or plant. In the human being there are twenty-four pairs. In the fruit-fly there are four.

In the process of maturation the members of each pair in the ovum and sperm separate and each member goes into one of the daughter-cells. Each mature germ cell receives one or the other member of every pair of chromosomes. In fertilization, the members of each pair are brought together again so that the mature cell contains an equal number of chromosome bodies from both parent-cells. Since the behaviour of the chromosomes in the maturation of the germ-cells is like the segregation of Mendelian factors, it is quite evident that these factors are carried by the chromosomes.

Since there are two sex chromosomes in the female and only one in the male, the factors carried by these chromosomes are

handed on in double dosage to the females and in single dosage to the males. This accounts for the prevalence of color-blindness in the male of the human species, since only one factor is needed to produce color-blindness in the male. The color-blind male will hand on the factor to one-half of his grandsons, through his daughters, since only his daughters get his sex chromosome. (See Stark, American Journal of Phys. Optics, 1925). The female must receive the factor from both father and mother to be color-blind.

It must be kept in mind that a process known as mutation takes place in animals and plants. This comes about through changes that occur in the chromosome bodies. It was observed, for instance, that a male fruit-fly from one culture had white eyes. He was mated with a red-eyed female. The first generation were all red-eyed, the second generation came out with three times as many red-eyed flies as there were white-eyed flies, in accord with the Mendelian ratio. All of the white-eyed flies were males, indicating that the factor for white eyes is carried in the same chromosome with the factor for sex.

In the fruit-flies, it was observed that, in a certain strain, one-half of the male flies died. In these were observed dark spots. Dr. Stark, ten years ago, discovered that these dark spots were tumors, epithelial in structure; also that the factors governing these tumors are conveyed through the sex chromosome of the female to one-half of the male progeny, in accord with the Mendelian law of heredity.

All the flies that inherit the tumor die in the larval stage. Dr. Stark does not claim that these tumors bear any relation to malignant tumors in men, although they occur in the same tissues as cancer does. In discussing the work with Dr. Stark, the idea came to Dr. Stearns that these tumor-bearing flies offered a field for experimentation with Homœopathic remedies.

The following experiments were undertaken under the auspices of the Foundation for Homœopathic Research:

After the tumor-larvae hatched, they became very active and restless; as Dr. Stark expressed it, they crawled out of the food on to the glass container as though they were being hunted. Because Arsenic causes restlessness and because it is one of the

best remedies in human cancer, this was one of the drugs chosen for the experiment. At the suggestion of Dr. Boger, Mercury Nitrate was selected as another drug. In order that the experiment might parallel the prevalent vaccine line of experimenting, trituration was made of the tumors themselves.

For the purposes of this experiment, the white-eyed strain was crossed with the tumor-bearing strain. After the third generation, a culture of this cross results in about two hundred larvae. If all develop to maturity, there will be half white-eyed, half red-eyed flies, the red-eyed being half male and half female, and the white-eyed being half male and half female. Since, however, half the males inherit the tumors and the tumors are carried only by the red-eyed female chromosomes, all the red-eyed male progeny inherit the tumor and die in the larval stage. Therefore, a normal adult culture will contain approximately fifty red-eyed females, no red-eyed males, fifty white-eyed females and fifty white-eyed males.

Following is the report of Dr. Stark's work:

"Fifty larvae with tumors were washed in distilled water and then in eighty-five per cent. alcohol for ten minutes and then carefully rinsed in sterile distilled water. The tumors were removed, exercising all aseptic precautions, and triturated with sugar of milk to the 6x. Dilutions up to the 200th were made from the 6x.

On September 16th, 1924, seven lethal tumor-cultures were treated with 6x, sprinkling a mass the size of a small pea over the banana agar. September 26th the first flies appeared. The final results are shown in Table I.

"Larvae with many tumors appeared in all the cultures. The larvae with tumors died and the normal 2:1 ratio is retained.

9-26-24

TABLE I.  
6x EXPERIMENT.

No. of Cultures	R. Female	R. Male	W. Female	W. Male
1	61	0	48	44
2	47	0	50	45
3	38	0	40	48

No. of Cultures	R. Female	R. Male	W. Female	W. Male
4	66	0	64	48
5	73	0	74	49
6	45	0	44	45
7	58	0	51	45
8	22	0	58	54
9	40	0	30	37
CONTROL.				
10	66	2	46	64

In Dr. Stark's report, twenty-six tabulations like the above are given in full, representing 218 cultures. With slight variations, the above table corresponds to all the tables that show a normal output. For this reason, to save space, wherever the output is normal, the full table will not be printed, but the designation "normal output" will be used.

Flies from the generation shown in Table I, and from four following generations were again treated with 6x and Tables II (10-12-24—6x F<sub>2</sub>), III (10-27-24—6x F<sub>3</sub>), IV (11-22-24—6x F<sub>4</sub>) and V (11-24-24—6x F<sub>5</sub>) indicate normal output persisting.

Offspring from 6x F<sub>1</sub> were treated with 30th, but the results are still normal as shown by Table IX (10-14-24).

Some of these flies were again treated with 30th but no change occurred, which Table XIV (11-1-24) indicates.

Other flies from 6x F<sub>1</sub> and 30th were treated with a dose of 200th. The results are shown in Table XV.

11-1-24

TABLE XV.

No. of Cultures	6x F <sub>1</sub> AND 30TH AND 200TH.			
	R. Female	R. Male	W. Female	W. Male
119	45	0	39	43
120	47	0	54	31
*121	63	34	52	52
122	73	0	55	72
123	67	1	58	62
124	111	3	80	80
125	75	0	54	70
CONTROL.				
126	46	0	43	35

Culture number 121 gave an abnormal number of red-eyed males. It is the red-eyed male that develops the tumor and dies, as noticed in all the normal outputs. In this culture something must have happened to prevent the development of the tumor as no larvae with tumors were noticed and hence the appearance of red-eyed males. Flies from this culture produced results shown in Table XVI.

11-12-24

TABLE XVI.

6x F<sub>1</sub> AND 30TH AND 200TH (121 F<sub>1</sub>).

No. of Cultures	R. Female	R. Male	W. Female	W. Male
127	49	38	44	48
128	42	0	34	28
129	50	0	32	25
130	41	24	47	40
131	53	1	37	49
132	31	19	26	18
133	60	41	45	48
134	46	41	48	47
135	24	23	22	24
136	41	49	49	47

## CONTROL.

137

## Normal Output

Only three cultures, numbers 128, 129 and 131 gave normal outputs. The other cultures show a 1:1 ratio just as many males as females. If it were a case of contamination, the 2:1 ratio should still persist in some of the cultures. It looks very much as if successive doses of 6x, 30th, and 200th had had a permanent effect upon the development of the tumor in culture No. 121 of preceding generation.

Offspring from 6x F<sub>2</sub> were also treated with 30th and again an unusual ratio occurred in culture No. 84 of Table X.

10-26-24

TABLE X.

6x F<sub>2</sub> AND 30TH.

No. of Cultures	R. Female	R. Male	W. Female	W. Male
81	53	0	50	47
82	72	1	74	78
83	22	0	22	22
84	178	106	0	41
85	64	1	51	48
86	54	0	40	30
87	37	0	22	27

CONTROL.

88

Normal Output

This unusual ratio is due to contamination, since offspring from same gave some 2:1 ratios as indicated in cultures 89 and 90 of Table XI.

11-17-25

TABLE XI.

6x F<sub>2</sub> (ND 30TH—84F<sub>1</sub>).

No. of Cultures	R. Female	R. Male	W. Female	W. Male
89	156	89		
90	160	77		
91	149	122		
92	138	131		
93	50	36	2	10

CONTROL.

94

Normal Output

Flies from cultures of normal output of 6x F<sub>2</sub> and 30th (Table X) were treated again with 30th and others with 200th, but Tables XII (11-1-24—6x F<sub>2</sub> and 30th and 30th) and XIII (11-1 6x F<sub>2</sub> and 30th and 200th) show that nothing unusual occurred.

On September 16th, nine cultures of the lethal tumor stock were treated with 30th. Three succeeding generations were given the same treatment without producing any unusual results, indicated by Tables VI (9-26-24—30x F<sub>1</sub>), VII (10-14-24—30th F<sub>1</sub> and 30th), and VIII (11-2-24—30th F<sub>1</sub> and 30th and 30th).

Flies from 30th F and 30th F were treated with 200th and again nothing happened, as indicated in Tables XVII (10-12-24—30th  $F_1$  and 200th) and XVIII (11-2-24—30th F and 30th and 200th).

Normal lethal tumor cultures were also treated with doses of 200th through four successive generations without any evident results. Table XIX (10-27-24—200th  $F_1$  and 200th (11-15—200th  $F_1$  and 200th and 200th) (11-30—200th  $F_1$  and 200th and 200th and 200th), gives the output of the second generation which are normal output.

On September 22d, nine normal lethal tumor cultures were treated with doses of Mercuric Nitrate 30th. Same treatment was given to the two following generations. Tables XXIV (10-3-24—Merc. Nit.  $F_1$ ), XXV (10-20—Merc. Nit.  $F_2$ ) and XXVI (11-8—Merc. Nit.  $F_3$ ) show the results as normal. With first treatment of Merc. Nit., the flies were large and thrifty and output abundant.

On September 22d, nine normal lethal tumor cultures were treated with Arsenic 30th; also, two succeeding generations. The results indicated in Tables XX (10-3-24—Arsenic  $F_1$ ) and XXI (10-24-24—Arsenic  $F_2$ ) are normal for the first and second generations. The third generations, Table XXII (11-8-24—Ars.  $F_3$ ), gives one culture No. 182, in which all the flies were red-eyed and as many males as females.

11-8-24

TABLE XXII.

ARSENIC  $F_3$ .

No. of Cultures	R. Female	R. Male	W. Female	W. Male
179			Normal Output	
180			Normal Output	
181			Normal Output	
182	39	34	0	0
193			Normal Output	
184			Normal Output	
185			Normal Output	
		CONTROL.		
186			Normal Output	



If this were a case of contamination, as at first suspected, there should have been twice as many females as males, since all the red-eyed females of preceding generation carry the factor for tumor in one sex chromosome and all the males receiving this chromosome (one-half should receive it) would develop the tumor and die from it.

Flies from this unusual ratio culture were inbred to see if the 1:1 ratio would be retained. This proved to be the case, which is shown in Table XXIII (11-22-24—Ars. F<sub>3</sub> 182 F<sub>1</sub>).

11-22-24

TABLE XXIII.

ARS. F<sub>3</sub> 182 F<sub>1</sub>.

No. of Cultures	R. Female	R. Male	W. Female	W. Male
187	116	96		
188	61	63		
189	60	59		
190	65	52		
191	93	86		
	CONTROL.			
192		Normal Output		

The experiment with Arsenic was repeated twice. The 1:1 ratio was obtained twice, once in the fourth generation and the other in the sixth generation.

Special precautions were exercised to preclude contamination. It is quite evident that the drug has had special effect upon the germ plasm, thus preventing the development of the tumor.

Ten normal lethal tumor cultures were again treated with 6x of the trituration of the tumors mentioned on page 1, dissolved in 10 c. c. of distilled water. This dilution was again diluted ten times, each successive day, and ten drops added to each culture, each successive day, through ten generations.

No unusual results were obtained, however.

Since the above affects cannot be accounted for by contamination, it leaves as the most likely cause either a spontaneous mutation or an affect on the chromosome by the drugs used. This can only be determined by repeating many times the experiments.

It is important that this work be carried on for, if it proves true that the results were brought about by the drugs used, this offers an entering wedge to the study of remedial measures for tumors in human beings. It also has a bearing on the influence of drugs given in infinitesimal amounts, for whatever affects were produced by the drugs potentized to the thirtieth centesimal Homœopathic solution and higher.

One who has not seen the work has no idea of the work involved in one of these experiments. On entering Dr. Stark's laboratory while one of the provings was taking place, it was quite staggering to contemplate the rows and rows of jars filled with the cultures and consider that the flies in each jar had to be counted, the sex of each of the several hundred flies determined, as well as the distinguishing eye coloration.

Dr. Waffensmith: I want to say that I appreciate Dr. Stark's work, and also this paper of Dr. Stearns'. I would suggest that the Foundation consider Kali Phos. It is my opinion and observation that Kali Phos will play quite an important part in the future in the treatment of suspected malignant tumors. I now have one case which is especially interesting to me, the case of a twin female about 70 years old. Her sister died of cancer under untold suffering. This case, like the case Dr. Stearns mentioned yesterday, is of a New England family, and doesn't find very much fault, is very reserved, but I find underneath an intense anxiety neurosis. I treated this case for a year without any success, there was a continual enlargement of the tumor, it was about the size of a goose egg when improvement began to show. It is located deep in the epigastrium and not movable. I finally worked out Kali Phos. I gave Kali Phos 6x, one grain every three hours for one week, and stopped. That was three or four months ago, with a gradual increase of the anxiety for about two weeks, subsequently a marked improvement of the neurosis, and a gradual diminution of the tumor.

Member: How about Conium?

Dr. Rushmore: I want to mention salts of potash.

Dr. Stearns: I would like suggestions concerning remedies to be used in further experiments with the fly tumors. I thank Dr. Waffensmith for his suggestion about Kali Phos. Lycopodium

has had a marked curative effect on Carcinoma in my hands. This belongs to the lower form of plant life and is a representative of the vegetation that first appeared on the land. Figuratively, in the evolutionary sense, as evolution applies to plants, Lycopodium and all such lower forms of plant life, may be considered as embryonic in type. Cancer is composed of cells embryonic in type. It has occurred to me that there is possibly a curative relationship between some of the lower forms of plant life and cancer.

### DRUGS PROVED AND PARTIALLY PROVED.

JULIA C. LOOS, Baltimore, Md.

A professor at Johns Hopkins University declares that he finds the rarest features of mentality among the students in his department is that which is capable of perceiving in the clinical case presented to the student just exactly those features that have become familiar to his memory and understanding in the text book and in the laboratory.

The same problem confronts and challenges the master prover and the student of drug effects. When the drug substance has been administered and the sensations and functions show forth and are recorded—the variations that occur have no label “this is because you took that stuff.” The provers proceed, doing what they are accustomed to doing, saying what comes to mind in response to things about them, feeling comfortable or uncomfortable, according to circumstance. They want some ways and some things and do not want others and the casual observer would detect no difference from the people about.

The more crude and material the symptoms the more attention do they receive, but the less do they reveal the peculiar effects of the drug. As with crude drug materials the system exerts its powers to eliminate the irritating material in copious, purging, vomiting, sweating fever, these expulsive symptoms do not reveal the individual quality and nature of the drug influence.

(1) “That influence will be less observable in proportion as the

system is successful in expelling it thus. At the same time these prominent disturbances more or less distract attention from the more individual, characteristic, finer variations from the normal functions and mental processes.

Hence observation and recording of drug-provings demands discriminating perception and reviewing the day's occurrences in true human interest and actual sympathetic and intelligent rapport. This phase of drug investigation to delineate the drug image is more valuable than laboratory searching of the products including all physical, chemical and bacteriological determinations.

It is as much more important as man's life and body are superior to food and raiment in his consideration.

### DRUG PROVING.

Drug proving is determining the nature of the drug's influence on man manifested on many individuals to embrace the effects on man in his various phases, spheres, interests, activities, tendencies, states of consciousness, walks of life, functional activities, mental responses—varied environment: i. e. to embrace man-nature not one person.

The best opportunity to determine the influence of any drug on man is to test it through administration to persons who are in health not under other deleterious, deteriorating influence.

We say *other* deteriorating influence since any influence that occasions a change of health in man's status is necessarily deteriorate—lowering vibrations from the normal.

Next best to administering the drug to those in best health is to test it in those not actually healthy, first recording all disorder symptoms present in the individual before administering the drug and then record the further changes under its influence, also the changes in those same symptoms of disorder previously present.

Associated with these to whom the drug is ministered are also other individuals whose status is recorded prior to the testing, who follow practically parallel course of life to whom blank administration is made without any of the provers being aware who has the blank. Then all symptoms that occur follow-

ing the administration of the drug are compared to all that occurs in the provers who had none of the drug as control test.

"If during the experiment some extraordinary circumstance from without happened which might even be supposed to be capable of altering the result—for example, a shock, vexation, a fright, an external injury of considerable severity, dissipation or over indulgence in something or other, or any other circumstance of importance—from that time, no symptom that occurred in the experiment was registered. They were all rejected that the observation should contain nought that had a suspicion of impurity about it." (1)

Another opportunity to determine the influence of the drug on man is in the so called poisoning with the substance inadvertently taken or administered from some other incentive than a drug-proving, where the individual is sickened by the substance.

Another important occasion for determining the influence of the drug is the so-called clinical evidence. A patient under treatment with the substance administered according to the Law of Similars is freed from certain symptoms present when the prescription was made, but not previously included in the record of determined influence of this drug. This testifies that under its influence these manifestations clear away in man when the nature of his disorder corresponds to the nature of the drug influence. This is one type of clinical symptom.

Again, under influence of a drug homœopathically administered the patient manifests symptoms not previously experienced by him and not included in the recorded provings. These should be recorded and although first revealed as clinical symptoms may be corroborated in other individuals needing the remedy—corroborated by clearing away together with other manifestations after its administration or appearing anew after its administration and disappearing as the influence of the remedy passes off.

Yet another type of clinical symptom has been recorded where the remedy has been unsuitably administered—or when the remedy has been Homœopathically selected and then administered too abundantly being continued through error in repeated dosage after its action has begun to manifest. Long acting, deep

(1) Introduction Materia Medica Pura.

acting remedies thus pushed on the economy already taxed to regain equalization to healthy vibration, through such unfortunate application have so burdened the individual with their discord that it continues until somehow antidoted by further curative treatment.

Clinical symptoms thus embrace all those symptoms that manifest in persons to whom the remedy has been administered for the purpose of Homœopathic cure—administered to the sick therapeutically.

Having thus recorded all the variations from normal in sensations and functions the master prover and later the master-student grade and classify them—

Grades are 1st, 2nd, 3rd degree to indicate the frequency of the appearance the symptom in the provers.

Then they are classed general or particular, common or peculiar, and individually characteristic.

#### PROVED DRUGS.

A proved drug is one whose influence has been tested and recorded on individuals of sufficient number and of both sexes—and varying habits to compass man-nature and its influence observed in all functions of man and his economy embracing the mental functions and the bodily objectifications of these.

Sometimes a case or a proving presents to a group of symptoms with no marked mental features but through interpretation of the disturbed bodily functions we trace the mental influence. Thus we may detect the nature of the mental interference through its objectification in endocrine function, in circulatory system, portal system, urinary system, in metabolism or in elimination.

This work demands further application of advanced study of drugs and should be undertaken and presented by thorough clinical and Materia Medica scholars.

#### ACONITE.

Aconite is one of the remedies thoroughly proved in man. What is its criminal capacity? It swoops down on strong, hearty, robust constitutions forcing all functional activities to a high

tempestuous rate and intensity. This is similar to an electric current of high voltage forced upon a perfectly good, well adjusted piece of mechanism adequate only to a much lower current or similar to having all the current required for an extended system of transmission short-circuited to a transmission avenue unable to maintain it and a blowout or combustion of some sort results.

The violent excitement, irritation and sense of being overwhelmed by its own activity is impressed upon the economy through the influence of Aconite from the center of circumference in all the phases of consciousness: love, truth, intelligence and life. Sense of protective and creative love is distorted and lowered to fear, restlessness and turmoil on throughout all its objectifications in the circulatory system.

Intelligence submits to the whisperings or bellowings of fear, and all that is normal in orderly control is thrust aside in the false expression of turmoil; irregular and broken dominion displayed in all parts of the body.

Where normal life activity belongs is found the driven, compelling, mad rush of energy calculated to destroy the machinery through sheer exhaustion while truth and wisdom appear temporarily throttled as the individual accepts all the false motions presented to the senses—about the terrible results of cold or of heat sensations, of sensations of terrific pain, lack of endurance when the body is exposed—assurance that he is totally overpowered by this besieging energy and cannot possibly carry on—something impossible will happen and maniacal, delirious notions of impossibilities.

A partially proved drug is one whose influence has been exhibited through proving in some but not in all the functions.

#### CICUTA.

Cicuta is one of the remedies that has brought out strongly stressed manifestations but restricted in action to convulsions and crusty eruptions.

It exhibits violent excessive convulsions resulting from injuries and from inflammation of cerebro-spinal nerve sheaths

and spasms from other conditions—tonic or clonic in type, induced by influences that we sum up in terms epilepsy, catalepsy, puerperal spasm.

It so deteriorates the skin nutrition that pustular crusty eruption persists and obliterates all healthy appearance of functioning in the parts affected.

#### VIBURNUM OPULUS.

Viburnum Opulus is a partially proved remedy of different history. It was used by early Americans for relief of cramping pains in pelvis—uterine colic. Hale studied its effects elicited in domestic case and then H. C. Allen instituted a formal proving with a few men and women and later Susan Fenton of California collected data of half a dozen provers. (1)

All that is recorded of this is summed up in a recital of cramping muscular action, colicky pain in uterus and other pelvis organs, when the uterus (in female) and testicles (in male) are most active in their special functioning.

In menstruation and in pregnancy the woman suffers excessive pain: super consciousness of the internal sexual organs, associated pain in head, associated nausea and rejecting ideas of food.

These two short provings illustrate the type of many partially proved remedies.

Further study might reveal a wider usefulness, but when indicated they are not to be spared.

How can the partially proved remedies be of service? Reverting always to the prescriber's ideal, confronted with the clinical problem for solution, the clinical case for resolution, we seek "the group of similar medicinal symptoms as complete as can be met with in any single known drug." (1)

When the patient presents but few characteristic features, what is sometimes called a one-sided case, we may find the same characteristics in one of these partial provings which is then "as complete as can be met with in any single known drug."



In a case with menstrual pains that recalls Viburnum or for a case of convulsions recalling Cisuta we may not stop in our examination and prescribe until we have collected all the characteristics of the clinical individual, and examined these in the complete image to be sure to have "the group as complete as can be met in any single known drug."

The *available* known drugs may include some not yet in our acquaintance but accessible to diligent search. This is when we would not be without our trusty repertory.

When attempt is made to adjust a case through use of a partially proved remedy when the clinical symptom image is covered but in part, much harm can be done by administering the drug similar to that part, since it may be able to change the appearance of the case by removal of some symptoms without reaching the source of the disorder. This then constitutes a partial suppression and distortion and increases the difficulty of finding and applying the similimum.

Who will delve into our literature and bring forth this knowledge of remedies out from hiding into the light of present day view? Who will tell us what wonderful things we know (collectively) but know not (individually), that we know and therefore lack in our armamentarium? Who will do this feeds his soul with fat that enriches and wastes not his energy, feeds his waiting needy brethren and their suffering patients and serves the Father whose good pleasure it is to give us the Kingdom.

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### BOVISTA.

WM. R. POWEL, M. D., Philadelphia, Pa.

My first picture of the curative action of Bovista was so vividly impressed upon me that I have never forgotten it. I will try to give it to you.

Mrs. V. H., aged 32, mother of one child aged 8. No other pregnancies. For several months under old school treatment and advised by physicians either an ovarian operation or to be placed in a sanitarium. She was taken to her mother's home.

At each menstrual period or just preceding the period, would become violent, jumping out of bed and breaking furniture, windows, throwing things out of windows. (The only pieces of furniture in the room were bed and bureau).

Obliged to be tied in bed until the flow was established, she would attempt to bite while being restrained, spit in face, on one occasion tore collar and shirt from me before I could get her arms pinioned. Would scream, sneer, laugh, make grotesque faces when spoken to. All this mental state would subside as soon as the flow was established. This condition lasting from a few hours to a day.

At the appearance of the menstrual flow she would be completely prostrated and would remain in bed nearly the whole time, from one period to the next.

I gave her several remedies, thinking each one was the similium, namely Bell. Ign. Hyos. Stram. Lach., but this condition returned each month.

After five months of this her mother said to me: "I always know when these attacks are coming, because she always has looseness of bowels before the attack."

This was the *key* to the situation.

I gave her Bovista 200, B and T, in repeated doses for two days. There was no return of the hysteria or mania and four months afterward she took a trip to Colorado with her husband. Later the family moved to California.

I have cured a number of patients of constipation or inactivity of rectum when the keynote was of looseness of bowels before or during the menstrual period.

#### SNEEZING.

Mrs. F., aged 35. Has been sneezing every day for over a year, wakens from sleep sneezing, watery coryza, weeping while relating symptoms. Has had much treatment, local and internal medicine. 15 years ago warts removed from inside of nostrils by cautery, small wart on right upper eyelid, one in left axilla. Has had tonsils removed.

This patient was sent to me by a Homœopath and he said that she had received All. Cepa., Arsen., Causticum, Thuja and Nitric Acid, without benefit.

Bovista has greatly improved this lady's condition. She is still under observation.

In my experience all the patients improved by Bovista had one or more of the following symptoms:

Diarrhoea before or during menses.

Awkwardness. Drops things.

Deep impressions on fingers from using scissors, knife, etc.

Colic better from eating.

#### DISCUSSION.

Dr. Gore: I would like to ask a question. By loose bowels do you mean diarrhoea, or when the bowels move after constipation?

Dr. Powel: Any bowel movement following constipation.

Dr. Boger: The implication is the same.

Dr. Stearns: Another point Dr. Boger ought to give, and that is the interpretation of this symptom as an aggravation from the loss of vital fluid. We are looking for the specific thing when we ought to interpret it in the language of nature.

Dr. Boger: In this little brochure which I have here, we have, under "Discharges" on page 4, "loss of vital fluid aggravates the complications." It is the same thing, she has a diarrhoea which aggravates, apparently, this condition. If you look in that rubric you will see that Agaricus has next to the highest mark. Agaricus and Bovista belong to the same family, so that if you saw that there and did not see Bovista there, if you looked up your family relationship you could soon judge that Bovista is the remedy when we know that Bovista has that symptom very strongly. That is the way you can figure it very often, jump right at the remedy, then look at your text and find that you are correct.

## A REPROVING OF COLCHICUM.

DONALD MACFARLAN, M. D., Philadelphia, Pa.

I am presenting today a reprovng of a well known remedy. Constant reprovng should be salutary in that it tends to flail out the chaff, at the same time bringing in bolder relief the wheat. The following observations were made on provers, absolutely incognizant of the fact they were making a proving. How much better such are than those fully cognizant! This way nothing is imagined. They are hit as if by a natural disease and these *Symptomatic mirrors* tend to recur mentally when its apalogue comes along in the office or at the home of a patient. The remedy is rapidly sought for, given the sick one, and cure results. It's all very simple and all very true.

Here are my findings. Take them for what they are worth.

## EMOTIVE AND SENTIENT.

Dizziness when she walks, better sitting down (30). Trembling weakness (30) *very tired*. (30) Drowsy and weak in a warm room (30). The whole morning *drowsy* and tired (30). A desire to lay around and *keep the eyes closed* (30). Trembled all through the body with combined weakness and nervousness (30). A drowsy, heavy, sleepy feeling is worse in the morning (30). A heavy, drowsy feeling without being sleepy, *generally comes on in the warm room or when sitting still* (30). Awfully weak just before supper (30). Dizziness even in bed, worse on rising (30). Dizziness after drinking cold water (30). Tired in the evening (30). Dizziness is worse at night, could not be down (30). Very shaky, weak and nervous.

## HEAD.

Flying specks in front of eyes (30). Beating pain on vertex. Shooting pain at vertex and back of the head at the same time. At the base of the brain and at the back of the neck very severe, sharp, kind of shooting. In a young lad a headache in the right

side—made him a little sleepy with it (30). Eyes feel drowsy (30). The cheeks got pinkish and flushed, but they were not hot to the touch (30). A dull feeling and awfully numb in the head “as if asleep” (30). A dull, nagging, throbbing headache from the frontal to the vertical area (3x). The left eye watered worse out of doors (6). Puffiness under the left eye, a bluish red discoloration. Small pimples all over the cheeks (itched) (6). The face and the whole body feels hot inside? (30). From the eyes up, and to the back of the neck a headache on awakening in the morning (30). Heavy headache (dull and constant) (30). Nose bleed is light red in the morning (30). Vertex was hot (30).

#### THROAT.

The lips are swollen (3). The mouth is very dry (3). The lips are very dry (3). The throat is sore in the left side (30). Tight cough (30). In the mouth canker sores (30). Dryness of the tongue in the morning (30). Hard, starchy kind of brownish mucus expectoration (30). Raw throat low down (30).

#### STOMACH AND ABDOMEN.

Produced all over the belly awful sharp pains. Great nausea but she could not vomit at all. Stomach is all puffed up. Produced a disposition to vomit when a pressure is applied over the sub-epigastric angle. Very free motions. Bloating after eating. A dull ache in the belly in the morning (30). The diarrhea is marked during the day, especially in the afternoon. *No* nightly diarrhea. The stool is partially formed and rather soft (30). Before breakfast the stomach itself feels tender inside as if a scab had been removed from an ulcerated area (30). Great hunger, not easily satisfied, with trembling weakness (30). Great but fugacious nausea. It lasts about ten minutes (4 to 4:30 p. m.) Worse from chocolate (?). Destroyed a hunger for food; causes food to lose its good taste; fasting now has no power to induce hunger (30). In bed, very bad pain in the belly (dull). Belly craps. Very frequent call to stool every ten minutes (6). (30) as if she had eaten something that disagreed (30). The stomach feels heavy, puffed up and bloated (30).

## BACK AND BODY.

Shooting pains in the back. Pain around the heart, sometimes sharp like a knife when he breathed deeply. Inspiration aggravates the pain in the heart (30). A dull pain around the heart at times (30). Slightly sharp pains about the heart, coming and going (30). A feeling of coldness across the back (30). A heavy feeling all through the body in the morning—better walk in the open air (30). Knife-like shocks in the right side near the waist, going into the body (30). A distressing weight in the central part of the anterior thorax with incarcerated flatulence there (30). Left chest pain and oppressive weight with dyspnea (3). Pain across the back is sharp and catching. It is hard to straighten up. Catching pain in the left shoulder blade (30). The backache is sharp lying down on something hard. (30) When walking a doubling-up feeling on the right side. Tingling down the back like drops of cold water (30).

## EXTREMITIES.

Facilitated movement of the joint of the middle finger of the right hand (30). The feet felt like ice and tickled like pins and needles, a condition better by stamping the feet (30). *Throbbing pains* bother the prover all over; worse in the left hand and in the right leg below the knee. They throb in one place, then stop, appear in another place (30). Throbbing in the arms and legs; noticed generally when quiet (30). "Pins and needles" feeling in the arms better by motion and rubbing; only in the mornings and when awakening (30). "Pins and needles" with respect to both feet (3). Drawing pains in the right toe; the pains are sharp and are worse walking, better sitting, better at night. Forced to draw up the toe once in a while (3). When walking, above the right knee felt sprained. At night the knees pained like a sprain (6). The calf of the left leg itched (6). The feet burned like fire on a change in the weather (30). Burning in the right hip worse when he sits, much worse, used to be a little) (30).

## RESPIRATORY.

Dyspnea (3). Dyspnea experience when the prover walked rapidly (30). Forced to breathe rapidly on fast walking because puffy and out of breath (30). Left sided dyspnea (3). Hiccough (6). A cold for a week (loose cough) and a good deal of mucus out of the nose and throat (kind of yellow and thick) (30). The expectoration is worse in the daytime, but it does not bother at night (30). Coughing in the middle of the night—pain in the upper central anterior chest area worse lying down (30).

## SLEEP.

Improvement in sleep (30). At first betterment in sleep, later sleepless (30). Drowsiness worse at 10-11 a. m. It keeps up until 5 p. m., the weakness worse when drowsiness comes and the weakness is worse in the morning (30). Dream at night (annoying) of an accident (friend breaks an arm) (30).

## SKIN.

Felt chaffed under the right breast; it became as red as blood and there was a strong odor from it, like strong perspiration (30). Small pimples all over the cheeks. Itching pimples (6). Itching on the calf of the left leg (6). A rash of red pimples develops between the shoulders; a little itching, worse in the evening (30).

## URINE.

During the day passing more urine (3) Nocturia thrice, before the remedy rare (3). Passes urine about every half hour. Sometimes the amount is small, sometimes *it is large*. On awakening from sleep always large. (6) *The urine is made colorless*. It is voided every two hours (30). Nocturia in large amount twice (3) (6) (30). She is passing her urine as often *but the amount* is less (30.) Oliguria (30). The urine became very cloudy. It is half full of white clouds (30). *Frequent urination*

in the daytime (small quantities) (30). Frequency and a larger amount too (3). Frequent urination day and night (6). Cannot hold her urine well (30.)

#### FEVER.

After producing awful back and belly pains, the prover becomes so chilly she cannot get warm. After this, she broke out in a sweat. The third potency stopped a condition of *constant coldness*. The face felt hot in the cheeks with a pinkish flush there (30). A creeping chilliness in the back and body all day (30). Nocturnal fever (3x). Very thirsty, worse in the morning, worse at night, with a frequent dryness of the throat. (30).

#### FEMALE.

The menses are *more free* and are dark red at first (30). Menses are forced ahead of time (?).

#### MODALITIES.

Better after stool. Walking in the open air better the morning, drowsiness which affects the eyes (30). The prover wants to be about in the morning and rest the arms against something (30). In a *warm* room worse; becomes drowsy and weak (30). Better on keeping the eyes closed (30).

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#### AMMONIUM CARB.

CHARLES L. OLDS, M. D., Huntington Valley, Pa.

Every once in a while—once a year, or several times in a year—we come face to face with a remedy with which we have always had a passing acquaintance, but never really knew. We may have known a long list of symptoms to this remedy, and its so-called characteristics may be familiar to us. But now we come face to face with it, and for the first time see, concealed behind the words and phrases of its symptoms, a sick human



form, clearly outlined, and distinct from its fellows. We are for the first time able to visualize this remedy.

Everybody is able to see the man in the moon, but not every one the lady there. But she is there, and when once seen, the man is quite forgotten, and always after when you look, you see her and not the man. And so it is when once you have visualized a remedy, you forget the symptoms in the presence of the sick being you have come to know.

Instinctive or inspirational prescribing is nothing more than this, or a result of this visualizing the sick man in the remedy, seeing at a glance that this man looks like Sulph., that one like Thuja.; this child like Acon., and that like Cham.; this woman like Puls., and that like Calc. It is as simple as saying, that man is an Italian, that an Irishman, and that like a Jap. It is as simple sometimes, and those times are when the remedies deign to appear in the garb with which we are familiar. But remedies, like humans, have quite a varied wardrobe. This is frequently disconcerting to us, and unless we are able to see beyond the makeup, often we will be fooled. And then we need the repertory to trail her down. And then again she wears a mask and wig; that is the time when we need a consultant who perhaps may see what our eyes have failed to discover.

It is a difficult thing to know a remedy in all its aspects. We may be able to visualize it in one or two forms, but undoubtedly there are as many forms as there are sick types that it will cure; for it is for us to be able to see them. The concealed figure picture illustrates this very well. The caption reads: "An old man is clearly seen in the foreground. See if you can find a man, a woman and a child concealed in the picture."

Likewise with our remedies. Some one sick picture is painted plainly that all may see. But there are others that may be found in outline, ready to be painted in by us after careful research.

The visualization of the remedy is nothing new or recent. Kent, Kraft and others taught it, and Hering and Lippe made astonishing prescriptions through their ability to see at a glance that which to most prescribers is indefinite or meaningless. So my only desire is to emphasize its value, and to urge all to seek most faithfully for the concealed pictures in their remedies.

Am-c., until recently, was to me a name with a few definite symptoms appended to it. It meant little more to me than delicate women and smelling salts, and was rarely used, and then lopsidedly. That is to say, in some of the acute manifestations of chronic diseases.

I shall attempt to impress upon your minds only one of the pictures of Am-c., the one that has come to me most frequently.

Smelling salts first came to me, quite naturally, as a woman, and it has come to me much more frequently as a woman than as a man. So let this picture be a woman, a delicate woman, and yet one who does not look delicate. Her general appearance is pretty good. She is more apt to have a fairly robust look than a sickly one. Your first impression is not that of a delicate woman. She does not look sick, and often there is a paucity of symptoms, particularly of objective symptoms.

A delicate woman, but not a lackadaisical one is Am-c. A tired, exhausted woman, but not a lazy one. She does not need to be whipped into action. She is not tired out from doing nothing. She wants to be up and doing; she wants to get well and be of some use in the world, and it grieves her that she cannot perform the duties that her mind is intent upon.

Now what is the trouble with this ambitious woman who spends much of her time in bed? If you know Am-c. you will know that deep down below the surface of things there is a smouldering fire that all of the libations of Allopathy cannot quench. There is a pathology, of course, but mostly a Homœopathic pathology that reveals itself only by its symptoms.

Tired, weak, exhausted, prostrate are the words that modify her days. She is always talking about her heart, blaming that organ for her great weariness, and yet there is no discoverable heart lesion. She talks about palpitation of the heart with great weakness, and yet the heart, on examination, seems fairly steady, though a trifle weak. But always she is exhausted, and everything she does seems to increase the great weakness of which she continually complains. A little extra exertion, a little over-excitement, a little tiff with her husband, and she goes into an exhausted state that lasts for days. A cold bath, even in summer, prostrates her, and always gives her cutis anserina with intense

itching of the skin; and her heart wobbles again; and even a warm bath leaves the skin blotched and mottled. Anything cold aggravates her and increases the weakness. And even washing the face with cold water in the morning will bring on nose bleed.

Her nights are full of troubled dreams, and at 3 a. m. her heart or something else wakes her into an aggravation.

The menstrual function gives us a clue to the smoldering fire. Everything seems to center about the menstrual period which begins and ends the month for her, either actually or in anticipation. Diarrhea before the menses—it may be a week before—exhausting, cholera-like stools. Backache and severe pain in the coccyx; and then the flow begins. This may be either premature or retarded, but it is profuse and long lasting, and exhausting to a degree. Bright red blood in gushes, worse at night and when standing; bright red blood in gushes following the expulsion of large clots; hot blood and a hot face. This smacks of Bell., but Bell. fails. And then a little later comes dark, fluid blood, blood that does not coagulate, but soaks everything through, excoriating the parts it touches, and causing swelling, itching and burning of the pudendum and thighs. And after this there is a flow of a considerable amount of pale yellow serum from the uterus.

She is weak and exhausted, and anemic of course, after this loss of blood; and there is vertigo and ringing in the ears, too. You think that China ought to help her, but China makes no lasting impression.

Am-c. is almost as sad, and despondent, and weepy as Puls. She says it is the great weariness that makes her sad and hopeless. "If I could only get to the point where I was strong enough to fight this weakness, I am sure I should be all right," you will hear her say. And again: "If there was only some tonic you could give me!" And, gentlemen, you can do so if you know Am-c. Am-c. is a true tonic in these cases, but only in the sense that the *similimum* always is a tonic.

When you have gone into these cases fully, you will find that these women are always chilly, particularly to any damp cold; you will find most of the body discharges acrid, as the Leucorrhoea, the nasal discharge, and the saliva; and that most

of the complaints are right sided. This right sidedness is a prominent feature of Am-c. Remember that, right, right, right from the country where *Lycopodium* grows is also characteristic of Am-c. She has right sided sore throats, and a sty on her right eye that puts her to bed for days.

Remember the debility of this remedy; the unreasonable prostration from trifles; the lack of reaction to remedies and after acute disturbances. Her boils and styes and other surface manifestations instead of relieving her general condition of ill health, seem only to precipitate her one step more downward.

Do not send these Am-c. women away on a trip to the mountains or the sea-shore with the hope that it will benefit them. They will return worse than when they went away. You must do something for them at once. No reaction to proper remedies or other stimuli means that they are on the threshold that leads to malignancy—on the borderland between the curable and the incurable.

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### GRADING OF SYMPTOMS.

C. M. BOGER, M. D., Parkersburg, W. Va.

Most repertory making is the compiling of a working index of the *Materia Medica*, and because of its magnitude has long ago passed beyond the powers of a single mind. Even major works of this kind soon fall behind developments, so we now use a form of analysis which assembles the most salient and useful points into rubrics, which are then arranged in a flexible and easily grasped schema.

Illness may present any possible combination from among many thousands of symptoms, although as a matter of fact such extreme variability of disease expression is the exception; were it otherwise the problem must remain, practically unsolvable. Most of its symptom groups are referable to particular diseases, organs and individuals. The two former remain fairly constant, at times, however, exhibiting very pronounced disease phases, thereby beclouding the diagnosis and leading to organopathic,

pathological or diagnostic prescribing of a makeshift nature; ultimately a most pernicious thing.

Of far greater importance are the individualistic symptom groupings, for they generally show forth the real man, his moods, his ways and his particular reactions. Occurring singly, in small groups or at indefinite intervals, they often seem to lack distinctive support, hence are more difficult to link together and interpret. This encourages palliative medication as well as makes real curing much harder. On the other hand cases presenting very numerous symptoms are hard to unravel, especially when brooded over by an active imagination.

The final analysis of every case resolves itself into the assembling of the individualistic symptoms into one group and collecting the disease manifestations into another, then finding the remedy which runs through both, while placing the greater emphasis on the former. This method applies to repertory making just as fully as it does to case taking and prescribing. Therefore the over large rubrics of our repertories are likely to be more useful for occasional confirmatory reference, than for the running down of the final remedy.

By eliminating all but the two highest grades of remedies in the large, general and including all the confirmed ones in the smaller rubrics we bring to the fore the largest possible number of characteristics. Each case, of even the same disease, presents a slightly different alignment of symptoms, particularly in its latest and most significant development, which is usually but an outcropping of another link in the chain of individualistic symptoms belonging to the life history of the patient. This way of looking at the matter presupposes the taking of a pretty thorough case history, but furnishes a therapeutic key to almost every sickness for long periods of time.

While the grading of symptoms largely depends upon their discovery and the extent of subsequent confirmation obtained for every one of them, their spheres of action are also of vast importance, and may not be safely left out of the calculation, because they go far toward certifying the choice of the remedy. To depend wholly upon a numerical concurrence is indeed, fallacious, and yet every use of the repertory implies the presence

of this factor, to some extent; but it is greatly over-shadowed by the relative standing of the individual symptoms.

In the abstract the same symptom may have the highest standing in one case and the lowest in the next, all depending upon the general outline of the case, as delimited by the associated symptoms. Viewed from this standpoint symptom grading, as found in the repertories, is unsatisfactory as well as of lesser importance, and yet has great value. The relative value of a given symptom depends almost wholly upon its setting, therefore changes from case to case and is only finally determined as to its repertorial standing by numerous clinical trials. If I apprehend the matter rightly the original pathogenetic symptom is really only a hint of what it may possibly develop in the future, as determined by successive testings.

A case in point: Intolerance of clothes about the neck is found in the provings of quite a number of remedies, but it remained for Hering's Lachesis to show that it very decidedly outranks them all, and has really only a few straggling followers. This is a particular which accentuates the value of Lachesis over Glonoinum if the patient is intolerant of heat, but if sensitive to cold Sepia takes the lead.

Experience leads to the conclusion that the patient's actions and what he says of himself, are of the highest import and may not be lightly set aside. Just so, do drugs, in their general action, exhibit this or that predominant phase, and when one finds its counterpart in the other, the similimum has been discovered, *provided the remedy contains the characteristic of the case* in hand, also. For example, we do not think of Phosphoric Acid for excitable, or Coffea for lethargic patients, unless the individualistic symptoms call for these remedies in the most positive way, an unlikely contingency. The quality of the general reaction greatly influences symptom values, be they pathogenetic or clinical.

In a new proving each prover reacts to only a part of the prospective picture and we properly sense the whole only by seeing all the parts as a compound unit, exactly as we see it in disease, the arrangement never being precisely the same, either case.

The interrelation of effects always brings out a certain demeanor or general reaction. It is nature picturing forth her demands in the oldest and most flexible of languages, that can be thoroughly understood only by also taking fully into account the context.

The whole trend of education leaned more and more toward fixity, until first Madame Curie and then Einstein demonstrated the essential fallacy of such a position. In this connection I would call your attention to Hahnemann, his philosophy and his *Materia Medica*, in the practical application of which fixedness is reduced to the observation of certain natural working rules which underlie successful medical practice and that these are essentially of a flexible nature.

#### DISCUSSION.

Dr. Field: We all know the versatility of Dr. Boger regarding his subject, but relative to the subject in hand, leads me to think back to the correspondence and a good deal of it, between a good many physicians through the States, and myself, regarding the repertory of why I did not include thirty-three rubrics in the symptoms in Deek's repertory. At the time I answered the questions as well as I could, telling them that perhaps some of them were not authentic, and some often were, but during the interim, having a sort of inter-chronologic leaning myself, I think I have explained the reason for it.

I discussed this thing with Dr. Stearns in two or three words yesterday, as simply this: a good many of the particulars are absolutely non-authentic. I make this statement. The statement is made with these points in view, of course: modern science teaches us, or as a matter of fact every one knew years ago, that every individual is a different individual. In other words, if I were to give a certain individual some strawberries, and it were to produce a rash, if I were to put that down as a proving of strawberries, for that reason, that would be nonsense. One person may be sensitized to strawberries and another person might not be helped by strawberries.

In other words, if we were to take any of our well-known polycrests, at the present time, and give it to about twelve types

of individuals, we see some are similar and some are absolutely different. We get a certain definite Nux Vomica proving which would stand out as a Nux Vomica proving, and I should judge that would be about four or five rubrics. Then we would get particular symptoms among the types of individuals which would only hold good among certain individuals of that type. We couldn't put that peculiar type down as a type to be asked for someone affected of the same similitum unless he was the same individual type of individual. By type, we will briefly state there are some individuals who are prone to be baldheaded, and some individuals who cannot lose their hair, regardless of tonics. Now that isn't just because it is so, there is a reason for that. Those individuals who cannot lose their hair if they did all the thinking and studying in the world, and the other individuals, no matter how often they would use hair restorers would never have their hair grow back again. There is some other reason. The same thing runs with the mentality of the individual, the same thing goes with the gastric intestinal symptoms of the individual, and if we were just to use as Dr. Boger said, the particulars to sort of check up, as we say, O. K. the actual symptoms of the case at hand which are practically the mentals, the generals, and some of the major things, I think we would come closer to it.

Dr. Waffensmith: I merely want to thank Dr. Boger for this most masterful address on the philosophy of the study of the repertory. I am very much impressed with the way in which he presented the fact that there exists in the last analysis a fundamental individualistic relationship between the prescriber and the patient which is different than any other preceding relationship could or had been seen before.

In other words, if you don't get in the correct relationship with our patient dynamically, as it were, we cannot use these tools that we have at our discretion, satisfactorily. And this was presented, it seems to me, in a most masterful fashion by Dr. Boger in this remarkable paper.

Dr. Boger: Let me emphasize one point not in the paper; it is the greatest art which the physician can attain; the art of quick adjustment. If you can grasp what I mean. To see Nux Vomica in this case and Nux Vomica in the next, even if the



pictures are different. The flash comes before you, one after another, just like the motion pictures, and you adjust yourself as the flash comes and goes.

### TIMES OF THE REMEDIES.

DR. C. M. BOGER, M. D., Parkersburg, W. Va.

- 1 **A. M.**:—Agar. Alu. Am-c. **ARS.** Bor. Bry. Calad. Canth. Carb-v. Caul. Caus. Coc-c. Coccl. Con. Fer. Gel. Iris. Kali-c. Kre. Lachn. Laur. Mag-c. **Mag-m.** Mang. Merc. Merc-i-f. Mur-ac. Nat-c. Nat-m. Nat-p. Nit-ac. Nux-v. Pall. Pho. Pho-ac. Plan. Psor. Ptel. **PUL.** Scil. Sep. Sil. Spo. Stap. Stro. Sul. Thu.
- 1-2 **A. M.**:—Alo. **Ars.** Colo. Dio. Rum. Sul. Zing.
- 3 **A. M.**:—Hep. Kali-n. Sul. Terb.
- 4 **A. M.**:—Am-m. Ap. Bor. Buf. Pho. Psor. Syph. Tab.
- 5 **A. M.**:—Ars. Mag-c.
- 10 **A. M.**:—Elap.
- 12 **NOON**:—Ars.
- 1 **P. M.**:—Chin.
- 1:30 **A. M.**:—Chi-s.  
to 2:30 **A. M.**:—Agar.
- 2 **A. M.**:—Agar. Alo. Amb. Am-c. Am-m. Anac. Ant-t. Arn. **ARS.** Aru-t. Aur. Bap. Bell. **BENZ-AC.** Berb. Bor. Bry. Calc-c. **Canth.** CAUS. Cep. Cham. Chin. Chi-s. Cic. Cimi. Coca. Coc-c. Coccl. Cof. Colch. Como. Con. Cup. Dio. **Dros.** Dul. Euphr. **Fer.** Flu-ac. Glo. **Grap.** Grat. **HEP.** Hypr. Iber. Ign. Indg. **Iris.** Jab. **Kali-ar.** **KALI-BI.** Kali-bro. **KALI-C.** Kali-io. Kali-n. Kali-p. Kre. **Lach.** **Lachn.** Lyc. Lys. **Mag-c.** Mag-m. Merc. **Mez.** Morp. Myr. Nat-ar. Nat-c. **Nat-m.** **Nat-s.** **NIT-AC.** Op. Pall. Petr. Phel. Pho. Phys. Pod. **Ptel.** **PUL.** Rhus-t. **Rum.** Sarr. **SARS.** Senec. Sep. **SIL.** **Spi.** Stap. Stro. **Sul.** Tab. Tarx. Tax. Tell. Thu. Zing.
- 2-3 **A. M.**:—Am-c. **Arn.** Bell. Cal-c. Calc-p. Iris. **Kali-ar.** Kali-bi. **Kali-c.** Kali-n. Lyc. **Mag-c.** Merc. **NUX-V.** Pho. Sep. **Stap.**

- 4 A. M.:—Berb. Bor. Chin. Eup-p. Kali-c. Mag-m. Pho-ac. Pod.
- 5 A. M.:—Bell. Bor. Ign. Kali-io. Kali-n. Kali-p. Pul. Rum.
- 6 A. M.:—Petr. Pho.
- 8 A. M.:—Pho-ac.
- NOON:—Rum. Spi.
- 2 P. M.:—Nat-s.
- 2:30 A. M.:—Arg. Kali-p. Lyc. Pip-m.
- 3 A. M.:—Agar. Alo. **Am-c.** AM-M. Ang. Ant-c. **Ant-t.** ARS. Asc-t. Bap. Benz-ac. Bor. Bov. **Bry.** Buf. Cai. CALC-C. Calc-s. **Canth.** Carb-a. Caul. **CED.** Cham. **Chin.** Chi-s. Cimi. Cina. Clem. Coc-c. Cof. Como. Con. Cup. Dig. Dio. Dros. Dul. Eup-p. Euphor, Euphr. Eupi. **Fer.** Form. Glo. Grap. Ign. **Iris.** Jal. Jug-c. Kali-ar. Kali-bi. **KALI-C.** **Kali-n.** Kre. Lact. Led. Lil-t. Lyc. Lys. MAG-C. Mag-m. Meli. Merc. Merl. Mez. Mil. Mur-ac. Nat-ar. Nat-c. NAT-M. Nat-p. Nicc. **NUX-V.** Ol-a. Op. Ox-ac. Par. Petr. Pho. Phyt. Pic-ac. Plat. Plb. **Pod.** PSOR. Ran-sc. **RHUS-T.** Samb. Sarr. Sec-c. **SELE.** **Sep.** Sil. Stan. Stap. SUL. **THU.** Ver-a. Zin. Zing.
- 3-4 A. M.:—Aeth. **Am-c.** Am-m. Ant-t. Bad. Buf. Cai. Chel. Fag. Gel. Ind. **KALI-C.** Lyc. Nat-c. Nat-m. **NUX-V.** Op. Rhus-t. Sep. **Stro.** Sul. Terb. Thu.
- 5 A. M.:—Am-m. **Bor.** Chin. Cimi. Hypr. Kali-c. Pul. **Sep.** Sul. Tub.
- 6 A. M.:—Chi-s. Euphor. Parei. Thu.
- 9 A. M.:—Pod.
- 11 A. M.:—Nat-m.
- Afternoon:—Calc-c.
- 2 P. M.:—Nat-s.
- 3 P. M.:—Spi.
- 4 P. M.:—Eupi. Rhus-t.
- Evening:—Lyc.
- 3:30 A. M.:—Canth. Coc-c.
- 4 A. M.:—Aco. Alo. ALU. Ail. **Am-m.** Anac. Ang. Ant-t. AP. ARN. Asclp. Aur. **Bor.** Buf. Calc-p. CAUS. **CED.**

**Chel.** Chin. Cinb. Clem. **Colo.** CON. Cup. Cyc. Dio. Dul. Fag. **Fer.** Flu-ac. Form. Gamb. Gel. Hypr. IGN. Iris. Kali-bi. **Kali-c.** Kob. Kre. Lil-t. LYC. Mag-m. Meli. Merc. **Mur-ac.** Nat-c. Nat-m. Nat-s. **Nit-ac.** NUX-V. Op. Petr. Pho. Pho-ac. Plan. Plb. **POD** Ptel. **PUL.** Radm. Rap. Rhus-t. Rut. Samb. Sars. Sec-c. **Sep.** Sil. Spi. Stan. Stap. Stram. SUL. **Tab.** Tarn. Tell. Thu. Trom. Tub. **Ver-a.** Verb.

4-5 A. M.:—Bry. Buf. Lycps. Nat-s. NUX-V. Sep. Stan. Sul.

6 A. M.:—Cep. Pho.

7 A. M.:—Meph.

8 A. M.:—Ign. Petr.

9 A. M.:—Rut. Sep.

Noon:—Bor. Calc-c.

3 P. M.:—Stan.

4 P. M.:—Calc-c. Ced. Nux-v.

5 P. M.:—Lyc. Nat-s. Nux-v.

6 P. M.:—Cep.

4 A. M. and 4 P. M.:—Asclp. Ced. IGN. Kali-cy.

5 A. M.:—Alo. Alu. Am-c. Ant-c. Ant-t. AP. Aru-t. Bov. Caj. Calc-c. Carb-ac. Carb-an. Carb-v. **CHIN.** Chi-s. Coc-c. Cof. Con. Dio. **Dros.** Fag. Fer. Flu-ac. Ham. Helo. Hep. Kali-bi. KALI-C. **Kali-io.** Kali-n. Kali-p. Kob. Lyc. Lycps. Merc-c. Mez. Nat-c. **NAT-M.** Nat-p. Nicc. Ox-ac. Petr. Pho. **Pho-ac.** Pod. Polyp. Ran-b. Rap. **Rum.** **Sep.** Sil. Stan. Sul. Tarn. Ver-a.

5-6 A. M.:—Arn. Bov. Cact. Fag. Kali-io. Morp. Nuph. Phys. Pod.

8 A. M.:—Sul.

9 A. M.:—Bov. Pod. Sul.

10 A. M.:—Alo. Am-m. Rhus-t. Tub.

Noon:—Kali-c.

5 P. M.:—Par.

5:30 A. M.:—Ars.

6 A. M.:—Alo. ALU. Arg-n. ARN. Asclp. Bov. Bry. Calad. Calc-p. Chi-s. Coc-c. Colo. Dio. Dros. Euphr. Eup-p. FER. Grap. **HEP.** Hur. Kali-p. Lach. Lyc. Mez. Nat-c.

Nat-m. **NUX-V.** Ox-ac. Petr. Pho-ac. Pic-ac. Ptel.  
Rhus-t. Sep. Sil. Stram. **Sul. VER-A.**

6-7 A. M.:—Aru-t. Calc-p. Chin. Coc-c. Dros. Mez. **Sul.**

8 A. M.:—Ced. Sil.

9 A. M.:—Boy. Ced. Chi-s. Eup-p. Nux-v. Sep.

10 A. M.:—Arn. Kali-bi. Lachn. Mag-c. Petr. Rhus-t.

11 A. M.:—Glo.

Noon:—Ars. Aster. Clem. Glo.

3 P. M.:—Aur. Kob.

5 P. M.:—Mang.

6 P. M.:—Calc-p.

Evening:—Crot-t.

10 P. M.:—Phys.

6:30 A. M.:—Ham. Hur.

7 A. M.:—Alo. Am-c. Am-m. Bov. Bro. Calad. Ced. Cham.  
Coc-c. Dig. Dio. Dros. Elat. **EUP-P.** Fer. Gnap. Grap.  
**HEP.** Hur. Nat-c. Nux-m. **NUX-V.** Pall. **POD.** Rhus-t.  
Sep. Sil. Sol-t. Stram. Xanthx. Zing.

7-8 A. M.:—Eup-p. Fer.

9 A. M.:—Dros. **EUP-P.** Nat-m. **POD.**

10 A. M.:—Sil.

11 A. M.:—Pul.

Noon:—Chi-s. **Eup-p.** Pho.

3 P. M.:—Carb-ac. Chi-s. Stro.

4 P. M.:—Sul.

5 P. M.:—Nat-c. Pul.

7:30 A. M.:—Fer.

8 A. M.:—Arg-n. Asaf. Bor. Bov. Bry. Caus. Chin. Chi-s.  
Coccl. Dio. Dir. Dros. **EUP-P.** Fag. Fer. Ham. Hur.  
Hyds. Kalm. Lach. Lyc. Men. Mez. Myr. Naj. Nat-c.  
Nux-v. Ol-a. Op. Pho. Phys. Pod. Pul. Sil. Sul. Thu.

8-9 A. M.:—Alo. Ars. Asaf. Dros. Eup-p. Fer. Hur. Pho.  
Sep. Sil. Tarx.

10 A. M.:—Cann. Plant.

10:30 A. M.:—Arn. Eup-p. Ip. Nat-m.

11 A. M.:—Nat-m. Nux-v.

Noon:—Nat-m.

**Afternoon:**—Colo.

1 P. M.:—Ign.

2 P. M.:—Chin. Sang.

8:30 A. M.:—Chi-ar. Fag. Mez. Spo.

to 9 A. M.:—Asaf.

9 A. M.:—Agar. Alst. Am-c. Ang. Ant-t. Asaf. Brom. **Bry.** Calc-c. Carb-ac. Carb-s. Cham. Chel. Chin. Chi-s. Coccl. Colo. Como. Cub. Dio. Dir. Dros. Dul. Elat. **EUP-P.** Euphr. Form. Ham. Hur. Hyds. Ip. **Kali-bi. Kali-c.** Kob. **Lac-c.** Lyc. Lyss. Mag-c. Meli. Merc-sul. Merl. Mez. Nat-ar. **Nat-m. Nat-s. Nux-v.** Ox-ac. Petr. Pho-ac. Phys. Phyt. Pip-m. Pod. Polyp. Ptel. Rhus-t. **Sep.** Sil. Stap. Stram. Sul. **Sul-ac.** Sumb. Tarn. Tell. Trom. Val. **VERB.**

9-10 A. M.:—Ars. Bov. Eup-p. Fer. Rhus-t.

11 A. M.:—Als. **NAT-M.** Polyp. Stan. Tarn. Tarx.

**Noon:**—Alu. Ars. **CHAM.** Kali-c. Lach. Plb. Stap. Stram. Verb.

**Afternoon:**—Kali-bi.

1 P. M.:—Cina. Mur-ac.

2 P. M.:—Nat-m. Nux-v. Verb.

4 P. M.:—Caus. Lycps. Nat-m. Sul. Verb.

5-6 P. M.:—Merc. Sul.

**Evening:**—Alo. Lyc.

9 P. M.:—Sul.

9 A. M. and 5 P. M. :—Kali-c.

9:30 A. M.:—Cact. Caps. Hur.

10 A. M.:—Ag-c. Als. Am-m. Anac. Ant-t. Ap. Arg-n. **ARS.** Bap. Berb. **BOR.** Cact. Carb-v. Cast-eq. Cham. Chel. **Chin. Chi-s.** Cimi. Coc-c. Colch. Con. Crot-c. Equi. **EUP-P.** Fag. Fer. Flu-ac. Gamb. **GEL.** Hep. Hyds. Ign. **Iod.** Ip. Iris. Kali-ar. Kali-n. Kalm. Led. Lyc. Lycps. Lys. Mag-c. Mag-s. Med. Merc. **NAT-M.** Nat-p. Nat-s. Nit-ac. Nux-v. **Petr.** **PHO.** Pho-ac. Phys. Polyp. Psor. Ptel. Pul. **RHUS-T. Sep. Sil.** **STAN.** Stram. **SUL.** Tell. **Thu.** Zing.

10-11 A. M.:—Aesc. Agar. **Ars.** Cact. Carb-v. Chi-s. Cimi. Fer. Gel. Lob. Med. **NAT-M.** Nux-v. Rhus-t Sep. Stan. Sul. Thu.

- Noon:**—Calc-s. Carb-v. Ced. Chin. Coc-c. Mang. Med.  
Nat-m. Stan. Sul.
- 1 P. M.:—Med.
- 2 P. M.:—Agar. Alu. **Ars.** Chlor. Merc. Merc-i-r. Pho.  
Sul.
- to 4 P. M.:—Nat-m. Verb.
- 3 P. M.:—Canth. Chi-s. Nat-m. Petr. Sil. Spi. Stan. Sul.  
Tub.
- 4 P. M.:—**Carb-a.** Chi-s. Eup-p. Nat-m. Pul. **Stan.**
- 5 P. M.:—Sul.
- 6 P. M.:—Ap. Rhus-t.
- 7 P. M.:—Lyc. Mur-ac. Nat-c.  
and 2 P. M.:—Merc. Sul. Verb.
- 10 P. M.:—Alo. Lact-ac. Sul.
- 11 P. M.:—**Ars.** Chi-s. **Nat-m.** Nux-v.
- 10:30 A. M.:—Cact. **Caps.** Equi. Hur. Hyds. Lob. Mag-c.  
Nat-m.
- 11 A. M.:—Agar. Alu. Aran. Arg. Arg-n. **Ars.** Aru-t. Asaf.  
**Bap.** Berb. Brom. Bry. **CACT.** Calc-c. Canth. Carb-v.  
Castor. Caus. Ced. Cham. Chin. **CHI-S.** Cimi. Clem.  
**Coccl.** Como. Dio. Equi. Euphor. Euphr. **GEL.** Ham.  
Hur. Hyds. Hyo. Ign. Indg. Iod. **Ip.** Jac. Jug-c. Kob.  
Lac-ac. Lac-can. **LACH.** Lob. Lyc. Mag-c. **Mag-p.** Med.  
Merc-i-r. Myr. Nat-c. **NAT-M.** Nat-p. **NUX-V.** Op.  
Ox-ac. **PHO.** Phys. Phyt. Plb. Pod. Polyp. Ptel. **Pul.** Rap.  
**RHUS-T.** Scil. **SEP.** Sil. Sol-n. Spi. **STAN.** **SUL.** Tab.  
Thu. Ver-a. Viol. **Zin.** Zing.
- 11 A. M. to 12 Noon:—Abs. Cact. Cimi. Ip. Kali-c. Kob.  
Sul.
- 1 P. M.:—Arg. Sep.
- 2 P. M.:—Cact. Lach. Med. Pic-ac.
- 3 P. M.:—Caus.
- 4 P. M.:—Cact. Gel. Kali-n. Sep.
- 6 P. M.:—**Ars.**
- 7 P. M.:—Nicc. Sul.
- 8 P. M.:—Canth.
- 12 Night:—Kali-n.

- 11 A. M.:—Pho.
- 11 A. M. and 4 P. M.:—Calc-c.
- 11 P. M.:—Cact.
- 11:30 A. M.:—Crot-h. Nux-v. Phys.
- 12 Noon:—Agar. Alu. **Ant-c.** Ap. **ARG.** Arg-n. Ars. Bell. Bor. Bov. Bry. Calc-c. Carb-s. Carb-v. Caus. Cencl. **Chin.** Chi-s. Clem. Colch. Colo. Con. Crot-t. Cyc. Dig. Dio. **Elap.** Elat. EUP-P. Eupi. Euphr. Fag. Fer. **Gel.** Grap. Helo. Hur. Hypr. Ign. Jab. **Kali-c.** Kob. Lac-c. **Lach.** Lob. Lyc. Lycps. Mag-m. Mar. Merc. Naj. **Nat-m.** Nit-ac. **Nux-m.** NUX-V. Ox-ac. Paeo. Petr. **Pho.** Phyt. **Polyp.** Psor. Ptel. **Ran-b.** Rhus-t. Rum. Senec. Sep. **SIL.** **Spi.** Stap. **Stram.** SUL. Thu. **Val.** Ver-a. Verb. Zing.
- 12 Noon to 1 P. M.:—Ars. Fer. Lach. Sil.
- 1:30 P. M.:—Sul.
- 2 P. M.:—Ars. Aster. Kob. Lach. Pic-ac. Polyp. Sil. Sul.
- 3 P. M.:—Hyo. Kali-c. Lyc.
- 4 P. M.:—Ust.
- 6 P. M.:—Ptel. Sil.
- 7 P. M.:—Lyc.
- 10 P. M.:—Form.
- 12 Night:—Bell. Lach.
- 12:30:—Gel. Sol-t.
- 1 P. M.:—Aesc. Ag-c. Ail. Alu. Arg. **ARS.** Bov. **Cact.** Canth. **Chel.** Chi-s. **Cina.** Clem. Coca. Cof. Colch. Como. Cor-c. Dio. Elat. Equi. Eup-p. Fag. Fer-p. Form. Gel. Glo. Grap. **Grat.** **Ham.** Hur. Hyds. Ip. **Kali-c.** **LACH.** Lyc. Lycps. Mag-c. Mag-m. Merc. Nat-s. Nicc. Nux-m. Nux-v. Pall. **Pho.** Phys. Pic-ac. Plan. Polyp. Ptel. **PUL.** Rhus-t. Saba. Sars. Scil. Sep. Sil. Stil. Sul. Ver-v.
- 1-2 P. M.:—Agar. Ail. Arg. **ARS.** Con. Eup-p. Fer. Merc. Nat-m. **Pul.** Ver-v.
- 3 P. M.:—Agar. Chi-s. Kali-c. Plat.
- 3:30 P. M.:—Chel.
- 4 P. M.:—Euphr. Lac-c. Pho. Sep.
- 5 P. M.:—Lact-ac. Mag-c.
- 6 P. M.:—Lyc.

- 10 P. M.:—Mag-c. Plat. Sil. Spi. Sul.  
 1 A. M.:—Hep.
- 1:30 P. M.:—Chel. Dir. Lyc. Phel.
- 2 P. M.:—Alu. Ap. Arg-n. **ARS.** Calc-c. Canth. Caus. **Chel.** Chi-s. Chlor. Cic. Cimi. Clem. Coca. Coc-c. Croc. Dio. Dir. Dul. Elap. Equi. Euphr. **EUP-P. Fer. Gel.** Glo. Grat. Hell. Hur. Hyds. Hypr. Ip. **LACH.** Laur. Lob. Lyc. Lys. Mag-c. **Mag-p.** Mag-s. Mang. Nat-c. Nat-m. Nat-s. Nit-ac. Nux-m. Nux-v. Ol-a. Phys. Plan. Ptel. **PUL.** Rhus-t. Sang. Sarr. Sars. Sep. Sil. Solm. Stap. Sul. Syp. Tarn. Val. Ver-a. Ver-v. Zin.
- 2-3 P. M.:—**Bell.** Calc-c. Chel. Cur. Gel. Hell. Kali-c. **LACH.** Led. Lob. Lyc. Nit-ac. Plb. Pul. Sang. Sul.  
 4 P. M.:—Gel. Ign. Laur. Mag-s. Plan. Stap.  
 5 P. M.:—Clem. Sil.  
 6 P. M.:—Agar. Bor.  
 7 P. M.:—Bad.  
 9 P. M.:—Sang. Sep.  
 10 P. M.:—Bad.  
 2:30 A. M.:—Bell. Kre.  
 7 A. M.:—Bad.
- 2:30 P. M.:—Carb-v. Grat. Hell. Laur. Led. Pall.
- 3 P. M.:—Aco. Am-c. Am-m. **ANG. ANT-T. AP.** Arg. Arn. **ARS.** Asar. Asaf. **BELL.** Bry. Calc-c. Calc-f. Calc-p. Canth. Caus. CED. Cench. **Chel. CHI-S.** Cic. Clem. Coc-c. Cof. Como. **Con.** Cur. Dio. Elap. Eup. p. Fag. Fer. Gel. Guai. Ham. Hep. Hur. Iber. Ip. Kali-ar. Kali-c. Kalm. Kre. Lyc. Lycps. Lys. Mag-c. Mag-s. Med. Meli. Murx. Naj. Nat-m. Nat-s. Nicc. Nux-v. Ol-a. Pall. Petr. Phel. Pho. Phys. **Pip-m.** Plan. Polyp. Pul. Rhus-t. Saba. **Samb.** Sang. Sarr. Sep. Sil. Sol-n. **STAP.** Sul. Tab. Tax. Tel. **THU.** Trom. Ver-v. Zin.
- 3-4 P. M.:—**AP.** Asaf. Bro. Buf. Calc-f. Calc-p. Canth. Cench. Clem. Colo. Como. **Lach.** Lyc. Med. Polyp. Pul. Sang.  
 5 P. M.:—Agar. Ap. Coca. **Con. Fer.** Sal-ac. Sep. Sil. Sul.  
 6 P. M.:—Ars. Con. Eup-p. Fer. Pho. Thu.



7 P. M.:—Carb-s. Nat-m. **STRAM.** Tarn.

8 P. M.:—Arn.

3-9 P. M.:—Arn. Calc-c. Ced. Lys. Nat-s. Pul. Sang. Sil.  
Tarn. Ver-a.

10 P. M.:—Bell. Calc-c. Lyc. Pho-ac. Thu.

12 Night:—Bell.

3 A. M.:—**BELL.** Canth. Thu.

Sunset:—Coca.

Next Afternoon:—Lyc.

3:30 P. M.:—Mag-c.

4 P. M.:—**AESC.** Agar. Alu. Am-c. **ANAC.** AP. Arg.  
Arg-n. Arn. Aru-t. Ars. Asaf. Asclp. Bell. Bor. Bov. Bry.  
Cact. Cai. Calc-c. Calc-f. Calc-p. Canth. Carb-v. Caul.  
**Caus. CED.** Cench. Cham. **CHEL.** Chin. **Chi-s.** Cimi.  
Cina. Coca. Cof. **COLO.** Como. Con. Crot-h. Dio. Dir.  
Elap. Eup-p. Eupi. Fag. Fer. Gamb. **GEL.** Gen. Grap.  
Grat. Hell. Helo. **Hep.** Hur. Hyds. Ign. Ind. **Ip.** Iris-f.  
Kali-ar. Kali-bi. Kali-c. Kali-cy. Kali-io. Kalm. Kob.  
Lac-c. Lachn. Laur. **LYC.** Lys. Mag-c. Mag-m. Mang.  
Med. Meli. Merc. Merc-i-f. Mil. Mur-ac. Nat-c. **Nat-m.**  
**Nat-s.** Nicc. **Nit-ac.** **NUX-V.** Ol-a. Op. Petr. Phel. Pho.  
Pho-ac. Phys. Pic-ac. Plan. Polyp. Ptel. **PUL.** Rhus-t.  
Samb. Sang. Sec-c. Sep. Sil. Sol-t. Stan. Stro. **Sul.** Syp.  
Tab. Ver-v. **Verb.** Zin.

4-5 P. M.:—AP. Ars. Bry. Gel. Grap. Kob. Lyc. Merc-s. Pul.  
Stan. Thu.

6 P. M.:—Alu. Arg-n. Carb-v. Ind. Lyc. Nat-m. Pho-ac.  
Rhus-t. Sep. Sul.

7 P. M.:—Aesc. Anac. Kali-c. Kali-io. Nat-m. Rhus-t. Sil.

8 P. M.:—Alu. **Bov.** Caus. **COLO.** Grap. **Hell.** **HEP.** Kali-io  
Lyc. Mag-m. Mag-p-au. Nat-s. Nux-m. Phel. Pho.  
**SABA.** Sep. Sul. Zin.

8:30 P. M.:—Rhus-t.

9 P. M.:—**Chel.** Colo. Con. Mang.

10 P. M.:—Alu. Phel. Plat. Stram.

11 P. M.:—Lyc.

12 Night:—Aesc. Stram.

2 A. M.:—Ars. Lyc.

3 A. M.:—**BELL.**

4 A. M.:—Trom.

5 A. M.:—Stram.

Daylight:—Ars. **Hep.** Mur-ac. Pho. Pul. Stan. Sul. **Syph.**

Morning:—Dol.

and 4 A. M.:—IGN.

4:30 P. M.:—Fer-p. Mez. Sep.

5 P. M.:—Ag-c. **Alu.** Am-m. Ap. Arg. Arg-n. Ars. Asar. Berb. **Bov.** Bry. Buf. Canth. Caps. Carb-a. Castor. **Caus.** **Ced.** Cham. Chel. **CHIN.** Chio. Cimi. Clem. Cof. **Colo.** **Con.** Cup. Dig. Dio. Elat. Equi. Eup-p. Euphr. Fag. Fer. Gamb. **GEL.** Grap. Ham. Hell. Helo. **Hep.** Hur. Hyds. **Hypr.** Ign. Ip. Iris-f. Jab. Kali-bi. **KALI-C.** Kali-cy. Kali-io. Kali-m. Kali-s. Lach. Lil-t. **LYC.** Mag-c. Mang. Med. Merc. Myr. Nat-ar. **Nat-m.** Nat-s. Nit-ac. Nux-m. **NUX-V.** Ol-a. Ox-ac. Paeo. Petr. Pho. Phys. Pic-ac. Polyp. Ptel. **Pul.** **RHUS-T.** Saba. Sabi. Samb. Sang. Sarr. Sep. Sil. Sol-t. Spi. Stan. Stram. **SUL.** **THU.** Til. **Tub.** Val. Zing.

5-6 P. M.:—Am-m. Caps. Carb-v. **Ced.** Chel. Chi-s. Con. Dig. Hell. **Kali-c.** Lil-t. Petr. **Pho.** Pul. Sep. **Sul.** **Thu.**

7 P. M.:—Canth. Stap. Zin.

8 P. M.:—Alu. Arn. **Carb-a.** Gamb. **Hep.** Lil-t. **Nat-m.** Nat-s. Pho. Phys. Rhus-t. Sul.

9 P. M.:—Am-c. Caps. Nat-c. Plat. Pul.

Bedtime:—Alu.

10 P. M.:—Chel. Kali-bi. Lyc. **Pul.**

12 Night:—Glo.

2 A. M.:—Sul.

5 A. M.:—Tarn.

Morning:—Canth. Pho.

5:30 P. M.:—**Ced.** **Nat-m.** Nux-m. Stram.

6 P. M.:—Am-m. Ant-c. **Ant-t.** Arg. Arg-n. Ars. Asaf. Astr. Bap. Bar-c. Bell. Berb. Bor. Bov. Bro. Bry. Calc-c. Calc-p. Cann. Canth. Caps. Carb-a. Carb-v. Caus. **CED.** Cham. Chel. Chin. Chi-s. Coccl. Cof. Colch. Con. Dig.

Dio. Elap. Fag. Fer-p. Gamb. Gel. Glo. Grap. Guai. Ham.  
 Hell. Helo. **HEP.** Hypr. Iris. **KALI-C.** Kali-io. Kali-n.  
 Kali-p. Kali-s. Kob. Lach. Lachn. Lac-ac. Laur. Lil-t.  
 Lyc. Mag-c. Mag-m. Mag-s. Mang. Merc. Myr. Nat-c.  
**Nat-m.** Nat-s. Nux-m. **NUX-V.** Ol-a. Op. Paeo. **Petr.**  
 Pho. Pho-ac. Phys. Plb. Ptel. **Pul.** Rhod. **RHUS-T.** Samb.  
 Sarr. Sars. **Sep.** **SIL.** Sul. Sumb. Thu.

6-7 P. M.:—Calc-c. **Hep.** Ip. Mur-ac. Nicc. Nux-v. Rhus-t.  
 Sang. Stram. Tab. **Terb.**

8 P. M.:—Ant-t. Ars. Calc-c. Caus. Gamb. **Hep.** Kali-io.  
 Lil-t. Lyc. Mag-m. Merc-i-r. Naj. Rhus-t. Sul.

9 P. M.:—Ag-c. Sul.

10 P. M.:—Hypr. Ip. Kali-io. Naj. Phel. Plb.

All Evening:—Pho.

12 Night:—Pul.

1 A. M.:—Sep.

2 A. M.:—Sep. Sul.

3 A. M.:—Syp.

4 A. M.:—Gamb. Guai. Guar. Syph.

5 A. M.:—Gamb. **HEP.** Nicc. Stap.

6 A. M.:—Cham. Guai. **Kre.** Lyc. Nux-v. Rhus-t. Syp.

Morning:—Guai. Lyc. Nux-v. Rhus-t.

6 P. M. and 5 A. M.:—**Hep.**

6:30 P. M.:—Aeth. Canth. Chel. Dio. Lyc. Mag-c. Ol-a.  
 Rhus-t.

7 P. M.:—Ag-c. **Alu.** Amb. Am-m. Ant-c. Ars. Bad. **Bov.**  
 Bry. Calc-c. Canth. Carb-a. Carb-s. Castr. Caus. **CED.**  
 Cham. Chel. **Chi-s.** Cic. Cimi. Coccl. Colch. Como. Dio.  
 Dir. Elap. Fag. **Fer.** Gamb. Gel. Glo. Grap. Grat. Guai.  
 Hell. **HEP.** Ip. Iris-f. Kai-io. Kali-n. **LYC.** Lycps. **Mag-c.**  
 Mag-m. Mag-s. Mang. Med. **Nat-m.** **NAT-S.** Nicc.  
**NUX-V.** Ol-f. Petr. Phel. Pho. Pho-ac. Phys. Pic-ac. **Pul.**  
**PYRO.** Rhod. **RHUS-T.** Sars. Seng. **Sep.** Sil Spi. **SUL.**  
**Tarn.** Tarx. Thu. Tub. Ver-a.

7-8. P. M.:—Ced. Dros. Flu-ac. Lyc. Sep. Sin-n. Sul.

9 P. M.:—Calc-c. Chel. Elaps. Mag-c.

10 P. M.:—Bov. Pho. Samb.

12 Night:—Aesc.

1 A. M.:—Cai. **Samb.**

4 A. M.:—Gamb.

7:30 P. M.:—Ag-c. Calc-c. Caus. Cimi. Fag. **Fer.** Mag-s.  
Rap. Sep. Thu.

8 P. M.:—Agar. Ag-c. Alo. **Alu.** Am-m. Ant-t. Ars. Bar-c.  
Bell. BOV. Calc-c. Calc-f. Calc-p. Canth. Carb-a. Carb-s.  
Caus. Chel. Chi-s. Chio. Cic. Cinb. **Cof.** Con. Dio. **Elap.**  
Fer. Form. Gamb. Gel. Grap. Gym. Ham. Hell. **Hep.**  
Hur. Iris-f. Kali-c. Kali-cy. Kali-io. Kali-n. Kalm. Lac-c.  
Lachn. Lact-ac. Lyc. Mag-c. Mag-m. Mag-s. Mang. **Merc.**  
Merc-i-r. Mur-ac. Naj. Nat-m. Nat-s. Nicc. Nux-v. Phel.  
**Pho.** Pho-ac. Phys. Pip-m. Plat. Rat. **RHUS-T.** Sep. Sil.  
Sol-n. Stram. **SUL.** Sumb. Tarx. Trom.

8-9 P. M.:—Ars. Chel. Helo. Indg. Nux-v. Rat. Sep. Sul.  
**Syph.**

10 P. M.:—Phel.

11 P. M.:—Flu-ac. Nat-m. Phel. Sil. Stram.

3 or 4 A. M.:—Syp.

8:30 P. M.:—Aru-t. Chi-ar. Cina. Coccl. Pip-m. Sep.

9 P. M.:—Ag-c. Alo. Alu. Anac. Ap. **Ars.** Asclp. BOV.  
**BRY.** Cact. Calc-c. Calc-p. Canth. Carb-a. Carb-s. Castr.  
Caus. Ced. Cep. Cham. Coca. Coccl. Croc. Cyc. Dio. Dir.  
Elap. Eug. Eupi. Form. Gamb. GEL. Hur. Hyds. Kali-n.  
Kre. Laur. Lyc. Lys. Mag-c. Mag-m. Mag-s. Meli. **Merc.**  
Merl. Mur-ac. Nat-s. Nit-ac. Nux-m. Nux-v. Op. Osm.  
Phel. Pho. Pho-ac. Phys. Pic-ac. Polyp. Ptel. Rat. Rhus-t.  
Saba. Sarr. Sil. Sul. Sul-ac. Tarx. Thu. Urt-u.

9-10 P. M.:—Anac. Elap. Mag-c. Mag-m. Mag-s. Pho-ac.  
Saba. Sarr.

12 P. M.:—Am-c. Bry. Pho.

2 A. M.:—Plb. Pul.

3 A. M.:—Sul.

4 A. M.:—Ap. Nicc. Sil. Syp.

10 A. M.:—Mag-s.

9:30 P. M.:—Lyc. Saba. Sep.

Midnight:—Stram.

**10 P. M.:**—Anac. Arg-n. **ARS.** Bell. Bor. **BOV.** Bry. Cact. Canth. Carb-a. Cham. **CHI-S.** Colo. Dio. Elap. Elat. Euphb. Fag. Flu-ac. Form. GRAP. Ham. Hyds. Hyo. **Ign.** Ip. Kali-io. **Lach.** Laur. Mag-c. Mag-p. Myr. Nat-m. Nit-ac. **Petr.** Phel. Pho. Pho-ac. Phys. Plat. Pod. Pul. Rhus-t. Saba. Sep. Val.

**10-11 P. M.:**—Sul. Syph.

1 **A. M.:**—**Ant-t.** Calad. Cup. Hep. Lach. Sul.

2 **A. M.:**—Rum.

6 **A. M.:**—Rhus-t. Sul.

**10 A. M.:**—**Bry.** Ip.

**10:30 P. M.:**—Carb-s. Chel. **Coc-c.** Hur. Lil-t.

**11 P. M.:**—Ag-c. Am-m. Ant-c. Ant-t. **Aral.** **Ars.** Bell. Bor. **CACT.** Calc-c. Canth. Carb-a. Chel. Cimi. Coca. Como. Dio. Euphb. Fag. Gel. Hep. Hur. Indg. Kali-bi. Kali-bro. Lach. Mag-c. Mag-m. Merc-i-r. Mil. Naj. Nat-m. Nat-s. Ox-ac. Pip-m. Rhus-t. Rum. Sep. Sil. Spo. Stram. **Sul.** Sumb. Syph. Trom. Val. Ver-a.

**11-12 Night:**—Am-m. **Arg-n.** **Fer.** Gel. Hep.

1 **A. M.:**—Am-c. Cup.

2 **A. M.:**—Coca. Con.

3 **A. M.:**—Colch.

**Morning:**—Sul.

7 **A. M.:**—Sul.

**11 A. M.:**—Lach.

**11:30 P. M.:**—Carb-s. **Coc-c.** Gel.

**12 Night:**—**ACO.** Alu. Amb. Am-c. Am-m. Ant-t. Ap. Aran. Arg. **Arg-n.** Arn. **ARS.** Aru-t. Bar-c. Bell. Berb. Bry. Cact. Calc-c. Calad. Canth. **CAUS.** Cham. **CHIN.** Chi-ar. Cinb. Clem. Coccl. Cof. Con. **Dig.** **Dros.** **Fer.** Grat. Hep. Ip. **Kali-c.** Kali-m. **Lach.** Lachn. Led. Lyc. Mag-c. **Mag-m.** Mag-s. Manc. Merc-i-r. Merl. Mez. **Mur-ac.** Naj. **Nat-m.** Nicc. Nit-ac. **Nux-m.** **Nux-v.** Op. Par. Petr. **Pho.** Pho-ac. Phys. Psor. Pul. Ran-b. Rap. **RHUS-T.** Rut. Saba. Sabi. **Samb.** Sep. Sil. Spo. Stap. **Stram.** **Sul.** Thu. **Ver-a.** Zing.

- 12 Night—1 A. M.:—Amb. Coccl. Kali-c. Kali-n. Merc-i-f.  
Nat-c. Sep.  
2 A. M.:—Ars. Benz-ac. Bor. Cup. Kali-c. Lyc. Mag-c.  
Sul.  
3 A. M.:—ACO. ARS. Chi-ar. Con. Kali-c. Med. Sul.  
Ver-a.  
3:30 A. M.:—Spi.  
4 A. M.:—Nicc.  
Daybreak:—Nux-v.  
Noon:—Ars. Cist.
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## HOMOEOPATHIC EDUCATION.

### FOREWORD.

Chairman Gladwin: Ladies and gentlemen, when we first heard that Dr. Schmidt was coming to this country our President asked me to write him to speak before this Association, saying he might speak on any subject that he chose. I said I would write him, but I wanted him to speak in my bureau, so I wrote him that he should speak on any subject that he chose, but it must be presented in my bureau. I did not have time to get an answer for that, but I simply took it for granted that he would do so. I will now ask Dr. Schmidt for the paper.

Dr. P. Schmidt: I will ask you to please excuse my English, my accent, and my style, but I will do my very best.

To begin with I must tell you that I am very honored and very thankful to be able to speak before such an audience. I am young in the work of Homœopathy, and you may imagine what I feel towards all you older men, but as I have received a very nice and very deep and very complete instruction here, it is my duty to give you this paper as I have prepared it, and I want here to thank first Dr. Wright and Dr. Rutley, who gave me the greatest assistance in translating and putting it in the proper form.

(Paper presented by Dr. Pierre Schmidt of Geneva, Switzerland,  
before the International Hahnemannian Association  
of New York, June 28, 1925).

*"In a matter that means the saving of life failure  
to learn is a crime."*—HAHNEMANN.

In the eyes of the general public Homœopathy has no great significance, and the role of the Homœopathic doctor at each consultation is to interest his patient in Homœopathy, to show him the marvels it reveals. The Homœopathic education of the patient consists in the exposition of the doctrine which I will not undertake here, though there is one point which I desire to develop, which is the conception of the *privilege* of being Homœopathically treated.

All who submit themselves to treatment by competent Homœopathic doctors have an immense privilege, and, I think, one which no therapeutics can offer which is not based on the great law of similars. The old ailment, once cured, may recur, but thanks to a deep acting dose of a constitutional remedy, correctly administered, the patient in recovering loses a part of his hereditary taint, and therefore I call this privilege the privilege of liberation.

What mirages of cure betray us under the other methods of treatment! What can the false miracles of electricity, radio-therapy, antiseptis, serums and vaccines do to bring back to the right track a humanity without spirituality, which blatantly violates the laws of nature?

Laboratory science has instituted the reign of dangerous medical practice because it remains ignorant of the laws of health, and has tried to cure by the mere use of external physical agencies, without knowing the normal conditions of integral human culture, and especially without occupying itself in reinforcing *natural* immunities instead of creating artificial ones.

Warped by false principles, classic medicine usually advocates injurious treatments. It is confined in large part to suppressing and camouflaging symptoms or to bombarding the organism with hypodermics and finally succeeds only in shifting instead of removing the evil, and in peopleing the hospitals with chronic incurable cases, insane, tuberculous, cancerous, sclerotic.

The lack of synthetic thinking and instruction is the bane of official medicine, circumscribed in its blind materialism, limited by the analytical researches of the laboratory, drowned in the multiplicity of diagnostic detail, the poor old school concentrates its attention on one organ with little concern for the entire body, treating the physical without regard to the spiritual, without knowing the mind, without concern for the differences of temperament and character except recently along the broadest lines, thus only knowing the negative portion of its domain: illness and death.

In the clinic it sees chiefly the microbe and organ insufficiency in particular without suspecting the decisive importance of the general resistance and the receptivity of the entire organic field. Also it lays the cause of illness almost exclusively to the action external or microbic agents, without realizing that the *raison d'être* of morbid troubles resides exclusively in the faults of mental direction of the vital economy, of feeding and hygiene, which all people commit from ignorance, routine or rebellion.

Having only fragmentary etiological viewpoints, classic medicine arrives at only the more limited and obvious diagnoses, at treatments chiefly confined to repressing symptoms or to anti-physiological and anti-natural stimulations. By violent drugging it lashes the resistance wantonly and squanders lavishly the vital reserve. Also, its pseudo cures obtained by this spurring only result in epherman success and in morbid transformation.

Acute diseases, warded off by vaccines, or choked by strong drugs, shift or modulate into persistent humoral taints and in glandular devitalization which prepare the way for chronic affections whose numbers increase from day to day, despite the so-called progress of materialistic medical science. In fact, in all countries of the world, suicides are increasing as well as divorces, nervous diseases and chronic affections from visceral and vascular sclerosis.

Pure Homœopathy does not camouflage symptoms. In curing the patient, it liberates him little by little. In following the series of degrees as Kent taught by the aid of potencies which can attack the chronic trouble plane by plane, Homœopathy cures the



patient soundly and irreversibly and this marvellous liberation from faults committed and errors engendered by multiple causes is often carried back several generations; in other words, the purification, spiritual and physical, may be searchingly retro-active though Homœopathy.

The proof of what I say is furnished by a brutal examination of the facts. When one sees families which for several generations have had hare lip or cleft palate which increase in each generation and which, thanks to proper, persevering Homœopathic treatment subsequent generations are freed from; when one attends neuropathic or tuberculous families (especially if one can treat the mother during gestation) and can point to healthy descendants having healthy children; when these chronic tendencies which have a propensity to appear in successive generations stopped from the moment when the law of similars is applied; when one looks through the statistics, hears the stories of patients or the case reports of Homœopathic doctors who, from father to son, have handled several generations of the same family, *then* indeed one penetrates the privilege of liberation, and the renovation possible to the race by the aid of a therapeutic based on a veritable natural law. And the public, like the doctors, can never feel gratitude enough for this unique method.

Our law of cure by the return of old symptoms which were suppressed or altered is another more palpable proof, and the patient who comes for a gastric ulcer and observes during treatment the return of fetid sweats of the extremities from which he had previously suffered and which he had falsely cured, (i. e., suppressed) with formal or any other local application; or he who sees his pulmonary tuberculosis ameliorated, but his old rectal fistula reopened which had been operated and apparently cured some time before, and who finally sees this last symptom disappear and finds himself cured of both the two affections from which he suffered, has received a striking demonstration of cure in the sense of a veritable liberation.

This implies, of course, on the doctor's part, besides the remedy he gives, precise directions to the patient as to regime, physical, moral and mental, so that he may not again fall into the same errors which before led him to break the law, thereby

causing all his ills; or into those which were committed by his ancestors. It is, then, a feeling of infinite gratitude which should fill all those who have been, who are, or who may be cured by Homœopathy. Never forget that! And if we look at the matter more philosophically we envisage a purifying of the race, an amelioration objective, and, above all, subjective of the human being. But the task is arduous, and demands from those who apply this remarkable law knowledge and a mastery which it is not given to everyone to know, to understand, and possess. That is to say, true medicine borders on philosophy, and is of one piece with all the sciences of the visible and invisible; and that the Homœopathic doctor, worthy of that name, must be a synthetic savant and a spiritual initiate, welded into one.

And so, what has the wisdom of the ages and the religion of all peoples taught us? That the limitation of desires, the simplification of needs, the moderation of ambitions, the spacing of pleasures, the substitution or the sublimation of passions, meditation, serenity and poise are the surest means of *receiving* the joy of growth and utter health.

This is why Homœopathic treatment consists not only of a few globules on the tongue, but requires from the true physician a knowledge of the value and scope of his remedies; requires the education of his patient to make him understand the necessity of aligning himself with the sacred mandates of the law in order to establish a life of health and fruition.

You may say that the physician need not give lessons of biologic philosophy, if you permit me this term, or rather of biologic metaphysics to the patient who asks for help, but just here lies the great difference between the Allopath who treats man's house, that which is discarded at death, and the Homœopath who nurtures that which lives and which suffers, that something which no science has yet defined, the living man himself.

Renew yourselves, quicken your sick, unfetter man from chronic taint, release him by Homœopathy, by *pure* Homœopathy, from that devastation which we call Psora, fit him for the *Gamut of God*.

But if such is the result which the patient can foresee its fulfillment requires a physician completely prepared and that

brings me to the second part of my subject, the education of the physician.

The question of post-graduate work is so obvious that it is not even an issue, in my opinion. The subject may be considered in two guises. First, study in a medical college; second, individual instruction of a physician to his pupil. The first is fully covered by the program laid out by the American Foundation for Homœopathy each August in Washington for post-graduate of selected American physicians. Nowhere, to my knowledge, is the teaching comparable save in London and Mexico, nor are such well qualified teachers to be found for the branches offered. It is, like certain places, a veritable refuge of true wisdom, a generous fountain where those who are qualified may come to quench their thirst.

I cannot let this fortunate opportunity pass without saying with pride for the first time that I had the honor of being considered the first pupil of the American Foundation of Homœopathy, having received the remarkable instruction of two of its trustees, Dr. Austin and Dr. Gladwin. One may say of this teaching that no other leaders have been able to bring home to me true wisdom with such a combination of psychology and pedagogic talent. To know how to adapt one's self to the student, to lead and guide him, while leaving him his own arbiter, to direct him gently into the way of truth, to teach him to think for himself, to oblige him to build new highways, to make him discover, instead of leading him in beaten paths, this is what my two teachers knew how to do.

This teaching, I may say, was a veritable initiation for me, for it was not dry science, no mere skeleton which was given me, but a wider and more comprehensive knowledge of the art of analyzing and understanding the human heart, a knowledge so rich in hidden observations requiring perseverance that show one the most delicate nuances, qualities necessary for the subsequent biological synthesis of the human being whom Providence has entrusted to our hands. Gratitude for such a gift can only find expression in the unceasing toil of a life dedicated to the noble cause to which my two teachers have consecrated their lives.

If only each Hahnemannian practitioner made it a practice

to train one new pupil each year, according to his individual capacity, giving much where much can be received, and imparting the qualities needed by one who would make a sacrament of his profession! To imitate the qualities of the great masters, to learn to possess the best of themselves, to become rich personalities, through self-discipline, to attain serenity, that is what the student should seek at any cost.

Alas, today one is so far from this atmosphere; sickness and agitation haunt the world, and impede mankind. Nowadays, to live is to squander one's self on maddening detail, in exhausting conversations and contacts, in futile reading and befogging lectures, in thrilling and fundamentally incoherent spectacles; no moment is left to look into one's self, to revise one's self, to till one's inner land.

Refreshment and repose are now matters of flinging meteors at windows, in railroad, in automobile, and in airplane, of abandoning one's self to an endless hallucinatory touritism during the winter in the south, rushing to the north in the summer—everywhere but here—of gulping down stultifying nourishment, of smoking like a chimney, of over-stimulation by tea, coffee and alcoholic drinks, of living in caravansaries in contact with a cosmopolitan crowd.

These poor people, drained by a nomadic existence, need to be brought back to the habit of gentle repose, mental, nervous, digestive and muscular. Who should know this if it is not he who calls himself a physician? He must know how to induce in all these agitated beings moments of repose; for instance, before and after meals; to give them light and suitable menus; have them live tranquilly, at least in the morning; and teach them the beauty of a permanent abiding place and privacy, and isolation in silent zones when necessary; the practice of meditation and renunciation, the simplification of life, the mystery of the will—healing measures without which no fortifying recharging of the organism is possible.

The attainment of mental perfection requires a synthetic method. Defects of character should be combatted in a positive manner, by the cultivation of the opposite virtues. Egoism and intellectual pride are to be destroyed by the cultivation of renun-

ciation and humility which are the essential conditions of cure and progress.

Every practitioner, when he has a breathing space, recalls the teaching that he has had, and says to himself: "Now that I have tested it by experience, what was my education worth? What would I criticise and what amend if I had a son or pupil to prepare as fully as may be for the battle of medical life?"

Each of us absorbs and retains many qualities of his masters but adds his personality.

Let me sketch to you what I believe to be the complete preparation, both theoretical and practical, of a student from a Homœopathic viewpoint. I speak from experience, for during my four years of practice I have been able to train four new disciples of Aesculapius for Homœopathy.

An examiner who has not himself passed the ordeal would not be able to understand or judge those that he examined. And that is why the best training for a Homœopathic student is to take his chronic case and make him *answer* the series of questions he will later put to his patients. To make the instruction vivid, to test the pupil's qualities and weaknesses and point out his prejudices, such is the task of the teacher. A daily conference of a couple of hours during a period of one to two years is a minimum for the proper preparation of the student and he must be taught at the outset to make his mind a "tabula rasa" for the impress of the new doctrine.

Here is the program I have in mind. It comprises six headings.

#### I.—THE STUDY OF PHILOSOPHY.

- a. A careful study of Kent's works, and those of Close, Grauvogel, Sieffert and Jahr.
- b. Intensive study of the Organon, including comparison between different editions in the different languages.
- c. An outline of Homœopathy from the historical viewpoint, with bibliographical study of the essential works since the time of Hahnemann.
- d. The course of the Homœopathic movement in the different countries together with Homœopathic polemics.

- e. Biographical sketches of Hahnemann and his principal disciples.

## 2.—THE STUDY OF MATERIA MEDICA.

- a. This in the most vital manner possible, and not in the form of a digest of a simple keynote manuel; instead, the study of books like Hering, Allen, Kent, Hahnemann, Clarke, Jahr, Hempel, Cowperthwaite, Tuste, Hughes, Wheeler, Farmington, Boger, all of them for each remedy. The method taught me by my teacher of how to enter into the personality of the drug by mimicing the symptoms is a unique method, the importance of which I cannot sufficiently emphasize.
- b. An objective, schematic study of the drug with designs showing the types of action on different parts of the body according to the Iconography of Dr. Balari.
- c. The study of the comparative Materia Medica according to Lippe, Gross and Hering, Farrington, Stauffer and Johnson, etc.
- d. The study of the relationship of remedies according to Gibson, Miller, Clarke, Jahr, Teste, Allen, etc.

## 3.—PHARMACOLOGICAL STUDY.

- a. The pharmacopeias in various languages.
- b. The preparation of remedies (trituration and dynamisation of drugs to the 200 C dilution) in accordance with the directions in the 6th edition of the Organon.
- c. A knowledge of the different potentizing apparatuses.
- d. Microscopic examination and trituration, including examination of untrituated and triturated sugar of milk and an insoluble remedy with drawings.
- e. The compilation of a complete list of Homœopathic remedies and their synonyms.
- f. Botanical study.
- g. Study of nosodds.
- h. Study of the three main chronic miasms.

## 4.—REPERTORY STUDY.

- a. Different methods of repertorization.
- b. Thorough and rapid orientation in Kent's repertory with comparison of the different editions.

- c. At least cursory knowledge of the repertoires of Lippe, Boericke, Jahr, Boenninghausen, Knerr, Allen, Clarke, Berridge, Holcombe, Clark and Lee, Lafitte, Ruckert, etc. The card index repertoires of Allen, Tyler and Field, and the machine repertory of Balari.
- d. Classification of the symptoms according to value.
- e. Case study by various methods.

#### 5.—CLINICAL STUDY.

- a. Examination of the patient.
- b. Complete semiological examination.
- c. Subjective interrogation such as Hahnemann suggested.
- d. Applied therapeutics.

#### 6.—THE STUDY OF PROVING.

This is a comprehensive program. Let us hope that both the physicians and the laity will send us students with keen minds who promise well for the future. Enthuse then about the I. H. A., which can make their lives truly useful ones and empower them to cure mankind according to the great laws of life: "curare non sanare." To achieve this end, which is rewarding to the patient as to the doctor, necessitates an analytic research into all the ailments and details and a knowledge of the hierarchy of the symptoms and minute individualization. One can build nothing without assembling all the component parts, without mastering the occult principles which provide the plan and the means of complete execution. One cannot make anything right if one has not stripped it of its past vices, and revealed the archetype within. One cannot hope for any amelioration, any cure, any conversion, if the fundamental laws are not envisaged by patient stages, not evoked by each individual's utmost striving.

That is to say, fragmentary studies, petty measures of repression, piecemeal reform, superficial tinkering, purely local measures, provincial patching, can lead only to ephemeral success, and finally, relapse and recurrent suffering; that is to say, crude means, too swift, too summary, too insistent, risk-bringing, disaster, rebellion, utter failure.

Except for cataclysmic crises, truth progresses only step by step. The almost miraculous cures wrought by faithful study

and judiciously chosen remedies, no less than the defeat of cures by the patient's disobedience, renew our faith in our convictions.

Patients, give thanks!

Students, use every chance to learn!

Physicians, be not only always ready to cure, but for the sake of science and all that you have received, inspire the youth of the profession to seek the Holy Grail which you have glimpsed:

*"The Privilege of Liberation."*

#### DISCUSSION.

Chairman Gladwin: How true it is that the little pebble cast into the water sends out a wave that no one knows where it will stop.

Four years ago Dr. Schmidt came to us from the Allopathic school. We have heard a great deal about Homœopathic language and Allopathic language. We used nothing but Homœopathic language with Dr. Schmidt, and he seemed to understand everything that we said to him. Today he comes back and tells us of his work. It makes us realize that the teacher stands on holy ground.

Dr. Smith: Madame Chairman, I wish first of all to compliment Dr. Schmidt on his masterful presentation of this subject. I wish to include in the compliment, his teachers, whoever they were, at Washington. They have, in him, certainly a splendid student, and they are surely competent teachers. He gives us a challenge in those things that he stated—I picked out one or two in particular—the education of the physician. We are never educated completely. We have a goal to look forward to, and we have to learn every day, and just here I want to pay tribute to my preceptor, Dr. Roberts. I am only in the infant class of Homœopathy, but he has led me and directed my studies and helped me in my difficult cases, and there are one or two factors where we can help and be helped, by helping the younger men coming on, and looking to the older men for their help in their vast and varied experience, and the other is the attendance of such conventions as these where we can, if we have our ears, minds and hearts open, learn a great deal to help our patients.



Dr. Schmidt has well analyzed, in the time that he has been here, the American life. It is quite in contrast with that of everything European. We either do not have time, or we do not take time, for the quiet rest and meditation that he advises, and which we all would do well to adhere to.

I well remember when even in the turmoil and tumult of our recent struggle—I was attached to the British army—we might have stretchers waiting down the hall, full of wounded to be operated upon, but at five o'clock we stopped, we had our tea, toast and jam, and it was well, because we could go back in that operating room with renewed vigor and with a better ability to take care of those suffering.

A factor that he brings out, and which most of you have seen in these charts, is, I believe, not alone to the possible graduate, but to the undergraduate student, a vast aid. Most of you, I think, will agree that the average person is not an oral, but a visual mentalist, and those charts of that type will aid us materially in our Homœopathic knowledge.

Dr. Austin: I think it would hardly be fair if I remained seated and did not tell you something about my learned friend, Dr. Pierre Schmidt. He is too modest to speak of himself and his work, and thus I must speak for him.

About four years ago he came to America, having graduated at the head of his class in the old school, and saying that he wanted light, and still more light, and truth in Homœopathy. I asked him how he happened to come to America and found out that Dr. John Weir, of London, England, had sent him to me, saying: "I feel that Dr. Austin will be willing to guide you to those who might teach you." And so he came.

I asked him: "What are your thoughts? What are your desires and aspirations? What is your greatest motive in life, to be quite honest?" He said: "My first desire is to forget self. Having forgotten myself, I shall be in the plane and position to help others." I said: "It is a very busy day with me. Will you have the graciousness to come tomorrow morning." I asked him still another question at that time. I said: "May I ask something very personal? Have you some means to enable you to remain for some months?" "Enough," he said, "to enable me to remain

for the rest of this year only, but what I have in the way of service and zeal, I will freely give." It made me think of Paul and Peter when he said: "Money we have not to give, but what we have we give freely." And what a rare contribution the world has received from them. So I said: "If you will come sometimes in the morning, sometimes in the afternoon, and sometimes in the evening, we shall endeavor to see what we can find out. I am just a little richer in experience and longer on the road, that is all." I discerned that there was a wonderful and rare mind seeking truth, and I never in all that time found that boy coming to my office a moment late. He studied and studied every spare moment, day and night. He never wanted to go to social events that I invited him to attend. One thought he had: service, service, and again service. These golden keys open every door, not only in this universe, but in all universes.

After he had been with me some eight or nine months, I said: "I want you to know some more of my confrères. I desire you to see this wonderful truth from many angles. I am just one little pebble tossed about on life's beach; yonder lies the great ocean of truth. So he journeyed to Philadelphia and met my dear friend, Dr. Gladwin, who took him in hand and gave him hours and hours of time, taking him to the bedside of some of her patients and making him strong in repertorizing. Then he went on to Washington and heard the wisdom from many old men who had come from many states. Then again on to Boston, and those dear, kind, noble friends of mine in Boston, Dr. Taft, Dr. Houghton, Dr. Keith, and Dr. Woodbury, gave him not only their best judgment on many matters, but they also gave him some of their best books, they gave him the best things they had to give him. And thus some eight or ten men and women helped in every way they knew how. May God's smile rest on them and bless them all!

Now why did all this take place? Because, ladies and gentlemen, sitting right here before me, such men as Dr. Dienst and a host of other good men that I met when I was in the darkness and journeyed to Chicago in search of light, meeting dear Dr. Kent, Dr. H. C. Allen, Dr. Taylor, and Dr. E. B. Nash, who were good enough and kind enough to see something in me, and

thus they reached down and took me by the hand and said: "Come on, Austin, come on." That is the reason why I said to my beloved student, Pierre Schmidt: "Should a worthy soul come and knock at our door, hear the knock and say unto him: 'What art thou seeking, brother?' and should he or she say: 'Truth and light along Homœopathic lines,' then bid them come in."

Allow me to tell you what has happened. One of the first to knock at his door was one of the most cultured girls in America, Dr. Elizabeth Wright.

Now in the hush and stillness of this hour may my voice not fail to ring out in just praise of Dora Schmidt, the "gift of God," his wife, who has worked so diligently and faithfully by his side into the small hours of the night, hunting for the remedy of cure that some sick patient might receive. May their souls of light go marching on in their lovely work in their beautiful city of Geneva, surrounded by mountains whose peaks are lit up by the sunlight of God's love!

Dr. Krichbaum: Madame Chairman, if you will just give me a moment to compose myself, I always cry when Dr. Austin talks. I want to congratulate you on your pupil, and I want to emphasize one thought that he brought out and didn't emphasize enough, that is the care of the patient after you have treated him.

I have heard about cures in this institution for the last thirty years, and not one of you ever made a cure in your life, you only just sort of have taken off the edges. If you cured a man of rheumatism he wouldn't have it again, but when you have him cured in three or four months he has another attack. The point we want to put forward is to look after the things outside, the totality of symptoms. If we could control the marriage, the work, the social life and all his other life, we might in the course of a hundred years make a cure.

Dr. Dienst: I am sure you will join me in the expression of great appreciation of any young man who will devote his time to study and service, as this young man has done. I don't want to discuss his paper at all, because that would spoil it. What I want to do is this: as an association we owe something to this man, to come so far away from his home and teach us some important lessons. Therefore, I move that we give Dr. Schmidt

a rising vote of gratitude and appreciation for his energy in Homœopathic study and his work already accomplished and in this express the hope and desire that he will continue to do so to the end of his time.

Dr. Field: I would suggest that Dr. Austin take this paper and try to put it into Mercury. The Mercury, you know, is the paper published by Jean Nathan, which ran an article, anti-Homœopathic, about a year ago, by the vice-president of the A. M. A. If Dr. Austin would take that paper and attempt to cull it down somewhat, and put it into the Mercury and see whether Jean Nathan would accept it for publication, I believe they would, with a little explanation on your part, Doctor. I believe this paper is a fitting memorial answering that article.

Dr. Austin: There are so many able men that I wouldn't think for a moment that I should do it.

Dr. Field: It would have to be a New York man.

Dr. Pierre Schmidt, in closing: I am deeply touched by your felicitations and very grateful for your criticisms. I feel quite rewarded for my efforts. Thank you for your reception and the honor you give me.

1.—*How to be sure of having effected a cure.* That is a question of extreme delicacy. No allopathic doctor can truly say, "I have cured this patient." For him it is a matter pure and simple of the disappearance of morbid manifestations. Whereas, though it may be a real cure, it is more often a camouflage, a suppression, a displacement or change of the disease manifestations. The Hahnemannian, on the contrary, is able, in a large proportion of cases, according to the law of cure, to be sure and positive that he has cured his patient in the full sense of the term.

To speak of a "cure" means, besides, that the doctor has been able to follow his patient for twenty or twenty-five years, and knows that no relapse has occurred. All this is implied in speaking of a radical cure. But curing a disease does not mean curing a patient; to cure a morbid entity is not to make a constitutional cure. For this it is necessary, as I said in my paper, to follow one's patient, giving him plane by plane his constitutional remedy, continuing, if possible, through successive generations in order

to eradicate utterly the chronic miasm. So that a radical cure may require many generations before completion.

2.—Certainly it is not sufficient to give a patient a remedy corresponding to his symptoms. It is of great importance to make a thorough examination in order to establish the diagnosis.

To my mind, every doctor should be well equipped to investigate every part of the body. The latest modern semiologic method must be familiar to him in order that he may be sure that he has not before him some mechanical “*causa occasionalis*,” of which Hahnemann writes in Sec. 180 of the *Organon*. Any such *causa occasionalis* should, obviously, be removed before prescription is made. A foreign body in abdomen, a disregarded fracture, irritating a nerve, should first be hunted down, and then the complaints treated according to their indications. Thus no time is lost in useless prescribing.

Of course, curious things happen sometimes. I heard of a patient who complained of dyspnea and frequent attacks of coryza. A skillful prescriber had given him *Calcarea* high. Some weeks later the patient came to his physician with a strange rosy round thing which he had just blown from his nose—it was simply a nasal polypus. A diagnosis had not been made, but the exact prescription had done the work and caused a natural elimination of the tumor. I myself had a very curious case of proteus-like pains in left inferior abdominal quadrant, with headache, and general malaise. I was unable to make a diagnosis, to determine the cause—stomach, spleen, kidney, colon trouble? The indicated remedy was Sulphur. After three doses of this remedy in high potency, six weeks apart, the patient began to have remarkable elimination of *taenia saginata*, passing a handful of scolax every day for two months! And what shall we think about the patient affected by pulmonary gangrene who coughed up in his “vomica” two teeth, inadvertently swallowed, which had never been discovered in any diagnosis! Here the result was obtained with one dose of *Calcarea* 10m. Clearly, a good prescription may sometimes be superior to a logical diagnosis. Do not misunderstand me—I believe that the task of a doctor is to make a conscientious diagnosis in order to ascertain whether there exists any explainable mechanical or external cause of the condition.

Is the diagnosis negative? Then forget the organic symptoms, those leading to the diagnosis, and with utmost care and skill, *visualize the patient* in order to collect the general symptoms and to find the corresponding remedy in the Materia Medica according to the Organon.

The patient—not his parts; the patient—not his disease.

Shall we not imitate the Lippes, the Kents, remarkable and first-class prescribers, who were able to cure so many cases where no one else was able to do anything?

3.—Then that question about diphtheria and appendicitis. Here is needed not only a deep knowledge of the Materia Medica but also, essentially, “Courage.” It does not matter what stage has been reached in a case of diphtheria, of croup, of appendicitis; always and certainly the fitted prescription of the indicated remedy will alleviate, better, and frequently cure.

I should not dare criticize Dr. Sobel for giving serum or operating in such cases. He told us that he first came to Homœopathy. But I am sure that in the future, when he possesses wider knowledge of our Homœopathic masters and experience in their methods, and realizes the incredible resources of the law of similars, he will very often put aside the knife and with the indicated remedy do wonders.

Let us follow the teaching of the Organon. Let us dig deep and incessantly into the Materia Medica. Let us learn to use wisely the repertory. Then victory shall be with us.

# Bureau of Clinical Medicine

WM. W. WILSON, M. D., Chairman, Montclair, N. J.

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## CASE REPORT.

HERBERT McCONATHY, M. D., Miami, Florida.

Mrs. S. J. E. Age, 50. Widow. Keeps a rooming house. A dark, heavy, sluggish, lazy woman, always complaining of how people mistreat her.

The previous history was almost negative, for she is not an accurate observer, and her general health has been good. The only points I could get were a few spells of hemorrhoids and many headaches, accompanied by nausea. These latter, so far as I could make out, were merely the result of indigestion and constipation.

Some years ago she had a small growth removed from the urethra; since then she has had trouble in holding her urine, which often burns as it is voided. She has an occasional discharge of mucus from the uterus.

Oct. 17th, 1923. The complaint for which she sought my help, and which had lasted for two or three months, was a very violent pain in the right side of the face, apparently most acute near the angle of the jaw. It resembled a succession of electric shocks, about one-half a second apart. Attacks came suddenly nearly every morning, at no regular hour and all pain ceased, often suddenly, between eight and ten o'clock p. m. The attacks were brought on in the morning by any sudden motion, by chewing, by cold air or washing the face in cold water. Salt, sweet or sour foods also precipitated the attacks. Neither heat nor cold, nor any other measures except the strongest anodynes, were of any service in allaying the pains.

According to my interpretation of a paragraph in one of Dr. Nash's books, any chronic pain which occurs only during the

day should at least suggest Medorrhinum, whether there is any history of Neisserian infection or not. The growth in the urethra seemed to indicate either this remedy or Thuja. So I gave her a dose of Medorrhinum, 50M. On the first and second days there was a pretty severe reaction, followed by amelioration for about a week.

Then the pains returned, and on Oct. 31st I gave her another dose of the same. There was less reaction and greater amelioration. On Nov. 8th a third dose was given.

This time the relief lasted for several months; in fact, during the following year she required only two more doses. On Jan. 20, 1925, a year and three months after the first visit, she had a mild attack, which was relieved by Medorrhinum. About five weeks later, on Feb. 27th, 1925, there was another mild attack. After going over the case I gave her a dose of Sepia, 200, and there has been no return of pain up to date.

It is too early to claim a permanent cure in this case, but the relief has been most gratifying.

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### CLINICAL CASES.

THOMAS G. SLOAN, M. D., South Manchester, Conn.

1.—Woman of 46 complains of hot flashes, worse in warmth of room, better from uncovering, hungry 11 a. m., sleepy forenoons and hot vertex. Sulph. 30 relieved promptly.

2.—A butcher of 49 has suffered for two years with sciatica in the outer side of the thigh, the inner side of the knee and the calf on the right side. Worse before a storm, worse resting, worse beginning motion, worse lying on the painful side, worse winters. There is some burning pain and numbness. Rhus. 1M, four doses, given night and morning, freed him from the pain for over two months when it was necessary to repeat.

3.—A man of 20 has had rheumatism in his left knee and hip for six weeks. It has been in his feet, hands and ankles, and has shifted from joint to joint. The pain is worse beginning motion, worse before storm, better from continued motion and from heat. He has had old school treatment. He was given



lyc 200. The pain was relieved in the knee and hip, but returned to the joints previously affected in the reverse order of its occurrence. Under S. L. the entire illness cleared up in ten days.

4.—A girl of 13, is very irritable, cries at nothing, is easily offended, jealous, feels haughty and superior, wakes several times each night. Has a voracious appetite. Is aggravated in general from warmth. Has not menstruated. Puls. 30 night and morning for a few days made her a model girl.

5.—A fat Hebrew woman of 46 who passed the menopause three years ago, complains of oedema of the legs and feet, hot flashes from the chest upward with sweating, hot feet with itching, better from covering, gastric fullness after meals, constipation, better from cold air. Her systolic blood pressure was 118, her heart negative, urine negative, abdomen and pelvis negative. Nat. Sulp. 200, night and morning, not only relieved her subjective symptoms, but cured the oedema.

6.—A primipara of 25 who is about three months pregnant presents the following symptoms: Constant nausea, vomiting soon after eating, constantly cold, hungry all the time, stomach all right while eating, flat taste, cannot take a deep breath, saliva increased and thick, constipation without any urging, worse evenings. Sepia 200 stopped the nausea and vomiting in 24 hours.

7.—This man of 35 who has been a heavy drinker has suffered more or less constantly winters for 20 years with a very severe cough. He coughs more or less all winter, but much more when he catches a fresh cold, which is several times during the cold weather. The cough is dry and hard with retching, worse entering a warm room, worse at night, worse talking. The irritation is in the supra sternal fossa and uvula. He is thin, irritable and eats much salt. He has more or less frontal sinusitis, thick yellow nasal discharge, with obstruction during an acute exacerbation. He will keep the household awake all night, although he sleeps himself. He is a nuisance to himself and everybody else. He was given Nat. Mur. in varying potencies, Phytolacca, Iodine and rarely Nux and Bryonia. Nat. Mur. was the principal remedy required, and

this last winter he managed very well, no cough unless he caught a cold, and these colds were very easily controlled. He does not talk any more of spending his winters in Florida.

#### DISCUSSION.

Dr. Wright: May I ask Dr. Sloan why he gave his Rhus Tox in four doses instead of one?

Dr. Sloan: Before Dr. Case died he felt that giving them four doses in that way he would get a little better action and I am doing it, and it seems to work very well, not only in Rhus, but in other cases.

Dr. Boger: I don't think that Dr. Sloan need apologize for those cases. We can't all see through the same lenses, you know, it is impossible.

Speaking of Crotalus I want to mention a little experience I had a short time ago. There is a doctor down there who came to me and said he had a pain about the cheek. I examined him and said: "You have an abscess in your teeth somewhere." He went to a dentist, who pulled out the tooth and a lot of pus came out of it, the abscess had been rupturing the surrounding tissues. He had a profuse hemorrhage which the dentist had trouble in controlling. The next day he came to me and said: "I want you to see what you can do." He had a septic sore throat and a membrane on the left tonsil, about the size of a copper penny. I gave him a dose of Crotalus, mm, and he was much better in two days, almost well, and then he did something, I don't remember what, and I had to give him another dose. This ended the whole case. You know a bleeding throat is with me a pretty strong indication of Crotalus.

Dr. Woodbury: Mr. Chairman we are sometimes accused or criticised for our methods of diagnosis, that we do not utilize modern diagnostic methods to their fullest extent, to their most scientific extent, and that we do not take the blood pressure in every case, do not ascertain the urine in every case. As a matter of fact we do, for the most part, but there are certain indications which one can obtain subjectively, which are fully as important as anything you can get objectively.

Dr. Boger mentioned having told the patient that he thought he had an abscessed tooth, which proved to be the case. That

reminded me of a patient I saw at one time who had very peculiar pains in the side of the face and the jaw. I asked her about whether she had consulted a dentist recently and she said that the dentist had already verified by x-ray that there was no trouble with the teeth. I still insisted in the idea that there was something the matter with the root of one of her teeth and she went to the dentist and had another x-ray and the x-ray disclosed a broken probe in the tooth, in the filling of the root canal the probe had been broken off and the probe had been pushed through the canal into the surrounding membrane, which accounted for the pain and for the subsequent inflammation and abscess.

I say that because of the very wonderful book by Herbert French which is a classic on subjective symptomatology. From that book alone you can almost diagnose the majority of diseases and showing that the old school of medicine has at least reached a plane where it appreciates the value of subjective symptoms. This was also pointed out by the late Sir James McKenzie, in his wonderful work on the heart. He was another who appreciated the value of subjective symptoms from the diagnostic standpoint.

Dr. Underhill: Mr. Chairman, I think these two papers are both very remarkable and suggestive by Dr. Boger and Dr. Sloan.

I am impressed very forcibly by the brevity and directness in each case. I couldn't help but think, while both papers were being presented, what a fine thing it would be if some way were possible of having our repertories condensed so that we could get hold of things so quickly. Of course I suppose these men have been years in working this out, but I was particularly impressed with Dr. Sloan's very brief presentation of some of these cases, and yet how thoroughly he had grasped the essential things.

I was, like Dr. Wright, impressed with that inquiry as to why he would repeat the remedy four times, and then I have been thinking also about what we are all doing in this matter of the potency, and I called to mind what Dr. Boger said. He said that he started way down and now he is way up, and I am

wondering if he has now started back, and if he has, whether he is going to arrive or not. It would seem by the presentation of these papers that here are two most excellent men presenting cases, whether they differ they are both getting similar results and one has arrived and started with the cm and the dm and the dmm perhaps, and here is another man that mentions the 30th, 200th and the 1m.

I would like to ask Dr. Sloan if he has ever tried in one of these clearly indicated cases, just giving the single dose of say the 1m and waiting to see what happens.

Dr. Hutchinson: Mr. Chairman, in the last edition of the Organon whatever is said about dosage seems newly illuminated. It appears that Hahnemann, by his long practice, had evolved changes in his theories of dosage, and had left to the profession a very large latitude as to selection. He seems to me to have left to the individual mind of the physician a prerogative which he is at liberty to exercise, based on the personal peculiarity of conditions. To my mind it is impossible always to convert into terms of words just why we do a certain thing with a case that we secure. If another physician has followed the case with us he might look at it exactly as we do, but as we tell him about it he may say: "Why didn't you do so? What did you do that for?" And we are really obscure in our mind as to the rationality of his questions.

There have been two or three different formulae given to us of late by experienced prescribers as to the way the potency should be handled, as someone I think has said today, go from the high potency down if you don't get the results that you want. That has worked out very well. Perhaps the most favored way is to go from low to high.

I saw somewhere the other day that when a case had practically marched on its way to cure pretty well, and still needed further medicine, it was the low potency that it needed, not the high. I don't know about that, but at least Hahnemann has stated very distinctly that in chronic cases particularly, and probably in all the range of cases, the potency may be changed, may be repeated, and may be governed in general according to the acumen of the attending physician.

Dr. Austin: In speaking of how some go from a higher to a lower and from a lower to a higher potency, I want to add this: Suppose you have taken a case through the different planes for a number of years and you were called in to see a case of pneumonia that was a bad one, then you would have to get the highest potency that was possible to give that patient a chance for his life.

Dr. Sloan, in closing: All I can say is I don't know. I think in one family where one member doesn't do much with a 30th or 200th, but does well on the 1000th, the other member of the same family does well on a 30th. Experience has to teach you which potency to use in individual cases. I very frequently use one dose of the 1000th instead of four. Sometimes I use four. I cannot say why I do one thing in one case and one in another, it is due to those indefinite percepts that you get.

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## CLINICAL CASES.

GRACE STEVENS, M. D., Northampton, Mass.

### CASE I—LEUCORRHOEA.

Mrs. G., age 25, complains of extreme itching of external genitals, worse for walking, and better for quiet and in bed.

No pain on micturition.

Parts very sore, worse sitting.

Examination shows mucous membrane very much inflamed. Interior of the labia minora and entrance to the vagina covered with a white leucorrhoea like a thick paste. Kent gives only one remedy under leucorrhoea like paste and that is Borax.

Curiosity led me to question the patient about her feeling for downward motion and she said she was afraid of it.

A smear from the discharge was taken for a laboratory

test, and Borax 200 was prescribed. The report from the smear was negative.

Three days later the patient reported itching practically vanished, and the leucorrhoea much better.

It soon disappeared entirely.

#### CASE II—DYSMENORRHOEA.

Mme. L. G., a Belgian, who was in Brussels during the German occupation and suffered much from hardships and privations.

April 15 gave the following symptoms: Pain in stomach continuous extending to back. Pain also extends up back to nape and over head to forehead.

Stomach better for drinking hot water, worse after eating.

Empty feeling, but no appetite.

Empty eructations which ameliorate.

Drinks tea and coffee, very little water.

Mouth very dry.

Bowels regular, but movements require effort. Menstrual period too early. Flow dark and scanty at first, later bright.

Pain during the whole period. Worse in the left ovarian region. Continues after the M. P., with milky leucorrhoea.

Backache—sacral, during the M. P., and weakness and vertigo during the M. P.

Sleep—very heavy—times of excessive sleepiness.

Bathing fatigues and makes her sleepy.

Sensitive to cold—skin feels cold, especially on the buttocks.

Examination—chest negative.

Blood pressure 110-80.

Sensitive over epigastrium and left abdomen. Left ovarian region very tender. R Nux Mosch 200. Three weeks later patient reported that her period was a little late, and not painful. The second period was perfectly normal, and there was no trouble with digestion, unless she got very much over tired. She declared herself a "new creature."

## CASE III—RHEUMATIC FEVER.

H. L., bank clerk, age 23, came to my office December 18, 1924, giving history of lameness in the left hip joint for some weeks. This developed while camping in a damp cottage, and O. S. treatment, together with the removal of two teeth with root abscesses had not cured. The pain was worse for dampness, better for heat, worse beginning motion, much worse for coughing or sneezing.  $\mathcal{R}$  Rhus tox. 60x and ten days later Rhus tox. 1M brought relief. March 12 (after nearly three months) patient reported that he had had some pain in the right shoulder, then in the arch of his right foot, and now had pain and stiffness in the right hip, worse on beginning motion.  $\mathcal{R}$  Rhus tox. March 31. Hip and shoulder better, but has pain in the right heel, worse beginning to walk.

Throat very sore, worse right side.

Right tonsil ragged, small yellow spots.

Temp. 102. Feet and hands cold, face hot, eyes burning.

Headache, throbbing, worse for motion and jar. Aching all over. Thirst.

Chilliness worse in open air, better in warm room.  $\mathcal{R}$  Bell. M.

Next day, throat still very sore, yellow spots extend to the left tonsil.

Night sweat and salivation.  $\mathcal{R}$  Merc. prot. M. This was followed by gradual improvement, but three days later his right foot was lame, he was hunting cool spots for his feet in bed, and his tongue was white with red tip.  $\mathcal{R}$  Sulph. M.

I was out of town for four days, during which time he developed a left-sided quinsy for which he was given local treatment by another physician. After the abscess broke, the patient developed some hemorrhoids, with stinging, burning pain, which yielded promptly to Aesculus hip.

Patient gained strength rapidly, and went back to work. He seemed well for two weeks, except for a slight lameness in his right foot, but on April 29 he began having chilly feelings and lameness of the neck, later pain in the right shoulder. I did not see him until the afternoon of May 4 when he had been

ailing for five days. His temperature was then 101.8. Right shoulder very sore, much worse for motion. Both thighs aching, worse for motion, but must move.

Wants to find a cool place for them.

Pain in lumbar region, better lying on either side.

Profuse perspiration.

No thirst or appetite.

Feels cross and tearful.  $\mathcal{R}$  Puls. M.

Next morning, May 5, the right shoulder was better, but the legs and the right foot worse. He had a bad night with no sleep. Much sweat, which ameliorated slightly. Very restless, and more thirsty.  $\mathcal{R}$  Puls. M.

At five p. m. I found him frantic with pain in knees and right ankle and foot, and in constant motion. I gave him four doses of *Rhus tox.* M at two hour intervals, and he had a better night, with some relief from pain and more sleep. The next day he seemed generally better, but as his legs were relieved his right shoulder became worse again, and at ten p. m. it was so painful that I gave him *Rhus tox.* 45M, which relieved at once. He slept a good deal and his morning temperature was almost normal. The next afternoon he had a sudden attack of pain in the cardiac region, with marked dyspnoea, and the to-and-fro murmur showed the advent of pericarditis.

*Kalmia lat.* M gave a good deal of relief, but that evening his right hand, and the next day the left, became involved.

It was only too evident that I had not found the right remedy. *Rhus tox.* did not cover the case although it had palliated. A deeper acting remedy was needed. I asked Dr. Sloan to see the case with me, and as I described it to him he said: "I think your remedy is *Lycopodium*." I gave two doses at four hour intervals and two hours after the second dose the patient was free from pain. The complete relief did not last, but the remedy held pretty well for over forty-eight hours, and the heart sounds were clearer. Then the left wrist became very painful, followed by aggravation of the right wrist and knee. *Lycopodium* was repeated and held for another forty-eight hours, then there was another aggravation of the right wrist, and of the heart symptoms, and I gave one dose of *Sulphur M*, in accordance with



Dr. Sloan's advice. Marked improvement followed, lasting four days; the heart sounds became normal, but still the pains shifted, and after going over the case anew, I realized that it had the Lac. can. change from side to side, even though other symptoms seemed lacking; for instance, the aggravation was after midnight, not in the evening, and the perspiration was not particularly offensive. The joints had red spots, but were never much swollen. However, they were very sensitive to touch, and firm bandaging helped. On May 21 I gave Lac can. 200, four doses at two hour intervals. This brought very definite improvement; the pains still shifted, but were much less severe, and a new one would last only a few hours. There was a steady gain in strength. The remedy had to be repeated twice in single doses at intervals of a week, but each time there was a marked gain.

This case is offered for criticism and discussion, not as an example of good prescribing. It was badly managed, when the throat symptoms occurred. I wish I knew whether, if *Lycopodium* had been given at that time, the quinsy and the subsequent arthritis would have been avoided.

#### DISCUSSION.

Dr. Hutchinson: I would like to ask if she considered *Lycopodium* at first?

Dr. Stevens: For the sore throat I did consider *Lycopodium* at the beginning; the throat was a little worse on the right side and the white spots began on the right side. It was a streptococcus infection, but there wasn't any definite improvement from heat. I think I made the mistake in giving Mercurious prot. instead of *Lycopodium*, but there was a Merc. salivation.

Dr. Philip Krichbaum: In my experience I have yet to see a case of inflammatory rheumatism get well without China. China was the remedy instead of *Lycopodium*. That is my experience. I haven't cured a case of inflammatory rheumatism without using China some time during the treatment.

I have a certain habit on the potency of prescribing the medicine first and fixing them up with Sac Lac afterwards,

and I find that where I forget to give them the medicine first they do better.

Dr. Underhill: The case as described by Dr. Stevens certainly looked very much like *Lycopodium* and it may have been indicated. It seemed to have been indicated to cover the case as the symptoms presented at the time it was given, and after a little lapse of time, as I understood, she gave a dose of Sulphur, and after that other symptoms came to the fore and she was able to see Lac can., it looks to me as though with pretty good vision. I am wondering whether or not the case was not pretty well handled. The symptoms as first presented were covered by *Lycopodium*; when those symptoms subsided she gives a dose of Sulphur which will often bring out other symptoms and then she was able to see the true remedy.

Dr. Sloan: I doubt if any of us ever see a case of acute articular rheumatism that is cured by one remedy. The best you can do is to give the remedy that seems to be indicated. The symptoms will change. Acute articular rheumatism doesn't get well in a week or two or a month, no matter what you give them. You have to work out your case according to symptoms.

Dr. Waffensmith: I enjoyed this paper very much, and also the discussion, and it is a question in my mind as to whether the Lac can. had done so well if *Lycopodium* had not been given preceding it. Therefore I believe that in the working out of this case it was skillfully handled and the result proved it.

Dr. Stevens, in closing: It may interest Dr. Krichbaum to know that when Dr. Sloan came up to see the case he brought an article on rheumatic fever that Dr. Krichbaum read several years ago. I also had read it, but for a moment it had escaped me. In studying the case I looked at China a good many times, but I don't think my case has any one symptom presenting China.

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### A BRILLIANT RESULT.

ROYAL E. S. HAYES, M. D., Waterbury, Conn.

We will not begin with any philosophic gyrations or tack on either moral exhortation or whoop. The case is standing on its own legs today and good hard sinewy legs they are indeed.

It was in April, 1923, that I was called to a certain old farmhouse some miles out in the country. I wondered how my reputation had ever staggered out so far. I thought it could not have been by the impetus of "personality" for that had always been of such a tenuous constitution that I usually left it hung up in some safe place whenever I went out anywhere. If it is not substantial enough to be a real support you know, it is better to strengthen one's reputation with other facilities. So I concluded that I must have cured somebody sometime and that this patient must have heard of it.

Thinking over these things I arrived and entered the wood room in the back of the house. As I did so one of the most awful odors that I have ever smelled rose up and made a terrific swipe at me. I grappled with it instantly, however, and with manful efforts succeeded in forcing my way into the kitchen. There I beheld, as well as smelled, one of the most abject objects it was ever my chance to see. A spinster of 65, of desert island aspect, unwashed, uncombed, and unkempt, sat in a chair in which I found she had been staying several weeks, being unable to lie down. The aspect of a naturally strong capable New England individual gone to seed served as a fitting center of a picture of indescribably disordered surroundings.

She said her gait had been getting troublesome and back and lower extremities weakening for a year or more. At this time her sole mode of locomotion was hitching about while sitting in the chair. The knee reflexes were gone. The legs were greatly swollen, the lower two-thirds and proximal half of the feet a mass of deep ulceration, the skin being entirely gone. Bandages consisting of old cloths had not been removed for several days. She had had no medical attention or other care, having remained day and night in the same chair several weeks, unable to lie down because of soreness. The discharge from the ulcers was so copious that it ran in drizzling streams when the bandages were removed. There was no history of previous disease except jaundice and bilious headaches when young. Recently, however, a sister came to me from a distant state presenting a well developed degeneration of the spinal cord.

The essential symptoms and prescribing with dates are as follows:

• Spinal paralysis with trophic ulceration of legs and feet with extensive gangrene threatening.

Intensive burning spells in legs at night. Dreadful odor.

Had had copious urine all winter which became scanty and high colored as the gangrenous process advanced; at present 1030, no albumin or sugar.

Intense thirst.

Craving sweets.

Emaciation: Skin like parchment.

Numbness and weakness of hands.

Pains worse at night, dampness or cold weather, east wind, from any variation from medium temperature.

Ars. 40M 1 was given with some rest and relief of pain.

April 20. Eight days later:

Spells of insupportable lassitude.

Increased sensitiveness to cold.

Intense thirst instead of appetite in the morning, faint stomach during the forenoon.

Legs smarting and itching, aggravated by both heat and cold, in the evening, and by bathing feeling very tight and stiff.

Craving sour.

Sul 1M 1.

Two days later the oozing increased and the fluid became green, as green as copper sulphate solution. Improved 10 days, the escaping serum gradually fading to a straw color.

Sul. 10M No. 1.

Two days later the legs were seen to be distinctly smaller and the green discharges had reappeared. The improvement ceased after six days and another remedy was sought.

The pains were now worst from 3 to 8 p. m., smarting and aching, the discharges irritating the edges of ulcerated areas red and inflamed.

Merc. v. 1M 1. Improved five days and urine increased. The pain, swelling and inflammation increased, extending rapidly upward.

Stiffness all over at night.

Sensitive in general to both heat and cold.

Merc. v 1M Sd. Two hours apart.

Improved a few days and urine increased, but soon the patient became decidedly worse both generally and locally.

Merc. 10M was given without relief.

May 29.—The legs had now become intensely sore and swollen though small areas had become covered with skin. They now became very sensitive to cold and drafts imperceptible to others and to slightest touch. Yellow crusts had formed. Smarting intense from evening to midnight. Teeth decaying rapidly. twitching of legs. Aggravation from thunder showers. Constriction of flexors of lower extremities. Feeling weak and all to pieces as if could not keep up, worse in the evening.

Silic 1M was given May 29.

By July 29 there was great improvement, patient could lie down, the legs were healing and puffiness disappearing.

By September 10 she could walk and the ulcers were entirely healed.

October 11—Walked about the house freely, slight swelling remaining. But back and lower extremities bent with contractions.

January 24, seven months from last prescription—Rhus tox was given for stiffness and contractions with benefit. She could not yet stand erect.

February 11—Knees and back very stiff in the evening. Ulcer appearing on one leg.

Sil 1M 1.

Complete healing and capacity returned.

Ten months later Sil 1M 3d four hours apart.

Two months after that Psor. 15c I gave further constitutional uplift.

From a chair ridden paralytic with practically gangrenous legs to an able bodied woman in six months is doing fairly well. The lengthening intervals of reaction from a week at first to 10 months' duration is evidence of the strong vitality latent in this patient. Dr. Waffensmith saw her after she was well on her feet and he said: "That is what I call a brilliant result."

To ward off possible censure by any who may be shocked at no mention of local antiseptics or chemical lavatures I will state that the patient was directed to put one powder of B & T's strong sacharum lactis in a tub of water of comfortable temperature and bathe the legs fifteen minutes strictly once a day only. Probably it was that that cured after all!

#### DISCUSSION.

Dr. Waffensmith: I want to say to Dr. Hayes that I enjoyed his paper, it was admirably written, and it was the truth, and I also want to say that this is not the only brilliant cure that the doctor has made of which I know, but there are many to his credit.

Dr. Woodbury: I recently had in my care for a little more than a year a patient who had (a year ago last March) three large ulcers on half of the right leg. She is now 90 years old. These came about two years after the removal of a small ovarian cyst, chiefly troublesome by its pain. One time she was in so much pain from the ulcers that she was given morphine, not by myself but the remedy that was selected afterwards was Tarantula, which seemed to give some comfort, but the ulceration continued to progress until there was coalescence of these three ulcers on the outside, and one smaller one on the inner side. I finally decided that Secale was the remedy, owing to the extreme sensitiveness to heat. She would lie for hours with nothing over either leg, exposed to the cold, and constantly complaining of burning. She was more or less shrivelled and shrunken by age. I gave her Secale, three or four repetitions of the 1M. That remedy and the Tarantula are practically the only ones that ever did her any good in the year and a half, nearly, but she is now completely healed, so far as the ulcers are concerned. It was, I presume, due to a plugging of one branch of the popliteal artery, with swelling and blueness extending from the toes to the knee.

The other interesting feature was the extreme irritability and the desire for cold, as I have mentioned. After the ulcers had healed there was for about three months very extensive swelling in both legs with a good deal of myocarditis, and that,

too, has straightened out, and now there is no swelling of the leg remaining. She still, however, is unable to get out of bed.

Dr. Underhill: I would like to ask what the diagnosis was in his case.

Dr. Hayes: I said I didn't make any diagnosis.

Chairman Wilson: Evidently the individual was sick.

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## CLINICAL CASES.

MARGARET BURGESS WEBSTER, M. D., Philadelphia, Pa.

For many years Mrs. H. was a great sufferer from neuralgic pains, especially about the head, < before a storm, particularly before a wind storm, or a sudden cold change in the weather, in fact her sensitiveness to cold was so intense that she dreaded to have anyone walk past her because of the slight draft produced, and she was accustomed to wear a silk scarf over her head for protection. The pains during the acute attacks were of a screwing character, "screwing up tight," then a sudden letting go. Sensation of a cake of ice on the vertex was a very constant symptom. There was also marked < before a thunder storm, she became aware of the approach of a storm long before the clouds had gathered. Her sleep was disturbed by enormous accumulations of gas, so that it was impossible for her to lie down for hours on going to bed on account of the oppression, eructations were loud and afforded only temporary relief. A number of remedies were of great benefit, Psorinum, Medorrhinum, Hepar, Rhododendron, Phosphorus, seemed almost to bring about a cure, and then after months of freedom from discomfort, the same old symptoms presented. Asaf. acted like magic in the sleeplessness attended with distention and loud eructations, but had to be frequently repeated, as the result was only temporary. But the time came when the old remedies did not have the usual effect, and from others, carefully selected, I could not get satisfactory results. The neuralgic pains were persistent and wearing, Mrs. H. was losing her vigor and reaction, "she was not coming up." In addition her heart was

misbehaving, there were terrifying constrictive chest pains, palpitation, consciousness of a heart, and pain and numbness down the left arm. Cactus relieved, but did not cure, and as her mother had died of angina pectoris, I was becoming very anxious. Her teeth had been x-rayed six years before, at which time her dentist had reported "no trouble." As she had twenty-three pivot teeth I was suspicious of focal infection, so at this time another x-ray was taken which showed all the roots affected. This picture was now compared with the previous one which showed an identical involvement, but her dentist did not believe in focal infection, hence the report of "no trouble" six years before. The process of extraction was a serious one, at first it was only two or three at a sitting. A bad antrum abscess was discovered, after that was drained the pains in her head cleared. This abscess was not suspected as it was absolutely free of local symptoms. An acute arthritis developed in her right hand as a result of a strain. An x-ray showed marked involvement of the terminal phalanges and diminution of bone cells. Calc-carb, which was the apparent similitum, did not relieve until all the teeth were extracted. The improvement was now spectacular. The neuralgias and heart symptoms have not recurred, she sleeps well and is free from digestive disturbances, and her general health is better than it has been in years.

Mrs. B. had recurrent vertigo when first lying down, when turning head quickly, when rising from lying. Various remedies had relieved but only temporarily. This continued over a period of years until a lower molar tooth stirred up focal trouble and was extracted. There has been no vertigo since—a period of four years.

Mrs. Y. was subject to recurrent iritis, her vision, having been despaired of by a noted specialist, was brought practically up to normal by Psorinum. During acute attacks which occurred under stress of pregnancy, from fatigue or from cold, Rhus tox, Hepar and Psor were of benefit. An upper bicuspid tooth which showed but slight involvement in the x-ray picture was extracted. There has been no iritis since—a period of three years.



## DIPHTHERIA—SUCCESSFUL TREATMENT.

*(Immunization Without Harmful Consequences).*

EUGENE UNDERHILL, M. D., Philadelphia, Pa.

### FOREWORD.

The author's paper, "Antitoxin; Toxin-Antitoxin; the Schick Test," published by the I. H. A., provoked a very extensive correspondence from physicians of all schools of practice. Many questions were asked covering various phases and facts relating to diphtheria, some of which are quite outside the essential requirements for successful treatment.

Here are some of the questions:

Is this a constitutional or local disease?

What are the points of entrance?

What structures are principally involved?

What is the percentage of immunity?

What is the admitted mortality under old school treatment and under Homœopathic treatment?

What are the main points in the diagnosis?

Define diphtheria carriers and state what is done for them.

What effect does the removal of tonsils have upon the incidence and severity of diphtheria?

Should anything be put on the membrane?

What shall we do when strangulation threatens?

What is the best prophylaxis against the formation of membrane?

What relation does the amount of the membrane have to the severity of the disease?

What are the chief complications?

What is the duration of the disease when not under Homœopathic treatment?

Does antitoxin ever cure, and if so, why?

What should be done if the family insists on the use of antitoxin?

What are the principal drugs indicated? Should they be prescribed entirely on the throat symptoms?

What will give the greatest degree of immunity?

We have attempted to answer these questions and to present, also, other collateral facts in a very direct and easily-understood way.

We have also tried to cover the scientific treatment of the disease in accordance with true Homœopathic practice.

The paper is presented at the suggestion of our Secretary, Dr. Roberts, and in response to inquiries from many sources.

The word diphtheria means skin or membrane. The disease has also been called Membranous Angina, which signifies choking with membrane.

It is an acute, infectious, contagious, communicable disease. It may be sporadic, endemic or epidemic.

It has been known since the time of Hippocrates.

It is a constitutional disease with local manifestations in the throat.

It is claimed that the cause is the Klebs-Loeffler bacillus, or the bacterium diphtheriae, but we do not regard this point as settled beyond a reasonable doubt. The bacillus may be a result instead of a cause. Even though the bacillus is conceded to be an exciting cause, the susceptibility lies within the patient.

The disease may enter the body from without, the points of entrance being:

The respiratory tract;

The digestive tract—when digestion is badly impaired;

The tonsils—when their protecting powers are overwhelmed;

Abrasions in the skin.

The toxins of diphtheria are capable of producing deep and destructive changes in every organ and tissue of the body—the tonsils, adenoids, spleen, heart, kidneys and lymph glands being particularly affected. Occasionally the diphtheritic poison will involve the eyes, the auditory canal and the genitals.. Such involvement, if it occurs at all, will be noticed at the beginning of the disease.

The disease is communicated from one person to another both by direct and indirect contact.

It is a rather persistent infection and demands isolation to prevent its spread.

It will rarely attack the healthy or those whose bodies are already occupied by serious chronic disease.

It attacks children chiefly, although adults occasionally have it. Children between the ages of two and ten years are the most susceptible. One attack does not render the individual immune except for a short time.

A very large number of both children and adults are naturally immune. Some old-school authorities admit a natural immunity of 90 per cent., or over.

Of the susceptibles who contract the disease the great majority have it in a mild form. Occasionally there is a very severe case. This case is almost always lost under old-school treatment—antitoxin or other measures notwithstanding. This is the case that is said to have an accidental location of the membrane, or antitoxin was given too late, or other “cock and bull” story trotted out to account for failure.

The average mortality in all cases under old-school treatment is admitted to be between 15 and 20 per cent. Some claim as low as 13 per cent. There have been epidemics in which the mortality has been as high as 50 per cent.

In Homœopathic practice, a very careful and extensive canvass of the best prescribers shows a mortality of far less than one-tenth of 1 per cent. Thirty-one of the I. H. A. members in busy, general practice covering a period of twenty years have not lost a single case.

#### PERIOD OF INCUBATION.

The period of incubation is from two to twelve days.

#### DIAGNOSIS.

A culture which shows the presence of the Klebs-Loeffler bacillus has been esteemed a certain evidence of the existence of the disease. It has, however, been observed that the most

serious forms of diphtheria may not be discovered by bacteriological examination. The poison of the disease may not have sufficiently developed or been thrown out on the tonsils and adjacent structures so as to admit of obtaining suitable material for the cultures, or the exudate containing the bacilli may be beyond the reach of the swab used.

The Klebs-Loeffler bacillus has often been found in the mouths of individuals who did not have and have never had diphtheria. Such individuals are called diphtheria carriers. Here is what is done to them when they can be caught and will submit to the process:

- 1.—Swab the tonsils (if they have any) every other day with a ten per cent. solution of nitrate of silver;
- 2.—Perform tonsillectomy (if some other fellow has not already done the job);
- 3.—Apply Argyrol ten per cent. in nose and throat twice a day;
- 4.—Shoot subcutaneously 1 c. c. of Toxin-antitoxin mixture;
- 5.—Use naso-pharyngeal spray of Dobell's solution every four hours.
- 6.—Scrub the mucous surfaces with Dakin's solution every two hours;
- 7.—Wash out the buccal cavity with alcoholic solution of gentian violet;
- 8.—Paint throat with tincture of iodine.

Keep up these measures until the cultures are negative or the victim dies (funeral private).

Very little danger need be anticipated from the so-called diphtheria carriers. The bacilli have all degrees of harmlessness and very small powers for mischief when carried in the mouth of an individual for a long time. Anyway, if such a person comes under Homœopathic care and his constitutional remedy is found, the bacilli will move to a more congenial climate.

The chief danger from a diphtheria carrier when discovered, is that he will be used as a horrible example and be made the excuse for shooting toxin-antitoxin into children that have about

as much chance of contracting diphtheria as they have of being struck by lightning.

### THE CLINICAL MANIFESTATIONS OF DIPHTHERIA.

NOTE: The manifestations as here given relate to the course of the disease when uninfluenced by Homoeopathic medication. They are details of what may be expected under ordinary circumstances and such as may be observed when taking charge of a case. If these manifestations continue to unfold or develop after beginning treatment, they indicate a failure in remedy selection. Of course, it is to be understood that these manifestations and details are not to be considered as in any sense guides or even suggestions for prescribing.

The onset of the disease is rather slow. It is generally preceded by fatigue and great irritability.

A slight sore throat develops, which may increase somewhat in severity, but is not apt to become very painful. In some subjects, however, the pain in the throat is very severe. If old enough, the patient is likely to complain of chilliness about the time the sore throat develops.

The cervical and submaxillary glands may enlarge.

Pains in the head, back and limbs are quite common.

Adult patients are apt to complain of stiffness of the muscles of the neck.

Children frequently have attacks of vomiting, or convulsions

There is difficulty in swallowing, and considerable tenderness beneath the jaw, particularly on pressure.

From the beginning of the disease the prostration is very profound.

### THE MEMBRANE.

Very early in the course of the disease and among the first symptoms noticed, is the appearance of a grayish-white or grayish-yellow, sometimes pearly-white or transparent membrane which generally appears first upon the tonsils. One tonsil only may be involved at first, but the membrane soon spreads to the other tonsil. It may involve the uvula and appear also on the posterior wall of the pharynx. It may extend to the

nasal passages and to the larynx, and especially so if the tonsils have been removed..

The incidence of diphtheria is no less in persons who have had their tonsils removed.

Our observations lead us to believe that the disease is more virulent and fatal when it follows either soon or remotely after tonsillectomy.

The tonsils have certain protecting powers.

Nature usually picks the points of elimination where the least harm is likely to result from the poison and where her most destructive agents to the infection can be marshalled and set at work.

The tonsils are the first line of defense. Their removal is not only a threat of disaster in the event of the appearance of diphtheria, but tonsillectomy is often followed by glandular affections, and, in susceptible subjects, by tuberculosis.

We have observed cases of persistent and recurrent attacks of tonsillitis, the local disturbances of which have entirely subsided on the removal of the tonsils, but the operation is very frequently followed by one or more attacks of pneumonia in less than two years, and by several attacks of bronchitis in the same period of time.

The throwing out of the membrane is an attempt of nature to get rid of the poison.

Diphtheria is an eruptive disease—the eruption appearing chiefly on mucous surfaces, although occasionally it appears also on the skin.

Should anything be put on the membrane to remove or lessen its appearance, or to destroy local infection by oxidizing or germicidal agents? We say “no,” for the following reasons:

- 1.—It is the same as driving away an eruption on the skin by local measures, and is, therefore, suppressive and consequently harmful.
- 2.—It acts as a deterrent to nature. She will not persistently carry the poison to a place where elimination is seriously interfered with. Finding the usual and most favorable outlet partially or completely blocked, the poison is retained in the blood stream to

the point of saturation, when it is deposited as follows:

- (a) In the muscles of deglutition, producing paralysis—manifested by the regurgitation of liquids through the nose;
  - (b) In the muscles of the eyes—manifested by diplopia, strabismus, ptosis;
  - (c) In the motor centers of the brain—resulting in local or general paralysis;
  - (d) In the heart muscle—manifested by a remarkable slowing down of the pulse, or sudden death.
- 3.—If membrane continues to appear in the throat, in spite of the local applications, there is an undue tax, or drain, on the albumin component of the blood with a corresponding decrease in the physical powers of the patient—the exudate being albuminous in character.
- 4.—Agents that are effective in removing the membrane may leave an eroded surface with many minute blood vessels torn or ruptured. These open vessels tend to reabsorb poisonous materials, and thereby add to, or prolong the disease.

Let it be remembered that what is outside is not inside. When the membrane appears in the throat, the poison is on the way out and is bidding good-bye to the vital centers.

If disease cannot express itself, the patient either dies or suffers other serious consequences.

The more you forget the membrane and remember to treat the patient, the better the prospects of recovery.

However, it is possible to have the membrane accumulate so fast and so much as to threaten, or actually suffocate the patient.

This is a very rare occurrence. It is never likely to happen if the patient is seen early and the proper remedy administered. However, the case may have come from incompetent hands, we may have been called late in the disease, or the condition may

be an expression of our own failure and we are, therefore, obliged to deal with a mechanical condition.

What shall we do?

Many will quickly answer—tracheotomy. When young and foolish, we did that once, did it with a pen knife—the emergency seemed so great. It was very spectacular and we received great credit for it. The patient got well—"not by reason of, but in spite of." We are not saying that tracheotomy may never be required, but we do say that that first case was a long time ago, and we have not seen any such necessity since, and we now have grave doubts about the requirements in that first case.

Here are some better ways to proceed when the membrane is accumulating so rapidly as to threaten a blockade of the air passages:

- 1.—Use dilute alcohol by gargle, if the patient is old enough, or by frequent swabbing, spraying or by inhalation—having the dilution hot or cold, whichever is most acceptable to the patient.

"Now," you will say, "you have reversed yourself—you said put nothing on the membrane, and here you are advising alcohol." Quite so; we may have to "eat crow" sometime if there is no other meat. But remember this—alcohol is a remedy, and is very similar to some phases of this disease. An old-fashioned, pre-Volstead drunk and diphtheria have many manifestations in common.

Here are ways in which alcohol may act:

A solvent to the membrane;

A germicide or disinfectant;

A food—to a slight degree, being, to some extent, a substitute for fat;

A remedy.

One theoretical danger may be considered. If one of the serpent poisons is strongly indicated alcohol might possibly exert an antidotal effect upon the remedy.

Do not continue the application of alcohol after the suffocating emergency has passed. Nature will still be attempting to throw out more membrane as a menstrum or base for carrying or entangling the poison, and any such unnecessary tax upon



the system should be avoided. Whatever remedial value the alcohol may exert you will have set in motion by the first application.

- 2.—Remove the membrane by force. Pull it out with a blunt, hook-like instrument. As it is loosened, some of the membrane may be swallowed, or it may be even pushed down. If a moderate quantity goes to the stomach, no very harmful results need be anticipated, as the poison is destroyed by the hydrochloric acid content of the stomach. Moreover, in such case vomiting is quite apt to follow, and the accompanying gagging, coughing and relaxation are likely to loosen more of the membrane which may be readily ejected by the patient, or removed by the physician or nurse.
- 3.—Intubation—passing a tube through the obstruction.
- 4.—Tracheotomy as a last resort.

The following measures and agents have been suggested for inhibiting or preventing the formation of the membrane. They are of very little, if any value, and some of them may be positively harmful by interfering with the action of the Homœopathic remedy:

- (a) Slaking lime in the room;
- (b) Evaporating water over a stove or other heating apparatus, with a little turpentine or oil of eucalyptus added to the water;
- (c) Keeping the atmosphere of the room moist by hanging muslin or sheets over doors and about the room, and keeping them wet with a solution of bichloride of mercury—said to perform the double purpose of inhibiting the development of the membrane and preventing the escape of the infection to other parts of the house. Both ideas are fallacies. Moreover, some patients are made worse by a moist atmosphere. The proceeding might be of some value if mercury should chance to be the indicated remedy; even then it is better to administer the drug in the usual way.

- (d) Spraying the throat and nose with a solution of permanganate of potash, 1 to 2,000, or peroxide of hydrogen diluted one-third or used full strength. These agents are sometimes used in alternation.
- (e) Applying powdered sulphur to the membrane;
- (f) Gargling or swabbing the throat with a normal salt solution. This is not likely to be harmful and might be of some value.

The best prophylaxis as regards the formation of an excess of membrane is good prescribing. If the prescribing is accurate, no emergency of threatened suffocation need be anticipated.

In our experience, the amount of the membrane appears to have no constant relation to the severity of the disease. It may be very mild, or very severe, with only a small showing of exudate, and the same is true when the membrane forms in excess, even to the point of threatened suffocation.

We have a parallel to this in measles where the disease may be very mild or very severe with only a small amount of eruption, and similar manifestations when the eruption is very extensive.

Not every case of threatened or actual suffocation is due to membrane formation.

An Apis or Arsenicum patient may actually choke to death from edema, and a Lachesis patient may have all the earmarks of impending strangulation.

The Ammonium Caust. patient may have a spasm of the glottis with threatening or actual strangulation.

#### APPEARANCE OF MUCOUS MEMBRANES.

All the mucous membranes of the mouth usually have a very dark and threatening appearance. Sometimes they appear raw and red like fresh cut raw beef—an Arum Triphyllum symptom. Occasionally they have a rather transparent, turgescient appearance—Apis.

#### THE FACE.

There is usually great pallor; may have a besotted look—Baptisia, Crotalus, Ailanthus. In very severe cases the face may

present a peculiar, ashy-gray appearance; occasionally a cold, bluish color—Merc. Cyanide. May look like a corpse—Sulph. Acid.

#### THE EYES.

The pupils are generally dilated and sometimes unequal. There may be diplopia, twitching of the eyelids, ptosis, strabismus—paralytic symptoms.

#### THE TONGUE.

The tongue is generally moist. It may be edematous; sometimes covered with a very thin film or membrane. When protruded with difficulty, trembling and catching behind the teeth, Lachesis should be considered.

#### THE TEMPERATURE.

As a rule, the temperature is not high and its course is quite apt to be irregular. In adults it usually rises gradually. In children it may rise gradually or it may go very rapidly to its highest point. It may vary from 102 to 104 degrees.

It should always be remembered, however, that the temperature in this disease is not a safe guide as to the condition of the patient. In some of the very worst cases the temperature may be but a very little above normal. In very malignant cases, the temperature is often subnormal.

#### THE PULSE.

The pulse soon becomes rapid and feeble. In severe cases it is soft and compressible. It may be intermittent. It may be constantly changing in tension and volume—a Naja symptom.

The heart action is often irregular, particularly during convalescence. If the heart is seriously involved, the pulse rate may drop as low as 40 per minute or even less.

#### RESPIRATION.

There is marked dyspnea. The voice is husky, or may be loss of voice and a cough is quite common. The sound of the

cough seems to be peculiar to the disease; it is generally dull and rasping, sometimes metallic or bell-like in quality. If the membrane extends to the larynx, the cough becomes croupy in character and the breathing then becomes still more difficult, may be whistling or suffocative. There may be very violent fits of coughing, followed by the expectoration of shreds of membrane.

The breath is usually very offensive. In some cases it is horribly putrid and gangrenous in character, and may be associated with occasional discharges from the nose and mouth with similar odor. This last may be a symptom when *Baptisia* is indicated.

A bloody saliva may run out of the mouth during sleep—a *Rhus* symptom.

An oppressed feeling and air hunger on waking may be experienced—a *Baptisia* symptom.

#### THE ERUPTION.

The characteristic eruption is the deposit or formation of membrane upon the tonsils and neighboring parts. Very occasionally, purple, blood-red or copper-colored spots may appear on the chest, abdomen and sides of the body. The appearance of these spots is generally accompanied by increased muscular weakness and pain in the limbs.

#### DIGESTIVE SYMPTOMS.

The bowels are almost always constipated. Attacks of nausea and vomiting sometimes occur. Pain in the stomach is quite common, particularly in the later stages of the disease or during convalescence.

#### THE URINE.

The urine is scanty and dark colored, and in almost every case contains albumin and often casts. Suppression of the urine is not uncommon in the beginning of the disease.

## NERVOUS SYMPTOMS.

In very severe cases the deadening effect of the disease upon the nervous system is generally so profound that the ordinary nervous symptoms, such as headache, restlessness, delirium, etc., are not usually very marked.

There may be nerve changes of an irritative, inflammatory or degenerative character. These changes may be manifested by paralytic effects late in the acute stage of the disease, or they may appear weeks after the acute illness has subsided. They may be either temporary or permanent. Speech difficulty and paralysis of the throat are not uncommon.

## COMPLICATIONS.

Broncho-pneumonia, lobar-pneumonia, myocardial weakness, parenchymatous changes and disturbance in nerve control of the heart, cloudy swelling, acute parenchymatous nephritis and occasionally hemorrhagic nephritis.

## DURATION OF THE DISEASE.

In uncomplicated cases not under Homœopathic treatment, the disease lasts from ten days to three weeks (it takes that long to kill the patient, or allow him to get well). If complications occur, the duration may be shorter or much longer.

## PROGNOSIS.

Absolutely favorable under skilful Homœopathic treatment.

Before outlining the scientific treatment of this disease, as practiced by the most competent Homœopaths, the following questions may be appropriately answered:

- 1.—Does antitoxin ever cure diphtheria?
- 2.—What should the scientific and conscientious physician do if the patient, or friends of the patient, insist upon the use of antitoxin?

The action of antitoxin in diphtheria is suppressive in character, and consequently harmful. It will frequently remove and suppress the formation of membrane in 24 hours. This action

is due to the fact that antitoxin is modified diphtheria poison, and is, therefore, similar to the germ factor in the disease. It may be partly similar, also, to other factors in the disease, due to the tricresol in which the antitoxin is preserved. It contains, therefore, two very crude, but modified Homœopathic remedies—diphtherinum and carbolic acid—tricresol being made up of the three creosols of crude carbolic acid.

One of these crude, modified Homœopathic remedies in the antitoxin may occasionally register a cure.

The best that can be said of antitoxin is that in some particulars it is nearly a half similar with uncertain action.

It is a crude, blundering, ignorant, dangerous Homœopathy. Its use is attended with threats of immediate disaster and by remote harmful consequences which cannot be foreseen or estimated, and which are often beyond repair.

That is the answer to the first question.

Here is the answer to the second question:

Antitoxin should never be used by the enlightened physician. In our armamentarium are many keen, razor-edged weapons which are far superior in every way. Their skilful use means destruction of the disease, and life for the patient.

There has been, and there is, a nation-wide, if not world-wide propaganda going on to compel the laity to demand the use of antitoxin even in every suspected case of diphtheria. It is the duty of every conscientious and scientific physician to meet that demand with a clear statement of the facts, and if the demand is still persisted in, to resign from the case with promptness and dignity.

#### SUCCESSFUL TREATMENT.

The successful treatment of diphtheria, like the successful treatment of any other disease, consists simply in the mastery of three brief propositions:

- 1.—Find the absolutely similar remedy.
- 2.—Administer the remedy in proper potency.
- 3.—Repeat the remedy only at appropriate intervals. The force of the remedy is burned up faster in acute disease than in chronic affections, and there is less

likelihood of making the mistake of repeating too soon in acute diseases. The drug should be repeated when improvement ceases—particularly if the patient is still in a serious condition.

Something short of the absolutely similar remedy might be successful, but in very severe cases it is the simillimum that wins. It is, therefore, important not to muddle the case by administering some forty-second cousin to the simillimum.

Stuart Close says of the Homœopathic artist: "If possible, he makes no prescription until he has not only found the complete image (of the disease) but also its perfect correspondent in a remedy."

Don't waste time, but be thorough. Keep in mind the following observations:

Do not pay so much attention to the diphtheria that you forget the patient;

The symptoms leading to the remedy may be largely, or entirely outside of the throat;

Each remedy has its own sphere of action and when indicated will, in addition to the throat symptoms of diphtheria, almost certainly show symptoms in its own territory—the nose and lips in *Arum Triphillum*, the head in *Belladonna*, the bladder in *Cantharis*, the throat and neck in *Lachesis*, etc.

Failing to find the remedy, protect the patient from his relatives and friends by the judicious use of *Saccharum Lactose*, and call for help. If the family will not or cannot stand the expense of a consultation, consult anyway—if necessary.

Don't waste the family's money or your time by calling in a regular or a "pseudo." Such a consultation is a farce and worse than useless. Get the symptoms and go over the case with the best Homœopathician of your acquaintance—confer with the physician who treats you when you are sick.

NOTE—If you treat yourself, please accept our sympathy—you either have edemacephalus, or a sad bunch of friends in the profession.

Diphtheria, being an acute disease, with quite pronounced symptoms, it is usually very easy to find the simillimum. The chief difficulty is due to the fact that almost any remedy in the *Materia Medica* may occasionally be indicated, and a great mass of irrelevant symptoms may becloud the issue.

To simplify the remedy selection as much as possible, we are presenting a list of remedies with their indications, which we believe will cover over 90 per cent., possibly 98 per cent. or more, of all cases.

In this presentation there is no attempt at originality. As a matter of fact, in the symptomatology we have endeavored to adhere as closely as possible to the statements of the provers, for only in this way is there any certain reliability. We have, however, omitted many common symptoms such as might be expected in any profound or prostrating disease, and endeavored to retain chiefly those indications which are especially characteristic in this connection.

We have made a very brief and simple classification of the symptoms under each remedy, using repertorial divisions wherever they will apply. The aim has been to present remedies that are most commonly required, to use familiar terms, to exclude all non-essentials and arrange the symptoms in such a way that the physician can decide, almost at a glance, whether or not a certain remedy fits the case. The whole list of remedies is so small that they can all be considered in a very brief period of time.

The leading indications of any other remedy, or remedies which have proved successful in your hands can be easily classified in the same way and added to this list, which will thereby make nearly every medicinal requirement for this disease, almost instantly available.

#### IMMUNIZATION WITHOUT HARMFUL CONSEQUENCES.

To be under skilful Homœopathic care and treatment, furnishes the greatest possible degree of immunity—not only as against diphtheria, but against every other infection.

How very rarely do patients that are under our care contract any acute illness, and especially if we have been able to find their



individual or constitutional remedy! They may occasionally slip out from under the influence of that remedy and become the victims of infection, but the attack is almost always very mild. Repeating the constitutional remedy, or a single dose of an appropriate intercurrent is generally all that is required.

Our serious cases of diphtheria are among strangers—persons who have not enjoyed the blessings of Homœopathic treatment. Even in such cases, however, our careful prescribers win nearly every time. One of our I. H. A. members in a very large general practice only had one fatality in 39 years. As mentioned above, 31 of our members have not lost a single case of diphtheria in 20 years. Talk about immunity—Homœopathy is the immunizing agent par excellence. The special weapon is the constitutional remedy, and there are no harmful consequences.

#### AILANTHUS GLANDULOSA.

##### *Type:*

Malignant, septic, zymotic, sluggish.

Marked capillary congestion.

##### *Characteristic Symptoms:*

Stupidity and mottled skin.

##### *Mental Symptoms:*

Torpid, drowsy, stupid, forgetful.

A dreamy state of mind, with indifference. (The restlessness and anxiety have usually passed when Ailanthus becomes indicated).

Inability to answer questions correctly.

Low delirium, or coma.

##### *General Symptoms:*

Septic, stupid and sluggish (more so even than in Baptisia).

Capillary congestion.

Purple, bloated, mottled, besotted face.

Profound prostration.

##### *Throat Symptoms:*

Throat and nose both involved.

Mouth often open.

Profuse, excoriating, watery discharge from nose.

Mucous membrane dusky red and often edematous.

Dry, rough throat; tender and sore on swallowing.

*Particulars:*

Neck tender and swollen.

Nausea at the sight of food.

Stools thin, watery and offensive.

Urine scanty; sometimes suppressed, and may be passed involuntarily.

Sensation of crawling on body.

Petechiae on skin.

AMMONIUM CAUST.

*Type:*

Nasal and laryngeal cases with spasm of the glottis.

*General Symptoms:*

Great prostration and weakness.

Extreme loss of muscular power.

Pain in head, back and limbs.

Considerable fever.

*Throat Symptoms:*

Loss of voice.

Burning and rawness in the throat.

Burning, excoriating discharge.

Gasping for breath, cough, hoarseness and whistling breathing.

Very difficult swallowing with sudden catching in throat.

Very little swelling, but deep redness.

At first, a few white spots on the tonsils. These spread and become confluent and cover the entire throat.

Very thick membrane which nearly fills the throat.

APIS MELLIFICA.

*Type:*

A violent, debilitating, prostrating, restless, edematous, burning, stinging, thirstless remedy.

Strong affinity for mucous surfaces and cellular tissues.

*Characteristic Symptoms:*

Edema.

No remedy, not even Arsenicum, is more edematous than is Apis.

This edema is general, including the throat, the eyes and any part that may be attacked in the course of the disease.

*Mental Symptoms:*

A stupid and indifferent patient.

Sometimes drowsiness alternating with restlessness and tossing about.

Sometimes the shrill, piercing, Apis cry is heard (cri-cerebral).

*General Symptoms:*

Burning, stinging pains, with thirstlessness.

General amelioration from cold and aggravation from hot applications. (A very important, distinguishing feature).

Aggravation after sleep and aggravation from touch (in common with practically all animal poisons and venoms).

General aggravation in the afternoon around three o'clock though a time aggravation is not always conspicuous.

*Throat Symptoms:*

Great edema of throat and fauces.

Extreme edema, especially of the throat, should bring Apis to mind, but it is not to be prescribed without the other cardinal symptoms.

Membrane first begins to form on the right tonsil and is thick.

The tongue is edematous.

Sensation of fullness in throat.

Edema of uvula (very characteristic).

Dangerous swelling of the larynx in some cases.

Blisters on the tongue.

A red, varnished appearance of the throat.

Frequent and difficult swallowing.

*Particulars:*

Very rapid, weak pulse.

Skin often alternately dry and sweaty.

Lower limbs feel paralyzed. (Apis is therefore often indicated in post-diphtheritic paralysis).

Cutting pain in abdomen.

Urine may be profuse and pale, or scanty and dark.

*Points of Differentiation:*

Apis is edematous—Belladonna is congestive.

Apis is worse from hot applications—Arsenicum better from hot applications and hot drinks.

## ARSENICUM ALBUM.

*Type:*

The cold, fearful, restless, prostrated, burning, thirsty, mid-night remedy.

*Characteristic Symptoms:*

Very severe cases with great prostration.

Coldness, restlessness, fear, thirst, burning pains.

Craves light, warmth and company.

*Mental Symptoms:*

Anxiety, fear, sadness and despair.

Anxious, restless, fear of death.

Fear when alone.

*General Symptoms:*

Drinks often, but little.

Hot drinks ameliorate.

Worse around or after midnight. (1:00 to 3:00 a. m.)

Restlessness.

Must move though motion does not ameliorate.

As restless as Aconite or Rhus tox.

Burning pains like Sulphur and Phos.

Edema of throat, beneath the eyes, and swelling of the legs and feet.

*Throat Symptoms:*

Throat much swollen and edematous; swelling of neck.

Tendency to edema is second only to Apis.

Easy bleeding from involved surfaces.

Dark, offensive membrane—almost gangrenous, and of a putrid or cadaveric odor.

Thin, excoriating nasal discharge.

*Particulars:*

Starting in sleep.

Jerking of limbs.

Sometimes watery, offensive diarrhoea—very debilitating.  
Scanty, albuminous urine.

# ARUM TRIPHYLLUM.

## *Type:*

Irritative, excoriating, itching, tingling, left-sided remedy.

## *Characteristic Symptoms:*

Picks lips and nose until they bleed (the symptom that suggests the remedy).

Bores fingers into nose in spite of the soreness and rawness.

## *Mental Symptoms:*

Great restlessness; tosses around in bed and often cries out.

Marked irritability.

## *General Symptoms:*

Persistent, painful, intolerable tingling of nose, mouth, lips and other affected parts. (The boring and picking of the nose and lips until they bleed is the same symptom, but expressed objectively. Often, actions speak louder than words).

Preference for the right side, or the trouble may begin on the right and extend to the left.

## *Throat Symptoms:*

Mucous membranes raw and red, looking like fresh cut, raw beef.

Acrid and corrosive discharges from nose and throat.

Painful soreness and rawness.

Painful clearing of throat.

Grasps at throat.

Hoarse voice.

Aggravated talking.

Sometimes loss of voice.

Markedly congested throat.

Mouth too sore even to drink.

## *Particulars:*

Excoriation of skin from contact with the discharges; causes the skin to peel off; especially from lips and margin of nose.

*Points of Differentiation:*

Cina has similar boring of the fingers into the nose, but Cina has a more capricious appetite, is more touchy, more perverse, more mental symptoms, more nervous symptoms and more congestion and, while it may be indicated in Diphtheria, nevertheless, does not have in itself the nature of Diphtheria as much as Arum Triphyllum.

## BAPTISIA TINCTORIA.

*Type:*

The confused, scattered, devitalized, sluggish, extremely sick, putrid remedy.

*Characteristic Symptoms:*

A rapid-paced, profoundly prostrating remedy.

Chilliness of back and limbs.

Bruised, sore feeling all over the body.

*Mental Symptoms:*

Profound depression of sensorium.

Parts of body feel scattered about in bed; thinks he can not collect the parts.

*General Symptoms:*

Extreme prostration.

Horribly offensive odors.

Putrid discharges.

Oppressed feeling and air hunger on waking.

Parts laid on feel sore and bruised.

Bed feels too hard, but is too sick to move.

Lies in a half-stupid state and looks like one intoxicated.

Dark red face and a besotted expression.

*Throat Symptoms:*

Horribly offensive discharges from mouth and nose, with a gangrenous odor.

Can swallow liquids much more easily than solids.

Gagging when trying to swallow solids.

*Particulars:*

Thick, heavily-coated tongue.

Offensive odor to the breath.

Putrid odor to urine and stools.

### BELLADONNA.

#### *Type:*

Sudden, congestive, pulsating, hot, right-sided remedy.

#### *Characteristic Symptoms:*

Sudden onset with violent symptoms.

Head symptoms and, sometimes, delirium.

Full, bounding pulse.

Most often indicated before an absolute diagnosis of diphtheria can be made. If the patient needs Belladonna and gets it, in a potency above the 30th, the disease will be aborted and the real diphtheria picture will not develop.

#### *Mental Symptoms:*

Delirium of a violent type, with widely-dilated pupils, but more often drowsy and sleepy.

#### *General Symptoms:*

The Belladonna case has a sudden onset with intense surface heat.

Dry skin, yet sweating on covered parts.

Hot head, with face either red or pale.

Shining eyes.

Throbbing, pulsating vessels in neck.

Aggravation from noise, motion, light, jarring.

Worse after 3 p. m., and again a short time after midnight.

Better from covering up.

Inclined to be chilly, especially at the onset of symptoms.

Drowsy and sleepy—often starts or jumps in sleep.

Violent delirium is entirely possible.

#### *Throat Symptoms:*

Throat is dry, congested, swollen, red, raw, hot and burning.

Thirst for frequent sips of cold water.

Tongue dry, edges red.

White coating on dorsum.

Right side of throat is usually first attacked.

After the exudate forms, another remedy will probably be indicated.

Belladonna diphtheria is not common. Most likely to be seen in the plethoric child. Usually the disease has passed the Belladonna stage before the physician is called.

#### CANTHARIS.

##### *Type:*

Acute, rapid, violent, inflammatory and destructive.  
Preference for mucous membranes.  
Special affinity for the bladder.

##### *Characteristic Symptoms:*

Burning, smarting, biting, cutting pains.  
Constriction of throat and difficult swallowing.  
Violent tenesmus of the bladder.

##### *Mental Symptoms:*

Sudden stupor, or loss of consciousness.  
Confusion of mind.  
Delirium.  
Marked irritability; restless, uneasy and dissatisfied.

##### *General Symptoms:*

Cases with pronounced bladder symptoms.  
Burning pains like Arsenicum.  
Aggravated when drinking.  
Thin, bloody, mucous stools with great tenesmus.  
Extreme pain and scalding when voiding urine.

##### *Throat Symptoms:*

Preference for right side.  
Larynx sensitive to touch—feels as if blistered.  
Edematous condition of mucous membranes.  
Regurgitation of liquids through nose.  
Fear of and sometimes actual, dangerous narrowing of the larynx.  
Increased secretions from nose and throat.  
Thick, ropy mucus like Kali Bichromicum, Coccus cacti and Hydrastis.



*Points of Differentiation:*

Apis has more edema, stinging pains, thirstlessness and less burning.

Arsenicum has more coldness and fear, and is relieved by heat.

CAPSICUM.

*Type:*

A relaxed, plethoric, sluggish, cold remedy.

*Characteristic Symptoms:*

Face and nose red, but surface cold.

A discontented feeling like home-sickness.

Strong affinity for mucous membranes of the throat and kidneys.

Smarting, burning pains feeling like red pepper on mucous membranes.

*General Symptoms:*

Victims of long-standing over-stimulation.

Children of parents who have indulged in alcoholics and hot seasonings.

Poor reaction.

Capillary congestion.

Chilliness after drinking.

Chilliness between shoulders.

Pains in head aggravated from coughing.

Aggravation from cold air and drafts.

Aggravation from uncovering.

Amelioration on motion.

Soreness, burning and smarting.

Easy sweating tendency.

*Throat Symptoms:*

Smarting, burning blisters on roof of mouth.

Constriction on swallowing.

Sensation as if throat closed spasmodically.

Swallowing gives momentary relief.

Putrid odor from mouth.

Elongation of uvula.

Mouth and throat smart as from red pepper, and is not relieved by hot drinks or hot applications.

## CARBOLIC ACID.

*Type:*

A languid, prostrating, destructive, foul and (sometimes) painless remedy.

*Characteristic Symptoms:*

Strong affinity for mucous membranes, throat, digestive tract and blood.

Depresses respiratory centers.

*General Symptoms:*

Putrid odors.

Prickling, burning pains in mouth and stomach.

Sometimes absence of pain.

Dusky, red face; pale around mouth and nose.

Rapid sinking.

Soreness.

*Throat Symptoms:*

White streaks or marks on mucous membrane of throat.

Cases with vesicular eruptions which itch and burn.

Bloody exudate.

Carbolic acid does not produce a highly-inflamed throat.

*Particulars:*

Cold sweat, chilliness.

Weak pulse.

Loss of appetite; nausea.

Vesicular eruptions which itch and are relieved by rubbing or scratching, but leave a burning pain.

## . CROTALUS HORIDUS.

*Type:*

A malignant, septic, hemorrhagic, devitalizing remedy.

*Characteristic Symptoms:*

Cases with discharge of dark, thin, decomposed blood from nose and throat.

Hemorrhages from every outlet of the body.

Bloody sweat.

Suited to very malignant cases with profuse epistaxis.

Preference for right side.

*Mental Symptoms:*

- Torpid and forgetful.
- Sensorial depression.
- Occipital headaches come in waves.
- Dreams of the dead.

*General Symptoms:*

- Profoundly affects the blood and liver.
- Aggravation lying on right side.
- Heart symptoms aggravated lying on left side.
- Sleeps into aggravation like Lachesis and other venoms.
- Distortion of face on waking.
- Deathly sick, weak and tremulous.
- Petechiae and ecchymoses (signs of blood changes and profound prostration).

*Throat Symptoms:*

- Swollen tongue.
- Throat dark and bluish.
- Gangrenous tendency.
- Bleeding of dark, decomposed blood.

*Particulars:*

- Anxious, labored breathing.
- Tremulous action of heart.
- Dark, besotted face.

DIPHThERINUM.

This remedy is the potentized diphtheria toxin, or virus—the material that is inoculated into a horse for the purpose of producing diphtheria antitoxin.

Another preparation known by the same name is potentized diphtheria antitoxin itself.

*Characteristic Symptoms:*

- Painless diphtheria with very few subjective symptoms and fluctuating temperature.

*General Symptoms:*

- A weak, apathetic patient.
- Profound prostration.

Cases of post-diphtheritic paralysis, especially after the use of antitoxin.

*Throat Symptoms:*

Diphtheritic membrane of dark gray or brown color, sometimes black.

Tonsils dark red and swollen.

Involvement of cervical glands.

Offensive breath.

Often epistaxis.

IGNATIA.

*Type:*

The emotional remedy of moods, surprises and contradictions.

Not commonly indicated in diphtheria, but priceless when needed.

For the emotional hysteric.

Changeable mood.

*General Symptoms:*

Twitching all over the body.

Frequent sighing, sad and moody.

(Pain in small spots like Kali Bich.)

All-gone, weak, empty feeling in stomach, not ameliorated by eating.

An over-sensitive patient aggravated from touch.

*Throat Symptoms:*

Pain and suffering in the throat, ameliorated by swallowing.

Sometimes aggravated swallowing liquids and ameliorated swallowing solids (like Lachesis and Capsicum).

(Baptisia can only swallow liquids—the least solid food gags).

Sensation of lump in throat.

Dry, spasmodic cough.

KALI BICHROMICUM.

*Type:*

The ropy, stringy remedy with wandering pains and punched-out ulcers.

*Characteristic Symptoms:*

Strong affinity for the mucous membranes of the respiratory and digestive tracts.

Thick, tough, tenacious, yellow, lumpy, stringy, sticky expectoration.

Ropy saliva.

*General Symptoms:*

Weariness and moderate prostration.

Sleepiness.

A subnormal temperature with cold sweat.

Pale, sunken face.

Wandering pains appear and disappear suddenly.

Pains in small spots.

Often a pain at root of nose.

After midnight, aggravation—especially from 2:00 to 5:00 a. m.

Aggravation from cold.

Amelioration from heat and motion.

Fever is absent or slight, and the temperature is often subnormal (in common with all Kalis).

*Throat Symptoms:*

Yellow coating on tongue—sometimes red, dry and glossy.

Pain in throat extending to neck or shoulders.

Swollen cervical glands.

Stringy discharge from nose and throat.

Formation of jelly-like mucus.

Strong tendency toward ulceration of the throat.

When the false membrane is pulled off, it leaves a deep, sometimes punched-out ulcer.

LAC CANINUM.

*Type:*

The remedy that alternates, or changes sides.

*Characteristic Symptoms:*

Alternation of sides or change of sides.

Often begins on left.

Suddenly shifts to right, then back again to left, there being usually amelioration on one side while the other is involved.

*General Symptoms:*

Over-sensitive.

Aggravation morning of one day and evening of next.

Aggravation from jarring of bed.

Aggravation from touch.

Restlessness is often pronounced.

Amelioration in open air.

*Throat Symptoms:*

The color of the membrane is grayish-yellow.

Throat looks glazed.

Patches of glistening whiteness.

Marked swelling of the throat.

Regurgitation of foods and liquids through the nose.

*Points of Differentiation:*

In Lachesis, the membrane begins on left and *extends* to the right side.

In Lycopodium, the right side is attacked first, and then the left side by *extension*.

In Lac Caninum it shifts from side to side.

NOTE—The shifting of symptoms includes the swelling and soreness. This alternation may occur one or more times a day.

LACHESIS.

*Type:*

The enemy of all constriction.

*Characteristic Symptoms:*

Left-sided.

Worse after sleep, and hypersensitive to touch.

*General Symptoms:*

A very prostrated patient.

Sensitive to the slightest touch or lightest pressure.

Can tolerate nothing about the neck. (Tuck covers snugly around the neck and under the chin; if they stay that way two minutes it is a strong argument against Lachesis).

The weight of the bed covers may annoy. (Not too hot but too heavy).

All symptoms worse after sleep.

Sleeps into the aggravation and wakens feeling that he will choke or suffocate.

Aggravation from sleep is as pronounced under Lachesis as is aggravation from motion under Bryonia.

There is usually a mottled appearance of the skin on hands and face.

There is infiltration of the cervical glands.

Lachesis is most often indicated in laryngeal and tonsillar diphtheria, but may be indicated in post-nasal cases.

#### *Throat Symptoms:*

Severe cases beginning on left side of throat and spreading to right.

Invasion of soft palate—rarely the nose.

Swelling of submaxillary glands.

Note carefully the tongue. It is protruded with difficulty, trembles and catches behind the teeth.

The mucous membrane of the throat, where not covered by the diphtheritic exudate, is of a dark, purple color.

Sometimes ulceration of throat.

There is easy bleeding of dark, decomposed blood.

A sensation of choking in the throat and marked aggravation from empty swallowing, and amelioration from swallowing solids.

Regurgitation of liquids through the nose is often observed in Lachesis Diphtheria.

The cough is of the croupy, metallic, diphtheritic type.

Thin, bloody and excoriating nasal discharge.

Lachesis is not nearly as apt to invade the nose as Lycopodium.

Throat symptoms of Lachesis are aggravated from hot drinks.

#### *Particulars:*

The breath is foetid.

Heart rapid and feeble.

Temperature seldom high and may be subnormal.

Coldness of hands and feet.  
Nervous excitability.  
A feeling as if heart is too large or as if it turned over.

## LYCOPodium.

*Type:*

The right-sided, flatulent, aggravation 4:00 to 8:00 p. m.,  
remedy.

*General Symptoms:*

There is hunger in some cases, but a few mouthfuls are all  
that can be taken. Fills right up and feels worse after  
eating.

Sometimes, no desire at all for food.

Seems all distended with gas.

There is much empty belching which gives temporary relief.

Cross, angry or frightened on awaking.

Aggravation after sleep in many cases, but sometimes  
amelioration after sleep.

Restless and peevish.

Great prostration.

Dry skin.

Constipation.

Aggravation from pressure of clothes.

Aggravation from warm room and warm applications.

Aggravation from eating. (Flatulence).

Amelioration from warm drinks.

Amelioration from motion.

Amelioration from cool, fresh air.

Hunger with sudden satiety.

*Throat Symptoms:*

Cases which begin on the right side and extend to the left,  
often with nasal involvement.

Profuse, extensive, membrane formation.

The wings of the nose dilate and contract with each breath.

Dropping of lower jaw.

## MERCURIUS BINIOD.

Preference for left side with extension to right.

Inflamed left tonsil with yellowish-gray membrane.



Slimy, sticky mucus in mouth.  
 Aggravation from empty swallowing.  
 Dark, red fauces.  
 Heavy, painful feeling in occiput.  
 Stiff feeling in neck, throat and tongue.  
 Wandering pains.  
 Acrid discharges.

MERCURIUS CORROSIVUS.

*Type:*

Violent remedy with burning, swelling, constriction and tenesmus.

Corrosive discharges.

*General Symptoms:*

Cases with marked kidney symptoms.

Inflamed, irritable bladder.

Scanty, hot urine; frequent urging to urinate but passing only a little scalding urine at a time.

Urine contains albumin.

Temperature more apt to be above normal.

Desire for cold food and drinks.

Averse to hot things.

Tendency to vomit.

Easy sweating tendency (very characteristic of the Mercury series).

Sweats from every motion.

Scanty stools with marked tenesmus.

Aggravation during and after stool and after voiding urine.

*Throat Symptoms:*

Dry, mucous membranes with rather scanty exudate.

Hot, dry throat.

Aggravation from swallowing.

MERC. CYANIDE.

*Type:*

Rapid and extreme prostration with coldness and cyanosis.

*General Symptoms:*

Extreme weakness.

No appetite.

Epistaxis.

Glandular involvement as is usual in all the Mercurial preparations.

Blueness of surface.

Coldness of extremities.

Subnormal temperature.

Aggravation from swallowing.

Aggravation from speaking.

*Throat Symptoms:*

White membrane at first, later becoming dark and, sometimes, greenish—almost gangrenous.

Putrid breath.

Cutting pains in throat.

Brown or black coating on tongue.

A harsh, croupy cough with expectoration which is thick and ropy.

MERC. PROTOIODID.

*General Symptoms:*

Swelling of glands of neck—more apt to be soft than hard.

Tenacious mucus in throat.

Increased saliva.

Faintness.

Aggravation from rising up.

Aggravation from warm drinks.

Aggravated when lying on left side.

Amelioration in the open air.

*Throat Symptoms:*

Membrane forms on right tonsil first.

Moist, dirty, yellow coating on back part of tongue.

Tip and edges of tongue are red.

MURIATIC ACID.

*General Symptoms:*

Malignant cases with extreme prostration.

Sore and restless.

Hardly able to move.

Tends toward paralytic weakness.

Slides down in bed.

Aggravation 10:00 to 11:00 a. m.

Intermittent pulse and involuntary stool and urine.

Sensitive to touch and pressure.

*Throat Symptoms:*

Strong ulcerative tendency.

Deep ulcers in mouth, with dark or black base.

Tongue dry, leathery and shrunken.

NAJA TRIPUDIANS.

*General Symptoms:*

Cases with alarming heart symptoms.

Impending paralysis of heart.

Gasping for breath on waking from sleep.

Weak, intermittent pulse; pulse changes in tension and volume.

Cyanosis.

Pain from heart to left shoulder of scapula.

Numbness of left arm.

Aggravation lying on left side.

Aggravation after sleep.

Suffocative choking after sleep.

Puffing respiration.

Aggravation from pressure of clothes.

Aggravation from cold air and drafts.

Amelioration in the open air.

Trembling.

A feeling as if parts were being drawn together.

*Throat Symptoms:*

Preference for the left side.

Laryngeal cases with dark red throat.

Short, hoarse cough.

Foul breath.

Raw feeling in larynx and trachea.

## NITRIC ACID.

*Type:*

The remedy of splinter-like pains and strong, horse-smelling urine.

Great affinity for mucous surfaces.

*General Symptoms:*

Great prostration, yet a very sensitive patient.

Excoriating discharge from nose which makes nose and lips sore.

An intermittent pulse.

The stomach is often involved.

Unable to take food.

Sickly, yellow face.

Nasal diphtheria.

Acrid, thin, offensive, yellowish or brownish discharges.

Hemorrhagic tendency.

Aggravation from touch, jar, noise, cold air, motion.

Amelioration from moderate warmth.

Urine strong-smelling like that of a horse.

Sweats easily.

Acrid, foul sweat.

Takes cold easily.

Copper-colored spots on body.

Vise-like headache—aggravation from pressure.

Craving for fat (like *Nux Vomica*).

*Throat Symptoms:*

Sticking, splinter-like pains in throat.

Extreme soreness of throat.

Ulcers in mouth on inner surface of cheeks and on tongue.

Excess of acrid, watery saliva.

Membrane in nose and throat.

Flabby gums.

Moist, fissured tongue.

Salivation.

## PHYTOLACCA.

*Type:*

Grippy, achy remedy.

More often indicated early in diphtheria with creepy chills and backache.

A weak, fainty patient—worse on sitting up.

*General Symptoms:*

Aching, bruised sensations.

Sore feeling in head, back and limbs.

Worse on motion but must move.

Cases with pains in muscles and joints and with glandular involvement.

Kidneys often attacked in Phytolacca cases (albuminaria).

Diphtheria with "grippy," achy symptoms.

Temperature apt to be above normal.

Rapid, weak pulse.

A full, choking feeling in the throat.

Stiff neck.

Sometimes a dry, sore feeling.

Aggravation from hot drinks.

Aggravation from warmth of bed.

Aggravation from motion.

Aggravation from cold and dampness.

Aggravation at night.

Sensation of burning like a hot ball in throat.

Sore aching in throat.

Aching all over—even the eyeballs ache.

Frontal headache.

Faint on rising up.

Slight tendency toward stringy discharges.

Base of tongue yellow; fiery red tip.

Burned feeling on tongue.

Frequent urging to stool.

Increased secretions.

*Throat Symptoms:*

Swollen, dark red or purple throat.

Exudate thick, white, grayish or yellowish—often in patches.

Burning in throat.

Preference for the right side.

Aggravation from hot drinks.

Pains run up into ears.

Aggravation from swallowing.  
Wants to bite the teeth together.  
Acrid coryza.  
Saliva increased.  
Dark, rough, raw, puffy throat.

## RHUS TOX.

*Type:*

The stiff, sore, aching, restless remedy, worse when beginning to move; better when limbered up.

*General Symptoms:*

Rather severe cases with a sprained, sore, bruised feeling over body.

Aggravation on beginning motion.

Involvement of cervical glands.

A weak, restless patient.

Stiffness of neck and, perhaps, of the whole body after waking or after lying long in one position.

Aggravation when quiet.

Amelioration from frequent change of position.

Involvement and swelling of salivary glands.

Thin, watery stools.

Aggravation from exposure to cold and dampness, or from change in weather to cold and damp.

Aggravation from cold air and from drafts.

Aggravation from uncovering.

Aggravation after midnight.

Amelioration from hot applications and warm covers.

Tearing pains—can't rest in any position.

Abstracted, confused, depressed.

Replies slowly when spoken to.

Interscapular pain.

Aching pains down back of thighs.

Paralytic complications may require this remedy.

*Throat Symptoms:*

Often begins on left and extends to right.

Membrane dark in color; often livid.

Bloody saliva runs out of mouth during sleep.

Stiff, sore and aching.

Difficult swallowing, but frequent swallowing may ameliorate throat pains.

Edema of the throat is common.

Red triangle at tip of tongue (not as often seen in practice as noted in the provings).

Sordes on teeth.

Cracked lips.

Dry, coppery or straw-like taste.

Craves cold drinks.

#### SULPHURIC ACID.

##### *Type:*

Malignant, hemorrhagic. Profoundly septic.

##### *General Symptoms:*

Death-like pallor—looks almost like a corpse.

Extreme drowsiness.

Can hardly breathe or talk.

One of the dangerous types of diphtheria.

Extreme weakness.

Internal trembling.

Ecchymoses.

Hemorrhages—dark, thin blood.

Sour odor.

Sour, acid vomiting.

Aggravation from cold air.

Aggravation in the morning.

Aggravation from odor of coffee.

Amelioration from hot drinks.

Cold sweat after eating warm food.

Profuse, acrid, stringy discharges.

Parts feel stiff and tight.

Pains come on slowly, cease suddenly. (A very strong feature of Sulphuric Acid).

Sensation of blunt pressure.

##### *Throat Symptoms:*

Membrane is profuse.

The tonsils swollen and bright red.

Liquids regurgitate through the nose.

## DISCUSSION.

Dr. Custiss: We have listened to a very remarkable paper, the substance of which is a mixture of good fact and poor opinion, it seems to me. There are some great inaccuracies in this paper. The symptoms of diphtheria are produced in healthy people by innoculating them with a pure culture of the bacilli. That is a proven fact.

The death rate statement of the essayist is inaccurate. It is inaccurate because in our private practice we do not see parallel cases with the cases which usually die. The cases which usually die and make up a large percentage of the death rate are cases among the poor in the slums, and among the neglected. We do not see those cases. I have never lost a case of diphtheria. I don't suppose that is any great credit to me, because I have not seen the very severe cases. The cases of diphtheria that I have had have been mild from the start, and the cases which die are not that kind.

Diphtheria, in common with a great many infectious diseases, is continually getting less severe among most people. I think the reason for that is probably a matter of racial immunity. It is also true of measles and whooping cough. The cases are much less virulent than those in the literature of fifty years ago. That is largely due, not to any improvement in treatment, but to the fact that through generations of being affected with these diseases we have racially gathered an immunity.

Dr. Boger: How do you prove that point?

Dr. Custiss: You can prove it only by the reports of what the diseases were in the older books, and by reports of the older men, in comparison with those that are seen now.

That is an inference, of course. It is true, however, that measles, introduced into a community where there has never been measles, in Alaska and some of the islands of the South Seas, was in most people a 98 per cent. fatality disease. 98 per cent. of the cases of measles in those communities die, and they have never had measles before. Those are inferences that are unproven.

The immediate dangers of antitoxin are exaggerated. With



care there should be no immediate bad effect in the use of antitoxin.

There are some things which all of us can do, and then if we use antitoxin, it is without danger. One is to be sure that no person who has hay fever or asthma or enlarged tonsils or adenoids is ever given antitoxin. Another is the desensitization of the patient by the use of a small dose of antitoxin before more is given. Another is to remember that the specific cure of an antitoxin injection which goes bad is Adrenalin.

Personally I believe in the use of antitoxin in severe cases. I believe also that cases given antitoxin get well quicker than patients who do not have the antitoxin. I believe if you get the right Homœopathic prescription in a case of diphtheria and are skilful enough to be sure of it, you may not need antitoxin. Any case that has the right Homœopathic prescription won't get any worse, but unfortunately a great many of us are not skilful enough to get it quickly, and in those cases I believe antitoxin has a definite curative action. Whether that is due to similarity, or whether it is due to an actual antidotal relation to the poisons in the blood I don't know, but I believe it protects your patient.

As far as immunization is concerned, I have never used it for that purpose. I would rather wait until the patient has diphtheria before I put anything of the sort into him.

Just a small point which is relevant—if you put honey on the table and have the rest of the family eat honey while you have diphtheria in the house, you will have very little spreading of the diphtheria. That is an old Homœopathic measure which was used fifty years ago. I always do it. I have never used antitoxin on any member of a family except the one actually suffering, and I have never had more than one case in a family.

Dr. Boger: I am afraid the previous speaker and I do not agree very well. It is a law of nature that no physical being is in existence except through the powers of assimilation and elimination and if you interfere with these powers by giving hypodermic injections of any substance you modify or destroy them. The administration of a drug in that way cannot cure.

I don't care whether your drug is antitoxin or other serum, it can't be done.

Another thing, the figures quoted by Allopaths for diphtheria are based on two false practices. In the first place, the diagnoses of diphtheria made today give us a percentage of about three times as high as the percentage of cases of sore throat recognized as diphtheria thirty-five years ago.

The next thing is that if we are undergoing a process of immunization for all the acute diseases for the last fifty years say, then antitoxin is superfluous, absolutely superfluous, because racial immunization makes antitoxin unnecessary, and you are treating perhaps 75 or 80 per cent. of diphtheria, giving them antitoxin when they would get well if you did nothing. So these two factors are self-destroying.

The next is this: Those of us who have seen severe epidemics of diphtheria where cases begin with prostration and hemorrhage the first day, are not like the man who said that he had seen many cases of typhoid fever, and maybe had a death rate of only one per cent. I would simply say he hadn't enough variety in his cases, that is all. Given variety enough and you are going to have some deaths. Those cases that are found to be poisoned the first day or two, have almost no membrane at all, often you get a negative culture test, yet the patient soon dies, and those cases are not all among the poor either, I have seen them in the very best families.

You have many complications in diphtheria and the essayist noted quite a few of them. Personally my greatest struggle with diphtheria has been the toxemias rather than the diphtheria. If you look at a case from a toxemic standpoint and prescribe that way you will have much greater success than if you look at it from the standpoint of anamnesis.

I would like to talk about the wonderful percentage of recoveries I have had, but when I look at one type of epidemic and compare it with other types the facts do not fit together very well. I went through a number of epidemics and during two or three years I treated twenty-three cases of laryngeal diphtheria without a single death, and no antitoxin. There were some very desperate cases among them. One case I remember

well. I had about given up all hope when I gave Tuberculinum and cured the patient.

Dr. Krichbaum: I think, speaking from the Homœopathic potency side or from drugs in general, we forget that a drug has a chemical affinity as well as a dynamic, and that the chemical action could, and at times does, help us. That is why we may sometimes have to use low potencies.

Now as for diphtheria, I believe that every man who does not know how to prescribe and get the simillimum should use antitoxin. If you cannot find a remedy, your Homœopathic remedy, then give antitoxin or get somebody else to give it. I wouldn't give it.

I had gone on, with Dr. Boger's success, for a number of years, and I thought that I was impregnable, until I got a diphtheria case which died within 48 hours. I have only lost three cases. Probably some cases are going to die whether you use antitoxin or your Homœopathic remedy.

Dr. Olds: I want to ask a question, a point that was not brought out in the paper. A number of years ago a physician of San Francisco, by the name of Tennison Dean, wrote a book called the "Crime of Vaccination" in which he attributed to vaccination a large proportion of diphtheria. I wonder if anyone has had any experience in that matter.

Dr. Rushmore: Just a word in regard to the comparative efficacy of the two schools of treatment. Many years ago, before the days of antitoxin there was in Philadelphia an epidemic of diphtheria in which the old school mortality was 40 per cent. The Homœopathic mortality was 14 per cent. There were in the city three masters in Homœopathy, Dr. Lippe, Dr. Fielder, and Dr. Hering. Dr. Fielder and Dr. Hering treated 150 typical cases without a single death. They were asked how they treated them and the reply was that they gave the indicated remedy and left it to do its work.

Just another point, different in character. The late Dr. Edward Byer had so great a regard for the efficacy of Lac Caninum in diphtheria that he said he would walk several miles barefooted in the country to get it if that was the only way it could be had.

Dr. Loos: On the vaccination question I heard a representative from Washington saying that he made a practice in recent years of visiting every case of diphtheria and questioning how recently the child had been vaccinated. In many cases he found the child died of diphtheria before the vaccination had healed. Very often the child had just been recently vaccinated and hadn't been very well since. So he reached the conclusion from his own experience that practically a large percentage of diphtheria in these days follows vaccination.

Dr. Woodbury: Some time during the winter Dr. Stearns had some statistics on diphtheria. In my experience I cannot say that I haven't used antitoxin. I have used it. I used it in two cases. One was a case which was recovering, I am very certain, under the action of Kali Bichromicum, but owing to the intervention of members of the family I did what Dr. Underhill advises us not to do, and that is resort to the antitoxin. That case recovered but with diphtheric paralysis which Gelsemium relieved. The other was a case I treated in 1920, when I was substituting for Dr. Hayes. Dr. Hayes, as you know, has a great deal of experience with diphtheria and has, for the most part, had an excellent record. This case was a case that came to me through Dr. Cameron. We worked it out together. The baby was deathstruck apparently from the beginning. He suggested, and I concurred, that we try antitoxin. We gave the child 20,000 units of antitoxin without the slightest benefit whatsoever. We afterward resorted to the best Homœopathic prescriptions without any success. The child died of hemorrhages—the most pathetic thing I ever witnessed. The other case I had which died was a little child. I visited it in the morning, the first summer I started practicing medicine. I was called hurriedly again in the evening and the child was gasping for breath, and shortly afterward died. Those two cases I have lost, in probably ten cases. I don't consider I have very much right to say one way or the other, but all the other cases I treated only with Homœopathic remedies. Those in which I used Homœopathic remedies faithfully to the best of my ability, have recovered very promptly. Some of them have been toxic cases, but not as ill as those which died.

I personally had diphtheria in 1920. It came on with an inflammation of the throat and tonsils. I had the services of Dr. Holton in Boston. He took me to Brighton, the contagious department there, and carried me through on Cyanide of Mercury, I think the 1000th. Dr. Keith saw me with him and agreed upon the remedy.

Dr. Underhill, in closing: Dr. Custiss questions the statistics. I assure you they are taken from sources which are held to be entirely authentic and reliable.

As to inoculations of pure cultures of the bacilli producing clinical manifestations similar to diphtheria, I don't think there is any question about that. I didn't say anything to the contrary. I simply say there is room for believing that the bacillus as a causative factor is not proved. Even though you get many symptoms of diphtheria or even all the gross symptoms by injecting the bacilli we still do not know whether the manifestation is actually diphtheria or only a similar—it may be like it, but it may not be the very same thing.

I think Dr. Boger has effectually pointed out the futility and dangers of injecting foreign substances of any kind. I accept Dr. Custiss' comments in a friendly spirit but he is using the stock arguments from the propaganda side. We are told not to do this, and not to do that, don't use antitoxin under any circumstances if the patient's father or grandfather had asthma or hay fever or enlarged tonsils.

Look at the dangers here recognized. They are some of the things we are to steer clear of. (Better steer clear of antitoxin). But we are told the cure for antitoxin poisoning is an injection of Adrenalin. Who knows what ultimate harmful effects are wrapped up in Adrenalin and especially when used in this connection?

Dr. Loos and Dr. Olds mentioned the increased incidence of diphtheria after vaccination. There are many other ills that develop after vaccination, and after all the sera. By reason of lowered resistance as a result of this practice humanity is in danger of some terrible epidemic. It may be smallpox and if it is vaccination will not control it then any more than it does now. It may sweep the country like a prairie fire.

The claim that vaccination is harmless and that it controls smallpox is belied by the facts. It is simply commercial propaganda for the benefit of the makers, venders and users of the virus.

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### CLINICAL REPORT.

G. E. DIENST, M. D., Aurora, Ill.

Mrs. A., 26 years of age, blue eyes, dark hair, apparently well nourished. Before presenting this case permit me to say that I am doing so not because of any remarkable skill in prescribing, but to show some of the difficulties that arise while studying a case carefully.

This young lady knows practically nothing about her father, who was a bridge builder by trade and left home when she was but a child and seems to have lost his life somewhere in the west. She reports her mother apparently healthy until the menopause, when considerable nervous trouble arose, characterized by an element of fear. The nature of this fear was as if something dreadful would happen. Her maternal grandmother died of puerperal septicemia. Her maternal grandfather died of heart trouble.

This patient had measles at two weeks, contracted from her mother who had measles during the puerperium. She reports pneumonia at two years and again at 12 years—a left sided pneumonia. At 13 years she fell and injured her back at the sacrum, later fell on ice and struck back of her head severely. Later attacks of dimness of vision, objects look yellow, and these attacks were followed by severe attacks of headaches. For a number of years these attacks of blindness came at irregular intervals, but were not always followed by headaches. Then she had repeated attacks of sore throat, which were cured by Osteopathy. Puberty at 13 years, and painless, but later had severe backache during the menstrual period, particularly the first two days, causing nausea and vomiting, and infrequent pains in uterus. The menstrual period was scanty, at first bright, then later dark. Before the menstrual epoch the mammae were very sore,

worse on the left side, somewhat swollen, with a sensation of burning. Her desires and aversions were not very marked, except that she had a great desire for pepper. She is sensitive to both heat and cold; is late getting to sleep and feels about as tired on awaking as upon retiring. Never pregnant.

About ten years ago she had an eczematous eruption on the thumb of the left hand, which was suppressed by external application. Together with this she had sharp shooting pains in the ears, occasionally. About six years ago she was taken with an attack of rheumatism in the arm and shoulder, which was so severe she could not use her right hand to type. Her appetite is capricious, sometimes wanting to eat constantly, then an almost complete loss of appetite for two or three weeks. During past three years attacks of a peculiar headache, no definite pain, but a sensation as if head was too heavy. Heart beats rapidly after the least exertion, causing sense of weakness, but we have discovered no tendency to thyroidism. There is a sensation on the arms and shoulders as if bitten by an insect. Objective observations show that she is a patient of temperate habits and unusually even disposition and not inclined to be emotional. After some study and a careful analysis of the symptoms I gave, on June 16, 1923, a dose of Cocc., 10m.

On August 6, 1923, she reported headache during the menstrual period, with nausea, also considerable pain in the mammae. Feels sleepy but cannot sleep. At this time a new symptom was reported, namely, mucus in the stool—sometimes the mucus was a light color and sometimes dark. The headache was not accompanied with dimness of vision, but there was a slight return of the pneumonic pains. Feeling that the remedy was the right one I repeated it at that time.

No further report until October 29, 1923, when patient reported considerable pain in the pelvis and back before and during the first day of the menstrual period. At this time the nausea and vomiting was better. A new symptom was reported, namely—chilliness during the menstrual period, with great weakness and also a diarrhea. This led to a rehearsal of the entire symptomatology and the remedy was changed to Puls. 10m.

On December 8, 1923, reported the menstrual period very

much better. No vomiting. Forty days having elapsed since giving a remedy I repeated Puls. 10m.

No further report until April 17, 1924, when she reported the menstrual period worse; considerable nausea and vomiting, and also reported a catarrhal condition of the nose. Still late getting to sleep and mucus in the stool during the menstrual period. Because of her great sensitiveness to cold air and agg. from getting cold I gave Sil. 1m.

On May 26, 1924, she reported vomiting during the menses and severe pain in back. At this time the soreness in the mammae was emphasized, together with soreness in the left axillary gland before the menstrual period and general conditions were agg. by pressure against the abdomen. It seemed to me that the remedy was well selected and yet our progress was practically negative. Because of emphasis of soreness of the mammae I concluded to change the whole course and gave Conium 1m, three powders, one daily.

On July 19, 1924, the patient reports heaviness in the left breast, extending to the right. There seemed to have been no particular improvement and Conium 10m was given.

On August 12, 1924, she reported swelling in the upper left breast, extending to axillia, but there was less vomiting during the menstrual period. The pains in the mammae were worse before the period. The nasal discharge was heavy and yellow in the morning, but foamy during the day. Her desire for pepper had abated, but now reports a desire for acids. No remedy.

On September 26, 1924, reported pain in the left mammae, only when thinking about it. The menstrual period was very much better. She now has a dull pain in the occiput in the evening and general conditions are always worse in the evening and better in the morning. Con. c. m.

November 6, 1924, there was considerable pain in the occiput late in the afternoon; mucus in stool was now transparent, but she complains of pain in the region of the gall-bladder, which was sore to touch. The appetite has become ravenous. Head feels as if in a fog, agg. by mental exertion. This called for a restudy of her condition, for although the remedy seemed to



be well selected it was not doing the work we anticipated. I then decided to give Cimmic. 10m.

On March 12, 1925, she reported some nausea but less vomiting and backache during the menstrual period. On night of March 11 was taken with pain in abdomen, which resulted in nausea, vomiting, and purging. The right breast ached severely, but was better after vomiting. The left breast swollen, pain and soreness in the region of the gall bladder. Mucus in stool during menstrual period. Colch. 10m.

On April 13, 1925, reported menstrual period very much better, but a soreness in the region of the stomach and appendix. A new symptom was brought forth, namely—perspiration of the feet in the past, which was suppressed by local applications. A sensation as of a cold wind blowing on the nape. Now desires food highly seasoned; much salt and has used considerable vinegar; gums are sore. Now we have another symptom—a blood streaked mucus from the nose before and during the menses. The occiput pain is much better. We are now beginning to clear matters up and conditions point markedly to Zincum, which was given.

On May 4, 1925, reports pain in left breast and axillia; perspiration about the same, but sensation of cold wind blowing on the nape is better. Occipital pain better; bloody streaked discharge from nose better. Still late getting to sleep, wakes early and cannot go to sleep again. Is better when busy. A new symptom—formication on the left shoulder as if insects were crawling under the skin and twitching of the muscles, even when waking.

June 8, 1925, nausea during menstrual period, but no vomiting. Complains of vibratory pain between the scalp and skull, migratory, similar to an electric shock, worse moving head suddenly. No bloody discharge from the nose; menses still scanty; sharp pain in the region of the appendix. I waited until the 13th and repeated Zinc. met. 10m.

The treatment of this patient is open to criticism, and yet it is one of the cases we so often meet, when we think we have everything that pertains to soul and body and after careful study select the remedy which seems to be indicated and then in a

few weeks new symptoms come up, the old ones disappear and we prescribe accordingly. We go from one condition to another thinking that we have covered the totality of symptoms, only to find that new ones arise. These are the perplexing problems which come to every physician and require the utmost care and patience to bring about a permanent cure. The patient is improving under Zinc.

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### THE CLINICAL APPROACH.

GUY BECKLEY STEARNS, M. D., New York City.

If a patient be represented as occupying the center of a circle and the radii converging from all parts of the circumference represent the various approaches to a study of his case, such a circle forms a round table around which can sit in harmony healers of all schools and opinions.

There are two general directions of approach. One is from the diagnostic and the other from the therapeutic side. All useful therapeutic efforts embrace the Homœopathic principles because they are directed toward the stimulation of curative reaction along the lines upon which the organism is automatically working. For the purpose of this paper we can speak of the approach from the diagnostic side as the clinical approach, and the approach from the therapeutic side as the Homœopathic approach. Understanding "Homœopathic" to mean not a sectarian method, but, as was originally intended, a basic therapeutic principle.

To one who understands the Homœopathic principle and how to prescribe remedies in accord with it, it is amazing that there can be a group of physicians who know nothing about it and, what is worse, do not care to know about it. Yet it is a fact that the physicians who approach only from the clinical angle are oblivious to the fact that there can be a science of therapeutics more difficult and comprehensive than the clinical science with which they are familiar. The most desirable thing that can happen in Medicine is that these two types of physicians

get together, for they are both in possession of invaluable knowledge. People who think the same language are not apt to have any great differences of opinion. The problem is to get them to think in the same language. There are two major inhibitions that prevent mutual understanding. One is the exaggerated ego; and the other is the inferiority complex. If a few of the leaders in Medicine on both sides who are free from these two inhibitions could gather around this round table and change places occasionally, it would not be a great while before the differences between them would be cleared away.

The clinician's approach is based on the concept that a patient's illness must be understood from the angle of cause with all contributing factors, the organs and tissues affected and the nature of the effect, including all pathological changes; that is, there must be a thoroughly established diagnosis. His therapeutic efforts are largely based on this diagnosis and are directed along the lines that lead to it. These include the removal of the cause, a rational hygiene, and the discovery and use of some specific related to the causative agent. To this is added various palliative measures such as stimulants, tonics, anodynes, etc. Since there are but few so-called specifics, none of which is perfect, and since no physician believes that palliatives are curative, the clinical approach leads to drug nihilism. The Homœopathician's approach is based on the concept that a patient's illness must be understood from the angle of what his organism is trying to do to combat the illness. This leads to the observation of the individual peculiarities in contradistinction to the diagnostic symptoms and is unique, inasmuch as it does not necessarily comprehend the factor, which is the clinician's sole basis of treatment, namely, diagnosis. Not that diagnosis is not essential, but it is secondary, for remedy indications are found, not in the diagnosis, but in the totality of the symptoms. The clinician's effort is based on the mechanism of disease; the Homœopathist's on the natural reactions of the organism. The Homœopathic concept leads to the understanding of drugs and, because of uniform curative results, to confidence in their use. The clinician embodies the science of medicine. The Homœopathician embodies the science of therapeutics.

Although, because Homœopathic prescriptions are made mostly on other evidence than the diagnostic, many of the best Homœopathic prescribers gradually neglect the diagnostic side of medicine, yet the comprehending of all that pertains to diagnosis is part of the Homœopathic concept. Thus in the matter of diagnosis the two sides have a common approach. After the diagnosis is made, the clinician clings to his diagnostic evidence for his therapeutic guide, while the Homœopathician seeks the therapeutic approach from another part of the circle. The Homœopathician, therefore, understands the clinician's approach much better than the clinician understands the Homœopathician's approach. Each side can learn from the other. But as one side has a language unfamiliar to the other, they must, in order to get together, use whatever common approach they have.

At a recent symposium, composed of both Homœopathists and old school physicians, a patient was presented of a highly-strung, nervous type, having, among other conditions, *acnea rosacea*. She suffered from backache, always felt the approach of a storm, craved salt, was debilitated and had a headache if she missed a meal. One of the old school physicians suggested Phosphorus from the clinical aspect alone. One of the Homœopathists, who was demonstrating Homœopathic prescribing by symptomatic analysis, arrived at the same remedy. A single dose of the 200th caused marked and continued improvement. It was illuminating to both parties to find that they could exchange approaches and arrive at the same prescription. Of course the two groups of physicians had entirely different ideas as to the action of the remedy, as well as of the dosage. The discussion of these two points was of mutual interest and benefit. It is a problem how to utilize this common approach for the benefit of the medical profession in general. One method is by the study of acute diseases. It has been said that any remedy may be indicated in any case. This is true, of course, for chronic diseases and it may be true, although not probably so, for acute conditions. For example, most cases of pneumonia require remedies from a comparatively circumscribed group. This group is composed largely of remedies which cause the pathology of pneumonia. By knowing the natural history and pathology of the acute diseases

and by knowing a few drugs that cause a similar onset and a similar method of development of symptoms, together, if possible, with the pathology, one has a good working foundation for quick prescribing in acute and emergent cases. Thus far the clinical approach serves for the Homœopathic prescription. While on this common ground, the two sides think in the same language.

This clinical understanding also leads to prophylactic prescribing. There is no doubt about antibody formation induced by drugs.

The drug that most closely simulates the disease in all its clinical aspects is more likely to be a prophylactic than one less similar.

Of course, during an epidemic the "genus epidemicus" is the best prophylactic.

Frequently a case can be cut short by a remedy before the symptoms have revealed the characteristics, if the remedy covers well the developing pathology.

Both the Homœopathician and the clinician recognize the need of increasing the patient's reaction against the disease. The difference between them is in the principle that shall be utilized for stimulating physiological activity. The clinician's concept being mechanistic, leads to a direct method of stimulation; that is, to direct action. This concept, through the natural course of medical progress, is gradually changing toward the indirect method of Homœopathy. The important problem in medicine is the improvement of therapeutic methods, and this will take place through the dissemination of the Homœopathic application of remedies. This must come from those who understand the method and who are purists in its use. In my own 25 years of experience I have never known any but a purist to make a convert. The first step is to demonstrate the cure of a supposedly incurable case where the diagnosis has been properly authenticated. Anyone's attention is arrested by an unexpected or unexplained fact. Once interest is aroused, the next question is "how is the cure brought about?" If the Homœopathist thoroughly understands his own approach as well as the approach of the clinician, opportunities constantly occur for disseminating the Homœopathic method of prescribing.

## DISCUSSION.

Dr. Sloan: Mr. Chairman, there are a good many cases where it does seem impossible for the two sides to get together. I have a case—I am speaking now of chronic arthritis, and evidently disseminated sclerosis in addition to her joint trouble. *Lycopodium* seemed to cover the case pretty well, which I gave her and she is improving. They wanted a complete diagnosis, so they took her to a very good diagnostician who got a specimen of blood for Wasserman, which was negative; he examined the eye grounds, which was negative; he tapped the spinal cord and examined the fluid, which was negative; he did this, that and the other thing, he made all his investigations, he made a diagnosis that she had an incurable disease.

Now I don't know how much the *Lycopodium* has to do with it, but aside from her joints having gotten better, her impediment in speech has disappeared, she can walk alone. There was absolutely no point of contact, apparently, between the diagnostician and the therapeutic men.

Dr. Krichbaum: I don't think it is a matter of getting together on this thing, but we must gather in both sides. Judge Compton Burnett said the pathological simillimum was the highest point reached in medicine. He is right. Dr. Stearns' whole paper goes back there to the totality of the symptoms, the pathology in the case as well as your subjective symptom, and then you have it in a nutshell.

If a man drinks too much water, if that were possible, then we have to stop that in order to get the totality of the symptoms. We have got to get the totality of the symptoms.

Dr. Boger: Mr. Chairman, the old school method of instruction has gradually left its impression upon the laity, that the correctness of the diagnosis necessarily implies the correctness of the cure. We have that situation to meet constantly, and there is no greater fallacy as we all know. In the first place only one-half the diagnoses are correct, and in the next place when the diagnoses are correct it is very far from implying that the chosen remedy is going to do the work even in an old school treatment. From that standpoint I think it is worth while our

attention to try to counteract that idea that if Mr. Brown has pneumonia you necessarily know the remedy; if he has typhoid fever you must know the remedy. I find that impression is everywhere, but the truth about the matter is that they only know that he has typhoid fever half the time, and the other half they don't know anything.

Dr. Hutchinson: I would suggest that those who do know about the remedy should be generous and give the diagnosis.

Dr. Field: Just a word for the old school idea—the reason why the old school and the new school cannot get together. I guess Dr. Stearns, being in New York City, has had more occasion to meet the old school men than the physicians out of town, and I am about the same myself.

When an old school man is approached by another old school man in discussion of a case, he is usually shown some facts that are corroborated. For instance, I have in mind one or two old school men who are willing to become Homœopathists, they know there is something to it, but they won't give up their Allopathic practice to practice Homœopathy without understanding it, and the only thing I can assure them is mere words printed in books, of the statement that these provings have been made and whether they are authentic or not I cannot prove, neither can most of the ladies and gentlemen here.

Homœopathy, since Hahnemann's time, has been, from my point of view—I am only a Homœopath for about seven years—the statement might be a little harsh, but good Homœopaths are becoming better and bad ones are becoming worse, and if there is a nucleus of good Homœopaths and age will intervene, sooner or later Homœopathy must die. We are among friends here, there has been a period of about fifty years at least when men who were conscientious and interested in Homœopathy could have proved at least twelve remedies and followed scientific law. The thing has to prove, reprove and reprove. In reading, moreover, most of the provings that I have read over, none of them exactly jibe with the provings that have been made originally, or those published in our books, whether it be through fear of actually taking the remedy again, or whether it is because we don't know how to prove a thing. Somehow or other we

can't make these things authentic in print, and go to the old school man and say: "Here you have a group of men prove this thing." There is no doubt in my mind that they would accept Homœopathy provided we had an authentic way and a way to show the truth of Homœopathy. There is nothing to hide. If we are working in secret there is something wrong with Homœopathy.

Dr. Stearns, in closing: The idea of making a circle illustrate all that pertains to a patient, and the radii represent the various lines of approach to the patient, came to me from teaching in the clinic. The student with a materialistic mind sees the patient from one angle; he wants the diagnosis established. The student with a more philosophical mind comprehends better the constitutional approach. The student with a well-developed visual memory learns by observation and develops the objective approach.

By using the circle as an illustration, it is easy to teach students to visualize all approaches. For this paper I simply took one section of the circle. There is only one main idea back of it and that is to stimulate thought in the direction of bringing those whose approach is from the opposite side to appreciate the other's point of view. Dr. Field caught my idea because he is in contact with the same kind of men with whom I am.

During this last winter the Foundation of Homœopathic Research has had several meetings to which old school physicians have been invited. At each meeting a cured case was presented. In each case was a concrete diagnosis with demonstrable pathology. This represented something that they understood and was an approach that both the old school men and the Homœopathist could use. These men were interested in the Homœopathic approach after seeing something done which they had not believed could be done.

Dr. Sloan will find an interesting article in the current British Homœopathic Journal by Dr. Wm. W. Rorke on "Multiple Sclerosis." Dr. Rorke cites nine cases with three cures, three fair results, and three failures. Dr. Rorke became interested in Homœopathy through "hearing of repeated claims for Homœopathy which he could not believe and could not deny." He was



at one time head of the Neurological Clinic at Guy's Hospital, as well as two or three other clinics, but sacrificed these when he took up Homœopathy. Once he comprehended the Homœopathic approach, he mastered it the same way that he had formerly mastered the clinical approach, with the result that he is one of the cleanest cut prescribers that I have ever met. He now has a neurological clinic in a Homœopathic hospital in London.

Dr. Field: That is a wonderful idea, except that it is a very slow method of augmenting the Homœopathic ranks. I might add a little quip that Humphrey made Homœopathy better known than Hahnemann did, because of the publicity he gave it.

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### CLINICAL CASES.

C. M. BOGER, M. D., Parkersburg, W. Va.

#### CASE I.

1.—Foul nasal discharge, ceasing, then like a weight in r temple with vertigo.

2.—*Stomach chilled while heated*, then pain *back of r eyeball* with sense of a veil before vision, then sore, tender whole right side of head.

3.—Rises in morning with a damnable ache and dull throbbing pain in or above r eye. < being up a while; later toward bedtime a grumbling pain. Can't lay head comfortably on pillow, must *change position often*; then sweats at midnight.

3.—Typhoid fever four years ago.

5.—*Agg.*: Touch. Reading. After meals. *Amel.*: Sitting up. 1924, 8-11. Rx Rhus-tox mm one dose. 9-8. Pain is better but vertical diplopia has developed. Here is an excerpt from his letter. "First had four doctors, then two specialists, an osteopath and lastly a chiropractor, without relief, before your insignificant powders came along. I followed directions and the pain gradually left, but as you said, they would upset me, which was the truth, alright; then I began to see double, always one image above the other. In driving my machine had to shut one eye to get by. This lasted three weeks when it also left."

## CASE II.

1.—Malaria fourteen, twelve and three years ago; with *cold sweat on backs of hands*, then chills. Anaemia last year. Uterine mole removed. Formerly abscess over left occiput; now can't bear cold wind on part.

2.—Heavy ache between scapulae < under right, then forward to epigastrium or border of r ribs < lying on back.

3.—Fluttering heart on lying down, also pressure over heart < lying on l side.

4.—Fullness from stomach up throat.

5.—Weak aching across hypogastrium.

6.—Frontal ache going to vertex, before menses.

7.—Red pimples on face and over kidneys < right.

8.—Agg.: Cold. Exertion. Pressure on stomach.

9.—Never sweats. Rx Chionanthus m one dose acted for seven months, then slight return quickly > by another dose.

## CASE III.

Paraplegia after a still birth. Patient purpuric, had albumin in urine in a former pregnancy. Rx R. Caulophyllum c. m. one dose. This brought renewal of lochia with gradual cure.

## CASE IV.

Gonorrhoeal ophthalmia. Aside from the classical symptoms, the cornea was becoming opaque with strings of adherent muco-pus across it. A single dose of Kali-bich m. m. helped in a few days and the case gradually went on to a complete cure; the cornea cleared up completely.

## CASE V.

Exophthalmic goitre. First right then left eye protruded with sandy feeling in them. Choky feeling < pressure of clothes about neck.

Palpitation with heart pain that *gradually increases then slowly declines*. The heart feels big; < lying on left side.

Dyspnoea < ascending.

Has had diphtheria with a painful splitting sensation on swallowing. Symptoms that gradually increase then gradually decline are covered by the following remedies: Arg-n. Ars. Gel. Glo. Kali-bi. Kalm. Lach. Nat-m. Pho. Plat. Pul. Sang. Spig. Stan. Stram. Stron. Sul. Syph. One dose of Glonoin mm cured.

#### CASE VI.

1.—Chronic bronchitis. Subject to tonsillitis and congestion of r lung. Many achings in various places.

2.—Chills ascend over r head on urinating; has passed kidney gravel.

3.—Expectoration thick, tasting like bad eggs.

4.—Meat tastes sour or is regurgitated. Constipation.

5.—Trembling within chest.

6.—*Profuse cold axillary sweat* that runs down over chest.

7.—Agg.: Cooling off while hot. Before storms. Dampness. Fats. Amel.: Yawning. Open air. Rx Lappa m.

Within six weeks the axillary sweats and constipation disappeared and a great general improvement set in.

#### CASE VII.—TOXIC GOITRE.

1.—This patient was cured of goitre Homceopathically as a little girl; now at her fourth and last confinement she was given a dose of Pituitrin to hasten labor, which it did, it passing off painlessly. On the tenth day a toxic goitre suddenly appeared, along with the following symptoms.

1.—Apprehensive of evil, especially when the milk flows into breasts or at stool; followed by smothering.

2.—Fainting attacks.

3.—Internal and external tremor.

4.—Numb limbs, first one then another; < if held long in one position. Feet swell < right. No albuminuria.

5.—Smothered feeling above heart; < emotions, reading and in evening; must walk for relief.

6.—Aching over eyes and in occiput.

7.—Heat of middle finger of right hand < pressure.

A single dose of Crotal-hor mm started an improvement at

once that has now continued for more than forty days and but very little of the trouble remains.

Chairman Wilson: Dr. Boger's last case of exophthalmic goitre, or rather toxic goitre—I have been interested in one myself. A lady, who has been in menopause for quite a period of time had been treated some years ago in our hospital at home for goitre. She had this same smothery sensation of which Dr. Boger speaks, with a good deal of palpitation of the heart, and other symptoms, no doubt aggravated by the climacteric that is going on. The neck measured 14 inches in circumference over the thyroid gland. To me her condition pointed to Laches and I had her under 200th of Laches and while under that remedy the circumference of the neck has been reduced so far to about 11 inches.

It has been exceedingly interesting to me to see the thyroid diminishing inside and of course the troublesome symptoms have cleared up quite materially. She had a lot of the apprehension that we get or we find under Lach and I think that I shall have to study her a bit more for Crotalus and see if another of the serpent poisons would push things along further than we have pushed them so far.

I should like to ask Dr. Boger, as part of the discussion, if in his state they compel the use of some antiseptic in gonorrheal suspects in the infants' eyes at birth.

In New Jersey, by law, we are compelled to use something, argyrol or nitrate of silver, or something of that sort. Of course some men slip by, and especially where they know their patients. I myself have felt quite perturbed when I have known my girl and my boy, to think of being suspicious of them and using an anti-gonorrheal.

Dr. Olds: I don't think that I quite understand the indications that he gave for Kali-bich. in that case on gonorrheal ophthalmia.

Dr. Woodbury: I might ask to what extent there was thyropeia?

Dr. Pierre Schmidt, Geneva, Switzerland: I would ask him to explain, please, why he chose the mm in one case, the cm in another, and why he chose high potency instead of low.

Dr. Waffensmith: I was in the southwest for about fifteen years and practiced Homœopathy, and I have had many cases of gonorrheal ophthalmia, and I don't remember of one case in which I used the indicated remedy that I did not get results.

Secondly, in reference to these thyroid cases, it has been my experience in treating quite a few that there seems to be a periodicity in their advancement and diminution in the course of the treatment. I don't know why this is, but I noticed during the course of the treatment when you give the proper remedy plenty of time to act there seems to be a periodicity; gradually the recurrence periodicity becomes longer and the amount of increase becomes less.

Dr. Boger, in closing: We have the same law about using argyrol, etc. It had, however, not been used. The discharge was stringy. Almost all these cases have the adherent lids, but don't all have the stringiness, the peculiar stringy appearance which makes the cornea look as though there was a map there—both of those are Kali-bichromum symptoms. Prompt recovery followed.

The case of paraplegia was almost complete. I have seen only three cases of paraplegia after confinement. The first case passed out of my care in about a month and died two years afterwards. The third case was up and walking around in three weeks.

In a general way one may say that the higher potencies act better, more thoroughly, more radically, and they go deeper. I have slowly ascended the scale for the reason that I get deeper reaction.

If you give a high potency first, I believe you often get better results by descending than ascending the scale. Thyroids very certainly go up and down of their own accord, and are more or less under vaso motor control.

The main point is that a quick result followed the remedy; it didn't wait for one of the regular waves in the thyroid enlargement, the improvement started at once and has kept up ever since.

## WHAT CURED?

PLUMB BROWN, M. D., Springfield, Mass.

*"There are two kinds of people on earth today,  
Just two kinds of people, no more I say.  
The two kinds of people on earth I mean  
Are the people who lift and the people who lean."*

I come to you today as one who leans—leaning upon you for help, for advice.

## WHAT CURED?

In section one of the Organon we read that "a physician's only mission is to cure." In section three we read: "If the physician clearly perceives what is to be cured in every individual case—and if he clearly perceives what is curative in medicine—to what is morbid in the patient—he is a true practitioner." This defines a cure and tells us how to cure. Once more I ask—

## WHAT CURED?

In this fair land of ours there is a section, not remote, where there are two classes of people who constitute very largely the medical thought. There are the self termed scientific medics, who acclaim very loudly the use of modern medical science, sensitize, immunize, vaccinate, inoculate and operate, etc. This is all.

If the patients live, science did it. If the patients die every means known to science has been used, it was to be.

If you are not of this class you are a Christian Scientist, a fraud or humbug. If you use other means in your endeavor to make sick folks well in the "quickest, safest and surest way," you are acclaimed as one largely bereft of your reason, or a hypocrite.

## WHAT CURED?

If you will bear with me for a few moments while I report a few illustrative cases I will then ask you to answer my query and lift me out of my state of despair.

Case 1.—I was called very hurriedly at two a. m., February sixth, to see Master I., two years of age. As Willie was an adopted child no family history was available. The fond foster parents had been congratulating themselves that the baby was getting fat, developing a nice double chin. They were suddenly wakened about midnight by the frantic efforts of the child to breathe.

The double chin seemed very hard and the only relief to the difficult breathing was to throw the head as far back as possible. Examination showed a greatly enlarged and indurated sublingual gland. The child was flabby in appearance, head and neck covered with perspiration, cervical glands were indurated. Being five miles from town and in the night, there was no time to take a blood count, or use the various scientific diagnosis means. I was called to relieve the child. My diagnosis was adenitis, my treatment was one prescription of Calcarea Carb 6x. The results were immediate and most gratifying and no further medication needed.

Case 2.—Master R. H., six years of age, had been under old school treatment for over a year for "swollen glands," scientific tests and observations had been made, as I was told, an operation was deemed imperative. The surgeons were ready, the hour set. The nurse reported a temperature of 103. After a careful examination the surgeons left, saying that the boy was too sick to operate, but he would have to be operated later.

In sheer desperation the family called me in as ultra conservative. The glands of the face and neck were swollen, red and shiny. The auditory canal was nearly occluded, the flesh was moist but very hot, the face flushed. The diagnosis given me by the surgeons, was acute infection adenitis. Belladonna 3x restored the patient to health and as yet no operation has been performed.

Case 3.—Master C. G., twelve years of age, for over a year Charles has been under treatment for enlarged thyroid, tonsils, sub-maxillary and cervical glands. For weeks he has taken thyroid extracts, been iodized and been operated twice, but not until he received Bacillinum 1m, three doses, were the glands reduced and his health restored.

Case 4.—Miss G. C., fifteen years of age, for the last three years has been a great sufferer from bronchial asthma and an enlarged thyroid. Her countenance bespoke extreme distress, eyes staring, pulse rapid, respiration very labored. She was under medical care for over a year, with only slight, temporary relief of any of her symptoms. She was sensitized and reacted to cat hairs and oatmeal.

The family cat was disposed of and she abstained from eating oatmeal in any form. The relief was prompt and decisive. No medication was given and in six weeks' time the glands were normal and she has never had any trouble with asthma since.

Case 5.—Mrs. F., thirty-five years of age, has been for years a great sufferer from indigestion and enlarged thyroid. She was a firm believer in massive doses of very strong medicine, but she received no relief. In her desperation she consulted me.

I gave her *Nux Vomica* 6x and in three weeks she reported at my office that she was feeling better in every way, no distress after eating, no pain, bowels normal; she has been able to attend and enjoy social functions which she had been unable to do for years. She supplemented her report with this remark: "You don't expect me to 'believe' that those tasteless tablets had anything to do with my feeling better." With that she left, never to return; neither has she ever paid her bill.

Case 6.—Mrs. M., fifty-four years of age, consulted me in December for Psoriasis. Her arms, back and limbs were nearly a solid mass of scales. She was unable to sleep on account of the severe itching, burning and bleeding.

The pathological report of urine was specific gravity 1005, reaction acid, albumin one gramme to the ounce. There was present some vesical tenesmus and much intestinal flatulence. *Arsenicum Iodatum* 3x was given and in six weeks the skin was clearer than for years, examination of urine was negative, very little flatulence present.

#### WHAT CURED?

Medical statisticians lay claim to the fact that eighty per cent. of suffering humanity would get well if nothing were done



for them and ten per cent. will *not* get well regardless of what is done and ten per cent. are cured by medical science.

The surgeon will claim that his skill and an operation cured and he will show you x-rays, blood counts, haemoglobin tests, made before and after operation showing records of a large number of cures made with low per cent. mortality and no return of trouble.

The organotherapist will claim that the serums and vaccines cured and he, too, will produce voluminous statistical matter to prove his claim.

The electro therapist will claim that electricity cured in a large per cent. of tabulated cases.

The so-called Allopathic physician will be loud in his acclaim that his serums, vaccines, specifics, alteratives, antipyretics, tonics and other scientific methods have by actual numerical count cured in every case where a cure was scientifically possible.

The dietitian will report the results as shown by his carefully prepared charts, showing a large per cent. of cures where the diet was properly balanced, carefully regulated, intelligently restricted as indicated by the reaction following sensitization, chemistry of blood and excrementa.

We, as Homœopathic physicians, claim that our remedies prepared according to a definite law and administered in accord with the teaching of Samuel Hahnemann and his faithful collaborators will cure.

Can we prove it? Have we haemoglobin tests, taken before, during and after the administration of a potentized preparation of Ferrum Metallicum or the indicated remedy, thus showing actual results? Have we recorded the blood pressure before giving Lycopodium or the indicated remedy and again after, showing by actual figures the results?

Have we figures to show that a case with a white blood count of twenty thousand and eighty-five per cent. of leucocytes has been given the indicated Homœopathic remedy and later the same case shows a blood count of nine thousand?

Have we statistics to show that cultures taken from throats giving positive reaction, thus showing to the pathologist the presence of Klebs Löffler staphylococcus or streptococcus bacillus,

have shown a negative reaction after the indicated remedy has effected a cure? We lay claim to such results from our remedies but in the eyes of modern scientists can we prove it? We must be tolerant of and profit by the opinions of these scientists.

A chain is no stronger than its weakest link, and in our personal enthusiasm about the action of our remedies have we not possibly failed to show to the world by actual figures that our personal belief is founded on facts, thus remedial agents given according to the Homœopathic law do assist the vital force to cure, to effect a permanent restoration to health.

Homœopathy is ours by inheritance and a wonderful heritage it is. Our ideas of and our ideals for Homœopathy and its best development, present and future, must be based upon facts. Applied as well as acquired knowledge is demanded in our day. Potential ideals must be based upon actual facts for potentialities are as great if not greater than actualities.

If Samuel Hahnemann were living today I feel certain that he would stand up and say in the words of the apostle of old:

*"Prove all things  
Hold fast that which is good."*

#### DISCUSSION.

Chairman Wilson: Dr. Brown asks a broad question, "What Cured?" and he asks some very pertinent questions in the latter part of his paper where he wants to know if certain scientific data has been collected after the indicated remedy has been given. Personally I remember one case in which a child was practically driven with its parents out of a hotel at the seashore on one occasion because the child had developed a sore throat. A culture had been sent to Trenton and a positive report had been made. The lady who ran the hotel drove them out.

I was called in to see the individuals and of course by our sanitary laws I had to take the culture and my first culture came back with a positive report. At any rate the child was calling, I think, for Belladonna at the time, and whatever remedy was called for I prescribed and the child grew so much better that the next day I sent another culture and that culture was reported

negative. Then we have to send another culture within 24 hours and that went in and that came back negative, so that there was one case, at any rate, where after a prescribed remedy was given the reports from the bacteriologists were negative.

Of course if anybody asked me I would say that the individual didn't have diphtheria in the beginning anyhow. It doesn't seem to me that a thing of that sort could be cleared up as quickly as that.

This paper is open for discussion.

Dr. Field: First of all I might say that I am very happy that I stayed over to hear Dr. Brown. I think if every Homœopathic physician, upon first reaching his case, before he takes the *Materia Medica* down, would say to himself: "What would Hahnemann do in this case?"—think of what Hahnemann would do at the present day with some of the facilities he has at hand, and after the case has been cured there is another salient question: How was the case cured? Because there is such a thing as self-limitation of diseases, and we have nothing to prove that by except statements here and there. This last case that Dr. Plumb Brown recited regarding the psoriasis—I wonder how many months the doctor followed this up, because it is a case that will disappear of itself unless he has taken the case on the constitutional side also. Let's be fair, we can say to ourselves: What actually cured this case, was it Homœopathy proper, or did Homœopathy help to propel the case on to a definite termination?

Dr. Stearns: Dr. Brown mentioned the case that was cured by removing certain foods from the field. Of course those substances that aggravated his condition, substances to which the child was sensitive, probably a potency of one or both of those substances, would relieve, and possibly cure. I have a case of horse asthma in a young girl who was cured by a potency of horse dander that I had made. If I had thought I would have brought it down so he might take grafts from it, but that child was cured by horse dander.

I believe that if all the pollens were potentized and we could isolate the particular one that is responsible for our hay fevers, individual hay fever, we could cure that particular individual with that pollen, but we can only tell that by experimenting.

Dr. Rushmore: Mr. Chairman, we have been encouraged to trust in the convincing power of numbers. Let us think of the very malignant epidemic of influenza throughout the country in which the contrast between the results of general treatment and the results of Homœopathic treatment were beyond calculation. You may remember better than I the Homœopathic mortality was something like  $1\frac{1}{2}$  per cent.

Dr. Wilson: Under true Homœopathic treatment it was five per cent.

Dr. Rushmore: But there was a terrible malignancy under the current general treatment, yet what has been the effect of the publication of those figures on the public? A man convinced against his will is of the same opinion still.

As to the rapidity of the medicinal cure, not long ago I had occasion to prescribe for a child in my office which had a cough. I don't remember what the symptoms were or what the remedy was, but a few weeks later the mother came in saying: "The remedy you gave that child acted so quickly that one of my neighbors said she wouldn't take it. She believed there must be dope in it."

Chairman Wilson: Dr. Rushmore asks the question—"What was gained by the publication of the report of the effects of Homœopathic treatment on cases of the flu?" I can tell him one thing that was gained, the Army and Navy absolutely refused to have our polycrest incorporated in their medical manuals because I was secretary of the I. H. A. at that time and I received the refusal, which of course was published in the transactions of I. H. A., of the surgeon general of the United States government. That was one thing that was gained.

Dr. Boger: In reference as to how fast the old school learns some things, I want to call attention to one thing I noticed accidentally the other day. In 1861 Count de Buennville collected 1,000 cases of pneumonia from all parts of the world with a death rate of 30 per cent. In 1912 our friend, Professor Dewey, of Ann Arbor, Michigan, collected of one thousand cases of pneumonia treated Allopathically in hospitals, a death rate of  $29\frac{1}{2}$  per cent. They gained one-half per cent. in the treatment in that time.

Meanwhile the celebrated experiments took place in the General Hospital in Vienna in which the Homœopaths treated pneumonia with a death rate of 5 per cent., but the Allopaths kept up their own practice, and today in Austria Homœopathy is dead. They claimed when the Homœopaths did this that it was the result of not giving any medicine at all.

Dr. Brown: In answer to Dr. Field's question I would say that I have followed the case for something over a year and a half.

Dr. Stearns speaks about the potentized pollens, which I have never used. I would like to ask him about a case of asthma which I am caring for that was sensitized and responded to three or four of the pollens, what he would suggest in a case of that kind, how would he treat that?

Chairman Wilson: Dr. Rabe had a potentized pollen from timothy grass which he got beneficial effects from in some cases of people who suffered from hay fever. Possibly you could get a graft of that from Dr. Rabe if you would write him about it.

Dr. Brown: This case responded plus 4 to timothy, red top and sweet fern.

Dr. Boger: Years ago it was pointed out by members of this association that cases of hay fever could not be permanently cured without final use of an anti-psoric.

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## CASE REPORTS.

C. SEAVER SMITH, M. D., New Haven, Conn.

### CASE NO. I.

Mrs. M. W. O. Oct., 1922.

*C. C.*—Nervousness, utter exhaustion and vertigo.

*P. H.*—Always rather weak, tall and thin, average weight 112 lbs. One attack of pneumonia, influenza 1923. Both breasts removed 1913. Had been treated with Iron, Calcium Lactate, Strychnia, Quinine, Digitalis and the Endocrines.

*P. I.*—Has felt weak, nervous and exhausted for some time. She worries a great deal, has little appetite, has insomnia, sleeping

only in cat naps and awaking 2 to 4 a. m., palpitation on exertion, but no dyspnea, no headaches, no cough. Her digestion is good and B. M. regular. She has no aches nor pains. She feels a sinking sensation in middle of morning. Standing is always bad for her, causing her to sit to dress. There is a sensation of weight on chest. She dislikes heat of weather or clothing. The weight of the bedclothes is disagreeable.

*P. E.*—A female about 50, 6 ft. tall, very thin, 94 lbs., slightly stooped, hair somewhat gray. Skin is dry with some evidence of eczema of hands, which is worse at night and in winter. Reflexes are normal. Eyes are astigmatic. Ears and nose normal. Teeth are in good condition and x-rays show no evidence of infection. Tonsils are atrophied. Lungs are normal. Chest wall shows scars of breast amputations. Heart has no murmurs but shows a weak muscle tone. Abdomen gives no evidence of rigidity, tenderness nor tumors. Pelvis is normal. 98<sup>0</sup>-90-16.

*B. P.*—90/140. Blood picture is Hemoglobin 90%. Erythrocytes 4,740,000, Leucocytes 6,000, Polynuclears 76%, Large Mononuclears 14%, Small Mononuclears 9%, Eosinophiles 1%. She was given Sulphur.

*Progress*—In less than a month, all ss were improved and she had gained four pounds in weight. I have seen her occasionally since then for a cold or a return of her former exhaustion. When she returned to me the first time for the latter trouble she said: "I wish you would give me some of those little white pills. They did me more good than anything I've taken." A week ago she came to me, saying that she felt so well she was going on a trip to Europe.

#### CASE NO. 2.

T. R. B. Male child. Born 7-2-22. Normal delivery.

*C. C.*—Eruption face 5-8-23.

*F. H.*—Negative except for eczema in paternal great-great grandfather and two great-great uncles.

*P. H.*—Normal.

*P. I.*—Eruption face; irregular, flat areas of varying size,

which are red, worse from heat and washing, better from cool and open air, itching and bleeding when scratched. An aggravation occurred during dentition.

Soothing external applications were employed to prevent the baby from scratching, Diet and Sulphur, in high and low potencies were used for nearly two years with only occasional slight improvement, if any. Then the little patient was given Thyroig 11x for one week with complete relief up to the present time.

### CASE No. 3.

Miss A. 8-13-23.

CC.—Pain lt. arm.

F. H.—F. d. 67, acute Bright's rest negative.

P. H.—Diphtheria twice. Constipation. Styes with every tooth.

P. I.—Jan. 21 fell down stairs and injured L. arm. Treated by osteopath. On 4-1-23 had stiff neck both sides, from unknown cause.

This also treated by osteopath. On the following day there was severe pain in L. arm externally and in the internal surface of forearm and through palm. She had to lie down for relief during the next two months. By degrees the pain became less. Heat relieved. She was given Sodium Bicarbonate baths, hypodermic injections of Neurosinic Tonic four times a week and the arm was baked three times a week. The pain is grinding, throbbing, twisting in character, aggravated by cold, damp, pressure, movement, especially pulling and use of other arm and lying on side. Pain is relieved by lying on back. If the surface is moist and air blows on it, it feels like ice. There is also aggravation from riding and vibration.

P. E.—Normal except for a hyper-acid urine, far sightedness, low blood pressure, and a node on R index finger. She was given Nux Vomica to clear the picture. Bryonia followed, but gave only slight alleviation. Rhus Tox 200 gave prompt relief.

Progress—Since has had one slight attack which was promptly relieved. However, she has developed dry jts., painful nodosities of fingers, etc.

## DISCUSSION.

Dr. Clark: I would like to make an observation in regard to the pain in the left arm where Bryonia seemed to be indicated. In the majority of those cases I think a careful study would reveal that Nux Muscata is one of the best remedies that I have used in that neuritis and pains in the left arm.

Dr. Smith, in closing: I would like to ask a question in regard to the last case. I would like to know what any of the audience might think as a follow-up remedy in regard to her condition?

Dr. Stevens: I think Lycopodium, especially having the nodes in the fingers.

Dr. Rushmore: In addition to the Lycopodium, Calcareo Carbinica in some cases is quite an efficient remedy.

Dr. Loos: I would like to ask about that second case, the baby, whether there was any constipation.

Dr. Smith: There was not.

Dr. Loos: Nor any Cina symptoms about the face?

Dr. Smith: There was none that I observed.

Dr. Loos: Sometimes in those face eruptions you will find that Medorrhinum helps clear them up.



# Bureau of Obstetrics and Pediatrics

RICHARD M. FIELD, M. D., Chairman

CHARLES L. OLDS, M. D., Vice-Chairman

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## A FOREWORD.

RICHARD M. FIELD, M. D., Chairman.

As a foreword to the Bureau of Obstetrics and Pediatrics I was thinking that it should really belong to a part of preventive medicine. Why? Because I think Homœopathy can produce wonderful results in the child.

The child, when it is born, carries some stigmata of its ancestors, but these stigmata haven't developed sufficiently to show any real pathological symptoms, and at that time Homœopathy seems to have a clearer field. We note that up to certain ages, we will say the age of five or seven, there is a tendency on the part of nature to produce these exanthemata among children. Opinions differ as to why these should appear more frequently in children of that age. I think it is a cleaning-out process, if we are following Hahnemann's law, that is, from inside out.

The endocrinologists will say certain types of children are prone to diphtheria. It hasn't been proven to the satisfaction of everyone, but there seems to be enough evidence to warrant that statement. In other words some people cannot get diphtheria or whooping cough. We will take this peculiar instance: We will see a school room full of sixty children and we will find there is an epidemic of nits running through that school room. Why doesn't every one of these children contract this peculiar skin eruption? I am talking about those who are kept in sanitary conditions.

From my own view perhaps certain children are, as we call it, afflicted with psora. The ground work is there for them to accept certain diseases and bearing that in mind we run

through our other diseases, and the endocrinologist comes out with certain so-called scientific data that this glandular child can get diphtheria, this whooping cough, etc.

Reverting to the original remark that pediatrics and obstetrics belong to the school of preventive medicine, I think I have made it somewhat clearer why I made that statement. It isn't a statement to be put down as a theory, simply as a statement. I think that the child has the best chance with Homœopathy to have results shown on it with the indicated remedy which is purely a constitutional remedy and shows up a good deal better than some of these we call superficial remedies. I refer to remedies like aethusia and all those.

We had, this morning, quite an interesting medicine case of Hahnemann's which all of us very much appreciated, and this afternoon we have something else, to some of us perhaps it is not a novelty, it is an old school man who is practicing Homœopathy, and it is one of the younger generation, and he has accepted Homœopathy heart and soul. He has done some marvelous work in a busy practice, and we would like to hear his views on "T. B. of Hip and Knee in Children—A Report of Two Cases," by Dr. N. Schwartz, of New York City.

Dr. Schwartz: I say without any hesitation that in six years I have drawn the conclusion, and can make the conclusion, as I have said only this afternoon, when Dr. Morse came to my office and we were discussing the difference between the two practices, I repeat again that I believe it is criminal for anyone to hold out as a physician and not know the principles of Homœopathy or the art of prescribing in Homœopathy, because the knowledge is apparent, it is printed in the books, and the failure to provide the remedy which brings about the reaction that cures, on the part of the one who holds out to be a physician seems to me to be criminal.

Why didn't I practice Homœopathy before? It occurs to me now. Simply because my teacher, where I studied in the New York University, George B. Wallace, told me when I was in the materia medica class that Homœopathy was merely mixing a remedy, diluting it to about an m or so, until it has no actual value, and if there is any value obtained from it, it is psychic and

there is nothing to it. And that prejudice, given to the pupil in the college keeps him from seeking the knowledge of the Homœopathic materia medica. It was so in my case at any rate.

Now I dare say that in the six years I had really wonderful results. Many of the cases Dr. Stearns has seen. They were such nice cures that I simply brought them over to him to look at, as he will corroborate.

## TUBERCULOSIS OF JOINTS IN CHILDREN.

(Report of two cases)

NATHAN SCHWARTZ, M. D., New York City.

In my six years of Homœopathic prescribing I had innumerable cases with very gratifying and also with very brilliant results. I believe that I have tested the remedies in every branch of physical ailments and disturbances, and have obtained results in every instant where good indication for remedies existed. I am in a position to know the difference between the results of Homœopathic prescribing and that of Allopathic prescribing, because I practiced Allopathy for eleven years before I took up Homœopathy. Formerly I have observed chronic skin conditions, asthmatic conditions, neurasthenic, sycosthenic, as well as chronic pathological conditions such as tuberculosis, lues, nephritis, malignant growths, ulcers, etc. In truth, none of these conditions have a fair chance in the hands of the Allopath. The physiological stimulation by means of crude medications, physio, or mechano therapy, gives here and there a relief, and at times even approaches a stimulation of a cure. But I cannot any longer feel that they are of any curative value. Very often the Allopathic efforts, both local and internal, which, from apparent indication, seem to relieve the pain or cure local lesion but in fact a suppression is the accomplishment. As a result of the suppressions usually most serious disturbances occur, such as nephritis, cancer, or ulcer of the stomach. I have frequently seen posoriasis complicated by ulcer of the stomach due to the Allopathic local applications.

It seems that a real cure is not possible without Homœopathy. Particularly gratifying are the results in pediatric practice. As illustrative of this I will report two cases of joint tuberculosis.

Case No. 1.—Patient, F. T., male, age 15, 63 Hawthorne street, Stamford, Conn. The patient came under my observation in July, 1923. Family history is negative. Previous history, had scarlet fever at the age of seven, and influenza at the age of nine.

Present complaint: About June, 1921, the patient noticed a swelling of his left knee, cutting pains were present. The swelling was hot to touch but white in appearance. After three months black discoloration appeared on the skin over the swelling. At times the patient complained of sticking pains about the left knee. It was worse on motion and better from heat. The patient was usually thirsty, liked salty food, meat and sours. Felt hungry at 11 a. m., occasionally had temporal pulsating headache. At times the patient liked milk and at times disliked milk. The patient was at a sanatorium and later at the Stamford Hospital. The tubercular joint was irrigated and curreted at times, both at the hospital and at the sanatorium. He was under allopathic care from June, 1921, until July, 1923, at which latter date I adopted Homœopathic treatment. Under the Allopathic treatment he was constantly getting worse. He was reduced to 104 pounds, and the prognosis, even as to life, was very bad. Under the Homœopathic treatment he took a change for the better and he improved constantly. His weight gradually increased to 160 pounds. His general health improved. His local tubercular joint constantly improved. When I started treatment the joint was extremely swollen and there was no motion present. There was a greenish pussy discharge, and there were two fistulea openings, draining the pus. Today the openings have closed, the swelling disappeared, complete motion of the knee joint has appeared. He is working.

Medications given were—In July, 1923, *Silicia* 60x, one dose; Sept., 1923, *Fluoric Acid*, 12x, one dose; Oct., 1923, *Calcarea Carb.*, 60x, one dose; Jan., 1924, *Sulphur*, 60x, one dose; May, 1924, *Tuberculinum (Koch)* 1M, one dose; Jan., 1925, *Tuberculinum (Bov)*, 50M, one dose.

The greatest amount of improvement during the treatment was obtained when Tuberculinum 50M was given.

I am herewith quoting the verbetum X-ray diagnosis given at the Stamford Hospital, a copy of which was mailed to me on March, 1923.

"The examination of the radiograms taken of the left knee and femur, lateral view only, of Frederick Ilg shows considerable strophy and decalcification of the bones comprising the knee joint. There is a large thickened area on the middle third of the femur. There is no doubt that this condition is tuberculosis of the knee joint with the extension of the process to the femur.

Diagnosis: Tuberculosis of the knee joint and femur."

Case No. 2.—Patient, R. F., male, age 7, N. J. I was called to see this patient at the Sea View Hospital, Staten Island, N. Y., in May, 1924. The patient was confined to the bed with the diagnosis of tuberculosis of the right hip with very extensive involvement. The spleen was enlarged and the liver was enlarged. The patient has been sick for four years and was constantly getting worse and the prognosis as to life was bad at the time I undertook the case. All the specialists visiting the hospital took a chance at the patient. The Cardiac specialist, the stomach specialist, the kidney specialist, the tuberculosis specialist, etc. All the specialists shook their heads, and the patient was lying in bed and getting worse all the time. The house doctor said there was no use trying anything for the patient. He would be better dead.

At my first visit I gave the patient Pulsatilla 30, in four weeks I visited the patient again. The same house doctor remarked that the patient was improving. At the second visit I gave Calcarea Carb. 30 again. Within four months the patient was removed from the hospital and was taken to his home. The patient started to walk on crutches. Several months later an abscess formation developed in the buttocks and I gave the patient Sulphur 60x. After six months he gained rapidly in weight, and in strength. Slight motion commenced at the hip, though very limited. About two months later I gave the patient Tuberculinum (Bov.) 1M. Very soon I expect to change the

prescription to Tuberculinum (Bov.) 50M. The patient's hip is still discharging, and has limited motion. The patient is getting stronger and intends to go to school this coming winter.

#### DISCUSSION.

Chairman Field: Dr. Schwartz presented a paper as he has been wont to present them before some of the Allopathic societies. There is a difference in presenting a paper. The way Dr. Schwartz has presented this paper I believe it could hold water in any Allopathic society. He has proven his fact first, that it was a case of tuberculosis of the knee or hip, and it is up to the audience to accept whether the therapeutics in his particular case was warranted or helpful.

I believe that if more papers were presented that way so that we could take these printed papers and present them to the other side, there is no argument there as to what the thing was originally, give them the diagnosis as they want it, that is if we want to prove our case, not if we want to talk among ourselves.

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#### THE PSYCHE AND SCIENCE.

ROYAL E. S. HAYES, Waterbury, Conn.

Woman of 33, first stage of her sixth labor, head high in the pelvis, cervix rigid, no dilatation; sudden sharp contractions, very painful. Emotionally wrought up, flushed, tossing, sweating and straining. She addressed me sharply in very displeasing terms. As she had for several years been one of the most appreciative patients, this critical attitude was quite unlooked for.

It reminds me of a story which a former patient of the lamented Dr. Morgan told me. This patient had been enduring an intense pain in the arm for several hours before the doctor made a belated arrival. When he came in the lady exclaimed, "Doctor, I've waited for you for hours and I cannot endure this pain another minute, so there!" The doctor coolly replied, "Well, well, do not worry. When a woman says 'so there' to me, I

know what to give her." He gave her Cham., of course, which produced sleep in about fifteen minutes and cured the neuritis besides.

I gave my lady Cham. 1M also, and in a few minutes birth ensued with no more fuss than squeezing ointment out of a tube.

Now the terrifying thing about this is the claim that it was the medicine which caused the happy result. No controls, no check-ups, no officially authorized pronouncement, not even parliamentary resolution; nothing but shameless, unsupported statement. Besides, (most disconcerting fact) do not cases sometimes terminate in the same way without medicine?

That is just the point. They do. The fact that such cases may terminate spontaneously or without medicine makes it certain that they may be so terminated with the use of suitable medicine. Why? Because of the principle of least action. When we employ selected, potentized medicines we are bringing into play the principle of least action, thereby inducing normal direction of energy in the sick organism. Modern physicists would probably express "least action" as "eventuality." Rightly understood the terms are synonymous, but the word eventuality is more illuminating. By using this principle we tap the reservoir of potential events which the Homœopathic or any other creative artist draws upon in performing his work. That reservoir might be pictured as a vast sea of possibilities, particles of which are ready, upon call, to slide down the track of least resistance in order and sequence to precipitate actual events.

It seems difficult for the innocent critic of radical Homœopathics to realize much about this reservoir of the inexistent. According to his own exhibits he avoids the realm of the potential, appearing to have a much stronger stomach for the actual. He seems unaware that by just so much as being has moved toward precipitation and density, by just so much has its elements become contracted. As the vibration of the particles of substance become more limited, the nearer it approaches crystallization, so that mind and soul which binds itself to the material mostly, tends to tightness and more limited creative achievement. Conversely, as imagination and reasoning become clearer by independent use, the necessity for a material grip decreases.

The result in the case above cited, although of no moment historically or technically, was nevertheless a creative achievement. Suppose the woman had not had the Homœopathic remedy, that the condition had persisted and forcing treatment had been executed. What psychic and pathologic consequences might have ensued.

It needs no architectural reasoning to perceive the effects of medicines. Many untutored people are quick to perceive them. They possess a biologic and protective instinct that flashes instantly and accurately from cause to effect. That is the normal function of intelligence; not to labor, but to flash and illuminate. But many so-called educated, even within the boundaries of the Homœopathic group are so limited with surface intelligence that even the fraction of necessity excites but a feeble creative spark, if any.

How medical men toil with bent heads and squinting eyes to discover some particular here or adjust a bit of matter there! I am sometimes tempted to think that if we could but unload the entire scientific baggage and divest ourselves of the whole cloth of so-called authoritative opinion, the creative instinct would be more free and better vision develop. At least all possibilities would be before us! We could see not only appearances, but realities, the genie inside appearances. Insofar as man can see these are the potent for radical and creative work.

Chairman Field: I believe this paper deserves some comment, adverse or laudatory. I don't always laud the essayist, knock him if you can, he will appreciate it.

Dr. Wilson: Mr. Chairman, we so often hate to hear that remark that Dr. Plumb Brown brought up, and Doctor Hayes brings up; did the remedy do so and so? As you have said here on the floor, diseases are sometimes self-limited. Of course people come to us because we are sick, we apply a remedy and almost like a snap of the finger the thing is through. I don't suppose there is one of us but what has had patients remark on how rapid the relief was.

I have had a case of rheumatic fever myself, the woman was suffering all kinds of pain, and all that sort of thing. Lycopodium seemed called for and when I went there the next



day she talked about that wonderful medicine I gave her, she had slept all night long and didn't have a pain the next day. Of course, like all rheumatic fever cases, *Lycopodium* did not hold her at that time and her pain returned, so that we often have those things asked, and we cannot say, of course, whether a remedy has done it, but certainly the relief always came after the prescription of the remedy, so always I say that the remedy did do it.

Dr. Fields: Paradoxical as it may seem I am a high potency man, although some of the remarks I make may seem to you anti-Homœopathic, but I do, as I made the statement from the floor, I simply sit down and figure later on what Hahnemann would think about this thing. What really helped here? There are so many self-limited diseases and there are so many things that we don't give them a chance to progress to certain stages, we shouldn't; we give the remedy and it is a good thing for us to think if it was the remedy, did it prove exactly as the *materia medica* states, by *similimum*—I don't mean 42 different symptoms, I mean a *similimum*. There is a genius of the remedy to fit the genius of the case.

In fairness to ourselves you should feel as Hahnemann felt, would have felt, how he would get a thing out for himself, what did this, and how did it do it, and would I have resorted to other measures to help my Homœopathic remedy? It was 120 years ago and perhaps he might have changed his mind, too, in certain points. I can see that a certain number of men who have the courage get up and make the statements. Perhaps they personally believe that allied sciences can be utilized at certain times to help our Homœopathic remedy.

We are too individualistic. We cover this whole thing under the cognomen of "the other side" being a false science. Let us use the modern clothes, meanwhile we are in the present century, and we have something as a standard to use, we are minority after all. If the majority says: "If you say it is pneumonia prove it in my language," that does not prevent me from giving the Homœopathic remedy, and I can still prove to them it was a pneumonia they like to hear about, and I can say I gave this remedy. If they don't know what remedy it is it is up to them

to find out about Homœopathy. We have got to grow. This ten or twenty a year means nothing for the uplift of Homœopathy, we have got to get a good many more people.

Dr. Underhill: Dr. Field's reference to pneumonia must call to your mind the expression that he used, "tell it to them in their own language." We can talk to them in their own language, but you know how it turns out, when you see a pneumonia patient, and almost every time, that being an acute illness, our experience is nearly one on that, within a short time it is all cleared up, you know what they say: "He didn't have it." Thirty-five years of experience and diagnosis doesn't cut any ice at all.

Dr. Austin: I am very glad to hear what you just said. I think the best thing that ever happens to us is to have us fall right down on a case, and that happens once in a while, and it just puts out every bit of conceit and does us a lot of good.

I threw out my hip some years ago lifting a heavy patient from a bed to a wheel chair. I knew it would be a pretty painful thing to have that put back by a surgeon, and I asked someone who knew an osteopath. They told me of a good one and he put that hip back and I have never known he put it back. That interested me. He was a very good man and I have called him any number of times. He will tell you he can cure everything that comes along. He can take the pain out of a patient where there is rheumatism, he will take it away in a short time. I have seen him do it. He has taken neuralgia out of my arm, but he claims too much, and I was several times too polite to tell him things where he absolutely failed, and he thought he had cured them. He failed, and we all fail, so let's not be too cock sure of ourselves, let's have the feeling that we don't always cure all of our cases, and there are a lot of our patients who don't tell us that we failed because they feel that we have done many nice things and they don't want to hurt us.

Dr. Boger: That brings us right back to what we mean by cure.

Hahnemann says a few things about what we mean by cure. Now if you have an acute disease present and you carry that case through successfully, you claim it was a cured case. Possibly. But I say you have not cured the case unless you have exhausted

that acutely self-limited disease to take a shorter course and break its course off, then you have cured the case.

Now take all forms of neuralgia, which is a nerve pain mostly, that doesn't stop right away unless you pull out a tooth or something of that sort. Now if you give a remedy which terminates the nerve pain in an hour or fifteen minutes or ten minutes, you have either cured it or begun a cure. To cure doesn't mean to let a thing run its normal course and then quit.

Now there is one other point. It wouldn't hurt all of us to be a little more tolerant. Of all the liberal professions the medical profession is the most intolerant, we have more bigots in the medical society than the Jesuits ever had. It seems to be born and bred in the bone of medical men to become intolerant. That is because they look at such little things all the time.

We are here because we think that we do better work for humanity by Homœopathy or similar methods, than can be done in any other way. That doesn't mean that an Allopath doesn't cure sick people, or an osteopath doesn't cure sick people, or a chiropractor, because they do cure sick people.

Now, in order to clinch this argument, I want to cite a little instance to you which proves a lot of things. This man was drafted into the British army, from the museum, in the late war. He was an osteopath in the museum. When he got into the British army he saw the chiropractors doing better work than he was doing so he went to Davenport and took a three-year course and came out a chiropractor. He was an intelligent fellow, and to make a long story short I occasionally send cases to him for this little thing or that little thing. Lately he sent his wife to me. This was the history of the case: She was treated for typhoid fever when she was a girl, by a practitioner, and supposed to be cured. When she gave me the history of the case I saw behind the whole history the effect of a non-cured and suppressed typhoid fever. I saw that lying in the background, and I gave her one dose of rhus, and it raised the mischief. It put her to bed right away.

Now if you look at that carefully that answers a lot of questions. She was relieved by chiropractic treatment of many

things, but she was not cured. The typhoid was suppressed by that practitioner.

Dr. Stearns: That last point is worth coming here for, of going back and finding the cause of your condition in some past sickness, and then going back to that sickness to find the remedy that was needed at that time. You can do that often enough to make it well worth while to keep in mind.

Another thought that came in connection with Dr. Field's remarks, to me in this way, that we should remember always that we are dealing with facts and not with our opinions of facts. We should submerge ourselves, and in using the patients for demonstrations, use those patients, if possible, who have a demonstrable fact. In other words, some pathological condition. I have in mind now a patient whom we have used this last winter for demonstration purposes. This patient was brought before some old school physicians, he had cardiac mitral disease with both regurgitation and stenosis, one of the bad cases, right side of the heart enlarged, fibrillating heart. Well, you know they say they can't cure a fibrillating heart. Perhaps it is true. Her pulse ran around a hundred or over most of the time; she was blue, but she had been under digitalis for four years off and on; she would have to go to bed every month or so and undergo this treatment. We began with her with Phosphorous. Our next remedy was Thuy; the next was Senecio, one of the snake poisons. Later on she got Argen Nit., but she has been feeling and getting better each year, before that she was going down a little each year.

Now that case made an impression on the man who went over her—Diamond—he is one of the well-known diagnosticians, well up, well thought of in the old school, considered a diagnostician, and we went over that with the utmost care, and he said: "Well, I am convinced that you did something here." That is an honest conviction. We were satisfied to present such a case. I mean we should always try to present a fact that we can demonstrate as a fact. A temperature may go down in twenty-four hours for no reason we are associated with; we may think we have done it, we must just say we did our best and this happened, but that isn't a good demonstration.

If you want to prove to a man, prove it to him in his own language, first give something that he has a language for and use his language. From that you can lead him to your own understanding.

Dr. Waffensmith: Speaking of this heart case reminds me of a case I have now which is a palliative case, a man 75 years of age. When this man came into my hands he had been digitalitized over a considerable period of time, and after digitalization had ceased to be of any benefit, he was transferred to crategus. He was taking 15-drop doses of crategus when he came to me. I switched him from that and prescribed various remedies from time to time as they were indicated, until one day I was sent for in a hurry and I found him in collapse. His pulse was 40, and I, after thinking of the previous history of the case, came to the conclusion that he would die. I told the nurse that she had better be very careful and give him all the attention possible, I expected the man to die that night. I tried to think what I would give that man. I couldn't get any characteristic symptoms in the case, and I finally concluded to give him Digitalis high. I gave him one dose, 200, and left, thinking that the man would die, but I was told by the nurse when I called at 8 o'clock in the evening that he had responded to the Digitalis. His pulse, the nurse told me, was up to 65, and the cyanosis and other symptoms of collapse were markedly improved. That was approximately a year ago, so I have carried this man one year longer than I expected to, not on the Digitalis 200, because subsequently I gave him some other remedies as they were indicated, this being only a palliative case and he didn't hold out on one remedy very long. But I really believe that in this case Digitalis did something, it saved that man's life at that particular time, brought about a reaction in his condition, and I believe that when we can conclude that the condition was due to the block at that particular time, as a result of the effect of the prolonged degitalization under which this man had been accustomed to.

Dr. Almfelt: I thought it might be a good thing to think about the cause of disease. We know that various schools of therapeutics have cures and have failures, the Allopaths, the

Homœopaths, the osteopaths, the chiropractors, and the Christian Scientists. My experience in the matter of treating disease has taught me that it is worth while to look into the cause. First, what is disease to begin with in a given case? I don't think there is a standard definition of disease. To my mind it simply means a deviation from this particular person's normal standard of health, and I think there are at least three main causes of disease. First, toxic, and that includes a great variety of conditions of the toxemias, and other toxemias and miasmatic conditions, and you have mechanical causes. The human body is a perfect mechanism built on strictly engineering basis and lines, and the abuses we put it to will sometimes disturb the health of that particular person. That is a mechanical cause. Then we have another cause involved, and that is the psychological. The psychological factor is great in many so-called disease conditions.

In treating patients I think it is well to know what the particular cause of this person's illness or ill health is. If it is mechanical it should be treated mechanically. It is not fair to suppose that a remedy would have put Dr. Austin's hip into place, though I have heard many Homœopathic physicians give a remedy to put a bone in place and failed. So when we have mechanical conditions, mechanical treatments are indicated. That is the way the osteopaths cure, and the chiropractors cure, when they cure with mechanical conditions. When they deal with toxic conditions they do not cure, although they sometimes help.

On the other hand, when you deal with psychological causes, then the combined treatments, medicinal, mechanical and psychological, are required in order to remove the underlying cause. I think if we look over the field in that way we are less apt to become narrow minded in our dealing with other schools of therapeutics.

It is not fair for any particular school to condemn others. I don't like that. I have heard enough of it in the twenty years I have been a physician. They all have some virtues and some faults and defects. I know that. Speaking of medicine, I believe firmly that the properly indicated remedy is the greatest

for medicinal therapy, but that doesn't mean there may not be use for some other things of a mechanical nature, and it has been my experience with a good many neurotic patients and chronic diseases that in many of these cases we will have a mechanical condition. There are psychological conditions that must be looked into and corrected before you get any results from your medicines. The diet is very important. Suppose your condition is an auto-toxic from wrong eating, you can give a remedy to such cases and not do them any good until you correct the diet. There are some causative factors of results that we need to look into in many conditions for the cure. This doesn't apply to the paper the doctor has given, it was a splendid one, but I noticed the discussion went away from the point. The doctors mentioned something about the various cults and schools, and I thought of the three main factors causing disease, toxic, mechanical and psychological. It may not mean anything to you at all just now, but think about it, remember it is a broad statement, it isn't a narrow one at all. I think you will get something out of that.

Dr. Irvine, of Denver: The closing remarks just called my attention to something that I thought might be of interest to this body.

I happen to be connected with an organization that has 120 children, not an orphans' home, but a vocational school—that is we don't allow them to call it an orphans' home. We have had but one death in nearly four years from disease among those children ranging from one day to twenty-one years of age. Now that is a remarkable statement, but it is a statement that will bear investigation if any of you care to investigate. That school is located at Moose Heart, 35 miles out of Chicago, five miles from Aurora. We have 1,023 acres of land there, so that the children have the benefit of the open air. We have one of the best playgrounds in the United States.

Those children are fed under the direction of a trained dietician. Their diet is arranged, a record is made out each week, and if there is a child in the lot who is not up to the standard in weight in proportion to its age, height, and so forth, it is put into a special department and it is fed special food and

it is weighed every day until it is brought up to the standard. The result is this remarkable record that we have made there, the lowest mortality that you will find in any city in the United States, or in any city of the world among children of that age. It has never been known before. Why? Because they are properly fed, a good deal better than you and I are fed. As physicians we know better, but we don't follow the laws of diet that we should follow. We eat food that is not good for us, we eat at random. Those children are fed scientifically. That, we claim, has more to do with the low mortality than anything else there.

Now the discussion that has been going on makes one feel that there is none so blind as he who will not see. The other school is not only intolerant of the Homœopathic profession, but they are intolerant of their own, where they don't live up to their requirements and their standards, and so forth.

We have in Colorado a physician, a Homœopathic physician who was overseas. I heard him make the statement that when he went into the service he decided that he would be just as agreeable as possible to be under an old school man. He said the division he was in over there, the field hospital unit I suppose you would call it, had made a better record than any other of the units overseas. Their mortality had been less and the surgeon general or the representative of the surgeon general who made the rounds when he came to this particular division complimented the surgeon in charge. He said: "You have made the best record of any unit in the field over here. Of course I suppose you have followed the rules which are laid down at headquarters, and given the usual dose of Digitalis in every case of threatened pneumonia," (I believe it was he said) and the man in charge said: "No, I have ignored that rule." What was the result? He was demoted immediately. Somebody else was put in his place.

Dr. Gore: Mr. Chairman, just two or three words. I don't know that it is on the direct subject, we have gotten so far away from the subject of the paper, but on the general discussion. I want to say that I am going to recall to your attention again that book, Paracelsus. He said, under his subject of



medicine: "There are five causes of disease, there are five different kinds of physicians, one practicing according to each of the different causes," and he said that each physician was capable of curing all diseases by his particular method, but he should also know all the other causes, and all the other methods as well.

He also said: "Each physician must believe in his particular method, must have no doubt about it; must have faith in it, and he must have faith in himself, must instill faith in the patient, and the patient must have faith in him."

Dr. Hayes: I had hoped some other things in the paper would be discussed. There were two things I tried to point out, one was that the Einstein revelations have confirmed the principles of least action and also illuminated them, and the other is that even though Dr. Stearns and Dr. Underhill and the others get Homœopathy all panned and labelled and in cans and put on the shelf, yet the higher phase of the art will be mental and inspirational still.

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### THE CHILD.

GEO. E. DIENST, M. D., Aurora, Ill.

It is well said that you cannot gather "grapes from thorns nor figs from thistles." It is also said that you cannot make a "wild goose lay a tame egg." It is also ordained that "the fruit tree yielding fruit after its kind, whose seed is in itself" shall continue to do so. It is a divine, as well as a natural law that likes produce likes in all normal processes, not alone in the vegetable, but in the animal kingdom. This being true, mankind has always been mankind since he came from the hands of the Creator. A monkey or an ape has always been a monkey and an ape, and will so continue—and hence man did not evolve from the monkey. With this foundation let us ask what is a child?

A child is the product of two natures, male and female, and every normal child inherits, by its birth, the same number

of organs and tissues of its parents, which function in the same divine, as well as natural order. The life forces are the same, and the mental and moral natures are products as well as the physical. Size, shape, color, physical, and psychical are similar to the parent, and any endeavor to alter these is more or less abortive. Some of the rules established in government schools as to the weight and measure of the child are arbitrary, and are causes of much anxiety and disappointment in parents. You cannot expect a peach tree, no matter how thrifty and healthy, to reach the height, size and strength of the mighty oak, nor can you, by any process of nature, make a Shetland pony equal size, weight and strength of a well matured Norman horse.

The physical ills of the child, particularly the disease tendency, is inherited from both parents, and this tendency may reach back to the third or fourth generation. In moderate sized families some children tend to certain forms of illness while others seem immune from these tendencies. The reason for this is unknown, though many conjectures are given. The only solution apparent is to note the state of health before and during gestation. This will be difficult to determine, for the reason that parents give but scant thought to the rearing of children and the psychical or mentally.

With this brief premise, you will permit me to say that every pediatrician who aspires to success in the treatment of children's diseases, must, before making a choice of therapeutic measures, study with scrupulous care the health and disease tendencies of both parents, and where possible of grandparents, for we have unmistakable evidences of children, not only resembling one or the other grandparent, physically, but mentally as well, with a like disposition to certain forms of illness.

It is not alone sufficient to prescribe more or less skillfully for an acute attack of tonsilitis, but much more skillful if the prescription will remove the tendency to recurrent tonsilitis. The palliation of acute attacks until pathology is formed, and then removal, surgically, of this pathology is far from skillful and utterly unscientific. There is no greater science than truth, there is no greater evidence of the truthfulness of truth than

the fact that it works, and when the truth of an underlying basis of disease is known there is nothing more skillful in practice than the removal of this underlying disease base.

Where this is not done there is recurrent pain and indisposition, impaired mental and physical efficiency, and hastened dissolution of soul and body.

The child deserves, and is entitled to, the greatest skill man possesses, for his life is made efficient and happy, or inefficient and unhappy, by the use or non-use of this skill. If we desire future generations of strong men and women, mentally and physically, it is imperative that we begin at once, logically, sensibly and scientifically to correct defects of inheritance and environment, and to do this in the most rational manner possible. For our responsibility is great, not alone in the eyes of our commonwealth, but in the eyes of God, to whom the child belongs. He who is not willing to search into the reasons of a sick child and try to prevent mental and physical catastrophe has no right, legal, moral, or scientific to assume the responsibility of a pediatrician, or the name of a physician in fact. For every man and woman is a child until they have passed the "three score and ten," and each must have the same individual care and study, and the therapeutics indicated in his or her peculiar individual illness and ill tendencies.

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## THE TOXAEMIAS OF PREGNANCY AND THEIR TREATMENT.

MARTHA BOGER SHATTUCK, M. D., Portsmouth, N. H.

Annually 25,000 women in the United States die directly or indirectly, from effects of pregnancy and labor. To this add the unnumbered and unmeasurable amount of invalidism, and it will not seem remiss to renew this subject. There are men asking for a nation-wide propaganda to teach the laity that pregnancy and labor are not physiologic. While pregnancy and labor are not potentially pathologic, I think harm can be done psychologically by swinging the pendulum from carelessness to scare.

Dr. J. W. Williams says that 50% of the pregnant women present evidences of toxæmia.

One author, Dr. Lee, defines toxæmias as failure of metabolism to adapt the organism to the new situation.

Pregnancy brings out the very best in any woman and calls on her stored energy, wherever it may be found. The nervous system gets the great brunt of the psychologic end. Therefore, take great pains to ascertain if the mother is adapting herself psychologically to this new condition, for this is one of the great causes for *nausea and vomiting* of the pregnant woman. The hygiene of pregnancy is so important that one should not depend on what the patient may ascertain herself, but give her printed instructions. If you do not care to prepare such a book yourself, several of the well known baby food companies have an excellent pamphlet free and without advertising material. If the nausea and vomiting persist despite hygienic measures, changes in diet, etc., and if there is no acetone in the urine then one should and must use remedies. Ipecac 200th, night and morning, Ignatia, Nux Vomica and Antimonium Tartaricum are excellent, prescribed according to the indications.

If the specific gravity and total solids remain low and acetone persists in the urine you have pernicious vomiting. If the patient shows signs of great poisoning, heroic measures must be resorted to, but often such well chosen remedies as Natrum Carb, Pulsatilla, China, and Sulphuric Acid do not seem to give sufficiently rapid results. Enemata of Sodium Bicarb solution, one drachm to one pint of warm water, retained after cleaning enema, together with use of glucose solution and Soda Bicarb by mouth, aid wonderfully in establishing a reaction. After the reaction is once set in, then we can prescribe accurately and with good results. I ascertain, if possible, the aversions and desires for food. These are usually more or less marked and aid wonderfully in selection of the similimum.

The next toxæmias are those of *advanced pregnancy*. Many times before any physical diagnosis, or laboratory examination reveals toxæmia, the patient comes to you with general malaise, great lassitude and occasional headache. The urea will be low, but not marked. Opium 200th or Natrum Mur 200th for reme-

dies, at the same time putting patient on salt free diet will often abort further symptoms. These are the early nephritic and preclamptic toxæmias. Saline laxatives are pernicious and I believe help to throw the patients into graver conditions.

If the cases continue with odema, ocular disturbance, high blood pressure and urine with much albumin and casts, I find a starvation diet with milk and water half and half every three hours, Aconite 6x gtts. 10 in half glass of water one teaspoonful every three hours will do wonders. Belladonna, especially if headache and flushing of face is marked. Arsenicum, Natrum Muriaticum, Carbo Veg. and Chamomilla, I have found to be wonderful remedies.

If the cases go untreated until a severe headache or minor convulsion, you will find that the foetal heart sound will almost invariably be lost. The baby will have succumbed to the poison and automatically the mother's condition will improve. This is a deplorable condition, and is usually found in the old primipara. When I get a primipara of thirty or over this is the condition I am most watchful for. When oedema, or other toxæmic disturbance occurs at seven months or thereafter, I take the patient into my confidence and advise the induction of premature labor, if the remedies do not cause early relief of symptoms. This gives you a viable child and a mother with less danger. Nat. Mur. Sepia, Mercurius, Mux Vomica and Sulphur are the most often indicated remedies.

If the patient shows any signs of toxæmia, do not permit her to become *overdue*. A wool tampon and Castor Oil, together with Pulsatilla, will usually precipitate labor.

Eclampsia demands rapid, forcible delivery, and unless you can definitely get the foetal heart sound, a Caesarian section is contraindicated. Podalic Versions is here the operation of choice. I have found hypodermics of Strychnine and Digitalin to be of benefit as remedies. I have never seen a case where premonitory symptoms of the onset of eclampsia are impending. Cases which I have seen are either toxæmias, which I believe would have ended in eclampsia had they not responded to treatment, or those in which eclampsia is "on" with a vengeance.

One case stamps itself on my mind by the fact that I went

down the harbor in a raging sea and brought the patient to the hospital in a navy hammock and motor boat. We did a Caesarian section on this case because the foetal heart sound was heard. Delivered a live 5 lb. male child. The mother had 42 convulsions and was blind for nine weeks following delivery. Her recovery was due to transfusion of salt solution, hypodermics of Strychnine and Digitalin, and nothing but water to drink during the first three weeks.

The toxaemias following delivery. On several occasions where women have been delivered of still-born, overdue infants a toxaemia, probably of sapryaemic origin, begins on or about the ninth day. Sulphur and Pyrogen have done yeoman's service in cases which would have died without these two remedies.

Recently I was called to see an American primipara, aged 30, apparently at term, who was taken in night with severe headache. She complained of great lassitude, headache, and was extremely oedematous. On examination I could not hear the foetal heart sound, but could hear the placenta. I advised induction of labor, but the patient's mother, decrying new-fangled methods, advised waiting. After ten days I delivered her of a dead and macerated foetus. The after-birth and secundines were apparently intact. On the ninth day she was taken with a terrific chill and temperature 105 degrees. I dilated under sterile conditions and wiped out the uterus with dry gauze, obtaining nothing, but stimulating the uterus, bleeding slightly. Sulphur 200 was given. The next day the patient's temperature was over 104 degrees, and she looked typically septic. Pyrogen cm on her tongue and a dose in one-half glass of water to be taken one teaspoonful every two hours. On the next day her temperature was 100 deg. I had the glass of solution diluted 10 teaspoonsful daily for one week, at the end of which time the patient was perfectly normal.

#### IN RESUME.

(1) The Homœopathic remedy offers the best and quickest relief in any form of toxaemia during or following pregnancy.

(2) Mechanical and hygienic measures are excellent, but are augmented by the properly prescribed Homœopathic remedy.

(3) Hygienic and prenatal care should receive more emphasis in general practice.

## THE BABY HOMOEOPATHICALLY CONSIDERED.

JULIA M. GREEN, M. D., Washington, D. C.

The human baby has been considered as a little animal, to be weighed, measured, tested as to digestion, stools, relative size of organs to those in adults, etc., etc.

An exhaustive study has been made of the artificial feeding of infants.

The baby has been studied as a potential business asset and as a financial burden to its family.

Criminologists have measured the baby's head and published statistics concerning its probable social status in adult life.

Babies have been the basis for many studies of the psychologists and educators.

Homœopathically considered, these precious bits of humanity have not made a bow to the world at large, however important they are to a small group of physicians.

In contemplating what the baby means to the Homœopathic physician, his relationship should be divided into four periods—Before birth, during babyhood, in adolescence and in adult life.

First then, before birth: Every baby has the right to be born of parents who are healthy, Homœopathically speaking, but most children are not so born. Homœopathy can watch the pregnant mother, or, better still, it can take in hand both parents and prepare them to produce a really Homœopathic baby. It can prescribe for the mother during labor and thereby help greatly in preventing birth injuries to the child.

Second: In babyhood it can prevent or abort ophthalmia neonatorum, overcome the effects of birth injuries, if any, help establish respiratory and eliminative functions properly, cure breast troubles in the mother and thus insure a good natural

milk supply, help greatly the troubles of dentition, cure tendencies to malnutrition, help produce strong straight limbs and good digestion; also it can overcome tendencies to the nervous troubles of infancy and skin troubles.

It would be mighty interesting to be able to gather together the babies born of parents Homœopathically treated for several decades, born and reared under Homœopathic care, and compare these with a similar group of babies not so blessed. It would be more interesting to bring these two groups face to face at intervals of a few years until adult life. Publication of the observations made in such a study would be valuable to medicine and to society.

Third: The results of inherited tendencies to chronic disorders, combined with drugging in early childhood, show out especially in adolescence. The trained observer can often determine, without a word being said, whether the youth brought to him has been a victim to suppressive and superficial treatment in babyhood or has had the advantage of the philosophy of Homœopathy.

Fourth: How many of the patients coming to the office of the Homœopathic practitioner tell the doctor of their own accord that they have never been strong, that they have always been very nervous, always been constipated, had facial acne ever since puberty, had all sorts of eruptions and catarrh, tendency to suppurations, to migraine, insomnia, etc., etc.

How many times this sort of thing is traced back to wrong treatment in infancy. The mother has used salve on the scalp eruption. She has given castor oil for acute digestive disorders and a mild cathartic every time a day passed without a copious stool. She has had the tonsils removed early. She has used nasal sprays and cough drops. She gave spirits of nitre for fever and perhaps quinine or camphor for colds.

She has cared for her baby with tender solicitude, giving it the very best she knew—and she has prepared the way for the ailments mentioned above which, if still further suppressed, lead to organic disease in middle life or later.

Therefore, the baby Homœopathically considered, means



one's whole life Homœopathically considered. It means better parents, healthier children and finally new generations of health and vigor compared with the present average physical condition.

To consider babies Homœopathically in the largest possible sense is the most important work in medicine.

# Bureau of Surgery

ROYAL E. S. HAYES, M. D., *Chairman*

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## THE PRESERVER OF HEALTH.

PLUMB BROWN, M. D., Springfield, Mass.

In section four of the Organon we read: "He is a preserver of health if he knows the things that derange health and cause disease and how to remove them."

The successful Homœopathic physician is, or should be, alert to discriminate.

The person who drinks coffee or tea to excess, who eats to excess of his needs, who is immoderate in the use of tobacco, or guilty of any other excesses or overstrains of his conscience, does not need a surgeon.

If our vital force is deranged by some force inimical to life we need a physician.

He who has a scalp wound or fractured femur, has need of a surgeon. We are delicate composite beings and as Homœopathic physicians we must discriminate between the tenement and the tenant.

A science healer once told a patient of mine that if he had sufficient faith he could have a new leg grown to replace the one cut off in a railroad accident. How foolish we say.

In reality, however, was he any more of a culprit than the physician who prescribes *Hypericum* and fails to remove the splinter that is pressing on the nerve or gives *Nux Vomica* to the bereaved father suffering from indigestion and fails to learn that his wife has recently died leaving him as the sole support, material provider and caretaker of five small children?

Bad habits of morals or living are all externals and must be corrected. When a man corrects these bad externals, leads and lives a clean life with good food, in a comfortable home

and is still sick he needs the true physician, he must be treated from within.

We must be most careful to discriminate when we are busy, when quick decisions must be made between things internal and things external, which will oft times be very difficult.

If we all discriminated more carefully there would be fewer topical applications used, less suppressing of nature's effort to eradicate the internal disorder.

The preserver of health knows the things that derange health and how to remove them.

Case 1.—October fifteenth I was hurriedly called to see Mr. L., forty-five years of age, who was taken suddenly with an excruciating pain in the right abdomen. Mr. L. was a man of good habits in every way, had always enjoyed the best of health and had never had any previous attack similar to this.

The temperature was normal, tongue slightly coated, pulse eighty, some nausea, abdomen very sensitive, dullness on percussion, rigidity of rectus muscles and a white blood count of twenty thousand, eighty per cent. leucocytes. An operation was advised at once, a consulting surgeon concurred in the diagnosis and advised immediate operation.

A greatly enlarged fulminating gangrenous appendix was removed, very fortunately before it ruptured. Perfect results followed, prompt recovery, union of wound by first intention and complete restoration to health. Cause removed, no medication given.

Case 2.—Mr. D., eighteen years of age, was taken Christmas morning with nausea, vomiting, headache and severe pain in right inguinal region. Very tender at McBurney's point, some rigidity and dullness in right abdomen.

The parents were opposed to any suggestion of surgical interference, and as the case was acute and the white blood count was but twelve thousand I agreed to try my remedies, the chief of which was Bryonia. We had quite a struggle, but perfect health was restored and Mr. D. has never had any subsequent attacks, but no insurance company will grant him life insurance.

Case 3.—Mrs. I., an American, thirty-eight years of age, has for weeks been under the close observation and care of

five leading scientific physicians for abscess of liver, so diagnosed. All five agreed that the patient was too weak to be operated upon, and as an operation was her only hope they left her, giving most grave prognosis.

I was sent for as a last resort. Examination revealed a hard mass about the size of an orange slightly below the liver, extremely sensitive to slightest touch.

The patient was very weak, greatly emaciated, pulse 130, weak and of poor quality, some cyanosis, white blood count eleven thousand. I questioned the diagnosis. I prescribed Lachesis 30x with gratifying results. In forty-eight hours the sensitiveness was nearly gone and in four days no mass was palpable. Health was restored without any further medication.

One of the surgeons, and a very able man, later met me on the street and when I reported the patient as greatly improved he replied that I took the case at the psychological moment, that the abscess undoubtedly perforated into the thoracic cavity and drained through the bronchial tubes, notwithstanding the fact that there was no cough or expectoration.

Case 4.—Mrs. K., forty-three years of age. February twenty-second I was called to see Mrs. K. and found her suffering from severe pain in right abdomen. No sensitiveness and pain was relieved by heat. The patient had an excess of adipose tissue, thus making palpation most difficult.

Magnesia Phos 30x relieved and I saw nothing of her for three weeks, when I was called for a recurrent attack. She then reported that she had been having these attacks about every month. Frequent examination of the urine showed the presence of a large amount of pus in one or two specimens, then two or three specimens were negative.

I advised an X-ray which was made with a diagnosis of abscess of right kidney. A clearly outlined mass about five inches long and nearly an inch across, resembling in appearance the intestine after a barium meal.

She was removed to the hospital for observation. Cystoscopic examination showed large amount of pus from right kidney and some passive congestion in left kidney.

X-ray pictures were made by another roentgologist, who

gave a diagnosis of stone in gall bladder. When roentgologists disagree what shall we do?

The surgeon prepared for operation with a pre-operative diagnosis of pyonephrosis. A huge kidney stone, the shape revealed by X-ray, was removed from the right kidney. The kidney, being badly diseased, was removed and the patient made a prompt and complete recovery. The cause was removed. No medication needed. The patient reports feeling better than for years.

Case 5.—It pains me to report my next case, but as Charles Dickens once said: "Every failure teaches a man if he will learn." Mr. G., sixty-two years of age, gave a history of having had a fall, striking on his abdomen. He was very fleshy with thick abdominal walls. He complained of inaction of the bowels and much pain in the left side, and was troubled with a great deal of flatulence.

I ordered an enemata of hot soap suds water and gave *Lycopodium* 30x. The following day, April twenty-fourth, the temperature was 99, pulse 78, respiration 20, white blood count 12,000. A fair result was obtained from the enemata and the patient said he felt better. April twenty-fifth I found all symptoms improved. Early in the morning of April twenty-sixth they telephoned that there was a return of the pain. I advised the nurse to give another enemata. When I visited the patient the nurse reported fair results, but not much relief from pain, although the patient said he felt some relieved at that time.

There was some abdominal distension. As the surgeon desired was out of town we decided to await his return. Temperature 100, respiration 24, pulse 90. I was called out in the country in the afternoon and being out of reach when he was taken much worse, another physician and surgeon were called in. Temperature 106, pulse 130, respiration 48, extreme distension and much pain. They reported too late to operate for septic peritonitis.

Upon my return at six p. m. I found the temperature 107, pulse 148, respiration 60. The patient was perfectly rational, said he felt a little better and hoped that he would have a good night's rest. At seven thirty o'clock life ceased.

An autopsy revealed a perforated gangrenous appendix of moderate size. Another case charged to my account in that last day.

Do we fully appreciate the nobility of our calling with its tremendous responsibility? The responsibility of human life.

The world demands 100% efficiency from you and from me. They exact from us the results of discriminating between real and imaginary causes. Our patients are not satisfied with the mere statement that we removed so many symptoms or have cured so many cases of appendicitis, or pernicious anaemia or psora, if we have failed to have a coagulation test, haemoglobin test, blood count or Wasserman test, etc., made before we give the indicated remedy and after the remedial agent has affected a cure as well as before and after surgical interference.

Very true this may not affect the process of selecting the indicated remedy according to the totality of the symptoms as laid down in section seven of the Organon, but it does affect our standing in the world at large and in our community.

I believe the true Homœopathic physician to be the one, and the only, real preserver of health. The preserver of health knows what is curable and what is curative, what is vital and what is mechanical, what is physical and what is psychic.

He knows the symptoms of concealed pus and when to relieve mechanically. If we do not know we are not the preserver of health.

"I like to find,  
A man of mind  
His body not forgetting,  
Whereby to make a perfect whole  
The priceless jewel of his soul  
May have a worthy setting."

#### DISCUSSION.

Dr. Field: Isn't that a pretty paper? It says something just the opposite. That is the way to put a paper across for a change, show us some of our faults, don't show us all our good results, because if every man here was compelled to put down the

faults there wouldn't be any association, they would be ashamed to talk.

He has put a case up to the old school. Even though the Allopath disregarded his treatment, it made that Allopath think. If you make them think you will have more converts.

As a matter of fact I have something on my chest which I want to get off. I am younger than most of you here. I might change my mind within two or three years, but I think that every form of disease is allotted to different forms of practitioners and I think that to the Homœopathist there is only one grade of disease—the Homœopath's duty is to cure. Cure I say only cure in the true sense of the word, not palliate, not wipe out some symptoms, it is to cure, the three miasms. If you don't understand what the miasms are, they are psora, sychosis and syphilis, and we can cure an individual and no other sect or branch of medicine can do it with their means. The Homœopath can, with his means, and it takes a long time, and when we are through the other fellow says: "It's due to nature."

Dr. Boger: I would like to mention a great source of failure in our practice—when you run across the patient who comes in to you and wants to buy health by the yard, at so much a yard, and do what he darn pleases all the rest of the time. We all have those patients, or have them part of the time, then we lose them and there is one man down there who interests me very much from one standpoint. One of my patients went to him because I wouldn't let her chase me around. She wanted to chase me around all hours of the night then pay me for it and be done with it, and I wouldn't stand for it. She went to this other doctor and another patient of mine said: "How are you getting along with Mrs. Sharp?" He said: "Just fine. There is nothing the matter with her." Then she said: "What are you treating her for?" "Oh," he said, "I need the money."

Dr. Loos: I would like to ask why, if there is an abscess somewhere and the abscess is removed why not look after the patient and give something in the way of a remedy after the abscess is removed. Does removing the abscess make the patient well?

## THE HOMOEOPATHIC LANCE—ITS USE AND DANGERS.

C. SEAVER SMITH, M. D., New Haven, Conn.

When we speak of the Homœopathic lance we naturally think of the remedies, such as Hepar, Merc, Sil., and Sul., which aid us in clearing the system of pus, just as we think of the medical trocar as those drugs which help us rid the body of accumulated fluid. We all know the use of our trusty lance, but do we always realize its dangers? It is not the use of an implement, but its abuse, that destroys its efficacy. So I shall dwell more on the dangers.

A recent dialogue between a father and his son, who had just completed his first year at school, may well illustrate our status.

Son—"Father, how long do I have to go to school?"

Father—"Until you get your education."

"Son—"Well, I wish the teacher would give it to me and let me bring it home."

This is really no joke at all. There is a prevalent notion that education is a finished product that the student has wrapped up in his brain and some day brings home with him. But education is a never-ending process. A person makes only a beginning at school. If he is to be really educated he has to keep at it all his life. Right here let me make a plea for a greater attendance at medical meetings and more reading of our medical journals. The man who does not do these things gets in a rut, which he soon digs so deep that he cannot see over the sides, and by so doing he cheats not alone his patients, but also himself. One of the greatest fools is he who cheats playing solitaire, for he cheats only himself.

Our critics ask what progress we have made in 100 years, and sometimes I wonder myself, when such a case as the following is brought to our attention.

Mrs. B., a well built young woman of 28, had an attack of abd. pain of crampy nature with some fever etc. about six months ago. Since then she has had nearly constant pain in the Rt.



lower abd. for which she has been under treatment. For a week prior to admission to hospital she had been in bed with abdominal pain, constipation, chills, fever, etc.

Let me quote from one of our own doctors of more than 50 years ago on inflammation of the vermiform process:

"Inflammation of the appendix vermiformis may be caused by hardened fecal matter or foreign bodies. It ends either in obliteration of this process, or, when its opening gets closed, in an accumulation of a slimy, serous fluid, by which its walls become distended, forming the so-called dropsy of the appendix, or it ends in the formation of an abscess of the Rt. iliac fossa, or lastly in more or less extended peritonitis.

"The symptoms are external swelling pain, obstinate constipation or an *intercurrent* diarrhea of slimy, watery substance, vomiting, belching and meteoristic distention of the stomach and upper part of abdomen. Singultus, pain in genitals, difficult urination, edematous swelling of right leg."

Those were essentially the symptoms and signs of our patient.

The author then goes on to mention the remedies applicable in such a case, which were the medicines given by the doctor in attendance without an apparent thought to surgery until Pt. was in extremis.

We opened the abdomen and found free pus, a peri-appendicular abscess and a retrocecal appendix. Drainage of course was the only thing and fortunately the patient is doing fairly well.

The author of 50 years ago does not mention surgery, for it was not then an accepted procedure in this type of case, but I believe he would have put it first today, for his knowledge of pathology was up-to-date at that time. The contrast is striking, the practitioner of today was not up-to-date and on the job or he would have used the modern diagnostic methods of the blood count and the like to tell him what was going on in that abdomen and he would have called in surgical counsel early to help that girl back to health in a much shorter time, instead of giving her Bell, Hepar and the rest.

I believe Samuel Hahnemann himself would approve of our

advancement in scientific research and would employ the modern methods of diagnosis, for was he not only abreast, but also years ahead of his time? He distinctly states in his best known writing that "the physician's highest and only calling is to restore health to the sick." And again that "The highest aim of healing is the speedy, gentle and permanent restitution to health, or alleviation and obliteration of disease in its entire extent, *in the shortest, most reliable, and safest manner, according to clearly intelligible reasons.*" Mark the words "According to clearly intelligible reasons, in the shortest, most reliable, and safest manner."

This I am sure he would interpret to mean surgical procedure, for if taken in time an operation would mean "the shortest" time—about 10 days instead of weeks of hospital care on account of pus formation with resulting local and general complications. Certainly the knife is the "most reliable," for it removes the diseased organ in its entirety. The "safest manner" is surely mechanical for at best drug action in such conditions is uncertain. These I believe are perfectly "intelligible" reasons."

My plea is to evacuate pus when formed, but better still, prevent, if possible, its formation, to know our pathology better, to make a diagnosis where possible and to realize the action of our drugs.

Let us make use of the instruments which have been perfected to aid us in the determination of the pathology that is present.

Pathogenesis is evident by the symptoms of the patient, by the senses of the examiner and by accurate instruments, which after all are only prolongations of the senses of the examiner.

Use, if you will, the selected remedy in lesions of the ext. surface and suppurating open sores.

Pus under pressure is a dangerous condition to meet. A rupture of an abscess internally with its resulting damage is even more tragic. I believe the action of Hepar is to liquify the pus, aid the tissues in their attempt at breaking down and in consequence seek an opening via the lines of least resistance. Here lies the danger in giving Hepar in low potency in those cases of threatened abscess.

A diagnosis is valuable. In the examination of the physical signs and symptoms of our patient, and in interpreting the laboratory findings, we should, if possible, come to a conclusion as to the character of the disease, in order to employ the proper therapeutic measures, be they medical or surgical.

Do not misunderstand my meaning. I believe thoroughly in the use of the Homœopathic remedy where it is indicated either alone or in conjunction with other procedures and so use it. I know that it is of distinct value as a complement to surgery. What I do decry is the use of drugs Homœopathically where other treatment is definitely indicated for the best welfare of the patient. Let us realize that Homœopathy, however great its value, is not a panacea, but merely a method of medical procedure. I would feel insufficiently armed and unready to enter the lists in combat with disease did I not have in my armamentarium the lance of steel as well as the time-tried weapon, Homœopathy.

"Finally, when the physician knows in each case the obstacles in the way of recovery, and how to remove them, he is prepared to act thoroughly, and to the purpose, as a true master of the art of healing."

#### DISCUSSION

Dr. Nelson: Mr. Chairman, I notice just in winding up, about treating. The inference we get from that is that we must only give the Homœopathic medicine where we think we know that the Homœopathic medicine will act, and do the work. If we don't know it, use something else. Hadn't we just as well use Homœopathy and not know what it will do, as to use something else and not know what it will do?

Dr. Fields: The person who gets an abscess on the liver is constitutionally ill. He will have other things later on, if you give any palliative remedy, and you haven't given the constitutional remedy, and you cannot give the constitutional remedy at the time he has the acute abscess, that is liable to go to the stage of peritonitis. There is no man who will think constitutionally at that time—you will think of palliative remedies. If you do not save that man's life you are not a physician, and further-

more, if you really want to cure that man, and you can explain things to him, take my word for it, that abscess can be opened, that man can be operated on, you can cure that patient later on and save him a lot of other things—he is constitutionally sick. The constitutional remedy will cure that patient, but you have time enough for that later. Meanwhile he is very sick. Perhaps it is your fault for permitting an abscess to reach that stage, but whatever the reason you know what you have to do. Remember Newton's law is correct, if a man falls from a third story window something has got to be done. You have to pick him up.

Dr. Underhill: I think we assume altogether too much where therapeutics are introduced, particularly in reference to the subject Dr. Smith has mentioned—appendicitis. This idea of operating for appendicitis has become so widespread that even the laity will say: "Why aren't you operating?" if you say that they have appendicitis.

Now I don't believe that. I speak from long experience and with a great opportunity for observation and an opportunity to observe from the old school standpoint, too. I could not even guess the infinitesimal of the necessity for operating for appendicitis. It is mighty small I tell you.

The patient may have appendicitis. I have seen a great many cases, and I see them every year. It was only a few weeks ago that I saw a case of appendicitis. His father was a physician and immediately he said: "Why he must be rushed to the hospital." When I arrived there it looked like a funeral. All the relatives were there. I demurred. They would have had that appendix out in less than an hour. Well, I prescribed but didn't happen to hit the absolute similitum and in a few hours the emergency was on again. I wasn't accessible at that time. Two other physicians were called in and diagnosed it as appendicitis. They didn't happen to get him off, I just got there in time, and we found the actual similitum, administered it, and he promptly proceeded to get well.

Now what is the upshot of that? What do these fellows say? "He didn't have it." And yet right in the face of their own diagnosis they say he didn't have it. Several other men said: "Well, if he got well you can make up your mind he didn't have

appendicitis." Now I want to tell you it is my firm conviction that at least 95%—and I will say I believe that is mighty low, I should put it up to 99%—but 95%, we will say, of all the cases of true appendicitis there is absolutely no need of operation—any kind of appendicitis.

Now we are beginning to find out it is doing some damage to patients to take the appendix out. Now I can see this: If we get to the point of abscess in a case of appendicitis, I have no doubt, that needs operating, that means you may need to evacuate pus. I haven't any doubt about that, but how mighty few cases there are. You think back; you keep tabs from now on and I will bet you I won't be much poorer if I absolutely sign up to give you one hundred dollars for every case of suppurative appendicitis over one that you will find in a year. Not even if you have a very large practice. I tell you these fellows who are going around and saying: "Yes, operate for appendicitis," are talking all bosh, and, talk about modern things—if Hahnemann was here he would condemn nine-tenths of this. What does surgery do? Takes the front of the stage all the time. I see very few cases of real appendicitis that have been passed upon by some of the ablest surgeons as appendicitis that need any operation, and where they have fallen into our hands, even after this diagnosis, I could dig up statistics and show you something that would really amaze you. I cannot tell you now, it would only be a guess, but they are so very, very few that require operation.

This paper by Dr. Smith is admirably put, there is no question about that. His reasoning is fine, it is a scholarly presentation, but I tell you when we follow this kind of scientific procedure we are barking up the wrong tree.

Dr. Field: Just to tie Dr. Underhill down, will he answer this question? He has paid for my meal this afternoon and I have to keep on his right side. Are there any emergency cases that necessitate surgery?

Dr. Underhill: Certainly there are.

Dr. Field: I think Dr. Smith and myself refer to those. The Allopath has nothing else to consider but surgery. The

Homœopath has. We can go a step further, if we know when to stop.

Dr. Underhill: There is no question about it.

Dr. Field: Some of us don't know when to stop. I am going to do something I didn't permit a good many of the discussers in my bureau to do. I am going to cite the case of my own baby. It was born as a 9-pound baby and was a perfectly healthy infant. In three weeks it began to vomit. We thought it was ordinary indigestion. You don't think of your own baby being terribly sick, always think of somebody else's baby as being sick.

He continued vomiting day after day. I thought of pyloric stenosis. That is a terrible disease in an infant. That infant started failing. It went from nine pounds to eight, and it was only three weeks of age, and then to seven pounds. He was being treated Homœopathically and symptomatically. I did produce results. He didn't vomit after every meal, he would hold his vomit until the end of the day, and then it would come up like a geyser.

That baby wasn't helped. I had the consultation of a good many physicians, including Dr. Stearns. We worked hard on that case, but that baby was dying of starvation.

There was a Dr. Hayes in New York City who treats pyloric stenosis by the atropin method. His idea is that atropin relaxes this spasm completely. I went to him and he gave me such wonderful pictures and showed me so many charts of cures I was satisfied to have my own baby used as an experiment, and the baby was down to about seven pounds. He lost three pounds in four weeks. We put this baby under Dr. Hayes' treatment. Remember, atropin and belladonna being somewhat similar, belladonna is somewhat similar to pyloric stenosis. I figured that there was some semblance of Homœopathy there. We were going to give him a chance. And the baby went down to five pounds. That baby was going fast. One Sunday night I called up Mr. Downs, the ablest baby surgeon in the world, at the Babies' Hospital. I stated my case and he told me to come and bring the baby with me. I rushed right down, and three days later I had to give him three transfusions. He was very,

very sick. After the operation he needed three more transfusions. The baby is well now. He is up to about 18 pounds. He jumped to beat the band after operation. For three days prior to the operation he hadn't vomited and I figured that the Homœopathic remedy was starting to work, and Dr. Downs said he figured that was the best time to operate, in a latent stage.

I will say, after the use of calcarea the most remarkable thing occurred to the baby. It absolutely shot the teeth out in that baby and he gained four pounds in three weeks. It changed a completely white stool to normal color and removed a rash all over the head. You will find that everything was completely cured, including a spasmodic bronchitis which had no connection with the lung. In other words the tension of the stomach left and we got a tension of the bronchi. There would be a continual tension if something had not been given for constitutional treatment.

Dr. Boger: I want to cite another unsuccessful case. A different kind this time. Mrs. B. was many years ago a wash woman and I had treated her off and on for various things. She was always a gross feeder and fond of beer. Last February she sent her husband to my place to bring me down in the night. She was having a gallstone colic. Under a single dose of colocynth she became free from pain in two hours, and the next week she came down to the office. During the last several years I had treated her several times for congestions of blood to the head and some inflammatory kidney condition. She was about 71 years of age. She came the next week to the office and seemed to be doing pretty well. One week after that she was taken with gallstone colic, again in the night, and her husband came down to tell me they had called in a surgeon without consulting me at all. It provoked me a little bit. I told him to go ahead, but there would be a sad end. The surgeon operated and found the gall bladder not full of gallstones, but full of gall sand. He evacuated all the sand and the woman never rallied. She lived three weeks and died.

Dr. Underhill: It was very scientific.

Dr. Boger: Surely it was scientific. She may have had a

few small gallstones when I prescribed for her. It is not conceivable that sand should have caused such a severe gallstone colic.

We have sometimes cholecystitis there which simulates gallstone colic. I have seen cases like that where they operated and didn't get any gall stones at all. However, she just went right down, she never rallied at all.

Now her condition, I think, constitutionally, was incurable. Her kidney condition and all that sort of thing was constitutionally incurable, but she might have lived several years, if they had let that gall bladder alone. I might be mistaken.

Dr. Almfelt: I want to compliment Dr. Smith on his presentation of this matter. It is a plea for sane, sensible treatment of a patient.

Now it would be very unfortunate if young physicians should leave this meeting and carry away with them the impression that Dr. Underhill has just put out. If they do, he will have occasion to regret it. I had the same experience when I was a young man, many years ago. I got the impression that surgery was not necessary for the Homœopathic physician, and I didn't want it. The first case of appendicitis I got was a railroad section hand and he started violently from the first moment—intense pain. I didn't know much about Homœopathy, but I tried my very best to relieve the pain and help the patient. I didn't want a surgeon and left it for two days. They took him to the hospital and operated. He died. That taught me a lesson. If I had sense enough to know what is curable by medicine and what is not, I dare say that man would be alive today. It's all well enough to talk that way and you men may be able to do it, but ordinary men cannot do it, so we must know what is curable by medicine and what is not, and what should be sent to surgery.

I am not a surgeon. I treat many cases of appendicitis without surgery, I have done so, but at the same time that doesn't mean that you sometimes won't have to use it, and pus in cavities is something that should be eliminated. It is possible that nature may take care of it, but imagine the load you put on that vitality and life, to take care of it by letting it absorb it in some other way.



Now physicians must be physicians, and Homœopaths must not think they can cure gallstones by Homœopathy. I have gone through that myself in my early years. I was very enthusiastic about it, but I am sorry to say I had to change my mind in many conditions, and come back to common sense. We must know the limitations of our powers as well as the possibilities. The man who doesn't know his limitations is a dangerous man when it comes to actual test.

Dr. Nelson: I would like to ask this question—Is it better to neglect to operate on a case that really needs to be operated on and lose one case in ten thousand perhaps, or operate on the thousands who don't need it and kill them by the hundreds?

Dr. Irvine: Appendicitis is a terrible disease. I don't see, if you don't know what you have, if there is any doubt about whether you have appendicitis or not, and if you don't get the remedy that relieves your patient, what the danger to the patient is in operating. The patient, of course, may have appendicitis and he may not have appendicitis. Your diagnosis may be wrong, you may think he has appendicitis. What is the danger of making an exploratory incision to see what he has? If he hasn't appendicitis you are all right. If he has appendicitis, operate!

I have done some surgery in my time. I have been at it over 41 years, and really I am not operating any more. When I get a surgical case I call a surgeon. I am devoting my time and energy to general practice. There are none of us infallible. We are supposed to, and should, use the best judgment we have, and if we are in doubt in a case we should call somebody else in. I always do.

I have never had a consultation in all my 41 years of practice that I didn't feel did me more good than it did the other fellow, or than it did the patient. It makes one more secure because, as I say, in a multitude of councillors there is safety. So while one may have a little better judgment than another let us have all the judgment we can in a case where there is any doubt.

Now I take it that there are none of us who would encourage a young man to go into the profession who we thought was not ordinarily intelligent. I am sure I would not. I believe

that a physician of ordinary intelligence, with the training that a physician ought to have will come pretty nearly knowing what is what if he will use his judgment.

I remember such a matter which occurred within the past eighteen months. A young man came to my office and said: "I want you to examine me and tell me what is the matter with me." He belonged to a fraternal organization of which I was a member. I examined the young fellow. I didn't know that he had been to somebody else previously, and I told him that he had chronic gastro-enteritis. He said: "I haven't appendicitis, have I?" I said: "No, you haven't." Before he left he told me that one of the surgeons in the city had told him he had appendicitis, and wanted to operate. He went away, apparently satisfied that an operation was not necessary, but called me up in a few days and said he had decided he would have an operation, and asked if I would be present. I was there at the appointed time and I heard him say to the surgeon who operated on him: "I want to see the appendix."

I stood by and when the appendix was brought into view it was as normal as yours or mine or anybody else's was, but they took it out, of course, which was the proper thing to do after they had him opened up ready for the operation. I thought it was better to have them do it. I said when they were closing him up: "Doctor, how are you going to get by?" He said: "What do you mean?" I said: "I heard the young man say he wanted to see the appendix." And the interne said: "Oh, we have got a good one here we took out of another fellow yesterday, we will show him that one."

Now that was an error of judgment. I wasn't mean enough to tell this young fellow, although he belonged to an organization that I did, and he doesn't know until this day but that he had a bad case of appendicitis. He has been better, however, since he had that operation. It did him a lot of good. Possibly opening the abdomen did it. I have a relative in the eastern part of the country whose abdomen was opened for an operation and they found the condition so serious (his own brother-in-law told me this) that they couldn't operate, and they closed him again, and that man today is as well as any man in the country

of his age. That was ten years ago. The operation, the opening of the abdominal cavity, seemed to have had a decidedly beneficial result on the fellow.

Now there are two cases that are considerably different, and yet somebody was fooled in each case, and both cases seemed to be benefited.

Now I have in mind two other cases that came under my observation, one about three years ago, a man with strangulated hernia. It had been strangulated once before and his life had been in danger, but they succeeded in getting it back. They told him if it ever came out again he would die. It adhered to the sac and couldn't be reduced. I said: "Your only hope is an operation. There isn't a thing in the world that will save your life except an operation. It is not a serious operation. You have at least 99 chances out of 100, probably 999 out of 1,000, but you have no chance in the world without an operation." His reply was: "When I die I am going to die whole." I tried to reason with the man and with his family. It was useless and he died in two or three days.

I was called one evening, just about dark, to see a young married woman. I got there and took her pulse. It was running away up—160 to the minute. I found her in a state of collapse. Her husband was there and I said: "Your wife has tubal pregnancy and the tube has ruptured. There is nothing in the world that will save her life except a surgical operation. She will die unless you have an operation performed." He happened to be a young man who had been a patient of mine from infancy, and he said: "Whatever you say, goes." I said: "We will call the ambulance immediately and take her to the hospital." We took her to the hospital, one of the surgeons there operated on the girl and she is a hearty, rugged, strong woman today.

So that there are times when nothing in the world will do but a surgical operation. When we come to one of those times we should certainly embrace surgery to save our patient.

Chairman Hayes: The next paper follows along the same line so I will ask Dr. Smith to close the discussion.

Dr. Smith: The paper has accomplished what I meant it to do. It has created discussion. I wish to reiterate what

I said before, that I believe in the constitutional remedy, and the Homœopathic remedy, but I still maintain that it has its limitations and there are certain mechanical conditions, such as your abscessed appendix, your gangrenous, perforated appendix, that need mechanical procedures.

I disagree with Dr. Underhill and I told him so before he went out, but we shook hands and are still friends. We can have our disagreements and talk them out on a perfectly friendly basis, and we can believe in different things and yet be perfectly good friends.

Dr. Underhill himself, (I only wish he were here) and most of the men who have discussed this paper, don't decry or discard the mechanical. Most of them, I notice, are wearing glasses. Just give it a thought.

The abscess may come to us after neglectful or poor treatment. Perhaps if she had had the proper Homœopathic remedy, perhaps if she had had the proper constitutional remedy before she came to us, that appendix might not have ruptured and it might not have abscessed, and we would not have had to resort to the operation.

I do not agree with Dr. Underhill that 99% of the cases, in which he includes the suppurative appendix, can be cured medically, and however much I may rely on Homœopathic treatment, I want a surgeon with a piece of cold steel in his hand to come and treat that.

In regard to Dr. Boger's statement, we may have gall bladder disease without formation of stones, and we may have all the symptoms of stones. I may not be able to show you a bag full of marbles when I take this gall bladder out or drain it, because you may have only inspissated pus in this, but that sticky, ropy, stringy pus will cause you the same symptoms going down through your ducts that the sand or the stone will cause.

And I don't believe in deceiving the patient as the surgeon did, whom you mentioned, Dr. Irvine. I believe in being perfectly frank and honest with the patient or some member of his family. We are neither omnipotent nor omniscient, we make mistakes because we are human, and I believe in acknowledging them when we make them.

I do not believe in the promiscuous removal of appendixes, but I do believe, sir, that the danger entailed by operating the occasional case that is so diagnosed, and yet proves not to be true appendicitis is infinitesimal. I would rather answer at the last day for having operated nine of those, than to have allowed one who needed it to die without operation.

I do make a plea, last of all, not to delay when you come to what you believe is to be a perforation and abscess formation in these conditions.

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### THOUGHTS ON THE RELATION OF HOMOEOPATHY TO SURGERY.

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

Homœopathy offers an ideal pre and post-operative internal treatment to surgical routine.

Many cases received by the surgeon demand immediate operative interference, which excludes sufficient time for medical treatment. Nevertheless, I know of no more necessary occasion to use the proper remedy.

Our science and art, dealing as it does with constitutional correction, finds an important field in post-operative treatment. When traumatic shock and its related symptoms occur, when the underlying disease dyscrasia is adapted to toxicity we find needed help from the indicated remedy.

After the patient is discharged from the hospital it assists in correcting any metastasis which may occur and adds largely in perpetuating and enlarging upon the benefits from the operation.

It becomes essential to secure a careful past and present history of the case, particularly securing the characteristic symptoms of the patient from the beginning of the condition which led up to the operation, rounding out our totality as fully as possible. We must be careful to elicit all super-imposed habits, and here we may find difficulty in selecting our remedy. In these cases it may become necessary to use a series of remedies having a restricted circle of relationship. These prepare the way for

the enlarged sphere of action of the most similar remedy when it is recognized and used.

Everything in life has its limitations with some flexibility. Homœopathy has its definite circle of usefulness. When it approaches the realm of surgery it may be used to dovetail admirably and advantageously to patient and all concerned. In fact it gives an added sense of completeness to the technique when its relation thereto is properly understood.

It seeks for and analyzes the subtler forces of the organism which surgery is unable to differentiate. There is established the rounded concept of the duality of disordered mind and matter upon a practical and workable basis.

The achievements of surgery are marvelous, yet how much better would the results be if Homœopathy were permitted to develop a rightful relationship to it.

Therefore, it is my desire to extend the plea for a more cordial cooperation between the surgeon and the specialist in Homœopathic therapeutics. I believe it would decrease the mortality rate, and result in a greater efficiency of operative results.

Mrs. E. A. C., Connecticut, age 58 years, married.

June 1, 1925, colles fracture, right side; R Arnica 50 M., one dose. Referred to one of the best Orthopedic surgeons in Connecticut, who X-rayed and placed in cast.

June 2nd, A. M., stinging pain in thumb and fingers, aggl. lying, extending to wrists at first, later to elbow, and finally to shoulder; oedema, doughy feel, blueish discoloration of thumb and fingers; thumb sensitive to touch, with stiffness; restless, wants to keep in motion; desires open air; involuntary weeping.

June 2nd, P. M., R Apis mel. 200, in twelve teaspoonsful of water, using three each hour until taken, followed by a prompt improvement in every way.

In the morning—June 2nd—I loosened the cast, expecting to secure relief, but in the evening I was again called on account of the increasing intensity of the pain, and gave indicated remedy with quick relief, and the usual accusation of having given a narcotic to produce sleep.

In this case the symptoms were not due to pressure, but to

the underlying constitutional state, and illustrates the rapid and satisfactory effect of the indicated remedy, doing what surgery is unable to do. These experiences give us a renewed confidence and respect for our treasured method of relieving the sick and suffering.

#### DISCUSSION.

Dr. Dexter: Perhaps first I would best say that I have been a single remedy man and a strict Homœopathist for about fifteen of my thirty-one years' experience. I formerly prescribed as loosely as anybody, I am sure, alternating combination tablets, and when I didn't get results was perfectly willing to resort to surgery or anything else, frankly crying for help.

I find that I don't have to do that since I have been a more careful student of Homœopathy and I stand unique in our town because I am the only one of fourteen Homœopathic graduates who pretends to do that. Therefore I am the butt of all their jokes. I take it always good-naturedly because I have done just as careless work as they have, I am sure, but have risen above it.

Now just a few observations along those lines. I was formerly calling in a surgeon for appendix cases right along. I will say that I have not found that necessary only once in ten years. I am satisfied I am getting my cases early enough to get ahead of the pus stage. I am satisfied that if I did have that pussy appendix there I could still diagnose it and would know that surgery was necessary.

I will say that the one case that I felt that surgery was necessary was taken to the hospital and we found a pus appendix before it was ruptured. We used a skillful surgeon to do the operation, yet my patient died.

Now another angle—I hope you don't think this is egotistical, it is just an observation and you can take it for what it is worth. When I attended the state meeting this year a brother Homœopath picked out a case of appendicitis among my patients and that was turned over and operated on, that was about two months ago. That is the second time the same man had done that during my absences from home and I am a little bit nervous to get home.

Dr. Stearns: I would like to say one word about the appendicitis. If you have a case that begins with vomiting, look out. That point first. If you have a case that you prescribe your best for and in a few hours the patient doesn't get better, look out. The retroseal type of appendix is a tricky one. You cannot tell them until you operate. An appendix of this character is a bad one, I don't know what you can do to that except operate. My preceptor, Dr. Edmond Carlton, practiced forty years and never lost a case of his own and never operated. His son tried to follow in his course and he had one case that he had to operate on, and by a very brilliant prescription he saved the patient's life after a ruptured appendix. In that appendix was a gold tooth.

Dr. Reed, of Middletown, Ohio, an old gentleman over eighty years old has practiced about fifty years and claims he has never lost a case. His son said: "Yes, that is so. He doesn't go out to them any more. He knows the indications well enough to give the remedy." I said "What does he do with the cases that have pus?" "Well," he said, "there is a tumor there and some of them rupture into the intestine and some disappear, but it's a fact he has never lost a case."

I wouldn't take a chance.

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## ROUTINE PRE AND POST-OPERATIVE PRESCRIBING.

GUY BECKLEY STEARNS, M. D., New York City.

Surgical technique has advanced to such an extent that operations are performed with a great degree of safety that a few years ago were considered extremely hazardous. Even so, results are not always all that could be desired either in the immediate or the remote effects. It is not alone sufficient to save life, but all procedure should be conducted as to give the patient the least degree of shock and of discomfort. Undesirable effects of the anaesthetic and of the operation itself are oftentimes projected into the future life of the patient. In a former paper it was suggested that much could be done by means of pre and post-



operative prescribing to improve the patient's chance of perfect recovery. Observations along the lines suggested in that paper show that indications are apt to occur in certain operations that admit of more or less routine prescribing. This helps to simplify the use of remedies in selected cases, without losing sight of the fact that, in general, only by individualisation can the curative remedy be selected.

In cases complicated by acute infections or in which conditions out of the ordinary occur, the highest specialized skill in prescribing is required.

Where time permits before any major operation, a course of constitutional treatment puts a patient in much better condition for a successful outcome than submitting the patient to operation the moment a surgical condition is discovered. This is illustrated by the case of a woman who applied at our clinic and whom we discovered to have a fibroid tumor of the uterus. There can be no question about a fibroid tumor being an undesirable thing. It cannot do a patient any good. The viewpoint of the students who saw this patient was that she should be referred at once to the surgical clinic. She had many constitutional symptoms with indications for sulphur and it was considered good practice to treat her medically, for the time at least. She was given sulphur and improved so much in every way that everyone was satisfied, in the course of a few months, that she was a much better surgical risk than when she first applied for treatment.

To prepare a chronically ill patient Homœopathically by means of constitutional treatment requires extensive knowledge of Homœopathic remedies and of the method of applying them to chronic cases. When the time for operation comes, however, the immediate pre and post-operative prescribing can often be worked down to a fairly satisfactory routine.

In prescribing for operative cases, certain definite purposes must be kept in mind. First, to prevent the injurious effects of the anaesthetic as much as possible; second, to counteract shock; third, to stimulate reparative physiology; that is to promote healing; fourth, to clear up quickly all after-effects.

The surgeon's viewpoint is naturally mechanistic and this leads him to use active drug measures, with the idea of neutral-

izing, restraining or stimulating by crude drugs and mechanical means. Therefore, since the anaesthetics affect the fats of the body and the result is to increase acidosis, alkaline medication before the operation is frequently administered.

The use of morphine afterward is almost universal. This direct method is not as scientific as it appears on the surface. The indirect Homœopathic method offers a more rational help, for it reinforces the reactions that the patient's organism automatically generates. Each individual supplies his own indication for whatever medication is needed. Certain factors are apt to occur in different types of operations. The two following cases are suggestive of the remedies that are likely to be useful in operations of the upper right quadrant.

A woman of forty-eight had an impacted gallstone, requiring immediate operation. She was obese and not strong. The operation consisted of the removal of gallstones and gall bladder drainage.

I have for years followed the practice of giving Arnica in potency as soon as the patient is removed from the operating table, giving it every half hour for four or five doses. In a large proportion of cases this is helpful.

In the present case there was no apparent effect from Arnica but as consciousness returned she had much restlessness, lying on her back with her arms over her head. She wanted air and wanted to be fanned, and wanted her mouth constantly wiped out with a wet swab. There are three remedies having prominently the symptom of lying with the arms over the head—Lac Can., Nux Vom. and Puls. The air-hunger and the rest of the symptoms are covered by Puls.

She was given the 30th, repeated at half hour intervals for a few doses, to which she responded very shortly. This relieved the restlessness and the air-hunger and gave positive comfort, so that she slept much the first night. This does not mean complete deadening of pain, etc., but a reasonable amount of relief.

On the second day the restlessness returned, with a rapid, weak pulse, general weakness and frequent thirst for small amounts of water. These symptoms increased as evening drew near. Arsenic covered this picture and the 30th was given at

hour intervals for a few doses. There was appreciable relief from the start and the second night was passed with reasonable comfort. No other remedy was given on the third night when a new picture presented itself. Weakness increased, with restlessness, thirst for large amounts of very cold water, with appearance of pus around the drainage tube. A few doses of Phos. 30th relieved all the symptoms, although the pus increased. Three days later a higher potency was given with a rapid decrease in pus. Convalescence went on rapidly after this and the drainage tube forced itself out in two weeks' time. In the telling, this does not sound much, but to one watching the case and to the patient, there was no doubt of a prompt and satisfactory result from each prescription.

Now for the rationale of these remedies. Immediately after the operation, there is the shock from the injury to the tissues that have been operated on and handled, and from the effect of the anaesthetic. Puls. is one of our best remedies for counteracting mechanical injuries to soft parts. Probably, in operations in this location, it is a better remedy than Arnica. On the second evening, the natural inflammatory reaction following the injury done to the tissues took place. Arsenic has a specific relation to inflammation of the liver. Following this was suppuration, with further inflammatory changes, probably including a tendency toward fatty degeneration. Phos. corresponds to the latter. These three remedies corresponded both pathologically and symptomatically to the conditions as they developed.

I have felt that something could have been saved with a good prescription before operation. The older Homœopathists used to prescribe a remedy before operation, but at this time I had never heard what they gave. Soon after this I had occasion to give Phos. to a patient with duodenal ulcer just before she was operated on and was struck by the comfortable time she had. Not long afterwards I learned that Phos. was the remedy given by the older men. Phos. probably combats acidosis. It has affinity for fatty tissues and the fact that it causes fatty degeneration probably makes it prophylactic against the effects of the anaesthetics by arousing an anti-fat destruction reaction.

The next case of gall bladder operation was in a woman of

62 who had gallstones for many years. On the night before her operation, Phos. 50M was given. Her course after the operation was remarkably comfortable, although she developed, by the first evening, the air-hunger with the wanting of the arms above the head, just as the former case had. Puls. met this condition and her first night without an opiate was also unusually comfortable. On the second night she developed the restlessness, weakness and thirst for small amounts of water, all of which were relieved by Arsenic 30th, and she had a reasonably comfortable time that night. There was, naturally, the deep heavy pain in the gall bladder region, which was endurable; but she was troubled with a sensation of gas lodging at that spot. As she had responded so well to Arsenic, no prescription was made for this for three days but, as it persisted, Raphanus 30th was given. This has in its symptomatology the exact description of that sensation. It is one of the useful remedies for incarceration of gas after operation. China also is useful, its keynote being that eructation or passing of flatus does not relieve. Her gas pains were relieved the first night.

Following this, sleeplessness was a persistent symptom. She would fall asleep and awake feeling that she had had a long, refreshing sleep but, on looking at the clock, would find that she had slept only five minutes. Medorrhinum has this exact symptom. An added indication was the fact that, in early life, as a result of sepsis at time of childbirth, she had had a pelvic operation. From this time on, her sleep and strength improved rapidly.

For different complications that arise, various remedies are likely to be indicated. These are being compiled for later presentation in connection with remedies indicated in all kinds of surgical conditions. The purpose of this paper is to suggest routine measures applicable to any surgical case pursuing a normal course in order to give the patient every possible aid toward complete recovery.

The only possible way in which we can find the remedies that are useful in these cases is by the skillful Homœopathist's studying a large number of cases after operation and having sole charge of the medication. For the purpose of study, the patient should be seen every two or three hours the first couple of days,

or for as long as it is necessary. Probably operations on different structures will call for different remedies and but few remedies will be likely to be indicated for any given location.

Rhus Tox is frequently indicated for operations in the lower right quadrant. A series of cases, treated routinely as indicated by the two mentioned in this paper, will demonstrate the usefulness or otherwise of these suggestions. Certainly, the less one uses gross chemical stimulation or restraint, and the more one adheres to gentle, rational treatment, the better is the patient's well-being promoted. There is a question whether the ultimate good of a patient is better secured by the multiple use of drugs in anaesthesia; that is, morphine, than gas, then ether, or whether it is not better to use just the simple gas and ether.

#### DISCUSSION.

Dr. Field: What results do you get by giving these remedies? Do you get the results you expect?

Dr. Stearns: I find in the majority of cases that I have.

Dr. Field: High or low?

Dr. Stearns: I have given them low.

Dr. Wilson: Dr. Stearns spoke of the beneficence of phosphorus in his case. I have noticed it myself in cases following anaesthesia. There seems to be a great deal less nausea, less vomiting than there was when they used so much ether in the days before the use of the gases, oxygen and nitrous oxide. Frequently an individual had to have two or three cans of ether and they simply saturated them with it. I have been doing some anaesthesia in our little hospital at home, and I find that most of the cases where you start them off with nitrous oxide and continue them with nitrous oxide and oxygen in association with the ether, but you don't begin to use the amount of ether you used to use, it isn't often even in a prolonged operation that I have had to call to the nurse to refill the ether bottle and of course the ether bottle on the machine doesn't hold much over a half can of ether. So that in these days it seems to me that we frequently get away with a very prolonged operation with only one of the small cans of ether where we used to use three and four.

Dr. Austin: Mr. President, Dr. Nash and Dr. Kent and many of those men always made a practice of using phosphorus before operation. Dr. Nash never used to wait too long in having operations, he used it a great many times.

There was one thing said here today that brought this to mind. I think so many people are so worried about pus being in the system. Now that needn't worry you so much. The body, with a little help, is able to take care of it. It makes a great deal of difference in the cases where they have a mixed case of sychosis or syphilis and sychosis or things of that kind when you have pus, that is the thing that makes all your trouble, or a large part of it.



## LIST OF MEMBERS

---

*Italics, Honorable Seniors.*

- 1921 Allen, Enos B., 144 Perry St., Trenton, N. J.  
1899 Alliaume, Charles E., 259 Genesee St., Utica, N. Y.  
1925 Almfelt, Gustavus A., 153 Wall Street, Kingston, N. Y.  
1903 Austin, A. Eugene, 15 Claremont Ave., N. Y. City.  
1907 Baker, Harry B., 415 E. Grace St., Richmond, Va.  
1921 Baldwin, Verne E., Amboy, Indiana.  
1921 Boericke, Garth W., Galen Bldg., San Francisco, Calif.  
1919 Barnard, Jas. S., 363 Oxford St., Rochester, N. Y.  
1907 Bassett, Alice H., H. M., 56 West Cedar St., Boston, Mass.  
1909 Beals, Herbert, 188 Franklin St., Buffalo, N. Y.  
1922 Becker, Beatrice, 1330 King St., West Toronto, Canada.  
1907 Becker, Henry, 1330 King St., West Toronto, Canada.  
1923 Berry, H. Ellen Walker, 416 Dunn Bldg., Erie, Pa.  
1915 Bidwell, Glen I., 809 South Ave., Rochester, N. Y.  
1901 Bishop, Minnie R., Suite 2020, Harris Trust Bldg., 111  
W. Monroe St., Chicago, Ill.  
1923 Blanke, Theodore F., 615 N. 8th St., Garden City, Kansas.  
1905 Bloomington, Frances E. D., 6026 Kenwood Ave., Chi-  
cago, Ill.  
1919 Boger-Shattuck, Martha I., 145 Middle St., Portsmouth,  
N. H.  
1895 *Boger, Cyrus M.*, 225 7th St., Parkersburg, W. Va.  
1924 Bowie, Robt. C., White Building, Morgan, Colo.  
1924 Brown, Jas. B., 834 Majestic Bldg., Denver, Colo.  
1914 Brown, Plumb, 20 Maple St., Springfield, Mass.  
1923 Bryant, C. P., 322 Cobb Bldg., Seattle, Wash.  
1906 Burgess-Webster, Margaret, 1703 Chestnut St., Philadel-  
phia, Pa.  
1904 Campbell, John B., 435 Putnam Ave., Brooklyn, N. Y.  
1906 Carleton, Spencer, 75 Whitestone Ave., Flushing, N. Y.  
1920 Carr, V. Taber, 89 Clinton Ave., Tiffin, Ohio.  
1912 Clark, Byron G., 163 W. 92d St., New York City.



- 1888 *Close, Stuart*, 248 Hancock St., Brooklyn, N. Y.
- 1887 *Cobb, Harriet H.*, 1626 Massachusetts Ave., Cambridge, Mass.
- 1921 *Cochran, D. I.*, Hamilton, Ohio.
- 1904 *Coleman, Daniel E. S.*, 101 W. 78th St., New York City.
- 1925 *Compston, Edmund L.*, Springhill, Cloughfold, Manchester, England.
- 1920 *Custis, J. B. Gregg*, 1815 Columbia Rd., Washington, D. C.
- 1892 *Day, L. A. L.*, 29 E. Madison St., Chicago, Ill.
- 1923 *Deck, H. Leigh*, 27 Elizabeth St., Ashfield, Sidney, N. S. W., Australia.
- 1913 *Dienst, G. E.*, 26 South River St., Aurora, Ill.
- 1925 *Dike, John*, 112 W. Emerson St., Melrose, Mass.
- 1920 *Dixon, Chas. A.*, 915-916 Second Nat. Bldg., Akron, O.
- 1921 *Dunham, George P.*, Marblehead, Mass.
- 1925 *Dunlevy, Rita E.*, 23 W. 84th St., New York City.
- 1887 *Eaton, Samuel L.*, 340 Lake Ave., Newton Highlands, Mass.
- 1923 *Edwards, H. R.*, 364 Mountain St., Montreal, Canada.
- 1910 *Emmerson, George C.*, Marshall, Mo.
- 1924 *\*Ernie, G. O.*, New Albany, Ind.
- 1923 *Esmond, Henry S.*, 15306 Myrtle Ave., Harvey, Ill.
- 1923 *Faris, R. S.*, 3015 E. Broad St., Richmond, Va.
- 1908 *Farrington, Harvey H. M.*, 30 N. Michigan Boulevard and 1352 E. 48th St., Chicago, Ill.
- 1920 *Field, Richard M.*, 8025 Bay Parkway, Brooklyn, N. Y.
- 1920 *Frasch, J. E.*, Metamora, O.
- 1920 *Friedenwald, G. A.*, 3569 Broadway, N. Y. City.
- 1922 *Givens, Jessie L.*, Box 303, Bowie, Texas.
- 1904 *Gladwin, F. E., H. M.*, 1703 Chestnut St., Philadelphia, Pa.
- 1921 *Gore, M. E.*, 51 Main St., Orange, N. J.
- 1924 *Gramm, Edw. M.*, 519 Perry Bldg., Philadelphia, Pa.
- 1907 *Green, Julia M.*, 1811 H St., N. W., Washington, D. C.
- 1923 *Griggs, Wm. B.*, 1326 N. 12th St., Philadelphia, Pa.
- 1917 *Grimmer, A. H.*, 108 North State St., Chicago, Ill.
- 1904 *Guernsey, Wm. Jefferson*, 4030 Frankford Ave., Philadelphia, Pa.
- 1919 *Hance, W. C.*, DeGraff, Logan Co., Ohio.
- \*Died.

- 1924 Hatfield, W. H., 22 W. 7th St., Cincinnati, O.  
1902 Hautiere, Rosalie de la, Gillette Bldg., San Francisco, Cal.  
1905 Hayes, Royal E. S., 314 W. Main St., Waterbury, Conn.  
1924 Heimbach, J. M., 127 Green St., Kane, Pa.  
1901 Hess, Amelia L., 1911 Mt. Vernon St., Philadelphia, Pa.  
1908 Hoehne, Evelyn, R. F. D. 7, Madison, Wis.  
1898 *Houghton, H. L.*, 176 Commonwealth Ave., Boston, Mass.  
1901 Howland, Josephine, 35 Darien St., Rochester, N. Y.  
1900 Huffmann, Joseph E., 705 5th St., Santa Rosa, Calif.  
1882 *Hussey, Elisha P.*, 493 Porter Ave., Buffalo, N. Y.  
1904 Hutchinson, John, 441 Park Ave., New York City.  
1921 Irvine, J. C., 160 Emerson St., Denver, Colo.  
1903 Ives, S. Mary, 230 Washington St., Middletown, Conn.  
1925 Johnson, Virginia M., 1518 No. Washtenaw Ave., Chicago, Ill.  
1920 Juett, Fred L., 160 N. Broadway, Lexington, Ky.  
1925 Junkerman, U. Z., Pomery, Ohio.  
1924 Keller, Wm. R., Reeves Bank Bldg., Dover, O.  
1901 Klinetop, Warren B., Charles City, Iowa.  
1925 Dr. E. Philip Kurian Edavoghikal, Kottayam, Travancore, So. India.  
1901 Krichbaum, J. W., 207 Bellevue Ave., Upper Montclair, N. J.  
1899 *Krichbaum, Philip E.*, 35 Fullerton Ave., Montclair, N. J.  
1925 Krauss, James, 419 Boylston St., Boston, Mass.  
1920 Lange, Pauline E., 1239 No. Crawford Ave., Chicago, Ill.  
1891 *Leggett, S. L. Guild-*, 608 University Ave., Syracuse, N. Y.  
1910 Lehman, S. W., Dixon, Ill.  
1906 Lewis, Margaret C., H. M., 4027 Spring Garden St., Philadelphia, Pa.  
1907 Llewellyn, H. S., 47 S. 5th Ave., La Grange, Ill.  
1905 Loos, Julia C., 1713 Park Ave., Baltimore, Md.  
1913 MacAdam, E. Wallace, 2264 University Ave., New York City.  
1917 MacKenzie, P. L., H. M., 411 Broadway Bldg., Portland, Oregon.  
1925 Murbaker, N. D., Brick Church, Pa.  
1915 McLaren, D. C., 141 Laurier Ave., Ottawa, Canada.

- 1915 MacLaren, K. A., 504 Dovercourt Road, Toronto, Canada.  
 1920 McCormick, Ida E., 1370 Burdette Ave., Cincinnati, O.  
 1917 McDonough, A. W., H. M., 3001 Vine St., Denver, Colo.  
 1922 McDonald, W. B., Mendota, Ill.  
 1924 McConathy, Herbert, 315 First Nat. Bank Bldg., Miami, Fla.  
 1889 *McIntosh, F. L.*, 178 Commonwealth Ave., Boston, Mass.  
 1917 McFall, W. A., 919 College St., Toronto, Canada.  
 1916 MacFarlan, Donald, 1805 Chestnut St., Philadelphia, Pa.  
 1919 Maynard, Herbert E., 464 Commonwealth Ave., Boston, Mass.  
 1924 Miller, C. R., 1902 Market St., Harrisburg, Pa.  
 1921 Morgan, James F., Cynthia, Ky.  
 1919 Moore, Fredericka, Winchester, Mass.  
 1907 Mullin, John W., 918 West St. Wilmington, Del.  
 1924 Narain, D. M., Anarkali, Lahore, India.  
 1917 Nelson, C. Q., 421 High St., Morgantown, W. Va.  
 1917 Norman Lee, 1718 South 4th St., Louisville, Ky.  
 1890 *\*Oakes, Charles H.*, Livermore Falls, Maine.  
 1923 Olds, Chas. P., Huntington Valley, Pa.  
 1925 Orozes, Antonio, 3a Rio de la Loza No. 106, Mexico City, Mexico.  
 1924 Overpack, Jas. W., 210 No. 3rd St., Hamilton, O.  
 1924 Palmer, H. G., 1001 Green Bldg., Seattle, Wash.  
 1913 Patrick, H. H., 12 Parkgrove Lane, Glasgow, W. Scotland.  
 1925 Perez, Higinio G., de Homoeopatia Mexico, D. F. Ciudad de Mexico.  
 1909 Powel, William R., Roger Williams Building, Philadelphia, Pa.  
 1922 Powers, W. G. Sweasey, Lander's Road, White Plains, New York.  
 1925 Pugh, Joseph S., 616 No. Texas Bldg., Dallas, Texas.  
 1924 Pulford, Alfred, 214 Islington St., Toledo, O.  
 1924 Pulford, Dayton T., 214 Islington St., Toledo, O.  
 1924 Quackenbush, J. G., 43 Florence St., Ottawa, Canada.  
 1904 Rabe, Rudolph F., 666 Madison Ave., New York City.  
 1921 Reed, Ralph, 180 E. Hamilton St., Cincinnati, O.

\*Died Nov. 3, 1925.

- 1922 Reed, Horace E., 807 Lincoln Ave., Cincinnati, O.  
 1920 Reed, Robert G., 712 Provident Bank Bld., Cincinnati, O.  
 1916 Reed, Thomas E., 337 So. Main St., Middletown, O.  
 1915 Reel, Ida Virginia, 4027 Spring Garden St., Philadelphia, Pa.  
 1910 Roberts, Herbert A., 38 Elizabeth St., Derby, Conn.; 90 Myrtle Ave., Shelton, Conn.  
 1921 Ross, Louise, 1731 Columbia Rd., N. W., Washington, D. C.  
 1924 Rowland, J. E., So. Euclid, O.  
 1880 \**Rushmore, Edward*, 420 Park Ave., Plainfield, N. J.  
 1923 Ryland, John M., 415 E. Grace St., Richmond, Va.  
 1923 Schell, H. D., 110 No. 3rd St., Hamilton, Ohio.  
 1925 Schmidt, Pierre, 6 Boulevard Helvetique, Geneva, Switzerland.  
 1917 Schwartz, Elmer, 25 E. Washington St., Chicago, Ill.  
 1924 Schwartz, F. Adele, 6 W. Liberty St., Savannah, Ga.  
 1921 Senseman-Harris, Mary I., 112 N. Charter St., Monticello, Ill.  
 1922 Sedlack, Chas. A., 4733 So. Ashland Ave., Chicago, Ill.  
 1914 Seymour, Bina, 573 State St., Springfield, Mass.  
 1914 Shadman, Alonzo J., Forest Hills Hospital, Forest Hills, Mass.  
 1922 Sherwood, W. W., 1180 E. 6th St., Suite 319, Chicago, Ill.  
 1919 Slaughter, L. N., Pitman, N. J.  
 1922 Slabaugh, U. S., Nappance, Indiana.  
 1911 Sloan, T. G., 29 Park St., So. Manchester, Conn.  
 1924 Smith, C. Seaver, 60 College St., New Haven, Conn.  
 1917 Smith, A. D., 102 S. Brand Boulevard, Glendale, Calif.  
 1921 Smith, Wm. L., 908 W. Morton St., Denison, Texas.  
 1925 Spaulding, Roy W., East Dedham, Mass.  
 1881 *Stanbach, Henry L.*, 15 West Victoria St., Santa Barbara, Calif.  
 1891 *Stanton, Lawrence M.*, 49 West 57th St., New York City.  
 1921 Stansbury, F. R., 3062 Madison Rd., Cincinnati, O.  
 1910 Starcke, Andrew H., 409 Shukert Bldg., Kansas City, Mo.  
 1904 Stearns, Guy B., 180 W. 59th St., New York City.  
 \*Died.

- 1904 Stevens, Grace, 32 Bedford Terrace, Northampton, Mass.  
 1925 Skiles, Hugh Porter, 323 No. Waller Ave., Chicago, Ill.  
 1923 Taber, C. Wellington, 105 W. Grace St., Richmond, Va.  
 1889 *Taft, Mary F.*, 985 Charles River Road, Suite 403, Hampstead Hall, Cambridge, Mass.  
 1900 *Taylor, Edwin A.*, 335 Englewood Ave., Chicago, Ill.  
 1916 Thacher, George H., H. M., 2088 Chestnut St., Philadelphia, Pa.  
 1924 Todd, Helen B., New London, Conn., also Winthrop College, Rock Hill, So. Carolina.  
 1923 Tomlinson, W. H., 114 Yale Ave., Swarthmore, Pa.  
 1909 Turner, Maurice W., 786 Washington St., Brookline, Mass.  
 1925 Turton-Howe, Effie, Sound Beach Ave., Sound Beach, Conn.  
 1919 Underhill, Eugene, 2010 Chestnut St., Philadelphia, Pa.  
 1919 Underhill, Eugene Jr., 2010 Chestnut St., Philadelphia, Pa.  
 1925 Van Norden, Wm. Erickson, Chesapeake City, Md.  
 1917 Vaughn, Elmer E., 25 E. Washington St., Chicago, Ill.  
 1923 Waffensmith, J. W., Guilford, Conn.  
 1922 Wardell, Charlotte, 110 So. Howe Ave., Oak Park, Ill.  
 1913 Weir, John, 47b Welback St., Cavendish Sq., W. London, England.  
 1921 Wesselhoeft, Conrad, 535 Beacon St., Boston, Mass.  
 1925 Wilberton, L. G., Winona, Minn.  
 1910 Williams, Clara H., 822 Wood St., Wilkensburg, Pa.  
 1923 Wilson, Chas. G., 401 Franklin St., Clarksville, Tenn.  
 1910 Wilson, Wm. W., 28 The Crescent, Montclair, N. J.  
 1912 Woodbury, Benjamin, Jr., 11 Marlboro St., Boston, Mass.  
 1917 Woods, H. Fergie, 31 Wimpole St., W. I., London.  
 1891 *Yingling, William A.*, 806 Market St., Emporia, Kansas.  
 1925 Zeilinger, E. H., 29th and Main Sts., Kansas City, Mo.

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#### HONORARY MEMBERS.

- 1914 Aldrich, Henry C., Minneapolis, Minn.  
 1920 Ghose, Sarat Chunder, 48 Chaulpati Road, Bhowampur, Calcutta, India.

- 1906 Luff, Joseph, 1034 W. Electric St., Independence, Mo.  
1917 Reed, Thos. E., Middletown, Ohio.  
1912 Tyler, Margaret L., Linden House, Highgate Road, N. W.,  
London, England.  
1912 True, Richard S., 419 Boylston St., Boston, Mass.  
1915 King, J. B. S., 1402 Masonic Temple, Chicago, Ill.

## LIST OF MEMBERS AS TO LOCATION

---

### CALIFORNIA.

- 1921 Boericke, Garth W., Galen Bldg., San Francisco.
- 1902 Hautiere, Rosalie, de la., Gillett Bldg., San Francisco.
- 1900 Huffman, Joseph E., 705 5th St., Santa Rosa.
- 1917 Smith, A. D., 102 So. Brand Boulevard, Glendale.
- 1881 *Stanbach, Henry L.*, 15 W. Victoria St., Santa Barbara.

### COLORADO.

- 1924 Bowie, Robert C., White Bldg., Morgan.
- 1924 Brown, James B., 834 Majestic Bldg., Denver.
- 1921 Irvine, J. C., 160 Emerson St., Denver.
- 1917 McDonough, A. W., H. M., 3001 Vine St., Denver.

### CONNECTICUT.

- 1905 Hayes, Royal E. S., 314 W. Main St., Waterbury.
- 1903 Ives, S. Mary, 230 Washington St., Middletown.
- 1910 Roberts, Herbert A., 38 Elizabeth St., Derby, and 90  
Myrtle St., Shelton.
- 1911 Sloan, Thos. G., 29 Park St., South Manchester.
- 1924 Smith, C. Seaver, 60 College St., New Haven.
- 1924 Todd, Helen B., New London (see So. Carolina.)
- 1925 Turton, Effie Howe, Sound Beach Ave., Sound Beach.
- 1923 Waffensmith, J. W., Guilford.

### DELAWARE.

- 1907 Mullin, John W., 918 West St., Wilmington.

### DISTRICT OF COLUMBIA.

- 1920 Custis, J. B. Gregg, 1815 Columbia Road, Washington.
- 1907 Green, Julia M., 1811 H St., N. W., Washington.
- 1921 Ross, Louise, 1731 Columbia Road, Washington.

## FLORIDA.

- 1924 McConathy, Herbert, 315 First Natl. Bank Bldg., Miami.

## GEORGIA.

- 1924 Schwartz, F. Adele, 6 W. Liberty St., Savannah.

## ILLINOIS.

- 1901 Bishop, Minnie R., Suite 2020, Harris Trust Bldg., 111 W. Monroe St., Chicago.  
1905 Bloomington, Frances, E. D., 6026 Kenwood Ave., Chicago.  
1892 Day, L. A. L., 28 E. Madison St., Chicago.  
1913 Dienst, G. E., 26 South River St., Aurora.  
1923 Esmond, Henry S., 15306 Myrtle Ave., Harvey.  
1908 Farrington, Harvey, H. M., 30 N. Michigan Boulevard and 1352 E. 48th St., Chicago.  
1917 Grimmer, A. H., 108 No. State St., Chicago.  
1925 Johnson, Virginia M., 1518 No. Washtenaw Ave., Chicago.  
1920 Lange, Pauline E., 1239 No. Crawford Ave., Chicago.  
1910 Lehman, S. W., Dixon.  
1907 Llewellyn, H. S., 47 So. 5th Ave., La Grange.  
1922 McDonald, W. B., Mendota.  
1917 Schwartz, Elmer, 25 E. Washington St., Chicago.  
1921 Senseman-Harris, Mary I., 112 No. Charter St., Monticello.  
1922 Sedlack, Chas. A., 4733 So. Ashland Ave., Chicago.  
1922 Sherwood, W. W., 1180 E. 6th St., Suite 319, Chicago.  
1925 Skiles, Hugh Porter, 322 No. Waller Ave., Chicago.  
1900 Taylor, Edwin A., 335 Englewood Ave., Chicago.  
1917 Vaughn, Elmer E., 25 E. Washington St., Chicago.  
1922 Wardell, Vesta Charlotte, 535 Home Ave., Oak Park.

## INDIANA.

- 1921 Baldwin, Verne E., Amboy.  
1924 Ernie, G. O., New Albany\*  
1922 Slabaugh, U. S., Nappance.  
\*Died Oct. 17th, 1925.



IOWA.

1901 Klinetop, Warren B., Charles City.

KANSAS.

1923 Blanke, Theodore F., 615 N. 8th St., Garden City.

1891 *Yingling, Wm. A.*, 806 Market St., Emporia.

KENTUCKY.

1920 Juett, Fred L., 160 N. Broadway, Lexington.

1921 Morgan, James F., Cynthia.

1917 Norman, Lee, 1718 So. 4th St., Louisville.

MAINE.

1890 *Oakes, Chas. H.*, Livermore Falls.\*

\*Died Nov. 3rd, 1925.

MARYLAND.

1905 Loos, Julia C., 1713 Park Ave., Baltimore.

1925 Van Norden, Wm. E., Chesapeake City.

MASSACHUSETTS.

1907 Bassett, Alice H., H. M., 56 W. Cedar St., Boston.

1914 Brown, Plumb, 20 Maple St., Springfield.

1887 *Cobb, Harriet H.*, 1626 Massachusetts Ave., Cambridge.

1921 Dunham, George R., Marblehead.

1925 Dike, John, 112 W. Emerson St., Melrose.

1887 *Eaton, Samuel L.*, 340 Lake Ave., Newton Highlands.

1898 *Houghton, Henry L.*, 176 Commonwealth Ave., Boston.

1925 Krause, James, 419 Boylston St., Boston.

1889 *McIntosh, F. L.*, 178 Commonwealth Ave., Boston.

1919 Maynard, Herbert E., 464 Commonwealth Ave., Boston.

1919 Moore, Fredericka, Winchester.

1914 Seymour, Bina, 573 State St., Springfield.

1914 Shadman, Alonzo J., Forest Hills Hospital, Forest Hills.

1925 Spaulding, Roy W., East Dedham.

- 1904 Stevens, Grace, 32 Bedford Terrace, Northampton.  
1889 *Taft, Mary F.*, 985 Charles River Road, Suite 403 Hempstead Hall, Cambridge.  
1909 Turner, Maurice W., 786 Washington St., Brookline.  
1921 Wesselhoeft, Conrad, 535 Beacon St., Boston.  
1912 Woodbury, Benjamin, Jr., 11 Marlboro St., Boston.

## MINNESOTA.

- 1925 Wilbertson, L. G., Winona.

## MISSOURI.

- 1910 Emmerson, George C., Marshall.  
1910 Starcke, Andrew H., 409 Shukert Bldg., Kansas City.  
1925 Zeilinger, E. H., 29th and Main Sts., Kansas City.

## NEW JERSEY.

- 1921 Allen, Enos B., 144 Perry St., Trenton.  
1921 Gore, M. E., 51 Main St., Orange.  
1901 Krichbaum, J. W., 207 Bellevue Ave., Upper Montclair.  
1899 *Krichbaum, Philip E.*, 35 Fullerton Ave., Montclair.  
1880 *\*Rushmore, Edward*, 420 Park Ave., Plainfield.  
1919 Slaughter, L. N., Pitman.  
1910 Wilson, W. W., 28 The Crescent, Montclair.  
\*Died Nov. 25, 1925.

## NEW YORK.

- 1903 Austin, A. Eugene, 15 Claremont Ave., New York City.  
1925 Almfelt, Gustavus A., 153 Wall St., Kingston.  
1899 Alliaume, Chas. E., 259 Genesee St., Utica.  
1919 Barnard, James S., 363 Oxford St., Rochester.  
1909 Beals, Herbert, 188 Franklin St., Buffalo.  
1915 Bidwell, Glenn I., 809 South Ave., Rochester.  
1904 Campbell, John B., 435 Putnam Ave., Brooklyn.  
1906 Carleton, Spencner, 75 Whitestone Ave., Flushing.  
1912 Clark, Byron G., 163 W. 92nd St., New York.  
1888 *Close, Stuart*, 246 Hancock St., Brooklyn.

- 1904 Coleman, Daniel E. S., 101 W. 78th St., New York City.
- 1925 Dunlevy, Rita E., 23 W. 84th St., New York.
- 1920 Field, Richard, 8025 Bay Parkway, Brooklyn.
- 1920 Friedenwald, G. A., 3569 Broadway, New York.
- 1901 Howland, Josephine, 35 Darien St., Rochester.
- 1882 *Hussey, Elisha P.*, 493 Porter Ave., Buffalo.
- 1904 Hutchinson, John, 441 Park Ave., New York.
- 1891 *Leggett, S. L. Guild-*, 608 University Ave., Syracuse.
- 1913 MacAdam, E. Wallace, 2264 University Ave., New York.
- 1922 Powers, W. G. Sweasey, Lander's Road, White Plains.
- 1904 Rabe, Rudolph F., 666 Madison Ave., New York.
- 1891 *Stanton, Lawrence M.*, 49 W. 57th St., New York.
- 1904 Stearns, Guy B., 180 W. 59th St., New York.

#### NEW HAMPSHIRE.

- 1919 Boger-Shattuck, Martha I., 145 Middle St., Portsmouth.

#### OHIO.

- 1920 Carr, V. Taber, 89 Clinton Ave., Tiffin.
- 1921 Cochran, D. I., Hamilton.
- 1920 Dixon, Chas. A., 915-916 Second Nat. Bank Bldg., Akron.
- 1920 Frasch, J. E., Metamora.
- 1919 Hance, W. C., De Graff, Logan Co.
- 1924 Hatfield, 22 W. 7th St., Cincinnati.
- 1925 Junkerman, U. Z., Pomroy.
- 1924 Keller, Wm. R., Reeves Bank Bldg., Dover.
- 1920 McCormack, Ida E., 1370 Burdette Ave., Cincinnati.
- 1924 Overpack, James W., 210 No. 3rd St., Hamilton.
- 1924 Pulford, Alfred., 403 Moor-Wideman Bldg., 320 Ontario St., Toledo.
- 1924 Pulford, Dayton T., 403 Moor-Wideman Bldg., 320 Ontario St., Toledo.
- 1922 Reed, Horace E., 807 Lincoln Ave., Cincinnati.
- 1921 Reed, Ralph, 180 E. Hamilton St., Cincinnati.
- 1920 Reed, Robert G., 712 Provident Bank Bldg., Cincinnati.
- 1916 Reed, Thos. E., 337 So. Main St., Middletown.

- 1924 Rowland, J. E., So. Euclid.
- 1923 Schell, H. D., 110 No. 3rd St., Hamilton.
- 1921 Stansbury, F. R., 3062 Madison Road, Cincinnati.

## OREGON.

- 1917 MacKenzie, P. L., H. M., 411 Broadway Bldg., Portland.

## PENN.

- 1923 Berry, H. Ellen Walker, 416 Dunne Bldg., Erie.
- 1906 Burgess-Webster, Margaret, 1703 Chestnut St., Philadelphia.
- 1904 Gladwin, F. E., H. M., 1703 Chestnut St., Philadelphia.
- 1924 Gramm, Edw. M., 519 Perry Bldg., Philadelphia.
- 1923 Griggs, Wm. B., 1326 N. 12th St., Philadelphia.
- 1904 Guernsey, Wm. Jefferson, 4030 Frankford Ave., Philadelphia.
- 1924 Heimbach, J. M., 127 Green St., Kane.
- 1901 Hess, Amelia L., 1911 Mt. Vernon St., Philadelphia.
- 1906 Lewis, Margaret C., H. M., 4027 Spring Garden St., Philadelphia.
- 1925 Marbaker, N. D., Brick Church.
- 1916 MacFarlan, Donald, 1805 Chestnut St., Philadelphia.
- 1924 Miller, C. R., 1902 Market St., Harrisburg.
- 1923 Olds, Chas P., Huntington Valley.
- 1909 Powel, Wm. R., Roger Williams Bldg., Philadelphia.
- 1915 Reel, Ida Virginia, 4027 Spring Garden St., Philadelphia.
- 1916 Thacher, Geo. H., H. M., 2088 Chestnut St., Philadelphia.
- 1923 Tomlinson, W. H., 114 Yale Ave., Swarthmore.
- 1919 Underhill, Eugene, 2010 Chestnut St., Philadelphia.
- 1919 Underhill, Eugene Jr., 2010 Chestnut St., Philadelphia.
- 1910 Williams, Clara H., 822 Wood St., Wilkinsburg.

## SOUTH CAROLINA.

- 1924 Todd, Helen B., Winthrop College, Rock Hill.

TENNESSEE.

- 1923 Wilson, Chas. G., 401 Franklin St., Clarksville.

TEXAS.

- 1922 Givens, Jessie L., Box 303, Bowie.  
1925 Pugh, Joseph S., 616 No. Texas Bldg., Dallas.  
1921 Smith, Wm. L., 908 W. Morton St., Denison.

VIRGINIA.

- 1907 Baker, Harry B., 410 E. Grace St., Richmond.  
1923 Faris, R. S., 3015 E. Broad St., Richmond.  
1923 Ryland, John M., 415 E. Grace St., Richmond.  
1923 Taber, C. Wellington, 105 W. Grace St., Richmond.

WASHINGTON.

- 1923 Bryant, C. P., 322 Cobb Bldg., Seattle.  
1924 Palmer, H. G., 1001 Green Bldg., Seattle.

WEST VIRGINIA.

- 1895 *Boger, Cyrus M.*, 225 7th St., Parkersburg.  
1917 Nelson, C. Q., 421 High St., Morgantown.

WISCONSIN.

- 1908 Hochie, Evelyn, R. F. D. No. 7, Madison.

CANADA.

- 1922 Becker, M. Beatrice, 1330 King St., Toronto.  
1907 Becker, Henry, 1330 King St., Toronto.  
1923 Edwards, H. R., 364 Mountain St., Montreal.  
1915 McLaren, D. C., 141 Laurier Ave., Ottawa.  
1915 MacLaren, K. A., 504 Dovercourt Road, Toronto.  
1917 McFall, W. A., 919 College St., Toronto.  
1924 Quackenbush, J. G., 43 Florence St., Ottawa.

## MEXICO.

- 1925 Orozes, Antonio, 3a Rio de la Loza No. 106, Mexico City.  
1925 Perez, Higino, de Homeopatia, Mexico D. F., Ciudad  
de Mexico.

## AUSTRALIA.

- 1923 Deck, H. Leigh, 27 Elizabeth St., Ashfield Sidney, N. S. W.

## SCOTLAND.

- 1913 Patrick, H. H., 12 Parkgrove Lane, Glasgow, W.

## SWITZERLAND.

- 1925 Schmidt, Pierre, 6 Boulevard Helvetique, Geneva.

## ENGLAND.

- 1925 Compston, Edward L., Springhill, Cloughfield, Man-  
chester.  
1913 Wier, John, 476 Welback St., Cavendish Sq. W., London.  
1917 Woods, H. Fergie, 31 Wimpole St., W. I., London.

## INDIA.

- 1925 Kurian, E. Philips, Edavozhikal, Kotlayam, Travancore,  
So. India.  
1924 Narain, D. M., Anaskali, Lahore.



# INDEX

Business Session:	Page.
Exhibit of Hahnemann's Medicine Case.....	13
Officers .....	3
Minutes of the 46th Annual Meeting.....	5
Report of the Auditor .....	10
Report of Committee on Vaccination .....	39
Report of Committee on President's Address.....	44
Report of the Necrologist .....	11
Edward Rushmore, M. D.....	11
S. R. Geiser, M. D.....	12
Alexander C. Hermance, M. D.....	12
Radhikanath Banerjee, M. D.....	13
Report of the Secretary .....	8
Report of the Treasurer .....	10
Second Report of Committee on Abrams Phenomena.....	16
Discussion of Abrams Committee Report.....	36
Increase in Committee Membership .....	20
Use of Phenomena in Finding Homœopathic Remedy.....	30
The President's Address .....	41
Bureau of Clinical Medicine.....	192
A Brilliant Result .....	203
Case Reports .....	192, 278
Clinical Cases .....	193, 198, 208, 266
Clinical Report .....	255
Diphtheria—Successful Treatment .....	210
Immunization Without Harmful Consequences.....	210
The Clinical Approach .....	259
What Cured? .....	271
Bureau of Homœopathic Philosophy .....	45
Chronic Miasms in Family Groups .....	103
Immunity .....	53
Philosophy, the Cornerstone of Rational Treatment.....	57
The Repertory Idea .....	45
The Repetition of the Dose .....	74
The Study of Potency .....	64
The Three Similitudes .....	81
Bureau of Materia Medica .....	110
Ammonium Carb. ....	153
A Reproving of Colchicum .....	149
Bovista .....	146



	Page
Drugs Proved and Partially Proved .....	140
Experiments with Homœopathic Potentized Substances Given to Drosophila Melano Gaster with Hereditary Tumors.....	130
Grading of Symptoms .....	157
Homœopathic Education .....	175
Materia Medica Teaching .....	110
Personality Plus .....	118
Remedy Study .....	121
Times of the Remedies ( <i>P. Berger</i> ).....	162
Bureau of Obstetrics and Pediatrics.....	282
A Foreword .....	282
The Baby Homœopathically Considered.....	304
The Child .....	298
The Psyche and Science .....	287
The Toxemias of Pregnancy and Their Treatment.....	300
Tuberculosis of Joints in Children.....	284
Bureau of Surgery .....	307
The Homœopathic Lance—Its Use and Dangers.....	313
The Preserver of Health .....	307
Routine Pre- and Post-Operative Prescribing .....	329
Thoughts on the Relation of Homœopathy to Surgery.....	326
Honorary Members .....	342
List of Members in Alphabetical Arrangement.....	337
List of Members as to Location.....	344
Papers by :	
Austin, Alonzo E., M. D.....	57
Boger, C. M., M. D.....	157, 162, 266
Boger-Shattuck, Martha, M. D.....	300
Brown, Plumb, M. D.....	271, 306
Dienst, George E., M. D.....	44, 110, 255, 298
Dixon, Charles A., M. D.....	74
Faris, R. S., M. D.....	53
Field, Richard M., M. D.....	282
Gladwin, F. E., M. D.....	44, 110, 175
Green, Julia M., M. D.....	103, 121, 304
Hayes, Royal E. S., M. D.....	203, 287, 306
Hutchinson, John, M. D.....	64
Loos, Julia C., M. D.....	140
McConathy, Herbert, M. D.....	193
Olds, Charles L., M. D.....	153, 282
Powel, William R., M. D.....	41, 146

	Page
Roberts, H. A., M. D.....	118
Schmidt, Pierre E., M. D.....	175
Schwartz, Nathan, M. D.....	284
Smith, C. Seaver, M. D.....	278, 313
Stark, Mary B., M. D.....	130
Stearns, Guy B., M. D.....	130, 259, 329
Stevens, Grace, M. D.....	198
Underhill, Eugene, M. D.....	210
Waffensmith, J. W., M. D.....	326
Webster, Margaret B., M. D.....	208
Wilson, W. W., M. D.....	193
Woodbury, Benjamin C., M. D.....	81