PROCEEDINGS

of the Forty-third and Forty-fourth Annual Sessions *of the*

International Hahnemannian Association

Hotel Drake, Chicago, Ill., June 22-23-24, 1922

Hotel Strand, Atlantic City, New Jersey, July 5-6-7, 1923

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PROCEEDINGS

OF THE

FORTY-THIRD ANNUAL SESSION

OF THE

INTERNATIONAL HAHNEMANNIAN ASSOCIATION

HELD AT

THE HOTEL DRAKE, CHICAGO, ILL.

JUNE 22nd, 23rd and 24th, 1922.

BUSINESS PROCEEDINGS.

The forty-third annual session of the International Hahnemannian Association convened at the Hotel Drake, Chicago, Ill., June 22nd, 1922. President Farrington presiding.

The report of the Secretary was called for and read, was duly received and ordered made a part of the Transactions of the Association.

SECRETARY'S REPORT.

Chicago, June 22, 1922.

FELLOW MEMBERS:

The report of the Secretary will be brief this year for after the last session's work was over and until the work for this session began, there was not a great deal to attend to except the answering of letters as they came along and sending out occasional copies of the Transactions as they were ordered.

As you all know, the 1919-1920 combined volume was finished and sent out to the membership. Occasional copies were reported as not received but the P. O. Department returned none to me as undelivered so I cannot tell just where the responsibility lies.

During the year we have received the largest list of deaths in the membership of any year since I have held office. The following members have died during the year: Dr. W. J. Hawkes of Los Angeles, Calif.; Vincent Wijetunge of Celon; S. B. Hanlin of Tiffin, O.; E. W. Berridge of London, England; O. M. Drake, Herbert W. Schwartz, Dr. Donald and Dr. Winans.

Dr. MacAdam was requested to write letters of condolence to the families of Drs. Winans and Berridge. (Reads letter.) The Necrologist was also communicated with but received replies to only two of his letters. His report will follow.

After last year's session, a letter was received from Dr. Farrand B. Pierson (reads letter) which will be referred to the Board of Censors.

Just before leaving home a letter was received from Dr. True which will explain itself (reads letter). I would suggest the reference of this letter to the Board of Censors with the recommendation that Dr. True be elected to Honorary Membership.

A self-explanatory letter was received from Dr. MacAdam (reads letter). I'm sure the Nominating Committee will be able to look after this matter.

Dr. MacAdam has sent me these Russian letters which were addressed to the Hahnemannian Hospital of N. Y. and relayed to me through Dr. MacAdam (reads letters). I would recommend the appointment of a committee of three to look into this matter.

The only unfinished business from last year is the report of the Committee on Application Blanks of which Dr. Stearns is chairman. This will come up under its proper head.

I am happy to tell you that the 1921 Transactions are on the press and will be distributed by fall. The Secretary begs the indulgence of the Association for the delay in getting out the 1921 volume which is partly due to one of the doctors having cribbed one-half of Dr. Kent's repertory as the finale to his

paper and the collapse of the Secretary when he attempted to index the list of remedies. He recommends that any future culprit will please refer the reader of the article to Kent's repertory under designated headings. Incidentally I would say that crib cost the Association just $5.02 to print.

Finally, the Secretary wishes to express his great appreciation of the gift presented to him by the members present at last year's meeting. I have attempted to give my humble service as best I could and it heartens one in the work to receive such munificent reward. Again I thank you.

WM. W. WILSON, *Secretary.*

A résumé of the last session's business was read and approved.

The Treasurer's report was read and on motion was referred to Drs. Krichbaum, Stearns and Green as an auditing committee.

REPORT OF THE TREASURER OF THE I. H. A. TO JUNE 15, 1922.

RECEIPTS.

Balance on hand June, 1921 . . .	$1,060.67	
Receipts from Members and other sources	784.58	
Interest on deposits	15.98	
		$1,861.23

DISBURSEMENTS.

Check for Dr. Boger's checks . . .	$17.25	
Stenographer	110.50	
Lakeview Press, printing Transactions .	662.00	
Postage and Stationery	38.00	
Programs for 1922 session	25.75	
		$853.50
Balance		$1,007.73

Submitted to the Association,

WM. W. WILSON, *Treasurer.*

In the absence of Dr. Rushmore, the Secretary read the report of the Necrologist and on motion the report was received and ordered printed in the Transactions.

NECROLOGIST'S REPORT.

To the International Hahnemannian Association for the year 1922:

Your Necrologist has received information during the past current year of the decease of the following members: Doctors Olin M. Drake, William J. Hawkes, Theodore H. Winans, Herbert W. Schwartz, Edward W. Berridge, Samuel B. Hamlin, Vincent Wijetunge, Alex Donald and Bernhard Starcke.

Letters of request for the data needed for the writing of suitable memorial notices have been sent in every case. In a few cases the information came too late to allow of getting the data in time for this report. Notices of Doctors Drake and Hawkes, Winans and Starcke accompany this report.

Respectfully submitted,

June 13, 1922. EDWARD RUSHMORE, M.D.

THEODORE H. WINANS

Theodore H. Winans was born near Oswego, N. Y. on July 24, 1853, and died at his home in Colorado Springs in March 1922. He was graduated from the Oswego Free Academy and then from the Oswego, N. Y. Normal School. He taught school for ten years, four of which were at Asceola, Mo. In 1887 he married Miss Kate Lewis who had been one of his pupils. He was graduated from Hahnemann Medical College in Chicago in 1888, and began the practice of medicine in Mexico, Mo. where he remained with growing success for thirty-one years.

He had been a life-long sufferer from asthma and moved to Colorado Springs in March 1919, in hope of relief, which he

obtained to some extent. He continued to practice there, having sent out two letters and prescriptions by mail on the day of his sudden death. Doctor Winans has been a contributor to our journals. He was member of the American Institute of Homœopathy. He became member of this Association in 1910 and was its president in 1918. He is said to have been a devout Christian and to have been widely beloved. He is survived by his wife, four sons, two daughters and other relatives. His genial presence will be greatly missed at our annual gatherings.

Dr. William James Hawkes

Dr. William James Hawkes was born in Newton Center, County Tyrour, Ireland, January 24th, 1843, of Irish parents, coming with them to the United States when he was five years old and settling in Pittsburgh, Penn.

He had a public school education. He enlisted as private in the Civil War, serving three years and being discharged with the rank of corporal, receiving a medal for distinguished services.

Returning to Pittsburgh he took up the study of medicine with Dr. James Herron, later entering the Hahnemann Medical College of Philadelphia from which he graduated. He later located in Chicago occupying the chair of Materia Medica at Hahnemann Medical College with which he was connected for twenty years, and carrying on a large practice also.

Coming to Los Angeles in 1899 he was in active practice till the day of his death, December 27th, 1921. During this period he served as president of the California State Homœopathic Medical Society, Southern California State Homœopathic Medical Society, Los Angeles County Medical Society, taking an active part in all these organizations and during the last year of his life he was honorary president of the American Institute of Homœopathy.

He was the author of the text-book *Hawkes' Characteristics.*

Dr. Hawkes became a member of this Association in 1920.

Olin Milton Drake

Olin Milton Drake was born April 26, 1847 at Effingham, New Hampshire, son of Cyrus K. and Lucinda Drake. As a very young boy his one desire was to study medicine, he would hide away and read every medical book he could find. At the age of sixteen he left home to study medicine with his uncle O. S. Sanders, M.D. of Boston. After graduating from the Harvard Medical School he went to Philadelphia and graduated from Hahnemann College in 1870. Through the guidance of William P. Wesselhoeft, M.D., he became a strict Hahnemannian.

August first 1870 he married Mary, daughter of Henry and Susan Whiting of Ellsworth, Maine, to whom one daughter was born, Maude Lillian.

He practiced successfully in Ellsworth, Maine, for twenty-three years. He was member of several medical societies and wrote for different medical magazines. In 1891 he moved to Boston practicing there until his decease, November 12, 1918. As a physician and man he was most highly esteemed.

He became a member of this Association in 1885.

Bernhard Starcke

One of our Honorary members passed in the year. Bernhard Starcke, M.D., died March 12th, 1922 at the age of 82 years.

Dr. Krichbaum, chairman of the Auditing Committee reported that the Treasurer's books had been gone over and found correct.

For the Committee on Application Blanks, Dr. Stearns, the chairman, reported progress. Dr. Stearns read over the changes that had been suggested by the committee and after the reading a motion was made and carried that the report be received and be brought up under unfinished business.

Under new business the President brought before the body the matter of starting a campaign for legislation looking to

separate examining laws in the various states following the action that had been taken by the A. I. H. After lengthy discussion and a motion made by Dr. Boger had been withdrawn, the matter was referred to a committee composed of Drs. Stearns, Boger, Underhill and Starcke to formulate a motion that would cover the subject and refer it to the A. I. H. on the following day. In due course the committee made its report, the report was accepted and the committee was empowered to present the matter the next day to the A. I. H. with the endorsement of the I. H. A. (The committee failed to give the Secretary a copy of the report).

A motion made by Dr. Dienst was carried, to the effect that the Association procure a banner for the President's desk, bearing the name of the Association and likewise the words "Similia, Similibus Curantur" and Unity, Truth, Loyalty.

Dr. Stearns was called to take the chair while the President read his address.

PRESIDENT'S ADDRESS.

On the sixteenth day of June, 1880, at Milwaukee, Wis., a small number of physicians met to formulate plans for a new medical society. These men had "observed with regret, the retrograde movement on the part of the would-be leaders in the so-called Homeopathic School, the advocacy in our journals and medical societies, of palliative treatment with crude drugs, together with the heresy that whatever 'cures' must be homeopathic . . . " (History of the I. H. A., 1st Vol. Transactions). Dr. C. Pearson introduced a set of resolutions which were, in effect, the declaration of principles adopted later. It happened that some were present who represented the crudest element in the American Institute at that time and the meeting was soon adjourned. On the following day, however, sixteen of the faithful followers of Hahnemann came together at the court house of the town and organized this Association, electing Dr. P. P. Wells, president, Dr. T. F. Pomeroy, vice president, Dr. H. C. Allen, secretary-treasurer and Dr. E. W. Berridge, correspond-

ing secretary and at his suggestion the new society was called The International Hahnemannian Association.

Of those who attended this memorable meeting, Dr. Edward Rushmore is the only one now living. The organization they founded gradually extended its influence and the names of many noted physicians and loyal homeopaths in this country and abroad were added to its roll of membership. Regularly each year, it met and the papers and discussions preserved in its transactions constitute the cream of our homeopathic literature. Each year a president read his address, setting forth the principles laid down in the Organon, discussing the utterances of those who perverted or attacked them, or offering suggestions for the carrying on of the work so ably begun by those first sixteen patriarchs, but for whose foresight and devotion Homeopathy might have perished.

History shows that every reform, be it political, religious or medical, originated in the mind of some one man, who possessed knowledge and vision beyond any of his contemporaries. By word of mouth or in writing, he announced his new discovery. At first only a few rallied to his support, either from a true appreciation of his teaching or from his personal influence. Gradually the new movement grew in force and numbers, and in spite of opposition and even persecution, became firmly established. The earlier years were marked by intense enthusiasm and devotion to the cause and the assaults of its enemies served only to increase the loyalty of its adherents. But in time, this first enthusiasm began to wane. Differences of opinion arose among its members; would-be leaders arose who claimed that their own interpretation of the founder's teaching was more in keeping with the knowledge of the day. New ideas and theories began to displace the old. From being harmonious, distinct and orthodox, it became more or less liberal and diffusive, with perhaps, little of its original character remaining or rent by schisms, it died out altogether.

This, I believe, is the history of Homeopathy and this is its fate at the present day if it continues on its course. Forty-two years have elapsed since those sixteen men came together in the old court house in Milwaukee. The same retrograde movement

has continued to threaten the existence of Homeopathy, as an independent school. The same heresies are taught in its colleges and journals, the same dangers undermine its foundations and many new ones are added. From being distinctive it has become liberal. The gates have been thrown down and any one who wishes to parade under its fair name may enter. And the I. H. A., comparatively weak in numbers, stands as its sole champion.

It is true that homeopathic remedies are used more widely than at any time during its history. It is true that there are many excellent homeopaths in its societies; but the rank and file practice nothing more than a crude eclecticism, and those who could conscientiously subscribe to the declaration of principles formulated at the meeting forty-two years ago, have grown fewer every year. On every side we hear of the modern homeopathic materia medica, of cures by the potencies "based solely upon pathology"; of the value of chemical foods; of blood chemistry, endocrine therapy and the demonstration of cures upon animals.

Owing chiefly to the ever-increasing dictation by the Old School, our colleges are dropping off one by one. Of the few that remain, at least two have adopted the traitorous policy of teaching both the old and the new, and very little of the new at that and one of these has removed the name of Homeopathy from above its doors. Ann Arbor has but a chair or two in an allopathic State University and Columbus is about to lose even this small recognition. There is, however, one little ray of comfort—New York has weathered the storm and its department of materia medica and therapeutics is in charge of some of the most loyal and capable teachers in the profession.

Now I do not mean to imply that scientific investigation is a detriment to Homeopathy, that experiments upon animals and the laboratory findings showing the effect of potentized remedies on the blood are of no use whatever. On the contrary, they may prove to be excellent material for propaganda purposes and may force some of those who are prejudiced to admit that there is something in Homeopathy. But if made a part of the college curriculum there is danger of their leading the student

away from a true conception of the Homeopathy of Hahnemann to that of Pythagoras, who knew of the law of similars but not its application as taught in the Organon.

Recent discoveries in science have brought to light innumerable confirmations of the power of infinitessimals, and none the least noteworthy is the work of Abrams in California. With the assistance of two of the members of this society, he has demonstrated by his "reactions," the greater activity of the higher over the lower potencies, and has gained the everlasting enmity of the A. M. A. by boldly asserting that he has been forced by his own experiments, to admit that Hahnemann was right and they all wrong.

We cannot expect all men to think and believe alike, but we have a perfect right to demand, that those who call themselves homeopaths, accept the fundamental doctrines of the School. To understand this art and science of healing, requires a mind unprejudiced and without any materialistic tendency and to become proficient in it, requires a lifetime of patient study and practice. To treat the sick by injection of serums or vaccines or the reinjection of the patient's blood, either crude or incubated and potentized, is not Homeopathy, does violence to nature and is in fact, the age old effort to "climb up some other way."

But what of our own Association? I have said that it stands as sole champion of the teachings of Hahnemann. Does it, in reality, measure up to the requirements that this implies? Every year we meet, read our papers and discuss them. Some of these papers are published in the journals, but the major part of the proceedings are printed in a neat looking volume, and stowed away safely on the shelves of our several book cases. How much does this do towards increasing the number of good Hahnemannians? Does this look towards the perpetuation of our body? Now and then a paper is presented that is tinged, perhaps ever so slightly, by some of the heresies that I have just enumerated. Does this measure quite up to the standard? My Friends, I fear that dear old Dr. Case was almost prophetic when he sounded a warning in his presidential address of 1901, where he says: "There is a possible danger that the Association,

as it increases in years and influence, accumulating material for the upbuilding of Homeopathy, may suffer as do individuals and relax its efforts."

If Homeopathy is true, it will not die, even if for a time it seems to have been forgotten. Some new leader will arise, some new organization will be founded to perpetuate its principles if not its name. If we presume to be its champions, then let us become worthy of it. There are a hundred things that we should have been doing all these years and have left undone. When our colleges began to dwindle, we should have gone out and fought for them, or we should have organized an institution of our own. It is a good thing to join other societies, to read papers and preach everywhere the truth as we see it; it is quite proper and useful to write for the medical journals. But the only certain way to bring up good homeopaths, is to teach them the fundamentals, throughout the entire course of their medical training. If we had had the zeal and enthusiasm of the founders, we could have done this. Now conditions forbid, but we could at least have a post graduate school. Perhaps the little Foundation, started in Washington a year ago, may be a move in the right direction. I would strongly recommend that you take this question under consideration.

In earlier years this Association had an official organ. The *Homeopathic Physician* and later the *Medical Advance* were practically the mouthpieces of this Association. When the latter journal ceased to perform this function we should have established a journal of our own, under the direct supervision of our officials.

We must make a more decided effort towards influencing legislation and one of the first essentials is to assist in the campaign recently started in the American Institute, for separate State Boards. Appropriate resolutions should be adopted and presented to that body before its session terminates for there are a great number who are indifferent or inimical to this measure and it will be a hard fight to put it through. I believe that it is our duty to coöperate with the Institute in every move that it makes towards the perpetuation of Homeopathy, but *only* as a separate and distinct organization. We have a special func-

tion and this will suffer unless we remain distinct and independent.

Lastly, we should make a more determined effort to increase our membership. The older men, one by one are passing on to their reward. We must carry on their work and I believe, that if we climb out of the rut of our self-sufficient ease and be up and doing, that we can gain the support of the many good men and women throughout the world, who should be working with us now.

This is your society. By signing the roll you have become a member of a corporation that is in the business of promoting the Science and Art of Healing—you have purchased guilt edge preferred stock in a company whose sole purpose for existence is the benefit of humanity. Do all in your power to support it and the dividend you will receive will more than repay you for your efforts.

Dr. Stearns appointed Drs. Green, Roberts and Plumb Brown a committee to review the President's address and make recommendation to the Association.

The President appointed Drs. Stearns, Schwartz and Roberts as a Committee on Nominations.

A motion was made and carried to continue the Committee on Application Blank for another year.

The President here called for the report of the Committee on President's Address.

REPORT ON THE PRESIDENT'S ADDRESS, I. H. A. 1922.

Our president states that Homœopathy, threatened in 1880 when the International Hahnemannian Association was founded to rally to its support, has been threatened ever since, that the I. H. A. itself has grown more diffuse, more rent by factions as time has gone on. He says that the so-called homœopathic colleges are closing one by one until now we have only one or two left and these do not teach real Homœopathy. At the same

time scientific investigation of Homœopathy is growing, laboratory tests are proving its truth.

Your committee suggests that we must utilize these findings; we must give all that helps the Homœopathic cause place in a larger scheme of things than any existing organization has worked out. At the same time we commend the work of the committee on revision of the statement of principles on the application blank and suggest that this is the time to get back on the track and make the practice of Homœopathy less diffuse and more Homœopathic. We recommend that after the application blank is revised, none be admitted whose practice or promise does not measure up fully to the principles stated.

Our president says, "Does the I. H. A. measure up to requirements?" Let us not "knock" it because some of its members do not. There are many good members doing fine work. More each year are going out into other societies, the Institute and local societies everywhere, speaking the truth about Homœopathy and showing the way. This is the work that is needed. Let us be more careful who comes into our Association, then let us support these broader workers and urge others to go out too.

Your committee suggests that the closing of the homœopathic colleges means much more than political action against them on the part of the other school. If there were no such prejudice and action, the colleges would close their doors; the movement toward this has been gathering momentum for several decades. There are two other reasons. The schools have not been teaching Homœopathy partly because they have not believed in it, mostly because it has become increasingly difficult to teach it if they did believe in it. The requirements for license to practice have grown so great and so varied that there is no time for Homœopathy which is not required for license.

Your committee believes strongly that Homœopathy, from its very nature, is an intensive study, demanding a mature mind, which, now that the quiet simple life is gone, requires the postgraduate field for its proper study.

This postgraduate study should not enter the formal college class but be a seminar or research study, intensive in nature.

Our president suggests that the Foundation, started a year

ago in Washington, may be a move in the right direction. Your committee suggests here an explanation of that Foundation. It has no intimate relation to any organization now existing; it enters another field. It is started by a group of physicians who had been thinking along the lines of its organization. It seems to be a spontaneous coöperation for which the time is ripe.

Three convictions underlie the Foundation:

1. The need of the present time in Homœopathy is met by a Foundation, organized along lines of activity spreading beyond the sphere of associations or societies, commanding the work of influential business men, of all the people as well as physicians.

2. Instruction in Homœopathy should be postgraduate. The student should have the required pre-medical college work, four years in medical school, the required license to practise, then be free for the intensive study of Homœopathy.

3. Widespread work among the laity for better understanding of Homœopathy and the support of it, is absolutely necessary to the continued life of Homœopathy.

Therefore the American Foundation for Homœopathy was started a year ago as follows:

Founded: by fourteen physicians practising pure Homœopathy in the United States.

Headquarters: Washington, D. C.

Branches: Anywhere in the United States.

Purpose: To demonstrate the Homœopathic law of cure.

To establish and direct centers for the study and understanding of Homœopathy.

To inform the laity concerning Homœopathic principles.

To serve as a reference center for all that relates to Homœopathy.

To serve as a repository for Homœopathic literature and drugs.

Organization: Includes business men of affairs, broad minded far-seeing people, philanthropists, sociologists, as well as Homœopathic physicians.

It includes incorporation. It proposes an executive secretary and a director of publicity.

Its *program* is worked out in several bureaus.

1. Bureau of Investigation of Homœopathy. Opportunity to look into it, to sound its merits, to have the help of experts in it in acquiring the best knowledge of it.

2. Bureau of Advancement of Homœopathy. Demonstration of the law, tests of the law. Research work in any correlated subject which will place Homœopathy where it belongs. Filing of Homœopathic literature, indexing it.

3. Bureau of Publication. Facts about Homœopathy for physicians, investigating it, for the laity, for students of medicine, for young people. A journal, a loose-leaf library, etc.

4. Bureau of Publicity under the direction of a competent layman. Organizing groups of laymen to be interested in Homœopathy, teach it to others, help support the Foundation. Rousing an interest in the study of Homœopathy and supporting its students.

5. Any other bureaus which may become advisable in advancing the cause of Homœopathy.

6. Correlation with similar foundations in other countries by international congress.

Very briefly such is an outline of this Foundation. Your committee asks your interest and your support to help it grow slowly and steadily in the right direction.

Your president says that we should have established a journal of our own when the *Medical Advance* ceased publication. Your committee recommends investigating the feasibility of using the *Recorder* as a mouthpiece, and of filing and indexing all the good articles presented before this body.

The solution to the examining board problem lies simply in removing Homœopathy from the jurisdiction of examining boards for general medicine and creating Homœopathic examining boards for postgraduates not controlled by states or the federal government but by a Foundation.

Your president says we must make a determined effort to increase our membership. Your committee recommends a committee on increased membership to work in coöperation with Dr. Wilson and Dr. Rabe to this end.

The address is full of live suggestions; let us heed them and go forward enthusiastically into a new world for Homœopathy.

Signed, JULIA MINERVA GREEN, *Chairman,*
PLUMB BROWN,
H. A. ROBERTS,
Committee on President's Address.

Report of Committee on President's Address was received and ordered being made a part of the Association's business.

The Nomination Committee reported the following ticket for officers for the ensuing year: For President, Herbert A. Roberts; for Vice President, Eugene Underhill; for Secretary-Treasurer, Wm. W. Wilson; for Corresponding Secretary, Julia M. Green; for Board of Censors, C. M. Boger, chairman and Drs. Becker, Rabe, Baker and Woodbury. For Board of Publication, R. F. Rabe, 1 year, Julia M. Green, 2 years and Frank W. Patch, 3 years.

On motion the Secretary was authorized to cast a ballot for the presented ticket.

The following candidates for membership in the Association were recommended by the Board of Censors and were duly elected: Drs. J. W. Waffensmith of Santa Fe, N. M.; M. Beatrice Becker, of Toronto Canada; Jessie L. Given of Bowie, Texas; W. B. McDonald of Mendota, Ill.; W. J. Sweasey Powers of White Plains, N. Y.; W. W. Sherwood of Chicago, Ill.; J. S. Slabaugh of Nappance, Ind.; and Horace E. Reed of Cincinnati, Ohio.

On recommendation of the Board of Censors and the unanimous vote of the Association, Drs. Farrand B. Pierson and Richard S. True were elected to Honorary Membership.

Dr. Henry Becker made a motion which was carried, that a committee composed of Drs. Stearns, Underhill, Baker, Farrington and the mover, be appointed to investigate the Dr. Abrams method, claims, literature and use of the electronic method of diagnosis and the oscilloclast and report its findings at the next meeting of the Association.

The matter of place of meeting was taken up and was referred to the Executive Committee.

A motion was made and carried that the session stand adjourned.

Bureau of Homoeopathic Philosophy

ELMER E. SCHWARTZ, M.D., CHICAGO, ILL., CHAIRMAN.

THE REMEDY AND THE DOSE.

BY P. E. KRICHBAUM, M.D., MONTCLAIR, N. J.

What I have to say on this old and most familiar subject is the outcome of months, even years, of thought, study and reflection. I want to state my conclusions in as few words as possible because I believe that in such form we can more readily pick up the kernels (if there are any) and all join in cracking them.

Constructive criticism is stimulating. If we cannot adequately defend our ideas it is foolish to offer them. First, then, the remedy. How do we homœopaths decide upon a medicine for any given patient? It is very easy to say: According to the totality of the symptoms, but this classical direction has grown in my mind to have a far deeper content than the simple phrasing would indicate. Of course we know that a group of symptoms, peculiar and individualizing, elicited with careful precision, many times gives us all needful information, and the case is "taken." Now, when we have properly fitted thereto the indicated remedy in the correct dose we can count on results. This procedure, however, may degenerate into mere routinism. Such a happening has furnished the critics of homœopathic prescribing with considerable ammunition. Dr. J. Compton Burnett, although an avowed homœopath, often asserted that we owe our patients more than a "matching of his symptoms with the symptoms of the remedy." I agree with Dr. Burnett

to the extent that I believe in an extended or amplified totality which shall include the pathology, when present, as well as the diagnosis.

To prescribe for the patient and not his disease is true only in part. A correct diagnosis, or the effort to make a correct diagnosis, directs the necessary examination and observation of the diseased condition into all of its ramifications in order to decide which are the individualizing symptoms that a given particular disease emphasizes in a particular patient. We all know by experience that a striking or guiding symptom in one case may be but a common or general indication in another exhibition of the same named disease. Individualization, of course, is a term the homœopathic prescriber conjures with, though the necessity for its invariable employment often slaps him in the face and increases his perplexities. Too well does he realize that if the causes of disease could always be reckoned with to produce the same effects, or if different organisms acted upon by a similar deranging force, reacted in the same way, the homœopath could use "specifics" as frequently as his allopathic colleague. The nearest parallel to the use of specifics which the homœopath ever meets is where, in a prevailing epidemic, one remedy may receive an almost universal call and "blanket" most of the contemporary cases. The duration of the phenomenon, by the way, is subject to abrupt and mysterious conclusions.

Again, for the "keynote prescriber," the totality of the symptoms is occasionally but a submerged territory. His beckoning and arresting signal symptom protrudes enticingly and he hits it with varying success, but I realize the fact that it is not always a praiseworthy achievement, in spite of some personal endorsement of it in the past. However, something may be said in approval of such an apparently superficial performance, since we all know that a derangement of the vital force does not always become a disease. In this twilight region of the possible beginnings of organic physical disorder it is most desirable to be able to read the very earliest bulletin of a patient's distress and fit thereto a medicine capable of promptly restoring order or health.

Now after we have decided upon the remedy for any given

case of sickness, the next consideration is how to give it. We have all read and dreamed of the ideal prescriptions where the *similimum* is found and the exact dose employed. Rapid and permanent cures would result from such a fortunate combination, nor would such be associated with any aggravation of symptoms nor puzzling changes in the disease picture. The classical homœopathic aggravation has received many and various interpretations, but it is still debatable ground with many of us. From my own personal observance I have arrived at several conclusions as follows: When there has been a proper selection of the remedy, but the administered dose too large, you arouse an aggravation; when the selection of the remedy has been but partially homœopathic, and the dose exact, you have an aggravation; when the remedy has been correctly chosen, but the dose being inadequate, I believe you may augment a crisis, not a homœopathic aggravation so called. The contention that an indicated remedy administered in a high potency may be so curative that it may kill the patient unless antidoted, is too much of a strain upon my credulity.

This whole question, however, of deciding upon the proper dose is a serious and complicated one. We all agree, I think, in the statement that disease ultimates are expressed in pathological changes in the body, while the drug ultimate is expressed in its simple substance or organized chemical whole. Drug pathology begins where disease pathology stops. The right dose of any medicine must be an exact balancing of drug and disease. We all recognize the fact that there are forces which tend to disturb the vital economy in general without acting upon any special organ or organs. Such conditions must be met with our universal remedies; remedies that have never produced tissue changes and therefore cannot be fitted to any picture of an organized disease. Of such medicines then, when indicated, we should use the higher or highest potencies unless we wish to introduce chemical changes. Indeed, at the onset of a disease, your remedial agent can scarcely be too small because, as stated before, the derangement of the harmonious whole, or the patient in a state of health, is often very slight at the immediate beginning of trouble. This hypothesis, of course, meets with excep-

tions and is subject to modifications depending upon the character and virulence of the disease producing force; to wit, cases of crude poisoning, the bites of venemous insects or animals, or the onslaught of an especially destructive bacterial enemy. Regarding this last, however, perhaps it is shaving the question to a pretty fine edge to state that no well person ever contracted a case of the so-called infectious or malignant diseases; yet the statement is true. It is the only explanation of natural immunity. For induced immunity I hold no brief. The claim opens up a great field. The founder of homœopathy was not an especially modest man, but even he contended that some doors to the inner holy of holies of man's constitution would probably never be opened. Perhaps the modern investigator has bored a few new "peep holes." I think he has. In any case, we have evolved several new hypotheses explanatory of the state called in the old days the "body's power of resistance." In a recent copy of the *Hahnemannian Monthly,* Dr. Carl Williams spoke of the formation of antitoxins as being "a property possessed by the organism of reacting to certain substances, foreign in character and called antigens, and by other specific products of defense, called antibodies. The union of these two substances causes a series of phenomena similar to that of digestion and is characterized by the coagulation of proteose." Such information is interesting and perhaps illuminating. Probably as homœopathic prescribers we have never been inclined to feel any excess of curiosity as to just how and why our efforts to cure our patients perform the trick. Perhaps our curiosity has been squelched by our very success. Our failures should make us question, however, and a good point at which to begin is just here where I will again call your attention to Dr. J. Compton Burnett's record and invite you to think for a moment of some statements he has made concerning organ remedies as differing from the general remedies we have been discussing.

In his "Organ Diseases of Women," pages 78 and 79, he writes:

"The pathologic *similimum* is the farthest point yet reached in drug therapeutics and embodies a great, fertile idea. Where the organ ailing is primary to the organ, use organ remedies, in

little material doses frequently repeated; where the organ ailing is of a piece pathological with that of the organism, use the homœopathic *similimum* in high potency, infrequently repeated."

This, I believe, was Burnett's philosophy in a nut shell. The acceptance or rejection of it rests with us. No one has surpassed him in the cures he made, if indeed, any one has ever equalled him.

The question of the repetition of the dose has developed many free lance prescribers. Hahnemann in the sixth and last edition of the "Organon," says "never repeat in the same potency." (See "Organon," last edition, Par. 246, 247.) When we have prescribed a curative medicine and improvement has ceased and the indications still call for the same remedy, go higher, not because the higher potency is more powerful (an old teaching I have definitely abandoned), but because you have less disease to contend with. The repetition of the dose, therefore, depends upon the amount of pathology present. In parenthesis, I may here remark, that acute conditions which disturb the whole economy without producing any pathological anatomy, do not require any repetition of the dose to cure. This is why the nosodes and animal poisons as a whole do not need frequent repeating; in fact, we are warned against such repetition.

As to intercurrent medicines and their dose in cases of constitutional treatment, Dr. Milton Powell tells us that if such a patient, under treatment, contracts a cold the best prescription to his way of thinking is a low potency of the same constitutional medicine. Dr. Powell does not give us a reason for this, but I believe that the occurrence of the cold has lowered the resisting power of the system so more medicine, or a lower potency, is required to combat the complication. When the cold his disappeared, and further medication is called for, you will have to work up by slow stages to the original prescription for the chronic condition.

Take another contingency which sometimes confronts us where the dose dilemma comes in. Suppose the improvement in your patient has ceased, but he neglects to consult you until he has relapsed to the point of ill health for which the first prescription was made. Repeat your remedy in the same strength,

but should the retrogression appear to have fallen below the condition for which you originally prescribed, give a still lower potency. Hahnemann again in the last edition of the "Organon" asserts in a footnote to Paragraph 282 that Syphilis, Itch, etc., require material doses, but he does not explain why. However, if it takes six weeks for a Hunterian chancre to develop upon the skin, it is certainly reasonable to conclude that the poison of Syphilis had been working in the system all that time, hence we have more pathology to conquer and must match our disease (low form) with our more material dose. If this is true of Syphilis, why is it not true of every other condition where gross pathology is found? Indeed, I am coming to believe that low potencies should always be employed in certain types of organic disease, at times possibly in small material doses. A case of heart dropsy with fibrillation which I once treated would only yield to Digitalis in material doses. I am not speaking of curing such a patient, but of prolonging life. The low potencies represent to my mind the last stages of disease and I believe must be prescribed in such form under as fixed a ruling as that which governs the selection of the remedy.

For my own satisfaction I have formulated and incidentally tested a few rules to guide my selection of the dose and the remedy, and I will briefly recapitulate.

The totality of the symptoms, then, governs the choice of the remedy, and the dose.

The totality of the symptoms includes or reckons with all possible pathology, all sensory phenomena, subjective or objective, and the diagnosis, since to find the remedy the diagnosis is often a most important factor.

The right dose must be an exact balancing of drug and disease.

In the beginnings of disease, with little or no pathology present, use high potencies.

High potencies may be repeated without damage, but such repetition is seldom necessary.

In organ diseases with pathology present, use low potencies and repeat but in varying strength.

In bone diseases use low potencies.

Where you wish to promote suppuration, use low potencies.
Where you wish to prevent suppuration, use high potencies.

I once had a colored gentleman working for me who had a call to the ministry. Part of his preparation for his life-work was writing sermons. To say that these sermons were couched in flowery language but mildly describes them. They were gems. I recall one where his emotions simply ran away with him and he just naturally "lifted up his pinnacles and flew." When moved to any rhetorical conclusions I now think of Henry's "pinnacles" and conclude.

Dr. Richberg: I notice the Doctor uses the expression "a weaker dose" and "a stronger dose," sometimes. I judge by the stronger dose he means the lower potency and sometimes the higher potency. I wondered which he meant because I noticed in his report he spoke both of the stronger and weaker dose and he spoke of the weaker dose as the lower potency. I am a little confused.

Dr. Krichbaum: I mean by a stronger dose the low potency. I don't believe there is more virtue in a C.M., more drug in a C.M. than I do in a 10X.

Dr. Stearns: In the meeting yesterday Dr. Stiles told us of an experiment Dr. Becker was performing here in this city along the lines of Dr. Abrams' work, and that he had tested out the electric reaction of potencies from the crude to the C.M., and that wherein the crude had a resistance (if that is the term to use) of an ohm, that resistance increased, the electro-radio activity increased from a fraction of an ohm in the crude to 125 —something like that, in the higher potency, went up successively. I am glad to see a man getting along, as old as Dr. Krichbaum is, and as old as I am getting to be, talking and preaching the "why." I don't know that I agree with all his conclusions. His paper is certainly interesting. This problem of when to use the low and when to use the high is interesting. I know that sometimes cases do not respond to the lower potencies and they will respond to the higher, and sometimes they will not respond to the higher potencies and will respond to the lower. I don't know why.

I don't quite agree with Dr. Krichbaum that you do not get an aggravation from an exact similimum. I think you do but I don't like to call it an aggravation. You simply increase the reaction of the powers of your body, or is that what you meant by the crisis?

Dr. Krichbaum: That is what I meant by the crisis.

Dr. Replogle: The subject of the measuring of the potency came up here today and I want to say I did some work and I helped some work along in that line. Dr. Becker and I made the examination of Aconite and Belladonna with the Abrams method of getting the strength, the electronic vibratory rate.

Just in a few words I will give you our results. In the Belladonna, we had it from two firms in this city, and of course there was a slight difference in it.

Aconite 1X—I will not give the fractions. Aconite 1X, 1 ohm; Aconite 6X, 30 ohms; Aconite CC, 139 ohms; Aconite 1M, 648 ohms. Belladonna ran about the same.

That method I think is going to revolutionize our knowledge, I will put it, of potency. We can prove this. We can absolutely prove the difference in the strength of medicines.

Dr. Stearns: Can that apparatus be brought here or is it too cumbersome?

Dr. Replogle: No, it is not too cumbersome but we have to have certain conditions, just as the photographer does to take pictures. Dr. Becker, however, said that he would bring it if it was absolutely necessary, but the best way is to go over there and see him operate it. Or you can go to San Francisco, a short way when you are hunting for knowledge.

This is going to go very far. Dr. Abrams is a graduate of Heidelburg University. He was a professor in the Stanford University, California, and while there are a great many doctors that have no use for him and don't like him, he is considered the medical wizard of California. He was a disbeliever in Homœopathy—had no use for it. He is a profane man and aggressive. I said to him something about Homœopathy and he said, "Oh hell, there is nothing in it." Then I said, "Doctor, what do you know about it?" He studied a minute and said, "I don't believe I know anything about it." Dr. Ward brought

Belladonna to his laboratory and he tested it out. He brought Belladonna mother tincture, second or third, and up to the sixth. Dr. Abrams was surprised to find that the sixth gave more electronic action, vibratory rate was greater in the sixth than it was in the first or in the mother tincture. And it was very easy to do—it is absolute.

I have had doctors stand by me when I was doing this work and one doctor, a Homœopathist, said, "Why anybody can understand that." The next week he took the train and went to San Francisco to learn more about it.

I understand that recently Dr. Abrams has made a good many tests. But we can take your remedies from the pharmacy and we will tell you positively whether there is anything in those remedies.

Dr. Becker said yesterday morning our pharmacies must be overhauled, there are a lot of remedies there wholly inert, nothing to them. Others have made the same accusation.

(It was moved that Dr. Replogle be appointed a committee of one to consult with Dr. Becker with regard to his giving a demonstration, to report back at some later session. Seconded and carried).

(It was later reported Dr. Becker would be available to make such a demonstration and it was made the first order of business on the evening's program).

Dr. Starcke: I want to say that I appreciated Dr. Krichbaum's paper very much. I see Dr. Krichbaum has been hobnobbing with our friend from London quite a bit. I don't know whether it has been lately or not, but personally I may say that Burnett on some things has given me more help than any one man I know. When it comes to spleen, liver, etc., he has given me wonderful help. I have read almost all, if not all, of his monographs and I have gotten a great deal of help from all of those books. If some of our Homœopaths have not read Burnett's monographs they have missed something good in homœopathic literature.

Dr. Bidwell: I beg to differ. I do not think Burnett's literature is homœopathic—it is pathological.

The President: Of course we all have our opinions. Dr. Krichbaum will close the discussion.

Dr. Krichbaum: I am not talking about this electronic condition. Certainly your high potency seems to act much longer because you have less disturbance in Old Mother Nature to contend with. She is on the job almost normal.

THE LENGTH OF ACTION OF THE HOMŒOPATHIC REMEDY AND THE FACTORS INFLUENCING THE SAME. A PRELIMINARY NOTE.

BY H. FERGIE WOODS, M.D., LONDON, ENG.

It would obviously be both interesting and useful were one able to know with any degree of accuracy the length of action of any particular remedy and to determine the factors influencing such action. At first sight it would seem a fairly simple problem, but when one begins to look into it, one is struck by the great complexity of the issue.

I have been for some years collecting data bearing on this question, but this short paper is only an attempt to show what are some of the factors that have to be considered and to give a few tentative conclusions as far as they go. One is soon convinced that any idea of the length of action of a particular remedy can be only approximate, but a fairly dependable average can be struck, which may be quite useful.

Let me first explain briefly how I obtain my data. I make use of only those cases where a single dose of a remedy has resulted in a marked improvement which can be ascribed to no other cause but the remedy. In such a case, if and when the patient returns saying that he or she is again not so well, I inquire as to the exact date when symptoms that had disappeared began to reappear, and only if the patient can name such date within a couple of days do I deem the item worthy of record. I then tabulate the details as follows:—

Name of patient (or in hospital cases, number of case book entry)	Sex	Age	Married or Single	Occupat'n	Disease
Durat'n of Dis.	Remedy	Potency	Length of Action		

May I say here that I should be very grateful if any of my hearers would send me reliable data of this kind, for me to use in confirming or modifying my conclusions.

Now, as to the factors involved, these can be classified as (a) those affecting the patient, (b) those affecting the remedy, (c) extraneous factors. The first group, those affecting the patient, are naturally the most variable and the most difficult of consideration. They include the mental and physical characteristics of the patient, the sex, age, whether married or single, occupation, effects of shock, mental emotion or violent exercise, and must include also details relating to the disease under treatment, its acuteness or chronicity; its degree of curability (or we should strictly say the degree of curability of the patient).

The second group of factors, those affecting the remedy must take into account the actual remedy itself and whether animal, mineral or vegetable, the strength or potency, whether this potency is being given for the first, second or any succeeding time, the presence or absence of initial aggravation (though this depends on other factors).

The group of extraneous factors includes the influence of other drugs, possibly antidotes, of foods, stimulants, etc., seasonal and weather conditions, and states of the moon and possibly other planets. In this group also we may place closeness of remedy to patient, which after all depends on the physician, and should mean that the duration of action of any doctor's prescriptions varies strictly with his experience of Homœopathy.

Now let us take the various groups more in detail, and begin, for convenience, with the factors that have to do with the *remedy*. Naturally, when one works with the chronic diseases one uses chiefly the polychrests, and it is with these that I am here almost entirely concerned. Taking each remedy separately

and striking an average, including all the potencies used and all classes of patients, we arrive at the following lengths of action. *Sulphur*—8½ weeks, *Sepia*—8¼ weeks, *Lycopodium*—8 weeks, *Lachesis*—8 weeks, *Phosphorus*—6¾ weeks, *Natrum mur.*—9¾ weeks, *Calcarea carb.*—8 weeks, *Silica*—8¾ weeks, *Thuja*—10¼ weeks, *Pulsatilla*—6¾ weeks, *Arsenic*—8 weeks, *Tuberculinum*—5½ weeks, *Rhus tox.*—8½ weeks, *Mercury* (merc sol.)—5½ weeks, *Phos. acid*—7½ weeks, *Ignatia*—7½ weeks, *Gelsemium*—6 weeks.

These lengths of action are on the whole rather longer, and in some individual cases considerably longer, than those given by the late Dr. Gibson Miller of Glasgow, in his little book on the duration of action of the remedy. This does not mean that my experience is greater than Dr. Miller's! The very reverse is the case.

There are many other remedies I have used for which I do not happen to have enough definite data to warrant me in striking an average.

The average length of action of all remedies taken together (those given above and others) is found to be 8¼ *weeks.*

Now is there any guiding principle that will help us to determine why any of these remedies should act for a longer time than others? It is difficult to find one. Let us examine possibilities. Can we, for instance, classify remedies into "Acute and Chronic"? Well, Aconite is usually called an acute remedy, but I have seen a high potency of this remedy act for weeks in a chronic case. "Au contraire," a dose of Sulphur may be "used up" in a few days in an acute case. No, remedies can not be so conveniently classified.

Then is there anything in the strength or potency of the remedy that effects its length of action? I have not enough data regarding the tincture or low dilutions to give figures concerning these, but I may say that I have repeatedly seen a single dose of a tincture continue acting for weeks.

As to the potencies, it seems to be a general belief that the highest have a deeper (and so larger) action than the lower. Is such the case? Here are the averages. *12th potency*—8 *weeks,* *30th*—7½ *weeks,* *200th*—9 *weeks*, *1M.*—9 *weeks,* *CM.*—7½

weeks (my data for 10M. and 50M. are not complete). So it is seen apparently that the 200 and 1M. are the longest acting potencies, though I believe that the 10M. will be found to run these two close, if not pass them. All the figures given in this paper refer to *initial* doses of the particular potency. It will obviously require longer to amass data concerning the action of the second and following doses of any potency, but so far it seems probable that the average length of action of the second dose is between five and six weeks.

Can one compare the animal, vegetable and mineral groups of remedies as regards their length of action? The figures show average duration for *Animal Remedies*—7½ weeks, *Vegetable*—7¼ weeks, *Mineral*—7½ weeks. The average for the animal group, I must explain, is arrived at after omitting a case that ran for nearly a year on one dose of Lac. defloratum. It was thought that to retain such a very unusual length of action in what is the smallest of these three groups would unfairly distort the comparison. The figures as given I believe fairly represent the truth, that there is no essential difference in length of action between these three groups.

So far, then, as the remedy is concerned we come to the conclusion that, apart from one or two individual remedies which have a slightly shorter or longer action than the majority, the chief factor influencing length of action seems to be the potency, the middle potencies appearing to act the longest.

Now as regards the *patient,* we find first of all that the sensitive, highly strung or neurotic type "uses up" the remedy sooner than does the stolid, phlegmatic individual. It is a question of more rapid metabolism.

It is admittedly difficult to diagnose correctly and definitely the complaints of the *nervous* type of patient above mentioned, but I find that amongst patients suffering from neurasthemia, nervous debility and kindred disorders the average length of action of the remedy is 7 *weeks,* i.e., one-and-a-quarter weeks shorter than in all classes combined. Sudden mental emotion again, e.g., grief or shock, seems to *"use up"* the remedy sooner, this also being a question of increased metabolism. I believe

violent exercise or physical shock will be found to have a similar effect.

Then as to *sex,* one would expect that as more of the emotional type of patients are found amongst women, that males would show the longest average duration of action. The actual figures, however, are as follows: *Males* (omitting those below ten years of age, in view of sex differences at that age not being pronounced enough to matter for the present purpose)—8 *weeks. Females* (with the same omission of children) also 8 *weeks.* So that sex helps us not at all.

When we come to different *ages,* however, we find definite differences in length of actions. Taking the ages in decades, we have children from birth to ten years giving 6½ *weeks* duration of action, from 11 to 20—7 *weeks,* from 21 to 30—7½ *weeks,* from 31 to 40—7 *weeks,* from 41 to 50—9½ *weeks,* from 51 to 60—7½ *weeks,* from 61 to 70, 9¼ *weeks.* Thus patients in the latter half of life show a considerably loger duration of action of the remedy.

One always knew that medicines needed to be repeated sooner in children. This fact probably depends on two factors: (I) Children from the very fact of their age, cannot suffer from the long lasting complaints of adults, and conversely are more prone to acute affections; (II) Children have less bulk of tissue on which the remedy can act, and certainly less diseased tissue. Animals, too, one finds, need more frequent repetition of the remedy than human beings. I used to think that the length of action of the remedy in animals was proportionate to their length of life, as compared with the human. The late Dr. Kent, I remember, thought not.

We find a still greater difference in length of action when we consider *the married and the unmarried.* In this section I am confining myself to female patients, chiefly because in most cases I have omitted to ask male patients the question as to marriage, and also because marriage almost certainly has a far greater influence on a woman's health and reactive powers than on a man's.

The average duration of action in the case of *married women* is 9¼ *weeks,* with *single women* 7¼ *weeks.* This marked differ-

ence is no doubt explained largely by the greater stress and strain to which single women are exposed, who often have to strive in the world for their own living. Another factor is probably the more normal physiological state induced in the female by married life.

The factor of *occupation* as it affects the action of the patient's remedy is too complicated to be considered within the limits of a paper like this.

So we come to the question of the *disease* in relation to the action of the remedy. It is a truism to say that, other things being equal, the more chronic the disease, i.e., the longer it has been present in the patient, the longer will be the action of the remedy, and vice versa. But this is not universally true, at any rate, apparently not. One dose of Drosera will often suffice to cure a case of whooping cough—an acute disease. But in such a case it is not necessarily that the one dose acts for a long time, it may be that a very few days' action is enough to clear out the disease.

On the whole, I think we may let this rule stand, and the hypothesis of more rapid metabolism in the acute disease burning up the remedy or burning up the tissues on which the remedy is acting offers a likely explanation.

My present data are not sufficient for me to state in figures the relation between the duration of the disease and the length of action of the remedy. Indeed it would be exceedingly difficult to state a definite relationship, as we know that the more nearly incurable a disease the shorter the action of the remedy, so in any chronic disease we would be liable to have two ever-increasing and opposing factors—the long duration of the disease making for long duration of medicinal action, and the increasing diminution of curability making for shortness of drug action.

In the last of our three groups of factors, the chief element is the action of *antidotes* to the remedy. These of course may be acting unbeknown to either patient or doctor. For instance the patient may be using quite innocently as a dentifrice a preparation of camphor. I should like to say, however, in this connection, that in my opinion the danger of camphor antidoting the

action of, at any rate, the high potencies has been greatly exaggerated. I doubt if there be any antidote to a high potency except the specific, dynamic drug antidote. A dose of high potency once given can be trusted to look after itself.

The effect, if any, of foods and drinks on the action of the remedy is, in the present state of our knowledge (or at least of *my* knowledge), outside the limits of useful disscussion. It would seem possible however, that large amounts of alcohol, by hastening metabolism *Might* shorten the action of the remedy. The effects of weather, seasons, states of the moon and planets are at present too conjectural to need further mention. But there are more things in heaven (or in the stars) and earth than are dreamt of in our philosophy, and we cannot dismiss as nonsense the idea that the stars have an influence on human health and happenings.

That is all I have to say for the present, and I am sure that each one of you is thinking that, if the factors affecting this question are so numerous, so varied and many of them so indeterminate, what on earth is the use of troubling about the matter at all!

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Dr. Dienst: I am sorry I did not hear this entire paper but I want to say that what I did hear was very, very good. We cannot be too careful about the action or giving the remedy sufficient time to act. I have found remedies acting ten, twelve weeks and even longer than that, and some of them will possibly act for years. It is not necessary to refer to cases in proof of this but once a remedy is given and the impulse of health has been started, the remedy should be let alone until it has ceased its action before another remedy is given or before this remedy is repeated.

This thought came to my mind, however, that in organic changes, interchanges, a remedy will not act as long as it will in simple functional disturbances.

With reference to the influence of meterological changes, seasons of the year have a great deal to do with one's symptoms as well as the action of a remedy.

I want to commend this paper. I don't think that we want to

discuss it very much. It is a paper of a man's study, thought and care, for we are yet in the infancy of knowledge regarding the action of our potentized drugs. I want to thank Dr. Woods personally for coming so far to read to us such an important paper, and I want to express my gratitude to the people across the water for the energy they are taking in this matter, and it should certainly be an inspiration to us to do more than we have been doing in the past.

Dr. Boger: I want to call attention to one fact. It has been my custom to watch periods of time after giving a dose, when the reaction appears. The sooner the reaction appears, the more likely the disease is to be cured. That is not infallible, of course. And the longer the reaction is in appearing, the more deeply seated the disease is apt to be.

You give a dose of medicine and the reaction possibly does not come within ten days or two weeks; then a few symptoms appear, maybe in a mild form, and from them improvement starts in. If your reaction comes too suddenly you know one of two things—it is either a disease which will pass of itself, like measles or self-limited diseases, or a disease absolutely incurable. You see that in the last stages of disease; you get a quick reaction and then it subsides suddenly, and then everything ceases. But if your action comes slowly, the disease is much more deeply seated, and then let it run a long time. With a very high potency the action of that potency will extend to weeks and weeks, three or four months possibly. It is very common to have it extend over four months.

I have had better results from a millionth potency than I have had from any other.

Dr. Stearns: There is one point not brought up in the discussion either yesterday or today, and that is the point that a patient oftentimes passes through a series of what some men call aggravation—that is, there is a wave of improvement, followed by a wave of depression, followed by another wave of improvement, but the waves of improvement are always getting higher while the waves of depression get lower.

I have one patient who has been on Kali sulph. a long time. He is a genius and he has watched the reaction. At a certain

period he will get what he calls a more severe aggravation but always comes out better after each one of these. So in judging the length of action in a remedy, one must be sure he gets the length of reaction the patient can establish from that remedy.

Dr. Richberg: I was interested in his pronounced opinion that he doubts any crude substance, as I understand it, or any article of food or medicine, would have an antidotal effect with a potentized drug.

I have had two peculiar cases so I can't help believing it. In one case of very pronounced asthma, for twelve years, the man was expected to die. It was in my early student days, almost. His aggravation as brought to me was from two to four in the morning. I happened to be studying Kali carb. He was a great whiskey drinker, tobacco smoker and coffee drinker—he drank two cups of strong coffee three times a day. The Kali carb. acted like magic. The next day he had hardly any attack, the day after he slept clear through and when he waked up thought he was in heaven, for he never expected to sleep one night clear through. The whiskey, tobacco and coffee had no deteriorating effect.

On the other hand I had a patient with sciatica who seemed to be entirely cured. Every once in a while she would have a violent change. She came up beautifully under Phosporus. I finally said to her in a rather hesitating way, "It seems to me you are doing something, or taking something, eating something, that is having this effect." She said she was not taking a thing, she was doing as I told her to and whenever she had this violent pain she would rub a little Turpentine liniment on it. [Laughter.] Of course with that knowledge we immediately cleared it up.

The President: I also want to thank Dr. Woods for his excellent paper. It is a contribution to a subject that is one of the most difficult that we have to contend with. Of course he has been interested in investigations. He could keep on, I suppose, experimenting and adding to this information the rest of his lifetime. I, too, am interested in the antidotal question.

It reminds me of a case we had at a dispensary years ago when a man came in suffering from chills and fever. There

were three or four of us young doctors there and we examined the case and took all the symptoms and decided Sulphur was the remedy. We had nothing in that dispensary but high potency, 55M. Sulphur. We told the man to put out his tongue and we dumped that in and it lighted in the midst of a big quid of tobacco. We thought it was all off. He didn't swallow the quid but we decided so long as we had given him the medicine we didn't want to give it to him again and we let it go at that. And the old fellow never again had a chill.

Voice: Did it kill him?

The President: I don't know whether he is still living or not. I remember treating a lady one time for hemorrhoids, and when I say her remedy was Ignitia you know she was suffering intensely. She took Morphine in two grain doses until she had taken about six grains, waiting for my remedy to act. She took about four grains before it came and two grains afterwards, without any relief whatsoever. But two or three doses of Ignitia stopped the pain in five minutes.

Dr. Plumb Brown: I would like to ask Dr. Woods if he feels a patient with a mouthful of amalgam fillings would not be affected by those fillings than anything else in a greater potency.

The President: Dr. Woods will answer the questions please and close the discussion.

Dr. Woods: I have learned quite a good deal from the discussion, as I expected I should.

Dr. Boger spoke of the delayed reaction showing a deep-seated disease. I quite agree that that is the case and that one remedy in particular which I have always noticed seems to have a delayed reaction is Phosphorus. I always expect to wait longer for the results of Phosphorus than other remedies. I don't know if anyone else has had the same experience.

As to the question of antidotal effect, the experience with the Turpentine liniment was very interesting, but it may be that it had the effect because it was actually rubbed into a local part that was painful, and that possibly is not like being in contact with Camphor on a particularly painful part. It is interesting, it seems to me, that although the high potencies are not antidoted by crude things, yet it is possible for us to antidote crude

things by potency. I have more than once antidoted by Chamolilla, the effects of Morphine.

As to the amalgam fillings, I think surely they must have an effect and probably any prescription we make takes into account the effect of amalgam fillings, but I believe we have antidoted the effect either with other symptoms in the patient, or alone, but I don't think they can have such a marked effect as often thought or we should get more signs of that description.

I don't think the doctor's point about the force of the remedy ceasing to act at once affects the main issue of my paper. It is all a question of terms, it seems to me. We get certain results from remedies; whether it is the remedy acting or whether the patient is carrying on, it seems to be much the same thing.

THE GENUS EPIDEMICUS.

C. M. BOGER, M.D., PARKERSBURG, W. VA.

A year ago our Dr. Royal Hayes clearly demonstrated Cuprum to have been the epidemic remedy for the late scourge of flu. The word however came too late for the over-worked prescriber and the homœopathic death rate of under 2% still remained much too high.

That acute illnesses bear the hall mark of time and place was Rademacher's idea of a genus epidemicus; the thought has a peculiar Paracelsian flavor. He added organ testing, physiopathological speculations and a general test and try out method. At the same time he elevated human judgment and the simple remedy above precedent and a scholasticism so stupefying that it had put doctoring on about the same plane as involuntary manslaughter. Hahnemann's ideas caused him to lose himself in the bog of specific medication. We now call this Eclecticism; whatever that may mean.

Extraneous influences, ethereal, telluric or what not, clearly can call forth only what is pre-existent in the human organism; epidemic symptoms therefore mean that certain external forces have contracted corresponding internal, even if latent ones. This helps us to understand susceptibility.

Rademacher experimented to find the epidemic remedy. We, with the aid of the law of similia and our provings can find it much more quickly, especially by gleaning the characteristic from among the pathologic-diagnostic symptoms; a method that grows rapidly easier as case after case adds its quota. The earlier cases are generally the more severe, thus obscuring the finer indications, which peculiarities are then as yet relatively few.

In 1863 Brückner asked Boenninghausen to cure him of a recurring affection, at the same time giving the history, as well as the status præsens of the disease. The latter however, declared himself unable to choose the remedy with certainty because of the "absence of all characteristic (individualistic) indications." He added "For many years the taking into account of the sickness of the individual, with his isolated, more or less abnormal peculiarities has been my highest aim; and only afterward do I search among the concurrent remedies for the one seemingly best related to the (general) nature of the illness. To this method, also fully approved of and in his last years exclusively followed by the deceased Hahnemann, I believe I can ascribe many uniformly good results." In the same epistle he says that medicines which have the requisite outstanding symptoms but barely noted or even not at all are often the most helpful, while in Vol. 67 pp. 115 of All. Hom. Zeitung he says "A single symptom of such character and apparently complete, is ordinarily of much greater import than a long array of general sick signs such as are to be found in almost every patient as at every proving." From the peculiar constitutional symptoms shown by Brückner from time to time rather than his recent illness Boenninghausen finally chose Causticum. He usually repeated the 200 daily for about two weeks.

Those more or less crude substances which act as excitants of the disease are logically best antidoted by the same or a similar acting substance moving at a higher vibratory rate—a higher potency. The symptoms of Hahnemann's Chronic Diseases were mostly obtained from provings made with the 30, and in prescribing on these indications we get the best results by far by using still higher potencies. Swann was a great advocate of

this method. Lately Radium burns and Primrose poisoning have both been rapidly cured with the same drug in a high potency, after the failure of other medicaments.

To some of you this may look like an easy way out of what is often a difficult situation; in fact serologists have already tried their hand at it, but their results would hardly satisfy a Hahnemannian. The point overlooked by all isopathists is that the elicited symptoms are in every case a mixture of the general drug reaction plus the psoric, idiosyncratic or personal element. If this were not so Rhus tox. high would invariably cure poison ivy poisoning, etc., etc., which we know is not always the case, but an isopathic success depends upon whether psora at the time happens to be latent or active. The use of antitoxin is perhaps the most prominent example of the same thing; its relative success depending almost entirely upon the fact that the psoric miasm is in the incubation or latent stage in childhood, when the tissues are undergoing the most active metamorphosis.

In a larger sense cure depends not only upon reaction but still more upon the kind of reaction, hence the experienced prescriber soon learns to recognize suppressive, palliative, curative or eradicative action. He therefore either takes the measure of the present symptoms and gives the remedy indicated thereby or writes out the whole life history of the patient, with such individualistic particulars as appear from time to time, and prescribes thereon. The former method has encouraged the use of the lower potencies and frequent repetition, while the latter leads to the use of single or but few doses and the very highest potencies.

Recent symptoms are occasionally so firmly superimposed as to positively require their removal before another step can be taken; but to make a practice of clearing away each successive crop is likely to either palliate, suppress or so distort the symptom image as to make a final and radical cure improbable.

The two methods of prescribing naturally characterize the high and low potency adherents respectively. What both have heretofore failed to fully realize is that curing implies an aroused vital force capable of sweeping everything before it. This being true, it behooves us not to change the direction of its

action too often, lest we retard or even prevent rather than help to establish normal health again.

Dr. Krichbaum: I would like to ask Dr. Boger about the last statement about recent symptoms. If he is talking about the foam that is running over from the real disease I can agree with him, but if he is talking about real symptoms I disagree with him; for the first time we have disagreed.

Dr. Boger: It tells us in the Organon that we should pay the most regard to the recent symptoms. That's true, and in prescribing we know we use the recent symptoms a great deal and we know, also, under many cases, symptoms are not available. We cannot prescribe for them at all. The case may be entirely new. The patient may have had previous good health; never had sickness before. But I say this—I say that Boenninghausen spoke a great truth when he said if we take the high points of all the different symptoms and put those together for the constitutional picture of that patient, we would then have a remedy which would overcome almost any sickness in the patient. The law is not universal but it is so in a great many cases.

There is one more thought I didn't get into the paper. It has been said since the grip, Zincum covers most of the cases. You have noticed possibly great tendencies since the influenza to apoplexy, a cerebral congestion, etc. You may notice cases have been numerous. I regret I did not give the Zincum when I should have done so, and those who have had used the Zincum have done wonderfully well, with unexpected results.

Dr. Taylor: I doubt very much whether or not those symptoms that come up in the acute case furnish your indications for a constitutional remedy. That might be so occasionally but rarely, I think. Some of the constitutional remedies—Sulphur, Lachesis and Lycop, take a sudden hold and then the patient gets symptoms. It does not furnish an indication for a group remedy. I think you are in error or else my comprehension is dull.

Dr. Boger: It has been my habit for a long time when the

patient is under a constitutional remedy and an acute symptom comes up, unless it is threatening, to pay no attention to it at all.

Dr. Krichbaum: That is where the patient is getting better but if the patient is not getting better, you haven't found your remedy.

Dr. Boger: My paper says that superimposed symptoms sometimes must be removed.

Dr. Krichbaum: But my point is you will find your constitutional remedy by superimposed symptoms, but you haven't found your constitutional remedy previous to that.

Dr. Boger: The constitutional remedy is found by a series of symptoms picked from the patient absolutely new to that patient.

Dr. Underhill: Do you repeat the constitutional remedy in that case?

Dr. Boger: No, sir; that is what you must not do, unless your reaction it so that the interval between the feeling better is growing shorter and the period of feeling worse is growing longer. There you have the wrong remedy. In the case of getting better, the periods of feeling better must grow longer as time goes on, but if the periods grow shorter you have not the remedy.

Dr. Underhill: Suppose your constitutional remedy has been acting for about eight weeks and then you have to repeat. That is, you deliver the remedy and then the acute case comes along and it is about time to repeat your remedy. Do you do it then?

Dr. Boger: No. To begin with, I do not repeat very often. In case the patient is going back you must have the wrong remedy. If an acute disease appears on top of the chronic, acute superimposed on the chronic, then you must let the remedy work its way out.

Dr. Underhill: But it would seem if you have a constitutional remedy you would give it once and let it act forever.

Dr. Boger: No, repeat it when the symptoms of that remedy no longer appear and the patient shows a complete rearrangement of the symptoms. For instance, I give a dose of Arsenicum. I had a case of a young lady with typhoid fever and I gave her Arsenicum; it subsided. If I had given her another

remedy right here, there would have been great confusion. When that thing was all over there was a complete rearrangement of the symptoms because she would no longer show the symptoms where Arsenicum was the remedy. Arsenicum or any other remedy will follow a symptom of its own shortly after it is given. That is a reaction. When that reaction passes off the waves get smaller and smaller. No prescriber now gives another remedy until there is a complete reassociation or rearrangement of symptoms. The repeating of the remedy too soon is one of the greatest mistakes that can be made, or equally great is the changing of a remedy. You confuse the whole picture there.

Dr. Stearns: If you have an acute condition coming on, after you have found the remedy and given the remedy in a lower potency, sometimes it is wiped out very quickly in that way.

Dr. Nair: You say if you give another remedy you confuse the picture.

Dr. Boger: You suppress some symptoms and others come up and your picture is no longer clear.

Dr. Nair: How can you do that?

Dr. Boger: I believe, in speaking of the Turpentine case a while ago, the reason for it, for instance, was because Turpentine has an electro-affinity. Had you used some other drug, Ammonia liniment, for instance, it would have had no effect.

"WHAT WILL HE DO WITH IT" THE POINT OF VIEW

S. L. GUILD-LEGGETT, M.D., SYRACUSE, N. Y.

Today, the aim of all studies relating to abnormal conditions in mankind, seem directed to externals and results, rather than to the guiding and controlling force which develops the signs and warnings, by which we know mankind is sick.

His food is chemically divided into its component parts, measured as to his necessities for each organ and fluid; as to time to

absorb and reconstruct; and he is put on the perfect basis for perfect health, and what happens?

The glandular functions are studied with extreme care, their work carefully allotted to each, their functional uses decided upon and if in any way weakened as to amount of secretion elaborated, they are artificially bolstered and braced, until they are supposed to reach normal capacity, and what happens?

Environment is studied as to its effects; malarious emanations are cut off; climatic needs are reckoned and prevented. Threatened incursions from various bacilli are discovered; the opsonins coaxed into the field to destroy or overcome; means to prevent the incursion taken; and yet what happens? We forget to supply an answer to the question which principally concerns the controlling force of manknid, "What will he do with it?"

In spite of the facts, artificially produced, observations of which are carefully collected and tabulated, of indications presented by the *vital force* and proved true beyond peradventure, that similar indications will be removed by the similar, we forget that we have proved that a foreign invasion within his particular realm causes the *vital force* to put forth all its energy to rid himself of this incubus, and continue to look for and the *name* of incursionist, and if we cannot name him, forget to put forth a helpful similar, which will relieve, and in many cases cure the condition.

A greater knowledge of physical abnormalities, present or threatened, than heretofore in the history of mankind, is true. The only objection to that knowledge is the point of view. Except to the few who *know* the underlying cause lies in the fact that it is the fight of the *vital force* against the invading force; and that, subject to heritage and environment it is giving out indications for help, which, if correctly read and carefully pursued, would lead to relief and ultimate success. The perversion or attack upon itself, causes it to put forth signs, which if noted and acted upon, allows the similar the relief of the curative.

Given a dose of Mercurius, after learning of the susceptibility, and we have a recognizable train of symptoms, or signals, from which we can argue a curative, under the same signals. So,

under Rhus-tox, the *vital force* develops a train of signals, perfectly recognizable, because of our familiarity with them through its various invasions and artificial productions. Its remarkable symptoms of skin and muscular symptoms; its sensitivity to dampness, etc. have been tested again and again, and it is not necessary to recommend climatic changes, nor glandular therapy, neither anti-anything.

We always return to the question "What will he do with it?" In cases of acute infection, short lasting diseases, the signals are usually sharp and conclusive. In cases due to heritage, environment, the mentality or the emotional sphere, study, careful observation and application of the similar will gradually pull us out. In cases, fatal, surgically interfered with, I have found relief from all the tormenting urgent symptoms through application of the similar with death so easy, it was simply to turn on the side and breath the last.

"What will he—the vital force—do with" an abnormal or artificial attack? What will he signal? When he takes a bug into his system, be it a big one—a T.B., a streptococcus, a staphylococcus, a gonococcus, or a spirochite?

If susceptible to any, or either, or all, he is bound to put up a fight, to tell you about it and to rid himself of it. Whether the ache is in his head, his mind, or in a preverted function; and if you are patient and watchful, you will find the guiding indications for relief, and they will not be diet, climatic, or environment, which will do the cure.

Increased knowledge, whether due to food, mental stress, or other, is of great interest. So are the various poisons of bacilli, the glandular functionings, etc., even the wonderful surgical measures possible, and necessary; but first and foremost, and all the time, is necessary a recognition of the signals put forth by the *vital force* and a knowledge that it is the *vital force* that is trying to indicate its needs.

Possible curatives for all deviations from health may not yet be known, but care in observation will add to our armamentarium. It was long ago manifest that the occupancy of the human system by a bacillus was a problem and considerable of a fixture. There were too many hiding places, the system too complex to

be easily *flushed* or *evacuated* by external efforts; that nothing short of obeying the signals, and giving the help asked for by the *vital force,* would permanently arrest destruction and help in reconstruction.

A quotation from a remarkable writer, referring to the training of a physician says: "They study disease in order to produce its opposite, health—an *impossibility*. An eternity of such study and training, will *not* enable them to heal disease, nor make the practice of medicine a *real science.*"

So the question remains and the clearest reading is to study the meaning of the efforts of the *vital force* to put off, and put out, the intruder into his own realm, and *it can be done.* There are probably few cases that cannot be arrested before destruction is so great as to become incurable.

Dr. Boger: That is a good paper, a fine paper. The underlying thought seems to be what I have often tried to impress on the Association—that is, when you turn on the current, turn on enough of it to cure the disease. That is what you are doing —turning on the vital current and cleaning things out. Now, if you only do it in a slip-shod way with a prescription that is only partially similar, you won't get much of a result; but if you give the similimum you will invariably hear from it. The whole question is how you are going to turn on that current and how active it is going to be.

Dr. Krichbaum: I was very glad, in the first place, to have heard a paper from our old friend Dr. Guild-Leggett. There is a woman who has been fighting for Homœopathy in the practice of medicine for a number of years, keeping good faith and doing good work.

Now, the similimum we all agree works, when you find it, sometimes in spite of pathology. I want to cite one case, as it is of very much interest to me, a case of renal colic, left side. I treated the patient for a day or two, gave Morphine to stop the pain and it didn't do it. There was a pain running down the left side towards the bladder, pyelitis and quite a fever. I found the remedy was Pariera brava. I gave the woman Pariera brava. I told her to take those tablets every two hours. The

pain went away and she was relieved. The next morning she was free from pain.

"Now," I said, "we are on the right track. It was renal colic." We had it X-rayed and the picture showed a shadow which seemed to be a stone at about the lower third of the ureter. The patient was coming along nicely, the pain had subsided, and I patted myself on the back. Two weeks from that time she came in and said, "I have something for you," and there it was!

THE DIFFERENCE BETWEEN THE SIMILAR AND THE SIMILIMUM.

C. Q. NELSON, M.D., MORGANTOWN, W. VA.

After hearing Dr. Hayes read his paper "On Using Cuprum in 'Flu,' etc." at our meeting in Washington, D. C. last year and then reading it in two medical journals, and having been asked by Dr. Schwartz to write something for this bureau, I was impelled to write a few lines on the subject at the head of this paper. I do this to call attention to what seems to me to be a very important phase of Homœopathy and worthy of our very best thought and leave it to those better able than I for elucidation.

In the January 1922 issue of *The North American Journal of Homoeopathy* Dr. Hayes' paper follows an article by Dr. Hinsdale of Ann Arbor, Michigan, in which he asks the question if anybody had seen a cure of just such cases as those described by Dr. Hayes, by Lachesis, Crotalus, Naja, Carbo veg, Nitric acid or anything else? All these remedies have symptoms *similar* to these cases but evidently none of them is the *similimum,* for none of them seems to have cured a case of this kind, while Cuprum did cure these cases as it was used by Dr. Hayes, and hence it must have been the *similimum.* Thus illustrating in a most striking and instructive way the difference between the *similar* and the *similimum.*

As Homœopaths we have been congratulating ourselves and our school on our success in treating the "flu" and other epidemics

as compared to other schools of medicine. But did we do *all* that *might* have been done? Admitting we did well, should we let it go at that and pay no heed to the fact that Dr. Hayes found the *similimum* and not just the similar remedy and was thus able to cure a class of cases that proved invariably fatal in the hands of others? Are there not many cases of other diseases besides the "flu" that might have been or may be cured by the *similimum* that died, or may die if just the *similar* remedy be used? Is it not worth while to pause and consider this question?

If you are so fortunate as to have never lost a case because the *similimum* was not found and used that would have been saved by it, you are to be congratulated. May you never be haunted by regrets for having had such cases. I have such regrets, as I am quite sure most of you have.

I believe Dr. Hayes has given us the best paper on the "flu" that has yet appeared. While Dr. Hinsdale writes learnedly and modernly of the different breeds and types of microbes, he admits that in these desperate cases the physician using just the *similar* remedy was often left in the lurch and the patient died. Whereas, Dr. Hayes found and used the *similimum* and demonstrated that it was and is, mightier than any or all the microbes by curing all sorts of cases, and telling us about it without saying a word about microbes. It is a glorious achievement. It shows what Homœopathy at its best can and does do, and the best is the goal we should strive to reach.

Another point brought out was that the *similimum* acted best in the higher and highest potencies in these cases.

Dr. Roberts: In this case of influenza the doctor speaks of, I don't know whether it was that two men got together or whether they were far apart.

During the flu I was aboard a ship taking soldiers to France and when I got back home I talked with Hayes at Waterbury. He was only eighteen miles from me. He asked me what I did for flu and I told him that in the blue cases we had, the pneumonic condition that came on so suddenly in the flu epidemic, they responded quickly to Cuprum. He said that was exactly

his experience. I had three cases that turned blue and I believe it was due to the fact they had had a dose of Aspirin from the regimental surgeon before I got hold of them. I think that was the cause of most of that intense blueness they got, but the result of the prescription of Cuprum did the trick.

Dr. Starcke: I lost one of my early cases of flu, one of those three-day cases—went in a hurry. Many times in looking up I thought of Cuprum. I had never heard Dr. Hayes article. I have thought since that that should have been given. That was the only case I lost.

Dr. Dienst: The paper is simply a discussion of Dr. Hayes' paper. I want to object to it and criticize it. I want to criticize it for the reason that it is apt to lead us astray. Men who are not well versed in the action of the remedy will be easily lead to the prescribing of Cuprum in every case and it isn't true. Every one must be taken upon his own individuality, and gentlemen we hurt ourselves by a lot of this kind of dope. I don't like it. It is not homœopathic.

Dr. Emmerson: During the flu epidemic my remedy was Variolinum and I didn't have any trouble controlling the flu the first year. After I gave them Variolinum they promptly got well.

Bureau of Materia Medica.

PLUMB BROWN, M.D., SPRINGFIELD, MASS., CHAIRMAN.

HOW TO SELECT THE REMEDY AND ITS POTENCY.

ELMER SCHWARTZ, M.D., CHICAGO, ILL.

The selection of the right remedy for each individual case is not always an easy matter. It requires much diligent study, both of the Philosophy of Homœopathy and the demonstrated symptoms of each individual drug. Without this, one is unable to make even a poor prescription, which is worse than none.

A careful reading of Hahnemann's work on Chronic Disease is absolutely essential to the successful treatment of chronic diseases. It is presumed that an individual who claims to be a homœopath has mastered the Philosophy of Homœopathy, the nature of chronic diseases (the miasms) and Materia Medica.

Presaging the selection of your remedy, make the patient in your office feel perfectly at ease and not at all frustrated by putting yourself on a pedestal above him. Make him understand that what you want of him is to tell you just how he feels in a general way. Lead him out on the line of thought on which he feels disposed to enlighten you, but do not put words in his mouth. After he has expressed himself about certain symptoms, endeavor to check him up on what he has told you, and see if what he told you at the beginning fully coincides with his later narrative.

Some individuals do not want to give out much information about themselves, while others will give you an array of com-

plaints, thinking they are giving you the desired information. With the one that talks too much, you will have to try the lawyer's tactful cross-questioning to bring out the real symptoms, eliminating all symptoms that are questionable and of no value. With the patient who is timid and is not used to the homœopathic method of procedure, the physician's best method is to get him to talk about his complaints and this way he will begin to tell you how he feels. It is then your duty to be sure of every symptom that is a true one, and all the fine points brought out regarding its relationship to time, conditions of weather and motion, etc.

No prescription should be made without first obtaining a good symptomatology of all disordered feelings the patient presents. In the treatment of chronic complaints many times it is impossible to select the remedy off hand, there being such an array of symptoms which seem to be of little use that time should be taken for a proper study of the case with the assistance of the repertory. There are times even then that the remedy seems to be hidden from view which necessitates a diligent study of those drugs that stand highest in your repertorial score.

Now, is when you have an opportunity to demonstrate your therapeutic efficiency for it may take several days and nights before you see the remedy. Do not become discouraged, just this kind of diligent work makes of you a good prescriber. Never leave off procuring symptoms of your case until you have exhausted all means of getting them.

A good method after your patient has given you his symptoms is to sound him on weather changes, storm periods, heat, cold, wind, aversion or desire for open air, effects from drafts, time of day aggravation occurs, and the four seasons of the year, changes of temperature, of weather, cold or warm, or cloudy, or clear; and do you,—strange as it may seem,—know that Caust, Hep and Nux v. are worse in clear, bright weather?

Never depend upon symptoms for a good prescription unless they are of a general character. That is, they must belong to the patient as an individual, affecting him in a general way. Some people will say, "I can always tell when there is a storm coming because I feel it in my whole body." Others will say,

"I can not stand the rays of the sun in the heat of summer," while others are disturbed greatly by the wind. Some have great fear of thunder storms as of something going to happen. We might go on and enumerate many other symptoms.

The symptoms of greatest value are those that are not related to organs or parts, but more especially to the individual himself. These symptoms are usually called "Generals," because they affect him in a general way, although he may have some breaking down of an organ or part when he will tell you he feels bad in a general way. Understand, we must have all the symptoms, even of the parts, but the symptoms of the parts are of a lower order than the generals and consequently are not as reliable. It is generally conceded that the mental symptoms are of the highest order and should take first place.

The subject of potency is still a much discussed subject, some of us being extremely high and others of us being extremely low. I have found by experience that it is unwise to confine oneself to any particular potency, but to have all the potencies and use the one best suited to each individual case.

One should not use an extremely high potency on the aged or the infant, neither should he refuse to give a higher potency, if necessary, than the one administered, providing the selection of the remedy is correct. A higher potency nearly always does the trick. The beauty about this is that the higher potency antidotes the lower and goes on with its work, also a lower potency will antidote a higher.

Dr. Krichbaum: "How to Select the Remedy"—that is a question we can discuss for hours and arrive at no definite point. Every man has his individual way of taking cases but the Doctor emphasizes as the first thing in taking the case to have the patient tell all about himself. Let the patients talk, if you can get them to talk, and after they have talked a while you might say, "But hadn't you better talk about yourself? I am not interested in your grandchildren. Talk about yourself." They will generally, as the Doctor emphasized, name the symptoms that they are bothered with most. "I always have a backache," or "I always have a pain under my right shoulder blade

in the morning," or something of the kind, and those are the more important.

Dr. Woods: I agree it is a matter of individual choice—selecting the remedy. I should like to hear more about how Dr. Schwartz chooses the potency. Does he generally start with one particular potency and work up, or does he use intuition as to the patient's reactive powers?

Dr. Stevens: I try as clearly as I can to get the patient's symptoms, and I let them do that rather than giving the diagnosis myself. I try to find out the things that are definite regarding the patient. Very often I think I have to transgress the directions that I have so often given to patients. They will tell their whole story and some patients I have would go on telling me about the whole universe and I do have to hold them down, but I try very hard to ask questions that can be answered simply by "yes" or "no." I try to make them give their own prescription, and then almost invariably I work the thing out by the repertory unless it is so very clear I can see it without that. Hahnemann said never ask leading questions in taking a case to select the remedy.

Dr. Royal: One of the most difficult tasks—how to take a case. Of course when that is done, our work is three-quarters done for your patient is through. In taking my case one of the first essentials I always used and told the students, was to watch the patient come into the private office, first. That included more than the mere watching and includes a few details—your patient's chair, for instance, should always be as far as possible from your entrance, providing you can put it where there is good light upon your patient and not upon you so that it interferes with your vision. That I consider just a preliminary step and a good one. I want the chair the patient is to occupy with a good light on the patient, on my back so that it won't interfere with my seeing, and that is always my first essential.

Then as the patient comes in I get my first impression —it isn't always verified, it depends upon the rest. After having my patient seated I inquire the object of his visit. Let him tell that in his own words, coax him gently and by gently I mean not to put anything into his mind but for the purpose of refresh-

ing his memory when he has started to give certain events or anything in that line.

This done (and I generally let him tell this before his family history) then comes the family history. There is much difficulty in taking the family history and there is always as much importance in that as in any part of the taking of the case, and the more I study, the more I watch the traits, the more I feel that I must go into the family history very carefully.

Now, take the family history. The patient states the father died of dropsy. Students, you know, write that down—"Dropsy." Dropsy doesn't mean anything! How long did he have the dropsy; how long was he sick; how old was he?—all those questions come in for the purpose of finding out the cause of that dropsy, that is to say, to find out what tissue or organ was involved that produced that condition. That I consider very essential in the selection of the remedy.

After having gone through the family history very carefully I review with him putting it in what I call the personal history —"What was your first sickness," etc. Get all you can about it. "Prior to this sickness (measles) did you have it?" If it is an eye, ear and lung trouble, "Did you have any of this difficulty?" "No, this is the first period of this complaint." In that way I like to get at what I call the personal history.

Then the third thing that I pay more attention to is the modality. Modalities of time, yes, but especially those modalities that affect the circulation in general. Then coming up to that particular problem, I used to have the students do that themselves, keep track of them and if they started to go astray call them back again in taking their case, and so I find very often, as I stated in the room below the other day, time is an essential to take into your case.

The great trouble with us is that when some one is waiting in the other room and we know it, the patient who comes to us for the first time is cramped for time. Possibly the patient comes from a distance and we have to make a thorough examination. Generally I put those patients in for a certain time and then later take the ordinary cases. I may be slow, but I want at least three hours and the next day I like to have them return

and verify some of the statements they made the day before when they told me what the trouble was, and even the family history and the modality.

Dr. Krichbaum: Do you have any trouble with patients that always have an ailment?

Dr. Royal: I have patients with one thousand symptoms today, and tomorrow they have equally as many different symptoms.

Dr. Krichbaum: I advise them to get a pad and write down every night before they go to bed all the symptoms they are worried with that day, for one whole week and bring them back to me. You find when you get the list only three or four are real symptoms, and then you can prescribe for that individual case.

Dr. Vaughn: I have expected each one of the last four people who have gotten up to speak, to tell what potency they used and why they did so. Every one of them have sidetracked the issue and they have told how they took a case. I would like to hear some fellow get up now and tell what potency he uses and how he selects that potency.

Dr. Richberg: I have a case I will have to admit was treated almost entirely by the momentary impulse and intuition.

During the last month a regular old school nurse was in charge of a pneumonia patient. She had never seen anything of Homœopathy. She was all ready to give a shot of Morphine and was quite amazed to find any such thing was not necessary. She came in one day with a sniffling cold and the patient said, "I wish you would treat my nurse. She sniffles all the time." "That is of no consequence," she said, "I do that a great deal when the weather changes." I gave her three doses of Allium cepa 30, and I put them down on the chair. She liked to talk to the patient after she came in from her outing every day and I told her to take one of these every fifteen minutes until the sniffling stopped and if it stopped at the second not to take the third. As she was going out I said, "Don't forget your medicine." "Oh my sniffling stopped before I took the second one—I never saw anything like it." It was permanent.

She saw several such things and this summer she went over

to Michigan, with great protestations of how much she was going to think of Homœopathy. A few days afterward, a week or two, I got a letter from her, very much interested in a French woman over there who had had terrible things happen to her during the past four years. She had had several thousand dollars worth of surgical treatment and she was growing rapidly worse. At that time, about four months after her last surgical operation, which removed most of her general system, she not only had the same old headaches but cutting pains through the chest, running down into the limbs every little while, and very severe pains at the back of the brain so she did not sleep a minute night or day except for Morphine.

This nurse wrote that she was sure we folks could do something for her. Well, of course, you see there was nothing there. I hadn't taken the case. I hated to think of this woman suffering. I thought, shooting pains, general system out, probably Pulsatilla. I sent back by return mail a dose of the 1M and I said to the nurse, "Answer all questions. While you are interested in Homoœopathy you know nothing about telling how a doctor can prescribe. I am sending you an experimental dose which may or may not apply, but won't hurt anyway," saying that after she had answered I would send a prescription and also that I may be obliged to antidote the drugs she had been taking, before I could do anything with her. Within twenty-four hours I got, as our old professor used to say, a picture of Pulsatilla.

The patient wanted to be out of doors all the time, never thirsty, and of course the shifting pains, she could not stand fat meats but she had a pretty good appetite except for that, no constipation or diarrhœa, no bowel trouble.

I forgot to tell you that the surgeons said the next thing to do was to remove the tonsils, that that was the only thing now that would remove the pain—the tonsils and possibly two or three of her teeth that were also in bad shape.

I sent word back that she had the right remedy, Pulsatilla and nothing else. I sent the CC potency. I didn't get an answer until nearly a week later and the nurse apologized but she said after the woman began to take the medicine she had

one or two bad spells and took her Morphine and when she found that out she took her to one side and made a picture for her (this woman was French with a small knowledge of the English language) showing that if she didn't stop the Morphine I couldn't help her. Two days afterwards she slept all night and has not had a pain since then and is very happy, as is her husband.

Dr. Taylor: Hahnemann of course was only a man and he left us the greatest guide to practical medicine and how to apply medicines that we ever had, but what he says about repetition of doses and all these things must necessarily be considered in the light that those deductions were the experience of one man. But who, however great, has not made some mistakes and some errors?

The fact remains that Hering never accepted the Psora theory, and moreover, Hering said, "What difference does it make so long as we accept and stick to the practical rules?" Hering also said that the method of practice to be pursued was the same as before he discovered it; although he believed he discovered the cause of all chronic diseases, nevertheless the method he followed was the same as before.

A dose should be an impression. Whether or not it is best to give a dose or two and wait, or a dose and a half and wait and then repeat it, that is a matter to be determined by the doctor, and it would be folly to presume that Hahnemann grasped all the wisdom that could be obtained, in his short life. Other doctors have discovered some things Hahnemann didn't. I don't think Lippe ever had an equal. A man like Hering, for instance, and Lippe—those men knew a good deal.

To get back to what the doctor asks—something practical. It has been the practice (and I believe you will agree with me) of the best men in our school to start with a comparatively low potency, 30 to CC and from there on up; the best men should not start below that, and then they go higher. That has been the rule, and a good rule. How to determine just what potency to start with cannot be determined by any method, I don't believe—that is, there is no method to determine that, I believe. Unless that can be done by some machine or otherwise, I don't

believe there is any way to determine what potency to start at —it is whatever potency you think is best, but at any rate, work higher.

Somebody made the mistake of saying never repeat the same potency. Why not repeat the same potency so long as you get the results? Results are what we are after. The experience of the best men is that you determine when to give your higher potency and go up as the symptoms return. There is nothing on the dial of a clock that will tell you when to repeat a medicine—it is the patient and not the hours on the dial of the clock; it is the patient when the symptoms return. If they have changed so that the situation presents a new feature, then it is time to repeat.

Dr. Schwartz: In regard to the potency question, it covers a vast field and my experience has been that certain remedies are better prescribed in a lower potency than a high. Take Phosphorus, for instance. Phosphorus 30 will be as active and stir up more disturbance than an active remedy at 10M.

Take the remedies that belong to the Metals group, i.e., Lead, Zinc, Gold and Silver. It is not wise to prescribe these in a higher potency until you have followed them along through the 30th and 200th in acute remedies. When one has to repeat I always use a remedy as the 10M of Aconite or Belladonna, although in some cases we find the disease is of such a nature that you will have to increase the potency.

I remember a case of erysipelas of the face. The nose commenced to swell so that it became almost three times its natural size and you could look right up the nostrils. I remember taking that case and giving Phosphorus 200th. It had no effect at all. I think I then gave 1 M of the same remedy and it took hold of the case and cured.

I have had that happen many times in a case where a lower potency did not work and a higher one would cure, but you must consider the condition of the patient. The patient's vital force must be taken into consideration.

If you are treating a small baby, or an older person, one who is weak, you will use a lower potency than the 1M, because that

baby or weak, old person is very reactive. You have to be careful with them or else you will kill them.

I remember one time a lady came in from down state. She seemed to have nothing very particular the matter with her. She had plenty of symptoms and the symptoms called for Sulphur. It was in the beginning of my practice, and I followed Kent and I gave this woman the 10M of Sulphur. It was not so long until I heard of the woman's death. The Sulphur had brought out an old complaint which she used to have, gastralgia, and that woman suffered from that. Since that time I am very careful in giving high potencies to those in a weakened condition.

As I said before, think of the methods, and as Dr. Royal has said, pathology is to be taken into consideration.

ILLUSTRATION OF A SIMPLIFIED METHOD OF ARRANGING THE MATERIA MEDICA.

BY BENJAMIN C. WOODBURY, M.D., BOSTON, MASSACHUSETTS.

In presenting this brief outline of what suggests itself as possibly a simplified arrangement of symptomatology, I am not unaware of the fact that it will probably not be considered a new idea; and may not in any sense supplant the recognized methods of studying the Materia Medica.

It is merely intended as an outline of the subjoined remedies, arranged after the method of Kent—from generals to particulars.

It does not differ in this respect from other outlines, with the possible exception that the terminology—the exact language of the repertory is used, thereby giving the rubrics their actual repertorial values. The schema here used might possibly give promise for the arrangement of other remedies for repertorial analysis.

The general plan may be outlined as follows:

The name of the remedy is placed at the top of the schema, with or without its chemical or botanical equivalent. The symptoms are then listed from *generals,* which are placed in two

parallel columns, to *particulars,* which are arranged alphabetically across the page; the whole being supplemented by the general relationship of the remedy. First in importance are the mental generals, which are followed by the physical generals, arranged according to their relative importance. It will be noted that next in order after the physical generals come the cravings and aversions, and menstrual state.

This is in conformity with the following plan which has been somewhat simplified from the outline given by Dr. Margaret Tyler, of London (*The Homoeopathician,* Vol. II, No. 1, July, 1912, pp. 21-33).

ORDER OF SYMPTOM VALUES*

(a) *Generals*
(Those general to the patient as a whole)

(1) Mental Symptoms (if very definite and well marked). Reactions to mental environment.

(2) Physical Generals
Reactions *as a whole* to bodily environment, *e.g.,* to time and seasons, heat and cold, damp and dry, storm and tempest, position, pressure, motion, jar, touch, etc.

(3) Cravings and aversions, not mere likes and dislikes, but *longings* and *loathings.*

(4) Menstrual state (in women)
General aggravation *before, during* and *after* the menses.

Of lower rank:
Early, late and *excessive,*
(Only where there is nothing such as polypus, fibroid or menopause to account for it.)

(b) *Particulars*
(Those particulars, not to the patient as a whole, but to some part of him.)

*Simplified from Dr. Margaret Tyler's Papers on Repertorizing.

First Grade

Symptoms which are *peculiar, unusual, unexpected, unaccountable.*

Common Symptoms.

Reference may likewise be made to an excellent series of papers on "The General Symptoms of the Materia Medica," by Dr. Harvey Farrington, of Chicago, this year's President of our Society. These papers were published in the *Journal of Homoeopathics,* Vols. V-VII.

For a comprehensive schema for case-taking reference may be made to an excellent paper by Dr. Guy Beckley Stearns, of New York (Case-Taking, Trans. I. H. A., 38th Annual Session, 1917, pp. 288-306).

In the study of the following remedies, the generals and particulars, according to their relative value in the different rubrics have been taken direct from Kent's Repertory (second edition). The relationships have been adapted from the arrangement of the late Dr. R. Gibson Miller, of Glasgow.

The first step in prescribing is the proper taking of the case. For details of this method the "Organon" should not only be consulted (Sec. 83-105), but the careful directions therein given should be made one's own.

It will be noted that in some respects this outline bears a resemblance to the arrangement of Dr. C. M. Boger's "Synoptic Key of the Materia Medica," a work which readily commends itself to every advanced student of the Materia Medica; yet it will likewise be observed that in the following schema, not only the actual terminology of the Materia Medica—repertory is made use of, but also the symptoms are reproduced in their actual rubrical values; hence may be made use of in repertorial checking.

In compiling such an outline, it will readily be seen that there is but one way to accomplish this; *viz.,* a careful and painstaking survey must be made *of the entire repertory,* and the rubrics faithfully copied alphabetically in their relative value.

The following remedies will illustrate the arrangement:

ABROTANUM*

GENERALS

Anxiety
Cheerful, gay
Delusions
  Brain, has softening
  Hears voices
Dulness
Excitement, excitable
Exertion, from mental
Forgetful
Hysteria
Indolence, aversion to work
Irritability
  In children
Loquacity
Malicious
Memory
  Weakness of
Mood agreeable
Penetrating mind
Restlessness, nervousness
  Night
Sadness, mental depression
Starting
  From sleep
Talk, indisposed to
Violent, vehement
Agg. night
Agg. morning
Agg. evening
Amel. open air
Agg. cold air
Construction externally
EMACIATION
  Children (marasmus)
  Upwards
Motion
  Of affected parts amel.
  Agg.
Numbness externally
Pain
  Pressing externally
  Stitching externally
    Internally
METASTASIS
  Mumps to ovaries
    To testes
Prickling
  Internally
Trembling externally
Weakness, enervation
Weather
Weather, change of
Desires
  Bread
  Boiled milk
Menses
  Painful
  Suppressed

*It will be observed that in a remedy of the limited scope of Abrotanum, the generals are, with a few exceptions, of relative unimportance, whereas the unusual, "strange, rare and peculiar" characteristics would seem of greater significance in prescribing.

PARTICULARS

Head: Coldness, chilliness. Comedones. Old-looking. Epistaxis (boys). Appetite: Excessive; with emaciation; with marasmus. Abdomen: Distension. Constipation: *Alternating with diarrhea.* Hemorrhoids: External; after rheumatism abates. Stomach: Relaxed; Pain: Burning, *cutting, night. umbilicus, discharge from.* Hydrocele: *Of boys; after suppressed eruptions.* Respiration difficult, *rheumatism of heart.* Endocarditis; pleurisy. Extremities: Chilblains; *pain, rheumatic; checked diarrhea; suppressed hemorrhoids.* Arthritic nodosities, numbness. Emaciation: *Lower limbs; legs;* flabbiness. Paralysis, *sensation of.* Hectic fever. Intense heat. Perspiration profuse. Boils.

RELATIONS.

After Acon. and Bry. in pleurisy; after Hep. in furuncle. Compare Agar. and Nux v. in chilblains.

APIS*

GENERALS

ABSENT-MINDED
DEATH, presentiment of
DELIRIUM
  During SLEEP
Insanity
  BUSY
  EROTIC
IRRITABILITY
SHRIEKING
  BRAIN CRY
STUPEFACTION
Unconsciousness
  During FEVER
WEEPING, tearful mood
CAUSELESS
Agg. 3 P. M.
Cancerous affections
Clothing, intolerance of
Cold bathing amel.
DROPSY, externally
HEAT, sensation of
INFLAMMATION
SEROUS membranes
IRRITABILITY, excessive physical
LYING *agg.*
PAIN, BURNING externally
  LOAD, as from

*In deep-acting polycrests of the nature of Apis, the majority of symptoms, both general and particular, or of first rubrical value—to list the whole array of symptoms would not only be too extended, but entirely unnecessary, as a sufficiently exhaustive sketch of a remedy of this scope is seen in the more general outline.

PRESSURE agg.
Psora
PULSE FREQUENT
SIDE, right
Sleep agg. after
SWELLING in general
PUFFY
Sycosis
TOUCH agg.
WARM
BED agg.
ROOM agg.
WRAPS agg.
WEAKNESS, enervation
Wounds
Wounds PENETRATING

Aversion
To drinks
To food
Desires
Milk
Sour, acids
Vinegar
Menses
Absent, amenorrhea
As if it would appear
Clotted
Irregular
Late
Scanty
One day only
Suppressed

PARTICULARS

VERTIGO; during HEADACHE. BORES head in PILLOW. CONGESTION; amel. In OPEN AIR; MENSES, before, after; in a WARM ROOM. CONSTRICTION. ERYSIPELAS. FULNESS, HEAT; amel. In OPEN AIR; agg. while in ROOM; in HOT; FOREHEAD; amel. COOL AIR. HEAVINESS; amel. in OPEN AIR; agg. in WARM ROOM. HYDROCEPHALUS. PAIN; during the HEAT; agg. in a WARM ROOM; in VERTEX; FOREHEAD; TEMPLES. SWOLLEN, distended feeling. EYES: CHEMOSIS. INFLAMMATION; ACUTE; ERYSIPELATOUS; agg. HEAT; in INFANTS; CONJUNCTIVA; PUSTULAR; LIDS. Pain, BURNING, smarting, biting; STITCHING. REDNESS; LIDS. STRABISMUS. SWOLLEN LIDS; EDEMATOUS UNDER the lids; UPPER lids. Ulceration, CORNEA. Vision weak. Agg. USING. EARS, discoloration REDNESS; SWELLING; pain on SWALLOWING; SWELLING. Nose, discoloration; ERYSIPELATOUS; EDEMA. Pain, STITCHING; SWELLING. Face: Discoloration, RED. Eruptions, URTICARIA; ERYSIPELAS; EDEMATOUS, PERIODIC, RECURRENT; AROUND the EYE. EVERTED lips. Pain STINGING. SHINY. SWELLING, EDEMATOUS; SCARLET FEVER; around the EYES; UNDER. LIPS, UPPER; WAXY.

MOUTH: Discoloration RED; tongue RED; DRYNESS; INFLAMMATION. Swelling, TONGUE. Vesicles, STINGING; stitches TONGUE; BURNING. WATERY looking gums. GRINDING teeth. Throat: Glazed appearance: *Inflammation,* ERYSIPELATOUS; UVULA; MEMBRANE, exudation, diphtheria. *Pain,* STINGING; swallowing, WHEN NOT; STITCHING, on SWALLOWING. *Swelling,* UVULA; EDEMATOUS. ULCERS. THIRSTLESS; during HEAT. VOMITING. DROPSY, ascites. INFLAMMATION (peritonitis, enteritis); TYPHLITIS. Pain SORE, bruised, tenderness; HYPOCHONDRIA; ILEOCECAL region. CONSTIPATION; during MENSES. DIARRHEA.- SORENESS, rectum; after STOOL; STINGING. TENESMUS. During DYSENTERY. PROLAPSUS. RELAXED anus. WATERY stools. Bladder: INFLAMMATION. *Pain;* PRESSING. RETENTION; in CHILDREN. URGING; CONSTANT; FREQUENT. Urination INVOLUNTARY; NIGHT; during COUGH. INFLAMMATION kidneys; acute PARENCHYMATOUS. SUPPRESSION of urine. INFLAMMATION prostate gland. Urine ALBUMINOUS; PREGNANCY; SCARLET FEVER; BLOODY; BURNING; casts of TUBES: CLOUDY; DARK; MILKY, in HYDROCEPHALOUS; SCANTY. HYDROCELE. Scrotum EDEMATOUS. ABORTION. Congestion OVARIES. Desire in WIDOWS. Dropsy; OVARIES. ENLARGED ovaries; RIGHT. Hardness RIGHT. Heaviness OVARIES. Inflammation; OVARIES; UTERUS. Pain OVARIES. Burning OVARIES; during ABORTION; after COITION. *Stinging,* OVARIES. Tumors OVARIES. EDEMA glottidis. RESPIRATION DIFFICULT; OPEN AIR amel.; during CHILL. CONSTRICTION of larynx; with HEAT; while LYING; with HEAD LOW; wants DOORS and WINDOWS OPEN; GASPING. Cough agg. LYING. ANGINA pectoris. DROPSY chest. ERYSIPELAS of MAMMÆ. FULNESS. OPPRESSION; during CHILL; WARM ROOM. PAIN; HEART; BURNING; ANTERIOR PART; SORE, bruised; from COUGHING; *stitching,* MAMMÆ; HEART. *Inflammation,* cord; SPINAL MENINGITIS; SUFFOCATION, agg. in a WARM ROOM. Pain COCCYX. ARTHRITIC nodosites; FINGER joints. AWKWARDNESS: DROPS things. *Coldness, knees;* during CHILL; FOOT. Discoloration hand, REDNESS. Felon ITCHING; PANARITIUM; STINGING pain. Inflamma-

tion, SYNOVITIS; leg ERYSIPELATOUS; toes, ERYSIPELATOUS. ITCHING, LOWER LIMBS. Numbness UPPER LIMBS. Paralysis after apoplexy, *hemiplegia;* LEFT. Stiffness, NIGHT; TOES. Swelling DROPSICAL; ANKLE, FOOT; EDEMATOUS; SENSATION of; *toes,* SENSATION of. Sleep *deep;* during HEAT. SLEEPINESS. COLDNESS in general; AFTERNOON; EVENING; amel. in OPEN AIR; BEGINNING in and extending up from ABDOMEN; CHEST. CHILL 3 to 5 P. M.; WARM ROOM agg., not AMEL. in, nor near a WARM STOVE. SMOTHERING in WARM room; WARMTH unbearable. HEAT in general; MORNING; with CHILLINESS: AFTERNOON; with CHILLINESS, BURNING heat. CEREBRO-SPINAL FEVER. CHILL absent. FEVER without CHILL; 3 to 4 P. M. FEVER with CHILLINESS. Continued FEVER, typhus, typhoid, EXANTHEMIC. EXANTHEMIC fevers, MEASLES; SCARLATINA. Uncovering DESIRE for. WARM covering AGG.; WASHING amel. Skin BURNING; *discoloration,* RED; WHITE, *Eruptions,* BURNING. *Rash,* SCARLATINA; STINGING; URTICARIA; NIGHT; during FEVER; NODULAR. ERYSIPELAS: with SWELLING. ITCHING; PRICKLING; SENSITIVENESS; SHINING; STINGING; STITCHING. SWELLING; PALE; STINGING WAXY.

RELATIONS

Complementary: Natr. m. *Followed by*: Arn., Ars., Graph., Iod., Lyc., Puls., Natr. m., Stram., Sulph. *Inimical*: Rhus. *Antidotes*: Carb. ac., Canth., Ipec., Lach., Led., Natr. m.

From the foregoing it will be seen that to complete such an outline of the Materia Medica, will entail an almost unending task; almost as laborious in fact as the compiling of the repertory itself. The question naturally arises, therefore, will such a task repay the student of Materia Medica when completed?

I am personally of the opinion that it will. However, until another edition of the complete Repertory is issued, such a task should not even be attempted, as in the new Third Edition of Kent's Repertory, which gives promise of being published at some future time, there will undoubtedly be many changes which should be incorporated into the analyses of the individual remedies.

I, therefore, submit this brief survey to this Association. We must surely possess, among our many trained Materia Medicists, some individuals, or group of individuals, who are amply qualified to engage in this extensive but valuable enterprise. When the new edition of the Repertory shall have been publishd, may we not hope that such an important task may be completed.

CEDRON.

BY GRACE STEVENS, M.D., NORTHAMPTON, MASS.

This drug, in the form we employ it, is prepared from the seeds of the Simarula Cedron, a tree found in South America, on the Isthmus of Panama and in the West Indies. We find mention of it in a History of the Buccaneers, written in 1699.

I have not been able to find any description of the tree itself, but the fruit is a sort of tough drupe or stone fruit, about the size and shape of a turkey's egg, and the seeds are three or four c. m. in length. They are nauseatingly bitter in taste.

About the middle of the last century Cedron became known to some of our Homœopathic physicians who made provings of it. Among these were Metcalf, Teste, Douglas and Stennett.

In its natural habitat, Cedron is considered a specific for the bites of poisonous insects and snakes and for hydrophobia and it is also used in the treatment of epidemic intermittent fever. The results of the provings point to its homœopathicity in these conditions and among its analogues are Arnica, Cimicifuga, China and Gelsemium. We also find points of resemblance to Lachesis.

The sphere of action of the remedy includes both the cerebro-spinal and the sympathetic systems. Its outstanding characteristic is its clock-like periodicity. This we notice especially in the facial neuralgias that are produced and relieved by the drug. The pain may come regularly at any hour, but is more apt to appear at 7-8 P. M. and to affect the right side.

The head was very much affected in most of the provers, especially when the drug produced paroxysms of fever. There

was marked congestion, giving rise to feeling of expansion and pressure right side. Sensation of a band around the forehead and a weight on the vertex. Pains in the bottom of the orbits extending to the occiput and compelling one to close the eyes.

The pains were all dull except in the occiput where they were sharp and jerking. The headache lasted during the whole proving.

Hale tells us that after Teste published his Materia Medica, there was a great demand for Cedron, especially in the West and South where malarial fevers were prevalent. Some cures of intermittents were reported, but many failures as well and Hale suggests that the latter were due to lack of differentiation. From the provings it would appear that Cedron was suitable for only such cases as presented a congestive headache, very like that of China.

Another symptom which appeared in all the American provers and in nearly all those who developed fever paroxysms, was oppression of the chest and violent beating of the heart; an oppressive pain in the chest extending to the back, with frequent desire to moan and take a long breath.

After the chill subsided and the fever came on, there was marked thirst for hot or cold drinks and a bruised feeling all over, that reminds one of Arnica.

A peculiar symptom was "icy coldness of the tip of the nose," even during the febrile reaction when the rest of the face was red and hot.

The fever recurred every day in some of the provers, every second day in others. There was constriction of the throat making it difficult to swallow saliva and an irritation of the larynx which resembles Lachesis.

This is interesting in view of the fact that Cedron has been considered almost a specific for snake-bites in the countries where it grows.

Some of the eye symptoms suggest Gelsemium. There is vertigo, dimness of sight, misty vision as if caused by smoke. The eye-lids itch and the eyes smart and burn, < when closed.

Under ear symptoms we find singing and buzzing of the ears toward noon and deafness at night. This is like China and we

find that Cedron antidotes the effect of Quinine on the auditory nerve.

Some interesting effects on the mouth appeared in one woman prover with her menses and lasted as long as the flow:—Great dryness of mouth and tongue with thirst and difficulty of speech; an intolerable prickling, itching of the tongue, obliging her constantly to rub it against the palate; saliva thick and white after talking.

In the stomach, sensation as of a stone reminds us of Pulsatilla. There is also distension and tendency to nausea < rest, > walking, > eating.

Constipation with ineffectual urging is recorded, but diarrhœa especially with whitish, curd-like stools occurred after meals, with slight colic and inodorous flatus.

In the fever paroxysms, there was scanty, high-colored urine during the chill and profuse flow of pale urine with the perspiration.

The genital symptoms were not very marked during the provings but cures are reported of nervous symptoms, neuralgia, hysteria, etc. following coitus or accompanying menstruation.

In the back and neck we find stiffness and pain and in the extremities pains of various sorts, often sharp and stitching, recurring periodically or worse before a storm.

There is general weakness of mind and body < after sleep.

My own experience with Cedron has been small, but I had a case of facial neuralgia not long ago which was relieved by it.

Mrs. B—age 64.

For over a year she has had neuralgia of right face, for which she has been given many drugs, with little relief except from opiates.

Now the pain comes every evening about eight o'clock, and keeps her awake. It is temporal, extending over the eye and into the cheek.

Lachrymation during pain which is:

< lying head low,

< speaking,

< eating.

Tongue coated white, feels large and dry, tastes bitter.

Oct. 9, 6 P. M.—℞ Cedron 200 every two hours till better.

The pain was delayed an hour and then was not so severe as usual.

The next night the patient went to sleep without pain, but woke with it later in the night.

On the third night there was no pain. The relief lasted for nearly a month, and then the pain gradually reappeared, always < eating, talking or bathing face. ℞ Cedron 200 only partially relieved and the time of aggravation was changed to morning and forenoon.

A review of the symptoms showed:—

General, > in open air.

Aversion to heat.

Pains not < cold air or > warm applications.

Taste offensive. Tongue feels too large.

Blood pressure 190 sys. 110 diast.

Sadness, frequent desire to cry.

Puls. in ascending potencies helped very much over a period of two or three months, but the pain would return after a time.

Finally, on the symptom, worse from eating or talking, Phosphorous was given with some relief.

In this case Cedron was evidently only a similar, or the potency was not right, or it was not sufficiently deep-acting to conquer the difficulties of the case. The patient was under a great nervous strain and was constantly overworking.

In hunting through our Homœopathic literature for data on Cedron, I found a case reported some years ago by Dr. W. D. Gorton of Austin, Texas.

The patient was a man who had been poisoned by Rhus tox. three times in one month and had developed carbuncles, followed by intermittent fever.

The fever came on each day promptly at 3 P. M. and was accompanied by sticking pains in thighs and abdomen.

The sweat came during sleep and was cold, causing the patient to wake with discomfort.

℞ Cedron 45M. relieved the symptoms in a few days, and Dr. Gorton suggests that it may prove a valuable antidote for Rhus tox. poisoning.

Cedron does not seem to be a very deep-acting remedy, but it certainly deserves consideration in acute cases.

Dr. Woods: I had a case cured with Cedron before I came from England. A lady 50 years of age came to me, intense pain across the small of the back, intense coldness of the lower limbs, icy coldness and nothing would warm her up even sitting near a hot stove, or a warm bath. These attacks were accompanied by violent shivering, and they came at the same time, six o'clock. I gave one dose of Cedron. That cut it short and there was no recurrence of the attacks.

Dr. Starcke: I have noticed that Cedron was mentioned as an antidote, did I understand, for cases of Rhus poisoning? I would like to be better informed as to this.

Dr. Krichbaum: I have noticed that the patient with the Cedron chill, if a little one, likes to be held and they will lie with their mouth open because their mouth feels so hot, I suppose. They will keep their mouth open, breathing through the mouth, and the mouth has a warmth similar to the taking of peppermint. That is the only observation I have noticed—wanting to be held and cuddled up. If the mother will take the child up and hold it when this chill is coming on, he will be much happier.

Dr. Stevens: The case I quoted in regard to Rhus poisoning was only a quotation from Dr. Gorton of Texas. The patient whom he cured with Cedron has been severely poisoned three times during one month by Rhus and as a result carbuncles developed and Cedron relieved the condition. He thought it might be an antidote for Rhus poisoning. I found that in my own study.

BROMIUM.

HARRY B. BAKER, M.D., RICHMOND, VA.

This paper is written for the purpose of calling attention to a remedy which the writer feels that he has greatly neglected, and that perhaps others have also.

Bromium is generally looked upon as an acute remedy useful in certain cases of croup and diphtheria, and the fact that it is a deep-acting antipsoric forgotten.

Clarke says that it is especially suitable to blue-eyed, fair people, especially children with thin white delicate skins, and very light hair, to scrofulous constitutions. The glands are swollen and indurated. It is a strong anti-scorbutic.

A year ago I had an obstinate laryngitis in a child of five who answered to the above description, and had a history of scurvy when a baby. Phosphorus did not relieve, and after studying the case carefully I gave three powders of Bromium cc. This not only relieved the acute condition, but improved the chronic condition to a marked degree, and I kept her on it for some time, repeating when improvement stopped, with very gratifying results.

I had had this child under treatment for some time with very poor results until Bromium was used. In looking back I can recall a number of cases for which I used Phosphorus and Calcarea phos. which would have probably responded much better to Bromium.

It has an amelioration at the seaside and is useful in cases of asthma which have this modality. A very peculiar symptom is "Loud emission of air from the vagina."

I shall try to keep Bromium in mind when prescribing for fair-haired psoric children which are not exactly Calcarea carb. or Calcarea phos. I think that it has quite a field of its own here.

Dr. Taylor: Dr. Lippe is one of the greatest if not the greatest, men we have had to state definite guiding symptoms. Many of these were clinical observations, in that patient, noting the same condition, and then in another patient, and another patient, and finally they became reliable clinical observations. One of the things Lippe observed in Bromium with the croup, was that a child wants to be carried and carried fast. If the child could cry out it might say, "Run, run, run." He gives us something definite—not mysterious, visionary or fancy. When you have the child with croup that needs Bromium it will want

to be carried and carried very fast. That is a guiding symptom.

Dr. Royal: Forty years ago in the fall, a patient came into my office and made this remark—"I have been a patient of Dr. Case of Hartford, Connecticut." I took the impression she was dark, thick set. I asked her what her complaint was. She said, "My trouble is this—I have so much discharge from the vagina I am barred from going out into company because of the offensiveness of it."

My friend, who was a friend of Dr. Case, referred me to him and I wrote to Dr. Case and he sent me some medicine. I wrote again and he sent some more which he said was the same. There were two remedies I had in mind for that one symptom, so marked. His medicines came and so I began then to investigate a little further. I found this—that whereas she had been menstrating very profusely there was a scanty menstration and she said that the menstral flow then seemed to be like sand. I had her bring me some in a bottle and it was like sand. I gave her Lycop. CC. How did I arrive at that? The make-up of the patient, dark, thick set, the leading symptom.

LACHESIS.

R. BANERJEE, M.D., BENARES CITY, INDIA.

How a deadly poison can be turned out by proper means and ways to be the most efficacious and beneficient remedy for suffering humanity, we can get a positive proof of it in Lachesis trigonocephalus. If the most noble and philanthropic late Dr. C. Hering had contributed nothing else but Lachesis to the collections of homœopathic Materia Medica, then this alone would have been sufficient to immortalize his name as a true benefactor to the suffering human being at large. I am not going to deal with Lachesis *in extenso*. I shall briefly state in this paper only some of the peculiar, uncommon and characteristic, pathogenetic and clinical symptoms, which I have again and again verified on myself and on some of the cases under my treatment. Many years ago, I saw an old lady dying from the effect of the bite by

a Cobra, the venom of which is the most deadly poison in this country. Her face became purple, speech gradually became indistinct like a half-intoxicated person under the influence of liquor, as if caused by partial paralysis bordering to complete paralysis of the tongue. Her speech then grew quite unintelligible. The color of the skin changed to be like blue-black ink and she gradually sank down as if in a comatose sleep, never to wake again. This case still reminds me of at least some of the peculiar phases of the symptoms of Lachesis, because both have some resemblance at least in certain respects.

The grand characteristics of Lachesis are: "< Sleep, left-sidedness, or the course from left to right, or the symptoms begin on the left side and either remain there or proceed to the right; oversensitiveness to intolerance of touch, but > by hard pressure; cannot bear anything tight round the neck, throat or waist, > from the onset of a discharge"; nightly burning pain in palms and soles, so much so that the sufferer is bound to put them out of bed-cover even in winter season or to put them in a cool place. "Anything introduced into the canal of the ear will cause a kind of tickling dry cough," as regards the mental symptoms: "fear of being poisoned or feels filled with poison," "to be always in a hurry"; mental symptoms about anxiety are somewhat relieved "by gently walking to and fro in the open air."

I am myself a typical patient of Lachesis. Sometimes I used to get an attack of proctalgia (a kind of pain of a nervous character like hammering in the rectum). The attack all of a sudden commenced at dead of night on waking from sleep and lasted for some time. During the course of an attack I felt ineffectual urging for stool or urine, or both; but could not get relief even after passing of it. > Slight relief from hard pressure. On taking Lachesis 200 at long intervals, the attack of that kind of pain gradually disappeared.

Now and then I used to catch a bad cold, and on account of it I suffered from a tormenting fit of spasmodic cough, accompanied by lachrymation and watery secretion from the nose at the same time. The cough commenced on waking from the first part of sleep at night, generally after midnight. The pecu-

liarities of the modalities were < in close rooms—even under a mosquito curtain, < from lying in any position; > in open air, fanning over the head; on washing mouth and face with cold water; I was bound to sit up and get out of the sleeping room to an open place, even in the coldest part of the winter season; expectorating tenacious mucus. On taking a single dose of Lachesis 30th or sometimes 200th, the fit disappeared as if by the influence of a magical wand. On the day of taking the dose I got no attack at night. Sometimes I used to get a mild attack on the second night for a very short time, and then it disappeared, until I caught cold again after a few months or so. I still catch cold after long intervals, but without that kind of fit of cough.

In typhoid cases, Lachesis is my sheet anchor in protracted and obstinate conditions. It may turn the tide towards cure, or at least it may turn the scale, when trembling in the balance, towards a favorable side. I shall cite here a few typical cases in order to verify the peculiarity of Lachesis. As I have not accurate records of those cases so I am to depend on my memory as far as I can now remember. A boy nearly ten years old, had been suffering from an attack of typhoid fever for twenty-one days, under the treatment of an eminent allopath. I was called on the twenty-second day at night. I saw the boy to be in a speechless condition. On inquiry I was informed that the boy used to get worse after every short nap, or sleep—he could not put out his tongue, it trembled and was caught behind the teeth—it was dirty brown color, and a few other symptoms, which on the whole seemed to me the indications of Lachesis, which was given in thirtieth potency—after a few doses, the boy began to speak and he got well within a few days. Of course a few other medicines were required according to indications to get him completely cured.

A girl nearly six years old got typhoid fever. At first, according to symptoms, Bry., Gels., etc., were given, but to no appreciable effect; even the progress was not checked. On the end of the second week, I marked her comatose condition with dirty yellow tongue, which she could not put out, and which was trembling behind the teeth; < after every comatose, short,

sleepy condition; lips cracked—bleeding; muddled condition of the brain, face pale yellow.

A dose of Lachesis, 200, was given dry on the tongue—after a dose or two, her condition changed, for better; comatose state gradually disappeared and she came to her senses—next day the color of the tongue was changed and by and by, through the help of some other indicated remedies, she was cured.

A boy nearly fourteen years old was laid up with typhoid type of fever with the muddled condition of the brain, as if in an intoxicated condition. His lips were cracked and bleeding. He was constantly trying to pick up the lips to make them more raw, although he was prevented from doing so by the attendants. I thought about Arum tr. at first sight. Then examined his tongue, etc.—tongue was of dirty yellow color—it trembled and he could not protrude it; he was catching it behind or between the teeth. Although I could not find out the peculiar desire to pick up the lips included in the schema of Lachesis, yet taking into consideration the other symptoms, and as in the symptoms of face in Lachesis, I found out "lips dry, cracked, bleeding," so I gave him Lachesis 200 a dose or two. After the lapse of a few hours a good turn was followed by the disappearance of the inordinate desire for picking the lips and he gradually got well with the help of a few other remedies according to indications. I have clinically verified that peculiar symptom, "picks lips till they bleed" in a few more cases to have disappeared under the reactions brought about by Lachesis. So I may unhesitatingly say that it can compete with Arum tr. and Cina in "boring nose and picking lips—until bleeds" with this difference, which I have marked clinically, that in Arum tr. cases the tongue is generally dark red, like strawberry, denuded, corners of the mouth sore and cracked; and in Lachesis cases—dirty yellow or mapped, black—trembles in protruding and catching behind or between the teeth. Of course Lachesis has also dry, red tongue, too, but it may be differentiated with the help of other symptoms. In Cina cases, the tongue is generally pale, clean and the peculiar mental symptoms such as "does not want to be touched," "desires many things which it refuses when

offered," "touchy, ugly, cross, petulant." During the epidemic of influenza a few years ago I marked the good effects of Lachesis in a good many cases. I was myself attacked with it and became utterly prostrated with its morbific effects. At first I took Bry. according to symptoms, but later on I felt specially intolerable burning sensations in the soles of my feet and palms of my hands with a desire to cool them down; I had also burning throughout my whole body with thirst but disgust to drink. I took Lach. 30, a dose or two, and it ameliorated my suffering to a great extent and fever subsided under the reaction. Lachesis in influenza and other kinds of fever cases, competes with Sulphur and Arsenic as regards the burning symptoms. Arsenic may be differentiated or individualized with its peculiar mental anxieties and restlessness with tossing about, resting nowhere, fear of death and thirst for small quantities and often an insatiable thirst for large quantities of water, and < between 1 to 3 A. M. or P. M. Lachesis has restlessness, too, but not in such a peculiar manner, and it has rather thirst with disgust for drink; marked < after sleep and intolerance of any tight collar or bandage. Sulphur has more burning sensations in soles than palms, and a general burning all over the body, < after midday or midnight—with a clean tongue, although it has also many kinds of coatings. Lachesis can cut short the influenza fever with complications and utter prostrations, covering even the comatose condition.

In fluent coryza with burning of palms and soles in constitutional cases, Lachesis acts with great effect. In sub-acute, nasal catarrh in constitutional chronic cases it is better to let it alone, without any medicinal interference, except in lingering and very painful cases. In such condition, it is better to select a deep-acting remedy, which can cover both the particular, peculiar and uncommon present symptoms, and constitutional indiosyncracies, too, than to suppress or palliate with short-acting remedies like Acon., Bell., Allium cepa, etc. On account of suppression or palliation of the natural outlets, there may arise the injurious after-effects sooner or later; after one or more internal organs being affected thereby, exciting some latent, inherent poison. I have tried some deep-acting remedies as Lachesis, Medorrh.,

according to indications on myself and others in such condition and have found out the anti-psoric, anti-syphilitic or anti-sycotic remedies mitigate those present sufferings with gradual improvement of other constitutional derangement of functions, and at the same time prolong the interval of such sub-acute catarrhal relapses.

A few years ago I caught a bad cold, and took a dose of Kali iod. 30; on taking it, my secretion increased and prolonged, without of course affecting my general condition in any way—rather I began to feel better in other respects, except the slight inconvenience from watery secretions from my nose; during which time I felt one day burning in my palms and soles, and so I took a dose of Lach. 30, which acted promptly by decreasing the bothering discharges in a short space of time, without harassing me with spells of cough as a general sequel to it.

A gentleman, aged about forty years, after the lapse of a few days, on suppressing the ringworms on hands and thighs with Chrysophanic acid, applied externally, felt all of a sudden at the dead of night, on waking from sleep, a kind of indescribable nervous sensation from head to foot with a feeling of internal heat, so much so that he was bound to uncover himsef in chilly winter and to get out of the sleeping room in the open air. It seemed to him that he partook of some poisonous substance with his articles of food during his night meal; on this assumption he ineffectively tried to vomit; a slight > on walking slowly to and fro in the open air; < in closed room; after a few hours suffering the symptoms gradually subsided on applying the will-force. After an interval of a week or so, a second attack took place on waking from sleep after midnight—as if he actually awoke with the aggravating conditions. Then a dose of Lach. 200 was taken. On taking it a third attack took place in a much milder form—afterwards he got free from any further attack of that sort.

I have again and again observed and marked the injurious after-effects of suppression of skin diseases and other local discharges by means of external applications during my study of the history of the chronic cases which came under my treatment in the course of last twenty-five years. The diseases I partic-

ularly marked are consumption, various kinds of nervous trouble, dyspepsia, epilepsy, etc.

A lady nearly 40 years old, had been suffering from chronic bronchial asthma. During the paroxysm she generally used to suffer from tormenting spasmodic cough; after the fit of coughing she had empty eructations. On the basis of this particular symptom I tried Ambra-gr., Carbo-v., etc., in a rather routine way to no effect. Then I studied the case and found out that her asthmatic fit generally < after her first part of sleep, > on fanning forcibly over her vertex even in the coldest of winter night; > in open air—she was bound to come out of her bedroom to an open space even in chilly night—felt somewhat relieved after feeling chilliness internally owing to fanning and cold open air. As in the beginning she felt internal heat in general and especially in her vertex, so she used to put off her winter wrappings and wanted to be fanned as long as she did not feel chilly. But the exciting cause of the attack generally would have been damp, cold weather—owing to rain in any season, especially in winter. She did not get any attack during the hot summer weather. She felt comparatively well during her menses, had it been cleared, and as long as her leucorrhœal discharges used to continue, which were very offensive and dark colored. She had a short, cutting pain in her scapula. Although the particular symptoms of eructating after cough is wanting in the schema of Lach., yet on taking into consideration the generals or the patient as a whole, I gave her Lach. 30. On taking two doses at an interval of a few hours, her asthmatic fit began to decrease towards recovery; and a few other medicines were, of course, required to relieve her chronic bronchitis. I have repeatedly verified the benign effects of Lach. in her case, although sometimes Apis was required in case of failure with Lach. Coc-c. covers some aspects of her case, but with little effect—it sometimes only palliated the cough. By and by her attack began to appear at longer intervals, and in a milder form. Now, of course, she sometimes gets the attack in prolonged rainy weather, but it has now turned out to be shorter and milder; and now generally Phos. 30, or Lach. 30, cuts short the course of asthmatic attack and fits of cough. From this case it

may be inferred, that eructations after fit of cough may be a clinical symptom of Lach., at least that symptom does not contraindicate it in its selection.

In this and other cases I observed the truth of our watchword, "treat the patient and not the name of disease" or mere symptoms or objective shadow or part instead of taking into due consideration the patient as a whole both subjectively and objectively; or in other words, vital principle the guiding spirit embodied in a physical material frame. In the selection of proper remedies one should have in view not only the totality of the characteristic and uncommon symptoms of both the patients and the remedy to be prescribed, but also the physiological and pathological actions, too.

As, for example, in some malignant jaundice cases, although Chel., Sulph., etc., may be taken as indicated remedies in superficial point of view, but in reality those remedies will only cause loss of time and energy, and even hasten death, and Lach., Crotalus, etc., will cover the case *in toto,* and be the only means of turning the tide towards radical cure.

I have also used Lach. in high potencies with success in infantile meningitis during hot summer months.

I am afraid this paper may supersede your time limit so I must now finish it with a sound advice from an old seer of truth:

"Thou shouldst not from the truth be turned, nor from the law be turned, nor from good works, nor turned from fortune, nor turned from study and from teaching, nor from thy duty to the Gods and to thy ancestors."—First Part II, Taittiriyopanishad.

Dr. Krichbaum: I think it is one of the most important papers presented for the reason we see little of such cases, and the doctor gave a good presentation of cases.

Dr. Woods: What I like most about the paper is the fact it brings out the characteristics of the essential symptoms of Lachesis. Each case the author gave us was a definite picture of Lachesis and nothing else. I think it contrasts well with the papers in the Materia Medica Bureau some of which, like so

many of the Materia Medica books I read, are full of descriptions which are of no value—low-spirited, excitable, depressed, diarrhœa—none of those symptoms are the least good for prescribing and the great feature of the paper we have just heard is that it gave symptoms that were valuable for finding the remedy. I think that sort of paper should be encouraged and it is a very valuable contribution to our literature.

Dr. Richberg: I think nothing was said of loquacity—I have had cases where that particular point was very emphatically in evidence. The patient talked so continually I had no opportunity to do so myself.

The Secretary: I am glad this paper has been read. Dr. Banerjee is one of our Indian members. As secretary, I have many communications with him and he seems to be a profound student of Homœopathy and I am glad that this paper has been admitted because it will encourage him in his far off country, away from the freedoms that we have of Homœopathy, to study and go on with his work in India. It likewise shows the effects of Lachesis, one of our strong remedies, on the Indian cases as well as in our own cases. I am glad to have had the privilege of reading Dr. Banerjee's paper.

THE HOMŒOPATHIC MATERIA MEDICA.

GEO. E. DIENST, M.D., AURORA, ILL.

Foreword.

Materia Medica postulates material substances. The Homœopathic Materia Medica is composed of material substances, selected and prepared according to certain specific laws. The Homœopathic Materia Medica however, does not consist alone of the matter composing the medicine, though this matter is often prescribed for the sick. The method is based upon certain very accurate laws of preparation, by which accurate process the material of the drug, may be eliminated while the spirit or power of the drug is retained. Hence, it does not consist exclusively

of the matter composing the drug, but it does consist in liberating the inherent, specific, unseen power of the drug which is not only the life force of the drug but its virile healing power:—that power which can act curatively upon sick people. It is not obtained by clinical experience alone, not by experience upon dumb animals, though certain morbid physiological phenomena may be obtained by such experiments.

The Homœopathic Materia Medica is sought, selected, prepared and proven for definite therapeutic purposes on human beings, and to do this accurately, scientifically and successfully the healing power of the drug must be obtained by proving it upon a normal human being, conscious of sensations and capable of expressing these sensations in words. Every effort to change the form of selection and preparation, proving and potentization invalidates the true materia medica. The scope of the Materia Medica, whether from the vegetable, animal or mineral kingdom, the preparation, the proving and the administration is based upon laws of science and must remain so.

The Materia Medica postulates the simple substance, the single element. Each separate remedy is a unit. It is selected as a unit, prepared, proven and prescribed as a unit. The Homœopathic Materia Medica is not composed of compounds, mixtures or alternations, nor are the provings made with compounds, mixtures or alternations, neither with serums, vaccines and toxins, nor does the law directing and governing the use of the Materia Medica postulate anything but the simple substance.

Contrary to some opinions in the homœopathic ranks, the Materia Medica is a simple unit and capable of individualization, just as a sick man is a unit and must be individualized as a unit. Intelligence teaches that men,—mankind—are units, each with a peculiar and particular individuality which distinguishes the one from the other. The same is true of the Materia Medica, each remedy being a unit and must be so considered and individualized so as to distinguish it from another remedy or individual drug unit. Unless the law of science is strictly adhered to and obeyed in treating the sick there will be many fatal misfits. For a remedy not similar in its provings to the

sensations of the sick is a misfit and can not be employed with any other but negative results.

The Homœopathic Materia Medica is the only Materia Medica based upon a scientific foundation and capable of intelligent application. The truth of this is proven countless numbers of times at the bedside and demonstrated beyond a doubt in the laboratories. For this reason it stands as firm as the mountains of the west and challenges the most critical investigation; it is as unimpeachable as the law of gravity; it is as accurate in its application as human intelligence can make it and as certain in its favorable results as the growth of grass in a rich soil after sunshine and a warm rain. To understand and apply it requires unceasing study.

Its Resources.

The resources of the Homœopathic Materia Medica are limited. The marvelous plant life of the surface of the earth, minerals and metals from the bowels of the earth, animal and insect life, together with certain elements of the deep and limitless expanses of the air—all contribute to the "healings of the nations." Since these several kingdoms supply us with such a vast column of potent material it seems to me more than idiocy to declaim, as some of the learned men do, against the useless provings, the mass of unintelligible symptomatology, inert substances and a "confusion of dope."

Its Expression.

The Homœopathic Materia Medica, when properly proven, expresses itself in sensations on the organs and tissues of the normal human being. This must be done to ascertain the location and nature of the sensations as expressed in human language. A dog, a rabbit, or a guinea pig can not convey to human mind the location of a pain caused by a drug, nor can they tell the nature of the pain as to whether it is a burning, stitching, or drawing pain, neither can they tell what will aggravate or ameliorate the pain; all of which are imperative to an intelligent application of the remedy. It is from the expression

given by a conscious normal individual when under the influence of a drug that man can select intelligently and accurately a remedy for one afflicted with a natural disease.

How Obtained.

By this is not meant the substance of the drug but its use. A Materia Medica is valueless if there is no intelligent use made of it.

It may be pertinent to ask, having selected the remedy, how do you obtain an accurate knowledge of the curative power of a drug substance? By proving, as already stated, these substances on the healthy, normal, intelligent human being. Experiments —you can not make provings on dogs, rabbits or guinea pigs and other species of animal life,—give us an accurate knowledge of the pathological effects of the drug but it does not give us the sensations, the nature and location of pain, nor the discomfort; nor any of the modalities of heat, cold, light or moisture. A disordered function expresses itself in discomfort and to know what this discomfort is, we must be told whether it is an ache, a burning, darting, drawing, gnawing, pulsating, stitching or some other discomfort. We must know, also, what part of the organism is affected, when it is most intensely affected, and what contributes to its aggravation and amelioration. These things can never be obtained from a dumb animal.

Since natural diseases produce various discomforts at various hours, days, or seasons, and may be intensified or ameliorated by heat, cold, light or moisture or change of position, and, since drug substances administered to the healthy, intelligent human organism produces similar—not like—discomforts in the various tissues and organs of the individual, and upon the sensibilities and the will, thereby producing an artificial or drug disease similar to a natural disease, what can be more rational in the cure or amelioration of a natural disease than the administration of a drug which in its pathogenetic effects produces sensations very similar to the natural disease?

We challenge a more rational, sure, safe and positive procedure in the cure of sick humanity.

Its Application.

The successful application of the Homœopathic Materia Medica is governed by the law of affinity or similarity. Let us introduce this proposition, that there is an inherent power for good or evil, wealth or poverty, wisdom or foolishness, sickness or health in every individual, and it needs but a spark to kindle the flame of the one or the other and set it in motion.

Every material substance found in the Homœopathic Materia Medica has an inherent power, latent, and remains so until liberated and when liberated it is capable of most wonderful results. But, to be effective, this liberated drug power must be administered to that array of natural phenomena, similar in nature, for which it has a magnetism or affinity, and on a plane commensurate in power which it is to subdue. The results are often instantaneous. The motor, the trolley pole and the wire are inert until brought into contact with a power, unseen and intangible, when it is liberated, the car is set in motion, the lights throw out their rays and the radiators give their comforting heat. These things, in brief, are included when we speak of the Homœopathic Materia Medica.

Dr. Emerson: That reminds me of a case I had last winter. A lady eighty years old, about twenty miles from where I lived. The daughter-in-law came to see me and gave me her symptoms. I concluded she had a cancer in her abdomen. They did not know what to do on account of her extreme age. I went carefully over the history. As a young lady she had had malarial fever. Her medicine pointed to Zincum and I prescribed Zincum in the 10M. In a week's time it was reported that she was improving. She went on, is still alive and well.

Dr. Richberg: I was much interested in the doctor's paper. I always feel so ashamed of myself when I give one medicine and they improve and then go back, but if I got to be so well recognized as Dr. Dienst, I would not be ashamed of it.

Dr. Stearns: Dr. Richberg has struck to me a most important thing and that is the trouble we have sometimes in finding the right remedy in the early manifestations. Dr. Dienst

found the remedy and it was the remedy all the way through and I don't know how Dr. Dienst could have found it sooner. I always put that up to myself—why couldn't I have found that in the first place?

Dr. Becker: By consulting Benninghausen's pocket book and our clinical records that show the predominant action of that remedy on the gall bladder, he might have gotten to the point a little sooner.

The President: These are two very interesting cases. The first one is of especial interest to me because I have had in the last two years several similar ones. You will notice in Farrington's "Clinical Medicine," under the heading "Variolinum" the indications—pain while sitting in a chair from the pressure of the front of the chair under the thighs, not necessarily a broad pressure but a pressure in one place. Another good symptom is pains in the heels, especially while sitting.

Dr. Becker: Dr. Dienst's paper had three lessons for me—one of them was patience, more patience and more patience.

Another was to do the best you can, study the remedy for the patient and then don't worry. The destinies of life and death are not in our hands.

The third one was that we cannot study the Materia Medica too much. We should be studying intensely and intently all the time, and the better we are up in our Materia Medica the better we are fitted to handle cases.

Dr. Dienst: I have very little to say except that I did not present these cases to show skill of prescribing. I presented them to show that you are doing just what I did, and you cannot get out of it. This is not characteristic of all my work by any means.

In the first instance with the coal merchant I was on trial. There was a large family, some of whom were patients before and because I did not cure them, they went back on me. This man was the key to the return of that family. And that is why I cited that.

With reference to my good old Frenchman, a man dear to me, I don't know why—possibly my sympathy got the better of my judgment—often your sympathy does get the better of

your judgment when you sit and talk with good friends and people who have all the confidence in the world in you, you are apt to make a mistake, as I did.

The third point is this—we are driving from morning to night, calling hither and thither and we are in a hurry. You sometimes think you have covered a case when you haven't, and you need a little stirring up sometimes to stop long enough to think. You are all guilty of that too.

In conclusion, let me say that I thank you for your criticisms and I want to say that I wish it were possible for we Homœopaths to spread constantly farther and wider every day. I wish that we men had just a little less work and a little more time to demonstrate the almost omnipotent power of the homœopathic remedies.

Dr. Green: I would like to suggest that this most complete paper would better come under the Bureau of Homœopathic Philosophy than under the Bureau of Materia Medica.

Dr. Richberg: I am very much hoping that with the advance of Homœopathy as we leave the chains of the old school and those that we whisper among ourselves and among others, that the time will come when we not only will test foods for medicines on all sorts of animals, but we will cease to believe that what's good for a guinea pig does not necessarily prove it is good for us. It seems to me that question is run into the ground. I don't know how we can believe it does us any good to test these things on those whose lives are not human and then say it is human and so on and so on. [Applause.]

Dr. Dienst: The last speaker reminds me of a picture I saw when I was a little boy when this liniment was put on the market. A picture of a monkey pouring the liniment on itself and under the picture—

"If I am Darwin's grandpa,
It follows, don't you see
Whatever's good for man and beast
Is doubly good for me."

TO WHAT EXTENT DOES PREMATURE SPECIALIZATION INFLUENCE THE STUDY OF MATERIA MEDICA?

DANIEL E. S. COLEMAN, PH.B., M.D., F.A.C.P., NEW YORK, N. Y.

The lack of knowledge of homœopathic materia medica and the inability to prescribe the indicated remedy with regularity and precision is too manifest today. The political advancement of our school can be nothing but an empty shell if therapeutic power does not keep abreast. Homœopathy was founded on a law of cure and its foundation must be preserved if the superstructure is to be prevented from crumbling into dust. What are the causes for this lack of confidence in homœopathic medication?

The advance in general medical knowledge does not present sufficient therapeutic achievement to place Homœopathy in the rear of the ranks in the march of progress. Homœopathy still remains the most potent means of treatment today.

We are deluged to the point of choking with new methods of treatment but none can replace the doctrine of Hahnemann. The efficiency of a hospital seems to be based more on diagnostic accomplishment and the keeping of endless records, rather than on therapeutic achievement. No one ever inquires why Bryonia was not prescribed for this patient, or Arsenicum for that. If for any reason, however, the urine fails to be analyzed, explanations are promptly in order. While it is extremely necessary that proper examinations should be made, and sufficient records preserved, it is vastly more important to prescribe the correct remedy.

It is an obvious fact that technical knowledge can only be acquired when the cardinal principles are fully understood. It is hopeless to attempt to make a homœopathic prescriber out of one not thoroughly familiar with the philosophy of our system. Comprehensive instruction in this subject should be given to the undergraduate student at the very beginning of his medical studies. Materia Medica study can only be of advantage to one possessing adequate understanding of the fundamental doctrine upon which our materia medica is based. If a student is taught

the philosophy of Homœopathy and later is given a clear, practical and sensible insight of materia medica, he is in a fair way of becoming a good homœopathic prescriber when he is graduated.

I have always held that men of great clinical attainments and wide therapeutic experience should head the Chairs of Materia Medica in our colleges. To instruct students in the practical application of the art of therapeutics necessitates, on the part of the teacher, knowedge only obtainable through years of active general private practice. While the laboratory worker is a necessary adjunct, he can in no way replace the experienced clinician. Animal experimentation can occupy a minor place only in the teaching of materia medica.

It is necessary for the young graduate to bear in mind that he is simply a beginner, and that perfection can be obtained only by long study and application. If this new addition to the medical profession, fresh from his commencement exercises, should discontinue application to materia medica, Homœopathy would, to him, drift rapidly into oblivion.

Years ago fewer young physicians were found in the specialties. It was considered necessary for one to be in active general practice for a number of years before hoping to be successful in any one particular line. My first preceptor, the late Dr. Joseph W. Howe, Professor of Clinical Surgery in the New York University, and an eminent member of the profession, said to me one day: "No man can be a good surgeon (not a mere operator) unless he is a competent physician." He never gave up his general practice.

There is a great tendency for young men, immediately on leaving college, to rush into a specialty before acquiring an adequate understanding of general medicine. This is a grave mistake. Great members of the profession, like Alfred Loomis, the elder Janeway, Austin Flint, Timothy Field Allen, William Tod Helmuth, Martin Deschere, etc., possessed great general medical knowledge. Sir James Mackenzie, the eminent heart specialist, spent years in general practice, including surgery, before entering his chosen field.

Especially is premature specialization harmful to the cause of

Homœopathy. The embryonic physician, as yet unskilled in homœopathic therapeutics, narrows his development by adapting one single branch in the vast field of medicine. This should be done only after a broad, general conception has been acquired. In studying the technical requirements of his specialty, he is only too prone to neglect the pursuance of materia medica, forgetting his most potent therapeutic weapon. Homœopathy can be applied in all specialties.

What then is the remedy for this undesirable condition? Greater time spent in general practice and study of materia medica, with its homœopathic application, before entering a specialty. For, after all, the premature "specialist" is, as Dr. James Krauss once remarked, simply "a contracted general practitioner." The true specialist, one who becomes such after considerable general practice, will find in Homœopathy a true, tried and faithful friend.

Dr. Richberg: I want to say a word because I have been so impressed with the general knowledge of the professors I have encountered in our profession. I have never yet had occasion to consult a specialist among the Homœopathists but what seemed to be a good practitioner who knew as much and that much more as I did. I don't think that applies to the average specialist I have known in other schools. So I feel at least we have an understanding of that paper.

Dr. Reed: I am always interested in anything of that kind. I graduated from college in 1889 and in 1895 I graduated as a specialist from the college of New York. I had the degree conferred upon me by Timothy F. Allen and he gave us particular caution at that time that we must not intrude upon the field of the general practitioner. That has been some time ago, perhaps something over twenty-five years, and I have been mixed up more or less with specialists ever since and naturally with the general practitioner, and I am more and more impressed with the utter impossibility of a man being a competent specialist unless he has first had general practice. I had practiced some before I graduated as a specialist so that I had about seven years in general practice and I think they were the best years

of my medical life. I see the boys today getting out of college, setting themselves up as specialists, and what do we see as the result?

Today there is an effort to bring about what they call team work, organized team work, and they are going to send all of us fellows to the back woods. That is to say we must have a surgeon, we must have a nose and throat specialist, an eye and ear specialist, a lung specialist, a stomach specialist and a general specialist, all of this team work, and the patient is to be passed around from one to the other and consequently pay a fee to each. That would be a very nice thing and it will appeal to a good many of the unthinking rich people who go entirely by theory and what they hear.

Dr. Taylor: That is one of the best papers I have ever heard. Dr. Coleman always writes a good paper. This exemplifies one thing I want to call attention to. We hear it said now and then, why it is simply put out as a smoke screen on the part of those who practice Homœopathy, that they should get together and there should be no antagonism on account of potency. Dr. Coleman uses the lower potency quite often and I am quite sure you never heard any half criticism for what we maintain is adherence to the law of cure. There is no criticism of a man because of the potency he uses, and this attempt to set potency up as the difference between the real Homœopathy and the other fellow is simply a smoke screen to conceal his inefficiency.

Dr. Coleman is one of the best men we have. He always writes a good paper and this is so unusually good that you cannot add anything to it. You can only commend it.

Dr. R. G. Reed: I want to tell a little personal experience I had, possibly an accident, I don't know. Dr. Erni could possibly tell you better.

I used to be a great sufferer from hay fever and after moving down into the southern part of Indiana where they have two kinds of mosquitoes, one working by day and the other working by night, I had a most beautiful attack for about six weeks of hay fever. Following that I had a terrific cough. I coughed clear down to my heels. It seemed that I was hollow or some-

thing. I said to a friend of mine, a doctor over in Louisville, "I surely must have a polypus in my nose." He examined me as best he could and said he couldn't find such was the case. I went to Dr. Erni, for I lived close to him and I was over there one evening talking to him. I said I wished he could help me get rid of the horrible cough I had, that I most surely had a polypus in my nose. He gave me some medicine. I took it for a week or two and my cough was no better. He said what I needed was something more deeply acting and he gave it to me. He didn't tell me what it was—it wasn't any of my business, but after I had taken that a short time, going down the street one day, I gave an awful toot and there was something about the size of a good-sized oyster dropped on the sidewalk—a polypus that they couldn't see. That was about twenty-six years ago and I have had no trouble since. Then I asked him what the remedy was and he said Calcarea fluorica 30.

A HEALTHY PATIENT—EXCEPT FOR AN ERUPTION; ITS TREATMENT.

ELOISE O. RICHBURG, M.D., CHICAGO, ILL.

The patient was a rather majestic, tall and well-developed young woman, with a genial business-like manner, evidencing fair education and culture through home associations. She knew nothing of Homœopathy, its intent or practices; but had learned to shun doctors, believing that she thus ran fewer risks.

A friendly chiropodist who, in times of need always turns to me, had occasionally suggested to Miss L. that she do likewise, repeating the suggestion after she, during a professional call, admitted a peculiarly annoying eruption.

Previously, a number of "pimples" scattered over the right breast and chest, had appeared, developed as pustules, sometimes itching, slightly sore,—matured, discharged scantily and disappeared leaving no trace.

More recently, a patch in the axillary region came—was more objectionable because it could not be easily concealed, oozed a

watery, sticky fluid and had an embarrassing odor. The patient was immaculate in attire and her business demanded cleanliness in every detail.

At her first appearance at the office, she announced herself as "Perfectly healthy," with considerable self-satisfaction; but she wished very much to be relieved of this embarrassing blemish if it were possible without surgery.

It was very dark, almost bluish-red; in size and shape like the palm of a large hand. It should be classed as either or both erethema venenatum or intertrigo. After learning of her distaste for doctors, I naturally suspected more or less self-medication; otherwise there might have been sufficient friction in that region to warrant the presence of erythema intertrigo. Sometimes the name distinction is useful psychologically.

When Miss L. lost her fear of violent measures, she also admitted a life-long constipation which *might* have caused her considerable distress but for her good fortune in securing years before from an old doctor, a good friend of the family, a prescription that she prized highly: Very small pills made up chiefly of fruits and senna and perfectly harmless. She never would think of going to bed without one of those little pills, sometimes she seemed to need two or three.

In justice to the faithful M.D. long since gone to his reward or punishment, she stated her belief that her excellent health was largely due to those little "fruit pills." She admitted that bloody and terribly painful stools were usual, but recognizing the cause as blind hemorrhoids, she could hardly expect less—without resorting to surgery, from which she recoiled.

After a brief talk on the general disadvantages of the female "of the species," she added, "Oh, yes"—and her menses, usually premature, were ushered in with distressful symptoms, both mental and physical—which ceased with the establishment of the flow—the latter being very thick, dark and clotted. This was, in brief the "perfectly healthy patient."

Her tongue was wide, thick, dark and trembled on protrusion, catching on the lower teeth.

While I hesitated between what to me seemed rather conflicting indications, wishing I had the clearer intuitions of many

of our members, I decided to risk "zig-zagging" the prescriptions, rather than sending her to her distant home with no effective treatment for a week. Sulfur, Psorinum and Graphites, each whispered its key-notes; but she received that day, January 30, Lachesis cm. and twelve pink powders as "eliminators."

February 14th, she reported, "I feel neither better nor worse; but my under-arm is nearly normal,—there is still a little moisture, heavier than perspiration, and also a slight odor. Following your advice, I eat an apple every night and use plenty of bran with my cereal; but do not quite get results that the fruit-senna pills gave me without a tablespoonful of milk of magnesia."

Because of the severity of the recta pains, I ignored my better judgment and repeated Lach. cm.

The next two weeks showed no change at all and on the tradition that Lachesis sometimes loafs on its job, unless stimulated —on March 1st she received one Lycopodium cm.

I afterward learned that to carry her through a rush season, she had resorted to Aspirin and continued plenty of milk of Magnesia!

I was unable to give her the attention her case deserved just then; but we had a thorough understanding as to what she might and might not do, before she received on March 29th, Psor. 1M. The package of pink powders that accompanied, undoubtedly did all that one could expect; as she has repeatedly assured me that she was never as well the day after she did *not* take one of them.

The rectal trouble seemed very persistent. I consulted the slip repertory before the next prescription, following which I have used only Sulphur—high—twice. She had one of the papular eruptions on the right breast, brief and immature, but similar to the original. Nothing more worthy note. She writes, June 4th: "A physician told me several years ago that I had an enlarged gall-bladder. Do you think so now? I am apparently really *well* except for the slight rectal reluctance."

I have given in detail this wabbling treatment, hoping that among those with a wider experience in skin diseases, there be

those who, feeling free to criticize, may suggest something helpful for such puzzles.

Dr. Stevens: Of late I have tried a certain method with people who come to me with chronic troubles and among those coming with constipation, having taken cathartics. I don't mean to establish a habit of doing the same thing to all my patients but this has helped in a great many cases—giving about four doses of Nux vom. 16X four nights in succession, and in some cases the constipation has been thoroughly removed by that and the other symptoms brought more clearly.

In some cases the thing that has puzzled me is that the other symptoms seem to melt away as well. Where I was planning to give Lycop. or some other remedy, that has not seemed necessary and the patient has gone on to great improvement simply for the Nux vom. which I simply give as an antidote to the drug which they had had.

Dr. Sherwood: Although to perfect a cure, there were three remedies used, from the doctor's original description of the case the picture seemed Lachesis. I wonder if Lachesis might not have been the remedy that would have eventually effected the cure. I think this patient was one of those who might have been cured had the Lachesis been given in the same potency to begin with, as the potency which she gives the credit for curing the case, the 1M instead of the CM.

Dr. Richberg: With reference to Dr. Stevens, it has been my habit, also, to give Nux vom. very usually, that is, where I find they have not only drugged themselves with laxatives but other things. It clears up the case so thoroughly very often I don't have occasion to continue the treatment. I had intended to but my mind seemed to react against it and I thought in this case I would vary it and not try Nux vom. and see if I could treat on the symptoms as presented.

As to the other remark as to Lachesis, I have wondered myself after I learned she had taken Aspirin and was always doing other things she ought not to, because she was too busy to wait, if Lachesis might not have completed the cure.

THE EFFECT OF NATRUM MURIATICUM IN HIGH POTENCIES ON GUINEA PIGS.

GUY BECKLEY STEARNS, M.D., NEW YORK CITY

Last winter, an experiment was made to ascertain the effects upon animals of drugs in homœopathic dilution. This was done under the combined auspices of the Trust Fund for Homœopathic Research and the New York Homœopathic Medical College.

Because of its peculiar relation to our everyday life and to our materia medica, Natrum muriaticum was selected as the drug. Guinea pigs were selected as the animals.

The purpose back of this experiment was to treat, by modern laboratory methods, the problem of high dilution. We were not interested, except incidentally, in what Natrum muriaticum would do, but only in whether it would do anything. Therefore no animals were killed. We ran Natrum mur. up, in accord with Hahnemann's directions, to the 200th in our laboratory, but for the 1 m. we used the hand-made potency of Boericke & Tafel. Distilled water was used as the diluent. Our original intention was to run the drug up ourselves to as high a dilution as we would use, but making the 200th took so much time and labor that we decided to use a reliable stock potency for anything above the 200th.

It is interesting to the users of the higher dilutions to know that Boericke & Tafel have the 1000th potency of 100 drugs, all run up by hand as Hahnemann directed; that is to say, one thousand vials were used for each drug. Mr. Schaefer and Mr. Boericke, who did the work, died long ago and the initial cost has never been realized.

Our first experiment was made with twenty animals; ten provers and ten controls. The 30th of Natrum mur. was given to the provers. The two groups were kept in separate hutches.

In the second experiment, Natrum mur. 200th was used, with fifteen controls and fifteen provers. These thirty animals were kept in the same hutch; this was an error, for it proved difficult to distinguish the two groups when they were mixed.

The third experiment was made with sixty animals; these

were divided into four groups of fifteen each. One group was used as controls, and the other three were used for the 30th, the 200th, and the 1 m. of Natrum mur. respectively.

As part of the third experiment, those guinea pigs that had been on the 200th but had stopped giving symptoms were put on the 1 m. but were kept in a hutch separate from the other animals to which the same potency was being given.

Our laboratory was a wooden shack about 15 by 8 feet, which had been left on the college grounds by some contractors. It was heated by a small coal stove. The hutches occupied one side of this building in two tiers of four each. All the animals were fed and cared for identically.

To the provers we gave daily three drops of these potencies of Natrum mur. in distilled water, and to the controls, daily, three drops of distilled water. Within one week all of the provers began to show effects, but at the end of about six weeks, although they were receiving the drug daily, they ceased to show symptoms. Those on the 30th and on the 1 m. showed more symptoms than those on the 200th, the 1 m. provers showing the greatest effect. Those which had first been given the 200th and then the 1 m. showed the greatest and longest-lasting effects of all. In fact, some of this group, after three months, have not yet returned to normal.

The animals used were about two-thirds full grown.

The following effects were observed:

1. Within a week, all provers lost weight. Their weight stayed down for two weeks, then went up somewhat and then went down again, varying throughout the proving. The controls gained steadily.

2. Before the end of the second week all the provers became less active than the controls. Upon opening the hutches, we found that the controls were alert and moved away if one attempted to touch them. The provers would be more indifferent, frequently allowing themselves to be touched. The ears of the provers drooped, whereas the ears of the controls were always up and alert.

3. After feeding, all of them lay around for a while, but the

provers scattered about the hutches as though wishing to be alone, whilst the controls rather huddled together.

4. The animals appeared to be more sensitive to extremes of temperature whilst proving, curling up with the cold or lying about languid from the heat. Also they were apparently more susceptible to pneumonia whilst proving, though less so afterwards.

5. When at the height of the proving, a characteristic posture was to lie with the back hunched up and the abdomen drawn up, not as though in pain but as if they felt sickly and dumpish. They also did not control their legs as well as usual, resting more on their haunches with their feet spreading off to one side.

6. They got puffy about the jaws, with obliteration of the hollow between the head and the body.

7. Three of the 1 m. provers had wry neck—this may or may not have been due to the drug.

8. The time when the animals showed the most obvious effect of the proving was in the afternoon about 4 o'clock. Sometimes, when excited or hungry, the provers would become animated and many of the effects would not be manifest.

9. The eyes lost their lustre and became watery and, in some cases, had a clear mucous secretion. In a few, a white film appeared.

10. Several developed a left-sided sticky, brown, mucous nasal discharge.

11. The appetites of the provers were more variable than those of the controls. They would lose their appetite for bread but would drink the milk and water in which it was soaked.

12. The provers urinated more than the controls.

13. There was an apparent diminution of sexual activity among the males of the provers. A few of the females aborted.

14. Cough. This occurred as single, racking coughs which seemed to come from below the diaphragm and caused the animal to hump its back. This began, in some cases, within two or three days, and lasted throughout the proving. No controls developed this symptom. The cough always occurred more in the middle of the day.

15. Many of the provers had more rapid heart action than the controls.

16. Their hair fell out and became sticky and lost its gloss. At the height of the proving, the hair tended to part in a streak lengthwise of the body.

17. A few of the provers that died showed, on autopsy, a foecal impaction and gangrene of the gut. None of the controls showed these effects, but not enough experiments have been made to warrant our attributing these effects to the drug.

The above were the observed facts in these experiments, but this is only a preliminary report, as the experiments will be continued on a more extensive scale next year.

Characteristics of the Guinea-Pig.

The guinea-pig is neither a pig nor from Guinea. Its true name is cavy, and it belongs to the family of rodents. Children are admonished that if they lift a guinea-pig by the tail its eyes will drop out; perhaps this is true, but the guinea-pig has no tail.

Some think that because it is so often used for experimental purposes the cavy must resemble human beings. This rodent, which at maturity weights two pounds, resembles a human being no more and no less than a rat does. He is more lovable than a rat but not nearly as intelligent.

It is a native of South America, where it is made a household pet, and a table delicacy as well. Perhaps "cavy fricassee" would be delicious, but their amiable qualities as pets rather endeared them to us so that to eat them would have seemed like dining on one of the family.

They are timid and stupid, and not responsive to human attentions. When hungry, however, they will crowd about the hand that feeds them and, when tamed, cautiously creep toward a hand extended to them, stretching forward their necks and sniffing and nibbling at one's fingers. They are never vicious, but their teeth are sharp and they do nip a finger now and then. Invariably they qualify as "cute" to visitors and tempt the stranger to introduce an unwary finger between the wires.

Mr. Zukauckas, my student assistant, trained one to nip the finger thrust into the cages and every visitor was introduced to that animal first. The guinea-pig did not mind, and he created an impression of fierceness that saved us a great deal of outside meddling. In religion they are Mormons, their family life being strictly polygamous. Four wives were allotted to each gentleman cavy in our hutches. They live sociably together except for the males, who fight until the one who is boss firmly establishes himself.

Their period of gestation is from 63 to 70 days, and they produce from one to four offsprings at a birth. One cavy wife will present to her husband about twelve infants a year. The young are born with hair and with their eyes open. In a day or two, they are eating greens and hay with their parents. The mothers have only two teats.

Their life is ideally communistic, the young nursing indiscriminately from different mothers. Normally, the young nurse for about three weeks, but some of ours, in cases where the mother died within three or four days of birth, thrived and grew up. For food, they require plenty of green stuff to maintain resistance, and plenty of hay for roughage. Of the latter they eat an astonishing quantity. To prohibition the guinea-pig is indifferent, for if he has plenty of green stuff he does not require even water. We found that a suitable diet was hay for bedding and roughage, supplemented by a dish of oats, and all the green stuff the animals would eat twice a day. To this we added bread first soaked in water, and then milk added to that.

The guinea-pig is classified as a dumb animal, but we learned to recognize six distinct vocal expressions. One is produced by the animal, standing with its haunches low, its fore-legs braced so as to hold its chest high, its neck stretched forward, opening wide its mouth and giving a series of shrill squeals and ending several octaves above high C. This we have not interpreted, but when we first approach their hutches in the morning and speak to them, often one of them will give forth this sound. It seems for all the world like an operatic effort. The second is a more subdued squeal, several octaves lower, and is clearly a demand for food. The third sound is a pleasing, low-keyed

murmuring squeak, unmistakably an expression of contentment. The fourth is an alluring continued purring, used only by the males, and is seemingly a serenade. The fifth is a squeak of resentment and fear, when the animal is unskillfully handled. The sixth is like the squeak of a crow and is emitted only when the guinea-pig is hurt. These animals are extremely delicate and susceptible to pneumonia. Every change of weather brought about a few fatalities so that, during last winter, we lost all told, about thirty per cent of our stock. One of our anxieties of last winter was that we must be so attuned to variations of weather that a change in the night would awaken us, and we in turn would telephone over, awaken the night watchman and have him make sure that the fire in the shack was all right. One single slip on a cold night might result in the loss of all our animals just in the midst of an experiment which had been weeks in the making. They are as susceptible to summer changes as to winter changes. Many of our animals were found dead of pneumonia after a sudden drop of the thermometer, and this without any previous sign of illness. Some would give symptoms sufficiently early to permit us to prescribe for them, and then, of course, many were saved. Bryonia was the only remedy that helped, and the 30th seemed to be the best potency. Apparently many wild animals in captivity easily get pneumonia. It occurs to me that one reason for the susceptibility of the cavy is its small thoracic compared with its abdominal capacity.

In some localities, distemper kills a great many, and the Department of Agriculture bulletin warns us of the dangers of indigestion. This past year was a hard one for cavies throughout the country. Any one interested in rearing guinea-pigs should write to the Department of Agriculture for its bulletin on that subject. All homœopathic work undertaken with animals should be conducted by a man who likes dumb creatures and whose attitude toward all their expressions of emotion is understanding and humane.

Dr. Richberg: Before something much more important is introduced, I would like to ask Dr. Stearns if any of the guinea-pigs showed irritation and responded to sympathy very readily?

Dr. Stearns: One did. Whether it was because of that nature or not I don't know, but my student prover found that one of the animals was always whining, went off into the corner by itself and it seemed to be a sort of a fault-finding animal. Anything that only happened once, however, we didn't particularly observe. Most of the things were gross things.

Dr. Emmerson: When the guinea-pigs coughed would they cry?

Dr. Stearns: Their eyes were watery but I never observed that they cried. In fact, one would cough here, one there, and with fifteen guinea-pigs you couldn't tell which one was coughing.

Dr. Sherwood: Did any of them have a headache or want to commit suicide?

Dr. Stearns: We only have the six expressions of their language so we didn't know, but, as Dr. Dienst said, you don't elicit that sort of sympathy from animals.

Dr. Sherwood: Dr. Stearns made the statement, I think, that he used some of the funds that were put into the Foundation. I think I was solicited for that fund and I withheld with suspicion. I am glad I didn't contribute to it when I know where the money went. I am absolutely against it because the old materia medica provings are good enough for me and we haven't heard a thing that has helped to teach us how to prescribe Natrum mur.

Chairman Brown: I think the speaker would have welcomed anything that would enable him to tell to the world there was something in his medicine. If Dr. Stearns can demonstrate to us positively and to others, there is a power, that is worth something.

Dr. Horace Reed: I would like to make a remark from the standpoint of the student. I have just received my diploma from a school in which a man teaches materia medica who is lauded all over this country as a wonderful materia medica expert. I would like to remark that if something of that kind had been shown up to us as students to prove the power of the potency, rather than having us give half grain doses of a remedy, the mother tincture in doses, the 1 and 2X and the higher potencies

over the 30, scoffed at and said there was no power in them, it would have been a wonderful help to us. Now there would be some proof to the student in this work, combined with the vivisection work given in the Ohio State University, and would show us that together with the action of the remedy there is an action of the potencies, and prove the power of potencies as well as the action of the remedy. I think that work is just as good, and to my mind a whole lot better than a great deal of the work we are getting in the homœopathic colleges.

Dr. Sherwood: I probably should apologize because I might have gotten Dr. Stearns' efforts mixed up with the usual efforts of the laboratory of trying to prove a remedy on a guinea-pig and then giving it to the human being because it produced a certain effect on the guinea-pig. But if Dr. Stearns is doing it simply for the purpose of studying the potency and how it will affect the animal, tape-worm, ring-worm or angle-worm, I am perfectly willing to say, "Go ahead." If he can show the potency has power, all right go along.

Dr. Taylor: Dr. Stearns stated specifically that was the sole purpose of the effort—that potentized remedy had effect, not for the purpose of curing some human being.

I am very glad to hear what Dr. Reed said. I suspected when I heard so many laudations of the methods going on in the now defunct Ohio Homœopathic University, the methods of proving drugs and teaching people how to cure, and when a gentleman said to me, "The time has passed when you can tell a student these are the symptoms and on this they will cure," that it wouldn't last long. In other words, he meant we have become so degenerate as a people we are not willing to accept the things which enabled Hering, Lippe, Hahnemann and the founders to become the greatest leaders ever known; we have become so degenerate we are not willing to accept the methods by which they cured and we must have methods that lead to the extinction of the Homœopathic College in Ohio.

Dr. Horace Reed: With regard to this one remedy, I have heard a graduate of our college, graduated last year, say to me he had no faith absolutely in Natrum mur. as a remedy. He graduated from that school.

Dr. R. G. Reed: I want to thank Dr. Horace Reed for what he said because one of that faculty, a pathologist, came down to Cincinnati to our Lyceum to tell us how to do things and to tell us how the time had passed for the old ways and that we have to treat intelligent people when they come to us and we have to explain to them how these things are done. "Why," he said, "talk about your CC Arsenicum, we hand that out in half-pound doses and it has no more effect than that much sugar of milk."

Dr. Mitchell: A number of years ago I became acquainted with Natrum mur. One morning I had a very sick patient and he couldn't speak English very well. He managed to tell me that his wife was awfully sick from one to four o'clock every afternoon, usually with 104 degrees of fever during that time and after that his wife had no fever at all. As soon as he told me that, I had the remedy—two or three doses of Natrum mur. fixed the case up.

Dr. Taylor: Somebody raised the point of provings, etc., a professor in the College of the State of Ohio and the contention of the teacher. We must have those kind of provings to cure sick people.

As to what Dr. Stearns thinks of this, I want to read: "The first thing—the clinic is the acid test of the principles and practices of Homœopathy—that's sound. The future of Homœopathy depends upon correct interpretation of its principles and correct technique in its application. Research and new provings will not avail unless these principles are followed and proper technique employed."

Isn't that good enough?

Chairman Brown: I will ask Dr. Stearns to close the discussion.

Dr. Sherwood: In closing, Dr. Stearns, will you tell us how much this experiment was able to teach the students who observed it?

Dr. Stearns: The way I have tried to make Homœopaths of the students is a different problem. They were told of this and observed this. Only my student assistant took part in this.

Let me lead up to that first, by telling of the surroundings there. This last year I was asked to take the Department of

Materia Medica. I got word in the middle of September when I was off on my vacation. I had three days to get back and telephone around to get my staff ready. We were doing absolutely no research work there. They called for research. Of course they didn't put that to me but it was up to me to develop the work. I determined the one thing above all that I would investigate what nobody had ever investigated—the potency question. In fact, you men know you are called Hahnemanniacs and high potency cranks—I have been called so I presume that is my reputation, but that doesn't bother me.

Don't make any apology; if you don't believe what I say—say it, I don't care. My work is as I see it and what I am doing. Another thing about the cost—I bore most of the cost of this. I am pretty much the trust fund for Homœopathy research in New York. Very little money has come from anywhere else. I have a man who will give me money any time I want it and I haven't called on him yet.

One more point—what effect this had on the students. I don't depend on this or any other experiment with animals outside of the clinics, to prove to my students Homœopathy is a fact, or to prove Homœopathy. [Applause.] I take my students into the clinic and the student does the prescribing—I don't. I have nothing at all to do with it. I sit over that bunch of students and teach them how to take a case and they take the case and from that time on they take them so they can be prescribed for.

The next step is the analysis of the case. I put the questions in such a way they are bound to analyze the case and get into the habit of analyzing.

The third step is the use of the repertory, and the selection of the remedy from the materia medica. I never let them prescribe from the repertory—they have to prescribe from the materia medica. The result is that the student finds the remedy and in a section of eight students everyone will come to that remedy before they get through. If they don't come to the one remedy, we go back and say there is something wrong; that this is an exact science and we must get the same remedy.

We have three doses, the 30 potency, the 2M or the 1M—

those are the three we have on hand. We give one dose; when the patient comes back, improving as they invariably do, what is the thing to do? Let him alone. That's the answer. They follow their cases week by week until the improvement stops. Sometimes the patient comes back with secondary reaction and they say what is the thing to do? Repeat. They go all along until the real time for repetition follows.

That is what I teach them—Homœopathy is worth something, and I teach the students that the potency is worth something. They get the results. I want the students to go out and say, "Here, I can show you a picture of guinea-pigs we have as subjects in this high potency." Now you can see why I take Natrum mur.

THE INDICATED REMEDY.

C. M. BOGER, M.D., PARKERSBURG, W. VA.

Remedies are presumably given for reasons that seem sufficient to the prescriber; yet if we examine all the kinds and sorts of prescriptions, even those made by men guided solely by a more or less charted natural law, we are soon convinced of the preponderant influence of the personal equation.

While the use of a good repertory tends to limit this bias, yet the power of penetrating behind the scenes and viewing the mighty movement of the corporeal vital forces, is not equal in us any more than is the faculty of correctly discerning symptom values.

Vast difficulties confront the best of prescribers. For them the getting of an accurate and complete record of everything, big and little, pertaining to the patient is perhaps the major task. Certainly a shrewd cross questioner has a great advantage. The man who is able to draw out the reticent, guide the loquacious, and finally get the facts minus the opinions of his patients and perhaps hold in check his own—is certainly to be envied. I venture to think that no novice can do this well. Its final accomplishment means years of patient toil, if done alone, and a most thorough drill if learned at school.

The true symptom image once obtained, calls for the accurate fitting to it of the nearest similar remedy. Obviously there are various degrees of similarity and were the similimum the prerequisite to any degree of success at all, many subscribers would soon be in a sorry plight. A crude similarity may be all the aid nature needs to help throw off some present encumbrance. The use of remedies that only palliate, remove or suppress single symptoms or parts of disease is seldom for the best. The drug whose effects most perfectly resemble the salient features of the case in hand is the only one capable of touching the hidden springs of action which release the power so necessary for fully harmonizing the conversion and expenditure of vital energy.

The reaction brought about may be of any degree from mild to very intense, depending upon a number of factors. In acute diseases it is often gentle while in chronic cases it is just as often rather marked, coming on very commonly from the fourth to the seventh day. The gentle, but right touch does for the patient all that is humanly possible, so we should inform ourselves most fully in order to make no misstep in applying the nearest to the similimum possible under the circumstances.

We all know that the application of a somewhat similar remedy, if given in a single dose, tends to bring into bolder relief the true characteristics of the case. If however it be repeated too often certain symptoms only will be shorn off, leaving but a distorted and misleading picture for the prescriber, who will then be apt to fail unless he possesses the penetration to include the former as well as the latter characteristics in the symptom complex.

This all inclusiveness is the key to many a difficult case, only the examiner must have the acumen to be able to see the red strand of individualistic indication which runs through the life history of most patients from the cradle to the grave; he will not expect to get anything but a fragment of it from any one sickness or any one particular period of life.

This view of the matter places our homœopathic prescribing on quite a different basis from that heretofore generally held as well as marks off a sharp line of distinction between Homœ-

opathy as she is practiced and the truly eradicative treatment of our Hahnemannians.

Dr. Boger: A few minutes ago while listening to the discussion here I noticed that no one had said anything about the fact that Dr. Hering noticed very soon after the provings made with potencies up to the M that the symptoms which appeared at the longest intervals after the dose were the symptoms which had the greatest value for prescribing the indicated remedy. We ought to remember that. That does away with a whole lot of pathological prescribing.

Dr. Starcke: The skeptics are the very ones to discredit it because of the long time between the administration of the dose.

SYZYGIUM.

MILTON POWEL, M.D., NEW YORK CITY.

Syzygium is prepared from the seed of the East Indian myrtle plant.

Provings made by Milton Powel, M.D., New York.

Potencies used: Syzygium 3x, 6x, 30., 200., 9000.

No other remedy was taken after beginning the Syzygium, which yielded the following symptomatology over a period of six months or more, May-December 23, May 1921. Syzygium was taken every day; t.i.d. four days, b.i.d. four days, then once daily for two weeks.

Most symptoms began to appear a week after finishing the medicine.

20 August, 1921—Syzygium 6x, and after waiting a week the 30th had been taken.

3 Sept., 1921—Syzygium 200.

16 September, 1921—Syzygium 1000. had been taken.

18 October, 1921—Syzygium 9000. had been taken.

24 November, 1921—Syzygium 9000. had been taken.

* * *

MIND. Indifference as to condition.

SENSORIUM. Apprehension of fainting. Had to sit with head resting on arm for twenty minutes. Sense of profound weakness lasting week.

INNER HEAD. Aching in both temples, worse right, coming in waves, spreading up to vertex (6x, second day).

OUTER HEAD. Pain from back to ear (mastoid) shooting up to vertex, covering area as large as palm of hand (3x).

Neuralgic wave over left eye, brief. This the third day after 1000.

SIGHT AND EYES. Lower lids black. Vision as looking through mist. Soon after going to bed at midnight, right eyeball ached for some time. The next day the same pain but not as severe, at 11 a.m., lasting about fifteen minutes.

HEARING AND EARS. Mastoid pain. Pain in right middle ear around drum, disappeared (6x). Return of pain waves, right ear (200.)

SMELL AND NOSE. 23 October, three weeks after taking 9000. —stoppage of left nostril, with dry mouth and breathing through mouth. 24 November—sneezing and watery discharge left nostril, constant throughout day. Repeated 9000. and nostril cleared entirely. The next day, right nostril discharging somewhat, but not as severe as the left had been.

UPPER FACE. Gray pallor. Haggard. Black rings under eyes.

TEETH AND GUMS. Bleeding and tenderness of gums less than in years.

TASTE AND TONGUE. Wakens towards morning with very dry mouth and tongue. Three nights (not consecutive) awakened by a severe pain in tongue as if I had bitten it during sleep, which is probable.

INNER MOUTH. Mouth stiff. First sympom after taking 30. —Puffy swelling in roof of mouth; two spots, one each side of median line; rugæ smoothed out. Lasted only one day.

APPETITE, THIRST. Anorexia. Adipsia. This is unusual, as the prover formerly drank much water.

SCROBICULUM AND STOMACH.

HYPOCHONDRIA. Right, bruised soreness at night on going to bed. Soreness under ribs. Also some left side. Worse lying on painful side.

ABDOMEN. Sinking feeling coincident with attack of weakness or fainting. This sensation seemed to belong to the whole cavity. Distress low down, hypogastric region. Tossing from side to side of bed at night. No relief unless sitting up. No distension. No gas. No rumbling. Constipated for three days; no desire for stool.

STOOL AND RECTUM. Fourth day of constipation a copious formed stool, after great straining to start. Stool neither hard nor of large caliber. Must strain to start normal stool. (3x). Difficulty in starting stool. (6x) (30.) Less difficulty in starting stool. (1000.) Two loose stools after breakfast; same after lunch. (9000.)

URINARY ORGANS. Urine golden color. Large amount of indican. (3x). Previous to proving there was over 8% sugar, 60/70 ounces urine daily. Under proving the sugar entirely disappeared; urine reduced to 38/40 ounces. First night on taking 1000. FREQUENT (hourly) passage of urine all night. Since which time no soreness of bladder. This condition was present under 3x, frequent micturition with aching low in bladder, which disappeared under 3x. Over bladder, tissues cold to touch, (6x). Also sore, aching pain over region of bladder, low down, after urinating; better by warmth and pressure. (6x).

R. kidney sensitive as if something wrong. (Renal colic 10 years ago). From this seemed to proceed the weak feeling. Later, aching at night over region of left kidney for awhile. Desire to urinate when washing hands.

HEART. Conscious of every beat at night, lying down. Pulse regular.

NECK AND BACK. Soreness of coccyx to touch and pressure. (After three doses in three days 3x). Soreness in coccyx returned, worse pressure. (6x). Aching in dorso-lumbar muscles, worse on turning or twisting body. (6x). Left lumbo-sacral region aching, worse rising after bending forward. (200. and 1000.) This lasted longer than before under 9000. Soreness of the coccyx after any potency. Soreness to touch and pressure.

UPPER LIMBS. Aching in bones of forearm early at night, with momentary stinging. Also in left thenar eminence, as if sprained. Also right first finger, first joint. Left arm aching down to fingers supplied by ulnar nerve. (6x). Both forefingers, middle phalanx sore, dorsal aspect; worse pressure, but not worse on motion. (30.) Both right and left index fingers have pains in second phalanges. Left thenar eminence —or, rather where it joins the palm—sharp pain as from a broad blade, momentary; occurred while shuffling cards. (200.) Pains in forearms, radial side, aching extends down into thenar eminence and thumb. (9000.) Pains in thumbs same as recorded. (After 9000. taken over two weeks ago).

LOWER LIMBS. Aching bones both tibiæ, with restlessness. R. ankle and tarsal bones as if sprained, limping, better motion. L. tarsus sore, external border dorsum. Return of pain in tibiæ and forearms early part of night. (6x). Pain L. patella. Not in flesh, but in bone or periosteum. Evening, for two or three hours. Lame from 8 p.m. (200.) Return of pain L. patella as from 200. (9000.) Pain R. heel as if in os calcis —aching for an hour or two, no modalities. Waves of pain top of R. foot, evening. Not from motion. Top of L. foot stinging, burning, as if skin scraped off; morning, on waking. Same sensation inner side R. ankle (after 9000. second time). Both legs, outer side, pain on walking, as if legs would give out. Awakened sometime after midnight one night by severe aching in L. heel (os calcis). For two or three days when standing and walking, sensation as if lower limbs would give way and let me down.

POSITION. Worse lying down.

SLEEP. Early part of night disturbed or sleepless. Pains wake from sleep.

TIME. All symptoms worse at night. Some pains appear after sleep.

FEVER. Internal sensation of dry skin as if chill were imminent, similar to grippe invasion. After a few doses of remedy; not again.

SENSATIONS. Faintness. Profound weakness. Consciousness of heart action, which annoyed. Aching in hypochondria.

Sinking sensation in abdomen. Pains in limbs. Soreness of coccyx. Stinging pains in joints. Shooting, neuralgic pains, scalp, ears.

TISSUES. Bones, joints, scalp, heart, skin.

SKIN. Prickly heat. Miliaria, red, rather purplish. Macular rash, both axillæ, down to waist. Coincident with constipation.

STAGE OF LIFE, CONSTITUTION. Age, 67, male. Diagnosis: Glycosuria for past five years.

RELATIONSHIPS. Sulphur, Pyrogen, Mercurius, Helonias, Opium, Pulsatilla, Lachesis.

NOSODES.

V. TABER CARR, M.D., TIFFIN, OHIO.

Rev. E. D. H., age 35 years.

Mental confusion. Anxiety, restlessness. Crawling in the bed in effort to gather the bedclothes together. Staggers as one drunk. Dryness of the mouth. Intense thirst. Vomiting cold water as soon as drunk. Loss of appetite. Hiccoughs day and night. The intense heat of the summer feels agreeable. Scrotal abscess, the scrotum now many times its natural size. No sleep for six nights because of the delirium. Pulse 130, temperature 99.

Given Pyrogen 30th, followed in one-half hour by sleep which continued for twenty-four hours. An uneventful recovery.

George M., farmer, age 65 years.

Chills alternating with heat in rapid succession and loss of appetite preceding the rapid growth of a purplish tumor on the chin. The base of the tumor and the surrounding tissue indurated. Dircharge watery and bloody. Submaxillary lymphatics swollen large as a hickory-nut—painful.

Given Anthracinum 30th, immediately subsidence of all symptoms. Disappearance of the tumor in ten days.

L. D. S., dry goods clerk, age 23 years.

Wounds slow to heal. Ears externally and back of the ears red and scabby. Discharge thick and yellow. Parts sore and

sensitive to touch. Itching of the ears internally and externally. Loss in weight with the ear trouble 10 lbs. Languid from the summer heat.

Given Sulphur but no response; but Psorinum 10M Skinner completed the case.

Wade C., student, age 16 years.

Sudden loss of hearing. Foul offensive otorrhœa when a child. Otorrhœa in the family history. Irritable, sometimes anger. Very depressed, sadness to weeping. Both ear drums ruptured, declared so by a specialist.

Given Psorinum CM Skinner, in three weeks time hearing returned as suddenly as it left.

Clarence R., machinist, age 28 years.

Dulness of the right and left lower lobes of the lungs. Coarse mucous rales in the upper lobes of the lungs. Dull aching in both lungs which is worse on coughing and deep breathing. Sputum thick and greenish. Profuse perspiration during sleep and least exertion. Restlessness all of the time. Dull pain in the head. In a general way worse in the morning. Irritability from noise. Urine dark and very offensive. Vertigo on bending over. Loss of 15 lbs. in weight. Weakness on least exertion. Since the beginning of this sickness very sensitive to the cold.

Given Psorinum 1M, 10M, 50M at frequent intervals.

C. J. C., farmer, age 45 years.

Cough on first lying down and on rising in the morning. Sputum thick, yellow and tastes salty. Dull pain under the left nipple extending through to the left shoulder blade. The dull pain worse on breathing. Course mucous rales of the entire left lung. Profuse perspiration during sleep and on the least exertion. Dull pain in the occiput extending to the sides, to the forehead with a sensation of a band around the head. No appetite or hunger. Bread and milk the only food that agrees. Numbness of the hands. In general worse in damp weather. Contracts "colds" easily. Tired and weak all of the time. Lost twenty pounds in weight during the year. When a child scrofula, so called, treated by Sulphur and molasses internally and externally. This was soon followed by cervical

adenitis. Had typhoid fever three times. Family history strongly tubercular.

Bacillinum 200th followed by ascending series of potencies at long intervals restored health sufficient for him to perform his farm work.

This patient has three boys and two girls. Each one of them had eczema though well nourished and with no constitutional symptoms. They all were given Bacillinum 10M and the skin trouble was gone in a few weeks.

Greta N., age 5 years.

After the cessation of a severe loose cough by means of the "heroic treatment" began to vomit food. Emaciated. No hunger. At times craves food, ony to vomit it when eaten. Extremely irritable. Throws things she is handed, what she asks for. Sits in one position hours at a time picking at her nose. Refuses to talk. Obstinate when asked to do things.

Bacillinum 200th followed by a rapid recovery to normal.

Helen S., age 20, student.

Chilliness, the heat of the stove gives no relief. No appetite. Nausea. Soreness in the forehead and the eyes when moving. Face flushed and feels hot. Mouth dry. Tongue coated white with prominent red papillæ. Dreams much. Profuse perspiration day and night. Leucorrhea, whitish. Stools watery, scanty and infrequent. Typhoid temperature. Family history strongly tubercular.

Bacillinum 200th. The temperature and pulse normal in three days' time with a return of appetite, restful sleep.

Walter H., age 3 years.

Dry, hard, deep cough. Cough worse at night. Loud coarse rales in the apex of the left lung, less in right apex. Fine rough rales over both apices. No appetite. Very thirsty. Stools yellow. Continual perspiration on the crown of the head. Says "The pillow feels too hot." Ears red. Feels tired all of the time. Tongue coated, white, with prominent red papillæ on the tip. Cries easily when scolded. Peevish and irritable. Fear of cats and dogs and chickens, during past, only. Desires always to go somewhere.

Given Tuberc. 30. Decided improvement in eight days.

Bureau of Clinical Medicine

GRACE STEVENS, M.D., NORTHAMPTON, MASS., CHAIRMAN.

A PAPER.

HERBERT A. ROBERTS, M.D., DERBY, CONN.

The next case was a man of 27 years of age, no history of appendicitis. He had been ill 24 hours when I was called; had severe pains in the right side of the abdomen; temperature 100; pulse 96; considerable thirst; blood count was 21,500. I had him removed to the hospital, operated upon for appendicitis. The tip of the appendix was almost snow-white, the base was a band and just above the band a gangrenous spot. That man's abdomen was closed and he made a very satisfactory recovery.

A woman 24 years old; never had any disease except measles, chicken-pox and diphtheria as a child. The history of two previous attacks of sudden pain coming on in the abdomen, leaving for two or three days afterward a soreness for which she had not consulted a physician. The present history of the case—she had been on a long automobile ride in the evening. When she returned and went to bed, in the middle of the night she was awakened with intense pain in the abdomen and every time these pains came on there was vomiting, pains continued for two days when I was called. The intense tenderness, marked rigidity on right side of the abdomen, the blood count was 20,600. The pains moved across the abdomen from the right to the left side. The patient was removed to the operating room and an infected appendix was removed.

What I want to say in connection with those two cases is this —we Homœopaths must accentuate more and more what Hahnemann says, that we shall discern that which is curable by medicine, we shall discern that which will cure a case. I fear there is a tendency on the part of we people who are getting such magnificent results from our remedies, as a rule, to take chances and when we have a difficult antagonistic sign that is so accurate as this blood count in these critical cases, we should avail ourselves of it. We can trust then to our remedy so long as you know pus is not forming. Whenever the leucocyte count goes above 16,000 you can almost take an oath pus is forming somewhere in the body, but if you have an appendicular trouble with the formation of pus in the body, the supposition is that it is in the abdomen and pus will come out somewhere. It may break through into the intestinal tract but it is a very serious question whether it will break. I feel sure we should be on our guard.

Dr. Stearns: Dr. Roberts' point is well taken. You cannot drive that home too solidly. If you wait until the appendix has ruptured your chances are very, very slight to save that patient's life. If you have a contraction so that the circulation is cut off that apepndix will rupture as sure as fate, and you will have peritonitis possibly. On the other hand you will know within twelve hours if your remedy is going to hold your case. If it does not hold within twelve hours, then it is time for you to get the surgeon and operate as early as you can.

Dr. Plumb Brown: The only word of warning I wish to offer is the leucocyte count. I have had two cases where there was a count of only 10,000, with pus, a case of gangrenous appendix where we operated within three hours after the attack and found it ready to rupture. I don't know of any other disease that I have to deal with where I feel as emphatic about it. I don't feel easy until the patient is very much better quickly.

Dr. Sherwood: This paper is interesting and I well remember when I first got out of school, after hearing some of my professors talk of believing in immediate operation and others

believing in the remedy, I thought I would act on the latter and prescribe for all cases and get them through. I soon found that even the best of prescribing sometimes had a case that did not clear up. The point I want to make is this—I have never seen a case of appendicitis in a family that are regular patients. The cases that come to me are practically strangers. The point is that appendicitis, or anything else, going back to what Hahnemann said, the first duty of the physician is to help the sick and keep them well, and appendicitis does not occur in a person, adult or child, who is healthy and having a natural, normal daily stool, but it occurs in those who are habitually constipated or have a tendency to constipation, and if we will keep those people well by means of diet and simple things, and doing the proper thing, we will have no appendicitis.

Dr. Richberg: I asked Dr. Taylor, whom we regard as a very fine surgeon, at one of his talks on appendicitis, if he had in his long experience any cases that he could remember that had not been addicted to laxatives, troubled with constipation, and he said not one.

Dr. Becker: With reference to the last speaker's remarks about not knowing any victim of appendicitis who had not been using laxatives, that's about the same as saying you never met a subject of small-pox who had not been baptized. The whole country is addicted to laxatives. In Canada they are used as freely as in the United States, and in the United States they could not be used more freely than they are.

In the olden times when I was a young practitioner, cases of inflammation of the bowels came up freely. That was before Dr. McBurney mapped out the district for us. We did not know the focus of infection at that time but the deaths were remarkably few. We have had far more deaths. I have watched the course of appendicitis generally under treatment and compared it with the old condition of affairs. I think the first five years of my practice I saw only one death and that was a case where I was called in consultation. The deaths were remarkably few and the patients when they got better seemed to remain better. Occasionally we did have recurrent attacks and those were the cases where an operation did good. Con-

stipation preceding an attack of appendicitis is quite reasonable. This talk about cutting out the appendix as being an unnecessary organ is altogether wrong—it is there for a distinct purpose. It will get diseased—every part of the body will become diseased. I have had not more than three operations for appendicitis and I have cured cases and they have stayed cured, and I fancy so will every other Homœopathist who has the patience to wait. Of course in extreme cases operation is necessary.

Dr. Boger: I am glad to hear Dr. Becker's conservatice remarks and I think we are leaning a little too much toward surgery. I have only seen a few deaths from appendicitis. We are often called in where the case is extreme and nothing can be done by anybody.

Another point is this—the fact that the appendix ruptures is not necessarily fatal. The number of appendices that have ruptured and the patient got well is comparatively large. Of course you all know about the anatomy of the appendix and the wonderful arrangement there, but it is rather a common thing to be called in to a case where it has already formed a wall there and we don't rush to the knife right away. There is a wall around the pus there; prescribe the remedy and see where you are.

Now to jump at that conclusion is rather hasty. What does the surgeon do? He cuts that open and puts in a tube, treats it as an open abscess. Of course we do have the fulminating cases. Nothing but the knife would save a fulminating case, I believe, and when the pulse begins to go up you have a fulminating case. I would plead for a little more conservatism and not jump at the conclusion that you must have the knife right away.

Dr. Stearns: The problem is entirely a matter of balanced judgment. We, as a body, need courage to keep our judgment always on tap, flexible.

The physiology of the appendix is interesting. It is exactly like the tonsils. It is one of the preparatory canals of the blood and the late Dr. Joseph Frankel offered $500.00 to anyone who would bring him a case of appendicitis where the tonsils were

intact. When the tonsils are removed the burden of the training of the white blood cells is thrown on the appendix. No one ever claimed his $500.00.

Dr. Roberts: There is very little more to be said. True it is that we need conservatism when it is safe and it is a matter of judgment. But I want to warn you this—that we as Hahnemannian Homœopathists look only to these dangerous cases, and they are all dangerous, we fail oftimes and get a pus abscess or a gangrenous abscess that is serious in its results. I believe most firmly if you get a case of ordinary appendicitis that the remedy will prevent the formation of pus. These cases that I reported where we operated had been sick two or three days before I was called and the remedy would have had no time to act. Neither had I any time for the remedy to act because gangrene was already there. I believe it is a matter of extreme danger to the life of the patient when that gangrene is in the abdominal cavity with no free way out. If we had gangrene somewhere else, where it would not do intense damage, it would be all right.

In regard to the removal of the tonsils, I think that is a point that is pretty generally demonstrated and I firmly believe that the promiscuous removal of the tonsils is something which precedes appendicitis.

CHRONIC NEPHRITIS.

PLUMB BROWN, M.D., SPRINGFIELD, MASS.

"Just the art of being kind—
is all this sad world needs."

Kindliness is an art of great therapeutic value, but nowhere does it exert a greater beneficient influence than in the home or sick room of one suffering from chronic inflammation of the kidney; the victim of toxic absorption, resulting, primarily from faulty metabolism.

In dealing with this subject at this time, it is not my purpose to theorize as to the etiology, pathology, symptomatology, or diagnosis of the varied forms of the malady.

Each one has his own theory as to the etiology, the laboratory reveals the pathology. We all recognize the symptomatology and the diagnosis is comparatively simple; but the treatment——.

I have come to you in my perplexity to confer with you in unbiased frankness about a few of the problems with which I have been laboring during the past winter. We are told in section ninety-five of the Organon, "When inquiring into the state of chronic diseases, the particular circumstances of the patient with regard to his ordinary occupation, his usual mode of living and *diet* must be well considered and scrutinized."

A carefully regulated and well balanced ration is of great value but the manner in which the food is taken is of much greater importance.

My universal diet rules, which I consider paramount, are, eat sitting erect and in proper form, masticate each mouthful thoroughly; never take liquid of any kind in mouth when you have food in mouth. Never eat when tired no matter how hungry and "Eat thy bread with joy."

All of this must be done and in addition the indicated remedy, selected according to the totality of the symptoms must be administered.

With your kind indulgence I wish to present, from my records, six recent cases illustrative of a few of the varied phenomena of this disease, also causes, failures and seeming successes.

Case No. 1. Chronic parenchymatous nephritis resulting from a severe attack of scarlet fever ten years ago. A desperate case in which I failed utterly. December eighteenth, nineteen hundred and twenty-one I was called in consultation out of town, to see Miss B—— a teacher by profession, twenty-six years of age. The following day we removed her to our local hospital. Family history negative.

Ten years ago the patient had a severe attack of scarlet fever, since which time the chief medication given has been a course of Arsenauro tablets at irregular intervals and varying duration. She had never been on a carefully restricted diet.

Two weeks before I was called she was taken with profuse

menorrhagia and for these two weeks has been under so-called rational treatment, Ergot, Iron, Digitalis, Strychnia, etc.

She was greatly depleted, very anæmic, unable to retain any food and but very little water, bowels constipated, pulse 120 and irregular, mitral lesion, unable to lie down, apex beat one inch and one-half to left and one inch below normal, systolic pressure 198, diastolic 120. The urine was scanty, acid, dark, cloudy, specific gravity 1004, urates, phosphates, 12% of albumen and numerous granular casts were present.

She complained of a great deal of flatulence, sense of fulness after eating, some vertigo, eyes blurred, tongue coated, dry cough < by talking or eating, much palpitation, able to sleep but very little and this restless and disturbed by troublesome dreams. Lycopodium c.c. and later c.m. was given and for a time conditions seemed improved. In about two weeks the general odœma began to increase very rapidly. Here Arsenicum album, Apocynum can. and a little later Apium virus seemed to help for a little.

The abdomen became so distended and I was unable to get relief from any of my remedies for more than a few hours. The respiration was so embarrassed that we aspirated and drew off a large amount of fluid which gave only temporary relief. This was repeated three times but despite all means at our command death came as a relief March first, nineteen hundred and twenty-two. After death the venous blood was nearly a solid coagula. Forgive us our shortcomings. In this case Lycopodium gave great relief, I censure myself severely for not doing more for this case as I feel that the young lady should have been helped.

Case No. 2. Chronic interstitial nephritis following an attack three years ago of "Spanish flu." Master B—— a school boy of eleven years had a severe attack of Spanish influenza three years ago from which he has never fully recovered. December fifteenth, nineteen hundred and twenty-one I was called to see the lad as he was passing bloody urine, "almost pure blood." Family history was negative and the boy had always been well previous to three years ago.

At this time he had a slight fever, very anæmic, rapid thready

pulse, systolic pressure 152, very poor appetite, bowels constipated, tongue red, headache with some vertigo, urine scanty, cloudy and very bloody, specific gravity 1009, acid, albumen and granular casts. As there was little vesical tenesmus I prescribed Terebinth c.c. The hemorrhage was entirely controlled in about ten days.

He complained of much pain in his back of burning character, burning on urinating, pain across scapula, all attended with great prostration. Helonias 6x was given for a long period. Terebinth and Helonias were practically all the medication he received.

At the present time he seems well, good appetite, gained flesh, better color and strength, urine analysis is negative.

Case No. 3. Chronic parenchymatous nephritis resulting from ulcerated tooth. Miss Ruth—— eight years of age—nothing of especial note in family history save parents and grandparents were people of no reserve, seldom sick and never well.

For fourteen months a left upper bicuspid had been troublesome at irregular intervals. I advised extraction but the dentist maintained that it was a fallacious notion of a homœopath. The notion proved a reality and the tooth was extracted and revealed a good abscess, but the damage to both heart and kidney was done.

The heart was enlarged, mitral regurgitation, pulse very rapid and at times irregular, very anæmic, greatly prostrated, very restless, complains of a great burning in stomach and throughout entire alimentary tract, no appetite, bowels constipated, urine scanty and burning, specific gravity 1010, very acid, albumen and granular and hyaline casts. Arsenicum album 30x was given and for several days following improvement was marked.

The bowels became very stubborn and the patient began to bloat all over, face, arms, abdomen, and lower limbs. Merc. corr. c.c. was given and seemed to help the bowel action very much, but the bloating continued and embarrassed respiration and the circulation so that I was obliged to aspirate the abdomen and drew from four to nine pints of fluid each time for five times covering a period of seven weeks.

During this period she took Helonias 6x, the action of the kidney improved gradually, the laboratory reports were improved. Following this there was a great deal of intestinal fermentation, much flatulence and distention, always worse in the afternoon and much brick dust in urine. Lycopodium 30x was given with marked relief.

Arsenicum album, Helonias, Merc. corr., Lycopodium and a few intercurrent doses of Lachesis c.c. as a cardiac stimulant and Bryonia alba 30x for a troublesome cough and intercostal pains at irregular intervals, have apparently completed the cure so far as the kidney lesion is concerned as the urine has for months been free from any evidence of renal disturbance. Any suggestions as to remedies to repair the damaged heart will be most thankfully received.

Case No. 4. Chronic interstitial nephritis dating back to infancy. Mrs. C——, twenty-seven years of age. Father died of chronic nephritis and acute uræmia when patient was five years of age. Mother living and well. I have cared for her and prescribed for her at intervals during her life. Last September Mrs. C—— consulted me and gave me the comforting announcement that she was five months pregnant and had been feeling very well until the last week.

I asked her for a sample of the urine and as I expected found it as follows—very acid reaction, specific gravity 1004, one and one-half grammes albumen, granular and hyaline casts.

The patient was very anæmic, some general œdema, bowels constipated, eyes blurred, a great deal of headache, with much burning across scapula. I prescribed water freely, milk and lime water and Helonias 6x. To my surprise she improved. A little later I gave Lycopodium 30x for the troublesome flatulence —bloating after eating, black spots before the eyes—and rapid pulse especially at night in bed.

November twelfth, nineteen hundred and twenty-one Mrs. C—— began to have labor pains and reported that she had not felt any life for about two weeks. We were unable to detect any fœtal sound. She became very nearly blind, was badly bloated and began to show signs of muscular twitching between labor pains.

An anæsthetic was given and with difficulty dilation was completed and she was delivered of a lifeless male foetus at five P.M.

She had one or two slight convulsions following but after taking a few doses of Gelsemium these were controlled. Lycopodium 30x was given in broken doses and at irregular intervals. The patient made a slow but uneventful recovery.

For the excessive fatigue, aching of back and legs, urine still albuminous and great burning when voiding urine, I gave Helonias 6x. She reported that she felt the effect almost immediately and was certain that those tablets were just what she needed.

At the present time she is in about her normal health, slight trace of albumen is nearly always present. Will some one kindly tell me what to do or give her to complete a cure.

Case No. 5. Chronic parenchymatous nephritis of years standing complicated by mitral regurgitation and moist gangrene of both legs. December tenth, nineteen hundred and twenty-one I was called to see Mrs. S——, sixty-eight years of age, unable to get a very satisfactory family history.

Upon examination I found urine scanty by day, profuse at night, specific gravity 1008, urates and phosphates were present in excess and one-half gramme of albumen with numerous granular and waxy casts.

The face, hands, arms, body and limbs were greatly œdematous. Heart action was irregular and very rapid, mitral regurgitation. Dyspnea was most troublesome. Face was sallow, manner dull, tongue coated, bowels constipated, no appetite, troublesome hacking cough, very restless at night, unable to stand on feet alone, limbs from knees to ankles nearly black, large sloughing areas exuding profusely of a discharge typical as to character and odor of moist gangrene.

Arsenicum album 30x was given with regulated liquid diet, and Calendula dressing locally applied to legs. A very guarded prognosis was given—but to my surprise she improved and has continued to improve.

She voids urine but once during the night, and the laboratory report shows improvement in every respect.

In January she had several attacks of syncope and every indi-

cation of cardiac failure, skin cold and dry, completely prostrated, seemed dazed, talks incoherently, complains of pressure in cardiac region.

The bowels feel tense and there is frequent and at times involuntary urination. A few doses of Nux moschata relieved as by magic.

Arsenicum album has been the chief remedy given with an occasional intercurrent dose of Lycopodium for troublesome flatulence and irritating cough and Equisetum for too frequent and too profuse urination. And Nux moschata for cardiac failure.

These have constituted her medication. At the present time, six months from my first visit, Mrs. S—— is walking about her home, sitting on piazza, enjoying her meals, her limbs nearly healed and better color and she is looking forward to the time, which she hopes may be soon, when she will be able to discharge both doctor and nurse.

Case No. 6. A case of chronic interstitial nephritis of years standing. Twenty-five years ago last fall I was called to see Mrs. W——, seventy-four years of age. She said she had sent for me to see if I could do anything for her stomach and kidney trouble.

The urine was scanty and albuminous with several granular casts. The bowels were constipated and at times very loose, appetite was very poor, nausea and distress in stomach especially in the morning, tongue coated white with a very bad taste in the morning.

Nux vomica 6x was given. I have tried the lower and higher potencies of Nux vomica on this case but 6x seems to be her attenuation.

In January, nineteen hundred and twenty-two she had a severe attack of double pneumonia which < the kidney trouble for a time.

She is still taking three doses of Nux vomica 6x each day and is at the present happy and enjoying life with less wrinkles on her face than most at fifty, notwithstanding the fact that she has had for all of these years a contracted kidney, has buried three husbands, brought up and buried seven children and will,

if she is spared until August ninth of this year, round out a century of life.

Surely homœopathy does prolong life. It clears the path and strengthens the sinews of youth. If the span of life is shortened homœopathy smooths and mitigates the transition.

It helps keep us young in body, soul and spirit and helps retard "the day when the keepers of the house shall tremble and the grinders shall cease because they are few, and those that look out of the windows be darkened."

Dr. Green: I should like to suggest that perhaps in Case 3, I think it is, where the Doctor states where the grandparents of the patient had never been strong, it might be a deep acting chronic remedy of the metal class or it might be a nosode.

Dr. Stearns: I think that is a very remarkable group of patients. I am much interested in the Helonias and I would like to know the keynote for your Helonias.

In regard to the heart, we have these chronic endocarditis cases with the crippled valves all the time, and it would be extremely interesting and valuable if we could get some way of helping them to restore their valves. In one case I cleared up—a case that hadn't gone on for too long a time, I used Sulphur. Dr. John B. Campbell of Brooklyn recommends Calcarea fluorica for those chronical crippled valves.

Dr. Richberg: To have trouble with valves seems to be sort of a fad again now. I have had several patients that I have cured with pink powders. They felt much relieved.

Voice: Eliminators?

Dr. Richberg: Yes.

Chairman Stevens: Dr. Brown will close the discussion.

Dr. Brown: With regard to Dr. Green's suggestion, I might find some remedy for the little child's condition but as her family runs to allopathic treatment, it is almost impossible.

A CLINICAL CASE.

GEORGE E. DIENST, M.D., AURORA, ILL.

PERI-HEPATITIS.

Mr. D., age 72. Canadian Frenchman.

This man is an old soldier, having served through the Civil War. His army life was a rough one. Exposure, the want of proper food and care and a severe attack of erysipelas while in the army nearly cost him his life. After his discharge from the army he was employed as a freight brakeman on the railroad.

Many years ago he developed marked symptoms of rheumatic-arthritis with severe temperature which almost prostrated him. In this condition about ten years ago he came to my care. I was able to do him a great deal of good so that he could perform his duties with greater ease than before. Apart from an occasional attack of coryza he did very well.

In July, 1921, he was taken with a severe carbuncle on the nape and occiput. In spite of all I could do this grew to be nine inches in length from ear to ear and four inches in width, severely honey-combed and very painful. He carried a temperature of about 102-3 degrees for several weeks. I feared at one time that he would not survive.

The first remedy given was Arsenicum. This was run through a few ascending potencies and when it ceased to give any relief I changed to Anthracinum 10M. This turned the tide and improvement, though slow was permanent, and with scarcely an apology of a scar left to show the severe difficulty we had to deal with.

He was in very good health until this last winter in the latter part of March, 1922 when I was called. He had been taken with a sudden attack of vomiting and nausea. When I arrived I learned that he had been sawing wood, became quite warm and sat down on a block and cooled off too quickly. This appeared like an acute attack of gastritis. He seemed to respond to the remedy given and I heard nothing more for nearly a week, when I was hurriedly called and found him in a severe

chill. This began to look suspicious. I told him he was on the borderland of some severe trouble but could not yet tell positively what it was. This chill occurred in the evening, characterized by severe shaking until the entire bed shook and was followed by a very high temperature which lasted sixteen hours.

There was no history of malaria and yet this appeared to be of a malaria type. Again he responded to treatment and remained pretty well for about five days when he was taken with another severe chill and excruciating pain in the hepatic region. The region of the liver was very sensitive to touch. Severe stitching pain on inspiration and motion. He could not lie on the right side without severe pain. Tongue was very dry. He had an intense thirst for nothing in particular except water moderately cool. As these stitching pains continued when perfectly quiet I gave him Kali carb. 1M in water, one dram every four hours. He seemed to improve, there were no pains for several days, when he was again taken early in the morning with a violent chill. Palpitation and ausculation revealed no focus which might indicate an abscess, although the general conditions pointed to an abscess of the liver.

My diagnosis was peri-hepatitis.

Now then, because of his being worse at night, perspiring without relief; the tongue very dry and severely coated and with an endeavor to ward off an abscess I put him on Merc-sol. 1M. in water, a dram dose every four hours.

This was on a Monday and he again responded fairly well until Friday morning when the chills returned. This time there was thirst before the chills. The chill itself was a violent shaking chill. No thirst during the chill but great thirst afterwards. It seemed to prostrate him. He began to sink rapidly and I feared he would not survive. I then began to consider consul and thought that if the chill returned I would have consul.

Saturday morning the chill returned with increasing severity. I now feared absorption of pus and the necessity of operative procedure. I called consul which after a most careful examination could find no abscess but diagnosed it peri-hepatitis complicated with an occlusion of the common duct and advised

opening the abdomen and draining the gall bladder, the man still being under the influence of Merc-sol.

A conference with the family secured their consent and I arranged to take him to the hospital on Sunday afternoon and made all preparation for an early operation on Monday morning.

On Sunday morning at about 10 o'clock, after thinking it over the man seemed to collapse. I was called and found that he had been delirious; that he had had a stool, the fæces being almost white; that during the past twenty-four hours the abdomen was considerably distended with frequent emission of flatus of a foul odor. The family and the patient refused to proceed any further with regard to the operation and told me to do the best I could with medicine for if he is to die they wanted him to die at home.

I felt the responsibility keenly. I knew my patient very well and was very fond of him as a man. The great weakness, the borborigma, the offensive flatus, the nature of the chills led me to change my remedy to China. I prepared some of the 30th in water and directed a teaspoonful dose every three hours until we could see marked improvement. The interval between doses was then lengthened day by day until he had but two doses daily. Improvement began at once and continued and with a few doses of the 1M potency at lengthened intervals my good man had made a splendid recovery, and at this day he is doing nicely with practically all the organs working normally.

The lesson here is this: First, the possibility of making a mistake in diagnosis and acting on the mistake.

Secondly: Operative procedure in this case would certainly have resulted in death.

Third: The remarkable efficacy of the indicated remedy is vastly superior in the majority of cases to operative procedure.

A Clinical Case.

Mr. A., age 42 years. June third, 1921.

A coal merchant. Was always in fair health until four years ago when he contracted right-sided sciatica. He was under different doctors' care and had various serums injected and

some teeth extracted without relief of pain. Two years later had more teeth extracted, the tonsils removed and the leg put in a plaster cast, all with no relief from pain. He was then advised to try some springs in the south and west which he did with negative results.

The condition as I now find it is pain extending from the right hip joint to the heels. The pain is of a stinging nature and aggravated by standing. He was relieved by lying, relieved by cold applications if damp. There is no swelling of the limb nor has there been any. The pain in the posterior portion of the leg is characterized as a stitching pain and catching pain on attempting to move. He has been unable to do any work all this while. Has some headache. General condition better in the open air while the leg itself is worse getting cold. Has a sensation as of a shortening of the cords of the leg. Colocynth 10M.

June 16th. There is some relief but cannot walk without severe pain. Heretofore, he could get around without very much pain but ten days after taking Colocynth the pain was very much intensified on walking. Valerian, 200th, four powders, one every fourth day.

June 30th. He now reports that the sciatic nerve feels as though it were an inch thick. This came on soon after taking the Valerian and lasted twelve hours when it gradually departed. He is now better in every way, seems to be better than for some months. The cords do not feel as short as they did. Valerian 200th, four powders, one every six hours.

July 19, 1921. Can now cross leg without pain. Is doing nicely, in every way. S.L.

August 11, 1921. Improvement has ceased. Matters seem to be at a standstill. Valerian 1M. S.S. three powders, one every five days.

September 12, 1921. Doing nicely in every way except some discomfort on first motion after sitting or lying. Valerian 1M.

November 12, 1921. Slight return of old symptoms. Valerian 1M.

Since then the patient has been discharged as cured and is attending to his work as he did in former years.

CLINICAL CASES.

C. M. BOGER, M.D., PARKERSBURG, W. VA.

I. History of severe syphilis, leaving large scars on the nose. Had much strong medicine including a course of 606, after which five Wassermann tests at long intervals showed up negative. In spite of all this he came to me with a beautiful case of mucous patches which Lachesis 200 quickly removed. Some months after this the following symptoms suddenly appeared: Violent throbbing over the right eye coming daily between 10 and 11 A.M., with soreness of the scalp, eructations, violent palpitation and generalized numbness. He would come into the office holding his hand over the eye and groan with pain. Headache with eructations occurs under Apis, Arg-n., Calc-c., Camph., Iodium and Magnesia mur. He had in all probability been heavily dosed with Iodide of Potash and Biniodide of Mercury. Symptoms were closely matched by symptoms No. 48, 53 and 70 of Iodine in the Chronic Diseases. This in the 30th gradually relieved him for one week, then a relapse. He now received Iodine 1m three doses which cured the neuralgia entirely.

Atrophic Pharyngitis.

II. 1. Patient had been to many specialists and at last gave up hope.

2. Had flu three years ago; since then left trapezius muscle is contracted.

3. Strange shuddering creeping ache in upper occiput spreading to forehead and down back. Forehead feels tight and drawn. Burning spots on head, changing about. Jerking here and there at night.

4. Scanty milk when nursing; swelled mammæ.

5. Scratching sensation in ears.

6. Throat looks glazed and feels like having a burr in a dry spot in it, first on one side then the other.

7. Cranky, irritable and worries over her condition.

8. Noise aggravates. ℞ Lac canin MM one dose acted for five months. She remains well.

Pruritis Vulvae.

III. 1. Dull ache behind eyes and through temples.

2. Leucorrhœa, milky or clear, thick, very gluey; causing intense pruritis vulvæ, burning and swelling.

3. Very nervous and sensitive to noise of children. ℞ Tarentula 1M cured.

1. Gushes of milky leucorrhœa causing rawness between labiæ with swelling and heat < touch.

2. The attacks cause nervousness, impulse to profanity, restlessness and sweating.

3. Craves raw foods.

4. Is five months pregnant. ℞ Tarentula 1M cured.

Petit Mal.

IV. 1. A miss aged eleven rolls her eyes under closed lids; has loud snoring inhalations having a peculiar metallic tone.

2. The left eye seems smaller.

3. Frequent scanty urine.

4. Neck often pains her.

5. Fright, screams and turns pale about the mouth.

6. Sore chest < coughing.

7. The appendix is sore.

8. Can't keep up in school and has been excused from attendance. She looks stupid and on the verge of imbecility.

Since one dose of Merc. cor. 12 she has developed splendidly and looks quite a normal girl now.

Eczema of Face.

V. 1. Reddish puffed face < under eyes covered by an oozing, itching, smarting eruption, forming thick crusts from beneath which pus oozes; scratching causes burning. Itching scalp.

2. Sleepy, reticent and indifferent.

3. Fulness in right ear, with scabs in it.

Scabs with pus beneath. Bov., Merc., Mez., Thu.

Bovista 45M made a quick cure.

Renal Colic.

VI. I want to again call your attention to the power of Polygonum saggitatum over renal colic. It is too effectual in these cases to be lightly passed over.

Nervous Exhaustion.

VII. 1. Glittering points before vision on stooping.
2. Sprained feeling in right parietal bone.
3. Trembling; easily tired.
4. Noise causes pains all over her.
5. Agg. Nervous excitement. ℞ Therid 50M one dose.

Syphilis.

VIII. A man having but one eye came under my care for syphilitic iritis, but I failed to hold him and he returned to his specialist. This occurred twice, but when the third attack came he decided to trust homœopathy fully. A few doses of Gelsemium high removed the whole trouble. After a number of months a bilateral eruption appeared on the backs of his feet, spreading downward and between the toes; this quickly turned a blackish color and gushed forth quantities of acrid serum of an exceedingly foul odor, which stuck the toes together and covered itself with crusts, all in all, presenting a most repulsive sight. He was obliged to change hose two or three times a day and was almost incapacitated for work. On the 13th of last December he received a single dose of Silica 12, which started a very slow but progressive improvement and he is now, after six months quite well.

Mitral Insufficiency.

IX. A man having congenital mitral insufficiency was attacked by severe cramping pains in the left humerus waking him from sleep. A single dose of Valerian 50M not only removed these, but he is now in much better health.

Sepsis.

X. Two cases of chronically recurring chills due to septic invasion of the gall bladder. China MM a single dose cured.

Genus Epidemicus.

XI. 1*st* Case. 1. Convulsive movement of alæ.

2. Miscalls things.

3. Spasmodic yawning, with vomiting.

4. Red face; lies with head low. Congestion to head.

5. Frontal headache.

6. Pulse very large; full. Temperature 100. ℞ Zincum MM one dose.

2nd Case. 1. Whirling vertigo with violent staggering; < least motion, rising up and tobacco.

2. *As if eyes were drawn together.*

3. Frontal ache, then nausea and vomiting.

4. Trembling of arms < now; originated in an injury to neck four years ago.

5. Blood pressure 180. ℞ Zincum MM one dose.

3rd Case. 1. Violent vertigo, must lie down.

2. Throbbing in left frontal eminence; throbbing in left thumb.

3. Pains in spots over body. ℞ Zincum MM one dose.

Asthma.

XII. 1. Asthma, when roses bloom or at hay fever time, > elbows on knees.

2. Bursting headache > pressure.

3. Can't bear tight neck band; feels stuffy.

4. Agg. Nervous excitement, night air or overeating.

Amel. Coffee. ℞ Lachesis MM one dose and has had no attack in seven months.

Recurrent Appendicitis.

1. Sharp pain over appendix, < violent motion.

2. Flatulence, with smothering shortly after eating.

3. Occipital ache < exhaustion.

4. Profuse menses with dysmenorrhœa.

5. Very foul, dark stool.

6. Hot blooded; *can't endure blankets or wool.*

7. Sweaty feet.

8. Tonsils swell on taking cold.

9. Amelioration lying on painful part. ℞ Psorin MM one dose cured.

XIV. 1. Sharp sore pain through knees < right or up into hip < flexing leg; they feel as if injured; cracking in knees.

2. Wakes at 2 and can't sleep until 6 A.M. Nervous.

3. Aching in coccyx < lying; former injury to it followed by carbuncles along spine. ℞ Arn. MM one dose, was followed after two weeks by a *weakness in anterior thigh muscles,* but disappearance of all the other symptoms.

XV. 1. Large purple boils with aching clutching pains in left groin and occiput; contents mostly dark blood.

2. Was blood poisoned by a cat bite. ℞ Crot-hor 200 removed all symptoms; in three months the occipital clutching only returned but was quickly removed again by a single dose of Crot-hor 1M.

XVI. 1. Little darts outward, then aching burning in left nipple and breast.

2. Lumbar backache > rubbing and walking about.

3. Cough with purulent expectoration.

4. Pain under right scapula.

Outward dartings in nipples is covered by Cyc., Gel., Mez., Ol-animale and Stannum. One dose of Ol-animale 6C removed all symptoms for a period of six months, then there was a slight return, which another dose removed permanently.

CASE REPORTS.

JULIA MINERVA GREEN, M.D., WASHINGTON, D.C.

Just a few cases to show some of the more interesting and unusual phases of the day's work:

1. Mr. C. M. P., Nov. 3, 1919:—two days ago ate "hot dogs" at noon, then went to a party in the evening and overate. That night began to hiccough and has kept it up with short intermissions since, even when wakens in the night. Worse

after eating. Stomach feels upset, an aching in it and nausea without vomiting. Diarrhœa today, first painless, then with cramps. Hyos. 2c three doses three hours apart cured promptly. Feb. 3, 1922: Same sort of attack with disturbed stomach and eructations. Hyos. cured again.

2. Mrs. D. H. B., July 26, 1919: Good health always. Has attacks of migraine and of fainting.

For two or three years: Pain in both shoulders, arms, hands, *in small spots* and in streaks; dull aching and sharp shooting whole length of the arms. Causes stiffness; cannot raise arms to the head. Numbness at times but no lack of power. Deep-seated, no soreness to pressure. Worse at night; wakens her. Worse touch, motion, first lying down at night. Viol. o. in successive potencies cured by causing pain to leave upper parts gradually, settle in hips and legs, then gradually leave them.

3. Mrs. H. H. S., Feb. 26, 1921:—Pain right thigh extending down to ankle; seems to begin at hip and extend forward to outer knee, then begin at ankle and extend up outer surface leg to knee; drawing on going upstairs and in bed; better stretching. Lycop. 1m cured promptly.

March 26:—Now reports that has had diabetes for several years; has known it since 1919 when operated for removal of thyroid; better until June, 1920, and worse ever since. Thirst and itching severe. All this much better since the dose of Lyc. and test was sugar free on the 11th (has been 4%).

Lycop. in rare doses has kept her wonderfully comfortable so does not mind the disease much. Weight varies little. Urine sugar free part of the time, or else a fraction of 1%.

4. Mrs. E. A. J. Constipated most of her life, now 64 years old. Must sit on stool and strain until eyes bulge and sweats profusely; hangs to the stool and strains hard; stool comes to the anus but cannot expel it, slips back sometimes; when it finally comes, often soft, sometimes hard and dry.

Drowsiness: goes to sleep sitting at table or in a chair.

Swellings here and there, face, forehead, eyebrows, hands.

Legs: reddish patches and spots, later yellow or brownish. Aching, throbbing in these spots. Varicose veins, worse right side.

Tongue very red; tastes as if burnt.

Lips dry, scalded sensation, corners mouth look chapped. Blisters mouth and tongue.

Sensation as if eyelids stuck to eyeballs.

Numbness here and there in spots.

Stiffness all over on starting to move.

Weakness, trembling frequent.

Nux m. made a prompt cure after Alum., Sil. and Nit. ac. had failed.

5. O. C., aged 11, went into pneumonia from influenza in the first epidemic in 1918. Had been under allopathic treatment for five days and was given up to die of empyema. Had had Brown's mixture for the cough and strychnia for his heart.

Lay in a stupor, very pale, some perspiration on upper lip; cringed if least movement or touch disturbed left chest subaxillary region; pulse weak but regular, counting 114. Resp. 48.

After allopathic medicine was stopped, watched for two hours before any symptoms developed; then put feet out from covering; they felt hot and dry. Soon cried out in a weak, high pitched voice that wanted feet rubbed; his mother began to rub and he fell asleep quietly soon to rouse again and ask for more rubbing which again soothed; later said feet felt fidgetty.

Zinc 500, the only potency I had with me. In an hour said chest felt better and moved without hurting it. In two days temperature subnormal and no more fever. In ten days dressed and playing on the floor. Zinc. 10m was given in two days and Sulph. cm during convalescence. This keynote of Zinc. was the only sign given me out of the suppression caused by the strong drugs.

6. Mr. G. B. F. had a severe attack of erysipelas in 1911, involving face, scalp, mouth, throat, nose, ears. Began with shaking chill and high fever, hard aching all over, in bones as if they would break. Headache terrible; soreness scalp marked.

Heaviness chest troublesome.

Faintness, vertigo, nausea.

Swelling of face, nose, throat, tongue so bad was hardly recognizable and had great difficulty in swallowing.

Eyeballs sore; sore all over the body.

Tongue dirty; breath extremely foul.

With a high temperature pulse generally slow and even.

Spells of awful restlessness.

After several remedies without satisfactory improvement, called Dr. Custis who found a red streak down middle of tongue and advised Verat. v. which did not help.

Next day patient began suddenly to imagine himself fabulously wealthy, told his wife all the purchases they would make and the travels they would enjoy. Called Dr. Custis and suggested we give Pyrogen; he advised against it unless pus were present. Pyrogen was given anyway and cure was prompt and steady from that day.

This patient told me afterward that he also imagined that another one just like him was hanging in the air over his bed, another strong feature of Pyrogen.

7. Mrs. O. F. K. Small, flabby, pale, 49 years.

Many mental symptoms in her chronic state:

Happy with head in the clouds, or else in depths of sadness.

Attacks of fear, anxiety; wants to fly away somewhere.

Sensation as if would float away.

Dread of water at times, worse hearing water running. Cannot get into a bath.

Thought of being startled or frightened makes her worse all over, causes a tension and tremor.

Attacks of mental and physical depression when seems almost impossible to get anything done; there is an incompetence and confusion.

Frequent sensation years ago of hot water poured from hips down the legs.

Times when dreads eating or the thought of cooking.

Lockjaw once years ago, for three weeks.

Headache severe in childhood, would pound head against the wall. Headache now preceded by blurred vision.

Muscular rigidity all over for several weeks in an illness twenty years ago; accompanied by great pain in heels and soles of feet; felt as if holes there filled with pus. For a year after this, went downstairs backward; if tried to go forward, muscles would pull and jerk.

Now for many years, much of the time, pain neck, arms, shoulders, worse right side, accompanied by stiffness; cannot move arms or turn head much; cannot dress herself or comb her hair. Cramp in neck which draws whole arm. Sharp pains, after attempting to move, almost take her breath. Severe suffering on trying to turn in bed at night.

Vertigo frequent; full sensation occiput.

Sleep good, has no sufferings to keep her awake.

Perspiration scanty.

Itching all over in attacks; insect bites cause great inflammation.

Constipation with rare attacks of diarrhœa. In childhood, stools involuntary during sleep.

Worse touch, clothing.

Worse going up or down in an elevator.

Worse sweets, cause headache with nausea and salivation.

Worse strawberries, cause burning in stomach.

Oxalic acid is curing this patient after several other remedies were tried with little success.

The first action of the remedy was one of her old attacks of diarrhœa. Then followed a period of itching all over. Then mental state improved wonderfully until she has a much more even state of mind. She began to work with energy, to gain flesh and to look ten years younger. Then she has gradually become more limber until now she can almost fasten belts at the waistline in the back.

In some of these cases, I have presented the whole symptom picture, not as it was given to me, but as I could see it looking backward after struggling with just groups from time to time. If we could get all the symptoms at the start, how much easier the work would be.

HOMŒOPATHIC TECHNIQUE.

GUY BECKLEY STEARNS, M.D., NEW YORK CITY.

In no branch of medicine is the mastery of technique more important than in homœopathic prescribing. At graduation, a

beginning physician probably knows more symptomatology than at any other period of his career. When the interne puts this knowledge to practical test in routine prescribing, the percentage of similima is small; the occasional brilliant cure is not sufficient to keep him enthusiastic about homœopathy through the large percentage of indifferent results.

The student's conception of a drug is different to the complex presented by the patient who requires that drug, because the student's mental picture is that which his inexperienced mind creates from the words of the lecturer whose own picture of the drug upon which he is lecturing is incomplete. Before the student can successfully utilize his symptom knowledge, he must re-arrange it through experience and, therefore, so that this process of re-arrangement may be begun before graduation he should be taught practical prescribing. Since, however, only a small fraction of the best offhand prescribing is perfect, evidently Materia Medica taught by snapshot prescribing in the clinic is not impressive.

There is nothing inspiring to the physician nor to the student about a case that worries along to recovery through half a dozen remedies.

The teaching of the technique of prescribing is entirely apart from the teaching of the Materia Medica.

Prescribing-technique is divided into three steps:

1st: Taking the Case;
2nd: Analyzing the Case; and
3rd: Finding the Similimum.

In order that the symptoms may be in language understood by everybody, they should be recorded in the patient's own words, and in the sequence in which they come to his mind. No direct question should be put which can be answered by Yes or No. After the patient has told his story, and after its points have been filled out by questioning, so that visible conditions, modalities, sensations, locations affected, and cause have been described, he is interrogated as to his general reactions to his surroundings and activities, his digestive, sexual, sleep, skin and mental functions, his past history and heredity.

By thus eliciting spontaneously what is in the top of his mind,

the history carries him through each layer of his experiences until it terminates in his heredity.

To obtain a clear view of all symptoms and their combined significance, a summary of the history as taken should be written out, each symptom being described with its location and its modalities. A wide knowledge of Materia Medica may enable one to prescribe out of hand from this symptom complex, but, for most chronic cases, repertorial study is essential.

Although every symptom expresses the remedy which is similar to the whole, not all express it with equal certainty. So, to determine the most characteristic symptoms, an analysis of the summary must be made. Generally, the more diagnostic the symptom, the less useful it is in prescribing—and the less related to the diagnosis it is, the more it is indicative of the remedy.

Any kind of symptom can be the leading or keynote one, but experience teaches that certain types of symptoms are relatively oftener the leading ones than others, and it is possible to formulate rules teaching where to look for them.

As the whole is greater than any of its parts, the first symptoms to consider in making the analysis are those which affect the patient as a whole; in other words, the generals. If there is one strong general modality, that one is almost certain to dominate the case, because it expresses the constitutional individuality. Remember, in homœopathy we study and prescribe for constitutions instead of symptoms. Among the common generals of importance are "the time of aggravation," "aggravation from cold or heat," "aggravation from being outdoors or indoors," "aggravation from wet weather," "from change of weather," or "before a storm." Frequently, the most characteristic symptom is found among some of the special functions. In the digestive function, cravings, aversions, thirst, aggravations from special foods, and aggravation or amelioration after eating. In the sexual sphere, the general aggravation or amelioration before, during, or after menstruation. Under "skin," local heat or perspiration, and aggravation or amelioration from perspiring. The color of the part affected, the character of the lesion such as ulcers or swellings and the discharges characterize

the patient. Sensations, when well defined, have the value of generalities, as do any strange, peculiar or unusual symptoms. Combined symptoms, such as sweat with pain, diarrhœa preceded by gurgling, etc., are of the greatest importance. Where there are no marked generals, local symptoms may be used. Such symptoms to be complete must be definite as to character, location and modalities. The modalities are the soul of a symptom and are most important. In selecting a modality, where several are present, be sure to pick out the dominant one, *e.g.*, if a patient has a pain better from warmth and lying on the affected side, the relief from pressure and lying on the affected part may be because this keeps the part warm.

The mode of onset or departure of a symptom may be suggestive. The side of the body affected is always important.

The mental symptoms are important, but it is often wiser to leave them until the analysis is completed and the remedies are being compared for selection.

In the analysis, it is seldom that the symptom of which the patient complains most is the most important one, and from the homœopathic point of view, asking the patient what is his chief complaint is not a good way to begin taking the history. Occasionally, when nothing stands out compellingly, a start can be made by asking what of all his symptoms bothers the patient most, or what of all things in general aggravate or ameliorate most; or what of all things does the patient most desire or have an aversion for, or by asking the patient or the family how he acts in his family.

The first symptom only gives a point of departure. It usually applies to a great many drugs—too many to study separately—so a second symptom must be selected for comparison.

To bring down to a workable number the group of remedies which must be compared, a third symptom must be required. These symptoms should be as unrelated as possible to one another.

Seldom should the prescriber attempt to differentiate in the Repertory to a single remedy. Six to eight remedies are a small enough number, and that number can very quickly be compared in the Materia Medica. At this point in case-study, the student

begins to realize that there are several similar remedies, but only one similimum.

In comparing remedies with the case, each symptom can be compared with the appropriate section in the Materia Medica, but frequently a short cut can be made by comparing the mental symptoms only. Here is a good way to gain insight into the real meaning of mental symptoms. Without putting any more questions, size up the patient mentally, and then read over the mental symptoms of each remedy arrived at by the repertorial analysis.

With very little practice, one is able so to size up a patient as to recognize the remedy which depicts his mentality. If in doubt, some of the other symptoms should be compared before prescribing.

When sizing up the mental symptoms, one should be guided more by how the patient says a thing than by what he says. One can always, by looking at an individual, tell if he is stubborn or unsociable or envious or selfish, and so on.

Another way to utilize the mental symptoms is by going over in the Repertory the section on Mind, keeping a mental picture of the patient before one. The rubrics that fit can be selected, and from these rubrics the remedies can be eliminated to a small group, from which the similimum can be worked out in the Materia Medica.

Sometimes nearly all the symptoms must be obtained from those who live with the patient.

When possible, one or more objective symptoms should be used, such as pertain to the tongue, face, or expression. That which is objective can not lie.

The last symptoms to appear must always be considered ahead of the older ones. If, however, acute conditions tend to recur, or do not remain cured after being cleared up by the acute remedy, then the constitutional symptoms should be investigated. In this class of cases it is truly said that the acute illness is nature's attempt to cure an underlying chronic condition. When modalities or other distinguishing characteristics are absent, location and pathology become relatively important. Generally such a case gives a history of some serious illness,

perhaps years before. The patient may date his chronic trouble to that illness, or he may have had two or three illnesses with apparent perfect health between. Very often, the picture of the present remedy lies back in the old illnesses. I never can cure a chronic case where typhoid fever was a causative factor until the old symptoms have been so clearly reproduced that I can find the remedy which ought to have been given at the time of the typhoid, and that may have occurred 30 or 40 years before, and the present case may not resemble the remedy closely enough to find it in any other way.

In every case, the prominent symptoms of all past illnesses should be obtained. In acute conditions, the prodromal symptoms always contain the picture of the remedy. One may not recognize the remedy in the prodrone, but as the case develops the similimum is plain, and next time it can be recognized early. This is very helpful in epidemics.

All of the work in our students' clinic is inductive; only the rules for case-taking being given didactically. Each case represents some particular principle which the student works out by analysis.

The students are divided into sections of eight, and two students work on each case. After the two students have obtained the history, the case is presented to the whole section, and the points are worked out by universal agreement. There is a "Kent's Repertory" and a "Hering's Condensed Materia Medica" for each two students, and the larger Materia Medicas are used for the more unusual remedies.

The question of potency arises at first, but as there is no accepted general rule governing potency, the directions of Hahnemann are followed, and a single dose of whatever potency is decided on is given. As most men use drugs low, and repeat frequently, for the sake of diversity we have used the 30th and higher. When the patients come back improving, as they invariably do, the question is put "What should be done with a case which is improving?" and the deduction is "Let it alone." So they are kept on placebo until improvement ceases and then the remedy is repeated.

As far as possible, cases for this work have been chosen from

among the supposedly incurable. Students do not appreciate this phase of the cases, because they have had too little experience, but it will all come to them later.

It requires time to take a case properly and to work it out in this careful way, but a section of students will arrive unanimously at the choice of a remedy, and their conviction is so strong that nothing shakes them. Clinically, the results are almost 100 per cent perfect. I do not recall a case which has been worked out this way in our clinic that has not been cured, or at worst greatly benefited, and the students are self-converted because they do all the work themselves.

The most inspiring and instructive experience one interested in homœopathy can have is to join with a group of men in a clinic, where a careful homœopathic history is taken of every case, and each case is discussed and analyzed by the whole group.

Dr. Boger: I feel that too much praise cannot be given Dr. Stearns for his strong efforts in correct teaching. There are only two remarks I would like to make.

The great success of prescribing lies in the fact that laity is compelled to approach the whole subject from an unprejudiced standpoint.

Speaking of combined symptoms, a combined symptom has the value of two symptoms, sometimes more than the value of two symptoms. In former days when my practice was confined more to acute cases I did a great deal of prescribing for summer diarrhœa. I wrote out a little chart on which were marked down the remedies for gushing diarrhœa, gushing stools preceded by gurgling, gushing stools followed by irritation of the anus, itching, burning, gushing stools that were painful or painless, etc. There were only five or six of them; in that way I hardly ever had an acute case but that I hit the similimum the first shot.

The least profoundly affected were cured with Kali-bichromicum where visional disturbances, sometimes spots before the eyes, sometimes flashes, sometimes black vision occurred. The large percentage of cases will be either cured or tremendously benefited by either Psorinum or Kali-bichromicum. I have

found very often when the patient grows despondent that Psorinum will cure completely.

Dr. Carr: There are two things that impress upon me the importance of the paper—the fact he understands the student mind, and the fact he is unprejudiced, impartial in the way of individualizing the case and the remedy.

Maybe I am throwing away the flag but I think it is forgotten, past and gone. My student life, I might say, was hectic because in getting a remedy for cases one professor would hit upon keynotes, another on generals to particulars, and a few of them would hit upon locations or regions, followed by sensations and modalities. I attempted to follow one line but I soon ran up against cases where the other line was present. We can't always work in general particulars—we are going to get some masterpieces. You are going through a series of drugs and you have nothing but a keynote, all the other symptoms are in the background, expressed so we cannot rely on general symptoms. You have to take the keynote.

In the other way you don't have generals to pick nor a keynote, but here are conditions localized. You have nothing but local symptoms but you have the modalities in that location. Therefore, I feel this paper is valuable and it is going to open up the student's mind to see the broadness of prescribing. I am glad Dr. Stearns has started out in the way he has of teaching and I wish him success.

Dr. Richberg: It seems to me it is not only capable of opening a student's mind but a teacher's mind as well. If we are ever able to establish colleges where we make the teaching of Homœopathy the main thing all over the country, our teachers will all need a lot of just such instruction as this.

Dr. Taylor: I just want to say the greatest philosophy of Homœopathy ever published is Hahnemann's Organon. If you want Homœopathy in a plain, practical way, you will get it there.

For instance, observe in the sick two things in particular—find out their sensations and action. Hahnemann simplifies things, and if you are going to accomplish things in this world you have to simplify them as much as you can. You have the

most obscure features and theories reduced to plain practical points—get the sensations and action.

And then how are we going to determine what is most important? As Dr. Stearns says, you cannot work on these general particulars. Sometimes it is a modality, sometimes it is something else. The thing we must have is the thing that distinguishes this patient from other patients, whether those distinctive things be a modality, a generality or whatver they may be. It may be a matter of heat and cold or it may be a mental state. Maybe the mental symptoms are not the dominant features of the case at all. We must take into consideration the dominating distinctive features of the case, those which distinguish this patient from another patient having the same diagnosis.

The President: It seems to me the crux of the whole thing lies simply in this—that we do not have fully developed cases; we do not have all cases typical. We do not have cases that include all the things we would like to have and therefore we have to use every one of our leads to get the results.

Dr. Boger: Someone has well pointed out that no symptom ever appeared in a sick patient or ever in a pathogenesis that was in itself complete; just so no patient presents in himself a complete picture of any one remedy and we have to use our imagination to fill out the picture.

Dr. Stearns: Almost invariably it comes out many many times—"I didn't know this remedy was like this." That is what I meant—that concept of a remedy is an altogether different thing than what we find in the patient. One of the great inspirations of life is to see the flash of understanding come into the faces of students; a light comes into their eyes and they have comprehended something they hadn't comprehended before. They comprehend the whole thing at once. Our sessions are three hours each, once a week. We never try to do anything quickly—we try to do things right. And then I try to keep in their minds when they start that this case is a circling affair and we don't know where the whole is to get into that, and then it is through some analysis that it comes to them. I don't tell them where it is—I don't know myself sometimes,

but they always know by the time it is analyzed, the time it is being discussed. They teach me a whole lot.

A man came into the clinic with symptoms of ulcer, it looked like Pulsatilla. Because the clinic was full of books that looked good enough to me, we said, "All right, give him Pulsatilla." Then he got to the point where the pains came and went gradually. They looked in the Materia Medica and they got to Stannum 30. He went on fine for a month and then we gave the second dose and it didn't do anything. My associate, Dr. Powers, dug out another thing, tingling in the feet. He found it under Silica, with a little improvement. He was a similar. And then he came back improved and I put it up to the boys—what is the trouble, what conclusion must we draw? Perhaps he has an incurable condition. Yes. Perhaps a mechanical condition. Yes. What else can it be? Maybe we didn't get the right remedy. Yes, sometimes we get a similar, not a similimum. So we puzzled on that and I couldn't get an opening into that case to save my life. Then a student came along, an old school student who had been there about a month.

He said, "I heard Dr. Rabe ask a patient once, 'How do you act with your family?' " I told him to ask this man. He was a Jew; he said he had a lot of arguments in that family and all those arguments upset him terribly. Then I said, "What else are you going to ask him?" "How do you act when you get into these arguments?" And the answer—"I want to get off by myself, want to be alone. I don't want to be with anyone." "How do you translate those things," I asked. "First—aggravation from emotional excitement." Correct. "Second, aversion to company"—they all got it. And mind you, they put this over me—I didn't get it, I hadn't even got an opening.

"What do you want most," and the man said "Money." The boys could not translate that into anything in the Materia Medica. And so the boys tried other ways—anything in the way of what he liked or disliked. The boys put it over in a way that allowed me to get to that mans' modality—Natrum mur. not quite as strong as Stannum. If we had been right in the first place, we would have started on Natrum mur.

And then we got rabid on Natrum mur. The patient

developed catarrhal symptoms he had not found before and a dozen other symptoms. This student came to me and said, "Professor I will eat my shirt if it isn't Natrum mur." One dose of the CC cleared that case up.

Dr. Taylor: A man who had practiced old school methods forty years became a Homœopath and abandoned all allopathic remedies and used Homœopathy the best he could. He had a patient in his office one day and he asked me to stay in the consulting room. I heard him hear a case and when he got through he prescribed something and the patient went away. I had not graduated and I wished to know what he gave the patient. "I gave him Sulphur." "And why did you give him Sulphur? What were the indications?" I was trying to learn something. "Well, you know Sulphur is a pretty good remedy anyhow and that is why I gave him Sulphur." I think we get into the habit of doing that. We cure so many cases with a remedy that we sort of get into a rut and go along giving that remedy. We ought to always have indications for any remedy given which is best indicated by the symptoms—any other remedy is just guess work. Prescribing for a family history or anything else but the symptoms is guess work. To follow Hahnemann you must have distinctive symptoms.

The case that gave the history of the boy sleeping on his hands and knees—that is something that is distinctive and distinguishes that patient from other patients although unique; the remedy, Medorrhinum. That is what I call an example of good prescribing, of having distinct indications for that remedy which did not belong to any other remedy. But if we prescribe a remedy in a general way because it has cured a certain number of cases, that isn't very accurate work because many other remedies do the same work in different diseases.

Chairman Stevens: I would like to ask the advice of people more accustomed to nosodes than I. In the case of a child a year old, just barely getting his first two teeth. His mother told me incidentally he always slept on his face and when he was a few weeks old slept all doubled up on his hands and knees. I haven't succeeded in finding the remedy. Medorrhinum, pos-

sibly, because he is particularly slow in getting the teeth. I gave Calc carb.

A word about Tuberculinum. I think you will find there is loss of flesh, cough, irritability—no other symptoms of any prominence. (This was in response to a case cited by Dr. Richberg which the reporter was instructed not to take by the Secretary).

The question as to Bacillinum, I have used that. I did it without any preference whatever, although I have read that Bacillinum works better in damp climates; Tuberculinum in dry climates.

Dr. Stearns: In connection with that I use the bovine in children. In the autopsies of children who die of tuberculosis, up to about seven years, 80% of them have the bovine type; from 7 to 12, or something like that, a smaller portion, 70% possibly, have the bovine short type; about 15, practically 90% of them are of the long human type. That is of interest in the bovine Tuberculinum for babies.

THE NOSODES IN ACUTE DISEASE.

HARRY M. BAKER, M.D., RICHMOND, VA.

The Nosodes are universally admitted to be very valuable remedies, but we are inclined to think of them as only useful in chronic conditions. The writer has had several experiences lately which have called his attention to their value in acute conditions.

A child of seven had an attack of scarlet fever which ran an ordinary course until the eruption cleared up, when he commenced running a very high temperature with apparently typical Belladonna symptoms, but Belladonna would only relieve for a few hours. Sulphur did not help but a dose of Syphilinum 10m cleared it up very promptly. The Syphilinum was given in this case on the family history.

A child of five did not improve on apparently well indicated remedies during an attack of entero-colitis, but a dose of Medor-

rhinum promptly cured. The remedy was given in this case because I found the child asleep up on his hands and knees with his face bored into the pillow. Though this symptom is put in the lowest type in Kent's repertory, it is one of the most reliable symptoms that I know of. I have verified it many times.

We are apt to think only of Sulphur when the apparently indicated remedy does not act, and in many cases it works, but there are cases in which one of the nosodes will act much better and we ought to be on the lookout for these cases.

Of course if you have well marked symptoms as in the last mentioned case the selection of the remedy is easy, but I have a number of times obtained brilliant results from a prescription made on a supposed family history, and in such cases the nosodes are frequently indicated. I do not advocate indiscriminate use of the nosodes, but they are very valuable remedies and I feel sure that I for one have not used them as often as I should.

It may be interesting to note that the Syphilinum 10m when tested by the electronic reactions of Abrahams gave a positive reaction for congenital syphilis, but none for acquired. I have been able to obtain results with this remedy in congenital cases only. These reactions should be studied by all Homœopaths as they give us a very valuable means of testing our remedies and demonstrating scientifically the power of the potency.

They may be used also as an aid in selecting the remedy.

CLINICAL CASES.

RADHIKANATH BANERJEE, BENARES CITY, INDIA.

In 1898 when I had been practising in Gaya, a holy city, where pilgrims, from all parts of India, frequent there to invoke and offer oblations to their ancestors and to God, a case of scabies came under my treatment. He was a poor boy under teens. His hands, fingers, buttocks, legs and feet were covered with pustules, feet swollen, violent itching < at night. He

became despaired of his life. According to indications I gave him a dose of Sulphur 30, and after three or four days Rhus tox. 3x in water, twice daily, morning and evening. Within a week, without any external application, his pustules disappeared, as if by magic, leaving only ulcers which were cured by taking another dose of Sulphur 30. With these two medicines mainly and in some cases Merc. sol. 30, and in female patients, Sepia 30, I have cured a good many acute and chronic cases of scabies of bad type within a few days. Latterly I tried Rhus tox. higher instead of lower, which I did not repeat as long as amelioration went on. Rhus tox. acted like a specific in almost all cases with rare exceptions.

CASE NO. 2.

In April 1917, a boy, nine or ten years old, came under my treatment. He had been suffering from pemphigus vulgaris mixed with eczema for some months. I noted down the following symptoms:—

Mind—irritable temper, aversion to bathing; skin—itching < at night > morning; appetite—voracious, desire for sweet; head—vertigo; mouth—tongue mapped, white coating, not thick; taste—sweet, caries of the teeth; cough < after sleep; crying; general—> after eating, aversion to being covered; stool—undigested, blackish, fetid smell; urine—light yellow, white sediment, burning during micturition; constitution—weak. Before this attack, he had capillary bronchitis. His father had been, when young, attacked with blister-like eruptions; his mother was susceptible to cold; eruptions—blisters from the size of a small pea to that of a goose egg all over the body; the more on hands, legs and buttocks.

Previous to my treatment, the case had been under Unani, Allopathic and Homœopathic systems of treatment.

On 20th April a dose of Sulphur 200 (two globules) was given on the tongue, placebo now and then. The progress was checked, itching was ameliorated to a certain extent, but the eruptions went on appearing. 30th April, Rhus tox. 200 one dose—after a few days I came to know that saliva flowed down from his mouth during his sleep; I found the tongue to be

peculiarly mapped, itching < at night. Basing on these symptoms, I gave him a dose of Mercurius sol. 200 on the 2nd May. Now the visible change was marked within a week or so, old blebs disappeared, and the appearance of new ones became few and far between and of far smaller size, itching gradually decreased. On the whole, he felt much better in all respects. In this case, no external application was allowed, except a bland application of oil of Sesamum indicum on the ulcers in order to keep them moist. After Merc. an occasional dose of Clematis 30 and Calc. sulph. 30, was given to complete the cure.

Note—Calc. s. has some peculiarity of its own. Both Calc. and Sulph. patients generally are averse to bathing, < after it. But the Calc. s. patient wants to bathe and feels better after bathing or washing. (Clinically verified).

Case No. 3.

FAILURE OF SURGERY IN CONSTITUTIONAL CASES.

In 1911, Aug. 20th—A girl six years old, came under my treatment. In the beginning she had a cold abscess on her left buttock. It was operated and treated with allopathic medicines, as ointment, Iodoform dusts, etc., for two years or more. During this long period she had sinuses, one after another, and had incisions both by the native and European surgeons in charge of a big hospital here, but to no effect, except making her lame and crippled for life. On being disgusted with this sort of ineffective treatment, the uncle of the girl determined to try Homœopathy. On taking up that case, the first thing I directed to lay aside the bandage and not apply any kind of external applications, such as Iodoform dusts, etc., except pure olive oil in order to protect the surrounding skin from being corroded with the acrid discharges from the sinuses.

Her father died of consumption, and he had contracted it before her birth, and so the tubercular poison was acting in her system. The surgeons did not think it worth while to take it into their consideration, and that was the main cause of their egregious failure. They all along treated the name of disease and not the patient who was in diseased condition. Had the ulcer or

sinuses been due to local causes, then it would have been cured by local means. As she was ultimately cured of her sinuses, etc., by highly potentized medicines, so it can not but be called general or constitutional cause.

Of course the case took a year and a half to be completely cured, but cured after all. During this time I had to give Hep. s., Calc. c., Sil., Sulphur, Ac. nit., Psor., Calc. phos., Lyco., Kreos., Puls., Tuberc., ranging from 12, 30 to 200 potency according to symptomatic indications. Later on this girl had a longing for pieces of burnt earthen pots, etc. Ac. nit. did no good, but Calc. c., did a great deal to disperse that vagary.

During the course of treatment, some tumor-like growths, which I marked generally in scrofulous cases, appeared on head as big as hen's egg, but they subsided one by one under the influence of the dynamic power of the remedial substances. The girl had a stunted growth, but during the reaction of the proper Homœopathic remedies, her growth became luxurious. A few years ago I had a case in their family, and I marked her to be a grown up plump looking healthy girl, only a little lame in gait owing to the injurious effects from the injudicious operations, thereby contracting the surrounding muscles and making her a cripple forever; although through Homœopathic remedies she recovered and got slackened or lax to a great extent, from the former stiff contractions of her ligaments and muscles.

Case No. 4.

Sept. 1921, Mrs. G., age below thirty, mother of three children, had an attack of cholera during the course of her fourth pregnancy or confinement. Some of the local Homœopaths treated her to no effect. Complete collapse set in and Saline was injected by an allopath in that stage—she recovered after a few days; then abortion took place, on doubting that pieces or fragments of placenta remained in the inside and owing to that cause being in septic condition, the fever and pain continued; an allopath injected some antiseptic serum or vaccine four times but to no effect. Ayurvedic treatment followed, but in vain—then a local Homœopath treated her for a month, without any effect,—then I was called on to take up that case.

I found her to be in a bed-ridden condition, reduced to skin and bone—so weak that she could not turn from side to side or change sides without help. Bowels constipated—no motion without the help of enema or douche, sensation of a ball rolling in abdomen or something twisting in stomach and rising in throat; faintness during the fit, speechless, body became rigid, she was hysterical. Formication or sensation of crawling of insects all over the skin, now here now there; color of urine—light yellow; taste bitter, aversion to food, nauseating feeling, flesh colored leucorrhœal discharges, displacement of uterus, retroversion; pain in sacrum > pressure (temporarily).

Perspiration on the affected parts during the severity of pain. Max. temp. 102. Fever < at night, great thirst during chill for large quantities of water; less during heat, and a few other minor symptoms. Sepia 200 one dose was given—crawling sensation, flesh colored leucorrhœa, ball sensation altogether disappeared within a week, pain in sacrum became less severe, fever paroxysm became milder, no medicine for more than a week, pain in sacral region and fever continued. One day the pain turned out to be of a throbbing nature, and I was informed that a few months ago she experienced a fall. A few doses of Bry. 30 were given, the severity of pain of throbbing nature disappeared, but the pain continued more or less < at night. I visited the patient again and on re-examination I was informed that saliva used to flow down during her sleep. A few doses of Merc. sol. 30 and afterwards one dose of Merc. v. 200 relieved that pain to a great extent and the peculiar perspiration on the painful part gradually disappeared.

According to indications Sec. c. 200, Acid nit. 30, Kali ph. 30, Sulphur 30, Pulsatilla 30, were given after suitable intervals—and then again came the turn of Sepia 200. After a dose of it some symptoms aggravated and then subsided again. By and by the fever disappeared. Formerly she could not even sit up, owing to that pain in sacrum. Now she began to sit up and walk—appetite increased, even became ravenous, got motions regularly, gained strength gradually; no medicine after Sepia for a month, progress continued without interruption—but after a month appetite decreased, got acidity in the afternoon,

between 4 and 8 P.M. with tympanitic sensation, pain in extremities < on beginning to move, but > by motion, and a few other symptoms. A dose of Lyco. 200 was given. After a month or so burning of soles and palms at night, aversion to bathing and other symptoms indicated Sulf., so one dose of 200 potency was given. Now she has become all right and can attend to her household duties as usual. The case is a marvelous cure by Homœopathy. At first I did not entertain any hope that she would get well—but the triumph of judicious selection of Homœopathic potentized remedies is now a veritable fact.

ARALIA RACEMOSA.

FRANK W. PATCH, M.D., FRAMINGHAM, MASSACHUSETTS.

At the last annual meeting of this society Dr. John Hutchinson of New York gave a most interesting paper on Aralia racemosa (Spikenard) calling attention to the relation of the drug to certain asthmatic conditions usually rather difficult to overcome.

Neither Allen's Encyclopædia nor the Guiding Symptoms give any account of provings, Farrington devotes five lines to the drug and Pierce mentions a few clinical symptoms overcome by the 1x dilution, so it is evident that here we have a remedy vitally in need of comprehensive proving for while the drug is mentioned in some of the repertories and in the desultory manner already noted in some of the Materia Medicas I have not been able to discover an actual proving and I infer that Dr. Hutchinson based his paper wholly on the same imperfect data.

My object in bringing up the subject this year is to call attention to a single case of asthma which had baffled my efforts at prescribing for many years.

J. S., about seventy-five years of age, had suffered many years from periodical attacks of asthma. He had never had any other serious illness and these attacks had always been of a highly bronchial nature.

The symptoms were as follows:—Wheezing respiration ac-

companied by spasmodic cough; great sensitiveness to cold with desire to be warmly covered; rather profuse expectoration which at the worst is stringy and tenacious. Attacks usually come on as an aftermath of an acute bronchial "cold" which rapidly drifts into a bronchial asthma with all the distress and suffering which these cases naturally involve.

The symptoms were always severely aggravated at night and on investigation it seems that the inability to lie down, desire to have the head high, is one of the important symptoms and this feature I find runs through all of the Aralia cases to which I have had access.

Severe attacks of bronchial asthma with inability to lie down. You may say that this is peculiar to all cases of asthma but in these Aralia cases it certainly is a more pronounced symptom than is found in every instance.

Previous to the use of this remedy I had given this patient Ipecac with occasional apparent success but finally it ceased to be of service. Kali. carb. had also proven of general systemic help in previous years but it did not overcome the attacks of asthma.

The Aralia was given first November 29, 1921; the patient then waking around midnight with a spasmodic cough and asthmatic breathing for which he was obliged to sit up and had little or no sleep the rest of the night. So here we have an aggravation after midnight as well as on lying down.

This attack was speedily cut short so that the symptoms were practically overcome within two or three days and there has been no further attack since that time in spite of several severe colds during the past winter which, under former conditions, would have meant weeks of suffering from the asthma.

I trust there may be further use of this remedy and more case reports for our next meeting.

CASES.

MARGARET BURGESS-WEBSTER, M.D., PHILADELPHIA, PA.

Case I. Fair haired little girl,—dry scaly eruption in bends of elbows and under knees with tendency to form cracks.

Radium brom. 30 cured—after failure of Psor., Nat. m. and Graph.

Case II. Well nourished, healthy infant at five months developed a stubborn post-nasal catarrhal condition and finally a loose rattling cough,—profuse sweat about head and face,—will sleep only when lying on the face. *Med.* 1*m* cured promptly after the unsuccessful use of Sul., Calc-s., Ant-t.

Case III. Colored cook—very painful "tightness" across bridge of nose and frontal sinus. Wassermann 4+. *Kali-bi.* 1400 removed all discomfort. Patient moved to another county and was lost sight of.

Case IV. Mrs. P. had been pregnant five times but each time had miscarried at various periods of gestation. During the third month of the sixth pregnancy a free discharge of blood and clots appeared with pain extending from sacrum to groins. Sabina enabled her to pass this danger period and a fine little girl was born at term.

Cases V and VI. Delicate refined women—influenza, dread of going to sleep because of *profound* exhaustion on waking—*Syph.* 1m.

Case VII. Tall, slender dark woman, age 40. Suffered for years with large painful varicose veins in legs and thighs during very profuse menses; menstrual flow has spoiled fish odor. *Med.* 1m cured.

Case VIII. In Jan. 1922, Mrs. K., a German-American of the fine type, presented herself for treatment. During the World War she had been tortured by her conflicting emotions of loyalty to her adopted country and anxiety for her mother and sister in Germany. Four years ago she developed a very troublesome diarrhœa, gushing and imperative, accompanied with intense abdominal pain. This condition appeared whenever she was anticipating going anywhere or anyone coming to see her. She could not attend a lecture or make a call without having to rush to the toilet and, therefore, she had been forced to give up all social life,—which in turn brought on a profound mental depression with desire to get away from everyone and thoughts of suicide. She fainted frequently, had a constant sense of tremor and to quote her own language, "I can control myself on the

surface but I feel desperate internally." Gels 1m at various intervals caused her to make the following report on June 1st, "I am like a different woman. I can go anywhere now without bowel trouble. I am calm inside, as well as outside. I used to be so disheartened I felt like doing away with myself. I am now a normal, happy woman."

"PAIN."

DANIEL E. S. COLEMAN, PH.B., M.D., F.A.C.P., NEW YORK, N. Y.

Nature in her divine intelligence provides mankind with the means of arriving at correct conclusions by the stimulation of sensory impulses. Sight, hearing, touch, taste and smell enable us to distinguish objects and manifestations. Our power of reason furnishes the means of arriving at the correct conclusions from data presented through the senses.

Pain is also a necessary sense, providing us with the means of knowing that an injury has been received or that an illness is present. By its location, character, duration, aggravation and amelioration exact diagnoses can be made and the proper remedies chosen.

It is an important fact to bear in mind that the sensation of pain and other sensory impressions are felt in external parts only (skin, muscle, etc.) The viscera are entirely insensitive. The pain of angina pectoris, which is often referred to as "a pain in the heart," is purely reflex in nature. When some morbid condition exists in the heart, the ordinary nervous impulses which pass from that organ to the spinal cord take on an abnormal character, and the reflex impulse carried to the external sensory nerves produces the sensation of pain. A "pain in the liver" is simply a reflex felt in the superficial nerves. The following operation by Sir James Mackenzie is most interesting in way of illustration. "I had occasion to resect the bowel in a conscious subject under the following circumstances. He had an umbilical hernia, and had worn for years a pad tightly pressed over it, until the skin had ulcerated. The ulceration had finally penetrated into the bowel, and his food was dis-

charged through the fistula. I was resolved to resect the bowel, but the patient would not be anæsthetized. Observing that the skin was already ulcerated, and that the tissues forming the external wall were not very sensitive, so that the abdominal cavity could be opened with little pain, I reasoned that the after-operation could be performed painlessly. It turned out as I had expected, and I was able to break down numerous old and recent peritoneal adhesions, to detach them from the liver and bowel, to resect a piece of bowel and mesentery, and to stitch these structures without the patient experiencing the slightest sensation. But I found that he occasionally groaned with pain when I was touching him, and watching to see the cause I found that the upper part of the resected bowel, which was laid on one side in a warm aseptic cloth, occasionally passed into peristalsis, contracting from a wide tube to a thick fleshy rod; when this happened the patient groaned with pain. I asked him where he felt the pain, and he passed his hand invariably over the umbilical region. I started the peristalsis several times by slightly pinching the bowel, and each time the patient felt the pain. Here before my eyes was the cause of the pain, and the seat of origin of the pain was at least twelve inches away from the part in which the pain was felt."

I remember during my surgical studies with the late Prof. Robert H. M. Dawbarn, the celebrated teacher of surgery, his remarking of the pain of green apple colic and the painlessness of incisions made into the intestines. Reflex stimulation of the peripheral sensory nerves produced the sensation of pain caused by the abnormal peristalsis produced by the presence of green apples, is the explanation.

The illogical and futile method of attempting to prove remedies upon the lower animals for purposes of homœopathic prescribing is well known to all followers of Hahnemann. He gave implicit directions that the knowledge of drug action must be learned from experiments on the healthy *human* body.

I do not wish to deny that animal experimentation has some value in determining gross pathological changes, or that it advances knowledge in general medicine. To rely upon it to any extent in our homœopathic prescribing, however, can only do

infinite harm to our cause and prevent the accomplishment of therapeutic results so possible to those who believe in Hahnemannian principles.

There is no lack of good provings of sufficient remedies to keep one busy learning the important symptoms. The more we know of what has already been done the less we cry for re-provings and animal experimentation.

The relief of pain is one of the greatest functions of the physician. In our endeavor to bring about the relief so much desired by the patient we must guard against the masking of symptoms. Pain is often an important "keynote," and should be relieved by the administration of the homœopathic remedy directed toward the entire morbid condition. The administration of Morphine in appendicitis, for example, not only prevents the proper selection of a remedy, but masks the true pathological state and may prevent us from knowing the proper time for operative measures. On the other hand pain may be present from purely mechanical causes, as in renal, and gall-stone colic, and cannot always be helped by dynamic medication. That such can often be relieved by the homœopathic remedy I have had opportunities to observe in my practice. No one is justified in waiting an unreasonable time for the action of a remedy in these mechanical conditions, however.

Following are a few cases illustrating the power of homœopathic remedies in the relief of pain.

Case I. Male. Advanced carcinoma. Morphine, given for a long time before I saw the case, had lost its power to control the pain. Symptoms: Intense burning pain relieved by heat. Arsenicum album 30th in repeated doses completely relieved his suffering until the last.

Case II. Female, age 86. Inoperable cancer of breast of sixteen years' duration. Under my care for about nine years. Pain, shooting in character, was entirely controlled by Conium in various potencies. Her last few weeks were spent in a cancer hospital, where they were much surprised by the results.

Case III. Female, age 72. Carcinoma of gall-bladder. Former physician prescribed Codeine to relieve the unbearable pain, but it produced undesirable symptoms. A large number

of consultants were called. Finally they concluded to try a homœopath. Chelidonium was indicated and controlled the pain until her death, some weeks later.

I could cite a number of other cases to show that the pain produced by cancer has a potent means of relief in the homœopathic remedy.

Case IV. A lady of great talent as a musician and artist was compelled to discontinue the exercise of her talents (she spent the winter in New York to study and work) because of the following symptoms: Intense burning pain in neck, sometimes as if a nail were being driven into the parts, becoming very severe when using hands or arms, or when worried. Pains run into back of head. All kinds of treatment for ten years. Took "Aspirin" but pain returned when effects wore off. Pain worse playing piano or painting. One of the greatest materia medicists had told her that she would never play again. Other homœopathic physicians of note (also "old school" and osteopathic physicians) had treated her. I approached her case with due apprehension. Gelsemium seemed indicated to me. I dispensed the tincture on number 40 globules and directed her to take three, four times daily, but if pain should appear she was to repeat every half hour. She was doubtful of my success. I assured her that a cure was possible. Steady improvement was the result. The following winter she suffered very little, was still better the next, and last winter not a particle of trouble marred her extreme activity. Of course the remedy was discontinued from time to time during her treatment. One thing more: She had been very fond of coffee (in moderation), but was obliged to discontinue its use. I told her to resume her coffee. It has had no bad effects. In fact it seems to do her good. Her first thought on waking is that delicious coffee for breakfast.

Case V. Male, age 51. Periodical tri-facial neuralgia recurring once a week for forty-one years and necessitating confinement in bed. Pain intolerable. Gelsemium tincture, gtt, X in half glass of water, teaspoonful half hour before meals and at bed time. Repeated every half hour if pain appeared. Cured completely, only one slight attack after taking remedy.

Case VI. Male, age 41. Similar to above. Pain was so

intense when he came to my office the first time that I thought he would lose his reason. Repeated doses of Gelsemium stopped the attack. He was directed to take remedy four times daily. He was cured.

Case VII. A few summers ago I suffered from great pain in the tri-facial nerve, usually worse at night. It was accompanied by the dull, listless feeling so characteristic of Gelsemium. This remedy would always help. I was at a loss as to the cause. My teeth appeared sound. That fall my wisdom tooth broke and I found it badly decayed internally. It did not show from the outside. Gelsemium was able to control the pain notwithstanding the presence of the exciting cause.

Case VIII. Male, age 39. Neuritis of right arm. Duration, four months. All "old school" treatment failed. Symptoms: Intense pain, worse at night, preventing sleep. Great restlessness and anxiety. Caused by exposure to cold air. Cured rapidly by Aconite 3rd. With 3x. Aconite I have cured a number of similar cases.

Case IX. Male, age 17. Great pain in amputated toes, preventing continued sleep for over three months. I prescribed Arnica 30th on the symptom, *fear of being struck by those coming towards him.* He slept through the first night after taking the remedy, and the pain rapidly disappeared. In nineteen days the ulcers remaining after amputation, unhealed for three months, were completely cured.

Case X. Male. Herpes zoster. Burning pain relieved by heat. Arsenicum album 30th stopped the pain and produced rapid recovery .

I have relieved many cases of herpes zoster with the indicated remedy.

Case XI. One night I was called to see one of the greatest prescribers who ever lived. I appreciated the honor. He was suffering greatly from rheumatism. His keen intellect read my thoughts. "Don't give me Bryonia, it never helped me," he said. This remedy was in my mind and I felt disappointed. After careful consideration, I gave Bryonia, but in a different potency from that which he had taken. Marked relief of the pain resulted.

Case XII. The other night I was called to see an old gentleman seventy-two years of age. He was suffering great pain in the gastric and abdominal regions, especially in the right hypochondrium. He feared appendicitis. I did not consider it such. The pain was aggravated on motion and relieved from pressure and heat. Bryonia relieved and he progressed steadily to complete recovery.

Case XIII. Female, age 80. Last week she suffered from intense pain under the right scapula. Her skin was yellow. Chelidonium relieved the pain rapidly and the jaundice disappeared.

Like all homœopathic physicians, I could cite cases almost indefinitely, but I will stop at twelve. This is also the hour that I am now writing.

I simply wish to emphasize the importance of the homœopathic remedy in the relief of pain.

Dr. Starcke: As students we always had to relieve the pains first with an antidote and then the indicated remedy.

Dr. Stearns: I think that was an excellent paper for people who tell you cancer is nothing but a Morphine case to the end.

Dr. Carr: Regarding pain; A hired hand of a farmer came into my office asking medicine for pain of sciatica. Of course the farmer knew nothing about the case and I didn't know how to see the young man, but the thought occurred to me that I might try Colocynthis 3x and repeat it as often as I had a mind to. So I did. I never had done anything like that before. It was only a short time, a couple of days, when the patient himself came walking into the office. I said, "What are you here for?" "I came from pain—it isn't entirely gone." I found a chronic condition. I gave him Silica and I had the sciatica a little cleared up by the means of introducing Colocynthis.

Dr. Stearns: This paper illustrates the work of a man who knows his business, who knows his Materia Medica. Probably Dr. Coleman is one of the best offhand prescribers we have today.

Dr. Emmerson: In the absence of pain, a very sick patient

and no pain at all, that patient may recover. I have found so often Kali sulph. will get hold of that case. They send for medicine, send for medicine and speak of sciatica and excruciating pains. I send Kali sulph. Kali sulph. works on one side better than another but I don't know which one it is. Right, I think, is the side on which it works.

Dr. Green: Cases that are characterized by the absence of pain may be very serious cases. Cases of that type have most of the symptom picture and whether they do or not, the absence of pain is a very important feature of the case. If it is present in the patient who ordinarily would have severe pains under the conditions present, some of those cases are on the road to death. With others it is not so serious. The absence of pain itself would be an indication of a group of remedies to study for the cure of it.

Dr. Emmerson: I would just state that this case I had reference to was the first case I had ever get well where she had no pain.

EXCERPTS FROM DAILY PRACTICE.

S. L. GUILD-LEGGETT, M.D., SYRACUSE, N. Y.

Case I. A case in which difficulty in prescription, cure or hope of relief was found, is the following: Stated in proper sequence, which the patient rarely does, you will see plain reasons for writing out a case, and bear in mind that cases of long standing must be studied from point of latest development.

I was sent for by a woman of sixty-two years, because of greater convenience to herself, in examination of hemorrhoids which she decidedly objected to have removed. She said she had seen too many evils resulting from surgery and a resultant invalidism, to allow operation. After this citation, you will cease to wonder.

Statements: Liver trouble all her life (?). Gall stones many years previous. Typho-malaria (?), 29 years previous with an abscess on the liver, which was dissipated with camphorated oil and sweating (?). Four years previously an indurated tumor

in the right hypochondrium, which extended downward to a point in line with the navel, first pronounced malignant by the attending physician. Finally induration of the thin edge of the right lobe of the liver. Twenty years previous, a severe attack of la grippe. Thirty-five years previous, bleeding caruncles of the urethra, treated frequently, surgically. Climaxis, twelve years previous. Three years previous to report an attack of neuritis with which was in bed nine months. She had received Mercury, in some form, always. Had almagam and red rubber plates in mouth. Hemorrhoids, especially troublesome since neuritis and of late very painful. More or less general œdema, especially about the head, scalp and lower extremities; the latter being very heavy, pale and colorless. During neuritis which began in the dorsal region, extended down the legs to the feet, then began in the shoulders and extended down the arms. She suffered from cold, even touching cold table utensils. She mentioned seven doctors by name and I presume "there were others."

Examination showed a prolapsed rectum, with several small tumors, one of which, size of thumb end, was eroded and sore, and for a few days the whole had been irreducible; before this had been able to reduce with a cold wet cloth. A muco-purulent discharge stained the speculum, but there was no bleeding at that time.

Symptoms: Prolapse of rectum at stool or stooping; hemorrhoids, sore, bleeding < by jar or sitting; stool varied, mostly dark—occasionally normal or white; much gas; always physic; soreness in abdomen, especially on right side if not careful of kind of food, such as seedy fruit, corn, etc.; pressure in back after eating; skin of face occasionally roughened in a small spot beside the alæ-nasi; profuse perspiration on slightest exertion.

Urine: tested for albumen, found negative. Patient had been called rheumatic.

Told to first "remove the cause when the cause is removable." It seemed to me that mercurialization should be one of the first considerations so sent her to her dentist to have the mercury in her mouth removed as it would certainly, after these experiences,

hinder or even prevent the possible. Next the dropsical condition which, about the face was a great annoyance, and then the latest discomfort, prolapsus recti and hemorrhoids.

To shorten the study, the remedies found under all the symptoms and conditions only are given, *i.e.,*

"Abuse of Mercury."

"Dropsy—external."

"Prolapsus-recti."

"Hemorrhoids."

These were *Colch., Graph., Lach., Merc.* (2), *Sep., Sul.*

Stools: white, black, dark: *Colch., Graph., Lach., Merc., Sep., Sul.*

Hardening of liver: *Graph., Merc., Sul.*

Soreness, abdomen, touch or pressure: *Graph., Sul.*

Perspiration, slight exertion: *Graph., Sul.*

Obesity: *Graph., Sul.*

Excessive flatus: *Graph.*

During the study I looked for recorded nosodes and found under "prolapsus" Med., Syph.; under "hemorrhoids" Med., Psor., Syph.; under "white or black stool" Med.; under "perspiration" Psor. These are useful to know at times.

Turning to Guiding Symptoms, under Graphites, we find: "prolapsed rectum without urging to stool"; "chronic constipation"; "hardened liver"; prolapsus easy as though from lost tonicity"; "hemorrhoids with pain during and after sitting"; "soreness acute from touch or pressure"; "legs and feet heavy and swollen"; "lymphatic œdema."

She received one dose of Graph. 35m, and it was followed by improvement of all rectal troubles; prolapsus, hemorrhoids; external almost gone; increased strength. Of stomach symptoms: less gas; easy stool, though even more constipated; better color of blood.

Case II. April 8, 1922. Mrs. D., aged forty-eight applied for help in following conditions. A history of liver complications, called bilious attacks. An attack of malarial fever some years previous, jaundice and a final long period of sick headaches—periodical about two weeks' interval. An x-ray examination had proved to her doctor's satisfaction ptosis of the

stomach. She was given a diet, a support for the stomach, but still the headaches continued.

Telling me of the various foods she could not eat—fats in any shape, sweets and rich food.

Further probing discovered the fact that an indulgence in the foods mentioned caused no distress until after two or three days had elapsed. So with overeating, two or three days after would come the dreadful nausea and final headache. She had to relieve the nausea with a finger in throat, and the emesis was small quantity, watery and tasteless; never foul. Occasionally it would be slightly yellow and bitter. There was no sourness, bitterness or loss of appetite and very little gas. She was hungry, had a tendency to overeat, never lost her appetite. She was fond of acids, ate much bread; craved fruit, apples and oranges, which were forbidden; drank milk; was constipated and the urine was very acid, with a specific gravity of 1018.

The headaches were supra-orbital, either right or left sided, and seemed to be preceded by great nausea which she could only relieve mechanically. During nausea was sickened by slightest food.

Stomach painless; sleeps "like a log"; wakens tired; is irritable, goes to pieces easily from opposition or contradiction; had roaring in ears before nausea; was slightly sensitive to deep pressure at juncture of transverse and descending colon; attacks are not the immediate result of eating certain foods or overeating, but occur two or three days after the supposed indulgence. The last violent headache was March 31st.

Anamnesis seemed to make Arsenicum the remedy covering the greatest number of symptoms, but it did not appeal to me as a curative.

Periodical headaches—frontal above the eyes, with nausea and vomiting was covered by eighteen remedies; of these, covering supra-orbital, r. or l. with violent effort to vomit; deathly nausea, cannot vomit; white tongue, constipation; Lac-def. seemed at once more applicable.

Advising against the use of so much bread, because of its well known habit of packing the alimentary tract and against the use of milk for the present, telling her to use a moderate

amount of fruit. I sent a dose of Lac def. C.M., H.S. and in two weeks one of Lac def. M.M., F. Report last week "Please send more medicine, am afraid to be without it. Am fine. No headaches since March 31st."

CARBUNCLES.

P. E. KRICHBAUM, M.D., MONTCLAIR, N. J.

The result of a localized suppuration and necrotic inflammation, starting usually in the hair follicles of the skin; is called a furuncle, or carbuncle. Carbuncle and furuncle, however, are not interchangeable terms. It is true that both look alike, in the beginning, but careful attention paid to the constitutional symptoms, will in most instances, clear up the diagnosis. Carbuncle is a disease of advanced years. When found in the young, look out for a diabetic substrata. Its favorite site is on the back of the neck, or on the integument and sub-cutaneous tissue lying immediately over the spinal column. The skin in the region originally attacked by carbuncle, is thick and dense, the hair follicles are shallow and are projected when it distends into the layer of the cutis vera. Beneath each hair follicle, we have the columnæ adiposa, which contain fat cells, and vessels and also loose connective tissue. A coil of sweat glands is found midway of this shaft. The adipose columns open below the cutis, opening upon the fibrous tissue which extends obliquely into the sub-cutaneous structures beneath the attaching fascia of the underlying muscles. These fibronous bands interlace in various directions, forming a dense net work and holding the skin firmly in place. In their interstices there is found connective tissue freely occupied by fat cells. It is this peculiar anatomical structure beneath the skin of the neck, and upper part of the dorsum, that accounts for the characteristic inflammation and swelling of the carbuncle.

The infection follows the hair follicle to its base and communicates via columnæ adiposæ, with the connective tissue underlying the skin, there spreading out in all directions, giving to the carbuncle the large base not found in boils. Carbuncles

have more than one opening. The density of the skin, and the fact of its being bound down by the underlying tissue, by fibronous bands, prevents its rising in conical shape.

Passing from this brief outline of the histology of the parts, where carbuncles are wont to appear, we come to the symptoms and course of this dreaded disorder. First carbuncles are more painful than boils, as you might expect, while malignant carbuncles are exceedingly painful. With their occurrence there is likely to be sharp rigors, severe rise in temperature, intense headache, delirium, anorexia, even to vomiting, and in some cases, a large area of erisipelatous inflammation. In other cases, the severest symptom is the *local* pain. When the gangrenous sore sloughs, the pain is relieved, though the surrounding tissue may be tender and swollen. If the pus burrows along the course of the fascia into the tendonous tissue and muscular structure, we then have repeated rigors (pyemia). Carbuncles endure several weeks. Aged individuals, and diabetic subjects are endangered, in severe cases. The prognosis is grave. Carbuncles on the face are not so dangerous, as those on the neck or back.

Surgical treatment — After considerable infiltration has occurred, and the carbuncular inflammation has spread over a considerable area, and the tissues have become boggy and semi-phlegmonous, a circular incision or the removal of this central mass, (only the dead area) gives relief from pain, as well as removes the slough much more rapidly. After the removal of this mass, it has been, and is yet, quite the custom, to swab the denuded surfaces with raw carbolic acid. This is done by dipping cotton or gauze into the acid, and applying gently over the surface. To say that carbuncle is not a surgical disease, is not saying that surgical measures cannot relieve the pain by removing the pressure. A big BUT comes in right here. Be careful not to incise the pyrogenic membrane or sever a vascular organ or nerve, which is large enough to extend beyond the pyrogenic membrane, thus carrying the infection outside of the diseased territory. Under the circumstances last mentioned, it is better to remove the semi-phlegmonous tissue by the curette. Surgical interference without an accurate knowledge of the

anatomy of the parts, is undesirable. Better trust to nature and your remedies.

To give all the remedies that might be indicated in carbuncles, would lengthen out this paper unduly, consequently I will confine my remarks to those medicines which are called for in the *malignant* type of carbuncle. The systemic condition present when these remedies are useful, is so grave, that surgical measures are out of the question.

Anthracinum heads the list, and dreadful indeed is the picture it calls up. Terrible burning in the affected parts. (Ars. may have been given but proved inadequate). Parts gangrenous and discharges foul smelling. Favorite site the lower jaw; malignant pustules appear; glands of the neck are painfully swollen, and the cellular tissue indurated. Black or blue blisters are seen about the sore area. Headache with a sensation as if heated smoke was passing through the head. Loss of appetite, with pressure and burning in region of the stomach, which is also associated with great anxiety, and a sensation of constriction in the precordia. The patient under Anthracinum, twitches and jerks in his sleep. He may have fever, with diarrhœa and copious sweating. If the case is very serious, cold sweat ensues. *Heat* is as soothing to the Anthracinum patient as it is to Ars., but the *cold* does not aggravate Anthracinum as it does Ars.

Restlessness, fear, prostration in a person of fine delicate skin and glossy hair, point to Ars. The inflammations under Ars. are of great intensity, with a tendency to destruction of tissue. Pustules filled with blood and pus; ulcers with raised and hard edges; surrounded by red and shiny crown, bottom like lard or a bluish color, with burning pains, and shooting pains, principally when the affected parts become cold; ulcers with suppuration, ichorous discharge, ready bleeding, putridity, black or greenish color. Dry mouth with frequent thirst for small quantities. Where the stomach is involved, cold food and cold drinks are vomited, especially water. Restlessness and mental anguish aggravated at 1 P.M. and 1 A.M. *All this is* Ars. and plainly recognized. If Ars. fails you think of Anthracinum.

The generals for Crotalis hor. read as follows:—Profound nervous shock, prostration, mental alienation, disorganization of

the fluids of the body; torpor and drowsiness upon the invasion or termination of zymotic or septic diseases or other toxæmias, such as albumenuria, menstrual irregularities, hepatic or cardiac diseases; sudden and great prostration of the vital force. Affects principally the blood, and liver, the solar plexus and pneumogastric nerves, and the cerebro spinal system. *Yellow* seems the color most closely associated with Cro. hor. Yellow skin, yellow urine, not so much jaundiced, as a yellow color, due to disorganized body fluids. Carbuncles, boils, pustules, pimples, bed sores, etc. due to a degenerated state of the blood, call for Cro. hor. Where Cro. hor. is the remedy, black blood oozes from every orifice and surface of the body. The blood seldom coagulates. Mentally, of course, you find just what such a condition would naturally produce: weeping, agony, despair, a sleepless suffering patient.

The pains under Cro. hor. alternate rapidly with each other, and frequently recur; also they may disappear suddenly after lasting a long time. The occipital headache of Cro. hor. is described as coming in waves from the spine, like Hep.

All the evacuations and discharges under Cro. hor. are foul; the fetor intense. Indeed, this is a medicine in which the outward symptoms are but a manifestation of a deeply disturbed interior. Unless given if indicated, the prognosis is very grave. Cro. hor. has many modalities which remind us of Lach. but Cro. hor. is more of a right-sided remedy, and is not subject to the same aggravation from sleep. The yellow color of the discharges of Cro. hor. also differentiates it from the bluish or blackish discharges of Lach.

The Lach. Primer may be spelled as follows: Aggravation from sleep, *sleeps into an aggravation.* Excessive sensitiveness to *touch* or *constriction.* Left sided remedy. Relief from the onset of a discharge. Headache relieved as soon as the nose runs. Uterine pains relieved by the flow. The Lach. patient requires activity *for an outlet.* The quiet of sleep irritates him; if discharges are not equal to secretions, objection is raised; Lach. has to talk (aimless loquacity) just to keep his tongue in motion, he need not have anything to say.

The Lach. carbuncle is yellow, then grows lead colored or

bluish red or blackish red, which same phenomena surrounds ulcers or wounds where Lach. is indicated. These gangrenous ulcers of Lach. are sorry affairs to treat. I remember a case which I had some years ago of a carbuncle which destroyed the whole left side of an old woman's face. She was eighty-four years old at the time, but Lach. was her medicine and brought her through.

The patient with a carbuncle, where Mercurius cyanatus will help, exhibits prostration with icy coldness of the skin; also great sensitiveness to the cold. He has burning and cutting pains in the carbuncle but must have *moist* heat to relieve; while Ars. is relieved by *either moist or dry heat.* The salivary symptoms are not as intense, except in throat troubles, as in the other Mercuries, but you have the flabby tongue, and the aggravation begins in the afternoon between 3 and 6 P.M. much *earlier* than any other salt of Mercury.

Merc. cy. is also a left sided remedy, and has the cutting pain extending into the left ear, when eating, like Lach. but Lach. does not have the relief from heat. To sum up, if you have the Mercury mouth, the early afternoon and nightly aggravation, easy sweat, without relief, with extreme trembling feebleness, think of Merc. cy. for your patient with a carbuncle.

When I consider the circumstances, under which I have prescribed *Pyrogen,* I always ask myself, *why* I did not see Pyrogen sooner. I have given Pyrogen, however, when the indications were fairly strong, and I have known that there was a septic condition back of it, and it has failed me. Repeated, within two or three days, when the case was *fully septic,* and it has done yeoman service. Superficially regarded, it may seem strange, but when we consider that drug indications are governed by law, that they must be an *exact* fit, and that a case that is travelling *toward* sepsis, is *not yet septic,* we see daylight.

This applies to any other medicine as well as it does to Pyrogen, and explains why many remedies have been given without relief, when after administering some other medicine for a day or two, the first prescription repeated, works admirably. I remember treating one of the worst cases of carbuncle of the neck, which did not yield readily to treatment, (including

Pyrogen), but—when I got the typical rapid pulse, out of all proportion to the amount of fever; great restlessness from the aching soreness, caused by lying in one position, (Bapt., Arn.), the tongue, ranging from large flabbiness to a smooth varnished fiery red, or dry and cracked, articulation difficult, high temperature, with chills beginning between the scapulæ; dry burning skin; with cold clammy sweat, as the fever abated; stools black and offensive, or in black balls, (Opium, Plumb.) which had a carrion odor. Add to the above the consciousness of a heart, with cardiac asthma; aching bones, especially the joints, and my Pyrogen picture was completed.

Pyrogen was late in coming into view, but once indicated, it cured my patient. It matters not whether you have a case of septic typhoid, puerperal fever, malignant scarlet fever or carbuncle, Pyrogen will not fail us with the array of symptoms I have given. There are no characteristic indications in the *carbuncle itself,* that call for Pyrogen.

Secale cor. is the king of gangrene. It is also a producer of organ relaxation. The blood vessels are flabby, the liver and uterus as well as the stomach lack tone. The Secale patient is scrawny, feeble, cachetic, greatly debilitated, even when the debility is not caused by the loss of animal fluids. In fact, Secale has *fluids to lose* out of all proportion to the rate of their manufacture. The vital force goes on a strike without an apparent cause. The carbuncle which calls for Secale matures slowly, and heals just as slowly. The skin around the sore burns *as if sparks were falling on it.* The patient feels *cold* to touch, but cannot tolerate any covering. He is much aggravated by warmth or heat and relieved by cold. The affected parts are cold, blue or black and show much gangrene. All conditions under Secale show this tendency to gangrene. The patient has thirst, but no perspiration.

Tarantula cubensis gives a perfect picture of carbuncle, even to sloughing. You first have an inflamed pimple surrounded by a scarlet areola. This pimple swells, the areola increases, fever sets in; you have chills, the parts become hard, large, and exceedingly painful; the abscess ending by mortification of the integuments over it, and having several openings, discharging a

thick, saneous matter, containing pieces of mortified cellular tissue, fascia, and tendons. These openings enlarge and finally come together. Under Tarantula, the patient may have chills with intense burning fever, delirium, great thirst, anxiety, restlessness, headache, copious perspiration, and retention of urine. The fever may become intermittent, with evening exacerbation, with great prostration and diarrhœa. The carbuncle pains and burns frightfully, and the skin is blue around it. A felon may call for Tarantula when the hand *seems to be on fire,* worse at night, with this blue look around the sore.

These few remedies that I have touched upon, will cover most of the cases of severe carbuncle. For the lighter cases, the whole Materia Medica is our hunting ground.

Dr. Stearns: Dr. Krichbaum did not speak of Rhus tox.—that is a wonderful remedy for carbuncles in the early stages. In the severe cases if you get them in the start you can clear them up nicely with Rhus tox. I had a man come into my office with a temperature of 104, carbuncle a mahogany red, delirious, fainted with pain. Rhus tox. cleared that up.

The President: I can confirm what Dr. Stearns just said. I once treated a carbuncle that was in the cervical region of a man who used a pick and shovel to make a livelihood. It was six inches long and three inches across, long and oval, a dusky red. There were a number of small yellow openings filled with pus. Severe pains in the back, man was restless, especially at night, was better from heat and sweating, he couldn't go to bed —had to sit with his arms over his chair back. Rhus tox. cleared that thing up within a few days—five days, so that it was down to a red mark.

NON-SURGICAL TREATMENT OF HEMORRHOIDS.

BINA SEYMOUR, M.D., SPRINGFIELD, MASS.

The reason for the title for my brief contribution is that very recently a patient who came to me for treatment was not benefitted by the first prescription and went immediately to one

of my neighbors, who promptly sent her to the hospital, where she was operated upon with undue haste and due ceremony.

The remedies which have most frequently relieved hemorrhoids are Sulphur, Aloes, Lycopodium, Lilium tigrinum and Aesculus. As a rule this symptom itself—hemorrhoids—is not the one upon which the prescription hangs. I well remember a case which I attempted to treat during student days, but without success, in spite of the very kind suggestions of an able preceptor. Observations similar to these have been so frequently made in meetings of strict homœopaths that they have become trite. It may be, however, that the writer's confidence in homœopathy will be strengthened by them, and it is for this reason that I beg your indulgence.

Case I.—Miss W., thin, brunette, 27 years old, stenographer. First came to my office August 1, 1919. History of appendectomy previously; since then not well, but has feared to go to physician because she didn't want another operation.

Symptoms: For past ten to twelve years has suffered from "indigestion" with much flatulence. For past year has had hemorrhoids, which became very much enlarged, then bleeding profusely. Bleeding causes an "all gone" feeling. There is always much fulness in the rectum.—℞ *Aloes* 30.

August 4. Has taken a severe cold, which has much rawness and burning in the throat.—℞ *Sulph.* m.

August 6. Cold much >.

August 10. Cold gone, but hemorrhoids not gone. In addition to the sensation of fulness in rectum there is a sensation of pressure outward from pelvis and she has always a feeling of haste—must be busy.—℞ *Lil. tig.* 30.

From this time on she continued to improve.

October 11. "Cold sores" around her mouth, beginning with burning on upper lip, going to right lower lip, then left side of lower lip. Feeling of distension in abdomen, followed by pain in rectum and vagina which is > by appearance of hemorrhoids. Itching in navel. Oozing of moisture from navel.—℞ *Med.* m.

No change in remedy was made until the following August (eleven months) when she again presented Lil. tig. symptoms.

1921, April 12. Acute indigestion with characteristic pains

and amelioration of Coloc.—℞ *Coloc.* 30.

April 17. Bleeding from rectum *not* with stool. Burning pain in right side of abdomen, going toward left side. Distension of abdomen < late afternoon. Never thirsty.—℞ *Lyc.* m/2.

May 16. Much better. Improvement continued during summer and fall, and lasted until April 14, 1922.

April 14. Return of symptoms of last year.—℞ *Lyc. cm.*

Case II. Mrs. B. Stout, brunette, married, 35 years old.

August 12, 1919. Has been taking cathartics. Irritable. Intense pain in hemorrhoids < standing, < moving. Without cathartics stool hard and dry. Dizzy < morning.—℞ *Bry.* 30.

August 15. Dizziness gone. Much burning in rectum. Hemorrhoids purple, burning, large. Complains of much backache with pains going up sacral region. —℞ *Aesc.* 2c.

A more delighted woman I have never seen than Mrs. B. when this second prescription did the trick. And her appreciation has taken the tangible form of sending other patients.

THE CORRECT REMEDY VERSUS THE UNDERTAKER:—THREE ILLUSTRATIONS.

MARY SENSEMAN-HARRIS, M.D., MONTICELLO, ILL.

The greatest difficulty in prescribing for either chronic or acute cases is not, in my experience, the obtaining of the symptoms or the deciding upon a remedy, but the production of symptoms upon which to prescribe.

When a patient has symptoms, and death ensues, the Doctor should, in all veracity, sign the death certificate "my incompetence." Not that it is easy to learn a patient's symptoms, not that it is by inspiration that the remedy can be chosen, but both those can be accomplished by systematic effort.

It requires everything that the physician's mind contains to combat death in those terrible cases that present no symptoms. It requires all his knowledge, his study of the patient and of the books, his ability to observe in the *nth* degree, judgment without a flaw, patience, humility and courage.

Case No. 1. Septicæmia. Mrs. F. B. Nov. 21, 1921. Called to see patient at noon. She said she had been very chilly since the morning of Nov. 19. Had taken Calomel and salts Nov. 19. Temp. 101.6, pulse 100. Very restless.

Examination: tongue dry, red, shriveled as if burnt. Lips very dry, thick crusts on them, cracked, bleeding. Teeth covered with hard, brown sordes and blood from lips. Chest negative. Heart normal. Normal intestinal and gastric resonance. Extreme tenderness at edge of right costal arch, in area covered by tip of finger, at junction of eighth rib with arch.

Patient reported that for years she had been unable to lie on her right side, and the small area described had been extremely tender. Had never before had homœopathic treatment.

Merc. viv. 200—12.30 p.m., Nov. 21. 8 p.m. temp. 102, pulse 104. General condition same. Nat. s., 200.

Nov. 22. Had restless, sleepless night. Vomited small amount of bile. Passed much bile from bowels. Temp. varied from 100 to 101.6 that day. No chill. S.l.

Nov. 23. Did not sleep. No more nausea. Burning of palms and soles. Physical examination same. Temp. same as previous day, pulse corresponding. Sulph. 200.

Nov. 24. Temp. 99.6 to 101, pulse 100. Slight loquacity observed. No delirious phrases. Sleepless. Thirsty. Desired water, now hot, now cold, in small amounts. Also took orange albumen, which she seemed to crave. Urine concentrated, rather scanty. No stool. Physical examination the same. S.l.

Nov. 25, 8.30 a.m. Temp. 98.8. Pulse 108. Some loquacity, but patient seemed to want rest. S.l.

Nov. 26, 8 a.m. Nurse reported that at 1 p.m., Nov. 25, temp. was 101; at 5 p.m., 100.4; at 8.30 p.m., delirium. Patient refused to have Doctor called, refused to allow her husband in room. Declared she was improving, was having "a wonderful recovery." Talkative all night. Very exacting in her demands.

No physical restlessness. Temp. 100.4. Pulse 112. Dulness below right costal arch, extending downward about two and a half inches. No tympany. No bowel movement. Delirium became aggravated as day advanced. Patient began to perform certain peculiar acts, "to prove how well she was progressing."

Sordes on teeth, brown and bloody. Sleepless. Temp. rose to 102, pulse 120. She had the Hippocratic expression. Eyes sunken, glassy, restless. Skin ashen. Would not permit her hair to be brushed or her face to be washed. Voice was unnatural. To hold the case under control until a consultant could arrive, gave Pyrogen 200, 9 a.m., Nov. 26.

11 p.m. Had consultation, and on "delusion that she is well," bloody sordes, and the unmistakable septic state, Arnica 200.

Nov. 27, 9 a.m. Temp. 100.4, pulse 120. Mental and physical condition same as previous day. S.l.

3 p.m. Temp. 102, pulse 120. Arn. 10m.

8 p.m. Temp. 99.6, pulse 144. Abdomen tympanitic. More loquacious. Excitable, irritable. Some confusion of ideas. Seized doctor by the arms, demanding that he try on himself her method of relaxation (eyes closed and head oscillating). There was only one remedy indicated by that disproportion between pulse and temperature. Was there vitality enough to react to the remedy. Pyrogen 10m—11 p.m.

Nov. 28, 8 a.m. She had slept from 1 to 6 a.m., rousing frequently to talk a little. Temp. 99.4, pulse 108, regular. Quiet. Slight delirium. No tympany. S.l.

2 p.m. Temp. 101, pulse 110—somewhat irregular in quality and rhythm. Mental condition same as in morning. Some abdominal distension, but gas passing and with it a little thin, brown, normal-smelling fecal matter. Urine passed freely. Desired only hot water, which she drank frequently. Had the nurse dress her hair and manicure her nails. Urinalysis—amorphous urates in abundance; no albumen, sugar, pus or cells.

8 p.m. Temp. 100.6, pulse 120. Slight menstrual flow. S.l.

Nov. 29, 9.30 a.m. Slept fairly well half of night, then talked to nurse a good deal. No delirious remarks. Mind hyperactive. Temp. 99.4, pulse 114—somewhat weak. Slight tympany. Gas passing. Rectum flushed by siphonage with water. Continued to improve in general, and a surgical consultant was summoned November 30 to determine how soon the gall-bladder could be drained of the pus evidently present there.

The surgeon had just reached town, when the physician in charge was notified that Mrs. B. had vomited pus and blood.

Material was found to be extremely offensive pus, bile and fresh blood, about a pint. Examination by surgeon determined a movable mass, about four inches in diameter, in right hypochondrium. He diagnosed pus in gall-bladder, and said he believed patient would continue to empty it out herself. During the afternoon about two pints more of pus, bile and blood were vomited, not so offensive as the first. An enema resulted in small, normal stool.

Nov. 30. Temp. 90-100, pulse 104-112. No vomiting. Mass smaller. Urine clear. Calc. s. 200.

Dec. 8. Much gas. Thirstless. Warm aggravates in general. Lyc. 200.

April 18. She has been on Lycopodium continuously since, changing the potency as necessary. There is slight enlargement of the liver downward. Very little abdominal tenderness at any time. Color of skin is very good. She weighs 149 pounds, more than ever before in her life.

Case No. 2. Brainfever, pneumonia, injury of spinal cord. C. A. Boy, age 9 years. Came for homœopathic prescribing Oct. 17, 1921.

Cervical glands indurated, enlarge at least provocation. Tonsils were removed four years ago. Have grown back. Mother gave a patent vermifuge at age of five, and child has had chorea since. Twitches involuntarily and fidgets voluntarily. Speech hesitating. Has been pronounced "not quite bright." Ulcers on face, arms, legs, would not heal, suppurate, crust over, suppurate again. Much head sweat all his life. Gave Silicea, and, about a month later, Calc. carb. Ulcers healed. Child could apply himself better at school.

Dec. 10—a.m. Called to the house. Child had complained of headache all the week. Delirious all night. Stupid, talkative. Temp. 104; pulse 140. Bell., 200—a.m. Gels., 200—1 p.m.

8 p.m. Thirstless. Has passed no urine. Apis m., 200.

Dec. 11, a.m. Muttering, incoherent delirium. Did not recognize anybody. Very weak—relaxed. Purple flush on cheeks. Slight cough, expectorated a little bloody froth. Lungs negative on examination (but suspected central pneumonia). Temp. 104.2; pulse 152. Bladder distended. Hyos. 200, pro-

duced free urination an hour or two later. But the Hyoscyamus did not relieve the delirium, which was undoubtedly due to "brain fever." Gave Helleborus niger, 200, Dec. 11, 4 p.m.

At 8 p.m. temperature was 103.2, pulse 130, speech coherent, less delirium.

Dec. 12. Very slight delirium, only on going to sleep or on rousing. Temperature varied, but averaged less. Pulse 120, good quality. Urine heavy with urates.

Dec. 14. Coarse rales in both lungs. Double pneumonia evident. Very little delirium during this stage, although temperature reached 105.2. Ferr. phos. 30, Dec. 15, a.m.

Dec. 16 there was no delirium, temperature 101.6, pulse 100, lungs clearing, color good. P.M. Became delirious again. Visual and auditory illusions. Thought he was away from home. Temp. 103.2, pulse 120. Thirst. Lay quietly. Chewing motion of jaws. Cough very loose. Bry. 12x—6 p.m. Mental and nervous condition grew worse as temperature gradually reduced to 97, pulse to 84 and weak. Body covered with clammy perspiration. Involuntary flexion of legs and arms. *Became extremely restless, saying that he wanted to go home. Had to be held in bed.* Passed an intestinal worm over a foot long. Hyos. and then Opium, failed to relieve.

History was obtained that boys had injured the child by dragging him and jumping on him a week before doctor was called. He had vomited that evening. Inflammation of spinal cord from injury. Rhus tox. 30, with relief in a few hours, rational next week.

April 18, 1922. There has been no chorea since that illness. Child is delicate, easily becomes ill, but quickly recovers. Little glandular trouble. Calc. carb. is being given.

Case No. 3. Pneumonia. H. T. Boy, aged 13 years.

Dec. 28, 1921. Had been overexerting at school and outside. General pulmonary congestion, but no consolidation. Temp. 103.4 Appeared dazed. Face very red and hot. Bell. 200.

Dec. 29. Albumen was found in urine.

Dec. 30. Copious nosebleed. Thirst. Temp. 104. Acon. 200.

Dec. 31. Delirium—wanted to go home. Hallucinations and delusions. Talked about his everyday affairs. Thirst for cold water.

Sordes. Putrid breath. Lips dry, bleeding; tongue dry, red. Thin, brown, offensive, painless diarrhœa. Bry. 200.

Jan. 1, 1922. Delirium more passive. Lay with jaw dropped, eyes closed. Lifted head and stared around. Cried if contradicted. Hyos. 200.

Jan. 2. Temperature reduced to normal, but pulse was 104 and all other conditions were unimproved. The vitality had to be raised. Sulph. 200, a.m.

P.M. Temp. 100. Mental condition same. Patient very weak. Involuntary stools, thin, yellow, painless. Body odor was not quite so offensive. Phos. ac. 200.

Jan. 3. Temperature 102. Mental condition indicated Hyos. which had failed before Sulphur improved the vital forces. Under it temperature rose to 104.2, then gradually reduced, with general improvement. There had been very little sleep during the week's illness. Now sleep came, mind and abdominal symptoms disappeared, lungs improved. A week later Sulphur was given and completed the cure of the remaining chest symptoms.

THERAPEUTIC METHODS WITH ILLUSTRATIVE CASES.

S. R. GEISER, M.D., CINCINNATI, OHIO.

Every system of medicine, cult and fad claims vast improvements in its beginnings over those that came before. A majority of all medical men, however, are at one in the desire to relieve pain and discomfort by any and all means at their disposal.

While a student of medicine, I heard a lecture by a prominent old school physician, who said, among other things, if he were seriously ill, he would prefer to be treated by a qualified homœopath, than by an allopath of questionable reputation.

I will reciprocate by stating, that I would rather be attended by a first class, conservative old school doctor, than by a weak-kneed, staggering, wiggly-waggly, spineless homœopath.

My affiliations with old school physicians during my medical

career have been pleasant, often instructive, and it would be impossible for me to recall a violation of the code. It often occurs to me, that if a few "longheaded, unscrupulous medico-political pseudo friends of the people," of the A. M. A. would abdicate, the various schools of medicine would be in co-operation for the good of suffering humanity. With predominancy and omnipotence on the one hand, and *commercialism* on the other hand, homœopathy is having a hard road to travel.

Throughout my medical career, my endeavor has always been to keep my eyes and ears open, to "prove all things and hold fast to that which is good," regardless of source.

However, I have endeavored to "hew just as closely to the line" as possible, to separate the chaff from the wheat, and adhere just as closely to our method of cure, as possible, because I believe that in the law of similars we have the best working basis ever formulated for the cure of the sick.

I have endeavored to add a little each day, to what I have, or to use the expression of Dockstaeder—"a little bit added to what you have makes just a little bit more." In medicine there should be no place for dogma. In the final analysis, practically all so-called scientific medical questions remain debatable. *Experience* will ever remain a great factor in determining results of treatment.

To combine all that has proved true and efficient in all systems from the oldest to the most advanced, is logical. In any efforts to prove the efficacy of drugs homœopathically indicated, or to prove the inefficacy of *all Methods*—allow me to illustrate by citing *just a few* clinical cases from every day practice.

The first, a girl of 12 years was attacked with sore throat for which some home remedies had been administered, and later I was consulted over the phone relative to the case, and I sent some medicine. The following day I was called. The girl had a spinal curvature for which cast jackets had been applied by an orthopedist, with some benefit, but the subject was by no means robust and hence had not much resistance.

On inspection, I discovered an exudate on the left tonsil fully three-quarters of an inch in length and one-quarter of an inch in width, and a small patch on the other tonsil, and one on the

uvula, all of a grayish and rather shiny nature. There was some fetor, only slight glandular involvment, temperature 99½—and not good heart action, somewhat quick and irregular. Even without a culture—which was positive—the clinical symptoms of diphtheria were evident.

How to combat the disorder was the next question. Antitoxin, unquestionably one of the greatest discoveries in the history of regular medicine, came to my mind at once. A case of diphtheria coming under observation in reasonable time, is supposedly a case for antitoxin, and we are censured by health boards if not administered. The lateness of the case, however, and clear indications for a homœopathically indicated remedy caused some moments of consideration.

Antitoxin, it is said, should be employed early, in fact all treatments should be administered early in order to get results. The lateness of the case is doubtless a menace to any proper method whether surgical or medical.

The proper procedure at the proper time, whatever that may be, offers the best possible results. I spoke to the mother relative to the pros and cons. She had in mind some friend's children, who had had diphtheria in a mild form, she contended, had had antitoxin early, and very slowly and unsatisfactory recoveries followed.

She seemingly preferred other than antitoxin treatment. The symptoms pointed clearly to the Merc. cyanide, which was administered in the 6x trituration, two tablets every three hours. The following day there was slight disintegration of the patch on the left tonsil, and in twenty-four hours the exudate on the right tonsil had disappeared and two days later the throat was free from exudates. The patient was advised to remain quietly in bed another week, when she was practically normal.

I have in mind other late cases, *one* recovering in reasonable time with the use of Nitric acid, another with the use of Kalibich. Should this country be unfortunate enough to be visited again by an epidemic of diphtheria as in 1878-79 and 80, all methods and procedures would likely fall short of expectations, though sanitary conditions are much better now than in those

years, which would be an aid to raise the percentage of recoveries.

In the nineties, we were told by the dominant school, that the *only* remedy was antitoxin, yet the death rate continues just the same. In a severe epidemic, properly selected homœopathic remedies might compare favorably with antitoxin. Neither serum nor other remedies can undo the serious damage done to the cells of the body in late cases. It would certainly be interesting to test antitoxin in 1,000 cases compared with homœopathic treatment in equal numbers, granted, however, that all cases receive early treatment.

The Chicago Department of Health recently reported a death rate of almost 25% in diphtheria. The high death rate of this disease is attributed to mistaken diagnosis, late administration of antitoxin and insufficient dosage. Notwithstanding this loss of life from diphtheria, it is much less, it is said, than it was twenty years ago, and the saving is attributed to the use of antitoxin.

On the other hand, it is contended that pneumonia's death rate is exactly the same today as it was fifty years ago. Comparative statistics of 1,000 cases of whooping cough treated homœopathically and 1,000 cases treated with serum would be of interest to the medical profession. Also would a comparison of homœopathic treatment and serum treatment in pneumonia be interesting.

Were it not for the powers that be these questions could be decided satisfactorily by foundations, unfortunately devoted to further commercialism.

During 1918 and early 1919 opportunity was had of coming into contact with fourteen different chief's of medical service in as many hospitals in the department of the Southwest. These chiefs of service were representatives of the best medical opinion of varied sections of the country. The serum treatment of type 1 infections was made obligatory by the Surgeon General's office, and was carried out under the most favorable conditions with respect to promptness of typing, and skilled serum administrations, and recorded results of fourteen chiefs of service, but *one* seemed enthusiastic about the serum treatment of pneu-

monia. Records of recoveries were practically the same *with* or *without* serum treatment.

It is contended that if the serum be given before the third day of the disease, the attack may be cut short. Similar results can doubtless be derived from Aconite, Ver. vir. and Ferrum-phosphoricum, and without unfavorable reactions. In adidtion to the properly selected homœopathic remedy in pneumonia, for instance, I believe that a case showing any cyanosis or other evidence of anoxemia should have oxygen, at frequent intervals from the start and not as a last resort.

Edison said he intends to work until the oxygen tank is brought to him. If the oxygen tank is brought early, even Mr. Edison may recover despite his doubts of its efficacy.

In the most desperate case of pneumonia, under my observation, during the dreadful influenza epidemic of 1918, I used oxygen early and often only in *one case*. The patient recovered. Oxygen is not harmful, nor does it interfere with homœopathic medication. The mortality of those under my care during this epidemic was *nil*.

As another instance illustrating the efficacy of properly selected remedies, allow me to relate the following: A woman of 63 years was attacked with rheumatism—perhaps better called strepto-coccus infection. How much truth there is in the etiologic significance of the organisms hitherto found, I do not know. This was a severe type of this disorder affecting every joint. It was not due to defective teeth, nor tonsils, but to too much starchy food and sweets.

The suffering was intense. Some years previous she had a similar attack which confined her to bed three months. She was full-habit, which added greatly to her discomfort. The temperature ranged from 101 to 103½ degrees. It is needless to describe further the suffering of this person. You all know the meaning of inflammation involving all the joints. Among other symptoms, aiding in the selection of the remedy, was a white tongue, with red streak down the center, not the triangular tip of Rhus, but the red throughout the entire length. Veratrum viride afforded relief in a few days, and in two weeks she was

entirely free from pain, and in another week she was out of bed without sequelæ.

This woman's daughter had a similar attack three weeks previous. Shifting pains, worse at night, the large toes and the heels particularly involved, led to the selection of Colchicum. She discarded the bed at the beginning of the third week. What was the philosophy of cure in these cases? Did nature accomplish the desired results? Or were they brought about by active stimulation of nature's defenses, rousing the antagonistic powers of the body? Let the laboratory worker decide this question.

In rheumatic conditions we should always consider carefully focal infections, but the only way in which any permanent benefit can accrue is through a proper regulation of diet. Another case where the mitral valve was incapacitated came under my observation, which had been treated by heroic medication and serum treatments. She remained in bed several months, in order to regain reasonable health. Had she received Puls., Phytolaca or Kali-bich. early, owing to the shifting nature of the pains, the valvular lesion could likely have been prevented. We well know that in children and young people valvular lesions are apt to follow rheumatism, but in the adult these sequelæ should be prevented in most instances.

I am not relating this case in a spirit of criticism, but with the view of getting at facts. The attending physician was a capable one and was following the methods of so-called leaders.

In conclusion allow me to relate one more case, illustrating the action of well selected remedies. A woman of 65 years had been indisposed for some days with symptoms of influenza, aching, coryza, some cough, followed later by a decided chill and elevation of temperature.

Five years previous this patient had a "nervous breakdown," when her heart began to fail; since then she never became entirely normal. On my first visit, the temperature was 103 degrees, pulse 110, respiration 40. During the first week of her illness temperature ranged from 103 to 104½, respiration and pulse as above. She developed pneumonia of the left lower lobe. She had sharp pains in the chest, and throughout her body. The cough was extremely painful which was partially

ameliorated by holding tightly to the bed in order to immobilize the chest. The expectoration was at first rust colored, with much thirst and no appetite. Bryonia in reasonable time afforded much relief. Later Phosphorus completed the cure.

After the eighth day there was no temperature and in another week she was out of bed. What would have happened had this patient been treated with Aspirin, Serum and Digitalis?

DIATHERMY AS ADJUVANT TO THE REMEDY.

GLENN I. BIDWELL, M.D., ROCHESTER, N. Y.

In 1898 Nagelschmidt of Berlin demonstrated that by passing a modified D'Arsonval current of high amperage through tissue heat was generated within the tissue. He called this Diathermy or heating through.

The use of heat as a therapeutic measure dates from the time Adam laid on a hot stone in the Garden of Eden to relieve the green apple colic. Since then various methods of applying heat and cold have been used in therapeutics. Thermic measures neither heat or chill through anything; the hot poultice or the ice bag will only heat or chill the surface; Diathermy on the other hand heats through from the center to the circumference, all of the heat is generated inside the tissue.

As the resistance to disease differs in different individuals so does their recuperative power. In nature there is only one way this recuperative power manifests itself; it may vary as to degree and time but the process is essentially inflammation. This may be either local or general or both. The phenomena which accompany this reaction are redness, swelling, heat, pain and disturbance of function. This reaction on the part of the body cells is always an attempt by nature to repair the injury; it is nature's method of recovery and cure of disease and no process has ever been brought forward that can even compare with a successful natural recovery. The more we are able to assist nature in her efforts the better are the results.

The physical results of the current can be demonstrated by the following experiments:

When the current is passed through water we get no chemical decomposition as with the galvanic current. The only result is heat and if the heat is continued long enough and the temperature of the water raised sufficiently high steam is generated. Passing the current through a raw potato we have the same resulting heat. If the heat is continued long enough the potato will be cooked. If we shut off the current before the potato is entirely cooked and cut through the center of potato we find that the greatest effect of the heat was in the center decreasing in its effect as we approach the electrodes.

In passing the current through a beef's liver and placing a thermometer at each end and one exactly in the center in a direct line with the others we find the thermometer in the middle registers a rise in temperature first and as the experiment continues this thermometer will show a greater degree of heat in the exact center of the liver than those which were placed at each end near the electrodes. This experiment proves that the heating of tissues takes place from within outwards and from center to circumference.

When two poles of this current are applied to any part of the body there is no sensation; after a few moments the part becomes warmed; on looking at the part it appears red, feels hot to touch and is covered with perspiration. We have produced the cardinal symptoms of inflammation; heat, redness and increased blood supply. This effect did not proceed from without inward but from within outward. The reaction that is produced in the tissues by the application of this current is a physiological inflammation.

From clinical observations we know that the application of the Diathermy current in inflammatory conditions promotes drainage, relieves pain, flushes the inflamed part with the actively heated blood, causes the absorbtion of inflammatory products in the tissues, promotes oxidation and stimulates.

As we have demonstrated that heat within the tissues is the therapeutic agent we are using, you will readily call to mind the various diseased conditions in which it will be of great assistance to your remedy not only in giving immediate relief from distressing pain but it also will expedite the cure to be brought

about by the remedy. Among the disease conditions where it will be of the greatest value are sluggish feeble circulation of the aged; internal hemorrhoids, to relieve the pain and soreness and to stop hemorrhage; enlarged prostate. There is no therapeutic agent which will produce the startling curative results in the after treatment of anterior poliomyletis, that diathermy will give you. It will absorb the fibrosis in the cord, re-establish nerve tracts through the diseased axis, overcome the paralysis of the affected muscles and make the muscles grow. Sciatica, sacro illiac and hip joint disease, tuberculosis both pulmonary and of the bones are all benefitted. The excruciating pain of tic douloureux can be relieved in a few minutes and with the action of the indicated remedy is usually cured in a few weeks. Catarrhal deafness can be relieved, the tinitus removed or greatly lessened, watch hearing be increased but only in cases of short duration can it be cured. Brachial neuritis is one of our most stubborn diseases to treat medicinally but hand to hand diathermy causes both the pain and soreness to disappear with a few treatments.

Fractures which will not unite will be made to throw out a healthy and profuse callus in a short time. Fibrinous anklyosis can be removed and the patient given the use of stiff joints which cause him much inconvenience and cost the insurance companies a great deal of money.

I have left the mention of rheumatoid arthritis until the last as I wish to leave this thought with you for in no class of cases can you produce the spectacular results; give the patients such immediate relief as in this incurable condition. I have removed the pain and limbered up stiff fingers, of fifteen years duration, in one thirty-minute treatment. These results are not temporary but permanent. The first case I treated was in February 1921. This was arthritis of the fingers on both hands. The patient had not dressed herself in five years; after three treatments she was able to dress herself, comb her hair, do needle work and attend to her household duties. I saw her this past week and the lameness, stiffness and soreness had not returned up to that time. I certainly have never been able to relieve these cases with the remedy alone.

Pain and soreness will be relieved in all these cases and motion will be restored if the joints are not locked with too much and hard a deposit. The general health will be improved, the circulation increased and restored to normal, the appetite increases and the patients look and act as if life was worth living.

In all my cases I used the indicated remedy. Those cases who are referred to me I have their own physician give them whichever remedy he may think indicated.

Another thing to be considered is the fact that we are not suppressing symptoms with our diathermic current. I believe from my experiments and from clinical observation that there is no tissue change produced by the medical use of this current other than those which nature would produce when stimulated by the action of the indicated simular remedy.

Unlike the action of Galvanism, X-ray and Radium which change the structure, function and appearance of tissue and organs, we do not change the symptom picture by suppression; we simply assist nature and the action of the remedy by improving the nutrition of the part.

Bureau of Obstetrics and Surgery

GEORGE C. EMERSON, MARSHALL, MO., CHAIRMAN.

TOXÆMIAS OF PREGNANCY—A STUDY.

GUY BECKLEY STEARNS, M.D., NEW YORK CITY.

Mrs. W., æt. 36, a frail-looking, medium-complexioned, sallow woman, who had one child nine years old and no pregnancy since, although another child was desired.

Her own history was that of a robust though croupy childhood during which, before reaching the age of eight, she had had measles, whooping-cough, chickenpox, diphtheria and German measles. At nine years of age, she had malaria which recurred for several summers. After diphtheria, which occurred at the age of seven, she had one or two attacks of tonsillitis every year, followed each time by a catarrhal cold that lasted for several weeks. For these attacks, much Quinin was given her.

Throughout her girlhood she had constantly thick, green catarrhal nasal discharge. At twelve she had a series of boils and the next year menstruated with much pain before each period during the first year.

At nineteen one tonsil was clipped and a "growth" removed from the base of the tongue. In childhood, her teeth decayed badly and she had many amalgam fillings and crowns.

At twenty-five she had a second attack of diphtheria, which was treated with antitoxin and this was followed by scarlet fever, after which much Quinin was given her; this caused her ears to ring and also left her with a deafness which has persisted.

At twenty-five this patient married and, after a year, became pregnant. During the latter part of this pregnancy her feet swelled, she had a trace of albumin and a low elimination of urea.

During her nursing period she had an abscessed tooth.

Four years later a lump came in left breast, which disappeared in eight months under Sulphur followed by Conium. Directly after this Mrs. W. had an attack of fulminating appendicitis, the appendix rupturing within a few hours of the first onset of symptoms.

At the age of thirty-six she conceived again and was normal up to the last two months of pregnancy. All dietetic and hygienic precautions were instituted early.

During the ten years previous to this pregnancy, she had been under careful homœopathic prescribing and her deafness and catarrhal condition, together with her general health, had gradually improved. One significant condition, a facial neuralgia, persistently returned, although at times controlled for a few months. X-Ray examination of the teeth revealed root abscesses and treatment of them somewhat relieved the neuralgia.

At the beginning of the last two months of her pregnancy albumin and casts appeared in the urine, the output of urea diminished, blood-pressure began to increase, feet and hands became puffed, she had dizziness and flickering before the eyes. In addition, she had a constant feeling of being filled up, sour eructations after going to bed, dry mouth with desire to sip water to moisten it; green, thick nasal catarrh, smarting hemorrhoids and a craving for the air. All these symptoms improved under Pulsatilla 10 m., but only for seventeen days, at the end of which time her blood-pressure went to 200, she had a slight uterine hemorrhage, occipital pain extending to the left eye, pain from incarcerated gas in the left lower abdomen. She could not lie down because of gas pressure, but was relieved by passing gas up or down. Carbo veg., repeated every two hours, relieved all symptoms and the blood pressure gradually dropped to 140. Two weeks later the blood pressure gradually crept up again to 195, with these symptoms: Fulness in the occiput

extending to the head and ears with pain over the left eye upon waking in the morning, lasting until noon; pain in the lower abdomen like false labor pains, during two nights, which left the abdomen sore; pain like incarcerated flatus in left lower abdomen; frequent eructation which gave some relief. Milk disagreed because it caused formation of gas; sleeplessness because of abdominal discomfort.

Restudying the case, taking the three rubrics, fulness of the head, aggravation from milk and relief from eructation, Kali carb. 200th was given in the evening and the next morning's record reads: "Sleepy at once; slept all night; all symptoms nearly gone; blood pressure 150." Her pulse was normally 60 and at no time did it go above 85. Her delivery took place normally, two weeks later. Six days after delivery she had badly cracked nipples, which quickly healed under Lycopodium 1 m. Suddenly, during the fourth week, her left breast became inflamed, she developed high fever with chills, all of which cleared up on Phytolacca. It was quite startling the way the fever and the other symptoms disappeared after a few doses of this remedy, only to be immediately replaced by herpes of the lips and a very sore tongue, the tongue remaining sore for over a month.

This happy outcome of a case, which for two months kept me constantly feeling that it would be necessary to induce labor, was highly gratifying. It illustrates the value of eternal vigilance and frequent observation of the expectant mother. But does it reveal the factors that can be utilized to prevent the development of so dangerous a condition?

Also, what relation existed between this patient's childhood susceptibility to all infections, the attacks of tonsillitis, the malaria, the Quinin medication, the teeth, the appendicitis, the toxic state during the two pregnancies, the cracked nipples and the mastitis?

Or can we glean anything from the hereditary factors? She was an only child, resembling her father in physical characteristics. Her father was forty-four years old when she was born and her mother thirty. The father died at sixty-eight of heart-failure; he was dark, wiry, and his only illness was a rheumatic

tendency besides indefinite ailments attributed to the hardships of the Civil War. Her mother is obese, dark-complexioned and always well except for neuralgia, bad teeth and slight rheumatism.

The second case was a slender, pale, frail-looking woman of medium complexion, twenty-seven years old, first pregnancy. Began with labor pains in the evening, described as cramping, with urging to stool and burning urine with each pain. When she lay down the pains were worse and obliged her to walk about all the time; better bending forward. The patient wanted no one to talk to her. Pains came and went gradually. No prescribing was attempted. At 5 A.M. her attending physicians had her anesthetized and a normal male child was delivered with forceps. His head was badly marked by the instruments. On the second day, at one of its regular times, the baby began to nurse, then let go of the nipple, gave a little shudder and died.

The effect of this tragedy on the mother can be imagined. Neither religion nor philosophy reconciled her to her infant's death, and one year later she was in the following condition: For one week before menstruation everything irritated her to a point where she was unable to see anything in a just or reasonable light; this state would endure for hours on end, after which there would come a sudden lightening of the gloom and irascibility and she would say to herself: "I am all right now," but in a few minutes the cloud would come over her again and she would return to the former brooding, irritable state.

She complained of soreness and aching in the whole right lower abdomen; there was no tenderness on pressure, but great pain during and after straining at stool. The pain in the right side alternated with a lumbar pain, some days one pain being uppermost and other days the other. Menses regular, not profuse, with some pain on the first day. The mental state was, each month, increasing in duration.

This patient was worse in warm weather. The trouble in the right lower abdomen had started three years before with two wettings whilst she was menstruating and, at the same time, overworking and had given her much trouble ever since.

Advice was sought by mail; no competent examination was

made to ascertain whether the right-sided abdominal trouble was appendicular or ovarian.

The remedies which most prominently cause aggravation before the menses and which are also worse from warmth in general are: Lach., Lyc., Nat. mur., Phos., Puls., Sep. and Sul. Of these Lyc. covered the case. Improvement began with the first dose of the 10 m. and all symptoms vanished after the second dose, which was given six weeks later. The sad part of this case is that a keynote of Lyc. is that during the labor-pains the woman must "keep constantly in motion." Any of us who have used homœopathic remedies in labor know that when a similimum as close as this is given instrumentation is seldom necessary, and this patient would undoubtedly have delivered herself normally had she been so fortunate as to have her similimum, Lycopodium, during the night preceding her baby's birth.

Dr. Becker: I would like to ask Dr. Stearns if this woman had been under homœopathic treatment from childhood.

Dr. Stearns: The first one? No, she was under homœopathic treatment only just before the child was born and during that intervening period, but in that intervening period she had appendicitis.

Dr. Becker: A terrible case to have. The result was remarkable—there must have been immense work on the part of the practitioner in the case. I don't see myself following that up to the successful conclusion of this one.

Dr. Stearns: Kali carb. was the most remarkable remedy and it has led me to think of Kali carb. always in the pregnant state. In fact, I ran across that in one of our books, I think Herring's condensed, where it said Kali carb. was always to be thought of in the pregnant state.

Dr. Green: Have you become acquainted with the effects of Kali carb. in after-pains? It is equally as good there.

Dr. Underhill: It is quite popular among the dentists to ascribe a great many disturbances to the teeth and if one tooth is affected they immediately advise the removal of that tooth for fear of its affecting the neighbor. My observation has been

when that tooth is infected if it is removed the neighbor has ten times as many chances to be infected than before because the removal of that tooth has cut off the outlet. I think our dentists are making a very grave mistake. Those of you who have had your teeth attended to have no doubt received advice as to the removal of the teeth. I have seen some patients whose teeth have been infected and who under the advice of the dentist had them removed, and death followed.

Dr. Llewellyn: What he says about the pulling of one tooth and have the next take the work up is more true of pyorrhea. Pyorrhea is sure to do that. You pull the one tooth in order to get rid of it and it won't be long until the neighbor has it.

Why is pyorrhea so plentiful? Everybody has it. It is simply a change of fashion. It is about as popular now as amalgam fillings were fifteen years ago when each dentist rubbed his own fillings and made them of Quick silver and Silver. They are now using Zinc and Copper and we can't tell so much about them.

Dr. Underhill: Dr. Stearns, have you made any observations along that line?

Dr. Stearns: I am always very careful to have people who have a greal deal of work done on their teeth by dentists to have those teeth X-rayed and know what is at the roots. You can have chronic conditions develop from those dead teeth—the tombstones, that I don't know you can cure except by removing the teeth.

That old way of treating the hollow tooth by having the nerve killed is bad. Your tooth is dead, infection creeps into the roots and you have an abscess in the root and every time you chew you pound away on a sack of infected pus and you drive that into the blood stream. I don't know of anything that will cure that except the removal. Or occasionally you can drain it and it will help. But it is a bad job and sometimes even the teeth will die and you get an abscess and you will know nothing of it from the symptoms you have. I have an idea there may have been something of that sort in this patient's case because she did have two very bad abscessed roots and she didn't know it

except as relating to her neuralgia. The neuralgia improved with the removal of those teeth.

I remember another case of neuralgia. Went to the dentist, had an abscessed tooth removed and that was the end of the neuralgia.

Pyorrhea is a different proposition. I have tried Calc renalis —that didn't do any good; I tried Kali carb. and got nothing from that.

One word about Lycopodium. In that last case; I had a case of pyleitis in a pregnant woman. Lycopodium was the remedy. We kept going along as long as we dared and I didn't get the remedy until the baby had been taken away artificially, but everything went along all right. Usually those cases do not clear up until the baby is born. It was a pretty job and I was glad to get if off my hands because it was a serious case.

She began Sepia and the Sepia was cleared up with Arsenicum. The nausea had been taken care of along through the pregnant period until about the eighth month—that cleared up with Sepia. She had hot feet and I gave her Sulphur. That helped her some, but it was a similar and not a similimum. And later on when the baby was born I put it together and got my Lycopodium and it stopped overnight.

There is one point I would like to make and it is important for all of us to remember. If you have a mon arthritis look out —it may be a gonorrheal rheumatism. If it isn't, you have an infection instead of rheumatism. I know of a few cases where men got into trouble because they treated it for rheumatism when it was offending. You might find yourself suffering from suit for malpractice.

Dr. Underhill: I would like to know if many of those infected antrums are tubercular.

Dr. Llewellyn: So far as the antrum is concerned the chief remedy I have used has been Mercurius. Another has been Lachesis, and there are several others. Go according to the symptoms. I am not very ready to pull a tooth and break the whole and see the drainage through. Why? Because it doesn't cure. After you get there you may wash it out but you cannot cure. The meanest and most contemptible odor I got was from

a man that every morning had to wash such a condition out through the mouth and then let it come through the nose. I tell you I will try hard a long time before I pull my teeth or anybody else's. I have had no trouble and have not had one-half the pain that that man has had with his surgery.

Another case I had was where during the war a boy was sent from Washington to Minneapolis and was stopping there with friends, an extracting dentist. I started in with him and got along pretty well. Finally I was content, the boy was up and out of bed, walking around the house. They thought since I wanted his chest X-rayed they might also have an X-ray of the face as well. Some pus still showed in the antrum and they immediately extracted all those abscessed teeth and some of those teeth were sound although the upper end of the root was enlarged, as hard as a bone. So whether he was prescribed for or not that abscess that was once, was solid then. That fellow suffered a good deal more afterwards than he had before. Hence I don't believe surgery is the thing, nor do I believe in the surgical side until it is absolutely right. When it is I will open, starting at the lowest possible point at the soft tissue, coming out at the upper point in one cut, letting everything drain through that.

PRACTICAL HINTS IN MINOR SURGERY.

HARVEY FARRINGTON, M.D., CHICAGO, ILL.

The attitude of the well-trained homœopath towards surgery differs from that of the allopath. Almost daily he meets with conditions that would inevitably lead on to tissue change and what is generally called a surgical case, if they were not checked. This he is able to do in most instances by careful prescribing, and, consequently has little need for the help of the knife. His operative cases are few and far between. In fact, the success of some of the older men in this line has been little short of miraculous. This was simply because they knew the Materia Medica and how to apply it. Those who endeavored to accomplish the same results by haphazard or routine prescribing, met

with failure and Homœopathy got the blame for it. The prime factors for success are, careful individualization, a wide range of remedies and a correct understanding of the physical condition present. It is doubtless true that many of our keenest prescribers have bungled because they failed to realize the importance of exact physical diagnosis and attempted the impossible, increasing the suffering of the patient or even letting him die. The writer had to go several hundred miles to tell one of our good men that the enormous swelling in the shoulder of a young girl he was treating, was not "rheumatism" but an abscess. The low fever, the bluish, mottled appearance of the lesion, the aggravation after sleep seemed to indicate Crotalus horr., but this remedy was not helping the patient because the pus had formed underneath the fascia covering the muscles of the scapula and possibly behind the supra and infra-spinati themselves and the process of burrowing through was slow and agonizing. Yet he refused to make even a small incision to relieve the tension and the patient was nearly a year in recovering from the stiff joints and other conditions that followed, even after a tardy fistula, confirming the diagnosis, had opened and healed.

Years ago we were taught that it was best to give a remedy and let the abscess open "naturally"; that "it healed more promptly and with less scar." This might be true of suppurative foci in soft tissues, or near the surface, not when they are imprisoned under tough and unyielding fasciæ or epidermis. Take for instance an abscess in the palm of a blacksmith's hand or one who has earned his livelihood with pick and shovel. It is absolute foolishness to expect "pointing" to occur under the action of some high potency. Some of you may think that this goes without saying, but a few of our good materia medica men (or women) have been guilty of just such blunders.

But there are other considerations. An abscess is liable to open into some vital organ or in a place where drainage will be difficult or impossible. Here the timely use of the scalpel will avert danger and hasten recovery. The cosmetic effect is also very important, especially about the face, jaw or neck. Watch carefully and see which way it is going. An incision just under

the angle of the jaw, for instance, will show less and may give better exit to the pus. A clean cut along some natural fold in the skin will be far less conspicuous than a pucker or ugly red scar in the middle of the cheek.

The formation of pus in bony cavities sometimes presents a difficult problem, as the antrum of Highmore or frontal sinus. But here is where our remedies shine. By reducing the inflammatory process at the natural opening, drainage is quickly obtained and only in rare cases will it be necessary to make an artificial opening.

On the other hand, abscesses at the roots of the teeth seldom respond to medical treatment alone. They are due to suppressed gonorrhœa, to the action of crude Arsenic used to kill a nerve, to imperfect filling of a root canal, etc. There is no soft tissue through which the pus and sequestræ may find exit, and if not confined by a sac of "pyogenic membrane," it gradually breaks down the surrounding cellular bone, which again, is encased in the hard outer plate of the alveolar process. Occasionally they will heal in a patient under constitutional treatment, without surgical interference. Nature cures by well defined physiological processes and all we can hope to do with our remedies is to stimulate or re-awaken these processes. We cannot force them to operate successfully against mechanical barriers.

It has always seemed to me that the curability of cysts depended upon their size and the nature of their contents. Small cysts like those which form in the eyelids, as a rule respond very promptly to such remedies as Staphysagria and Thuja, but the larger ones,—except the ovarian—must open. Perhaps the wall has lost its vitality and is unable to reabsorb the matter contained within. Moreover, this is usually thick and cheesy. They are occasionally removed during constitutional treatment for some other trouble. As for instance in the following case:

Mrs. A. L. G., æt 50, had had a cyst on the right side of her neck for over thirty years. It resembled a button under the skin, an inch in diameter and about three-eighths of an inch in thickness and had grown very slowly. During all these years she had been under good prescribers, had borne five children

and was under a physician's care during the climacteric on account of frequent, profuse hemorrhages. China was the remedy that always helped the flooding and built her up afterwards. She was in very good health when one day she slipped and strained the muscles of the right thigh and lumbar region. There was much lameness and stiffness worse on beginning to move. (She took Rhus tox. without relief). Among other symptoms there was considerable flatulence and belching and her gums were spongy and bled easily. She received one dose of Carbo veg. 10m, September 24th, 1919. This relieved not only the belching and spongy condition of the gums but especially the lameness of the right hip. Three more doses were given at long intervals during the following winter and spring. After the 50m, March 18th, the cyst suddenly became red and sensitive to touch. In a week or so it opened and discharged a cheesy, putrid matter and then gradually dwindled, until, by the end of May it was almost obliterated. Carbo veg. has proved to be her remedy up to the present time and has greatly benefitted her general health, and yet this remedy is not usually considered one that will cure cystic tumors. Routine prescribing would have failed here.

It is true that Belladonna, Mercurius, Hepar, Silica, are our sheet anchors in suppuration and especially the latter two have the power to hasten the opening of an abscess or boil. But other remedies must not be overlooked if the indications are clear. A good illustration of this will be found in the case of an old lady of about eighty who almost succumbed to a large carbuncle between the scapulæ. Even after the opening had granulated into a red scar, she was in such poor shape that everyone decided that she would never leave her room again. Then it started to break out again. A red sensitive swelling began to form in the old location, and burned and smarted as though a bee had stung her. She experienced some relief by cold applications. Three little powders of Apis 200th (B.&T.) seemed to hasten the process, for the swelling broke inside of an hour and healed rapidly. In a few days the patient was up and around. Sulphur symptoms developed and she improved greatly for three

or four weeks. Then symptoms calling for Sulphur developed and this remedy completed the cure.

The moral is clear. We can use common sense and still be loyal to Homœopathy.

Dr. Underhill: I do think that most of the surgical cases you are speaking of are only temporary—you don't get at the root of the trouble. I agree with Dr. Farrington in some instances as to his idea as a temporary measure, it is well to take out the pus. I have noticed in several of the discussions, several I have heard during the meeting, using certain remedies that may be indicated for some particular condition, namely, that we are going wrong, but we don't do it that way. I think there are some things we can get, a remedy that is very similar for such a condition as a discharging or pus-filled antrum. I think it is possible to stop it. Have a similar remedy to stop that formation of pus.

We have cases of that nature. We don't pay any particular attention to that pus forming in the antrum. We take the entire case and repertory and when we think we have come to the similimum or as near as we can get to it, we administer it. It may be all right to take these remedies that are similar to a locality but to say such a remedy is so very prominent in such a condition we hesitate to give it for fear it will do what we expect it not to do.

TWINS.

GEORGE C. EMMERSON, M.D., MARSHALL, MO.

I had a call to the country seven miles from town on May 7, 1920. I was not acquainted with the family but through the influence of a former patient I was called, as this former patient was to act as nurse. On my way to this home I called for the nurse and we soon reached our new patient. She had four children. These children had all been hard to deliver and she had had a different doctor with each baby.

I made an examination and found a breach presentation and

I soon had my first baby delivered and all was well as far as I could observe. I examined the mother again and I told the father that there was another baby and the father turned pale and began to swear at me and criticize me for making such a statement. However, he left the house and I ran things according to my own notion. I waited from 4.15 P.M. until twelve P.M. for the second child to be born but there was no natural progress. I wished to give chloroform but the patient did not wish to take it. I asked permission to apply forceps without chloroform and she was willing that I should do this. I did so and at 1.30 the second child was delivered.

The remarkable thing about the case thus far was that the patient never made a move or noise or indicated in any way that she had a pain. I waited one-half hour for the placenta but there was no advancement. I took hold of the cord and made slight traction and a gush of hot blood with nausea and vomiting followed. I inserted my right hand up to the elbow and received good contraction. I asked nurse for case of medicine and gave one dose of Ip. 200 to the patient. The hemorrhage stopped at once. I began to curette one pocket of the placenta with my fingers and soon did the other in the same manner. I had good contraction of uterus all the time. The lochia was normal and I left after breakfast after prescribing Arn. 200.

The next day I gave her Hep. S. C. 200 and she was up doing the work for the family in two weeks and has remained well ever since.

The smallest baby surpassed the larger child in size and weight. One has light hair and the other has dark hair and both are girls.

Dr. Jewett: I would say the remarkable part of the case was that she had no pain.

Dr. Emmerson: She had no pain—she had had pain before the use of the forceps. She had no advancement in any way when I applied the forceps and she complained of no pain or injury in any way. I generally use a litle chloroform to apply

forceps but I didn't in her case because she never suffered any pain.

Dr. Jewett: What is the reason you give for no advancement in the case several hours between the birth of the children, eight hours?

Dr. Emmerson: The uterus was tight, practically paralyzed. I had to work that out with my fingers gently. When I made connection with the cord was when I got my hemorrhage.

Dr. Jewett: What is the reason you suppose why there was no advancement with pains?

Dr. Emmerson: The condition of inertia of the uterus—practically paralyzed and drawn tight. I had to knead it out.

Dr. Jewett: But why was there no advancement in the second child being born?

Dr. Emmerson: I can't give any reason for it. I was told at the Missouri School of Homœopathy that there was not a man living who could apply forceps without chloroform. I told him I did it anyway. I never had much trouble until 1918 in any way. All my cases did well except in that year and then my cases seemed to be bad all the year.

Dr. Starcke: That was the year when every pregnant woman died, during the flu epidemic.

Dr. Green: But they didn't.

Proceedings of the Forty-fourth Annual Session 1923

OFFICERS.

HERBERT A. ROBERTS, Derby, Conn.....*President*

EUGENE UNDERHILL, Philadelphia, Pa.....*Vice-President*

WM. W. WILSON, Montclair, N. J.....*Secretary-Treasurer*

JULIA M. GREEN, Washington, D. C.....*Cor. Secretary*

EDWARD RUSHMORE, Plainfield, N. J.....*Necrologist*

BOARD OF CENSORS.

CYRUS M. BOGER, *Chairman*.....Parkersburgh, West Va.

HENRY BECKER.....Toronto, Canada

RUDOLPH F. RABE.....New York City

HARRY B. BAKER.....Richmond, Va.

BENJAMIN C. WOODBURY, JR.....Boston, Mass.

RUDOLPH F. RABE, New York City.....1 year

JULIA M. GREEN, Washington, D. C.....2 years

FRANK W. PATCH, Boston, Mass.....3 years

BUSINESS

OF THE

FORTY-FOURTH ANNUAL SESSION

OF THE

INTERNATIONAL HAHNEMANNIAN ASSOCIATION

AT THE

HOTEL STRAND, ATLANTIC CITY, NEW JERSEY

JULY 5th, 6th and 7th, 1923

BUSINESS PROCEEDINGS.

The forty-fourth annual session of the International Hahnemannian Association was called to order at 11.30 A.M., at the Hotel Strand, Atlantic City, New Jersey, President Herbert A. Roberts, presiding.

The minutes of the 1922 session were called for, read and approved.

At the direction of the President, the Secretary read his report.

REPORT OF THE SECRETARY TO THE FORTY-FOURTH ANNUAL CONVENTION.

The Secretary reports a fairly quiet year, in his office, correspondence and routine taking up most of the time.

Two deaths in the membership have been reported during the year: Dr. Volney A. Hoard and Dr. F. E. Stoakes having passed since the last convention.

One resignation has been handed in, that of Dr. Maurice Worcester Turner. This resignation will be handed over to the Board of Censors and for reasons that will be given to the Board of Censors, I would recommend that the resignation be not accepted.

The unfinished business left from last year was the work of the committee on application blank. That work was attended to at a meeting of the executive committee called on the occasion of the meeting of the Eastern Homœopathic Association at Trenton last October. The new application blanks are now in my possession and will be available for any of the members interested in getting new members.

The offer made last year of mailing an application blank, with a letter of invitation to join our Association, to the Recorder mailing list has not been fulfilled so far, owing to the fact that the new application blank was not out. Now that we have the blanks, the letter will be drafted and mailed before the next session.

During the winter a letter was received from our member, Dr. Mary Senseman, of Monticello, Ill., requesting an affidavit regarding the use of internal vaccination by the Homœopathic fraternity. She requested as part of the affidavit something of the history of the use of internal vaccination among the Homœopaths of the country. I would recommend that this Association put itself on record in this matter for the future use of any Homœopaths who may be in trouble from the use of internal vaccination in practice.

To this end, I would recommend that a committee be appointed to draft a suitable resolution and the action will thus become a part of the Association's business and may be called for by addressing the Association's secretary at any time any physician may desire.

The cost of printing the Transactions of the Association is becoming quite heavy and it is a question whether the dues of the membership will long be sufficient to pay the bills.

The cost of printing the 1921 Transactions was $714.00 and the balance left in our treasury this year is but $830.00. Of this balance part must go for the payment of our stenographer and other expenses, so it looks as though there would not be money available to pay for the printing.

We have a growing list of Honorable Seniors and these members pay no dues yet get their copies of Transactions gratis. This load must be carried by the active members and the present dues are not sufficient to stand the strain.

Two years ago we assessed the membership $5.00 apiece in lieu of an increase in dues. Not one-half of the members responded to this call, but the returns have been sufficient to pay the Association's expenses to the present.

Apropos to the Honorable Seniors—I note that one of them offers a full set of Transactions for sale, yet for the past seven years the books, that have cost us over $3.00 apiece, have been given gratis.

The 1921 Transactions have been printed and distributed but it was thought it would be an economy to print the 1922 and 1923 Transactions as one volume. Therefore the volume will be gotten at as soon after this meeting as possible, printed and distributed to the members.

A communication from Dr. Thomas E. Reed of Middletown, Ohio, states that he is too old to take an active part in the work of the Association, but that his heart is with us and he still wishes to be identified with us. He requests that his name be taken from the list of active members and be placed on the Honorary list. I would suggest that his request be granted and that the Board of Censors recommend him to Honorary membership.

Near the close of the session last year a committee was appointed to investigate the Abrams method of diagnosis and the use of the oscilloclast in the treatment of ills. Dr. Stearns was made chairman of this committee and he will be expected to report on the matter during the session.

Your Secretary would report the close of the twenty-five years of active membership of Dr. Henry L. Houghton of

Boston, Mass., and the advance of his name to the ranks of the Honorable Seniors.

Respectfully submitted,

WM. W. WILSON, *Secretary.*

On motion the report was received and the recommendations ordered taken up under new business.

The report of the Treasurer was read and the Treasurer's books were given over to a committee composed of Drs. Dienst, Sloan and Stevens for audit.

TREASURER'S REPORT, 1922-23.

RECEIPTS FOR THE YEAR 1922-1923.

Balance on hand June 1922-1923 . .	$1,007.73	
Receipts from Dues, Initiations and sale of Transactions.	726.00	
Interest	9.86	
		$1,743.59

DISBURSEMENTS.

Postage	$36.09	
Inserts for the 1922 Programs . . .	3.00	
Reporting the Chicago Meeting . .	78.72	
Printing the 1921 Transactions . .	714.00	
Expressage on the 1921 Transactions .	8.00	
Printing new Application Blanks . .	23.75	
Printing Call Letter for the 1923 Meeting	8.50	
Programs for the 1923 Meeting . .	41.25	
Balance on hand	830.28	
		$1,743.59

The report of the Necrologist was called for and read with the prepared memorials.

Your Necrologist reports that the death of two members has been called to his attention during the past year.

The deceased members are Dr. Volney A. Hoard and Dr. F. E. Starcke.

The following memorial has been prepared to Dr. Volney A. Hoard.

Your Necrologist has been unable to get in touch with the family of Dr. F. E. Starcke but hopes to have a suitable memorial to him that may be printed in a later volume of the Transactions.

Your Necrologist has prepared a memorial to Dr. Herbert Woodward Schwartz whose death was reported last year. This memorial is printed for the 1923 Transactions.

The memorial to Dr. Volney A. Hoard follows:

VOLNEY A. HOARD.

Volney A. Hoard, M.D., was born in Dresden, New York State, on the 28th of July 1859, and died at his home in Rochester, N. Y. in the month of November 1922. He suffered extremely for a period of four months from neuritis and jaundice. He was graduated from Ann Arbor, Mich. School of Medicine at age of 21, and practiced continuously in Rochester for forty-two years. He is said to have had an arduous and self-sacrificing life. He was chief of staff of Highland Hospital for many years. He is survived by his mother, his wife and several children. His mother, Mrs. G. B. Hoard, is one of the oldest residents of Yates County, N. Y. and a short time ago on visiting her son expressed the pleasure she had in seeing her "boy" beloved by so many persons. Dr. Hoard joined this Association in 1892.

HERBERT WOODWARD SCHWARTZ.

Herbert Woodward Schwartz, M.D., was born at Woodstock, Ill., on December 4th, 1857. His parents were Seymour Temalt and Marie Emily Swift Schwartz. He was educated at Canaserago High School and State Normal at Cortland, N. Y. and was graduated from Syracuse Medical College in 1884, and as post graduate from Hering Medical College in 1900.

He was appointed Medical Missionary of the M. E. Church to Japan on June 22nd, 1884. He married Lola M. Reynolds,

August 22, 1884 and died on the 28th of November, 1921. They had five children, of whom three with his wife survive him.

He was a member of the Delta Upsilon Fraternity, of the American Institute of Homœopathy, of the International Hahnemannian Association, of which he was elected an Honorable Senior in 1921, of the Sendai Medical Society of Japan, and of the Japanese Red Cross Society. During his last five years in Japan he also served as Secretary of the American Bible Society.

Dr. Schwartz's labors in Japan both as physician and as medical missionary were diligent and arduous. They often involved long and difficult journeys or the opening of his house as a refuge to the sick. His departure from Japan was followed by letters of the most touching and appreciative character.

On motion the report was accepted and directed printed in the Transactions.

On recommendation of the Secretary and motion of Dr. Dienst a change in the By-laws was submitted in writing to be presented at the 1924 meeting, changing the section on dues to read that the annual dues of the Association be ten dollars.

Dr. Frank W. Patch was called to the chair while President Roberts read his address.

PRESIDENT'S ADDRESS.

Human nature is ever prone to look back and think the former times the best and present conditions less desirable. In fact, most of us are so confirmed in this habit that it is the exception to find one who says,—

"The old order changeth, yielding place to new,
And God fulfils himself in many ways,
Lest one good custom should corrupt the world."

The field of medicine has been no exception to this general backward look for the best and in some respects there is serious foundation for this pessimistic view and yet if we look closely we shall see that optimism is warranted.

Forty-four years ago the beloved Constantine Hering and a few other thinkers realized that tendency of some equally prominent physicians towards a materialistic conception of homœopathic practice and sounded a warning to those, who like him, saw clearly with the eye of vision aided by experience the wonderful possibilities in the City Beautiful of Homœopathic Medicine built on the solid foundation the corner stone of which was laid by our great leader, Samuel Hahneman. Today we have a decadence in officialdom in homœopathic medicine. When I say this it is backed by the fact that at two recent State meetings of Homœopathic societies splendid programs in general medicine and surgery were provided but not one single thing pertaining to homœopathy itself appeared on either program. The very subject they were organized to study and disseminate was entirely neglected. We may discuss general medicine and surgery with any and all physicians, homœopathy we may not discuss save among the men of our own school of practice yet these two annual meetings in these two states omitted it from their programs. We may speculate on the cause of these conditions and deplore their existence as much as we like, the tendency is here. Incidentally may it not be because the men for official positions are men who are surgeons or specializing in some branch of medicine rather than men who are taking the complete unity of the human body into consideration?

Notwithstanding these conditions we have noticed of late a decided tendency toward a full attendance at the meetings of both the department of Homœopathic Materia Medica and the department of Homœopathic Philosophy in the American Institute of Homœopathy and especially in the Eastern Homœopathic Medical Association. Indeed there is a decided renewing of interest on the part of very many homœopathic physicians throughout the country. So true is this that we may well take heart for the cause of pure homœopathy for we shall find as did Elijah of old that there are indeed "7000 who have not bowed the knee to Baal." Here then is our opportunity. Gather these physicians together and present a solid phalanx of homœopathic physicians that shall include the whole world. I trust that this convention will not adjourn without making a real effort

to increase our membership both in the United States and every country in the world. This will require persistent, consistent united effort on the part of many. The very nature of the study of pure homœopathy makes it difficult for us to become politically aggressive and this is well for at no time in our history did the real growth of homœopathy prosper as it did in the days when we were missionaries of the cause because of its healing power to the nations. This spirit alone will cause the spread of pure homœopathy. Political propaganda will flourish for a time, then the "thorns will spring up and choke it." We have seen this tragedy enacted in the elimination of so many colleges which seemed so promising for a time and which have been closed, one after another until only two remain. It seems to me that we should at this convention take steps to secure and insure the teaching of pure homœopathy in centers of population and learning. When one of our colleges refuses six hundred applicants in one college year and another one four hundred some means should be found to remedy this condition. It may be that a Foundation somewhat like the Rockefeller Foundation can be established and maintained for the teaching of Homœopathy as a Post Graduate study. It may be wiser to establish more colleges to meet this pressing need. I ask earnestly for your serious consideration of this question. Whatever method is followed it is most essential that the old system of preceptor be re-established and that the personal stimulation of the family physician, the trusted friend, lay the foundation of pure homœopathy broad and deep in the mind of the student before he enters any college.

A subject which seems to be the source of considerable controversy and which has brought out a good deal of discussion among Hahnemannians is "the importance of diagnosis in its relationship to the choice of the remedy." It seems strange that controversy should arise about such a subject for it is so completely in the line of progress in the development of our power of choosing the indicated remedy that I hardly see how the remedy can be found for the complete similimum without taking the diagnosis into consideration.

First, the proper diagnosis trains and develops in us the habit of thorough and exact detail work.

Second, the diagnosis is often necessary in order to determine whether a certain case be a medical case or a surgical and therefore a mechanical case.

Very often the diagnosis leads in a very direct way to the indicated remedy.

Diagnosis covers a large number of symptoms, both subjective and objective and these nearly always fall into the class of generalities in the symptom complex of the totality.

Diagnosis is essential to the prognosis of a case and acts as a defense against complications.

Let us consider the first, the constant habit of diagnosis trains one in the details of exact and thorough work. This *leads* us to observe all conditions of the patient always, and if it were more faithfully followed more general practitioners would be better prescribers, our cases would be taken better and what unanswerable demonstrations we should have of the power of the dynamic application of the remedy. We cannot hope to convince the world nor to sell the homœopathic idea to the world until we can demonstrate with positive proof the curative action of the remedy, given in very many cases where an accurate diagnosis has been made.

In many of the cases that come to us it is absolutely essential that we determine the sphere of action of medicine in the case. We must not expect even homœopathic medicine to perform miracles and do work that is essentially mechanical, like the removal of calcareous deposits in the muscles for instance. These have been brought to me on more than one occasion as tumors. Medicine will not reduce the dislocation of small bones nor will it cure acute abdominal pain with a pus formation about the appendix. The thorough diagnosis strengthens us because having made it we do not expect the impossible of our remedies and we avoid the disappointment of both patient and physician.

As to the correct diagnosis leading more directly to the choice of the remedy, the organs involved and the mode of the involment is to be considered in the totality of the remedy thus in

those frequently met cases of referred pain, the proper diagnosis helps materially in the choice of the remedy.

Take the large class of cases giving the heading modalities, the diagnosis gives the key to the cause of the modalities in many a case and so places the heading generalities first in the symptom complex.

The diagnosis helps materially in guarding against complications and gives some data by which we may prognosticate the case.

We are not unmindful of the large number of acute cases that come to us early that happily have not progressed far enough to be accurately diagnosed, which will and do respond to the symptoms complex and are frequently abortive cases. We never have and never do expect to call them by name. We have all rejoiced however that we have had at our command the power to eliminate them so quickly and simply and completely.

All this Catholic to the conception of Homœopathy as the greatest discovery of all time in medicine. It is true to the teachings of Hahnemann as laid down in the third and fourth sections of the Organon which we Hahnemannians all read to "read, mark and inwardly digest." If the physician clearly perceives what is to be cured in disease, that is to say, in every individual case of disease, (knowledge of disease indication) if he clearly preceives what is curative in medicine, that is to say in each individual medicine (knowledge of medicinal powers) and if he knows how to adapt according to clearly defined principles what is curative in medicines to what he has discovered to be undoubtedly morbid in the patient, so that recovery must ensue, to adapt it as well in respect to the suitability of the medicine most appropriate according to its mode of action to the case before him (Choice of the remedy the medicine indicated) as also in respect to the exact mode of preparation and quantity of it required (proper dose) and the proper period for repeating the dose;—if finally he knows the obstacles to recovery in each case and is aware how to remove them so that the restoration may be permanent; then he understands how to treat judiciously and rationally and he is a true practitioner of the healing art. He is likewise a preserver of health if he knows the things

that derange health and cause disease and how to remove them from persons in health.

Pure homœopathy has gone steadily forward during the past year. The Repertory is growing constantly from the addition of verified symptoms and we should all lend our aid to this great work.

Homœopathy is a *progressive* science and art. "No other foundation can man lay than is laid" in the great principle of Similia but there is no limit to the progress to be made in the development of ways to apply our knowledge.

Fear should never deter us in the search for the truth. Much criticism has been hurled at many of our men for studying Abrams methods and trying to make use of his discoveries. This work should be encouraged for if there is truth in his method and we can develop it so it will assist us in the choice of the remedy another factor has been developed which will make the choice of the remedy more certain.

This Committee's report will be of interest, to all.

Dr. Patch appointed Drs. Sloan, Woodbury and Coleman as Committee on President's Address to report at a later session.

Dr. Boger reported for the Board of Censors on the recommendation of the Secretary to transfer the name of Dr. Thomas E. Reed from the Active to the Honorary list.

It was moved and carried that the transfer be made.

The Auditing Committee here reported that—Your committee has audited the Treasurer's accounts and find them correct and in commendable shape. Signed—Drs. Dienst, Sloan, Stevens.

A motion was made and carried that the chair appoint a Nominating Committee. The President appointed Drs. Patch, Close, and Margaret Burgess-Webster.

Dr. Underhill was called to the chair while Dr. Sloan reported on the President's Address.

REPORT OF COMMITTEE ON PRESIDENT'S ADDRESS.

We have listened with attention to the President's masterly address, and would commend him for its clear portrayal of the

idealism of our Association; for its fearless denunciation of the tendencies in present-day Homœopathy to neglect that unity of purpose which characterized the teachings of its pioneers.

We commend the emphasis placed upon physical diagnosis, especially in its relation to the selection of the remedy.

We note with pride his spirit of optimism. He emphasizes the establishment of Homœopathy upon a more permanent foundation. He urges more frequent review of those sections of the Organon wherein Hahnemann points out what is curable in disease, what is curable in medicines, and in each medicine in particular; and the removal of all known obstacles to recovery.

We recommend him further for his fearlessness in the advocacy of unbiased investigation of any scientific method that may aid in the more accurate selection of the Homœopathic remedy.

And finally we commend him for his suggestions whereby membership in the Association may be increased and sustained. To this end we would urge the appointment of a Committee, whose object shall be to increase its membership list to include not only physicians in our own, and neighboring countries, but in foreign lands as well, that the Association may become as its name implies more truly International.

THOMAS G. SLOAN
DANIEL E. S. COLEMAN
BENJAMIN C. WOODBURY

On motion of Dr. Patch and passing by the Association, the report of Committee on President's Address was adopted and the President was directed to appoint a Committee on Membership to act with the Board of Censors.

The President called for the report of the Committee on Nominations and the following ticket was presented:

For President, Dr. Wm. W. Wilson.

For Vice-President, Dr. Margaret Lewis.

For Secretary-Treasurer, Dr. H. A. Roberts.

For. Cor. Secretary, Dr. Julia M. Green.

Board of Censors, Drs. Boger, Dienst, Rabe, Baker and Woodbury.

Board of Publication, Dr. J. M. Green, 1 year; Dr. F. W. Patch, 2 years; Dr. R. F. Rabe, 3 years.

Signed by the Committee: Drs. Patch, Close, Webster.

Election of officers was declared in order. At the call of the President, the candidate for President, Dr. Wilson, declined the nomination.

The President called for nominations from the floor and the name of Dr. Underhill was presented by Dr. Stearns. Dr. Krichbaum proposed the name of Dr. Close but Dr. Close declined.

Dr. Krichbaum then presented the name of Dr. Grace Stevens who likewise declined.

The name of Dr. Hayes was then presented by Dr. Krichbaum.

There now being two nominees, Dr. Roberts appointed Drs. Sloan and Patch as tellers.

While the ballots were being prepared Dr. Krichbaum moved that Dr. Boger cast a ballot for the balance of the ticket which was done.

The tellers reported the ballot on election of a President as being ready.

The called for vote showed a total of 31 ballots cast of which Dr. Underhill had received sixteen and Dr. Hayes fifteen.

Dr. Underhill was declared elected.

The following then became the officers for the ensuing year.

President, Dr. Eugene Underhill of Philadelphia, Pa.

Vice President, Dr. Margaret Lewis of Philadelphia, Pa.

Secretary-Treasurer, Dr. Herbert A. Roberts of Derby, Conn.

Cor. Secretary, Dr. Julia M. Green of Washington, D. C.

Board of Censors: Dr. Boger, Chairman, Drs. Dienst, Rabe, Baker and Woodbury.

Board of Publication: Dr. Julia M. Green, 1 year; Dr. Frank W. Patch, 2 years; Dr. Rudolph F. Rabe, 3 years.

By a unanimous, rising vote Dr. Edward Rushmore was appointed Necrologist.

The President here appointed Drs. Field, Woodbury and Coleman as a permanent committee on membership to act with the Board of Censors.

The Board of Censors reported favorably on the following applicants:

Dr. H. Ellen Walker-Berry, Erie, Pa.
Dr. Theodore F. Blanke, Garden City, Kan.
Dr. C. P. Bryant, Seattle, Wash.
Dr. H. Leigh Deck, Sydney, N. S. W., Australia.
Dr. H. R. Edwards, Montreal, Canada.
Dr. Henry S. Esmond, Atkinson, Ill.
Dr. R. S. Faris, Richmond, Va.
Dr. Wm. B. Griggs, Philadelphia, Pa.
Dr. Chas. P. Olds, Huntington Valley, Pa.
Dr. John M. Ryland, Richmond, Va.
Dr. H. D. Schell, Hamilton, Ohio.
Dr. Chas. A. Sedlack, Chicago, Ill.
Dr. Charlotte W. Sedlack, Chicago, Ill.
Dr. C. Wellington Taber, Richmond, Va.
Dr. W. H. Tomlinson, Swarthmore, Pa.
Dr. Chas. G. Wilson, Clarksville, Tenn.

On motion, the Secretary was authorized to cast a ballot for the election of the applicants and they were declared elected to the membership in the Association.

The President called for the report of the committee appointed to investigate the Abrams methods of diagnosis and treatment.

REPORT OF THE COMMITTEE APPOINTED IN 1922 BY THE INTERNATIONAL HAHNEMANNIAN ASSOCIATION TO INVESTIGATE THE ABRAMS METHOD OF DIAGNOSIS AND TREATMENT.

This committee consists of Doctor Eugene Underhill of Philadelphia, Doctor Henry Becker of Toronto, Doctor Harry B. Baker of Richmond, Doctor Benjamin C. Woodbury, Jr. of Boston, Doctor Harvey Farrington of Chicago, and Doctor Guy Beckley Stearns of New York City, Chairman. Of this committee, Doctors Baker and Becker had already attended Abrams's clinic and experimented with the methods, and Doctor

Woodbury was familiar with the theories, as he had previously visited the clinic. Doctors Underhill and Stearns went to San Francisco and during a considerable period of time were in daily attendance in the clinics. While there, with other interested physicians, they engaged in outside experiments to determine if there was any relation between the reactions of Abrams and the curative remedy.

Mindful of its duty as a committee, all of its members who have done actual experimenting have kept in constant touch with one another by letter and have met, in conference, in part or as a whole, several times. In this way each man's experiments have been checked up by all the others. Also, this committee has kept informed regarding the controversies which have found expression in various public prints. Much of the literature in favor of the methods has been highly colored. Some of it, obviously commercial. Notable exceptions are, the articles by William E. Boyd, M.D., of Glasgow, describing experiments which he had conducted; the book by William F. Hudgings, an exponent and simplifier of the Einstein theory, and the Report of T. Proctor Hall, M.D., to the British Columbia Academy of Science.

On the other hand in the condemnatory articles beginning with the editorials and pamphlets of the American Medical Association Journal and continuing through the articles in Hearst's International, and in the Dearborn Independent, we have not found any statement which was of value for determining the basic facts. They are highly prejudiced and condemn without evidence.

When this committee began its work, the conservative part of the profession had already become prejudiced against a fair investigation. Partly from a natural antipathy to new methods which in any way appear revolutionary in character, but doubtless largely from the fact that the kind of publicity resorted to had tended to throw discredit upon the methods whilst attracting a horde of opportunists who were concerned only with personal benefits. This created an embarrassing situation for the members of the committee, but we determined not to allow this

circumstance to hinder in ascertaining and presenting the basic facts to this Association.

The original committee has been augmented by associates who have joined in the experimental and practical work. Associated with Doctor Baker have been Doctor C. W. Tabor and Doctor John M. G. Ryland. With Doctor Becker, his daughter, Doctor Beatrice Becker. With Doctor Underhill, his son Doctor Eugene Underhill, Jr., and George Yale Wilson, electrical engineer. With Doctor Stearns, Doctor W. J. S. Powers, Doctor M. Eltinge Gore, Doctor J. W. Waffensmith and Herbert Morris Pilkington, electrical expert and technician.

Abrams's claims may be summed up as follows:—

1. All substances give off radiant energy.
2. The energy from the blood of an individual represents all the attributes of that individual, including his disease-processes.
3. Each disease and attribute gives off its own particular kind of energy.
4. These energies can be transmitted by metallic conductors, can be differentiated from each other by means of coils of wire having different degrees of resistance and the potentiality of each energy can be estimated by arbitrary units of measurements.
5. Each of these energies, when conducted to a living human subject, cause definite reactions, that identify the energy.
6. The reactions have to do with slight changes in the tone of some of the hollow organs of the body or at least a change that can be detected by delicate percussion, by rubbing the superimposed surface of the body with a glass or hard rubber rod, by a difference of texture of the skin as detected by the fingers and at times by a change in color of the skin over the organs in which the reaction takes place.
7. These energies are of a vibratory character and each disease has its own particular vibration.
8. Certain drugs have a vibration similar to certain diseases and therefore those drugs have a destructive action on the diseases to which they correspond, in accord with well known physical laws.
9. An instrument called the Oscilloclast has been devised by Abrams and it is claimed by him that this apparatus develops a

form of energy having a range of vibratory rates similar to the range of rates inherent in the different diseases of the body.

There is but one way to deal with these claims, namely, personal examination and experimentation.

This committee began by investigating the possibility of obtaining the reactions. In presenting the results, we simply submit the facts without entering into any of the controversies regarding the explanation of the facts.

How to Elicit the Reactions.

The experimenter should have a subject, the healthier the better. It is best to make the first experiment by eliciting the subject's own reactions. To do this, the subject should face east or west, preferably west, because the magnetic or some other directional currents interfere with the reactions when the subject is oriented in any but the east or west position. Also, the room must be in subdued light, the darker the better for a perfect demonstration, although good results can be obtained in a room in daylight with the ordinary gray blinds drawn. Light-energy apparently is strong enough to inhibit the reactions. Apparently static influences retard or prevent the reactions, therefore the subject should also be grounded, although the latter is not always essential. Odors and colors also will modify or inhibit them. The subject, properly grounded and oriented, should now stand with arms extended a little from the body and the fingers straight and spread apart. If he brings his hands together, or turns his hands in so that the fingers touch the body, or clenches his hands so that the fingertips point back into the palms, the reactions are dissipated. If anyone else touches the subject so as to short-circuit the two sides of the body, the reactions at once disappear.

Having fulfilled all the necessary conditions of the experiment so far as the subject is concerned, the experimenter now sits in front of the subject and he also should be grounded so as to be in static equilibrium with the subject.

Now begin gently percussing on the abdomen to the left of the navel and below it, working up on the abdomen until a

change of note is observed. With a pencil, mark the spot. Do it two or three times until certain of the location of the change of note. Now, turn the subject at right angles; that is, facing north or south and percuss in the same way, and the point of change of note will be found to have changed its position up or down, depending on the condition of the subject. A colored light thrown on the abdomen will change the location of the percussion note. Different medicinal substances held in the hand will do the same.

Instead of percussion, a glass or vulcanite rod can be used. The rod should be firmly rubbed over the area of the abdomen where the reaction occurs, always with an even pressure, and a slight sense of resistance is noted almost as though the rod were sticking to the skin. Moisture or fat on the skin will cause the same sensation. To test whether a reaction has occurred, short-circuit the subject by placing two fingertips, one on either side of the median line of his body and if the sensation of resistance of the rod is caused by reaction there is immediately a letting-go, the rod slipping off. If it is due to other causes, the sticking sensation remains.

An experimenter with a delicate sense of touch can observe the reactions by gently drawing the tips of the fingers over the area instead of using the rod.

To determine the different kinds of energy in the blood that is being tested, one must have a healthy subject. For this purpose, many subjects may be tried before a satisfactory one is obtained. In this experiment, the blood is placed in circuit with the ground and certain so-called resistance-coils, each coil having a definite resistance of from 1/25 to 10 ohms. From this set of coils a wire leads to an electrode which is held on the forehead of the subject; thus, the energy from the blood must pass through the resistance-coils before it reaches the subject. Now, by turning a switch so as to bring a definite amount of resistance between the blood and the subject, say 50 ohms, it will be found that a reaction will occur in a certain area of the abdomen, provided there is present in the blood the kind of energy that vibrates harmoniously with that amount of resistance. Turn away from this number and the reaction disappears.

Now, turn in another amount of resistance and keep changing this until a reaction occurs, which will likely be in another part of the abdomen. The resistance-box that has been devised for this purpose measures up to 60 ohms as it is claimed that this represents the highest degree of resistance that is necessary for the differentiation of any of the pathological energies in the blood. By interposing a second resistance-box between the first and the subject, with the second box, seemingly the amount of each of the different energies can be measured.

The term Ohmage has been borrowed from electrical terminology to represent these measurements.

All of the foregoing can be worked out by anyone who will take the trouble to master the requisite technique.

As to the interpretation: It is claimed that every disease "tunes in" through its own particular amount of resistance. In discussing this phase of the subject, we will, for the sake of brevity and clarity, not use the word "ohms" but merely designate by number the tuning in place of diseases.

Practically everyone has energy that "tunes in" at 57, so this has been considered as representing a basic pathology on which all other diseases grow. Congenital lues gives a reaction for this number, so the deduction was made that everybody has congenital lues. Blood from a patient who has cancer gives off an energy that comes through at 50, therefore it is deduced that all energy coming through at 50, is either cancer or cancer in its incipiency. Sarcoma energy comes through at 58, acquired lues at 55, streptococcic infection at 60, tuberculosis at 42, and so on through all the different diseases. As far as we have checked up, where one of these diseases is known to be definitely present, an energy does come through at the numbers given, but we also find energies coming through at these numbers where no such diseases can be demonstrated by any other method. So that some may require further proof as to whether these energies really represent these diseases in their incipiency or not. One thing that may be demonstrated is that where there is definite pathology in the individual who supplies the blood, the location of that pathology can usually be demonstrated on the subject.

Putting all these facts together, it requires only a certain

amount of good judgment and skill in drawing deductions and correlating whatever other facts are known, to make fairly accurate diagnoses. On the other hand, an immense amount of experimentation should be carried on by a great number of competent observers before many of the claims that are so boldly made should be broadcasted. We would not presume to pass final judgment on these methods of diagnosis, but we do say, however, that at times the findings are startlingly correct.

Of What Use Is This Kind of Diagnosis?

It is this phase that has most interested us and especially if it would help in drug-selection. Last year, Doctor William Becker of Chicago demonstrated to this organization differences in potencies of remedies by means of these reactions, and it was largely this demonstration that inspired the appointment of your committee. We have also experimented along this line and verify what Doctor Becker showed last year namely, that the higher the potency the higher the potentiality of the energy as measured by the resistance coils. More important still, we have found that a remedy which will cure the patient will annihilate or intensify all pathological reactions when it is brought into relation with the patient or with the blood of the patient. Doctor Stearns and his associates have devoted most of their time to developing this line of investigation. Doctor Underhill has made extensive researches tending to show that certain tissue-elements are deficient or out of balance in any given case, and the element found which would cancel most of the reactions when tried out by these methods, he has observed to be the constitutional remedy.

For lack of time and space, we cannot go into detail about these experiments; moreover, it would be premature because changes in technique are constantly being worked out. However, anyone in the I. H. A. who is interested is welcome to all the knowledge that we have gained. So much depends upon accurate technique and there are so many possible sources of error at the present stage of our work that we must be extremely cautious regarding any claims we make.

The present necessity for the use of a subject as a detector of

the energies in the blood makes any absolute standardization impossible. Mr. Pilkington and many inventors throughout the country are working to devise a mechanical apparatus for detecting the energy. Once this is accomplished, none can foretell the possibilities. Only just now, we are in touch with a scientist who has detected the energies, by means of an apparatus which he has developed, and he expects that, within a few months, he will have perfected a detector.

As imperfect as are our present methods, we have been able to work out some remarkable prescriptions—occasionally finding remedies that have been so poorly proved that they could not have been found in any other way. We have applied this method to those cases on which we have failed by our old method of repertorial analysis and study, and we have checked up on the remedies that we have been able to work out in the old way. It is along this line that Doctor Boyd, mentioned earlier in this report, has done some original work. By somewhat different technique, he anticipated some of the work that we have done. The same is true of Doctor F. C. N. Schneider of Peru, Illinois who, by similar methods, has not only selected curative remedies but also the diet best adapted to patients. This dietetic phase we have not had time to go into.

The Oscilloclast.

The amazing claims made for this apparatus have led us to try it out. The A. M. A. Journal and the Dearborn Independent claim that it is impossible for any sort of known energy to be generated by this mechanism. However, the patients under treatment are benefited in a way difficult to explain from any other standpoint but that they do receive some specific energy. We asked Mr. Pilkington to test out the apparatus and he reports as folows:—"At your request, I examined the oscilloclast with a view of ascertaining, if possible, whether any current of electricity is in fact inducted into the patient. Briefly the apparatus above mentioned sets up a pulsation which is supposedly conveyed to the patient by conducting cords. By using a pair of 6,000 ohms earphones in series with the patient who is insulated, the unmistakable inductance-kick of the iron chore

electro magnets was plainly audible at every impulse, which, of course, can only mean a definite stress set up in the patient's body at each and every pulsation of the circuit, whatever may be its characteristics. The principle involved is apparently that of a magnetic stress that is rhythmically interrupted and that produces specific physiological reaction without sensation to the patient."

It is said that there is nothing patentable about the oscilloclast. Other machines have already been put on the market which are said to do equally good work. These are being tried out by reliable physicians.

Results of the Treatment.

We have observed apparent curative effects in some of the most difficult types of cases. We will not burden this report with statistics although we could give a series of a few hundred cases extending back over a considerable period of time. We feel that it is sufficient at this time to report in this general way.

The Commercial Aspect.

Much has been said about the commercial side of Abrams's work as it is being promulgated. This committee feels that the discussion of this phase of the subject is outside its province.

Summary.

We have demonstrated that reactions of a very delicate character can be induced by means of the blood of an individual that is brought into relation with another person, provided certain conditions are established. From this we deduce that some sort of energy is given off from that blood.

We believe that this energy represents both pathological and physiological processes in the individual from whom the blood is taken.

We believe that more or less accurate deductions can be made as to a diagnosis of the condition from which the donor of the

blood suffers, and that these conditions can be quite accurately located.

We have demonstrated that these reactions can be utilized in selecting curative measures.

In conclusion:—Your committee feels justified in reminding you that, in physical science, what yesterday seemed impossible is today commonplace. The phenomena of these reactions constitute a new field of medical research.

Respectfully submitted,

Eugene Underhill, M.D.
Henry Becker, M.D.
Harry B. Baker, M.D.
Benjamin C. Woodbury, Jr., M.D.
Harvey Farrington, M.D.
Guy Beckley Stearns, M.D., Chairman.

On motion the report was received and the investigation of the committee ordered continued.

A motion was made by the retiring Secretary-Treasurer and passed by the Association that the annual dues of future secretary-treasurers be remitted while incumbent is in office.

After discussion of place of next meeting, it was passed by the Association that the 1924 session be held in the city of Cleveland, Ohio.

On motion the 1923 session was declared adjourned.

Bureau of Homœopathic Philosophy

HARRY B. BAKER, M.D., RICHMOND, VA., CHAIRMAN.

WHAT CONSTITUTES A CURE?

GRACE STEVENS, M.D., NORTHAMPTON, MASS.

The word *"Cure"* is so often used loosely that it is well to inquire exactly what we mean by it.

I remember one old man who objected to giving up a certain patent medicine, because, he said, "it had cured his indigestion for fifteen years"!

This sort of "cure" ought not to satisfy a physician who is trying to follow the teachings of Hahnemann. Let us see how he himself defined the word.

In the first two paragraphs of the Organon, we find an explanation of the term that is most satisfactory.

I. "The physician's high and only mission is to restore the sick to health, to cure, as it is termed.

II. "The highest ideal of cure is rapid, gentle and permanent restoration of the health, or removal and annihilation of the disease in its whole extent, in the shortest, most reliable and most harmless way, on easily comprehensible principles."

Here we have contrasted two states of the body, that of sickness or disease and that of health, or absolute well-being. The former must be removed in its whole extent, in order that the latter may exist and the change must be rapid, gentle and permanent.

Hahnemann repeatedly states that illness or disease may be perceived and recognized only through outward symptoms and that a thorough removal of those implies the removal of the disease in its whole extent. This was written in reply to the claim of Hufeland and other Old School physicians that "Homœopathy could remove symptoms, but the disease remained."

In a note to paragraph 8, Hahnemann says, "When a patient has been cured of his disease by a true physician, in such a manner that no trace of the disease, no morbid symptom remains, and all the signs of health have permanently returned, how can anyone, without offering an insult to common sense, affirm that in such an individual the whole bodily disease still remains in the interior?"

Hahnemann's first quaification of a real cure is that it is to be *rapid.* Now very many acute disorders tend to spontaneous recovery when the circumstances are at all favorable, but a *cure,* due to the action of a remedy, should be much quicker than an unassisted recovery. A sentence from Dr. Boger's book on "Diphtheria" illustrates my meaning:—

"We should not flatter ourselves that we have cured cases running from six days to two weeks; the similimum does not act in that way; such recoveries show but slight aid from our efforts."

The exception to the rule that we should seek to cure the patient, not just allow him to recover, is found in the case due to some easily removable cause, as, for instance, sleeplessness and vertigo due to the use of coffee.

In paragraph 7, note 2, Hahnemann says, "It is not necessary to say that every intelligent physician would first remove this exciting or maintaining cause where it exists the indisposition thereupon generally ceases spontaneously."

We are sometimes told that Homœopathic medicines act slowly, that sick people want *results* and are not willing to wait for the action of our remedies. Is the statement well founded? Let me give three very simple examples of Homœopathic action.

A young mother of my acquaintance had several children who were frequently attacked with croup. I gave her some Aconite

200 with directions to dissolve one powder in water and give a teaspoonful every ten minutes till the child was better. She told me that she had never given a second dose, because the child was always asleep in less than ten minutes.

One of my patients was suffering extremely with burning pain in hemorrhoids. A dose of Kali carb. M relieved her so promptly that her husband accused me of having given an opiate.

Another patient had ptomaine poisoning. She was tossing about, complaining of burning pain in the abdomen and constantly desiring a sip of water. A dose of Arsenicum 200 put her to sleep before I had time to leave the room.

In the second place, the cure must be gentle.

A young woman who through my influence had had Homœopathic treatment for the first time, said to me, "This is the first time I was ever ill, and did not have to get over the effect of the medicines."

The first action of a Homœopathic remedy is often to produce a feeling of general well-being, especially to give a quiet, restful sleep, and then the symptoms gradually disappear.

Third, in order that the restoration to health may be called a real cure, it must be permanent.

A disorder that is relieved for a few days or weeks and then returns in the same, or slightly different form cannot be said to be cured.

For instance, an attack of herpes zoster may yield to a combination of medicines or even to outward applications, so far as the herpes are concerned and the pain may disappear for a time, but such treatment is sure to leave sensitive nerves which will become painful again on very slight provocation, and this condition will last for years. A genuine cure should leave the nerves in as good a condition as before the attack.

Again, a headache may be promptly relieved by some short acting remedy, and if the case is a simple one, this may really be a cure. If, however, the patient is subject to such headaches at regular intervals or under certain circumstances, we can only say that this *attack* is relieved and that the patient is not really

cured unless the underlying cause is removed and the headaches come no more.

This underlying cause, Hahnemann tells us in paragraph 5, is generally a "chronic miasm" and however that phrase may be interpreted in the language of today, we can but see that this fundamentally unhealthy condition must be changed to one of health before the symptoms of disease will stay away permanently and the patient be really well. Such a change can be brought about only by means of deep-acting remedies which are able to "annihilate the disease in its whole extent." For example, we have cases of malaria and hayfever which are cured only by the nosodes, Tuberculinum, etc.

Lastly, the cure is not a mere negative affair, not the mere removal of morbid symptoms,—even though accomplished rapidly, gently and permanently,—but the bringing back, permanently, of all the signs of health,—strength, vigor and joy in living.

At times it seems that such an accomplishment is beyond medical power in the majority of cases, but at least we should never be content with anything less. Let us not call that a *cure* which is only a step in the right direction. Let us "hitch our wagon to a star" and ourselves follow where the star leads.

Dr. Stearns: There is one point we should keep in mind in connection with this very fine paper and that is the time element. What are we going to tell our patients—the chronic conditions? They expect to get well in a little while. We should instruct our patients that it would take a long time to cure them. We can always tell them that it is as far out of the woods as it is in, then they can think how long they were getting ill, but it never takes quite as long to cure as it does to get sick. I always tell the patient he must count on at least two years and then the quicker you do it, that is all to the good.

Dr. Boger: Dr. Stevens quotes Hahnemann as saying that any disease will be cured in its whole extent. Now that means for the ordinary practitioner a good deal of thinking and hard work to cure the disease in its whole extent in order to get the full history of the case and the full history of the patient from

the time—from his earliest years to the present day. It is the only feasible way of getting at how the vital force has been disturbed at various times in its whole extent.

It is a very common thing for patients in their sickness to typify it in common diseases. A patient will have measles or typhoid fever after a certain manner; another patient will have another disease after a certain manner. Every time he takes sick whatever the disease is it pursues an individualistic course due to his own particular way of living, etc., and the particular way in which his vital force acts. Now that is what we mean by the disease in its whole extent.

Now if you can fit the remedy to the patient's constitution so that the remedy will cover all the symptoms which are constitutional to him, then you are covering the disease in its whole extent.

And when you do that we find that many patients—we speak of patients as being Aconite patients, or Sulphur patients or some other kind of patients—that is because they typify the disease in its whole extent—whatever the disease happens to be it is a habit.

Dr. Farrington: I think Dr. Stevens has given us an excellent paper.

In regard to the remark or the question rather, as to whether an opiate was given, our remedies do act so quickly sometimes that the patient thinks it must be some powerful drug to have such an immediate and surprising effect.

I remember one time giving Ignatia for piles. A woman was suffering intensely and had taken Morphine without result. She accused me of giving her Morphine.

A girl was in my office one time with a severe headache. I gave her some medicine and she asked me how long it would take for it to act and jokingly I said, "As soon as you get down to the first floor." My office is on the ninth floor.

In two minutes she came back breathless. She said, "Doctor, what was that you gave me?"

I said, "Just a little homœopathic medicine."

"Well," she said, "As I went down the headache went out the

top of my head and it gave me a chill it was so uncanny." She came back to me thinking it must have been something powerful.

WHERE ARE WE AND WHAT ARE WE GOING TO DO ABOUT IT?

P. E. KRICHBAUM, M.D., MONTCLAIR, N. J.

We all understand the necessity for periodical stocktaking in business. With this fact in mind, I have questioned whether a similar process be not worth while in our own concerns as homœopathic physicians. What does our present stock show of marketable merchandise in these days of shifting changes in demands? Are we keeping old, tested, and tried goods, with the familiar brand of *Similia,* well to the front of our advertised wares, or are we unconsciously pushing such back, and trotting out the popular offerings of the hour? Are we so eager to keep abreast of the times, so willing to stock up with every new nostrum presented to our notice, that we are allowing the old stock to sink out of sight? With the greatest selling proposition for the eradication of disease, ever known to man, still numbered among our assets, there is surely no occasion for any follower of Samuel Hahnemann to fear bankruptcy.

But to abandon our metaphor, and push the analysis of our right to the promulgation of our peculiar methods of dealing with sick folks, let me ask, even if I can but imperfectly supply the answer: What has homœopathy, after its many years of existence, really accomplished? What would be lost to the world, if Samuel Hahnemann had never lived? Have we as a school of medicine, made any important contribution to the great effort, which has always been put forth, to allay the physical infirmities of the race? Superficially considered, these might appear easy questions to answer. In reality they are not. I have no statistics to give, and I would not offer them if I had, but anyone, reasonably wide awake these days, with a vital interest in the honorable status of homœopathy, must, as he

looks about him, come upon much that is disquieting, not to say discouraging.

In this very brief summary of conditions, and just between ourselves, I am personally coming to believe that as a distinct and *organized* body of medical practitioners, we are slowly but surely "fading out." Such an eclipse, however humiliating as it may be to contemplate, I also believe will be one of structural *mechanics* or *organization* alone. Samuel Hahnemann laid the foundation for a structure of amazing beauty and helpfulness to humanity. We, his successors, have reared a polymorphous edifice of extraordinary disharmony. The old dyed-in-the-wool homœopaths have contributed some pretty solid timbers, and many of them have been extremely comfortable in what, to the medical scientist of the day, might appear to be unpleasantly confined quarters. The modern wing of the profession has busied itself with the addition of all sorts of so-called improvements; some of which are so ponderous and complicated, that the very underpinnings of the original structure are threatened. Visitors to this home of our ardent convictions, receive bewilderingly diverse impressions of these same convictions. Indeed, so at variance are the members of this household, outside observers step aside when we seek recognition or help. Appropriations pass us by. Our emissaries in high places send mighty few contributions back to the old home.

In all this as I see it, one great element necessary to growth and advancement, is lacking among us modern promulgators of the homœopathic principle, and this is *cohesion.* Our many splits, and diversities of opinion; our propensity to turn from the deepest study and investigation of the riches of our true inheritance, led on by the lure of the sensation loving goddess Progress; our false pride, and eagerness, to be counted among the elect in present day investigations; all these side issues are bringing about our own internal disorganization. This is the dark side of the situation in which homœopathy, as a distinct school of medicine, finds itself today. But let us be thankful that it *is* but *one* side, and of minor importance after all.

The school, meaning by this the *organization* living as an *organization* under the name Homœopathy, may be tossed on

the scrap heap of human institutions, Homœopathy, exemplified to our understanding in the undying formula of Similia Similibus Curantur will never pass away. It is as fixed as the stars in their courses. The genius and patience of one man flashed it across the horizon of our comprehension. Obscured by clouds, misinterpreted, and misapplied, it has yet accomplished unbelievable good in the world of its very fallible manipulators.

To enumerate but a few then, of our accomplishments, and at the same time answer some of my own questions, I may cite the unconscious but none the less potent effect which Hahnemann's dictum of the simplified dosage has had upon the old prescriptions of the allopaths. True, the pendulum has swung too far. When our friends started out to abandon the general employment of drugs, they made a sweeping clearance. But believing that *no* medicine is better than the *wrong* medicine, we observe this modification of method with satisfaction, and though a sort of left handed compliment, because of it, we put down a mark against the benefits of homœopathy.

Then again, though here too I can present no documents or figures to prove my statement, I affirm with confidence, that homœopathy has been the means of saving to longer life and usefulness, countless thousands of human beings, who without its timely service, would undoubtedly have prematurely closed their earthly account. Consider also the averted operative mutilations, which the simple application of the law of similia in the administration of medicines, has, over and over again brought to pass. These are concrete exhibitions of the good which Hahnemann's teachings have bequeathed to the world; but there is another, more indefinite perhaps, though none the less important side of this same benefit, which we may add to our count. I refer to the live spark of faith in medicines, properly employed, which the educated homœopathic physician keeps burning in the world today. Like a bit of the sacred fire, let him nurture it. Our friends of the other school may observe but dead embers on their own hearth stones, when it is a question of the efficiency of drugs. So ineffective indeed, has this phase of their professional ministrations become, that great

numbers of ailing but disillusioned patients, are flocking to the offices of the drugless healers.

I read lately in the April number of the New York *Times* Current History, an article entitled "Is Better Health Due to the Doctors?" by Fred C. Kelly. If the said Mr. Kelly is not a Christian Scientist, and I do not think that he is, this article is the most amazing arraignment and analysis of the medical profession, I have ever read. The *morale* of the allopathic school surely is suffering, or such conclusions would not be written and published. Like a rope of sand, the whole long line of their accepted measures for the alleviation of human suffering, breaks with *application.* Nothing holds, and the laity are finding it out. The feeling just at present seems to centralize in so-called preventive medicine. If a doctor can reach a patient before he, the patient, becomes a patient, he can keep him well. The extent to which this folly has grown, is shown in the enthusiasm of the workers in this field of research. You are inoculated now against pretty nearly every known malady. There is just one other serum I would like to have used, and that is one to protect fools from indulging in greater foolishness.

However, after all, the great living long suffering Public must be the final arbiter. It is not difficult to read the low rumbling of this Public's discontent. Mr. Kelly's caustic criticism has probably awakened a widespread agreement. People are growing weary of the specialist cult, and the group medicine plan. They are beginning to ask where the old family doctor is hiding, the man who in the past, graciously ministered to a simple cold or an attack of indigestion, without proposing to chart out the patient's entire anatomy, visible and invisible, as a part of the procedure. The general practitioner is coming back. People are asking for him, and when sufficient numbers ask, he'll be here again to do their bidding.

Sir James MacKensie the eminent English heart specialist, says in a recent work on the heart, "that the vast majority of persons when they first perceive that something is amiss, turn to their family doctor. It is the general practitioner," he affirms, "who sees disease in its early stages, who has the opportunity of finding out what conditions predisposed to the disease." We

may add that it is the homœopathic family doctor who should be qualified not only to note these beginnings and where possible, check them ere they get a good start, but he should also be able to so treat those under his care, that severe maladies are conspicuous by their absence. This presupposes a wide and deep preparation, and brings us to one of the problems confronting us today. Just where do we stand in this dilemma? With our own colleges closing their doors, where and how is the student who desires to study homœopathy, to be equipped for the work?

Of course, true to the modern propensity for extension and amplification of everything, the State in its desire to better prepare these custodians of the public health, has run up its table of requirements to practice. But a block of seven or eight years for preparation, staggers the prospective medical student. I certainly would not have him any less prepared, but changes in the present day methods of turning out practitioners of any or all schools, must come or we are not going to have any doctors. The course is too long and too expensive. For the man who wants to study homœopathy, I have wondered if a return to the old relation of preceptor and student, does not hold some promise. This arrangement, maintaining as it may, a very intimate and individual association of pupil and teacher, breaks the ground so to speak, and the student gets, what he may never get in the class room or laboratory, a full bath of the enthusiasm which served to animate so many of Hahnemann's followers in the past. Let this student then attend if he must, a regular well equipped A-one college, and learn to the limit of his capacity all the auxiliary sciences. Under this plan, his real and telling instruction in the art of homœopathic prescribing calls, of course, for post graduate work. This has its dark and light side. I recognize that the entire postponement of the study of materia medica and homœopathic philosophy until after graduation, carries with it many risks. Perhaps this realization has moved me to issue my S.O.S. call for the obsolete preceptor. Homœopathic philosophy and materia medica are intensive subjects, and most satisfactorily mastered by mature minds, but at the same time, I believe that you cannot introduce them too

early to the attention of the student. The man or woman who most adequately and completely grasps the deeper or esoteric significance of homœopathy, arrives at such a point, only after a more or less longer period of study and observation. Without this inner realization or appreciation, it is expecting a good deal of your fledgling student, to expose him to full association with old school teaching and have him emerge untainted or unbewildered.

Still another plan, combining some of these features, leads me to recommend the following: At the close of the regular high school course, which for the average individual occurs when he is about 18, why not give the student a stretch of five or six years *combination* of *classical* and *medical* instruction, of the usual eight months duration, to be accompanied by the four months summer vacation each year, as interns in hospitals, to fulfill the State law. Such interns could be designated as first, second, third, and fourth year men and serve as graded. In parenthesis I may remark, that part of this schedule, I understand, now operates at Johns Hopkins.

Surely our great metropolitan hospitals could be induced to draw upon this undergraduate material, and there are certainly enough institutions still flourishing, where the therapeutics of homœopathy are exhibited, for the experience to the truly educational and valuable. Of course, the whole question of education is quivering. Many undesirable factors must surely be righted. Elimination and common sense must some day be reckoned with. An expensive cultural preparation is of course, an ideal background, but how many young men can afford to spend so many years acquiring such a background, when they must add five years at least, of technical training to the expenditure?

I asked at the beginning of this paper, what are we going to do about it? How can we treat the many vexed questions which confront our school today? We have ever been assured that in organization there is strength, and I agree, but unfortunately organized strength, in this instance, abides entirely with the other fellow. Being in the majority, the allopathic wing of the profession, acts with all the arrogance of the majority, legislating

against us whenever it can, and seeking to push us at every possible point into the oblivion of the non-important. Some folks however, are desperately hard to push out of sight. No sooner do they think that they have squelched us somewhat, by closing our colleges for instance, that we are up and crowing once more. In fact at the present moment, thanks to the rare industry and patience of these colleagues of ours in their great laboratories of research, we can stop *just crowing about homoeopathy* and with daily increasing confidence, step up with the procession. It is really amazing how fast they are proving our claim to the possession of the only law of applied therapeutics. Of course, running true to form, these latter day investigators have arrived at some pretty dangerous *half truths,* witness the beforementioned inoculation craze. In the very fallibility, however, of this and many other of their pure experiments, lies the safety of any final acceptance. What time tries and tests and pronounces good, will live, the rest will vanish.

The beautiful simplicity of the truth in medicine as first introduced by Hahnemann, has always been a stumbling block in the path of contemporary researchers. Some day they will fall over it. Then if we can pool all that we know, and all that other wise students have discovered, perhaps we may yet round out a joint workable hypothesis for the permanent and safe cure of human ills. It really will matter but little, what we call this art of applied science in the treatment of physical infirmities. Personally though, I suppose I'd put up a hard fight if any one proposed to abandon our honored appellation "homœopathy," but I am one of the old cohorts, and sentiment and a goodly streak of just plain professional pride, mix in my make-up.

The task before us is not an easy one, for the issues we meet today are not the clear cut issues of the beginning of our fight for recognition. The very concessions, which from time to time, have been conceded to us as a school, have never in the smallest degree indicated that homœopathy *per se,* was rising to any higher level of allopathic acceptance. State Boards impartially examine our graduates, and license our practitioners, but the osteopath receives from the State just as hearty a slap on the

back. No, this very tolerance holds something of a sting. The so-called homœopath who juggles with the methods of both schools, and knows little of either, arouses the amused contempt of the old school observer, while the man who sticks to his text with a narrow fanaticism, is regarded as one hopelessly caught in the back eddies of all progress. These extremes complicate the situation. As I remarked before, in my opinion, no extensive advancement in any fundamental recognition of homœopathy will be possible until our own internal differences find some level of adjustment. That such a state of affairs will ever come to pass, is doubtful. We may yet have to wipe off the slate, and begin all over again. Meanwhile, some of the old heroes in homœopathic teaching may reincarnate, and lead us into the Promised Land, which Hahnemann, as Moses of old, pointed out.

I am not however, a pessimist in medicine, or anything else. All human progress, I believe moves upward in a spiral. We of the homœopathic faith, often dip but to rise again. If our numerous mistakes grease the down slide, surely we ought to learn from them and rise the faster for the experience.

Dr. B. C. Woodbury: I would like to say one word about it. I think it was after the meeting in Chicago that Dr. Krichbaum was rather disheartened or discouraged and he wrote a letter to some of his friends saying that he thought the I. H. A. should take a vacation for a year or two. And so I think that if the I. H. A. should take a vacation that Dr. Krichbaum could not possibly come back in any better form than he has today.

One of Dr. Krichbaum's great points is that in this society we spend too much time in the esoteric and too little in the practical, but I think that this paper really shows that the Doctor is imbued with the esoteric philosophy himself.

His quotation reminds me just a little of the fact that I am fond of poetry myself and one line occurs to me apropos to his discouragement and as a quick come-back and that line is from Abraham Lincoln by John Drinkwater.

He has been telling about the long period which Lincoln had

to remain in the darkness and clouds before the light opened to him and finally when it did open, this is the line as John Drinkwater expresses it: "Hark! From the long eclipse the wise words come." [Applause.]

Chairman Baker: Any further discussion?

Dr. Austen: I can't see how anyone could have listened to such a charming paper without having a word of praise for it. He just seemed to keep hitting the nail right on the head from the beginning right through.

Some of us are looking for new things. There is nothing new under the sun. If you will take a circle you will find it comes back—the emblem of all things, the emblem of eternity. We sometimes think we are very wise in this twentieth century—we want to be up to the minute—but if we go back to the Egyptian times we find they had a perfect pathology. You can find it in the British Museum today. Nothing better has been done to the present time than they had.

Where will you go when you want to read something new—something real good? Can you find anything better than Virgil or Homer or Dante or Ralph Waldo Emerson, if you come further along? Can you find anything more beautiful, the views of any man on the floor of any of these meetings that gives you more choice language or more beautiful thoughts than Samuel Hahnemann gave you? If you can, tell me, for God's sake tell me for my soul is hungry. Can you find anything better than those old men wrote? Can you find any finer cures than the men are making today who were taught by those men?

Oh, I wish I had been blessed and given gray-matter enough—how I wish it. How I pray for it, that the cobwebs may be taken out of my mind, that I may have intelligence enough to open the dormant windows—that the inspiration of those great leaders will stand out for all time and make such a grip on my soul that I want to go back again and again to those great principles.

Men are looking after new things—out of breath chasing butterflies. There lies all the sweetness in those old books. Dr. Krichbaum knows what he is talking about. His hair has grown gray and his heart has grown young in practice but he knows

who gave him the great principles—he knows where he got them.

And I say today, let us listen to all new things that are coming; let us not throw one stone at any man who is big enough and generous enough to go into the many lines of science for our sake. Throw no stones at him. Remember those pioneers went through that.

But let us teach our men if they can know the Organon—if they can know the philosophy to take a case—lots of men think they know how. I thought I could but I am getting to see every day there is a whole lot more for me to know.

I used to put a case down in two or three hours. I take six or eight hours now before I try to turn to my repertory. It pays you because if you find the remedy that covers that whole case you have saved a lot of time.

I heard someone say (and then I am through) that he promised to make a cure in two years of a chronic case. It makes me think of the story of the dog that ran after the railroad train. The old farmer said he admired the ambition of that dog ever so much but he didn't like his judgment.

I used to tell my patients that I thought possibly I could cure them in three years. And I know of one case where I said to her, "Should you be sick going to California or coming back get off the train and see one of the masters in Chicago," and I gave her the names of several.

She stopped off and saw Dr. Kent and he said: "Has Austen given you a letter?" She said, "Yes." I had written what I had last given her and he said, "What does Austen say to you?"

She is a very beautiful woman and she said, "Dr. Austen says he is going to cure me in three years." Dr. Kent sent this word to me by her: "Tell Austen I am coming to New York to have him teach me how to do it. If he goes seven or eight years he will do a nice job for you Madam. You came into this world —maybe your father and mother before you and your grandfather, with these troubles that have come down through and you can't expect very much."

Let us go back to the old pathways; let us go back to the old ways and teach our students when they go out in these different places and have to stand alone so they will be able to stand

alone and when you ask them to help all these different organizations they will be willing to give because they really have received the greatest the world has to give and therefore they are ashamed not to come forward and do their part. [Applause.]

Dr. Underhill: I am very sorry that I did not get in in time to hear all of that very remarkable paper. The portion I heard was particularly suggestive. I am not sure whether all the remedies that Dr. Krichbaum has suggested for future use are practical.

I have been turning over in my mind some of my personal experiences and it just happens that I have come face to face with some of these very problems, particularly with reference to entering the medical college directly from the high school and then combining certain scientific studies leading up to medicine and complying with law by serving the internship that is required.

When my own son was about ready to graduate from high school and ready to enter college, he came to me and said, "What is the use of my going to college? I think I shall practice according to the methods which you follow. I am going to the University of Pennsylvania and why not go now? I think I can pass all right."

I said, "No, let me offer one suggestion. Enter college, pursue the full four years' course and then enter medical school."

Presently he came back and asked me why I insisted that he take the four years' course in college and I gave the reason then which I will give now and recommend to anybody.

I said, "I wanted you to take that four years' college course in order that you might know positively how mighty little there was in it and that you can face life's problems along with other men and know exactly what you are talking about from that standpoint."

Well, he took that advice and then he entered the University of Pennsylvania, but as he was about to enter the medical school he said to me, "I am a little sorry I didn't follow just your ideas in this matter. Have you anything to say about it?"

I said, "Yes, just one thing. I haven't the slightest objections to your taking that medical course there but one thing I

wish you to do from start to finish and that is maintain a judicial frame of mind. Know everything, master everything that they present to you but let there be in your soul all the time an interrogation point asking yourself if you wish these things applied to you. Go through your medical training in a judicial frame of mind."

He did that and he seemed to be wedded to that practice. He took his internship and came out of that and began to practice medicine according to the accepted ethics of the profession which he had been taught. And he so practiced for about four years. In about two years I began to see spreading over his face great questions. The third year clouds came into his face still more. Finally the fourth year he came to me and said, "The things you told me eight years ago when I was entering the medical school of the University have been working out during the past two years. I have been considering the great fundamental truths. I have recalled things that I was taught; I have remembered things that were worked upon the patients and I have done those things myself. I have now come to the conclusion that rather than follow this profession I would much prefer to be a plodder, I don't think I'd kill them half so fast. I am just now seeing the possibilities of a great truth which Hahnemann presented and I am going to dig deep into it."

And during the last five or six years, he has been, as Dr. Austen expressed it, following the old paths and having wonderful success. So it leads me up to what Dr. Krichbaum said. He said yesterday, "Let them go into the medical schools but will they not be turned aside?" Yes, I imagine some of them will but if we could plant the seed as they enter, if there was anything in them, any fibre of manhood, any desire for real science and truth and wanting to serve humanity first last and all the time they would come out all right. I believe there is power enough in the great truths that we represent to win the best. [Applause.]

THE RADIO-ACTIVE POWER OF DRUGS.

WILLIAM H. TOMLINSON, M.D., SWARTHMORE, PA.

Mr. President, Ladies and Gentlemen: It gives me great pleasure to have the privilege of speaking to you concerning what I am pleased to term the radio-active power of drugs.

Radium was discovered in pitchblende at Paris, by Madame Curie, in the year 1898. It was also found in this country later, in the Carnotite ore, from which it is extracted largely by the Radium Chemical Company, Pittsburgh, Pa.

It is now nine years since I became especially interested in radium, through the kindness of Dr. C. E. Field and Dr. William H. Cameron, medical directors of that company, who were representing it at the meeting of the American Institute of Homœopathy at Atlantic City, N. J., June, 1914. Their demonstration gave me my first thought of the similarity of the action of radium to that of the potentized drug; and they grasped the idea of this similarity with me. They made me a present of two bottles of radium water and one of the richer specimens of the Carnonite ore.

The Carnonite ore is found in large quantites in Colorado and is shipped in carloads to Pittsburgh. The ore is then mixed with almost an equal amount of concentrated sulphuric acid, and boiled hard for ten or twelve hours. The sand is then separated from the acid, and water added to the acid in sufficient quantity to make it precipitate the radium with its compounds. I wish to emphasize the power of the acid and the heat combined that is necessary to produce this change; and the power of the acid to retain the radium in solution until weakened by water. By reconcentrating, the acid is restored to its former quality and quantity, and may be used again for the same purpose. There are a number of chemical processes necessary before this preparation is brought to a relatively pure radium, or radium bromide. When these are completed, we have, from about four hundred tons of ore, one gram of radium, or a quantity corresponding in size to one inch of an ordinary lead pencil.

The product of the combination of physical labor and chem-

ical and caloric force used, contains and retains a power difficult to comprehend. It continues to give off its energy year after year, without perceptible loss of bulk or weight. It has been said to be "force concentrated."

Through the knowledge of the printing power of radium that I had obtained from the before-mentioned doctors, I was led to begin experiments with the specimens in my possession—the Carnonite ore and the radium water. By the way, the amount of radium in the radium water was represented by .00,000,000,005. Each bottle was intended for one dose.

I have made several experiments in printing on sensitive photographic plates by the light of the radium contained in these specimens. My first print was a twelve and one-half days' exposure to each specimen. The second was three weeks, the third was twenty-four hours, and the fourth fifty days. The contrast between the different prints is very interesting. I will exhibit them later on the screen. The radium water, in one day, made no perceptible print; in twelve and one-half days, a positive, but faint print; and in fifty days, a strong, clear print. I had had the bottle in my possession for seven years when the last print was made. You will note the continued action, without perceptible loss of power, in the almost infinitesimal quantity of radium contained in the water.

It is not, however, my purpose to discuss radium itself in this paper; but to endeavor to show that this radio-active power extends beyond the product of Carnotite and pitchblende, and is inherent in all drugs—and, more or less, in all things. Every drug, in its natural crude state, has its own particular radio-active property. That power is increased by a process of potentizing. The increase in power from the first to the sixth potency can be testified to by many physicians; and our literature gives abundant evidence of the increase from the tenth to the two hundredth. I desire, however, to call especial attention to the ability of the one thousandth to the one hundred thousandth potency to retain power, like radium, and give it off year after year, and, when taken into the human system, it makes the whole system a potency of the drug. It is, indeed, a question how long the drug will remain active in the system, and by what

conditions its action may be modified. It is subject to variations produced by the mental and physical condition of the patient, and by the taking of other drugs.

In 1876, I exchanged grafts with Dr. Deardoff, one of the students of Dr. Malcolm MacFarland, of Philadelphia, giving him two hundred of my two hundredth potencies for his collection one thousandths to one hundred thousandths. One of these was Zinc sulphate, 82 M. In order to demonstrate the radio-activity of highly potentized drugs, I have selected this remedy. Although I have had it in my possession for forty-seven years, it still continues to act and produce organic changes that anyone can see.

Dr. MacFarland had told Dr. Deardoff that Zinc sulphate would clear up opacities of the cornea, but had said that he would find that after repeating the dose a number of times, the improvement would stop. He should then give a few doses of Sulphur, and repeat the Zinc sulphate again later; and eventually the eye would clear.

My first case came about a year later. The eye was covered with dense white cicatricial tissue, through which no light could pass. Within two weeks, he could see his face in the mirror. He came to me a number of times afterward, but the improvement never seemed to go much beyond that point, and he stopped coming. I had several cases, from time to time, with more or less similar results. One case of corneal opacity cleared up entirely.

Within the past five years, I have been using this remedy in a number of cases: One, with more or less opacity following an operation for cataract. Thinking that my Zinc sulphate was too old to be of any use, I procured from Boericke & Tafel the thirtieth potency, which they had prepared for me. They used twelve strokes to each potency. I gave this preparation with very little effect, and went back again to the one that had been in my possession for over forty years; and I found marked improvement from its use. Since then, I have employed it in over two hundred cases with perceptible change in about ninety per cent. In many cases, I had, within from two to four weeks, marked improvement. In some of these, the improvement then

slackened, or even ceased altogether; and in a few cases, the symptoms increased again.

It had been my custom to follow the advice given by Dr. MacFarland to his student, and repeat the dose; although, having some knowledge of the effect of the single dose, I had reduced the frequency of the repetition. I had heard of Dr. Lippe's giving one dose of a high potency, and then waiting for six months before giving the second dose. It is reported that in a very serious case, in Germantown, Philadelphia, seen in consultation with Dr. Moore and Dr. H. M. Guernsey, he had selected the indicated remedy, the giving of which was followed by prompt improvement. Then, turning to his confrères, he said, "Gentlemen, whatever you do, do not give the patient another dose; if you do, she will die." Some time after Dr. Lippe had gone, however, the temptation became too great to resist; and they did repeat the dose. The woman died promptly, as prophesied.

I had never heard or read of any reasons being given why the dose should not be repeated, except the experiences of those who recommend the single dose. For instance, C. von Bönninghausen, in 1845, in the preface of his "Therapeutic Pocketbook," wrote as follows:—"Every Homœopathic physician who is able to select the right medicine and who avoids the great fault of precipitation, which is always injurious, will soon perceive that the high dynamizations, when given at long intervals and without repetition, are generally preferable to large doses which are repeated or changed too frequently."

Neither Dr. Lippe nor Dr. von Bönninghausen gives any reason why the one dose and the single remedy are to be preferred, except his experience.

While treating my patients at the Pennsylvania Working Home for Blind Men, and meditating on the differing action of the repeated dose and that of the single one, it came to me suddenly, like a flash of light, that the single dose would continue its action indefinitely; and that to repeat the dose would be to over-potentize the patient, thus stopping, by excess, the curative effect, and increasing the symptoms at first relieved.

In my subsequent cases, I have followed this inspiration, with

most gratifying results. In treating my patients, I first endeavor to select the indicated remedy according to the unchangeable law that the name of Hahnemann stands for, "Similia similibus curantur," by consulting the best therapeutic works at my command, prominent among which is Hering's "Guiding Symptoms." Then I prescribe a single dose of a high potency and carefully observe the results. If I do not find prompt improvement, the next step is to re-examine my patient; for the very symptoms that the patient may not have thought it worth while to mention are often the guiding symptoms to the indicated remedy. Having once found the remedy really indicated, the results are very satisfactory, as shown in the so-called incurable cases under my care at the Working Home for the Blind.

Since December 21, 1920, I have had under my charge over one hundred and sixty patients. By the use of Zinc sulphate 82 M., I have obtained the following results:—Opacities of the cornea have cleared; cataracts are clearing, and some have entirely disappeared; adhesions have given way, allowing the eyeball to return to its normal voluntary motion; contracted pupils have resumed practically their normal size; chronic congestions of the ocular tissues have disappeared, showing the normal structure of the eye; eyes blind from childhood have responded sufficiently to be able to see the light and distinguish objects. One man, blind from measles when a baby, can now see objects; and the sunlight is too bright for him, so that he has to wear dark glasses. Another, blind from infancy, had been under treatment for a while, when I noticed that his eyes followed the electric spark of the flashlight. I asked him whether he saw the light. He said, "No, but I feel something." I had to tell him that it was light; because he did not know what light was, as he had never seen it. The next time he came, I asked him what he saw. He fixed his eyes on me and answered, "I see you sitting there." He has not been in since that day. He makes a living with his hands without seeing, and is satisfied. Blindness is a stock in trade, and many make a living by it as the following incident will illustrate. The superintendent said to me, one day, "I heard one man say to another, 'You had

better stop taking that medicine or you will soon see so well that they will not have you around here.' "

The effect of this treatment has also been noticeable in the general uplift of the working force of the Home. Concomitant with the improvement in the eyes, headaches and neuralgias that had lasted for months or years have ceased; and also restless nights, rheumatic conditions and other symptoms have likewise disappeared with the relief of the strain on the eye. The improvement is also seen in the expression of the countenance and in the avoidance of objects in the way. As one of the men remarked, "They don't bump into things as they used to."

Now, gentlemen, I will give you the histories of a few cases by way of illustration of the subject that I have presented to you.

Report of Cases.

Case I.

(One of the cases already referred to in the paper).

S. C. G., aged seventy-five years, was operated on for cataract in January, 1917. The wound, in healing, left an opaque cicatricial tissue so large as to interfere with his vision. Thinking that my Zinc sulphate, 82 M., which I had had for over forty-two years, might be too old, I procured from Boericke & Tafel Zinc sulphate, 30, which they prepared for me by giving twelve strokes to each potency, two more than the Pharmacopeia requires. I used it in repeated doses for four weeks, and could see no change in the ocular condition. Then I went back to my old remedy, and the eye soon began to clear. The unoperated eye had been scratched when the patient was an infant, and he had had very little use of it. The opacity in the eye on which the operation had been performed cleared up under treatment with the Zinc sulphate, 92 M.; and, at the same time, the other eye, which had been scratched in infancy, also cleared up. In fact, it eventually became the better eye of the two. Having retired from business, he now spends much of his time in reading, and often continues it into the twilight.

CASE II.

H. M., a school girl of about fourteen years, came to me January, 1919. Over a year before this, she had been treated for an ulcer of the cornea, which had been cauterized, and had healed, leaving an opacity in the center of the eye. When I saw her first, there was a dense white scar, hiding the pupil, with a spray like a comet's tail extending down to the outer border of the iris. This condition was causing headache and nervousness, thus interfering with her studies. I gave her Zinc sulphate, 82 M., in repeated doses. In one week's time, her mother noted a decided change for the better. This improvement continued, with interruptions caused by too frequent a repetition of the remedy. Whenever the improvement stopped, Sulphur, C. M., would start it again. On Angust 5, 1921, I gave my last dose of Sulphur, C. M. For the past year and a half, her eye has been perfectly clear; and today, she is a picture of health.

CASE III.

D. O., who had been a missionary in Syria for over thirty years, came to this country about the first of January, 1920. A report had preceded him that he was totally blind in one eye, and that the other was going fast. Being a friend of his, I persuaded him to let me treat his eyes. He had had an infected ulcer, and his eye had been operated on nine times by a specialist in the Beyroout Hospital. When I examined his eye, I found it well covered with heavy, opaque cicatricial tissue. There was also an artificial pupil, and the cornea and iris were strongly adhering together. This was the right eye, which was totally blind, except for a little light through the artificial pupil. The left eye was weak, and it required some strain for him to read even in a favorable position. In fact, the condition of this eye was such that some oculists would probably have recommended the removal of the right eye in order to save the sight of the left. I first examined the eye and prescribed for him on January 19th. On the 23d, I could see that the mist was rolling away from the blind eye, and a portion of the eye had begun to clear. The clearing continued until the excess of Zinc sulphate

checked the process. Then I gave Sulphur, C. M., and the symptoms improved. I so continued, back and forth, using less and less of the Zinc sulphate. I finally stopped it altogether, and finished with Sulphur, C. M. In October, when he left me to go back to Syria, he could count with the right eye his fingers, either open or shut, in certain positions. The artificial pupil had contracted to a mere line, instead of a wide-open space; the adhesions had given way and the pupil reacted to light. He told me that he had thought that the adhesions would never give way, and that he had never expected to see again the light of day with the right eye in this world. With the left eye, he could now read in any position as well as he had ever done.

CASE IV.

J. H., aged fifty years, came to me in February, 1923. He had a heavy opacity of the cornea caused by Sulphuric acid. The accident had occurred five years before, and he had been treated by a skilled specialist, who, as a last resort, had suggested the grafting of a rabbit's cornea. This suggestion, the patient had declined to accept. When he came to me, he could see, through the extreme outer edge, his hand, when extended to the right at arm's length; but nothing through any other portion of the eye. I gave him one dose of Zinc sulphate, 82 M., and watched him from time to time. Each time, I could note some improvement. He, also, was conscious of the change. He told a friend that he thought that, even if he should lose the other eye, he would be able to get along with that one. After he had been under treatment for about six months, he came to me one day, saying that he could not see so well. On examination, I found that the remnant of the original opacity, now translucent, had increased in area, covering more of the pupil. This was an evidence of the continued radio-activity of the drug. I gave Sulphur, C. M., and two weeks later, he came in rejoicing, saying that he could see much better. The greater part of the pupil was now exposed clearly to view, and he could see in every direction. His sight was clear, except in a small portion of the lower part of the eye, where objects were seen as through a mist. I have gained about eight-five per cent., and

expect to gain the other fifteen per cent. without a repetition of the dose.

Case V.

Mrs. C., a woman of middle age, and the mother of several children had been under my care for several years for various conditions, among which were violent attacks of neuralgia of the face and head, often lasting three or four days. They were accompanied with sickness of the stomach and vomiting, and confined her to bed most of the time. On February 5, 1920, she asked me to take charge of her eyes concerning which she gave me the following history:

The ocular trouble had started in 1905. After two or more years of continued suffering, under the care of a number of physicians—general practitioners and eye specialists,—without any relief, she had gone to the Hahnemann Hospital for treatment by Drs. Meservie and C. M. Thomas. The hospital record shows that she was admitted January 10, 1908, with the diagnosis of kerato-irido-cyclitis; was operated on January 23d; and was discharged February 12th. She returned to the hospital for treatment daily for some time after this, and then less frequently; and she was finally able to return to her home in Shenandoah in a much improved condition.

Seven years afterward, the eye became totally blind, the sight having gradually deteriorated during the interval. For five years she had been totally blind. She had had pain around that eye, day and night, for twelve years without ceasing. On examining the eye, I found it elongated laterally. The pupil and iris were drawn out in a straight line, with a dense brown cataract in the center. The whole eye seemed a little depressed, especially at the center and lower edge.

On February 5, 1920, I gave Zinc sulphate, 82 M., in repeated doses. Inside of two weeks she knew where the windows and the light were. In a month's time, the eye had loosened from its band, and was beginning to assume its normal shape. The pain that she had suffered for twelve years left entirely, and she has had no neuralgia since. The cataract in the

center of the eye has diminished much in size, and its shape has changed, but still interferes with accommodation.

The sunlight is too bright for her, and she has to wear smoked glasses.

I had, in this case, several times, aggravations, which were relieved by Sulphur, C. M. Ten days ago, the symptoms were increasing again. I gave her Sulphur, C. M., and today, she is perceptibly better. She is here and if you wish, you may examine her ocular condition for yourselves.

I have selected these cases from a large list of those in which I have had a more or less similar experience. I have chosen Zinc sulphate to illustrate the radio-active power of drugs, especially in the high potencies; and also to call attention to a very useful drug not much known in our materia medica.

I have endeavored to point out the similarity of the potentized drug to radium. The crude ore contains the radium, and it will print; the crude drug contains the radio-active power. When freed, like radium, it will multiply its power, until we have, not an attenuation, but a potency; and, by further extension, a high potency, whose effect reaches far beyond that of the crude drug. Even the inert becomes active, when potentized.

This subject is a large one. I have merely, as it were, gathered a few pebbles from the beach. We need a foundation that will collect data and arrange the multiplicity of facts so as to be accessible to all practitioners of medicine. To secure this will require funds, to pay well one or more persons who are willing to devote their lives to the work, and to build and equip a laboratory in which this work can be done. I would call it "The Hahnemannian Foundation."

HOMŒOPATHIC TRIADS.

BENJAMIN C. WOODBURY, M.D., BOSTON, MASS.

We are all familiar with Hering's analogy between the guiding symptoms for remedy selection and the three-legged stool.

I may remind you also of the significant epigram attributed

to King Solomon, that "a threefold cord is not quickly broken."[1]

It is in connection with some of these three-fold cords which run through the science and art of Homœopathy that I desire briefly to call attention.

Dake tells us in his Therapeutic Methods,[2] of the Methodist school founded by Themison, one of the most promising of the followers of Asclepiades whose pathology rests upon the three conditions or "communities" "*strictum, laxum* and *mixtum,*" the first of which has reference to an organic state characterized by deficient or impeded discharge; the second, by too free discharge; and the third by an admixture of both states. By way of explanation the word communities is used in this connection in the sense of its "common character or likeness" (Webster).

Hippocrates states that there are three distinct means by which medicines may cure disease; namely: by contraries, by similars, and by substances having neither a contrary nor a similar action.

Such conditions of similarity might also be spoken of as unities. In ancient drama it was customary to speak of the three unities of *place, time* and *action* as the principles governing the structure of drama—as formulated by Aristotle in his "Poetics." This principle required that the action should be presented as occurring in one place, within a single day, and that nothing should be introduced that was irrelevant to it.

These triads or unities exist throughout all science and throughout all nature.

There are the triads of deities. There are triads in music which consist of a given tune or root, with its third and fifth, with or without the octave. There are *major* triads, *minor* triads, diminished triads, augmented triads, imperfect or perfect triads, *et cetera.*

In chemistry and mathematics there are these characteristic triads and similar triads or trilogies are to be found in dramatic, poetic and musical compositions.

Three Methods of Practice.

Coming down to the immediate domain of medicine, it is safe to say that the broadest of these generalizations is the classifica-

tion of the art of medicine into the Empiric, Theoretic and Scientific eras, marked by the changing tenets of various contemporary methods.

There are in the main, three secondary divisions, namely, the antipathic, the eclectic and the Homœopathic methods, and still further divisions might be said to fall between medical, mechano-therapeutic and mental methods. All manners and shades of difference lie within these various subdivisions.

Homœopathic Triads.

When we come to these trinities or triads which exist in Homœopathy, we must go back to the first division of the Hippocratic triad which relates to the use of medicines upon the basis of *similia,* for it is in this essential unity that the method of similars takes its origin, just as upon the other two divisions the antipathic and eclectic methods may be said to have originated.

Hahnemann called attention to the three recognized methods of administering medicines, namely the *allopathic* or antipathic, *palliative* or enantiopathic and the curative or *homoeopathic,* the last of which he assures us is the only one that leads to gentle, sure and lasting cure without ill effects or disability. These methods are too well-known to discuss at this time.[3]

Three Essentials.

There are three essentials which enter into every successful homœopathic prescription: as correlated by Dr. Lippe, namely, the *law of similars,* the *single remedy* and the *minimum dose.*

For the careful statement of these principles I can find no better authority than the opening statements in the Homœopathic Physician (Vol. I, No. 1, Jan. 1881). This must constitute our first and foremost triad—the basis upon which our inductive science must rest.

These essential principles are the law of symptom simility, infinitesimality *i.e.,* "the least dose of a simile and a minimum of it" as described by Dr. Fincke, (High Potencies, pg. 119), and the single remedy.

According to Dr. Fincke, the Galenic School, entirely disre-

garding the fact that the original Hippocratean doctrine included both *contraria* and *similia* established a false orthodoxy in medicine. Thus the unity of the original idea. It remained for Hahnemann to recover the original spirit of this doctrine, and to substitute for a false interpretation of it the true doctrine of homœopathy.

The complete formula should read:

Maxima Contraria Similia	—Curantur—	Similibus Contrariis Minimis	

or *Similia minimis curantur.*

This principle is well epitomized in the double triads adopted as the symbol for this Association: *Similia Similibus Curantur —simplex, simile, minimum.*

Analogies.

There are three analogies which may be mentioned as presenting a certain similitude to the law of similars as recognized in homœopathy. These are as follows:

The Law of Similars in psychology. *Arndt's Law* in biology, the so-called *Hallion's Law* as exemplified in endocrinology. Briefly *The Law of Similars* is described as "The law of association which represents the relationship between various states of mind as their objects, according to appearances. These associations may be by similarity, resemblance, contiguity or relations of time and place."

Arndt's Law is well stated by Dr. C. E. Wheeler:[4] "To any given stimulus, thermal, electrical, chemical (*e.g.,* drug administration), protoplasm reacts differently according to the dosage of the stimulus. Small doses encourage life activity; very large doses destroy life activity."

Through this means, and in acknowledged corroboration of Hahnemann's discoveries Prof. Hugo Schultz of Grsifswalde has carried out experiments with drug substances substantiating the validity of this law. (Vide Wheeler: Introd. Trans. "Everyman's Edition of Hahnemann's Organon," pg. xxiv).

Hallion's Law briefly stated, is to the effect that: "Extracts

of an organ exert in the same organ an exciting influence which lasts for a longer or shorter time. When the organ is insufficient, it is inconceivable that this influence augments its action and, when it is injured, that it favors its restoration." (Harrower: Practical Organotherapy).

The Law of Doses.

Remedies have long been administered in homœopathy in varying dosage: namely, in *low, medium* and *high potencies.* As it is not our purpose to discuss the question of dose, we merely state the matter as an observation. It does, however, represent a triad.

Duration of Action.

Similarly there is a three-fold parallelism in the duration of action of medicines, as this action may be *short, long* or of *medium* duration. They may likewise be *acute* or *chronic, polycrests* or superficially acting drugs.[5]

Dr. R. Gibson Miller himself stated (in his monograph on the subject) that the "Duration of action of the remedy depends greatly upon the nature of the disease and upon the patient."

In the general classification of remedies as applied to patients, Dr. Miller was wont to make three general divisions—hot and cold remedies, and a third class sensitive to reactions of both heat and cold, thus making another triad.

Popularity of Drugs.

Hering, it will be remembered, divided drugs into a triad as to their electrical reactions, *e.g.,* those which are electro-negative, electro-positive and those which act in opposite directions.

Then there is the constitutional triad described by von Grauvogl: the *hydrogenoid,* the *carbo-nitrogenoid,* and the *oxygenoid* states.

Three-fold Nature of Man.

It will be remembered that man is a three-fold being—constituting body, soul and spirit. It must likewise be recalled that his physical envelope is made up of three original or primitive structural layers—epiblast, mesoblast and hypoblast.

Disease Entry.

When disease enters the organism, manifesting itself first of all through disturbed vital functions, its progress passes through three distinct phases, namely, *prodrome, progress* or *invasion,* and *decline.*

Direction of Drug Action.

Drugs when properly proven, act in an exactly similar manner. This is also similar to the development of an acute miasm. It is not thus with chronic miasms according to Hahnemann, as the latter pass through the stages of prodrome and invasion, but progress to a fatal or incurable state, unless acted upon by the proper antipsorics.

Hahnemann's Theory of the Chronic Diseases.

Thus Hahnemann evolved his theory of the true chronic diseases. In fact the progress of chronic disease follows a definite order, *i.e.,* from without inwards, from below upwards, from the lesser or superficial organs and the skin, to the deeper structures of the organism. And here it will be noted that this process of invasion is centripetal; *i.e.,* from epiblastic structures in many instances to the deeper and innermost recesses of the body.

The correct order of curing disease is well expressed by Hering. This order as he says "not only follows the body of man from up downwards, but also from within outwards; this is the same way we try to overcome sickness, as the real improvement of the sick not only goes from up downwards, (for instance, rheumatism and gout) but principally from the inward to the more outward, ending in the skin as the outmost, (after antipsorics). (Introd. New Edition of our Materia Medica).

Likewise this great observer states: "We can never expect to find a remedy for 'a disease,' and, in fact, we have nothing to do with 'disease': only with the sick. Every sick individual is a reality, but every disease is an abstraction."

The Chronic Miasms.

We now come to the crowning triad of them all, Hahnemann's three chronic miasms: *syphilis, sycosis* and *psora;* not that Hahnemann invented the nomenclature of either of the first named. It was von Boenninghausen, particularly, who compiled his "Anamnesis of Sycosis," which is perhaps the most illuminating survey of the symptomatology of the great antisycotics. Hahnemann wrote a good deal on syphilis, but it was mainly along lines already established; what he did do was to separate these two venereal miasms from the older, least known and hitherto unclassified disorders, which, while non-venereal, were none the less chronic and incurable, especially without definite treatment, which in his early experience was unsuccessful. He therefore spent a period of twelve years studying and arranging this greater and more complex anamnesis, with the result that he finally gave to the world his greatest work—"The Chronic Diseases."

Hahnemann's writings themselves formed one of these triads —at all events his greatest works; namely: "The Organon"; "The Materia Medica Pura"; and finally, "The Chronic Diseases."[6]

Likewise Jahr's writings include: "The Symptomen-Codex"; "The Venereal Diseases"; and the "Forty Years Practice."

Hering gave us his "Domestic Physician," the "Condensed Materia Medica," and greatest of all, "The Guiding Symptoms"; and finally Kent, the most recent expositor of homœopathy, as a complete system, gave us his epoch-making "Lectures on Homœopathic Philosophy," the "Materia Medica" and finally his "Repertory."

In fact, this order of trilogies, has been frequent among our greater writers.

Symptom Values.

When we come to specific case study, we cannot do better than to make use of the triad of symptom values which has been followed in the main by all best prescribers; and rendered more complete by Kent, namely, that of classifying symptoms as *General, Particular* and *Common.*

Boenninghausen laid particular stress upon the *location, sensation,* and conditions or concomitants *i.e.,* agg. and amel. The *where, how* and *when*—another triad.

There is also parallelism in the fact that we speak of the homœopathy of the *past,* of the *present* and predict as to its *future.*

As all disease has its three-fold states or conditions of *progress, stasis* and *retrogression,* so it must be with homœopathy as an institution.

It must be recalled chiefly, that when we follow the classical method of treating the individual, rather than the disease *per se,* we must give closest scrutiny to what really constitutes a symptom, or symptoms. It is a good deal like the matter of obtaining real news. A writer in the press stated recently that if a dog should have several tin cans tied to his tail and go charging down the street, so that everyone's attention would be called to it—this was not real "news"; but contrariwise if the same dog should pass quietly along the same street, with the same tin cans tied to his tail—and without making any disturbance—this would be real news.

So it is with symptoms: the normal state presupposes no symptoms, hence no attention is called to it, it is only when abnormal states—states in fact, which are strange, peculiar and rare occur, that these conditions have any real value.

Finally, in our study of sickness we must not fail to observe Hahnemann's chief injunctions—perhaps for the physician, the most important of all these triads; namely, that the highest mission of the physician is to *cure the sick;* the highest ideal of cure is *rapid, gentle and permanent restoration* of health and on *easily comprehensible principles.*

Hahnemann's Three Precautions.

If, states Hahnemann, the physician clearly perceives *what is to be cured, what is curative in medicines* and *how to adapt* a remedy to the case and the *proper period for repeating* the dose, if he knows the *obstacles to recovery* and *how to remove them* —then is he a true practitioner of the healing art.

Hahnemann's Three Parallels.

The vital force which animates the body in health, the dynamic power resident in medicines, and the dynamic or virtual powers resident in medicines whereby they are capable of acting curatively upon the spirit-like vital force—constitute a triad.

The Three Requirements.

The individualizing examination of a case, according to Hahnemann, demands *freedom from prejudice, sound sense and attention and fidelity in tracing the picture of the disease.*

The Three Common Mistakes.

These errors are too great levity on the part of the physician and lack of attention in considering the minutest details of illness; in thinking that owing to the smallness of the dose the homœopathic remedy is incapable of curing when indicated; and finally, the too frequent repetition of the dose.

These are some of the more important triads that are identified with the science and art of homœopathy.

1. Ecclesiastes IV:12.
2. Therapeutic Methods, pg. 19.
3. This is exemplified the Celsian maxim: *Cito, tuto et jucundo.*
4. The Case for Homœopathy, pg. 55.
5. This was made the subject of a paper on the length of action of the Homœopathic Remedies, by Fergie Woods, M.D., at the last meeting of the A. I of H., also read before the I. H. A.
6. Boenninghausen gave us his Anamnesis of Sycosis, his Therapeutics of Fevers, and the Therapeutic Pocket-Book.

Dr. Farrington: Just a word. I think that one reason why Dr. Woodbury has found so many triads and could keep on indefinitely is from the fact that the No. 3 is typical of completeness. You have it in the most perfect creation or the most perfect form of creation in the world; of man. The Soul and activities or products and you have it in the male and female which do not complete a real family until they have offspring and so on.

Dr. Woodbury: Triads can still further be run across—Allopaths, Endocrinologists and Homœopaths and furthermore on the glandular side we have the thyroid, pituitary and genitals. Those make up the system.

To complete Dr. Farrington's remarks about three meaning completeness, it is strange that when we sneeze we sneeze three times. [Laughter.]

Dr. Baker: May I ask Dr. Woodbury to close his paper.

Dr. Woodbury: There is nothing further I believe. I believe that it is a true fact that there are those three-fold natures and you can carry it through the organism. You can have the plant, the flower and the fruit. In the human it is the same way.

I don't know that I can add anything except that I do know you can go on extending this thing in Homœopathy. I could have run it on nine, twelve or fifteen more, but I promised Dr. Baker I wouldn't.

But I do remember that Dr. Bidwell in his little book "How to Study the Repertory" quotes from a paper which he calls the Homœopathic Trinity and he makes a point there that we use three things in prescribing—philosophy, materia medica and our repertory—that really is our working trinity.

THE BEGINNINGS OF DISEASE: ELEMENTS DEFICIENT OR OUT OF BALANCE: CONSTITUTIONAL REMEDIES.

EUGENE UNDERHILL, M.D., PHILADELPHIA, PA.

The human body is composed of a definite number of elements. Many of them have been examined, handled, named. Some are so minute as to be referred to as a trace. Others so infinitesimal as to make it difficult to estimate either their amount or character.

The grosser elements are not more important than the most minute. Any deficiency in amount or disturbance in the normal balance, represents the beginnings of disease. The paramount

element that can supply this deficiency, or restore and maintain the normal balance, represents the constitutional remedy.

Some claims have recently been made that disease is due to deficient or over-ionization, or to some change in the definite electrifical charge as related to electrons and protons within the atom. These are only other ways of saying—disease is due to elements deficient or out of balance.

Elemental changes are invisible; they take place stealthily, almost unobserved, and only manifest themselves by symptoms —symptoms that relate to the personality of the individual. These elemental changes therefore, represent the real cause and beginnings of disease.

Man is a three-fold dynamic force composed of Body, Mind, and Spirit—operating as a single entity. Although subject to subtle influences from within and without, if his normal balance is maintained, no limits have been, or can be, imposed upon his achievements. However, many failures, mental kinks, moral lapses, and physical wrecks are directly traceable to elements deficient or out of balance.

Impending changes in the number or arrangement of the elements are not without warning. Some slight discomfort is experienced; some small change in normal function; some slight threat of disease. For a time the vital force makes the necessary adjustments, but there may come a time—and when it comes, it may be on winged feet—when the physical powers are unable to stem the tide of threatened disaster.

These changes occurring at more or less regular intervals, man is compelled to operate on a lower plane; to be something less than Nature and his elemental powers designed him to be. Too often this lowered state of vitality and minimized powers of achievement are accepted without any effort to dissipate the clouds of disease and regain the former heights. A certain amount of disease and suffering are regarded as essential or necessary. Under cover of this yielding and neglect, more subtle and deeper changes take place. The elements appear permanently more or less deficient or out of balance and the proclamation goes forth—"Incurable Disease." It may be tuberculosis, sarcoma, cancer, general wreakage of the nervous

system, any one of a dozen or more diseased conditions, culminating in nameless suffering and death.

Let us say right here—there are no "incurable" diseases; there are some "incurable" individuals, but they are made so, largely because they have not the *will* to live. If the doubting, halting, wavering will of the individual is arrested and turned in the direction of recovery, it may be safely said, there is no such thing as "incurability"—provided of course, the proper adjustments are made in the elements deficient or out of balance.

A group of elemental substances is concerned in the precipitation of disease. Usually one of the group is a paramount or dominant element, which represents the constitutional remedy. The paramount element, when found and administered in the proper potency, acts as a regulating and co-ordinating force—the normal balance being restored, the destructive processes arrested and the physical powers turned in the direction of health.

Unless actual structural changes have taken place, well-nigh all forms of illness may be expected to yield to the mighty powers of the remedy or element thus indicated, no matter what the degree of the so-called "incurability."

The constitutional remedy when found, fits every case; it is needed in childhood, in youth, in adult life, and in old age. It may be truthfully said of the sufferings of many old men and old women, that had the true constitutional remedy been found and administered in childhood, this distressing disease or condition would not have appeared, and even at so late a date, the beneficent effects of the element or remedy, are beyond all estimation in the relief of suffering and the prolongation of life.

The paramount element or constitutional remedy is occasionally required at all periods of life's journey. It is an essential force in the proper functioning of Body, Mind, and Spirit. If it fits at all, it fits the whole man. It may be necessary to change the potency, but the elemental substance remains the same.

A half dozen, a dozen or more elements may be found to be deficient or out of balance, and in this list will be found the paramount constitutional remedy. The constitutional remedy

heads the list and benefits the patient in every way, affecting every organ and tissue, and exerting a beneficent influence upon the mind and spirit. Some one or more of the elements in the balance of the list may occasionally be required and particularly in acute illnesses. However, it is an interesting circumstance that when the constitutional remedy is found and properly administered, acute illness rarely occurs, and if it occurs, its manifestation is of a limited and mild nature.

Disease is sometimes said to occur because of faulty elimination; too much may be going into the body and not enough going out. Various inorganic salts such as, Sodium, Potassium, Calcium, may be damned up in the body, resulting in arthritis deformans, gout, and a long train of other manifestations of physical disturbance. That this could occur, presupposes a lack of harmony in the elemental substances of the body. In other words, there must be elements deficient or out of balance. This lack of harmony in the elemental balance, therefore, constitutes a personal susceptibility. Without this susceptibility, diseases, per se, has neither place, name, nor manifestation. Disease will not, nay—cannot, attack a house which is in order; having the guards all on duty, in proper place and operating in harmony. The paramount element or constitutional remedy is the harmonizing and controlling force.

In administering the constitutional remedy we are not aiming at any particular disease. Kent says: "To think of remedies for cancer is confusion, but to think of remedies for the patient who appears to have cancer is orderly, and you will be astonished to know what wonderful changes will take place in these conditions when remedies that correspond to the conditions before the cancer began, are administered. Cancer is the result of disorder, which disorder must be turned into order and must be healed."

The object therefore is to restore order where disorder and a general lack of harmony had prevailed. Every organ and tissue is beneficently affected by the constitutional remedy; it quiets and soothes the nervous system, tends towards the proper functioning of every organ, regulates the warring elements of the body, and does for the whole man that, which no other force can be expected to accomplish.

In acute illnesses, while the paramount constitutional remedy often gives very prompt and beneficent results, yet it frequently happens that some inter-current or supplementary remedy is required. Under such circumstances, it will be found that the remedy to fit the acute condition is in the group of remedies found by repertory analysis and from which the paramount constitutional remedy was selected.

In a great many instances the constitutional remedy selected from the totality of the symptoms as presented in childhood, will be found to be the paramount constitutional remedy persisting and required through life. There is, however, more or less shifting of the elements from childhood to mature adult life, say from infancy up to thirty years of age. This shifting of the elemental relationships may change the original paramount element to second place and elevate some other element or remedy of the group, to first place. After thirty years of age, however, if the constitutional remedy has been actually found, the tendency is to maintain its position on down to old age. The particular potency may need to be changed, but never the remedy or element itself. The best method of administration is to begin with the lower potencies and as the remedy appears to lose its force, move gradually higher. With each move upward, there will be a gradual deepening and broadening of the physical powers and dynamic qualities of the individual.

The constitutional remedy is the *similimum*. To find it, means a fascinating and interesting hunt, but nevertheless involving deep thought and hard work; but it is worth the hunt and all the toil. Its value to the patient is beyound all estimation and places in the hands of the physician the weapon which enables him to win in many a desperate situation.

The constitutional remedy in some instances may not of itself be a constituent element of the body, but it may be some substance which, when properly administered, enables the nutritional forces of the body to select the element deficient or out of balance and appropriate it from the foods. This selection and appropriation tends to co-ordinate all other elements.

It is not necessary in this presence to dwell upon *how* to find the constitutional remedy, but a little personal experience may

not be out of place. For many years we have followed the usual methods—recording the totality of the symptoms; classifying them according to the various spheres, organs, and tissues involved. By this method, with diligent use of the Repertory, we have been able to find the group of elements deficient or out of balance, but to pick the paramount one has until recently proved a difficult task. We could follow our repertory findings with a careful study of the materia medica, and then make a wise guess, but this involved an element of uncertainty, but now, our doubts can easily be swept aside—the guess changes into an actual fact. Take the half-dozen, dozen, or more remedies found by repertory analysis, and test their radio-activity with the blood and prove their power to cancel the diseased conditions according to the electronic methods of diagnosis.

In support of biochemic therapeutics, Schuessler declared in substance, that disease is caused by a deficiency in the amount of inorganic constituents of the body, and that to dissipate the condition it was only necessary to administer the requisite amount of these elements. "This therapeutic procedure is styled by Schuessler, the biochemic method, and stress is laid on the fact that it is in supposed harmony with well-known facts and laws in physiological chemistry and allied sciences."

Schuessler grasped a portion of a great truth, and the marvelous success attained by him attests the value of even a portion of a great fundamental law. Undoubtedly disease is caused in part, by a deficiency in the inorganic constituents of the body, but this is hardly half the truth; there may be an excess, or a lack of harmony, in other words, elements deficient or out of balance.

The futility of mastering all the disease conditions by the administration of twelve elements—call them *tissue remedies,* or what you will, is apparent when it is realized that some of these elements may already be in excess, while there may be any one of a dozen or more other elements concerned in the basic causes of disease. Moreover, it may not be possible to administer the element deficient or out of balance, for the reason that the particular element may not have been isolated and prepared for therapeutic use. Unquestionably all the elements are contained

in food, and while we may not be able to administer directly a particular element, we may find that substance, namely, the constitutional remedy, which when administered, will enable the vital force of the body to appropriate from the food that which is required; thus establishing harmony and order in the elements deficient, or out of balance.

We cannot comprehend, but we can to some slight degree apprehend, the great value and mighty powers of the constitutional remedy:

It eliminates confusion;

It restores order;

It establishes health;

It fortifies against contagion;

It maintains the physical powers at the high point of efficiency;

It brings tranquillity to mind and spirit;

It tends to restrain the undesirable manifestations of anger, malice, envy, and enables the individual to take a philosophical view of exasperating and trying circumstances;

It abolishes fear;

It assuages grief;

It modifies and even changes unlovely dispositions;

It sharpens judgment, and enables the world's workers to see clearly and choose that course in business or other relations which tends to the maximum of desirable results.

It is an elixir of life—a precious jewel. Seek for it until you find it, and when you find it, your patients will say of you: "He brought me up out of an horrible pit, out of the mirey clay, and set my feet upon a rock, and established my goings." Like the wise man's description of wisdom, "all the things thou can'st desire medically, are not to be compared until her"—"Length of days is in her right hand; and in her left hand riches and honor."

Dr. Field: I would like to be the first one to extend my appreciation of this wonderful paper. I am not prone to patting anybody on the back but this is a wonderful paper because I interpreted it from my own point of view.

Take this paper and put the word, instead of balance, "endocrine" in front of it and change the word "harmony" to Hahnemann and it would be practically the same thing I said originally, only this is said in a more wonderful way, I assure you.

There are one or two statements perhaps that I misunderstood. He said everything was curable. There are some manifestations that cannot be remedied by human means. You can go back to endocrinology to illustrate that point. We get criminals that persist in stealing. They are not criminals; they are sick people. There are manifestations that really from our point of view are incurable.

His statement about one being able to recognize the constitutional remedy in the infant when it might be the same constitutional remedy in the grown-up has a lot of truth in it because endocrinologically speaking we find the little child who insists upon being carried all the time. She ought to be a constitutional Sulphur patient and she turns out to be one after she grows up. No matter what language we use we get back to the totality of the symptoms whether endocrinologically speaking or homœopathically speaking—how the person is as a whole —how the environment affects him.

Dr. Boger: I want to commend this paper as much as I can and perhaps I may be permitted to add a few things to it and that is the paper resolves itself possibly into "What is man?" Man is the harmonious response of matter to spirit. That brings up another one of his points. The weakness of constitutional diseases and susceptibility it seems depends almost exclusively upon a weakened function somewhere. Those things come to us through childhood, through inheritance and in a thousand and one ways. One patient has a weakened stomach, another has a weakened something else.

Now the time to harmonize and the time to bring all organs into harmonious action is in childhood. There is another point.

There is one point in which I may possibly differ from the Doctor a little bit and that is in speaking of will and vital force almost synonymously. The will and vital force are not synonymous by any means in action or otherwise. The vital force acts

automatically. We know how the will acts—by the mind, by the expression of the ego. That is the distinction.

Then our friends who speak of invoking the power of vital force on one hand and the men who speak of invoking the power of will on the other hand are speaking of two distinct processes. The faith curist depends upon the will for a cure, the Homœopath upon the vital force and perhaps the Osteopaths and Chiropractors in a lesser measure.

I can stop my heart action for two, three or five beats but I can not stop it by the power of the will. The vital force steps in and resumes its power right there and displaces the will. And that is as far as the will can go in the cure of disease. Will can stimulate the push but it can't cure it. The harmonious outgrowth of vital force is necessary to a real cure and that can only be established by establishing harmony within the whole system.

Dr. Krichbaum: The essayist states that if you have the constitutional remedy the patient will live on and on and on—that is, provided there is proper environment. You take some of the doctors—the pituitary type of female and put them with a cross husband and they are afraid, they have repression and you would have insanity after awhile. [Laughter.]

I enjoyed the paper but there is so much more to be said about these things and constitutional remedies. They can't work miracles.

Dr. W. R. Powel: Well, this idea of having medicine of any kind cure everything, to me seems a little bit impossible. There are adjustments that we all have to make that cannot be adjusted and if we could make some of the adjustments in this world there would not be so many people in the insane asylums. You can give the remedy but it won't cure the person. Make the adjustment before they go—that is my idea about it.

Chairman Baker: If there is no further discussion I will ask Dr. Underhill to close his paper.

Dr. Underhill: I am very much pleased by all the remarks which have been made. The remarks by Dr. Field are certainly very interesting in dealing with end results. We all know from an allopathic standpoint that is what we deal with—end results

—as a matter of fact they do not recognize disease until it is something they can either hear, see, or handle.

Many a time a patient has gone to a nerve specialist, an ear specialist, an eye specialist and the whole long list and I have had them actually come in with a statement showing that there was nothing wrong and yet I have had the patient sit back in a chair and say, "I have all these reports, Doctor, yet I am sick." And it is an actual and terrible truth.

Well, now, suppose some of the specialists have discovered some of the end results; suppose that they have extirpated some of these end results. Some of them we find they dare not touch for fear this operation will not end successfully—that is, the patient will die on the operating table. Of course, you all know what a successful operation is—the patient gets off the operating table alive. It frequently happens that the operation is concluded and the patient leaves the operating table and the message goes to the friends, "Yes, the operation was successful but the patient died."

Now then, end results in many instances can stay there until the end of time so far as the individual is concerned if you actually have your constitutional remedy. How many bullets are people carrying around with them and have carried around with them for twenty or thirty years? And a bullet in the form of some kind of growth does not make any more difference than a bullet of lead. The constitutional remedy properly discovered and selected as to potency and wisely administered will take care of the end results.

I was certainly very much interested in Dr. Boger's comments. I agree with him in what he says on the difference between the operations of the will and vital force. They are not synonymous. If I gave that impression I am sorry and it ought to be corrected. The next time I read a paper I shall steer clear of that. I agree with Dr. Boger.

However, I will not agree with the statement that the heart cannot be stopped by the will because there are well authenticated instances in which the heart has been stopped by the will. Our school brethren quote with great glee the story of some Englishman who for a consideration would stop the heart and

start it up again, but I believe that guy stopped it once too often and it never started again.

Dr. Boger: I said for a while.

Dr. Underhill: Now Dr. Krichbaum was very much interested in the comments about the cross husband and wife. He must have been thinking about the Scotch preacher who went in and found a husband and wife quarreling.

Of course they were very greatly surprised and they calmed down immediately. He said, "Aren't you ashamed to be quarreling like that among yourselves. Look at the cat and dog, how peacefully they lie upon the hearth. Take a lesson from the cat and dog."

The husband said, "Yes, yes, but hook them together and see what happens."

Now then, Dr. Powel's remarks rise from the same line. I quite agree with the suggestion of Dr. Powel that some adjustments must be made; in fact that was the real burden of this paper that some adjustments must be made.

Now let us take a common sense view of this situation, not as if we were physicians and had these years of experience and log-rolling with these questions, but what is an individual made of anyhow? Let us analyze him from the crown of his head to the sole of his feet. What is in him? I mean materials and immaterials. Why, you will have to come down to the finality that he is made up of elements as to his vital force and that some other force, however, is brought in but nevertheless, that in a sense is elements.

The great originator of that individual, if you could bring Him on the witness stand and make Him tell why and how He made him would say, "Why, I made him all right. The elements of which he was made were of the purest quality; he was imbued with the finest spirit, he had the most joyous outlook and he had a vision that reached from earth to Heaven. He was complete. Adjustments were down to the very last infinitesimal." And so he starts off in that perfection of his maker.

But as Dr. Powel says, presently there is some lack of adjustment—some elements become defective or out of balance. Now then, manifestly if we are going to deal with individual sub-

stances to put him right we will always be wrong. You cannot pick a substance and say, "This is good for this condition." It may not be. And to take a substance that has been used in influenza or that has been used in tuberculosis, why, I never think of such a thing. We are on the wrong track the moment we begin to fit a remedy to a disease.

I tell you these adjustments must be made by fitting the elements or remedy to the individual. And I agree further that our insane asylumns are filled because of the lack of proper adjustment. I want to tell you one thing more. That if you could take our experience—all of our experiences together and we could take the finest ideals of selection as to drugs and as to their uses, we could go and open the doors of all the insane asylumns and take out three-fourths of all the people in them and make them well. [Applause.]

WHAT AM I?

PLUMB BROWN, M.D., SPRINGFIELD, MASS.

In these days of extreme unrest, tense nerves, civic, religious, social, medical and domestic chaos, skepticism, and egoism, is it not well for us occasionally to stop—and ask ourselves the question, "What am I?"

In these days of vain grasping for specifics, short cuts to health, therapeutic nihilism, sectional bigotry and disfavor, is it not well for us, a body of recognized physicians, to stop and ponder over these questions a little, to ask ourselves the question, "What are we?"

When I was a lad, in the old Nutmeg State, Connecticut, we used to sing a song: "I have a work which no other can do."

If I am a unit in this vast universe, with a specific mission to perform, which no other can do; so long as I perform my duty faithfully, "What am I?"

Life, health, strength, each morning bring, each day's task, with its joys and hardships, is given me to use for some specific purpose. Shakespeare tells us, "His life was gentle and the

elements were so mixed in him, that nature might rise up and say to all the word, this is a man."

The mixed elements, physical, mental and spiritual, the composite man—represent the ego—something for me to utilize so as to add my impress to the sum total of human achievements.

Hahnemann called it vital force, Coué calls it subconscious, Holy Scripture calls it God.

Over five hundred years ago Leonardo De Vinci wrote:

"He who cannot do what he wills,
Should try to will what he can do.
For since 'tis vain to will what can't be
Compassed, to abstain from idle wishing is philosophy.
Lo all our happiness and grief imply
Knowledge or not of will's ability.
They therefore can, who will what ought to be
Nor wrest true reason from the seat awry,
That which a man can, he should not always will,
Oft seemeth sweet which after is not so,
That which I wished when had hath cost a tear.
Now readers of these lines, if thou wouldst still
Be helpful to thyself to others dear,
Will to can always what you ought to do."

The duty to release, to develop the power within, is ours, is mine, I can, will I do it?

We, assembled here today, are a band of reputed specialists, specialists in the art of preventing sickness, of making sick folks well and that in accord with a definite law. Let us abstain from idle wishing. Let us will to can what we ought to do. If not, let us disembark and get into a boat where we can do our duty, which circumscribes a circle holding all else within it. What am I?

I was reared a most bigoted allopath. I first attended a most rabid allopathic medical school, where homœopathy was derided, and called fallacious and humbuggery.

Antagonism stimulated a spirit of defense and a desire for broader knowledge which in time led me to study and embrace homœopathy. I am proud to say that I believe in and am trying to unfold and develop the principles of medicine as laid down by Samuel Hahnemann, because my experience causes me to feel sure that those principles are true. I believe in the efficacy

of homœopathy and if my results are unsatisfactory, the fault is mine, not the principles of homœopathy. The foundation of homœopathy is grounded upon definite principles. A Hindu legend portrays a father, asking his son to bring him fruit of the tree and break it open. "What is there?" the father asks. "Some small seeds," the son replies. "Break open the seeds and what do you find?" queried the father, to which the son replied: "I find nothing!" The wise parent said: "Where you see nothing, there dwells a mighty tree!"

This ancient fable contains a most important lesson for us all. The invisible but dynamic philosophy of homœopathy. The dominant school of medicine declares that the practice of medicine depends entirely upon experience. The ever shifting methods and theories and rapid discoveries and abandonment of the same, fully attest the sincerity of this declaration.

They deal solely with tissues and accept nothing but what can be felt or seen—aided by improved modern instruments. The senses are aided by the microscope and the microscopic pathological results of disease are noted and accepted as the beginning and the ending.

Homœopathy contends that there is something prior to these results. Science teaches us that, that which exists, does so because there was something prior and thus as homœopaths we are able to apply modern scientific research and trace cause and effect.

"The physician's high and only mission is to restore the sick to health." In my experience, nothing but homœopathy can do this. What do we mean by the word sick? Does the house which the man lives in and which is being torn down, or the tissue changes represent all there is of sickness? No, the man is sick! The homœopath observes wonderful changes resulting from the use of potentized medicines, which science has already proven to be dynamic. Without vital force there can be no cause, or no relation between cause and effect.

Nothing exists without a cause. All sickness is eradicated from within outwards. No sickness was ever *cured* by crude drugs or local applications.

If we are fully satisfied with our results obtained, we are like

a jug filled to the mouth, there is no room left. There must be a desire and some incentive. There can be no reformation in any direction as long as we are satisfied with what we already have. I believe the Holy Scriptures to be our religious and spiritual guide and I believe that homœopathic philosophy confirms the Scriptural doctrine of original sin, hence I am a homœopath because homœopathy gets down to rock bottom facts; down to the beginning of all things.

A rose by any other name would be as sweet; call the beginning of sickness what you will, but call it something. Until I find a better name I am going to call the foundation of all sickness *psora*. I believe psora to be the prime cause of all sickness and had psora never been established upon the human race, there would never have been or would not now be any sickness. I will go one step further back and assert that had the human race remained in a state of perfect order, there would have been no psora hence there would have been no sickness.

Psora progresses from simple states to the very highest degree of complexity. Medical men have endeavored and are continually trying with all their power, to drive psora from the surface, thus causing it to be rooted deeper, more dense and invisible. How few reach maturity, what an appalling number of infants die largely as the result of psora.

Ben King has it: "Man is the only creature who by choice combats nature." As the internal is, so is the external and the external cannot be only as the result of the internal. The internal state is prior to that which surrounds it.

If your medicine brings out a rash or redevelops old sores, etc. thank God and take courage.

A typical case of psora: Master G., four years of age, was brought to my office by his mother, who was in desperation, as her son was fast wasting away, pale, emaciated, no appetite and listless. He had a bunch on his forehead about the size of half an English walnut. When the child was six months old it had a rash which was "cured" by an ointment given by the doctor. *Sulphur* redeveloped the "rash" and the child made a prompt recovery.

As a result of psora, we have inflicted upon the human race the scourge *syphilis*. The sin of action.

A typical syphilis case: Mrs. S., thirty-five years of age, had been the rounds of "all the best doctors in New York, New Jersey, Pennsylvania, Connecticut and Massachusetts," so she reported, for sores on both legs. These sores had been variously diagnosed as eczema, tubercular, salt rheum, varicose ulcers, etc. A short course of antisyphilitic treatment according to the laws of homœopathy, cured her. Three remedies were used, according to symptomatic indications: *Sulphur, Mercurius* and *Syphilinum*.

Nothing but homœopathic therapeutics will absolutely *cure* syphilis. This statement is equally true of the other miasm sycosis, either acute or chronic.

A typical sycosis case: Mr. C., fifty-eight years of age, consulted me for asthma and rheumatism from which he had been a great sufferer. He also suffered much from many people, though he had always been pretty well as he said; but closer questioning brought forth the admission that he was going to Boston once a month to consult and be treated by a specialist. He said he was tortured by having sounds passed, in order that he might void urine. The totality of the symptoms called for *Thuja occidentalis*. The asthma and rheumatism were promptly cured and no further trips to Boston have been necessary, as he is able to pass urine more freely than for years.

I am a homœopath because I believe that all human sickness is the result of one or all of these three factors, *psora, syphilis,* or *sycosis;* I deem it my duty as a man, as a medical man, as a homœopath, to do all in my power to aid nature in eradicating these poisons from the human race.

I am a homœopath because the results obtained in my daily practice prove over and over again the truth of the homœopathic principles. A man sixty-eight years of age, was troubled with vertigo and had been treated by the latest scientific methods for heart, liver and kidney involvement. The totality of the symptoms called for *Conium maculatum,* which cured him as if by magic.

Yes, I believe more strongly than ever in homœopathy, from

my personal experience and observation, also from the results of scientists, who in studying the chemistry of the blood have proven the truths of homœopathy, the dynamic power of remedial agents administered according to the homœopathic law.

Modern science has demonstrated and proven that the single potentized remedy is more effectual as a curative agent than any form of combinations.

If I am a homœopath because I believe in the principles of homœopathy and have proven those principles to be true and to be the only means of effecting a cure; if I have demonstrated to my shame that when I have resorted to unhomœopathic methods the results have been disastrous and the case has been temporarily and many times hopelessly masked, why am I not a better homœopath, why am I not truer to my convictions? Why not? My answer is, too great haste, indifference and lack of courage.

To practice homœopathy, takes time. It takes a man of positive convictions and possessed of the courage of those convictions. It takes courage to give a potentized remedy and wait. It also requires confidence in the doctor, for a patient to wait. For the psychological effect upon our patient most of us at times administer the placebo. Is this right, or is this false courage? Dr. Richard Cabot once said in my presence, that any one who administered a placebo is living a lie, is dishonest with himself and with the patient. We cannot all agree on the methods of life. The old Indian chief was quite right when he said that he was very glad we did not all think alike. We have our work, which no other can do. We here assembled, must have some common foundation—some basic principle upon which we can all stand agreed. If we are homœopaths, let us be homœopaths in conduct as well as in name. If we are not homœopaths, let us seek pastures elsewhere.

We are invited to join the American Medical Association and the state and local allopathic medical societies, provided we drop the word homœopathy and become simply physicians.

If we believe in homœopathy and its foundation principles and are convinced that modern science is daily proving the truth of those principles, why drop homœopathy? Can we not

accept and adopt as our basic principle, the philosophy of homœopathy and the brotherhood of man?

If Hahnemann and his loyal followers were present today, I feel sure that they would each and all say to us—

"When we have to do with an art, the end of which is the saving of human life, any neglect to make ourselves masters of this art, is a crime."

"Will to can always, what you ought to do,
For right is right and right, the day must win."

What Am I?

I am a homoeopathic physician!

THE SINGLE REMEDY.

GEORGE E. DIENST, M.D., AURORA, ILL.

Health is an entity. Disease is an entity. Health is not complex—disease may be. Man is either healthy or not healthy. The human body and soul constitutes an entity. Disturbance of one organ or tissue may disturb the entire body, but it still remains a single substance.

All nature is composed of single elements and nature in most all of her operations works singly and produces single results. Thus we find the single blade of grass; the single plant; the single tree; the single metal; and the single mineral. Human nature is a unit and when violated it produces a single disturbance with its various branches or symptoms. Disease operates singly. We are told that no two diseases can be operative in the human organism at one and the same time; one is active—the other latent. The greater always precedes and controls the lesser, and while it is operative it is a single substance and needs a single substance to cure its disorder. Drugs combined and given in physiological quantities embarrass, confuse and complicate disease expressions. For a combination of drugs cannot act in a straight line, as does a single drug; neither does it produce a single, but a complicated product. In sickness there is but one controlling disease element. Since this is true it is

logical to suppose that this element can be met and reduced by but one single controlling disease element. Figuratively, single remedies act in a straight line, present complications and direct symptoms and pathology in such a condition that they can be easily controlled and directed to a state of health. Single and simple substances produce more far-reaching wholesome effect than compounds and mixtures. There can be no combination of drugs or drug elements which will enhance the curative properties of any one of the drugs in the combination. When several drugs are compounded, each drug loses its identity and while physiological changes may be produced by their ingestion, there can be no clearing of the inherent disease element. The single remedy, therefore, is the only rational remedy to be used in guiding a condition of ill health to a condition of health and this remedy must be selected upon its own pathogenic provings and the plane of its greater efficiency.

The fallacy of combining remedies as some homœopathic physicians do, cannot be too deeply deplored, for while they may drug a disease condition to an apparent relief, they cannot and they do not remove the inherent disease-producing miasm. And when this is not done, disease reappears in due time or results in metastases. This same logic applies to the alternating of remedies. I do not dispute the necessity of changing a single remedy in the course of treatment, when conditions and symptoms warrant it, but the rapid alternation of remedies in acute and chronic diseases cannot do otherwise but confuse. Thus: the physician who alternates Aconite and Belladonna is laboring under a false conception both of disease and drug therapy. If the patient needed Aconite and Aconite is given, will it so change conditions as to make the giving of Belladonna within thirty minutes a necessity, and if not, why in the name of science give Belladonna? And then again—suppose Aconite does change conditions so as to make Belladonna a necessity, will Belladonna revert conditions back to Aconite in thirty minutes and compel the repetition of Aconite? If not, why is it done? Why do men of science, men of education, men who pretend to possess knowledge of healing disease, do such absurd things?

It is my opinion that the reason there are so many complications and sequelæ, why there are so many disease conditions tossed hither and thither until they become malignant or incurable, is due largely to him who pretends to heal and does not; for the changing of disease conditions in any direction other than to health complicates the disease and endangers life. The vital forces are so sensitive to the action of drugs, serums, vaccines, and toxins, that when improperly administered—ill-health and death are the result—rather than health and life. I cannot, therefore, emphasize too strongly the imperative necessity of studying more and more carefully the use of the single remedy in the healing of the sick, for it is, without question, the only rational method of healing, and the best pledge that we have of this truth, is the low mortality of patients among those who prescribe the single remedy and the physical and mental vigor, the good health, and prolonged life of those who are thus treated.

Purity, cleanliness, lead to vigorous bodies and strong minds. The mixing of drug elements or the ingestion per oram or subcutaneously of morbific substances causes impurities in the blood stream, impoverished vitality and above all lead to and promote morbid thinking and ill-health. When driving in a straight line, do not endeavor to try to drive into divergent paths.

Bureau of Materia Medica

GUY BECKLEY STEARNS, M.D., NEW YORK CITY, CHAIRMAN.

FRAGMENTS OF REMEDIES EPIDEMIC LAST WINTER.

J. B. GREGG-CUSTIS, M.D., WASHINGTON, D. C.

In a moment of weakness I agreed to say something about the remedies that have been useful in the epidemics and later when going over my notes it seemed to me that it was rather ridiculous to come here and rehash the old remedies that you know better than I do, so I just simply want to bring up one thing which I think I observed in the last winter and that was a new symptom which I could not find of Kali bichromicum, a symptom in the respiratory tract that has a crackling as if somebody took a stiff piece of paper and did that to it (indicating).

It was largely on expiration and accompanied the ordinary catarrhal symptom of Kali bichromicum. It is probably due to the attempt of the air to get by that mucus and when the mucus lets go it cracks.

But in at least fifteen cases this winter during this epidemic I could find no epidemic remedy although I tried pretty hard. I found that symptom in every case. The patient promptly responded to Kali bichromicum.

I just wanted to put that out because I want to know whether it is a good symptom or not and the only way to find out is to have a good many men see if they can observe it and whether the same thing works for them.

Dr. Krichbaum: Is it in the early or later stage?

Dr. Custis: I found both. In my experience with the epidemic it was rather peculiar. This winter in a good many cases Kali bichromicum came from the start of it.

Dr. Krichbaum: Was there much discharge of mucus?

Dr. Custis: The ordinary condition with the mucus hard to get rid of. There was a very peculiar crackling in the throat pit heard mostly during expiration. I haven't been able to find that symptom in any of the books. If it is useful I want to know it. I thought it was.

There isn't anything else I want to bring out because it is rather useless to stand up here and rehash all the well known familiar symptoms of the common remedies, but that one thing I wanted to bring to your attention.

Dr. Clark: Another point that is not generally thought of is the intermittent pulse of Kali bichromicum. I think it is a very prominent condition that we have in these cases and if it is present Kali bichromicum is a remedy that is very useful.

Dr. Roberts: I have verified this same clinical symptom several times this last winter. I think it is a true clinical symptom—the rattling on expiration—even though it is not in the Genesis.

Chairman Stearns: It was a common experience that this winter no one was able to find an epidemic remedy. He might for something specific, but he could not make it come out in a group of cases. He could follow some remedy but on the whole it was no epidemic remedy.

There was a very interesting observation made by Dr. Freeman of Brooklyn concerning Cuprum for that persistent cough that was very hard to get rid of during the latter part of the winter. He hit several cases with that. In one case, Chelidonium I think it was, and Cuprum knocked it out.

Dr. Farrington: Do you know of any other symptoms that qualify the Cuprum cough? Better from cold drink.

Chairman Stearns: There were various modalities with that. It was a persistent cough that followed—a cough that was teasing. Finally Freeman struck a case that had enough of a key-

note for him to work it out and then he went back and looked over his cases and after that Cuprum was the remedy. He passed that around to the satisfaction of a great many people. The Kalis as a group were frequently indicated in sinusitis cases the latter part of the season. And one interesting observation was the use of Acetate of Potash in two or three cases with very quick results.

Chairman Stearns: I will ask Dr. Custis to close the discussion.

Dr. Custis: It seems to me that all the Kalis help that intermittent pulse. I know that Kali carb. will help more cases with intermittent pulse than any remedy I know—that is not the ordinary pulse. The ordinary intermittent is another thing. Kali carb. is often prominent and it seems to be particularly applicable to those cases of intermittency of pulse due to digestive disturbances. Kali carb. will do more for that particular condition than any other one remedy I think.

The sinusitis cases, Hepar will help a great many of them, especially the modality of the sensitiveness and aggravation from the least cold air. You get that so often from the sinus condition.

It seemed to me, if anything, that epidemic was more of a Kali type than anything else. It was characterized by Kali modalities of weakness, and collapse and conditions of weak pulse and rapid pulse. We had a good many rapid pulses but I saw cases with no fever at all.

Another remedy that was useful was Sanguinaria in a good many cases.

Chairman Stearns: In retrospect the Kalis were quite useful through the epidemic. In pointing to Kali carb. we don't think of Kali carb. often enough perhaps in the distention—in the gaseous condition in the abdomen.

A CRYSTALLIZED MATERIA MEDICA.

BENJAMIN COLLINS WOODBURY, M.D., BOSTON, MASS.

At the last annual meeting of this asosciation I presented a paper on a simplified method of arranging the Materia Medica,

illustrated by lantern slides. As I was unable to be present, the paper was not read at that time. I therefore feel that I need offer no apology if I refer briefly at this time to a few observations therein noted that have an especial relation to the subject in hand.

Dr. Stearns has kindly furnished me a title for the present arrangement of these remedies which I trust may prove not so crystalized that it cannot at the same time be illuminating.

Briefly, in the paper presented last year, I referred to some previous papers on the *General Symptoms* of the Materia Medica written by Dr. Harvey Farrington of Chicago, and published some years ago in the Journal of Homœopathics.

This is an attempt to arrange the Materia Medica from Generals to Particulars, illustrated by the lantern slide method, which furnishes at once a means of presentation that is both accurate and graphic. So far as I know this method has not previously been utilized in the presentation of Homœopathic Materia Medica.

Abrotanum and Apis were the remedies outlined last year. To these two drugs I have added Fluoric Acid and Pyrogen utilizing the Schema adapted from the suggestions of Dr. Margaret Tyler of London for case study with the Repertory.

I claim for this presentation nothing novel except perhaps the use of the lantern slides. The following is the arrangement.

PYROGEN.

Generals

Anxiety
Delirium
On closing the eyes
Delusion
Body covered the whole bed
Imagination of wealth
Despair
Irritability
Laciviousness
Loquacity During fever
Restlessness
with soreness
Talks to himself
Abscesses
Recurrent
COLD IN GENERAL
BECOMING COLD
AFTER
COLD WET WEATHER
Hard bed, sensation of

HEAT, LACK OF VITAL
MOTION AMEL.
PAINS, SORE, BRUISED
EXTERNALLY
INTERNALLY
Motion amel.
Pulse, fluttering
FREQUENT, ACCELERATED,
RAPID
IRREGULAR
SEPTICAEMIA
Touching cold things
Walking amel.
Weakness
from perspiration

Particulars

Vertigo, rising in bed. Rolling head. Pain pulsating, *pressing*. Perspiration on head. Pain in occiput, on coughing; morning on waking. Soreness, eyeballs, on turning. Nose cold; epistaxis, septic; motion of nose, fan-like. Discoloration of face; *pale, red,* circumscribed. Perspiration, cold. Tongue *fissured; brown; red;* yellow. Mouth, putrid odor. Tongue *glassy*. Taste *putrid, sweetish*. Teeth, *sordes*. Uvula elongated. Diphtheria. Appetite wanting. Thirst EXTREME; during heat; small quantities. Vomiting as soon *as water becomes warm in stomach;* of bile, blood; like coffee grounds. Abdomen: distension; INFLAMMATION (peritonitis, enteritis). Pain, *sore bruised*. Rectum: Constipation; stools insufficient. Diarrhœa, *painless;* from *septic* conditions. Anus, hemorrhage from. Inactivity; *involuntary,* urination and stool. Stool *black, brown;* hard; *offensive, putrid*. Suppression of urine. Urine *albuminous;* odor offensive; scanty; red (brick-dust). Leucorrhœa *offensive*. Lochia *acrid, offensive;* SUPPRESSED; from COLD; thin. Pain in larynx. Respiration RATTLING. Cough, lying; motion. Expectoration, night; odor offensive; rusty; thick, *viscid* yellow. Fulness heart. Pain, burning during coughing. Phthisis, *last stage*. Back, pain on coughing. Extremities: hands, coldness; numbness. Pain: during CHILL; during *fever;* amel. MOTION; *on beginning to move; with great restlessness;* rheumatic, *sitting;* warmth amel.; BONES; THIGH, during CHILL; while SITTING; *walking, knee; leg,* during CHILL; amel. *motion;* rheumatic, while *sitting*. Toes, *aching;* during CHILL, during *fever;* amel. while WALKING; BONES, during *chill;*

aching, *thigh;* during fever, Leg; *during fever.* Dreams of business; sleep full of frightful dreams. Chill: EVENING; amel. in BED; *beginning in back;* between scapulae. Chilliness, *with perspiration.* Chill: *periodicity;* with perspiration; *quotidian;* SHAKING; shivering rigors, EVENING; 7 P.M.; warmth, *desire for which does not relieve.* Fever *with chill; with chilliness; continues long into heat;* from putting hands out of bed; *continued fever, typhus, typhoid;* after eating. External heat, with CHILLINESS. *Hectic fever.* INTENSE HEAT. INTERMITTENT, chronic. Perspiration absent, with HEAT. PUERPURAL fever. SEPTIC fevers. *Heat followed by chill.* UNCOVERING, aversion to; chilliness from; *in any stage of paroxysm. Zymotic* fevers. Perspiration, cold; *hot; offensive;* profuse; *single parts. Ulcers,* bloody, offensive; discharge thin; varicose.

Relations

Similar, Arn., Bapt., sore bruised conditions aching in bones, Eup. perf.; restlessness, relief motion and heat, Rhus. Abscesses, Ars., Anthr., Tarent. c.; Sepsis, Sulph., Sepia. Fanning alae nasi, Lyc. Vomiting, Ars., Bism., Bry., Cadm., Phos.

FLUORIC ACID

Generals

Anger
Anxiety
Exhilaration
Fancies, exhilaration of
Indifference
to loved ones
to family
Irascibility
Memory active
weakness of
Mirth, hilarity
Nymphomania
Oversensitive
to noise
Quarrelsome
Rage
Reticence, silence
Sadness
Air, open, desire for
open amel.
Bathing, cold, amel.
CARIES OF BONE
COLD air
HEAT and COLD
Wet weather
Lying
after, amel.
Mercury, abuse of
Motion
Numbness externally

Psora
Sitting, while
Standing
SUMMER
Sycosis
Syphilis
Warm air
bed
room
wraps
Weakness, enervation
Wine
WINTER
Aversion to coffee
Desires alcoholic drinks
cold drinks
highly seasoned food
refreshing things
sour, acids
whiskey
wine
Drinking
tea and coffee
Thirst

Particulars

Vertigo, forenoon; during headache. Head: *caries; mastoid process.* Pain; before urination if not attended to; urination amel. Hair; *baldness, dryness,* FALLING; IN SPOTS; painful when touched; tangles easily. Heat; eruption; scabies (crusta lactea). FISTULA LACHRYMALIS. *Caries mastoid process;* discharge, excoriating; offensive. Nose: caries; *catarrh;* flat; ozæna; obstruction; coryza; chronic, long-continued. *Inflammation,* open sensation. Ulcers, inside, perforating; septum; round ulcers; wings; left. Face: caries, lower jaw. Chewing motion of jaw; discoloration, pale. Eruption, *eczema, syphilitic; tubercles,* suppurating, *forehead.* Expression, *old looking. Heat,* evening. *Inflammation of bone; periosteum.* Mouth: *blotches, palate.* TONGUE FISSURED; in ALL DIRECTIONS. Palate, *discoloration, red.* Gums, redness; FISTULA; near upper right canine. Heat, odor, *offensive.* Ranula. Saliva, viscid. SALIVATION: during stool, sour, sweetish. Ulcers, *painful;* syphilitic; tongue, phagedenic, syphilitic; under. Varicose veins; *tongue.* Teeth, CARIES, *premature in children;* RAPID; *crumbling.* Pain; RIGHT; feel warm; *wisdom teeth,* ailments from. Throat, discoloration redness; tonsils, *uvula, disposition to hawk.* Swelling, *uvula; syphilitic affections. Ulcers; Fauces: tonsils; uvula; syphilitic. Varicose,* pharynx. External throat, constriction. *Goitre;*

itching. Pain drawing, afternoon. Appetite diminished; easy satiety; *increased;* evening; after stool; *ravenous;* with diarrhœa; *wanting.* Stomach, *emptiness. Eructations,* afternoon, evening *ameliorate; acrid,* empty; foul; sour. Fulness, *sensation of.* Gurgling. *Heartburn;* heat flushes. *Heaviness,* after eating. *Nausea,* evening; during headache. Pain, after eating; burning, cramping, *pressing; after eating;* sore, bruised. Retching. Stone, sensation of. *Thirst,* night. Vomiting bile; watery. Abdomen: dropsy, ascites; emptiness; flatulence; heat. *Liver* and *region of.* Pain, evening; during diarrhœa (colic); before stool. Inguinal region; sides; *spleen;* region of umbilicus; cramping. Inguinal region, stitching. *Pulsation.* Rumbling. Rectum: *constipation;* ineffectual straining; *constriction.* DIARRHŒA; daytime only, morning, after rising, night, after midnight; *aged people;* from drinking water; indiscretions in eating. *Fissure. Fistula.* Flatus, morning; during stool. Hemorrhoids; external. Inactivity. ITCHING; *around anus;* perineum. Pain, *during stool;* burning *during stool;* tenesmus during stool. *Prolapsus,* during *stool.* Stricture. Stool: *bilious;* brown; frothy; hard; large; offensive; pasty; scanty small; soft; watery; morning; yellow; fecal. Bladder: *pain; before urinating;* during, before; *aching, before urination, after;* neck, after urination; burning, while lying; *before urination;* after; pressing, pressure in, night. Urging, *frequent.* Urination, *frequent,* night; *involuntary;* (incontinence in bed). Kidneys: pain, region of. Urethra: chordee; discharge, gleety, gonorrheal; slimy, *watery; yellow, chronic.* Pain, *burning:* before urination, during, *after.* Urine: *acrid; alkaline; burning.* Color, pale; *copious;* odor offensive; acrid; *alkaline; burning.* Color, pale; *copious;* odor offensive; acrid; pungent; strong. *Scanty,* morning, evening. Sediment, white, watery, clear as water. Genitalia: *condylomata,* erections, EXCESSIVE, painful; without sexual desire; STRONG, VIOLENT; wanting. *Hydrocele.* PERSPIRATION, *offensive.* Seminal discharges *too late;* without erections. Sexual passion, *increased; violent.* Swelling, penis, *oedema-*

tous, prepuce. Varicocele. Female: coition, aversion to. Desire INCREASED. *Itching;* from *leucorrhoea; during pregnancy;* ACID, excoriating; *burning; copious;* yellow. Menses clotted, *copious; dark; frequent, too early, too soon; protracted; thick.* Pain, uterus; stitching, uterus. Tumors, ovaries, right; fibroids. Dryness trachea. Irritation, cold air; Larynx. Itching, larynx. Pain, larynx. Rawness, trachea. Soreness, larynx; on coughing, on swallowing. Scraping, clearing larynx; sensitive to cold air. Tickling in larynx. Voice, *nasal.* Respiration, deep; *difficult; evening;* amel. in open air; *while lying;* snoring; *wheezing; afternoon.* Cough, *evening;* dry; short. Expectoration, bloody frothy; mucous; morning, bloody; taste greasy. Chest: *cracks in nipples;* discoloration, nipples. Dropsy. Eruptions; pimples; pustules. Excoriation, NIPPLES. Itching. *Oppression.* Pain, respiration; sides, left; deep; lower part, sides; pressing; bruised, sore; NIPPLES; *heart,* stitching, sides; respiration, deep. Phthisis pulmonalis. Back: eruptions, pimples. Heat, *cervical region,* flushes. Itching. Pain, while sitting; *cervical region;* lumbar region; sacral region; sacral region; *coccyx,* on motion, pressure; aching, lumbar region, night; bending backward, amel.; sacrum; *coccyx;* drawing, cervical region; lameness; sore, cervical region; sacral region. Perspiration, cervical region. Stiffness, *cervical region.* Extremities: *brittle* finger *nails.* Caries, coldness, upper limbs. Caries, *sore.* Discoloration, hand, redness; finger tips, white. Eruption, *pimples,* pustules, vesicles; upper limbs, *pimples,* vesicles; shoulder, pimples; hand, pustules; fingers, vesicles; lower limbs, pimples; thigh, pimples; leg, pimples. Excoriation, *between toes.* Felon, bone, caries; PANARITIUM; *periosteum; run-around,* thumb. Formication, sole of foot. Heat, *hand; palm;* sole. Heaviness, lower limbs. *Hip* joint *disease.* Inflammation, knee. Itching, upper limbs: shoulder, morning, afternoon, evening; hand. Lameness, *shoulder,* lower limbs, hip, knee, ankles, foot, motion, fingers; toes. *Numbness; upper limbs;* forearm, left; morning 5 a.m., forenoon;

while sitting; anterior part, radial side. *Hand,* left, morning, in bed, 5 a.m.; fingers; lower limbs, when moving the legs; *thigh,* crossing legs; knee; left leg; sole of foot. Pain, *night;* on beginning to move; rheumatic, *syphilitic; bones;* upper limbs, left; rheumatic; shoulder, right, evening; as of dislocation; *rheumatic,* upper arm, afternoon; rheumatic, bone; forearm; wrist; hand, writing, while; fingers, joints, first. Hip, morning, on motion; thigh; knee, right; knee, hollow of; leg; heel; upper limbs; elbow, evening; fingers, first. Aching, knee; burning, *hand,* back of, palm, fingers; knee; sole, night; toes. Drawing, forearm; wrist, night, 8 to 11 p.m.; legs, evening; calf; ankles, evening, motion; foot. Gnawing, forearm, evening; *upper limbs;* shoulder, evening; forearm; hand. Pressing, knee; foot, evening. Sore, bruised, shoulder; upper limbs; hip; thigh; joints. Sprained, ankle. Stitching; upper limbs, evening, 10 p.m.; extending downwards. Shoulder, evening; forearm, evening; fingers. Stitching, *hip,* right; *foot.* Perspiration, *hand; palm; foot;* EXCORIATING, *offensive,* profuse; *between toes.* Pulsation, fingers, evening. Restlessness, feet. Stiffness, *shoulder;* fingers, forenoon. Swelling, *dropsical;* hand; *veins.* Fingers, tips, first. Lower limbs, *dropsical;* foot. Tingling, upper limbs; lower limbs; leg. Twitching, upper limbs, forenoon; shoulder; forearm. Ulcers, *nails;* tips of fingers; foot. Varices, LOWER LIMBS; PAINFUL, agg. by WARMTH, during PREGNANCY; *leg,* left; *sensitive.* Warts, hand. Weakness, *hand;* leg. Sleep: *deep.* Dreams, of death, of dying, his own; relatives; previous events, of previous day, fire, frightful, unpleasant, unremembered, vivid. *Sleepiness,* morning, forenoon, afternoon, *evening. Sleeplessness,* evening, walk, after a; after wine; *from thought.* Waking, early, frequent, late. Fever: *heat in general,* morning; drinking amel., wine; after eating; desire for uncovering. WASHING AMEL. Perspiration, in general; afternoon; acrid, on affected parts; DURING ANXIETY; *clammy,* odor *offensive;* sour; *profuse;* one sided, left; upper part of body; sticky.

Relations

Follows Calc., Caust., Coloc., Lyc., Piric acid, Puls., Sars., Sep., Sil., Staph. Complementary: Coca., Sil. Followed by Graph., Nit. ac. Antidote: Sil.

PRUNUS SPINOSA.

H. E. MAYNARD, M.D., BOSTON, MASS.

Mrs. G. for the past two weeks has complained of the following symptoms: a severe pain in both eyes, much worse in the right. The pain is mostly a dull ache and extends from the right eye to the occiput. The pain is most severe at night and while lying down. At times, when it is very severe she has to get up and walk the floor which gives slight relief. Has aggravation from using the eyes. She has a dull ache in the eyes in the morning on waking and at that time the vision is somewhat hazy.

Refractive errors have been corrected by glasses.

She also has sharp pain through the ears at times, much worse in the right, particularly when the pain is severe in the right eye. She has a sensation on the right side of the vertex in one spot of hard pressure almost a numb feeling, or as she describes it, a dead feeling.

Prunus spinosa gave quick relief. She slept practically all the first night and has had no pain since in the eyes, though at times there has been a little dull ache in the occiput when she became tired.

BENZOIN ODORIFERUM: REMARKS ABOUT SPICEWOOD.

B. G. CLARK, M.D., NEW YORK.

A patient told me he at one time had profuse night sweats, and an old physician advised him to get some Spicewood Bark and make a tea of it and drink it. He was soon cured. He

brought me some twigs and I scraped the bark off and made a tincture according to the directions of Boericke & Tafel. I then made the third centesimal dilution, moistened some No. 10 globules and put some in a quarter of a glass of water. This I gave to a woman who had been delivered of a child ten days before. She had had no temperature, but developed profuse night sweats which my prescriptions had not relieved; so I tried out the Spicewood. She took a teaspoonful every hour for one day, and every two hours thereafter, until relieved, which she was, entirely, on the third night; felt fine and her milk improved.

My next patient was a woman of 68. She had influenza, and considerable cough. Moist rales heard all over chest. She began to have night sweats, and, as her mother and one sister and a brother had died of tuberculosis, I had had my worries with her for over thirty years. I found my remedies were not having any success with her night sweats and she was getting weaker, with a temperature in the evening of 100. I gave her the Spicewood in the same way. No sweats on the third night. Cough better and temperature about normal. She made a good recovery.

The remedy has relieved two other cases, and I feel that others should know about it, so am bringing it to your attention in the hope that some one will feel like proving it, as I am not a good subject for such work.

I wrote Dr. J. H. Clarke of London about my experience and asked him whether he knew more about it. He answered in the *Homoeopathic World* last month.

"Our best thanks to Dr. B. G. Clark for his letter and his excellent bit of practice. He will find 'Spicewood" in the Dictionary under 'Benzoin.' Its botanical name is Benzoin odoriferum. There is a brief proving, but 'night sweats' not among the symptoms recorded. The nearest thing to it is 'worse after sleep.' Our readers should mark 'night sweats' in the margin as a cured symptom and also the initials (B.G.C.) as the authority."

Dr. Krichbaum: These are the things we need here.

Secretary Wilson: Mr. Chairman, I might say that putting this name—(Lindera benzoin)—on the program, was my own personal doing. Many of these plants have had some old names and they have been changed from time to time and the name "Benzoin oderiferum" may have been one of the old names but the name of our own spicewood bush today is Lindera benzoin.

Chairman Stearns: That is the advantage of having a botanist with us.

I think there is a lot in these old general uses and domestic uses of remedies for us to follow up and investigate. That matter which Dr. Tomlinson presented to us yesterday brings out Zinc sulphate and its action on the eye which is a common thing, has been in times past and even now as a crude remedy in eye conditions. It was a wonderfullly instructive paper.

HYOSCYAMUS.

BY THE LATE FRANK W. PATCH, M.D., BOSTON, MASS.

It is interesting to note the varying experiences that different physicians may have with the same drug. This is in line with the many sided natures of most great drugs and also shows the relation between drugs and human beings who, as complex entities, show different sides of their natures to different observers or friends.

When thinking of Hyoscyamus, most of us compare it unconsciously with Belladonna and Stramonium, or we have a mental picture of an absurdly erotic, loquacious or hilarious patient, fit subject only for an insane hospital. These symptoms are among the characteristics of the drug it is true, but to me the picture is most often that of a gentle but confused old lady, often loquacious, but not necessarily so: one who has lost her hold mentally, through the effects of malnutrition or illness and who has not been given opportunity to regain her poise through much needed rest.

One of the most difficult things that families have to learn in

the treatment of their aged is, that brains need rest even more than bodies. The usual thought is that these old people must be given an interest, that when they begin to fail, something must be done to employ them, when really the supreme kindness is to let them alone and give them peace.

Hyoscyamus often helps the quieting process.

I have never seen one of these old ladies present any symptoms or eroticism; but the mental confusion is always present, a form of confusion which is the result of hypertension, when the mental functions begin to show signs of deterioration and the tension of an overactive brain results in a state of fog. The old lady cannot understand very well, what is going on about her. She is suspicious that her bills are not paid, that her daughter is not using her as she should, or that her attendants are in league against her.

One old lady, who came under my care some years ago, was positive not only that she had no money, but that she had no clothes and she insisted that we would be obliged to put her out in the street. The presence of the clothes she was wearing, or of those hanging in the closet, seemed to exercise no influence on her thought, and she would talk as continuously as though wound up, in her effort to prove the point. She was tall, thin and angular, restless and sleepless and really had worn a devoted daughter nearly to despair before the Hyoscyamus was administered. The remedy controlled the condition completely.

Mrs. B. Another dear old lady, has interested me, as she was the mother of four fine sons. Left a widow at thirty-seven, with only a thousand dollars to supplement her New England grit, she had brought up those boys, and educated them, so that each had taken a position of responsibility. Later, they had made a comfortable home for her, but the habit of hard work had become so fixed, that she could not give it up when the opportunity came.

Acute sickness was the last straw—and recovery was delayed. She was *confused,* only mildly loquacious, but as long as she was at home she could not let go and conditions got worse. She was sleepless and had unpleasant dreams. She would get up in

the night and get lost in her room, or fall to the floor in an effort to locate something.

Here again, the mental confusion resulting from fatigue of long duration, was the outstanding feature, and Hyoscyamus was the only remedy needed to bring order and health out of a trying situation. The sons thought, something like a miracle had been performed.

Mrs. D. another hard worked housekeeper, with a husband and one daughter, became unable to function further. She was disoriented, had delusions of voices, was unable to sleep; her face had a vacant look and she even went so far as to refuse food for several days.

In studying this case, it became evident that the most prominent feature was the *confusion*. There was no loquacity. The patient talked very little and could understand nothing. She would sit and stare into vacancy; she could not read; she would do nothing with her hands. She simply was so confused that everything seemed impossible and blank.

She was given Hyoscyamus and began at once to show improvement in sleep, as well as in her mental condition which now, after a few weeks only, is practically normal.

These cases illustrate a few features of one of our remedies which has a fairly wide application among acute and sub-acute conditions. They emphasize the fact that in prescribing we must not expect to find all the classic symptoms of a drug in any given case, but that we must have present some key condition, which in these instances was "confusion," that will make evident the homœopathicity existing between drug and patient.

NOTES ON ARALIA RACEMOSA.

FRANK W. PATCH, M.D. AND BENJ. C. WOODBURY, M.D.,
BOSTON, MASS.

Aralia racemosa belongs to a genus of plants of the natural order of *Araliaceae,* embracing several species, having aromatic, diaphoretic, and resolvent properties. Ginseng, wild sarsparilla,

petty-morel, and other plants esteemed in popular medicine belong here; few have active qualities of high value in any disease. So states a popular encyclopedia.

Preparation (Vide Hom. Phys., pg. 90).

Botanical Description. (Vide Millspaugh).

References. A resume of the clinical action of Aralia may be found in Raue's Records, 1873, p. 198. The reference noted quotes the original observations of Dr. S. A. Jones, North American Journal of Homœopathy, vol. xxi, pp. 255-262. Also *vide* a paper by T. H. Mann, M.D.; New England Med. Gazette, April 1877, p. 171, also quoting Dr. S. A. Jones' case. Also *vide* HMF, 1874, p. 318.

Characteristic Symptoms.

Among the most characteristic symptoms produced by *Aralia* may be noted the following, which are culled from the original proving by a patient of Dr. S. A. Jones (reference, as above):

Fear of lung disease. Breathing asthmatic. *Respiration,* dry, wheezing. *Sense of impending* suffocation. *Rapidly increasing dyspnoea. Loud, musical whistling;* worse inspiration. Better, *inspiration and expiration.* Expectoration; *scanty, salty; warm;* sensation as if more would follow. Worse LYING DOWN. *Sensation* as if lung disease would come on. *Worse side lain upon;* better turning to opposite side. *Rawness and burning behind sternum. Drenching perspiration,* during sleep. *Dread of serious disease* of lungs. *Nausea,* sensation as of impending diarrhœa. *Stool*: soft, yellow, scanty; expelled with difficulty. *Prolapsus recti. Aching pain in rectum,* extending upwards and to the left.

Clinical.

Hay fever. Sensitiveness to drafts. Least current of air occasions violent sneezing, with copious, watery, acrid discharge from nostrils and posterior nares.

< 5 to 6 p.m., until 10-11 p.m.

< evening.

Acrid nasal discharges; salty taste; *excoriating the nostrils.*

< 11 to 12 p.m.;

< midnight.
Must sit up in bed. Worse 12 midnight, until 4 to 5 a.m.
Sneezing, spitting and blowing the nose.
> *Bending forward* and resting elbows on the knees.
Dyspnea < ascending, as walking upstairs.
During inspiration and expiration.
Cough > *after* expectoration.
Expectoration of thread-like pieces of tough mucus; yellowish.
Dyspnea, < cold air; < rapid walking.
Coryza; > walking in the sun. (Cf., Opp., Merc. sul.); *i.e.,* on sunny side of street.
Sensitiveness to drafts.
Irritability; peevishness. Apprehension of serious disease.
Oppression < lying on right side; transferred to the left on turning.
Coryza; frequent sneezing, < from cold; >warmth.
Sensitiveness to cold air.
> Warm covering.
Dryness of the nose. Much sneezing.
Marked sensitiveness to depression of temperature.
< cold.
Dyspnœa with coryza.
Relations: Cf., *Sabadilla* (Hay fever); "dry phthisic"; *Senega* and *Acetate* of *Solania.*

VERIFICATIONS OF PECULIAR SYMPTOMS.

GRACE STEVENS, M.D., NORTHAMPTON, MASS.

A Homoœpathic prescription should not be based on a single symptom, but one that is striking or peculiar often calls our attention to the remedy which covers all or most of the symptoms of the case and proves to be the one needed.

Miss H. is passing through the menopause. She has had times of prolonged flowing and many hot flashes, but these symptoms, besides stiffness of the knees, have yielded well to Lycopodium, with an occasional intercurrent as needed, in spite

of the fact that she has a large fibroid tumor of the uterus. She has often spoken of a sesne of weight and a feeling of rawness or tenderness in the hypogastrium. One day last fall she told me that she had a dull ache there when tired and added that any excitement caused a feeling of shock or pain in that region. Kali carb. at once came to my mind and I found that it fitted the case well. A dose of the 1000th repeated in two months brought very marked relief.

Miss F., age 43, came to office February 21, 1922. She had been flowing steadily for sixteen days. The flow was offensive, bright or dark, with large dark clots. Sabina 200th and then 1000th lessened the flow markedly for a time, but it continued slightly, and the patient did not wish to stay in bed because, she said, the flow was worse when she was lying down. It was worse at night, she said, indeed her menstrual flow had always been worse at night. This symptom led to a new study of the case, and Mag. carb. 200th was given with good effect. As soon as the flow stopped I made a vaginal examination and found a very large uterine fibroid. At this time, March 28, the patient's hæmoglobin was only about 75%. The remedy has had to be repeated several times, but the patient has gained steadily in strength, and by last November, the hæmoglobin had risen to 95%. The fibroid, also has decreased in size and the patient seems practically normal.

Mrs. C. was recovering from an attack of influenza which had called for Bryonia. She was up and about the house, but was very weak. Her symptoms were:

Empty feeling in the stomach, not better for eating. Weariness, much worse for eating. Sleeplessness. Restlessness.

℞ Carbo an. 200th, was followed in a half hour by a refreshing nap from which she waked hungry, to find that she could eat without fatigue.

Dr. Dewey: If you will let an outsider say a few words.

Key-notes do help. When we were doing some intern work in the epidemic we had one poor foreigner whom nobody could interpret. He was delirious and it had lasted for days and we tried various remedies and we didn't know what to give.

We found another man apparently of his nationality in another part who spoke English and who spoke this language, so we got him into a wheelchair and took him over to the bed and he talked to him. The fellow's face brightened up and he fell sound asleep and he got well right away.

BURSA PASTORIS: A PROVING.

C. M. BOGER, M.D., PARKERSBURG, WEST VA.

General aching and soreness; then great weakness.

Sticking as of large needles all over body.

MIND:—Restless; goes from room to room in agony after 2-3 P.M. On awaking in the morning at 6 A.M. daily: impulse to walk far. Spells of causeless weeping.

HEAD:—Sharp cutting from *over right eye* upward and over head; it draws the eyes upward. Sharp pain first behind right eye, thence *to occiput* and down neck; *next day same on left side.* Heaviness over eyes.

EYES:—Dull ache behind eyes on awaking in the morning with aching in nape. Blurred vision.

EAR:—As of something pushing into right.

CRAVINGS:—Craves buttermilk; jucy fruits.

AVERSIONS:—The sight of food goes against her.

NAUSEA:—Attacks of nausea. Nausea so severe, could hardly raise head from pillow. Tobacco smoke of which she was formerly fond now nauseates her.

VOMITING:—Vomited brown, sourish blood in the afternoon. (Never did this before).

PUBES:—Cutting from side to side across pubes, < standing.

MENSES:—Menses bright red and so profuse it ran from her. (They are usually dark). (Menstral blood stains indelibly). (Clinical).

LEUCORRŒA:—Foul. (Agg.).

COUGH:—Dry on lying down with aching under left mamma.

HEART:—Feels large and sore, then throbbings go up into back of neck.

MAMMÆ:—Milky water runs from right nipple with shooting pains in right mamma. (Never pregnant).

CHILL:—Alternate chill and sweat; during headache.

AGGRAVATION:—Afternoon. Atlernate menstrual periods. (Clin.).

Dr. W. A. Yingling: In the Transactions of the I. H. A., 1895, page 72, is a long article on *Bursa pastoris* by Dr. B. Fincke which is very valuable as well as interesting. He gives excerpts from old authors from Hippocratus down as to the use of Shepherds purse, then clinical cases cured with potencies from the low to the 2cm., followed by the records of the provings and the complete Hahnemannian arrangement of the symptoms. It will pay any one to turn to this article and read and study it carefully for *Bursa* is a reliable and very useful and deep acting remedy.

Those desiring to study the remedy will find articles as follows:

I. H. A. Transactions, 1895, page 72; 1919, p. 76.

Homœopathic Physician: Vol. 16, page 342; Vol. 11, p. 80; Vol. 12, p. 279.

Homœopathic Recorder, Vol. 3, page 249; Vol. 5, p. 92; Vol. 7, p. 12; Vol. 11, p. 408; Vol. 13, p. 70; 119; Vol. 17, p. 363; Vol. 36, p. 348.

I had one patient with recurrent passage of kidney stones about every four to twelve weeks of the most violent nature. One stone, the last he passed was so large it lodged in the penis and could not pass, damming up the urine. It measured five-eighths inch long, three-eighths wide by two-eighths thick. It was somewhat rough but had no very sharp edges. The patient suffered untold, excruciating pain that no remedy I could select would relieve, though in other attacks I was always able to give prompt relief. Some forty years ago a certain Dr. Wolff of Ohio gave me a recipe to use in case the right remedy could not be used. In the past forty years I have used it not to exceed six to eight times and find it to relieve quicker and better than Morphine. I will give the mixture for the benefit of those who may wish to have it to fall back on, but be sure not to use it

unless absolutely necessary. Ten grains of Morph. sulph. dissolved in one ounce of Aconite 1x. is the compound. Dose one to three drops repeated one-fourth to two hours according to need.

Following the passage of this large stone I gave the patient *Bursa pas. 2m (Y)* and he has not had another attack since though it has been fifteen years since taking the remedy. He has been in better health in every way since. An absolute cure.

Another case was a regular *Pareira brava* case with excruciating pain compelling him to get on hands and knees with forehead bored into the floor. *Pareira* gave prompt relief. I put him on *Bursa pastoris 2m. (Y)* at once and there has been no return of the trouble in more than two years. These cases will suffice to show the action of *Bursa pastoris* and its ability not only to relieve, but to *cure* gravel or kidney stone. It is equally efficient in many other sick conditions and should be better known by the profession.

NATRUM SULPHURICUM.

PLUMB BROWN, M.D., SPRINGFIELD, MASS.

"A friend in need is a friend indeed."

I plan to leave to you, here present, the privilege of unfolding and enlarging upon Schuessler's biochemic theory.

Sulphate of Soda or Glaubers Salt is doubtless familiar to you all, occurring as it does, abundantly in nature; but it does not appear in the cells of the human body, only in the inter-cellular fluids. Natrum sulphuricum aids in excreting from the system superfluous fluids. It has a somewhat irregular action in stimulating the nerves as well as the secretions of the liver, pancreas and intestines.

Natrum sulphuricum was a kind and helpful friend to me last winter, a great blessing to over one thousand patients entrusted to my care, and for whom I prescribed the remedy, usually in the sixth decimal potency and with most excellent effect.

It is regarding this recent and most comforting experience,

that I wish to talk with you today.

In noting the symptoms for which I gave Natrum sulphuricum, I shall in so far as possible, use the exact expressions of the patients as they related to me their stories and for which I prescribed the remedy.

Mental Symptoms.—"I am so nervous," "so irritable," "so cross," "I can't bear to hear my daughter play on the piano or victrola." "I am so depressed." "I am always worse in the morning."

Head.—"I have been dizzy and have had a throbbing headache ever since I fell on the ice a week ago." "A severe pulsating pain at the base of the brain." "My head is thumping, pain goes right up through my head to the top." "My head feels boggy."

Eyes.—"I have a bad head cold." "My eyes burn, and run a stream." "Eyelids are stuck together in the morning."

Ears.—"My ears are plugged up and ring almost constantly." "I am sneezing fifteen to twenty times in succession, and paroxysms come frequently." "My nose burns and is very sore." "Much itching of nose." "My nose is stuffed up and then runs profusely." "I have for the past two days been sneezing my head off—almost."

Face.—"I have severe pain in my cheek bones." "Severe pain across the forehead." "I have a sinus cold and have been advised to have an operation, can you help me?" "Inflammation of frontal sinus, with much pain and swelling."

Mouth.—"Mouth feels slimy and tastes bitter." "Small vesicles around the mouth."

Tongue.—"Tongue red, with blisters on tip."

Teeth.—"Pain in teeth, relieved by holding cold things in mouth."

Stomach.—"Bitter, sour, salty taste in mouth." "Stomach feels distended."

Abdomen.—"Severe pain all over abdomen." "Bowels sore to touch." "I was told I have abdominal grip."

Urinary and Sexual Organs.—"Urine contains much bile." "Gleet following suppressed gonorrhœa."

Respiratory Organs.—"Every wet spell we have I have an

attack of asthma." "I have a bronchial cough worse every morning."

These are the chief symptoms, in varying combinations, for which I prescribed the remedy.

We hear much, talk much these days, about organotherapy, immunization, desensitization, but in my opinion, no force has as yet been discovered equal in immunizing power to the vital force of the human body, released by the administration of the indicated, potentized homœopathic remedy. Natrum sulphuricum is no exception to this rule, as I can report many cases formerly predisposed to recurrent attacks of different respiratory affections, becoming immune after the administration of a few doses of Natrum sulphuricum.

My experience last winter, was to me somewhat unique; but I do not claim that we have a specific in the remedy, simply one worthy of thoughtful consideration.

In section eighteen of the Organon we are told that "The totality of the symptoms is the sole guide to the choice of the remedy." The popular theory of the day affirms that the pathology defines the drug.

Is the presence of the germs, discernible only by the microscope, the cause of the condition within the system which the pathologist terms the *prima causa?*

Is it this pathological condition, so called, that is, the morbific force which deranges the internal vital force, which in time gives rise to outward signs or symptoms, the interpretation of which enables us to prescribe the curative remedial agent?

What was the inimical force in our community, the presence of which, caused me from December 1st, 1922 to April 15th, 1923, to administer, according to my interpretation of the totality of the symptoms, the same remedial agent, Natrum sulphuricum and with uniformly favorable results in ten hundred and eighty-four cases?

Was this experience the result of reasonably careful prescribing, or was it largely empirical?

SOME CLINICALLY VERIFIED REMEDIES IN CHOLERA CASES.

RHADIKANATH BANERJEE, M.D., BENARES CITY, INDIA.

During the course of my professional career, I have treated varieties of cholera cases. I have learned many things from my failures, as well as from my successes. In cases of my failure, I used to think over the causes and tried my best to find out the defect, where did it lie? In order to serve my purpose, I studied many works on materia medica, the repertory and other auxiliary subjects which had a bearing on the quesitons I wished to solve. I compared my successes with my failures, in apparently similar cases. There was a time, when I would follow rather blindly the hints stated in books on therapeutics, but after sad experience, I have become too skeptical to take for granted any kind of therapeutic hint or so-called key-note symptom, however cleverly it may be spoken or written, until verified by undoubted facts.

In order to be explicit, I shall here quote the remarks of the late Dr. James B. Bell under Secale cor. "Nothing is more characteristic of Secale than the aversion to being covered or to heat. This will often distinguish it from many other remedies that have otherwise similar symptoms, especially Arsenic, which has desire for heat and covering."

The latter part of it is quite misleading, at least in the tropical plain of our country, though it may apply in cold countries. I have repeatedly observed that both in fever and cholera, the Arsenicum patients have as peculiar an aversion to heat and covering as those of Secale. This hint of differentiation may be applied to some local pain as a particular symptom but not as a general. In the beginning of my practice I used to give Secale, on the basis of that hint, to those patients who had aversion to heat or being covered, although they had the restlessness peculiar to Arsenicum. The result had been my egregious failure. Then I began to think and find out the cause of my failures. In many cases it became a dilemma to choose or differentiate between *Ars. alb.* and *Secale-cor.* Let me here compare

between these two remedies, stating only those characteristic symptoms, which have a bearing generally, in cholera cases:—

ARS. ALB.

Stool.

Watery stool (painless), undigested, involuntary and unnoticed, frequent, scanty or profuse, < after eating, drinking, after midnight, from ice-water or ice cream, cold food.

> by external heat.

(Pain).

Before Stool. Anxiety, cutting, twisting in abdomen, burning in umbilical region.

During Stool. Nausea, vomiting, colic, burning in anus, rectum; backache.

After Stool. Tremulous weakness, exhaustion, perspiration, burning.

Mind.

Agonizing fear of death, intense anxiety with restlessness, worse after midnight, driving out of bed; great anxiety with constriction of chest and dyspnœa; great fear; restlessness, trembling, cold sweat, prostration, cannot find rest anywhere; changing place continually, wants to go from one bed to another; hopelessness.

Sensorium.

Vertigo.

SECALE-COR.

Stool.

Colorless, watery, flocculent, profuse, frequent, gushing, involuntary, sudden attack, profuse prostrating evacuation. Discharged with great force.

Before Stool. Cutting and rumbling in abdomen.

During Stool. Cutting, great exhaustion.

After Stool. Great exhaustion. Anus wide open.

Mind.

Fear of death; anxiety, great anguish, wild with anxiety, constant moaning.

Sensorium.

All the senses benumbed, stupor, vertigo, reeling unsteady gait.

Eyes.

Dimness of vision, mistiness before eyes; cataract, photophobia, obscuration, double or triple vision; eyes sunken, surrounded by a blue margin; ulceration and ultimate sloughing of the cornea.

Ears.

Singing and roaring in ears, difficult hearing, deafness.

Eyes.

Photophobia, sees through a white gauze; pupils contracted or dilated, eyes sunken, dim sight; violent burning in eyes.

Ears.

Ringing, roaring in the ears, hardness of hearing.

Face.

Hippocratic, sunken, very pale, waxy, earthy, livid, bluish.

Tongue.

Dry, pale, lead colored, whitish, brown, yellowish white.

Mouth.

Dryness of mouth with violent thirst.

Throat.

Dryness, burning paralytic condition.

Desire, etc.

Desire for sour things, aversion to food, drinks often and little at a time, frequent unquenchable thirst, great thirst but water molests the stomach.

Nausea, etc.

Hiccough, fruitless retching, nausea, violent vomiting, green-yellow fluid, immediately after food or drink with apprehension of death.

Stomach, etc.

Intense heat and burning in pit of stomach, cramp.

Face.

Pinched, earthy pale, sunken, hippocratic, ashy, bluish, sunken eyes, blue rings around eyes, anxious, spasmodic distortion of mouth and limbs.

Tongue.

Brown or blackish; deathly pale, cold, livid, indistinct speech, as if tongue were paralyzed, spasm of tongue, clean with red tip, yellowish-white, dry, tenacious substance.

Mouth.

Dryness of mouth, unintelligible words, speech difficult.

Throat.

Dryness with thirst; burning throat with violent thirst.

Appetite.

Hunger, desire for sour things, lemonade, hiccough.

Nausea, etc.

Nausea, painful retching, vomiting, of food, bile, green watery fluid.

Stomach.

Pain in, burning at pit of stomach, rumbling.

Abdomen.

Tympanitis, colic, with convulsion, burning pain in hypogastric region, strong pulsation in umbilical region, spasmodic jerking of small intestines.

Urine.

Retention of urine.

Abdomen.

Rumbling, cutting pains, distension, violent pains with great anguish and despair of life.

Urine

Retention of urine, uræmia, anguish with thoughts of murder.

Breathing, etc.

Respiration short, anxious, difficult breathing with much anxiety; great dyspnœa; face cyanotic and covered with cold sweat, great anxiety.

Pulse.

Quick and small, rapid and weak, irregular, thread like, imperceptible.

Extremities.

Trembling of hands, toes drawn downwards.

Nerves.

Great restlessness, cannot find rest in any position; fainting; convulsion, tetanic spasms, child lies as if dead, pale but warm, breathless for sometime.

Time, etc.

General < after midnight (1-3 A.M.)

General.

Warmth almost always relieves the pains.

Voice, etc.

Hollow voice, hoarse, with difficult breathing, feeble, inaudible.

Respiration.

Slow, labored and anxious, oppressed, moaning, hiccough.

Chest, etc.

Cramps, pulse slow, contracted, intermittent, thread-like, suppressed.

Extremities.

Severe painful cramps, in feet, toes, hands, fingers, which are spread apart, spasms with fingers spread out, or apart or extended toward back of hands.

Skin.

Dry, wrinkled, cold skin, cyanotic color.

Sensation, etc.

Tingling; creeping; burning; formication.

Nerves.

Painful contractions in flexor muscles. Tonic spasms.

General.

Restlessness, extreme debility and prostration, collapse, cold skin yet unable to bear warmth; chilliness alternates with burning.

> rubbing.

Time, etc.

< at 3 A.M. morning and evening, night.

Sensation.

Burning in internal and external parts like hot needles, external coldness with internal burning.

Modality.

Worse — cold drinks, ices, night after 2 A.M., evening touch.

Better — hot application, drinks, elevated head.

Sleep, etc.

Quiet delirium, or grows wild with great anxiety, constant desire to get out of bed.

Now on comparing Ars. alb. and Secale cor. we find that some peculiar symptoms are common to both, then how differentiate? I have noted from my experience, that Secale patients generally have hankering for eating something, as lemonade, sour things, etc., or in other words, have a false appetite or hunger, while the Ars. patients have aversion to food. In other respects, Secale patients suffer from severe cramps, it may be owing to contraction of arteries, etc. The peculiar mental anxiety and restlessness are grand characteristics of Arsenicum patients; the Secale patients have anxiety and restlessness too, but in a less marked degree than those of Arsenicum. The peculiar anxious facial expression of Arsenicum patients is so marked that once seen, it can never be effaced from the mind.

Arsenicum patients are > by keeping the head high. Both remedies come into play after the onset of a cholera attack, when preliminary injuries to the system have already occurred and they become indispensable later on in coping with the after effects of the primarily injured condition of the arteries, intestines, nervous system, etc. Both patients desire to be fanned, like Carbo veg.; both desire to be uncovered owing to burning pains. Both have fear of death in marked degree. While the Secale attacks the cerebro-spinal system at the outset and excites unstriped muscular fibres in the blood vessels, Arsenicum affects the ganglionic nervous system; its action on the cerebro-spinal system is sympathetic. Through the organic nervous system, it especially affects the alimentary canal. It also

affects arterial capillary vessels. It is thus stated of the action of it:

(1) "In the first set of cases there are signs of violent irritation of the alimentary canal, and sometimes of the other mucous membranes also, accompanied by excessive general depression, but not with a distinct disorder of the nervous system."

(2) "In a second and very singular set of cases, there is little sign of irritation in any part of the alimentary canal, perhaps trivial vomiting, or slight pain in the stomach, but sometimes neither; the patient is chiefly or solely affected by excessive prostration of strength and frequent fainting, and death is seldom delayed beyond the fifth or sixth hour."

(3) "Signs of inflammation in the alimentary canal are succeeded or become accompanied, about the second or fourth day, or later, by symptoms of irritation in the other mucous passages, and more particularly by symptoms indicating a derangement of the nervous system, such as palsy or epilepsy."

"It has a great tendency to excite spasm in the blood vessels, and the shock in the nervous system."

"It possesses a great disposition to diminish the vital heat and the tone of the muscular fibre. Hence paralysis, from a strong dose. It diminishes the tone of the muscular fibre by diminishing the tone and cohesion of the coagulable lymph of the blood. It also diminishes the sensibility of the nerves. Thus, it generally seems to kill, more by extinguishing the vital power and sensibility, than by corrosive and inflammatory action, which is only local and circumscribed."

It weakens the absorbent system, "first,—by exerting a specific influence on the blood, thus giving rise the adynamia, second, by exciting an inflamed or sthenic condition in the parts to which it is applied."

These assertions have been corroborated by facts in its application with marked success in the collapse stage of cholera patients, when the coldness supervenes, and the patients become very restless with internal burning, or utter prostration, with sinking pulse and involuntary evacuations, with difficult breathing. In such a critical condition Arsenicum saves the patient from the jaws of death, by arousing reaction in making the body

warm and exciting the vaso-motor system to action by the appearance of the beating of pulse, etc.

In some cases, after nervous irritation and restlessness, complete prostration takes place, and the patients lie, as if dying and gasping for breath, Ars. alb. is then invaluable. In some cases, accompanied by stool, Arsenicum 12 may be given, or sometimes even lower than this, but in internal burning with anxious restlessness with thirst, the 200th potency acts more promptly and steadily, and in some cases even higher potencies than this, while in other cases the 30th; of course the selection is to be made on the basis of strict individualization, as far as possible. This is my experience with the clinical effects of its different potencies. In order to understand the proper use of remedies, we should at least have some idea, about the most probable action of the cholera poison in the human system.

It is thus stated about the actions of cholera poison:—"It affects the cerebro-spinal and especially the vaso-constrictor nerves." Venosity of the blood is the characteristic effect of its action; it is the common pathological platform of both varieties of cholera, the spasmodic as well as non-spasmodic. But in the former it is the contraction of the small pulmonary arteries which is the chief, and often the only factor—the subsequent flux of the blood towards the alimentary canal and the serous transudation which follows, manifesting itself by purging and vomiting, being simply by-effects. Whereas in the non-spasmodic variety the role is reversed, vomiting and purging have been shown to be sufficient in themselves, to effect a complete state of venosity, the spasms, including the contraction of the pulmonary arteries, here become the by-effects, and might, so far as deleterious effect is concerned, even be absent altogether. Just as in the spasmodic variety, death actually takes place in the absence of any vomiting and purging.

"It seems that cholera poison has a double action—an action on the blood, with a tendency ultimately to paralyze the heart's action and an action on the pulmonary vaso-motor nerves, in consequence of which spasmodic contraction of the small arteries takes place."

Now let us consider the action of Secale cornutum, which

is stated thus:—"Secale exerts an irritating influence upon the muscular coats of the blood vessels—arterial as well as venous, and, indeed, upon the unstriped muscular fibre throughout the body, exciting everywhere a persistent and a long-lasting contraction. Such being the case, we shall find Secale best suited to constitutions, where the arteries are apparently affected by a process of degeneration. Women at the climacteric period suffer often in consequence of such a beginning degeneration of the arteries, and men between 50 and 60 give out often no uncertain signs in the same direction. We may then be induced in the case of such patients to administer Secale; but in another class of patients—the chlorotic—*Cuprum met.* may have the preference in yet still another class of patients, the malarial cachectic—*Arsenic* may have to be administered, in so far as the individuality of the patient may determine the choice of the remedy." In my experience I have noted it to affect the extensor muscles more than the flexors, the opposite of Cup. met.

Secale can also be used with effect in the following conditions:—"The arterial coats that have been unnaturally contracted under the influence of a morbidly excited vaso-motor nervous system, may not always be in a condition to resume their natural calibre as soon as the sympathetic nerves themselves have ceased to be morbidly excited, such as a return to their natural calibre on the part of the arteries, after the removal or cessation of the extraneous nervous influence, can only be expected to take place by virtue of the elasticity of the arterial coat. Now this elasticity may be damaged by atheromatous deposits within the walls of the blood vessels. Here Secale, by its direct action on the arterial coat, may do for us, what no remedy, homœopathic to cholera, could do, for the simple reason that none of those remedies act on the arterial coat; they all of them, act like the cholera poison itself, on the vaso-motor nerves or their centers."

Secale is again one of our best remedies in some of the remote sequelæ of cholera, going by the name asthenia. In bed sores it may be efficacious—covering even the sloughing or gangrenous state. In ulceration and ultimate sloughing of the cornea, it is

effective. Secale and Arsenicum have a marked complementary relationship. The one may follow or be followed by the other, according to indications, as supplementary toward cure. Some of us even advise to use them alternately, but I am not in favor of this plan. In some female patients the menses appear during the attack of cholera, such cases generally take a serious turn. Secale may suit these cases, if the other symptoms agree. I have used it with success in the 12th, 30th and 200th potencies.

Now it may be said that there is no royal road to acquire the thorough practical knowledge of Materia Medica. In order to be an accurate prescriber, one must study the subject in all its aspects with indefatigable energy and logical analysis and must also take into consideration the peculiar habits, customs, climatic influences, prejudice, faith (in a word human nature), the genius of the medicines, that is, their physiological and toxic effects, pathogenic and pathognomic and clinically verified symptoms, above all, their characteristic peculiarities as verified in provings and at the bedside, taking into account space, velocity and pathological actions, changes, the cause or meaning of the particular symptoms according to the psychological and other bases as far as we can get help from the modern sciences. We have to compare the analogical remedies with precision and we should try our best to form an image or mental picture of each remedy so that we may not fail to recognize the remedy clinically, at the bedside of the patient.

Carbo veg. patients, owing to oxygen hunger or deficiency of oxygen in the blood or to an increase of carbonic acid, generally suffer from difficult breathing in the stage of collapse, with the body as cold as ice, or bathed with cold perspiration, hoarse voice, desire to be fanned in order to get a supply of oxygen from the outside; putrid or offensive smelling stool, the extremities become especially cold. The Carbo veg. patients may also become restless to a certain extent, but never with such a tormenting anxious restlessness as that of the Arsenicum patients. The Carbo veg. patients also may be thirstless or may want to moisten the dry throat. I have observed the marvelous effects of Carbo veg. in the collapse stage, when heart failure becomes an imminent danger, and other characteristic peculiar-

ities are present and have seen it arouse reaction single handed and turn the scale to a favorable issue.

In the non-spasmodic or diarrhœic variety, *Verat. alb.* is the most prominent remedy according to the law of similars. It is stated of the action of *Verat. alb.*: "*Veratrum album* acts through the cerebro-spinal system; it especially affects the pneumogastric nerve and intestinal canal. The powerful influence it has upon the pneumogastric nerve shows that the nervous centers at the base of the brain and medulla oblongata are especially affected.

"The picture presented by acute *Veratrum* poisoning is decidedly choleraic. There is general coldness with prostration going on to collapse; embarrassed circulation, copious watery vomiting and purging and severe spasmodic colic. The more recent experiments have further proved that these evacuations do not depend upon gastro-enteritis, as *Veratrum* causes no inflammation, but at most a transient hyperæmia of the parts it touches. If its action be more intensified, it causes a rapid degeneration of the gastric mucous membrane, but no gastro-enteritis.

"Veratrum album strikes down the functions of that portion of the abdominal ganglionic system which presides over the vascular capillaries of the intestinal mucous membrane, causing serous diarrhœa, which is a genuine sweating of the mucous membrane of the bowels. This watery element is mainly derived from the innumerable follicles in the intestinal tract. The choleraic and Veratrum alb. poison both affect the system so nearly alike, that in cholera times no man is able to tell one from the other."

Really Ver. alb. is a prototype of cholera poison as regards diarrhœic variety and so, it is truly applied according to the law of similars, with marked success.

I have again and again verified, that a few doses or in some cases even a dose or two of the 12th potency, can cure or check the further progress of the disease, if these be administered in the beginning.

I have relied upon it up to the point of collapse, with marked

effect. The potencies applied have been the 12th, 30th and 200.

In the beginning, when purging and vomiting with colic pain before motion, becomes prominent, with cold perspiration on the forehead, and even with cramps in the calves of legs, and thirst for large quantities of ice cold water—it has been used with marked success.

Regarding the application of remedies according to the so-called key-note symptoms, I should say that as a general rule it is misleading, although we may have success in some one particular case. Let us take an example. Carbo veg. has a desire to be fanned, as one of its grand characteristics. Now if we do not care to study the patient as a whole and note only that key-note symptom, we will prescribe Carbo veg. but we may commit a great mistake and kill the patient outright. Secale cor., Ars. alb., Carbo veg., Lachesis, Lyco., Puls., etc. may have a similar desire to be fanned at some time or other, in a marked degree. If a patient has anxious restlessness, thirst for large quantities of water or insatiable thirst, vomiting immediately after drinking, desire to be fanned, burning sensation throughout the system, prostration, etc. and we, depending only on the key-note of "desire to be fanned" and give him Carbo. veg. instead of Ars. alb. then, not only do we waste time and energy, but also we lose the best opportunity of saving the life of a fellow being. We should take pains to observe, that at least three, if not more, key-note or characteristic symptoms of the patient, must agree with the remedy to be selected.

In the summer season some patients who suffer more or less from dyspepsia, acidity, etc. throughout the year, may get well all of a sudden from some irregularities in eating and drinking, purging and vomiting, like diarrhœic cholera. In these cases, Iris vers. competes with Arsenic. I have used it with marked effect in the following conditions: white watery stool; thirst but water does not taste good; excruciating pain in abdomen (epigastric region); sour eructations and sour vomiting, so sour that it sets the teeth on edge; burning in the throat and stomach; body cold, urine suppressed; cramps; aversion to being covered or desire to uncover and to be fanned.

In malarial districts, after the cessation of acute cholera symptoms, fever may set in, with delirium. In such cases—trying to get out of bed; delirious talk, etc. supervene, apparently indicating Bell., Hyos., etc., which remedies may cover some of the symptoms; but it would be mere waste of time to apply them. The remedies such as Verat. alb., Secale cor., Ars. alb., which cover both the delirium and the choleraic symptoms, should have the preference. I have used all these remedies with marked effect, after my failure with those mentioned above, in the beginning of my professional career.

Some cholera patients, after the acute symptoms are over, in spite of great weakness and as if to gather strength, deliberately get up and walk or stand in order to take deep or long breaths; sometimes they fall down unconscious. In such cases, Agaricus, Cuprum, and Acid hydrocyanic are suitable, if given according to indications.

Some of the cholera patients, after the acute symptoms and collapse stage are over—begin to make slow progress, but on the seventh or eighth day suddenly die of failure of the heart's action or cardiac syncope. In order to avoid this mishap, I have used with success *Calc. arsenica* beforehand. It helps to make a steady progress.

Some children after the onset of cholera symptoms—suffer from worm symptoms. They become peevish, obstinate, cross, cry without any reasonable cause, want this or that and refuse it when offered—and vomit long round worms—I have used *Cina* 200th or 12th in such cases with marked change for the better.

I have used with definite result *Cupr. ars.* in collapse or during the cold stage with cramps and also in uræmic convulsions.

There are many other remedies which sometimes become indispensibly necessary—such as Cupr. met., Cup. acet., Opium, Ant. t., Arg. n., Cup. ars., Jatropha, Ricinus, Tabac., Acid hydrocy., Agaricus, Camphor, Podo., Croton tig., Phos., Ipecac, Acid phos., Coloc., etc., but in order to deal with all of them in accordance with my experience it would take a great deal of time, which is not now available.

DEFINITIVE PRESCRIBING.

DONALD MACFARLAN, B.S., M.D., PHILADELPHIA.

One of the greatest things in life is simplicity. It is quite universal in its appeal. Combined with truthfulness, potent, attractive, irresistible. Therefor, to practitioners in the art of the great dissenter in physic, a system as truthful as it is simple, I beg leave of offering a kind of simplified codex of a few of our well-known medicines.

In my re-provings, none of the provers knew they were making provings, quite "unbeknownst" as our Irish friends would say, hence nothing herein given is made-up or fancied in any way. By recording many symptoms from many provers, there gradually unfolded before my view these indications of potentized medicines very recurrent, despite the many men and many minds I was working upon. They were symptoms of insistence and bold relief, perfectly capable of biting through the terrain of the diverse types of the many kinds of humans, both male and female, which people our work-a-day world.

The indication which most constantly appeared was listed at 1, the next most frequent at 2, and so down a descending list until the 10th hove in view. I found out that between six and seven hundred symptoms from many sources would delineate a dynamizing drug picture very effectively, with the natural modifiers thrown in.

The French have a word, *ebauche,* it has no equivalent in English, but if one should go to a hall of amusement and see in action a skilled caricaturist portray in the simplest number of bold and telling strokes, the famous figures in world history, some idea of the meaning of *ebauche* would creep in. Abraham Lincoln, General Grant, Queen Victoria, all are before us in a moment. I really cannot give you an idea of how much you gain in knowledge by a re-proving. Words fail to express the intimacy of those provers in their unfoldings of the sick-making powers of drugs; this, of course, with respect to their altered state of feeling in all lines and functionings.

We can also use the scale in another sense. Giving arbitrarily a count of 10 for the most prominent symptom, 9 for the next,

etc., we arrive at an accurate value of a given list, and this will serve easily to differentiate, say Sulphur from Lycopodium, when both seem to fit a case very well from the dearth of symptoms present. Here is the result of my re-provings arranged in the scale spoken of. And just before I give you this, I will exemplify how this counting scale method serves to differentiate two remedies in a case where they both have many good claims for selection:

Dry Cough	Lycopodium	7	counts	Sulph. 7
A Morning Asthenia	Lycopodium	6	"	Sulph. 3
Dull Frontal Headache	Lycopodium	10	"	Sulph. 2
Dry Mouth with Thirst	Lycopodium	5	"	Sulph. 5
Sour Taste in Mouth < Morning	Lycopodium	1	"	Sulph. 7
Totals	Lycopodium	29	and	Sulph. 24

ACONITE NAPELLUS 3RD.

1. *Worse from any motion of the body or its parts,* as (a) difficulty in swallowing; (b) stiffness of the neck; (c) dull right-sided digital pains; (d) natural forced inspiration; (e) in coughing the upper central chest becomes sore; (f) right sciatic pain at night; (g) weakness in the left knee; (h) forced to lie down from a 15-20-minute walk; (i) forced up phlegm causes gagging (feels like vomiting); (j) weakest when walking; (k) inability to straighten out left arm due to pain at night; (l) vertigo; (m) on walking in the afternoon; (n) crocheting causes numbness in left hand; (o) catching pain in right side much worse bending.
2. *Worse on arising after the night's sleep,* as (a) stoppage of left nostril; (b) very sleepy; (c) voiding lots of flatus; (d) constant frontal and vertical headache; (e) polyuria; (f) vertigo; (g) painful neck on rotation; (m) dull steady headache removed by catharsis (salts); (i) whole head feels too heavy; (j) fever followed by thirst; (k) headache common.
3. *Unquenchable thirst for cold water with fever, with dryness of mouth,* nose and throat. *Worse while working.*

4. *Frontal headache mostly dull. Then constant or intermittent.* Lastly sharp.
5. *Drowsiness is worse in the daytime.*
6. *Restless and tossing and unable to sleep before midnight. Sweating and frontal headache prevents sleep.* Unremembered dreams. Frightening awakenings at midnight.
7. *Shaking chilliness with goose-flesh demanding more clothing. Most frequent in extremities and least often in the morning.*
8. *Asthenia in the morning.*
9. *Sweating is generalized. Worse on the body. Worse on exertion* (debilitating them). *Worse in a hot room. Worse at night* (prevents sleep). *A cool air craving. Feels warm when sweating.*
10. *Cough dry and nocturnal. Worse lying on left side. Worse from coughing* and inspiring. *Expectoration in daytime, expectoration thick, green, yellow. Smothery in a warm room.*

Mental symptoms noted were, *trembling hands because of the nervousness. Crying and fretting at night, awakened frightened about midnight. Awfully nervous in morning. Fear came over her, wanted to be with some one, wanted to talk with some one. Lonesomeness. Forgetfulness with nervousness. Crying spell around* 4 P.M. *Lasted* 45 *minutes. Fear of people.*

CUPRUM METALLICUM 30TH.

1. *Aching generalized especially over the eyes and in daytime.* Dull. Sharp. Constant. Intermittent. Worse on motion. Better lying.
2. *Constant sharp cramps in the belly and in the extremities, especially the right arm and right leg.* Worse on *walking* and standing. Better lying. During the menses.
3. *Eyes affected in the morning especially the right one.* Amaurosis, Lachrymation. Agglutination. Twitching lids. Burning. Dazzling motes. Feeling of "sand." Lower lids swollen. Painful on use. Can hardly open due to the pain. Farsightedness actually developed.
4. *Expectoration is thick and white, worse in the morning.*
5. *Daytime weakness in the back and in the legs,* when walking. No ambition to work is concomitant.

6. *Burning in many parts especially in the stomach and in the nose,* burning before and during urination, whilst passing stool, between 6 P.M. and noon.
7. *Worse in the morning after the night's sleep,* as (a) very giddy, better by moving about; (b) watery rhinorrhea; (c) a feeling of irritability; (d) drowsiness; (e) dry cough; (f) lachrymation in the left eye; (g) very weak during the menses; (h) felt as if no rest although sleep was sound; (i) offensive flatus passes (?); (j) bad taste in the mouth; (k) dry mouth; (l) thirst; (m) nervousness; agglutination of lids; (n) aching shoulders so bad could not get up; (o) sore feeling in bottom of belly; (p) nausea; (q) very weak.
8. *Dry cough worse from coughing.* From talking. 6 P.M. to noon.
9. *Twitching and trembling all over in daytime. Worse in extremities. With nervousness.* Worse at rest. Better working.
10. *Vertigo* from midnight to noon, with asthenia, nausea, drowsiness or loss of ambition. Worse on feet or stooping. Better from eating, in fresh air and from moving about.

Mental states produced. Forgetfulness and scared at night. Pains cause her to be angry. Gets angry. Tearfulness in the morning. Feels irritable when first getting up in the morning. Nervous when talked to, too loudly. Very forgetful. Cannot stand being talked to so excited (does not know where to look; shakes all over). Fright—when on the street(thinks the autos will run over her). Very irritable in afternoon if talked to. Nervous and frightened. Anger in the morning early over a trifle. Trembling all over in body with nervousness.

SULPHUR 30TH.

1. *Burning is generalized, inside or outside of the body, frequent in any portion of the head area.* Burning is worse after eating and when drinking. Burning itching. Burning flushes. Burning *after, before,* or during the urination.
2. *Sharp, even knife-like and intermittent backache worse at night.* Worse on motion (walking or *stooping*). Worse on sitting. Better lying.

3. *Dry cough worse when coughing and worse from* 6 P.M. *until noon. When coughing* (raw in the trachea, pulling pain in right groin, aggravation in belly, chest becomes sore, enuresis on moving, stickings in left chest, aggravation of neuralgia). Dry cough is worse after eating, when lying on left side, after walking, from a change of temperature, at night (when it whoops or prevents sleep). Better in fresh air and when lying on right side.
4. *Sour or bitter taste in mouth worse in morning and often with belching.* Worse after eating and better by belching. Taste may be *bad,* bloody (at night), may be burning or like rust. Water-brash.
5. *Dyspnea left-sided, nocturnal, and worse when coughing. Sticking in type.* Worse after eating, from motion after the cough. May be right-sided, but only at the back of lung.
6. *Nocturnal thirst with fever with dryness of mouth, tongue, throat and lips.* When drinking burning of left side, and whilst swallowing fluid an aggravation of the sore throat.
7. *Worse on arising after the night's sleep.*
8. *Fainting even with weakness worse on walking. Legs tired and heavy and knees so weak can barely arise when sitting.* Weakness in epigastrium. So weak cannot eat. Can hardly talk after exercise; so weak. Weakness worse between 6 A.M. and 12 A.M. and between 6 P.M. and 12 P.M.
9. *Headache frontal and constant.* Worse during day. More often sharp than dull. Aggravation on leaning over, by touch. It may favor right side, may throb, may have hot flashes between, may be associated with nausea.
10. *Morning nausea.* Between or with the headache, when walking; faint with same, with dull, sick feeling in epigastrium. Nausea but unable to vomit. Nausea followed by vomiting.

Mental symptoms noted—Nightmare very bad all night. Constant dreaming of same thing. Fancies something like bugs crawling all over her. Prover says he feels as if he had the Jim-Jams. Sees snakes and dead people.

MERCURIUS VIVUS 6TH.

1. *Predominant nocturnal aggravation very marked,* seen in (a) the sharp frontal headache; (b) drooling of the saliva which is active then; (c) burning in the top of the tongue; (d) the passing of odorless gas; (e) right-sided chest pain when coughing ; (f) bone pain in the right tibia when warmed up; (g) inability to sleep for the constant cough; (h) dyspnea lying in bed; (i) frequent urination; (j) generalized chilliness; (k) sweating more at night; (l) very sudden vertigo of a fleeting nature; (m) whistling of the right ear worse then; (n) when breathing or moving, pain is so sharp in right lung posteriorly, could scream; (o) thirst; (p) sharp and constant pain in epigastrium all night; (q) all choked up in the throat and chest; (r) nervousness.
2. *Distressing belly bloat, left side, better by belching and passing flatus; worse at night.*
3. *Sharp cutting bellyache in epigastrium. Worse at night.* After stool. After eating. After incarceration of flatus. When walking and when coughing.
4. *Right-sided nocturnal dyspnea. Worse in bed. Lying.*
5. *Headache frontal and dull and constant. Worse in daytime.*
6. *Morning thirst without dry mouth and without fever.*
7. *Burning in many parts.* Burning during micturition. Burning in passing stool. Burning aching. Burning after rubbing skin.
8. *Canine hunger for supper. Anorexia for breakfast.*
9. *Expectoration yellow and thick. Worse in morning.*
10. *Constant dull aching. Worse left side of the body. Worse on motion. Worse in damp weather.*

Mental states noted—*Great drowsiness.* Dreams of lice. Morning vertigo. Latter bettered by smoking. Nightly nervousness. *Drowsiness with fever in morning.*

LYCOPODIUM 30TH.

1. *Headache frontal, matutinal and constant. Sharp or dull.*
2. *Backache most often sharp.* Then dull. *Worse rising from a seat.*

3. *The cough is gagging, causing vomiting and dry. Worse in the morning. The expectoration is yellow.* Slimy expectoration.
4. *The weakness is marked and generalized and cold sweat on the face may be present. Weakness is severe in the legs, which are often shaky. Worse in the morning. Worse by standing.*
5. *Nocturia painless, generally thrice and in good amount. If painful, a burning during the act and worse on holding the same.*
6. *Dry mouth, most frequently with thirst in the daytime.*
7. *The belly is bloated with gas and much passing of the same at night, embarassing the heart and causing faintness and weakness. Worse until midnight.*
8. *Nocturnal chilliness worse until midnight, worse from motion, better from warmth.*
9. *Canine hunger before eating and worse after eating.* After eating is noted, (a) a sour taste; (b) sour belching; (c) dyspnea of a right-sided and smothery nature; (d) a painful swallowing; (e) the passing of flatus; (f) dry cough; (g) nausea; (h) palpitation of the heart; (i) a gagging feeling; (j) a swollen stomach; (k) pains and weight in the stomach; (l) amelioration from belching.
10. *Sour taste like vinegar, worse in the morning. Wears off in half an hour.*

Mental states produced were vertigo with nervousness around 5 P.M. Lazy and lackadaisical worse around 5 P.M. No ambition to work. Intoxicated feeling after 8 P.M. Worse when walking. Feels shaky all over all day and nervous with it. Drowsiness is worse on sitting down and being quiet, worse around 8 P.M.

Chairman Stearns: Dr. Milton Powel has often spoken of Dr. Macfarlan's father, spoken of his provings. He was always proving drugs—proved them to the patients that he had in the hospital. If a patient came in with a broken leg he used to prove drugs on him which is a very useful method. I suppose

Dr. Macfarlan is following in the footsteps of his father in this matter.

Are there any remarks or comments?

Dr. Krichbaum: How is it ascertained which is the most important symptom? I don't know whether I am on foot or horseback. Do they occur more frequently in the provings? What was the way he went about it? I want to know. I am getting in trouble every day.

Question: I would like to ask if in this gagging cough of Lycopodium, whether or not the exact area of irritation was brought out?

Dr. Clark: I would like to ask whether the difficulty in swallowing occurred in the throat or lower down?

Question: Was there more than one test made for far-sightedness—the length of time in which it persists?

Question: I would like to ask about the repetition of the dose?

Dr. Macfarlan: I will do the best I can to answer those questions.

Suppose a lady came in with a broken leg. After her leg was set, I would come in any say, "Well, now, I think a little medicine would do you good."

She would say, "Yes, maybe it would,' so I would give her 30 Nux vomica every two hours. If she is a sensitive person she generally gets sick the third day.

Then she will say, "Doctor, I am feeling worse all the time. That medicine doesn't seem to do me a bit of good."

I find out, for instance, what the symptoms were. Then I take some blanks and stir them up and in two or three days she comes around all right. It will wear off and then if she has the confidence I can soak her again. That is the way I worked. I had no compunctions about doing it—they were always better afterward. I never get myself very sick but I have watched the effect of drugs myself.

In regard to the valuation of the symptoms, I get all the symptoms to be had. I notice which ones come first. The most important symptoms were the ones I mentioned as frequently occurring and then the rarer ones and if you have got

them you have got your patient plotted already and you can cure him.

In regard to the pain, you give it to them and they feel like vomiting all the time. Lycopodium does affect a sore throat but it does not affect it like Belladonna for instance. But they just won't vomit; they cough and cough and then they vomit.

After you make all these observations you get a materia medica of your own. You don't have to use the repertories. You can prescribe for them and you can get wonderful results. They get so they won't have any other doctor.

I am a great believer in fast prescribing. Take old Dr. Lippe and men like my father. They made observations and prescribed. Old Dr. Guernsey was a different type. He worked back but it is a mistake to prescribe that way. Yes, I could be my own doctor.

Dr. Patch: Would you prescribe for chronic cases without the repertory?

Dr. Macfarlan: Yes, indeed. I find the trouble with Homœopathy is that it cures them too quickly.

Dr. Patch: I want to say a word in regard to what Dr. Macfarlan has said which has been so interesting and which confirms something that I have noticed a great many times. The reason that Hahnemann did so much better work than any of the rest of us was because he knew every drug from personal experience, just as Dr. Macfarlan has brought out here. Hahnemann never had a repertory and we have to depend upon books —those of us who have not made provings.

Dr. Boger: Just a reminiscence of Lycopodium. I had a young patient who was brought to me about a year ago with an enlargement of the right tonsil of a peculiar nature. The center of the tonsil tipped outward as large as a nipple and subcutaneously it was a deep yellow color which showed through the mucous membrane. This condition had existed for years and for quite awhile I couldn't succeed in doing very much. I couldn't find the remedy.

Then I was on the point of leaving for sometime and on the spur of the moment I gave a dose of Lycopodium, the MM potency, and when I came back I was very much surprised to

have this patient's mother bring her down to the office so I could see that throat. That enlargement had ulcerated out and anyone, to get at the matter just from a rough guess, would say it was diphtheritic but I didn't regard it as such so I gave her Sac lac and told her mother to keep her in bed for three or four days and she would be all right. It was a pathological tonsil certainly and had ulcerated out under the action of that remedy and that Lycopodium didn't begin to act for about five weeks.

Dr. Krichbaum: How did you know it acted after five weeks?

Dr. Woodbury: I would like to commend Dr. Macfarlan on the classical way in which he has presented this paper. We need more of this kind of work in our Association. I should call this sort of work the work which his father before him initiated—a new order of proving.

THE SIMILIMUM.

C. M. BOGER, M.D., PARKERSBURG, WEST VA.

We are supposed to know paragraph 153 of the Organon, which says the correct choice of the homœopathic remedy depends almost solely upon the presence of such strikingly peculiar symptoms as actually individualize the case in hand. They are moreover expected to stand out from, rather than conflict with its general aspect.

Aside from stressing a few symptoms of the text, Hahnemann said little concerning relative values; so that an abstract symptom may be said to be almost without rank, yet on becoming clinical it takes its proper position in the symptom complex. From this it arises that any symptom may occupy any rank whatsoever; all depending upon its connections, associations, etc. A case in point. A patient awoke from his afternoon nap in great mental confusion, with severe internal trembling, vertigo and slight external tremor, also; all very common symptoms of themselves, yet the combination is unusual, while their separate repertorial values are high, pointing strongly toward Gelsemium. A single dose of the MM soon helped, also grad-

ually removing a partially suppressed malaria of forty years standing. Time to examine the latter factor was hardly available, but its indications also pointed to the same remedy. The later and coarser development was evidently part and parcel of a much older, but finer Gelsemium picture.

Two principal ways of finding the indicated remedy are in common use. The earlier method picks out the odd, strange or peculiar symptoms from among the general morbid ones and then tries to find their counterpart within the text of some of the provings; success depending upon the ability to see the peculiarities incident to the sickness, as well as of grasping the true inwardness of the corresponding pathogenic record. The method demands good powers of discrimination, so that the right emphasis may always be properly placed. The neophyte is apt to be a poor judge of values, usually making more of remedy characteristics than of those of the patient. In doing so he soon becomes a mere lopper off of symptoms, yet making occasional cures, at that.

This has much to do with the poor therapeutic showing made by most doctors. Finding remedy key-notes in the patient has been too easy, as compared with corroborating their position by means of the other symptoms at hand. This method has most insidiously misled many well meaning prescribers, especially because it so easily leads to frequent and dangerous remedy changing, the end of which is inevitable failure.

The other method finds the names of all the remedies which read clear through the largest possible number of generalities and then chooses for reference the one having the peculiarities of the case in hand. The labor of wading through the massive general rubrics down to the particulars was prodigious before the advent of the slip system which later developed into what we now know as the card index. Hahnemann spoke of these generals belonging alike to almost every diseases as well as almost every remedy. The real benefit derived from their use is however greatly enhanced by the mechanical sifting made possible by the use of these cards.

The first method starts from particulars while the second ends with them, while both finally depend upon corroborating evi-

dence for a decision. In this confirmatory evidence lies the crux of the whole matter, and in its fulness this is only found within the symptoms of the patient as compared with those of the materia medica, which fact takes us right into the mental aspect of things, where after all lies the definitive expression of every sickness.

Bringing into apposition these two groups of findings affords the nearest approach to the totality of the symptoms, while still leaving the way open for viewing the sickness from either angle. While it may, in its present development, not always point to the similimum the approach to it is close enough to be a material aid in further investigations. Its frequent use also tends to correct and stabilize our point of view, in other words, to elimit the personal equation; a very valuable help, I assure you. When we must look further the concordances usually give us the right hint.

SULPHUR IN SOME HIGH BLOOD-PRESSURE CASES.

THOMAS B. SLOAN, M.D., SO. MANCHESTER, CONN.

Case I. A woman sixty-eight, complains of throbbing in the temples and occasional occipital headache, accompanied by flashes of heat, red face and hot head. Wants little bed covering. Aggravation by stooping and on waking and from heat. Cold feet, particularly in bed. Backache worse from standing. Grinding lumbar pain, better from heat and rest. Stitch in back from overexertion; back pain worse from stooping, standing and on walking. Emptiness at the stomach, 11 A.M. Blood pressure 250/140. A trace of albumen in the urine.

Sulphur 30th every two hours, for eight doses. Ten days later all of her symptoms were much better and her blood- pressure was 200/120. In four weeks her blood-pressure was 180/100, and she was practically free from symptoms.

Case II. A woman of forty-six has had a cold and cough for a month. Coryza with nasal obstruction; post nasal dropping. Worse in damp weather, worse at night, worse indoors. She is constipated, no urging, no stool without a laxative. Itching and excoriation around the anus; hemorrhoids protrude

during stool. Has been troubled with hot feet at night; better from uncovering. Hot flashes with sweating, worse at night and after eating; sweating at night, on closing the eyes. Twitching on first falling asleep.

Sulphur 30th night and morning for several days. In three weeks her bowels were moving daily and her other symptoms were greatly relieved, except the cough, which was worse from cold and damp air. This was caused by tickling in the throat pit (supra-sternal fossa). Silica 30th soon cured the cough and the patient considered herself well.

Case III. A woman has a diarrhœa of two days duration, which is yellow, watery, fecal, small, frequent, worse days, worse in the forenoon, with sudden urging, must hurry to arrive in time, with relief after stool. She apparently has an attack similar to this, early every summer.

Sulphur 200th has promptly relieved several attacks, after three or four doses.

Dr. Stearns: How many have ever run into that symptom of Sulphur—pain in the left deltoid. There were three or four of them in the last year. This seems to be a specific location for it.

Dr. Macfarlan. I have run onto that. I have all the symptoms home.

Chairman Stearns: I had a right-sided one. It was neuritis. It began as a pain up here. Then it was a true neuritis. Probably the key-note might be that the patient could not lie down with it.

Bureau of Clinical Medicine

BENJAMIN C. WOODBURY, M.D., BOSTON, MASS., CHAIRMAN.

RESULTS WITH AMBRA GRISEA.

ROYAL E. S. HAYES, M.D., WATERBURY, CONN.

Having presented a study of Ambergris two years ago it may be interesting to recount some of the effects obtained by the use of this excellent remedy. The results in each case, unless otherwise noted, were prompt and effective: that they were produced by the remedy was evidenced by the order of disappearance or modification of the symptoms—a sufficient hint to the initiated —others, please investigate.

I. A high school girl who had taken her Latin and mathematics too seriously was "all to pieces," so her mother said. She disliked the studies she formerly had liked: felt as if she could not make an effort, as if in a dream; she was also physically indolent, appeared and felt weak. Nervous, fidgety, aggravated by noises. Late getting asleep. Anorexia, except for supper; thirst. General aggravation morning and evening. Amelioration in the open air.

Ambra 1m enabled her to continue her studies without further interruption.

II. A woman who had aborted, was referred to me by a naturopath after two weeks of flowing. The hemorrhage was dark, clotted, gushing. Pain all over, especially in the abdomen, back and lower extremities, necessitating frequent change of position.

Thirst: Sweetish taste; nausea.

Chills, fever, rapid pulse.

Pyrogen 6m, first day improved, but on the fourth day after, another remedy was imperatively needed.

The remedy syndrome then presented was:

Burning in the epigastrium.

Intermittent metrorrhagia.

Weakness: trembling on rising, with dizziness and pressure in the occiput.

Lips and tongue bluish.

Troublesome dreams, *e.g.*, of running all around like an auto, up high and down.

The hemorrhages alternating with white discharge—white as milk.

Ambra 40m, one dose, produced immediate and final effect.

III. Middle aged man, who had had in previous years, heavy dosage of Quinin. The Quinin had been repeated through many years whenever the "aches" appeared.

The urgent demand at present was for the relief of a severe pain in the vertex, which compelled him to cease work. These attacks would continue for days or even weeks at a time. He was subject to arterio-sclerosis, of course.

Coldness at night, needing excessive clothing.

Forgetful, nervous, trembling: all excitement sensed in the heart, easily excited and hypersensitive.

Palpitation from every excitement.

Ambra 1m proved effective. Then *Ferrum*—and he felt so well that he did not return for another remedy for the next sixteen months.

IV. Young lady, who always kept herself clothed with a multiplicity of symptoms. When "flu" time came she had to be held in bed as she was so actively delirious. One dose of *Cuprum* and one visit were all that was necessary that time. Previously, *Pulsatilla* and *Sulphur* had produced fundamental improvement. This time her symptom complex was essentially as follows:

Dreaming "all night." Seeing things after waking, windows

full of people, strange lights; starts at the vision because of fright.

Forgetful, despondent, worried about herself.

Hurry: could not concentrate; cannot work fast enough.

Bilious attacks.

Pressure in chest and head in the morning.

Dysmenorrhœa.

Ambra 2m acted well; more than a year elapsed before another prescription was applied for.

V. Old lady with chronic nephritis. Œdema of face and legs; scanty urine; late getting asleep or waking early. Much troubled with dizziness, aggravated by standing or by gazing at any certain object.

Psorinum was here radical remedy, but *Ambra* is the great remedy for senile dizziness. The 1m gave her great relief, even removing the œdema for a time.

VI. J. C., æt. 72. Much troubled for several years with nausea, which was aggravated by motion and by thinking of it.

Chronic dry cough, from tickling in the throat.

Sleepless till 1 A.M.

Headache over eyes.

Thirst some days, averse to drink other days.

Feels well some days, other days as if "doped." His symptoms and sensations were always irregular.

Ambra 1m. Felt so well he did not return till five months later. Remedy repeated: gained color and weight and felt finely.

VII. Lady with ear disease: specialists said the tympanum was hardening and contracting.

Mentally she was well poised, but unstable nervously, *i.e.*, easily exhausted from any slight unusual burden.

Tinitus aggravated by hearing people talk; sounds seem far off.

Intense dizziness, sometimes thrown to the floor; dizziness in waves, had to continue lying three or four days.

Nervous: trifling incidents irritate; fidgety; aggravated by people talking.

Anorexia in the morning (a frequent clinical observation). Faint stomach in the forenoon.

Always better and stronger during pregnancies.

Ambra 1m followed by good improvement of three weeks duration; then a similar set of symptoms. Sick headache; dizziness; had to hold to objects while walking, turning or moving.

Straining to vomit, but ineffectually.

Sleepless: hearing never ceasing, twitching, easily wakened.

Is relieved by quiet and without company; desiring change and fresh air; light aggravated.

Good one day, poor the next.

Too hot or too cold.

Ambra 40m, one dose. Improved finely for a year and a half. *Phosphorus* followed with good effect.

VIII. Stationary engineer, æt. 57.

Attacks of angina: substernal pain like a lump pressing, extending down arms; prostration during the attacks.

Sensation as if food had stuck in the epigastrium.

Is aggravated by remaining quiet, but relieved by lying in bed.

Tongue bluish and coated.

Systolic pressure 130, first sound short, high-pitched and rough at inception. Pulse soft and moderately accelerated.

Ambra 1m, one dose and 2m one dose, two weeks later was given with great relief. *Lycopodium* 10m and *Digitalis* 1m, one dose of each, was followed by a year's comfort and efficiency. Six months ago another prescription of *Lycopodium* was given. *Ambra* was the remedy for the angina. *No attacks* have occurred since.

IX. *Ambra* palliated a case of inveterate high tension, with frequent attacks of convulsive quivering.

Weakness aggravated by the least physical exertion; confined to bed most of the time; the lower extremities almost give way when up. Worse before breakfast.

Right arm always aching as if tired.

Rush of blood to head when looking upward.

Quivering spells: sensation of internal convulsion, aggravated

by lying on either side. These spells cause much anxiety. After these spells a copious flow of urine.

Head "whirling, but not dizzy."

Ambra 1m gave much relief and systolic pressure was reduced 25 points. The 40m, given a month later, helped in a similar way and during the past year the old lady has continued to improve with other remedies.

X. A. S., æt. 60 years, had been overheated a few days previous. Constant fulness and pressure in head. Dizziness. Confused sensation. Systolic pressure 200.

Ambra 1m, one dose. Six weeks later reported quick relief. Systolic pressure had dropped to 170. But he complained of a constant full sensation, that could not be located. *Bovista* 300th acted well.

XI. Mrs. S. had spells of indescribable distress in the abdomen, after retiring in the evening. Copious belching, followed by chill.

Crawling sensation in the occiput, always followed the spells.

She had other nervous spells: hands shaking, dizziness, as if she had been long in a boat.

Desire to yell; to hit someone; felt as if going crazy.

Nerve tension; feeling entire body rigid then relaxed (Lyc.).

Foggy vision.

Ambra 1m and 40m appeared to do well for three months then this remedy was supplanted by Lycopodium.

XII. Woman with old congestion of liver.

Dizzy every little while with swimming sensation, reeling and nausea; compelled to lie down frequently.

Weak sensation and fluttering in stomach.

Ambra 1m and 40m, at intervals, palliated for six months.

XIII. Mrs. N., æt. 35, had a sick headache weekly which became less intense as the following attacks appeared. Had had suppurative otitis when a child.

Dizzy spells: many slight ones and others more severe, apparently of epileptic character; sensed mostly in the occiput, worse when lying, worse opening the eyelids; accompanied by a smothering sensation and pressure on the chest as from an

external weight, with general perspiration, aggravated by the presence of other people.

Slow pulse, followed by drowsiness and weakness.

Trembling spells, aggravated by a little excitement or without apparent cause.

Face flushed and hot during spells.

Memory impaired; easily confused.

Exhausted in the morning.

Ambra 1m improved so much that I saw her no more after a few weeks.

XIV. After an old lady with arthritis of the deformans type had responded to *Mag. phos.* for two years, the remedy appeared to have been exhausted.

She complained of single aches in various places as in the teeth, a foot, or the vertex.

Dizzy spells while walking. When dizzy has a longing for sleep.

Sensitive to both cold and heat (formerly only to cold).

Ambra 40m caused her to feel so well that she did not report again until nine months later, when the cm produced a similar good effect.

XV. Mrs. H. Patient not known to me personally. Said to be a nervous subject.

Could not urinate readily when bladder became too full, because she was "too nervous," had to wait for relaxation, aggravated if any person was stirring about nearby.

Dizziness.

Numbness of hands while lying at night or if fingers are flexed for any length of time.

Sharp pains darting all through her.

Flush of heat after rising to urinate at 4-5 A.M.

Ambra 1m relieved at once. Requested some medicine six weeks later, after having been "strung up" because of domestic affairs.

XVI. Boy who had been exposed to pertussis while a severe cough had been going a week. Worst spells in the late evening, aggravated by physical activity and indoors. The spells were exhausting.

White, stringy phlegm, difficult to remove.

Soon after one dose of *Ambra* 1m the cough disappeared but returned three weeks after the first prescription. Also presented a peculiar papulomacullar rash on the body. A repetition of the 1m cut short further symptoms.

XVII. Little girl with whooping cough, aggravated in the evening and by lying, ameliorated in the open air. Choking when getting out phlegm. Irritable. Orange colored mucus in stools.

Mag. phos. 9c relieved nicely but for ten days only. Then had hard spells at night and spells during sleep, better hot applications to chest, hard, tight-sounding.

Frequent voiding of urine in great quantities; often ineffectual urging.

Ambra 1m improved nicely a few days, then was aggravated after having wet feet. A dose of the 40m then completed the cure within a week.

XVIII. A young lady was chilled on a long ride while menstruating. Menses had been suppressed, but appeared as usual at the next period, except for a tendency to stop and start. What troubled the lady most, however, was swelling of the lips, which appeared as the menstruation was checked. At one time one half the lips would be swollen, at another time the other side. At times all swelling would be gone. At other times the entire lips would be swollen. Of course such a phenomenon in a young lady's lips was a condition which very properly called for an attitude of distress especially as she could never tell when the lips were going to be swollen, or which side was to become distorted next. The only thing upon which she could depend was that both lips would be equally swollen, either on one side or the other, in the morning. After a few weeks, notwithstanding the use of Epsom salts and other laxatives and appropriate moral persuasion by her physician, the lips continued to be swollen all the time. In addition, itching began and white wheals appeared transiently in various places. The lady then lost her appetite and temper and became quite tired. "The homœopath" was called in and *Ambra* 1m was prescribed. It cured overnight.

XIX. Lady losing sleep, since worrying about a slight illness of her husband.

Headache and hot head, worse after sleeping.

When attempting to sleep, saw herself doing things and other visions. Sleepiness in the evening, but sleepless after retiring.

Flushed face and brilliant eyes while relating symptoms. Symptoms worse when thinking of them.

Ambra 1m and 40m, two months apart, greatly increased her stock of endurance, besides erasing the other symptoms.

XX. Old lady disturbed every night with cramps in thighs, calves, feet and occasionally in the neck. Dizzy spells.

Ambra 1m cured. (A year previous *Cicuta vir.* had cured a serious attack of stiff neck, accompanied with spasms extending to the throat and chest).

XXI. *Ambra* was needed in the course of treatment of a chronic coryza.

Nasal stoppage worse from any excitement, least draft or smoke, by sneezing.

Cold air stinging the membranes.

When coughing sensation as though something bit the bladder, with consequent loss of urine.

Ambra improved for a month until the patient was caught in the grippe epidemic.

XXII. A man of sixty-three fell twenty-five feet, landing on his left shoulder. No serious immediate effects, but had not felt well for several months after. He is a man on whom incidents long past are continued as vivid reality and these symptoms persisted.

Coldness: impossible to keep warm.

An indefinite pain in the right abdomen, with an internal cold sensation.

Urinary urging imperative.

Cough, gagging and vomiting of breakfast. Aggravation before a storm. Indolence.

Ambra 1m cured. Then he strained the right side of the abdomen. Return of internal coldness. Nervous and worried. Repetition of the 1m cured.

XXIII. Woman tired out with the care of large family.

Numbness for two months, worse in the hands, but also goes to head and entire body, aggravation after inaction, picking up things, standing. Drops things. Hands feel paralyzed when sitting.

Weakness, worse hurrying, worse if many people are about, from any confusion or activity.

Dizziness when moving, relieved by lying.

Slow steady reaction from *Ambra* 1m, with splendid ultimate result.

XXIV. A woman had been subject for many years to copious menstruation and metrorrhagia of all degrees and at all seasons. She was of the stout, florid type which has low arterial tension. *Trillium* and *Pulsatilla* had done most good, but temporarily only. A late marriage was contracted. The condition became so bad that she was confined to bed much of the time.

Ambra 1m was given. She continued flowing hard for a week, then it suddently ceased and has been normal the last four months, the longest period in fifteen years.

Dr. Rushmore: Only to commend this paper, I would suggest the addition of the indication of cough accompanied by irritation as an indication for Ambra.

Dr. Krichbaum: I just came in and I didn't hear very much but what I heard was good. I don't think there is anything else to say after Hayes gets through and that is why I would like to see him President for a while. He generally does things thoroughly, not that Underhill doesn't, but he has been so much longer at this job. He never does anything half way; he is straight to the point and all the facts are there. That is the way with Hayes.

Dr. Farrington: I have used Ambra a number of times and confirmed the symptoms of vertigo by the essayist, especially in old people—the cough with eructations and also a number of cases of pruritis vulvæ in these nervous women.

Dr. Macfarlan: I was interested in that paper. Some of those cases I think were almost equally benefitted by Glycerine. That is a wonderful remedy in many conditions incidental to the process of age. It seems to improve it. Ordinary Glycerine

has a wonderful effect and it certainly is as helpful to patients as any drug I know of. It is as wonderful a thing for clearing up cases as is sugar in the water. It seems to improve their intellectual powers so they are not so fuzzy-headed.

CASES OF INTEREST.

S. L. GUILD-LEGGETT, M.D., SYRACUSE, N. Y.

Case I.

September 5, 1922. N. M., age 58, applied for relief from a severe earache. She had slept with the wind blowing on her (which at the lake is quite sharp). She was worse at night from lying on the painful side and from the warmth of the bed.

A history of rectal fistula extending over two years with surgical examination; threatened operation, as only promised cure. Climaxis at fifty years. Could learn of good health only during all her previous life.

Her mistress, a first-class homœopathician, had prescribed both Puls. and Hepar. with but slight relief.

< lying on painful side.

< warm in bed.

Inflammation of the middle ear.

Fistula of the rectum.

I considered that Mercurius better covered the symptoms and gave a dose of Mercurius cm H.S.

October 2, 1922. She came in great hilarity; had more ambition; no pain; discharge from fistula much lessened and no bleeding since.

N. M. was naturally a strong, healthy Irish woman, a faithful helper in her own and mistress's families for many years. Her experience of increased weakness during the summer, the examination and diagnosis by three physicians, the final opinion that there was no other help than the knife, had completely discouraged her. Her mistress advised that she come to me, and allow me an opportunity to heal the condition by medication. She

told of the days when she must lie down and remain prostrate because of the exhaustion; probable sequelæ of drainage—then excessive.

The relief from the prescription of Merc. during the attack of earache had been so great, the bleeding and discharge so much lessened, that she "felt she could raise the roof."

Another dose of Merc. cm H.S.

November 7, 1922. Much better "all over," but the discharge which had been much lessened at her last visit, was again troubling her.

Discharge intermittent, exhausting.

Must lie down, stay in bed.

Discharge is yellowish white and bloody.

Much pressure and soreness deep in region of and under right hip and back.

Discharge without odor.

Stool: Regular each morning, early, no pain in passing.

She called attention to a small scaly spot, on left cheek, which she said easily rubbed off without leaving a mark.

Study of remedies covering "rectal fistula," accompanied by "soreness"; "weakness"; > by lying down," and developing "frequent urging to stool" was: Bell., Calc. phos., Caust., *Hep.*, Kreos., *Merc.*, Nit. ac., Petr., Phos.

Pressing pain in hip joint.....Nit.-ac.
Face scaly.....Nit.-ac.
Tedious suppurations.....Nit.-ac.
Bleeding ulcers.....Nit.-ac.
Weakness—obliged to lie down.....Nit.-ac.
℞ Nit.-ac. 45m F.

November 22, 1922. Very much better. No pains since medicine. Discharge this morning, bloody. No scale on face. At times, heaviness in sacrum.

Nit.-ac. 5m F.

December 5, 1922. Lameness, sacrum, < long walk yesterday. No discharge for a week. Splendid! No scale on face.

Nit.-ac. 45m F.

December 18, 1922. No discharge since 15th, then very scant. "Doing fine"; feels about sixteen years. No exhaustion.

Slight soreness on 15th. No vertigo. More constipation. Cold. Gas on stomach.

Nit.-ac. 5m.

January 11, 1923. Discharge continued; not much trouble. Grippe—in bed a week. Vertigo from first day of grippe.

Bry. cm H.S.

February 1st, 1923. Weakness and lameness in sacrum—old spot. "Ever so much better." No discharge. < walking (old symptom).

Nit.-ac. 5m.

February 26, 1923. Send medicine—S.L.

March 16, 1923. Slight increase watery discharge last week. Soreness r. sacrum, low, "near drainage." Looks fine. Some dull ache, forehead.

Nit.-ac. 45m F.

April 3, 1923. Slight < back, past week. Discharge more scant, yellow, no blood. Dull l. head; drowsy; need to lie down. Complexion good, clear.

April 23, 1923. No discharge since. Occasional heaviness, sacral region. Head, pressure occipital—extends from cervical region. Head, heat—right side—extends down right side of face and nose. Head, during the "flu," no nasal discharge from left nostril—all on right.

May 18, 1923. Discomfort in head continued two weeks, with < of cervical muscles, then suddenly all was "gone" like magic! At present no discomfort except in old spot—r. sacrum—which is < by too great activity, as walking, standing, etc. No discharge since April 4th. Shall continue until all weakness gone.

Nit.-ac. 5m (F).

CASE II.

Mr. LeB. A tool superintendent in a factory, came to me in consultation. Sent by Dr. F——S.F. He brought his daughter, two and one-half years.

History: Father, French Canadian; Mother, part Dutch, small and wiry; three living children, one older and one younger than patient. A child had died of tuberculosis following pneumonia. No tuberculosis or specific history among forebears.

Patient: 2½ years, August 1913, complained of left foot. It was supposed that a seam of shoe had hurt the dorsal surface which was swollen and slightly red. A new shoe was fitted without relief. Soon the swelling shifted to right knee, then to left knee but less.

An X-ray examination with report of *clean bone.*

Next, a shift to ankles; walking stopped, left ankle but little swollen. Next, the left hand was swollen near the carpal joint; then a toe on each foot became swollen and red; apparently not very sore as she allows it to be handled; report of further shifting to other toes at times. Her complaints seem to be while shifting position in the night, when she wakes and cries out.

Dr. F. had given *Sulphur* 200 and two or three days previously had given *Sulphur* 55m F.

She was slow learning to talk; had been a very lively young lady at one time. The attack began during the August heat; it was *thought* to be worse after damp weather. Her tongue was clear; her teeth were good; she ate well, eggs and meat; she craved meat and sweets—but what child does not crave sweets? —she was averse to potatoes; she drank both milk and water. The stool, fecal half-formed, was slaty in color and very offensive; the demand for stool came, urgently, during the noon meal, and which her *father must* attend.

STUDY.

Boenninghausen: Stool, green, gray, offensive, gave fourteen remedies.

Rheumatism, shifting, gave *Ars.,* Bell., *Nux,* PULS., SUL.

< turning in bed—Ars., *Nux., Puls., Sul.*

Wakens often—Ars., *Puls.,* Nux., *Sul.*

Stool while eating—Ars., *Puls.*

Stool as soon as begins to eat—*Puls.*

Of course, Puls. has all this, but it did not seem to fit, although I suggested it should be the first remedy. Having been interested in the development of the use and provings of Radium, I turned to the same as published by Diffenbach, Stearns, etc. and found:

"Stool: defacation at *noon.*"

"Stool: soft and dark, very offensive."

"Stool: slate color, clay color."

"Pains in extremities, wake at 4 A.M.

"Pains, all joints—knees, ankles, feet; could not walk—*had to lie down.*"

The pains, joints of extremities, all seemed to move off after exercise, and certainly, in following them out, seemed each time in a new place.

Radium was given and cured the case entirely.

CASE III.

A strange case, on the progress of disease, after interference, *i.e.,* operative measures.

E. H., a cook, whose mistress is a homœopath who had many times relieved the conditions cited which had existed for some time.

Mrs. M. had always found conditions to be of rapid development. If a cold, within a few hours symptoms developed in the lungs; if an irritation of the alimentary canal, signs of violent diarrhœa or, as Cook said, "dysenteria." Sulphur had usually relieved the latter; Bryonia or Rhus. the colds.

Twelve years previous to November 1922, a surgical operation had removed the appendix and an abdominal tumor which, as described by the patient, might have been a sarcoma. A phlegmon on the left hand resulted from a cut upon a ragged piece of tin and had been controlled by Arsenicum and finally by Hepar. An abscess near the rectum, with much intestinal pain, had resulted in evacuation of a splinter of bone which perfectly relieved conditions of intestinal irritation, from which she has not suffered since.

One year previous to above date, what the patient described as a "scald"—an eczema, extending from left axillary space to below the left breast, and upon the upper, outer portion of left arm was relieved by Arsenicum.

November 1922. Eruption has again returned, raw; scalded; shiny, at first; finally oozing an offensive moisture—"awful." This seemed to follow a puffy, red face, bloated abdomen. Every year, for many, a gushing, watery diarrhœa, persistent.

Patient very sensitive to cold—not < by heat. Finally, bruised spot in left chest yielded to Arsenicum—and Arsenicum seems to have cleared up the eruption.

December 1922. A small blister from burn, left forefinger, which patient covered with "New Skin." In removal of the glove, the scab was torn off. Immediately the old symptom of blood poisoning began, and the swelling extended down to base of thumb and up the arm, which darkened in color fully one-third of the forearm.

Hepar relieved and checked the extension. At once tiny blisters appeared on the surface of the wounded hand. A dose of *Anthracinum* cm F. cleared the entire condition, and she had no further developments until May 24, 1923, when, putting something into waste-basket, she ran a sharp bit of tin under nail of left thumb. Thumb and hand began to swell at once, reddened, and some pain extended to forearm. All symptoms seem on left side. Hot bathing and two doses of *Lachesis* 37m F. > pain. A swelling and a large blister arose above the phalangeal joint—at least a half inch high. There was oozing from the thumb end—a red line across the thumb end, which was white, and the nail looked dead. Should have said line of demarcation, which would mean eventual loss of end of thumb and nail. Swelling and redness lessened; smaller area; less pain; but within a day had again begun to swell. Another dose *Lachesis* 3m F.

May 25, 1923. Nausea, with soreness in region of stomach. No stool until today. Stool light-colored, mucus. Dull headache yesterday. An eruption of an angry pimple under right arm-axillary space, with exceedingly offensive odor and discharge. The sign of loss of end of thumb and nail has disappeared, although the nail was finally separated.

May 26, 1923. Peeling of blistered skin. Swelling gone in most of hand. First finger of left hand stiff and contracted since last injury, has, much to her comfort, become flexible and smaller. *Lachesis* 4m J.

The injuries taking on such peculiar developments, seem to me to argue that the tumor was cancerous in nature and the various manifestations since that time have been a

throwing off of the poisonous detritus. It would seem that only under careful homœopathic prescription could such results, a throwing out, instead of in, of a process necessarily progressing toward death, be accomplished.

CLINICAL CASES

THOMAS G. SLOAN, M.D., SO. MANCHESTER, CONN.

1. *Threatened miscarriages* Little pain, some flowing of bright red blood, terrified, thought she was having a hemorrhage. Fear, very marked.

Aconite 200. In five minutes fear was gone, and a few doses more relieved the entire condition.

2. Man—Vomiting—General Aching, temperature 102. *Great fear of pneumonia,* which he once had, beginning with the same symptoms.

Aconite 6X frequently repeated. No pneumonia this time.

3. *Facial neuralgia.* Left side usually, over left eye and temple—shoots upward—comes and goes quickly. Worse, jar and on motion. Better by heat and pressure.

Spigelia 30. One dose relieved promptly. The C. m. cured.

4. *Vincent's angina*: White patches over left tonsil, later covering entire tonsil with a thick white membrane. Better by cold drinks. Extended to right tonsil and temperature 103. Several apparently well indicated remedies failed to relieve. Culture negative for Klebs-Loeffler bacillus but showed Vincent bacillus. On the third day, *Diphtherinum C. M.,* one dose was given, with rapid clearing up of the entire condition.

Two weeks ago a similar case without showing Vincent bacillus, was likewise cured with the same remedy.

5. *Hemorrhoids.* Internal. Severe cutting pain in rectum after stool, extending downward, with constricture of anus. Much local soreness, worse when sitting. Dark complexioned woman.

Nitric acid 200, cleared up the trouble permanently.

6. *Facial Eczema.* Baby five months old. Eczema on left

side of face, crack behind left ear, glue-like exudate. Much sweating of head and face, while eating. Fat, good-natured. Very restless at night.

Graphites 30, four doses. A marked aggravation of the eczema began after 36 hours, followed by gradual improvement and complete cure without any other remedies.

7. *Psoriasis.* Boy of ten. Some areas very large and many small spots. New spots continually appear. Redness of edges of eyelids.

Ars. iod. 600, six doses. Repeated in a month but did nothing. New spots appearing.

He came into my office one very cold morning without an overcoat and said when questioned, that he never felt the cold.

Iodine 200, night and morning for five days. He was soon cured.

8. Diarrhœa, driving out of bed—after breakfast—from emotional excitement, if going to a dance or the theatre. Aggravation from sweets. Eruptions on face and arms. Of several years standing, after typhoid.

Arg. nit. 1M cured.

9. Buzzing in ears and partial deafness. Worse lying, worse wet weather. Has been treated by ear specialist for several months without relief. Frequent urination, when on feet; gripping pain in bladder afterward. Irritable. Prolapsed left kidney. Aggravation from cold. Dislikes ice-cream, ice-water and all cold food. Fond of salt. Excessive offensive axillary sweat. Milky bladder leucorrhœa. Tonsils removed six months ago.

Sulphur 30, B. I. D. which did not relieve. *Sepia* 30, every night for one week, relieved for a while and was repeated in one month. She improved for four months. Then the buzzing became worse, and she was given *Sepia* 1m, four doses. One month later reported the buzzing as about gone, but was constipated, with much straining, blood streaked stools, which were hard and dry, and nausea after stools.

Nat. mur. 30 and 1M, cleared up the entire case.

10. *Asthma.* A woman of fifty has had very frequent attacks of asthma for four months, which are worse after mid-

night and from cold, better sitting leaning forward. She is very restless. She cannot lie down.

Arsenicum 1M and C M relieved, but did not cure. She had relief for a few days, after each repetition of the remedy.

Sulphur CM gave a little relief. Then *Arsenicum* and *Kali carb.* were given without relief. I then saw her with what she said was a cold. Nose obstructed, with crusts and acrid discharge. Must bore her finger in her nose until it bleeds. Nostrils raw, stinging pain marked in nose and throat.

Arum triph. 1M, relieved for 11 weeks, when the 45m and c m were given, which apparently cured. I did not see her again for seven years, when she had another attack which promptly responded to *Arum triph.* 1M.

Dr. Woodbury: Dr. Krichbaum mentioned Dr. Case as being in a way the little father of Dr. Hayes. I think he was more or less a little father of Dr. Sloan. Dr. Sloan certainly follows out in a hypothetical way similar ideals in taking the case and curing his cases. Dr. Sloan's paper is called "Clinical Cases."

Chairman Woodbury: The members of this Society who are fond of brevity, which we are told is the spice of wit, always enjoy these cases of Dr Sloan's.

I would like to add a word in verification of the symptomatology of Arum triphyllum in a case of scarletina which I prescribed for this winter. The case was associated with a heart murmur. The patient received one M without repetition and went on to a good recovery. It did not restore the valvular condition because I think it was of long standing—longer standing than the scarletina.

Dr. Juett: I would like to ask Dr. Sloan whether he changed the diet of that baby or not.

Dr. Sloan: No.

Dr. Juett: Did the scratching continue?

Dr. Sloan: We put mittens on the baby's hands so it couldn't scratch.

Dr. Juett: I nearly always had to take those fellows off milk before I could find a remedy.

Dr. Sloan: We kept him on milk right along.

CASES

GRACE STEVENS, M.D., NORTHAMPTON, MASS.

Case 1. Mrs. La F—, age 45.

She came under my care on April 4 last, from the hands of an old school physician who was glad to surrender the case. She was then having Digitalis for her heart, Bromides for her nerves, cathartics for constipation, and a medicine for her kidneys, I have forgotten what.

I found her propped up in bed, her breathing oppressed, abdomen much distended, and feet badly swollen. Her history was as follows:

"Heart disease," at 12 years of age.

Menses first at 16, always irregular and profuse.

Has had four living children and six miscarriages.

Acute articular rheumatism 17 years ago.

Miscarriage 5 months ago. No menstrual period since.

Since then heart is much worse and kidneys affected. Abdomen much distended and very sensitive, < light touch or percussion.

No < firm pressure.

She feels as if something in the abdomen fell towards the side lain on.

Any excitement, or vexation, or much talking, causes pain in left iliac region, extending to the axilla, back and heart. This is followed by choking and gagging, and violent palpitation, with the feeling of drops falling in the heart.

The attacks also come on at night.

Micturition causes burning < during the attacks.

Hot flashes < night.

Limbs—Nervous jerking.

Weariness < after sleep.

Tongue large and flabby, trembles when protruded.

Appetite poor, feeling of stones in the abdomen.

Examination:—Very loud systolic murmurs at apex and left edge of the sternum, at the fourth costal cartilage, and the apex beat felt one inch outside the nipple line.

Abdomen dull on percussion.

The urine contained one-third of a gram of albumen to the liter.

Diet regulated. Nujol ordered and ℞ Lachesis M. General slow improvement followed in digestion, hot flashes and sleep. The heart was a little stronger and the apex nearer the nipple line. The albumen diminished. She had two more doses of Lachesis for slight attacks brought on by excitement. The abdomen was less distended, but the feet remained badly swollen.

On April 24, I was called to find her very restless and nervous, moaning and crying, complaining of a drawing pain in the abdomen. The urine was very scanty and the feet badly swollen. The room seemed very warm, but she did not open the window because the wind was blowing hard. She said she could not bear the wind—it always made her so nervous. This last symptom helped me to see the remedy and I gave her Lycopodium M. When I saw her ten days later, the swelling was all gone from her feet. The abdomen was much smaller, and the heart apex was one inch inside the nipple line. She seemed better in every way, except that for the last three or four days she had had a severe headache. The pain, which was located in the right eye, beginning in the morning, increasing until about 3 P.M., and going away as she slept. There was also lachrymation of the right eye. She had had such headaches in the past, she said, but these were very bad, and made her heart worse. It seemed like the return of an old symptom, in the process of a cure, and I hesitated to change the remedy, but finally gave Sanguinaria canadensis M, which relieved the headaches. A week later I repeated the Lycopodium for some slight rheumatic symptoms and the patient has gained steadily since, so that she is able to be about the house very comfortably. The mental and nervous symptoms have improved, and the patient is quiet and self-controlled. There is only a trace of albumen in the urine, and the bladder symptoms have disappeared. She has had one normal menstrual period. The heart murmurs are about one-fourth their former intensity, and the apex beat is one and a half inches inside the nipple line.

Case 2. Miss P— came to the office, suffering much from internal hæmorrhoids. She had had them before, but they had always gone away with a few days rest. This time they had persisted for five weeks.

Pain intense, throbbing and stinging.

< after stool.

< from 7 P. M. on through the night.

> for sitting, < standing or lying.

Makes her nervous and restless, must walk the floor at night.

Makes her cross and want to cry. Has had little sleep for four nights.

Bowels constipated, takes carthartics. Rectum—sense of fulness after stool.

Bladder—frequent urging to urinate.

Mouth—disagreeable taste in A. M.

Thirst, but water is like medicine.

Appetite poor, but is sometimes faint about 11 A. M.

Feet—perspiration clammy and offensive.

R Sulphur 60X gave her the first good sleep for four nights. Ten days later she reported that the pain was a thing of the past, having almost disappeared the day after the prescription. Her bowels were moving twice daily and she was sleeping well.

Case 3. Mrs. R, age 20, one child.

Seems a very healthy person, except for frequent headaches which now come every week.

The pain begins in the morning on waking and lasts until after she has slept at night.

Pain left sided, in temple or over left eye. Steady, < stooping, jar or light. > cold air and cold applications.

Thirst during pain.

Anorexia during pain.

Face—flushed, hot, during pain.

Pain seems to have no connection with the menstrual period, but she had no headaches during pregnancy. Phosphorus and Sulphur covered the symptoms best, especially that of the headache recurring every week. I gave first Phosphorus, and two or three weeks later Sulphur, but neither remedy produced any

marked improvement, so that the patient became discouraged, and ceased coming to the office.

Two years later she came back to tell me that she was pregnant and asked for my care during labor. She had no headaches until several weeks after her delivery when they began again. After further study of the case, taking into the consideration the fact that when there were no menses there were no headaches, I gave Natrum mur. 60X which shortened the next attack. A higher potency was then given, and the next time I saw the patient she had been free from headaches for some months.

Chairman Woodbury: I think we will all agree that the treatment of such serious conditions with such good results is praiseworthy. Is there any discussion of this paper? Perhaps it is too good to discuss.

Dr. Farrington: They are a very good series of cases and remedies are well selected. I am escepially interested in the first one and I would like to ask the Doctor if she gave Lachesis for that sensation of ball rolling in the abdomen.

Dr. Stevens: I think they did not complain but Lachesis seemed to cover the case.

Dr. Farrington: Lachesis and Lycopodium are complementary.

It recalls an instance long years ago when I was in dispensary practice with Dr. Hugh Cameron and Dr. Edwards and some of the others. I had my first case of consultation. Cameron had a woman who was sick and he was worried about her and he called me over to tell him what medicine I would give.

He said he wanted to give a Lachesis but he wanted my opinion. She had a sensation in the abdomen as of a ball rolling on whichever side she turned. I looked the case over. She had a complete hysterectomy. I said, "No, Doctor, I don't believe Lachesis can help her. You haven't got the uterus there."

Well, that showed how I fell down on my first consultation, because Cameron, like a good sturdy Scotchman went ahead and gave Lachesis and cured his patient.

Dr. Stevens: I have nothing further.

UNUSUAL CASES—UNUSUAL REMEDIES

HARVEY FARRINGTON, M.D., CHICAGO

In spite of the richness of our materia medica and the great mass of clinical data spread through our literature, we must admit that, even after the most painstaking study, we often fail to find the simillimum. As a result, a certain percentage of our patients remain uncured or are "zig-zagged" back to health by several remedies instead of one remedy. Our work involves both art and science. The art cannot be perfected unless the artist has perfect tools to work with; and if we hope to see homeopathy grow and become strong enough to withstand the inroads of modern medicine, we must enlarge our field of knowledge of unknown or "unusual" remedies.

The following cases are a small contribution to this end.

Case I. Mrs. R. J. B., aet. 53, in March 1917, began treatment for a long list of symptoms, including occipital headache, pulsations all over the body, pains in the back, shoulders and back of neck, tendency to faint, numbness in various locations, etc. She had stopped menstruating about a year before she came for treatment. She improved under *Lachesis* and remained practically well until April 1918. Several weeks had elapsed since she had received word from a son who was fighting in Belleau Wood and the strain proved too much for her. Her ailments returned with renewed intensity. She was helped by *Sulphur, Lycopus virg., Glonoin, Nux mosch.,* (which helped most). *Sepia, Lac caninum* and again *Lachesis,* and *Sulphur,* but the symptoms kept returning.

Early this year she presented the following:

Aching between scalpulae, extending to back of neck < light touch and hot applications but > radiated heat; accompanied by *burning,* tingling and horripilations in the *occiput.*

Aching in lumbar region. Vertigo.

Flushes of heat going up the spine and over head, with hot, red face.

Throbbing in various parts of body, especially shoulders, neck and head which *felt full to bursting.*

Heart beat rapid and *irregular.*

Persistent dryness of mouth and throat.
Appetite poor, but food agrees.
Easily chilled but craves open air.
Generally worse in morning and in stormy weather.
Violent pain shooting in a ZIG-ZAG course from the lumbar region up to the middle of scapula, sometimes on one side, sometimes on the other.

Practically all of the above symptoms are to be found in the record of the previous six years. She first mentioned pain shooting up the back, November 21st, 1920, but did not describe its peculiar character at that time. It led to a study of *Sarracenia purpurea* and the above symptom complex was found in the provings recorded in Clark's Materia Medica. A single dose of a high potency gave immediate relief and a repetition some weeks later completely removed all of her discomforts.

Case II. Mrs. A. L. G., aet. 50, mother of five children; a patient of mine for over twenty years; she had post partum haemorrhage two or three times and flooding at the menopause. Under constitutional treatment her health gradually improved, the principal remedies being *Ustilago, Crocus, China, Lachesis* and *Sulphur.*

In August 1919 she strained her right hip badly for which she herself took Rhus tox. without benefit. She came to the office September 24th with the following symptoms:

Lameness of right hip, sacro-iliac region and groin, < on motion, > on continued motion.
Gums dark red, easily bleeding, puffy.
Much flatulence and belching.
Flushes of heat followed by perspiration
Bearing down sensation in pelvis.
Vertigo < evening. Pain on top of head < wearing a hat or bonnet.

What could I do but give her *Carbo veg.?* This remedy greatly relieved all her complaints even to the lameness due to her injury, which is, perhaps, not surprising, since it is listed in the rubrics of aggravation on beginning to move and from lifting, though not in the highest degree. But after a repeti-

tion March 18th, 1920, the unusual thing happened—a cyst which had grown slowly on the right side of the neck for over thirty years, to the size of a twenty-five cent piece, suddenly became inflamed, swelled up and broke, discharging a foul, cheesy pus. Then it began to shrink. By May 20th it was a mere pimple. *Carbo veg.* continued to do good work for over a year.

Case III resembles, somewhat the one just recounted. A waitress 37 years of age, in fairly good health, slipped while carrying a tray of dishes. The result was prolaspsus uteri and severe aching and lameness in hips and sacrum.

Pains as if she would menstruate. The menses, when they finally appeared were more copious than usual, and menstrual pains ceased entirely during the flow.

Zincum met., three doses some weeks apart cured the prolapsus, the soreness due to the strain and greatly improved her general health.

Case IV. A man of 36 years of age. Had been under old school medication for eight days.

Emaciated to a skeleton. Vomiting and purging.

Wild expression in eyes. Restless, rolling and tossing over the bed in spite of extreme weakness.

Mouth parched; thirst but the least amount of water immediately resulted in vomiting and caused the bowels to move. Stool yellow, watery, acrid and horribly offensive; about twenty stools in 24 hours, more frequent at night.

Extreme coldness.

Arsenicum stopped the vomiting at once and he could retain a little light nourishment, but the diarrhea continued During the next five days, Podophyllum, Sulphur and one or two other remedies were given but the patient continued to grow weaker. The prescribing was superficial. A more careful taking of the case revealed the following:

Face pale, eyelids reddened, *smarting* and *itching* (this in the last few hours.) Watery coryza, acrid; dry teasing cough.

Mouth and tongue dry and feel as if scalded. Sordes on teeth.

Heat and burning in stomach. (Relieved by the Arsen.)

Anxiety and anguish.

Sudden, imperative call to stool with gurgling like water in abdomen (usually after a little water or milk;) *stool watery,* whitish gray with particles of grayish mucus; *gushing out like water from a bunghole.*

Extreme prostration and clammy sweat. Scanty urine.

Bell's little book on diarrhea came to the rescue, showing very plainly that Podophyllum, Sulphur et al. were merely guesses and *Jatropha curcas was the remedy.* One dose stopped the diarrhea over night. Next morning the patient was much better but the room was darkened because the light hurt his eyes. A shade was raised and the startling discovery made that his face, neck and chest were covered with as a fine a measles rash as you would ever wish to see! Who has ever recorded the fact that Jatropha is indicated in suppressed measles? And yet all the symptoms pointed to that as the correct diagnosis. Mr. C. made a slow but uneventful recovery.

Case V is perhaps, the most unusual of all. A lady physician of 68, mother of three children, very well preserved for her age, but suffering from some peculiar disabilities.

Flashes like lightning *before the eyes in the dark.*

Great hunger but no thirst.

Two white parallel streaks down center of tongue.

For three months, sudden shocks like electricity up left arm, leaving numbness in the distribution of ulnar nerve.

Began menstruating at the age of 12. Periods regular, painless, but flow excessive and she menstruated right through the period of lactation without apparent harm to herself or the babies.

Five years ago, sudden heat and itching of feet; investigating she found them covered with a *miliary eruption.* This has remained a constant symptom, is worse every evening as soon as stockings are removed and she must put feet out of bed to cool them at night. In Summer they swell as well as itch and burn. She took Sulphur without effect. The feet were frosted when she was a child.

Wonderful sense of exhilaration, mental and physical before and during menses.

Intellectually active, perceptive, almost clairvoyant.

Never had the sense of fear or anger during her busy and eventful life.

August 6th, 1922, she received one dose of *Erythroxylon Coca* with prompt relief of all symptoms, even the eruption which had persisted for five years. She soon returned to her home in California. In a letter dated June 12th (1923) she writes that she is well and happy and nursing an old lady of 89 who is a bed-ridden invalid.

Case VI. The married daughter of the above, and living in California. As she was 2,000 miles away I had to depend on her mother's account of the symptoms.

Age 39; stout and plethoric.

After a severe mental shock a few weeks ago—*violent flushes of heat* up spine into head with deep *redness of face, neck* and even chest; *anxiety, apprehension, fear of death;* smothering; *hot head; mental confusion,* worse before menses.

Extremely restless, *cannot sit still, must be continually on the go.*

Depressed, insanely jealous—something quite foreign to her nature. Worse a week before menses.

Menstrual flow has gradually diminished for past eight years, is very dark and leaves an indelible stain.

Palpitation < *excitment;* with flushes.

Ravenous hunger; gets faint and must eat; craves sweets and sour things. Loud belching.

Constipated; rectal inertia.

Remission of complaints at night; sleeps well.

Worse from heat; can stand any amount of cold.

The remedy was *Amyl nitrite.*

In the letter of June 12th her mother adds:

"In regard to my daughter's case, I will say, she still gets flushes but they are slight. She menstruates regularly. I repeated the dose once about a month ago when they took in a very exciting show and most likely the ventilation was bad. I was afraid she might have a stroke of apoplexy. Otherwise she is a hundred percent better, does her own work, cooking for four big eaters, plays the piano and sings all day long."

Case VII. A woman of 68 years of age. For several years she was troubled with recurrent spells of vertigo when turning over in bed, always relieved by Conium mac. She went to New York to spend the Christmas holidays with relatives and was taken down with the grip. One of our good men in that city was called but after a week or ten days the lady became alarmed at her condition and against the advice of her friends, started for Chicago. On arriving she was so weak and bloated with dropsy that she could scarcely walk. The symptoms were few and rather vague.

Ascites and edema of the lower limbs reaching above the knees.

Sensation of goneness or *faintness in epigastrium.*

Tongue sore as if scalded; thirstless.

Dry, tickling cough on every attempt to lie down or lean backward in the chair.

Dyspnea < on lying down or even lying leaning back; obliged to sit bolt upright in a chair.

Urine scanty; examination showed, Sp. gr. 1024; alkaline; urea 1.3%; albumin 1.5% many pus cells.

Apis seemed the best remedy but failed dismally. Knowing that my friend in Gotham was well versed in the usual remedies I began to search among the unusual ones. The picture resembled two cases of some years back that had responded to *Adonis vernalis.* The choice was a happy one for she made a complete recovery in two weeks, and up to this writing has had no more of her old vertigo.

All of these cases were worked out from the repertory excepting number 2, (Carbo veg.), and number 7, (Adonis), but the anamneses were discarded because none of the remedies seemed to fit the case. The remedy that cured was suggested by a single, peculiar symptom. A brief review of the materia medica confirmed the selection. Sarracenia has been used to some extent in virulent small-pox and diseases of the eye. Yet the pain "up right trapezius muscle with wavelike motion" led to the cure of a case bearing all the ear marks of hyperthyroidism. The key-note of Zincum, "relief of pains during menses" pointed the way to a cure of symptoms due to a strain.

Profuse, gushing stool like water running out of a bottle or bunghole suggested Jatropha with surprising results. Flashes before the eyes and sensation of great mental and physical exhilaration are found in the provings of Coca. This case demonstrates that Coca is deep enough to cure a chronic eruption. Violent flushes of heat with redness even of the chest were the guiding features in Case VI. The record is doubtless not as complete as it would have been if taken "first hand" but several new symptoms were added to the clinical side of the remedy. Dropsy with faintness in the region of the stomach and inability to lean back were suggestive of Adonis, but this case is of little value except as it bears on the question of dosage.

The most of the remedies used were unusual and I gave what I had on hand, which meant odd potencies and different brands. Sarracenia was an 18m made by the late Dr. Baruch of New York City; Jatropha, a Fincke cm; Coca, a Fincke 45m; Amylnitr. an Ehrhart 10m; Adonis the mother tincture, two drops in half a glass of water, a teaspoonful every two hours, later every three hours, to be filled again with pure water—(using the same glass and spoon). This was taken for nearly two weeks so that the only actual medicine used was the two drops. A potency would doubtless have worked more quickly but it only goes to show that there is no need of heavy doses if you have the right remedy, and that homœopathicity is far more essential than potency.

Chairman Woodbury: I think we are very fortunate in having with us this year men like Dr. Farrington, Dr. Custis and Dr. MacFarlan, all three of them sons of men who were very eminent in homœopathy. We used to look to Dr. Boger at our former meetings for those odd and peculiar cases but I think those cases of Dr. Farrington's are equally unique.

The paper is open for discussion.

Dr. Ferguson: I think that has been an exceedingly interesting paper. These unusual remedies show there are places for them. They do not come out very often but when they are needed nothing else will take the place of them. I was particularly struck by the case in which the tumor of the neck was

mentioned. I have had several cases in which the same thing has taken place. During the administration of the homœopathic remedy for the general condition of the patient those cysts have broken and that was the end of them.

In surgical practice various times I have seen these cysts, whether of the face or of the scalp removed and in a short time another cyst takes its place in the same place or a few inches from it. But when they are removed by the homœopathic remedy, they are gone for good.

Dr. Custis: I don't like to think of the ordinary cyst removed by homœpathy because an ordinary cyst with no treatment very often does the same thing. In the practice of the old school a good many of those cysts have exactly that claim. The sebaceous cyst is nothing but a blocked-up oil gland in the skin. It is always subject to infection. It becomes infected discharges a greasy mass that has been in there for a number of years and that is the end of the cyst.

I think we want to be very careful in those cases to differentiate between coincidence and cause. Because a thing happens afterwards does not necessarily mean the cause of it. We want to be very careful before we make any such claims. It may be so but it happens other times also.

Dr. Field: I want to mention something that is not Homœopathy but to substantiate Dr. Custis' statement. I remember a case that was told me by a man suffering with a peculiar chronic cough recurring every year at a certain stated season for about seven years.

This last month I happened to meet this man and he had a peculiar pox-marked appearance on his forehead. This man had not taken any homœopathic remedy. There is really no name to give this, it looked like pox-marks. He said it was a peculiar thing but during the last cough his face suddenly got red and little spots filled with what he called water, and then they broke and left these pox-marks. It is four years since and he has not had a coughing spell since the breaking out of that eruption. That is no homœopathic remedy but it simply proves the old contagion from the inside out.

Chairman Woodbury: I have seen cysts similar to wens on

the head disappear by a process of suppuration, and I have frequently modified them, so I thought, with Calcarea fluorica. But with these cysts on the face, of course it is true that they manifest that characteristic sometimes. Possibly nature takes away the infection and clears them up.

Dr. Farrington, have you anything further to say?

Dr. Farrington: I think that Dr. Custis' remarks are well taken, that we should not be too sanguine that the remedy opened that cyst. But that doesn't take all the virtue out of my case because I have one other thing. You usually give Rhus tox. and similar remedies for strain, Carbo veg. did as much for the strained muscles and all those symptoms due directly to the strain as it did for other things in that patient. It proved to be the constitutional remedy of the patient.

Now as to the preparations used, I wish that Dr. Krichbaum were here. He likes to write a paper and give no signs whatever as to what potencies he uses and I have here a list of potencies which I think would show if my cases are worth anything, that after all the potency question does not make so much difference.

HELMINTHIASIS.

PLUMB BROWN, M.D., SPRINGFIELD, MASS.

"The physician is likewise a preserver of health if he knows the things that derange health and cause disease and how to remove them from persons in health." Section four of the Organon. Is the presence of living worms within the human economy the cause or result—or both cause and result?

Is the morbid condition Helminthiasis entirely the result of the presence of worms in the alimentary tract? Or is there a condition of the system present prior to the development of the worms, possibly the result of some constitutional dyscrasia or an improperly balanced diet?

Has this condition, thus established by forces inimical to health laid the foundation for the development of the life germ of these parasites? Is it possible that these parasites may have

gained entrance into the system through the medium of milk, water or earth and remained dormant until suitable surroundings were established for their development?

Do we ever find these entozoa actively present in the healthy individual? This entire subject may seem absurd or a waste of time to many of you and these queries too foolish for consideration but I aver that it opens up a rich field for discussion. I affirm that a large percent of children sometime during the first seven years of life have ascaris lumbricoides; also that both children and adults have oxyuris vermicularis as well as tænia solium. I know because I have seen them.

I know that after the administration of the indicated remedy the excretions have shown the animals in varying stages of disintegration, and this in cases which had previously passed living parasites.

Seventy years ago, Dr. Baehr said that it was "inconceivable that there are homœopathic physicians at the present time who still advocate Hahnemann's doctrines on this subject." Dr. Baehr says we must remove the cause which in the case of worms is a known cause viz., entozoa. He further says the "proper method is to employ remedies externally since they come immediately in contact with the entozoa."

This he did by means of injections of Corrosive sublimate, or simple infusion of Garlic, etc., repeated if necessary until the worms are destroyed.

It is with temerity that I ask your indulgence while I report three cases taken from my recent records.

Case I. Mrs. M., American, age fifty-one, consulted me at my office, May 23rd, 1920. Family history negative, her only complaint was "can you do anything for pin worms which have made me miserable for over ten years and for which I have consulted and been treated by many physicians."

She had used injections and worm powders which gave some relief for a time only but they soon returned as bad as ever. She was emaciated; heavy countenance, eyes dull, tongue coated yellow, stomach very acid, eructations, very sour, green sour stools; great itching of rectum and extremely nervous, and some nervous twitching. Natrum phosporicum 3x was given

at intervals for two years and always with marked relief. She has had no trouble for over a year, has gained flesh and feels better in every way.

No injections were used, no medicine given but Natrum phosphoricum and the only instruction given about diet was to eat plenty and a variety of good plain nutritious food; always observing the five cardinal rules viz.: eat in form sitting erect at table, eat slowly, masticate food thoroughly, never take liquid of any kind in mouth when food is in mouth. Never eat when tired no matter how hungry and eat thy bread with joy.

Case 2. Mrs. D., American, age twenty-six. Family history negative; had scarlet fever when four years old which left her a partial mute. Aside from scarlet fever has always been well, is a strong rugged looking woman. Has been troubled for over two years with occasional rending, twisting pains about unbilicus, abnormal appetite, alternate diarrhoea and constipation.

For the last six months she reports passing from one to twelve tape worm links each day.

Natrum phosphoricum 3x was given for two months with instructions to eat a variety of plain wholesome food and always to observe the five cardinal rules, as of great importance.

No other medicine was given, but in about two months she passed what seemed to be the head—and has not seen any links for over six months and reports that she is feeling well.

Case 3. Master J., Italian, age three, was admitted to the hospital Feb. 3rd, 1923 with a provisional diagnosis of meningitis. He had several convulsions which continued after admission to hospital. Between convulsions he lay in a stupor. Bowels and kidneys very inactive—no stool without enemeta, face swollen and refused nearly everything. His breath and body were extremely sour. Stools following enemeta were sour, fermented and contained a great amount of mucous.

Temperature was from one hundred to one hundred and one each day. When we tried to arouse him to give him medicine or nourishment he fought and struggled vigorously.

Natrum phosphoricum 3x was given him one grain every one to three hours.

The fourth day he vomited and emitted a stomach worm which was about five inches long and alive. Stools showed disintegrated entozoa. He soon showed marked improvement and was discharged in three weeks apparently well, appetite, bowels and kidneys normal.

I fully realize that one swallow does not make a spring.

Also that these three cases, representing as they do the three types of these parasites are not conclusive evidence of themselves. However if your patience and my time were inexhaustible I could report many similar cases covering a period of thirty years where the results have been most satisfactory following the administration of the indicated homœopathic remedy together with rational dietetic instructions.

CLINICAL CASES

Chronic Headache.

C. M. BOGER, M.D., PARKERSBURG, WEST VA.

1. Sour regurgitation after eating, with pain and frontal headache.
2. As of a lump in throat.
3. Sharp pain about heart.
4. Easy sweating; foul footsweat.
5. Thirsty.
6. Aggravation: Lying on back or left side. Heat. Cabbage. Onions.

A single dose of Sepia MM brought on a severe reaction on the fourth day followed by complete cure.

Chronic Epistaxis.

1. Bright red, profuse nosebleed in A.M. after rising, worse turning from left to right.
2. Quivering of lips precedes attacks. Thuja MM one dose.

Epilepsy.

1. Petit mal, with blank spells, flushed face and peculiar motions.
2. Jerkings on falling to sleep.

3. Right ear deaf since cooling off while hot; with roaring tinnitus < if heated.

4. Works in the hot sun.

Kali cyanic MM one dose stopped the attacks for eight months. The two light ones for which he received Kali cyanid 200 five doses since which he is again much better; the hearing is even improving.

Sinking Attacks.

An aged man took on spells of sudden sinking down. In the most inconvenient or dangerous places he would suddenly sink down helplessly.

A single dose of Kali cyanid MM stopped all this two years ago. He remains well.

Infected Tonsils.

1. Right tonsil swollen and painful, > cold drinks.

2. Right eustachian tube and lachrymal duct completely obstructed.

3. Indented tongue.

Five doses of Merc dulc DMM cleared this up rapidly.

Diphtheria.

1. Membrane in posterior nares and pharynx; worse from cold drinks.

2. Face swollen.

3. Eyes; smarting < worse closing them.

4. Vertex; aching, worse lying.

Mancilla 45M three doses made a rapid cure.

Pemphigus.

Very severe on face; the patient looks pale and anaemic and is much reduced.

Several physicians have failed.

Arum tri 200 made a prompt cure.

Another severe case where all the customary prescriptions have failed. Here every bleb left a brilliant red stain in the skin. Arum tri cured.

Alcoholism.

After drinking a good deal of moonshine for several weeks the victim showed the following symptoms:

1. Sleepy by day, but sleepless at night.
2. Anorexia and exhaustion.
3. General jerkings; with restless lower limbs; they feel as if to break off.
4. Urine, foul; leaves an indelible yellow stain.
5. Vertex as if to fly off with every cough.
6. Trifles worry him; fears death. Hallucinations.
7. Thirst for cold drinks, but only a little at a time.
8. Strangling shortly after falling to sleep, < midnight, > hot drinks.
9. Pain at heart, < lying.
10. Mouth; yellow, bloody, acrid water runs from it at night; fetor.
11. A single dose of Arsenicum MM helped a little for two days, then worse again, when Arsenicum 12x took right hold and he made a slow but steady recovery.

Cerebral Congestion.

1. Glittering before eyes, then falls backward unconscious for an hour; says she was asleep.
2. Objects seem to fall into groups; then occipital headache, with pains in mastoids and weakness.
3. Attacks are followed by petechias over body and horizontal hemiopia.
4. Wants windows and doors open.
5. Stomach burns, then spits up sticky mucous.
6. Averse to crowds.

Patient, aged 71. ℞ Lachesis 200. cured completely.

THE INDIVIDUAL IN MEDICINE.

FRANK W. PATCH, M.D., BOSTON, MASS.

It has sometimes seemed to me as though one of the reasons why Homœopathy has not made more rapid strides in the

practice of physicians during the past hundred years has been that so few have grasped the true art of individualization as the greatest component element of its teaching and yet Homœopathy was founded primarily on this tenent. Hahnemann insisted on it—made all his studies and provings on this basis and those of his followers who have built a conspicuous success have done so, it seems to me, largely through their ability to grasp this especial feature of drug usage. This is the great outstanding difference between the practice of Homœopathy and the use of drugs by our friends of the opposite school. It is the thing that has always differentiated Homœopathy from all other methods. Recognition of individuality in drugs — study of individual human beings to be differentiated from each other. The application of the individual drug to the individual patient in an effort to restore harmony of the economy which we call health.

Someone has said that Homœopathy has no remedies for diseases, only remedies for people. Roughly speaking, of course, this is true, for when we restore harmony and health to the sick we have incidentally eradicated disease whether it is of a simple form or a longstanding chronic disorder.

In spite of these obvious facts which are common knowldege to everyone who has read the Organon and has made an honest effort to practice its precepts most of us are continually falling short of the best work of which we are capable through failure to carry out these principles to the end. I am convinced that our chief stumbling block is the very simplicity of Homœopathy itself. In acute diseases, in which field most of us begin our work, the selection of the similimum is a relatively simple matter for one who has made a careful study of his Materia Medica. It shortly becomes possible to care for a majority of the more common disease with a few of our prominent drugs a working knowledge of which is easily and quickly acquired. The results obtained are excellent, far better than could be had through indiscriminate drugging or polygot prescriptions, consequently, one easily gets the habit of off hand prescribing. It is soon found that Aconite, Bryonia, Phosphorus, etc., will take care of most of the pneumonias; Gelsemium, Eupatorium or Rhus the influenzas, and so on. One does not expect to cut

short an attack of whooping cough, for everyone has become accustomed to seeing it go on for an expected several weeks; likeswise typhoid. We get in the habit of using certain drugs in certain acute conditions and before we know it we are thinking of those drugs in their relation to the disease rather than in their relation to people, and the thing is done. We are successful. We are too busy to take time for abstruse study, and before one realizes it, he is crystallized into a physician who thinks only in terms of his own experience. The result is a limitation in the breadth and scope of work which is usually ascribed to Homœopathy rather than to the thorough processes of the physician himself. He is a successful man, he is curing his cases, but those principles when applied to chronic cases do not work. The practitioner usually resorts in his chronic work to hit or miss precribing or the usual suppression and stimulation augmented by frequent surgery. He is treating diseases rather than people. To conquer chronic diseases the physician must extend his Homœopathy. He must study individuals and forget diseases. He must prescribe for people and their infinite manifestations of disorders. Hahnemann found this out years ago after long study and success in the treatment of acute disease and yet, strange as it may seem, he had the same failures that we have today with his chronic cases. What a pity that we cannot learn more from the experience of others.

The result of Hahnemann's failure was renewed and indefatigable study and finally his masterly work on "Chronic Diseases" which even today is a closed book to a large majority of his followers who feel that they are practicing Homœopathy: up to a certain point they are, it is true, but they are also unfortunately missing the finest part of their art.

The understanding that makes it possible to really eradicate chronic disease in so many instances, through treatment of the individual; occasional cases of cancer, epilepsy, tuberculosis have been cured by every master mind in Homœpathy: not by treating those diseases however, but by searching for and finding the deep acting drug that was homœopathic to the sick individual regardless of his minor and superficial external symp-

toms. We pay too much attention to these symptoms in taking our cases and overlook the more important,—if less conspicuous characteristics of the patient.

I want to illustrate this by a case which has been under observation for the past year not as showing exceptional skill on the part of the prescriber but rather as an example of the way one who knows better will sometimes blunder along when his vision is obscured by pathology and names of disease, as kept constantly before us by tradition.

Miss A. An unmarried woman of 66 years, came under my care with the following history. She was the eldest of four children; father had died at 69 of peritonitis. Mother at 77 of apoplexy. She had never been very strong yet had suffered from very little serious illness during her life. A loquacious, emotional type, who had always been protected from the harder side of things; slight of build, blue eyes, easily moved to tears, rather a pleasing personality on the whole. Some four or five years ago after a severe attack of influenza, she gradually developed a severe spasmodic bronchitis which later settled into asthma with all the usual accompaniments of suffering and a great deal of cough and expectoration. Owing to the death of an older brother she had been obliged to leave home and during the early part of last year was cared for at a small sanitarium outside of Boston. Last summer she was at a well-known place in Connecticut, while there she became worse and the physician advised removal, as she had become practically helpless and her cough was so severe as to disturb other patients. She had also developed a passive uterine hemorrhage which brought a good deal of anxiety, and for which Radium treatment was used.

When she was brought to Framingham she was practically helpless, unable to leave her bed and unable to lie down, getting a few hours sleep at night only by the use of hypodermic injections of Adrenalin.

It was reported that a few baccilli of tuberculosis had been found, this I have never been able to confirm.

Here was something of a problem, and, apropos of what has been said above, blinded for the time being by the distress

and suffering of the patient, I endeavored to relieve her condition first by ill-chosen remedies that seemed to bear some relation to the acute symptoms which were so very striking and prominent that one would expect relief in some degree to follow very shortly. Aralia ras. did give a good deal of comfort for a time, likewise Kali carb., Dulcamara and Drosera, all of which were selected with care, but still as I can see now in looking back, without a comprehensive grasp of the patient's whole nature. After each one of these drugs some little improvement followed for a time and the patient was gradually gaining a little strength for sitting into a chair and walking about the room. Yet the severe attacks of asthma kept returning and returning, sapping her vitality faster than new strength could develop.

Finally a new study was made with the following symptoms as a basis:

Cough worse at night.
Cough worse when lying.
Expectoration copious.
Worse by heat.
Flat yellow moles.

Of the remedies brought into the field for study through the repertory analysis, the most prominent were Asafoetida, Bryonia, Lachesis, Lycopodium, Pulsatilla and Sulphur. The next step was a final differentiation through study of these various drugs from the Materia Medica text in relation to this individual patient as I had come to know her. Bryonia was out of the question. It was not an acutely inflammatory state, there was no unusual thirst, neither was the patient irritable or pugnacious as is the habit of the Bryonia individual. There was nothing of the snakelike nature in the patient's makeup, so Lachesis was ruled out. Asafœtida was not of sufficient calibre to cope with so severe a case. This narrowed it down to Pulsatilla, Lycopodium and Sulphur. Of these Pulstailla seemed to cover the nature of the patient better than anything else. Throughout her life she had been prostrated by heat and humidity. She always had desired open air, dry air and open windows. There was never any marked thirst, her blue eyes

and voluble emotional nature were like the Pulsatilla, so Pulsatilla was given and the result seems to have justified the choice.

She is not yet a well woman but she is steadily progressing toward health; spends a large part of her time out of doors, goes up and down stairs at will, walks about the grounds every day. There has been only rarely in the past two months any reminder of the asthma. She lies down at night and sleeps usually about six hours or more. There are still some attacks of the bronchial cough but they are growing less frequent and less severe. Best of all her color and strength are constantly improving and she herself feels that she is getting well. It seems fairly probable that another remedy will be needed before the end of this case, and it is still uncertain as to what that may be.

TUBERCULINUM IN PNEUMONIA

SARAT CHANDRA GHOSE, M.D., CALCUTTA, INDIA

Editor of the "Indian Homoeopathic Reports" and President of the Medical Institute and Nabin Ch. Mitter Out-door Homoeopathic Charitable Dispensary of Jessore.

Pneumonia is a very dangerous malady and if the progress of this disease be not arrested at an early stage, it carries its victims to the grave.

There is now a strong belief which prevails among the people of our country that pneumonia does not yield to the power of any remedy; but this belief is based upon such an erroneous foundation that those who have tried our homœopathic remedies, can raise their powerful voices against it. The allopathic mode of treatment of this disease is a total failure in comparison with our treatment, which has won its most glorious triumphs and greatest laurels in the field of action.

A melancholy-wise shaking of the head on the part of an allopath does not infuse any ray of hope into the minds of his patients and this is all that a patient suffering from an attack of pneumonia can expect from him. At the present time, in

spite of valuable researches made especially in Germany (Anti-pneumococcic serum of Romer), we are not familiar with any indisputably certain antitoxin for pneumonia. Nothing has yet seen the light of day which will check a pneumococcic congestion, but my experience has convinced me that pneumonia is as amenable to homœopathic treatment as is any other disease. It is here that homœopathy shines with such brilliant lustre beside the physic of the dominant school. By the strength of its powerful yet innocuous drugs it can bring about cures acknowledged to be magical. Up to Hahnemann's time and for many years afterwards, the treatment of all inflammatory maladies consisted in blood-letting and antiphlogistic remedies. The whole medical fraternity was satisfied with the results which followed this treatment; but it was Hahnemann, our immortal master, who had the moral courage to stand up in opposition and to proclaim in his own words "that experience teaches us that acute diseases left to their own vital powers alone, without the interference of allopathy, do, on the average, recover more safely and speedily than when treated in accordance with the old plan."

Pneumonia is one of the most fatal of all acute diseases. With this predominant thought in mind, early and conclusive diagnosis must be regarded as a strong factor in the management of this disease and to this end, the importance of an exhaustive study and careful analysis of early symptoms should under no circumstances, be neglected. Fortunately this serious malady yields very beautifully to our remedies and the disciples of Hahnemann have reason for genuine pleasure and congratulations when treating pneumonia. If we have an opportunity of treating these patients from the very commencement of the attack, we are confident of complete success and sanguine of not losing a single case.

I have had occasion to treat successfully many severe and typical cases of pneumonia with appropriate homœopathic remedies, but in the year 1920 I treated nine cases of pneumonia characterized by many obstinate hydraheaded symptoms and all of them yielded to the curative influence of *Tuberculinum*. The results bordered on the marvelous, if not mirac-

ulous! Of course, when I was used to treat pneumonic cases with our common remedies according to the symptoms present, the patients were, no doubt, cured, but in some cases I had to wait some time before the final recovery was effected; whereas the effect of the Tuberculinum was instantaneous in the nine pneumonic cases alluded to above.

As I am a member of a profession whose sacred duty it is to avail itself of every possible means for the cure of the sick, the amelioration or mitigation of suffering, and the prolongation of life, I think it to be a paramount duty on my part to lay my humble experiences before our medical fraternity. I attach much importance to clinical verifications; for if we wish to disseminate the principles of homœopathy, and if homœopathy is to win the confidence of the people, it must do so by the strength of its clinical achievements and the more extensively they are diffused, the better it will be for our cause. My personal experience and success in these cases of pneumonia with *Tuberculinum* have inspired me with confidence to make my observations known to the members of the International Hahnemannian Association of which I am an honorary member. I did not try to concern myself with the *modus operandi* of *Tuberculinum* in nipping pneumonia in the bud, but I do know as well as truth can be understood, that under the influence of its curative action pneumonic manifestations are removed in no time. I hope and trust that these cases will prove as convincing to honest investigators.

All the following nine cases had the typical symptoms of pneumonia. The invasion in these cases, was ushered in by the appearance of an agonizing chill and in some cases there were vomiting and convulsions; the cough was dry, painful and incessant, associated with viscoid, rust-colored and very tenacious expectoration; there were lancinating, stabbing, thoracic pains, percussion showed isolated points of consolidation, vocal fremitus being increased over these areas; auscultation revealed fine mucous rales over the affected areas, heard during inspiration and expiration and of a metallic character, indicating pulmonary consolidation; the pulse was rapid, full and bounding; there was considerable pain in the chest; ex-

treme respiratory difficulty existed; the fever was very high; the face was flushed and depicted extreme anxiety; vocal resonance was increased and herpetic eruptions about the lips were present; headache was very distressing and there was mental aberration.

The foregoing symptoms will conclusively prove that these were nothing but genuine pneumonic cases. It is particularly to be noted here, that these patients had no tuberculous element present in their systems and they did not inherit any tubercular diathesis from their parents or grandparents.

I shall now proceed to dwell upon these cases and present them seriatim.

Case No. 1. A daughter aged about 3 years, of Rai J. N. Choudhuri, Zemindar of Nakipur, was suddenly attacked with high fever on March 10th, 1920. The child had a violent chill associated with symptoms of cold and began to cough every now and then with crying; there was extreme difficulty in breathing; the pulse was quick and there was circumscribed redness of the cheeks; the tongue was dry and thickly coated with a white fur and the temperature was found to be 104.6.

The child was placed under the treatment of several eminent homœopaths of Calcutta and they treated the patient for 7 days. There was no perceptible improvement and so I was sent for in great haste. I saw the child on March 17th, 1920. The following symptoms were noted by me:

March 17th, 1920, 11 A.M. Temperature 105.4; the cough was loose, chest full of mucous with fine rattling rales; the patient was so exhausted that she could not raise the accumulated secretion, which threatened to bring on suffocation; there was great thirst for cold water and fan-like motion of the alae nasi; the abdomen was distended; extreme difficulty in respiration; there were pneumonic patches over both lungs; the stools were watery, offensive and brownish; the pulse was 145 and respiration 46 per minute.

I left one dose of *Tuberculinum* 200 with the father and instructed him to administer it to the child when the temperature was declining.

8 P.M. The temperature was found to be 103.4 and the powder left by me was given.

11 P.M. The body of the child had been dry and harsh and there had been no perspiration observed within eight days, but now the girl began to perspire copiously.

March 18th, 1920, 10 A.M. The usual morning temperature of the child was generally found to be 103 or 103.6. But to our great astonishment the temperature of my patient was found to be 98.6 this morning. After my arrival, I found the child in a calm sleep, without any visible manifestations of suffering. I never thought for a single moment that one dose of Tuberculinum would be able to work such a wonder in so short a time.

There was a slight rise of temperature in the afternoon at 4 P.M. but the temperature became normal again at 9 P.M.

No further doses of Tuberculinum were needed to cure the patient. One dose only was quite sufficient for the purpose of making a permanent cure.

Case No. 2. Master Patal Choudhuri, nephew of Babu K. M. Choudhuri, B. L. of Khulna, Bengal, had an attack of high fever on the 10th of April, 1920. On the day following he began to cough incessantly with pains in both sides of his chest.

The boy was placed under the treatment of the Civil Surgeon of the district. The Civil Surgeon treated the patient for 18 days, but unfortunately no medicine did him any good. On the contrary he was seen to be growing worse each day.

At last an urgent telegraphic message was sent to me to go to Khulna.

I began to treat the boy from the 28th of April, 1920.

On my arrival at Khulna I noted the following symptoms:

April 28th, 1920, 10 A.M. The temperature 105.6; there was pulmonary oppression with feeling of anxiety; heavy pressure just over sternum; cough very hard and painful; expectoration viscid, tenacious, of a brickdust color; abdominal breathing was present; sweat and coughing; the patient was restless and delirium was present; cough increased the difficulty in breathing; the patient was so very weak that he could hardly

speak; the pulse was 145 and respirations 48; constipation was present.

2 P.M. The temperature had come down to 104.6. I prescribed one dose of *Tuberculinum* 200 and left three placebo powders one to be given every three hours.

April 29th, 1920. 8 A. M. The temperature was found to be 100.2.

10 A.M. The temperature was now 100; breathing was easier than before; there was easy expectoration of mucous; there was no delirium and the patient was quieter than before; the pulse was 102 and respiration was 22.

Placebo was continued.

4 P. M. The temperature rose up to 101.6. this afternoon and it began to decline at about 8 P.M. when it was found to be 100.4.

April 30th, 1920. 8 A.M. The temperature was found to be 97.6; there was no difficulty in breathing; the patient did not feel any pain while coughing and was feeling much better in every respect.

There was no rise of temperature to-day.

The patient was convalescent within a week. Only *China* 30, was required for the weakness, later on.

Case No. 3. Mr. C. E. Williams, aged 42, had been suffering from double pneumonia for 12 days. As he had no faith in homœopathy, he placed himself under the treatment of two distinguished allopaths of the locality; but as the condition of the patient grew suddenly alarmingly worse, his uncle called me in on the 3rd of September, 1920 and asked me to take charge of the case.

Sept. 3rd, 1920, 11 A.M. I noted the following symptoms:

The patient was in a very feeble condition when I examined him; the temperature was 105.8; the pulse was very feeble and quick; tongue was enveloped with a thick brownish coating; the teeth were full of sordes; there were numerous small consolidated patches scattered over both lungs; sonorous and sibilant rales were heard in the chest and fine moist rales over the consolidated patches; there was rapid labored breathing; the cough was frequent and distressing and produced extreme

pain; the expectoration was of brick dustcolor; the patient was lying in a comatose condition with fleeting moments of consciousness; he was passing involuntarily, very offensive, brownish, liquid stools.

I gave him a dose of *Tuberculinum* 200 at once. No more medicine was administered that day.

Sept. 4th, 11 A.M. The temperature came down to 104.2 this morning. All the foregoing symptoms were, more or less, present. Another dose of *Tuberculinum* 200 was given.

4 P.M. The patient began to perspire copiously after 4 P.M. and the temperature came down to 100.2 at 6 P.M. this afternoon.

8 P.M. The temperature was now 98.6.

The breathing was almost normal; tongue was clearer than before; no more stools; the patient was conscious; there was of course, cough, but he did not feel any pain while coughing; the pulse was not at all quick. In short, he was feeling immensely better in every way.

Sept. 5th, 11 A.M. The temperature remained normal and so was the breathing; there was not the least oppression of breathing and no rales could be heard; he had passed a hard yellowish stool.

No more medicine was given and the patient was well within another six days.

Case No. 4. Mr. Mazibur Rahman, of Tollygunge, was attacked with influenza of a severe type on the 6th of August, 1920. There was extreme prostration; bone-pains were terrible and a hacking dry cough was present. On the 8th of August he felt some pain on the left side of the chest; the character of the pain was stitching.

On the 9th of August symptoms of pneumonia, associated with pleurisy, manifested themselves. He was under the care of an allopath; but as the fever did not abate, I was called in and undertook the treatment of the patient on the 12th of August, when the following symptoms were noted by me.

2 P.M. The temperature of the patient was found to be 104.8; the skin was dry and harsh, extreme thirst was present; cough was terrible and incessant; the expectoration was yellow-

ish and viscid; he experienced great pain while coughing; abdominal respiration was present and great oppression of breathing; dull rales were heard over the left side of the chest; face pale, extremities cold and the pulse was quick and feeble.

I was told that the temperature was declining and so I gave him one dose of *Tuberculinum* 200 and left three placebo powders, with instructions to give one of them every three hours.

August 13th, 10 A.M. The temperature was now 100.2; oppression of breathing was less than yesterday; the thirst was more moderate and he felt somewhat better.

Placebo was continued.

August 14th, 10 A.M. Yesterday the temperature did not rise higher than 101.4. The morning temperature was 98.6; there was no pain while coughing; abdominal respiration disappeared altogether and there was no difficulty of respiration; the patient was feeling comfortable in every way.

No medicine.

August 15th, 10 A.M. No further rise of temperature; passed a normal stool and slept well last night; no rales could be heard over the affected area and he did not cough at all.

No more medicine was given.

The patient was declared to be out of danger on the 18th of August and boiled rice was then given.

Case No. 5. Babu Mahit Ch. Sen, aged 28, was attacked with a common cold on the 10th of March, 1920. He attended office as usual until the 12th of March. On the 12th of March the cough which was loose, became suddenly dry and distressing, associated with chest pains. On the 14th of March, he had a severe chill with vomiting and was now in deep water, facing a severe pneumonia.

March 15th, 1920, 10 A.M. I was called in to see him this morning and noted the following symptoms:

Fever. The temperature was 105.8.

Respiratory Organs. There was dryness of the air-passages; excoriated sensation in the upper chest; great weight on chest; there was extreme difficulty in breathing and sharp, cutting, lancinating pains on the left side of the chest; so that he could

not lie on this side; the act of coughing caused pains in distant parts, especially the head and abdomen; the bronchial respiration was attended with crepitation and rattling.

Head. There was terrible headache.

Stool. The bowels had not moved for the last three days.

Tongue. There was a thick yellowish coating of the tongue; it was very dry, with great thirst.

Face. The face was flushed and denoted extreme anxiety.

Mind. He was slightly delirious and was not conscious of his surroundings.

I prescribed *Tuberculinum* 200 and asked the attending physician to give him one dose only when the fever began to decline.

March 16th, 11 A.M. I examined the patient this morning and found him almost in the same condition as before and therefore gave him another dose of *Tuberculinum* 200 as the temperature was now 103.8.

March 17th, 11 A.M. The temperature was 99.2; the patient was much better than before and the fits of coughing were less distressing; he had passed a normal stool this morning; there was no thirst and he did not experience any pain while coughing; he could answer my queries correctly and intelligently; the tongue was clearer than before; there was not the least oppression of breathing.

No further doses of the remedy were given.

I had no occasion to repeat the medicine as the effect of the previous dose continued and my patient was perfectly convalescent within 6 days.

Case No. 6. Mrs. S. C. Roy was attacked with pneumonia on the 2nd of April, 1920, and was treated by some allopaths for 10 days. I was called in to see her on the 13th of April, 1920. I detected the following symptoms:

Fever. There was high fever, temperature being 105.

Respiratory Organs. The cough was loose and the chest was full of mucus with fine rattling rales; the patient was too much exhausted to raise the accumulated secretion, which threatened to suffocate her; there was great oppression of breathing and pleuritis stitches on the right side of the chest were present.

Face. The face was pale and covered with clammy sweat.

Abdomen. The abdomen was distended.

Pulse. The pulse was 140 per minute.

Mind. The patient was comatose.

Tongue. The tongue was enveloped with a white coating.

Cough. There were terrible coughing fits; the expectoration was yellowish and viscid.

I left one dose of *Tuberculinum* 200 and asked the attendant to give it when the temperature began to decline.

April 14th, morning. I was informed that the powder was given to the patient at 2 P.M. yesterday. The patient began to perspire copiously at 5 P.M., and the temperature was found to be 99.2.

This morning the temperature was 98.4; the patient had passed a normal stool; the coma had disappeared; there was no oppression of breathing and no stitching pains were present. In short, the patient was better in every way.

Placebo was given.

April 15th. There was no rise of temperature yesterday. The patient was doing well. No further medicine was needed.

Mr. Roy had been a great hater of our remedies. He had no faith in homœopathy. His wife's recovery made a lasting impression on his mind—so much so that he promised to open a Homœopathic Charitable Dispensary in a place which was to be selected by me.

Case No. 7. Babu Hari Har Choudhuri, a millionaire of the town, was seized with a sudden cold on the 14th of November, 1920 while he was returning from Allahabad. He had fever on the 15th of November, associated with slight cough. As he had no faith in homœopathy, he placed himself under the treatment of the principal of the Calcutta Medical College. There were half-a-dozen more allopaths to minister to his sufferings. But unfortunately the disease increased by leaps and bounds and the case was pronounced to be hopeless on the 20th of November. It was at this juncture that his son sent his powerful Sunbeam Car to my place and asked me to go to his house at once.

I saw the patient on the 20th of November at 4 P.M. The following symptoms were present:

The patient was senseless; the fever was 105.2; the tongue was brown and fissured; there was sordes on the teeth and there was extreme prostration and cold clammy perspiration all over the body; the pulse was almost imperceptible; there was spasmodic cough with deep, rough voice and with yellowish, fetid expectoration; physical examination revealed that both the lungs were affected; symptoms of hepatization were present; the respiration was very difficult and gasping; the patient was moaning and groaning; deglutition was painful; low, muttering delirium was present, also diarrhœa, stools being watery, brownish and very offensive.

In fact, the condition of the patient was so very bad that I could not hold out any hope of his recovery. However, I spent the whole night at the bedside of the patient. I prescribed *Tuberculinum* 200 at 5 P. M.

8. P.M. The temperature was 104.8; no more offensive stools; groaning less than before.

10 P.M. The temperature was 101.8; the pulse was perceptible; the respiration was somewhat normal and the patient was found to be sleeping.

2 A.M. He was still sleeping.

Nov. 21st, 1920, 8. A.M. The temperature was 98.6; the pulse was normal; the patient was conscious of his surroundings; there was no more fetid expectoration; the stool was healthy and there was no difficulty of respiration; the condition of the lungs was much better than before.

Placebo was continued.

I was obliged to stay there for three days more.

There was no rise of temperature and the patient made a rapid recovery.

Case No. 8. Mr. H. E. Lewis, aged 27, had influenza on the 10th of August, 1920. There was watery nasal discharge; pains all over the body; temperature was 102.8; terrible headache. Took some allopathic medicines which stopped the nasal discharge suddenly but brought on spasmodic fits of coughing and pains in the left side of his chest. And in addi-

tion the fever rose to 104.4. The allopathic doctor tried his best to bring down the temperature and to alleviate the suffering, but unfortunately all his attempts proved futile. The patient was growing worse constantly.

I was sent for on the 16th of August at 11 A. M., when I noted the following symptoms:

Physical examination revealed that the patient was suffering from pneumonia; there was complete consolidation of the left lung; the respiration was difficult and increased in frequency to 60 per minute, with the complaint of soreness and pain; the cough was dry and incessant and the expectoration was mucopurulent and sometimes blood-streaked; the heart systole grew weaker together with a feeble pulse; there was dyspnoea and loss of appetite; the temperature was 104.8; the patient was restless; thirst was very great; there was cold sweat on the forehead; the facial expression denoted extreme anxiety and hopelessness.

I left one dose of *Tuberculinum* 200 with instructions to give it when the temperature was on the decline.

As the temperature was never found to come down below 103.6, the medicine was given at 8 P. M., when the temperature was 104.2.

August 17th, 2 P.M. The temperature was found to 98.6 at 8 A. M. this morning and since then there has been no rise of temperature The patient was not at all restless; thirst entirely disappeared; there was cough, but it was less than before, the respiration was almost normal and without difficulty; the soreness was less.

Placebo was now given.

9 P.M. There was a slight rise of temperature.

August 18th, 10 A.M. The temperature was normal.

Another dose of *Tuberculinum* 200 was given.

Augst 19th, 9 A.M. Yesterday there was no rise of temperature and there was no cough; the soreness was gone; the lungs were clear; the expectoration was white mucus; appetite was good.

No further doses were repeated and the patient made a complete recovery within a week.

Case No. 9. The second daughter of Babu Hem Chandra Roy Choudhuri, aged 8 years, had an attack of double pneumonia on the 20th of October, 1920.

The girl had not experienced any prodromial symptoms, but the attack was sharp and violent.

She had high fever associated with severe flying chest pains, which symptoms continued for three days. On the 25th of October the temperature rose to 105.4, with extreme restlessness. The best allopaths treated her until the 28th of October, but the sufferings went on increasing in spite of their strenuous efforts.

The patient was placed under my treatment on the 29th of October at 2 P. M., when my examination revealed the following symptoms:

Fever. The temperature was 105.4.

Respiratory Organs. Physical examination denoted pronounced signs of consolidation of both the lungs; auscultation displayed fine mucous rales over the affected areas; the respiration was 51 per minute and the pulse was 146; the breathing was hurried and labored; the cough was incessant, dry and caused severe pain, so much so, that she winced and cried.

Abdomen. There was distention.

Mental symptoms. The patient was restless and slightly delirious.

Tongue. There was a thick brownish coating on the tongue.

Stool. The patient was passing watery, mucous and blackish, offensive stools.

I prescribed *Tuberculinum* 200 and asked the father to give one dose when the temperature began to decline.

6 P.M. The temperature was now 104.4 and *Tuberculinum* 200 was given.

8 P.M. The patient began to perspire copiously.

11 P.M. The temperature came down to 102.4 which it had not done at any time before.

October 30th, 1920, 8 A.M. I was sent for in haste. On my arrival at the patient's house I found the girl's temperature to be normal i. e. 98.6 and found her to be sleeping quietly.

2 P.M. I went to see her again at 2 P.M. when I found her

to be much better than before. The temperature was still 98.6; the cough was much less frequent; the respiration was almost normal and the pulse was normal; she did not experience any pain while coughing and did not pass any more offensive or loose stools.

Placebo was continued.

October 31st, 11 A.M. There was no further rise of temperature and there was no difficulty of breathing; the condition of the lungs was much better; she had passed a normal stool; the tongue was clear; in short the patient was cheerful and playing when I visited her.

No more doses were required to complete the cure.

The girl made a splendid recovery within a week.

The grand characteristic symptoms which call for the administration of *Tuberculinum* in pneumonia, are, in my opinion, oppression of breathing and mucopurulent, viscid or rust-colored expectoration. Difficulty in breathing resulting from bronchial and pulmonary obstruction produced by a superabundant secretion from the mucous membrane is wonderfully relieved by *Tuberculinum*. In some cases a single dose of *Tuberculinum* is quite enough to do away with these symptoms. It is also a sovereign remedy in influenzal pneumonia, relieves the weakness, mitigates the cough; improves the appetite, stops the perspiration and braces up the whole organism.

The above nine cases reported by me will prove the usefulness of *Tuberculinum* in pneumonia and show without any shadow of doubt, that it is capable of curing pneumonic cases within a very short time. Truth is sometimes stranger than fiction and I am bold enough to say, that if the monster of this fell malady has ascended the culminating height of its destruction and if death knocks at the very gate of life, it can still be asserted without any fear of contradiction that *Tuberculinum* will undoubtedly carry off the palm of victory by bringing about a happy amelioration of all the principal agonising symptoms. With the extraordinary swiftness of the prophet's gourd, the almost dying embers of vitality are sometimes rekindled. The one criterion for judging value is beautifully expressed in the proverb: "The proof of the pudding is in the

eating thereof"—that is to say, once satisfied with results, we put no questions as to the why and wherefore. The above cases surely answer the purpose for which they are recorded, if they lead my colleagues of the International Hahnemannian Association to investigate the subject for themselves.

Before I conclude I cannot but entreat them to test the efficacy of *Tuberculinum* in pneumonia and then to publish their valuable experiences.

TUBERCULOSIS OF THE BONE.

GEO. E. DIENST, M.D., AURORA, ILL.

On April 4, 1921, I was called a long distance to see a sick child, Teddy H. On arriving at the home, I found a very delicate and emaciated boy of fourteen years, lying on a couch, unable to move without assistance. Both feet and ankles were bandaged, also his left hip, indicative, without asking any questions, of ulcers.

I found, upon taking the history of the case, that this child had always been delicate; that four years ago, he had scarlet fever and had been given a local treatment—so called, which was followed by swelling of the cervical and other glands. As a baby it was said that he had screamed for five months. This screaming was followed by cramps and convulsions and in addition to this, he had all the children's diseases.

His present condition dates back three years to 1918, when his mother told me he had a (sore) on his right hand which looked like a felon. The pain was intense, extending up the arm to the shoulder. This was lanced and showed some improvement. Two weeks later a similar sore broke in the left groin; this came very suddenly and was accompanied by a very high temperature and severe pains. After the formation of pus, this was opened and permitted to drain for a while. He was then put in a cast for one year, while this abscess in the left groin continued to discharge. One year later pieces of bone were removed in small parts from this ulcer; the cast

was not removed until a year later, when he began to walk about with crutches.

In August of 1920, a large ulcer appeared on the right arm, near the wrist and near the elbow and about this time there appeared abscesses in the internal part of the left hip; these were accompanied with a very high temperature.

In February 1921, ulcers appeared on the tibia of the right leg and on the right foot above the ankle and when opened, discharged a bloody pus. The leg was badly swollen and very much discolored. When these ulcers appeared on the right leg, the ulcers on the left hip seemed to dry up and when I was called there was but one ulcer discharging in the left hip, the three having dried up, but not healed. On taking further symptoms, I found he was usually worse before a storm and in cold weather; he was very thirsty, but had loss of appetite and a particular aversion to fats; he was also afflicted with severe vertigo and a tendency to fall backwards and during all this time, there was copious urination. Upon inquiry I found that he had taken a great deal of cod liver oil, much iron, and various vaccines at lengthened intervals, until his system seemed to be saturated with medicine. I found much crepitation in the upper left lung; his temperature ran from 100 in the morning to 103 and 104 in the afternoon.

It is pertinent to say, at this time, that he had three different physicians in the past three years, all of whom pronounced it an incurable case of osseous tuberculosis.

It was very difficult to ascertain any marked symptoms, upon which to base an accurate prescription, noting, however, the emphasis his mother placed on the fact that he was worse in damp and cold weather, I prescribed *Calc.-sulph,* 1M,Fc. Because of his extreme emaciation, his high temperature, and the deep eating ulcers my prognosis was not final—there was no question about my diagnosis.

On April 14, 1921, they reported no change in general, except that his left hand was badly swollen and very painful. I prescribed *Baccilinum* 100, 3 powders—1 every 3rd day.

On April 26, the report came that he seemed to feel better. The swelling of the left hand had reduced materially, but was

not as painful; the ulcers, particularly those on the ankle, were discharging liberally, but with much less pain. *Bacillinum* 100—4 powds.—one every 3rd day.

May 10, 1921: reported gained two pounds; pus from ulcers had grown less; the swelling of the left hand was receding and did not suppurate. Again—*Bacillinum*—4 powds.—1 every 3rd day.

June 4, 1921: reported gaining—doing nicely. Abscesses on hip had healed, but those on right leg were still discharging; swelling of the left hand very much better, and his general health very much improved. *Bacillinum* 200—3 powds.—1 every 8th day.

July 12, 1921: Hand about normal; abscesses on right foot still discharging, with considerable pain; general health about the same. Here finding that Bacillinum had about come to a standstill I prescribed *Calc.-sulph.* 10M.

July 22, 1921: Reports feeling some better; a new abscess had opened on the right ankle, but his leg has improved considerably and he was now trying to walk without crutches; temperature normal most of the time.

August 5, 1921: Is walking quite a bit; abscesses still draining but not much pus—mostly blood; in general he says he is feeling fine. *Calc.-sulph.* 10M—2 powds. in twelve hours.

August 25, 1921: There has been no improvement in his walking; neither in the abscesses, but the generals remain fair. There seemed to be a stasis in his improvement so I returned to *Bacillinum* 200—3 powders—1 every 5th day.

September 11, 1921: Reports that the remedy has produced an additional ulcer on left leg with a scanty discharge of bloody pus, the color of this blood being much brighter than that from the preceding abscesses. He was now gaining rapidly in weight. *Bacillinum* 200—3 powds—1 every 5th day.

November 2, 1921: Is doing nicely; abscesses healing.

November 10, 1921: An old abscess on left leg re-opened and is discharging freely; the pus not as bloody as in the previous reports. Again—*Bacillinum* 200—3 powders—1 every 3rd day.

November 22, 1921: Left leg very much improved; ab-

scesses in the hip partly healed; there is still some pus from the abscesses in the ankle. S. L.

December 13, 1921: (Feeling fine.) (Gaining weight.) Left ankle is still suppurating. *Calc.-sulph.* 1M—4 powders 1 every day.

December 24, 1921: They reported a piece of bone had been removed from the left ankle (near the big bone in front) this bone is about the size of a man's thumb-nail; he is now feeling fine and spends much of his time out of doors.

January 12, 1922: While playing in the snow he took cold, with the result that the right arm began to swell badly and pain severely and this was worse before an impending storm. At this time I made a trip to his home to examine him more carefully, and was very much surprised at his growth and increase in weight and the improvement of all his conditions and the healing of the abscesses. *Rhus*—10M was given because of the swollen arm and his aggravation before a storm. About a week later the report came that he was very restless, sleepless, losing weight and severe pain in both legs. I prescribed *Ars.* 200—4 Powders—1 every three hours.

February 4, 1922: They reported that he was feeling fine; the abscesses on his right leg had re-opened and drained nicely. S. L.

February 11, 1922. Reported the formation of a new abscess on leg, with the general condition still much improved. *Calc.-sulph.* 1M—4 powders—1 every 4 hours.

February 28, 1922: Suppuration continuing scantily. S. L.

March 16, 1922: Feeling fine, but an abscess in the region of an old one in the sacrum had opened, but was practically painless and discharging freely; an old abscess on the left leg was now healed.

April 1, 1922: Another piece of bone from the ankle which was still suppurating, but scantily. *Calc.-sulph* 10M.

April 22, 1922: The left ankle draining slightly; the right ankle had completely healed. S. L.

May 12, 1922: Doing nicely; abscesses almost healed.

June 2, 1922: All abscesses, except two in right ankle, healed, but now since the abscesses have healed, or nearly so,

there comes an old symptom, which he had as a child—frequent sick headaches. This, however, made no change in my procedure and I repeated *Calc.-sulph.* 10M.

June 5, 1922: He is now working daily in the garden and helping his father, who is a painter and paper hanger. There is still some drawing pain and soreness in the legs. S. L.

October 13, 1922. Was taken ill suddenly in September. I was called and found that the abscesses threatened to re-open, at least it appeared so, and his symptoms pointed that way. *Hepar sulphur* 30 was given, 1 every 4 hours for two days. The ulcers did not re-open; his general health improved at once.

December 19, 1922: Growing rapidly; has a very strong appetite; increasing in weight; going to school and playing ball, at which he is a good pitcher, and reports feeling fine.

On January 23, 1923, I was surprised when the young man walked into my Chicago office; a fine looking young man, rosy cheeks, well developed, and walking without a limp. He has been in school and they say he is one of their best students. He tells me that he is feeling fine in every way. The abscesses are practically healed and for good measure I gave him Hepar sulphur 10M .

Since then he has continued to improve; spends his time, when not in school, helping his father or working in the garden and has grown very strong. He has had no remedy since then, although I hear from him occasionally and every report is more favorable.

Bureau of Obstetrics

MATERNITY.

GEO. E. DIENST, M.D., AURORA, ILL.

I have selected this word as the subject of my paper, because it is one of the most precious words in the English language. It involves motherhood, and there is no name, from a physical standpoint, dearer to our hearts than that of "Mother." One of the most sacred duties of life is the propagation of our species and this brings about a breadth of meaning which covers every avenue of human existence. Healthy matrons may produce healthy offspring—sickly matrons, sickly offspring and in this event there is a future of almost perpetual illness.

The agriculturist is very careful in the selection of his seed that it may be healthy, free from tares, and that it may be productive of a healthy harvest. The horticulturist in planting his orchards and vineyards is very careful in selecting plants, seeking those that are healthy, and with excellent care cultivates and prunes them so that the fruit may be healthy and matures properly. This is also true in the live stock realm. A stock dealer would much prefer a Chester White or a Duroc hog to a thin razor back, and is most careful that this stock is kept free from disease, that it is properly nourished and properly protected. This same care and thought is given to horses, cattle, sheep, and poultry for the reason that there is neither pleasure nor profit in sickly and poorly nourished stock. A sickly herd begets a sickly herd and there is naught but expense and trouble. A sickly family produces trouble and sickly families produce sickly nations. You have all no doubt

observed the history of the Marquesans, once a healthy and wholesome people. The remnants of these people are sickly and will soon be out of existence, and all this because of the introduction of disease, particularly venery which has been so destructive.

Unfortunately, there is not the attention given to the propagation of the human species that there is to plants and live stock, and yet there is no greater field, and there is no greater necessity for careful preparation, than in the production of the human species. To be brief, therefore, permit me to say, first of all, that every woman contemplating motherhood should see to it that her physical condition is put into the proper state of health before assuming motherhood. Every individual—every woman, has within her body either latent or active, a disease element and that element, if not removed, will be transmitted to her offspring, and there is no sadder picture in nature than a home with deformed or sickly children. The haphazard way in which families are organized and propagated cannot be too deeply deplored and the reason for correcting these conditions cannot be too strongly emphasized. To say that a young woman contemplating motherhood does not need the care of a physician is to expose an ignorance which is really inexcusable, and there is no time in a young woman's life when she needs the care and counsel of an educated physician more than when she is contemplating motherhood or becomes a prospective mother. I am aware of the fact that popular opinion does not approve this, for the reason that the popular mind has little or no conception of disease miasms and the power of the indicated remedy to remove or cure these miasms. Those of you who are engaged in obstetrical work, realize this possibly more keenly than anyone else, for the bugbear of pregnancy and parturition seems almost beyond the control of anyone. This should not be, for in the reproduction of the human species the prospective mother should be kept as free from disease elements and morbid thoughts as it is possible to do, for the lives and the health of the mother and child are at stake. Permit me to say that there is no reason why there cannot be produced a healthy human being as well as a healthy horse or hog. The more I

see of bodily infirmities, the more I am impressed with the necessity of correcting disease tendencies in a child before it is born, for bodily infirmities are transmissable and if not corrected in the parents, particularly the mother, the child will come into the world with the same or like disease tendencies and live a life of aches and pains.

Secondly: Everyone contemplating motherhood and every prospective mother, should live a cheerful and wholesome mental and physical life for mental and physical infirmities are, to a certain extent transmissible and, since this is true, we cannot emphasize too strongly that every child has the right to be well-born mentally as well as physically. Here again is a great sphere of careful and earnest work for the physician and I know of no place or vocation where the work of a physician can be of greater consequence than in the correction of mental and physical defects in prospective mothers. Take for instance, a young woman who is given to hysteria and various nervous disorders, which conditions are lamentable to say the least and which, if not corrected, will produce similar if not like hysteria and nervous disorders in the child. These things may not be apparent at once, but depend upon it, that when continued generation after generation, crime, vice, and insanity are the natural consequences, and right here is one of the greatest spheres of far reaching work for the homœopathic physician, who understands the action of miasms and the effects of the indicated remedy. These physical conditions, these mental conditions, so prevalent, if not corrected, will keep the mother from the proper rearing of her child and too much emphasis cannot be placed upon the necessity of correcting all physical and mental defects before assuming the responsibilities of motherhood or giving a life to another individual. The modern idea of letting nature take its course is all right if nature works normally and if not, nature must be aided to perform her normal functions. Parturition should not be the bugbear so commonly talked about, for if nature is put into normal functioning these things lose their terror.

Space forbids entering into the various details which these thoughts involve, but I do not want to close this paper without

saying that with the proper physical and mental care previous to parturition, the time of delivery can be greatly modified. I dare say that many of the prolonged labors, Cæsarean sections, and meddlesome surgery can be prevented, if the proper care is given during the period of gestation. Not only this, but when the period of the menopause arrives much of the physical and mental distress of the women of our land can be prevented, if properly cared for during the period of adolesencé and the earlier years of motherhood. Old age will lose its terrors, and she who, under careful homœopathic treatment has reached the three score and ten or four score years, can lie down in peace with a consciousness that she has given to the world a progeny healthy in body and soul.

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1907 Edwin A. Taylor, M. D., Chicago, Ill.
1908 Lawrence M. Stanton, M. D., New York City.
1909 Guernsey P. Waring, M. D., Chicago, Ill.
1910 Edwin A. Taylor, M. D., Chicago, Ill.
1911-12 Carolyn E. Putnam, M. D., Kansas City, Mo.
1913 Julia Minerva Green, M. D., Washington, D. C.
1914 Grace Stevens, M. D., Northampton, Mass.
1915 Margaret Burgess Webster, M. D., Philadelphia, Pa.
1916 Henry L., Houghton, M. D., Boston, Mass.
1917 George E. Dienst, M. D., Aurora, Ill.
1918 Guy Beckley Stearns, M. D., New York City.
1919 D. C. McLaren, Ottawa, Canada.
1920 Thomas G. Sloan, So. Manchester, Conn.
1921 Harvey, Farrington, Chicago, Ill.
1922 Thomas G., Sloan, So. Manchester, Conn.
1923 Eugene Underhill, Philadelphia, Penn.

SECRETARIES

1881 H. C. Allen, M. D., Chicago, Ill.
1882 Walter M. James, M. D., Philadelphia, Pa.
1883-86 J. B. Gregg Custis, M. D., Washington, D. C.
1887-88 E. A. Ballard, M. D., Chicago, Ill.
1888-93 S. A. Kimball, M. D., Boston, Mass.
1894-95 Howard Crutcher, M. D., Chicago, Ill.
1896-00 Erastus E. Case, M. D., Hartford, Conn.
1901-12 John B. S. King, M. D., Chicago, Ill.
1913-16 Frank W. Patch, M. D., Framingham, Mass.
1917-23 William W. Wilson, M. D., Montclair, N. J.

TREASURERS

1881	H. C. Allen, M. D., Chicago, Ill.
1882	Ad. Lippe, M. D., Philadelphia, Pa.
1883-85	Edward Cranch, M. D., Erie, Pa.
1886-88	W. A. Hawley, M. D., Syracuse, N. Y.
1889	J. D. Tyrrell, M. D., Toronto, Canada
1890	C. W. Butler, M. D., Montclair, N. J.
1891-02	Franklin Powel, M. D., Chester, Pa.
1903-11	Philip E. Krichbaum, M. D., Montclair, N. J.
1912-18	William R. Powel, M. D., Philadelphia, Pa.
1919-23	William W. Wilson, M. D., Montclair, N. J.

INDEX

A Healthy Patient—Except for an Eruption: Its Treatment . . 95
Ambra Grisea, Results with 337
Aralia racemosa 159
Aralia racemosa, Notes on 303

Baker, Harry M. 74, 153
Banerjee, Radhikanath 76, 154, 312
Benzoin odoriferum: Remarks about Spicewood 299
Bidwell, Glenn I. 191
Boger, Cyrus M. 41, 109, 134, 307, 333, 370
Bromium 74
Brown, Plumb 122, 280, 309, 367
Bureau of Clinical Medicine . . . . . 118 to 194, 337 to 395
Bureau of Homœopathic Philosophy . . . . 22 to 52, 234 to 288
Bureau of Materia Medica . . . . . 53 to 117, 289 to 336
Bureau of Obstetrics and Surgery . . . . . 195 to 208, 396 to 399
Burgess-Webster, Margaret 160
Bursa pastoris, A Proving 307
Business Proceedings of 1922 . . . . . 5 to 21
Business Proceedings of 1923 . . . . . 211 to 233

Carbuncles 172
Carr, V. Taber 115
Case Reports 138
Cases 160, 355
Cases of Interest 346
Cholera Cases, Some Clinically Verified Remedies in 312
Cedron 70
Chronic Nephritis 122
Clark, Byron G. 299
Clinical Case, A 130
Clinical Cases 134, 154, 352, 370
Coleman, Daniel E. S. 91, 162
Correct Remedy versus the Undertaker, The 180

Deceased Members 406

Definitive Prescribing 324
Diathermy as Adjuvant to the Remedy 191
Dienst, George E. 84, 130, 286, 391, 396
Difference Between the Similar and the Similimum, The 50
Disease, The Beginnings of: Elements Deficient or Out of Balance: Constitutional Remedies 269

Effect of Natrum muriaticum in High Potencies on Guinea Pigs, The 99
Emmerson, George C. 206
Excerpts from Daily Practice 168

Farrington, Harvey 202, 359

Geiser, S. R. 185
Genus Epidemicus, The 41
Ghose, Sarat Chandra 377
Green, Julia Minerva 138
Gregg-Custis, J. B. 289
Guild-Leggett, S. L. 46, 168, 346

Hayes, Royal E. S. 337
Helminthiasis 367
Hemorrhoids, Non-Surgical Treatment of 178
Homœopathic Materia Medica, The 64
Homœopathic Technique 142
Homœopathic Triads 260
Honorary Members 406
How to Select the Remedy and Its Potency 53
Hyoscyamus 301

Illustration of a Simplified Method of Arranging the Materia Medica 62
Indicated Remedy, The 109
Individual in Medicine, The 372

Krichbaum, Philip E. 22, 172, 239

Lachesis 76
Length of Action of the Homœopathic Remedy and the Factors Influencing the Same, The—A Preliminary Note 31

Macfarlan, Donald 324
Materia Medica, A Crystallized 291
Maternity 396
Maynard, H. E. 299
Members, List of 400
Minor Surgery, Practical Hints in 202

Natrum sulphuricum 309

Nelson, C. Q. 50
Nosodes 115
Nosodes in Acute Diseases, The 153

Officers 410

Pain 162
Paper, A 118
Patch, Frank W. 159, 301, 303, 372
Powel, Milton 111
Prunus spinosa 299

Radio-Active Power of Drugs, The 251
Remedy and the Dose, The 22
Remedies Epidemic Last Winter, Fragments of 289
Richberg, Eloise O. 95
Roberts, Herbert A. 118

Schwartz, Elmer 53
Senseman-Harris, Mary 180
Seymour, Bina 178
Similimum, The 333
Single Remedy, The 286
Sloan, Thomas G. 335, 352
Stearns, Guy Beckley 99, 142, 195
Stevens, Grace 70, 234, 305, 355
Sulphur in Some High Blood Pressure Cases 335
Syzygium 111

Therapeutic Methods with Illustrative Cases 185
To What Extent Does Premature Specializing Influence the Study of Materia Medica 91
Tomlinson, William H. 251
Toxæmias of Pregnancy—A Study 195
Tuberculinum in Pneumonia 377
Tuberculosis of the Bone 391
Twins 206

Underhill, Eugene 269
Unusual Cases—Unusual Remedies 359

Verification of Peculiar Symptoms 305

What Am I? 280
What Constitutes a Cure? 234
What Will He Do With It? The Point of View. 46
Where Are We At and What Are We Going To Do About It? . . 239
Woodbury, Benjamin C., Jr. 62, 260, 291
Woods, H. Fergie 31

EUGENE UNDERHILL, M. D., PRESIDENT

PROCEEDINGS

of the Forty-Fifth Annual Session of the

INTERNATIONAL
HAHNEMANNIAN
ASSOCIATION

HELD AT THE HOTEL STATLER
CLEVELAND, O., JUNE 26, 27, 28, 1924

THE EMERSON BROS., INC.
PRINTERS AND PUBLISHERS
ANSONIA, CONN.
1924

OFFICERS

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JULIA M. GREEN, M. D., Washington.....1 year
*F. W. PATCH, M. D., So. Framingham, Mass.....2 years
R. F. RABE, M. D., New York City.....3 years
*Died.

PROCEEDINGS OF THE FORTY-FIFTH ANNUAL SESSION OF THE INTERNATIONAL HAHNEMANNIAN ASSOCIATION

HELD AT

HOTEL STATLER, CLEVELAND, OHIO

June 26, 27, 28, 1924

REPORT OF LAST MEETING

The forty-fourth annual meeting of the International Hahnemannian Association was held at the Hotel Strand, Atlantic City, N. J., July 5th, 6th and 7th, 1923.

The opening session was called to order July 5th at 11:30 a. m. by the President, Herbert A. Roberts, M. D.

The Secretary's report was read and approved.

The Treasurer's report was read, but as the books had not been audited an auditing committee, consisting of Drs. Dienst, Sloan and Stevens, was appointed to report later.

The report of the Necrologist was read and a motion was made and seconded that the report be accepted.

It was moved to amend this motion by spreading the report upon the minutes of the transactions. The motion as amended was carried.

A motion was made that a committee be appointed to take up the matter of internal vaccination. The motion was carried and the chairman appointed the following as a committee: Drs. Green, Waffensmith and Dienst.

The Secretary then spoke about the dues and reported that there was not sufficient money in the treasury to pay for printing the Transactions. A motion was made to raise the dues to ten dollars per year. This motion called for a change in the by-laws and required the motion to be made in writing one year before being voted upon. Dr. Dienst was asked by the chairman to put his motion in writing.

A motion was then made that the request of Dr. Thomas E. Reade, that his name be taken from the active list and presented to the Board of Censors so that they may recommend his name to be placed on the honorary list. It was so voted.

A motion was made and carried that the executive committee be empowered to request from the members the amount needed to cover the deficit on printing.

Dr. Patch was called to the chair and presided during the reading of the President's address.

Dr. Patch appointed the following committee to act on the President's address and to report at a later session: Dr. Sloan, Dr. Woodbury and Dr. Coleman.

THURSDAY AFTERNOON, JULY 5TH

The report of the Board of Censors was called for.

Dr. Boger submitted the report of the board relating to honorary membership.

A motion was made and carried to transfer names mentioned to honorary membership.

Dr. Boger then read the applications for membership.

It was then moved and voted that the secretary cast a ballot for the election of the several candidates. The ballot was cast and the candidates declared elected to membership.

The auditing committee then reported that the Treasurer's accounts were found correct. A motion was made and carried that the Treasurer's report be accepted.

Session adjourned at 5:45 p. m.

FRIDAY MORNING, JULY 6TH

Meeting was called to order at 9:30 a. m.

A motion was made and carried that the Chair appoint a committee on nominations. The following were appointed to serve on that committee: Dr. Patch, Dr. Close and Dr. Margaret Webster.

FRIDAY AFTERNOON, JULY 6TH

At the opening of this session the President called for a report from the committee on internal vaccination. Dr. Green

read the resolution prepared by the committee. A motion for its adoption was made and carried.

A bill of $15.00 for lantern slides was presented.

It was moved and voted that the bill be paid.

Dr. Underhill was called to the chair and called for the report of the committee on the President's address. The motion was made and carried that the report be accepted.

A further report of the Board of Censors was called for. They reported the names of Dr. H. T. Schell of Hamilton, Ohio and Dr. W. B. Griggs of Philadelphia for membership. A motion that the Secretary cast a ballot for the names as read was made and carried. The ballot was cast and Dr. Schell and Dr. Griggs were declared elected to membership.

The report of the nominating committee was then called for. The following ticket was presented:

President—Dr. Wm. W. Wilson.

Vice-President—Dr. Margaret Lewis.

Secretary—Dr. H. A. Roberts.

Cor. Secretary—Dr. J. M. Green.

Necrologist—Dr. Edward Rushmore.

Board of Censors—Dr. Boger, Dr. Dienst, Dr. Rabe, Dr. Baker, and Dr. Woodbury.

Board of Publication—Dr. J. M. Green, (1 yr.); Dr. F. W. Patch, (2 yrs.); Dr. R. F. Rabe (3 yrs.)

Dr. Wilson declined the nomination.

Dr. Underhill and Dr. Close, Dr. Grace Stevens and Dr. Hayes were nominated. Dr. Close and Dr. Stevens declined the nomination.

A ballot was taken for President and Drs. Sloan and Patch were appointed tellers.

While the tellers were at work counting the votes it was moved and carried that Dr. Boger cast a ballot for the rest of the ticket other than President. The ballot was cast and the ticket declared elected. As the office of Necrologist is not an elective office, President Roberts said he thought they should rise and elect Dr. Rushmore Necrologist as he is the only living charter member of this organization.

The members arose and elected Dr. Rushmore.

The President then called for the report on ballots.

Dr. Patch reported number of votes cast—31.

Dr. Underhill received 16 and Dr. Hayes 15.

Dr. Underhill was declared elected.

Dr. Dienst was then asked to present the article on amendment to the by-laws. Dr. Dienst presented the following:

A motion to amend by-law eight that article eight of by-laws relative to annual dues be amended to read ten dollars instead of five dollars.

The motion was placed in the hands of the Secretary to be acted upon at the next meeting.

FRIDAY AFTERNOON, JULY 6TH

The President called the meeting to order and appointed Dr. Richard Field, Dr. Woodbury and Dr. Coleman as a permanent committee on new members to work with the Board of Censors.

Dr. Boger then presented the names of Dr. Edwards of Montreal, Canada, and Dr. Ellen Walker Berry of Erie, Pa., for membership.

It was voted, upon motion regularly made and seconded, that the Secretary be authorized to cast a ballot in favor of names presented.

It was so done and they were declared elected as members of the Association.

Secretary Wilson then offered the following motion:

"*Resolved,* That the International Hahnemannian Association, in annual convention assembled, extend to the Hotel Strand people its sincere thanks for all the courtesies tendered to its members during its recent meeting, and that the Secretary communicate this to them."

The motion was made and carried.

Dr. Wilson moved that place of next meeting be left to Executive Committee until it could be found out where the next meeting of the American Institute is to be held.

Voice from floor said Cleveland.

Dr. Wilson then moved that the next meeting be held in Cleveland. The motion was seconded and carried.

This finished the business, except for the report of committee investigating the Electronic methods.

A motion was made to adjourn.

Session adjourned at 6:15 p. m.

Attest,

H. A. ROBERTS,
Secretary.

THE STATUS OF THE SOCIETY.

The Association has 162 members at present. This does not represent nearly all of the true Hahnemannian Homœopathic physicians even in the U. S. alone, to say nothing of a goodly number in Canada, and many in other countries. Steps should be taken to have a campaign set in motion to bring these men to us. It is very essential for the growth of Homœopathy, and now is an opportune time to do this.

There should be appointed a committee in England, France, Belgium, Germany, Spain, Italy, Mexico and Cuba. There are good men and true in these countries and we need them as well as they need us. I trust the Association will not adjourn without appointing such a committee.

Of these 162 members, 19 are honorary and thereby pay no dues, leaving 143 paying members. At the present rate of dues this brings in an income of $715.00, not enough to carry on aggressive work. There is due the association $400 in dues. This includes 16 members who are three years or over in arrears, six two years, and the rest one year.

Your Secretary feels a good deal of this indifference on the part of members is the fault of the Association for not keeping in closer contact with the members. Letters should be sent more often to the entire membership and the Transactions should be published more promptly. I understand from the former Secretary that the Transactions for 1922-1923 are on the press. Members complain to this office that they hardly know they are members. It is our hope, now that he have the active coopera-

tion of the editor of the Home Recorder, to keep the membership better informed.

Should the proposed by-law raising the dues to $10.00 be passed it would be well to include a subscription to the Recorder, for Mr. Bovricke is willing to have Dr. Rabe make this our official organ as far as printing anything we wish.

The Secretary should have a record book for the minutes. As it is one has to go through the Transactions for any information as to the business of our meetings, and it would save several pages in the Transactions to omit discussions in the business sessions.

A custodian of former Transactions should be appointed and steps taken to carry out the will of the Association in regard to this matter, as this office frequently has use for them and we have no record of what years we have or where they are kept.

H. A. ROBERTS,
Secretary.

REPORT OF THE TREASURER

1924

Jan. 28,	Balance received from W. W. Wilson	$934.32	
	Received from dues of members	345.00	
	Total receipts and on hand		$1,279.32

EXPENSE ACCOUNT

June 10,	Printing programs and printing	$ 67.00	
11,	Printing circular letters	5.20	
	Postage	13.80	
	Total expenses		$ 86.00
	Balance on hand June 16th, 1924		$1,193.32

Respectfully submitted,

H. A. ROBERTS.

This certifies that I have checked the foregoing account, that all vouchers are in evidence, and the balance of $1,193.32 in the Birmingham National Bank on June 16th, 1924, is correct.

F. W. BEARDSLEY,
Auditor.

REPORT OF NECROLOGIST

By EDWIN RUSHMORE, M. D.

MEMORIAL OF DR. F. W. PATCH

DR. FRANK W. PATCH (1862-1923)

Frank Wallace Patch, born in Wayland, Massachusetts, March 22, 1862, was the son of Captain Samuel Patch and Elisabeth J. (Noyes) Patch. He received the degree of M. D. from Boston University School of Medicine in 1888, and for a time was established at the Rotunda Hospital in Dublin, Ireland. After several years of general practice in and around Framingham, Massachusetts, during which time he was a member of the staff of the Framingham Hospital, Dr. Patch founded, in 1900, the sanitarium known as Woodside Cottages, in Framingham, Mass. The institution grew steadily and at the time of his death included two large houses and several smaller cottages, caring for about 25 patients.

Dr. Patch was elected President of the International Hahnemannian Association in 1907, and served as Secretary of that organization from 1913 to 1916. He was made President of the Mass. Homœopathic Medical Society in 1911. For a number of years he was Professor of Materia Medica at Boston University School of Medicine. At the time of his death Dr. Patch was a trustee of the American Foundation for Homœopathy, an honorary member of the staff of the Women's Homœopathic Hospital of Philadelphia and a member of the Consulting Board of the Westboro State Hospital, Westboro, Massachusetts.

Until recently, when the press of professional cares prevented continuance of his former activity in civic affairs, Dr. Patch had been very active in community interests, and even up to the time of his death was a member of the Board of Trustees of the Home for the Aged and President of the Framingham Improvement Association.

In 1920 he established an office in Boston at 178 Commonwealth Avenue and became associated with Dr. Herbert E. Maynard and Dr. Benjamin C. Woodbury. He adorned his profession by fidelity to its principles and he will be greatly missed from our association.

Dr. Patch was twice married. His first wife was Kate Whiting of Lowell, Massachusetts. In 1913 he married Virginia Allen of Petersburg, Virginia. Besides his widow, he was survived by his father, Captain Samuel Patch of Waltham, Massachusetts, who died April 30, 1924; a sister, Miss I. Maude Patch, also of Waltham; three sons, Buel Whiting Patch, at present associated with the New Haven Register; Frank Wallace Patch and Frederic Whiting Patch, both at college, and a daughter, Miss Elisabeth Patch of Framingham, Massachusetts.

Dr. F. W. Patch died September 7, 1923, in Boston. He was educated at Weston, Mass., High School and Boston University School of Medicine.

MEMORIAL OF F. E. STOAKS

Frank Ernest Stoaks, M. D., was born at Friendsville, Ohio, in the year 1857, and died at Marietta, Ohio, in 1922, aged 65. His father, Knapp Stoaks, enlisted a second time in the Civil War when the 90 day men were called out, and died of camp fever at the age of 28. His mother was Emma Hoisington Stoaks. Both families are old, respected and honorable.

Doctor Stoaks received a liberal education at Western Reserve College and other technical schools and he is said to have become a good publisher when very young. There came to Seville one Doctor Royer, a Homœopathist, who was very successful and who became a great inspiration to Frank Stoaks,

who entered Hahnemann College of Chicago and was graduated from it in the year 1882. He practiced medicine successfully for forty years till the time of his death. He was a member of the American Institute of Homœopathy and his state society as well as of this Association.

Dr. Stoaks was twice married. His second wife, Louisa Belle Markley, survives him. He was a close student of Homœopathy and did much missionary work in the middle states, holding certificates from Arkansas, Kansas, Iowa and Nebraska as well as his own native Ohio. His mentality and efficiency grew with his age and his last years were marked by close and successful prescribing. He used various potencies, with increasing dependence on the higher in chronic diseases. "He was the beloved physician, having visited and received patients on the day of his death, which came from Angina Pectoris." His wife writes that "he was a man among men," clean and good, always a gentleman, and that he loved righteousness more than money, and his profession too well to mar its high ideals.

MEMORIAL OF DR. MILTON POWEL

Dr. Milton Powel was born at Bridesburg, Tenn., on February 16, 1854. He was graduated from Norristown, Pa., High School; also from the dental department of the University of Pennsylvania in 1877, and from Hahnemann Medical College, Philadelphia, in 1890 where he was located until 1893; and in New York from 1893 until his death on February 1st, 1894. He has been President of this Association and was a member of the American Institute of Homœopathy, of the New York State Homœopathic Medical Society and of the Medical Jurisprudence Society; also of the Odontological Society and several county and city societies in New York.

He married Louis C. Muzzey of Philadelphia in 1882. They had two daughters and one son.

He had also been on the faculty of the Post Graduate School of Homœopathy in Philadelphia and he was a contributor of papers to this Association and to the Homœopathic Recorder.

Our fellow-member, Dr. John Hutchinson, has said of him that he gave of himself and his distinguished ability for the great cause of Homœopathy in unsparing measure. His watchword was loyalty to the law of cure, as best evidenced by restoring the sick to health. He had fortified all his conclusions by extensive reading and extended thought. He well knew from long experience that the truly Homœopathic prescription was of the first importance. His wife and daughters still survive him, the latter two being physicians and the wives respectively of Dr. Wm. C. McLean and Dr. Irving W. Brown.

COMMITTEE ON THE ABRAMS METHOD OF DIAGNOSIS AND TREATMENT

Your committee begs to report that it has carried on its investigation during the last year, and it affirms that, although remarkable cures can be accredited to the method, it is still in an experimental stage. It is at present mostly in the hands of charlatans and their activities have brought embarrassment to all ethical experimenters.

Its use requires a high degree of skill and fine judgment is required for interpreting its findings, and it is our observation that few who are using it have either qualification.

Because of this, this committee reports progress, and asks for the privilege of adding to itself such individuals as it has found ethically suitable, and with the proper mental equipment, whether members of the International Hahnemannian Association or not, to continue the investigation and report at a future time.

Respectfully submitted,

EUGENE UNDERHILL, M. D.
HARRY B. BAKER, M. D.
HARVEY FARRINGTON, M. D.
HENRY BECKER, M. D.
BENJAMIN C. WOODBURY, M. D.
GUY BECKLEY STEARNS, M. D., *Chairman.*

THE REPORT OF THE PUBLISHING COMMITTEE.

By W. W. WILSON

The work of the publication committee has always been left in the hands of the Secretary. He has borne the brunt of all of it, and as the former Secretary, I would say that the papers of the last meeting were turned over to Dr. Rabe and they were held by him for publication from time to time, in the Recorder. They were held until late in January before I could get hold of them, and I wrote him several times, but his printer had them and he couldn't get them set up, so that they could be freed. As a result I was not able to get the papers until late in January. Early in February I sent the papers to the printers at the Lakeview Press, and they have been in their hands, and are in their hands for the printing of the Transactions of the 1922 and 1923 meetings, as a combined volume.

I haven't heard from them recently. I meant to write them before I came away, but didn't get to it, and I haven't heard from them as to just how far advanced the work is, but I think that they should be out, as I know from past experience with them, that it takes from three to four months to get out the volume. I presume they will be ready some time early in July.

That is all I can say for the Transactions at the present time, and I shall see to it that when word comes to me from the printer, the volumes will be sent directly from Framingham, Massachusetts, to Dr. Roberts, who will have the distribution of them, because he knows who has paid dues and who hasn't.

REPORT OF BOARD OF CENSORS

The Board of Censors reported favorably, through Dr. C. M. Boger, upon the following applications:

Helen B. Todd, M. D.....New London, Conn.
Dayton Pulford, M. D.....Toledo, O.
Alfred Pulford, M. D.....Toledo, O.
P. R. Vesey, M. D.....Gowanda State Hospital, Gowanda, N. Y.
C. Seaver Smith, M. D.....New Haven, Conn.
Willard G. Palmer, M. D.....Seattle, Wash.

F. Adele Schwartz, M. D.....Savannah, Ga.
Wm. R. Keller, M. D.....Dover, O.
G. O. Ernie, M. D.....New Albany, Ind.
Walter H. Hatfield, M. D.....Cincinnati, O.
J. Gordon Quackenbush, M. D.....Ottawa, Ontario, Canada
Herbert McConathy, M. D.....Miami, Fla.
J. E. Rowland, M. D.....So. Euclid, O.
J. M. Heimbach, M. D.....Kane, Pa.
James W. Overpeck, M. D.....Hamilton, O.
James B. Brown, M. D.....Denver, Colo.
R. C. Bowie, M. D.....Ft. Morgan, Colo.
C. R. Miller, M. D.....Harrisburg, Pa.
D. Mahinder Narain, M. D.....Lahore, India
Edw. M. Gramm, M. D.....Philadelphia, Pa.

REPORT ON THE PRESIDENT'S ADDRESS

The committee begs leave to submit the following report:

The President's address gives us much food for thought. We commend his graphic review of the present day methods of treating disease by the old school, as exemplified in syphilis, pneumonia and hay fever, which contrast so markedly with the safe and sane methods of our own school of practice.

The address contains so much of interest and profit that it should be read by every member at leisure. Time forbids our consideration of it in detail. We wish, however, to emphasize especially the significance of his warning of the great danger to the spirit of progress as shown in the trend of medical legislation. If we are compelled by law to treat any one disease in a specific way, it at once stifles all initiative towards progress, for it assumes perfection which is humanly impossible. Complaisant assumption of perfection leads to intolerance, arrogance and decadence of the science of medicine.

GUY BECKLEY STEARNS,
HARVEY FARRINGTON,
R. S. FARIS.

REPORT OF FORTY-FIFTH ANNUAL MEETING.

The forty-fifth annual convention of the International Hahnemannian Association was called to order at Hotel Statler, Cleveland, O., at 10:15 a. m., Thursday, June 26th, 1924, by President Eugene Underhill.

The Secretary, Dr. H. A. Roberts, read the minutes of the last meeting, which were approved.

The Secretary's report of the status of the Association was read and ordered placed on record.

The Treasurer, Dr. H. A. Roberts, rendered a full report, and the same was ordered placed on file together with the certified audit by F. W. Beardsley.

The report of the Necrologist was read by Dr. Stearns in the absence of Dr. Edward Rushmore, the Necrologist. The report was ordered printed in the Transactions.

The Secretary was ordered to send to Dr. Rushmore our sincerest and deepest gratitude as Necrologist during the past years. The Secretary thereupon sent a night telegram to Dr. Rushmore, wishing him many years with us. Dr. Rushmore is the only living charter member of the Association.

Dr. W. W. Wilson made a report of the Publication Committee which was supplemented by Dr. Green.

The Secretary moved, and Dr. Stearns seconded, that hereafter we require essayists to present their papers in duplicate. The motion was passed.

The report of the committee on new members was called for, but none of the committee was present or was there a report submitted.

Dr. Stearns reported as to the progress he was making with the English conferees, saying he hoped to secure many of the English and Scottish men this summer.

Dr. Stearns moved, and Dr. Wilson seconded, the following:

That the matter of the new membership committee be placed in the hands of the executive committee and that the executive committee be empowered to choose whatever members it wishes for the work of securing new members and be able and author-

ized to fire any if they are not working, and substitute others for them. Motion was passed.

Dr. Stearns, chairman of the committee on Electronic method of treatment, reported as to progress and asked for the committee to be continued and have the privilege of adding to the committee individuals ethically suitable and with proper mental equipment, whether members of the Association or not, to continue the investigation and report at a future time. Dr. Wilson moved the committee be continued and the privilege asked be granted. Motion was carried.

Dr. Boger, chairman of the Board of Censors, reported favorably upon the following applications:

P. R. Vessie, M. D. ..... Gowanda, N. Y.
Alfred Pulford, M. D. ..... Toledo, O.
Dayton T. Pulford, M. D. ..... Toledo, O.
Helen B. Todd, M. D. ..... New London, Conn.
F. Adele Swartz, M. D. ..... Savannah, Ga.
Wm. R. Keller, M. D. ..... Dover, O.
G. O. Ernie, M. D. ..... New Albany, Indiana
Walter H. Hatfield, M. D. ..... Cincinnati, O.
J. Gordon Quackenbush, M. D. ..... Ottawa, Canada
Herbert McConathy, M. D. ..... Miami, Fla.
J. E. Rowland, M. D. ..... South Euclid, O.
J. M. Heimback, M. D. ..... Kane, Pa.
Jas. W. Overpack, M. D. ..... Hamilton, O.
James B. Brown, M. D. ..... Denver, Colo.
R. C. Bowie, M. D. ..... Ft. Morgan, Colo.
C. R. Miller, M. D. ..... Harrisburg, Pa.
C. Seaver Smith, M. D. ..... New Haven, Conn.
D. M. Narain, M. D. ..... Lahore, India
Willard G. Palmer, M. D. ..... Seattle, Wash.
Edward M. Gramm, M. D. ..... Philadelphia, Pa.

Dr. Krichbaum moved that the Secretary be instructed to cast a ballot for the election of each of these applicants, which was done, and they were severally declared elected to membership in the Association.

Dr. Dienst presented the following resolutions and moved their adoption by the Association, which was seconded by Dr. Boger. After much discussion the resolutions were adopted by a majority vote of one:

Whereas, Some of the officers of the national, state, and local societies, graduates of Homœopathic colleges, and when in Homœopathic circles pretend to practice Homœopathy, but, if reports are true, do on every possible occasion disparage Homœopathic practice and lend time and influence to the Allopathic school and its organizations, of which they are members, and

Whereas, Some in our ranks are seeking office and preferment in our several organizations and societies, and at the same time are seeking similar favors in the state and local organizations of the A. M. A., therefore

Be it resolved, That we, the members of the I. H. A., deprecate such procedure, pity the man or woman who will sacrifice principle for fame or a dollar—that we pity the spineless practitioner in his efforts for emulation, and want of manly energy, that we pity their clientele who in seeking for help are given the opposite.

Resolved further, That from hence we will refuse to vote for or support in office any man who has not the knowledge of Homœopathy to practice it intelligently and fearlessly, and who has not the courage of his convictions, and who is officially affiliated with any society in the A. M. A.

It was voted that the Secretary have power to strike off the names of those members from whom we have no hopes of collecting past dues or who cannot be located.

Dr. Stearns moved, and Dr. Farrington seconded, a motion to appoint a committee to make plans for holding the meeting of the I. H. A. in Europe during 1926, and that the committee shall consider the advisability of holding a stated meeting here before the meeting in England. The motion was carried and the President appointed the following committee: Drs. Stearns, Jas. W. Krichbaum and Eugene Underhill.

The motion to amend the by-laws so as to make the dues $10 per year instead of $5.00 was taken from the table and after discussion the proposed amendment was lost.

The Secretary read letters from Drs. Edw. Rushmore, Richard S. True and Richard M. Field.

The Board of Censors recommended the transfer of Dr. Philip E. Krichbaum to the Honorable Seniors. The Secretary was instructed to cast one favorable vote placing the name of Dr. Krichbaum on the Honorable Senior list, which he did.

A vote of thanks was extended to Dr. Baker for the remarkably good bureau of surgery he was able to present.

Ex-President Dienst occupied the chair while the President gave his address, after which Dr. Dienst appointed Drs. Stearns, Farrington and Faris to consider the address and report later.

The President appointed Dr. Stearns, Dienst and Krichbaum a Nominating Committee to nominate officers for the ensuing year.

Dr. Reed moved, and Dr. Stearns seconded, that the membership fee for foreign members be fixed at a guinea, which was adopted.

It was voted that the Executive Committee be empowered to prepare a new clause in our by-laws providing for associate members, to be presented and acted upon at the next session.

Dr. Stearns read the report of the committee on the President's address and the report was accepted.

Dr. Dienst read the following resolution on vaccination:

Whereas, The I. H. A., an association of regularly and legally qualified and licensed practicing physicians, knowing that the greatest and safest prophylactic against contagion of whatever nature is good health and its maintenance, and

Whereas, This Association is opposed to the introduction of a morbific substance into the blood stream of children, the results of which are often more injurious than the contagion it is supposed to prevent.

Whereas, Only those susceptible to contagion are in any danger of infection, and

Whereas, It is very difficult to differentiate between the susceptible and those who are not susceptible, causing, thereby, in a general vaccination, the infliction of pain and discomfort, if not incurable maladies on innocent and healthy children, and

Whereas, There are safe, sure and reliable remedies, non-

poisonous, which prevent contagion when properly administered, and

Whereas, Vaccination has caused many severe diseases, some of them, like cancer and tuberculosis, malignant, and other organic changes, such as deafness, impaired vision, neucrosis of bone, impaired digestion, etc.

Therefore, Be It Resolved, 1st, That we urge the necessity of hygiene, sanitation, and the use of the properly indicated remedy in the maintenance of health.

Resolved, 2nd, That we urge the rational use of the internal, potentized remedy in times of epidemics, or prevalence of contagion as a prohpylactic.

Resolved, 3rd, That we oppose compulsory and promiscuous vaccination by scarification, on all children, (except by consent of parent or guardian).

The resolution caused a great deal of discussion as to the feasibility of putting out to the public, without first getting the facts which were available, but were not in shape to go with the resolution. The resolution was passed.

Dr. Stearns moved, and Dr. Wilson seconded, the following motion:

That these physicians who have all this material be appointed a committee to get it together so that we can have the ammunition back of it when we need it, and said material be kept in the hands of the Secretary for reference at any time. The motion was carried.

The President appointed the following committee for this work: Drs. Bryant, Becker, of Toronto; Lehman, Dienst and Underhill.

Dr. Stearns reported for the nominating committee the following nominations for the year 1924:

President—Wm. R. Powel, M. D.

Vice-President—Eloise O. Richberg, M. D.

Secretary-Treasurer—H. A. Roberts, M. D.

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

Board of Censors—C. M. Boger, M. D., Chairman; George E. Dienst, M. D.; R. F. Rabe, M. D.; H. B. Baker, M. D.; Benj. C. Woodbury, M. D.

Board of Publication—W. W. Wilson, M. D., 1 year; R. F. Rabe, M. D., 2 years; Margaret Burgiss-Webster, M. D., 3 years; H. A. Roberts, M. D., ex-officio.

Dr. Wilson moved the nominations be closed, which was carried, whereupon Dr. Wilson moved that the Secretary be instructed to cast the ballot of the nominating committee, which was carried unanimously, and the several nominees were declared elected.

The President appointed Dr. Edward Rushmore Necrologist.

Dr. Krichbaum moved that the paper read by Dr. Lehman on Anaphlaxis be presented to Dr. Rabe and asked to be printed as soon as possible. Motion was carried.

Dr. Krichbaum moved, and the motion was carried, that the paper, "Antitoxin, Toxin-Antitoxin—Schick Test," and any other papers this Society wanted reprinted in pamphlet form, be printed as quickly as possible, regardless of the Homœopathic Recorder or anybody else.

There was much discussion as to forming an association or college of Homœopathic physicians, but it was the general consensus of opinion we had better concentrate upon the American Foundation for Homœopathy and the I. H. A.

Dr. Stearns moved, and Dr. Faris seconded, that Dr. Lehman be put in charge of getting the various statistics in regards to pneumonia, whooping cough, influenza and colds into shape and that he be at liberty to call on any member or group of members to help him. The motion was carried.

A vote of thanks was given to the Hotel Stratler for the very cordial cooperation of all their hedp in making our stay a success.

The question of the support of the I. H. A. toward the American Foundation for Homœopathy was discussed and a contribution from individual members was made for assistance in the school they are maintaining. In all $210.00 was raised. A motion was made and carried that the Secretary ascertain as soon as possible the cost of publishing the Transactions for this year and communicate with the members, giving them an opportunity to make voluntary contributions. This is not to be considered an appeal but just to let the facts be known.

A motion was made and carried that the Secretary be authorized and directed to communicate with all the members who are not present and did not know about the great work presented by the Foundation for Homœopathy and give them an opportunity to contribute to this valuable work.

The session adjourned at 11:20 a. m., June 28th, 1924, one of the most successful and helpful sessions in our history.

Attest:

H. A. ROBERTS,
Secretary.

PRESIDENT'S ADDRESS

THE PRESENT STATUS AND TREND OF MEDICAL PROGRESS

By Eugene Underhill, M. D., Philadelphia

In the beginning man believed his diseases were due to the mischievous operations of evil spirits. His medical armamentarium consisted of incantations, prayers, anathemas, penance.

It will be observed that the practice of medicine had a comparatively easy and harmless start but it has traveled a rough road since.

In later times gross materialists appeared whose successors, lineal descendants and heirs are still with us and fully entitled to all the "discoveries" and crude forms of ignorance and brutality now resorted to in the name of science. These conceived disease to be a palpable, material entity—something that could be sweated out, bled out, clubbed out, or cut out. Then began the gunshot preparations of all conceivable substances—leaves, dirt, weeds, animal excrement, human hair, mashed bugs, dogs' ears, cats' tails. These mixtures were administered ad lib.

A little later they conceived the body to be a chemical retort or test tube, and disease as something gone awry in respect to chemical unities. Then began the pouring in of various reagents —alkalies, acids, antacids and other substances supposed to supplement or unite with the chemical forces at work in the body.

It is a common practice to this day for their successors to administer a substance to control the bowel, another to regulate the circulation, another to quiet the nervous system, another to tone up the muscular system, another to stimulate digestion. They never imagine that these powerful substances can have any effect upon each other, or that they would be subject to any change from the vital forces of the body.

A drug intended to regulate the liver will never monkey

with the nervous system. It goes straight to the place ordered, and hits the bulls-eye every time. However, many of these infernal mixtures, after they are well started on their junketing trips, forget their destination, but they are not disconcerted by a little thing like that; they regurgitate—back up to read the label to make sure they are headed in the right direction.

Such child-like reasoning seems incredible, and yet they proceed with such calm assurance in hatchet-and-saw, hammer-and-tongs methods. They say they want results. They raise the digestive powers, they raise circulation, they raise muscle tone—they raise hell; anyway, not long after, many of the victims are either knocking at the Golden Gate, or taking a swim in the Sulphur Sea.

These practititioners declare of themselves: "We only represent scientific and rational medicine; we practice medicine and surgery to get results"—and be it remembered, they get them. How be it, they keep but one step ahead of the grave-digger and the undertaker.

Studying the human body as it appears at the autopsy and in the dissecting room, with its matchless mechanism destroyed, its spirit-like powers gone beyond recall, and all conceivable disintegrating and putrefactive processes in active operation, these materialists have conceived the cause and curative medical measures to be discoverable in this charnel house of Death. "Why seek ye the living (healing forces) among the dead?" The answer comes back: "We are hunting the cause." As a matter of fact, they do not find a *cause,* but a *result.*

Amidst the never-ending search for the cause and the never-ending failure to find it, there has gone forth the cry: "Treat the cause; treat the cause." But alas! the *cause* is not sick. It will always be found that the cause is a very well-conditioned, active, full-of-pep and energetic force. It has the strength of ten men and has often killed a thousand. Never mind treating the cause; it neither needs a reconstructive, nor a tonic. Treat the patient.

We read the other day that a certain New York scientist (sic) had found a way to treat cancer by letting loose 250,000 volts of electricity in the room with the patient. In this case we don't

know whether they were treating the cause or the patient—anyway, the scientists (?) very thoughtfully added that when the 250,000 volts of electricity were let loose it was very dangerous for anyone to stay in the room except the patient. Those who advocated such measures contend that it is the "last word" in scientific treatment. It certainly sounds like it—the "last word" for the patient.

Here's another "last word" in the treatment of syphilis. This last word seems so incredible, and lest we be accused of drawing upon our imagination we quote the letter of transmission as well as the methods of treatment and cure:

"United States Public Health Service, cooperating with
the Pennsylvania Department of Health
Division of Venereal Diseases
"Harrisburg, Pa., March 26, 1924.

"DEAR DOCTOR UNDERHILL:

"Under separate cover, there is being forwarded to you our treatise on syphilis. This indicates the latest information we have on this disease and I trust it will be of some service to you.

"Very truly yours,

"EDGAR S. EVERHART, M. D.,
"Director."

Now, then—we quote verbatim:

"The State Department of Health centers its activities upon the control of venereal diseases by the active treatment of those who have developed symptoms—continued until they are cured."

Please keep these words in mind—"continued until they are cured."

"The drugs used are arsenic, mercury and in the later stages, at times, potassium iodide.

"Arsenic is given in the form of arsphenamine or neo arsphenamine; mercury by inunction, vaporization or mouth.

"Arsephenamine, given intravenously, implies both immediate and remote risk. The immediate risk is that which is indicated by the terms "anaphylactoid" shock, simulating as it does the phenomena incident to the injection of foreign proteins.

"IMMEDIATE SYMPTOMS: Flushing of the face, metallic taste, nausea and vomiting, cough, heart hurry, distress in breathing, cyanosis, syncope.

"These symptoms, one or all, may develop in a few minutes. If observed so promptly that the injection is stopped before a full dosage is given, a favorable reaction takes place usually within a short time; expedited by the subcutaneous injection of adrenalin chloride (10 to 20 minims of a 1 to 1000 solution) or atropine sulphate.

"Since the symptoms can never be predicted and may develop during the second or third injection in those who have shown no reaction against the preceding ones, the arsenical injection should be given slowly (two minutes for each decigram of arsphenamine used).

"DELAYED SYMPTOMS: The patient loses 'pep,' strength, weight and appetite. Often has headache.

"Erythema and dermatitis may develop. Exfoliative dermatitis of the entire body, with a severe nephritis may occur.

"Bile may appear first in the blood (capillary tube test); afterwards it may show itself in the urine. Jaundice, slight or severe, may occur.

"Hemorrhagic encephalitis rare, but serious, beginning in two to six days after the administration of the drug, may be inaugurated by mental confusion and dull headache, followed by convulsions, coma and death."

Notice the patient is being cured.

"Some individuals do not tolerate arsenic even in the minimum dosage."

TREATMENT IN PRIMARY STAGE

"First Course: Arsenic and mercury are both used. Arsenic in the form of arsphenamine or neo arsphen-

amine given intravenously. Mercury by inunction. Eight doses of arsphenamine or neo arsphenamine at intervals of seven days constitute the first course.

"Simultaneously with arsenic, mercury is administered. It is administered every third or fourth day for a total of nine doses. This constitutes a course. A rest of one month is given before starting another course.

"At the conclusion of the third course the patient is instructed to return every three months during three years for observation and Wassermann Test. If test is positive he is given a course of four doses of arsenic together with mercury.

TREATMENT IN SECOND STAGE

"The intervals between treatments are the same as in the primary stage. The first course consists of 16 doses or arsenic instead of 8, the number used in the first course of the primary stage. The second and third courses are the same as the corresponding ones in the first stage. Additional courses of four doses each are given as indicated by a positive Wassermann or other symptoms. Mercury always in conjunction with arsenic.

"A Wassermann is taken every three months for three years. If positive, a course of arsenic and mercury is given.

"Blood and spinal fluid Wassermanns are taken every year thereafter during life.

"During the remainder of his life a syphilitic patient should take two or three courses of mercury of six treatments each, twice a year."

And lo! he is cured! Wonderful! Wonderful! Marvelous treatment—matchless cure!

How do they ever get away with it? If the prospective victims only knew the facts; if they could only look once into these jaws of death, into this mouth of hell, they would run so fast and go so far as to be beyond recall.

However, an effort is being made to throw out an inquisi-

torial drag-net to round up every suspected victim and force him by legal enactment to pass through these Molochian fires.

An untreated case of syphilis takes a more benign course, and does less damage to the centers of life than is accomplished by these destructive measures.

Here is a case where the remedies and treatment are worse than the disease.

And this in the face of the well-established fact that there is a more excellent way, that as Hahnemann said—this is one of the easiest of human ills to treat and cure.

Listen to the "Scientific" treatment of Pneumonia. The Atlantic Medical Journal for January, 1924, pages 247-48: (We omit most of the names of the distinguished physicians, all of whom are regarded as among the foremost internists of the country).

> "Treatment of Pneumonia by Antibodies with the anti-pneumococcic serum of Huntoon.
>
> "This serum is made by injecting into horses types 1, 2 and 3, adding to the resulting serum living pneumococci of the three types, emulsifying, washing, introducing sodium bicarbonate and saline solution, heating at 55 C. for one hour and filtering. The serum contains antibodies and an indifferent protein.
>
> "The treatment must be begun early in the disease with the injection of 50 to 100 c. c. intravenously, or (preferably) 100 c. c. subcutaneously every 8 to 12 hours until the temperature is normal or below 100 F. Large amounts are often necessary.
>
> "In Bellevue, N. Y., of those treated in this manner 21.4% died. At Blockley last winter there were 32 cases of true lobar pneumonia with 20% mortality among those treated with the antipneumococcic serum."

Hurrah for our side! Wonderful success! Great excitement among the wild animals!

By other methods they confess to a mortality of 28.3% to 40%.

Another leader outlines the "Treatment of Pneumonia by Chemotherapeutic Methods."

"Chemotherapy is produced by synthesis of a substance parasitocidal and scarcely organotropic, the method depends on trial" (that is, you guess at it) "and results vary. Ethylhydrocuprein has been over-urged, since the dangers counterbalance the benefits. While it renders the serum germicidal to the pneumococcus it is toxic, and may impair the vision or cause death." (But why be disturbed by a little thing like that?)

"Mercurochrome, 1%, may be given intravenously, 5 c. c. per 20 pounds of body weight. This causes a reaction which is not dangerous and which lasts for 24 hours" (vomiting, diarrhea and an elevation of temperature).

It's a fine thing it's not dangerous, but just consider turning your stomach wrong side out and trying to puke up your boots for 24 hours to the tune of a business-like diarrhea.

A Boston physician makes a confession which must be good for the soul. He says:

"No specific remedy stands the test in pneumonia, nor have there been accurately controlled observations or scientific investigations."

And he goes on to say:

"Of the cases of type 1 lobar pneumonia treated with serum in various hospitals, the mortality figures ranged from 9.2 to 20%. The figures in the cases not treated in this way ranged about the same."

He marched his soldiers up the hill, and then he marched them down again.

Another distinguished practitioner dwells upon "The Use of Drugs in the Treatment of Pneumonia."

"Something in the quinin molecule opposes in some way some of the pneumonic poisons. Clinically, in the normal person large doses of quinin produce the familiar syndrome of cinchonism or possibly death, while in pneumonia this drug is well borne. In certain cases of highly virulent type 4 cinchonism may be present and death invariably results. In type 1 the following drugs are effective in the order named:

"1. Ethylhydrocuprein (too toxic for use).
"2. Quinin hydrobromide.
"3. Mercurochrome.
"4. Quinin and urea hydrochloride.
"5. Quinin hydrochloride.

"The effect of a drug must be adjuvant, substitutional, imitative or supplementary." (Profound wisdom).

"Digitalis to sustain the heart, pressor agents, sedatives, eliminants all play a part in pneumonia."

Yes, they play a part—they play funeral marches to the grave.

"Dr. (Blank) stressed the importance of the subcutaneous injection of antibody serum, and said that death in pneumonia is frequently due to some condition previously existing."

That is, death is not due to pneumonia, and, of course, not due to anything they do for the patient, but to some previously existing "tissick."

"Dr. John Kolmer deplored the great ignorance on this subject."

It's a wonder they didn't kill him—he "spilled the beans." Therein he laid emphasis upon the truth, the whole truth and nothing but the truth, and summed up their pneumonic therapeusis in two words—"great ignorance." Mark you—we didn't say it. We are quoting.

In view of all the things they do for pneumonia patients, they cannot understand why any of them die, while we cannot understand why any of them live.

How is it, with our wonderful armamentarium and a record of scarcely one per cent. of fatalities in pneumonia, the benefits of our methods may not be widely utilized in behalf of humanity?

There is one paramount reason. Medical students in the colleges are taught well-nigh everything under the sun except how to cure disease.

Medical educators, denying the existence of a law of cure, without chart or compass, floundering in the shifting sands of speculation, have become easy victims of far-flung commercial

enterprises which are exploiting the doctors, and through them hammering the sufferings of humanity into dollars and cents.

How many doctors with great names sit in their offices holding medical circulars in their hands prepared by advertising word-twisters, and are persuaded to try this, and try that?

And the things they are urged to try are concocted by half-educated, half-baked dope mixers who know next to nothing of the potential powers of the elements they are dealing with, and who know less of the human organisms that are to absorb them.

You don't need any medical education to practice "scientific" medicine. All you need is ability to read the circulars and the labels on the dope bottles.

Take the treatment of hay fever. One of the biggest commercial houses will send you a 30 cutaneous-test pocket case, and along with it a nicely worded letter with this sentence prominently set forth: "Doctor, consider the additional revenue this will bring to your practice."

Now, then, find your hay fever patient. Get the poor devil in a corner and they will tell you just where to scratch his hide, and how many dollars per scratch.

Now, this is diagnosis, and this pocket case loads you up for thirty trys or tests. Certainly you might expect to hit something in thirty shots. You will, too, but you are warned that you may not hit the nigger in the woodpile with this amount of ammunition. However, you are advised that for a sufficient consideration you can be supplied with the testing material for all the plants that grow between the Sulphur Sea and the Golden Gate. So keep on with the diagnosis until the thing happens that they say should happen. Then you can buy from them the material for treatment, and they will tell you just how much to soak the patient—both in dope and dollars.

But you are warned again that only a few patients are benefited, for the reason that "in many instances the onset of pollinosis favors the development of secondary bacterial invaders, and many patients will be benefited by the use of bacterial vaccines in conjunction with pollen extracts."

We started to count up the number of bacterial vaccines that should, or may be used, but we got dizzy and had to quit.

You are to hook up the pollen extracts and vaccines and drive them tandem. However, you are cautioned that you may not get anywhere, even then. You may just come to a dead-end road. But they are loaded for such an emergency. If that happens this is what you are to do: Give, or use on the patient, in the order named, Thyrocal, Calcium lactate, Adrin, Cargentos, Lubroline, Blandine, Elixir pepsinized glycerophosphates, Somnos. This last is an hypnotic—it puts him to sleep. If he ever comes out of that hit him on the head with an axe.

We have scarcely touched the margins of this stupendous tommyrot.

We have not referred to the desensitization in respect to cat fur, dog hair, horse hair, cow hair and all other kinds of hair.

We have not mentioned the introduction of numerous foreign proteins to ascertain food tolerance so that a man may have a printed list of things to steer clear of, and another list with which to play the glutton.

We have not dwelt upon the well-nigh innumerable, disgusting and death-dealing serums which are to be pumped into humanity.

We have not called attention to the medico-political threat that just now hangs over the child life of the nation, whereby every child is to be forced to receive into its body one foreign element for alleged immunity against diphtheria, another for scarlet fever, another for measles, another for whooping cough, and on through a long list of diseases.

The advocates of these measures and the manufacturers of the products say that these elements when introduced into the child's body can have no possible influence upon each other, and can only do to the victim what is intended. May God defend the children!

Official medicine contains in it a threat of irreparable disaster. As a force for healing it is a failure. Witness the formation of well-nigh innumerable "cults" and the refusal of more than 90 per cent. of the laity to enter their medical and surgical shambles. The most enlightened and thoughtful of humanity have turned away.

One thing, however, we must concede, and that is they con-

trol the major portion of the politico-medical machinery of the nation, and lest they be disturbed in that exercise of power, every adverse thought, criticism or discovery is promptly condemned or suppressed.

No notice will be taken of any treatment or research work that is not along lines of the accepted fallacies, and not then unless it is first submitted to a Board of Censors who decide whether it is sufficiently tied up to all the stupidities of the past, has nothing in it to disturb the present, and will in no wise jeopardize their control of the future.

They pass upon remedies that shall be used, calling certain preparations "ethical" and others "unethical." The ethical ones are always admitted to the advertising columns of the official journal. When the makers of the unethical preparations get enough money to pay for a sufficient amount of advertising they may also go into the "ethical" class.

Patent medicines are condemned (and doubtless everyone ought to condemn them)—but wait; what is the difference between a patent medicine prepared and sold directly to the laity, and one prepared and offered to the doctor with the request that he recommend it to the laity? The difference usually represents so many dollars per inch of advertising space, and the catspaw cooperation of subservient doctors.

They talk about the "safety of the public." But have they not taken a leaf out of the book of that railroad manipulator who said: "The public be damned, what I want is power, real power."

The laity more or less continuously have flashed in their faces the "discoveries and advances of medical and surgical science." They point to the lowered death rate, and ascribe it to official medicine and surgery.

Fortunately, there is a lowered death rate, but it is not due to official medicine nor to surgery, but to other methods of treatment and to sanitation—sanitation which has been put in force by public opinion, and chiefly by leaders among the laity.

We have given cardinal examples of "official" medicine. See what it is.

Examine "official" surgery and hear the parrot-song, "The operation was successful, but the patient died." There is no

reason why the laity should bow down and worship at that shrine. As much deftness and skill in wielding the knife can be seen in any well-regulated slaughter house; butchering time among the farmers discloses similar skill.

"Official" medicine is called "regular," "reputable," "recognized"—dust-accumulating, sand-throwing words. It is just as reputable and recognized as it is regular. Something regular suggests something fixed, something immobile, something dead. When life has gone out of a man, see how regular he is, how fixed he is, how dead he is.

The regular, recognized and reputable cloud of past blunders and present stupidity is rising: the laity see it, and thousands of their own doctors see it and have hung a new sign over the portals of self-conceit—"Weighed in the balance and found wanting."

But recourse is now had to political control. That which could not succeed in the light of reason is to be attempted by force of law.

Such is the present status and trend of medical progress as they relate to so-called official medicine. As a matter of fact, progress in this connection is a misnomer. The trend is in the direction of speculative doubts, experimental absurdities, threatened disasters and something far worse than even taking the back track.

Meanwhile, this organization, the International Hahnemannian Association, is the custodian of a far-reaching and beneficent truth.

The hope of the nation and of the race lies in the exercise and development of this truth.

The International Hahnemannian Association stands for progress—real progress.

It does not hesitate to investigate new or old theories.

Its findings are submitted to the test of time, experience and results.

If not great in numbers, it is great in truth and accomplishment.

In the presence of medical speculators, quibblers and the foamy criticism of shallow minds, it stands unmoved—like a

rock, having in it something of the abiding character and immutability of the Rock of Ages.

Some thought that the Old Masters in ceasing from their labors would find the truths which they represented diminishing in force and power, and constantly vanishing from the earth. Those of us who have taken up their burdens may not have carried them so nobly nor so well, but we shall pass on our indestructible inheritance to our successors, and whether our successors are few or many need not unduly concern us. Results speak for themselves.

Whether our numbers, therefore, be large or small, whether they speedily increase or quickly diminish, we need not be concerned. Truth does not enlarge itself, truth does not diminish, truth abides.

Be admonished. "Keep that which is committed to thy trust, avoiding profane and vain babblings, and oppositions of science falsely so-called."

Bureau of Surgery

HARRY B. BAKER, M. D., CHAIRMAN

DR. GUY B. STEARNS: As the different members contributed to this, I gradually got it into shape, but it was only this last winter that I finally compiled it all.

I think it would be a good idea to have this go out for another contribution.

KEYNOTES FOR HOMOEOPATHIC REMEDIES IN SURGERY

GUY B. STEARNS, M. D., New York City

PRE-OPERATIVE PRESCRIBING

It is claimed, and there is evidence to support the claim, that phosphorus given in a single dose of high potency the day before an abdominal operation, will prevent nausea and other distress after operation. Arnica has been used for the same purpose. Staphisagria, given before the incision for circumcision, allays the pain following incision and prevents inflammation.

Such generalising as the above is in accord with good Homœopathic methods and every case is a better surgical risk if it is well prescribed for beforehand.

POST-OPERATIVE PRESCRIBING

Arnica, given immediately after operation, has a marked control over shock and soreness. It is a good routine practice to give arnica after an operation until symptoms manifest themselves that indicate some other remedy.

Aconite is preferred by some instead of arnica. A differential point would be arnica where there is more of a shock to the tissues, a depression of the forces due to direct injury, a

reaction asthenic in type; aconite where the reaction is more sthenic, the shock being more mental. The location and character of the operation would be influencing factors. For instance, in operations on tissues that are very sensitive, such as the eye and urethra, aconite would be more likely to be the remedy. In major operations, arnica.

Where sphincters are lacerated or stretched, do not forget staphisagra.

Frequently, one of the above remedies will be all that is necessary to carry a patient through. In the cases where complications ensue, various factors determine the symptoms that follow. Healing starts with an inflammatory reaction and the location and tissues operated on determine the character of this inflammation.

The apthological condition of the patient is another factor. Back of everything is the constitution of the individual.

Rhus tox has been a remarkably efficient remedy in relieving the soreness, restlessness and other distress after operation involving the right lower quadrant. The late Doctor Biegler of Rochester, N. Y., called rhus tox his Homœopathic knife in appendicitis. Phosphorus has been equally useful for the effects of operations involving the right upper quadrant, especially of the liver and gall-bladder. Arsenic has also been useful here. Probably this is because both of these remedies have an affinity for the liver.

Pulsatilla is indicated where the patient lies with hands above the head, keeps asking for air, and wants the mouth washed frequently.

Nux vomica relieves the vomiting after operation, when accompanied by much retching; irritability of he patient strengthens the indication.

Phosphorus where there is thirst for cold drinks, but water is vomited as soon as it becomes warm in the stomach. (Chloroform and pyrogen). Arsenic and phosphorus are much alike and should be compared in their finer differentiations. The insatiable thirst of arsenic may make it seem like phosphorus.

China relieves post-operative gas pains where there is no relief from passing gas up or down.

Raphanus for incarcerated gas in the upper abdomen.

Aconite relieves the sleeplessness and anxiety following the continued use of morphine.

Vomiting from the smallest quantity of water, arsenic, bismuth, bryonia, cadmium and phosphorus.

INTESTINAL OBSTRUCTION

In intestinal obstruction, there is no time to lose; patients die in a short time if not relieved, and the passage of a short time may make surgical interference futile. While waiting for the surgeon, an attempt should be made to prescribe, but not opiates. Nux vomica will sometimes relieve where there is much retching, especially if there is also urging to stool. Belladonna, opium, veratum alb, camphor and nux vomica where fecal vomiting is present. In a case apparently due to mesenteric embolus, where the vomitus had a fecal odor, nux vomica controlled the condition. There was marked abdominal tenderness, tympanitis and marked aggravation from all odors such as perfume, tobacco and even odor of food.

Stannum has acted remarkably where the pains come and go slowly. It stopped the pain and released the bowels in a case of fecal obstruction. It stopped the pain and removed the necessity for an operation in the case of an old lady with a growth in the left lower abdomen, that caused obstructive symptoms. It cured a left pyelonephritis in a woman, due apparently to impacted uric acid gravel. In all these cases, the leading indication was the gradual onset and gradual subsidence of the pain.

INJURIES AND THEIR COMPLICATIONS

EYE INJURIES

Aconite relieves the distress and inflammation from foreign bodies in the eyes. It is also useful after any injuries to the eyes. Coccus cacti has a sensation of a foreign body between the upper lid and eyeball, verified many times, and it has relieved

the distress from foreign bodies lodged in the eye, that resist the spud. Coccus cacti is a useful remedy to carry when traveling with children on a train. When a cinder gets in the child's eye, after a few doses of this remedy the irritation ceases and something seems to happen to the cinder and it causes no further trouble. Arnica for injuries to the eye from a blow, with hemorrhage within the eyeball. Ruta where the bone around the eye is injured. Symphitum relieves the pain from a blow on the eyeball and prevents complications. Nux vomica in bloodshot eyes.

HEAD INJURIES

Arnica relieves headache, dullness, sleepiness and other symptoms following a blow to the head. Has cured, even when abscess resulted with discharge of pus from the ears.

Stupor persisting, consider opium, which failing, give helleborus. Also, think of cicuta and natrum sulph. For the effects of long past head injuries, natrum sulph and cicuta are especially useful.

Calendula in potency, internally, is a specific for infected scalp wounds. Pyrogen may also be useful in infected scalp wounds.

LACERATIONS, PUNCTURE WOUNDS, ETC.

Calendula succus is very efficient as a wound dressing for all sorts of lacerations, preventing suppuration and hastening healing. It is called a Homœopathic antiseptic. As a matter of fact, it is not antiseptic but probably simulates granulation. It is recommended topically in erysipelas.

Hypericum cures the effects of punctured, incised or lacerated wounds, even when lockjaw has developed. It stops the pain very quickly, if given early, and prevents lockjaw. Injuries to parts rich in sentient nerves—fingers, matrices of the nails, toes, palms and soles. Injuries from treading on nails, splinters, needles, bites of a rat. Two cases of tetanus, a week after injury, were cured after lockjaw had developed. Hypericum cured two cases of coccydinia, one of thirteen and one of five years' duration, following falls on the end of the spine. The pain following

fracture of the elbow was relieved in ten minutes by hypericum and pain in the hand, following laceration of the arm, was quickly relieved. The pains of hypericum are streaming in character.

Ledum for punctured wounds on palm. A man was injured in the palm from a brass fish-stringer. The wound had been cauterized. Pain was severe, pus formed in twenty-four hours, pain going up the arm. Hand swollen and jaw stiff, cured by ledum high in forty-eight hours. Keynote for ledum tetanus, twitching of muscles of wound, and wound apt to be cold. Ledum ointment is useful for punctured wounds.

DENTAL REMEDIES

After dental work, aconite, arnica, merc prot, hecla lava and staph. Calendula is a good mouth wash after extraction. Hepar sulph removes pain and swelling after dental work.

In abscesses and decayed teeth, merc prot often relieves at once. It has pain in the teeth, better by cold water.

Hecla lava has cured many cases of caries of the jawbone, upper or lower.

Phosphorus has cured cases involving the lower jaw.

ULCERS, NECROSIS, ETC.

For ulcers, necrosis, etc., in general, where dead bone has to be removed, calcarea fluerica is useful. Also, silica.

Calendula, internally and externally, for ulcers that will not heal.

Silica for insensitive suppurative processes of all kinds. May be useful for dental apical abscesses. In one case, acted curatively for acute inflammatory rheumatism due to apical abscesses.

Kali bi for ulcers near tibia that look punched out.

Lycopodium, in ulcer of knee below left patella. Silica, in ulcers after vaccination.

Mercury, flat ulcers on the shin.

Asafoetida, syphilitic ulcers with atrocious pain.

Opium, old painless, insensitive ulcers, blue base, no attempt at healing.

AMPUTATIONS, FRACTURES AND SPRAINS

Arnica is the chief remedy after amputation. Rhus tox, silica and phosphorus are also useful. Arnica given immediately, in fractures and dislocations, relieves the nervousness and pain like magic, both externally and internally. A few drops of arnica in hot water can be applied as a compress. Do not use when skin is broken, as it may cause inflammation resembling erysipelas. Arnica is useful for the first effects of sprain. Ruta is often useful after arnica. Rhus tox often follows ruta and calcaria carb follows rhus tox. Bellis perenis, in sprains where arnica, ruta and rhus tox have failed. Strontium carb is recommended for old sprains. Pulsatilla, temperament and symptoms agreeing, will hasten resolution in sprains or injuries to the ankle. Apis is useful for housemaid's knee.

CELLULITIS AND INFECTIONS

Rhus tox is a wonderfully efficient remedy in cellulitis and will often abort a beginning suppurative process near the rectum. The color of the inflammation is a mahogany red. Carbuncle may be aborted if given early enough. The pains are atrocious. Any cellular inflammation accompanied by pain so severe that the patient cannot sleep or be quiet day or night, must walk about all the time. This may follow injuries from punctures, bruises, bites, even though pus has formed. Abscesses and cellulitis very painful, with dark gangrenous colour, are cured by lachesis. Tarentula, anthracinum and arsenic in carbuncles.

BURNS AND SCALDS

Urtica urens and cantharides are useful for the effects of burns, used topically and internally. A burn from slacking lime, involving the face and eyes, closing the eyes completely, first cleansed with sweet milk, then kept moist with cantharides 3X, was relieved of swelling and pain in three hours.

APPENDICITIS

Bella-donna, bryonia, lycopodium, arsenic, collocynth, rhus tox, carbo veg, and other remedies have cured cases diagnosed as

undoubtedly appendicitis. The late Edmund Carleton claimed never to have been obliged to operate on a case and never to have lost a case that he had from the start, during his forty years of practice. Ignatia was a remedy that he found useful at times. Dr. Thomas E. Reed of Middletown, Ohio, makes the same claim. When they first began to operate for appendicitis, he decided that he would follow his own experience. He figured that he might lose some cases but that the surgeons would also, and although he is over 80 years old, he has not yet lost a case.

Appendicitis is a treacherous condition, and one must know his drugs, and never sleep on the case if he relies on Homœopathic prescribing alone.

BOILS, CARBUNCLES

Hepar, sulphur, silica, ecchinasea, arnica, bella-donna, tuberculin and pyrogen will take care of most boils without resorting to surgery.

Rhus tox, arsenic, anthracinium, lachecis and tarentula will cure most cases of carbuncle.

OBSTETRICAL REMEDIES

Yingling's Accoucheurs' Manuel is one of the most valuable instruments to carry in the obstetrical bag.

Remedy indications for obstetrical conditions are clear cut and there is no padding. The slack time while waiting is well utilized in running through this incomparable book.

After normal labor, arnica takes away the soreness, quiets the nerves and prevents after-pains. Pyrogen or rhus tox is required in a few cases.

Pyrogen is one of the most useful remedies in puerperal sepsis. Kali carb is also useful where there is a great distension, easy sweat, sensitiveness to touch and sharp wandering pains.

CALCULI

Chelidonium, calcaria carb, china, bryonia, bella-donna, nux vomica, berberis, chamonilla and other drugs have relieved the pains of gall-stones. Lycopodium, nux vomica, berberis, bella-

donna, magnesium phos, and other remedies have done the same for renal calculi. There are a great many remedies that relieve pain Homœopathically and, to use them successfully, one must acquire the habit of thinking Homœopathically for all conditions. When attempting to prescribe for patients who are passing calculi, failures will occur, but at least the attempt should be made. A skillful prescriber will rarely have to resort to an opiate. However, the best of prescribers will fail occasionally. The value of Homœopathic relief is that the remedy that relieves pain is always one that benefits the patient's general condition, whereas an opiate has harmful secondary effects.

DISCUSSION

Chairman Baker: Dr. Stearns' paper is open for discussion.

Dr. Farrington: Mr. Chairman, I can only commend the Doctor's paper. It is certainly very comprehensive. It contains a lot of the useful clinical hints.

I was very much interested in some of the indications that he gave. For instance, strontium carb in old sprains—I have seen it help in one or two cases where the swelling remained. In other words the sprained ankle was almost always a little bit puffy. And cicuta, in head injuries: A young girl was thrown from an automobile and knocked unconscious. I prescribed arnica and watched her for an hour or so, and was just about to go, when suddenly her mouth went up at one corner, her eyes began to twitch, and the hands began to be convulsed. Quicker than it takes me to tell it, I put a dose of cicuta on her tongue. In about five seconds all the symptoms disappeared and in a little while she returned to consciousness. It was one of the quickest actions of a remedy I have ever witnessed.

Rhus tox has cured several carbuncles, one in a man of 45, situated in the lower dorsal region of the back. It was five inches long and two inches wide, and healed in eight days.

Apis aborted another one in the case of an old lady of 90 years of age. She had had a very bad carbuncle in the middle of the back which had practically disappeared under Homœopathic treatment. She was so weak, however, that she was not expected

to recover. While her physician was on a vacation a swelling about the size of a hazel nut appeared over the scar. It was dark reddish, burned as though she had been stung by a bee, and was relieved by cold water. A dose of apis relieved the pain, the swelling went down during the day, and the carbuncle never materialized. Besides that the old lady got up and lived for nearly a year afterwards.

You want to think of carduus marianus when you have a case of appendicitis and gall bladder involvement at the same time. I have seen it do marvelous work in two cases of that sort. Swelling in the region of the appendix, tenderness and soreness in the region of the gall bladder, pains under both shoulder blades, a little jaundice, and you have the whole picture.

Don't forget sulphur in puerperal fever, or in fever starting shortly after childbirth. In nearly 500 cases of confinement I have never yet had a serious case of this infection. Although many remedies have been used, sulphur was the one most often given. Fever and hot feet are the guiding symptoms.

Dr. Lehman: I would think that the surgeons would keep you busy all the time. I am sure if I were a surgeon I should have you around if I didn't know how to give these remedies myself. When I see the remarkable effects of remedies used in connection with surgery, I feel that every surgeon should have a medical man work with him who understands how to give remedies according to the natural law of healing.

A great many of these remedies I have confirmed in my practice and from the indications here I think almost all of them I can agree with as being absolutely correct. They are not only confirmed clinically but they are correct according to text from which they were selected.

By the way, if you ever send out that paper for more information, I have some jottings set away that I will be very glad to give to you.

I wish to call your attention to acetic acid. I can't recall the professor's name, when I was studying, but he used to saturate a sponge with acetic acid and let the patient breathe it after giving an anesthetic. I didn't know why he was doing it then, I don't know whether he knew, but acetic acid is one of

the greatest things to relieve the effects of shock from anesthetic. It has the effect of replacing in the cell the fat which has been dissolved out by ether substances, and so forth.

I wish to confirm the use of arnica in obstetrical cases. It is a wonderful remedy; and the use of aconite in acute eye troubles, along probably with a dose of sulphur.

I wish to place alongside of arnica, lobelia aceticum as being a wonderful remedy in chronic effects of head injuries. I have one case under observation now that has been almost relieved, who when he was eight years old was hit with a stone in the back part of the head. This showed very plainly in the eye as a marked scar, so the idea was confirmed as to the cause of the trouble, which was relieved almost entirely by the lobelia aceticum.

I had another case of a man who had been kicked in the forehead by a horse eight years previous, and he had had stomach trouble ever since that time. He had doctored a great deal for it and never got any relief, but under the use of naturum sulphate he was entirely relieved and I saw one of his daughters a short time ago, and I hadn't seen him for 15 years, but he has never had a return of the trouble, showing the efficacy of natrum sulphate in these cases.

I wish to call your attention to sulphuric acid as being the most wonderful remedy following operations in which gangrene sets in, the tissues are not strong enough to reproduce a healing inflammation, the wound does not heal, the stitches break open, there is a sort of blackness—sulphuric acid will remove that, and the older the patient, the more sulphuric acid is indicated.

I wish to call your attention again to hypericum. Most of you will recall the death of President McKinley who was operated on by the great surgeon, Parks. Well, it is in such cases as that where all the vitality has been driven out of the abdominal organs through the shock of the injury. They sewed up the incision, but there was no reaction. Had he been given hypericum his life might have been saved. There is a field for hypericum in abdominal operations.

If you will study your cases in sprains, breaks and fractures you will find stictum pulmonum a good remedy if you will

remember, that in the case of nervousness, a few doses of this remedy will put them to sleep even better than morphine. I have tried it a number of times and, as I say, when there are no other indications, give this remedy and it will put them to sleep. They will ask you sometimes if you have given them morphine.

Dr. Erni: I was very much interested in this paper of Dr. Stearns'. It certainly is interesting to me. I just want to say a word or two about arnica. In my opinion arnica is indicated in every surgical operation. It is indicated in every case of obstetrics. It is a remedy that you can use to prevent what is going to follow and the reason that I prescribe it in all cases of that kind is because it prevents a suppuration, it stops suppuration, it prevents hemorrhage, it stops hemorrhage, and of course it is the remedy for soreness due especially to an injury. In fact soreness is the red strand that runs through the entire remedy. If you have the soreness in any condition, it may be indicated. In other words it is not indicated if you have not the soreness.

Then in head injuries, especially, it ought never to be neglected, and I want to say something about the cinder.

I was told that if you close your eye after getting a cinder into it, and keep it closed for a few moments, the tears will wash the cinder out. Not long after that I read in some journal a statement by an engineer that if you got a cinder into your eye and rubbed the opposite eye this will relieve the condition, it will remove the cinder. I winked at that, and the next time I went on board a train I stuck my head out of the window and I got a cinder in a little while. I tried rubbing the other eye and it was even better than only keeping the one with the cinder in it closed. It seems that when you press on the other eye it takes the tension off the eye that has the cinder, and relieves the eye.

Dr. Krichbaum: It seems to me this discussion is altogether too pleasant.

Then some statements have been made here which we cannot afford to let go out as general practice. You give a remedy when it is indicated and upon the indication, and not upon what might be indicated, or when it may be indicated.

Dr. Erni: As far as I am concerned I know what he is driving at. Arnica is indicated in every stage of surgery because you know what is coming. The tissues are going to be bruised and may result in hemorrhage.

A physician was operated on in our city for a duodinal ulcer last spring. He went along nicely for over ten days then on the eleventh day he was taking a nap in the afternoon, when he awoke and called for a vessel, saying that he must vomit. He vomited blood and died from a hemorrhage. They held an autopsy and found that the hemorrhage was not in the field of operation but outside it. Who will say that arnica wouldn't have prevented that hemorrhage? Arnica does prevent and it stops hemorrhage. Arnica prevents and it stops suppuration.

Dr. Boger: There is one small point I want to call your attention to in this connection, and that is that Dr. Stearns omitted to mention ledum in sprained ankles. That is the most wonderful remedy that I ever saw for sprained ankles.

President Underhill: I always feel more or less disturbed whenever we get to discussong remedial measures, along these lines, for fear some who may not be well grounded in Homœopathic philosophy may be led astray.

I think Dr. Stearns assumed, when he presented this paper, that everyone, in contemplating these remedies, would also keep in mind the true law of selection and cure. I don't think he intended to say that arnica or ledum or calendula or any other remedy is always indicated in a certain case. We would be in a hopeless mess if we picked out all the remedies in the materia medica that are useful in a given case, and then attempt empirically to consider when they are to be used. It is past almost human comprehension and ability to properly select a remedy in this way.

I don't believe that Dr. Stearns was contemplating always using arnica for bruises. Of course there are two ways of arriving at a remedy, one is in considering the remedy as it relates to the patient, another is considering the remedy as it relates to the cause.

Whenever we can select a remedy that is similar to the patient, then we are on safe ground, but sometimes we can't

get a remedy that is similar to the patient, but we can find a remedy that is similar to the cause. That is the second best, and maybe the very best we can do under some circumstances, and in many cases arnica is similar to the cause and therefore it may do the business.

I shall have to take exception to Dr. Erni's remarks in reference to arnica. It is true part of the time, but I cannot agree that in every obstetrical case we should use arnica because we are contemplating bruised tissues. You can have a case of obstetrics and at any time as labor approaches, and often when delivery seems imminent, you can give that patient a dose of arnica, go to bed and sleep until morning and forget it. The remedy is only similar to the cause. But now, if you study that patient and settle upon the exact simillimum whether it is arnica or whatever it is, and you give it, you had better stick around, because there is going to be something doing . The remedy to meet the bruised condition after delivery should be selected in the same way.

I am saying this for the reason that some young men when they hear of a great long list of remedies that are useful in certain cases exclaim: "How shall I ever remember this and select the proper drug in this way?" Well, he cannot remember it. We don't want him to remember it. We don't want to remember ourselves. Forget it! The list puts us in a class of remedies, but we arrive at the proper one by studying the patient.

I think Dr. Stearns contemplated presenting to you certain pathological conditions, and then he gave you a list of remedies, any one of which might be indicated, and he will allow us to prescribe arnica empirically, as Dr. Erni does, and just as any of us may if that is the best we can do, but he doesn't mean that all these remedies may in some measure be indicated in every one of these cases.

Dr. Julia M. Green: Talking about the natrum sulphide, it is the only remedy given in Kent's for mental symptoms following injury of the head, and therefore it has been tried with great success in some cases of insanity, or approaching insanity, following an injury to the head years before, and also for backward

children whose trouble may be due to either an injury after birth or an injury at the head at the time of birth.

Dr. Faris: Speaking of obstetrical cases, and arnica, it is true that arnica is often used, but I find that where there has not been so much bruising, and there is more of a tendency to hemorrhage, that secale cornutum often controls a condition better than arnica, and while I am on my feet I would like to ask Dr. Stearns one question. He spoke of using phosphorus high on the day preceding the operation. I would like to ask him what he means by "high."

Dr. Farrington: I was thinking, in connection with when one of the speakers said that arnica was for bruises, supposing that the case that is bruised needed bellus perenus—it is as much of a bruise remedy as arnica, especially in abdominal and breast cases.

Secretary Roberts: I want to call attention particularly to one remedy that he mentioned, that is not generally used in a very critical condition, in a condition where we get wonderful results, and that is following abdominal operations with a great deal of shock. I have seen cases that have pulled through under those conditions, when transfusion did no good, and that was stronchun carbonate. It brought them right up and held them up.

Dr. Roth: Dr. Stearns spoke of not using arnica where the skin is broken. The calendula where the skin is broken and arnica where it is unbroken.

Dr. Lee: While they are speaking about arnica I want to say something. I didn't know that it was good for much except bruises and such things as that, but I was lying up here about a year ago, and I couldn't get any sleep. I suspected that Dr. Boger knew something about what was the trouble. My son telegraphed to Dr. Boger and he telegraphed back and said: "Give him one dose of 50 m of arnica." He did and I was relieved.

Dr. Olds: When we are talking so much about arnica in obstetrical cases, injuries, and surgical operations, it seems surprising to me that nothing has been said about aconite. Think how many cases—take the young mother-to-be—we have aconite

symptoms right in the beginning, there is the fear, you find it before an operation. Aconite will do wonders for you there.

Dr. Custis: I wonder if any of you men who have been giving arnica to your obstetrical cases have run a series of cases without giving them any remedy? I have tried both ways and cannot see much difference in a normal case. If you get a case that has any real trouble then that is a remedy to be considered, but in a normal case I cannot see that there is any difference in whether you give them arnica or not. I don't believe that when we prescribe a remedy under those circumstances we have any right to attribute our results to the remedy, unless we have some definite indication for it. I have tried both ways and have run my normal cases with arnica and without arnica. I cannot see that my cases that get no arnica get along worse than the cases that get the arnica. I cannot see that I get any more complications in the cases that do not get it, and I think that we are fooling ourselves when we think that we have to give medicine in all these cases.

I always tell the boys: "Try your best anyway and if you only hit it once in ten times at first, you have done something which you wouldn't have done if you hadn't." So they don't feel disturbed so much if they don't hit it, but those who take hold of it at all will keep trying and they are all the time getting better.

Dr. Boger: Arnica was formerly more useful when we had dirty obstetrics.

Dr. Stearns: The parts you agree with were given for the purpose of showing my own erudition. The parts you don't agree with were told me by someone else.

Phosphorus high—I go back in memory to a case that told me this, and that patient had had Dr. Bayliss as the physician and was wishing there was some way she could get the same powder that he gave before an operation, in which she had absolutely no pain. Then I had a case of duodinal ulcer that was operated on, and the day before the operation I had given a dose of phosphorus, of 50 m, and of course she might not have had pain anyway, but that is one of the most comfortable things I had ever seen, the way that patient came through that operation.

And it was after that, in talking it over with some of the older men that I was told that that was the practice, I think, of Dr. Bayliss, and I think Dr. Butler was quoted.

I put this in so as to find out whether anybody else knew about this particular thing.

"Now, what is phosphorus high? Anything above the 2 hundredth ought to be considered high. It might work just as well low. I know in the experiments of giving apis the 30th worked as quickly and as hard as the higher potency. I know in our clinic sometimes we give a dose of the 30th and we seem to get as long an action as we do out of the high.

Now bear in mind another thing; you noticed the title of this: "Keynote." I teach my students never to prescribe on a keynote, and they look surprised, and I tell them to prescribe on the rest of the case. The keynote calls attention to that particular remedy, then you prescribe as the rest of the case fits.

Now I said when the patient is coming from under the anesthetic it is a good thing to give arnica in a major operation until the patient's own symptoms call for something else. Now you save time, and I don't believe you do any harm. There is always a certain amount of shock.

Dr. Krichbaum: Can we prove that we do anything?

Dr. Stearns: I think I have seen it do something. I think so; I feel satisfied in my own mind. On the other hand in a perfectly normal case of labor I wouldn't think of prescribing unless the patient really complained of trouble. I never have thought of giving arnica in a normal condition. An operation is a shock always, it is an injury always, and that is my opinion. I may be wrong. Arnica is a starting place from which you can branch out into any other remedy and it may be within a half hour you may not get more than one dose in or you may find that your arnica controls everything.

Dr. Farrington, it was your father's book that gave me my knowledge of those carbuncles with that indication. I remember so well at the time of finding it and having a case come in within two or three days, with a terrific carbuncle at the back of the neck. That was a carbuncle that was aborted by that.

One thing I would like to say. It seems to me it would be

a good idea to incorporate all this discussion in this paper and have it go out as a compilation by the International Hahnemannian Association, and if there is anything to add that isn't here, give the members a chance to add to it again.

DID THE REMEDY HELP?

By R. S. FARIS, M. D.

A little fair, fat, thirty-four year old lady complained for some years of pain in the region of the gall-bladder, with the pain extending through to the back. She was given chelidonium and later lycopodium, which relieved her temporarily but little more. The pain returned frequently and since she failed to improve under medication, a cholecystectomy was advised even though the X-ray gave a negative picture. This operation was performed and the gall bladder was found to have a much thickened wall with a few adhesions surrounding it and the adjoining structures. The patient came from under the anesthetic in fair condition but was slow in reacting. The day after the operation she was still quite sick, having some fever and nausea. The following day the fever reached 105.4 axillary. The surgeon called me on the phone saying that he feared an ether pneumonia as there were distinct rales over both lungs and that he did not expect her to live until morning; and that he was not coming down to the hospital again as there was nothing more that he could do. On my arrival at the hospital I found the lung conditions as reported by the surgeon, and noted that the patient was delirious with a very red face and throbbing carotid. One powder of Belladonna, 1M was dissolved in ten teaspoonsful of water and one teaspoonful was ordered given every half hour. The next morning the night nurse reported that the fever began to subside after the second teaspoonful was administered. From that time the recovery was gradual and uneventful. Did the potency help?

A young miss of 14, while crossing the street on her way to a New Year's Eve party was struck by an auto. The surgeon's

words describe well the condition which resulted. He said: "Fractured skull, line of fracture extending from a point two inches above right external meatus around the head posteriorly to the same point on the opposite side, gaping one-eighth of an inch. Large clot on the right side and brain lacerated, with egg-sized cavity just posterior to the motor area. This cavity is either due to laceration of the brain or to depression of clot."

A decompression operation was performed, removing a piece of bone about one and one-half inches square. As soon as the patient reacted from the anesthetic she was given arnica montana 200 and this was later changed to hypericum 200. She carried a temperature ranging around 100 for about two weeks. It would usually go up a little each time the wound was dressed, but would decline in from one to two hours. On the evening of the fifteenth day she had a slight chill, followed by a rise of fever, which by the next day had reached 105.5 rectal. The possibility of meningitis brought to mind heleborus niger, especially since other indications for this remedy were present at various times: "Total unconsciousness; dull, says nothing; homesickness; irritable, worse from consolation; does not want to be disturbed; drowsy, when left alone she goes to sleep; great debility." This remedy was described in the 1M. By the following night the temperature was down to 100.4 and her other symptoms were correspondingly better. She progressed to an even more complete recovery than was anticipated. It was feared that she might be mentally defective, as brain substance oozed out with the blood clot which was evacuated at the time of operation, but she seems to be entirely normal now.

In each of these cases the surgeons claimed to have done all that they could, and from an operative standpoint the work was well done. Did the potency help?

DISCUSSION

Dr. Stearns: The working of the heleborus was what interested me, as well as the prescription itself. Putting not what happens now or tomorrow, but putting all those together to build up a prescription. It is a beautiful example of perfect Homœopathic technique.

Dr. Olds: Mr. Chairman, I want to commend this paper from the standpoint of Homœopathy. As Dr. Faris says, the surgeons had done all they could do. If it handn't been for the Homœopathic remedies these cases undoubtedly would have passed on; if it hadn't been for good Homœopathy. If it had been the kind of Homœopathy that we sometimes see, there would probably have been no results.

SURGERY CONTRAINDICATED

HARVEY FARRINGTON, M. D., Chicago, Ill.

Since the early days of Homœopathy it has been a tradition that, as a rule, abscesses should not be opened with the knife unless the overlying tissues were calloused or some vital organ was threatened. The advocates of this practice claimed that the remedy, by stimulating the natural process of "pointing" and evacuation, brought the case to a safer if not a quicker termination. But with the advance of modern surgery this mode of procedure was abandoned by the majority as crude and unscientific.

It is therefore rather surprising to witness a noted Allopath surgeon confirming the position taken by the early followers of Hahnemann and giving a very plausible reason therefor.

On March 17th, Mr. H. T. D., aet. 60, chief engineer of one of our great railway systems, consulted his dentist because of pain in a molar of the right lower jaw. The dentist bored through an old filling and inserted some loose stopping but failed to relieve the pain to any extent. On the twentieth I was called to see him. The gum around the tooth was not greatly inflamed but there was a swelling in the cheek adjacent to the tooth in front of the one that was giving trouble. My first remedy was mercurius, given rather empirically as there were apparent no distinctive symptoms. This was followed by Hepar and then, because of relief from cold applications, Pulsatilla. But the swelling grew rapidly worse until it extended around towards the ear, under the chin and even to the temple. The patient's condi-

tion grew so alarming that I decided to divide the responsibility and called Dr. E. A. Taylor of Chicago. He suggested apis but thought that, as the remedies did not hold, a surgeon ought to see the patient, and mentioned Dr. A. J. Ochsner as the most conservative among the eminent surgeons of Chicago.

After a very thorough examination, Ochsner said: "Doctor, if you operate that infection will spread like wildfire. When you make a clean cut with a knife, the lymphatics are open and the pus is carried into their circulation. But when you let nature open the abscess, the *pores are closed*. This has been my experience for many years, and just recently it has been confirmed by eminent surgeons across the water. If you follow this advice I think your man will get well." We were applying hot alcohol compresses to the affected area. Dr. Ochsner said that we were doing all that could possibly be of use in the conduct of the case. Whether he knew that Homœopathic remedies were being given, I do not know. But that was immaterial as he has no use for the little "sugar pills." This was on March 26th. The right side of the face was enormously swollen, and a huge, boggy mass extended around under the chin to the angle of the jaw on the opposite side. The apis did no good and I returned to pyrogen. Each time he received a dose, the restlessness, aching of back and limbs, mild delirium and slow pulse were relieved and he had several hours of comfort. The pulse and temperatures were extremely erratic. For instance, on March 20th, at 1 p. m., pulse was 92 and temperature 103; at four o'clock, 100 and 104.6 respectively; at midnight 44 and 101, with chills, restlessness and sinking. At 4 a. m. the next day, 90 and 103; at 6 a. m, 96 and 103.3; then at 11 p. m. of the 21st, 106 and 102. On the 22d, at 5 p. m., 100 and 103.2 changing to 44 and 103 at 5:30 and 44 and 100 at 11.

On March 27th the abscess opened in two places in the mouth, discharging foul yellow-green pus. The lower eye-lid broke and in three days was almost down to normal. The sinking spells were the worst feature. He had one on the 23rd, with cold sweat, ashy face, and pulse so weak and rapid that it could not be counted. A teaspoonful of whiskey in water, given in divided doses, acted promptly, but another and more alarming spell came

about noon the next day. Carbo veg, undoubtedly saved his life in this crisis. Then he improved somewhat and after a "wonderful night," according to the nurses, the core of the abscess came out. The pulse now ranged around 75, and was more steady, the temperature 96.4 to 99. Unfortunately the nurse gave him an enema and was too long about it. This brought on another sinking spell and whiskey was again resorted to. He gradually improved until the 29th when the gums, which were badly swollen and purplish, began to discharge dark blood that quickly clotted in the mouth. Pulsatilla 10m was given; the hemorrhage stopped and general amelioration was marked. It looked as though our patient was going to get well. March 31st was a good day. He sat up in bed, enjoyed his meals, his temperature was normal, pulse 88 and strong and he began to plan what he was going to do when he got about. Through the day he had several quiet naps and felt much refreshed afterwards. Then at 8:30 in the evening he had a sudden weak spell, followed immediately by convulsive movements of the right leg and arm and paralysis of the left side, widely dilated pupils, gasping. He died in about fifteen minutes. A blood clot or small particle of dead tissue had found its way into the circulation and blocked an artery in the brain—cerebral thrombosis.

DISCUSSION

Dr. Krichbaum: It seems to me that the case ought to be closed. The man died. There is nothing to say about dead people.

It is a very interesting case from start to finish. It is a case that we could speculate on for hours and talk on for days, about what might have been done. He did the best he could and got some definite results along toward the last. That is all there was to it.

I should have been talking of opium. I shouldn't think of pyrogen in a slow pulse, unless he had other pyrogen symptoms, enough to make up a case. The same way with the paper previous to this. If you get back and find your constitutional symptom or remedy, you will give them that remedy whether they have been bruised or lacerated or not.

Dr. Custis: Mr. President, I want to cite a few cases that are exactly opposite to this experience. I think it is dangerous not to open pus up.

About a year ago I had a girl come to me with an abscess on the thigh. It started with a mosquito bite. She was down at a camp on the Potomac River and no attention had been paid to it except dressing it for four or five days. When she came to me there were two small spontaneous openings at that abscess. Her temperature was 101. In view of the fact that there was a small opening already there I did not open the abscess any further. I gave her arnica because of the color, soreness and so forth, and sent her home to bed. I went out of town for two days and left her in charge of my assistant. He continued the same treatment and when I got back I found that girl with a temperature of 104 and the abscess apparently about twice the size it was when I left it, and the opening about twice as big. I immediately took her over to the hospital and opened the abscess. I found a sinus under the skin, in the thigh, six inches long, which I had laid open and dressed. When she was operated on in the morning her temperature was 104, by six o'clock that evening her temperature was 99. The next morning her temperature was normal, and there was no more pain. The case healed up and is well

About six weeks ago a case came to me with an ischiorectal abscess which had been there for a month. She had had no treatment at all. When I saw it there was a small opening, half the size of a lead pencil and I could put a probe into that abscess for a good two inches and a half. She refused operation at the time. I made a small incision and got the thing large enough so I could pack it and put a drain in. The case went along for a week. At the end of the week the pus had increased. The probe would go down three inches. I took her over to the hospital, laid the abscess open, injected the cavity with methylene blue so I could follow out all the rammifications of that abscess. The temperature at operation was 100. In twelve hours it was normal. She had no more pus. The abscess cavity is now a quarter of the size it was.

Here are two cases which opened spontaneously—which nature opened. In spite of that they went straight along.

I believe that when there is a definite pus formation the safest thing ordinarily for our patient is to open that thing wide open. I don't believe it makes a bit of difference what kind of a dressing you use afterward, whether you use saline or bichloride or anything else, they all heal up in about the same length of time after they are thoroughly opened.

I would be very loath to let a case of that sort go as the usual opinion of a prominent surgeon, because I know that a good many of the prominent surgeons are loath to operate if they think the patient is going to die, for they would rather let them die without being operated, than have them die after they are operated.

Personally I feel that the thing to do for an abscess is to get it wide open and let it drain—I mean to get it wide open, make as big an incision as you think you need, and then make it half again as large.

Dr. Nelson: That reminds me of a case I had once. A young woman with her first child. She had a mammary abscess that had been running for I don't know how long and had never been opened. When I first saw the case the milk was running out in two places on the under side of the breast. Of course I thought I was in for a siege. The woman was a remarkably healthy young woman and never had had any trouble to amount to anything all her life. I gave two or three doses of mercurious, third, I think it was low potency, and I prescribed for her on Friday. That woman was out parading on the street the next week and never had another bit of trouble, without any cutting or scraping or making it larger or smaller.

Dr. Irvine: We don't see cases like that given in the paper, very often, but when we do find them they are sometimes very troublesome.

I believe there is little difference between a condition of this kind and the condition of which Dr. Custiss spoke. I will never forget a case I had 25 or 30 years ago. It started like this one did and kept getting larger and larger until it was even with the chin and even with the ear, almost to the chest. I had been

fooling with it for a week and it was getting worse every day. Then I gave baryta iodide and within 24 hours the condition was very much improved and within three or four days was entirely recovered. I have had two or three cases since then very similar to this one, and they have always been cured by baryta iodide or baryta carb. I believe the doctor didn't get the right remedy. I believe it would have saved his patient.

Dr. Shattuck: In defense of this man who had this facial infection, I wish to cite a case. It was a case of a young girl who had been down to a famous beach. She had been out with a young sailor and he had bitten her on the cheek. When she came to me her face looked as though she were coming down with the mumps. She was worse on the right side, and you could see plainly the small punctured wound. I gave her a dose of ledum to start the thing off. Within 24 hours she was worse. I knew her family history quite well and knew that there was a lot of tuberculosis in it, so I gave her a dose of tuberculinum. The swelling continued down on to the chest pretty well by that time and I was beginning to get frightened, so we took her to the hospital and made a deep incision under her chin all the way around, and when we opened her up we found that the infection had spread in and had infected her whole lower jaw so that all of her teeth were loose. We accordingly removed her lower teeth, and then with silica and calcarea we saved the girl's life.

I don't think she could have been saved without surgery and I don't think she could have been saved without Homœopathic remedies, because she was due to die.

Dr. Olds: We are the only ones of the profession who have a law of cure. That law states that if we give a remedy according to the formula similia similibus curantur, (like is cured by like,) we will get results.

The trouble in these so-called surgical cases is I think that wo do not prescribe the right remedy. We have sufficient proof that where we do prescribe the right remedy we get results. We don't know the remedy, I think that is the whole trouble.

Dr. Custis—I thoroughly agree with the last speaker. We will get results if we get the remedy. But while we are hunting for the right remedy we have no right to take a chance with our

patient's life. We must do the safest thing for our patient. If it is safer for our patient to open an abscess it is up to us to do it.

The first duty of a physician is to heal the sick, not to demonstrate a theory. We all thoroughly believe in the Homœopathic principle in the treatment of diseases; we are all convinced that when we get the right remedy we can often do miraculous things, but Hahnemann himself never asked us to trifle, to do unsafe things for our patients. Hahnemann never asked us not to evacuate pus, and I feel that it is the duty of the physician, first to do the safest thing for his patient. I feel that in these cases the safest thing for the patient is to get the pus started out, because it is undoubtedly so that pus under pressure causes more trouble than pus with a free opening.

Secretary Roberts: I want to add my word of commendation for that position for us Hahnemannians. I feel very strongly. I have just gone through an experience—one of our New Haven physicians' daughters, who is a trained nurse in the Boston Homœopathic Hospital, had an infection on her leg, a localized infection, and it wasn't attended to by the house physicians. The result was she had a temperature of 106, was a desperately sick woman, and the surgeon in charge of the hospital refused to operate because she was going to die. Dr. Evans went out and got another surgeon who went over the case thoroughly and did evacuate the pus, and the woman's life was saved.

Now there is the answer to the situation, pus under pressure causes trouble, as Dr. Custis said, pus with a free opening doesn't cause half the trouble.

Chairman Baker: If there is no further discussion I will ask Dr. Farrington to close.

It may be a little bit interesting to the Society to tell you a history of how Dr. Farrington got that patient.

Two years ago I was going from Chicago to Richmond and that patient was on the train. He was a Virginian and in talking to me told me how worried he was about his wife. He said she had a facial neuralgia and had had it for years. She had been everywhere, to Johns Hopkins, the best men in New York, Chicago and everywhere. He had spent thousands of dollars. Fortun-

ately she had only lost two teeth. She had been X-rayed about forty times.

I told him that I knew where his wife might get help. I asked him where she came from and he said eastern Virginia, from a malarial section. I told him I was very certain that there was a man in his own city who could cure his wife. He asked me his name so I gave him Dr. Farrington's address. I didn't hear anything more from him for several months, then I received a very nice letter from him thanking me for referring his wife to Dr. Farrington, and saying that she was getting on fine, and was in better shape than she had been for years, that the neuralgia had practically been cleared up—it was a neuralgia from an old malarial poison.

Dr. Boger: These cellular infections are not very easy, as Dr. Custiss noticed. Possibly the severest type is one as he says, that spreads under pressure. In infections where there is pressure, patients suffer the tortures of the damned—the pain is something awful. The thing to do is to relieve that pressure as quickly as possible; which doesn't always cure the case, however, because it may originate in an old Brights Disease, etc., and relieving of that pressure won't cure the Brights, which has been already intensified by the reabsorption from that pus. An early recognition and evacuation of confined pus is generally the safest course.

I lost a case of that kind not long ago. Evacuation of the pus didn't help, only a few days. The case marched right on to death.

However, I should point out that nothing will excuse you if you can't let that pus out. Occasionally we have remedies that help, but if they don't help quickly you have to do something. If you have a deep abscess you cannot let it go for days and days and days without having that pus out.

Dr. Underhill: I quite agree with you . I agree, also, that surgery is sometimes demanded. I agree with what Dr. Roberts just whispered in my ear, namely that "many times Homœopaths are discredited by not giving enough attention to surgery." There are limitations, however, to all things.

We all know—anybody who has given the matter any con-

sideration at all knows—that surgery, as now practiced, is one of the greatest calamities of the world and it is going to be so recognized in a few years. When we can read of a man operating from eight o'clock in the morning until four or five o'clock in the afternoon, one case right after another, and that this is done in all the large hospitals of the country, and when, as one of the Mayo brothers said at Chicago, there are 50,000 men in this country who call themselves surgeons, and 40,000 of them are wholly incompetent, we can imagine that there is some damage being done.

We can say of the surgeons, as I think Napoleon said of all physicians: "The world could get along just as well without all of you." Perhaps as the physicians were in that day that might have been true.

Now there are a few things that surgery is required for. One everybody can concede and that is for repair. If you are smashed up in an automobile accident you need a surgeon to help put you together again. Or, if there is some foreign substance in the body, either some substance that has gotten in there from the outside or that has developed there, you may need a surgeon to remove it if it appears to be endangering life. You may have to evacuate pus, but when you begin to talk about removing pus, remember this: There is such a thing as sterile pus and you may open some of these pus sacks and have happening what Dr. Boger just said—"the patient marches right on to death."

Now of course, temporarily, when pus is liberated you have relief, but if in removing it another infection is admitted, you may find your patient going swiftly to death. So sometimes it is even better for the patient to endure the ills he has than to fly to those he knows not of.

Dr. Krichbaum: Some of these cases you are talking about, if you operate on them the operation kills them and if you don't operate they die. The question is to do the best for the patient. The lady's case is the best of all—the best point. Some people are going to die whether you operate on them and let out the pus or don't let out the pus.

I had a case within the last few months. A child was brought

into the hospital and I said if you operate it will die and if you don't operate it will die, but the best thing to do is to give the child a chance under the operation. They operated and it died. The people were satisfied, the surgeon was satisfied and I was satisfied that I had given the advice. But there was no hope or chance for the child and I told them so. It was a case of pus.

Dr. Farrington: I knew when I brought this case up that it would cause some discussion, but I didn't expect to be called to account so sharply for the prescriptions.

You must remember that this was a case where the pus was pretty well distributed through the cellular tissues of the cheek and neck. I would have had it operated on, but for Dr. Ochsner's advise to the contrary. I realize that he doesn't represent the opinion of surgeons in general, but in his experience of 40 years he has evolved some new and unique methods of treating septic conditions and his opinion is worth something. Probably I did not get the right remedy in the beginning and the case got beyond control.

FINDING THE SIMILLIMUM

By C. M. BOGER, M. D.

We observe larger objects first, gaining in power of discrimination by repeated looking. Trying to force facts into preconceived opinions and theories was, until quite recently, the way of the world, and very decidedly the way of medicine. Now, however, we are so engrossed in poring over minutiae, that we can barely see the great forest in which we are working. That devastating wars and surgical holocausts should mark both periods simply show how bitter is the fruit of such thinking.

If, lacking a definite objective, we turn aside at every crossing, the end of our journey will never be in sight. Presumably then propensity to wander implies a lack of definite ideals; a somewhat serious handicap, I imagine. Allow me to point out, here, that the lack of an unselfish devotion to the general good is the parent of most of our ills; especially those

of the physician. For the public it is a case of where the ostensible needs to be made the obvious.

A look at the materia medica excites surprise that any one or even several persons should have ventured upon indexing it. It is also one of the reasons why our repertories fail to make the right appeal to students! nor are they always easily worked, even by experts.

If it be really axiomatic to say that effectiveness is practically governed by simplicity of operation, then the great labor of properly collecting and developing clinical pictures and finally finding the simillimum therefor, implies that our methods are still very crude. When doing this most of us try first one tack then another, until we develop the one best suited to our own mentality; thereby gaining a considerable efficiency and doing fairly good work. The result is just enough striking successes to hold our interest, and make us feel the near presence of much better and greater things, could we but fully grasp the situation.

As the different sciences bring first this then that fact in the scheme of nature to light, we note with keen satisfaction that they quite uniformly lean toward or tend to support the law of similars. Viewed from this angle the bearing of aetiology anamnesis and heredity on disease aspects has been but imperfectly worked out, especially as concerns Homœopathic practices. At most we have been content to observe the successive disease phases or the direct hereditary bias present in a given case, which is a move in the right direction, but of comparatively little real value because the investigation has not been carried far enough.

Associated individuals known as blood kin, invariably carry forward certain predilections to disease, so that by noting the ten or fifteen nearest blood relatives and their complaints, as accurately as possible, we are able to enumerate the relative proportions of the various tendencies present. Such findings show parental influences to be fifty per cent. basically active. Grandparents and children are the next most potent factors. The remainder include peculiarities descending from still earlier ancestors and are of a very persistent kind.

The actual symptoms of the patient are generally found to be an amplification of the hereditary findings, while a compar-

ison of the two series usually points to such rubrics in the repertory as will quickly bring into relief the most similar remedies. It is especially helpful in those single symptom cases which Hahnemann called the most difficult of all. Working out a test case will exemplify the method. The patient had already improved marvelously for months after pulsatilla 12x given in three doses, twelve hours apart.

A careful examination showed sixteen points of morbidity in as many individuals of the nearest blood kin. Of these seven were of the rheumatic type, two typhoids, two pneumonias, two dysenterys, one sepsis and one each cardiac and hemorrhagic. A glance at the corresponding rubrics of the repertory gave phosphorus, pulsatilla and sulfur the first place. The indications upon which pulsatilla had been given are not regarded as characteristic by any means, yet in this scheme they become the individualistic, hence deciding ones.

Let me stress the scientific accuracy and speed of this method which begins with the self evident and objective, general findings and ends by using subjective sensations and mental symptoms for the final differentiation. Moreover it cuts a path of its own right through the repertory toward the deeply acting constitutional remedy of the patient.

DISCUSSION

Dr. Krichbaum: Suppose a man knows little about Homœopathy, how is this going to come out?

Dr. Boger: If a man knows little about Homœopathy this is the way to find out.

Dr. Krichbaum: It is a mechanical thing, is it?

Dr. Boger: No. The subjective sensations and mental sensations are used for the final differentiation.

Dr. Krichbaum: Do you rely entirely upon that, don't you inject some of C. M. Boger into your remedies?

Dr. Boger: That is beside the question.

Dr. Krichbaum: No it isn't beside the question. I will frankly say that I haven't seen what you are driving at, and I am considered a fairly good prescriber and a fairly good Homœopath.

Dr. E. M. Gramm: I think Dr. Boger has presented a matter that is of the greatest importance to Homœopathic physicians who are accurate prescribers.

I am sorry to say that most of my friends who are accurate prescribers, when it comes to the matter of family history, take very much for granted. When I took charge of the dermatological department of Hahnemann dispensary, I entered it with the idea that most of our good Homœopathic prescribers have, i. e., that disease manifestations upon the skin are more or less evidences of heredity and welcomed the opportunity of investigating the matter; and there are very few of my friends among the so-called pure Homœopathicians who, the moment they see a skin disease, do not say that child has inherited it. Our older writings lead them to that conclusion.

Dr. Boger indicates the method by which to prove to ourselves that hereditary influences do or do not exist. In other words, by following his suggestion the assumption that inheritance is a factor in a given disease becomes a certainty when facts prove its truth. Prescribing on an assumption does not cover the totality of the symptoms of a patient. Dr. Boger gets his data from immediate consanguineous relatives; then he goes farther back to the preceding generation; then goes into the history of relatives of a lesser degree of consanguinity, etc. Finally, he focuses the information obtained on the patient in hand and does what real Homœopathicians must do—differentiate his remedy. His plan of getting the history of the case—getting the hereditary—is admirable. Following that plan will prevent us from doing what many of us do who try to practice Homœopathy—imagine we know the hereditary when we see the disease.

Dr. Olds: I am wondering, in view of the fact that the history of the relatives of our patients may be very faulty, maybe the history that we get is partially false. We know that as a matter of diagnosis perhaps 40% or 50% of the diagnosis made are incorrect. Well, if that is the case, might it not also be so in these family histories, and the physician then would be basing his prescription on something that was partially false?

Dr. Lehman: I have worked along the line of Dr. Boger for

a number of years and I find a great deal of helpful evidence will come out of almost every examination along that line. In connection with this method of examination, I have certified the conditions time after time by an examination of the eye, proving the hereditary trouble of the condition. I have a case under my observation now, of a young man about 18 years old, rather weakened in all his performances, and unable to do the usual amount of work and exercise of a boy of his age. An X-ray was taken of his lungs which showed a number of diseased areas. The diagnosis, of course, was tuberculosis, but in an examination of the eye there were no inflammatory areas, but it showed numerous streaks of lymphatic trouble hereditarily obtained, and showed that this had been healed practically in the prenatal condition. Now the diagnosis and a history of the patient all agreed, and it made quite a difference in the selection of a remedy when you know all these things have a bearing, because every remedy has a pathology, and if your lymphatic system is injured from the beginning and you know remedies that have their influence largely in this line of pathology you are at once helped to the keynote of a remedy. Then you can work it out backwards, and you will get your symptoms almost every time. It only helps us to find the remedy.

Dr. Custiss: I would like to ask Dr. Boger one or two questions, if he will illustrate a little, when he closes the discussion.

You say that you don't use the repertory in the ordinary way of working, as ordinarily given. How then, are we going to try this method out and get at it—tell us how to get at it with the tools that we have to use.

There is no doubt about it that we are all the sum of our ancestors, and it must necessarily be so that a great many of our tendencies and so forth are due to that fact.

Now tendencies mean also the liability to certain diseased conditions. There isn't any doubt of that. If Dr. Boger can tell us how to get at these things through the present repertory we will then have a chance to find out what he is talking about.

President Underhill: I had the pleasure of going over this paper to some extent, but not as much as I would like to have gone over it. I was so taken up with other matters.

There are some things that have been brought out that are very suggestive—for instance, filling out a death certificate—the cause of death. I have had quite a little opportunity to hear discussions among physicians as to what should go on a death certificate. I happen to be associated with an old school hospital. In fact I am President of the Board of Trustees, and every little while I see doctors getting together and discussing this question. They generally come to this conclusion: "Not what the patient died of, but what you can not prove he didn't die of"—that is what goes on the death certificate.

I don't know how many points that would count with Dr. Boger.

My son and I have access to a large number of case records, records that are made up principally by old school physicians who pride themselves on being very skillful in making such records. They represent physicians who are connected with the largest hospitals in Philadelphia. When I was leaving the city I left this paper with my son and asked him to tabulate such facts as he conceived to be objections to this method of finding the simillimus. His findings are as follows:

"The objections to this method of repertorial analysis would appear to be:

"(A) The information obtained regarding family history is at best questionable. Even the cause of death is misstated in 50% or more of the histories obtained. The patient can rarely give accurate information regarding illnesses, even in his own family.

"(B) In a large family of several brothers and sisters in many instances each member requires a different Homœopathic remedy, although obviously heirs to the same ancestral pathology.

"(C) It would seem that this method bases the prescription on pathologic more than on symptomatic grounds.

"(D) The repertories extant are very much lacking in pathologic rubrics nor have the majority of Homœopathic remedies been proved to the point of obtaining structural changes in the provers, with the exception of the provings made by the Austrian Society, therefore the remedies listed in the pathologic rubrics may not include the simillimum.

(Signed) EUGENE UNDERHILL, JR., M. D."

There are some points in this paper that I can see would be very helpful. This method may call our attention to a group of remedies, but it does not point out the particular remedy. It may put us in a class of remedies from which it may be quite easy to select the simillimum, and from that standpoint it would seem to me to be a very valuable contribution.

Dr. Boger: Dr. Underhill's remarks are very appropriate. Now what is heredity? Heredity is 50% parental, 25% of it comes from the grandparents and the rest back still further.

From heredity you get predeliction to certain tissue formation and mental bias, to a certain extent, especially as exemplified by peculiarities, which are usually more distantly ancestral than parental—that is, they don't come from father and mother.

We not only take what the patient has inherited, but we take in the kinship affections such as is accepted in the family as well as the history of the patient himself, this will give you a group of rubrics from which to select the final simillimum.

Dr. Krichbaum: I understand that you have one rubric for blood conditions, but what kind of a blood condition—as I see it there is nothing definite about it, any more than you would take any common symptom. And I say now positively that one-half the cases as we get them cannot be repertoried and worked out unless we take something and know that something is characteristic, and know something about the materia medica. Dr. Field says his repertory will do it, but I don't believe it. The only way to learn to use a repertory is to know your materia medica

Dr. Boger: A repertory is made in a man's mind, not in a book. You use the repertory as you are able to use it.

Dr. Krichbaum: Some other fellow might have found more symptoms.

Dr. Boger: That's true, but that man got ignatia.

Dr. Krichbaum: Well if you had given him nux you would have been better off.

Dr. Krichbaum: Suppose you were asked to do a carpenter job, making a wheelbarrow, and they gave you the various pieces and you didn't know anything about it. It would take you three weeks and would your wheelbarrow, after it was completed, look as complete? We are talking about the finished

product. You know this materia medica, but when you get to talking about it you talk about the newer terms. That is what my main objection is. Let us get down to earth and talk things we can all grasp.

Dr. Boger: That simply means that I am to translate the language that I have been using into language which you can understand, that is what it means, and I admit that I am not always an adept at it.

Dr. Custiss: Doctor, we want something concrete I think. Suppose you say a person dies from cardio vascular troubles, somebody in the family dies of cancer; somebody dies of apoplexy, will you give us the rubrics in which we would look for it in the ordinary repertory when the people whose heredity we were looking for had ancestors who dies of those diseases?

Dr. Boger: In the first place all the different organs or system of organs are summarized there, and you see what percentage died of cardic vascular troubles first and compare it with his past history, and then look in the repertory under glands, if that is what the indications are, or look under blood, or under heart, or under circulation.

Dr. Custiss: Suppose he died of cancer?

Dr. Boger: It would depend upon what organ was affected. If he had cancer of the uterus I would look up under uterus. The classification is strictly that of the tissue affected. For instance, if the infection is in the leg, it is in the muscular part of the leg, it is the muscular system. Look up in the muscles, not the leg.

Dr. Boger: I hope you all try this method and next year we will talk from experience and not from opinion.

Bureau of Homeopathic Philosophy

G. C. Emmerson, M. D., Chairman

THE PLACE OF HOMEOPATHY IN THE WORLD ADVANCEMENT OF THE NEAR FUTURE

Julia M. Green, M. D., Washington, D. C.

Seething discontent of the masses, striving for better industrial conditions amidst bitter rebellion; suspicion, envy, jealousy, desire for money obtained by fair means or foul—these things precede war. And chaos follows war, a time of selfishness, graft, loose morals, narrow outlook on life. We are living in this chaos and are a part of it.

But this is not all. Preceding the recent World war, hand in hand with the discontent and the striving, was the influence of the minority, those with as great steadiness, high ideals, broad outlook on life, understanding sympathy, capacity for social service as this world has ever known. Emerging from the great war come the survivors of this minority with the purpose to seek truth and advance human service grown stronger for the war experience. With them stands a large group of those whose narrow, selfish pre-war views have vanished and have been replaced by the larger vision and the will to do good generated by the horrors of war.

Homœopathy, in practical form, came into the world a hundred years or so before the great war. At first it made rapid strides toward taking its rightful place in the realm of art and science, being opposed mostly by blind ignorance of a science and art appearing way ahead of its time. The ignorance could have been overcome in a hundred years if the seething discontent in general and the prejudiced views which precede a war had not occupied an ever increasing proportion of the people. Industrial discontent made people selfish. Homœopathy is unselfish. Desire for monetary gain made people feverishly active, morally unscrupulous and obtusely narrow visioned.

Homœopathy is calm and cool, of scrupulous integrity, as broad and deep as the sea. It has taken its place with the minority who have remained steadfast and quietly progressive through the discontent and the greed.

Homœopathy must be cherished by the few and held over until more people are sincere, unselfish, courageous and industrious.

The trend of the times is in harmony with the philosophy of Homœopathy.

The trend of the times shows the same dual elements that preceded war and superseded it, the element of strife, destruction, blocking of progress and the element of clear thinking, right living, unselfishness, service to mankind. The first element clouds the other at present, but the second is gaining power and will control because it is right.

Governments all over the world are unsound, chaotic. What does it mean if it does not mean these things?—That the right of the individual to control masses is doomed, that the power of autocratic government is doomed, that slavery, Siberian exile, imprisonment for political offenses are becoming things of the past, that the right of the individual to rule himself and help rule his country is the only success in government, that democracies will fail if they do not heed this individual right.

In the industrial world, what is the outlook? The industrial revolution now going on, aims to give to the working man the independence, respect, ability to develop denied him before. He cannot take these things and develop in the most useful channels unless he is ready as an individual to do it and help his fellow man to do it. In other words, the uprisings of masses are likely to accomplish a great deal of destruction unless each working man is ready to take his individual responsibility and help his brother to take his.

In the educational world, what do we see? There is an effort to try upon the student so many plans made by educators, to crowd his time so full of things decided by others to be good for him, that the result is machine-made education or a mass of students all cut by one pattern. At the same time, the effort is increasing rapidly in the last generation to develop the individual

during his school years, to give each student what he most needs, to help him to find the truth in his own way.

To turn to another field, there is all sorts of progress in science in the last seventy-five years, and why? For one reason, because investigators in the scientific field are individuals working alone, or with a group of people of whom the investigator is the director. The successful worker in science has had his training with other students, but he has gone on beyond the average student, has done original thinking. He has not been hampered by class work with masses; he is free to work as he likes, to find new truth and express it in his own way. It has often been said that progress is far greater in science and education than in government and industry. One great reason is that science has been emancipated from mass rule.

Students of philosophy find in the history of philosophy many schools, each with its hard and fast, more or less dogmatic, tenets. The student is supposed to choose the school which seems most reasonable to him and adopt it as his working philosophy. But in these days, each individual is free to make his own philosophy of life, independently of any school.

Art reflects the spirit of the times; modern art is frequently stultified by the narrow, selfish, rather sensuous spirit of today, but in art the worker with talent soon becomes the original worker, he outgrows formal teaching and creates from the urge within him. This is why the fine arts have always soared way beyond the comprehension of the average man. In the middle ages when painting was under the protection and the dictation of the church, all subjects must be religious and many painters rebelled at such restriction of creative power, but what beautiful pictures they created in spite of restriction! There is no telling where it would have ended if each artist had been free.

Musical art is fast freeing itself also, and it, too, is stultified by modern thought, but the best in music comes from the struggles and sufferings of the composer or of his people. Look at modern Polish and Russian musical expression. The teaching of music has changed entirely from the long hours of required practice of scales and exercises to the cultivation simultaneously

of brain, heart and hand. Here again is the emancipation from mass rule into individual expression.

There is so much change in religious thinking in recent years that it hardly seems worth while to mention it except for what it means, that the same thing is happening on all sides of life. People are saying what they think in the realm of religion. Each one thinks for himself. There is rebellion against mass rule in religion. Also there are the same two apparently opposite characteristics here. There is much carelessness in morals, much lack of religious feeling; at the same time there is more faith in the reasonableness of salvation by character than this old world ever saw before. Behold the spirit of true social service shining forth, and the eminently wise care of many small children, also care to produce better children.

Now, what do these "signs of the times" mean? A new world is dawning. The post war period will take with it much of autocratic rule. Industrial freedom is on the way. More and more selfishness and greed will give way to broader vision and better accomplishment.

There is tremendous opportunity here today and more coming as the days go by. "Know thy opportunity."

Now, to turn to the medical world. Do we not see the same dual state of things?

All through the centuries the dictates of the doctors rarely have been questioned by the people. "He is the doctor and he knows," was the only thought of the masses and most patients echo it now. Only in the last forty years has a license to practice medicine been required. Physicians were taught the same thing, were turned out, all made after one pattern, and handed to their patients what they were taught.

Recently each doctor has tried to find his own place, turning to the line of work best suited to him. Individualism in medicine has touched the ranks rather deeply. It has touched the patients, too. Many a patient has left the medical field altogether and turned to non-medical treatment because he felt that his physician did not understand or reach his particular case. This has gone on so far that recent report has it that twenty million people now follow non-medical methods in this country, one-sixth of the

population. So, as in all other phases of life in these times of transition and the dawning of a new world, people want their doctors to help them individually, not to treat them all alike. The idea is coming gradually that what cures one will not necessarily cure another with the same or similar ailment.

But this idea leads people to the non-medical methods of treatment. They do not know that they can be dealt with as individuals within the medical fold. If they did, they would stay there gladly, owing to the non-medical methods for non-medical ailments only. One-sixth of our population, then, might be treated Homœopathically with entire satisfaction, if only there were enough Homœopathic physicians thoroughly and properly trained to treat them and they understood that the opportunity beckoned them. What an opportunity!

"Know thy opportunity."

Homœopathic philosophy fits the trend of the times. It is highly individualistic. Homœopathy treats people and not diseases. It gives to each patient what he most needs, advice and the medicine just suited to his characteristic symptoms. It advises mechanical adjustment when that is necessary, surgery when that is imperative, supervises habits of life and gives freely the information needed to insure real cooperation between physician and patient. Most of all it gives the remedy best suited to each individual.

Homœopathy is scientific. It is based on law and order. The law of similars is as true and dependable as the law of gravity. One must learn how to use it. In learning, the student finds gathered about this fundamental law corollaries and observations which enable him to diagnose and prognose cases better than he can by physical examination.

Homœopathy corresponds with the latest discoveries in science. It was there ahead of them, so to speak. It felt at home in the realm of the infinitesimal long before the uses of electricity and researches in chemistry and physics accustomed men's minds to thinking in terms of infinitely small things. Now that men's minds are so accustomed, the field is ripe for Homœopathy to spread rapidly.

Another modern trend of science is the comprehension of the

tremendous value of vibration in the function of almost everything in the universe. Waves of light, waves of sound, rhythm in music, electricity, radio and many other things are vibrations. Probably health will be found to be orderly vibration and disease or symptom pictures disorderly vibration. The curative remedy may be recognized as the agent which "tunes in" and makes the vibrations orderly.

Homœopathic philosophy is harmonious with all philosophy. Homœopathy makes for better religion and better morals, for it deals with man himself, not his body alone, not his brain alone, not his spirit alone, but all three together, his very self.

What constitutes man? Chemistry would say he is made of certain elements, but man is more than the chemical elements found in his body. Physiology would say he is made to perform certain bodily functions which nourish and reproduce him, but man is more than the physical functions in his body. Intellectualists would say he is made to think, to reason, to accomplish mental feats, to be in these respects higher than the mere physical, but man is more than the intellectual part of his mind. Man himself comprises these things and more; he makes them all alive, feeling, responding, vibrating, if you will, to all influences brought to bear on his being. Therefore, when man is sick, out of order, he needs something in medicine which can supply order to him and make him respond harmoniously to all influences. This need is generally greater than merely physical remedies can reach and it is out of line altogether of gross drugging. Homœopathy can supply the need.

Any physician, all physicians, can learn how to use Homœopathy correctly, although some are better suited than others to carry its use to the highest limits of its possibilities.

Homœopathy suits the trend of the times.

Homœopathy fits the great need of the times. The stage is set. What an opportunity!

Now, supposing the world were advanced enough in other ways and Homœopathy could be embraced today by every physician and medical student in our country, what would be its place in the world of the immediate future? What would be the practical outlook?

This would best be discussed under three heads: Since it would take people as it finds them, with all sorts of disorders, the first work would be curative.

It is rare to find a person who has never taken strong drugs and thus had symptoms suppressed instead of cured. Add to this inherited tendencies to disease and it is easy to see how difficult curative work is. It becomes complicated, confused, mixed; it requires the best sort of training and experience; it must fight prejudice and misunderstanding on all sides. There is also an unsettled state of men's minds due to the transition period in which we live to make curative effort harder and results not wholly satisfactory.

Homœopathy does marvellous things in the face of such difficulties. It is continually freeing people from the results of inherited taints; it is overcoming the consequences of suppression by revealing suppressed states and then curing them; it is working for better basic conditions of health and teaching people more of what health means. This is the peculiar work of Homœopathy in medicine. It is the work of the law and order which Homœopathy represents.

Acute disorders should be aborted, epidemic disorders should attack Homœopathic patients lightly or not at all and leave no after effects, convalescence should be short and lead to complete health, chronic disorders should be cured, although taking a longer time. These things are accomplished now in the face of all the existing difficulties. They can and should become universal when all physicians are trained in real Homœopathy and all people become Homœopathic patients.

Then curative medicine can accomplish wonders in one generation and in two or three generations the work can be mostly preventive.

The second work then should be preventive. In this field industrial trial medicine is coming to the front. A few manufacturing plants employ a physician to treat the employees, and their families, free of charge or for small fees, the physicians receiving a salary from the head of the business. Employees are examined occasionally, tendencies to disease are treated, acute cases are seen early, slight accidents are not neglected.

Imagine what it would be if every industrial plant in the country were served by one or more Homœopathic physicians. Further, imagine what it would be if every family in the country were served by a Homœopathic physician.

The philosophy of Homœopathy, corresponding as it does to the forward-looking philosophy of life adopted by the progressive minority in government, education, science, art, religion, social hygiene, would be the strongest possible reforming factor in these confused times, as well as the strongest possible curative factor. It would tend to heal body, mind and soul. It would be a powerful social as well as medical agent for good.

Homœopathy, responding as it does to the present desire for individual expression and development in all lines, would help along a better understanding of life. It would cure acquired venereal disease, uproot effects of inherited venereal disease, and, at the same time, tend to prevent fresh infection from a realization of what it means. For, if venereal disease were eradicated, probably tuberculosis, cancer, most of the insanity in the world, tendencies to obstinate skin affections, suppurations, rheumatism, neuralgias, all sorts of deep nervous disorders and very prevalent nervous exhaustions, mental confusions, etc., would disappear. In other words, men would be free to use their minds clearly for right thinking and would have enough physical energy to carry out all sorts of reforms and constructive works. Many worries, jealousies and misunderstandings would disappear, for health, especially mental health, is a powerful factor in eliminating trouble.

This leads to the third work of Homœopathy in a world where people could understand it and use it right—creative work.

Expectant mothers would be treated for inherited taints, better children would be born, children with inherited disorders would be freed from them during childhood, young people would try for perfect health before marriage, homes would be happier, the race would tend to be free from disease, drugging, suppression.

This sounds like a Utopian dream and the time is not yet when Homœopathy can do its best for each individual, but the

stage is set, the trend of the times fits the stage, all development is in the same lines as the philosophy of Homœopathy.

Whether we will or not, we in the medical profession must lead the march toward health over the road where the arrows of progress point unmistakably or we shall be left behind, miserably behind.

Opportunity is tremendous! We of the International Hahnemannian Association must recognize the opportunity. We who represent real Homœopathy must realize our responsibility and undertake the glorious work of freeing the country and the world from disease and consequently from much of the narrow-mindedness, sordid greed, misunderstandings which now hinder us from reaching peace and accomplishment. "Know thy opportunity."

President Underhill: Mr. Chairman, I think this is a very remarkable paper. It is certainly a most wonderful vision of what Homœopathy is and what part it is to play and is playing in the world.

DISCUSSION

Dr. Lehman: Mr. Chairman, I refrain from talking because I am going to have my turn later, but really I think this paper deserves a great deal of commendation because it is a view and anticipation of the possibilities that lie behind the truth that is enveloped in this wonderful idea of curing patients, and I believe we will do well in every instance to make these truths felt by the public, to educate the people, regarding the possibility that lies within it. Think of alleviating so much suffering in the world by this simple process if all would work together and in harmony.

I don't suppose we will ever get rid of all the ills of men until sin has been put out of the world, which is yet to be experienced in an age to come; at the present time, however, a great deal of the troubles might be put out of the world by real good sensible thinking and the application of remedies to our ills.

Dr. Reed: Mr. Chairman, I wish that when such papers as that are read, we could have reprints of them and distribute them among the people who come into our offices.

Secretary Roberts: You can get them.

President Underhill: Mr. Chairman I think Dr. Reed has made a very valuable suggestion. I don't think we are half progressive enough. If we had material of this character and would take a little trouble to put it within reach of our patients, in a little while there would be an understanding of Homœopathy such as has never been in the world, because if they could get a consecutive story and vision of the matter as presented in this paper, Homœopathy, in a little while, would be understood and in demand by everybody.

Dr. Boger: Put the literature of your Foundation on your table.

Dr. Nelson: It seems to be the common view of the house that they would like to have this paper published and put into circulation.

HOMOEOPATHY AND ITS NEW ILLUMINATION

PHILIP E. KRICHBAUM, Montclair, N. J.

In Samuel Hahnemann's time, and for many years succeeding his death, his followers have been hard pushed to explain scientifically the process by which a remedy, Homœopathically selected, does its appointed work. Medical scientists have been amused at our so called therapeutic phantasies. The division and sub-division of our medicines has been the subject of vast ridicule, while the sources from which many of these are derived, are still contemptuously sneered at.

But the time for all this is passing. We no longer feel that it is wiser not to discuss publicly the extreme attenuation of our dose, or even deem it advisable to preserve the incognito of not a few of our remedies. The interrelation of every particle of organic living substance is rapidly being demonstrated, while the story of the Atom is the Epic of the century. The curtain is rolling up. In the blaze of new light pouring out over the scientific world, surely none but the most unobservant and unimaginative, will fail to realize that our peculiar system of homœotherapeutics is bound to lie logically in the path of this

illumination. The serum and vaccine therapists of today are but playing an orchestral prelude of many false notes and discords, to the grand symphony of the law of similia which must some time be given. Thus you say, will we be explained and justified and the faith that is in us, be rewarded. Such is a rosy side of the prophecy. There is a darker aspect. By what appellation will this great working law of the serviceable application of medicinal substances for the relief of human suffering be likely to be called Homœopathy? Never. This thought moves me powerfully. I cannot but feel that we will be untrue to our inheritance, if in these approaching days of the final abandonment of medical sectarianism, we do not rally and put forth one mighty effort to hold our Homœopathy in tact, name and glory, and historic data, for our posterity. This is not, it seems to me, a selfish ambition, but only a reasonable and justifiable pride. Think of the long years of opprobium and misrepresentation, and scornful belittling that our school, as a distinct branch of therapeutic dogma, has had to endure. Pause for a moment and recall what the Homœopathy of August Lippe, of Constantine Hering, of Carroll Dunham has, in our lifetime, encountered in the home of its so-called friends, for it is here that we have suffered our most serious and dangerous retardation. It is here that we, sad to relate, find that emasculated type of Homœopathy which for many years has been slowly but surely disintegrating the vital principle upon which our system of therapeutics is founded. In this connection may be mentioned the Homœopathy of such a limited radius of approved acceptance, that its sponsors must needs seek constant outside reinforcement. In this class we come across the ardent modernist in medicine who greedily catches at every up-to-the-minute new theory; the man for instance, who deplores the cumbersomeness, the obsolete, the grossly unscientific in our materia medica, in fact his denunciation of all this occupies his attention to the entire submergence of any constructive work for the improvement of this marvellous monument of human labor. The main line of present up to date Homœopathic research work, it seems to me, lies just here, and to make a plea for such an effort is the object of this old and oft repeated recapitulation of our grievances. We need new

provings of old medicines and of new, provings made under the direction of trained psychologists, for there are many secrets yet to be wrested from man's innermost constitution, which only those specially endowed can read and put on record. Our materia medica, for instance, is rich in so-called mental symptoms, a vast number of observations have been made, but much of this material is absolutely unrelated or incoordinated. Then these trained observers would do well to somewhat extend or amplify the popular conception of man's true relation to the physical vehicle in which he functions on this planet. Hahnemann himself trailed into a fog of metaphysics when he attempted to explain the animating "vital force" which controls all physical phenomena, but we are not bounded by the limitations which hemmed in his efforts to understand these mysteries. The new illumination is shedding its radiance here.

Prof. Gustave Geley in his wonderful book, "From the Unconscious to the Conscious," has this to say of man's composite organization: "The body, which is the lower objectification and the ideoplastic representation of the Self, can no longer be considered as playing the primordial and essential part that was assigned to it by classical psycho-physiology. The known facts of super normal physiology seem to establish definitely that the diverse anatomical modalities of the organism are reducable to a unique representation—the primordial substance, which is not nervous, muscular, or osseous, etc., but is the substance pure and simple. This opens up a vast field, and the study of organic modality must be resumed on an altogether new basis. This organic substance is built up, developed, maintained, and repaired by the higher active principle the *vital dynamism* which conditions it. In our study of physiological individuality we have sufficiently demonstrated the reality of this vital dynamism considered as independent of the organic complex, and as an *organizing* and *directing* principle. The apparent manifestation of its organizing directive and reparatory powers, do not extend beyond the birth and death of the organization which it conditions." Further, Prof. Geley says: "It, (the vital dynamism) is capable of unexpected marvel, and if it is premature to anticipate a new system of medicine, based on a deeper study of the vital dynamism, at

least its possibility may be foreseen." Such an anticipation is not premature, it is a present day reality. Homœopathy, esoterically understood, stands demonstrably identified with just such a system as Prof. Geley glimpses. But Herculean tasks confront us. The shackles of old conventional beliefs must be removed, and man viewed in the light of all the amazing new truths concerning him, which are crowding upon us so thick and fast.

Side by side with these revelations comes the dawn of a larger knowledge of the natural world outside of man. . What an incentive to a further delving into the mysterious hidden life of the various substances which form our great materia medica. The gross symtomatol ogy of these medicines is but one phase, valuable and necessary for their correct application, but the great pulsing life, so individual and so powerful in each; whole worlds of untouched knowledge await the student along these lines. As a beginning, researchers in physical science are already penetrating into mysteries undreamed of heretofore. They tell us now that "metals lead lives of toil, idleness and beauty, even as man." Crystals flourish or suffer. Plants are known to possess a rudimentary nervous system, and are subject to pain and fatigue and even experience the death agony. If all this is true, and in these substances of what we have always regarded as the inanimate world, we find such real personalities, think how much further we can go, in fitting them as medicines to the deranged human economy. Look at sulphur, our great composite of so many and varied irregularities, we are told that X-ray photographs of sulphur crystals are among the most interesting in nature. Sulphur always crystallizes in what are termed ortorhombic bipyramidal forms, owing it is assumed to its atoms having a weakness for grouping themselves in colonies of eight members.

Discouraged by the radiance of the new illumination, investigators in science are constantly sending forth new prophets, who certainly are exciting us all to controversy. Perhaps never before in the history of medicine has the time been so propitious for the establishment of a definite mode of combat for the arrest and removal of the known diseases of man. Mere repair measures are being exploited with increasing enthusiasm. Though valuable,

these will never suffice if the race is to endure. A very little leaven, it is said, will animate a large lump. The leaven of the Homœopathic principle, still in our possession, must be made to extend into the fullness of its great potentiality. Personally I feel that we, the members of this small organization, are coming to be the custodians of this sacred trust. We fought so long in the comparative dark. We accepted so much on faith, but now the great corroborating light of scientific verification has sought us out. Surely we cannot be content to just revolve in our own little orbits of success and satisfaction, for the penetrating light will then show us up for what we are. The talent given into our keeping must not be buried. We must seek for that increase and dissemination of knowledge which now, as never before, lies so enticingly at hand.

Watch the lay journals of all types and note how much and how varied is the information which they print concerning new methods of treating disease. In last week's Literary Digest Dr. George S. Mikkelson, resident surgeon of the University of Pennsylvania Polyclinic Hospital expresses his belief that to give medicines by the intravenous method will revolutionize the practice of medicine. "Of course, intravenous therapy," he goes on to say, "is not new, but it is only recently that its development has attained such proportions." The good doctor further explains that the "stomach is a veritable chemical laboratory. When you put a substance there, you don't know what action the gastric or intestinal juices will have. By injecting the medicines into the veins you change conditions from the unknown to the known. This makes medicine a perfect science instead of an empirical practice. This is accuracy and definite results."

Isn't this an interesting acknowledgment? When your enemy thus holds up to your view his own realization of the weakness and error of his past methods, you don't feel so all fired anxious to hit him. But it is amazing to see our friends abandon one untenable position only to immediately take up another, quite as untrustworthy. However, we are glad to be told that if their "physic is not to be thrown entirely to the dogs" man's stomach at least is to be spared.

I sometimes feel that our school has always suffered for

want of reliable press agents. Of course, unnumbered explanations of Homœopathy have been circulated. The very term Homœopathy has come to be synonymous with the extremely minute and unimportant, but in the words of the famous Josh Billings, the great bulk of all this "ain't so." However, this is the day for turning everything inside out. The controversialist is having a most vigorous setto with our religion. The politicians are shamelessly trying to teach us how to count all over again, or, in another way of putting it, telling us that we may have our cake and eat it, too. I, for one, am quite willing to hand over into the arena of popular discussion, our one ewe lamb, Homœopathy, just to see what a good man-sized up and down drubbing would do to it. That, at all events, while it would soon scatter the non-combatants, would put very definite tags on the rest of us, and perhaps bring home to thinking people, some slight perception of what the great majority are passing by. It is possible that some of you here present will say that I am inclined to over stress the general unrecognition of Homœopathy. I would like to feel that such was the case, but in view of some slight knowledge of its contemporary appraisement, I cannot back down. Moreover, I am always running across support for my contention. Only the other day I came upon a most elaborate chart of some outstanding achievements in forty centuries of science. Medicine's long column, from the days of early Egypt, held many illustrious names, the glory of which I would not dim by a breath, if I could, but was Samuel Hahnemann's name in the list? It was not, but in 1918, "tomato juice was found to be an excellent scorbutic." Shades of Hahnemann and his followers, at whose door must we lay this amazing perpetuation of an old intolerance? Its length and breadth no man can measure, and now way down the line, when the truth of its main contention stands just ready for the sunrise of a glorious new day, we must still reckon with the bigotry of the past, and doubtless end by parting with our beloved designation and re-emerging newly christened. If, by any stroke of good fortune, I some day meet the shade of Samuel Hahnemann, I certainly shall have some dodging to do, if shades or spirits can dodge each other.

The poet can chant his ditty of a rose by any other name, etc. We named our rose and names *do* count.

DISCUSSION

Dr. Reed: Somebody said that people go crazy in droves, but they recover slowly, and one at a time.

We are going through such a process now. At the present stage of the world in almost every line you will find that people never do the right thing first. They always exhaust all the wrong ways first before they adopt the right way.

Dr. Shattuck: Who has the right to call another crazy in this day when every truth is being overturned, a truth which is infinite, eternal, indefinable and above everything?

Dr. Mellicon, who has just won the Nobel prize because of his theory of the electron—the electron, that small portion of matter which cannot be demonstrated by any ultra microscope, yet we know that it is composed of three parts, is a triune, a simple nucleus with a positive and negative component part, this, Dr. Mellicon has proven, by its action with the ray of radium, with this he expects and ultimately hopes, to demonstrate the infinite truth through which science, religion, medicine, music and all should be united in this electron, the relative distance between this minute solar system of positive and you, is so great that the distance between the sun and us is comparatively infinitesimal. Now this nucleus is only one portion of an atom. He says it has really the power of distinguishing and choosing whether it will take on positive or negative vibration.

Now we must be careful lest we become mental tyrants. The definition of a philanthropic tyrant, I think, is that one who tries to force upon us a thought which he thinks is for our good.

If we have a thought let us cast it into the air. It may not land anywhere around, and we may get only condemnation from those around us, but the truth is eternal and it will prevail, and somewhere, sometime, some place, something is going to carry that truth forward.

Samuel Hahnemann sent us an eternal truth a hundred and

more years ago, but just as religion went through the dark ages, so we are living through the dark ages today. Religion has now denounced Christianity to a great degree, the name of Christianity is perhaps going to be lost, no one can say, but there are a few souls who are going to carry forth the truths of Christianity. Just so it is with Homœopathy. The truths are going forward, by few perhaps, perhaps only one person shall be designed to be the person to carry that truth forward. It shall not die, but in each and every person there is this strata in which we live and this vibration which we are receiving. Nothing by name amounts to anything. The day is coming in which probably all our terminology will be turned over.

Didn't Mr. Catharine tell us, several years ago, I believe it was right here in Cleveland, that the minute a man says that a thing cannot be done, go out and do it? So it is, we must be careful that we do not become these philanthropic tyrants, trying to force ourselves upon others. Be content to throw our truth into the air and let it catch somewhere. (Applause).

Dr. Boger: Dr. Krichbaum seems to be trying to tell us what illumination is. Now I don't pretend to tell you what illumination is because it is always individual, to each person.

Now so far as Homœopathy is concerned, illumination in Homœopathy is just like illumination in other things. Illumination canies through devotion, devotion comes through sacrifice, sacrifice to devotion until illumination comes. That is the sum of his paper.

Dr. Krichbaum: Homœopathy in its new illuminations seems to stagger my audience, or at least my discussor.

The vague, the obscure, the seeming inexplainable, is being explained one by one through scientific investigation.

Does the law of similars stand these searchlights? It does and it will stand more that is to follow.

All my paper endeavored to show was how these old truths look after they are polished up, and how small we, its devotees, will look if we do not keep abreast with these new discoveries.

WHAT IS CURABLE IN THE PATIENT, WHAT IS CURATIVE IN MEDICINES

By JULIA C. LOOS, M. D., H. M., Baltimore, Md.

WHAT IS CURABLE IN THE PATIENT

What is undoubtedly morbid to be removed, what is curable in the patient? Clearly what is morbid is not to be cured but to be removed, destroyed. Whatever is the inimical influence in the individual under consideration is to be expelled, so that the derangement which it occasions must cease. When this evil is withdrawn its false creations must, of necessity, cease and the patient is then left in freedom to indulge the sense of health. Then all parts of the economy act in one accord, vibrations equalized to perfection in harmony of cooperation that spells unity.

The ever present picture in the physician's consciousness must be the image of this harmonious, unbounded sway of intelligence actively, energetically operating the will, (desires, love,) the power in every function and sensation; this expression carried on—projected—in the functions, the sensations, and the metabolism of the body.

Without this standard of normal man we have nothing for a comparison, to determine what is undoubtedly morbid. Patients who have not enjoyed normal life and normal functioning of organs are apt to think that conditions and limitations that have been experienced a long time, or even from childhood or infancy, belong to them. They are surprised that one should expect to rid himself of what has hampered him, as he says, all his life. The physician, however, must know that any kind of disability or inefficiency is but a temporary trespassing of consciousness and the real aim is harmonious, abounding freedom of health. Why should we hesitate to expect all lesser things to disappear so that this reality is reached? The musical instrument tuner expects to raise the vibrations of the strings of his instruments to the tone of perfect harmony, perfect tones.

Through the outwardly reflected picture of the affected, trespassed vital force (2), making perceptible to the senses the morbid phenomena of the derangement (3), we obtain the total expression of that derangement and the sole indication to guide and direct us in understanding what has occurred and what remedy to select to dispel the troubling influence. How important, then, becomes the art of interpreting all the outwardly-reflected expressions. Through the objectively observed appearances and, quite as accurately, through those features that only the patient experiences and reports, we can trace back the course of deranged action and sensation to the initial experience.

Knowledge of the correspondence of the bodily systems to the phases of man is most enlightening. Man in his love-realm is projected, objectified, in the heart and circulatory system. His perception of truth and his thought-reactions are carried out in the liver and the mechanism of metabolism. Governing intelligence expresses throughout the body in brain and nervous system. Life-activity can be discerned and measured by the action and condition of lungs and aeration-stimulus. Life is the fourth dimension; *progressive action* of love, truth and intelligence.

Through this perception of the substance of man and his objectification in the instrument we call his body, the intelligent physician cultivates his own intuition and recognizes the expression of man himself, even in the objective symptoms. The *nature* of any disturbance must honestly express throughout the economy. The *nature* of the disturbing influence is merely impressed on this individual under consideration.

Principles govern him, now, as when he is not thus hampered and whatever the nature of this adjunct—be it zymotic, inhibitive, life-exhausting—it must follow, outwardly, from center to circumference, (or from whatever degree within, outwardly) the lines of his being. Any influence that changes the state of man, from health, is deteriorating; even drugs, medicines, which are employed to offset the detrimental influence expressed in what Hahnemann calls "natural sickness," (4) but might, perhaps, be better termed involuntary sickness.

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(2)—Org. sec. 7. (3)—Org. sec. 12. (4)—Org. sec. 30.

WHAT IS CURATIVE IN MEDICINES

Medicines could not restore a healthy condition in the diseased individual (5) except through the power of altering man's state of health, exciting in him definite, morbid, peculiar phenomena (6). These phenomena constitute the only possible revelation of the influence which each individual medicine possesses. (7)

By our law of similars we seek to restore freedom—expel the inimical influence—through the administration of that remedy which is capable of instituting just that state of alteration revealed in the patient. When do we not achieve the success that we are justified to hope will ensue? Most careful students of materia medica, students and searchers into the images of disorder, those who most faithfully rely on our divine law of similars do meet their Waterloo. We do fail to achieve prompt and permanent restoration (8) that is evidenced in:

Elimination of wrong thoughts, wrong emotions, elimination of weakness, sensualism, instability, substitution therefor of truth, love, power, spiritual sense and definite purpose.

Why is this?

What we call one-sided cases need clearer interpretation and investigation of things that patients are indisposed to tell; indisposed because they do not recognize their importance or because they are affected in the truth-realm. Some of these cases may not have a similar in our materia medica.

Our aim is to find the remedy he needs. It may be change of habits—in thought as also in what he does with his body. A Homœopathic prescription is possible only when the symptom-image, the index, in the patient is similar to that of a proved remedy. Wisdom says do not give him a medicine until you find one that offers hope of being curative through the law of similars.

Then there are the cases that cannot be repertoried satisfactorily because the symptom-image includes portions of several remedy-images and no clear-cut call for any one. There are cases that cannot be repertoried because they offer no testimony of definite similarity that we can compass in the language of

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(5)—Org. sec. 19. (6)—Org. sec. 21. (7)—Org. sec. 3.
(8)—Org. sec. 2.

provings. The testimony of the symptoms is that the case is erratic in its type of disturbance. Modern conditions of life are now more complex than they were fifty years ago. Self-control is less established; mental aberrations are more common.

Patients recover from serious maladies, contrary to their doctors' expectations. Other patients pass out when apparently not seriously ill. Others present profound disorders that are not explained by most painstaking examination of the history of the externals of life. These cases present instances where curative measures belong outside of materia medica.

WHAT IS THE REMEDY

We used to tell patients that they need do nothing, themselves, to compass the cure; all that was necessary was for them to take the carefully selected medicines and the medicines would do all the work of changing the condition, bringing restoration. Experience that brings us, year after year, the self-same patients exhibiting the same limitations, the same type of disability or discomfort, leads us to investigate more thoroughly to find the things that derange health and cause disease and how to remove them; the exciting causes, the moral and intellectual character (revealing aberrations to be removed), the occupations, mode of living, social and domestic relations, aging, sexual life; the obstacles to recovery in each case and how to remove them. (9)

Any bodily distortion that occasions mechanical interference must be adjusted. Influences that occasion mental interference must be recognized. Control is the most neglected crop in modern civilization. Great need of it exists to restore balance of health, even bodily health.

The outwardly reflected manifestations—what do they image? That is the question propounded in each individual case. This question, for each case, is not answered by every reply that may be offered. It is not answered until it is correctly answered. The case is not settled until it is settled right, righteously. The answer may be some medicine recognized to be characterized by the same image. It may not have a true counterpart in materia medica. Suppose the outwardly reflected manifestations do

(9)—Org. secs. 3, 4, 5.

clearly image deficient or excessive endocrine functioning. Only the mind of materialistic stamp will find necessity to supply the correction by killing animals of lower type and feeding their glands to do the work and to stimulate correct activity.

What influences have occasioned this deficient, this excessive activity? Find that and remove it. What medicines affect these internal glands and their secretions similarly to what is designated present in the patient? Interpret the provings in the language of modern thought and modern insight but turn not from divine law to materialistic trend of those who work without the law.

For the patients who clearly reveal the image of some medicine our work is not completed when we administer the "miracle powders" and win release, at once or soon, from the intense suffering or disability. Study the remedy-provings to determine what the medicine does to man, in man, to produce this image, when depleted vitality is evident, when metabolism has been jumbled, when digestive interference is manifest. Whatever the initial nature of the disturbance, that, more than its ultimate achievement in symptoms, points the way for our quest in the patient, in whom we perceive the call for this remedy in his sickness.

To establish freedom—the real sense of health—requires that investigation be carried on to determine *what, in this patient's life, is responsible for the disturbance; what inimical influence is imposed.*

The curative influence of the individual medicine falls short of what is curable in the patient. The disposition to take on evil influences demands that immunity to such influence be established. (10)

The only real pleasure in a physician's professional life is meeting a dilemma openly, taking firm grip on its horns and overcoming it, lowering and ousting its head to the dust (memory of the past). It is a worthy victory over that evil that overrides a man, enslaves each power and sense to evil indulgence without rendering any real advantage in return, and, in *complete disregard*

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(10)—Org. sec. 31.

of his normal wish and heart's desire, in disregard of his intelligence, exhausts his forces.

This calls on determination in the physician; not only the will but determination of what is to be grasped (discerning the horns of the dilemma) and how to handle it when it is grasped, especially to avoid the back-thrust. It demands excluding all forms of doubt, all interferences to resolve, all opportunity of fresh onsets or adjunct dilemmas, in the patient as also in the physician, to the end of establishing dominion of God—*normal activity.*

DISCUSSION

Dr. Krichbaum: This paper has opened up a good many cases and I will note a few so as to start things off.

The doctor starts off with the normal. Is there any such thing in the world as a normal human being?

The next is a cure? Was there ever such a thing on earth consummated as a cure?

And she said that in many cases we find no similar which is true because we cannot find all of the hidden things within that patient's life. Now, as in normality we have different degrees of physical endurance, different planes, when John Jones, who has inherited a weaker constitution than Bill Smith, and undertakes to do the same things Bill Smith does, he gets knocked down, but as long as he works on his own plane and does the things he can do, he can have what is normal to him. That is another point that is out.

Now then, of course it is the totality of the symptoms I have touched on that, and we can know and repertory some cases and we cannot repertory others. When you begin to undertake to work out some cases by the repertory you are certainly repertoried.

The control is another various thing, as to making a cure unless you remove the things that make them sick and you don't cure them, and if you will all go home and read paragraph 3 of the Organon again you will get more than if I talk a week.

Dr. Loos: Dr. Krichbaum has emphasized what I tried to bring out in my paper, that there is something yet for us to study.

INBRED SIN

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

There possibly was never a more controvertible question in Theology, in spite of inspiration and reason, than the question of *Inbred Sin*. From the very foundations of human organization until date, the question of the relative power of inherent tendencies and external influences, in shaping the moral and spiritual actions and destinies of man has been uppermost in theological discussions. In spite of the inspired records which affirm—that, "There is nothing from without a man that entering into a man can defile him; but the things which come out of him, these are they that defile the man," and in support of this remarkable doctrine we are told that out of the heart of man—i. e.—out of his inmost self—arise evil thoughts, desires and aversions, likes and dislikes, and these are the basilar elements of sin, and give rise to thefts, grafts, lying, murder, enmity, hatred, malice, adultery, vice, and such things as destroy both soul and body. Now this is but a prelude to what we desire to say about some of the etiological factors of disease, for without a proper conception of these factors, their progress and ultimates, we are at a loss as to their removal. And, is it not strange that some things in nature which are revealed so clearly that no one should think of them from an erroneous standpoint, are yet so perverted in the thoughts and practices of man that it leads one to question the honor, honesty or sanity of some who pretend to stand high in the professional world.

Thus the man who thinks he sees a disarticulated vertebra where none exists, and imagines that this imaginary disarticulation is the cause of an attack of malignant diphtheria, and seeks to adjust this imaginary defect, by repeated thrusts on some point of the vertebrae in an effort to cure or abort a malignancy in the throat seems to us, to say the least, a faulty conception of the nature and cure of such malignancy. Or, think of the man who attempts to cure a deeply seated Psoriasis, an effect of inheritance, by stretching a limb, twisting the head or thrusting both thumbs into some portion of the vertebra; what must be his thought, and by what process does he reach such conclusions?

Again, the man who teaches that the only sane process of healing the sick is to "get your patient to see the absolute non-existence of matter." Think of it! "Absolute non-existence of matter," when the organs with which he uttered these words were matter. Let us not prolong this phase of modern thought, but think of those who teach that illness, disease, mental and physical disorder is the result of external agencies as bacteria, various pathogenic germs, etc., etc. True, certain contagions are effects of external miasms or germs, but are incapable of exerting any changes in the harmony of nature where there is no innate, inherent tendencies to such contagion. You cannot cause smallpox to appear on a fence post, because there is no inbred tendencies to smallpox in a fence post. One might as well endeavor to make a wild goose lay a tame egg as to produce such a condition, nor is this the whole truth relative to man's inbred nature or susceptibility to disease. I can walk past the poison ivy on a warm June day after a warm shower of rain and feel no evil effects from its proximity, but my good friend, Mrs. G., would not dare such hazardous procedure, for the reason, that, in less than 36 hours she would be aflame with a violent burning of the skin, rapidly forming blisters on exposed surfaces of the body, swelling, great mental and physical distress. Why? Because she has within her a marked susceptibility to the disease producing effluvia of the poison ivy. I inhale just as much as she does; I am as close to the plant as she is, but not having this inbred susceptibility to its poisons I am not afflicted. Will an adjustment of the vertebrae, stretching a limb, having your patient see the "absolute non-existence of matter," or denying the doctrine of innate, inherent disposition to certain forms of disease, cure the disease or remove the susceptibility? Is it illogical, unscientific, and profane to believe that man carries within himself the seeds of disease and death, and that all he needs to produce the one or the other or both, is something to interfere with the normal functioning of the force that gives life and prevents death?

Suppose a man delivers a lecture into a broadcasting machine in Buffalo, N. Y. This lecture is thrown upon the ethereal waves and is carried, instantly in every direction for a distance of more

than one thousand miles. Every atom of air in this space is permeated with the sounds of this man's voice, but we do not hear it. The natural ear is not attuned to these ethereal vibrations. But "tune in" on your receiving machines, and in an instant this machine catches the vibrations and you hear distinctly every word the lecturer says, and the instant he says it. Why? Because this machine is so constructed as to make the innate, inherent machinery "tune in" to the vibrations of the machine sending the message and we hear the lecture. What potency of the lecture does each cubic foot of air contain?

Let us listen to the master. In the preface to his 6th edition of the Organon, in speaking of susceptibility he says: "Every reflecting person can easily be convinced that the diseases of man are not caused by any substance, any acridity, that is to say, any disease matter, but that they are solely spirit-like derangements of the spirit-like power (the vital principle) that animates the human body." Therefore, if in contagious diseases the spirit-like power which animates the body, or if you please, the vital forces which give life to the human body, are first diseased before it is shown in the material, known as organs and tissues; then once this vital force is impaired by disease it will continue to produce changes in the organs and the tissues of the body until this disturbed vital element in the human organism is corrected or removed. He says further: "In disease, the vital force only is primarily morbidly deranged, and expressed its suffering (the internal change) by abnormal sensations and functions of the organism." And in summing up the effects of a disturbing vital force and deducting from this disturbance a key to a curative element he says: "The totality of the symptoms is the only indication, the only guide to the selection of a remedy." This masterly bit of philosophy is incontrovertible and has never been successfully disputed. Disease, therefore, arises from within and the physician whose keen perception leads him to recognize this important fact is the one who, by the use of the proper dynamic power known in remedies, can correct the mental and physical disorder and restore harmony where it did not exist.

In our daily intercourse with patients we meet so many diversities of aches and pains, which are not imaginary, but

inherent and very real to the patient, indicating a vital disturbance and producing a loud cry for help. Take, for instance, one or more of the almost countless sensations which we meet from time to time and prove these particular points; and in proving the fact that these sensations arise from a disturbed vitality, proceed to prove the almost omnipotent power of a dynamic element in medicine to remove these peculiar sensations. As an example, take the sensation as though the heart were clutched as if in a cage of strong wires, causing intense mental anxiety, physical pain, fear, and apprehension, and with this also a marked dyspnea and you have what is known in common terms as neuralgia of the heart. You will readily understand that the sensory nerves of the heart are affected and that if this condition continues the patient will possibly die. Then you will turn to your study of the dynamic power of cactus-grandiflora and you will observe the major provings of this plant are similar, but not exactly like, in sensation. Then you will take but a few granules of the 200th potency, which is the dynamic power liberated by potentization, and place it upon the tongue of this patient, and the moment it touches the lingual nerve, that moment the sensation of constriction in the cardiac region is being lessened. This being true, beyond the question of a doubt, it seems inexplicable to me that men resort to so many material measures in an attempt to correct such vital disturbances. Take, again, a condition brought about by various causes, which leads one to contemplate homicide. The mental and physical condition is so affected that the patient thinks of nothing but homicide. This is the engrossing thought and it will continue until he has so overtaxed the mental faculties that he commits homicide, but the physician meeting conditions of this kind observes this peculiar disturbance, and knowing that in a study of the mercuries he has found a similar disturbance, in its provings, will then place upon the tongue of this patient a few granules of a highly potentized mercurious vivus, and—no it is not strange to say—the patient forgets his homicidal tendency; regrets ever having thought of such a thing and instead of becoming a murderer he is a free individual. It seems to me that the greatest and most sublime work of the present day physician is to use every energy of soul and body in

learning to understand the innate, inherent, inbred conditions of soul and body when functioning normally, and also to understand what will give rise to a disturbance of the vital energies of soul and body and disturb this function, and study the harder to understand clearly what there is in the dynamics of remedies that will relieve the human family of these disturbances. It seems to me further, that present day procedure, forgetful in most part of the life giving properties which give rise to normal functioning, are turning their attention to the introduction of injections of poisonous substances and morbid material into the blood stream of a healthy human organism, and thus add mischief to misery, producing disease where none existed and then have nothing with which they may correct the deleterious work done and by such methods produce future generations of mental and physical weaklings. The study of modern procedure is as alarming today as in the days of Hahnemann, and while the procedures of the present day differ to some extent from those of days gone by, the effects are just as injurious and in most cases as faulty, for we cannot escape the thought that faulty conceptions relative to the inbred nature of disease and the inability to correct these inherent, inherited, and inbred tendencies to diseases are sending more people to untimely graves than wars, floods, storms, and earthquakes. We must admit that every man and woman has a right to live out their expectancy and in doing so live normally, mentally and physically, and the practice of medicine which does not point to this end and do so intelligently is not worthy the name of medicine.

DISCUSSION

Dr. Krichbaum: The doctor spoke about "tuning in." That is the only thing that the Homœopathic remedy ever does, it tunes in. This nonsense talk about a remedy lasting for a year or four years or forty nights or four hours is all wrong. Disease plus the remedy is equal to healthy nature. You have tuned in, but you have got to take away the things that disturb health immediately, if you are going to effect a cure.

Hahnemann disputed himself in three paragraphs when he

started in the psoric theory. There are a great many things that the old man said and took back because he was German, like myself, and he talked so much he had to take a lot back. (Laughter).

Dr. Loos: I would like to say in regard to the serums, things that are injected into the blood, the normal functioning of our systems provides for the intake of foods and the elimination of waste, waste of food and waste of body functioning, but the normal functioning of the body didn't expect to have things that were inimitable to health injected into it; the provision of the whole system is to protect the vulnerable parts, to place the blood vessels and the nerves out of danger, to cover the whole body with a protective skin, and in animals as well as in fruits and vegetables, so long as the protective skin is unbroken the deteriorative chemical effects do not occur beneath. Now when we go to injecting, going past those closed portals and inject poison into the blood we will have to find some way of eliminating that poison because the mechanism doesn't provide for taking care of poisons thrust indirectly into the blood stream. What goes in as food is taken care of and used and carried out. The minute substances which are so important in the operating of the body, the substance which in the analysis of the chemical composition of the body appear so small as to be almost insignificant to the material mind, to the material thought of things, are yet so essential to the working of the body movement. Now those things are not eliminated from the system, it is kept there. The very minute substances, minute portions of substance are used over and over again, they don't seem to have any carrying out from the body, they remain as stimulus, they are very small in quantity and seem to be used over and over. They are not material substances in their influence as food substances are, they are just enough to start something like some of these words we hear, just something that will influence the vibrations we might say, to make them tenable to thought.

So, when we thrust poisons into the blood stream and make no provision for those poisons to be eliminated, those poisons remain to disturb the body until in some way they are carried out. Vaccine poisons will last all through life; syphilis will last

all through life. Any of these proposed serums with their terrible effects are not eliminated, they remain there until something is done to cast out the vibration that they have started.

Dr. Krichbaum: I would like to hear from Dr. Wood. He is the only man who ever took a tumble out of me.

Dr. Wood: Mr. Chairman, I am not a member of this organization, what I would have to say would be entirely up to the courtesy of the body. I dropped in this morning to hear what you had to say, some of you men who have worked for many years in the main body of that organization of Homœopathy.

I have listened to the two scholarly papers which I have heard, with a great deal of interest, and in listening to them I am reminded of a story. It seems to me that I cannot get over what I want to express, without thinking of a story relating to it.

Once upon a time in one of the southern states a colored servant wanted to marry one of the maids in the household, and he asked the mistress when she went out that day if she wouldn't buy him a license. Now there were two maids in this household, one named Mary and one named Maggie and the mistress misunderstood the colored gentleman and in getting the license she thought he wanted to marry Maggie, so she took the license out and when she got home he explained that it was Mary he had wanted to marry.

"Well," said the mistress, "don't worry about it, Jake, I am going downtown tomorrow and will get you another license, it is only $2." But the next morning before she started to town the colored man said to her: "Mrs. Jones, I have been thinking over this matter seriously, and I know Maggie and Mary for a great many years and I don't think there is any $2 worth of difference between them." (Laughter). Now as I have listened to these able papers and compare them with what I have heard in the Institute meetings, I don't think there is any $2 difference between us, we are all working for the same purpose, for the same thing. We go at it in a different sort of way, but the object is the same.

For infinite ages, time immemorial, there has been sickness and death and men have come and gone and died and suffered in spite of all methods of cure, and all systems. I like what you

say in revering the memory of that great man, Samuel Hahnemann. The time will come when his name will be placed in the Hall of Fame. Prejudice still exists, but we must remember that it is not confined to the other fellow or the other school of medicine. I could not possibly agree with all that has been said here today. The discussors of the papers made statements regarding the modus operandi of cure which would not bear up under modern thought and modern knowledge that we have regarding the modus operandi. We know today that the cure is brought about by whatever method it may be, by your method or my method or the chiropractor method or the method of the osteopath, or whatever method it may be, it is brought about by developing animal immunity. The whole explanation of the action of the Homœopathic remedy is along that line. Your attenuated remedy does, when it acts upon the cell and tunes in, as it were, in a miraculous sort of way, so acts that the smallest complement part of the body, which is sub-divided into atoms and molecules and is a miracle in itself, is done in that sort of way. Nature can't always do that. She fails, she is overwhelmed, micro organisms enter the body and they kill the patient before your Homœopathic remedy or any other agent—by stimulating in a mechanical way these body defenses—can get its work in and create sufficient body defenses in natural antitoxins. Natural antitoxin does not differ essentially from the manufactured antitoxin, so that science must step in and give an antitoxin as in diphtheria, which will carry the patient over that particular period. Don't do it if you can get along without it.

If the lady, in discussing this subject, had ever seen a case of tenderness, following the removal of the parathyroid, two little bits of glands not larger than a pea, if she would see the patient dying from tetanus, then injecting the tetanus of a lower animal, she would change her views in giving these poisons, as she calls them, which are necessary to carry the body over and reach a point where you can prescribe your Homœopathic remedy, and eliminate the disease.

So that I see, my friends, that we are all working for the same end. These body defenses can be erected in a mechanical

way and my own theory of the action and success of these men who are using these mechanical agents is—vibrations, heat, light, electricity, all these things—they will all help to create these body defenses. Now, if we can grasp these things, and unless you are very different from myself, you will need at all times all possible agencies at your disposal. Is it not our mission as broadminded, altruistic physicians to use and utilize any and every thing for the best aid of the patient? The man who learns to prescribe Homœopathically will not need all these ulterior things to any such extent as the one who prescribes Allopathically.

It is the great law of cure, and you people in this Association are carrying it on—you're fundamentalists. I think as an organization you ought to exist and keep it up, the Lord knows the younger men need such teaching as you are giving here today. I thank you. (Applause).

Dr. Rowland: Mr. Chairman, I am not a member either, but I expect to be, if possible, and when Dr. Wood got up and said he wasn't a member it called to mind the fact that I might be headed that way.

Secretary Roberts: Dr. Rowland you were elected a member and are a member.

Dr. Rowland: Then I will get down to the point. Simply this: As one gentleman said, Hahnemann had to take back some things he said, and it occurred to me that in the early part of the Organon Hahnemann places great stress upon the fact that we must study the totality of the symptoms of our patients, but in the contagious diseases he says: "You must observe a number of the symptoms of a number of diseases, or cases, before you get to the totality of the symptoms. Where you have an epidemic you can prescribe on the symptoms." So as time goes on we can see where we are in totality, in connection with epidemic diseases.

Dr. Boger: The particular thought that comes to me in connection with that paper, is this: We have, from time immemorial, had to struggle between the object with which the thing is done. We have heard of the time when people did evil in order that good might come of it. That same way of thinking has come down to us through the Allopathic medical profession.

We today consider the Allopathic profession necessary to do evil in order that good may come of it. Now I may say that if that were carried to the other extreme you couldn't operate in surgery, you couldn't get a person under an anesthetic in order to operate. But, if we are given the privilege to do evil in order that good may come, the legitimate conclusion of that is that we will do more evil than any good possibly could come from it, so, and drawing the inference still further, our good friends, the bacteriologists and experimentalists and vivisectionists do many evils to animal life in order that good may come to human beings.

Now you cannot possibly break one moral law in order to hold up another moral law. That is a moral impossibility.

I am not preaching against vivisection or any of those things. I am preaching about the law. You cannot break one law in order to build up or uphold another. That is a contradiction in terms, and the men, as our President's address referred to briefly, who are doing vivisection experiments and other men who are doing that sort of work and who are breaking one moral law are cutting the ground from under themselves for future generations. That is the reflection that comes to me in this connection. And if one-thousandth part of the money and effort that has been expended in doing vivisection work, and in doing work along physical lines, had been spent in developing and working out the law of cure as taught by Hahnemann, the result would have been stupendous in comparison to what they are now.

You cannot break a lower physical law and build up a higher moral law through it, that is impossible.

I say that the thing for us to do is to stick to our ideals, to the ideals that we have here, to the ideals which we must have to study the organism and to the ideals which we will have by being enabled to cure more people and cure them better, and to do better work every year.

The work I do now is 100 times better than it was when I graduated from school, with all due respect to my instructors, and I hope the rest of you can say the same thing, but I wish to protest, and that is the thought that the doctor's paper brought out, I wish to protest with all that is in me, against that idea that you can do an evil in order that good may come from it.

It cannot be done. The kick is going to be harder than the discharge. You may not see it at once, but it will come. (Applause).

Dr. Underhill: I am very glad of those comments from Dr. Boger. I thoroughly endorse them with reference to Dr. Dienst's paper—I think it is a most valuable contribution to our literature. It is a classic. In my judgment nothing can be added to it, and certainly nothing can be taken from it.

I believe it will well repay reading a hundred times by every physician who desires to do the best for his patient and himself. (Applause).

Chairman: If there is no further discussion we will ask Dr. Dienst to close the discussion.

Dr. Dienst: Mr. Chairman, I don't care to say anything particularly, with reference to what has been said about my paper.

I appreciate very much what has been said, but I cannot let a statement of our distinguished visitor pass without a reply. Mr. Chairman, I have the highest regard for Dr. Wood and his idea as I have listened to him with a great deal of appreciation. He says we are all headed for the same end and it doesn't matter which road you take.

I spent ten years among the heathen because I thought they were on the wrong road, and when I saw a man worship a hideous serpent, or perhaps a wily fox, or bowed down to a hideous idol, or bowed before a shrine, I thought he was on the wrong track, and I did all that I could to set him right. Now, he was headed for what he thought was the land of peace, although he had little idea of mortality or immortality, and if I had the time I would tell you a very strange story, but men in our own country think they can violate practically every civil and moral law and still get to heaven. I am afraid they are going to be out. There is only one way to truth and it is my opinion, ladies and gentlemen, that you had better find that out and stick to it, and the moment you begin to travel by any forbidden paths you are apt to stumble.

I think, Mr. Chairman, that is all that I care to say. (Applause).

VITAL FORCE—THE INDIVIDUAL AND ITS ADJUSTMENT

S. L. GUILD-LIGGETT, M. D., Syracuse, N. Y.

If we believe, which we do, that this vital force, individual, creates this physical body, with all its various needs and activities, according to environment and food, we then see how it can be made sick.

It, the body, is obliged to use what is given, through environment, foods, and its appetites or desires. It is usually guided by that appetite, or desire—will—and takes form from indulgence.

There are several ways in which this can cause harm. It may use too much of one thing, or have a perverted desire for one food; it may object to fresh air, or plenty of water; it may wish or indulge in too large a quantity of lime, or silicates, or phosphorus, in a perfectly natural manner and know nothing of the cause for disturbance. Also, in various ways and in divers manners, it may be persuaded to take within its system artificial medication such as disturbs its function, permanently, or for longer or shorter periods of time, according to the gravity of the individual strength, or of the artificial stimulant. All these considerations of environment and indulgence have to be taken into consideration by the student or physician in *chronic disease.*

It is impossible for the *subconscious mind* to control or to antidote the result of a long indulgence of lime, or the silicates; of mercury, or sulphur; or of many other available drugs, without a knowledge of what such drugs can do to the physical system, through provings on the healthy, or seemingly healthy human, and an added knowledge of the proper antidote.

A knowledge that those various perversions, either wilful or accidental, fit the system for the development of germs of various kinds and discoveries—be it Klebs-Loefler, or T. B., or others—in no way fits the physician for cure of the condition, only *for diagnosis, after death, when all hope of help is passed.*

Only knowledge of the action of the individual drug force can help the patient out of his dilemma.

Years have passed since observers, with the greatest care,

began the record of drug-proving, and, though much is known in reference to these provings, either through poisoning, or by carefully graduated dosage, much is still to be learned.

At times, some wonderful light is shown on the subject of adjustment of this perverted vital force, and we suddenly know that, when a patient puts forth certain characteristics which have been carefully tabulated as resulting from the administration of a drug to one in health, we have at hand that which will help the vital force to adjust itself and again recover its health or normal activities.

This has been made possible only by observation and tabulation of hundreds of cases, carefully recorded, else we should still be delving for the bugs and the way to kill them.

Dr. Tomlinson calls the action of potencies radio-activity and it sounds very real, for we have yet to learn where their activities rest, and we have yet to know when they will do no more, or when they need repetition.

NATURE'S LAW OF HEALING

DR. G. W. LEHMAN, Dixon, Ill.

There are some things in the world that in influence outweigh truth and trample scientific principle under foot.

The great heathen temples have within them, their images, and their influence has lasted throughout the generations, even centuries.

Ideas and images in men's minds, are the invisible temples that constantly govern their actions and their choice of procedure. To these we often pay respect, even to entire submission.

An interesting headline appeared in a paper some time ago, as follows:

"Two thousand sheep follow their leader over a cliff."

It is the principle of the image in the brute creation.

Allow me to erect in your minds, two images in the form of totem poles, representing ideals which at present enter into

and control the minds of the greater part of the science of healing, as represented by the regular school of medicine.

The one may be represented by Aesculapeas, the Grecian God of Surgery.

The other to preventive medicine, the creation of modern science.

These are wonderful and developed to a high degree of perfection.

All honor to those who worship there, but this is not all.

Like the Grecian story, they still feel there may be something more perfect, and while growth development is eagerly sought, there is yet between these two extremities, a middle ground that to their minds, remains undiscovered.

Therefore, we may dedicate this unknown realm to the *Unknown God.*

And, like Paul, the principle of the unknown for which they blindly or ignorantly strive, we publicly declare unto them and the world.

Nature's law of healing, and the only law given for our guide in aiding therapeutically, the law of nature.

Through failure to recognize the principle of the law of healing, physicians have well nigh lost the art of healing and have turned to surgery and preventive medicine.

While between these two extremities exists all the difficulties that arise when there is no recognized law to guide each doing that which is right in his own eyes.

Consequently there is a great struggle continually, as to who is who.

In other words, whose reason is supreme and to be accepted.

It causes strife because such positions of honor are naturally sought after.

It causes confusion because the reasoning of men is always faulty, therefore changing, the result is an evidence of the condition, for it is estimated that 40 to 50% of the people have abandoned medicine as a therapeutic procedure in the hands of physicians, and have appealed to the non-medical cults, and the patent medicine industry, for relief.

Nature's laws are everywhere manifested. It is not strange

that the creator and designer of all nature should put law everywhere except in healing the body with its oft infirmities.

The fault again lies with us. We have failed to discover or recognize this wonderful law, and have set reason in its place, and our reasoning is so inferior to nature's law that it interferes with it and often hinders its working, thus disturbing order and causing confusion.

Evidenced by the rows and rows of shelving filled with patent medicine, which is as worthless as any other prescription not governed by the principle of law.

Drugless healers by the thousand have arisen in response to the people's protest against modern prescribing of medicine or medical nihilism.

In India and China, the healing cults thrive on the errors of the priests, and the people.

Error in this land is no different, only we seem to think it is more scientific or refined.

Dr. Osler said, in substance, that the greatness of a physician is evidenced by his faithlessness in medicine.

Exactly so, when the error exists in the mind, a failure to recognize nature's laws of healing, and then use remedies to antagonize nature's efforts.

We are glad to know that the great doctor recognized the error of such methods.

But we are sorry that he, in his teaching, has never recognized the great principles underlying nature's law of healing, while shrewd enough to discover the error of therapeutics, he did not discover the cause of the error.

Namely, that nature's law of healing is greater than the remedy and the reasoning of men, that no man can become a master in the art of healing without subjecting his reason in obedience to this law.

The recognition of this law and the application of a remedy to work in harmony with it, is a procedure of the highest order in the art of medicine, and lifts one from sectarianism into the nobility of scientific art, because the submission of reason to nature's law is higher than any sectarian system of reasoning and an evidence of the greatness of any man.

And until the science of surgery on the one hand, and the science of preventive medicine on the other hand, shall recognize this law as superior to reason, there will remain confusion and the true art of healing unknown.

Furthermore, we appeal to the clinical world of actual practice.

By the recognition and observation of this law, the mortality of pneumonia has been reduced from 30% to below 5%.

Influenza death rate last epidemic, ranged about 50% by those who disregard the natural law of healing, reduced to a death rate below 5% by those who recognize and work in harmony with the law.

This same ratio obtains throughout the whole catalogue of sicknesses.

Surgery and preventive medicine have done a noble work, and have contributed much to the benefit of ailing humanity.

We would not be without them, but their sphere of treatment should be limited to their sphere of usefulness, and that is all.

But in between these two, we make our appeal, and I say, has the rank and file of the physicians of this country become devoid of sympathy, circumscribed in outlook, weak in moral endeavor, in striving to perpetuate a system of healing that antagonizes nature, that enlarges death lists, and that has been proved worthless by their own testimony with an appeal to have faith in it, and that it should be relegated to the junk heap. A la carte, as indeed much of it has been.

(The latest is the chlorine gas house, story insane, the next will be the bug house).

Surely one cannot honestly defend such a system at the expense of reason and evidence.

We would sooner perish in unsullied truth, than to survive on cowardly equivocations, as the contributing cause to our success in the practice of medicine.

Does not the call of the multitudes ring in our ears, for about 90% of the diseases are neither amenable to surgery nor to preventive medicine, and here is where all the confusion persists, and here is the great field that is calling for men today.

We need men with rugged honesty, stubborn integrity, with an ambition to be true to God, to humanity, and to himself, where the sick may find a cure for their ills.

The only stimulus we have, as we find ourselves the victim of this unfortunate modern drama, is the sense of fortitude that we gather from the fruits of our labors, and bestow the results upon those who entrust themselves to us.

In the great testing time when men's works shall be tried, these shall come forth as gold, purified by fire.

We have not chosen this path without proper and free consideration as to where it leads.

We would rather be blotted out as followers of the healing art, rather than abandon the law of truth that has been placed in our keeping.

It has become an obligation to humanity, and we propose to quit ourselves like men, to preserve it, and pass it on.

We can only pity those who have been trained for the sunshine of life only, the fruitage of this world's endeavor picked and handed to them.

Such know not the joy of a victorious battle, and the successful aid to the law of healing within the system to those who are in need.

We are not presumptious when we say that our labors have been attended by the most remarkable reduction of mortality all along the line.

But the blessing of health has been restored to thousands not subjects for mortality columns.

Furthermore, complications following acute troubles seldom, if ever, occur, and never occur as the result of treatment.

Convalescences are hastened, often by many days.

Anyone whose practice does not correspond with these clinical results, is under obligation for the sake of humanity to investigate.

Being unfamiliar with the law of healing is the only thing that is defeating the practice of medicine today, and the people suffer in consequence.

Men may refuse to let the sun shine upon them, but it will not prevent it from shining.

Men may refuse to recognize the law of healing, but it does not prevent it from being there.

It is nature's method, it is constant and consistent.

Nature made it that way, and it is as it is.

God's wisdom and power are exemplified by the evidence of this healing power.

There is no wisdom that supersedes it successfully.

His law is perfect, men have made it imperfect.

To ignore it is failure, to deny it is questioning the wisdom of the Almighty.

To proclaim doctrines of healing apart from the recognition of the law is in itself an admission of faulty reasoning, and imperfect understanding.

For the law of healing is as inexorable as the law of gravity, and is a saver of life unto life.

Not that we are of this school or that school, but that we are co-laborers with the laws of the great master builder and working with him.

There is greater honor to be gained in this field of service than can be bestowed by any society or school, because of obedience to faulty reasoning.

WHAT IS RATIONALISM

Rationalism is an attempt by reason to relate things that are unrelated as to cause and effect, with a total disregard to law.

Reason, therefore, sits upon the throne and becomes nature's dictator, its decrees therefore, become rational.

It presumes to say what reactions shall be suppressed in order to aid nature, and what reactions shall be set up to aid in healing the system.

If reason assumes that nature's reaction should be suppressed, it introduces a remedy that is antagonistic to the reaction, and is given in amounts large enough to suppress the whole reactionary complex.

Such a procedure is said to be *antipathic* because it opposes nature's efforts.

Again, if reason deems it wise, a new reaction is created

within the system with the idea that the artificial reaction is more potent than the natural reaction.

This second reaction is purely artificial and usually supplants nature's reaction by being superior to it.

This procedure is said to be *Allopathic* because it supplants nature by creating an artificial reaction of healing.

These two procedures are the result of reasoning. They are rational only so far as based on reason; they are irrational because they are not subservient to law.

They are not scientific because they are empiratic.

They are not right because experience has so proven, and their failure has led Dr. Osler to condemn medicine altogether as a therapeutic agent.

NATURE'S LAW OF HEALING

The Only Guide to Scientific Therapy

It always presents, if not hindered, an order of events with a uniformity of sequences.

If we discover the one, we discover the other.

This law of healing in the system is as orderly as the universe, as majestic as the sun, and as imperishable as the power which guides the planets.

As long as it is undisturbed, it gives us a sense of well being, with comfort, buoyancy and delight.

When disturbed by some foreign agency there is reaction at once.

This is the law of healing manifested by symptoms that are not normally present.

The individual feels disturbed. He is sick. If the reaction is strong enough it will operate until the condition of the part or parts are perfectly set in order, and perfectly adjusted to again work in harmony and coordination within the system.

When healing is complete, there is perfect coordination and harmony. There are no symptoms.

No one can treat sick people successfully until the meaning of these symptoms can be interpreted correctly as language.

These symptoms are the language of the Almighty. They

are like the heavens that day unto day uttereth speech, and night unto night showeth knowledge.

If a man asks for bread, will you give him stone?

If the law of healing is asking for ferrum phosphate, will the physician prescribe aspirin?

If the law of healing is calling for sulphur, will an iron quinine and strychnine tonic be given instead?

The men who understand this great law, and cooperate with it, have maintained the lowest death rate in all sicknesses and their labors rewarded by the most complete recoveries.

They have likewise produced the greatest literature in medicine.

These facts have gone unchallenged for one hundred years.

Those who have studied this law have been rewarded with a new perspective of the healing art.

No man's work in medicine will last that is not based on this fundamental law of nature.

This law requires the study of its symptoms as its only mode of expression.

They are the evidence of things not seen and by them we enter deeply into the mysteries of the life forces of the individual and by them we understand his need.

We have mentioned two methods of prescribing for the illnesses of men, namely the antipathic method which suppresses nature's reaction.

The Allopathic method which supplants nature's reaction.

Both may be said to be rational, but neither is scientific, and the methods have been abandoned by the highest authorities.

But nothing to replace them, leaving the matter of healing largely to individual conscience with the resulting general confusion.

We offer to physicians everywhere what may be called—

THE THIRD DIMENSION IN MEDICINE

Namely the application of the remedy so as to act in harmony with the law of nature.

This is *Reason* in obedience to law.

It is *Rational* because it operates according to law.

It is *Supreme* because it is above reason.

It is *Right* because experience proves it.

It is *Scientific* because it is law in operation.

It is *Homoeopathic* in principle because it neither suppresses nor supplants nature's law, but cooperates with nature's law in the sphere of manifested symptoms.

Bureau of Obstetrics and Pediatrics

ROYAL E. S. HAYES, M. D., CHAIRMAN

PUERPERAL SEPTICAEMIA

DR. M. B. SHATTUCK

Mrs. L. January 1st was delivered 8 lbs. child—normal delivery by regular physician. Nurse said on third day temperature went to 104 degrees and despite purging, bleeding, etc., temperature steadily remained high. Called in after four weeks as their doctor said she could not survive. Found blonde, flabby woman about 30 years of age—who said she had lost about 30 lbs.—who lay stupid and apparently completely septic—skin was yellow with greenish deathly pallor. Tender, painful abdomen—no localized pain—soreness of bed—constipated—hot feet. Sulphur 30 T. I. D. for three days. Then sulphur 200 night and morning. On the seventh day temperature was completely normal but patient had exacerbation of old sick headaches thought to have been cured. Graphites cm relieved these.

March 25th had attack acute gall stone colic. Relieved by high enemas and colocyath cm. May 1st gave Calc Carb cm. Says she is cured.

ISCHIO RECTAL ABSCESS

Under treatment four months with regular who had incised, silver nitrated and all the other classical treatment but to no avail.

Examination: Fair, fat, flabby blonde girl 17, weighing 225 lbs. Tuberculous family history. Large ischio rectal abscess oozing pus—urine showed slight trace sugar. Put in plain gauze packing—green soap washing. March 4th Silicea 200 one dose. March 12 Silicea cm. one dose. March 30th Tuberculinum cm one dose. Patient was put on 1530 calorie diet of skimmed milk, fresh vegetables, one lamb chop every two days, two slices bread each 24 hours.

May 24th patient reported to be weighed. Has lost to 190 lbs. Feels and looks fine, apparently well—gave one dose Calc Carb cm.

D. R., slight red haired girl with f. history of pernicious anaemia. Patient sent for me after having chiropractic and regular treatment for itching of genitals and what was treated for boil but would not head. Examination revealed large fluctuating mass size of normal grape fruit. Incision delivered at least two quarts of foul pus—plain drainage. Silicea 200 night and morning for three weeks; four weeks later girl was teaching school—Tuberc. cm was given May 30th to hope to improve general health.

BRONCHIAL PNEUMONIA

Bronchial pneumonia, asthenic type, was prevalent and regulars losing practically every case. Chas. C., age 85.

Chill three days previous—wife unable to lower temperature by her medication below 102.5—sent for me. Found aged man temperature 102.5, pulse 116, respiration 30. Physical examination revealed patient had complete transposition of all organs, so that heart was on right side, etc. After proven by X-ray—heart was intermittent—pain in rt chest—painful difficult bright bloody and rust colored sputum alternating—great pressure on chest. Phoc 200 brought very quick relief. Fourth night—wife phoned me that he had gotten out of bed and had had another chill. Aconite 6x had him much better in the morning but meddlesome relatives called in an Allopath, who said his heart needed boosting and insisted on giving him nitroglycerin 1/100, strych, 1/100 and digital 1/100. After he had gone, patient developed fainting attacks. Wife became so frightened—sent for me and he certainly looked like death had him. However, I gave him Lachesis and not too much hope. Heart seemed to get better but every third day he would have a heart attack but never when I could get symptoms. Finally he said: "Doctor, when I get over my heart attack, would seem as though my head would burst with blood." Glonoin completed this cure and on the 45th day after going to bed he was taking up church collection.

M. T. K., age 90. Asthenic bronchial pneumonia. When arrived could hear her breathing all over the house. Aut. Tart brought up gallons of mucus, which I thought I never could stop. Sulphur 30 apparently put patient on her feet, but after four weeks' freedom her grandchild had measles and she came down with another hard bronchitis not so severe as first, but relieved and cured by Ipecac 30.

PHTHISIS (TUBERCULOSIS)

J. W. D., age 60. Called because doctors had given him up. Had had fibroid pthisis for years and regulars said gangrene lungs had set in. Examination revealed emaciated, sweating man with lung full of rales and everything—cavernous breathing was evident. Patient and whole house smelled exactly like a skunk. (I certainly undertook this with sinking heart). Sputum was profuse, greenish, odorous and repulsive. Tuberculinum cm; after one week seemed little better. The odor was so bad nothing seemed to absorb it. Finally I decided to give him mephitis cm. Like story book, in 24 hours the odor was better and in 48 gone. That man is now doing hard labor—after 1½ years of nothing.

SUBACUTE MALIGNANT ENDOCARDITIS

That form of inflammation affecting the lining and valves of the heart of slow, insidious, malignant or ulcerative type, usually due to strepto coccus haemolyticus, or vividus, influenza or gonococcus.

Secondary in type—Primary infection may be tonsils, gums, roots of teeth, intestines, gall bladder, uterus or elsewhere.

Morbid anatomy—Yellowish greenish yellow vegetations involving mural and aortic valves but differing from the acute form as vegetations are much smaller. Involvement of mural endocardium more common than valves.

Acute symptoms—Increasing lassitude, anorexia, vague pains, chilly sensations and sweating irregular fever (remitting and intermittent), apyrexia periods 3 to 4 days to 3 to 4 weeks

not uncommon. Praecodial pain, dyspnoea, cough or other cardiac symptoms may or may not be present.

Physical signs may or may not be present. Anscultation usually detects a murmur.

Purpuria patches and petechiae sooner or later appear. Embolism, conspicuous feature, pain or tenderness in joints. Anaemia often profound spleen frequently palpable skin—peculiar yellowish white color.

Gastro intestinal symptoms—Congestion and infarction abdominal organs not uncommon. Blood count negative except for secondary anaemia. Blood culture diagnostic usually.

Prognosis—Almost uniformly fatal. Death from exhaustion, cerebral pulmonary infarction, renal insufficiency or pneumonia.

Differential diagnosis—Hodgkins disease, cirrhosis liver, malaria, syphilis,

Paucity of symptoms, irregular fever petechia, embolism, signs of valvular disease.

Blood culture and finding of a haemolytic streptococci. Many cases are only diagnosed by post mortem—Banti and Hodgkins disease, malaria and syphilis can be ruled out by blood examination.

CIRRHOSIS OF LIVER—HISTORY OF CASE

Patient C. le B., age 60—Well-nourished woman, wife of clergyman, who had led an energy-exhausting life. Jan. 24th. History of so-called anaemia since childhood rheumatic fever came for so-called tonic as she was so tired—no pains or aches except arms felt heavy—slowness of speech; physical examination negative except for slightly furred tongue, abnormal pallor of skin. Haemoglobin 50%, blood pressure 120, temp. subnormal 100. Nat. Mur 200th.

Feb. 5th, 5 a. m.—Chill, temp. 105 degrees. When arrived had all appearances of dying. Lungs and heart negative. Chill began at base of neck extending forward and down over body, abdomen slightly distended with gas. Gave Gels 30th. 9 a. m., temp. normal and remained so for two days. Felt fine interim. Feb. 7, 9 a. m.—Temp. 106. Chill lasted one hour. Chill began

in back—no thirst. Followed by profuse sweating. Patient refused to be down in bed. Keeps covered during heat because it is too much exertion to throw off covers. Sleep during sweat, but mind always alert when spoken to. Exhaustion following sleep and desire for beer, English ale, etc., which agreed China cm. February 10th or three days later next chill appeared. Seemed less severe. Blood examination revealed no parasites. Blood culture negative. No typhoid.

Continued along with irregular chills each second and third day with no degree of regularity. No new symptoms except with each chill instead of depleting the blood the haemoglobin rose at first. February 19th—Developed aversion to sight and smell of food. Colch 200 relieved. Following the Colch—rt. ankle and foot swelled and became exquisitely tender and red. Lasted two days and subsided, then the rt. arm and left wrist. Puls cm. apparently relieved quite a little and we had a period of ten days without any chill. Patient felt fine and planned trip to England, her old home. March 1st, midnight—Sister telephoned me that she was dying. Rushed up there and she had apparently had a form of epileptiform attack, probably due to embolus. The nervous system, which had been carefully observed, revealed nothing. Patient in stupor but easily aroused, pupils reacted normally to light. K. J. normal—no Kernig nor Balniski.

I gave her opium cm and awaited results. She roused up after an hour to say she was so tired, and slept again. On the afternoon of the next day she could not lift her right arm—said it felt heavy. Nothing to see or feel, but on March 3rd, two days later, it was quite a little swollen. Diagnosis of occlusive embolism. At this time, nor at any other, were there ever any cardiac sounds of adventations nature. Three of the best men in Boston, each on the staff of best regular hospitals, saw her but offered nothing in the way of diagnosis. Two of our own best men and prescribers saw her. They all thought she was not desperately ill because everything was negative.

March 4th—Hardest chill of all. Temp. 106 degrees and remained for three hours, then dropped in one hour to 97 degrees. Blueness of face during chill. I gave Lach during chill.

March 23rd. Called on one of our best prescribers in Boston

who again reviewed the case with me. Temp. rising at this time a degree about noon of the day preceding chill, then drops to normal. Desire for weak drinks (before). Chill irregular—1 to 3 hours. No thirst. Chilliness up back like gentle draft. Would not know had chill except undue sleepiness and feeling of coolness comes on. Does not feel cold herself, just cool. On touch feet icy cold—otherwise normal. Does not ask for covers, but we applied down puff. Fever comes on suddenly, rise is rapid upward, in one hour will go from 97 to 106, lasts one to three hours, during which patient feels fine and talks of past and formulates plans for future. Set up two glowing red spots in each cheek. Drop in temp. is heralded by quick and sudden stupidity with sweat beginning on head and face—extending all over body. Scanty on face. Drenching entire body. Wants arms out of bed proper away from body but covered with shawl. Stupid but responds when spoken to. Tongue white furred coating. Thirst little and often desires beer after sweating begins, not during sleep—during sweat.

Swelling in arm had disappeared, but could not use arm.

Apyrexia clear and apparently normal. Prescriber advised Nux Vom cm. Then through all its potencies we ran it. Bryonia was next prescribed.

April 5th.—Petechia began to appear, stupidity became more marked; again gave opium cm. This day I definitely came to the conclusion of subacute ulcerative malignant endocarditis—chills continued every third to fifth day. Patient did not seem to lose much weight or even strength in her apyrexia she entertained her friends. No new symptoms developed. Cerebral embolism closed the case. After the occluding embolism had lodged the heart continued for six hours valiantly and scarcely flagging.

This is interesting because:

(1) Paucity of symptoms.
(2) Absence of physical signs.
(3) Progressive.
(4) Well chosen remedies apparently had no effect.

DISCUSSION

Chairman Underhill: This paper is open for discussion.

Dr. Krichbaum: In case number 1, after having given the Gels. as the Doctor did, and I had a repeated chill and a few days afterwards, I should have given Gels. either 3 or 6 x, repeatedly. If I received a third chill I should have given tuberculinum. Whether my results would have been better than hers we do not know.

Then, at the last, when we began to get the septic condition I would have given the naja. It will cure a great many of those septic endocarditis cases.

Now I want to speak about mephitis. It is always relieved by colugate. An asthmatic who wants to wash his face in cold water and gets relief by doing so, mehpitis will cure him.

Chairman Underhill: Are there any other remarks?

Dr. Lehman: I wish to say that from the discussion on the floor here, these septic cases require a good deal of ingenuity on the part of the doctor who handles them, and I wish to confirm the doctor's idea here of giving naja in the acute cases of septic endocarditis, or chronic, either one. It will simply increase the genetic vital force if you may so call it, and drive out of the heart into the system.

I notice other things regarding this case that might have been given for superficial relief, namely, super englane. In the case of the temperature going so high it showed the condition of the system—the tissues not being able to absorb or to take care of it because of the protein, and if the cases warranted it for quick relief I should have given 10 grains of sodium bicarbonate, every two hours, to decrease the acid. Sodium bicarbonate isn't Homœopathic to the case, but it is clinically an antidote to the condition, and you give it as you would put on a bandage for superficial relief, but naja perhaps is the great remedy.

Dr. Custiss: In this I note for this particular case, I have heard of ecchinacea being used in all kinds of cases of sepsis, of course. I have seen cases where I thought ecchinacea really did good, both cases were characterized by the same thing, great

irregularity of the stages. In other words, chill, fever and sweat all mixed up together. I have seen it tried lots of times and have never seen it do a bit of good except under those circumstances, irregularity of stages, by mixing up all the stages of the paroxysm at one time.

I am just putting that out because I want some of you people to try it out and confirm it.

I think you can prevent a lot of cases of sepsis. This case was seen well after it was on the way, and this doesn't apply to that at all, but as soon as your patient gets a fever keep him in bed, give that uterus a chance to drain, and it will stop right there in a good many cases without anything else.

I don't believe that established malignant endocarditis is very often cured. I think that case is going to die.

Dr. Farrington: Mr. Chairman, I think that we ought to get away from this idea of quick relief by things outside of the Homœopathic remedies, at least we should try to get away from it. If you want quick relief, or you want some examples of quick relief, take the paper the doctor has read. It is an excellent paper. How quickly did the mephitis work after the case had been going on so long you would imagine that the poor fellow would be dead. I think those things are all right for those who don't know their remedies and they may palliate sufficiently so that a patient with sufficient vital energy will gradually recuperate, but give the right remedy and you will get quick relief. (Applause).

Dr. Boger: A man who treats endocarditis in any case has his hands full.

I just want to speak of two cases I have had in my practice, one case was the case of a member of this Association, whose mother telephoned for me to come to see the case, which was two or three hundred miles away, and I arrived there and found the young girl about nine years of age who had just been through a siege of measles, and if I must say so the case of measles had been treated by a professed high potency Homœopath with the most disastrous results, according to my view of the matter, and was promptly followed by endocarditis. When I arrived on the scene she was lying propped up in bed strug-

gling for breath and throwing herself from side to side. The windows were all open. Her face was discolored and all of us who have treated endocarditis have seen that picture.

I went over the case rather carefully, because I hesitated to prescribe at all, but finally decided that tarentula was the remedy. I gave a single dose and kept that girl in bed for five months. She wasn't allowed to get out of bed for anything, and at the end of that time there wasn't a murmur in her heart. It was the 1 m I gave her.

The other case came to me more recently. One of our Allopathic physicians at home met with an accident and he had a case of acute endocarditis on his hands when he met with this accident. He telephoned to me that he had met with an accident and could not attend to his practice any further, but he would like to turn this case of endocarditis over to me. In a couple of days the family wanted one of the big diagnosticians. He came and confirmed the diagnosis—that was all he did—and all of the Allopathic fraternity in that part of the country, because the man is very prominent, said that the case must die, must inevitably succumb. Today that man has no murmur. The pulse, when I took the case, was running 150 to 160 right straight along, and the man was suffering from shortness of breath and many other symptoms which we recognize as belonging to this trouble. Today his pulse is running in the 90s, with occasional aggregations after eating, and the man is going to get well in spite of all the bad prognosticians and Allopaths around.

Dr. Krichbaum: I would like to ask Dr. Boger, in the case of that child, at what stage did this murmur stop.

Dr. Boger: I cannot tell you that, unless I should write the father and ask him. Her own father is a doctor.

Dr. Krichbaum: It seems to me that if the case got relief in five months it should have gotten relief quicker than the five months, and you haven't as nice a case as I want you to have.

Dr. Boger: The patient who has a genuine inflammatory endocarditis does very well to be well in five months.

Chairman Underhill: We will ask Dr. Shattuck to close the discussion.

Dr. Shattuck: In rebuttal I wish to say that it is all very

well, if you can make a diagnosis. When you haven't any symptoms, and you haven't any heart murmurs, and you haven't any pulse and you haven't anything—the patient is just tired and that's all there is to it, what are you going to do about it?

All the best diagnosticians of Boston's leading medical school saw this patient. They said: "I don't think there is anything very much wrong with her. She has some gastral disturbance. Don't give her anything to eat. Don't give her any medicine. She doesn't need medicine." She at one time had a trace of bile in the urine, but there was absolutely nothing wrong with this woman, yet the woman died. Our best prescribers in Boston saw her, they repertoried her with me. I felt from the beginning that the woman was desperately ill, because I had known the woman socially a long time, and I had a feeling that she was an awfully sick woman, because she was a woman of mercurial temperament, and if she had one ounce of pep it would be to the fore. But how are you going to find a remedy when there is nothing to find out?

That is the reason I brought this paper. I want to excite discussion. I feel that I fell down on that case, but the minute I fell down on the case I called in somebody whom I thought knew more than I did. I said at the time: "I am going to turn the case over to you, I want you to tell me where I made the mistake and we will start all over again." I blame myself for the woman's death, although according to all the diagnosticians, all the men say it is fatal, and one of the diagnosticians from Boston later called me up and said: "Come down to the ——— Hospital, I have another case like yours, the man is dying." It got so far that the case he had got into the papers as some strange kind of malady, they were looking for some foreign germs—this irregular fever.

Dr. Stearns: Did you make a blood culture?

Dr. Shattuck: Yes, our blood culture was negative in this patient. Guinea pigs were innoculated and it did not kill them, but it killed the patient.

Chairman Underhill: I don't think we need to lay any great emphasis on Dr. Shattuck's falling down on the case. The only

mistake she made that I can see was in calling in someone she thought knew more than she did. There is where she missed it. Whoever she called in evidently didn't know as much as she did.

THE HOMOEOPATHIC REMEDY FOR THE PARTURIENT WOMAN AND YOUNG INFANT

JULIA M. GREEN, Washington, D. C.

This small record is not to produce anything startling or new to members of this Association who know already what the Homœopathic remedy can do in obstetrics and pediatrics. It is to put down these things plainly to show other people what it can do. It is simply a bit more publicity work.

The above title leaves out the marvellous things done to improve the health of the pregnant woman and insure a healthy babe, and goes on to childbirth itself, to show how correct prescribing can rob this of its worst terrors for both physician and patient.

First then for the mother, Homœopathy can:

1. Shorten labor.—The woman I am thinking of was a multipara dragging along through the first stage of labor. Pains were frequent but ineffective, seeming to fly all over the abdomen. The cervical os was thinning but not dilating properly and the vagina was rigid and small. The patient was chilly, very nervous, almost hysterical, of an excitable temperament; had had several attacks of rheumatism.

One dose of Cimicifuga, made this woman go to work in earnest and her baby was born in an hour without laceration.

2. Soften an unyielding cervix and perinaeum.—This patient was a primipara in the late thirties. She was a vigorous woman with plenty of determination and effective effort, but she seemed feverish, the cervix was rigid, hot and undilatable; the strong pains seemed unable to stretch it.

A dose of belladonna 2c was given; the cervix was perceptibly softened in 20 minutes and soon the second stage of labor was on in earnest. The perinaeum was so rigid at first that it

seemed impossible to keep it intact, but as soon as the child's head made firm pressure on it, it gave way wonderfully and all was safe.

3. Cause labor pains to become effective.—The Cimic. case just recorded shows this and Gelsemium shows it over and over. When pains go from abdomen to back and extend up the back instead of downward, Gels. will often act like magic.

4. Produce normal position of the child.—Pulsatilla has a reputation for doing this. Yingling says its power has been proved by the best prescribers. I never had a good chance to try it.

5. Quiet nervous excitement.—We have all seen such a patient. She is wildly excited, afraid her baby is dead, knows she cannot stand the pains, knows nobody can help her, is sure she will die. She tosses about and moans and seems to make no progress on account of her feverish excited state.

Also we have seen a dose of Aconite calm her within twenty minutes or half an hour and, at the end of her labor, she cannot see how she could have been so foolish as to behave that way.

6. Stop post partum hemorrhage.—A young primipara with flabby muscles showed so much exhaustion just before labor ended that she nearly fainted. After the birth a hemorrhage continued rather slowly and steadily until it made quite a pool on the floor. Vigorous kneading of the fundus did not stop it, but a dose of China 1m did.

7. Shorten and lessen after-pains.—This patient had had twins lying transversely and had been enormously distended with amniotic fluid. After-pains were extremely severe, centering in the lumbo-sacral region and extending into the buttocks and thighs. She felt as if her back would break. She was a chilly, flabby patient.

Kali Carb. soon conquered these pains.

8. Cure any tendency to sepsis.—A patient, over forty when her third child was born, had a fibroid tumor in the uterine wall near the fundus. This caused some trouble from post-partum hemorrhage, which was controlled by Pulsatilla, and several days later the patient developed a septic fever with foul discharges, great restlessness and generally sick appearance. There was no

tenderness in the pelvic region. The trouble seemed wholly due to retained discharges from poor drainage on account of the tumor.

A dose of Pyrogen produced a quick cure of all these undesired symptoms.

9. Produce a good milk supply.—Who of us has not had a Calc. carb. kind of patient who tried to take the food that would nourish her baby and grew fat on it instead of furnishing good milk? Then Calc. c. would straighten out all trouble and the fat would be on the baby.

10. Cure sore nipples and tendency to mammary abscess.—The baby was about ten days old. The mother's nipple was sore and cracked; pain radiated from it all over the body as soon as the child was put to the breast. The breast was hard and caked in several places. The mother was worried and worn.

A dose of Phytolacca righted this condition.

11. Cure puerperal convulsions.—Here Homœopathy stands supreme. I cannot cite a case because I never had one, but I have heard others describe the quick action of the correct remedy in these awful conditions, such remedies as Cicuta, Hyoscyamus, Oenanthe, Cuprum, Opium, Moschus, the Veratrums, Stramonium.

Secondly, for the child, Homœopathy can:

1. Overcome asphyxia in the newborn.—The baby has been terribly squeezed in the process of birth; he arrives blue and with his head all out of shape; respiration does not begin and the situation becomes strained. A dose of Arnica will help wonderfully. Ant. art., Opium, Lachesis, have a reputation here, too.

2. Cause normal assumption of bladder function.—The first day has gone by and part of the second without urination.

Give this baby a dose of Aconite and generally you need not worry.

3. Quiet oversensitiveness and excitement.—Perhaps it is Aconite or Belladonna or Nux Vomica or one of many more remedies that will change baby's habits and produce peace and quiet for mother and nurse.

4. Cure ophthalima neonatorum.—The case I think of here is a Rhus-tox case with quantities of muco-purulent discharge,

and when the eyelids are forced open, lachrymation oozing from the closed, swollen, reddened lids; tiny blisters on the cheeks below.

Several other remedies have cured it.

5. Correct disordered digestion.—Many and many a young infant cannot assimilate its mother's milk and so wastes instead of gaining. The symptom picture varies much. One baby was large and fat at birth, as lively and fine as one could wish. He lost very little the first week, but did not quite regain it the second. Then followed slow decline in weight without other symptoms except that he did not care to nurse, seemed to have no appetite. There was plenty of milk and no difficulty about nipples. He just did not care, slept all the time, did not cry and gradually wasted. At the end of a month he began vomiting and had a chafing diarrhoea without pain.

About this time a dose of Sulphur converted him into a wide-awake, positive, ravenously hungry baby.

6. Cure inherited tendencies.—Even in the first few weeks of life we learn to know the gonorrhoeal baby with fiery red buttocks and desire to sleep on abdomen with knees drawn up or as near this position as a tiny baby is strong enough to reach. We have seen Medorrhinum work wonders for such a child.

We learn also to know the syphilitic baby with a specific eruption perhaps, foul odors, restlessness, crying all night, excoriations. A dose of Syphiliumn will often straighten out a trying situation.

This discussion might go on and on, but here are 17 different uses for the Homœopathic remedy in Obstetrics and Pediatrics. (Applause).

Chairman Underhill: Dr. Green keeps up to her record in presenting this fine paper, beautiful and comprehensive.

Dr. Krichbaum: I am going to throw good resolutions to the dogs. I have enjoyed this paper very much. I admit that I am a very good Homœopathic prescriber, therefore I don't have to prove it, but my results are not always as quick as Dr. Green specified. I have had three cases of painless labor; one was produced with platinum, another with lycopodium, and the last with cimicifuga.

I was called at ten o'clock, made an examination, found dilation about two finger size, patient suffering, and I prescribed for her, but didn't go home. I went downstairs, slipped off my shoes, lay down on the couch and went to sleep. About an hour afterward she woke up and said to the nurse: "Something has happened." The nurse said: "No there didn't, you didn't have any pain." But the woman insisted, so they woke up the father, and he came down and woke me up and the baby's head was born.

On June 17th I was called at 7 o'clock in the morning to see a patient who had no pains but hemorrhage—quite a hemorrhage, more than a menstrual flow. The patient was sent to the hospital. After examination I found rigid os, pain going from the front to the back and up the back, and I gave Gels. At 9 o'clock that evening I called up and the conditions were about the same, so I ordered Gels. in the tincture, 2 drops in a half glass of water. They called me at 7 o'clock, just 24 hours from the beginning, and I went down and got there just in time to get thoroughly fixed up in good shape and the baby was born and there was no trouble, but not so quick.

Dr. Farrington: Mr. Chairman, that was an excellent paper, and as you say, Dr. Green has kept up with her record. It is refreshing to get good, clear-cut indications and just the points that are most useful

I am always glad though when I have one on Krichbaum. I have seen six cases of painless labor. The first one, strange to say, was a patient who had been under constitutional treatment, and her remedy was platinum, prescribed by Kent. She was not my patient before that. The baby came breech first and the nurses had to hold her back before I could get there.

Two of the others were not under my charge and the Allopaths in the country town where they had moved really couldn't believe that there was no pain. They said that the girls were lying, both of them.

I remember a number of years ago being called to a hospital where a girl was in labor and the obstetrician was also a good Homœopath. He said that he thought she needed a remedy—she wasn't getting along. When I got there she was complaining, and finally she said: "I can't stand the pains,

Doctor." I said: "She needs chamomilla." That started things about like the remedies in Dr. Green's cases. We had to hustle to the operating room.

There is one difficulty, I find, in these cases. The Homœopathic remedies work wonders, but the trouble is, of late years the custom has become general of taking the case to the hospital and there you go and wear rubber gloves and you are all muffled with a gag over your mouth and have about forty attendants around, and you cannot get at your remedies. It is more difficult. I really prefer to keep my patients in their own homes.

In sore nipples don't forget castoreum equinum and althalnum nethretorum. There are not many, in the Hahnemannian school or Homœopaths in general, who have the courage to treat ophthalmia with the Homœopathic potency. The other can be done. I remember curing one case with sulphur; half an hour after diarrhea followed, and the baby got well in a few days. Another case I cured with pulsatilla and argentum nitricum. I can recall one or two others, but I must confess that I have a little anxiety all along while I am treating those cases, especially when they take the pus to the laboratory and fine gonococci present.

In urinary troubles of babies, lycopodium and sarsparilla cure nearly every case.

Dr. Olds: I want to report a case, and also ask a question. The case in point is a woman who has had, I believe, nine children, two of whom I brought into the world. This woman claims that with all of these nine children at no time did she have any pains whatever. Now I have seen a number of cases in which there are comparatively no pains, but in this case there were no pains whatever until after the placenta came away. Then there were terrific pains. The question I want to ask is what was the condition after labor in these other painless cases?

Dr. Gramm: Mr. President, one symptom Dr. Green mentioned and, if I recall, did not endorse, was that she said pulsatilla is claimed to be able to change the position of the child in the uterus. I am not a believer in the fact that our Homœopathic materia medica is so full of symptoms that should be deleted, that it would interfere at all with our study of the materia medica but there is one that should positively be taken out.

When we take into consideration the life history of a fetus we will recall that the head portion of the fetus develops more rapidly than the podalus, that the fetus is suspended in the amniotic fluid by umblical cords; that the amniotic fluid increases in greater proportion than the size of the child does, up to the time when the child becomes fixed in the position which it will occupy at birth. Now if you will bear in mind that thought, a body suspended with a larger portion, the head, that head is bound to hang down and this matter was brought home to me very markedly by a case that I treated in the early days in which I lost a child because I had a podalic version. I was called very late and knew nothing whatever about the position until I got to the bedside and I lost the child. The argument of the woman and the argument of the family, was this: "My first baby was expected to be brought into the world by a Homœopath, and it died; my second baby was brought into the world by an Allopath and it lived; my third baby was brought into the world by a Homœopath and it died, therefore Homœopaths are no good.

Now a two to one shot is generally a convincing one to the public unless they know what is what, and I was very much chagrined to think that as a Homœopath I could not carry the banner of the profession satisfactorily. Some time after that a neighbor said to me: "Dr. Gramm, I don't believe you know all the facts in regard to this woman's case. You know that this man is employed about five miles from here. During the time she was pregnant with the first child the husband was at work. He left home early in the morning and after the woman had gotten his breakfast she would go to bed and stay in bed without doing anything about the house the best part of the day. Towards evening when she expected her husband to return she got up, hustled around, and in the evening when he came home he found her tired out because she had worked so hard.

"During the time she carried her second baby the husband was on strike and he was at home most of the time so this woman was up and about all the time attending to her work and proving to him what a wonderful wife she was, and that second baby occupied the normal position."

But the baby I delivered was developed under the same circumstances as the first baby, the husband was at work, she would lie around all day, and the baby occupied the wrong position.

Now pulsatilla cannot possibly do that kind of work. If you have a child with the head fixed below the brim of the pelvis, pulsatilla will not take that head down and bring the feet up. You have a mechanical holding by the walls of the uterus, the amniotic fluid then being in less proportion to the size of the child than it was during the development of the child, now consequently when a woman becomes pregnant it is not up to us to use or to administer pulsatilla in the hope of bringing that head down, but to keep that woman up on her feet and exercising. Don't be afraid to have a pregnant woman exercise. I saw one within the last three weeks pushing a lawn mower, and she looked to be about seven months gone. That won't hurt her, she was pushing it with her shoulders, and I said to my brother-in-law: "See that woman, she is doing the right thing to have a normal position when the time comes."

So let us bear in mind that when we read a symptom, to translate that symptom to see whether that symptom is right according to physiological teaching, and if it is not right let's take it from the materia medica. But there are symptoms in the materia medica that sound foolish and they are absolutely true.

For instance you take the symptom a prostatic is usually very much aggravated by heat. The prostatic is usually a cold individual, he wants to put on heavy underwear and he wants to be covered up well at night, and that is as you might say, a normal symptom to a prostatic. Now when you have a prostatic that is aggravated by heat you have, what, according to our opinion of the usual run of events, is a foolish symptom, but it isn't. It shows the truth of our Homœopathic materia medica, that here we have an unusual, peculiar symptom, so the fact that in our heads we have an idea that a symptom that sounds foolish is foolish, that is nonsense, but if physiological teachings prove that a thing cannot be, and a symptom is found in our materia medica, let's cut it out.

Dr. Farrington: I think that Dr. Gramm is in a certain way right. I notice he has the same faculty of cold, clear, cool reasoning as he did when he tried to teach me in Hahnemann thirty years ago, but he has offered the refutation, in his own statement, in one or two things that he said. I don't believe that any one will claim that pulsatilla will change a child from head up to head down. It is a transverse position that pulsatilla will change and bring the child into a normal position, and the very fact that such position is due to relaxed abdominal walls and relaxed uterus, falls in exactly with the argument that these malpositions are due to slothful living and lack of exercise, but I can testify that pulsatilla will do that, I have seen it do it three times.

Chairman Underhill: I notice we are favored this morning with a number of distinguished practitioners who are visitors and it gives me great pleasure to extend to you the privileges of discussing these papers if you will kindly announce your names when you rise to discuss them.

As we need to push along, it may be well to ask Dr. Green to close this paper at this time.

Dr. Green: I can do nothing more except perhaps to cite two more cases which are most interesting. One of them was a pulsatilla lady in her first labor, making no progress whatever, and seeming to be launched on a long, slow siege. I thought she ought to have pulsatilla so I gave her a dose and said I would be back in two hours. In two hours I returned, to be met at the door by the father, who said the baby had been born almost an hour ago, and refused to pay my bill because he said I hadn't done anything.

Another one was a Gels. case where the pains were ineffective and running up the back, and one dose changed a woman in fifteen minutes from no progress into a woman who had such pains that that baby came bowling into the world like a rubber ball.

Chairman Underhill: I didn't mean to give the visitors an invitation and immediately shut off the discussion, but it is only because we must push along, there are other interesting papers on the program.

A CASE

By W. A. YINGLING, M. D., Emporia, Kansas

September 4, 1922.—Minnie J., very nervous, sickly, complaining girl. Aged 24. Had severe jaundice five years ago; again five weeks ago. Pain quite severe under right short ribs and above. Nausea and vomiting several times each year, yellow and greenish. Tenderness across lower abdomen and bladder. Urine dark brown, odor strong; sharp pain just before urination. Menses come about every four weeks; "keen pain low down;" bearing down; rather scant; strong odor. Bowels very costive since operation for appendicitis, first four years ago. Though appendix was healthy it was removed. As old trouble continued a second operation was made four months ago. Very poor appetite. Very little thirst. A numb-like pain begins in occiput and extends upward, scattering over the head; < use of the eyes; wearing glasses for about six years. *Malaria off.* 6*m* (*G*), 6*p.*, 12*h.*

Sept. 16, 1922.—Is better in some ways. Bowels act daily. Feels >. Menses Sept. 8th, about the usual condition. Sharp pain in nape of neck to occiput and up over head. Pain under right short ribs and abdomen about the same. Pain before urination. *Malaria off.* 6*m*, (G), 4*d*, 24*h.*

April 27, 1922.—Doing nicely except side in region of liver; a continual numb pain, tender and sore. Sore throat, < left side, painful on swallowing. Usually has trouble all winter. Tonsils swollen with white patches. Aching pains all over, from hips down; some pain in arms. Once in a while urine causes pain, not all the time as before. *Lac can.* 1*m* (*F*), 4*p*, 2*h.*

October 2, 1922.—Throat was better, but sore again; pain goes to back of ear; she can hardly hear. Has had same trouble on right side before. Pain under right short ribs only when coughing. Lower abdomen and bladder remain better; but little trouble. Bowels loose today, six stools. Pain in back of head and neck has slightly come back. *Lachesis* 9*m* (*F*), 4*p*, 12*h.*

Oct. 20, 1922.—Had tonsils removed ten days ago by nagging advice of neighbors. The doctor was not consulted. Has been

feeling pretty well till past couple of days. Little pains come back in right side; had all gone. Occiput gives no trouble. Menses on time; some pain when first starting. *Lachesis* 40*m* (*F*).

January 19, 1923.—Has been doing nicely since the last remedy. Now can eat but little as it "shuts off windpipe" and she cannot breathe. Feels like a lump in stomach; heaviness under short ribs. Pain in right side where the operation was made, < after eating though some pain present all the time. *Lachesis* 40*m* (*F*), 3*p*. 2*h*.

Sept. 28, 1923.—Has done so well she took to herself a husband. Now pregnant for six weeks. Nausea and vomiting severe. As she lives in a neighboring city unable to get particulars. *Sepia fresh,* 900 (*Y*), 6*d*. 2*h*. *for three doses then when worse.*

Oct. 8, 1923.—Nausea and vomiting frequent; very weak. Pain in stomach after eating. Feels like a lump at "end of breastbone." Arms go to sleep. *Nux vom.* 9*m* (*F*), 8*p*. 2*h*. *for three doses, then as needed.*

Oct. 12, 1923.—"Doing fine." Fainting spells not so severe. But little nausea and no vomit. Rests better. Pain in upper stomach better. Arms do not go to sleep as before. Still weak. *S. L.*

Oct. 16, 1923.—Doing fine and eating more; walks about some. No vomit. Still weak. *Nux vom.* 9*m* (*F*), 6*p*., 1*d*. *only as needed.*

Oct. 21, 1923.—Doing nicely and walks about some. No vomit, but may gag. More cheerful. Repeat Nux only as necessary.

Oct. 18, 1923.—Some nausea and vomiting, about once a day in the early morning from improper food and cooking. Vomit green and mucus. Slight pain in stomach. *Nux vom.* 9*m* (*F*), 6*p*. 1*d*. *as needed.*

Nov. 1923.—Some nausea and green vomit, but not near so much. Some pain in right side and stomach. *Nux vom.* 20*m* (*F. C.*), 6*p*. 1*d*. *as needed.*

Nov. 24, 1923.—Doing well generally. Couple of times vomited from wrong food. Burning pain before and after urination, quite marked. *Cantharis* 9*m* (*F*), 1*d*.

December 4, 1923.—Vomit white foam on arising in the morning. Pain in back running up flanks, < on feet, > sitting. Urinary trouble <. *Bryonia* 9*m* (*F*), 4*p*. 12*h*.

Dec. 17, 1923.—Doing well. No vomiting for two weeks. Pain in back much better. Urine troubles very little. *Nux vom.* 20*m* (*F. C.*), 1*d. if worse*.

January 21, 1924.—Feels fine in every way except burning pain in left hip and down below knee, < hear, < touch, < rubbing, > cold. *Puls.* 40*m*. (*F*), 1*d*.

February 4, 1924.—Navel swollen. Lungs pain. Throat sore. "Blue spots in side." *Bell.* 9*m* (*F*), 4*p*. 2*h*.

February 7, 1924.—Has been much better. Still a little sore throat and some cough. Full feeling in lungs. Pain on left side. Let *Bell.* continue to act.

February 29, 1924.—Cough from tickling in throat, > morning and evening, most dry. Some vomit in morning from phlegm. *Puls.* 9*m* (*F*), 3*p*. 2*h*.

March 9, 1924.—Pain in right side (liver); some swollen. Cough no >. Cough < in house and at night, < walking about, > quiet. *Bryonia* 9*m* (*F*), 4*p*. 2*h*.

March 5, 1924.—Vomited one whole night, less yesterday. Is bed fast. Some pain low down in abdomen. *Nux vom.* (*F. C.*), 1*d. as needed*.

March 26, 1924.—Vomit continuous. *Nux vom.* does no good. Pain low in abdomen which goes to hip and back. Lump in throat with pain down to stomach. Miscarriage suspected or feared. *Sepia fresh* 200 (*Y*) *in water, 2h. till better*.

March 27, 1924.—*Sepia* promptly relieved lower abdomen and back. *Continuous nausea and vomiting* of mucus and bile, greenish-yellow, some brownish like coffee. Wants air. Still has lump in throat impeding swallowing. Bowels moved by enema. *Ipecac*, 9*m* (*F*), *in water*. (5 *p. m.*)

9 p. m.—*Ipecac* quieted her and seemed as though it would control matters. Now vomits blood and black bile, nausea every 15 to 20 minutes, with rest between spells instead of continuous as before *Ipecac*. Burning in the stomach. *Ars.* 200 (*T*) *in water*.

Ars. did but little if any good. Abortion seemed unavoid-

able and in the early morning she was delivered of two babies, twins in separate membranes, each child separately inclosed in a distinct sack. The first lived for a couple of hours, but the second was born dead and from appearance had been dead for some time. It looks very much as though the dead foetus was the cause of the miscarriage as each of the remedies given acted so promptly in carrying along till between the seventh and eighth month.

Was the liver trouble the primary cause of the pregnant complications? It would seem so. She was an ignorant, self-indulgent woman and should not have been married at all. The case shows the remedies act in spite of the persistent cause, and even in an incurable state as *Ipecac* acted promptly to > the continuous nausea.

No doubt better prescribing could have been made if personal attention could have been given.

A CHILD AS I FOUND IT.

FRED L. JUETT, M. D.

On April 7 of this year I received a call to come to see a child that the parents were very anxious about its present condition. On arriving the history given was that a physician had called and thoroughly examined the child about three p. m. of above date and had pronounced the case one of Tuberculosis, and left without making a prescription, but saying he would do everything he could to get the child a bed in the tubercular sanatorium near this city. So one of my patrons suggested to the distracted parents that I be called, and I arrived about seven p. m. of same date. The mother stated that the child was nine years of age in January, 1924. She had had an attack of pneumonia and had not been well since. She had no appetite, coughed a great deal and expectorated a large amount mucous, and coughed almost continuously day and night; temp. 103-6, pulse 130. At this point a boy about seven years of age came into the room and the mother informed me that the boy had been sick

with measles and was just out of bed. He was taken sick about eleven days before, but was doing fine now. I then proceeded with my physical examination of the little girl, she crying the entire time. I found on percussion that entire lobe of right lung was very dull and on auscultation very little was getting into the lung at all. I made a diagnosis of pneumonia in which there had not been resolution and that it had been entirely overlooked by the physician in attendance in January, although he was one of the best physicians in the city. After thinking of the case for a short while I concluded that my high temperature was caused by an oncoming attack of measles, although I could not find the eruption that night. I allayed the fears of the parents as best I could by telling them that the child did have a bad lung but it was from the pneumonia and that the cause of her acute illness was an infection of measles and that by morning I could be sure. I prescribed Bryonia and by morning the rash was out nicely and she made a splendid recovery from the measles, but I still had the lung congestion. She was very thin and had lost a great deal of weight and looked and felt as if she would weigh about twenty-five pounds. Continued a temp. 100, pulse 110. Cough continued, but not so severe. Appetite began to improve. Obtained some sputum and examined for tubercular bacilli but none could be found. About this time I changed from the Bry. to Phos. 12x as the attack of measles was over and it seemed to me it was better indicated at this stage of the case. Pulse and temp. have both been normal now for a month, but still have some rales in right lung. The child has gained about 15 pounds in weight, has an excellent appetite and the dullness is not over such an extensive area. Eyes bright, and she now takes interest in playing and would do lots more of it if not prevented. I continue to require her to rest at least two hours each afternoon and to stay in open air as much as possible, and I feel sure that my little patient will, by the end of the Summer months, make a complete recovery.

Now I do not report this case for any other reason than for the purpose of demonstrating how so much of the child's trouble could have been avoided had either of the physicians been just a bit more observant of the case. The last physician

nearly frightened the parents out of their wits. While I feel sure, after years of observation and practice, that we have the correct law, still it behooves us to use caution always and closely analyze our cases.

WHAT WAS IT?

F. E. GLADWIN, M. D.

On Monday evening, May 5th, Bobby's mother phoned me that Bobby had been ill since the day before. He felt sick all over, throat was sore, began on left side where it was much swollen. It had now gone to the right side, which was almost as bad as the left. Very painful on swallowing; tongue thickly coated, breath foul. Much prostrated, lay quiet in bed, sleeping much of the time, no interest in anything. Expectorated much stringy mucous, would not swallow if he could help it. The mother said that the throat did not look as bad as it should have with the trouble it was causing. Temperature 101.4.

Bobby was a hundred miles away, so I phoned: "Give Lach 10m.

Tuesday morning they phoned: "Bobby better." But they would feel much more comfortable if I would come over and diagnose the case.

I saw Bobby at 5 p. m. He was interested in a story book which his mother was reading to him, but he was too sick to give me his usual smile. I found a swelling under right angle of jaw the size of a hazel nut, but the swelling under left angle of jaw was as large as a bantam egg, both much less swollen than the day before.

Tongue thickly coated, dirty yellowish white. Breath the odor of diphtheria, tonsils much swollen, the left a little larger than the right. Both tonsils were two-thirds covered with dirty white exhudation. Beyond the dirty white the tonsil look covered with a thin pearly white coating through which you could dimly see the tonsil. In the pearly coating were three or four dead white lines. Temperature 101.4. Bobby was less stupid and a little stronger than the day before. My culture tubes were a hundred miles away.

Three p. m. the next day found me again at Bobby's bedside, this time armed with a culture tube.

Swelling right angle of jaw gone, that at left angle was about the size of a hazel nut. Bobby could swallow liquids but not solids. The dirty white exhudation was beginning to come off, the white lines and the pearly film were still there. I rubbed the swab over both tonsils and succeeded in getting a piece of the dirty white upon the cotton, then I rubbed the cotton swab all over culture medium, trying to make every place of the swab touch the culture medium so that I would have a fine culture. An accident delayed my train home so the tube could not reach the laboratory until the next morning. The culture was taken about 41 hours after the Lach had been given.

The tube remained in my traveling bag 19 hours before it reached the laboratory. It was then placed in the incubator and watched for twelve hours, then left in the incubator all night. At the end of the twenty-four hours, the technician phoned to know what could have happened to kill the bacteria, as only a tiny growth was showing. I explained the care with which I had taken and guarded it and that no spray had been used in the throat. I knew of no explanation unless the remedy given the child had killed them. He answered: "Never heard of such a thing." At the end of three or four hours more he made the microscopical examination which showed Streptococci and Staphylococci, but no Klebs-Loeffler bacilli.

The technician was puzzled and on making the report questioned again as to what could have happened, saying he had never seen such slow growth. I had only the one explanation, that the remedy given the child had made them too sick to breed. His reply was: "Well, they were very sick."

The child had all of the prostration, the swollen throat and glands, the low fever, the coating on the tonsils and the odor of diphtheria. Could it be that the remedy that apparently killed most of the Streptococci and Staphylococci might have wholly killed the Klebs-Loeffler bacilli before the culture was taken? Who knows?

Bobby was isolated from the first day of his sickness.

DISCUSSION

Dr. Gladwin: I would like to know the experience that you have had in these cases.

In Philadelphia the Board of Health says that the germs remain in the throat ofttimes long after the patient is clinically well. There was one of our members arrested there a short time ago because he had not reported a case of diphtheria. They asked him why he had not and he answered that these cases often melted away under the remedy before he had time to find out whether the germs were there or not and he couldn't tell whether they were diphtheria or not.

They had never heard of such a thing. They turned to the Homœopathic member of the board and his answer was: "Most extraordinary."

Dr. Krichbaum: We can answer part of that. A few years back I had a case of diphtheria. I took three cultures to the Board of Health and had a negative report. I reported it as diphtheria. All the earmarks were there. The family did not believe it was diphtheria and neglected to follow out my instructions, and we had a nice case of diphtherialic paralysis following.

Dr. Wilson: I remember a case that I had—A child was taken sick with sore throat at the sea shore and he was hustled out of the hotel and back to the home in Orange, New Jersey, by automobile, and the health officials wouldn't allow the child taken home on the train. A culture had been sent to Trenton and a positive diagnosis was made, of diphtheria. I was called in to see the child. Our law is that there must be two negative cultures before the child can be released within 48 hours. I sent in my first culture and that came back negative, and then within the next 24 hours the second culture came back negative.

I had another case of diphtheria in which a culture was made and the positive diagnosis made. The child was the child of the janitor of an apartment house at home and the health authorities insisted that the child be taken to the isolation hospital of the county. The authorities remarked that he was such a husky youngster that they could give him large doses of the antitoxin, which they proceeded to do. I think they gave him

either three or four shots of 15,000 each, or something of that sort, and for some reason or other, they couldn't explain it, the antitoxin seemed to have no effect on the child. At any rate the child proceeded to get well and within a few days the parents were called to come down and get the boy, that the hospital authorities were ready to discharge him, and they were just about to step into an automobile when the phone rang and the hospital authorities told them that the boy had dropped dead.

CLINICAL CASES.

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

The following case is one where the effect of the potentized remedy, properly chosen, overcomes seemingly impossible pathological conditions.

Case 1.—G. G., negro female child, four months old. History of one sister having died of tubercular meningitis when about one year old. Family history otherwise good.

Child has a large swelling of gland, the size of a large egg, on the left side of the neck on the line of the jaw angle, extending back as far as directly below the mastoid process. Cannot turn the head but holds it tense. Child cries a great deal. Takes very little milk. Sleep is disturbed, crying out during sleep. Sleeps in short naps. Perspires profusely about head and neck during sleep. Gland is very hard and sensitive to touch. Beginning to show redness of the skin.

The parents had been advised by two surgeons to have the gland excised, but the parents refused and I was called in to see what Homœopathy could do. It was very plain to any student of Homœopathic medicine that Calc. Carb. which was administered in the 200 potency was the remedy. The gland soon lost its redness and gradually grew smaller and in one month's time had disappeared entirely and returned to normal and the child to perfect health.

The following case is very interesting indeed, for the reason that one symptom is the opposite from provings. The trouble went from left to right whereas the provings show from right to left, although other clinical reports show the left to right direction.

Case: Diphtheria—Child eight years old had been ill four days when first seen, gradually growing worse for three days, losing strength and showing toxic condition which was seemingly uninfluenced by lachesis. Sunday morning we found the following desperate condition:

Throat very sore, began on left side, now on right. Both tonsils covered with dirty gray deposit extending into the walls of the throat and the pillars of the arch of the tonsils.

Nose very sore and excoriated.

Sensation as if some foreign substance was in the nose.

Sensation as if some skin in the throat rolled up in back of the nose.

Constantly extending feet from under the bed clothes.

Warm drinks relieve the throat.

Patient is aggravated during and after sleep.

Disagreeable dreams whenever he goes to sleep.

Patient is worse during nights.

Voluntary motion is very tremulous, in fact the tremor was present all the time, but on motion it became very marked.

This picture was completely changed and an uneventful recovery took place following the administration of the army mustard gas or the 200 potency of Sabadilla.

DISCUSSION

Dr. Stearns: I saw that case and the result was very striking, very remarkable and interesting. I don't think that Dr. Roberts knows that within a week there came into our clinic a case of diphtheria with the identical symptoms, going from left to right.

Dr. Krichbaum: Dr. Roberts' paper reminded me very much of the little boy who went to school and his teacher said: "Johnny, how much is two and two?" Johnny said: "Four." "Good," said the teacher. "Good, hell," replied Johnny, "that's perfect." (Laughter) That's all I'll say about that.

Dr. Farrington: Now just a word about the klebs loeffler baccilus. It is not such an awful bug as we are led to believe. I have read recently that if you feed it on sugar it is perfectly harmless and will not cause diphtheria, but place it on a culture of some proteid matter and it immediately becomes firile.

CLINICAL CASES.

MARGARET BURGESS-WEBSTER, M. D., Philadelphia

Case 1.—Little girl of six, nocturnal enuresis three and four times a week. Restless, irritable—"When I get angry I slam the door." Sensitive to cold. Calc. Carb. 13m. One powder cured without repetition of remedy.

Case 2.—Little boy, aet 8, slender, undersize. Has wet the bed all his life, sometimes three nights in succession. Hands and feet cold and moist, frequent attacks of loose, cream colored stools. Calc. Carb. 13m, repeated in one month, cured.

Case 3.—Well developed girl of 13, weighing 113 lbs., has always wet the bed several times a week. Menstruated first six months ago normally. No energy—"Wants to sit around and read." Pale, especially in the morning, no appetite for breakfast, becomes faint while standing. Cries easily, irritable, "pouty in the morning." Offensive foot sweat. Sleeps doubled up like a jack knife, dreams of fire and parties. Generally worse in cold weather. Mother and father had both wet the bed until late childhood. I struggled with this case over a period of several months. Sulphur, Sepia, Puls., Silicia were given without success, until Psorinum 500 proved to be the similimum.

Case 4—Sister of above, aet 10, very large for age, strong, healthy, vigorous, no symptoms except almost nightly bed wetting. After many failures Equisetum 6x was given and improvement began at once. It is too soon yet to report a permanent cure, but the indications are favorable.

Case 5.—Horny wart on palmar surface of right thumb, quarter of an inch in height. Various local measures had been used but without effect. The fair haired little girl of two and a half years presented no symptoms except a decided craving for fats and salt. Nitric Acid 1200 caused the wart to shrivel at once and in three days it was gone.

Case 6.—Dorothy, aet 10. One large seed wart and thirty-four small ones on hands and fingers. Pain and swelling in knees and ankles, worse in winter and before a storm, cervical glands swollen. Rhus Tox m was followed by general improvement. In four weeks the warts which she had had for two years had disappeared and the knees and ankles were well.

Case 7.—Mrs. P. had been married seven years, had been pregnant four times, but each time had miscarried at two, three, four and six months respectively. There was a paucity of symptoms, the patient never having been ill. She conceived in July, and progressed well under Puls, given for digestive disturbances, until October, when she had a sudden gush of blood, water and clots. She was put to bed, Sabina m was given. All threatening symptoms subsided within a few days. In the following April a fine baby girl was born.

"AN OUNCE OF PREVENTION"

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

This is a common axiom, and contains much of truth. To be effectual, one must know what is to be prevented, and how to prevent the preventable. If a seam in my trousers shows a small rent, my tailor can foresee a badly torn pair of trousers if the rent is not mended. He also sees that, with the diligent use of a needle and good thread, the trousers can be saved.

The axiom postulates, foresight, and present cognizance of urgent procedure. It is this matter of foresight and forethought, with accurate knowledge in making repairs that I desire to apply to a physician's work. For there is no place in life where this matter is more necessary than in its application to life and health.

Present day thought is much given to preventive medicine. This does not apply to drug therapy, so much as to hygiene and sanitation, and this matter we shall leave to our sanitarians. We have, to a certain degree, a more serious problem before us. This problem is to foresee in the child or infant his disease tendencies, the innate, inbred tendencies to disease and death, and how to prevent the one and remove the other in time to prevent a premature demise. We are not in sympathy with the oft-repeated statement that a child will outgrow certain disease tendencies without aid, or with the thought that we let disease tendencies and idiosyncracies proceed until organic changes

supervene or pathological growths appear and then remove them surgically. Nor are we in sympathy with the haphazard, empirical manner of prevention so urgently pressed by moral suasion and law. I refer, particularly to modern uses of vaccination by scarification and the various serums so common today. Let us propose this foundation that the most effectual prevention of disease, acute, contagious or chronic, is normal health. No contagion can be effective, except on fertile soil, i. e., on people whose physical and mental condition is such as to furnish a fertile soil for the incubation of contagion. Disease germs cannot work destruction on perfectly healthy soil.

Therefore, the modern procedure of creating a disease by innoculating a child with a morbid product, in order to prevent a disease to which the child may not be susceptible, is barbarous rather than scientific. And a diseased condition produced by injecting into the blood stream a morbific disease element is often more injurious than the disease which it is supposed to prevent. The theory of creating a disease artificially to prevent a similar natural disease is neither logical, scientific or rational, for sickness, artificial or natural, is dangerous, with the danger augmented in the artificially produced miasm. You are aware that the present artificially produced miasm, grafted, without thought of its consequence, on a natural miasm is extremely destructive and most difficult of cure. Such procedure has no place in the scientific world. The greater, the better, the more effectual science is the ability to foresee in a child the morbific tendencies inherent in the child, and the accurate knowledge in the selection of removable measures. To do this, first of all, a most careful study of a child's heritage is absolutely necessary. You cannot hope for a healthy plant from a diseased seed. You cannot hope for a healthy herd or flock from diseased producers. How carefully the farmer guards his Berkshire herd from inbreeding with the so-called razor-back mongrel, nor would he allow a balky and irritable mare to foal. This "ounce of prevention" is worth more than a ton of cure—even where cure is possible—to a farmer. How much more is the prevention of physically or mentally diseased human beings to mankind.

Here is a family, the wife healthy in practically every

respect, but the husband is tubercular, the child of tubercular parents. To this couple a child is born. He is apparently quite well, because he has inherited a portion of his mother's vitality, but he soon shows a tendency to grow very fat, the abdomen becomes greatly distended, he seems to have little endurance, the fontonelles close slowly, the bones develop slowly, the teeth are very slow in making their appearance, he is very sensitive to cold air and takes cold easily, and when going to sleep, his head perspires so freely that his pillow is often "soaked" with perspiration. The physician is called, he sees not only the present condition, but with his prophetic eye he sees this child in the period of adolescence, he sees his repeated attacks of coryza and bronchitis, glandular swellings, impaired appetite and later emaciation, want of endurance, the hectic flush, the forenoon chills, the afternoon temperature, the barking cough, growing hoarser with each successive attack, and he says, "pulmonary tuberculosis." The latter is the pound which he is supposed to cure in later years, but he will not let the pound appear, for, with his knewledge of preventive therapy he administers one of the calcareas—"the ounce of prevention"—and prevents the necessity of a pound of cure in later life.

Again, take a very sad, but concrete case, such as occurs practically every day, and note the difference. A mother, large, well nourished, in apparent normal health, but from a family tainted with tuberculosis. Her husband, a healthy farmer, but in whose family there is a taint of psora. This mother brings her four months old baby boy, in very good health except a severe attack of tenea capitas, which extends over the upper part of face, and very promptly demands a cure. A cure is possible with time, care, and the proper remedy. She wants it done immediately. She has no time to care for the child, as her club and missionary work in her small parish demands much time and she will not carry a scabby baby to her meetings. But the element of time is essential to a cure, to which she objects. "Very well, madam, if you refuse a reasonable length of time for a remedy to act curatively, I can do nothing for you." She is greatly incensed at the refusal to employ local measures to accomplish a speedy cure. My forethought forbids, for I can

see a fatal attack of nephritis before the child is one year old, if this eruption is suppressed locally, or an attack of tuberculosis when he is about sixteen years of age. But she wants this eruption removed at once, and frankly says she knows where to go to have it done. "Very well, I refuse the responsibility of such procedure." The child is taken elsewhere, the physician promises her a very rapid cure as it is only a mild skin eruption. The child's head improves, in less than six weeks the eruption is gone, but the child is very pale. He is showing oedematous feet and legs, puffy about the eyes, loss of appetite. The doctor is recalled, looks the child over carefully, analyzes the urine and pronounced it a very severe case of Bright's disease. The mother asks why one so young should have Bright's disease, and the learned doctor tells her it is rare, but these rare cases occur without any known cause, and proceeds to cure the unfortunate child. Instead of a cure, there was a sad funeral in this family, (for the little boy died) with the assurance from the doctor that all was done that could be done to save the child's life. Was he truthful? His ounce of prevention became a ton of destruction, and he did not know it.

Such conditions may be multiplied into volumes. The point at issue is to learn to foresee, foretell and forestall the storm. It is lamentable that the profession of medicine has not learned to foresee, in a child and his parents, the stormy future and untimely death, lurking in the already disturbed vitality of that child, and the rational means of preventing the fatality in store. It is mockery to pretend a scientific education and not be able to foresee the disease elements in a child, and know the means necessary to remove these elements and give to that child what heritage failed to give and place him in a physical and mental condition that he may serve his country better than his parents did.

No emphasis too strong can be placed upon this phase of medical knowledge and procedure, if we desire a future generation of healthy and sane people. We should never allow the "ounce of prevention" to pass us and develop into a ton of destruction.

TWO CLINICAL CASES

J. W. WAFFENSMITH, M. D., H. M.

Nancy S., age 3 years—Chronic nephritis with recurrent acute exacerbations. Medium complexion, eyes blue. Marked anxiety, fretful, picking, restless, irritable—agg—daytime puffy under the eyes, sleeps with one eye half open, aversion to being touched, spoken to; precocious, drowsy, marked obstinacy, fear of being alone, aversion to being rocked, sleeps with legs being drawn up. Hands and feet cold and clammy, aversion to milk, craves meat, cheese, bananas. Vomiting, constipated, stools blood; stringy mucous offensive. Oct. 11, 1923, ℞ Sulphur 200.

Nov. 2, 1923.—Coryza, thin watery.

Nov. 26, 1923.—Very irritable. ℞ Sulphur 1m.

Dec. 7, 1923.—Better.

Dec. 14, 1923.—Perspiration in occuput, agg. at night, very fretful; restless, sour vomiting agg. by drinking, swelling of right cheek, thirst, head hot. ℞ Chamomilla 2x, followed by 200, which was followed by improvement.

Jan. 11, 1924.—Return of symptoms, especially the anxiety. ℞ Medorrhinum 200.

Jan. 15, 1924.—Better.

March 7, 1924.—Medorrhinum 50m Sk.

March 25, 1924.—Fretful. ℞ Chamomilla 200 with prompt improvement.

In a further study of this case we find an older sister began to show evidences of nephritis at one and one half years, manifesting symptoms similar to this one and died at 2 yrs. 2 mos. of age, having had the best of old school treatment.

Nancy had a severe attack at 1½ yrs. which lasted three weeks, during which time she was in more or less of a stupor, wanted to be carried, fretful, albuminous urine. At this time she was treated by a Homœopath with Chamomilla and Lycopotium in low potencies—a specialist directed a suitable diet. When this case came under my care, the urine was scant and had albumin and a general toxic condition.

Sulphur did something in this case. In fact it brought out

more strongly the picture of Chamomilla. Chamomilla 2x brought about a short improvement of the symptoms which was reinforced by the 200.

Not being satisfied with the progress, I made a deeper study from a constitutional standpoint and there appeared to me the picture of sycosis covered by the nosode medorrhinum. Quickly an improvement from within out and above down manifested itself, often remarked about by the family and others. Recurring attacks are milder each time, while the general improvement steadily continues.

Baby 2½ mos.: March, 1924—Cries at night, restless, whines, desires warm food, desires heat to abdomen, ravenous appetite, constipation, strains at stool, fretful from 3 to 5 p. m. Was given by the father, Calcarea Carb 3x.

Fed from the breast two to three days, then given Maltose two weeks, then Borden's sweetened condensed milk, then cows' milk, 40% milk, sugar and lime water. ℞ Silicia 30th and placed on cow's milk, but no lime water. There was a general improvement at once.

On March 27 Silicia 200 was given.

This is a child of a graduate of one of our Homœopathic colleges, who is interested in Homœopathy, believes in it, yet pathetically professes he never was properly taught how to use it. It has been my good fortune to come in contact with him and we have studied difficult cases together and we have worked out the remedy. This has been a most agreeable and profitable study.

My experience teaches: We need the missionary urge; to be filled with the spirit of Homœopathy; to be sure of our convictions; to stand by our principles; hew close to the line and become true and loyal specialists of our *noble art.*

In due time we will receive our compensation.

There never was a time when a person needs to know some particular thing; be sure he knows it, and spends his time in showing others that he can practice it, *than now.*

We find in Homœopathy as well as in everything else, the modern spirit of adulteration, causing many to lose sight of the anchorage of *truth.*

Here was a child suffering from malnutrition, miserable and disturbing the quiet and peace of the household, now functioning each day in a more normal manner—a monument to the efficacy of the Homœopathic remedy.

It seems to me in this age of doubt, complexity of thought and methods, of dissensions, the single remedy stands out above the inconsistencies in medicine more clearly as a symbol of the truth of the law of similars than ever before. To know how to properly use it becomes an increasing passion, and to pass its knowledge on to the next generation *our mission*.

ABOUT BABIES.

MARY SENSEMAN HARRIS, M. D., Monticello, Ill.

Simplicity should be the keynote of child care. Common sense should be another basic principle. And individualization should be the third.

It is certainly true that, as Dr. Kent informs us, a healthy child will digest even unwholesome milk. Therefore when an infant is not thriving on its mother's milk, we should not too hastily stop the natural feeding and substitute the artificial without an honest effort to correct the trouble with medicine for the babe or the mother or both, and instruction of the mother.

The fault may lie wholly with the baby. Our calcarea carb. or phos., arsenicum, sulphur, magnesium carb., tuberculinum, psorinum, or some other wonderful remedy may be the magic that restores. An exhausted or worried mother will produce unhealthy milk, we all know. A common story is, "I have lots of milk, but the baby does not gain an ounce." Teach the mother to remove all she can of the excess milk after each nursing, thus allowing the breasts to refill with fresh lymph. The milk produced at the next nursing will have a different quality from that which lies in the breasts like the coffee some people make—add coffee every day, empty the vessel when the dregs overflow.

Learn the feeding interval best for the individual baby. If

it is hungry in two hours, let it nurse. If one baby gets enough to keep it comfortable for two and a half or three hours, act according to its wishes. Let the baby dictate, within reason. Unreasonable demands denote sickness. Feeding rules will then be secondary to the application of the remedy.

Give water freely from the day of birth. And do not think that six teaspoonsful is plenty. About nine-tenths of it has run down the baby's neck, outside. Use a bottle with a nipple and let the baby indulge itself.

For a young baby a bath not oftener than every other day is enough except in very warm weather. Two full baths a week are sufficient for most babies. Parts of their bodies are continually being washed. Let the skin rest a little. Olive oil baths, every day until the babe is four or five days old, then on days alternating with water baths. Olive oil for excoriations, and for all folds of the skin. A drop of it from one's finger tip will give the baby more comfort than all the perfumed talcum powders on the market. Why clog a sweet baby's pores with powdered clay?

Sunshine and the out-of-doors every day. Grass and soil are as good for babies as for aristocratic pigs and calves and lambs. Vitality, radioactivity, vitamines, energy—do they not express the same idea? Raw milk, unadulterated foods, contact with Mother Earth, supply a dynamis which is needed by that marvel of creation, the human infant.

To return to feeding: Suppose the mother lacks the needed quantity of milk. Some mothers take quantities of milk themselves, the "baby foods" on the market—Horlick's Malted Milk or Food, Mellin's Food, and the like, if administered to the mother, may preserve her from that bugbear, the "bottle baby." Remedies will help. Calcarea carb. to the cold, flabby woman who perspires about the head. Lac caninum to the hysterical, sensitive woman who cannot endure heat, cannot endure exertion. Lac defloratum to the woman who abhors milk, milk disagrees with her, she is extremely sensitive to cold except about the head. Head pains are relieved by cold applications. Secale has cold, dry, shriveled skin, but she is violently sensitive to heat.

We know each remedy has its sphere of usefulness. And failure is not always the fault of the physician. It is possible to administer the right remedy unsuccessfully at that particular time. The patient's chronic disorder may be so profound that she cannot react sufficiently to produce milk at once. We may have to prescribe for her and wait for results following a subsequent childbirth.

As to artificial feeding, I should like to hear it discussed. I have my own ideas on the subject, but I am sure there is greater knowledge among more experienced practitioners. Milk, modified with water and sugar in some form, is the generally accepted food. With that, as with breast feeding, I believe in giving enough to satisfy the child's hunger. Normal development and happiness should be the guide. Raw milk only. Do not denature it by pasteurization.

A breast fed babe should be weaned between nine and ten months of age. The mammary glands have been in activity long enough, and the child is young enough to change a habit without so great mental turmoil as at a later age.

"Weaning the baby" should not mean to put it on a diet of beans, pork and coffee. Milk is baby's food. It should be *the* food indefinitely. Crusts and cereals, bacon, eggs, fruit and fruit juices, vegetables, are accessories, and accessories only. They should gradually be given in addition to the milk or should gradually replace some of the milk.

Keep the baby at home. Monotony is one of the biggest needs of the infant. The same people, the same surroundings, the same daily and nightly program, no excitement, no interference with sleep, no long hours of waiting for food, no prolonged lying in a wad of outdoor clothing.

Keep the baby dry, and clean, his stomach filled regularly, permit long hours of unbroken sleep, keep him warm in cold weather, cool in hot weather. Teach the baby to scratch everybody who attempts to give him a dose of strong medicine inside or out, and to cry for sugar pills.

We all know that there is a rule that babies respond more rapidly to medicines than do adults. The rule varies, of course. There can be as great submergence of basic disease in the infant

as in the adult. And to eradicate fundamental diseases is the aim of the Homœopath. Otherwise he has no right to the name he has assumed.

Every child is a precious gem. The innocent, helpless babe that enters a physician's office is entitled to treatment that removes the disease elements which its progenitors bestowed upon it. That cannot be done for any child in a day. But no physician has the moral right to add to the diseased state which the child already has in its system.

An acute illness is but an expression of chronic disease. The old idea that acute diseases stalk about like wolves and pounce upon the unwary is a myth. As is that solemn theory, the creation of antibodies. Disease is energy, not matter. Acute disease is rebellion of the vitality which is present. If the individual is too weak to conquer, he is further destroyed. If he reacts vigorously, he is stronger, more healthy in fact, than before the attack. A contagious disease confers immunity, not by something new it produces within the patient, but by eradicating something of a destructive nature that has been latent. Note the improvement of a patient's health after smallpox. If these acute illnesses, contagious or non-contagious, are treated wisely with our Homœopathic remedies, they always leave the child in better health than before the attack. We can gauge the depth and power of the chronic disease of the patient by the severity of an acute illness. And, likewise, the measure of his vital force by the improvement in his general health, or the injury to it, when the illness has passed. The crime of Medicine against the child is to aid destruction with drugs.

Every variation of the child from normal should be observed and stored in our records. We should not insult our patient or belittle ourselves by disbelieving. A decayed tooth is a volume of information. A wart is another. Food cravings, interpreted, and transmuted into a remedy, may mean the difference between sanity and insanity, between uprightness and crime. Why should any doctor shrug and say: "It is nothing?"

FOOD FOR THOUGHT

THE TUBERCULIN TESTING OF COWS

By EUGENE UNDERHILL, M. D., Philadelphia, Pa.

In the study of the effect of cows' milk upon children, we have some reason to believe that milk from Tuberculin Tested cows may not always be as good for children as milk from healthy cows not so tested.

We have examined numerous herds of Tuberculin Tested cows and they give the impression of a certain fineness and delicacy of constitution that reminds one of the fine texture of skin, silky hair, clear, delicate complexion and weakness of constitution, which is so characteristic of tuberculous young women whose general appearance suggests an early death.

We have examined numerous other herds of cows not Tuberculin Tested, but which are given good care and the health carefully guarded, and in almost every instance, the cows appear more robust and active, and give the impression of an exuberance of health, and an abundance of physical strength and endurance, which does not ordinarily appear to be characteristic of the Tuberculin Tested herd.

In view of these circumstances, the Tuberculin Testing of cows does not appear to be the panacea claimed for it, either for the purification of the milk supply or as an economic factor in establishing and preserving the health of the bovine population.

A FACTOR IN THE SPREAD OF THE DISEASE

In an article by Dr. Veranus A. Moore, dean of the New York State Veterinary College at Cornell University, the observation is made "that during the last ten years, tuberculosis in cattle has been spreading"—and this in spite of the herculean efforts put forward along the Tuberculin Testing line. There is good reason for believing that the test itself may be a factor, if not the chief factor, in the spread of the disease.

HAZE AND DOUBT

In reading the literature advocating this Test, an unprejudiced person cannot help but be impressed with the haze and doubt surrounding the whole proceeding, especially in respect to its effectiveness, while the influence of the milk of Tuberculin Tested cows appears to have been overlooked altogether.

A DANGER TO THE LIVESTOCK INDUSTRY

In Circular No. 249, by Veterinary Inspectors Ernest and Lash, published by the U. S. Department of Agriculture, the following paragraphs are significant:

> "In the hands of unscrupulous persons it is a danger to the livestock industry of the nation because it is known that some animals may be so frequently treated with tuberculin as to establish a tolerance against its action, or, in other words, they lose their sensitiveness to its action."

Independent of the unscrupulous aspects of the case, the liability of establishing a tolerance to the test is very real, as a retest is advised in six months after the first test, followed thereafter by a retest at least once a year.

In the same Circular, we read:

> "It is obvious that sound judgment and diplomacy on the part of the veterinarian are essential to success in testing animals with tuberculin."

From this it follows that if the veterinarian is not of "sound judgment" and especially if he is not "diplomatic," the thing is a dead failure.

METHODS OF TESTING

Three methods of testing are advocated. Two are recognized and one is on the way to be recognized. The three tests are:

1.—The Subcutaneous Test.

2.—The Intradermic or "tail" Test.

3.—The Ophthalmic or "eye" Test.

Various combinations of these tests are resorted to. Quoting further from the same Circular, we read:

"As has been stated, each method (of testing) and each combination has certain advantages, and there are times when one should be used in preference to another."

When are the times, and who is to pick them out with certainty? Right here, more "diplomacy" is required.

DISEASED AND HEALTHY CATTLE NOT DIFFERENTIATED

The following statements are also made in Circular No. 249:

"A different aspect is presented in testing animals which have been frequently tested and which have established a tolerance to tuberculin. Under these conditions many of the so-called failures of this test have become apparent."

"The test may be classified under two headings:

"1. Those not disclosing infected animals which results in leaving diseased cattle in the herd.

"2. The classifying of animals as reactors when a slight thermal disturbance may be due to other causes. This results in healthy animals being classified as diseased."

If the test may leave diseased cattle in the herd and at the same time classify healthy animals as diseased, where are the benefits?

The Circular further states:

"In applying the subcutaneous test it is very essential that veterinarians make careful observations to note the possible physical reaction which sometimes becomes apparent in addition to the thermal reaction, or which may occur when no temperature rise is indicated. Physical disturbances, however, are rather infrequent in diseased cattle which have received several injections of tuberculin."

Note the speculative doubts here introduced. In another paragraph this is further emphasized by the reference to "intuition." The paragraph reads:

"Sound judgment, however, should be used in classifying animals, the previous history of the herd relative to

infection being taken into consideration in classifying very small swellings. The ability to make these distinctions is by some called intuition."

The dictionary defines "intuition," as an operation of the mind without reason.

In another paragraph it is declared:

"It was recognized for many years that there were conditions in certain herds which necessitated the employment of the most stringent test known if the disease was to be controlled and eventually eradicated."

What are the conditions, and who is to furnish the "intuition" to pick them out with certainty?

AVOID CONFUSING OPERATOR AND OWNER

Quoting from the same source, again we read:

"Only such animals as have failed to give a typical reaction to the other two methods should be injected with subcutaneous tuberculin. This is because it has been shown in many instances that certain reactors to other tests used in combination do not react again when the subcutaneous test has been used as a check. Therefore, to avoid confusing the operator, and possibly the owner, as to the accuracy of tuberculin, its use is not advised upon known reactors."

In this last quotation, three points stand out very prominently:

First.—The animal is to be shot with the tuberculin until the reaction is produced no matter what the ultimate effect upon its health may be;

Second.—Be careful about "confusing the operator;"

Third.—Guard against confusing the owner as to the "accuracy" of the Tuberculin Test. It would seem that he is to be kept dancing to the jig time tune of a big bluff or the farce may come to a sudden and final ending.

KEEP OWNERS AWAY FROM POSTMORTEMS

Owners are to be kept at a safe distance from all postmortem examinations for the reason that in many cases no discoverable lesion of a tuberculosis nature can be found.

TUBERCULOSIS MAY DEVELOP AND NOT BE DISCOVERED, OR DISCOVERABLE, BY THIS TEST

The "scientific" use of tuberculin calls for retesting the herd once a year, according to Farmers' Bulletin, No. 1069, published by the U. S. Department of Agriculture.

If the cow is not sufficiently devitalized by the first few tests, the attempt should be made every year during her life. She may at any time develop tuberculosis, but it may not be discovered or discoverable by this test, as is admitted in Farmers' Bulletin referred to above, as follows:

> "Tuberculin, by its immunizing property, can cause tuberculous animals to fail to respond to its application at another time."

UNRELIABLE AND IMPOSSIBLE

The present scheme therefore, for the elimination of tuberculosis among cattle is unreliable and impossible. It is a destructive and killing process. All reactors are headed for the slaughter house; the major portion of the carcasses to be used for human food—tuberculosis notwithstanding.

THE DISEASED MEAT PASSES GOVERNMENT INSPECTION

Owners having cattle condemned as a result of the Tuberculin Test, are advised to have them slaughtered under government inspection. A Circular entitled "Points Everyone should Know," published by the Pennsylvania Department of Agriculture, says:

> "Eighty-five to eighty-eight per cent. of the tuberculous animals (reactors) pass inspection. It is to the advantage of the owner in practically each case to sell the reactors, subject to inspection, rather than sell to the butcher outright."

That is, the government, in order to encourage Tuberculin Testing, will be a party to the sale of more diseased meat for food than the ordinary butcher.

How does it happen that the milk from such cattle is unfit

for human food, but the meat is judged to be safe and wholesome? "Consistency, thou art a jewel." Of course, the milk can be pasteurized, the meat can be thoroughly cooked, but the order usually goes in—"Roast beef, rare;" "Beef steak, rare." May be that anyone eating raw meat ought to have a tuberculous variety, but it does not sound appetizing.

IT IS SIMPLY DEALING WITH RESULTS

The second and third tests show more reactors in the same herd; they follow the course of the first lot. The process is kept up until either the entire herd is slaughtered, or a few have been found that resist the effects of the test.

Think of eradicating tuberculosis in human beings in that way. It would mean killing off the major portion of the race, and those who did not react to the test would most certainly be damaged in other ways.

This killing process is simply dealing with results. Whatever was operating to produce tuberculosis among cattle is still operating.

NON-REACTORS MAY HAVE TUBERCULOSIS

It has been found that some of the animals that do not react, may have tuberculosis in its worst form, but are immune to the test.

HARMFUL EFFECTS CERTAIN; ECONOMIC LOSS TREMENDOUS

The uncertainties surrounding the test are so many and so confusing, as to nullify whatever diagnostic value it is supposed to have; whereas, its harmful effects are certain and the economic loss of tremendous proportions.

WHAT SOME PHYSICIANS, VETERINARIANS AND DAIRYMEN SAY

Various interviews and extensive correspondence with physicians, veterinarians, and prominent dairymen, bring forth observations which may be summarized as follows:

1.—That Tuberculin Testing of cows tends to devitalize the animal and while she may possibly be rendered

immune to tuberculosis, she is more susceptible to other diseases;

2.—That the animals require better care to protect them from diseases of various kinds;

3.—That the milk of such cows does not contain the life-giving elements which characterize the milk from healthy, non-Tuberculin Tested cows;

4.—That in many instances, the test does not succeed;

5.—That some cows having tuberculosis, being immune to the test, do not react;

6.—That there are many possible errors in technique which may nullify the reactions;

7.—That Tuberculin Testing does more harm than good;

8.—That it is a political graft, and merely gives occupation to large numbers of political job-holders;

9.—That it is a nuisance and an unjustifiable expense to stock raisers and dairymen;

10.—That tuberculosis develops and spreads more on account of improper care and ventilation, than it does by contact with tuberculous animals;

11.—That ventilation, cleanliness, and excluding from the herd such cows as do not appear from ordinary signs to be healthy and productive, are of more value than all the Tuberculin Testing.

In the old days when cattle lived mostly in open sheds and out of doors, tuberculosis, pneumonia and other cattle ills were seldom heard of. It has happened to cattle as has happened to man—"When man lived in a house of reeds he had a heart of oak; when living in a house of oak, he has a heart of reeds."

It naturally follows, that to control tuberculosis among cattle, the element of housing and care is of prime importance—of far more importance than Tuberculin Testing which may prove devitalizing and destructive to health in many subtle and unobserved ways.

The advocates of Tuberculin Testing say the practice cannot devitalize the cow nor damage the milk supply, because properly

prepared tuberculin is sterile. Almost any foreign substance can be made sterile and plunged into the cow's body—even a knife, a nail, or a bar of iron; certainly these substances can do damage and if used often enough and left in the cow's body long enough, they would surely tend to set up conditions which would devitalize the cow, and eventually contaminate the milk supply.

The Tuberculin Tested cow is something different—a departure from nature.

A BETTER WAY

Study the product—Milk—rather than devitalize the producer. It would seem that a careful and unprejudiced observer would be inclined to prefer milk for his children from the physically strong, healthy and robust-appearing, non-Tuberculin tested cow, than he would from the fine, delicate-appearing Tuberculin Tested cow.

Moreover, most people would be better satisfied to know that the milker had thoroughly cleansed his hands after using the toilet and before milking, than to be informed that the cows were Tuberculin Tested. Absolute cleanliness in other ways, in the person of the milker and in respect to all utensils and the surroundings of the herd, surpass in importance the Tuberculin Test. Next to cleanliness, would come a careful observation of each individual of the herd, being particular to isolate any members that show evidence of indisposition or disease of any kind. A little training in bovine symptomatology would soon qualify any intelligent dairyman to eliminate undesirable members of his herd.

So much emphasis has been placed on the Tuberculin Testing of cows, that the vital and essential things have been largely overlooked. If the same time, energy, and one-tenth of the expenditures were directed toward careful inspection, enforcing of cleanliness, and the education of the dairymen in the study of bovine symptomatology and the elimination from the herd of non-productive cows, and cows of lowered physical resistance, the nation would be far better served. It would have a

healthy bovine population, and a superior milk supply, and it would not be obliged to face this staggering economic loss.

PLANTING DISEASE IN THE COW'S BODY

It is well known that a cow which does not react to the Tuberculin Test this year, may react next year. In many instances it is reasonable to suppose that the test itself may have been the cause of so lowering the resistance that the cow reacts the next year.

Those that do not react, may nevertheless, have their physical powers so taxed in resisting the effects of the test, that their vitality is impaired in other directions. It is like planting an infectious disease in the cow's body. She may recover and be immune to that particular disease, but more susceptible to other diseases or devitalizing influences.

When children are made immune by one agent to a particular disease, the same agent may be the cause of acquired susceptibility to other diseases. For instance, one attack of an infectious disease may so weaken the tissues as to render them susceptible to an infection of a different nature. Any of the acute diseases of childhood may follow one another and tuberculosis may develop after any one of them.

REQUIRE MORE CARE; HAVE LESS RESISTANCE

Many very intelligent and competent observers among stockmen, declare that Tuberculin Tested cows require more care and better protection from weather and other adverse conditions than healthy, non-Tuberculin Tested cows.

This being the case, Tuberculin Tested cows must have less resistance, and consequently less vitality.

AFFECTING THE MILK SUPPLY

Milk, as food for children is chiefly valuable on account of its reconstructive and vitalizing power.

The cow cannot impart to milk, life-giving elements which she does not possess. If her physical powers are in any way impaired, the value of her product is correspondingly diminished.

Tuberculin Testing may markedly pull down the health of the cow without a corresponding damage to the milk, or the reverse of this may be true.

Any disease or circumstance that acts profoundly upon the human mother may not materially affect the nursing child. How often it has been observed in many serious cases, including eclampsia, that the child may be allowed to nurse the mother without any apparent harmful effects. And in cases where some article of food or circumstance, affects the bowels of the mother, it may not affect the bowels of the child. On the other hand, when the mother is not markedly affected, the child may be quite profoundly affected. As a general rule, when the mother suffers, the child escapes; when the mother escapes, the child suffers.

When the cow, therefore, reacts, that is, suffers in her own body the effects of Tuberculin Testing, she goes to the block. When she does not react, that is, shows a tolerance to the injection of this foreign substance, she to a large extent passes certain subtle and harmful effects on to her foster-children—which is the human race.

The object of Tuberculin Testing is to purify the milk supply, but did anyone ever purify a spring by poisoning the headwaters?

PAYING THE PRICE

If the cow reacts, she pays the price with her life; if she does not react, humanity pays the price with a vitiated, devitalized, disease-producing milk supply, which is a threat of disaster to every child born into the world; and in that threat is the very disease which Tuberculin Testing is supposed to eradicate.

Bureau of Clinical Medicine

W. W. Wilson, M. D., Chairman

CANCER ACTIVATORS

S. W. Lehman, M. D., Dixon, Ill.

I find there are a number of factors that enter into the development and formation of cancer.

It seems that cancer cells are lawless. They no longer are amenable (for growth) to the genetic powers governing the body.

It seems that this genetic power lies largely in the lymphatic system and the spleen.

Tumors may be implanted on mice from a strange species if they have been radiated by the X-ray or radium, or have been given benzol, or an anesthetic.

These seem to lower the resistance of the system to this lawlessness.

There are many forces in the body fluids as hormones, ferments of various kinds, and vital fluids, all working in harmony.

It is stated that cancer cells have a ferment which acts in an acid medium.

Cancers occurring between the ages of 18 and 27 mostly sarcoma and adenoma, are probably dependent upon the reproductive vital fluids, in some way, not as yet understood.

They grow rapidly, are inoperable, agg. by X-ray and radium radiations, and so far as my experience goes, no remedy has any effect whatever in retarding their growth or changing their biological course.

I am in hopes this is only a lack of clinical experience.

That the reproductive fluids have much to do with these tumors, may be evidenced by the fact that the Abderhalden test can be obtained in the cancer state the same as in pregnancy.

EMBRYOLOGY

No doubt there is a long time in the pre-cancer stage when living cells are deposited at the weakest points, probably because they were not destroyed by the spleen or leucocytes, and even then they perish locally in the process of mitosis, and cancer tissue is averted.

The cancer tumor is a little government all its own.

It is parasitic in nature because it draws its nourishment from its host, but does not comply with any of its laws.

It develops its own ferments for growth and nutrition. These are genetic in their influence and its excretions are pernicious to its host.

We must understand the mysteries of life far beyond the microscope, in order that we may treat cancer successfully.

Cancer cells enter the blood, but do not produce cancer elsewhere because they are destroyed by the system at once.

The spleen and the leucocytes are the most potent factors in protecting the system from invasion.

And herein lies the reason that after an anesthetic and operation, there is recurrence locally, and often at some other point.

I have already mentioned the fact that the nature of the internal secretion of cancer and its genetic power, may be understood better because of the Abderhalden test.

The serums from cancer of the stomach will digest hypoblastic tissue.

Cancer of the large intestine will digest hypoblastic and mesoblastic tissue, while the kidney digests only the mesoblastic tissue.

I will refer for illustration to a case of diverted reproductive force due to an anaphlactic state of the tissues from the injection of probably mixed vaccines.

The case, one of pregnancy, three weeks before confinement, there was trouble in the left breast, threatening inflammation which after vaccines were given resulted in an abscess in the breast.

She came under my care three weeks after confinement.

There had been no reaction after confinement, and no lochia,

and at this time the breast was still discharging great quantities of pus.

After giving the indicated remedy which I remember as high potency yeast, the lochia was restored within 24 hours, with after pains; and the breast healed in a short time.

I now have a case under observation. Patient about 50 years of age, married, childless, a very angry lump in the left breast, nodular and adherent to the skin.

The skin looking bluish red for the area of about one inch in diameter.

It refused all therapeutic efforts until I became convinced that the trouble was being maintained and agg. by an irritable ovary.

It was the left one, somewhat tender, slightly enlarged, agg. during menstruation.

I gave her several months' treatment using ustilago, 3x to 1m, until the irritation quieted down.

Since then the lump has been growing smaller under the use of conium 3x, one tablet four times per day.

These two cases illustrate how a diseased reproductive system may act as an activator producing cancer growths.

I will cite another one.

A patient, age 65, yellow, cachectic in appearance, with much pain in right hypocondriac region.

I feared cancer either in the pyloric end of the stomach or the liver.

There was no other clinical evidences except the localization of the pain, and the cancerous condition of nutrition. Cachexia was already quite in evidence.

Under the influence of natrum muriation 2c, and other potencies, a leuchorrhea returned.

There was great quantities of a yellowish acrid fluid, discharged from the vagina daily.

She had had this trouble years ago and had it suppressed by local treatment, probably argentum nit.

The whole condition was cleared up with natrum mur, no other remedy being necessary.

This is five years later and the patient is in perfect health, having a clean, healthy looking skin.

The colon becomes a great source of trouble and a great factor in the causation of cancer.

I had one case of cancer of the rectum. The only clue to the cause of the trouble was drinking alkali waters which caused a diarrhea from which he never recovered.

It finally degenerated into cancerous tissue.

The cause evidently too far advanced before I saw it. Nothing seemed to take hold of these conditions to either change or remove them.

I am informed that in western Kansas where the water is very alkaline, the farmers buy ginger ale by the case. It seems to antidote the effects of the water.

Another factor is nerve strain, central deterioration of vital genetic force, causing a demineralization of the tissues, especially at first of sulphur then alkaline earths and other minerals.

There is then a decrease of metabolism, the suprarenal bodies have become powerless to affect a reaction.

Consequently they, too, deteriorate in function.

Local tissues farthest remote, deteriorate. Colloid material is poured into the point for protection and healing.

But owing to the loss of genetic influence in the fluids, healing is not established. Then rejected free cells which have not been destroyed are gathered here and start a growth, a town of their own.

Thus, the activator in this cause is a decrease in the vitogenetic force.

Such remedies as sulphur, aconite, lobelia, or their acetates, or bothrops lanceolatus, crotalis horridus, may be and often are indicated.

It has been experimentally proven that the growth of cancer in the mouse may be expedited by ether and chloroform.

These agents acting as activators, seemingly hinder the power of the system to destroy cast-off living cells. These are attracted by colloid deposits where they find a favorable medium for growth and development.

Two of the greatest remedies to remove the effects of these

two agents, are acetic acid, and the essential oils such as cinnamon, but do not use the synthetic product.

Other remedies such as stramonium, hyoscyamus hydrobromate, camphor, manobromate, physostigmine, spt. nit. dulc, etc.

The entire organism is also affected by radiation reducing the inhibiting power of the system, augmenting the growth of cancer cells.

Thus, radium applied to the pelvic organs, a plate laid over the heart, lungs, liver, kidney, and spleen, even the tibia are blackened.

The X-ray has a similar effect. To alleviate the effects, use radium bromide or radium chloride, very high potency or X-ray likewise.

There are at least thirty filterable viruses that have an effect as activators in producing cancer.

The removal of the spleen makes the animal susceptible to the reception of cancer growth.

These causes must be traced and the proper remedy applied.

Metastais of cancer in the spleen is very rare.

The cachexia of cancer may simulate disease of the spleen, and diagnosed Bantis disease.

The spleen is an immunizing agent with high genetic power as rapid death follows splenectomy.

Local conditions contributing to the cause or location of cancer. One of the common causes is the deposit of foreign proteins in certain areas and localities, causing local anaphlaxis.

The tissues deteriorate, colloid material is deposited in the area for repair but vital reaction is too low and cancerous growth begins instead.

Bruises cause a local deterioration of the tissues.

Vegetative conditions are decreased. There is the deposit of colloids with increase of ferments in order to aid the depreciated vegetative activity.

I have had some remarkably good results in treating such cases also locally by the aid of electricity, using the cataphoretic method of driving turpentine and copper sulphate into the tissue

as an antidote to the supposed excess of phosphorus in the colloid material.

I had one case of advanced tumor of the breast, tumor nogular, adherent to the skin, history of insanity, tuberculosis, and alcoholism. The mother was insane, and the father an alcoholic.

This case was treated as an alcoholic base and cured in about a year. Internal medicine only.

Some of the most important remedies are aurum mur, aurum met, epatorium per, sulphuric acid, bufo, selenium, argentum met, asterias rubens, nat. mur, as well as many others.

Acetic acid and its bases would suggest itself in cases of this kind.

Ferments such as are derived from stings and bites may cause local congestive states followed by cancer. Crotalis horridus.

In connection with local conditions, latent psora spots often determine the location of cancers.

These are often seen in different localities in making eye diagnosis.

We have a potent remedy in crotalis horridus.

The symptoms often begin by blood deterioration, cachexia, the skin dry, thin and yellow.

These cases have a history of nervous shock influenza, from which they never fully recovered, a base history of hereditary tuberculosis, or alcoholism.

Their hemorrhages are dark fluid, usually.

When one begins to have a hemorrhage of this kind, it is not the time to operate and take out some organ to prevent cancer, but to give a remedy. Crotalis horridus is the one par excellence.

Give the high potency and do not be afraid that two hours is too often if hemorrhage is severe.

This condition is the root and the offspring of lots of trouble.

This remedy will stir the system into action and wipe out the pathology. Some other remedy will complete the cure. Strontian carb is one of great value, also carbonis in carbon cases.

I forgot to mention a local condition that often gives us trouble afterwards and that is scars, the result of burns.

I think the best remedies, in my hands at least, has been causticum, natrum-arsenicum, and crotalis horridus.

Other medicines suitable for scar tissue are, silicea, fluoric acid, and its bases, lapis albus, thio sinamin, and graphites.

Copper sul. has an antidotal action on the phosphorus deposited about cancer tissue.

Kali-permangnate will change it into phos. acids.

French oil of turpentine will do likewise.

Phosphorus is phosphorescent and therefore a genetic stimulant to growth.

Under certain conditions phosphorus may destroy histological law as alcohol destroys moral law.

Lac-Caninum is another great remedy to remove the effects of foreign proteins.

Compare lycopus virginica. Especially after using crotalis horridus.

Chromium and its basis has a wonderful power in the epithelium of the gastro intestinal tract.

Old anaphlactic states are removed by this remedy.

Nat. mur. is in the case referred to, where suppression was probably caused by the application of argentum nit.

Cina may also be considered under the same circumstances, suppression by arg. nit.

I have had a large number of cancers of the breast to handle.

I think I never had one in which all enlargement of the axilla did not disappear under the administration of the indicated remedy, no matter how bad.

I have been able to cure most of them. I have had no experience with Eosin.

FERRUM AS AN ACTIVATOR

Iron given too freely and too long, causes atrophy of the spleen.

Animals drinking water in which hot iron was dipped had small spleens.

It will cause atrophy of spleen.

As so many are given lots of crude iron in early life, it may become a factor in later life from decreased function of the spleen.

I feel that the genetic power bestowed on the lymphatic system by nature is too little understood by clinitians.

DISCUSSION

Dr. Dienst: Dr. Lehman, in how far have you observed as to the action of vaccines of any form, and syphilis as causes of cancer?

Dr. Stearns: The Crocker Laboratory discovered this fact in connection with their experiment in the production of cancer in mice with tar. That is the latest thing and they are experimenting with cancer. They can produce cancer by irritating the skin of mice with tar. They never have isolated the specific principle in tar that will do that, but they observed that after a time these mice tended to get well spontaneously, and they further discovered that if they introduced an activator with the tar that it would become permanently malignant, and their activator was arsenic.

Now that gives us food for thought. The activators are the cures for the cancer. Maybe tar itself would be one of the curative remedies in cancer, but the activators, if we could discover those, we would find to be our cure in cancer.

Chairman Wilson: Dr. Lehman goes into a good many things in those cases and the treatment of cancer, that we do not. As I have always understood, he was a regular physician before he took up Homœopathy, and he has gone deeper in many ways, in the use of remedies than even provers have, and if there are any questions that you would like to ask Dr. Lehman now is your opportunity.

President Underhill: Did I understand Dr. Lehman to say that he had never had a breast cancer but would disappear under treatment?

Dr. Lehman: Oh no.

Chairman Wilson: Are there any further questions? If not we will ask Dr. Lehman to close his paper.

Dr. Lehman: I said I don't think I ever had a case that the glands in the arm didn't disappear under constitutional treatment. I have had quite a number of tumors that didn't disappear, but the gland under the arm would always disappear, making the patient easier, retarding the growth, and helping the patient to end her existence peacefully.

Now regarding vaccines and syphilis, I will take up the matter of anaphlaxis in another paper, that will bring up some of these points, and I think perhaps your own paper answers the psora question.

It has been observed that cancer has followed the treatment of psoriasis, which had been treated with arsenic, showing that it is quite an activator for cancer.

Dr. Stearns: Before this closes I want to say a word about cancer if I may. Dr. Mary Stark in New York has a strain of fruit fly that has developed cancer, and there are two strains, one is a benign strain and the other a malignant strain. In the malignant strain they never live beyond the wriggly stage, the pupa. It is hereditary in these flies and follows the Mendalian law so that we may get something useful in that and we are going to make a trituration of these malignant types and I will see that the organization gets this potency when we make it.

Dr. Overbeck: I would like to ask in what dose you use the arsenic as an activator?

Dr. Stearns: The Crocker Laboratory used it in small amounts. I don't know how much.

CLINICAL REPORT

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

Mrs. H., age 48, April 27, 1917. This lady, a blonde, tall, slender, sterile, consulted me during the years previous to this date for various difficulties, and as I studied her and her family I found them deeply psoric. This lady had the most fruitful imagination and the most intensely sensitive nervous system of any person I have ever seen. It is utterly impossible to portray the manner in which, and by which, she magnified her troubles.

Fortunately, she had the most patient and enduring, if not henpecked, husband, it has ever been my pleasure to meet. To listen to her talk one would infer that she had every disease in the catalog of diseases and she had every one a thousand times worse than anybody else. She was intensely nervous and before she came to me she had been treated by different so-called nerve specialists, with negative results. Her mother died of uterine cancer, and this preyed upon this woman's mind so severely that she imagined every pain pointed towards cancer.

She passed through her menopause in the autumn of 1916, without any real untoward symptomatology. It was in the following spring that she came and told me of a lump beneath the nipple of the right breast. This enlarged gland was movable, not schirrus in nature, but the patient said it was extremely painful. The pains were sharp, stinging, cutting, causing more or less shivering of the whole body—always centering in the nipple of the right breast. She had never mentioned this matter before, but then told me that this gland had been swollen since she was a young lady. There was no history of traumatism; neither was there a history of any severe dysmenorrhea, except from downward pressure before and during the menstrual epoch. It was a matter of impossibility to learn any of the particulars regarding her married life, for the reason that she evaded all questions concerning this subject. From others I learned, with perhaps more or less accuracy, that she employed every possible means to prevent motherhood, and from them I learned that she feared motherhood more than almost anything else.

On the day above mentioned, because of the neurosis, her general condition, as well as her great sensitiveness to pain, I prescribed Conium the 200th—three pwds., one to be taken daily. It will not be necessary to take your time in noting each prescription, except to say that I did not give her the second until June 2, 1917. During this time she seemed to improve, but later, in July, she complained of such sharp pains, which she said were "sliver-like," that I prescribed Conium 10m. During the latter part of July and August and the early part of September some of the old physical conditions began to return. For instance, the skin of the face grew rough and was

flushed; she complained of being bloated, just as she used to be before the menstrual epoch; she had severe pains in the uterus, as she used to have before the menstrual epoch, and very severe heat flushes. Upon examination I found the gland materially reduced and the pains very much better.

On September 6, I repeated my remedy. It really was not necessary, but because of her great nervousness I was led to repeat. The tumor kept growing softer and flatter until the latter part of November, when her husband became somewhat excited because of her lamentations, and called another doctor, (quite a prominent surgeon) who said it was a cancer and that it should be removed at once. They then called me again, and upon examination I found the gland much softer and materially smaller, but husband and wife in a great state of nervous excitement. It is not necessary to repeat the conversation, except to say that it seemed to me they were very foolish to consider operative procedure, for the reason that the tumor was reducing; pains were rapidly lessening, and the old symptoms of past years, which had been suppressed by material doses of medicine, were now returning. This I assured them was an indication of a cure, but it was very difficult to make them understand our method of work, and their anxiety caused me to repeat my remedy more frequently than if they had been more reasonable, so on this date, Nov. 28, 1917, I gave Conium 50M. This was followed in the early part of December by an attack of the grippe, so-called, and on December 20, instead of prescribing for the grippe, which I left alone, I prescribed my remedy in the same potency. I discovered by this time that my patient was growing less imaginative, less sensitive to pain, and I paid absolutely no attention to her repeated attacks of so-called grippe, and thus pulled her through this winter until March 5, 1918, with sacharum lactis. On this date I found the tumor practically gone, and from that time until June 15, 1918, I prescribed nothing but some severe lectures, nor did I repeat my remedy, until this date when I gave the c. m. potency. This prescription held her from June 15 until the following March, 1919, when I again repeated my remedy and my lecture and kept her from the operating table.

The patient was dismissed on October 28, 1919, in better

health than she had been for years; the tumor entirely gone, the various pains which seemed to have disturbed her so in the past, were forgotten, and during the past five years I have seen her but rarely and then only when she was afflicted with a slight cold or a slight return of the uterine pressure, which I have been unable to remove entirely.

The reason I present this case is because of the great nervous disturbance in this woman and the constant battle I had to keep her thinking on reasonably sane lines; the fact that I did not change my remedy or my course, and thus saved a life and increased her health. I am confident that if I had permitted her to go on the operating table the reaction would have either sent her to her grave or to an insane asylum. Her health now is such that she conducts the primary department in a large Sunday school, and does it effectually.

A CINA CASE

DR. H. FARRINGTON, Chicago, Ill.

Foreman S., aet. 3, dark hair and eyes; pale, emaciated and very weak; his legs would not support him; abdomen distended; skin dry; feet and hands cold.

His mother gives the following account of his illness in a letter written some time after his recovery:

"He was small but well formed when born, weighing 5½ pounds. When he was three days old the nurse gave him some whiskey. He immediately turned black and went into terrible convulsions. We never dreamed that the little fellow could possibly live, but he rallied and was kept alive on oxygen for one month, after which he grew stronger until at the age of eight months he was taken with whooping cough. He whooped and coughed with terrible convulsions for six weeks before there was any change for the better. He would have as many as ten convulsions in one day, would turn black, grow rigid and his heels would almost touch his head. He gradually improved till he was a year old. Then he slowly lost strength. The doctors

laughed at me and said I was only anxious and worried about him, that he would come out all right. Yet he seemed a normal baby in every way except that he could not sit up without the support of a pillow and never made any attempt to walk or talk, nor would he creep when on the floor and we spent all our time during his waking hours trying to make him do so. In May of his second summer he began to fail so that even the doctors could see it, but still they did not seem to understand what the trouble was. Then we took him to Baltimore and the doctors there tried forced feeding, but the little fellow only grew worse. They told me that medicine would do no good. I suggested Osteopathy, but they said: 'If you turn that child over to an Osteopath he will kill him, he is too weak.' I said: 'You have told me that you can do nothing more and I am not going to stand by and see our boy die. I will take the chance.'

"The Osteopath did help the boy and he improved until the following Christmas. The new toys and the excitement of the Christmas celebration seemed to put him back and he was brought to Chicago the second week in January.

The present record begins on February 13th, 1916. He had been under treatment at the McFadden Healthatorium for about a week at great expense but with no benefit.

Sudden attacks of high fever—at times over 103 (F) with flushed face, even to ears, strabismus worse in right eye, blueness and swelling of nose, whiteness around mouth, drawing back of head, stupor alternating with what his mother called "inward convulsions." Afterwards he was languid and seemed to have almost complete paralysis of the lower extremities. These attacks were preceded by loss of appetite, blueness and puffiness under eyes, rubbing of nose, pulling at ears and tongue "as if it bothered him," moaning in sleep, waking in fright, strabismus, heat in occiput, drawing of head backward on the pillow, frequent urination—passing at times a half of a teacupful of pale urine each time, much flatulence and musty, foul smelling constipated stool.

Irritable and headstrong.

Frequent spells of hiccough.

Likes salt better than sugar.

Will drink a considerable amount of water if it is hot, not if it is cold.

February 13th, 1916, was given *Cina* 200th, three doses. By March 20th he was so much better in a general way that his mother returned with him to their home in Frostburgh, Maryland. Subsequent treatment was carried on entirely through the mails.

He gradually grew stronger, began trying to talk, using various objects for support, and to talk, saying such words as "mama," "papa," "yes," "no," "please," "ouch," "blue," etc., but made no attempt to form sentences.

March 28th the *Cina* was repeated in the 10m, owing to the return of various symptoms, including constipation.

April 6th the mother wrote that she was delighted with the improvement after taking the last powders—"The boy is walking with much more confidence."

April 21st—Weighs more (now 29½) but makes no attempt to talk; seems to object to being on his feet; eyes crossed badly, base of brain hot, right ear a vivid red—signs of an impending "attack." Sac lac.

May 15th—Improving.

July 9th—Not so well; bowels pasty, of musty odor, upper lip blue; fierce tantrums for a week; losing weight. *Cina* 10m.

July 25th—Nose cold and pinched, heart very rapid; falls in a heap; urine strong.—*Cina* 50m.

August 3rd—Improvement perfectly wonderful.

September 7th—Begins to say a few words very plainly.

September 26th—*Cina* 50m.

October 3rd—Three days ago fell into a stupor with "inward convulsions." Vomited all day; high fever, foul greasy looking stool, once again thick yellow sand. *Cina* 50m.

October 8th—Much better. No "sand."

December 2nd—*Cina* cm.

January 8th, 1917—Has been wonderfully better since last powders. Bowels decidedly better. A rash came out on cheeks, chin and ears, red and scurfy. Mother thought she saw *worms* in the stool. It is agony to have his feet touched.

January 28—Not so well; losing weight; stools look like reddish brown sand; less urinary trouble. Sac lac.

February 6th—Learns new words every day.

February 28th—Thread worms in stool, some two inches long; stool musty; heart weak; tongue coated, yellow. *Cina* cm, three doses.

March 13th—Improving; passing great clusters of worms.

April 25th—Irritable; upper lip black and swollen; white around mouth. *Cina* Dm.

May 17—Not so well; hiccough, flatulence; has a peculiar grin that frightens his mother. *Cina* Dm.

June 1—"Sand" but no worms.

June 6th—Seems to be losing ground. *Cina* mm.

August 13th—High fever, 103.1; other symptoms of impending "spell." *Cina* mm.

June 14th, 1918—The mother writes: "You would never in this world know the boy, he has developed into such a strong, sturdy little fellow. He is tall, slender but muscular, weighs forty pounds undressed and is the picture of health * * * running and romping, though he still slightly tenses the left side. His eyes are straight. Though he does not talk as fluently as a boy of five years and four months should, he enunciates plainly."

September 7th—Sandy stool with mucus but no worms, constipated, rectum impacted—had to inject olive oil; fever but head was drawn forward instead of back, and eyes turned upward. *Cina* mm.

October 20th—The "spell" proved to be measles. He has recovered quickly and without after effects.

November 23rd—Seems normal in every respect.

February 24th, 1920—In answer to my inquiry, the mother wrote: "Our boy is simply fine, talks well and is a strong, healthy, sturdy little chap."

There can be no doubt that Homœopathy saved this boy. To be sure, improvement was rather slow and he had many relapses and it is possible that the time could have been materially shortened if the remedy had been more frequently repeated, for Cina is often short acting, but I could not see him, the mails were slow and I decided to give too little medicine rather than to

repeat at the wrong time. It is strange that the worms were not noticed until January 8th, 1917. They might have been overlooked but this is not probable as his mother watched him day and night and always reported about the stool. The reddish, yellow or brownish sand is not found under Cina; possibly this may be an addition to its pathogenesis. But, of course, this needs further confirmation. Cina stood out plainly all through his illness.

DISCUSSION

Dr. Krichbaum: Now this seems to me a remarkable cure, and it may be, I don't know. I believe that there was a faulty metabolism at the bottom of this. Now the red sand had not stayed in there all his life, and if the Cina was curative how in the dickens did it produce this sand during the curative process?

I would have given that baby medorinum before the second prescription of Cina.

Dr. Faris: I would like to ask how frequently the three doses of c. m. were given.

Dr. Farrington: The stool was not analyzed and it is possible that the baby ate sand, but it is not likely. There may have been worms in the stool from the beginning. It was my calling the mother's attention to that point that made her notice it. One reason for reporting this case was to ascertain whether possibly some of our physicians had cured a similar stool with Cina.

Dr. Loos: Did you ever ask the mother whether he ate sand?

Dr. Farrington: No, but he didn't have an opportunity, she coddled him too much.

Question: Isn't that mighty close to a silicea case?

Dr. Farrington: I don't know, but we fought that condition for three years and the boy made a good recovery.

Now in regard to the potency. You will notice that I gave first the 2 hundredth, then the 10m, then 50m was required, and then the cm. Finally when the cm did not hold quite long enough I gave three doses of it, about three hours apart, because at the time I had nothing higher.

Dr. Boger: I would like to say a word about Cina. Practical experience is worth a lot of theory to my mind. I have found in my own work that we don't repeat Cina often enough in the work cases. I give the 1m potency two or three times a week and I generally give six or seven doses when the case is well.

JACK

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

Sept. 27, 1917.—Jack, aged three years and 10 months. When ten months old was very ill from milk poison. Walked when almost two years old. Eyes look as vacant as blind eyes. Is now just beginning to put words together, making sentences of two or three words. No more interest in toys than a baby of ten months. Fat, always was large. Prominent abdomen. Grinds teeth in sleep. Constipated. Headstrong. Furious tempers, becomes red in face, rigid, throws himself on the floor and bumps his head. Operated upon for adenoids two years ago. Falls easily, feet get tangled. Lies on his stomach across a chair and sucks his thumb. Can climb into high chair, but can't climb into bed. Understands what is told him but has little memory. Holds one idea a long time, difficult to turn his attention. Cries out in sleep at night. Drags left leg, gluteal fold one side higher than the other. Left leg smaller than right. Calc. 10m.

Oct.—Reported child speaks better, notices more, remembers more. Some days brighter and some blank.

Nov.—Speaks more, more interested in things. Will go and get things for himself to play with. Notices more. Does not sit with the vacant stare.

Dec.—Going backward. Drags foot more. Calc. 10m.

March, 1918.—Has been having chicken pox for which I did not prescribe. Eruption does not heal as rapidly as normal. Has been brighter, noticing more. Cries out in sleep. Calc. 10m.

April.—Eruption of chicken pox has been followed by eruption of pimples and boils. (Father threatens a specialist if I don't get that eruption cured). Hepar 10m.

May.—Eruption better. No appetite for breakfast. Irritable. Breathes through mouth (adenoids returning). Vacant look coming back. Weeps hard if can't have his own way. Calc. 10m.

June.—Eruption returning vessicle on inflamed face, leaving purple scars.

July.—Eruption disappeared. Steadily improving in every way.

Aug.—They write: "He is coming on beautifully."

Nov.—Laughs at everything as though it were a joke. Says leg is heavy. Calc. 1pm.

Jan. 1919.—Enlarged cervical glands. Perspires about neck and shoulder at night. Leg better but knee hurts on rubbing it. Examination shows left heel lower than the right. Stumbles easily. Bloody discharge from nose. Calc. 10m.

April.—Irritable. Could not get him to concentrate yesterday. Vacant dreamy look. Sucks thumb again. Aggravated at full of the moon. Has a hernia and new truss. Calc. 50.

May— > every way. Noticing more. Hears clearly. Doesn't drag feet any more. General improvement with an occasional falling back and repetition of Calc 50m until January, 1920, when the remedy ceased to take hold of the case. Loss of memory, vacant look, etc., were returning. Calc. cm picked him up again.

May, 1920.—Much better every way. Writes words. General improvement with occasional giving out of the remedy until March, 1922, when he had Calc. dm. Improvement followed.

In 1921 he could read and write and do all of first grade work.

In 1922 the family moved to a distant city and the last I heard of Jack he was in school with other children, enjoying his school work and still steadily improving.

DISCUSSION

Dr. Baker: Dr. Gladwin brought out a point there that, unfortunately, she didn't tell us how to remedy, and that was when we had a foolish father. Where you get an eruption and you cannot keep the family from getting impatient, is a thing that has worried me on many occasions.

I recently had an experience in that line. There was a young girl of sixteen. When I took her she had a bad case of asthma. She had gotten so that the asthmatic attacks were very slight and only a few months apart. She had been having them every night. But there developed an eruption on the forehead. I fought it out with the mother and she agreed with me that that should stay there, but the father stepped in, and without my knowledge she took her to a dermatologist and of course he said it was all nonsense, that the eruption was one thing and asthma another. Fortunately he didn't get all of it away, but he got some of it away and the asthma came back.

That scared them so badly that they came back to me and I jumped on the whole crowd. Knowing what they have gone through with the child before I don't think they will do that again.

Dr. Olds: I wish to particularly commend Dr. Gladwin's paper. I feel that this is a paper that is thoroughly Homœopathic all the way through. I wish to commend this because it is something that this Association should be proud of, to have a case that is so thoroughly Homœopathic all the way through.

Dr. Nelson: I recall a rather large healthy looking woman with a little eruption over her face. She came to me to get me to treat her for it. She came to me several times and said it didn't hurt except when she looked in the glass. Well, she didn't take the treatment long, but went off, and I didn't hear any more from her. I never treated her afterward, but it wasn't a great while after that until she had a stroke of apoplexy and died.

I had another case of a baby who had weeping eczema. It was a bad case. I gave sulphur calcaria and I had only prescribed for it two or three times when I didn't hear from it for perhaps a year. The child wasn't well and kept breaking out, and the glands even broke, I heard afterwards, so they had them lanced. But they kept putting medicine on that child until they suppressed all of that eczema and then it commenced to get the asthma. The temperature would go up to 104 at night, and they thought it was going to die. Someone told them to bring it back to me, and it was four years old by that time. I told them if they got the

eruption out where it was before it would be relieved. If it didn't come out it would not be relieved. I gave calcaria carb. 200. It wasn't a week or ten days before it began to break out over the head and then it took a little cold a little later on, and it would have a fever at night, every other night for a while. It was threatened with asthma all the time. You could hear the child's lungs rattle without putting your ear to its chest. I continued to treat it and it kept improving until I saw it six months ago it was smooth all over and they had no trouble except when it took cold it would have a little dry cough. If it hadn't been a stout youngster it would have been dead and gone.

Dr. Farrington: I enjoyed the Doctor's paper very much and I agree with Dr. Olds that it was excellent and thoroughly Homœopathic.

I remember some time treating a little girl of four who was subject to spells of asthma and she would sit up in bed and wheeze like an old lady. The symptoms were clearly ipecac. It relieved two or three attacks. I told the family that she would not be well, however, until the eruption returned. They said she had had an itch at the age of two and it had been suppressed. I told them she ought to be brought for treatment. They did not bring her, except the following fall when she had another attack of asthma and I gave her ipecac. Shortly after that the eruption came out and she never needed any more medicine.

Chairman Wilson: Dr. Gramm you have specialized in skin diseases for a long while. As a student, unfortunately I did not get you because they had cut out skin clinics when I was there. Can you answer Dr. Baker and Dr. Gladwin as to what to do with the father in cases where they interfere.

Dr. Gramm: Mr. Chairman, if the mother cannot take care of the father the doctor never can.

Dr. Krichbaum: Now in Dr. Gladwin's paper I noticed she repeated three times with the same potency of Calc. 10. I would like to know why she began so high and why she didn't go higher when she repeated. Hahnemann in the last edition of the Organon tells us the way to give medicine is to stir it up, give a dose,

shake it before you give another, and he said by so doing you can cut short these chronic cases by several months.

I was at one time called to see a child with a diarrhea condition that called for calcaria phos. which I gave and within two or three days the case was dismissed. I heard no more from it for two or three weeks and then I was called in again and there was the same condition. I took a little time—I don't generally take the history of the cases, but the mother said that after I had prescribed for the child an eruption came back and they sent for the Allopathic doctor who had treated the eruption with zinc oxide. The eruption disappeared and the diarrhea returned. I stood back on my 140 pounds and I said: "I shall not take this case unless I have the full control and you let it alone." And they said they would. The child's legs were too short for the rest of the body and it hadn't a tooth in its head. I succeeded in holding the case and curing it and the child, after two or three years, tells everybody that she is "Doctor Krichbaum's dirl."

Dr. Reed: I have a case where the skin disease had been—the skin eruption—had been suppressed and I want to know whether I would be justified in making the assertion that the skin eruption will return if I get the right remedy?

Dr. Nelson: About a year ago I had a big Russian come to me and complain that he had a pain that shot up in front of his ear. He had just had a wisdom tooth pulled, for someone had told him it would relieve the pain, but it didn't. He had been told to take his tonsils out, and he had, but it did no good. He came back to me and told me that he had had an accident on the railroad and had an artificial limb on his left leg. I finally got out of him that he had had an eruption over his face, before that, after treating this eruption over his face he nearly lost the use of his right leg and it went up on his arm and shoulder and got into his ear and into his jaw and the pain came on. He told me the doctor had given him something to put on the eruption on his face and that was soon all gone and then this pain struck him in the jaw. After I found out that he had had this eruption I gave him some silicia 2 hundredths for two or three weeks and told him the eruption would come back on his face and that he

should let it alone. In two or three weeks he was back again, the eruption instead of coming out on his face came out on his shoulders, but the pain had disappeared.

Dr. Krichbaum: As I understand it the eruption was on the ear.

Dr. Reed: And in the bends of the limbs, all over.

Dr. Krichbaum: Well you can reasonably say that if you gave the Homœopathic remedy you could expect an eruption, but if it was only an eruption on the ear, you can say you would expect more eruption than the ear. If it was only the eruption on the ear the suppression of that might not have been sufficient to cause the condition and there might be no relation between the two.

Dr. Gramm: The study of an eruption is always exceedingly important when reporting a case in which an eruption reappears.

Now if a person being carried deathward by a certain internal disease, call it whatever you will, in the course of the progress of that, as I say, deathward progressing disease, has had an eruption as a symptom, as a manifestation, and a further symptom later develops and this eruption having disappeared in the meantime, if that too is a symptom of this deathward carrying disease, then the cure must be in the reverse direction and an eruption will come out and should come out. But there are so many eruptions that are absolutely accidental to the human individual, that we must be sure of our ground before we make a statement of that kind. It can only recur under the conditions I have mentioned.

Dr. Boger: I want to say that in such instances in the majority of cases when the eruption does come back and the simillimum does come back, the eruption always will come back always temporarily.

Dr. Gladwin: The first question I heard was: "What would you do when the parents interfere?" I usually tell them not to come any more.

Dr. Krichbaum asked why did I give the same remedy at the same potency. It has always been my custom to give a remedy the single dose and watch; watch the improvement, watch to see when that improvement ceases and the patient

begins to go back, and then repeat it. I go through that again. If the second repetition holds longer than the first I repeat again when the time comes. If it begins to let up and does not hold as long as the first, I go higher.

Hahnemann, in the last edition of the Organon, does say do it differently, but we must remember that Hahnemann was still in the experimental stage of Homœopathy. He made tremendous progress from where he began to where he left off, but since Hahnemann has left us there have been so many good Homœopaths experimenting along the same line that we should profit by their experience, and I think if Hahnemann could have lived until now, with the same experience that all these Homœopaths who have gone between have had, that he, too, would hold the one potency until it gave out and then go higher, just as we do.

Some of you have been so kind as to say that it was a Homœopathic prescription. That was very kind, but I beg to differ. The prescription for that eruption was not a Homœopathic prescription—it did not cover the whole case, it covered the eruption. We do not make a Homœopathic prescription when we prescribe for a piece of the case. In this case I had the opportunity of telling those in charge of the child what would happen. It did happen, but thank the Lord I was permitted to undo the bad work I had done, and brought the eruption out again and the mental development continued.

THERIDION

C. M. BOGER, M. D., Parkersburg, W. Va.

Homœopaths are apt to think of this spider poison first for patients who are disagreeably affected by sharp sounds; although Aconite, Asarum, Baryta carb., China, Cocculuc, Iodum, Lilium tig., Lycopodium, Muriatic Acid and Plantago also have the same symptom, but in a lesser degree.

Whenever Theridion cured radically, patients have spoken of such noises as being intolerably penetrating, of causing pains all

over, of being made chilly or too easily startled by them; always stressing its unbearableness.

In a case of nervous hyperaesthesia noises seemed to strike on painful spots over the body. In another there was a pain over the root of the nose and post nasal dropping, of mucus also, both of which disappeared under the action of the remedy. One patient had a nervous restlessness in the hands, while another was impelled to wring hers, in distress, when hearing such sounds.

Three years ago it cured a desperate cough in a hollow chested youth who certainly seemed on the verge of tuberculosis. In a year he returned, but with a typical gonorrhoea this time. He was of rather low intellectual capacity and I could get only common gonorrhoeal symptoms from him. On a venture he received a single dose of Theridion mm and I had the pleasure of seeing a complete cure in less than six days.

It seems to me that Theridion must soon take a high rank in Homœopathic hands for the cure of a considerable number of the nervous hyperaesthesias which our modern way of living is so rapidly developing.

MERCURIOUS

Ten months ago an increasing bowel obstruction forced this patient to ask me for relief. There was a small mass between the navel and the left ilium. A surgeon found an advanced cancer encircling the descending colon; this he declined to remove, but short circuited the bowel instead. The mass was friable, the stitches not holding well so that feces came through the opening for some days; finally, however, it closed. New cracks appeared in the angles of the mouth and she told of having the same thing on her wrists and finger tips formerly. There was a sense of vertigo in the occiput and right side of head. She regurgitated her food, had a sick feeling at navel and there was a puff under the right eye. The veins of the forehead were swelled and her face had the yellowish cachectic look of cancer patients. She had a history of easy bleeding. Her feet were cold and sweaty in the early morning in bed and she exhibited tremor. As the hymen was intact a Wasserman was not made.

Her inheritance points were, Cardio-vascular 4, Nerves 5, Catarrh 2, Kidney 1, Malaria 1.

She received a single dose of Mercurius mm on Oct. 27 and showed very slow, but steady improvement until April, when it had to be repeated. A favorable reaction again ensued which has continued until the present writing. The patient does not look sick now, although some of the mass still remains and the stool occasionally contains mucus. It looks as if a cure were almost achieved; but the main point is that the so-called anti-syphiletic remedies have been indicated and done the most for cancer, in my hands.

LEPTANDRA

Leptandra is not usually thought of for haemorrhoidal conditions, but it has cured three cases of a rather serious type for me. Here are the indications. Prolapsed rectum of haemorrhoids. Sharp burning pain extending upward even to back and hips or forward into urethra. Stools white, waxy, stringy or black, very foul. Hemorrhage from rectum. As of a band about hypochondriae. Liver swelled transversely. Aching in gall bladder extending toward left scapula. Stomach swelled like a saucer. Nails crack and split.

DISCUSSION

Dr. Loos: The question arises in connection with the potency of Mercurius or canium in the cases Dr. Dienst reported. Dr. Dienst gave canium starting low and advancing to a cm. In this case we have mercury given starting with the cm. The question rises, would Dr. Dienst's case have been shortened by starting at the cm?

The suggested answer comes that where there is a tissue change you might start with a lower potency and advance to the higher, and where there is danger of breaking in the internal cavities higher potencies might do damage, but here we have the mercury in the abdominal cavities and the mercury given high. Dr. Dienst's case was more external and he advanced gradually. It is interesting to have that point cleared up in some way from experience.

Dr. Stearns: I would like to ask Dr. Boger to explain his method of choosing potencies. Theridion has, in addition to the sensitiveness described, sensitiveness of the stomach in that vomiting or nausea occurs from riding in a carriage. We verified that last year.

Dr. Farrington: I want to confirm one or two things in regard to theridion. Vertigo from noise—and this I have cured in two or three cases—and occipital headaches, worse from every sound. I remember a case of tuberculosis in a woman of about 35 where it palliated, it did not cure, but it relieved especially her very sensitive spine and the pain from noise or loud sounds.

And also you probably noticed in one of his cases the curing of post nasal droppings. That is another symptom of theridion and will sometimes yield to that remedy when you cannot find anything else. It is a thick, heavy, greenish discharge.

Dr. Boger: Personally I think theridion's greatest work was the cure of that case of gonorrhoea. I think that was one of the most wonderful things that I have ever seen.

That mercury high was mercury mm instead of cm. I usually use my potencies empirically so far as strength is concerned.

Dr. Krichbaum: How do you give leptandra?

Dr. Boger: A single drop on sugar.

TYPHOID FEVER.

GEO. E. DIENST, Aurora, Ill.

Many years ago I was called to take charge of a case of typhoid, a young lady, 19 years of age, living with her grandmother. This patient had been in the care of another physician and seemed to be growing worse daily. He was dismissed and I was called. When I examined the remedies she had been taking, in order to find out what had been done therapeutically, I found that she had been given, including combination tablets,

thirteen different remedies daily. It seemed a hopeless task. The first thing, of course, was to discontinue all medication and as the system had been so confused by the different remedies it was difficult to select a curative remedy. After a day or two of bryonia and a few doses of baptisa I found my way and gave Rhus-tox. My patient began to improve, and in three weeks, during which time there was a slight complication of pneumonia, my patient regained her normal mental status and began to call for hot biscuit and creamed onions. These, of course, were forbidden. It was soon noised abroad that my patient was making a very rapid recovery, and yet for nearly one week there was a slight rise in temperature daily. I said nothing, but felt that my patient was not improving and that though she recovered from the present attack she would not be free from disease. So, one afternoon, finding her without an ache or a pain and ready to get up, though she had a temperature of nearly one hundred degrees, and while talking and joking with her, I asked Mamie about her mother's state of health.

"My mother is living in ———, and has always been sickly."

"What is the nature of her sickness?"

"She has repeated attacks of asthma."

"Where is your father?"

"My father is gone and we do not know where."

"What was his state of health?"

"He was a drunkard and rarely at home."

"Mamie, how did you feel before you took this typhoid?"

"I was in fair health, except repeated attacks of asthma."

Here was my foundation. An asthmatic mother; a drunkard for a father, and the patient asthmatic. She would recover from the typhoid and in due course of time would have asthma as before. It was the element of asthma in her system which caused the rise of temperature daily. What shall I do? I had in my little case a potency of sulphur, Dunham's the 55 thousandths. I said to myself: "This girl needs sulphur." I gave it at once. Now, mark you, every indication showed improvement, she was without an ache or a pain. I put a few granules of this potency of sulphur on her tongue and sat at the foot of the bed

and timed its action. In three minutes she turned paler than usual and there seemed to be a wave of sadness come over her. In five minutes she screamed so loud that you could have heard her in the street; clasped her hands over her heart; threw herself to the foot of the bed and said: "Doctor, I am dying." Her restlessness was sad to behold. As she threw herself from one end of the bed to the other, gasping for breath, it was evident, in street parlance, that I had struck the bullseye. I let her roll and squirm for three minutes, during which time, because of her restlessness it was impossible to take her pulse. I then proceeded to antidote the sulphur and gave aconite the 30th, repeating every ten minutes until she had taken three doses, when she calmed down and felt practically as good as ever. There was no more medicine given. The temperature at once became normal and remained so and my patient made a very rapid recovery. But, here is the point. She did not only recover from the typhoid, but she has had no attacks of asthma since then and is now the mother of quite a family of strong, healthy children. The lesson to be learned is that taught by Hahnemann, years ago, that at the basis of many acute difficulties there is a chronic psoric miasm, which if not taken care of during convalescence, old chronic difficulties will return after the acute attack has subsided, and should, therefore, be taken care of. If this were done there would be no sequaele following such cases.

DISCUSSION

Chairman Wilson: Dr. Dienst will you close your paper please?

Dr. Dienst: Mr. Chairman, there isn't anything to say. Dr. Krichbaum agrees with me right straight through. The only complaint I have to make is that I can't get rid of those neurotics.

I want to say, however, that with reference to typhoid, I cannot recall a single sequel following an acute disease because I would not let an acute disease out of my hands until I am entirely sure that I have relieved it, also the underlying miasma.

CLINICAL CASES.

MARGARET BURGESS-WEBSTER, M. D., Philadelphia, Pa.

Case 1.—Mrs. M. has had three cerebral hemorrhages, the last one occurred in November, 1923, the initial symptoms being right sided hemianopsia and deafness, followed by complete coma and later as the coma cleared, by a wild Hyos. mental state and finally symptoms of cerebral softening. Under the action of Arn. and various remedies prescribed as the case demanded, the return to health was almost complete with the exception of aphasia from time to time and more or less emotional disturbance. In May, 1924, while walking on the street, she suddenly became blind and deaf, her legs became powerless, she rapidly went into a profound coma and had three convulsive seizures during the next hour. She had been voiding urine in normal amount, and although for many years she has shown albumen, the percentage of late has been reduced to a trace. During the coma she protruded her tongue as far as possible, yawned, and hiccoughed. Her pupils reacted to light, but that was the only reaction. Opium 200, two doses, one hour apart. After the second dose the coma became less complete. In two hours she recognized those about her, in twelve hours she was nearly as well as she had been before the attack, in two weeks she was better than she had been in months. Did Opium bring about this marvelous change, or did an embolus cause the temporary pressure and the resultant cerebral symptoms?

Case 2.—Mentally dull, inability to collect thoughts, slow in answering questions. Lack of power in legs, cannot stand alone, soles insensible to pin prick. Tongue fissured, catches behind the teeth when protruded. This condition had been steadily progressing for six weeks. Lach. 4m was given. During the twenty-four hours following the remedy she became much more confused mentally and at times irrational, saw objects flying in the air, and a comatose state seemed imminent. In another twenty-four hours marked improvement was noted, the mind slowly cleared, her legs regained their power, in less than two weeks she was able to walk alone. Her recovery was complete.

Case 3.—Dry cracked eruption in bends of elbows. Radium 30 cured after the failure of several other remedies.

Case 4.—Persistent vertigo, worse on first lying down, worse stooping, worse looking up, whirling sensation on turning over in bed. Sensation of violent motion in lower abdomen. Thuja 3m cured at once.

Case 5.—Infected foot—red, swollen, throbbing, acute pain. Chilly, temperature 101, pulse 90. Restless, tossing about, walks the floor for hours at night. Mouth dry as parchment, great thirst. Pyrogen 50m brought about instant relief and prompt cure after the failure of Ars.

Case 6.—Plantar abscess, foot swollen, red, shining, burning and throbbing, worse at night. Restless. Ars. and Pyrogen failed. Hepar-Sul 1200 produced a violent aggravation, vehement irritability and desperation almost to suicide, then prompt relief and cure.

Case 7.—Pain in left abdomen with gnawing sensation in epigastrium, "must eat something or the pain and gnawing become unbearable," a cracker is sufficient. This symptom has appeared daily for years, the hour varies. Anac. 200 gave such marked relief, even before she left the office, that she forgot to eat her luncheon, which was long overdue. There has been no recurrence in six months. For several days after taking the Anac. she noticed a constant taste and smell of peppermint.

Case 8.—Bloody discharge from right nipple for five years. The breast is soft, there being no palpable induration, but in damp weather there is a constant dull ache with occasional sharp pains. The discharge and the pains are worse in cold weather. Feet cold, offensive sweat and rawness between the toes. Very sensitive to cold air, must always have back of neck protected. History of occipital headaches. Silicia 5m in June, 1923, was followed by general improvement. The remedy was repeated in one month, since which time the breast symptoms have subsided, the patient having gone through the winter without pain or discharge. The nipple is much less retracted.

Case 9.—Violently acute attack of influenza, great prostration, severe backache, pain centering in the back and radiating in all directions, into the abdomen, up the back, into the hips and

thighs. Urine almost suppressed and albuminous. Vision blurred, eyes smart and burn. Berberis Vul 200 brought about an early and complete recovery.

Case 10.—Backache across the hips, worse when on her feet, relieved by hard pressure, wants to put a pillow to her back, "the harder the better." Profuse greenish yellow leucorrhoea, at times bloody. Uterus large, cervix badly eroded. Leucorrhoea and menstrual flow both worse at night. Sulphur and Sepia were given without permanent benefit. Ruta 200 cured promptly. There has been no recurrence of backache or leucorrhoea after three years.

CASE REPORTS

HERBERT MCCONATHY, M. D., Miami, Fla.

Case 1.—Miss Frances B. Age 29. General health good; indeed, she had consulted a physician only two or three times in her life, and these consultations were for measles and influenza, which were not severe.

Was attacked by sharp pain in the abdomen, worse in the lower right quadrant. Had some fever. A surgeon pronounced it appendicitis and urged immediate operation. As she and her friends were very averse to this, they kept an ice bag on her for four days and nights. Finding that it gave little relief they sent for me.

Temperature, 102; pulse rapid, moderately full, not particularly hard. The skin was dry; there had been no perspiration. She was quite anxious about her condition but had to keep still, because moving "even half an inch" gave her great pain. She was constipated; had tried one enema but it produced little result.

On palpation I found the abdomen distended and all muscles tense. There was tenderness in pressure, a little greater on the right side, but not much.

My diagnosis was general peritonitis; a rather mild, subacute attack.

Left her a few doses of aconite, low, one dose to be taken

each hour until she perspired. This occurred after the second dose.

I did not consider it a perfectly typical bryonia case, for there was no apparent relief from pressure, although she did not complain of the weight of the ice bag. But it was apparently an inflammation of serous membrane, with pain from the least motion. So I gave her bryonia, one dose of the 200th.

That night she slept ten hours, the first rest she had had in five days, and I had hard work to convince her and the attendants that the little dose of bryonia was not an opiate. But she felt refreshed and the pain was notably diminished.

Did not give any more medicine except a placebo; kept her on a very low diet. Her improvement was steady, and on the ninth day I dismissed her as cured.

Case 2.—Mr. J. T. Age 59. Case of acute coryza which had resisted all household remedies for several days. The discharge was watery and very profuse, ran only in the daytime. Lacrymation also profuse, watery. Both discharges quite bland, no soreness of nostrils nor of conjunctiva. No stoppage of nose. No cough. A good deal of sneezing. Patient very sensitive to drafts of air.

I first thought of natrum mur., but on consulting the repertory I concluded that natrum carb. covered the symptoms more completely.

Gave one dose of natrum carb. 30x.

The following day he was greatly relieved, and on the second day quite recovered.

Case 3.—Mrs. G. H. G. Age 50. Married. This was a chronic case of what I took to be a passive congestion of the uterus. The organ was enlarged and flabby with some mucous discharge. She was comfortable when lying down, sitting too long tired her, and she was able to do very little standing or walking. The uterus became heavy and began to sag down, producing hysterical symptoms. She was a large, well nourished woman, with a florid complexion, quite sensitive to cold weather.

Gave her calcarea flu. 12x, a dose every night and morning. The result was astonishingly good; in six weeks she was practically well.

Of course I have had many failures. Some of these had gone beyond the possibility of cure when I first saw them, but the successes have convinced me that most of the failures were the result of my own ignorance, and were by no means the fault of the system.

SOME ULCER CASES

MARY SENSEMAN-HARRIS, M. D., Monticello, Illinois

Mr. C. W. Aged 62 years. During the twenty-two months preceding the appearance of ulcers patient had had one prescription of Silicea and ten of Sulphur in potencies varying from 1m to 50m, and had continuously improved in general health, although the prescriptions were ordinarily made only when he had an acute cold. Finally there were present the following symptoms: Flat, dry ulcers on fingers of both hands. Colorless, except skin was darkened a little. Had the appearance of skin past the inflammatory stage of a very superficial burn. Crusty exudate between toes of right foot. Thick, stringy mucus from nose. Dry, bloody crusts from nose. Chest examination disclosed slight whistling in the left bronchi only when coughing. Had been coughing at times, and expectorating much thick, viscid mucus. Kali bi. 1m.

In a few days most of the ulcerated areas inflamed and discharged pus, then the skin rapidly became normal. The chest was found negative on examination.

Mrs. S. E. Aged 50 years. Has had an ulcer on right shin for four weeks. Many varicose veins in both legs. Ulcer began as small pimple, opened, discharged much pus, then inflamed, enlarged and deepened. *Now burns, stings, aggravated by hot applications, aggravated "as soon as it is dark."* Had lost considerable weight, but still fleshy. Using iodoform dusting powder on the ulcer. Thick crust almost covered the opening, yellow pus beneath. No odor detected.

Merc. cor. 1m, Oct. 29, 1921. Instructed to use no local applications except frequent soakings in warm water to cleanse.

The next day there was much yellow pus discharging, somewhat offensive. Pain had become extreme at nightfall.

Merc. viv. 10m, Oct. 30. Wet dressing of salt water with a little calendula tincture, once daily.

Patient reported that pain stopped within five minutes after taking powder. Very little pain on the following day or thereafter. Two weeks later the ulcer was very small and shallow. Six weeks after the case was first seen, Merc. vivus 10m was repeated because there was a small, thin crust over center of old ulceration, with a little oozing pus and serum.

Miss C. P. Age 19 years. Had come to me for brief periods, each of three preceding years, for eczema on hands which had been present since vaccination at age of nine years. Last fall the areas of eruption began to suppurate. Never did so before. Very painful. Rapidly ulcerated and spread to cover both hands. Patient had to get up at night to open the abscesses to relieve the pain. Had to keep wet dressings on the hands. Pus became very offensive.

Calc. sulph. 10m, Oct. 21. No improvement.

Syph. 200, Oct. 23. No improvement.

Merc. viv. cm, Oct. 29. Offensive odor ceased. Ulceration continued. Every ulcer was *heaped with crusts*. The rest of the skin of hands was covered with small white scales.

Mez. 200, Nov. 5. Not another ulcer appeared. All those present healed as fast as healing could proceed.

Nov. 9. Improvement had ceased. Mez. 10m.

Jan. 4. Skin of hands dry, scaly, cracked. No ulceration. Mez. 50m.

Feb. 25. Much nose bleed (old symptom). Headache with it. Skin of hands dry, thickened, cracked, itching. Wart on one finger. (Wart on nose had suppurated off after Thuja 1m some months before). Thuja 1m.

April 5. Hands much better. Two small, itching areas. Wart same. Thuja 10m.

April 18. Itching, colorless papules suddenly appeared on hands. One contained serum. Mez. 50m.

At the present date everybody comments on the girl's improved appearance and disposition. The hands show only a

trace of eruption now and then. The old wart will have to wait for the future.

Miss B. F. Feb. 7. Ulcers in both nostrils. Bloody, yellow crusts. One small ulcer on hand which will not heal. Kali bich. 1m.

Feb. 23. Yellow crusts, some blood on them, easily removed from nostrils. Both nostrils ulcerated on septum, aggravated right. Nosebleed, aggravated left. Burning in nostrils. Emptiness in stomach on rising in morning, with lack of appetite. "Nervous," with weak sensation in stomach. Little thirst. Cold perspiration on hands. Cold in general. Kali bich. 10m.

Areas continued to heal steadily, except when patient took an acute cold, necessitating Sulphur, followed by Pulsatilla, for a few days. Ulcers became a little worse, but resumed healing as soon as Kali bich. was repeated. There was complete healing within four months. Patient also stated she felt much better in general, and chapping of the skin, which had distressed her, had entirely ceased.

J. K. Aged 8 months. This case is one in which I might have been longer finding the remedy if I had not been having some experience with Kali bich. at the time the baby was brought to me.

Feb. 23. Eruption on face since age of three months. Oozing, inflamed, scaling, discharged blood and yellow pus which excoriated. Baby sometimes scratched it and mother supposed it itched. Eruption began just in front of right ear, then another area on right cheek, one on left cheek, some on anterior surface of left leg. Child plump, pale. Entire face was swollen. Nursing infant. Was creeping. Had one upper incisor tooth. No unusual perspiration. Wanted to sit quietly and did not want to be touched by a stranger. Sulphur 1m.

Feb. 25. Less inflammation, less crusting of one area, more of another. Discharged blood at night. Pus exuding.

Feb. 28. Ulcers more inflamed at circumference. No bleeding. Thick, grayish-yellow crusts on left side of face. Apparently no itching. Discharge acrid. Merc. vivus 1m.

March 3. Ulcers healing. Little inflammation. Crusts coming off.

March 9. More crusts, more pus. Ulcers larger on face. Eruption appearing on anterior surface of right leg. Calc. carb. 1m.

March 11. Crusts coming off. Less pus. Some eruption appearing on back. Baby more active. Color of unaffected skin better.

March 18. Crusts on face less thick, but still present. No bleeding. Some pus from most of the large areas. Inflammation increasing around the ulcers.

Note that three remedies had done a little, then each failed. Kent's Repertory (third edition) gives Kali bi. high under "corrosive" ulcers (skin) and Mezereum in italics under "ichorous." Under "crusty" there are several important remedies, including, in highest degree, the three already used. "Bleeding" ulcers does not include Kali bi. at all.

I mentally excluded some fascinating remedies that are "crusty," and gave Kali bi. 200. In ten days there were no crusts, no pus, nothing but some redness where the trouble had been of long standing.

March 29. Kali bi 10m. The discoloration gradually disappeared.

June 16. There were a few small vesicles coming and going. The boy was in fine general health.

Mrs. A. J. Aged 47 years. Jan. 17. Five years before had "infection" of right leg, below knee. Varicose veins. Much pus. leg very dark brown—a black-brown—dry scales over a large area across anterior surface. Entire leg to knee swollen, brown, looked as if on verge of dry gangrene. Ever since the septic attack, during cold months she had an itching eruption scattered over body, especially on arms, aggravated by warm water. Had been "drying it up" with witch hazel. Had taken Fowler's solution for three months, and used local applications of various kinds on leg. Patient fleshy. Had much stomach distress unless very careful of her diet. Always chilly during the spring. Complexion bluish-white, mucous membranes cyanotic. Sulphur 10m.

Jan. 26. Eruption increased, except that on arms has disappeared. Right leg covered thickly with a red rash, which itched

intensely. Leg more swollen. No stomach distress. Color of skin and mucous membranes improved.

Feb. 16. Pus discharge from old ulcer.

March 1. No eruption. Sulphur 10m.

March 29. Eruption gradually ceasing. Pus discharge continues. Swelling of leg disappeared. Dry scales on old sore came off easily. The brownish-black color changed to purple. General health fine. No coldness this spring.

April 5. Eruption returning on forearms, face, leg. Sulph. 50m.

The discharge continued, color of area improved steadily, shrunken area became normal, offensive odor of discharge ceased, entire patient seemed renewed. Sulphur 50m was repeated June 7, when some eruption was again returning. The patient is sure she is saving the leg from amputation.

THREE CLINICAL CASES

DR. J. SWEASEY POWERS

Two of the three cases presented have been chosen, outside of their clinical interest, chiefly to illustrate the therapeutic methods used and taught to students in the Medical Clinic of the New York Homœopathic Medical College and Flower Hospital.

The first two cases were taken and analyzed by students—two to each case—under supervision, according to the "Schema for Case Taking and Repertory Analysis," published by Dr. Guy Beckley Stearns. The cases were then followed and handled according to the Homœopathic maxim of a single dose of the indicated drug, repeated or changed only if that is indicated after due consideration.

The two student cases were analyzed by the junior section and in consequence they were followed by the students through their senior year, thus giving them a practical first hand knowledge of the slow but sure working of Homœopathy in chronic cases.

By observing several cases, the students are impressed with the importance of the fallacy of too frequent repetition and change of drug in such cases of stubborn chronicity.

Mr. D., Russian, age 49 years, married, came to the Clinic on Dec. 8, 1921.

In giving his testimony, he reports that during his years of suffering he has undergone various forms of treatment and that recently one of New York's prominent clinics subjected him to various tests—laboratory and X-ray—and finally told him that he was suffering from Angina pectoris, but gave him no relief. He was quite frank in saying that he came to the Homœopathic clinic as a last resort.

Mr. D. complains that for the last 15 years he has suffered from burning pain in the epigastrium after his meals—any food would cause the pain. The pains would extend upward behind sternum to throat. His condition has gradually grown worse. Since 1917 he has been having sore, burning pains upon walking. These pains would ascend behind sternum and extend into right arm and hand where he describes them as electrical. They would come at first only when ascending or walking fast and would be so severe that he had to stop and rest. For the last eight weeks this condition has grown worse. He has pain now even while walking on the level. After walking two blocks he must rest as the pain becomes very severe. Patient has fainted from weakness, pain and severe dyspnoea on ascending a short flight of stairs, so that he can now only ascend very slowly.

Recently he had a very severe attack. About two hours after eating supper the pain came and he lost consciousness, his hands became balled and he jerked his arms and hands, there was a chewing motion of his jaws. His face became blue and his arms and hands became blue. He was unconscious for about 10 minutes. Was very restless afterwards and could not sleep. Now he must walk very slowly even on the level and must rest often. Any rapid motion or ascending causes the pain to come on. The pain is a soreness and burning which extends from epigastrium behind sternum up to throat and in both arms but more severely in right arm.

Pains in epigastrium are brought on by any food or drink, but especially by milk.

Likes ventilated room—sleeps with window open in all weather.

Aversion to fats.

Likes hot bath. Change of weather does not affect him.

Patient is peevish and irritable; makes trouble at home and is annoyed by questions of examiner.

PHYSICAL EXAMINATION

Well developed, well nourished man. Eyes O. K. Tongue coated and shows sl. impress of teeth. Lungs free, abdomen soft and free. Heart O. K. Pulse 94 full and regular but shows slight discrepancy in radial rythm. X-ray of thorax showed no aneurism. Pulse pressure 25. Urine free. Bowels regular every day. Gonorrhoea at age of 25, cured by injections. Typhoid in boyhood. Carbo veg. 200—1 dose.

June 9th, 1922.—Gradual improvement. Very rarely pain in chest or right arm. Has occasional indigestion which has been about the same for last three weeks. Carbo veg. 200—1 dose.

Nov. 3, 1922.—Burning sensation has been increasing. Comes chiefly after meals and sometimes so severe he must stop and rest. He feels much better than he did when he first came to us; but recently sees no change in his condition. Carbo veg. 500—1 dose.

Jan. 12th, 1923.—Pain on walking worse than one month ago. Burning pain from mid sternum up to throat. General condition much better than when he first came. Carbo veg. 10m—1 dose.

Jan. 26th, 1923.—Can't walk even on the level very far without feeling very tired and so sore in all chest bones that he must rest. Has constant dull pain in left shoulder and scapula. Occasionally has burning behind sternum, comes only after eating but not after every meal. Has dyspnoea when walking outside, so severe at times must stop for breath; not bothered inside the house. Lyc 200—1 dose.

March 30th, 1923.—Feeling much better. Can walk without difficulty. Recently walked 30 blocks without difficulty. Sac. lac.

Feb. 29th, 1924.—Feeling pretty fair. Yesterday had a big dinner and took too much fat, etc., and had a little gas. Occasionally has pain on walking, but not nearly so severe as before. He occasionally must stop for breath. Lyc 200—1 dose.

We have heard from patient occasionally through relatives, and he is reported as well and without complaint.

CASE II—

Mrs. D., Russian, married, 41 years of age, came to the clinic June 9th, 1922.

She complained of severe, constant headache.

In 1917 she was in a very nervous, rundown condition and suffered much from headaches. She was relieved by treatment and has remained free until the present.

Recently she has been suffering from constant headache. The pain is sharp, sticking in character and located in the forehead and parietal regions. The pain is accompanied by pressure in the vertex. Headache begins in the morning and continues all day; sometimes continuing until next day.

Weeping and sleep ameliorates.

Heat and sunshine aggravate.

Noises aggravate. Lying quietly in a dark room ameliorates. Company, work and emotional excitement makes the headache worse. She likes to be in a room with fresh, cool air.

During and after menstruation, she feels better than before the period. During the first day she feels drawing pain in body which disappears as flow develops. Menstruation lasts six days; is profuse and a dark red fluid.

No thirst; very sensitive to odors.

Measles at five years of age. No other illness in life.

PHYSICAL EXAMINATION

Well developed and well nourished woman. Heart and lungs free. Abdomen free; liver normal. Thyroid gland size of small orange. Pulse 39x2 regular and easily compressible. Marked pyorrhoea. Sepia 200—1 dose.

June 27th.—Patient reported much improved in every way. Headache not so often nor so severe. Sac. lac.

July 7th.—One severe attack of headache. Otherwise feels well. Sac. lac.

July 25th.—Last two weeks headache every day just as severe as formerly. Sepia 200—1 dose.

August 8th.—Reports no change. Headache almost every day. Sac. lac.

Oct 3rd.—Still has headache. Attacks do not come so often but are just as severe as formerly. Between attacks has dull heavy feeling in fore part of head when she stoops forward. Also gets dizzy. Has no ambition. Sunshine aggravates. Seashore ameliorates. Advised to have X-ray picture made of teeth. Sepia 1m—1 dose.

Nov. 20th.—Complains of same continuous headache, all day long and worse in severity than before. When she bends down or coughs gets severe pain in temple. Patient cries while relating symptoms, says tears make her feel better. Never thirsty. Wants to be left alone—dislikes sympathy. Head feels heavy "as though clogged up." Pressing pain in temple. Report on X-ray of teeth is negative. Diagnosis made by X-ray operator and dentist. Nat. mur 200—1 dose.

Jan. 29th, 1923.—Has been feeling very well up to week of Jan. 8th, when she had a very severe headache. At this visit complains of severe cold on chest with cough. Cough causes pain in head. Bry 200—1 dose.

Feb. 12th.—Cold has disappeared but headache has returned. Headache almost every day. Nat. mur 200—1 dose.

June 14th.—Had had only occasional headache, but lately they have been coming more frequent. Nat. mur 200—1 dose.

Aug. 1st.—Has been having headaches every day but much less severe. Complains of neuralgia on left side of face. For last three weeks had had pressing pain in left cheek and temps. When pain comes, *teeth hurt*. Pain usually comes during afternoon. This particular pain began one month ago after sleeping in draft. Advised to see another dentist. Nux. V. 200—1 dose.

Aug. 8th.—Feels better in every way. Neuralgia is much better. Had only one or two slight attacks. Sac. lac.

Sept. 17th.—Since last visit patient went to another dentist, who said the X-ray showed nothing, but careful examination of teeth caused him to be suspicious of one molar in upper left jaw. He pulled same and found a small tumor on the root that had begun to degenerate. Patient has had no headaches of the old type since then.

Feb. 11th, 1924.—Patient reports never having had a headache of the old type since her tooth was extracted in August. She now complains of swelling of feet and ankles toward the late afternoon and evening. In the morning her feet have the sensation of tingling when she first puts her weight upon them, which is very disagreeable. This disappears upon walking. The upper lids swell also, left more than right. She is thirstless. Has sensation of easy satiety. Urinary examination shows a slight trace of albumen only. Apis 200—1 dose.

March 10th, 1924.—Patient reports feeling much better in every way. No pain in feet; swelling in lids much less. She had a headache March 9th, but different in character than formerly.

This case is instructive in showing how important it is to seek for local infection in cases of pain of indefinite origin. Here we have seen how the treatment gave intervals of relief, but just as soon as the patient's resistance was lowered, the pain returned. For this reason we were insistent on further dental examination as patient had several gold caps in her mouth which caused us to worry, although the tooth finally pulled had not been capped.

CASE III—

Mrs. J., a Russian housewife, 28 years of age, came to me on March 30th, 1923.

Her complaint was as follows: Three years ago (1920) she suddenly began to vomit and then fainted, remaining unconscious for one hour. Afterward she felt very weak, and was very sensitive in abdomen. She continued to vomit everything taken into stomach. She has been treated by various specialists in gastro-intestinal troubles without relief. In one sanatorium, after three weeks' treatment, she lost 80 lbs. in weight, and her husband removed her for fear she would die. She went into a well-known hospital for diagnosis and after chemical and X-ray examinations they told her that they could not make a diagnosis. She has been to many other doctors but has gradually grown worse and has become disgusted. She has come to her first Homœopath because a friend is so sure that Homœopathy can help her that she has given her the money to pay the fee.

She complains of drawing pain in epigastrium and hypo-

gastrium with burning. All food swallowed gives sensation of passing over sore in stomach—lasts about two hours and is accompanied by vertigo. When she doesn't eat gets sensation of drawing and weakness in stomach. Belches much gas with relief. Has eructations of sour water two or three times in day. Has sensation of distention in stomach two or three times during week. Has sense of pressure in Cardiac region and of choking in larynx right after eating.

Has ten to twelve stools during day which are very watery. Cramps in abdomen just before bowels begin to move and during movement, while after movement is finished has cramps and feeling of great weakness, so that she must lie in bed five or ten minutes. During and after stools there is severe burning in rectum.

Often has sensation of weakness, accompanied by sticking pains in knees; sometimes falls to the ground and often must lie down for a few minutes which relieves her.

Has almost constant headache in forehead above eyes, more on left. Pain is sticking in character and is accompanied by vertigo. Comes usually after eating.

Nostrils feel always dry but has constant dropping back of throat secretion very yellow and thick—worse in mornings. Has sensation of terrible weakness in heart region—"like as if it was empty"—palpitation when lies on left side, when walking, and especially when ascending.

Appetite not good.

Passes urine four or five times during day and twice during night. Has burning and sticking sensation in right inguinal region before and while passing urine; after passing urine feels relief. Urine burns region between thighs.

Coitus is intensely painful—sensation of burning.

Menses regular. Cramps during day before; these disappear on third day. Menses last five to seven days, flow very little, is fluid with small clots. All symptoms are aggravated during menses—must lie in bed during first day.

Sleep is poor. Is troubled by constant jerking throughout body and dreams continually of dead people.

Appetite is poor.

Hands and feet always cold; must use hot water to feet.

Feels generally very weak.

Feels generally better in open air. Lying down ameliorates all conditions.

During first pregnancy had a miscarriage in third month—was very nervous at this time. One and one-half years later gave birth to a dead child in ninth month. Later gave birth to two living children who are well.

Has always been inclined to be nervous but since her present illness began has become much more so. She is very irritable. She has periods of depression and feeling of fear, especially when the discomfort in abdomen becomes intense. At these times she often creates such a disturbance that the neighbors come running in and a doctor is called. She has frequent feeling of trembling through whole body. Feels she must hurry through everything.

Feels husband and children are great burden and also feels that husband has become desperate and despairs of any improvement in herself.

Had measles in second year. Scarlet fever in third year.

Severe eczema as child and at various times—last time in 18th year which was very severe—was in bed for two or three weeks. Always treated with external applications of salves, etc.

Was vaccinated when a baby—no trouble.

PHYSICAL EXAMINATION

Physical examination shows well developed, poorly nourished woman.

Lungs and heart O. K.

Tongue shows a white thick coating with transverse cracks in center and on edges. Indentation of teeth well marked. Tonsils normal.

Abdomen very sensitive to slightest pressure in all parts—no rigidity.

Vagina extremely sensitive to examining finger. Clitoris very large and extremely sensitive to pressure.

Rectum very sensitive to pressure. Anal border has three very small fissures.

Urine analysis negative.

Stool analysis shows a strong culture of colon bacilli. Iodine 200—1 dose.

April 12th, 1923.—Burning in left abdomen much less. Drawing in epigastrium less. Sleep better—now can sleep any time.

More burning on urination and more itching in rectum.

Bowels move only three or four times when formerly 10 to 12 times; pains as severe. Sac. lac.

The patient was continued on saccharum lactis except on the following dates:

May 17th, 1923.—Iodine 200—1 dose.

June 14th, 1923—Iodine 1m—1 dose.

Aug. 15th, 1923.—Iodine 1m—1 dose.

The case of Mrs. J. is of interest in the way it progressed. Under the iodine the nervous aspect ameliorated immediately—the hysterical attacks ceased and the number of stools decreased from twelve to three; the character of stool also changed—the first stool was formed soft and without discomfort—the second and third more watery and accompanied by crampy pains in abdomen and severe burning sensation in rectum. It will be noted that there was an intense burning sensation in vagina upon coitus.

In June, 1923, while still under Iodine, she began to complain of an occasional sensation of lump in throat when swallowing accompanied by burning sensation. Also an indefinite itching sensation over whole body with occasional isolated papules which came to a head with pus formation. I decided to watch development of this new phase.

In August-September, while the menses were easier and the general nervous condition of patient was improved, (she had gained in weight and had good color) the burning sensation in rectum and vagina became intensified, as also did the burning in urethra while urination and urine caused burning between tighs. Also a white leucorrhoea developed. To this condition was added a very weak, empty sensation before meals. Also there was a frequent burning sensation in head with soreness. "Feels as though my brain turned in head." There were frequent attacks

of vertigo with stars before eyes. Feet always feel ice cold. Sulphur 200—1 dose was given on Oct. 25th.

On Nov. 1st she complained of pressing pain or drawing sensation at base of nose. Right eye has been very red and burns; the lids stick together. Last two days feels very drowsy and sleepy. Rectum and vagina much better; no burning with urination; only two stools a day with much less discomfort. Sac. lac.

Nov. 20th.—After last visit developed a severe "sore throat." Cold swallowing aggravates; warm ameliorates. Feel stiffness in nape of neck; difficulty in turning head. When wakes in morning tongue feels stiff, neck is stiff, mouth and throat very dry. Palpitation especially when lying down or sitting still; "like as though my heart would fall out." Doesn't feel heart so much when moves about.

Feels like lump in throat which she swallows, but it comes back again. Nose feels stuffed.

Bowels five or six times a day. Rectum burns like fire after stools. Drawing sensation in epigastrium after second stool which increases with each further stool.

Breathing cold air aggravates throat which feels better in house; but generally she feels better in open air.

Physical examination revealed pharynx and tonsils very red and dry, tonsils slightly enlarged, tongue very red with transverse cracks and small, very sensitive areas on edges. Ars. alb. 10m—1 dose was administered.

Nov. 27th.—Reported throat and head much better up to Nov. 26th, when began to feel bad again.

Nov. 25th developed a burning sensation in ovarian regions. Stool only two or three times during day, but same discomfort after stool. Has been more nervous, children aggravate her more. Has periods of palpitation, fear of death, and severe abdominal pains which are relieved by a "good cry."

Stomach draws up when empty—relieved by eating. Sac. lac.

Dec. 17th.—Menstrual period on Dec. 9th. No pains, lasted only four days, usually seven days, flow much less. Hasn't experienced such an easy period for years. No burning in ovarian regions.

On Dec. 10th had severe attack of sore throat; fever 101 degrees F. Blisters on throat and tongue—terrific pain on swallowing anything, even empty swallowing.

Patient went to a clinic for advice. She was examined by five or six physicians called in by the first doctor. They told her that her whole trouble was due to diseased tonsils and very serious; that she must have the tonsils removed that afternoon. She told them that her Homœopathic adviser said that her throat condition resulted from her intestinal trouble. They laughed at her and declared that theory to be absurd. However, she decided not to let them treat her and the throat condition disappeared entirely two days later without treatment.

At the present visit, Dec. 17th, the tongue is slightly coated and cracked transversely; pharynx and tonsils slightly red and not dry. Right tonsils slightly larger than left.

Two or three stools a day but discomfort in rectum not nearly so severe. Drawing pain in abdomen only after third stool; no discomfort after first two stools. Sac. lac.

Jan. 15th.—Has periods, which come and go, when her throat gets sore; begins on right side crosses to left; sometimes so severe that she can swallow nothing, not even spittle, without severe pain. Pain extends to ears, especially when she blows nose. When she has these periods of sore throat she has severe burning sensation in spine and is very irritable and wants to be alone. These attacks come suddenly and go gradually. Ars. cm (Skinner)—1 dose.

Jan. 22nd.—Throat condition very much better—no more attacks but throat gets painful if talks any length of time when throat feels sore. Still has pain in ears if blows nose. Sac. lac.

Feb. 14th.—Throat bothers her only when emotionally excited or when she talks very much. Pain in ears less noticeable when she blows nose.

Children excite her very easily but she can control herself much easier.

Two stools during day. First is formed and comfortable, second watery but much less pain. Sac. lac.

March 6th.—Since last visit has had much domestic trouble. She and husband have had severe "falling out."

Frequent palpitation of heart and cardialgia. Occasionally everything becomes black before eyes.

Stomach much "upset," frequently cannot even retain water. Feels very nervous. Can't sleep.

Four or five bowel movements during day but all soft and formed. Cramps before bowel movement. Ignatia 200—1 dose.

March 25th.—Very much better in every way. One stool during day and is formed; no pain. Burning in rectum only occasionally and very slight. No burning in vagina. Patient is gaining in weight and her color is very good.

I was very much interested in following the case to observe how gradually the effect of the iodine waned and with the waning of the influence of iodine, how the picture changed.

The increase of the burning sensation in intensity, the new symptoms of burning and discomfort in the head, with congestion of right eye and the ice-cold feet, the sensation of uncomfortable emptiness before meals, all led one to believe that here was a case where sulphur would serve to straighten out the symptom complex, so that we would be able to select the next constitutional drug.

It was impressive to observe how this was done. After the administration of sulphur the patient, while improving in many of the old symptoms, developed tremendous congestion of the pharynx, tonsils, nasal and oral mucous membranes. The patient felt very weak and ill, desired warm drinks, wanted to be protected from cold but desired fresh air; the appetite was lost, and she was very restless and showed much less restraint toward the small irritations of family life. It was at this stage that our Allopathic friends were so agitated and anxious to remove the patient's tonsils—a beautiful example of the fallacious reasoning of laying the blame for our constitutional ailments on the tonsils instead of realizing that the sick tonsil is only an expression of the disordered constitution.

The case presented such a clear picture of arsenic alb. that this was given in the 1m potency—the effect was very beautiful. Under arsenic the case has progressed so well that I feel that the patient is now "out of the woods," and on the great high road to complete recovery.

CASE REPORT

HELEN B. TODD, M. D., New London, Conn.

B. L. girl aged 8 yrs.

FAMILY HISTORY

Father and mother living. Both rather small and very active mentally and physically, but especially mentally. Both lack physical endurance. Mother quite neurotic and subject to severe attacks of migrain. One brother, five years old, underweight, subject to frequent attacks of bronchitis.

PAST HISTORY

Measles followed by influenza as small child. Frequent severe attacks of bronchitis twice diagnosed as pertussis. Pertussis at six years, given vaccine. Chicken pox last fall, allowed to play outdoors while eruption was appearing and then very ill for three days, high fever and delirious. Early this spring given toxin-antitoxin at school clinic, very marked local reaction. Cervical glands enlarged much of the time.

Child has always been much underweight, though has an excellent appetite and mother has given her a very nutritious diet. It is very active mentally and physically and seldom rests during the day. Bowels regular.

PRESENT ILLNESS

July 4th.—Complained of slight sore throat and fatigue, but played out all day and was up until ten when asked to go to bed. Mother gave cascara grains five.

July 5th—Awoke about six and vomited. Coughed a little. Felt hot. Case first seen at 9 a. m. Child listless and yet restless. Nauseated. No bowel movement for several days. Skin hot and dry. T. rectal 102. P. 120. R. 24. Heart, lungs and abdomen negative. Tonsils enlarged and slightly congested. Did not cough while there but mother stated that she had more or less during the day before and that she had given her many doses of

a "croup syrup" she had used for the little boy when he had had a cold. Rx S. S. enema, liquid diet, quiet, Bell 3X 1 qhr.

In the late afternoon mother reported that child refused enema, no bowel movement, still feverish but she thought better and no need to come.

July 6th, 9 a. m.—Called by mother who reported child very sick, no sleep since ten p. m., distressing breathing, very hot, constant coughing. As child seemed worse she had given sweet spirits of niter since four a. m. and thought it had helped a little, but wanted me to come right up.

At 10 a. m. found the child very ill. Constant cough, respiration 44, P 140, rectal temperature 103.2. Had retained no food, not even water, very scanty bowel movement, restless, complained of inability to get breath, nostrils dilated, grunt at end of each expiration. Left chest upper and lower lobes full of rales, no dullness. Color good. Abdomen negative. Throat less congested. Diagnosis bronchial pneumonia. Mother completely exhausted by the one night's care and said that she could not rest anywhere in the house as she could hear that respiration. Wrapped child up and took father and child to the hospital. Rx S. S. enema, Iodine 3X1-1.

4 p. m.—T. 103, R. 50, P. 140. Good results from the enema. No vomiting. Taking malted milk.

8 p. m.—Condition unchanged. Respiration very labored, but color good and pulse, though rapid, is regular and good quality to heart sounds.

July 7.—Very restless night but respiration easier toward morning. T. 102, R. 44, P. 140. Very weak and exhausted.

Temperature and pulse continued to go down but respiration remained between 36 and 44 until morning of July 9 when T. became subnormal. R. 24, P. 100. Since then everything has been normal, sleep good, has retained all food except for one spell of vomiting. Cough has gradually diminished, expectoration at first scanty and difficult with much rattling, later quite profuse, green. July 9th Iodine was discontinued and Ant. Tart 3x given 1-2.

July 12th.—Chest clear except for a very few rales. Sleeping well. Appetite excellent. Bowels kept open by daily enemata.

Very slight cough. Sitting up, outdoors in crib, playing with her paper dolls.

CASE REPORTS

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

The first case shows the need of covering the whole case, and especially the finding of the sycotic source of the disease.

Case 1.—Mrs. Anna B., 65 years of age. Has been a hard working woman for years, being a widow and compelled to earn a living for herself and two children. Has never been ill much except for varicose ulcer on the lower left leg which she had for years. This ulcer was healed several years ago by external treatment only. The present illness began soon after. One year ago she had a nervous breakdown which compelled her to go to a hospital for ten weeks.

Present illness.—Neuralgic pains in the left side of face, very intense pulsating pain, following the trifacial nerve ramifications. Beginning with its full force about 5 p. m. From 5 to 7 p. m. very intense, then continuous all night. < by lying on left side. < by talking. < by taking anything sour into the mouth. > by lying down. > by holding head up. > by cold applications.

This case had been diagnosed as ticdolereux by many eminent men.

Relief was complete for five weeks after Thuja 200 was administered. Then the pain returned gradually for four days when it became severe again. Thuja 9m was administered and relief has continued complete.

This next case I am giving to show that the Homœopathic remedy does relieve most trying conditions even in the incurable patients.

Case.—Mrs. R., widow, 84 years of age. Has had several slight paralytic strokes but she would regain partial use of the limbs of the left side after a few days.

March 1st.—Was taken with most excruciating pain in left

side of the face, so severe that she would double up and writhe with agony. Pain all over the left side of the face, but especially nose, upper lip and under eyes. Character of pain was "intense hammering."

< from slightest motion of the face.
< especially when chewing or talking.
> in the late afternoon.
> nights almost complete.
> from cold drinks.
> by hot applications.

Complains of a sharp pain in groins coming and going on left side.

Tongue is furred brown.

Patient is changeable in moods.

In studying this case with the repertory, Merc. Sol. has all the symptoms present; Bell, Phos and Sulph. all but two, and Ars. and Pulsatilla all but three. However, in the study of the relative values of the symptoms Pulsatilla is ahead. Pulsatilla 200 completely relieved this patient of all pain and she lived comfortably for two months when she suffered a severe paralysis and died in a coma three days later.

Bureau of Materia Medica

S. W. Lehman, M. D., Chairman
Harvey Farrington, M. D., Vice-Chairman

WHOOPING COUGH

S. W. Lehman, Dixon, Ill.

Whooping cough is said to be the cause of the death of six thousand children annually, in this country. Statistics show a mortality of 81.8% in the cases followed by pneumonia as a complication or sequelac.

As there is no specific, it is left to the art of the individual doctor to handle the cases according to their merits.

All kinds of empiric treatment have been put forward from time to time, but there seems to be a variety of opinion regarding their effectiveness.

Perhaps the best testimony regarding their value is the fact that too many complications occur and altogether too many deaths.

I have been treating this disease for over twenty years. I have never had a complication following my treatment, nor a death that could in any wise be attributed to the disease, or its treatment.

I will give twenty-five reasons why this disease can be wiped out in twenty-one days, as a total average, without suppression or complications. Many cases are cured in seven to fourteen days.

Coqueluchin

The first remedy I wish to call your attention to is the nosode of the disease.

It should not be given below the thirty X potency, better 2c or 1m. When there are no underlying symptoms except the epidemic cough, it is of great value and will often cut the disease short at once.

The effects of it can often be realized by the third day. It is also of great value in chronic cases and complications that come from mistreatment of the disease by empiric methods that are so commonly resorted to, to relieve the distressing symptoms.

If one should supply himself with the remedies that I am suggesting, and follow correctly their indications, the treatment of whooping cough would become a pleasure.

Anyone can get the specific indications of this remedy by studying the uncomplicated symptoms of whooping cough.

A valuable little book has been published on the treatment of this disease, with its own nosode, by Dr. J. H. Clarke of London.

Every case, therefore, is in effect, a proving of the ineffective principle.

The nosode has never been proven. I will give Dr. Clarke's symptoms:

A hacking cough.

A deep sounding, croupy cough.

A cough provoked or followed by intense tickling in throat. Fauces or trachea.

Cough with difficulty of getting breath.

Cough with frequently repeated paroxysms.

A sensation of nausea at the end of coughing period.

In my hands, the remedy if given in the acute stage, seems to complete its action at the end of seven days.

When other remedies are needed to wipe out the base if there be one, upon which the virus was implanted.

It is quite valuable in the chronic effects of mistreated whooping cough or chronic bronchitis, as the result of either whooping cough or some intractable cold which has been suppressed.

These patients are usually pale, no appetite, begin to lose weight, the glands of the neck begin to enlarge, or the glands in the media stinum begin to enlarge, threatening abscess.

They often keep picking or digging in the nose, sweat easily, they are pale, anaemic, weak, nervous, they do not care to play, complain of being cold all the time, hectic fever every day or every other day. Tongue usually coated white, showing sub

acute catarrh of the tissues, while they have a desire for sour, fruit acids, etc., showing deterioration in protein metabolism.

The urine is turbid, the bowel movements are constipated, due to scanty stool.

As more symptoms would only tend to confuse one, I will leave these two pictures with you:

The acute symptoms of the disease itself.

The chronic sub-acute complications.

CORALLIUM RUBRUM

Perhaps this remedy follows coqueluchin more closely than any other remedy because of its relation to syphilis and psora.

Its cough is spasmodic, violent, teasing, children lose their breath, get blue in the face, aggravated at night, take little food and drink. They have a longing for acids and for salt.

It is related to the nervous temperament, and nervous cough.

Therefore, after the infectious principle has been alleviated by the nosode, its indications become very apparent.

It is associated also with rapid loss of flesh, and great weakness.

Other symptoms of its cough are:

Minute gun paroxysms.

Smothering before starting to cough.

Exhaustion afterward.

Crowing inspiration.

Sensation as though the air was cold.

Aggravated during night sleep.

Aggravated after waking.

Attacks come rapidly and follow each other closely.

Aggravation is often noticed at about 2 a. m.

Sensation as though the patient would choke up.

Gasp for breath.

Often sweats about the head.

You will get the best results with the higher potencies.

It is also an antidote to mercury and indicated when children have been accustomed to periodical use of calomel.

It is indicated in children having light hair, poorly nourished, having a tubercular base, flat chest, prominent eyes, poor appetite, lassitude, weakness and exhaustion.

They are sensitive to cold, are more apt to have bronchitis than the two preceding remedies.

There is more or less engorgement of the lymphatic system, with more or less copious discharge of mucus.

The remedy acts from the center to the periphery.

It is indicated where the disease seems to be at a standstill, and there is no reaction and permanent lung trouble is to be feared.

It is a wonderful remedy, and the whole vital economy begins to partake of its influence and tissues begin to respond and take on a more healthy activity in a very short time.

It simply aids the vegetative forces to function and there is no comeback to its effects. (Compare lobelia inflata aceticum).

DROSERA

It has a very violent paroxysm of coughing which follows each other rapidly.

The patient is scarcely able to get his breath. Aggravated after midnight, during or after measles. Spasmodic cough with gagging, wretching and vomiting.

Hahnemann says that in a certain epidemic, a single dose was sufficient to cure a case in seven or eight days.

Other symptoms are constant titillating cough in children begins as soon as the head touches the pillow.

Cough is aggravated by warmth, by drinking, singing, laughing, lying down, and after midnight.

During cough, mucus, often bleeding at nose and mouth, vomiting of water.

Those who have had most experience, advise against giving the second dose.

SANGUINARIA CANADENSIS

One can scarcely be successful in treating whooping cough without this remedy.

Its place in whooping cough comes largely at the end of the

disease. The patient seems never to have gotten over his whooping cough. The cough returns every time the patient takes a cold.

It may be used also in the very early beginning before it has really gotten a start, and after the protein of the system has become anaphlactic or permanently sensitised by the infectious principle, the nitrate of the alkaloid is very effective in desensitising the tissues and restoring them to a normal equilibrium.

The cough of this remedy proceeds from a tickling in the throat aggravated after lying down, crawling sensation behind the sternum, spasmodic cough, dry cough, tickling in the throat pit, dry cough awakens him from sleep.

If this remedy does not work as speedily as it ought to, give a dose of calcarea carb.

IPECAC

Adapted to cases where the gastric symptoms predominate.

The child loses its breath, turns blue, strangling with gagging and vomiting of mucus, bleeding from the nose or mouth.

Cough with much rattling of mucus when inspiring, threatened suffocation from the abundance of mucus.

CUPRUM METALLICIUM

The cough of this remedy is long lasting, suffocative, spasmodic, patient gets breathless, blue, rigid and stiff.

There is often three attacks successively. Vomiting of solid food after regaining consciousness. Cataleptic spasm with each paroxysm of coughing.

(Ambergris has violent cough in spasmodic paroxysms, with eructation and hoarseness). Worse talking or reading aloud.

Evening without and morning with expectoration.

Whooping cough without crowing inspiration, is adapted to children with dark hair, cross, irritable, ill-humored, wants to be carried, carrying gives no relief, does not want to be touched, cannot bear you to come near them, desires many things, but rejects them all, often follows Drosera, which has relieved the severe symptoms.

COCCUS CACTI

Cough begins six to seven a. m., on waking or on first rising. A dry, racking, barking cough, with remissions of one or two minutes until vomiting and expectoration of a large quantity of thick, viscid, ropy, mucus which would extend in strings to the floor.

CARBO. VEG.

Paroxysms of violent croupy cough with whooping aggravated at night, better from rising up or expectorating. Blueness about the eyes. The symptoms being such as to cause anxiety because of poor vitality.

PROPHYLAXIS

These remedies are said to be prophylactic: Allium Sativa, and Pulsatilla.

MEPHITIS

The nervous system is very much over-sensitised, vomited food, seems as though each cough would terminate life, aggravated when lying down, causes a suffocative sensation, he cannot exhale.

It is indicated where there is signs of nervous exhaustion, alcoholic and tubercular cases. Ill humor about trifles.

It increases sugar metabolism within the organism. Cough and vomit, seems worse at night.

ANTIMONIUM CRUDUM

Excessive depression and exhaustion.

In children with unhealthy skin—sore crusts behind ears.

Vegetative nutrition decreased. Stomach trouble, eyelids sore.

Lymphatic system engorged, tongue heavily loaded, decreased oxidation, foulness, deterioration of vital fluids, pale ashen gray, urine decreased.

Ill humored, fretful, peevish, appetite abnormal or disgust for food, bitter taste, craves sour things, thirsty, especially nights. Obesity, but losing weight, post tonsil operations.

SYMPTOMS CHARACTERISTIC

Cough comes from deep in the abdomen.

Evening no expectoration.

Morning expectoration of tenacious, bloody mucus.

First attacks in morning, most severe, each subsequent ones grow weaker and weaker.

Whooping cough following measles.

Decreased when becoming overheated.

ANTIMONIUM TARTARICUM

Base.—Hereditary, alcoholic base. History of vaccination trouble, lymphatics deteriorated causing engorgement . Agg. hot weather.

When there is associated much gastro intestinal trouble, and threatened pneumonia.

Whooping cough associated with asthma. Thirst for cold water. Agg. after eating or drinking or getting warm in bed.

Cough preceded by the child crying, gastric catarrh, craves sour, poor reaction, oedema and impending paralysis of lungs.

Compels patient to sit up, moist rattling, no expectoration.

Weakened and exhausted, falls into a sort of coma, can scercely be awakened, except by new attack.

CROTALIS HORRIDUS

Base.—Alcoholic, zymotic, or septic. Yellow, pale, bloodless. Fluid tissues becoming disorganized.

CHARACTERISTIC SYMPTOMS

Great debility, astheia, cardiac weakness, pallor after an attack, tardy return to normal. Epistaxis, blood fluid, dark or red, liquid, non coagulable, offensive.

Purple lips, eyes bloodshot, frothy, stringy, or bloody expectoration, threatened paralysis or oedema of lungs.

SQUILLA MARITIMA

Anaphlaxis whooping cough following measles, or loss of blood, spleen has become deteriorated, and the system does not react well to a new virus.

Heart often weakened, trophic disturbances. There is usually considerable bronchitis remaining, wheezing, shortness of breath, longing for acids, thirst for cold water.

Ganglia deteriorated, purpuric erythema or hemorrhages appear due to the worn out state of the tissues, and the endocrine system. (Supr Ren).

CHARACTERISTIC SYMPTOMS

Bronchitis, tickling throat, wheezing, eyes water, morning expectoration frequently reddish, evening none, sputum sweetish, offensive odor. Involuntary urination with absolute lack of sweat.

PHOSPHORUS

Base.—Face pale, sickly, sallow, waxy, yellow, swollen oedemations, brain and ganglionic system deteriorated, weak since childhood, nervous exhaustion, adynamia.

Acid metabolism. Ammonia increased in the urine. Thirst for cold water, mouth dry, blood dark, even black and fluid.

Venous stagnation, congestion of the portal system, fatty degeneration causing hemorrhages. (Blood loses its coagulability, septic states, wonderful remedy, distaste for meat and fats, bitter taste.

CHARACTERISTIC SYMPTOMS

After starting, the disease threatens an unfavorable course. The virus is so poison, that fatty degeneration occurs, the severe hemorrhages from nose or lungs take place, frothy blood appears in expectoration.

The cough is tickling at the bifurcatum of bronchi.

SEPIA

Anti-sycotic—acid diathesis. Decreased protein nutrition, mouth dry, slimy, putrid, dry as if scalded, taste salt, metallic, putrid, offensive. Tongue dirty yellow, aversion to food.

Dark complexion—brunette—rigid fiber. Agg. wet, sensitive to cold, snowy air. Chills easily, lack of vital heat.

Base.—Venous congestion of portal system. Great tendency

of taking cold. Urine, uric ac., reddish, B. D. sed't, offensive, easy dislocation and spraining of limbs, easily fatigued, want of energy.

Symptoms.—Cough both day and night retchg. Complete loss of breath, then gagging and vomiting of mucus. Expectoration increased during night. Salty taste, cough seems to come from the stomach.

SPONGIA TOSTA

Base.—Weak, pale, lean, do not thrive, tubercular base, bellows murmur, rheumatic endocarditis, scrofula. Endocrine system becoming exhausted after long chronic ailments or slow convalescence.

Easily exhausted, neurasthenia. The great vegetative system function decreased, reaction poor, convalescence prolonged.

Symptoms.—Special or sporadic cases. Deep, dry, spasmodic bark, caused by tickling sensation in larynx which is very irritable. Agg. talking or lying down.

HYOSCYAMUS

Base.—Following mumps. Typhoid state of nutrition.

Hyosc. Mono. Bromate.—Typhoid state of nutrition. Eretheism, not a tissue that is quiet or at rest. Agg. talking, exhaustion, debilitating diseases, prolonged convalescence.

Loss of coordination between psychic and somatic.

BROM. BASE

Decreased protein nutrition. Decrease in alkaline earths. Acid state of tissues, light hair, blue eyes, weakness, exhaustion, scrofulous, endocrine system exhausted. Taste sweet, salty, bitter, sour, mouth dry, scarlentic states.

Symptoms.—Spasmodic cough, frequent, rapidly succeeding, excited by tickling, expectoration salty mucus. Agg. lying down, violent thirst.

Cough begins six or seven a. m., or on waking or just rising. Dry, racking, barking cough, with several minutes' remission.

COCCUS CACTI—CHARACTERISTIC SYMPTOMS

Suffocative cough expectoration, tough ropy white mucus. Difficult to raise, causing strangulation and vomiting of food.

Agg. going to bed, during night, after remaining long in one position, coming into a heated room, from cold air. Cough agg. on first awaking, racks the system all over.

Head pains as if it would split, purple face. Protracted bronchial catarrh, remaining after whooping cough.

Base.—Uric acid base. Colitis. Fauces are irritable, spasmodic cough, its cough corresponds to whooping cough type. Agg. in the morning, awakes and is immediately seized with a paroxysm of coughing ending in vomit of clear, ropy mucus, hanging in long strings.

Passes large quantity of uric acid, chronic catarrh of colon, much mucus, great aversion to butchers' meat.

DISCUSSION

Chairman Lehman: They will bring you these little children and they are pale, pasty white. They have no ambition and no enthusiasm, they don't eat and they are cross and irritable and as I say, the glands of the neck begin to enlarge. About three doses of coquelucin will change that whole picture for you. Then you let them run for a week or so, and your base will appear, then you discover the indicated remedy. Those patients will all get well.

Let me say to you that this white coated tongue indicates that fibrin is being lost out of the system. If you do a blood examination your white blood corpuscles will show an increase.

Now we will spend a few minutes in discussion.

Dr. Gramm: An old gentleman of about 84 was being treated by an old school physician with hypermiely pertussin and he finally got to the point where the doctor told him he was practically cured. He wasn't. He was coughing pretty well and mephitis was thoroughly indicated. I gave him a few doses of mephitis in the 2 hundred. The old gentleman was quite deaf and about two weeks after the treatment was given and

his cough promptly disappeared, the family noticed that he had become markedly improved in his hearing. So much so that they were all surprised, and continued so until his death about two years later of an apoplectic stroke.

Now I appreciate the fact that this is not a scientific observation because the man's ears had not been examined before nor were they examined afterward, yet the effect was so marked that I think it is worth recording, worth remembering as a possible action of mephitis in some cases of deafness.

Dr. Stearns: I would add belladonna alongside of that, high.

I follow all the remedies excepting crotallus. I don't quite see, I think I see, but I would like to have you tell us one or two specific indications.

Dr. Lehman: I don't know just what I have got here, but you will find the specific indications for crotallus in babies whose parents are alcoholic and there is a tendency for blood deterioration.

Dr. Dienst: What potency and how frequently?

Dr. Lehman: If there was much hemorrhage I would give it every two hours not lower than a 30x, with a 2c perhaps for a child.

Dr. Dienst: I would be very cautious in giving crotallus in a hemorrhage condition. I followed what you have just indicated by giving crotallus in a case of hemorrhage from the nose in malignant scarlet fever and I killed my patient. It was the first time I saw a temperature rise to 112 and that little child burned up inside of thirty minutes because crotallus stopped the hemorrhage too quickly and caused congestion.

Dr. Boger: There were several things in this paper that brought up a few thoughts in my mind. You spoke of corallum rubrum, and the desire of cold air. To one who is familiar with repertory you perhaps have noticed one thing, and that is when a new lot of remedies come into use they will see the next two or three years a new development in the use with their indications. As these remedies assume their proper places in the rubric it causes a rearrangement that involves the whole rubric.

Hahnemann's Materia Medica cure speaks of inspired air

under ignatia. Ignatia has the very highest mark and that corresponds with my experience. Ignatia, to my mind, first with those symptoms. Then there were some other things in this paper that struck me quite forcibly, and another is this:

In prescribing for whooping cough you will hardly ever get a good result unless the patient is heated up by the cough. You may have noticed that the patient gets hot.

Dr. Krichbaum: I would like to ask the essayist if he has added to whooping cough the general care of the patient and if he has not, I would like to suggest that he does put that to this—proper care. Proper care of the patient is as essential as anything else. It is essential to see that the patient does not catch cold. They are careful with the child when it is well about taking cold, and there is no reason in their not being careful when the child's vitalities are low, they have to be even more careful. Turning them out into the open air is what kills them in nine cases out of ten.

Dr. Boger: What Dr. Krichbaum says brings the other thought to my mind, and that is this: In nearly all of these acute diseases my habit is at once to put the patient on fruit juices, almost at once, unless there is some serious counter indication. Give the system a chance to clean itself out. If you keep on putting in proteids, albuminoids and rich starches and that will keep the cough going.

I will illustrate that by a case I was called to see a week and one day before I came here. It was a mild case of apoplexy. The man had had a stroke some days before that and the Allopaths had given up the case. The man had mild pains in the left ear, a mastoid behind, and was paralyzed on the right side. His speech was almost gone, but the pupils were still mobile. I gave him ignatia and said: "Don't give this man anything to eat except fruit juice." When I left to come to this meeting he was sitting up in a chair, he had regained the use of all of his right side except that he couldn't raise his hand. His speech was perfect and the hiccough had disappeared three days before. No degeneration had taken place, he was apparently a young man, he had a large family and there were no signs of syphilis in the family.

Over the phone his wife called me and said: "What shall I give him to eat?" I said: "Nothing but fruit juices until I return from this meeting." And I would do the same thing with the whooping cough.

Dr. Wilson: Dr. Krichbaum spoke of this case in his brother's family, Dr. James Krichbaum's little grandchild. She developed whooping cough and apparently drosera was thoroughly indicated and he gave drosera high, gave it I suppose 200ths, maybe he went up to the m, but he continued and he got no result whatever, and the child was coughing and coughed for quite a period of time, and he changed to the low, something very low, and the cough stopped and that ended the whole trouble.

Dr. Krichbaum: It was stopped within 12 hours.

Dr. Wilson: I would like to report a case that I had myself, of a young married woman. She had moved into a new house and I think had rather exhausted herself in the cleaning up of the new house. At any rate she went apparently into a nervous state, in which she couldn't sleep and couldn't eat and she was just running down hill. I sent her off to the country. She was in the country for a week or ten days and there contracted a cough. She coughed day and night until finally she telegraphed her husband to come and get her, that she positively couldn't stay there any longer. She got home and they called me to see her and I said right away that she had whooping cough. It was a perfect paroxysmal picture. The cough would come on in paroxysm and then would rest and then a paroxysm, which to my mind is whooping cough whether the individual whoops or not. I have forgotten now, I think I put her under corallium-rubrum and the cough stopped—that ended it. But while the girl was in the country and was in this state of coughing it caused a severe dilation of the heart. So much so that under the X-ray some of the fellows in the hospital, when the picture was put on the screen said: "Gee, that is a brute of a heart," because it almost took up the girl's whole chest. The girl, of course, had to go through the conditions that would go with that dilated heart until compensation of some kind or other was established. It was an awful fight and we had the girl in bed for several months. Finally it looked as though she were going

to die, that we couldn't get her out of it. I had Dr. Phillips go down with me to see her and he suggested then that I put her under digitalis. I have always been loathe to go into this crude stuff, and it was a shock to me to turn around and give a girl a teaspoon full of digitalis to pull her heart down, but we got into it and we got the heart down where it belonged. No doubt that is the thing to do. I have heard Dr. Stearns and the others talk about it, but it has been an awful cramp to me to do it. We got the heart down to a normal pulsation. It strengthened, but that heart is still unsteady. Whether there is an anaphlaxis now, due to her whooping cough it would be a great pleasure for me to know.

The Doctor—he saw her for me a few weeks ago, or at Easter time, when I went away for a week—suggested iodine, because the girl was craving air all the time. She wanted the windows wide open. She is a deep brunette, of the most pronounced type, and she has the thyroid tendency. She is full of life, full of deviltry of all kinds, always has played tricks on her husband and everybody else around. The Doctor suggested iodine for that vivacity, and for the craving for air.

We put her under iodine low and carried her along on that for a time, but she complained of feeling badly and I quickly put her under Sac Lac., and then the Doctor suggested that I put her under a higher iodine. I think now she is under 200ths. She had a single dose of the 200th and is standing on it, but there was a case of whooping cough in which you had the complication of a severely dilated heart because she had no treatment. Had I been able to get on the job in the country no doubt we might have stopped that cough very much sooner, but as you said in the title of your paper, "Whooping Cough Stopped Within 21 Days"—Dr. Boger said: "I have seen cases stopped a good bit sooner than that. I have seen cases stopped within a week anyway."

Dr. Boger: I want to say one word, Doctor. This is this—For those runaway hearts, Lycopus Virginica.

Dr. ————: I recently had a call from Dr. Hall. He is rapidly becoming a convert to Homœopathy, and in talking to

me of what we could do he came across the question of whooping cough, and I told him what splendid results I thought the Homœopaths were getting. This was his reply: "I believe I have made a discovery from the past two or three years, that is to the effect that whooping cough is not due to a spasmodic condition, but a reflex condition of the stomach, and due to a catarrh there. I have never had a case of whooping cough in the past two years that lasted over four days."

I asked him what he did, and he said: "I simply wash out the stomach two or three times a day using sterile water or distilled water. If that doesn't bring up all this mucous and entirely rid the stomach use a little normal saline solution or a little sodium bicarbonate."

Chairman Lehman: That is interesting.

In reply to Dr. Dienst's experience with crotallus horridus, if you carried a small glass in your pocket and examined the eye in these critical cases, you could tell beforehand the effect of your remedy. If your eyes show a condition in which they seem to be filled with water, the tissue soaked, and the fibre begins to stand apart, it looks as though the iris was swollen out, it looks rounded and the fibers are coming apart, you can almost at once tell that you have a dangerous condition and that you would hasten the end by giving crotallus horridus. You simply threw the patient out of his health reaction altogether, but your case was too far gone anyhow.

Dr. Dienst: Oh there is no question, but I shut it off too quickly.

Chairman Lehman: Here is another thing—The Hopi Indians of Arizona have a dance every year and they allow themselves to be bitten with a rattlesnake, and so far as we are able to discover they use lycypus as an antidote. I tried to get the prescription from a young Indian and he said: "Our order is like the Masons. I am going to be introduced into the highest order next fall and as one of the benefits of that, I get this prescription." I don't know what it is, but probably it is lacopus. We get such things as that to hang our knowledge on.

ANTITOXIN; TOXIN-ANTITOXIN; THE SCHICK TEST

EUGENE UNDERHILL, M. D., Philadelphia, Pa.

Very sweeping claims have been made for the use of Antitoxin. Still greater claims are now being made for the artificial immunization of children by way of the Schick Test and the use of Toxin-Antitoxin. An effort is being made to force artificial immunization upon all the children of the country—making it compulsory by law.

In view of these circumstances it is important that all physicians and all intelligent laymen, should critically examine the facts.

From the very beginning, it was declared that Antitoxin was absolutely effective against diphtheria, that its use was attended with no harmful consequences of any nature, and that the only consideration in its use should be its early administration in sufficiently large doses.

KNOW THE FACTS

A few people know that the claims made for these measures have never been justified by the results. All people ought to acquaint themselves with the facts.

Persons holding jobs in research laboratories, political control, and vested interests, are against a clear understanding of the facts. Statistics are constantly quoted and juggled in support of the use of these measures. Every fact that is against the practice is minimized, and every circumstance that appears to favor it is magnified.

Every case of diphtheria which recovers without the use of Antitoxin is declared not to have been specific, and all cases where Antitoxin is used, even though they may be simple sore throats, or harmless infections, are classed as true diphtheria and the use of Antitoxin given the credit for all recoveries.

IN FATAL CASES

In fatal cases where Antitoxin is used, the results are not ascribed as a failure of Antitoxin, but as a failure to give it soon enough or in sufficient dosage.

In the literature of the Pennsylvania State Board of Health, Antitoxin is called "the sure cure," and is declared to be "positive when properly given on the first or second day of the disease."

In reviewing a hundred fatal cases, literature from the State Department of Public Instruction of Pennsylvania, states:

> "The number of deaths due to rapid absorption of toxin although apparently sufficient Antitoxin was given early, was twenty."

According to this statement, 1-5 of the cases are not influenced by the Antitoxin even if given early. Again it is stated:

> "Of the one hundred deaths, thirty-nine were due to violence of the disease or the accidental location of the membrane, although proper treatment and care seems to have been exercised."

It appears then, that Antitoxin is of no avail in violent cases or in certain accidental locations of the membrane. This is an admission that nearly 40 per cent. of serious cases are lost in spite of the Antitoxin. Does not this seem to suggest that where Antitoxin is claimed to succeed, the disease being milder, the patient would have gotten well anyway? The admission that nearly 40 per cent. died in spite of the Antitoxin indicates a little slipping of the cogs in the usual statistical juggling.

It is a common practice for the advocates of this measure to say that all cases receiving Antitoxin, get well, notwithstanding the fact that the major portion of them would get well anyway.

TEN DID NOT GET THE "SURE CURE"

The Pennsylvania State Board of Health literature says in one place:

> "Ten children out of every hundred that died from diphtheria did not get the sure cure." (Antitoxin).

This is the same as saying that ninety of them who did get the "sure cure" also died. Are the ten who did *not* get the "sure cure" any deader than the ninety dead ones who did get it?

Every child given a prophylactic dose of Antitoxin who does not contract diphtheria, is declared to be saved from death, not-

withstanding the fact that the major portion of children exposed to the disease do not contract it and that the major portion who do contract it get well when Antitoxin is not used.

WHY THE IMMUNIZING CAMPAIGN WAS INAUGURATED

The immunizing campaign now under full sail, was thought of and inaugurated by reason of the known fact that Antitoxin has been, and is, a flat failure in respect to the control of diphtheria. In discussing these measures these significant statements occur under the title: "Toxin-Antitoxin Immunization Against Diphtheria," appearing in the Journal of the American Medical Association, November 4, 1922, by William H. Park, M. D., Director of Laboratories of the New York City Department of Health:

> "We had the growing conviction that, wonderful as were the results of Antitoxin, diphtheria could never be conquered by it. * * * Furthermore, vital statistics revealed that diphtheria mortality and morbidity had not decreased during the last five years; for instance, in the State of New York, the mortality was 12.8 in 1917, and 16.8 in 1921."

THE DAMAGING AND FATAL EFFECTS

Well-nigh every physician has witnessed the damaging and fatal effects of Antitoxin in numerous instances. These cases are seldom mentioned or are referred to in whispers. However, it has become necessary to take some notice of these results in order to throw out warning signals and to minimize the frequency of their harmful effects.

The following citations are taken from an article by R. W. Lamson, Ph. D., appearing in the Journal of the American Medical Association, April 5, 1924, pages 1093-1098:

> (a) "Antitoxin was given into the left side of the abdomen, and immediately the patient said she felt a lump in her stomach; 5 minutes later she complained of tingling and became restless; then she had a general, later a tonic and clonic convulsion; followed by opis-

thotonos, cyanosis and respiratory failure; heart beat three minutes longer; death in eight minutes.

(b) "Six to eight minutes after the injection, he complained of generalized itching, especially severe on his scalp; suddenly broke out with large confluent wheals; nausea and free vomiting; a severe convulsion was followed by death in 35 minutes.

(c) "Clinical diagnosis of diphtheria was made by two physicians; serum injected slowly under scapula; immediately after this the patient clutched at his throat, gave one or two choking coughs, and soon became cyanotic; pupils dilated and voluntary respirations ceased after a convulsion; heart beat for some time longer; death in six minutes.

(d) "Strong healthy child; no further data; died in five minutes.

(e) "Patient with about 100 other boys, given a prophylactic injection of Antitoxin; he alone reacted; death in 20 minutes.

(f) "Sore throat for twelve hours; slight membrane; smear and culture from membrane both positive for B. diphtheriae; five minutes after the injection of the serum he became restless and apprehensive; heart beat for 15 minutes after respiration ceased.

(g) "Serum given subcutaneously; two minutes later he complained that 'it had gone to his stomach;' he began to choke, became cyanotic and collapsed; death in five minutes.

(h) "Possibly a mild diphtheria; child normal in appearance; father had hay fever; serum was given intramuscularly; death almost instantaneous.

(i) "Postdiphtheric paralysis of legs and palate; after five weeks, several doses of Antitoxin were given subcutaneously two to three days apart; 10 hours after the last injection she became very weak and restless; pallor and slow, shallow respiration; heart sounds heard after respiration ceased; death in 12 hours.

(j) "Patient had diphtheria some time previously;

now given a prophylactic dose of serum; in a few minutes fell from chair and died in 10 minutes.

(k) "Patient with diphtheria was given diphtheria antitoxin; suddenly, four days after the injection, when she was apparently convalescent, she had a fatal hemorrhage from the vagina, stomach, bowels and nose."

Other citations from the same source are:

"The treatment of asthma with diphtheria Antitoxin or normal horse serum resulted in five deaths.

"The injection of a relatively small amount of foreign protein intradermally or intravenously, may result in death. About 34 per cent. of the cases give a definite history of asthma or hay fever.

"In twenty-seven cases, death occurred from ten to fifteen minutes after the injection, and in five other instances from twenty to thirty-five minutes. Thus, it is seen that in a majority of the cases death follows in a very short time. It is this group of cases which seems to warrant the most study. When the fatal reaction is delayed for a matter of several hours, it is much more difficult to ascribe to the serum any specific or non-specific effect."

How about delay of months or years? This child-like reasoning is characteristic of the soft-pedal statements regarding the dangers. And here is another in the same class:

"In a few of the observed cases, the amounts injected were so minute that it is difficult to believe that the nature of the injected substance could have had very much to do with the fatal result. One is inclined to assume individual physiologic peculiarities on the part of the patient as the dominating factor."

"Certain clinical observations seemed to indicate that no fatal results need be feared if diphtheria Antitoxin was given to a person actually ill with diphtheria."

This is the same as saying fatal consequences may supervene if the patient does *not* have diphtheria.

Sumner cites a case of sudden death which supports this contention as follows:

> "Anaphylaxis following injection of a prophylactic dose of 1,000 units of Antitoxin. The girl had no previous injection of any sort. * * * Death occurred within five minutes after the injection. Subsequent investigation disclosed the likelihood of a condition of status lymphaticus with probable enlargement of the tonsils and adenoids and a persistent thymus."
>
> —*Journal American Medical Association, April 28, 1923.—Page 1272.*

The implied reasoning in this case refers the fatal result not to the Antitoxin but to other circumstances, including the probable enlargement of the tonsils and adenoids. An almost ever-present danger is here recognized. How many children have enlarged tonsils and adenoids?

SLIPS IN ANTITOXIN LITERATURE EMPHASIZE THE DANGERS

There are numerous suggestive slips in the Antitoxin literature which emphasize the dangers, such as the following from the joint literature of the Pennsylvania State Department of Health and the State Department of Public Instruction:

> "In the vast majority of cases, the use of Antitoxin by skilled physicians is a harmless procedure."

This is an admission that it is harmful in some cases. Let the youngsters stand up and be shot at, they may not be killed, besides there is some chance that the old blunderbuss may miss fire.

As a precaution against anaphylactic shock, the administration of "Adrenalin intramuscularly is advised five minutes before the antitoxin is given." Just what the adrenalin will do is another speculation.

The following significant statement appears in the journal of the American Medical Association, June 16, 1923, page 1814, under the caption, "Cerotherapy and Hematotherapy:"

> "The reason why it succeeds in some cases and fails in others apparently identical, is still a mystery."

The fact that human beings differ in any particular whatsoever must be "still a mystery."

AN EVER-PRESENT DANGER AND THREAT

Serum sickness is recognized as an ever present danger and threat. Some of the symptoms and consequences of serum sickness are:

Fever, Glandular Enlargement, Urticaria, Leucopenia followed by Leukocytosis, Sciatica, Phlebitis, Pain and tenderness of joints, Paralysis, Heart Failure, Collapse, Death.

In the literature advocating these measures, the following statement is made in reference to pain and tenderness of joints: "The exact nature of which is but little understood."

It appears that "the exact nature" of the other manifestations are but little understood. In the Journal of the American Medical Association, January 6, 1923, Boots and Swift say:

> "Most patients receiving considerable amounts of therapeutic serum, develop serum sickness. Formerly this was most frequently observed following the administration of diphtheria antitoxin, but recently the introduction of large doses of horse serum in the treatment of pneumonia and cerebrospinal meningitis has furnished more examples of this condition."

The following advice is given:

> "Whenever one uses horse serum in curative treatment inject normal beef serum first to prevent serum sickness."

No one knows what horse serum will do, and as to what the ultimate effect of normal beef serum will be, is another speculation.

DIRECTED AT THE CHILD-LIFE OF THE NATION

The alleged object of the Schick Test is to discover those individuals who are susceptible to diphtheria. Those giving a positive reaction to this test to receive numerous injections of Toxin-Antitoxin in order that the individual may be rendered immune to the disease.

Perhaps a temporary immunity may be established, but the possible harmful effects of the agents used are against the practice. Moreover, the incidence of diphtheria is comparatively rare and the dangers from the disease are not so great

as to warrant the subjection of all children to the serious consequences of the immunizing process.

These measures are directed at the child-life of the nation, and since the beneficiaries, or victims, according as the practice works to the good or harm of the individual, have no choice in the matter, and since the measures are bound to affect not only the present child life, but unborn millions of men and women of the future ages, it would seem as if the utmost deliberation and caution should be exercised and that every shadow of guess and doubt should be eliminated. These procedures call for certain and absolute knowledge. The humanitarian aspects are stupendous and the economic considerations of equal magnitude.

AT BEST AN "UNPROVED THEORY"

At best, artificial immunity is experimental and is recognized only as an "unproved theory." In a trial for murder, next to finding the man guilty, the biggest possible slam that can be made by the jury is the verdict "not proved."

In an introductory article to Kolmer's work on "Immunity," Allan J. Smith, Professor of Pathology in the School of Medicine in the University of Pennsylvania, in speaking of the teaching of this subject, "Immunity," to medical students, says:

> "The laboratory demonstrations and exercises should form a part of the required course; and that with all due caution to emphasize the fact that our present theory is not known to be final and is offered merely tentatively. * * * To form some conception is necessary, and it is better, provided the mind be kept receptive, to follow a certain theory even if it is unproved than to do nothing at all or to work in confusion."

According to this, it would almost seem as if it were better to even do irreparable damage rather than "to do nothing at all."

DESCRIPTION AND DOSAGE

In the literature issued by the Pennsylvania State Depart-

ment of Health, Antitoxin, Toxin-Antitoxin and the Schick Test, are described as follows:

First, Antitoxin:

"Antitoxin is made from horse serum taken from an animal which has been subjected to diphtheria toxin treatment until it has acquired a high degree of immunity.

"Antitoxin is not a serum itself, but is secured by precipitating the material containing the antibodies. It is passive, however, and only temporarily immunizes by artificial means, the degree of prevention depends upon the amount of antibodies introduced in the form of Antitoxin.

"For simple early tonsillar cases—10,000 units.

"For nasal, post nasal and laryngeal cases—20,000 and 40,000 units.

"A unit of Antitoxin is the quantity will neutralize one hundred times the fatal dose for a 250 gram guinea pig."

That is: Take the fatal dose for a 250 gram guinea pig, multiply it by a hundred and give the child from 10,000 to 40,000 times that amount.

Second, Toxin-Antitoxin:

"Toxin-Antitoxin is a mixture of Toxin and Antitoxin with the toxin slightly underneutralized by the Antitoxin; hence, Toxin-Antitoxin is active and confers a probably permanent immunity by establishing in the subject the development of his own protective material or antibodies. It does to the person to whom it is given exactly what happens to the horse which is under treatment in the laboratory for the securing of Antitoxin.

"Those proven by the Schick Test to be susceptible to diphtheria can be permanently immunized by the introduction of Toxin-Antitoxin. It is given in three doses at weekly intervals."

Third, The Schick Test:

"Cultures of diphtheria bacilli are grown in quantity and the toxin filtered out. This toxin from the living

diphtheria baccilli is standardized, and the M. L. D. (minimum lethal dose) determined.

"This means the minimum amount that is needful to kill a guinea pig weighing 250 grams on the fourth day.

"In applying the Schick Test 1/50 of this M. L. D. is used and injected into the skin of the forearm. The one important point is that it is an intracutaneous injection and not a subcutaneous injection.

"If the subject is susceptible to diphtheria, there will appear in twenty to forty-eight hours an area of redness and slight inflammation around the point of injection. A control preparation is introduced at another point at the same time, this is to determine whether the area of redness and inflammation is due to protein reaction or not.

"The control material is the same as used in the actual test, except it is heated to a point where the Toxin is made inert, but other bacterial proteins not influenced."

A CHILD AND A GUINEA PIG

This whole proceeding is based on the supposition that a child will react in the same manner as a guinea pig; that he will so react is a mere speculation. There are certain physical, nervous and subtle mental processes in the child that bear no relation whatever to a guinea pig. These processes are concerned with the forces that make for the highest type of civilization, and it is here that untold damage may be done.

The assumption, therefore, that horse serum has the same effect upon a human being as upon a guinea pig is illogical and an absurd deduction.

MAY BE CAPABLE OF CAUSING GREAT DAMAGE

In applying the Schick Test the control material is heated to render the Toxin "inert," but it is declared "other bacterial proteins are not influenced;" it is not known but that these and other substances "not influenced" by the healing process are nevertheless capable of causing great damage.

HORSES AND HUMAN BEINGS

It is declared that Toxin-Antitoxin "does to the person to whom it is given exactly what happens to the horse." This is the same as saying that the human being will react to this agent in the same manner as a horse; certainly horses and human beings differ widely in other respects.

It is said that horses used for the production of Antitoxin lose much of their vital force, that they have no stamina, require extraordinary care to protect them against colds and the encroachment of disease, and that their usefulness as horses is practically destroyed.

SPECULATIVE GUESSES; SCHICK TEST CERTIFICATES

In the literature of the Pennsylvania State Department of Health, it says when the Schick Test is applied, if positive, it is followed by the injections of Toxin-Antitoxin once a week for three weeks. In one place it is declared this renders the child "permanently immune;" in another place the proceeding is referred to as conferring "probable immunity"—both observations are speculative and mere guesses.

A "retest" is advocated from four to six months after the Toxin-Antitoxin administration has been completed—another admission that the practice does not give permanent immunity.

Three Schick Test Certificates are issued:

Number one: "Certificates of natural immunity."—Schick Test negative.

Number Two: "Temporary Certificates"—after the third dose of Toxin-Antitoxin is given.

Number Three: "Diphtheria Protective certificates"—Schick Test four to six months after the Toxin-Antitoxin administration.

Diphtheria does not dare attack any child holding the "Protective Certificate"—the certificate does the trick.

As a matter of fact, diphtheria may develop after these injections, including the retest injections.

SOME THINGS THAT MAY HAPPEN

The following quotation referring to Toxin-Antitoxin is suggestive of some things that are admitted may happen following

the injection of Toxin-Antitoxin—(the literature specifically states that these things are "safe") :

"Anaphalaxis:

Urticarial rash—safe, but annoying.

"A rapidly developing fatal shock; rare."

In the next paragraph of the literature, it is stated that certain persons "may develop a rapid urticaria, sometimes painful but rarely dangerous."

Observe in the first instance that it is "safe;" in the next paragraph it becomes "painful but rarely dangerous." Of course, if "rarely dangerous," it must be *sometimes* "dangerous," and therefore not *always* "safe."

SCHICK TEST NO EVIDENCE; IS ITSELF AN INFECTION

The fact that the Schick Test gives a positive reaction is no evidence that the patient is susceptible to diphtheria. This appears to be recognized by Kolmer, page 58, in his latest work on "Immunity:"

> "The skin and adjacent mucous membranes contain numerous micro-parasites, and under normal conditions these may invade the tissues, but they are usually quickly destroyed and unable to proliferate, so that mere invasion does not necessarily constitute infection."

The invasion may be of such a character and of an amount sufficient to give a positive Schick Test reaction, but it does not in any wise mean that an individual will contract the disease; as a matter of fact, it may mean just the contrary. Normally, the tissues resist invasion. If artificial immunity is practiced, the tissues may lose this power and the individual be rendered more susceptible to other diseases possibly more destructive than the one against which the immunity is directed. Immunization is equivalent to an attack of the disease against which the immunity is directed. Therefore, the Schick Test with subsequent Toxin-Antitoxin injections, is itself an infection and bears an important relation to acquired susceptibility. Kolmer says, page 74, in his work on "Immunity:"

> "Acquired susceptibility bears an important relation to infection, and may be due to various factors, most of

which lead to a state of reduced vitality, normal physiologic processes being impaired to a greater or less degree."

If made immune to a particular disease by one agent or disease, the same agent or disease may be the cause of acquired susceptibility to other diseases. The proof of this fact is set forth by Kolmer, when he says:

"One attack of an infectious disease may weaken the tissues and render them suspectible to an infection of a different nature. Thus, the acute exanthemata may follow one another, and tuberculosis may supervene upon any of them."

NATURAL IMMUNITY MAY BE LOST

Children acquire a natural immunity to diphtheria from the blood of the mother. Who knows that after resorting to artificial immunity for one or more generations the mother may not lose the power of transferring immunity to her offspring? Moreover, if a crutch in the form of immunity, is always furnished the human organism, Nature will rely upon such support. After a while there will be no such thing as natural immunity. Nature will not work unless obliged to; even a tooth without an opposing tooth will soon loosen and come out.

MAKING TEACHERS PARTICEPS CRIMINIS

The cooperation of the principals and teachers of the public schools is being obtained to instruct the children in the supposed benefits of these measures, and to influence the parents in consenting to the execution of these damaging and sometimes fatal practices, thus making the teachers *particeps criminis* in a pernicious propaganda.

DRIVELING SENTIMENTALITY INVOKED

In reading the Schick Test literature sent out by the State Boards of Health one cannot help but be impressed with the fact that every driveling sentimentality is being invoked to force this imposition upon the children of the country. Such headlines

as: "Save the Darlings;" "How the Pupils in the Schools May Help," etc., and the dissemination of large amounts of scarehead literature tend to overawe ignorant parents, and the clever frameup of the consent blanks makes the measure appear compulsory.

So-called lessons are gotten up for use in the public schools to preach the doubtful benefits of the doctrine. In one of the lessons the child is confronted with a hark-from-the-tombs statement as follows:

> "Respiration is seriously interfered with. The resultant swelling which may actually choke to death by closing the windpipe; and there is also great prostration and often death because of the absorption of poisonous material."

Why fill these young minds with fear? Even adults will often imagine various diseases; how much more susceptible are children and how terribly depressing the preaching of such pernicious doctrine. Why not talk HEALTH?

In almost the next paragraph the lesson continues:

> "Among persons who are not immune, it is spread with great rapidity by means of the discharge from the nose and throat."

This, of course, is to engender more fear and to lead to the inquiry about "Immunity" and the Schick Test. The lessons lay emphasis upon the claim of harmlessness of the Schick Test proceeding and the subsequent Toxin-Antitoxin treatment.

DAMN THE WHOLE BUNCH

Another excerpt from one of the lessons says:

> "Every child in the school should be given the Schick Test in order to find out whether or not the child is susceptible to the disease."

It is admitted that a large proportion of the children are naturally immune and that only a few children would contract the disease anyway; however, the policy is to damn the whole bunch for the sake of the few.

THE YOUNGSTERS DIGGING THEIR OWN GRAVES

Listen to this from the same literature:

> "The boys and girls in the public schools have an important duty to perform in assisting in spreading the information regarding this life-saving process, so that the community at large may become sufficiently informed to insist that this method of procedure be carried out in all the schools."

In fastening this plan upon the community, the youngsters officiate in the capacity of digging their own graves.

TRYING TO JUSTIFY IT BY QUOTING VACCINATION

An effort is made to justify the Schick Test and the subsequent use of Toxin-Antitoxin by saying:

> "The universal application of vaccination against smallpox has virtually stamped out that disease in our state. (Pennsylvania). There is no reason why Diphtheria should not be brought perfectly under control by the same means."

That is, make it compulsory by law, the same as vaccination. The statement that smallpox has virtually been stamped out by vaccination is not true. The greatest factor in the elimination of smallpox has been, and is, sanitation and quarantine.

That vaccination confers temporary immunity is not questioned, but it is not necessary to the control of the disease. In an article recently appearing in The Lancet, of London, England, Dr. Millard, Medical Officer of Health, Leicester, says:

> "The whole trend of the evidence of the last two decades tends to show that it is quite possible effectually to control smallpox without recourse to general vaccination.
>
> "Surely, the experience of places which have largely abandoned vaccination points definitely to the same conclusion.
>
> "It frequently happens that the annual deaths resulting from the effects of vaccination actually exceed the deaths from smallpox. The last eighteen years, 1906-23,

> the deaths of unvaccinated persons from smallpox have been less than the deaths from vaccination."

Note that the number of deaths due to the damaging and pernicious effects of vaccination actually exceed the number of deaths from smallpox. How is that for protecting the public?

CHILDREN BROUGHT TO THE EDGE OF THE GRAVE

How many children in the pink of health and physical vigor have been brought to the edge of the grave by the introduction of these foreign substances which were in no wise indicated either for protection or cure, and if they did not actually slip into the grave, have endured years of suffering and their usefulness as members of the community limited or destroyed?

It is declared that:

> "The possibility of permanent immunization by Toxin-Antitoxin mixture is now a well established fact." (It is a well established guess).

THE PUBLIC PAYS THE PIPER

One of the cries of the purveyors of this medical piffle, is that "it does not cost anything." "Free literature on the subject is supplied by the State Board of Health." The public therefore is paying for biased literature to persuade itself that this thing is desirable.

In the main also, the innoculating material is furnished without charge. In other words, the public pays for its perverting education, pays for the dope, pays the dopers, and pays the piper—being the dopee!

In the Schick Test literature, cats are mentioned as carriers of diphtheria. Instead of taking one shot at the cat, the advocates of this test take six shots at the kiddies—it's more spectacular, there is more money in it, and the job is more permanent.

EXPLOITING HUMANITY

This is not protecting humanity, it is *exploiting* humanity. But for the obsession regarding the value of serum, one might think this wholesale and questionable resort to serum practice was a scheme to provide more patients for future practice.

THE THUMBSCREW AND THE STAKE—IMPRISONMENT

In the politico-medical control and treatment of human beings, we are fast approaching a state comparable only with the conditions that prevailed in religion a few years ago, when all men were compelled to think alike and to react alike to so-called religious truth or else be submitted to the persuasive powers of the thumbscrew and the stake.

There are already abundant signs on the medical horizon that medical brutality may yet outdo the inhuman practices of religious fanaticism. Legal enactment will doubtless be invoked to compel belief and compliance in the efficacy of the politico-standardized serum practice, and all children, and all adults, for that matter, must be assumed as reacting in the same manner to those foreign substances. And those refusing to endorse or comply therewith will be confronted with ostracism, drastic fines, and imprisonment.

A GOOD "AD."

In support of the value of this measure, it is said that at least one of the large insurance companies is advocating the practice and that they are advocating it not for sentimental reasons, but for financial profit. Quite so, they see in it a good "ad." It is not the first time that "Protect the Public;" "God Bless the Dear Public;" has been made into an "ad." No information is given in respect to any rake-off that may be passing between the makers of the dope and the shouters for its use.

GRAVE DANGERS THREATENED

Instead of *Protection* then, the Schick Test and the subsequent use of Toxin-Antitoxin is a threat of irreparable disaster. This, and the use of other serums tends to create a new list of diseases, the like of which the world has never seen. Better endure the ills we have than to fly to those we know not of.

Moreover, there is no certainty that the proceeding will be effective. That certain grave dangers are threatened, are without question.

The preparations may have deteriorated;

Asthma, enlarged tonsils, adenoids, or other affections may increase the dangers;

There may be an error in the physician's technique;

The reaction is uncertain—one person may scarcely be affected, another may develop serum sickness of a very distressing character which may end in death;

Death may occur instantaneously, without the slightest warning;

The constant and widespread claim that the procedures are absolutely safe and without danger conveys an impression of false security and therefore, adds greatly to the threat of disastrous consequences;

The confession that "certain conditions are but little understood," that "certain manifestations remain a mystery," and that the remote consequences can be in no wise estimated, are sufficient reasons for classifying the practice with the barbarisms of the dark ages.

CANCER AND SARCOMA

Before falling into the Schick Test trap, recall this fact, Cancer is on the increase; and the increased incidence of cancer and sarcoma corresponds to the wide use of serums.

It is claimed that the intentions of those who descend to the use of such measures, are good. We concede this, but we recall that a certain warm country is supposed to be paved with the brickbats of such intentions.

TEN THOUSAND GRAVEYARDS

Before deciding to "follow a certain theory even if it is unproved," consider whether the blighting record of its damaging failure may not yet be written on the headstones of ten thousand graveyards.

THE SERUM MANIACS

Antitoxin, Toxin-Antitoxin, and the Schick Test, are not the only threats upon the child life of the Nation—the serum from convalescent measles is being injected into children as a

supposed protection against measles; and just recently the "Dick Test" has appeared on the horizon for the alleged control of scarlet fever.

The serum maniacs are hot on the trail for a half dozen or more other serums, which when they are overtaken, are to be pumped into every child born into the world.

Oh, Science, what imbecile reasoning is resorted to and what crimes are committed in thy name!

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DISCUSSION

Dr. Boger: There is one fact in connection with this thing that Doctor Underhill seems to have overlooked but I know he

is aware of it, and that is the decrease in typhoid fever, scarlet fever and diphtheria, since the year 1880 to the present time, in the Kingdom of Great Britain has kept approximately at the same pace—although the only serum used to any considerable extent was the anti-typhoid vaccine.

Years ago Doctor Farrington said: "Children who have not been vaccinated seldom take Diphtheria."

Dr. Stearns: One point was not made as much of as might have been and that is that every time a foreign protein is introduced, the individual is sensitized for that particular protein. That is a great danger in the subsequent use of vaccines and other such allied substances.

We all know how dangerous it is to introduce a foreign protein into the blood in any asthmatic or hay fever case. That is a thing you should be on your guard against.

If you know of a child who has hay fever or asthma or if you know of anyone in the family having it, warn those people that death is likely to occur, when they are once subjected to these measures. They cannot prevent it.

Dr. Baker: I think that is now recognized even by the old school men. I know in my state they don't use the prophylactic dose of Antitoxin. The State Health Commissioner said: "I don't think it is wise to do it, we might sensitize a patient, and then if we did give Antitoxin we would have death on our hands."

Dr. Wilson: I remember a case of a doctor who lives directly back of my home. He is an Allopathic physician. He had two child patients down with what he supposed was diphtheria, and in looking into the throats he feared that he had taken their breath, and to save himself he took a dose of Antitoxin as a prophylactic.

One day I saw him sitting in his back yard under a tree as I went out for my machine. I stepped up to the fence and said: "Hello Doctor, what is the matter?" "I am not well," he said. His face was a picture of urticaria, all broken out, and he was red all over. I said: "What is the matter with your face?" Then he told me he had an Antitoxin rash. He cited the circumstances and I couldn't help but smile in spite of the

fellow's predicament. He had to quit his practice. I laughed and said: "Then you tell people that Antitoxin is harmless."

We likewise had one of our Homœopathic physicians in our county who had a case of scarlet fever and he took an immunizing dose of Antitoxin. He died within a few hours.

Dr. Baker: I know of one instance, remarkable for showing the difference in susceptibility. Probably about twenty years ago there was an epidemic of diphtheria in Virginia. They used Antitoxin and wanted to immunize a nurse and a teacher who was also acting as a nurse. They had the units in one container. They gave half to the nurse and it didn't phase her a bit. They gave the other half to the teacher and he collapsed instantly. They did pull him through, but it was an awful close call.

Chairman Lehman: We are greatly indebted to Dr. Underhill for this splendid presentation of facts and graphic picture of present and threatened dangers.

Dr. Stearns: Mr. Chairman before you go on why not start something going to have this paper reproduced for use as available data in combating these dangers?

Chairman Lehman: First allow me to say a few words. After that I will ask Dr. Underhill to close the discussion; then we will consider publication.

If you will turn to Sir Alfred R. Wallace's "The Wonderful Century," you will find these three subjects discussed, Scarlet Fever, Diphtheria and Smallpox. He shows they have all diminished in proportion as sanitation has increased. I think he devotes a hundred pages to smallpox. It has had the effect of changing the minds of the medical men of England, or at least of members of parliament.

I remember having read in the American Journal of Medicine some years ago of asthma treated with Antitoxin—twenty straight deaths.

These serums are of animal origin. I think it is not wise for men in any time or in any generation to violate the law of Moses. I would refer you to the law of Moses regarding the mixing of species.

Some people don't believe in the Bible any more, but there

will come a day when you will because "Heaven and earth shall pass away but my word shall not pass away." I am giving you the absolute and final authority, the Creator Himself, who has warned us against mixing the species.

I have a little note handed me a few minutes ago which says: "These things should be brought to the attention of the National League of Women Voters, with the plea to fight legislation favoring such treatment both in the state legislatures and in congress."

Dr. Underhill: I am very much gratified at the character of the discussion. I only have one regret, and that is that we have not heard from Dr. Dienst on this subject. I esteem his opinions very highly and I am sorry that he has not had something to say.

Dr. Dienst: It was so good that I can say nothing to make it better and I have nothing to criticise. I would like to have this paper printed in convenient form so we can all use it for general distribution, and the sooner the better. It is good ammunition and a gun well loaded with it, and aimed straight will do a lot of good when fired.

I appreciate the paper very much Doctor Underhill and I hope we may soon have it ready for use.

Chairman Lehman: What is your pleasure; the Secretary is already receiving orders for it?

By unanimous consent the publication of the paper by the Association is authorized—the details of publication to be left with Secretary Roberts.

STRONTIUM CARB

GUY B. STEARNS, M. D., New York City

Mr. W. F.—Flower Hospital Clinic, Case No. 1028—Salesman. Aged 63.

Well nourished, dark complexioned, medium build, heavy hair and eyebrows, comes from a long-lived family. Came to the clinic March 10, 1924. Scarlet fever as a child. Two attacks

of influenza. Operated on for haemorrhoids 18 months ago. For several months has been treated for high blood pressure and was told that no medicine could help him, but that he must give up work and rest. He reported that his blood pressure had been between 250 and 300. When he came to the clinic his blood pressure was 270/130. Heart was somewhat enlarged, labored and irregular. Moderate sclerosis of the arteries. Trace of albumen in the urine. Wasserman negative.

His symptoms were: Flushes of heat in the face, coming on after lunch and again in the latter part of the day. This sense of heat lasted from five minutes to an hour at a time.

Urinates seven or eight times a day and two or three times at night. Passes about three pints at night.

Palpitation of heart and throbbing in the blood vessels that is felt in the ears and in the occiput.

A sensation of muscular soreness over the precordial region.

Constipated.

Craves sweets.

Very sensitive to cold. So much so, kept warm with difficulty.

Has had a retinal haemorrhage in the right eye.

The right hand trembles at times so that he cannot write.

Tongue indented at the edges, coated dark in the center.

Memory poor for names.

Irritable, nervous, easily angered.

Several years ago had severe occipital headaches.

An analysis of symptoms shows few characteristics. Great sensitiveness to cold was his strongest modality. Heat in the face was the next most peculiar symptom. He had craving for sweets, but this was not very definite. The fact that he had previously suffered from occipital headaches and that he now had throbbing in the occiput was a possible third symptom.

Clark's Dictionary, in the preliminary description of Strontium Carb, gives the following: "Among the prominent symptoms of the provings were flushing in the face and violent pulsation of the arteries; congestion to heart, lungs and head; the distinctive feature about these states with Strontium Carb

is that they are relieved by warmth and wrapping up, and worse by cold."

Some of the individual symptoms are: As if head were expanded from within. As if tendons of the neck were drawn up. As if all power had left the right arm. External soreness. Hering's "Guiding Symptoms" gives: "Threatening apoplexy with violent congestion of head; hot, red face every time patient walks; exertion increases circulation toward head; some erethism of chest; smothered feeling about heart; better wrapping head up warmly; cannot bear least draught of air.

Strontium covered the case perfectly and his subsequent progress confirms its use. The 200th was given March 10th. All symptoms improved, after an aggravation of symptoms for three or four days. The patient can go about his work and his blood pressure is slowly coming down. On June 8th, registering 230/127. The remedy was repeated May 19th.

Kent's Repertory gives Strontium Carb the highest value as a chilly remedy, second value in heat of the face, and second value in pulsations externally. A reading of its symptomatology indicates that it should cover high blood pressure cases, with threatening apoplexy. Probably this patient cannot be cured, but it is very satisfactory to be able to increase his efficiency and give him comfort, for his progress before had been steadily downhill.

Strontium belongs to the calcarea group of elements and can substitute for calcarea in the egg shells of chickens fed on a calcarea free diet.

MUREX

Mrs. C. S. Aged 35.

Aenemic since twelve years of age.

Typhoid at 14, which left her with indigestion and never well since.

Papules on erythematous base on both cheeks since twelve. Has three children alive and well, the oldest being eleven.

Two and one-half years ago, a still birth at seven and one-

half months, with complicating kidney trouble and odema. A year later, had a live baby which died in three days. Much doctoring. Never strong. Gave a very full and interesting medical history not germane to this report.

Subject to hives, almost, at times, like angio-neurotic odema.

Had blind spells and aphasia as a child.

Strawberries caused blind spells.

Her father had blind spells from chocolates and he also had asthma. His father had hay fever.

She has a sister who has asthma.

Patient is dragged out during menstruation. Has no energy.

Always enervated at seashore.

Very chilly, must have hot water; ag. if she lies down.

Can't stand sun or glare of seashore, as it causes pain in the head as though the vertex would fly off.

Prostrated from extreme heat; can't stand cold.

Strong-smelling axillary sweat.

Can't stand losing a meal and feels better generally from eating.

Ankles turn easily.

Hangnails.

This patient's symptoms, coupled with the history of her father and grandfather, shows a state of inherited alergy. All three of her children are asthmatic. Outstanding symptoms are:

Aggravation at the seashore.

Aggravation at the menstrual time.

Aggravation from extremes of heat or cold.

Aggravation from the sun or any glare.

Hives.

Weak ankles.

Hangnails.

Aenemia.

None of the remedies having aggravation at the seashore seemed to fit her case. A sea product was given October 27th, Murex 200. All conditions improved so that, in three months, she was stronger than she had been for years. After five months, face eruption that had begun to improve began to get worse. Indurated papules. Very depressed thoughts. Aurum 200th

cleared these up. Murex has many of the same symptoms as sepia and natrum mur. Many of the stinging jelly-fish should be proved, as they would undoubtedly cure the types of anaphylaxis that are expressed by hives, asthma, hay fever, etc.

POST-PNEUMONIA THERAPEUTICS

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

Why should anyone have pneumonia? Six fishermen, of equal age, physical strength, all wearing similar garments, subsist on the same kind of food, and are subject to like environment, are caught in a squall; they hasten to shore and as they approach it, their boat is swamped, they are thrown into the water, but reach shore, drenched to the skin, in safety. One is soon taken with inflammatory rheumatism, one with nephritis, one with ciliary neuralgia, one with severe digestive disorder, one with pneumonia, and one escapes all sickness and is none the worse for his experience. Why this difference? Because each has his individual pre-disposition to certain forms of disorder—mental or physical or both. We desire, therefore, to present this proposition, which is not hypothetical, but concrete, that, in the therapeutics of all acute diseases, careful thought must be given to predisposition and heritage before the patient can be restored to normal health. We admit that certain acute attacks of disease, particularly exanthematic fevers, may recover, by confining our therapeutics to the acute stage only; but even here care must be taken to avoid unfortunate if not fatal sequalae.

This is particularly true in people suffering from, or subject to pulmonary disorder. First: If the patient suffering from pneumonia comes into your hands from a physician who has given coal tar derivatives or digitalis, your task is not an enviable one, for you have not only the abused pulmonary disturbance to deal with, but an additional cardiac weakness which threatens the life of your patient and complicates your generals. Scrupulous care is necessary in directing not only the nursing of this patient, but also in selecting and prescribing a remedy. Care

must be exercised to keep the heart in action without over-stimulation, and, after all acute symptoms have disappeared, prolonged physical and mental rest is imperative. Unless other remedies are strongly indicated, one of the venoms will, if the heart is not too severely damaged, be indicated. Careful study should be given to Naja Trip, and Elaps., at lengthened intervals and in ascending potencies. Care must be taken that the lungs are reasonably clear, before this is done.

Second: When called to an individual deeply tainted with Psora—this can be readily ascertained—your acute remedies will aid you through the acute stage. Care must be given to a possible abscess or cavity in the lungs. Take your time and give strict attention to nursing and diet, and when the febrile condition has subsided, and resolution is well under way, Sulf. is the most frequently indicated remedy to clear conditions, avoid relapse, prevent sequalae and restore your patient to a normal state of health. It is my practice to watch these patients for one or two years and repeat Sulf. when necessary. This will remove all effects of the acute attack, and if the patient has the good judgment to consult you occasionally, you will so effectually restore him that he will not be so very susceptible to colds and coughs in the future as he has been in the past.

Now suppose, such a psoric case has been treated antipathically and has recovered from the acute state, but at the first cool breeze of Autumn he takes cold and is afflicted with a persistent cough, which annoys him very much. The first thing in order is a very careful examination of the lungs to learn their true condition as to abscesses, cavities, tubercles, or calcareous deposits. These being absent, and the cough predominantly bronchial with or without asthmatic tendencies Kali-c is the leading remedy, and should be continued in ascending potencies until the patient is perfectly free from his cough and is less susceptible to recurrent colds.

Third: Suppose your patient is of the tubercular type, and your fears, doubtless justified, that pulmonary tuberculosis may follow the acute attack, your vigilance should be doubled during the febrile stage, that unfortunate complications do not supervene, and when this stage is reached, and resolution well under way

it is good practice to employ anti-tubercular therapeutics. Of course, nothing should take the place of the truly indicated remedy, but usually under the actions of the best selected remedies in these cases, conditions arise which call for one of the tuberculins. In young people I prefer, as a matter of habit, tuberculinum avarinum; in adults and those in middle life the plain tuberculinum. Suppose, however, convalescence drags along very slow, and you learn that your patient, in addition to his tubercular diathesis has contracted in the past, or has a gonorrheal inheritance, it may be well to give a course in Medhorinum.

Fourth: Suppose you have the misfortune to be called to a case of pneumonia in a syphilitic individual; one who has been mercurialized, serumized and salvarsanized, you know at once the task before you—not an enviable one—even if he had had no therapeutic measures whatever, your task is still unenviable. In such cases you will almost invariably have the syphilitic phenomena present—such as aggravation of all symptoms at night, perspiration without relief of symptoms, cough aggravated by turning to the right and a blood streaked mucous soon after the onset of the attack. Knowing this it is well to give some form of potentized mercury—preferably the vivus—at once, and administer it with care, for it is dangerous when overdone. A moderate potency, the 200th or one-thousandths, at lengthened intervals will soon restore order. After the febrile stage is past and convalescence supervenes, cease your mercury and wait. Give nothing so long as improvement is active. Later, you may need a higher potency of Merc. or Nit. ac. or Sulphilinum-tuberculinum to complete your cure and restore normal harmony of the body.

A FEW CURABLE CASES

R. G. REED, M. D., Cincinnati

On reflecting over some of the events of my medical career of thirty-eight years, I have felt humiliated, resentful, and then a pity, that I should have been so long in apprehending the great possibilities of our system of therapeutics. Humiliated,

because so much time was spent in misdirected effort; resentful, because I had placed confidence in those teachers who should have been able to direct me in right ways; and then a real pity for those who were open to the truth but never had it impressed on them.

On entering medical college I was imbued with the idea that the medical student went to college to learn how to study, but in later years I found that he went to college to procure the privilege of practicing medicine, and had to devote much time afterwards, *unlearning* what he had been taught.

This being the case, it is scarcely to be wondered at, if he did not have any definite idea of the difference between acute and chronic diseases. Nor is it any great wonder if he staggered before walking, and occasionally cured a case by accident. The following may illustrate. It occurred over thirty years ago, so there is no doubt of the permanency of the cure: A little girl, about eight years of age, was afflicted with a spasmodic squint which I could not control with glasses. Her mother complained of her crying out in her sleep at night. I examined her spinal column and found a decided curvature; and while I could elicit no pain on pressure, she suffered with severe pain in right knee at night. No pain during day. Measurement showed right leg longer than left, by one inch. With patient lying on back, slight tapping on bottom of right heel caused pain in right knee. Mother was told that her child had hip joint disease and must be put at rest. In order to be certain as to the diagnosis, the child was taken to a distant city and examined by two competent men, one an Allopath, the other a Homœopath, who unhesitatingly confirmed the diagnosis; and she was placed under my care. She could not endure a plaster cast, nor even an extension, so was placed in bed and remedies given. I say remedies, for in those days I knew nothing of the Organon or the Philosophy of Homœopathy, and after floundering about for a short time I gave her Calc. Phos. 30 every 3 hrs. and Bacillinum 200 once a week. As she seemed to improve, this treatment was kept up for 23 weeks, when recovery was complete. She grew to womanhood and, I understand, married and is now the mother of four healthy children, and has no blemish of any kind due to her former

affliction. The cure I consider accidental and not due to any particular skill on the part of the physician, but I considered the experience useful as food for thought.

Another experience along the way was one of constipation with definite Nux. Vom. symptoms. Patient had been under Allopathic treatment for three months without benefit. She was given Nux v. 3x and 2x, over a period of three months without benefit; then she returned to Allopathy for another three months, after which she discontinued all treatment for about four months, and then returned to me. No remedy but Nux seemed to fit the case, and she was again given Nux 3x every two hours without benefit. Wondering what else to do I saturated a two dram vial of No. 30 pellets with Nux 12x and bestowed them upon her with the result that I lost a patient, as she returned saying: "Dr. I don't want you ever to forget what you gave me last, as the first dose helped me and I am quite well now. Why didn't you give me that before?"

April 29, 1919, Mrs. C. S. came to my office in a very nervous and excited state of mind. She had come directly from the X-ray artist, with plates which showed the bones of her right forearm in a tuberculous condition, or at least so interpreted by one of our ablest roentgenologists. She was positive that the beginning of the end was at hand, but being a believer in Homœopathy, she was easily persuaded to try its power, and was given a few powders of Tuberc. 50 M (Kent) which my record shows was not repeated until Aug. 3, 1921—an interval of two years and three months; with the exception of a support to keep the arm quiet while it was so painful, this was all that was done. She reported at intervals that she was improving, and a few months after the last prescription she reported that she was quite well.

August 24, 1918, a young lady of 22 years presented herself for examination of her eyes, on account of an uncomfortable twitching of the muscles surrounding the right eye. She was refracted under a cyclopegic in the usual way, and the error of refraction corrected; but the twitching continued, extending into the right cheek and right side of the tongue. She was given Agaricus Tr. three drops, three times a day for about two weeks,

which brought complete relief, lasting about one year. At the end of this time the twitching began again, accompanied by twinges of pain, and both increased in extent and severity, developing a well marked Tic Doloreux or facial neuralgia. She betook herself to a nerve specialist, and to at least three other physicians, who exhausted their scientific resources in the way of X-ray and other treatments, and then pronounced the case incurable, with no hope of relief except in having the ganglion removed. She then returned to me, Feb. 1, 1920 and received one dose of Ignatio cm. March 9, not so well, ℞ Ignatia M. March 24, no better, ℞ Nat. mur. 2c. April 19, no better, ℞ Nat. mur. cm. April 22, no better, ℞ Ignatia cm. At this point the patient took to her bed, becoming very cross and irritable, and on April 26 was given Cham. 15 with no benefit. April 29, ℞ Agaricus 3x in repeated doses with no benefit. May 1, after much study, she received one dose Kali Carb C. M. which was followed by marked improvement. One more dose of the same was given about 12 weeks later, which completed the cure.

These cases may serve to illustrate the groping of one who seeks the light, but who lacks the fundamentals upon which to work. There are very few present day practitioners who have started out with any better understanding of the great principles of Homœopathy, than did the writer. Many graduates of the Homœopathic Colleges have never been instructed in the teachings of the Organon. Many have never so much as read it. They have been taught, just as I was, that the principle of Similia Similibus Curantur is all that there is in Homœopathy, without any reference to the value of symptoms, the dosage, the repetition of the dose, or the relation of remedies; and would as soon base a prescription on a few common symptoms, as on the best array of general symptoms that could be presented.

No wonder the school today has to depend on organization rather than on principle for its existence. A college where pure Homœopathy is taught would indeed be a dream, and in this materialistic age it could scarcely be hoped for. It appears to me that the greatest hope we can have for the propagation of the great law taught by the immortal Hahnemann is to be found

in the American Foundation for Homœopathy, with its devotion to the truth, both for the physician and the laity, and that it deserves the support of the profession to its fullest extent.

HOMOEOPATHIC TREATMENT OF ENLARGED TONSILS AND ADENOIDS

GUY BECKLEY STEARNS, M. D., New York City

One of the activities undertaken this last winter by the Foundation for Homœopathic Research in New York, has been the study of tonsil and adenoid conditions in children. This work has been going on for only a few months and these remarks will be of a preliminary nature explaining the processes.

First, there was sent out, to physicians and a group of laymen, a circular letter explaining our purpose and saying that we would treat cases of enlarged tonsils or adenoids. We have devoted one afternoon a week to this clinic and, in order not to have more cases than we could handle, have seen patients only by appointment. The preliminary examination has included an anthropological study by Dr. Philip Rice. The purpose of this was to determine the relation of various morphological types to tonsil and adenoid diseases. Routine examinations of the conventional type have been made of all children. A careful history has been taken of each case, and a repertorial analysis made. In addition, special remedy tests have been made in accord with the experimental method that we have developed. There have been engaged in this work, Dr. J. W. S. Powers, Dr. M. Eltinge Gore, Dr. Philip Rice and myself. Thus far we have treated twenty-five cases for a period of three months or less. From the morphological angle, interesting deductions can be made. All of these children showed an over-development of the upper abdomen, which includes over-development of the liver and glandular system and under-development of the upper chest, which means a diminished power of oxidation. This combination favors the increase of glandular structure with a lowered resistance of the same, making it subject to infections. It repre-

sents the normal infantile type and can be interpreted as a delayed development. Prophylactic measures would include respiratory exercises and dietary corrections. One measure that suggests itself is to give all babies some form of apparatus which encourages the effort to climb. Dr. George H. Taylor, in his book on "Hernial Therapeutics," mentioned a spontaneous cure of hernia in a baby through the exercise the baby got by constant playing and pulling at a dumb waiter rope. A similar exercise would tend to develop the upper chest and to cause a compensatory diminution of the upper abdomen.

The remedies that have worked out have been very interesting. The endocrins come in rather frequently, and not the ones that would be usually thought of. It is very difficult, from our present knowledge of the physiology of the endocrins, to select the ones that are needed for the cure. We hope, when the number of cases have become large enough and when time enough has elapsed to make cures, to be able to give the indications for various remedies that are curative. At present it is difficult, in many cases, to select the right remedies, because most of the indications are objective. Wherever objective symptoms are plain, they are the most valuable of all in prescribing, but where they do not emerge far beyond the normal physiology, it is very difficult to interpret them. Practically all the cases that have come to us are those which were slated for tonsilectomy.

Thus far, every case has shown some improvement but not enough time has elapsed to complete any cures. In the case of a mentally active boy with large tonsils and adenoids which have affected his hearing, Thyroid 30th and 1m have made a great improvement and have corrected his bed-wetting. Psorinum cm made an equally startling improvement in a similar case. In a case of hyper-plastic tonsils, Aurum has been very helpful. In the case of an overgrown, active child, with chronically enlarged tonsils, Aconite made a marked change. This child gave a history of frequent sudden attacks of earache. In a case of a child who was always seasick when riding on the street car, Theridion helped. In the case of a young girl who looked and acted like a little grownup woman, Mammary Extract 3x benefited. In a little cry-baby girl, Orchic 6x made a wonderful change. In

another very composed, old-fashioned, sedate little girl. Ovarian helped. All the other cases have fallen under our usual remedies such as Silicia, Calc, Sulphur, etc.

This brief outline is a preliminary statement of the work that we are attempting and its scope.

We plan to have, next year, classes organized for systematic physical training directed toward developing the children along normal lines. We hope to have had, in the course of a year or two, a series of 100 or more cases fully worked out, with definite remedy-indications and a rational hygienic procedure.

THE CHOLERAIC COMPLEX

C. M. BOGER, M. D.

A sudden and violent emptying of the digestive canal by vomiting and purging at the same time, and mainly seen in cholera, cholera morbus and cholera infantum, but may occur as a prodrome to pneumonia or apoplexy or during migraine, strangulated hernia, uraemia, etc, etc. It seems to be an effort of the vital forces to get rid of an overload of one kind or another, mostly, but not always of digestive origin.

Its premier aspect is that of a violence great enough to raise the suspicion of the presence of some really serious disorder. It was formerly more common during the heated period. More sanitary methods of handling food stuffs have very materially changed this for the better.

Remedially the syndrome points to a certain small group of very active remedies whose pure effects combine suddenness of onset and violence with vomiting and purging. The first of these is *Aethusa* and one sometimes wonders how the early Homœopaths got along without its help in cholera infantum, for those dangerous cases in which the child suddenly vomits up a tough or hard curd of milk, purges, turns deathly pale about the mouth and then sinks back in utter exhaustion. Only the correctly chosen remedy, promptly given, will save this kind.

Then we have the drowsy patient who vomits and purges

moderately, has a little cool general sweat with a suspicious rattle in the throat, so that we can't just say whether it is really cholera infantum or the onset of a capillary bronchitis. A single dose of *Antimonium tart* very high will cure the patient so quickly that our doubt will always remain. Such an action belongs to the nature of tartar emetic.

It is not necessary to here point out the Arsenicum, Colchicum, Cuprum, Podophyllum or Veratrum alb. type of case, but what I want to say is, that, faced by such an admittedly serious complex, even a moderately good Homœopath stands head and shoulders above his Allopathic brother in his power to save the situation.

I might speak a long time of the things which you know and feel are perfectly true, and yet be helping the cause but little did I not point out the fact that the things which hold us back are largely of a fundamental nature. The patient who comes to know correct Homœopathic prescribing will rarely ever take strong doses of medicine at all, even preferring drugless healing to being always in the shadow of dope or measures of violence. Most sensible persons still hold with Montaigne that they "see no race of people so soon sick and so long before they are well as those who take much physic." Today the victims of surgery may well be added to this class. Both are dupes of a mighty poor opportunism.

What can we say for ourselves after denouncing old physic and castigating short sighted surgery? Is our need self glorification, boastfulness of the law, which we occasionally observe, or an exclusive and bigoted regularity? Such things did and do still belong to low grade Homœopathy, rich in everything but the self-sacrificing devotion which finally emancipates the searcher after truth; he who finally comes to see that efficient and complete reaction only follows an initial impact of a like kind. No one can predicate the final results of a force thus converted or released into its own proper channels.

One more thought. All measures intended to thus convert or turn latent energy into its normal channels, which stop short of doing it by virtue of the law of similars, fall just that much short of making genuine cures. Much help may be gained by

various mechanical or material acts, surgery, manipulation, etc., etc., but every one of them lacks the power to tune back into natural expression, the innate vitality of the patient. Only the potentised remedy can do this; all other methods are inherently more or less palliative; it can not be, nor is it otherwise. How, then, may this knowledge be obtained? Let me tell you: "Seek this wisdom by doing service, by strong search, by questions and by humility; the wise who see the truth will communicate it unto thee."

ANAPHLAXIS

S. W. LEHMAN, M. D., Dixon, Ill.

Vaccines cause the vegetative system to take on a lower order of nutrition. That means poorer quality throughout the whole organism.

The anaphlactic change is admitted to be of chemico catalic nature or a physico chemical reaction which remains more or less permanent.

After reaction, the proteins are in a state of amalgamation, and always reduced to a lower order of tissue.

(The idea of production of toxines can be abandoned according to the best physiologists).

The underlying base being a disturbance of metabolism of the individual cells disturbing the absorption of proteins upon which they rely for the maintenance of their structural integrity.

The structural vibrations have also become changed and the foreign protoplasm has become an alloy with the pure protoplasm of the individual, and a protoplasm of an inferior order is the result.

A hypodermic injection of a vaccine is no more or less than a mild snake bite. For this reason, cell clevage is poor and in reproduction, the first clevage is followed by the death of one of the cells. *This results in decreased genetic vitality.*

We have also noticed that after bites of animals, sepsis is quite common. The meaning of the word phylaxis stands for protection. Ana being a privative.

It seems that there is a mistaken notion about the protection of serums and vaccines, without a true realization of the remote effects.

The symptoms of anaphlaxis may be outlined as follows:

Ascidosis.

Low blood pressure.

Cells are saturated with foreign proteins.

Producing tissue of an inferior order.

Laying a base for lactic acid fermentation, or a foundation for uric acid or fatty degeneration.

There is delayed reaction of the tissues to any specific irritant, except it be a repetition of the vaccine as in the case of horse serum, a very dangerous reaction may be set up by a second dose.

Infection is very common. False nutrition which often breaks down as catarrhal fevers.

Low grades of inflammation are set up, the system being unable to remove the deposits, attempts to build them in.

Lymphatic glands become engorged, producing uticaria, erythema, anthralgia, albuminuria, oedema, gastro intestinal disorders, cardiac collapse, and hemolyssis.

Such ailments are caused by vaccines, infections, tetanus, diphtheria, ptomaine poisoning, whooping cough, ailments from alkaloids, strychnine, morphine, caffeine, tobacco, etc.

REMEDIES SUGGESTED FOR RELIEF—ACETIC ACID

Anaphlactic states causing decreased function, the fat lipoids of the cells are decreased, causing abnormal metabolism. Cells become cloudy, and tissues encumbered, with deposits of colloid material. A state of demoralized coordination of tissue vegetation with depraved nutrition prevails.

It has the power of cleansing the tissue encumbrances, removing colloid deposits and restoring tissue vegetation.

A wonderful remedy to remove the effects of ether, chloroform, even years afterward.

Anaphlactic states left from over dosing with electricity comes under our observation frequently these days. Morphine acetate 30x up, is a wonderful remedy, and in my experience leads all others. Compare basic acetates of all kinds.

ABROTANUM

Anaphlaxis—boils and abscesses. From tubercular base. A great nutrition remedy.

After injection of tubercular vaccine, tissues become neutral, reaction is destroyed, vegetative nutrition almost annihilated, hectic fever sets in with complications such as pleurisy, peritonitis, tuberculosis of the gastro intestinal tract, with wasting and emaciation, a most prominent symptom.

AETHUSA CYNAPIUM

Anaphlactic states established by the over use of cow's milk, or where there is already an aversion to it, nutritional acidosis, dropsy, milk is vomited, exhaustion, prolonged sleep, agg. by hot weather and hot nights, causes acidosis vegetative nutrition stops. Coma and death follow.

Improperly fed babies, vomits yellow green curds, milky complexion, agg. by milk, agg. damp, cold weather, usually have the sense of fear over developed, often has an abnormal appetite while being well fed, the patient is starving. Acidosis, nutrition dropsy. Artificial milk fed babies with but few exceptions will be helped by this remedy, no matter what the ailment.

AMMONIUM PICRATUM

Combines the virtues of three great remedies—Carbolic acid, nitric acid, ammonia.

Another wonderful remedy. Chronic anaphlaxis from hydrophobia vaccine. Face pale, ashen gray, bloodless, losing weight, losing endurance, no ambition, no appetite.

Restored to normal nutrition and health by this remedy.

The hormones and enzymes are diminished. Lymph engorgement, hemolytic jaundice, housed up people, too little sunshine, ailments follow zymotic diseases, vaccines of all kinds including vegetable alkaloids as quinine.

It has a strong action on liver. (Mag. mur, aurum mur).

APIS MELLI FICA

A wonderful remedy to use in anaphlactic states following diphtheria and its antitoxin, or from any of the animal proteins.

There is clutching at the throat, collapse, cold sweat, palpitation, urticaral manifestations, swelling and puffiness of the tissues, with irritable heart, it has no reserve power, no endurance.

It also acts as a prophylactic agent against diphtheria, throwing out products that develop diphtheria and erysipelas.

When the condition has existed for some time, the trouble becomes very chronic. There is no endurance, heart palpitates from least over-exertion, climbing stairs, or going faster than a walk.

Inflammatory states based on anaphlactic conditions, no matter what the cause.

The strepto coccus sets up an anaphlactic state which apis will cure.

It will cure uric acid troubles, based on anaphlactic states.

Ailments following fright, vexation, jealousy, mental shock from bad news, concussion from injury.

There is usually intolerance of heat. The sore throats left after diphtheria and scarlet fever are amenable to its influence.

AURUM MUR

Anaphlaxis—bitten by the snake. Used years ago to inject at the site of the bite. More effective than kali permanganate. Ailments from alcoholism, sycosis, or other morbific agents.

At a certain point of its pathology, the patient begins to fatten. The alkalimity of the blood is decreased, causing asthenic states with assimilation of food decreased, follows muriatic acid in reconstruction. Scrofula, syphilis, mercury, alcoholism.

Increases vegetation in highly specialized organs.

Their function promoted toward a normal.

Craves sour, proteins are not assimilated. Increases natural cohesion of tissues.

Stimulates absorption of colloid deposits and cleanses the

system of incumbrances, probably the deepest acting remedy on vegetative nutrition we have.

Nervous system exhausted, assimilation decreased, stimulates lacteals, nervous dyspepsia, carbo nitro genoid states of metabolism, the skin turns a yellowish brown, clears the system of hereditary syphilitic encumbrances. Fatty tumors, obesity, etc.

BUFO

Anaphlactic states, following scarlet fever, pneumonia, influenza, vaccines, serums, yeast, alcohol, after tonsil operations, engorgement of lymphatics of chest, abdomen.

The lymph system becomes engorged, tissues become yellow, nutritional dropsy, cells are starved for proteins. There follows in its pathological trail, neurasthenia, Bright's disease, diabetes, bones are sensitive, suppression of fistula by surgical or mechanical means.

After poisoned wounds, the lymph system is depressed.

Bufo will aid in the refinement of the coarse cells back to their normal histology.

Infective granuloma (mland).

Bruised, sore areas with colloid deposits forming localized cancer base. Old operation fields, bruised areas, remember its influence on cells, just outside the true cancer zone.

CARBO VEGETABILIS

Anaphlactic states dating from some acute disease, even though years before. Blood stream has become lifeless, either from some acute disease, putrid meats, etc., or from drugging, causing suppressions.

Vital fluids become engorged in the lymphatics, pale, expressionless, asthenic, sallow, hectic fever, etc.

Vital force diminished, want of susceptibility to remedies, a rich soil for bacteria, sepsis typhoid, tendency to eat too much protein, and too little carbohydrates, or simplest food disagrees.

Epigastric region sensitive, ailments from suppressions, especially colds suppressed by quinine. Dull pain in occiput with vertigo.

This remedy is not appreciated, or it would be more frequently used.

CHROMIUM

Anaphlactic states from zymotic infections, scarlet fever, measles, etc.

Marked lymph changes to an inferior order of vital fluid which remains more or less permanent. It reduces the refinement of cells to a more coarse variety, with a tendency to increase of animal spirits, or if pushed farther malnutrition sets in with gradual deterioration, anaemia, exhaustion and death.

The action is slow and chronic, eating yeast and drinking beer brings about such a state. The nutrition symptoms are not unlike syphilis. Tissues are an easy prey to septic bacteria. Kidneys filled with pus, indicated in focal infections at any point.

Ulcers form on mucous membranes, flesh over bones nearest surface, sore.

FERRUM MURITANICUM

Anaphlactic states—after the absorption of septic matter, it has the power of releasing such poison from the cells.

Diphtheria, erysipelas, milk leg, media stinal abscess, etc., seems to have power to regulate water in the cells. (Nutritional dropsy) restores alkalinity.

Removes element of shock, to blood making organs, after loss of blood, by hemorrhage or more chronic forms, by decrease of function of blood making organs, etc. (Stront carb—China).

Absorption of septic matter. Compare—aur mur, mag mur, kali mur, berb mur, hydrast mur.

In the acute stages of sepsis, with waning vitality of lymph and venous systems, the life of the patient threatened through the constant absorption of large amounts of septic material, give material doses of tincture.

You will be rewarded by the normal healthy reaction of the system, in material doses, it seems to destroy the poison or it makes it harmless to the tissue.

Acute cases—milk leg, pyaemia, septicaemia, erysipelas, scarlet fever, diphtheria, etc.

Chronic cases—cancer. When there is much absorption from macerating tissue, it is indicated.

Anaemia, from chronic septic foci pouring into the system, macerated animal tissue with gradual destruction of red blood corpuscles.

In high potency, it increases vitality of spleen. Increases oxidation powers of red blood corpuscles, and the whole system is strengthened.

Ferr mur acts more strongly on spleen.

Mag mur acts more strongly on liver.

HIPPOZAENIUM

Anaphlaxis—from the amalgamation of any foreign protein usually forming a type of tissue that suppurates. Pus vents and fistulas are formed as an aid to the excretion of this most unusual metabolic state. (Compare malandrinum) which is seemingly greatest in the lymphatic system). (Also Bufo).

Abscesses are formed in the lymphatic glands and tissues, especially media stinal and abdominal. Even new lymphatic tissue seems to be formed for the increasing demands of the system.

Reaction is poor, there is no well indicated remedy and the best one selected does not bring about a favorable reaction, tissues bordering on pus formation, lymphatics engorged.

Tonsils enlarged, suppurative appendicitis, media stinal abscess, rectal fistula. After typhoid vaccine, lymphatics enlarge, with soreness in lymphatic tissue, soft nodules appear in mammacy gland and on same side along the spine in the abdomen and pelvic tissues.

(Compare Nat. sul.) Hippozaenium usually begins where Nat. sulph leaves off. Take cold easily, every injury suppurates. After alcoholism, and the over use of aurum, for its treatment, there appears on the skin, swelling size of a hazel nut, brownish in color. They discharge a yellowish brown ichor.

Purulent inflammation of serous membranes, especially joints, sinuses, ozena, bronchitis, increase of white blood corpuscles., septic states following cow pox vaccination, etc. (Mang acet).

LAC CANINUM

Will remove effects of foreign proteins which, through an amalgamation, has caused a deterioration of tissues.

Diphtheria and its antitoxin being the best example of its wonderful work.

I have removed the remote effects of diphtheria with this remedy after twenty-five or thirty years of suffering asthma and throat trouble.

The vital electric force is disturbed, cannot bear one finger to touch the other.

Symptoms frequently change from side to side. Diseased imagination with great fear of disease.

The auto intoxication which indicates this remedy is very foetid.

The sweat and the breath are foetid.

Auto intoxication in pregnancy. The reaction power of healing is very poor. Faulty, defective nutrition follows the inhaling of diphtheritic breath or the odors of the sick room.

Ailments often date from some infection. History of septic poisonings. Membranous, exudations. The whole nervous system in a state of irritation, the spine aches from the brain to the coccyx.

LOBELIA

Lobelia Acet. Here is a wonderful remedy. It has the power of relieving anaphlactic states of the tissues, releasing the morbid material from the cells, and from the abundance of clinical experience, it does not of itself, create an anaphlaxis of the tissues, which is of great importance.

A grand remedy to follow in mistreated whooping cough. Reaction suppressed, causing an encumbrance on the lungs, especially light hair, poorly nourished, tubercular, with threatened phthisis or asthma.

Diphtheria—a wonderful remedy in the after effects, removing the anaphlactic state.

Consult it in ailments.

From lagrippe, anesthetics, tubercular vaccine, ptomaine and many others. Vegetable alkoloids, causing habit base.

LYCOPUS VIRGINICA

Anaphlactic states caused by the suppression of morbid excretions. Venomous bites and stings, all kinds of vaccines.

This remedy, like lobelia, has a remarkably good trait. It is difficult to suppress the healing powers by the use of this remedy.

The indication for the remedy is a general somatic incumbrance with a tendency for the heart to give way under the load, beginning fever.

A suppressed reaction settles over the body or in some organ.

Poisoned from pregnancy—a great remedy. It will remove the deposits of colloid material in whatever organ. It acts directly upon the vegetative function of the tissues.

It is probably the greatest among vegetable remedies as an antidote to rattlesnake bite, which indicates its sphere of action.

Thus it becomes a remedy of very high order in all sorts of anaphlactic states produced by vaccines, serums and animal poisons of all kinds.

Patients begin to lose their weight and strength. They have no endurance and likewise no appetite.

Incipient phthisis deposits of colloid in left lung, heart irritable, palpitation least exercise.

In auto genetic intoxication, because some organ in the body is out of harmony both in function and vegetation.

It is, therefore, of great value when some organ is breaking down.

Bitten by the snake is a very apt picture of this remedy.

Any form of dissipation, immoral conduct or thoughts, may bring about a state of deterioration that this remedy will cure.

MAGNESIUM MUR

Anaphlactic states from ptomaine poisoning from chicken, ailments, pregnancy, ill mating, etc. (Poisoned from celibacy Con).

Agg. meat, or eating too much meat. Agg. too much milk.

Mother's milk causes colic. Snake venoms, vaccines, protein digestion altered, acetonaemia sweetish breath.

Mag mur acts more powerfully on liver.

Ferr mur acts more powerfully on spleen.

MALANDRINUM

Anaphlactic states set up by typhoid vaccine or cow pox vaccination.

Almost all the pus forming infections prosper and develop on this base. Internal abscesses of lymphatic system.

Infective granuloma, honeycomb crusts on lips, old injuries refuse to heal.

Occipital headache all day, also backache, breath offensive.

Uric acid, acetone, indican, face pimples and blackheads, brown coating on the tongue.

It is prophylactic for both smallpox and vaccination.

Burning at some spot indicating eruption or beginning epitheleoma. (Rad brom).

The complexion is pale, pasty, doughy, skin dry, run arounds on all nails, fistulas.

MALARIA OFF.

Anaphlaxis derived from the odors of decayed vegetation, or from vegetable alkaloids, veg. vaccines, impure water, etc.

In the chronic state of this condition, the skin becomes yellow, the face is yellow.

Frequent attacks of diarrhea, no endurance, lips are dry and parched, there is congestion of the venous system especially on right side of the body.

Associated with congestion and engorgement of the liver. The face may become a deep dark brown, general sense of weariness, patient is stupid and sleepy. Bitter taste, and mouth is dry.

Usually thirsty, frequently a desire for sour things.

MORPHINE ACETATE

Anaphlaxis produced by electricity, as sudden shocks by contact or by lightning, or from medical application, suppressing reactions. A remedy of great importance in this age.

Sensitive to electricity, agg. by electric storms. The pathological state of this remedy resembles alcoholism acute and chronic.

Girls that eat too much sweets acquire this state of nutrition, cry easily, cannot repress tears, pupils unequal, agg. by electric storm, neurasthenia and sometimes sugar in the urine.

General prostration, emaciation, paleness, pulse becomes small, finally bedfast, expression of complete exhaustion.

It is not a dangerous state and responds readily to treatment and nourishment with rest, sleeplessness, lack of will power, often the back bent forward, kyphosis, amenorrhea ovulation ceases. Decrease in genetic vitality.

ACIDUM MURIATICUM

Anaphlaxis following scarlet fever, erysipelas, typhoid fever, diphtheria, with loss of alkaline base, tissues becoming neutral.

Also from opium, morphine, soothing syrups, opium cachexia.

Debility tired, so tired, excessive prostration, asthenic, no reaction, irritability, lost, ferments exhausted, great restlessness and moaning, mouth dry, focal points of infection long chronic conditions, no thirst, septic states, acute or chronic, excessive prostration, low temperature, small, feeble pulse, cheeks dark reddish brown, predominant, sense of cold, low febrile states, it stops degeneration of fluids and tissues, and restores the power to maintain an alkaline base.

Temperature often sub normal, sleepless, restless nights.

Chronic hepatitis.

Low fibrile states and their sequelae.

Antidote to Mercurius, such patients are often given large doses of calomel by surgeons. (Aur mur often follows well).

RUTA GRAVEOLENS

It is a universal antidote for anaphlactic states of the tissues, from various sources.

Individuals are very sensitive to all sorts of proteins, odor

from flowers, odor from decayed vegetation or animal life. (Sang nit).

It is even helpful as a remedy for epilepsy, where the tissues are highly over-sensitive.

It acts strongly on deposits of colloid material with a tendency to hardening, both in the breast and in the vagina.

Muscles are easily overstrained. Prolapse of abdominal organs, the tissues are sore and easily bruised. Facial paralysis from catching cold.

Sensation as if there were pain in the marrow of the bones. (Stron carb). It is a protein poison itself, causing an eruption not unlike the reaction to certain vaccines.

It has a great influence over the genetic force. (Scilla mar).

The expression of the face looks something similar to one intoxicated, red and expressionless.

Emaciation occurs from the chronic poisoning. It brings on a state resembling typhoid fever, the complexion assumes a yellowish brown hue.

Tendons and fibrous tissues are easily overstrained. The extensors become relaxed and the flexors contracted.

There is a general exhaustion.

STANNUM

Anaphlaxis from the use of tubercular vaccine. (Shots).

Hereditary tubercular base, staphylococcic infection.

It arouses the whole economy into action. (If it arouses too much action, pulsatilla will antidote).

Weakness and exhaustion of body and mind, vegetative nutrition almost annihilated, are peculiar to it. (Must sit down to dress).

Sputum putrid, salty, musty, or sweetish, yellowish green color. A great remedy where there is chronic focal infection with the staphylococcus, with yellowish, musty excretions.

Cachexia, neuralgia, catarrh, dating back for years, especially if it has developed into chronic bronchitis or laryngeal, phthisis. (Compare stann Iod.)

Cases where nutrition is on the verge of pernicious anaemia.

Wakes up nauseated, food does not digest or pass on but vomited two hours later. This is not unusual in cases of focal infection.

Ailments following influenza or after heroic treatment with strong remedies. (Aloe—Nux—Sul).

SUPRA RENALIN

A remedy often indicated but not understood.

When there is acute sepsis within the system septicaemia.

The tissues become anaphlactic, refuse to take up the supra renal hormone, and therefore do not respond to its substance showing signs of collapse.

Along with other indicated treatment it may be necessary to use this remedy in high potency.

The same conditions often prevail after the use of vaccines, or effects from sudden grief. (Vide art transactions. I. H. A. 1918).

THUYA

The whole country has become saturated with vaccine poison, causing an anaphlactic state resembling sycosis. It is prophylactic and curative in smallpox. Also cow pox vaccination.

Tendency to incumbrance of tissue plastic exudation, especially female pelvis, eruption leaves livid spots.

Fluids deteriorate, reproductive fluids have an offensive odor, tendency for teeth to decay at roots or have pus pockets.

Fatty tumors appear here and there, there is perversion of histology, the cells are more coarse, inflammatory, areas do not clear up readily, leaving either plastic exudation or infiltration.

YEAST

Recommended at 30x and up. Anaphlactic states, caused by vegetable vaccines, gonorrhea, staphylococcus, tubercular vaccine causing neuralgia, and nutritional disturbances.

Saccharonyces homines circulate in the system.

Reaction weak, slow recovery from flu, useful after shots of tubercular vaccine.

The roots of teeth abscess, pelvic abscess.

Weak, exhausted, depressed, ravenous appetite, but poor nourishment.

Ailments from inhaling odors of the sick room, they become weak, emaciated, depressed, low blood pressure, temperature sub normal, losing weight.

Ailments—Vaccine, alcohol, sycosis, ether, ferments, acetones, crude yeast.

Genetic powers are stimulated. Chronic odor of mouldy yeast. A wonderful anti sycotic remedy.

SEQUEL OF MEASLES

During the winters of 1918 and 1919, while doing my "bit" in the World War, I was called to a lad of about 12 years of age. Fair skin, blue eyes, reddish brown hair, anemic, high fever, quick bounding pulse, no perspiration, no appetite, severe headaches and backaches, vomiting, urine suppressed.

This condition was the result of a severe cold taken a few hours previous.

HISTORY OF MEASLES

Three years previous he had had the measles, but since then every time he took a severe cold he would have all the symptoms enumerated above.

We were of the opinion that this tendency to take cold on a slight provocation was an anaphlactic state from measles.

This lad had been under so called regular medical treatment most of the time for two years to correct this condition, but to no purpose.

We were quite sure that the proper Homœopathic remedy would correct the condition.

Therefore, we gave a few powders of carbo veg, 200, one powder every six or eight hours over a period of several weeks.

This corrected the condition. The lad never had another attack of the acute illness, and that winter he was out in all kinds of weather and wallowed in snow up to his waist and played like other boys.

CASE NO. 2

The past winter we had an epidemic of paratitis in one family where there were two boys sick with the disease, one 12, the other 14 years of age.

I did not see these boys but sent medicine to them.

One morning the mother phoned me very excitedly that the youngest lad was feeling rather weak and his pulse was only 45 per minute. On arriving at the house I found the lad's pulse was 55 per minute and of good volume.

The mother informed me his pulse had been much slower than the older boy's ever since he had measles two years previous.

After he had fully recovered from the paratitis, on careful examination, the pulse was found to be 60 per minute.

He was given a few doses of carbo veg. 200, one to be taken at bedtime every three or four days.

I continued this for several weeks. When I examined him again we found the pulse normal for a boy of his age.

DISCUSSION

Question: Is there any difference between morphine acetone and acetate?

Dr. Lehman: Yes.

Question: How much do you give of that, Doctor?

Dr. Lehman: 30x3 or 4 cones, or just a small powder—or put some in a half glass of water and give a teaspoonful every two hours. I have given it more often if the shock was very bad.

Dr. Farrington: Will it do as well as nux in a lightning stroke?

Chairman Lehman: I will do better than that.

I had a case of one time of a man who got up early one morning in March. The house was very dry. He came out onto the porch and said a ball of fire rolled down his leg as big as his fist. He said to me that about five or six years before that he had been in the barn next to a stall in which had been a horse and the horse had been killed. The lightning affected the whole right side of the body, which had after that always absorbed too much electricity, and anaphlaxis put the body out of coordination. Those are the cases morphine acetate relieves.

We used to have another class of cases in which people used to take electric baths for colds. Many of those people went into consumption.

These anaphlaxis conditions are there forever if you don't get them out, just the same as a stain in the table cloth that you cannot wash out. It is only through a reaction of the system that these conditions can be gotten out.

Take on a sultry day in which you know that probably you will have a heavy thunderstorm coming on. The child has been fed all day with its usual amount of milk, and this humidity and sultry condition of the atmosphere is very heavy and a cloud arises in the southwest or northwest, as the case may be in our part of the country, and begins to slowly come up. You go to bed and find your child in a coma—that is aethusa cynapium. It may be too late for it to work at that time, it may be necessary to use something else. But the case is aethusa cynapium.

Dr. Krichbaum: Do you suppose there is any relation between milk souring when there is a thunder storm?

Chairman Lehman: Yes, with improperly fed babies.

I had a chance to try this out. Fairly all of these are taken from experience. This lady was in California about two years ago and was bitten by a dog. She was given the Pasteur treatment. About six months later she began to gradually go down and fade away, her face becoming ashen pale and with no endurance, couldn't walk very far, appetite poor, in other words, emaciation with deterioration had gradually set in.

The history of the case and the dog bite and the treatment was all connected, and I made up my mind that she was suffering from anaphlaxis of the Pasteur treatment. I tried several remedies but I remember that when I put her on amonium picratum she began to improve and from then on until she virtually regained her health. That might give us a clue to treating rabies and hydrophobia. Take that for what it is worth.

A case comes to my mind of a lady 84 years old having the symptoms I have enumerated, frothing at the mouth, clutching at the throat, and a marked cloudiness of the intellect.

Having gotten no effect from several well selected remedies I sat down by the bedside and watched the case a while, and I

was horrified to see the symptoms of snake poison. It impressed me so as to almost give me a shudder. I studied it a while, and lest they think me crazy, I asked: "Was this lady ever bitten by an animal?" They said: "Yes, look at her forefinger." I examined it and found it was stiff and the skin was white and tissues shrunken. They said when she was twelve years old she went down into the cellar and when she came up a rattlesnake was hanging from her forefinger. This was 74 years afterwards, and that shows you what the mild snakebite vaccines may do to your system.

I have been talking with several of the gentlemen regarding the diagnosis of the eye, in which you come to a place in which the fibers begin to show in the eye and seem to be losing their cohesion. You know that the body is disintegrating at that time and unless you stop it death will end the trouble in a very short time, depending on the stage in which it was in. Aurum met tends to strengthen that cohesion and draw the fibers together again.

I have tried to show the importance of recognizing anaphlactic conditions and how they may be remedied, they can be removed by our remedies by carefully watching the case.

Dr. Wilson: What have you found useful in the combined innoculation the soldiers took? Smallpox, typhoid, pneumonia, grippe and all that?

Chairman Lehman: Those cases are certainly mixed up. I have had quite a number of them.

Dr. Wilson: I had one that came out as nuerathemia that cleared up under amonium crudum.

I have had two or three tuberculosis cases but they have gone on in the regular way. Tuberculinum held quite a good deal in one case, in fact he used to write me to send him more of his "happy dust."

Chairman Lehman: You will find in those mixed cases that yeast is probably your first remedy. That will do more good than most any other remedy, unless you have special indications. I often put them on yeast and I give nothing lower than the 30, and if there is associated shell shock I use nitroglycerin and they will be helped very much with either one of those two remedies.

Dr. Dienst: How about pyrogen, have you ever given that?

Dr. Lehman: I don't remember having used it, but it has a place. There are dozens of things that can go on here.

Dr. Krichbaum: I was very glad to hear the doctor bring out the question of using vaccines and lowering the species. They got after me in the American Institute, I carried it there, but they didn't scare me off. I held my ground and gained my point, if I didn't convince them.

Now it is a fact that you can lower the species but you cannot raise it. And to make it a little clearer unto those who may not have it clear we will take the illustration of a mule, which is a cross between the jackass and the horse, and in the end they do not propagate. The same way with seeds of a budded fruit, you can't plant them, you must go back to the original seedling, and roses are all budded on to the parent stock. So it is all clear to my mind and has been for a number of years, and I am glad that Dr. Lehman brought it out and I have one fellow on my side.

Chairman Lehman: May I answer in this connection—Out in Iowa, where they raise a great many mules, it is said that the mother of a mule will never raise a good horse again. She has become anaphlactic.

The Bible tells us that you can shorten life but you cannot lengthen it, and when you begin to fool with life you shorten it every time, you cannot lengthen it. You can lower the specie as the Doctor said, but you cannot raise it beyond its natural element.

Dr. Wilson: Don't you believe in evolution?

Dr. Krichbaum: You can improve the specie but you cannot raise it.

Dr. Stearns: In connection with this last point, there was a paper read at the American Medical Association in which one of the members called attention to the fact that every disease one has is a fatal disease, whether it is the one they have during their babyhood, that it shortens just that much that individual's life, and every adverse influence is a fatal influence whether of greater or less degree. That is something for us to take home and think about.

PATHOGENESES VS. PROTOCOLS

BENJAMIN C. WOODBURY, M. D., Boston, Mass.

INTRODUCTORY

When promising the Chairman of the Bureau of Materia Medica a paper upon this subject, I had no idea that it had more than passing significance. Yet, upon further thought, it seems to me that it is really more fundamental so far as the life of Homœopathy is concerned than almost any other subject. I do not say this to show any great perspicacity on my part, but because it seems to me to offer so vast an opportunity to really say something significant that I can merely offer my observations to the Association, with the hope that the discussion may rest in the hands of those better able to judge the matter upon its merits.

As the title suggests we must assume the existence of both the pathogenesis and the protocol as a means of presenting basic data that may be critically examined and sifted as to its scientific value.

The term pathogenesis has come to refer in Homœopathic nomenclature to the original drafts of drug symptoms produced in provers taking a medicine with the definite purpose of a proving, or obtained through accidental or poisonous action.

The protocol has come to be used in modern science in outlining the findings of original experimentation. For present purposes, reference will be made to the term pathogenesis in connection with the method of drug proving on the healthy, whereas the term protocol very properly will be used in reference to the more modern data obtained in animal proving.

Since this paper was promised to your chairman, an editorial in the Journal of the American Institute of Homœopathy has been published upon the scientific investigation of the Homœopathic law.

Reference is made by the editors to the work of the laboratory staff of the Homœopathic Department of the University of Michigan, which has been published in the pages of the Journal during the past six months.

> "The law of similia," the Journal states, "is on trial for its life. The evidence as found in the laboratory work of these men, and the writings and sayings of the witnesses for the prosecution should, we believe, convince any honest and unprejudiced jury of the truth of the law and its right to live. * * * If you do not agree with all their conclusion, or if you have suggestions or constructive criticism, write them and tell them. * * * An honest expression of your idea as to the help they are bringing to Homœopathy is deserved."

These editorial suggestions are timely and significant; and if Homœopathy is to live, such investigation is worthy of recognition and encouragement. There is, however, one qualification of all experimentation, that it should meet the approval of all classes of investigators, and it is with these various opinions that such discussion should be concerned. Constructive criticism is, however, at times not as valuable as that which is sometimes called destructive criticism. Hence if some of the discussion which I shall bring forward seems to savor of the latter variety, its intent must not be prejudged, or should we too readily close our eyes to what is not always the obvious in any question.

THE THESIS

In the introductory remarks I have briefly defined the meaning of the respective terms and the use which is to be made of them in this discussion. In other words, we are to apply the terms pathogenesis to the record of experiment upon the healthy human organism, that of protocol to animal experiment.

THE BASIS OF DRUG EXPERIMENTATION

Hahnemann, in his essay on a new principle for ascertaining the curative power of drugs (lesser writings, 1796) deplores the emphasis placed in the medicine of his day upon the virtues of chemistry as the basis of the materia medica; "with respect to those medical powers which relate, not to hurtful substances to be acted on immediately in the human body, but to changes wherein the functions of the animal organism are first concerned,

is proved, *interalia,* by the experiments with antiseptic substances, respecting which, it was imagined that they would exhibit exactly the same anti-putrefactive power in the fluids of the body as they did in the chemical phial."

He goes on to emphasize how problematical it is to assume that identical reactions take place within the human body as in the chemical laboratory; in other words, more modern terminology perhaps—*in vivo* or *in vitro.*

> "Even the *injection of drugs into the blood vessels* is for the same reason a very heterogeneous and uncertain method.
>
> "But at all events, some will say, the *administration of drugs to animals by the mouth* will furnish some certain results respecting their medicinal action. By no means! How greatly do their bodies differ from ours! A pig can swallow a large quantity of nux vomica without injury, and yet men have been killed with fifteen grains. A dog bore an ounce of the fresh leaves, flowers, and seeds of monkshood—what man would not have died of such a dose? Horses eat it, when dried, without injury. Yew leaves, though so fatal to man, fatten some of our domestic animals. And how can we draw conclusions relative to the action of medicines on man from their effects on the lower animals, when among the latter they often vary so much? The stomach of a wolf poisoned with monkshood was found inflamed, but not that of a large and a small cat, poisoned by the same substance. What can we infer from this? Certainly, not much, if I may not say, nothing. This much, at least, is certain, that the fine internal changes and sensations, which a man can express by words, must be totally wanting in the lower animals.
>
> "In order to try if a substance can develop very violent or dangerous effects, this may in general be readily ascertained by experiments on several animals at once, as likewise any general manifest action on the motions of the limbs, variations of temperature, evacuations upwards and downwards, and the like, but never

> anything connected or decisive, that may influence our conclusions with regard to the proper curative virtues of the agent on the human subject. For this, such experiments are too obscure, too crude, and if I be allowed the expression, too awkward."

Thus we may determine what Hahnemann's attitude of mind was regarding the matter of animal experiment. It must of course be remembered that at this time the microscope and the whole development of bacteriology and pathology, as revealed thereby, were unknown; hence he then possessed no data upon which to base his opinions save those of the rude experiments of injecting the veins of animals, and the feeding them of heroic doses of (at that time) too little known drugs by mouth. Just what reactions Hahnemann would make to this present day study of animal pathology, especially in connection with the demonstration of graduated material doses of the drugs given by mouth, subcutaneously or intravenously for its purely physiological action is of course, unknown. His observations as to the fact that the stomach of a wolf is inflamed by monkshood, while that of a cat is unaffected in this manner is readily duplicated in the studies of drug pathology that have been made by the late Dr. Hinsdale and his co-workers at the University of Ohio, and likewise by the more recent work that has been conducted by Drs. Boyd and Nast at the University of Michigan, to which the editorial in the Institute Journal refers. This was especially noted in their recent paper on "Cantharis," which in some of the animals produced no intestinal irritation, while in others ulceration of the stomach and intestines was readily induced. This is, of course, not to be deprecated or misjudged as in subjective symptoms induced upon the human subject different types of individuals react in different ways, giving rise to varying phenomena. The completed proving, which, in order to cure must correspond to the full anamnesis of the drug as set forth by Kent in his lectures on Homœopathic philosophy—i. e., the completed history of a proving should represent a picture of the full action of the drug.

That these animal experiments are in a measure rude and awkward as reasoned by Hahnemann is undoubtedly true, but it

must be remembered that his emphasis was placed upon the inability of such experiments to add anything very significant to the finer actions of these same drugs.

What then had Hahnemann in mind as a recommendation to his fellow practitioners, upon which to form a basis for a pure materia medica as he came to call it? This he develops a little further on in this thesis. It is this:

> "In order to ascertain the actions of remedial agents, for the purpose of applying them to the relief of human suffering, we should trust as little as possible to chance; but go to work as rationally and as methodically as possible.
>
> "We have seen, that for this object the aid of chemistry is still imperfect, and must only be resorted to with caution; that the similarity of genera of plants in the natural system, as also the similarity of species of one genius, give but obscure hints; that the sensible properties of drugs teach us mere generalities, and these invalidated by many exceptions; that the changes that take place in the blood from the admixture of medicines teach us nothing; and that the injection of the latter into the blood vessels of animals, as also the effects on animals to which medicines have been administered, is much too rude a mode of proceeding, to enable us therefrom to judge of the fine actions of remedies."

And now comes the crux of his argument.

> "*Nothing then remains but to test the medicines we wish to investigate on the human body itself.* The necessity of this has been perceived in all ages, but a false way was generally followed, inasmuch as they were, as above stated, only employed empirically and capriciously in diseases."

Hahnemann does not here state any definite authorities for the method of drug testing, but speaks only in a general way. It was not until he wrote the Organon that he quotes the suggestion of Haller as to the method to be followed in ascertaining the direct and unadulterated action of medicines through taking them singly and carefully observing their effects. He

gives evidence, however, in the lesser writings of Haller's renown as a physiologist.

This then is the basis of true drug experiment, namely: That of accurately conducted experiments upon the human body in health.

If then the more modern method of animal pathology can be utilized it must therefore (except we diverge at a wide tangent from the recommendations given us by Hahnemann and the example set in the materia medica pura and the chronic diseases, which comprise the provings of our first one hundred drugs) we cannot give such experimentation more than a secondary place in present-day or future drug proving.

THE PATHOGENESIS

Hahnemann does not make use of the term "pathogenesis" directly in his writings (although he uses the term pathogenetic action frequently) but prefers the perhaps more descriptive or methodical term—provings, as indicative of the method pursued in obtaining the knowledge of the curative virtues of medicines, namely that of its careful testing on the healthy.

The importance of this method and the spirit of altruism that it calls forth is glimpsed in the following passage, which is to be found in his report of "Cases Illustrative of Homœopathic Practice:" (Lesser writings pp 767-768).

> "That man is far from being animated with the true spirit of the Homœopathic system, is no true disciple of this beneficent doctrine, who makes the slightest objections to institute on *himself* careful experiments for the investigation of the peculiar effects of medicines which have remained unknown for 2,500 years, without which investigation (and unless their pure pathogenetic action on the healthy individual has previously been ascertained) all treatment of diseases must continue to be only a foolish, but even a criminal operation, a dangerous attack upon human life. * * *
>
> "All who feel a true desire to assist in elucidating the peculiar effects of medicines—our sole instruments,

> the knowledge of which has for so many centuries remained uninvestigated, and which is yet so indispensable for enabling us to cure the sick, will find the directions how these pure experiments with medicines should be conducted in the Organon of Medicine." No. 118-142.

The alpha and omega of this method of proving may strikingly be noted by the briefest reference to the first and last of these sections.

In the sixth edition of the Organon (Boericke) we find the following:

> (No. 118). Every medicine exhibits peculiar actions on the human frame, which are not produced in exactly the same manner by any other medicinal substance of a different kind.

And Section 143 is substantially as follows:

> (No. 143). If we have thus tested on the healthy individual a considerable number of simple medicines and carefully and faithfully registered all the disease elements and symptoms they are capable of developing as artificial disease-producers, then only have we a true materia medica—a collection of real, pure, reliable modes of action of simple medicinal substances, a volume of the book of nature—which, in a word contain artificial morbid states, that furnish for the similar natural morbid states the only true, Homœpathic, that is to say, specific, therapeutic instruments for effecting their certain and permanent cure."

HUMAN VS. ANIMAL PROVINGS

There has always been, and probably always will be a decided source of contention among Homœopathists, as to the relative value of these apparently diversified methods of obtaining data as to the sick-making power of drugs. As seen above Hahnemann deprecated reliance upon animal experiment merely owing to what seemed to him its unreliability. So it has been with those objectors among his followers.

It is evident, however, that it was not that he doubted the value of certain of these experiments, but he doubted their direct

relationship owing to the wide hiatus existing between the animal kingdom and man.

Therefore such data might have its value in furnishing observations upon the physiological effects of medicines, but better by far, from the standpoint of the prescriber (unless he is searching for data whereby a prescription may be made upon the pathology alone) and we do not doubt but what some cases have been or may be so cured; e. g., the cases reported by Boyd (Journal of American Institute of Homœopathy, for October, 1922) if he relies for the most part upon the well verified symptomatology for his curative indications.

Animal experiment may come into the breech as a direct aid to the coordination of drugs previously proven (and as such much of the work now being conducted is intended to accomplish) or may be used in the determination of new drugs the action of which is at present unknown.

Thus animal and human provings are undoubtedly both of value, but to place undue credence upon these newer, and for the most part fragmentary records of drug pathology to the exclusion of the older and well tried methods of Hahnemann and his early followers would seem to us to be the height of futility. Besides there is nothing strikingly new or original in such experimentation, except their utilization as a means of corroborating the previous known symptomatology of drugs, as obtained through proving. And in the testing of the newer drugs such studies in our opinion cannot go much further than those already carried out in regular pharmacological circles.

Of greater value would be the continuation of such studies as those conducted at the Hahnemann Medical College of Philadelphia under the direction of Dr. W. B. Griggs, E. G., the proving of hippuric acid and that of skatol; likewise the fragmentary proving of benzol carried out some years ago by Dr. Rabe at the New York Homœopathic College.

All such experiments "human or brute," to utilize the rather crude expression of the Cyclopædia of Drug Pathogenesy, reach a very ready solution in the suggestions laid down by the director of the test drug-proving of belladonna, Dr. Howard P. Bellows, of Boston, and published in a volume by the O. O. L. society,

under the authorization of the American Institute of Homœopathy.

It is true that animal experiment had been utilized by the Austrian provers and other writers, including Noack and Trinks, and many of these pathological observations have been published in the various editions of the Symptomen-Codex. The reasons for this justification for incorporating these data into, or as addenda to the collected pathogeneses, is thus expressed by the editors of the Cyclopædia of Drug Pathogenesy:

> "We know the objections which writers of our school have made, from Hahnemann downwards, to pathogenesy derived from this source. We recognize their justice, when directed against exclusive or even predominant reliance of such experimentation; but we cannot doubt the positive value of it. It gives opportunity alike for pushing and for analyzing drug action which nothing else affords."

That the use of similar animal experimentation is not new may be shown by the fact that protocols derived from animal experiments—upon four different varieties of animals—were incorporated into the published text of the test drug-proving, but such reports were carefully delineated from the pathogenesis derived from human sources, and printed as addenda to those pathogenetic records. This I believe to be the only correct place to be given to this method of experimentation.

In justification of the attitude of Dr. Bellows, the director of the test proving, may be noted the following, which is an excerpt from his address before the American Institute meeting, held in Boston in June, 1903 (one year before the name of the drug used in the proving was publicly announced). This address was published as an appendix to the proving. It is as follows:

> "One of the results of our test-proving is to show us how largely our previous knowledge of drug pathogenesy has been drawn from the effects of poisonings as distinguished from the milder effects produced by provings properly so called. Lastly, as casting an important sidelight upon the drug's sphere of action, all narratives of its effects upon animals and animal organs and tissues

> should be collected, but these should always be kept clearly distinct from effects produced upon the human organism and never incorporated or allowed to be confounded with them."

Clearly then, undue importance should not be given to the protocol as against the definite, accurate and exhaustive records obtained by human proving. Unfortunately at the present time most of the work being done in drug proving in the Homœopathic schools of medicine is veering away from the purely subjective and objective human experimentation to the more graphic, modern and properly so-called scientific methods of laboratory experiment. As a notable exception to these purely pathological provings (if such can be called) are the reports given us of the provings now being conducted at the Hahnemann Medical College in Philadelphia, likewise the provings or re-provings being made on human subjects at the New York Homœopathic Medical College and Hospital. A review of the various activities along the line of drug experimentation for the year 1923, was recently compiled by Dr. D. E. S. Coleman, and published in the Journal of the American Institute of Homœopathy.

Even Dr. Richard Hughes, one of the editors of Cyclopædia of Drug Pathogenesy, just referred to, is known to have expressed himself thus, in reference to animal experimentation (the knowledge of the physician):

> "There was a time when the *corpus vile* of brutes was thought the only ground on which *fiet Experimentum;* and even now it plays by far the largest part in the pharmacological research of the profession at large. If this were sound practice, Hahnemann would be somewhat discredited; for he, recognizing that it was available, deliberately rejected it. But have his arguments against its adequacy ever been answered? The first is that the effects of drugs are different on them and on us, and different as between themselves. The second objection is yet more destructive; it is that we cannot obtain subjective symptoms from dumb creatures, and we have seen how important these are in the knowledge—for

curative purposes—of diseases, and therefore also of drugs. * * * These objections are surely fatal to any exclusive or even predominant reliance on experiments upon animals, for ascertaining the properties of drugs. But on the other hand they have a place, which Hahnemann was ready to acknowledge (thirty years before Majendie began their systematic institution), and which the provings of his school, when through, have always given them. * * *

"Such experiments then, being of subsidiary value only, we turn to the action of drugs on the human body as the main source of our knowledge of them. This knowledge must be gained in pharmacology, as in all other sciences, by observation and by experiment."

That these studies in drug pathology are eminently refined as compared with the grosser physiological studies, employed in official pharmacology, there can be little doubt; in fact many objective symptoms observed by this younger generation of animal drug provers have seemed to confirm some of the symptoms of such remedies as bryonia, for example, in its well verified aggravation from motion, thirst; amelioration from lying on the painful side, etc. Yet it must be recalled that a symptom like the last for instance is one that has often been observed in pathology, and is readily explainable on the ground that a pleuritic condition is relieved by compression of the affected lung which allows the expansion of lung tissue on the unaffected side, with relief of respiratory embarrassment. We must, therefore, be sure of our ground in analysis of these objective symptoms so obtained.

UTILITARIAN VS. HUMANITARIAN ASPECTS

We must pause, when we recall Hahnemann's oft quoted statement that when we have to do with an art whose end is the saving of human life, any neglect to make ourselves thorough masters of it becomes a crime. Yet there is not alone a utilitarian but likewise a humanitarian aspect to this subject. While we would not assume any mock sentimentality, or prudish effeminacy in dealing with the question of animal experiment,

there should certainly be the greatest concern in our studies of pharmacology regarding the subjection of animals to needless experiment or the repetition of these tests, *adneuseam,* merely for the purpose of demonstrating to the individual student what he should be taught to accept just as readily as he accepts the definite facts of anatomy and physiology, upon the authority of the large body of the profession.

Apropos the above, may I quote the following very interesting words from Dr. H. Fergie Woods of London (The British Homœopathic Journal, 1923):

> "Now the more I study the problem of animal experimentation (and I have studied it for several years) the more I am convinced that—apart from the question of the morals of the practice—animal experiments, in the long run, do much more to mislead and hinder medical research and progress than to help it.
>
> "One of the most important and telling arguments in favor of Homœopathy is to my mind the fact that in it we possess a system of cure that is, or at any rate can be, entirely independent of the results of animal experimentation.
>
> "Personally I am getting increasing numbers of patients who come to Homœopathy for that very reason, and we as a body shall lose nothing, and gain much, in my opinion, if we keep the name of Homœopathy free from association with such practice."

There is unquestionably this aspect of Homœopathy, and the more we can demonstrate its power to cure disease through the power we possess of human experimentation (aside from the fragmentary data utilized in corroboration of previous drug provings or incorporated into the supplements to our newer ones) the more confidence shall we reach in our well proven materia medica, and in our power to heal the sick in accordance with the well demonstrated law of similars.

ANIMAL PROTOCOLS

It is undoubtedly true that such experiments as we have referred to above have as their object the demonstration of drug

effects produced upon animals. There are, however, certain objective symptoms that may be observed and noted in animals, when the drug is not pushed to fatal action. These, however, are for the most part observed *en passant;* the primary object of such experiments being to determine the drug pathology. For this latter purpose the animal is generally given the drug in lethal doses, or killed before its effects are fully obtained. The completed record, with the narrative of its symptoms, together with the necropsy report, constitutes the completed protocol. Pathological changes noted in the blood, spinal fluid, urine, blood chemistry *et cetera* are carefully recorded, with the idea that such findings may be of service in corroboration of the action of a given remedy, and a *posteriori,* thereby prove of service in the treatment of the sick.

It is not my object in this paper to attempt, were it in my power, to prove that such data are of service or otherwise to the clinician in the treatment of the various manifestations of disease. I have previously spoken of their value as corroborating the provings of the materia medica. It is a fact, however, that it is possible to obtain certain rather striking and definite data from the use of drugs in very rarified form, used in the provings of animals. And fragmentary as this work is at the present time, it certainly offers promise for the future of animal provings. I refer to the proving of natrum muriaticum conducted by Dr. Guy B. Stearns at the Flower Hospital two years ago, upon guinea pigs, in the 10000th potency. This report is to be found in the Association Transactions, and was also published in the Homœopathic Recorder for September, 1922. That such experimentation, for the Hahnemannian, offers a finer aspect than that of experiment with lethal doses, merely for the purpose of producing drug pathology, there is probably little doubt. Both methods of study when properly conducted and controlled undoubtedly have a place in modern scientific research.

CLINICAL VS. PATHOLOGICAL INDICATIONS IN PRESCRIBING

We now come, undoubtedly, to one of the moot questions before our school as a whole at the present time. The question as to whether or not precedent shall be given to the merely

pathogenetic symptoms of a remedy, or to those which, owing to their being observed to disappear in a given patient while under the influence of a drug, has been a much discussed question in Homœopathy. However much the use of such symptoms may be deplored by some, others have found them of most value in the choice of the remedy in complicated states of disease. It must be borne in mind, however, that the so-called "clinical symptoms" may represent merely the reaction of patients, of say, type A, B, or C, as the case may be (symptoms noted in the study of the individuals under study).

It must be acceded that some of these clinical symptoms have been found to be most valuable of all in the selection of curative indications. This is well exemplified by the observations noted in a comparatively recent experimentation, notably that of the provings of thyrodin, at the Hahnemann Medical College of Chicago (now the General Medical Foundation). The report of this proving is concluded with the following observations:

> "The tests employed (seven provers were given thyrodin in varying dosage from the IX-12X; likewise at different periods placebos; A and B consisting of *sacchrum lactis* and an alcoholic extract of beef; the solids of which were composed largely of alcohol—*soluble Lipoids.*) All failed to show any changes between the control periods and the experiment greater than the experimental error. The subjects recorded a variety of symptoms but nearly all have to be discarded as due to intercurrent infection or to suggestion. Many of these symptoms have been given in detail in this report to emphasize the possibility of their having been accepted as due to the drugs, were it not for the facts almost accidentally fortunate in some instances—showing them to be from other causes. In only two cases were they severe enough to cause the provers any alarm or inconvenience. The latter believed in nearly every instance that the symptoms came from the drug. One is inclined to wonder how many symptoms in our reference works,

but not compatible with the known pharmacodynamics of the drugs may have had similar origins."

If one were to examine carefully the symptoms of the materia medica, it will clearly be seen that, in the upbuilding of the symptom-register, the value of each rubric has been augmented by repeated observations of pathogenetic action, which added to the symptomatology, one by one, have served the very evident purpose of enriching our knowledge of therapeutic action. It is not, as the observer states above, the effect always of the drug itself, but any action of a drug in the organism calls forth a corresponding and equal reaction, which may account for certain symptoms which are not in one sense of the word the effects of the drug at all, but merely incidental to this reaction. The type of individual, however, who is reacting to the drug given may have within his economy the power of producing these intercurrent symptoms. Hence their value as pure observations are enhanced over any purely pathogenetic power they might seem to have. Type A gives us a different reaction from type B, yet in the completed proving the dynamic action of the drug plus the clinical symptoms stand together as a unity, and according as pathogenetic symptoms and clinical symptoms are verified and repeatedly verified, so does the materia medica and its value as a clinical guide accrue.

VALUE OF MODERN METHODS IN DRUG PROVING

The value of modern diagnostic methods in the conduct of drug provings was first emphasized in the reproving of belladonna (the test drug proving), and has since been utilized in all the provings carried out in pharmacodynamics in our medical schools. Thus the examinations by specialists, before, during and after the proving was completed adds greatly to the value, especially of objective symptoms. It is likewise of value in the explanation of various subjective data. It is a significant fact, however, that, voluminous as was the record of this reproving (constituting a single volume of 664 pages) the results have done little save to confirm the original proving of Hahnemann and his followers.

This fact, criticised by some, should really go to show that

if more of such trials were made with other drugs of the materia medica much of value would be added by way of corroboration of the original provings and much new data might be added to enrich the already monumental materia medica. Should the drug proving institute promised by the members of the institute body at large ever materialize much needed work might be done along this line. Until then, animal experiment must be looked upon merely as addenda to an as yet incomplete materia medica, but few drugs of which have been given reproving to the extent of adding much of value to the original sources of information.

THE FUTURE OF PHARMACODYNAMICS

Much has been written of the possibilities to be derived from a reproving of the materia medica; in so far as these hopes are sincere, encouragement should be forthcoming from the organized body of Homœopathists. Yet, it is now twenty years since the proposed plan of forming a drug proving institute was promulgated, and no results of any moment have come to light.

Dr. Bellows predicted in his address to which I have referred that should such an institute be endowed and perpetuated, at least one volume a year should be its annual output. Dr. Richard Hughes in his addresses before the Boston University School of Medicine, in 1884, recommended the proving of one drug each year by the materia medica classes in American medical schools. How many drugs have thus been examined; and by whom? "This, however," stated Dr. Hughes, "is the work of tomorrow." It is a matter of regret that forty years ago that which should have been done then, and should be in the process of being done today, should have been put off until tomorrow.

There is a line in that delightful poem of Robert Browning—Pictor Ignotus (The Unknown Painter)—that is not inappropriate to our theme:

"What did ye give me that I have not saved?"

This idea is comparable with that of the parable of the talents, of the profit gained by those willing servants who made good and excellent use of their master's coins, and of the fate of that unwilling and ignoble servant, who made excuses to his

lord, and returned to him his talent, which, with fear and sloth he had buried in the ground.

The single talent—that which was given us that we have not saved is the principle enunciated by the master, Hahnemann, in his famous essay on a new principle. How have we used that talent; how shall our lord find that we have profited by its use in his absence?

Let the future of our American Institute of Homœopathy, our International Hahnemannian Association, and our Homœopathic body at large not be found wanting upon our lord's return.

But let us rather go forward, firm in our assurance that these talents which were given us were to be increased, some thirty and some an hundred fold; and that we shall not suffer reproof like the unwise and slothful servant. Truly our opportunity rests not with a faraway and indefinite tomorrow, but lies ready before us at the present day.

IDEAL HOMOEOPATHIC MATERIA MEDICA

RADHIKANATH BANERGEE, Benareo City, Ponp, India

I have been studying Homœopathic materia medica since 1888. I have gone through varieties of it, which are either written, collected, contributed or translated in the English language. During the course of my studies, I have come across many short comings in my own way, which I could not find out anywhere. In order to acquire an idea about the gist of even the most prominent of polychrest medicines one would have to go through the books of many authors and then to collect bit by bit in a fragmentary way, which none but the most patient, eager and diligent student can understand the difficulty of attaining the end or aim. I shall state here an outline about the ideal of our Homœopathic materia medica which struck me during the pursuit of getting sufficient light to elucidate the subject matter in question.

(1) Name of the medicine with synonyms in various languages (2) Root meaning. (3) English pronunciation with accent. (4) Hints about the mode of preparation. (5) Origin or source. (6) Change of epithet. (7) Habitat. (8) Natural order. (9) Rela-

tions: (a) chemical, (b) botanical, (c) biological. (10) Chemical properties with analysis and formulas. (11) Physiological actions on the system. (12) Laboratory provings on animals. (13) Toxical effects—on account of suicidal purpose, taken by mistake, or in any other way. (14) Morbid anatomy or antopsy. (15) Provings on the healthy human body. (16) Day books of the provers, with special directions or mentions of actions appeared in serial order part by part—viz. affecting mind or central nervous system, spinal column, ganglionic system, glands, mucous membrane, head, mouth, etc.; stomach, intestinal canal, (digestive system) cutaneous system, lungs, heart, extremities, etc. (17) Result of the chemical and microscopical analysis of the urine, stool, sputum, blood, other secretions or excretions—such as menstrual blood, leucorrhoeal discharge—pus from ulcerations, etc., and the conditions of lung, heart, liver, kidney, etc., in accordance with up-to-date clinical methods during the course of proving or under clinical examinations during the treatment or during the actions of toxic effects. (18) Psycho-physiological explanations as far as possible or available with the help of allied sciences, which are at present in extant, at least about the main or prominent characteristic symptoms. (19) Therapeutic hints for clinical purposes. (20) Symptoms arranged in schema form, with at least short notes about the source of collection. (21) Characteristic and pathogenetic verified symptoms in distinguishing feature—as by asterisks, capital letter, etc, etc. (22) Best selected corroborative reported clinical cases—arranged in analytical and synthetical methods in full—as far as possible. (23) Modalities. (24) Duration of action. (25) Remedies follow well. (26) Are followed well by. (27) Compatible or inimical remedies. (28) Antidotes to bad effects caused by toxic and potentized doses. (29) Comparisons with allied remedies, with pathogenical, clinical and pathonomical hints. (30) Psychological phenomenal influence or changes due to physiological actions. (31) Effects of reflex actions in the system. (32) Use as prophylaxis. (33) Use for exciting causes. (33) Action of the drugs upon the healthy human body, giving especial attention to the elective affinity of drugs for the various tissues and organs of the body and the classification of these drugs into

the therapeutic groups; (34) Clinically verified symptoms separated from other symptoms. (35) Curative symptoms. (36) Empirical use. (37) Practical use in other systems of treatment, such as Allopathic, Unani, Ayurvedic, etc.

The materials of our materia medica should be collected from any source, which can be useful in any way. Although we should depend mainly on the provings of the remedies on the healthy human body including male, female and children of different temperament of every grade of civilization of every nation, yet we should not neglect to take up practical hints even from empiricism. It is very difficult to secure the perfect healthy individual for proving purposes, so the word healthy may include individuals whose health is tolerable well, and has nothing to complain of or any peculiar, uncommon or particular painful condition.

In order to explain my plan with an example I have selected "Opium" to serve my purpose, because during the course of my lifetime as a private individual and physician, I have come in contact with many opium smokers, eaters, drinkers and a few poisonous cases for committing suicide. Among the habituated smokers, etc., in my native district, I had a number of most intimate acquaintances, so I had the opportunity to study their mental and physical characteristics with which I would deal later on.

OPIUM

Botanical—Belongs to papa vera ceae, papaver somniferum. A milky juice called latex from the poppy capsule of papaver. When dried, constitutes opium. It is a complex mixture of a very large number of alkaloids, resins, proteids, mineral salts and organic acids. Chemical, etc. The more important alkaloids are:

Alkaloids	Pct.	Alkaloids	Pct.
Morphine	10	Thebaine	0.3
Narcotine	6	Narceine	0.2
Papaverine	1	Meconic acid	4
Codiene	0.5	Lactic acid	1.25

Morphine—C 17, H 19, No. 3, H O 2.

It consists of albumen, fat, sugar, salts of ammonia, calcium, magnesia, 17 or 18 alkaloids, two natural substance, meconic acid, etc.

Synonyms—Ahiphen (Sanskrit), Aphim (Bengalee), Aphim (Hindi), Affim (Arabic and Persian), Bhin (Burmese), etc.

Habitat—India, China, etc.

Common names—Opium, white poppy.

Preparation—Tincture from inspissated juice.

Toxic and physiological actions—It acts upon the cerebro-spinal and the sympathetic nervous system. It profoundly affects the cerebral tissues. The cerebral vessels and sinuses are distended with blood of a dark color, and it becomes extra-vasated into the substance of the brain, and sometimes large clots of coagulated blood have been found in the substance of the brain. Thus it produces sopor and coma.

Action upon the digestive system—It diminishes secretion and exhalation from the whole canal, dryness of the mouth and throat, excites thirst, lessens hunger, checks the digestive process, in some cases it excites vomiting, diminishes the liquidity of the stools. This action is caused by its paralyzing influence through the cerebro-spinal system upon the capillary vessels of the whole alimentary canal. It has a great influence upon the muscular coat of the bowels as well as on the mucous coats.

Upon the sexual organs it produces lascivious fancies, nocturnal emissions, and in the females spasmodic labor pains, etc.

Upon the bladder, it paralyzes the muscular fibres of the fundus, rather than the sphincters.

Sopor with delirium, depression of the lower jaw, dilated pupils and general symptoms of paralysis of the brain. Extreme drowsiness, and coma, with stertorous breathing—complete loss of consciousness. The face is purplish and swollen, with soporous sleep, stertorous breathing and vomiting. Profoundly comatose—pupil greatly contracted, or widely dilated, and insensible; face puffed with dark red or cherry-brown appearance, pulse full and labored, or slow and feeble. Twitching, trembling of the head, arms and hands, now and then; jerks as if the flexors were over acting, body cold—warm perspiration on face."

"The full effect of opium is pure nercosis—that is, depression

and paralysis of the whole functional activity of the nervous system. The sensory nerves may first lose their power, and dull aching pains may accompany the process. But the brain itself soon shows it, first—it may be in a low muttering delirium but then in the supervention of that condition which at its height is called "coma." Coma is intensification of a natural sleep. It is not sleep at all, but a stupor, from which the patient may for a time be readily roused, going off again directly, but which ultimately deepens into entire unconsciousness. With these conditions of sensation and ideation, the motor powers are equally abolished; the respiration also becomes weaker, and the heart's action slow, until finally death ensues from the failure of the former function." Opium does depress the sympathetic from the very beginning of its action.

In order to serve practical purposes the symptoms should be arranged in schema form, separating each part of the organs or limbs, etc.—with differentiation by mentioning the source—viz. (1) Toxiological effects—on human beings and animals; (2) pathogenetic symptoms produced on the healthy human body; (3) laboratory provings on animals; (4) clinical symptoms; (5) curative effects; (6) symptoms produced by external applications; (7) seriatim appearance of the symptoms affecting the organs —step by step—during the course of proving or in the cases of poisoning—from day books of the provers or medical reports or jurisprudence; (8) pathognomonic peculiarities; (9) pathological changes—such as functions of organs increase or decrease of secretions or excretions—viz—stool, urine, sweat, blood, sputum, menstrual blood, leucorrhaeal discharges, sputum, etc. General action of opium—Cutaneous, circulatory, mental, spinal and gastric functions, seriatim.

Region—Mind, senses, respiration, digestive tract.

Modalities—Worse: Emotions (fear) alcohol, (fright) sleep. Suppressed discharges; during or after sleep; while perspiring; receding eruptions; heat.

Better—Cold; on moving; great susceptibility to cold air, but > uncovering head; > constant walking; drinking water; >dryness and cough; bed feels hot > by cold < from heat; labored breathing > cold air from.

In the following schema form only a few of the characteristic symptoms have been mentioned only for specimen.

Mind—Nothing ails him; imbecility of will; nervous and irritable; vivid imaginations; exaltation of mind, etc., etc.

Sensorium—Great sensibility to sound, light, odor; congestion of blood to the head; vertigo; dull stupid, as if drunk, etc.

Head—Headache < on moving the eyes, etc.

Eyes—Obscuration of sight; pupils contracted, later dilated; insensible to light; staring look; red half-closed eyes, etc.

Ears—Acuteness of hearing, etc.

Nose—Loss of smell, dry coryza, etc.

Face—Bloated, dark, red, hot; muscles of face relaxed, lower lip hangs down, etc.

Lower face—Foam at the mouth, etc.

Tongue—Black; paralysis of tongue, difficult articulation, etc.

Mouth—Dry; mouth twitches or hangs down, etc.; ptyalism, etc.

Throat—Dryness; inability to swallow, etc.

Desires and aversions—Violent thirst or no thirst; desire for sweets; aversion to food, etc.

Nausea and vomiting—Hiccough; vomiting of food, fecal smelling substance; green, bitter, feces, etc.

Stomach—Heaviness, inactivity, etc.

Hypochondria—Swelling of spleen, etc.

Abdomen—Hard, bloated, tympanitic abdomen; distended with flatus; bowels seem absolutely closed, etc.

Stool—Hard, round, black balls, watery black; fetid; involuntary; offensive, thin; costive from inactive bowels, etc.

Urine—Involuntary urine; retained; bladder full, etc.

Male organs—Excitement of the sexual organs, and violent erections; impotence, etc.

Female organs—Menses profuse; violent colic, urging to stool, etc.

Pregnancy—Violent movement of the foetus; cessation of labor pains, coma, retention of stool and urine, etc.

Larynx—Hoarseness, with dry mouth and throat, etc.

Breathing—Deep snoring breathing with wide open mouth, stertorous breathing; rattling breathing, etc.

Cough—Dry, tickling < at night, etc.

Lungs—Great oppression; heat in the chest; sputa frothy, containing blood and mucous, etc.

Heart and pulse—Pulse full and slow, with snoring; quick, hard, imperceptible, etc. Burning about the heart, etc.

Neck—Swollen veins on the neck; back bend backward, etc.

Upper limbs—Paralysis of the arms, twitching movements of the arms and hands, etc.

Lower limbs—Twitching movement of legs; numbness and paralysis of the legs, etc.

Limbs in general—Trembling of the limbs, coldness of the extremities, etc.

Position—Must lie down, etc.

Nerves—Twitching, trembling of head, arms, hands; numbness and insensibility; paralysis, etc.

Sleep—Heavy stupid sleep with red face; sleepy but cannot go to sleep; comavigil; stertorous breathing; hot sweat, etc.

Time—< at night and morning; > during day, etc.

Temperature and weather, etc.—Bed feels so hot she can hardly lie on it; better from cold; worse from heat; susceptible to cold air, etc.

Fever—During chill stupor or sleepy, thirst; heat with sleep, headache, bilious vomit, sweat over the whole body, which is burning hot; cold sweat on the forehead; etc.

Attacks—Nightly attacks, etc.

Sides—Right.

Tissues—Plethora; dropsical swelling; suppuration; painless ulcers, etc.

Contact—< touch, etc.

Skin—Dryness of the skin; troublesome itching all over; fine pricking, etc.

Stages and states—Suitable for children and old; child with wrinkled skin; looks like a little dried up old man, etc.

Antidoted by—Strong coffee, oxygen inhalation; Kali perm, Camph. Potencies—Bell; Nux, Ipecac, etc.

Antidoted to—Bell, Dig, Nux, Strych, Merc., etc.

Followed by—Acon, Bell, Bry, Nux, Ant. T., etc.

Compare—Lack of vital reaction—Psor. Chin, laurac (chest),

Val, Carbo V., etc. Spasms in infancy after fright of mother—Hyos; from anger—Cham, Nux; Apoplexy with convulsions—Bell, Hyos, Lach, constipation with inertia—alum, plumb, tympanitis—Carbo V. Lyco; raph., etc.; delirium tremens—(Opi, terror, animals start from corners; if sleep stertorous); Lach—sees snakes; sensation in throat as of choking after sleep; Stram—starts from sleep in perfect horror, tries to escape, visions of animals coming from every corner of room; Ars. a. fear of death, won't be left alone; Calc—The moment he closes his eyes he gets visions, which compels him to open them again (in Typhoid) etc.

Causation—Fear, anger, shame, etc.

Alcohol, lead, sun, etc.

Peculiar sensations—As if flying or hovering in air; as of a stone in abdomen; as though anus closed; as if sand or dust in eyes; as if intestines would be cut to pieces, etc.

It is neither theoretically nor practically feasible to fix the line of demarcation or divide the symptoms between primary and secondary effects of the drug-action, which is in reality the combined results of the actions and reactions or counter actions of both the outside element entering the system and the life principle interlinked with the physical nature or in other words the immaterial together with the material body serving the course of destruction, preservation and construction. It is better not to be guided by such notion in prescribing during the illness. Opium has both costiveness and diarrhoea in its pathogenetic symptoms. Both these contrary conditions can be cured by the use of higher potencies indiscriminately, in some cases at least which has these alternate states, the one following the other. The alternating states of stimulation and sedation, numbness or anaesthesia and hyperesthesia, heat and cold, stupor and sleeplessness, restlessness and utter prostration, nervous irritation and apathetic condition, etc., can be marked in the course of drug action and illness. Opium can take effect indiscriminately both in constipation and diarrhoea, coma or stupid heavy sleepy condition and sleeplessness—abnormal painlessness or painfulness—when properly used according to indications agreeing with other characteristic symptoms, too.

While on the one way it is a very dangerous remedy in crude form to children, which causes inertia, comatose sleep, quietness, etc., on the other way in potentized form, it is one of the chief remedies for the excessive faetal movement in pregnant condition. It causes at first exhilaration then depression, stupification, etc. "It may mean its irregular distribution and fitful discharge; it may imply an unbalanced activity from withdrawal of the control of the higher centres or a diminished resistance to reflex excitation; but in none of these cases is any exalted functional vigour present."

Regarding its use or rather abuse in crude form and big doses as a pain-killer, with the delusive idea of cutting short the course of suffering, has been unmistakably denounced by the illustrious founder of Homœopathy, Dr. S. Hahnemann, Dr. Farrington and a host of others—to which I add my feeble protest. All I can say is this, that during the course of the last 28 years I have alleviated many kinds of excrutiating pain with the help of properly selected indicated remedies without in the least resorting to that malpractice of using opium in crude form for that purpose. I am therefore of opinion that those who use it in a general way, either do not take pains to find out the properly indicated remedy in right earnest, or has not sufficient faith in the law of cure with well-chosen potentized remedy. Dr. Hahnemann in the preface of opium in his Materia Medica Pura stated thus: "No medicine in the world has effected more illusory relief, more deceptive concealment and suppression of the marked symptoms, with consequence more disastrous than the original disease. No medicine in the world has done more harm (with preliminary apparent relief) than this opium."

Late Dr. Farrington in his "Clinical Materia Medica" contradicted the misconception with cogent reason. A few years ago I came across with a case who was suffering from complicated excrutiating pain in his brain, owing to the ill-effects or after effects of the use of injection of morphia in order to suppress an abdominal colic pain. Many similar cases may be cited in corroboration of it.

Really in most cases, especially in chronic stage, instead of curing the pain, it merely benumbs the sensation of suffering to

renew with more vigour—as I have repeatedly marked in similar use in alleviating the sufferings of the deep seated or rooted cancerous and other affections.

Now I shall state here the results of my experience as a physician and intimate acquaintance of the habitual smokers, etc., of opium and some of its ingredients such as acetate of morphia, etc.

I invariably observed that most of them a few hours before the usual or regular habitual time of smoking, drinking or taking opium, became morose, lethargic, and quite unfit for taking any business, and suffered from yawning, lachrymation, incarcerated flatus, etc.

On awaking from sleep generally late in the morning with a quantity of gum in canthi, they would smoke tobacco in order to excite the system to get the usual motion for passing stool. Now they generally used to smoke hard and pass with exertion a number of loud flatus sometimes very fetid, too, on returning from privy and washing face and hands, as if their first business to hand, was to take the usual dose or quantity in whichever form they are in the habit of using it. As regards dose or quantity I have seen from the fractional part of a grain to 6 drachms at a time. Many years ago I met a lean and weak man of stunted growth who took raw opium weighing nearly 6 drachms. During the course of a railway journey we saw him in the morning after ablution, stick in his upper palate one by one, nine long rolls of raw opium being divided out of that total quantity; then he began to suck them gradually. We were surprised at the uncommon spectacle and eagerly asked him about his habit. He assured us that he had been in the habit of taking daily 18 drachms on the whole by two installments—morning and evening. He decreased that quantity by and by to 12 drachms. On swallowing the whole portion, he took a little quantity of almonds, raisins, pieces of sugar candy, etc. We inquired about his usual diet and he satisfied our curiosity in assuring us that he used to take at dinner a little quantity of rice, besmeared with clarified butter, some vegetable curry, and a quantity of thickly prepared milk boiled out of two sheers or four pounds. He used to drink thus in all 10 pounds of milk in condensed form. He

used to eat a few pieces of wheat cakes soaked and fried with clarified butter during his supper at night, together with vegetables such as potatoes, cauliflower, etc., and two pounds of thickly boiled milk.

There are varieties in the manner of taking it. Some would take or eat in raw state; some would inclose their usual quantity in a little piece of cotton wool and slowly mix in water and drink that portion, some would flavour the drink with rose water, etc., while others would smoke by and by a little quantity at a time, with the help of red hot pieces of vegetable coal or preparation of it with some other substances. Some would take it only in the morning, some twice, morning and evening or more often to suit whims. They would smoke tobacco now and then, as an auxiliary stimulant. As the action of the intoxicating property grows on and on, they become merry and jovial and a smile appears on their facial expression. Then they would talk humorously and sometimes with wit, too. Those who are artisan would then take up their work in right earnest. The singer would sing, other kinds of musicians would play on their respective instruments with consummate or rare skill, while others become more imaginative and even of a poetical turn. The power of self expression becomes more vivid with artistic touch. Those who live idle lives would doze and smoke tobacco in the interval and gently itch some part of their body now and then, or engage in some sorts of merry makings. Some would not hesitate to lie with assuming truth in order to cut jokes at other's expense. During the short cut sleep or rather snap they generally snore with flapping of the muscle of their cheek. Some one would awake as if being started from a dreamy state and then smoke tobacco, keeping the pipe or tube inside the mouth. Some of them would pass the most part of night in such a way and would fall asleep heavily at the latter part and awake at daybreak with amazement or with some sort of lame or sorry excuse or complaint. During the short snap some have the sense of hearing intact.

Some of them, in order to prepare themselves for partaking of a sumptuous feast, as if to sharpen their appetite, would increase the quantity of their habitual dose.

I know two habitual smokers who were bitten by a most poisonous cobra snake. One of them, being assured of the fact, increased the usual quantity of the dose and slept a good deal more than the usual length of time. But the other, who was a smoking shop keeper, did not care a fig for it, but went on smoking hard more than usual and slept later on in the usual hour at night. In the morning the snake was found dead outside of the cottage. It may be inferred from these facts that opium may neutralize the virulent type of snake poison or the opium eaters may get immunity from its poisonous effects. So the opium may be tried as an antidote to it.

I have come to know a few cases of habituated smokers or eaters who died on being attacked with bloody flux or dysentery at the latter part of their life time. The odor of the stool was very offensive, even putrid or cadaverous. They had got a few milder attacks more, before the final attack and then got cured on taking proper medicinal substance.

I knew some of my acquaintances who were addicted to the habit of taking opium on entertaining the hope of acquiring retaining power during sexual intercourse. At first it helped them to a certain extent, owing to benumbing the sensation of ejaculation, but ultimately it caused impotence. Some began to use it in order to check chronic diarrhoea, and others to digest or tolerate milk, which had caused looseness of the bowels.

In some cases I marked that opium habit acted on both their mental and intellectual plane. Some of them on taking their usual dose, could think over business matters, applying reasons calmly and considering the pros and cons about the subject matter in hand, but most of them became dull and useless for active purposes of business. Some of them became peevish, fretful and began to yawn and got lachrymation, on the decrease of their intoxicating condition, and calm and quiet and jolly during the intoxicating period.

In case the habitual opium eaters fail to take their usual dose at the appointed hour, they become utterly prostrated and useless and suffer from pain in the limbs, incarcerated flatus, yawning, stretching the limbs, lachrymation, total loss of appetite, lethargy, drowsiness, etc.

Amongst my acquaintances most of the habitual smokers, etc., were very fond of sweetmeats, at least preferred such articles of diet, while the liquor drinkers were, on the whole, fond of meat or fish, or at least preferred animal food. Opium eaters are generally docile in our country. Some of them even are moral cowards, some intriguing or rogues, or thieves or pilferers for want of money. Spirit drinkers on the whole become militant. In the den of opium smokers' shop they enter by force and eat out their articles of food. The smokers are afraid of them and are generally taken by surprise, owing to the sudden entrance of the drunkards with military spirit. Opium eaters, etc., are generally fond of milk and other preparations made of it, such as cream, etc., except butter milk, which, owing to lactic acid, may neutralize their intoxicating revery.

In our boyhood, in order to make fun, we played as rope twister, crossing the street in front of the habitual smokers, who used to come back before nightfall from the smoker's shop on taking their usual dose. On being near us they really took us for rope-twisters and so bent their head in order to avoid coming in contact with the rope on their forehead. Just as we laughed at their attitude or gesture, they called us ill-names on getting angry on being befooled. So they were easily deluded about illusion or false vision. I have many times marked that the habitual smokers, etc., would quarrel with each other for a long time calling ill-names, using abusive words and making motions as if they would come to blows, but seldom beat or come up to actual fight, while the spirit drinkers would hit each other and make black and blue, or even bleed to swoon or fainting at a moment's notice.

I have marked it again and again that in the normal state of being, we may keep down the animal within us; but that in intoxication, whether with opium or alcohol, our powers of control are relaxed, and the lower nature of animalism asserts itself over the higher faculties, which yield to the narcotic influence, if not trained up to higher pursuits of standard of morality. One of my intimate acquaintances became very charitable under the influence of liquor and used to expend lump-sum amount of money for charitable purposes on being led to do so

by the good advices of his associates, but in normal condition he would hesitate to pay even the quarter portion in comparison; while a cousin of his, of the same blood relation, would become very miserly and try his best to hide his bunch of keys of the cash boxes. Another, otherwise very jolly and fond of music, would invariably under the influence of liquor become very passionate and search for female companion to serve his animal appetite. Those substances excite or cause to come into play, not only the animal feelings or impulsions, but the spiritual feeling, too, according to natural tendency. While some come down to beastly passions, the others forward to God head, and concentrate or regulate their subconsciousness to adoration or worship the spiritual deity with earnestness of prayers and devotions with complete aversion to animalism.

In the beginning of my practice I went to consult with an an experienced Homœopathist who had been an habitual opium eater. On hearing the symptoms of the patient from me he took up a copy of Materia Medica and began to read it, afterwards on closing his eyes went on snoring with flapping of the muscles of the cheek. I thought that he was sleeping, but actually he was thinking in a sub-conscious state. After a short while, as if on waking, he further went on to put questions about the case in sequence of the former statements. This seemed to me a peculiar attitude.

Habitual opium smokers, etc., can bear hunger with equanimity, at least in comparison with spirit drinkers. I know some of those who on taking their usual dose, used to drink a cup of tea with a little quantity of milk and cream and take a few pieces of cakes or crackers and then got out for serving daily business until evening. On coming back they used to take their usual dinner or full meal of the day. The laborers, who are addicted to opium can perform their daily work patiently and steadily at a long stretch without feeling very tired, while the spirit drinkers, although they can act with more vigour and energy at the outset, but get fatigued in a comparatively short time.

Among my acquaintances those who were well-to-do and could afford to take sufficient quantity of thickly boiled milk,

cream and clarified butter, did not feel costiveness at all, rather had their daily motions as in a normal condition, while those who were poor and could not afford to take such kinds of diet, felt costiveness and strained hard to pass hard balls of stool.

I have marked some of them to be afraid to bathe in cold water during the winter season. But one was an honorable exception to this susceptibility. He bathed twice in the river, in mid-day and evening, even in the coldest part of that season. He twice became insane. He used to smoke Cannadis Indica, too, besides a large quantity of opium. Some of them used to mix both of them for smoking in order to get rapid action of intoxication.

Some of my female Mohammedan acquaintances used to administer a very small quantity of opium to their children in order to produce sleep and keep quiet, so that they could perform their household duties or domestic business without interruption from their babies. They would increase the dose gradually as long as their little ones did not attain the age of six or seven years, then would gradually decrease the quantity up to total abstinence. This is a pernicious practice, but selfishness, ignorance or convenience made them blind to the injury inflicted on their nearest and dearest ones. Even the animals, such as birds, monkeys, mice, etc., when they are addicted to the opium habit, become similarly affected like human beings. I was told by an excise officer that some rats and mice in an opium shop used to drink the water mixed with the refuse of it after straining the quantity on getting refined. It happened that the shop was closed for a few days and on the day of reopening those creatures were found dead. A parrot on getting the habit by his keeper, used to fly away and come back at the appointed time. A monkey on getting the habit served like a servant to his keeper or master.

Toxiological effects—"Absolute unconsciousness, complete muscular relaxation; pupils contracted to a pin-point aperture, turgid, bloated, very red or bluish face; stertorous breathing; pulse slow and full. Death takes place by asphyxia, the heart continuing to beat after breathing has ceased."

Laboratory proving—It is stated that "Opium causes tetanus

in frogs but has no effect whatever on birds." So we should take in the results of laboratory provings on animals with reserve; because the same substance may affect the different animals in different ways, and as the nervous system of human beings is much more developed in comparison with lower animals, so the effects on animals cannot as well be applicable on men in a similar way, although we may get some hints or facts for reflection.

CLINICAL

I have treated many cases of opium eaters, etc., with indicated potentized remedies. They act charmingly in acute cases in making radical cure, but generally palliate in long standing chronic cases. It is an hazardous task to advise to give up the habit all of a sudden. It might endanger the life-principle. Those who were in the habit of taking small quantities fared well on gradually giving up the habit during the course of treatment. In one fatal case in an old age I could not even check the bloody stool or putrid smell by applying the well-selected remedies in different forms—such as Lachesis, Carbo Veg, China, etc.

In one case of an habitual opium eater suffering from abdominal colic with constipation, passing hard black balls of very offensive odor, opium in higher potency took effect in giving relief for a number of times, but failed to cure.

In one case of opium habit suffering from Renal Colic with ineffectual urging for stool and urine, and of constipated habit, Nux Vom in potencies made marvellous effect. I have thus marked in many cases that Nux Vomica suits well in the cases of opium habits when properly indicated.

In intermittent fever of quotidian type with chill predominating and lying in a sleepy condition during the paroxysm with constipation, opium 30 and later on a dose of 200 potency by and by completely subsided the attacks.

In cough < at night, dry and spasmodic with tickling sensation in the larynx—opium acts well.

In threatening paralysis of the lungs, with superficial respiration and occasional deep breaths, it checks the condition.

In constipation from inertia of the bowels, especially of the

rectum, with no inclination for stool, which is black, hard balls, it acts with promptness in higher potencies.

In retention of urine, especially resulting from fright or following parturition, it acts favorably.

In colic with great tympanitis, especially of constipated habit and with other characteristic peculiarities of the remedy it acts best.

It is valuable in intestinal obstruction with fecal vomiting and violent colic.

It is especially Homœopathic in apoplexy, when there is stupor with cold extremities, stertorous breathing, red face, hot perspiration, etc.

In cholera cases when tympanitis prevails, owing to accumulation of secretions in the intestinal canal, which cannot get out on account of paralyzed condition or inactivity, it relieves promptly.

EMPIRIC USE

In chronic diarrhoea, sexual weakness, intolerance of milk as diet, intermittent fever of periodic type, as tertian, etc. Externally in case of inflammation of sub-maxillary glands, toothache, earache, etc.

EXPLANATION

I have marked that opium eaters or smokers, etc., generally used to eat sweetmeats during the interval of smoking. Even the poorest of them would drink at least a sip at a time preparing by means of a little quantity of sugar or even molasses dissolved in a small quantity of water. It seems to me that, as the taste of opium and its smoke is bitter enough, the beginners, in order to mitigate that disagreeable taste, begin to take sweets and thus they acquire a habit which becomes second nature. I was told by some of them that sweets help to protract the intoxicating sensation to a certain extent.

Opium is clinically applied for the after effects of fear. It produces hallucinations, delusions of fancies, illusion of visions by affecting the intellectual faculty, which is the guiding principle

of reasoning power. We may mark that in dreamy state, the mind generally acts in an unbounded way without the proper control or guide of the intellect. Under the circumstances the mind makes a mountain of a mole-hill. It displays fearful visions all of a sudden. It may be that opium by its congestive effects in the brain, depresses the intellectual seat of the brain, as if by stunning it and producing stupefactive effect and thus the mind gets abundant scope to play the tricks without rhyme and reason. If we analyze the fear in a psychological process, then we can find out that it is generally based on or caused by false imagination of danger or injurious effects on account of some visionary aides prevailing in the mental plane, without the power of discriminating by the help of reasoning or intellectual faculty. Many ghost stories are concocted in this way amongst the ignorant and illiterate people who believe in evil spirit with blind faith. As for example, I observed on a moonlit night, a withered small tree which seemed to be a woman with a white cloth or cloak on. Now if anyone is fanciful enough to believe in ghosts, then he or she will see a vivid, lifelike apparition as long as the imagination intermingling with ignorance and fear will play the prominent part, but no sooner one takes courage or heart and approaches the delusive object in view, he or she will find out that it is nothing but a tree with withered branches and leaves. Senses of organs will misguide us or play false with us in case of ignorance, which is the root cause of delusive nature produced by the wrong interpretation of actual facts according to the whims and caprices of mind, devoid of proper control of the reasoning power and scientific knowledge, etc.

Stool—Offensive smelling hard black balls. Probably owing to torpidity of the action of the liver, want of normal portal circulation, ingorgement of venous blood, want of normal secretion of bilious coloring matter owing to inactivity of the portal nerves, etc.; decomposition in the intestinal canal, owing to want of the secretions which has antiseptic properties, in order to prevent the decomposition of food particles passing through it, etc.

In order to prepare an ideal Homœopathic materia medica of that sort, it requires the united and concerted action of many

learned and experienced men and women belonging to the medical profession and other allied sciences—such as or viz: physicians, surgeons, specialists in different branches, chemists, physicists, botanists, biologists, psychologists, physiologists, etc.

It is a grand task which requires not only the cooperation of the learned scientists, but the sympathetic public at large, both rich and poor, noble self sacrificing men and women of varied experiences. Now it is for you to take up the lead in right earnest to perform the gigantic task.

As I have been suffering from heart disease and at any moment may take leave of this field of action on this earth, you may take this as an old man's last prayer to you for uplifting our noble profession for the good of humanity at large.

With an old adage, "United we stand and divided we fall," and a quotation from the sages of hoary antiquity—I bid you good bye.

"The mind is higher than the senses, and above the mind is the thought, and above the thought is the mighty spirit, and above the mighty one is the unmanifest."

"But highest above the unmanifest is the 'Purusha' who pervadeth all and one, hath no sign nor feature. Mortal man knowing Him is released into immortality."

("Kathaponishad" 7 and 8—Second part—Third chapter).

CANCER OF THE TONGUE—REPERTORIAL ANALYSIS AND THERAPEUTICS

BENJAMIN C. WOODBURY, M. D., Boston, Mass.

This remedy list has been compiled from Boenninghausen, Kent, Knerr and Boger, the rubrical study from Duglass' Repertory of the Tongue, the therapeutic indications and clinical cases from Hering's Guiding Symptoms, Clarke's Dictionary, Hale's New Remedies and other sources.

The above list might, in all probability, be extended by the addition of more remedies; these might, however, be merely suggestive as to indications and uncertain as to results. It must

be borne in mind, in treating cancer of the tongue, that it is the patient who is to be treated as a sick person, not the disease as an entity. In this way better general progress will be made in this dire and seemingly hopeless disease.

RUBRICAL ANALYSIS

Alumn., Apis, Ars., Ars. Hyd., *Aur., Aur. m.,* Benz. Ac., Calc., *Calc. fl., Carb. an.,* Carbol. ac., Caust., Chrom. ac., Citrus., *Con.,* Crot. h., Cund., Eosin., Galium., Hoang. nan., Hydr., Kali. chl., Kali. cy., Kali. i., Kali m., *Lach., Mur. ac., Nit. ac., Phos., Phyt.,* Rad. b., Sang. n., Sempervivum, Sep., Sil., *Sul.,* Tarent., Thuja, Vib. pr.

Cancerous tumor of the tongue: Galium; Semper.

Affections of the tongue: Hydr.

Epithelioma of the tongue: Kali. iod.

Epithelioma and hypertrophy (hard, somewhat elastic places) Kali. m.

With tendency to hemorrhage: Crotal.

Pain: Citrus.

Hard lumps on side, growing into a hard, deep, warty ulcer, about size of a bean, presenting a slightly fissured appearance from above downward and before backward, rather toward surface of left side, tongue is hard all around it, so much that speaking and expectoration is difficult: Mur. ac.

Scirrhus: Alumn.

Swelling, with scirrhous—like hardness after biting tongue in sleep: Aur. met.

Ulcer, deep, with black base and inverted edges (cancer of tongue) Mur. ac.

Cancer: Tarent.

THERAPEUTICS

Alumen—Tongue: dry; (black) burning in evening; sour feeling; stitches worse at the tip. *Scirrhus* of the tongue. "There is a tendency to indurations whenever inflammations occur, hence: Scirrhus indurations; in indurated glands. Bleeding after tooth extraction. Pains are insupportable."—Clarke.

Apis—Tumors, indurations; Scirrhus, or open cancers, with stinging burning pains. Tongue, dry, swollen, inflamed, with inability to swallow, cracked sore, ulcerated or covered with vesicles. *Cancer of tongue.* Ulcer of left border.

Arsen—Tongue: sides furred, thickly white, with red streak down the middle and redness of tip; or thickly furred, edges red; *whitish; yellowish-white; brown.* Tongue white as chalk, as if painted white. Tongue bluish or white, ulcerated tongue, with blue color; ulceration of the tongue on anterior edge. "*Arsenic* has cured epithelioma of the lips, and corresponds closely to the cancerous diathesis. Many cures of cancer have been reported under its use both in the crude and in the potencies.

"When the subjective symptoms of *Arsen.* are present, it will cure in the potencies. When the Homœopathicity is more crude the lower potencies will be required: in this case the *Arsen.* appears to act directly on the cancerous tissue and cancerous elements in the system."—Clarke.

Ars. Hydr.—Tongue enlarged; deep, irregular ulcer; nodular swelling. Mouth hot and dry; little thirst.—Boericke.

Aurum—Metallic taste in mouth; tongue slightly coated with brownish fur. *Loss of taste, melancholy.* Bitter taste in mouth, sensation of dryness, loss of taste; tongue hard as leather and immovable. Tongue swollen with scirrhus—like hardness; after biting the tongue in sleep. Ulcers on the tongue. Aphtae on the tongue and in the mouth. Sanguine people, with black hair and dark eyes, lively, restless, anxious disposition; disposed to feel anxious about the future. Constitution broken down by the combined influences of syphilis and mercury. Syphilitic and mercurial patients. *Old age. Mind constantly turns toward suicide. Terrible melancholy after abuse of mercury; patient pining away on account bodily and mental anxiety. Hopelessness.* "Agg. from sunset to sunrise is a leading condition of Aurum."—Clarke.

Aur. Mur.—Tongue flat: bad taste in mouth. Taste entirely lost. *Cancer,* tongue as hard as leather, hardly movable. Tongue became stiff and prevented articulation of certain words. *Cancer. Induration remaining* after glossitis. Redness, dryness and excavation of the tongue. Warts on the tongue. Tongue ulcerated

in various places. *Cancer* on the tongue. *Cancerous glands.* Indurations. *Mercurial affections.*

Benz. ac.—Tongue of a slightly bluish color. Velvety coating on tongue, with high colored strong smelling urine. Tongue is spongy on surface, with deep cracks, and with spreading ulcers. Extensive ulceration of tongue, with deeply chapped or fungoid surfaces. Ulcerated tumor L. side of mouth, on soft commissure of jaws, behind last molar.

Calc carb.—Cracked and fissured tongue. Glossitis after abuse of mercury. Tongue generally white coated; dirty with nasty taste. Tongue, lips and hands become white and cold. Pain beneath tongue when swallowing, on L. side behind hyoid bone—swelling of sub-ligual glands. Tongue pushed upwards and to left by a globular, semi-transparent, fluctuating tumor, size of a pigeon egg. *Ranula,* cancer or syphilitic tubercle of tongue, abscess, cracks or fissure of tongue. "Semi-lateral swelling of tongue."—Clarke.

Calc. Fluor—Induration threatening suppuration. * * * Congenital syphilis manifestating itself in ulceration of mouth and throat, caries and necrosis, with boring pains and heat in parts. * * * Cracked appearance of the tongue, with or without pain. Induration of the tongue, hardening after inflammation.

Carbo. an.—Burning on tip of tongue, and rawness in mouth. Burning blisters on tips and edges of tongue. Dryness of palate and tongue. *Knotty induration in tongue.* In general: Glands indurated, swollen, inflamed, with lancinating, cutting or burning. *Scirrhus*: Pain in scirrhous indurations. Polypus and carcinoma.

The following resume from Kent under this remedy has its application in the therapeutics of this disease:

> "It is not surprising that this remedy has been one of the most suitable for old, stubborn cancerous affections; for cancerous ulcers. They all burn, they are all surrounded by infiltrated, hardened, dark-colored tissue, and they all ooze an acrid ichorous fluid. It has cured these troubles in old feeble constitutions with night-sweats and much bleeding. It has relieved in incurable cases, and has apparently removed the cancerous condition for years, even though it comes back afterward and

kills. This remedy is often a great palliative for the pains that occur in cancer, the indurations and the stinging, burning pains. Of course we do not want to teach, nor do we wish to have you infer, that a patient with a well-advanced cancerous affection, such as scirrhus, may be restored to perfect health and the cancerous affection removed. We may comfort that patient, and restore order at least temporarily, so that there is freedom from suffering in these malignant affections. Most patients that have cancer are really in such a state of disorder that only a temporary cessation of 'hostilities' can be expected; and anyone who goes around boasting of the cancer cases he has cured ought to be regarded with suspicion. Do not dwell upon the cancer, for it is not the cancer but the patient that you are treating. It is the patient that is sick, and whenever a patient is sick enough to have a cancer his state of order is too much disturbed to be cured.—(Kent's Materia Medica, 2nd edition).

Carbol. ac.—Putrid discharges.—Ulcerated patches on inside of lips and cheeks. Burning in mouth to stomach.—Putrid discharge.—Boericke.

Caust.—Intolerable soreness of tongue as if scalded. Painful vesicles on tip of tongue. *Paralysis of tongue.* Pain in tongue as if he had bitten it. Pain, as of excoriation and burning in the mouth, in the palate, and at the point of the tongue.

Chrom. ac.—Symptoms come and go suddenly and return periodically. Post-nasal tumors.—Boericke.

Citrus.—Scorbutus. Pain, citric acid was applied with good results to assuage pain in three cases of cancer.—Hering.

Malignant cancer, which commenced some years since as an enlarged sub-maxillary gland, supposed to be caused by a carious tooth, pain at times excessive. Lotion of citric acid, one dram to eight ounces of water and mouth rinsed out as often as pleased, afforded perfect relief from pain.—Hering.

Pain from cancer of tongue: Also affords instantaneous relief in other affections; is, however, not curative. Used as a

local application (in one part of citric acid and eight of water) it has relieved the pains of cancer.—Clarke.

Conium.—Speech difficult; distortion of tongue and mouth. Tongue and lips dry and sticky. *Tongue swollen, painful,* stiff. *Swelling and induration of glands, with tingling and stitches; after contusions and bruises.* Bleeding of ulcers, with secretion of fetid ichor; a portion becomes gangrenous; concealed cancer of bones; cancerous swelling and induration of glands; cancer of lips; spreading ulcers in face; cancer and cancerous ulcers after contusions, burning stitches; stinging in affected parts.

Crot. Horr.—Tongue: red and sore; yellow, stiff and numb. Swelling of tongue till there is no more room in the mouth, with inflammation. Tongue swollen to nearly twice its normal size. *Tongue protruded.* Syphilis; cancer of tongue, with much tendency to hemorrhage.

Cundurango.—Slight pain in L. half of tongue. Small, painful pustule on R. side of tip of tongue in upper surface towards edge. Cancer of tongue, a "painful crack in the right corner of the mouth,"—(Burnett). Cundurango has found its chief use as a cancer remedy, especially in causes originating in epithelial structures.—(Clarke). "Strong affinity for the tongue." —(Burnett). "He (Burnett) cured with it a jagged ulcer of the tongue (doubtful whether cancerous or syphilitic); tongue and lips red."—(Clarke).

Deep cracks in corners of mouth, warty growths occupying edges, one as large as split pea, and the other as large as a three penny piece, both flat and exuding a dirty juice; tongue very tender.

Increases the growth of granulation and hastens the cicatrization of ulcers. Open cancer and cancerous ulcers; it effectually moderates the severity of the pains; it does not act so well on scirrhus and indurated parts.—(Hering). Scirrhus and open carcinoma; open epithelioma; stinging, burning pains. Indolent ulcers, with hard callous edges, discharges a fetid ichorous smell. Old, indolent ulcers, appearing cancerous. (Hale).

Dr. E. G. Jones emphasizes the *sores* at the *angle* of the mouth, and indigestion causing *cramping pains* in the stomach. According to Dr. E. G. Jones, indicated when there seems to be

lump imbedded in the substances of the tongue with a nodula feeling; tender to the touch, very painful, especially at night.

Eosin—In a brief proving made by the writer (International Hahnemannian Association, read at the last annual session at Washington, D. C.) the following symptoms were produced in the mouth: Redness of the mouth and tongue extending to stomach. *Burning of the tongue; redness of the tongue*—as red as a piece of beef. Peculiar biting, numbing pain in a root of canine tooth, (anterior portion of inferior maxilla) numbness of tongue, salivation, with reddish pink saliva; apththae, inner surface of lips (lower) redness of lips.

In general: *Burning* numbness and itching of the skin relieved after scratching. *Redness* and *burning* of affected *parts.* Vertigo. Peculiar sensation as if *very tall,* especially: burning under finger nails, toe nails and soles of the feet. Itching and redness of knee caps; *redness of palms of the hands.*

The writer's use of this new preparation is limited to one case of inoperable cancer beginning in the tip of the tongue, following the removal of one-third of the opposite side of the organ, together with involved glands about one year previously. Eosin was used in the 2x (1% sol.) internally and on cane sugar disks internally. The chief result was the checking for a time of metastasis in the cervical glands, but this treatment failed to stay the progress of the disease.

Galium—The writer's experience with this remedy is limited to its use in a case of epithelioma (probably) in a woman fully 80 years of age, who had an indurated ulceration *of the right side of the tongue for some months.* A fluid extract was used in this case, in the proportion of one teaspoonful to a cupful of warm water, used as a mouth wash two or three times daily. There was a decided action from this remedy, the growth actually diminishing slowly in size under its use. The remedy was continued at intervals for about one year, when the patient died of a cerebral apoplexy.

Dr. E. G. Jones in his work on "Cancer, Its Causes, Symptoms and Treatment" gives the following case: A middle-aged man with an inundated tumor of the tongue about the size of a boy's marble. "There was a throbbing, beating pain in the

growth and for the past two months it had grown quite rapidly. I gave him Tincture Galium aparine 19hs xx, once in three hours and painted the growth with Tincture Galium by means of a camel's hair brush several times a day. Under this treatment in a month's time, the growth was very much reduced, and he could take solid food without any trouble. The remedies were continued another month until the growth in the tongue had disappeared and it has never returned."

Galium has cured a case of inundated tumor of the tongue diagnosed to be cancer. (See Hale).—Clarke.

Cancerous tumor of tongue—Aphthae (Douglass). Cancerous tumor on the tongue. Hard nodulated tumor of the tongue of a cancerous nature. It favors the production of healthy granulations on the ulcerated surfaces of cancers. (Hale). Scurvy; aphthae, and inveterate cutaneous affections; "constant chilliness."—(Hale).

Hoang-nan.—Removes fetor and hemorrhage in cancer; follows Arsenic; revives the healing process. Leprosy.—(Boericke).

Hoang-nan.—According to Hansen, prurigo, pustular eczema in parts well supplied with sebaceous glands (face, neck, genitals) boils, carbuncles, constitutional syphilis, cancer of the glands and general malnutrition were also met by the remedy, the dose of which is 5 to 30 drops of the tincture three times a day—(Clarke).

Hydrastis—Tongue and lips parched, red and dry. Tongue as if burned or scalded, later a vesicle on tip. Tongue coated yellowish white; foul; coated with thick white fur; large and flabby; slimy looking; swollen, showing marks of teeth; raw, look red with raised papillal. Cancerous affections of tongue.

Cancers, hard, adherent, skin mottled, puckered; removes pain, modifies discharge; improves general health. In early stage of scirrhus, and chiefly when its situation is in a gland or in the immediate vicinity of a gland. "or though by no means a specific in all cases of cancer, it is in cancer cases that *Hydrastis* has won its fame; and I think it may safely be said that more cases of cancer have been cured with it than with any other single remedy. In very many cancer cases there is what has

been termed a 'pre-cancerous stage,' a period of undefined ill-health without any discernible new growth."—Clarke.

Kali chlor.—Tongue white; in middle; coated at back; with diarrhoea. Two symmetrical ulcers on sides of tongue. Sticking (stinging) burning on tongue (stomatitis); ulcerative and fallicular, mucous surface a red and tumid, and grey-based ulcers in cheek: lips, etc. Tanned appearance of mucous membrane of mouth and throat.

Kali cyan.—Lips and mucous membrane pale, slight frothing at the mouth. A peculiar astringent taste in mouth, as of alum or green vitrol. (Cancerous ulceration on R side of tongue. Tongue has peculiar darkish ground seen through heavy white coating. Power of speech lost, but intelligence preserved. Impediment of speech lasted a long time. Inveterate whiskey drinker—swelling of right side of tongue with deep excavation—had been pronounced cancerous. Could take no solid nutriment and fluids only with great pain. Under Kali cy. 1/200 gr. doses he recovered rapidly, was able to talk and to eat dry bread and cooked beef with comparative ease. Persuaded by his former attendants to undergo an operation; he died nineteen days later).

A woman had cancerous ulcer of right side of tongue, involving the root. (Kali cy. 1/100 once in four days). In a fortnight the suffering was diminished, the tongue appeared less thick, the speech easier. In another fortnight the patient's countenance had lost its grey hue and drawn features, and she could eat a crust of bread. The case went on to complete and permanent cure.—From Clarke's Dictionary of Materia Medica.

"In the last stage of cancer of the tongue when the pain is very severe and very little nourishment can be taken, we can give the patient some relief by this remedy."—E. G. Jones, M. D.

Kali iod.—Rancid taste in mouth and throat; tongue white. Impression of teeth on swollen tongue; after mercury. Burning on tip of tongue; vesicles; ulceration of tongue and mouth. Tongue swollen, cracked, fissured, tender, lobulated; fissured. Epithelioma of tongue. *Tertiary syphilis.* "There is a terrible pain at the root of the tongue which is characteristic."—Clarke.

Kali Muriaticum—Ulceration in mouth which had perfor-

ated cheeks, whitish exudation on mucous membrane of mouth. Epithelial degeneration of mucous membrane of mouth; a forerunner of cancer. Epithelioma ulceration had reached face. Tongue swollen filling cavity of mouth; bears impression of several parts of mouth; ulcerated places deep enough to admit end of little finger; discharge ichorous terribly offensive; small superficial ulcers, painful on sides; hard, somewhat elastic places on tongue; color deep violet. Epithelioma and hypertrophy. Tongue coated; thin, white, not mucous; dirty yellow in stomach; white, or only in middle; after diarrhoea. White fur on tongue and in pharynx. Burning, stinging blisters on tongue and in buccal cavity. Inflammation of tongue, cannot talk; epithelioma. Mapped tongue, sensation as if a tumor growing on tongue (removed in a patient of mine).—Clarke.

Lachesis—Sour taste; everything turns sour. Slow, difficult speech, tongue heavy; cannot open mouth wide; cannot pronounce some words. *Puts tongue out with difficulty;* tongue trembles. Difficulty of moving tongue, with impossibility of opening mouth wide. Blisters on inflamed tongue, change into ulcers, threatening suffocation; gangrene of the tongue, on both edges. Canker sores on tip of tongue; aphthae. Glossitis with titillation inducing cough. *Cancer of tongue.*

"The tongue seems to be like a piece of leather in the mouth; it is moved with great difficulty."—Kent.

White swollen, enlarged papillae; dry, red cracked at tip; red tip and brown center; mapped dry, black, stiff; heavy, cannot open mouth inside, laboured speech; trembles when protruded or catches behind the teeth. (Douglass). Stammering.

Muriatic Acid—Everything tastes sweet; taste acrid and putrid, like rotten eggs, with ptyalism; tongue: heavy as lead, hinders talking; feels lame, sore; dwindles, atrophy; sore, bluish; deep ulcers with black bases and vesicles; thick, dark, almost whole mouth and fauces covered with a greyish white membrane; painful blisters with burning.

Edges of ulcer and surrounding parts of a blue color. *Cancer of tongue.*

Tongue sore and bluish; deep ulcer in the black base and inverted edges; atrophy of tongue making him speak in a thick,

hoarse voice; hard lump on side of tongue, growing into a hard, deep, warty ulcer, about size of a bean, presenting a slightly fissured appearance from above downwards and from before backwards, rather towards under surface of L. side of tongue; no apparent discharge from it; but tongue is hard all around it, so much so that speaking and expectoration is very difficult. *Cancer* of tongue.

(*Muriatic Acid* has a marked action on the tongue. Cooper cured with it these cases: (1) Man, 52, whose sister had died of cancer, had a deep, warty ulcer, size of a small bean on under surface of tongue, L. side, with much surrounding hardness and little discharge. (2) Tongue swollen, makes him talk thick, much ulcerated, especially R. side is hard, with swelling followed by lupoid ulcer on corresponding side of nose, had been going on ten months).—Clarke.

Dr. E. G. Jones recommends Muriatic Acid in the 3x dilution; fifteen drops in a glass half full of water, one teaspoonful once in two hours. In cases of cancer of the tongue where the pain is very severe, Dr. Jones recommends the use of Kali Cynatum 3d decimal trituration tablets night and morning.

Nitric Acid—Taste: bitter after eating; sour, with burning in throat; sweet. Tongue: sensitive to soft food; bites it when chewing; sore pain red like a beet; yellow, white, dry, mornings; green, with ptyalism; dry and fissured; white with sore spots; blistered, with burning pain; small painful pimples on sides; ulceration with tough, ropy mucous; deep, irregular-shaped ulcers on edge (syphilis) glossitis; mercurial cases.

Easily takes cold; the Hydrogenoid constitution; ulceration of the corners of the mouth. (Cund.) Easily bleeding ulcers; looking like raw flesh, with zigzag edges and exuberant granulations on base.

Phos.—Speech: difficult and weak; slow, answers questions with difficulty; stutters when endeavoring to articulate. Taste: bitter; sour after taking milk; saltish; sour; sweetish; better after eating; slimy; of rotten eggs in morning. Burning on tongue extending to palate. Tip of tongue somewhat swollen, with enlargement of its papillal and feeling as if it had been burnt.

Emaciation; extreme, rapid; is reduced almost to a skeleton. Slight wounds bleed much. *Lax Muscular* system; muscles flabby; fatty degeneration. Scrofulous; glandular swelling. Scirrhus tumors. Open cancers and papyli bleed profusely on slight provocation. Cancer: medullary; fungus haematodes; of stomach with coffee-ground vomit.

Phytol—Taste disagreeable, metallic. Great pain in root of tongue, fauces, etc. Burnt feeling on back part of tongue. Tongue: thickly coated at back; coated yellow and dry; furred; fiery red tip; feels as if scalded; coated greyish-yellowish; hot, rough, tender and smarting at tip; small ulcers like those caused by mercury, thick, protruding. Tongue and lips dry, much pain in fauces when swallowing. "Tongue as if scalded."—Clarke: Loss of fat (animals) emaciation, chlorosis, glands inflamed, swollen, indurated. It hastens suppuration.

E. G. Jones recommends this remedy where there is marked thickening of the tongue.

Radium Bromide—Dr. Dieffenbach's proving of Radium Bromide gives the following symptoms: Pricking sensation on end of tongue, like needles sticking in it; saliva runs into mouth. Peculiar metallic taste between sour and bitter, a little more to the sour than bitter. It warmed the oesophagus on the way down and left a warming sensation in the oesophagus and stomach noticeable for half an hour after taking it. Parched, dry sensation in roof of mouth, better from drinking small amounts of cold water, but parched and dry sensation returns. (In a personal conversation with Dr. Dieffenbach the writer was informed that, if taken in the early stages, cancer of the tongue had sometimes been averted by the caustic action of Radium Bromide, but in advanced cases only palliation can be expected).

Wanted cold drinks to quench parched condition of throat. Tongue bluish white and thick, felt swollen; speech seemed difficult and heavy.

The radium bromide patient is subject to chilliness, which is relieved by warm wraps. There is great exhaustion, weakness and drowsiness; feels tired in the afternoon. The pains are sharp in joints, and muscles, during stormy weather, aggravated by motion, with relief on the pain by heat and by *gradual*

continued motion; also better in the open air—hunger, with relief in the open air, yet the pain is dull and there is relief from warmth. Itching all over the body at night. The body feels as if on fire; great restlessness, desire to move about frequently in bed for relief of pain. *Dreams of fire* is a marked feature. All symptoms come and go; relief in the open air, and from walking.

Dr. Dieffenbach states that "of inoperable cancer, a large number of cases were treated, and but few cases showed permanent results;" and in conversation with him recently he affirmed that if radium can be used in material dosage in cancer of the tongue in the *early stages,* definite effects can be obtained; in advanced cases it is of no value. He calls attention to the use of radium bromide in potency as utilized by Dr. R. F. Rabe. A report of its use in such cases is given by Dr. R. F. Rabe, editor of the Homœopathic Recorder for June, 1921: "Potencies of radium, from the 60x to the 10,000 and higher, have done some remarkable curative work in chronic rheumatic arthritis. Also in inoperable cancer, potencies have been of undoubted aid in relieving pain. We have at present under treatment an unmarried woman of thirty-seven, who has a carcinoma of the left breast, of six years' duration. This patient refused operation five years ago, when the diagnosis was first made by her physician and when she already plainly showed the typical earmarks of the fatal cancer cachexia; under Homœopathic prescribing for the past five years, the cancer not only has *not* progressed, but the patient herself is in most excellent health. An ulcer three and one-half inches in diameter marks the location of what was once a normal nipple; but the ulcer has a healthy appearance; no odor; discharges greenish pus and bleeds slightly. The edges show a fair degree of healing. A daily dose of radium bromide 1000 keeps this woman from all pain. Her facial appearance is that of a woman in the best of health, with ruddy complexion and clear, bright eyes. Her cachexia is assuredly not in evidence; her appearance belies anemia."

Sang nit.—Dr. E. G. Jones reports the case of a cancer of the side of the tongue, with soreness and induration, involving nearly the whole length of the tongue. The treatment recom-

mended in this type of cancer is the nitrate of sanguinaria, one grain to one drachm of glycerine; two or three drops of this mixture are placed in a glass plate, and applied to the diseased surface on a glass rod. The ulcerated surface is cleaned carefully with absorbent cotton and the application made three times a day. In more advanced stages of cancer of the tongue with deep perforating ulcers, with a dark base and foul smell breath.

Semp. tect.—"The fresh juice is recommended in chronic aphthae in grown persons in causal relation to haemorrhoids, as well as in scirrhous indurations of the tongue." In many countries sempervivum has a popular reputation for indurations and sore on the tongue. The above quotation is from (H. R. X. 473) in which Kallenbach refers to the recommendation of the house leek in *Hupeland's* Journal in scirrhous indurations of the tongue. The following cases treated by Kallenbach are reproduced in *Clarke's Dictionary,* Vol. III, pp. 144-45, and are also to be found in Hale's New Remedies, Symptomatology, p 577.:

(1) Mrs. S., 44, childless, of sickly looks, Kallenbach was consulted for an affection of the tongue. For the previous six months menses had appeared only every eight to ten weeks and were accompanied with pains darting from small of back to uterus and tubes. During the six months she had stitching pain on right rim of tongue about 3-4 inch from the point at which place, after a few weeks, a swelling formed, the size of a small bean, which bled at times and at night caused a burning sensation as of a small coal, disturbing sleep. Sour food caused pain. The swelling is not hard on the surface, but contains two hard nodules, of size of lentils, one of which is denuded and bleeds on touch. Three enlarged veins cross the swelling and enter the tongue muscle behind it. After over a month of treatment with Aur., Ars., Carb. v. in vain, Kallenbach moistened the swelling with the fresh juice of Semp. thrice a day. Within three days it was smaller and folds appeared. The enlarged veins were contracted, formed thin tense vessels crossing the swelling and seemingly tying it. During the next three days the patient applied the juice too energetically and Kallenbach found the surroundings in inflammatory condition and very sensitive.

The application was stopped and Semp. 2v given internally. After a week's use the swelling had shrivelled to one-third, and ten days later the menses, which had ceased altogether, reappeared and continued very profusely for five days. The swelling shrivelled to the size of a small pea, was firmer, harder, devoid of sensation and gave no further trouble. The menses continued regular.

(2) Mrs. T., 27, mother of a six months old healthy boy, formerly frequently afflicted with swelling of the glands, very sensitive to Homœopathic remedies, complained of a pain under her tongue of ten days' duration, interfering with eating and speaking. There was a bluish red elevation on under side of tongue of size of split bean, hard, and along both sides there were enlarged veins. On one side a denuded spot exuded a whitish albuminous matter which could easily be wiped off. Semp. 6 one powder every 48 hours. On the second day the swelling was less sensitive and in a week much smaller. Then the menses reappeared (first time since confinement), and in three weeks the whole swelling was gone, leaving only in its place a somewhat enlarged vein.

(3) Kallenbach treated with applications of Ix a general V. B. who had nodules on left rim of his tongue with swollen veins, the nodules disappeared and the sensitiveness was removed, and the patient was so well that he refused to stay for the completion of the cure, and failed to report.

Hale also reports the following: Ulcer on the tongue, three-quarters to one-half inch deep, oval, sharp edges, hard foundation, of a bluish color with four knots, size of lentils, two large veins, sensitive to touch and while eating. Local applications reduced the size in a few days.

Dr. E. G. Jones reports the case of a man suffering from a cancer of the tongue* near the root. The growth had a purple color, bled easily, there were sharp darting pains and food could be masticated only with great difficulty. The patient was thirty-eight years old and had first noticed the growth about five months previously. Sempervivum tectorum 2dx dilution was given, five drops in a little water once in three hours and the

*Cancer, Its Causes, Symptoms and Treatment, p. 174.

mouth was rinsed with a solution of tincture of sempervivum, one ounce to eight ounces of glycerine. This treatment in one month resulted in a complete removal of the condition, when examination showed no appearance of the growth and the pain and soreness had disappeared and there were no symptoms of a return of the disease.

Dr. Jones emphasizes its use in *Scirrhus,* cancer of the tongue when the side of the tongue is ulcerated, very sore and painful; the whole mouth tender and sensitive.

Sepia—Taste: bitter; saltish, putrid or offensive; sour in the morning on waking; disagreeably bitter in morning; bitterish sour; unpleasant in morning, mouth dry and slimy; foul, as from an old catarrh; slimy, putrid; food tastes too salt; like manure, metallic; sour after eating. Tongue and cavity of mouth as if scalded. Tip of tongue feels scalded. Soreness of tip of tongue, little blisters, sore edges. Tongue painful as if sore. Scirrhus of lip. Swelling of sub-maxillary glands.

Silicia—Taste: of blood, morning; of soap suds; bitter, morning, with thick mucous in throat; of rotten eggs. Loss of taste and appetite. Water tastes badly; vomits after drinking. Tongue feels sore. Sensation as of a hair on tip of tongue; whitish trembling tongue. *Indurations* in *tongue.* Ulcer on R. border of tongue eating into it and discharging a great deal of pus. *Carcinoma* one sided swelling of tongue. Emaciation with pale, suffering expression. Fungi easily bleeding. *Old ulcers with burning, lancinating pains. Ailments following vaccination, abscesses, etc., even convulsions.* Ulceration constantly extending in depth; edges irregular. Malignant and gangrenous inflammations. Cancer.

Sulphur—Taste: sour, bitter, sweetish; bitter or foul, when awaking in morning; bitter sour after eating; metallic; coppery; pasty; vinegary; sweetish; sour; putrid; sweet, nauseating. Tongue white, with red tip and borders; red and cracked, white or yellow; brown parched, rough; furred in morning, but wears off during day; very dry, particularly in morning. Burning pain on tongue. On R. anterior border of tongue a hard raised spot size of a lentil; on moving tongue, shooting pain in it. A smarting blister on R. side of tongue, *ulcerated tongue.*

Dry flabby skin. Offensive odor of body despite frequent washing; averse to washing. Bad effects of vaccination, glandular swellings, particularly cervical axillary and inguinal, indurated and suppurating. Discharges in every outlet of body acrid, excoriating skin wherever they come in contact.

Tarentula—Great dryness of mouth and teeth. Painful aphthae on tongue; with fetid breath. Tongue drawn backward preventing speech. Patch of suspicious cancerous nature in mouth and on fauces. Palate feels scalded. Malignant ulcer, and unhealthy skin; *anthrax and gangrene.* Weakness of all limbs; restlessness; formications; paralysis; spasmodic paralytic affections; neuralgia, rheumatism; nervous diseases where functions of vagi are more or less disturbed.

Thuja—Taste: sweet, of rotten eggs, mornings; food seems not salt enough; of bread as if dry or bitter. Bites tongue frequently. Burning and redness of tip of tongue, frequently covered with sore points: painfully sore to touch. A painful ulcer on L. margin of tongue, afterward on right; small white blisters on tongue resembling miliary rash. Ulcer of roundish shape under tongue in a child, after vaccination: its edges consists of a number of pointed condylomata, which could be separated by a fine probe. Tongue swollen, worse on R. side. *Varicose veins under tongue, excess of venosity everywhere,* especially in throat. Apththal; ulcers in mouth. *Ranula, bluish,* surrounded by varicose veins.

A surplus of producing life; nearly unlimited proliferation of pathological vegetations. Condyloma, warty, sycotic excrescences, spongy tumors and spongy pock exudates organize hastily, all morbid manifestations are excessive but appear quietly so that beginning of diseased state is scarcely known. Dissolution of fluids of body, which become acrid, probably caused by *Thuja* perverting lymphatic secretions, disturb digestion and gangrenification. Bad effects of vaccination. Sycosis; syphilis. Epithelioma. *Bleeding fungus growths. Naevus. Moist, mucous tubercles.* Eruptions only on covered parts; sweat only on uncovered parts; while covered parts were dry and hot; very restless and desponding. Hydrogenoid constitution; strenuous and sycotic persons.

Viburnum Prun—(Habitual miscarriage after-pains; cancer of the tongue; obstinate hiccough; supposed to be a uterine tonic).—Boericke.

E. P. Fowler cured two cases of cancer of the tongue with the decoction of Vib p. bark, used topically.—Clarke.

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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
1909 Powel, William R., Roger Williams Building, Philadelphia, Pa.
1922 Powers, W. G. Sweasey, Lander's Road, White Plains, N. Y.
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.
1922 Reed, Horace E., 807 Lincoln Ave., Cincinnati, O.
1920 Reed, Robert G., 712 Provident Bank Bldg., Cincinnati, O.
1916 Reed, Thomas E., 337 So. Main St., Middletown, O.
1915 Reel, Ida Virginia, 4027 Spring Garden St., Philadelphia, Pa.
1910 Richborg, Eloise O., Chicago, Ill.*
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.

*Died Oct. 6, 1924.

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.
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., S. 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.
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
1904 Stevens, Grace, 32 Bedford Terrace, Northampton, Mass.
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, Geo. H., H. M., 2088 Chestnut St., Philadelphia, Pa.
1924 Todd, Helen B., Plant Bldg., New London, Conn.
1923 Tomlinson, W. H., 114 Yale Ave., Swarthmore, Pa.
1909 Turner, Maurice W., 786 Washington St., Brookline, Mass.
1919 Underhill, Eugene, 2010 Chestnut St., Philadelphia, Pa.
1919 Underhill, Eugene Jr., 2010 Chestnut St., Philadelphia, Pa.

1917 Vaughn, Elmer E., 25 E. Washington St., Chicago, Ill.
1924 Vessie, P. R., Gawanda State Hospital, Gawanda, N. Y.
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.
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, England.
1891 *Yingling, William A.*, 806 Market St., Emporia, Kansas.

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. F., 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.

INDEX

	Page
Business Session	5
Committee's Report on Abram's Method	14
Report of 44th Annual Meeting	5
Report of Auditor	11
Report of Board of Censors	15
Report of Necrologist	14
Memorial of F. W. Patch	11
Memorial of Milton Powel	13
Memorial of F. E. Stokes	12
Report on President's Address	16
Report of Publication Committee	15
Officers	3
Officers, Past	339
Members, Active	343
Secretary's Report	9
Treasurer's Report	10
Forty-fifth Annual Meeting	14
Committees Appointed	
American Foundation for Homœopathy Support, Encourage	22
Associate Membership, Executive Committee to Prepare By-Laws for	20
Dues Increase, Motion Lost	19
Electronic Method, Committee Increased	18
Foreign Membership Fee Fixed	20
Honorable Senior, Election of	20
Members, New, Elected	18
Membership Committee Appointed	17
Necrologist Appointed	22
Nominating Committee Report	21
Officers, Eligibility of, Resolution Adopted	19
Printing Papers in Pamphlet Form Ordered	22
Place of Meeting in Europe	19
Vaccination, Resolution on	20
Vaccination, Internal Committee Appointed on	21
President's Address	24
Bureau of Surgery, Harry B. Baker, M. D., Chairman	37
Did the Remedy Help? R. S. Faris, M. D.	53
Discussion	54
Finding the Similimum, C. M. Boger, M. D.	64
Discussion	66

Page

Keynotes of Homœopathic Remedies in Surgery, Guy B. Stearns, M. D. 37
Discussion 44
Surgery Contra Indicated, Harvey Farrington, M. D. 55
Discussion 57

Bureau of Homœopathic Philosophy, G. C. Emmerson, M. D., Chairman 72
Homœopathy and Its New Illumination, Philip E. Krichbaum M. D. 81
Discussion 87
Inbred Sin, George E. Dienst, M. D. 95
Discussion 99
Nature's Law of Healing, G. W. Lehman, M. D. 107
Place of Homœopathy, Advancement of Near Future, Julia M. Green, M. D. 72
Discussion 80
Vital Force, S. L. Guild-Liggett 106
What Is Curable in the Patient—What Is Curable in Medicine? Julia C. Loos, M. D., H. M. 89
Discussion 94

Bureau of Obstetrics and Pediatrics, R. E. S. Hayes, M. D., Chairman 116
About Babies, Mary Senseman-Harris, M. D. 152
A Case, W. A. Yingling, M. D. 135
Clinical Case, Herbert A. Roberts, M. D. 154
Clinical Case, J. W. Waffensmith, M. D., H. M. 143
Discussion 144
Clinical Cases, Margaret Burgess-Webster, M. D. 145
A Child as I Found It, Fred L. Juett, M .D. 138
Homœopathic Remedy for the Parturient Woman, Julia M. Green, M. D. 126
Discussion 129
Ounce of Prevention, George E. Dienst, M. D. 146
Puerperal Septicaemia, M. Boger-Shattuck, M. D. 116
Discussion 122
Tuberculin Testing of Cows, Eugene Underhill, M. D. 156
What Was It? F. E. Gladwin, M. D. 140
Discussion 142

Bureau of Clinical Medicine, W. W. Wilson, M. D., Chairman 167
Cancer Activators, S. W. Lehman, M. D. 167
Discussion 173
Case Reports, Herbert McConathy, M. D. 196
Case Reports, Helen B. Todd, M. D. 214
Case Reports, Herbert A. Roberts, M. D. 216

Page

Case Reports, Margaret Burgess-Webster, M. D. 194
Case Reports, J. Sweasey Powers, M. D. 202
Cina Case, Harvey Farrington, M. D. 177
Discussion 181
Clinical Report, George E. Dienst, M. D. 174
Jack, a Case, F. E. Gladwin, M. D. 182
Discussion 183
Some Ulcer Cases, Mary Senseman-Harris, M. D. 198
Theridon, C. M. Boger, M. D. 188
Discussion 190
Typhoid Fever, Geo. E. Dienst, M. D. 191
Discussion 193

Bureau Materia Medica, S. W. Lehman, M. D., Chairman; Harvey Farrington, Vice-Chairman 218
A Few Curable Cases, G. C. Reed, M. D. 261
Anaphlaxis, S. W. Lehman, M. D. 269
Discussion 283
Anti Toxin-Toxin—Anti Toxin Schick Test, Eugene Underhill, M. D. 233
Discussion 252
Cancer of the Tongue 321
Choleraic Complex, C. M. Boger, M. D. 267
Homeo Treatment of Enlarged Tonsils and Adenoids, Guy B. Stearns, M. D. 265
Ideal Homeo Materia Medica, Dr. Radhikanath Banerjee 303
Murex, Guy B. Stearns, M. D. 257
Pathogensis Protocols, Benjamin C. Woodbury, M. D. 287
Post-Pneumonia Therapeutics, Geo. E. Dienst, M. D. 257
Strontitum Carb., Guy B. Stearns, M. D. 255
Whooping Cough, S. W. Lehman, M. D. 118
Discussion 227